

## Republic of Serbia

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# Gender Sensitive Migration / Refugee Policy for Balkan Route Camps in Serbia

Empowering National and Local Institutions

Strengthening Gender Sensitive cross sectoral Responses to Refugee Crises  
For the Protection of most vulnerable Refugees/ migrants and asylum Seekers

An Assessment

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## Abbreviations

<b>BCHR</b>	Belgrade Centre for Human Rights
<b>SCRM</b>	Commissariat for Refugees and Migration <i>of the Republic of Serbia</i>
<b>CSO</b>	Community based Organisations
<b>FYRoM</b>	The Former Yugoslav Republic of Macedonia Asylum/Reception/Transit centres
<b>IASC</b>	Inter-Agency Standing Committee
<b>MoLEVSA</b>	Ministry of Labour, Employment, Veteran and Social Affairs
<b>RS</b>	Republic of Serbia
<b>SCO</b>	Swiss Cooperation Office
<b>SDC</b>	Swiss Development Cooperation
<b>SGBV</b>	Sexual and gender based violence
<b>SOP</b>	Standard Operation Procedures of the Republic of Serbia for Prevention and Protection from Gender Based Violence in the context of Mixed Migrations
<b>UNFPA</b>	United Nation Population Fund
<b>UNHCR</b>	UN High Commissioner for Refugees

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Mr Randjel Milosevic, Deputy Head of the Department for Organization, Prevention and Work of the Police in the Community

#### *Ministry of Labour, Employment, Veteran and Social Affairs/Policy MOLEVSA*

Centre for Social Welfare, Belgrade

### Civil Society Organisations

Belgrade Centre for Human Rights (BCHR); Border free Association; Crisis Response and Policy Centre (CRPC); Danish Refugee Council (DRC); Group484; Humanitarian Centre for Integration and Tolerance (HCIT); Impuls; NGO ATINA; PIN Psychosocial Innovation Network,

### International Nongovernmental Organisations

International Committee of the Red Cross (ICRC)

International Rescue Committee (IRC)

Médecins du Monde (MDM)

Médecins Sans Frontières (MSF), Doctors without Borders

Save the Children

SOS Children Villages

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## Foreword

The present document is qualitative assessment of the situation and challenges faced by the service providers in asylum/transit/reception centers in the Republic of Serbia and suggests ways in which relevant actors can be empowered to better prevent and respond to gender-based violence happening among refugee and migrant.

This stakeholder identification and engagement analysis was undertaken at the request of the UNFPA Country Office for Serbia on the basis of its interest on how to empower and support the system in the most adequate way to respond to gender based violence, in pursuit of its UN mandate and in the framework of the official development cooperation support it is receiving through project “Empowering national/local institutions and strengthening gender sensitive inter-sectoral response to refugee crisis and protection of the most vulnerable refugees/migrants and asylum seekers” supported by the State Secretariat for Migration (SEM) acting through the Swiss Cooperation Office (SCO) Belgrade, to prevent sexual and gender based violence (SGBV).

## Executive Summary

The report identifies challenges faced by the service providers in Asylum/Transit/Reception Centres in the Republic of Serbia and suggests ways in which relevant actors can be empowered to better prevent and respond to gender-based violence happening among refugee and migrant population. It builds upon the existing mechanisms and instruments, relying the most possible on the existing capabilities of all stakeholders and actors. The situation is challenging. Nevertheless, there are many good intentions and promising activities. The enthusiasm and the commitment of the stakeholders are strong. The expectations are high. Sometimes the members of the staff in the Asylum/Transit/Reception Centres, especially front line workers and individual carers, reach their emotional and physical limits. In the development of the management system and the responses this could be addressed more consequently in order to maintain a certain level of qualitative services, less turnover and more sustainability.

The recommendations entail changes in the existing mechanisms or the elaboration of new institutional mechanisms to fill the gaps identified in the implemented mechanisms and the prevailing practice. The entry points are defined according to fields of intervention, namely the health sector, the legislative domain and the institutional, formal and informal mechanisms for the management of refugees/migrants. Based on the identified strengths and weaknesses this leads to a certain prevalence of recommendations, although it depends of course on the stakeholders’ spheres of influence, responsibilities and skills. As a general remark, the underusing of the local potential for improved service provision is referred to. Community based organisations and the local professionals such as health workers, legal advisors, small entrepreneurs, teachers or social workers should be involved systematically to improve the quality of the response mechanisms of GCs. Another finding refers to the gap in the monitoring systems. The standardization is limited and the impact documentation and knowledge management rather casual than systematic.

In the health care system, in regards to psychosocial approach, the focus on SGBV should be reinforced by a pool of professionals with expertise in the psychosocial approach. Capacity building of all health services can be further developed in putting focus on preventing measures/approach. Capacity development needs enough funding, and it should be more specialized and focussed. Not enough importance is given to the initial identification of traumatization. Time and space is needed for individual hearings and conversations with individuals. In spite of the fact that SGBV is broadly recognized as a violation of human rights, the mechanisms do not respond properly to the psychosocial aspects of survivors and their families, or the possibly hidden side effects of previously suffered violence and the manifold current insecurities and fears.

The legal and judiciary aspects of SGBV are well tracked by experienced legal advisors. The legal conditions are favourable to address the problem of SGBV even as a criminal act. There are nevertheless gaps in the provision of counselling. The accessibility can be improved. One possibility is the funding and enhancing of

specialized training for local legal advisors in SGBV-relevant laws. Another possibility is the establishment of a “Law Clinic” with specialized counselling for survivors of SGBV and other traumatic experiences.

In the institutional context the recommendations mainly focus on capacity building, participatory development for planning, human resource and knowledge management, monitoring, funding mechanisms or the involvement of municipalities and civil society actors. The cooperation with specialized professional actors and organisations could be intensified not only for a limited time but also in a longer-term perspective. The professional experiences with SGBV-survivors available in RS has a high potential for a human rights based approach in dealing with the issue not only in the context of asylum/reception/transit centers but also for Serbian society as a whole.

## Overarching Goal

The report looks into challenges faced by the service providers working in Asylum/Transit/Reception Centres and suggests ways in which relevant actors can be empowered to better prevent and respond to gender-based violence happening among refugee and migrant population in the Republic of Serbia. . It takes into account legal frameworks and the existing mechanisms and instruments, relying as much as possible on the existing capabilities of all actors to respond accurately to Sexual and Gender-based Violence (SGBV). The recommendations suggest either the improvement of existing mechanisms or the elaboration of new institutional mechanisms to fill in the gaps identified in the implemented mechanisms and the prevailing practice. The report is supposed to stimulate the actors to explore new pathways for change in order to improve the response mechanisms for protecting from and preventing SGBV among refugees and migrants in RS.

## Methodology

The assessment used a mission plan previously drawn up with staff from UNFPA in charge of the planning. The information was collected through

- a) guided interviews with representatives of governmental institutions, staff in Asylum/Transit/Reception Centers , international organizations and civil society organisations,
- b) group discussions with different stakeholders, and
- c) observations and informal conversations with staff members and

Handouts, information sheets and other organisation-specific leaflets were used to complement the information.

The interviews with governmental bodies<sup>1</sup>, international and national civil society organisations, and UN officials, were conducted in the central or local offices. In each of the asylum/transit/reception centers the questionnaire followed the same logic, starting with the management. The questions were structured partially following the UNHCR profiles of the centres, Joint Assessment of Government Centers)<sup>2</sup> and addressed the services provided, changes in general and in terms of staff composition, accommodation, refugees/migrants, infrastructure, and more specifically on gender responsive management, gender sensitive services such as mother-child space, special activities for girls or boys etc.

Additional discussions were conducted according to the organisational situation in the centres, and addressed more specific questions according to the respective service provisions, functions and availability.

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<sup>1</sup> Health Centers, Centers for Social Welfare, Ministry of Interior, Commissariat for Refugees and Migration

<sup>2</sup> <https://data2.unhcr.org/en/documents/download/55034>.

Such discussions were conducted with at least 2-3 staff members from the health service providers, as well as service providers from organisations present with. Selective insights into the day-to-day life were provided through site visits, including visit to premises such as bedrooms, kitchen and dining halls, hygiene facilities, recreation spaces and classrooms. There were no interviews with refugees/migrants accommodated in the centres.

Limitations of the assessment: The assessment was conducted in the period 6<sup>th</sup> - 18<sup>th</sup> October 2017. The sample of interviewed staff members, representatives of civil society organisations and municipalities gave a limited insight into the complexity of the system. Another limitation was caused by the fact that the issue of refugees/migrants is delicate and very sensitive, which is again accentuated when working together with local staff and translators. The restricted time available does not allow to provide sufficient information needed to develop a detailed baseline to establish a process monitoring of the structures of the organisations involved, their performance or impact on the living and working conditions, the social security and wellbeing of refugees/migrants as well as of the personnel.

## Assessing the Context from a SGBV-sensitive Perspective

SGBV constitutes a severe violation of human rights. Protection from and prevention of SGBV is a priority of the UNFPA in their policy to improve the situation of refugees/migrants in Serbia, jointly with the representatives of government institutions. Along the route, refugee women and girls are especially exposed to SGBV. There are hardly any safe environments. In addition, the identification of survivors is at risk when they are moving in a rather unpredictable way, which signifies a big challenge to the RS.

Once accommodated and registered in centres, SGBV – survivors can be identified, protected and counselled accordingly. However, SGBV is a highly sensitive and tabooed issue also in Serbian society. This signifies a big challenge for all stakeholders involved and mainly for the staff working in the centers, who may often react with generalizing assumptions, presuming that SGBV is part of the culture where refugees/migrants come from. The fact remains that there are only very few cases of SGBV reported, but still the testimonies of volunteers, researchers, journalists, social workers or medical personnel along the refugee route show that SGBV is omnipresent. The issue remains little tangible and is therefore even more exposed to stereotyping narratives. The recommendations suggested in this report are pragmatic and concrete, mainly focusing on the institutional performance to prevent the reinforcement of previous and the production of new stereotypes.

### General Aspects

According to UNHCR data<sup>3</sup>, in October when the visit took place, 4,361 new refugees, asylum seekers and migrants were counted, of which 3,888 were accommodated in 18 Asylum/Transit/Reception Centres. Each month there are new arrivals entering mainly from Bulgaria. The volatile situation and the changes in policies of the EU and border states, the unpredictability of the composition of the refugees/migrants are challenging facts demanding high flexibility of the mechanisms to protect from and prevent SGBV in the centers. The data generated by Institute of Public Health, show monthly numbers of medical examination with (among other aspects) various symptoms, possibly a consequence of violence and torture, such as mental disorders and other forms of behavioural disorders. There is no specific category for SGBV.

The health service system in the RS is structured in a wide network of public health care institutions. The provision of primary health care to the population in the RS is decentralized. These centres offer special services for children and women by paediatricians and gynaecologists complementing the services of general practitioners. This situation is favourable to provide the services to the centers according to the needs of the accommodated refugees/migrants and even survivors of SGBV.

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<sup>3</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/60156.pdf> (visit: 10.12.2017)



One of the principles of the Serbian Health Care Law 32 is the prohibition of discrimination in the provision of health protection (Article 20), which is particularly important for the refugees/migrants. Health care institutions have been surveyed about the provision of health care services. These include, but are not limited to the following: prenatal care, postnatal care, childhood immunization, home health care, mental health, support for the prevention of family violence, reproductive health, STD/HIV prevention services, treatment of chronic illnesses, surgery, environmental and occupational health. All centres have set up a health service and a system to access the clinics and health care clinics. The resources are nevertheless scarce, the work load is heavy and the knowledge in psychosocial counselling and treatment of (post-) traumatic disorder caused by violence experienced (such as SGBV) does not seem to be systematically promoted.

### SGBV Response Mechanisms

On a national level, authorities have recognized the need to systematically respond to SGBV in the context of refugee and migrant population. Since September 2017, Ministry of labour, Employment, Veteran and Social Affairs- lead Ministry for the Governmental Working Group for Mixed Migrations, with UNFPA support started chairing Sexual and Gender Based Violence Sub-Cluster Working Group (SGBV Sub-cluster WG) in the Republic of Serbia. The WG aims to consolidate and coordinate the activities of all relevant stakeholders to improve and support the prevention of and response to SGBV.. The fact that the authorities recognized the needs for a systematic approach in this domain was also a precondition for the assessment based on interviews with representatives from state institutions

Additionally, UNFPA supported Ministry of Labour, Employment, Veteran and Social Affairs to develop Standard Operation Procedures of the Republic of Serbia for Prevention and Protection from Gender Based Violence in the context of Mixed Migrations. SOPs are modelled against Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and SOPs developed in FYRoM. The development process included wide consultations with line Ministries and other government bodies, IOs and CSOs which are providing assistance in the field.

The implementation of SOPs has not yet started; therefore, it is not clear whether there are appropriate mechanisms to respond to the specific situation in each of the centers.

With the format of “Annex”<sup>4</sup>, SOPs provide support to the centers to elaborate their own strategy and map relevant actors who may provide adequate support. As yet there is no evidence of a systematic operationalization including the budgeting and planning of human resources. The fact that especially international organisations develop and disseminate guidelines<sup>5</sup> focusing on SGBV may help to plan interventions, at the same time however it may hamper a context-specific unconventional and explorative approach.

During the visit and in the interviews it was evident that there is a lot of commitment and good intention to be supportive and provide the necessary protection and treatment to survivors of SGBV. The overall complexity of the migrant/refugee policy in the region, the limited resources, the gaps in the professional services dealing with SGBV, the lack of experience to handle the rapid changes in terms of composition of the refugees/migrants set narrow borders to the possibilities of intervention.

### Civil Society Organisations

At the time of the assessment, there were more than 80 organizations present in the different centers, among them NGOs, I-NGOs, UN bodies and CSOs focusing on different fields of service provision and delivery

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<sup>4</sup> Annexes for all 18 asylum/transit/reception centres were updated in 2017 after field visits and consultations with all partners active in the field, including government and CSO partners.

<sup>5</sup>For more links see “Violence against an individual is violence against society, and the family as a whole”. SDC’s experiences in addressing sexual and gender-based violence, Bern 2016

according to their mandate, knowledge and budgets. But the presence of all these organisations does not give evidence of a strategic plan to protect from and prevent SGBV. Among the civil society actors there are only a few organisations with special experience in the protection from and prevention of SGBV. It is not evident whether the resources allocated to the management of the centers are sufficient to cover the costs the intended and planned activities may cause.

## Findings

### Health Services, Psychosocial Support and SGBV Survivors

**Situation:** SGBV is delicate, and needs specialized and sensitized security, technical or medical staff. Medical staff is very often the first contact point for survivor of GBV. The assessment showed that health care providers do have knowledge and are aware how they should react in case they identify potential violence. However, while interviewing it was identified that many of them use cultural differences as a way to justify certain behavior. In addition, it was identified that health facilities vary in their record-keeping. There is no medical evidence for use in legal action. This is also a reason why many agencies decided to develop guidelines for psychosocial approach in crisis situations, including questions for assessing vulnerabilities.<sup>6</sup> Implementing a psychosocial approach in a crisis situation or under extraordinary pressure is a big challenge. Migrants and refugees live in a crisis situation marked by insecurity, fear and disorientation, especially in provisional situations with an insecure immediate future. The five barriers to identification of victims that health care providers most often agreed with were: (a) “patient denies battering as a cause of injury,” (b) “patient fears repercussions of being identified as abused,” (c) “patient does not mention abuse during history-taking,” (d) “patient lacks privacy within the accommodation facilities,” and (e) “what I view as abuse, my patient accepts as normal.” The two barriers to referral to community services that health care providers most often agreed with were: (a) “fear of partner's reaction to referral”, (b) “battered patients do not want a referral” and “to keep the chances for crossing the border as bis as possible”. It is therefore crucial to take the potential risks like the accentuation of trauma or violent behaviour into consideration for the management, but also in the planning and the implementation of activities in the centres, including the cooperation with NGOs. The groups among refugees/migrants with special exposure to SGBV are women and the less protected (unaccompanied) minors, girls and boys and other dependent, economically weak individuals. Although there appears to be an increase in the proportion of women reporting sexual abuse and injuries during and after pregnancy, health care providers have limited access to information on women's options/ services available. Furthermore, there is a general lack of shelters and safe homes for abused women and children, especially in rural areas.

The contributions of women’s rights organisations and organisations with strong gender focus provided in the centres and areas where migrants are present is an important resource, giving them assistance, protection and relief, but also safe spaces where refugees/migrants can reconnect to their inner selves. For the sake of sustainability these activities should be documented and the knowledge passed.

**Strengths:** The level of commitment of the medical staff in the centers seems high; the professional staff of the health centres shows appropriate sensibility and willingness for cooperation. The national health system is also favourable to treat refugees/migrants equally, independent of their legal status. There are specialized civil society organisations involved in centers prepared to share their knowledge and experiences in organising initiatives such as mobile teams or spaces for relaxing or socializing.

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<sup>6</sup> Becker, D., Barbara Weyermann, 2006: Gender, conflict transformation & the psycho-social approach. A toolkit. Swiss Development Cooperation SDC. Bern. <https://opsiconsult.com/wp-content/uploads/92880853292022.pdf>;  
Global Protection Action, [https://www.unicef.org/eu/css/Final\\_Final\\_Q-A.pdf](https://www.unicef.org/eu/css/Final_Final_Q-A.pdf) ; UNFPA (e-learning):  
[http://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide\\_ENGLISH.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf)  
IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)  
[http://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)

Weaknesses: There is no evidence of a systematic implementation of a gender sensitive medical needs assessment or reporting when refugees/migrants are first registered. Which means that within medical files SGBV cases are not registered in a systematic manner. Reports prepared by the Institute of Public Health reflects on cases of injuries caused by violence, however usually those are injuries came out from violent pushbacks. The capacities for observation and early identification of SGBV-survivors and their respective needs remains an issue. There is no questionnaire, nobody is specially trained or explicitly hired for such a task. There is no alert mechanism for medical staff in case of burnout. Finally, there is no evidence of a continuous skills development program to handle cases of SGBV. The space and time for sharing experiences among the directly involved personnel is not part of the working schedules. The high turnover of the skilled personnel creates other problems such as lacking confidentiality between staff and refugees/migrants and among the staff. It may likewise cause a loss of context specific experience, difficulties in the recruitment of staff and additional costs.

### Legal Situation and the Rights of SGBV Survivors

Situation: The cases of SGBV have to be handled in accordance with the new Law on Prevention of Domestic Violence, which entered into force on June 1, 2017. It brings changes into the existing practices of institutional response to violence. The UN call on all states who have ratified the relevant international human rights and women's rights frameworks to provide specific protection schemes for vulnerable women, especially refugees and migrants.

Strengths: the new law envisions urgent measures of removing the perpetrator from the family and prohibiting the perpetrator from approaching the victim. It also stipulates professional and disciplinary liability for officials who fail to act in accordance with the law. In the case of female refugees/migrants the international frameworks such as the Convention on the Elimination of All Forms of Discrimination against Women CEDAW, Istanbul Convention and the UN Security Resolution 1325 on Women, Peace and Security provide additional protection mechanisms the RS can refer to.

Weaknesses: Even if cases of SGBV are proven they rarely become court cases. This phenomenon has no simple explanation. One of the dominant narratives of the actors involved however explains it with the attitude and socialization of the survivors and the border policy of Hungary. Women would prefer not to go to court avoid the disruption of the family, which is seen as a drawback in their journey to Europe. Such a narrative is too narrow and hampers further investigation needed to detect possible deficits in the law enforcement practices as observed by the counselling lawyers of the BCHR. Often, the mechanisms for the implementation of the asylum law would not address gender specific aspects of the cases, but misses to contest the way how gender is integrated in the legal procedures dealing with asylum, protection or residence permissions. Furthermore, more importance should be given to the documentation of individual cases. Another issue when it comes to providing women and girls refugees with adequate protection is the lack of official data on the situation of gender-based violence women and girls refugees and migrants are suffering. More information and better knowledge about their position, and problems they are facing within the refugee camps, would allow better understanding of their situation and the challenges these women and girls are facing. Such knowledge, received directly from the women and girls refugees who are affected by violence, would also allow all the relevant actors an opportunity to create more appropriate models of protection and improve their position significantly.

Underfunding of mechanisms to promote confidentiality and reliability can be dangerous. An alternative system to guarantee a provisional permission to stay in the RS would be very useful.

### Institutional Capacities, Procedures, Instruments

Situation: In accordance with the Law on Asylum, the Commissariat for Refugees and Migration is responsible for implementing the asylum regulations pertaining to the accommodation of asylum seekers/migrant/refugees in the centres and providing basic living conditions while the status determination

process is ongoing. The Commissariat for Refugee and Migration is putting efforts to follow UNHCR reception centres standards and since mid-2015, when the increased influx of migrants/refugees started, employees of the Commissariat for Refugees and Migrations have been working three shifts in reception/transit/asylum centers to provide all the necessary assistance to beneficiaries transiting through Republic of Serbia. However, in addition to evidential efforts, the assessment pointed out that working conditions are marked by instability, unexpected changes, an emotionally loaded environment with many hurdles in communication and knowledge gaps. The staff is a challenge itself, it is a mix of generalists and specialists, of state employees and staff from organisations, there are volunteers and activists, people coming from the neighbouring municipalities or from Belgrade, experienced professionals and novices working in such a field for the first time. The high diversity of organisations involved in the management and service provision within the asylum/reception/transit centres of the s is another fact, which needs to be analysed carefully. In order to have systematic provision of support by civil societies sector, the recommendation would be to develop a tool of standards followed by all actors involved in order to organize all support from civil society organizations in a comprehensive and systematic manner.

The SOP are a step forward to standardize and monitor the service provision systematically. The fact that each accommodation facility – will have specific referral pathway, in the form of Annex, in which it will be clearly stated who focal points are in each responsible sector in that location. Annex may have a positive impact on the quality of the service provision in terms of needs oriented, specialized- including gender specific -methods and SGBV-policies of prevention, protection and documentation.

Strengths: The presence, preparedness, willingness, the financial resources and/or professionalism of the organisations involved are a valuable resource for the management of the migrant/refugee-issue. The presence of NGO agencies is key to guarantee the humanitarian provision according to daily needs. There are also organisations providing more specialized services such as language classes, psychosocial support or internet access. The fragmentation of functions and responsibilities can create lack of clarity and even confusion, contributing to stress and to overreaction in critical situations leading to culturalistic blaming.

Weaknesses: The overall picture shown during the visits of the accommodation facilities was satisfactorily centers; however, was rather one lacking a strategic plan to engage specific organisations or experts. There is, for example, a complaint mechanism for refugees/migrants, but there is no comparable mechanism for staff. Some of the interviewees who have to communicate with and provide services for the refugees/migrants individually by their function (interpreters, health personnel, legal experts, officials for asylum procedures etc.) complain about the lacking possibilities of supervision, debriefing or burnout-prevention. Another weakness is the lacking assessment of psychosocial needs in order to put together an appropriate mix of organisations prepared to identify and deal with SGBV survivors.

## Recommendations

Based on the mission findings, report identifies following recommendations per sectors:

### Health and Social Services

- Establish a pool of professionals with expertise in the psychosocial approach easily accessible for all involved stakeholders, mainly for those with first and direct contact with refugees/migrants.
- Allocate extra resources for the capacity building of all health service providers in line with their function and professional knowledge.

### Organizational Structure in Asylum/Reception/Transit Centers

- Assure that each center plans and allocates time and space for individual consultations.
- Increase the accessibility of gender specific protection services in each center and assure that each center has at least one specialist in SGBV present.
- Establish a comparative system of quality assurance in the collection and management of the relevant data on gender specific violence and traumatization experienced by women,
- Assure that the data concerning information on SGBV is regularly integrated into the national system and that all information is shared in a confidential manner only with the persons directly involved in case management<sup>7</sup>.

### Law Enforcement

- Assure the provision of legal counselling for all persons as soon as a case of SGBV is identified (proven or suspected), including supporting measures such as mediation, protected shelter, guaranteed access to basic social and economic resources.
- strengthening Crime Prevention and Criminal Justice Responses;
- Strengthen the state in raising awareness that gender-based violence is a criminal offense and that adequate punishments will be provided;
- Through capacity building train employees who are working directly with migrants/refugees/asylum seekers in relation to: preventing and identifying such violence, equality between women and men, the needs and rights of victims, and the prevention of secondary victimization;
- To ensure that police, criminal justice officials and other professionals involved in the criminal justice system receive adequate training and continued education on all relevant national laws, policies and programmes, as well as international legal instruments;
- To promote collaboration and coordination among relevant agencies and services, including through the establishment, where possible, of specialized units specifically trained to deal with the complexities and sensitivities of victims involved in cases of SGBV where survivors can receive comprehensive assistance, protection and intervention services, including health and social services, legal advice and police assistance;
- Enforce the judiciary procedures from the criminal perspective in order to set the accurate penalty to the perpetrator according to the Serbian Law and the international frameworks such as the UNSCR 1325 on Women, Peace and Security or CEDAW, signed by the RS.;Identify and analyse the level until which the legal frameworks incorporates necessary measures to take appropriate actions to ensure that the victim over whom protection is required, regardless of the residential status;
- Monitor the number of humanitarian (provisional) permissions issued to SGBV survivors.

### Institutional Aspects

#### Quality management

- Assess and monitor regularly the needs of human resources for a professional approach to SGBV in the centers and guarantee the follow-up of the changes made to improve the quality of the services rendered.
- Collect sex- and age-disaggregated data on all aspects of gender identities and allocate resources to establish a system for the tracking and monitoring of the changing needs of refugees/migrants, with special attention to suspected cases of SGBV.
- Assure that outcomes and impact are monitored and quality management is in place.
- Ensure that existing guidelines to act in a gender sensitive way are implemented with enough time and space for exchanging experiences as well as monitoring their usefulness and making appropriate adjustments.
- Assure that each center has a package/plan including its monitoring and evaluation for a comprehensive capacity building in gender sensitive working with refugees/migrants. This training may be composed of gender sensitive and specific approach in service provision, communication with refugees/migrants and staff, collecting/documenting methodologies, gender specific analysis of needs and capacities, special focus on SGBV – according to responsibilities and roles.

### Procedures

- Stimulate the participatory development of a service plan to meet the special needs of women and girls (and young boys), taking into account working plans, day schedules, team composition, engagement of specialised organisations.
- Assure that centers have sufficient resources to comply with the quality of the services based on regular reviews and assessments of impact.
- Assure that the organisational conditions (time, space, working plans, systems to reward/sanction etc.) allow and promote continuous professional capacity building in fields such as the collection of SGBV-relevant and SGBV-specific data, in gender sensitive monitoring of the performance in the management system.
- Promote communication of the information about SGBV at the institutional level.
- Ensure that all decisions following the identification of SGBV-survivors are referring to the base of standardized data on SGBV cases.

### Instruments

- Ensure the participatory elaboration of context specific minimal standards including implementation plans (“Annexes” of SOP), responsibilities in each center which guarantee the specific protection from and prevention of SGBV
- Establish alert mechanisms accessible for all staff members, with special service for front-line and fieldworkers as well as health personnel and interpreters, and allocate the resources needed to offer professional support.
- Elaborate strategies together with local organisations for a better integration of their knowledge, experiences and potential to diminish the technical, professional, financial reliance on international organisations;
- Elaborate a comprehensive strategy to involve the neighbouring municipalities with activities such as the credits for small projects, with at least one focus on women’s empowerment integrating local women and female refugees/migrants in the local economic development.
- Reformulate criteria for small project funding with a special focus on the prevention of and protection from SGBV.
- Devise a communication strategy to encourage dialogue and raise awareness of the local population.
- Develop a participatory approach for meaningful occupation of refugees/migrants in centers.
- Guaranteed spaces for refugees/migrants to meet, share, tell and be listened to and heard can enable the survivors of SGBV to verbalize and communicate the experienced violence, thus order creating an atmosphere of trust and reliability.

## Capacity Building

- The mainstreaming approach is every field of work should build on a common strategy but still respond to the processes, instruments and goals of each of these fields of work.
- Develop a strategy for SGBV-focused high quality training in early recognition, identification, documentation, communication of the SGBV-situation referring to existing guidelines<sup>8</sup>,
- Enhance the skills in communicating SGBV-relevant data to other staff members, specialized organisations, other stakeholders of the referral mechanisms etc.
- Promote SGBV-specialized organisations with financial and institutional support, ensure that each center has immediate access to such organisations and their specialized staff, and guarantee the dissemination of their knowledge to other organisations and involved state offices<sup>9</sup>.
- Enhance the number of qualified interpreters with special training in cultural mediation, gender sensitive translation and early recognition and identification of SGBV, and assure their access to supervision and/or debriefing mechanisms.
- Enhance the capacity of staff to do outreach and street work, training as well as needs-based assessments of protection measures, and assure that this information is systematically integrated into the mechanisms and training plans of centers
- Ensure the presence of cultural mediators in each of the centers.
- Develop a training on methodology for data collection, case documentation and reporting as well as guidelines for the systematic collection of data.
- Strengthen a gender sensitive and specific assessment of skills and professionalism in the performance of centers at all levels including the organisation, procedures and human resource management.

## Two additional Fields with Suggestions for Action

### Participation of, with and within the Civil Society

To build bridges between centres, their staff and inhabitants and the civil society in the neighbourhoods is challenging, but it can also bring about socially valuable changes and opportunities such as new competences, networks, relations and knowhow, curiosity, self-esteem and tolerance. Encounters may open spaces for learning and sharing experiences between diverse groups. Of course this process should be carefully orchestrated by professional “bridge builders” such as socio cultural animators, pedagogues or mediators. The mobilization of the civil society as volunteers, for example, works with pragmatic and concrete actions, with added value for all the people involved. The SCRM launched a promising initiative by providing the funds for small projects submitted by municipalities. This is certainly a good way to sensitize the local communities for the situation of migrants. At the same time, it opens space for new encounters and creates a tangible basis to build relations beyond the organised activities.

The few small projects on social enterprising are promising and may be important also from a community development perspective, such as catering, a bakery (bagel shop), cleaning public spaces, gardening, handicrafts. There are other sectors of small enterprises where such an approach would be achievable, maybe underpinned with some incentives in terms of benefits, tax relief or access to skills development. Small projects, once also considered as good practice for community development and local economies, can be reproduced in other municipalities challenged by the presence of refugees/migrants.

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<sup>8</sup> <http://fra.europa.eu/en/theme/asylum-migration-borders/overviews/focus-gender-based-violence#identification>

<sup>9</sup> An example of a good practice is the NGO Atina, working with the combination of professional long term and current experiences. The focus is on outreach work / help assistance /training /capacity building and networking. The team is interdisciplinary, working with legal experts, social workers, cultural mediators and psychologists. Additionally, the NGO Atina is involved in international networks along the migration/refugee route, for the sharing of experiences and information on the monitoring of SGBV cases.

To have an impact on the safety of refugees/migrants women, special attention should be paid to social enterprising in the sectors mainly connoted to females. An assessment of the practical experiences of female migrants and the possibilities of capitalising these resources (e.g. midwifery or emergency aid) for the local health services may be a first step.

In the calls for project proposal the support for survivors of SGBV could be addressed separately. At the same time, in order to be approved, projects should explain how they address gender aspects and whether they define target groups in a gender-specific way (for men only, for women only, mixed, etc.).

### Social Work with Refugees and Migrants – a Professional Vocation

The experiences of employed and voluntary actors in the migrant centres have an added value for social work as a profession and career. The refugees/migrants are just one of many other current or potential client groups. It is therefore an opportunity also to enrich, complement, and develop a career in social work and related careers such as social pedagogy or socio-cultural animation.

Without claiming to be exhaustive the assessment provided insights into different fields of professional action already practiced by several organisations. Even if NGO Atina, for instance, describes its operation in a terminology corresponding with the wording of social work such as case management and cultural mediation, a systematic coordination with career development at vocational schools and/or universities, however, is not visible.

Besides case management and cultural mediation already implemented by NGO Atina there are other skills considered as substantial and essential for the professional training and career development of social and community work. The activities structuring and organising the daily life in the centres demonstrate clearly that other techniques and capabilities of social work are applied by the actors without being explicitly mentioned<sup>10</sup>.

Possible subjects of a specialized curriculum for professional service providers addressing sensitive issues such as SGBV: provides a variety of important insights into a practice of daily support and assistance to vulnerable people; technical skills for case documentation and transfer of the information to other places, communication e.g. inside the centres as well as with all other actors such as NGOs, municipalities, security etc.; Mediation, psychosocial counselling; knowledge in human rights, women rights, including international frameworks and conventions, relevant aspects of the judicial system; conflict sensitive management, risk assessments; team management, team building, working in teams; the organisation, implementation and documenting of staff meetings to provide a common level of information relevant for the respective functions (centre, staff, migrant cases, security, etc.); Project management including monitoring and quality assurance; cooperation with private sector to develop special enterprises



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