

Serbia



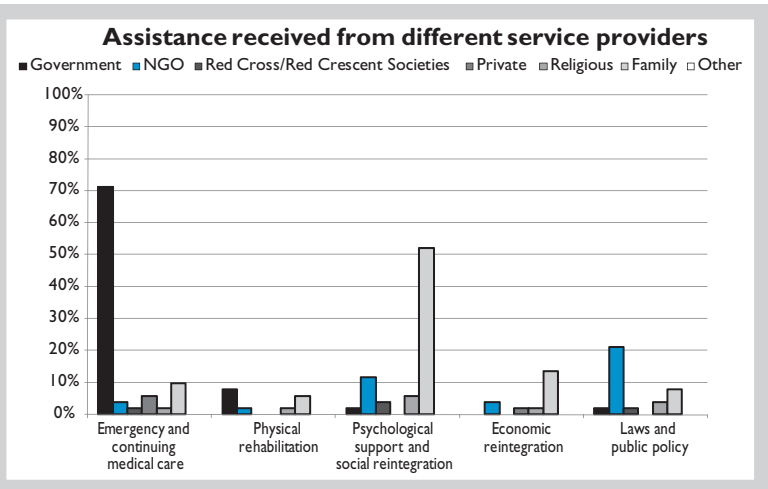
Country indicators

- **Conflict period and mine/ERW use:** During the armed conflict associated with the break-up of the Socialist Federal Republic of Yugoslavia (1991-1999) mines were used by all parties.¹ NATO used cluster munitions in 1999.²
- **Estimated contamination:** Contamination with unexploded cluster submunitions was estimated at 15km² as of November 2008; just under one 1km² remained mine-affected as of June 2009.³
- **Human development index:** 65th of 179 countries, medium human development (no ranking in 2004).⁴
- **Gross national income (Atlas method):** US\$5,710 – 94th of 210 countries/areas (compared to US\$3,198 in 2004).⁵
- **Unemployment rate:** 18.8% (compared to 34.5% in 2004).⁶
- **External resources for healthcare as percentage of total expenditure:** 0.8% (compared to 1.3% in 2004).⁷
- **Number of healthcare professionals:** 63 per 10,000 population.⁸
- **UNCRPD status:** Ratified the Convention and its Optional Protocol on 29 May 2009.⁹
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** The 1991-1999 conflict and international economic sanctions reduced the Serbian economy by half. The US maintained sanctions until 2005. The economy has recovered somewhat since, supported by international debt cancellation and aid. Unemployment continues to be a political and economic problem exacerbated by the transition away from a state-managed socialist economy and the economic slowdown.¹⁰

VA country summary

Total mine/ERW casualties since 1991: Unknown – 1,110 to 3,000			
Year	Total	Killed	Injured
2004	2	0	2
2005	2	0	2
2006	0	0	0
2007	2	0	2
2008	3	1	2
Grand total	9	1	8

- **Estimated number of mine/ERW survivors:** Unknown, but at least 1,110.¹¹
- **VA coordinating body/focal point:** VA coordination has been delegated to the Specialized Hospital for Rehabilitation and Orthopedic Prosthetics (SHROP), but is not functioning. Disability issues are distributed among various ministries. The government Council on Disability Affairs met irregularly in between 2005 and 2009.
- **VA plan:** None; mine/ERW survivors are included in the National Strategy for the Enhancement of the Status of Persons with Disabilities 2007-2015.
- **VA profile:** Between 2005 and 2009, little VA progress was noted, and that in only a few areas. Assistance appears to have deteriorated as a result of the economic situation, the lack of resources, and corruption.¹² In 2009, survivors still found it difficult to receive the benefits they were entitled to because of complicated bureaucracy and approval procedures. The state health system provides free emergency medical care and physical rehabilitation, including replacement devices every two years. Mobility devices provided free of charge were of poor quality and more sophisticated devices are unaffordable. While it was recognized in 2005 that survivors required psychosocial support, this is not covered by state health insurance. By 2009, the few existing programs were poor in quality and largely unknown to survivors. Since 2005, the National Employment Service has been responsible for training and job placement for survivors and other persons with disabilities. However, a 2007 assessment noted that “the labor market status of people with disabilities is extremely unfavorable.”¹³ In May 2009, a government representative noted the need to establish income-generating projects.¹⁴ Most survivors are former military and must survive on pensions, which have been reduced since 2005. Some efforts have been made to strengthen and better enforce the legislative framework and to raise awareness about disability. Few survivors have felt a significant impact from these changes. Since plans to collect and analyze data about



survivors and their needs have not been achieved, accurate information about the number of survivors in Serbia, their needs, or the services received was unavailable.¹⁵

VA progress on the ground

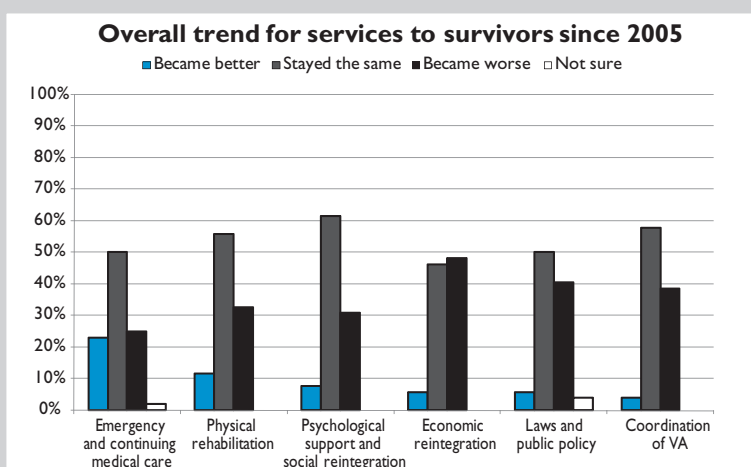
Respondent profile

By July 2009, 52 survivors had responded to a questionnaire on VA progress in Serbia: 90% were men; 6% were women and 4% were boys. Respondents ranged from nine to 65 years old, with 88% between the ages of 34 and 61. Some 81% were heads of households and 27% owned property. Respondents came from Belgrade, Vojvodina, Kragujevac, and Niš: 71% were from the capital or another large city and 29% were from rural areas with limited or no services. Of the adult respondents, 90% had completed at least secondary education. While just 15% of the adult respondents were unemployed prior to the incident, this figure rose to 81% after the incident. Of those surveyed, 85% said their income was insufficient. Most respondents had experienced their incident prior to 2000. This profile corresponds to the casualty profile extrapolated from data gathered by the SHROP and a recent cluster munitions impact survey, which found that most survivors were displaced people from the conflict in Kosovo (1999) or were injured in earlier hostilities in Croatia or Bosnia and Herzegovina (1991-1995).¹⁶ A significant proportion of survivors were military.

General findings¹⁷

While respondents were able to identify some specific areas where VA/disability services had improved since 2005, overall respondents felt services had remained the same or had even deteriorated. Almost all respondents (94%) said they did not receive more services in 2009 than in 2005 and 92% indicated services were no better than in 2005. The most troubling results were seen in the economic sphere, where almost half of all respondents felt services had gotten worse. Some 73% of respondents felt services for female survivors

were equal to those available to men; 15% said they were completely absent. Of the female respondents, two thought services were equal and one said they were absent. Just 6% of people thought services for child survivors were adapted to their age level.



Some 65% of respondents had never been surveyed since 2005, but 25% had been surveyed at least three times. However, 85% reported that this did not lead to their receiving more information about services. Also, 81% said it did not reduce bureaucratic

challenges or make pensions (88%) and services (92%) easier to obtain. Only one-third felt more listened to. This corroborates Serbia's lack of progress in data collection, which has had a subsequent adverse influence on service provision (see below).

Emergency and continuing medical care

Some 23% of respondents saw overall improvements in healthcare since 2005, while half said it had remained at the same level. One-third noted that survivors "always" received the care they needed; 25% said such care was "mostly" received; and 6% said appropriate care was "never" or "almost never" received. Specific areas showing the most improvement were: increased physical access to services (56%), more supplies and equipment (50%), and improved capacity to carry out complicated medical procedures (50%). Less than half of all respondents found that service quality had improved, or that it was easier to access services closer to home (35%), or that staff was better trained (35%). One-third noticed increased government support.

The fact that services provided by the government are free was mentioned by 43% of respondents. While the Serbian healthcare system suffered during 1991-1999, efforts have been made since to re-establish a sufficient mechanism. Many survivors were satisfied with healthcare in 2005, which would explain why most did not feel a noticeable difference. Military survivors were especially satisfied with the quality of medical care but sometimes noted that this standard of care was not available to all survivors. No particular improvements or challenges in emergency medical care were mentioned despite reported challenges with rapid evacuation and measures instituted in 2008 to strengthen emergency medical services. This is probably because none of the survivors needed this type of assistance in 2005-2009.

Physical rehabilitation

More than half of the respondents said the level of physical rehabilitation had remained the same since 2005. Only 12% saw an overall improvement, while 33% saw a decline. More than 38% of respondents said survivors "never" received the physical rehabilitation they needed and just 6% said that services were "always" received. Similarly, 81% said government support to the sector had not increased and responses to progress on specific areas were overwhelmingly negative. Just 12% said services were available closer to home or that the quality of devices had become better, and 15% said transport to and accommodation at centers had improved. Some 27% said staff was better trained, while 33% said teams now had more complete skills.

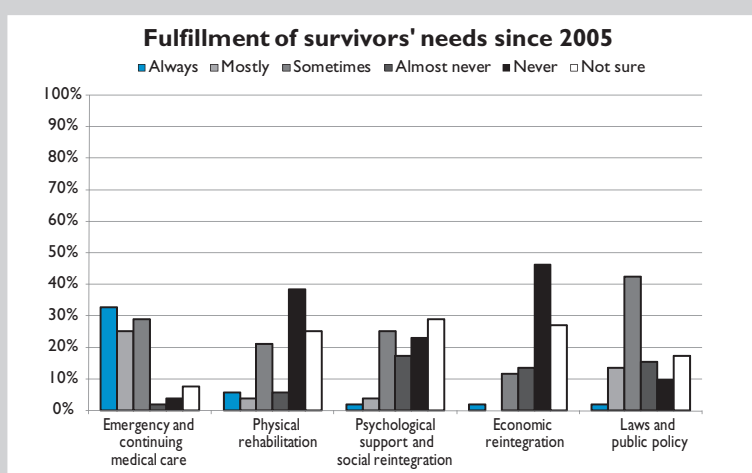
Survivors described that basic services were free, but complained that free devices were uncomfortable and that better-quality devices were beyond their means. Despite a government policy allowing replacement of mobility devices every two years, survivors raised concerns about a lack of follow-up care. The complicated bureaucratic procedure to obtain a replacement was an obstacle, exacerbated by difficulties in securing transport to go from office to office to complete the procedure. Several respondents were not aware they were entitled to replacements. One government representative, aware of the survivors' concerns, blamed this dissatisfaction on the "unrealistic expectations" of survivors. This representative stated that while services prior to the war had been "excellent," they were still adequate in 2005-2009, adding that "prosthetics are a luxury, they could use crutches." Throughout the period, the SHROP – where most survivors were treated – reported a lack of materials, long waiting lists, and staff not trained to international standards. In 2009, the government also acknowledged that the level of prosthetic/orthotic services and staff training needed to be "raised."¹⁸ This contradicted the November 2008 report that staff received continuous education.¹⁹ Military survivors were more satisfied, an accurate reflection of the higher quality of services available at the Military Medical Academy.

Psychological support and social reintegration

Some 31% of survivors felt that psychological support and social reintegration had worsened since 2005; 8% noted an improvement; and the remainder said it was unchanged. Only 6% of respondents thought that survivors “always” or “mostly” received the psychosocial support they needed; 40% responded “never” or “almost never”; 25% said “sometimes”; and the rest were unsure. Almost all respondents (90%) noted that psychosocial support was not a government priority. One of the only specific areas where a significant number of people saw improvement was in the increased availability of sports activities (48%). However, just 13% said there were more services; 15% noted improvements in quality; 19% said staff was better trained; and 21% said more peer support groups were available. Some 31% felt there was greater awareness about the need for this type of service, but only 33% felt more empowered or more involved in community activities. Lastly, 37% believed there was now less stigma in seeking psychological support.

Several of the respondents who said the situation had deteriorated ascribed this to a lack of political will to follow through on commitments, such as an election promise to build psychosocial support centers. As of July 2009, these had not been established. While the

government acknowledged in 2004 that psychosocial support services were lacking and outlined plans to improve services,²⁰ they were still found to be inadequate in 2007. The services are not covered by health insurance.²¹ There was only one peer support group in all of Serbia, mostly working with Serbian refugees from Bosnia and Herzegovina and Croatia.²² Many respondents were also unaware of services or of the fact that such services might be useful for their recovery. Others paid for private-sector services or found support through their family networks.



Economic reintegration

Just 6% of respondents said economic reintegration activities had improved since 2005; 48% said they had worsened; and 46% felt they had remained the same. Only one respondent said survivors “always” received the economic reintegration they needed; 60% found this “never” or “almost never” to be the case. Nearly all people (92%) said this sector was not a government priority. Very few respondents saw positive advances in any specific area. The most positive response came from the 23% who felt that educational and professional discrimination against survivors had decreased. In all other areas, improvement rates were very low: survivors were the last to be chosen for a job (92% thought this) and employers and teachers lacked awareness (88% each thought so). Few saw more employment opportunities (12%). Only 10% said it was easier to get loans; 10% believed vocational training better met market demand; and 10% said job placement services had increased. This clearly reflects the personal situations of the respondents, 81% of whom were unemployed after the incident.

Survivor responses reflect the situation of all persons with disabilities in Serbia. In 2009, the World Bank reported that just 13% of persons with disabilities in Serbia were employed. Of the 23,000 persons with disabilities registered with the National Employment Service, only 300-400 are able to find a job annually.²³ The most common explanation, given by survivors and government alike, is related to high general unemployment and the economic crisis. Survivors also noted that their average (“old”) age made them unemployable; that the government had eliminated pensions for those with paying jobs; and that it was impossible

for survivors to qualify for bank loans. Despite government reports on the integration of survivors' needs into poverty reduction, health, and disability strategies, it has never reported on progress in this field.²⁴

While survivors receive disability pensions (at higher rates for military survivors), these pensions have been reduced since 2005 and, in December 2008, the government found that 70% of persons with disabilities lived in poverty, despite receiving a pension, compared to 11% of the general population.²⁵ In 2009, the government recognized that economic reintegration was still a challenge and called on the international community to support projects to create economic opportunities.²⁶

Laws and public policy

Half of respondents said the protection of their rights had remained the same since 2005, while 40% felt they were less protected. Some 42% said their rights were only respected "sometimes"; 25% said this was "never" or "almost never" the case. Very small percentages of survivors felt that new policies and legislation had been developed (15%); that existing policies were better enforced (23%); that survivors had increased access to information (19%); or that there was greater awareness (25%). Just 12% indicated that survivors or their representatives were more involved in planning, implementation and monitoring of VA or disability issues. Some respondents said they simply did not know what their rights were; others noted increased awareness about disability but added that mine/ERW survivors "were never mentioned." Respondents felt current laws were inadequate or existed "only on paper." One person said, "Theoretically, things are better. Practically, things are worse."

Since 2005, Serbia has made some progress in enforcing existing legislation and in passing new laws, such as the Law on Professional Rehabilitation and Employment of Persons with Disabilities (2009). It also ratified the UNCRPD and its Optional Protocol at the end of May 2009. These advances occurred during/after surveying and would not have impacted results.

These results differ quite significantly from the government statement in May 2009 saying that, "Since the year 2004, the situation for landmine survivors is much better now than before."²⁷ When asked to respond to preliminary findings, a government representative was not sympathetic, stating that survivors were used to getting everything for nothing and that this had affected their expectations.

VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	NO	NO	YES	YES	NO
2006	NO	YES	YES	YES	NO
2007	NO	YES	YES	YES	NO
2008	NO	NO	YES	YES	NO
2009	NO	YES	N/A	YES	NO

At the First Review Conference of the Mine Ban Treaty in December 2004, Serbia set itself the ambitious goal "to create an integrated system... for the social reintegration of all mine victims within three years."²⁸ Steps towards achieving this goal included establishing a database, providing mobility devices, and creating jobs for survivors. Between 2005 and 2009, Serbia has made little progress, mainly because the casualty and service database – planned since 2004²⁹ and a prerequisite for much of its VA implementation – has not been established as of August 2009. In May 2009, Serbia repeated that, "a large obstacle to... assisting persons with disabilities is that the exact number of anti-personnel mine survivors still... has not been determined."³⁰

One government representative said Serbia became one of the 26 countries with significant numbers of survivors and, therefore, the greatest responsibility to act, but also the greatest needs and expectations for assistance because it had expected it would receive international assistance as a result. Throughout 2005-2009, Serbia made it clear that its achievements would be dependent on international technical and monetary assistance. As early as 2004, it even detailed that €300,000 per year would be needed from international donors, albeit without a concrete plan of how this money would be used.³¹ However, Serbia has not benefited much from international assistance. This lack of assistance was further exacerbated by a deepening economic crisis due to Serbia's transition away from a socialist economy with free, comprehensive services for all and government funding shortfalls curtailing these services.

In 2005, Serbia presented its largely non-SMART objectives and revised them in 2006-2007. A time-based plan was reportedly developed but had not been presented as of August 2009. The fulfillment of many objectives was linked to a better understanding of the scope of the problem through a casualty and service provision database and several needs assessments, which would form the basis for plan development and improved coordination. Adequately functioning state systems already in place ensured the *de facto* achievement of some of the objectives, particularly for medical care. The only other objectives directly relating to implementation of activities for survivors were: the initiation of vocational training and an income-generating project, on which no progress has been reported; and better implementation of disability legislation, on which progress has been reported but only minimally felt by survivors and persons with disabilities.

As of August 2009, there was no real VA/disability coordinating body. The SHROP was delegated by the Ministry of Health to become the focal point, but remained mainly focused on its own activities and did not liaise systematically with the various ministries dealing with disability (education, health, justice and labor, employment and social affairs). There were no other platforms to bring together representatives of these ministries for VA/disability planning. In May 2009, Serbia announced plans to develop a council to monitor the implementation of the Strategy for Improving the Status of Persons with Disabilities, which should indirectly advance coordination on VA issues.

Among survivors, just 4% said VA coordination had improved since 2005; 38% thought it had actually gotten worse; and 58% felt it had remained the same. Just 17% felt the government coordinated better with NGOs; 12% saw improved coordination with the disability sector; and 6% believed survivors or their families were included in coordination meetings. Survivors have not been included in VA/disability policy-making, implementation or monitoring. Only 12% of survivor respondents believed the needs of survivors had been taken into account while developing VA priorities and just 4% thought survivors had actually been included in planning exercises.

There is no VA/disability progress monitoring mechanism in Serbia. At the international level, Serbia reported regularly on VA, usually reiterating the obstacles posed by the lack of a functioning data collection mechanism and international funding. In 2007-2009, it repeated its claims of improvements in medical care and physical rehabilitation without beneficiary statistics or other progress indicators. Domestically, just 10% of survivor respondents felt regular information on VA achievements was provided by the government.

While each of these factors is important, there is also an apparent lack of political will to prioritize the needs of survivors (and persons with disabilities), include them in planning and coordination processes, set realistic goals for progress, and take national responsibility for working towards these goals. Serbia does not appear to have made use of the tools put at its disposal by the co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration to develop its VA priorities to promote the importance of VA/disability nationally and internationally. This is evidenced by many survivor respondents saying they believed services had declined since they first needed care after their incidents, or saying they were among the "lucky" few.

Conclusions

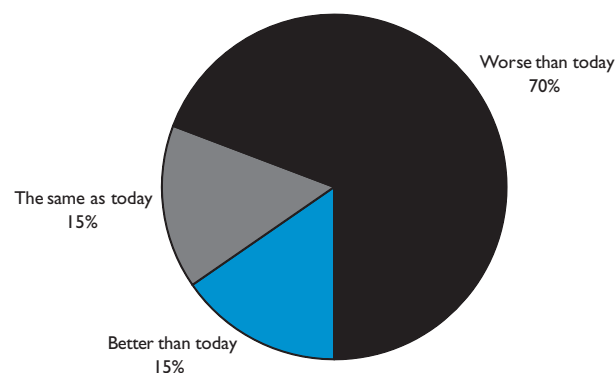
- On the key issue of economic reintegration, only deterioration has been noticed.
- Serbia still depends on its socialist healthcare system, which has been increasingly strained due to the different economic orientation Serbia is now taking.
- The quality of physical rehabilitation has not improved, nor has the bureaucratic process, and survivors noted a decline in follow-up care.
- While there was more disability awareness, this has not led to any concrete improvements in the lives of survivors.
- Mechanisms for government/civil society coordination that include survivors have not been established.

Suggestions for the way forward

Some 70% of respondents felt their situation would be even worse over the next five years because of the political and/or economic crisis, the lack of change thus far, and their own declining health. Just 15% felt the situation would be better, but half of them reasoned that “the situation is so bad now that it cannot get worse.” To assist in a better future ahead the following suggestions may be taken into account:

- Develop a functioning disability coordination mechanism, ensuring survivor inclusion, and elevate its prominence to ensure greater authority to enforce implementation.
- Equalize the treatment of civilian and military persons with disabilities.
- Focus on social reintegration to extract survivors/persons with disabilities from isolation and engage them in their communities and activities destined to benefit them.

What do you think your situation will be like in five years?



- Increase economic opportunities, especially training and employment, but also provide an incentive for taking on paid work by allowing survivors and other persons with disabilities to earn a certain income before reducing pensions or cutting them.
- Find ways to increase national VA/ disability funding while absorbing the backlash of the disintegration of the socialist model and strengthen international fundraising efforts with increased transparency.



From left to right, Jovica Pavlovic, Radisa Milivojevic, Miodrag Novakovic and Milan Spasic, all were injured by mines/ERW in Serbia, just like Nikola Lunic.

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In their own words...

If countries really cared about survivors they would:

- Provide assistance regulated by law.
- Improve the law.
- Improve quality of life and employment.
- Organize seminars with full participation about psychological support; provide information about laws and other issues concerning survivors; and publish a bulletin.
- Provide more realistic disability allowances and employment.
- Resolve the housing problem.
- Ensure survivors' rights.
- Apply the existing laws and regulations and raise awareness of disability issues through the media.
- Show more social equity.
- Consult victims more often.
- Enable survivors to solve problems and not have politicians be in charge of the issue.
- Change attitudes towards survivors and disabled persons and show more respect.

In their own words...

The main priority for VA in the next five years is:

- Full protection under the law.
- Providing places to gather and socialize, as most survivors have too much free time.
- Address housing problems, the education of children, and psychosocial support.
- Educate the government about our needs.
- Education of survivors and of providers of services.
- Physical and psychological rehabilitation.
- Better healthcare in specialized centers.
- Provide better economic status to all, as well as better healthcare.
- More accessible psycho-physical rehabilitation.
- Solving victims' financial problems.
- Employment and housing.
- Favorable loans in order to solve the housing problem.
- Better prosthetics.

In their own words...

Survivors described themselves as: persistent, communicative, strong, stable, honest, responsible, forgotten, quiet, unsuitable, optimistic, society's waste, humanist, unpredictable.

In his own words: the life experience of Nikola Lunic

In 1992, former Yugoslav Army member Nikola Lunic stepped on a landmine in Drnis (Croatia), injuring both of his legs. Lunic was evacuated to Serbia where, as a member of the military, he received prompt medical care and physical rehabilitation. Afterwards, he stayed in Serbia as a refugee of war, leaving behind friends, family and property in Croatia. While Lunic received a disability pension, he still needed to find a job to support his family.

As a trained mechanic, Nikola was unable to find work in this area because of high general unemployment. However, as a self-declared optimist, he finally managed to find a job at the Institute of Rehabilitation in Belgrade. At first, people around him thought he was crazy because his starting salary was lower than his pension. Even today his income is not enough, but he has continued working to support his family.

This job gives Nikola a great deal of insight into the government support available for physical rehabilitation. He noted that while a lot exists in theory, "Rights are obtained only if you are persistent enough to go through the bureaucracy." Lunic says that if his country really cared about survivors, it would include survivors and other persons with disabilities when defining their needs, and would solve their problems through strong, enforced laws.