

SERBIA

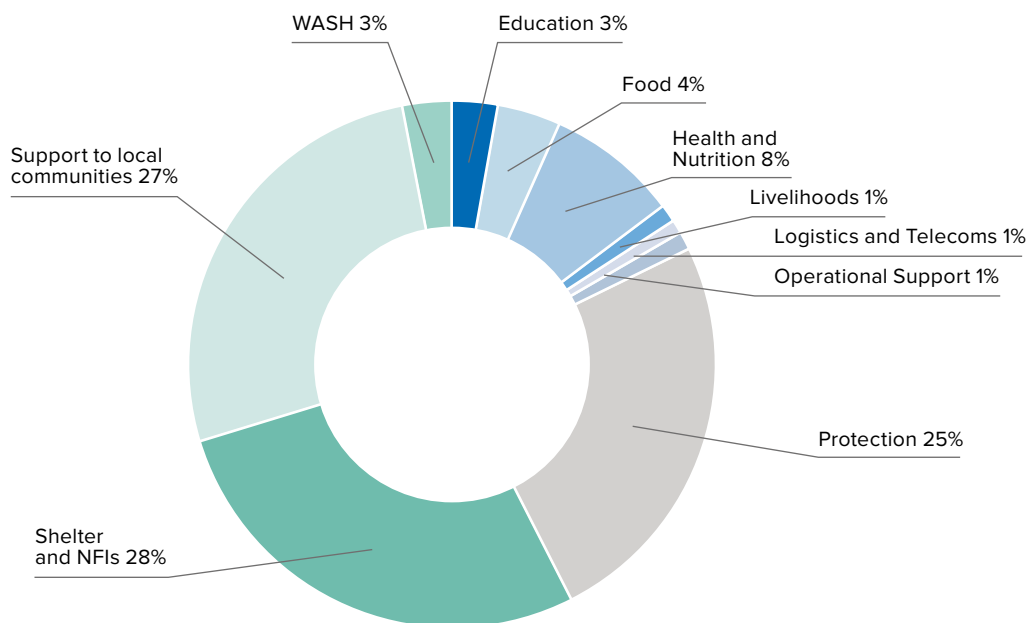


SERBIA RESPONSE PLAN



Map Sources: UNCS, UNHCR
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. *References to Kosovo shall be understood to be in the context of the Security Council resolution 1244(1999).
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Financial Requirements 39,251,551 US Dollars



Background and Achievements

Similar to other states in the Western Balkans, the Republic of Serbia was faced with large scale movements of refugees and migrants in 2015 and early 2016. After the *de facto* closure of the Western Balkan route in March 2016, an estimated 150 - 200 persons continued arriving daily through green borders from Bulgaria and the former Yugoslav Republic of Macedonia. Consequently, the number of refugees and migrants in Serbia continued to rise from the initial 2,000 people in March, stabilizing at approximately 6,000 in October.

At early December 2016, 6,400 refugees and migrants were present in Serbia with 80% accommodated in 13 government facilities: five Asylum Centres, five Transit Centres and two Reception Centres. Additionally, 1,000 were residing in Belgrade city centre and approximately 150 asylum-seekers continued camping at two border sites near the Hungarian border waiting for admission into the Hungarian asylum procedure. In November 2016, Hungary reduced the number of admitted asylum seekers per week from 210 to 100.

Since spring 2016, with continued irregular arrivals and exit limited by neighbouring countries, the transit scenario of 2015 changed to one of fewer numbers and longer term stay in Serbia, requiring an adjustment of the operational response. The humanitarian community remains committed to supporting the Government of Serbia in addressing the new situation, strengthening national systems, in particular the asylum system, and implementing the commitments of the New York Declaration while maintaining the capacity to address contingency needs.

In September 2016, acknowledging the changed circumstances, the Government of Serbia adopted a "Response Plan for an Increased Number of Migrants on the Territory of the Republic of Serbia for the period October 2016 – March 2017". The Plan, consistent with the RMRP sectoral approach, outlines activities and resources required to accommodate up to 6,000 people in winter in the government facilities, staying

for periods of several months while a total of 12,000-13,000 could be expected to arrive during 2017.

The majority of the refugee and migrant population in Serbia at the end of 2016 come from refugee producing countries including persons with specific needs among them such as unaccompanied and separated children (UASC). While the authorities and RMRP partners responded constructively to the situation, a number of challenges were faced. According to the Ministry of Interior, in the period between January to end November 2016, 11,840 people expressed intent to apply for asylum, which requires a systematic registration of the population in the country and a further strengthening of the asylum system in line with international. Despite efforts by the authorities and RMRP partners to improve reception conditions throughout the country, the capacity of accommodation facilities proved to be insufficient in many places. National health care institutions, under the Ministry of Health, as well as several NGOs provided medical care for refugees and migrants. Although the longer staying population added an additional burden to the host communities' services, it also provided opportunities for integration.

Achievements

- Technical and financial support was provided to the Government of Serbia and civil society to respond effectively to the immediate and continuing humanitarian and protection needs of the refugee/migrant population.
- Coordinated efforts to ensure access to territory and asylum procedures, strengthening of the asylum system in line with applicable international standards, including by promotion of the rights of asylum seekers and refugees with relevant authorities and institutions, establishment and maintenance of referral pathways, etc.
- Regular protection monitoring conducted and information sharing on rights and services available, including on the risks associated with trafficking and smuggling, was provided to 70,000 refugees and migrants.

- Family tracing and reunification for 162 cases identified separated in Serbia or on the way to Serbia.
- 230 asylum seekers represented in the asylum procedure; 21 were granted international protection. Six refugees departed for resettlement to third countries.
- 69 migrants were assisted with voluntary return to their countries of origin.
- Coordinated support to national institutions in ensuring the rights and needs of women and children are addressed; 3,715 refugees/migrants were provided with psychosocial support and referrals; outreach activities were provided to 3,000 women and girls.
- Transnational referral mechanism for identification of children at high risk was established among Greece, the former Yugoslav Republic of Macedonia and Serbia.
- Facilitated establishment of a government-led SGBV working group and development of country-wide SGBV SOPs, while maintaining and strengthening relationships and capacities of government partners to ensure adequate prevention and response to SGBV; 58 human trafficking and SGBV survivors sheltered in safe houses; 192 survivors of SGBV and other forms of violence supported through programs of direct support through case management.
- 300 border police officers trained in humanitarian and protection-sensitive border management, i.e. in the enforcement of standard operating procedures relevant for the mass influx of refugees and migrants on the borders.
- Enhanced winterization capacity, striving towards more appropriate, safe and protection-sensitive spaces that meet international standards. Positive examples include: the opening of the Reception Center in Bujanovac, specifically reserved for families, women with specific needs and children; completion of the Tobacco Factory Phase III which boosted RC Presevo capacity to host up to 1,000 people, as well as the creation of additional age and gender-sensitive spaces, recreational blocks and sanitary facilities. Another center recently opened in Sombor and an additional wing of the Transit Center in Adasevci was reconstructed.
- 2,500 refugees and migrants provided with transport assistance to local institutions and service providers such as registration points, health centres, social work centres etc.
- Over 88,200 refugees and migrants received health services in governmental facilities.
- Support provided to affected local communities for waste management, water supply and wastewater treatment assessment as well as assessment of social and health service centres; provision of six small grants to Civil Society Organizations for improvement of social cohesion and promotion of volunteering in migration affected communities.

Humanitarian Needs and Vulnerabilities

Taking into consideration the situation at end of 2016, the target population for this RMRP is 6,000 refugees and migrants remaining in the country, inclusive of those who expressed intent to seek asylum and continued irregular arrivals.

According to available data, 85% of the 2016 population in Serbia originates from refugee producing countries, including 61% women and children and 39% adult men. A sizeable portion of the population has specific needs, particularly UASCs, families with children, pregnant women, elderly and infirm. Refugees and migrants arriving or already in Serbia, remain extremely susceptible to smuggling rings and related protection risks, including physical violence, trafficking and exploitation.

While some limited assistance will continue to be required to address the immediate needs of new arrivals, activities under the RMRP will primarily focus on the longer term staying population and specific protection approaches vis-à-vis shelter, food and non-food assistance, health, education and solutions. Protection concerns will continue to be addressed including access to territory and asylum processes, registration, documents, risk of family separation, SGBV, exploitation and trafficking. The extended stay of the refugee/migrant population places a strain on health care providers and the increasing number of persons with chronic illnesses requires special emphasis on treatment of non-communicable diseases and immunization of children in line with national immunization protocols. There is also an increased need for psychological support.

In line with international standards, only 3,050 places have been identified in hard-shelter structures that are suitable for longer-term stay. A substantial number of people still remain sheltered in temporary structures, considered unsuitable given the prevailing climate and the average duration of the stay. Government facilities, temporary and permanent, struggle with chronic overcrowding problems.

Continued provision of support to local communities, by providing equipment and assets for local service providers – centres for social welfare, public utility companies, health care centres – building intercultural exchange through support of community based organizations to bridge the social distance between refugees/migrants and local communities will be maintained.

Response Strategy and Priorities

RMRP partners, aim to continue supporting the Government of Serbia to respond to and manage the complex refugee and migrant situation. This response strategy seeks to assist the Government in further developing and operationalizing a sustainable, comprehensive and cooperative framework for concrete action in the area of refugee protection and migration management.

The Response Strategy of the RMRP is divided into four strategic areas in line with the interagency sectoral Working Groups, namely (i) Protection; (ii) Food, Shelter, NFI, Transportation and Logistics and WASH; (iii) Health and Nutrition; (iv) Support to Local Communities. This multi-sectoral response strategy will enable mutually reinforcing synergies to be identified and allow for a pragmatic and operational approach within each sector. The sectoral strategic objectives have been set by the respective interagency Working Groups and are summarized below.

Protection

- Ensure protection sensitive entry process/environment, including access to territory, protection from *refoulement*, protection sensitive identification and referrals, adequate and improved border management containing counter-smuggling and counter-trafficking measures and asylum procedures/registration;
- Access to protection and solutions, including legal pathways, resettlement, family reunification, assisted voluntary return, with particular focus on assis-

tance and promotion of long term integration and psycho-social support activities;

- Advocate and support access to asylum through more efficient and comprehensive registration of asylum-seekers, ensuring those who want to register asylum claims have the information needed to do so, and access to legal aid to support their applications;
- Ensure support to refugee and migrant children through strengthened and well-coordinated child protection services and psychosocial support activities, including provision of adequate education services, appointment of guardians, and considering the best interests of the children in all decisions;
- Support to strengthening institutional response, through capacity building activities, reinforcing identification of persons with specific needs, follow-up with appropriate services and response through the national procedures (SGBV SOPs, CP SOPs);
- Persons with specific needs, such as identified UASCs, are provided with appropriate services, such as legal and psychosocial support in a participatory manner;
- Community based protection strengthened through a continuous communication and engagement with communities.

Food, Shelter, NFI, Transportation and Logistics and WASH

- Support Government efforts to increase reception capacity through provision of shelter solutions for short-term and longer-term reception and accommodation of refugees and migrants;
- Transportation assistance for vulnerable individuals and families from reception centers to health and social welfare centers and other necessary service providers;

- Ensure that emergency shelter assistance evolves into more durable end sustainable solutions by gradually enhancing capacities for longer-term stay as well as considering other transitional options such as voucher schemes for rented accommodation;
- Distribution of NFIs based on needs.



Health & Nutrition

- All activities are planned according to the national plans and their goal is provision of services in the national health system framework, without creation of parallel systems.



Support to Local Communities

- Support local communities through the enhancement of social cohesion and conflict prevention, applying development approaches to the response and contribute to securing sustainable and stable development of the local self-governments;
- Strengthened local services to ensure adequate provision to local communities affected by the crisis (waste management, water supply, sewage, health and social services, transport infrastructure);
- Visible improvements will be made in the local community infrastructure in the impacted communities to strengthen solidarity and community cohesion;

Partnership and Coordination

UNHCR and IOM will continue to ensure strong coordination of the response with and between the Government of Serbia and RMRP partners in order to increase the overall effectiveness and impact of interventions and to avoid duplication. The Working Group on Mixed Migration Flows in Serbia, established by the Government of Serbia, constitutes the overall coordination structure under which the response is led. UNHCR and IOM will ensure that common assessments, monitoring, and reporting is undertaken in coordination with the Ministry of Labour, the Commissariat for Refugees and Migration (SCRM), Ministry of Interior, and other relevant governmental stakeholders.

UNCT Serbia coordination structures are fully aligned with the Refugee Coordination Model (chaired by the UNHCR Representative) and the Standard Operating Procedures for Delivering as One (chaired by the UN Resident Coordinator). The UN Resident Coordinator and the UNHCR Repre-

sentative work closely together in ensuring coherent and complementary coordination.

Stakeholders will continue to work closely with the coordination mechanism of the UN system in Serbia dealing with the crisis, namely the **UN Refugee Theme Group (RTG)**. The RTG coordinates four sectorial working groups (WGs) that are led by the Government:

1. Refugee Protection WG (Co-chaired by the Ministry of Labour, Employment Veteran and Social Policy (MoL) & UNHCR),
2. WG on Shelter/NFI/WASH (Co-chaired by the Serbian Commissariat for Refugees and Migration-SCRM, MoL & UNHCR),
3. WG on Health/Food/Nutrition (Co-chaired by the Ministry of Health & WHO) and
4. WG on Local Community Support (Co-chaired by the Ministry of Local Self-Government & UNDP).

In addition, the UN Resident Coordinator and UNHCR Representative jointly chair several fora to brief external actors on UNCT activities for refugees/migrants.



Planned Response



Protection

- Strengthen protection and border monitoring to ensure protection sensitive environment, such as access to territory and procedures, and provision of immediate humanitarian assistance. Ensure access to protection and all three traditional durable solutions for refugees and integration for migrants where appropriate in Serbia through vulnerability screening and proper assistance/referrals;
 - Ensure BIA/BID decisions, undertaken by the Serbian authorities in line with the developed SOPs, form the core of every decision taken regarding children. Refugee and migrant girls and boys will be supported through well-coordinated child protection services and psychosocial support activities;
 - Provide persons with specific needs (UASCs, SGBV survivors, woman and children with specific needs, elderly people, etc.) with appropriate services, such as legal assistance and psychosocial assistance. Ensure that the humanitarian response is programmed in a participatory manner. Two-way communication channels, such as outreach activities, feedback and complaint mechanisms are established to ensure accountability in cooperation with the local authorities and partnership with civil society;
 - Finalize SGBV Standard Operating Procedures which will detail the minimum procedures and service-package for prevention and response to SGBV in the emergencies;
 - Support assisted voluntary return and reintegration options for migrants in close collaboration with the authorities in Serbia and the countries of return;
 - Assist and promote integration, including through facilitated access to education and employment opportunities;
 - Continue to identify and act on human rights issues thus contributing to human rights-based reform;
 - Promote access to registration for all arrivals;
 - Train government officials on refugee and migrant protection;
 - Advocate and support access to asylum through more efficient and comprehensive registration of asylum-seekers, ensuring those who want to register have the information needed to do so, and access to legal aid to support their applications;
 - Ensure that new-born children are registered and provided with birth certificates.
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- Provide food assistance to refugees.



Food



Health and Nutrition

- Increase health and nutritional condition of refugees upon arrival and through home visits and mobile teams;
- Support the existing health facilities in the provision of Primary Health Care (PHC) to migrants and refugees (financing of work for extra staff and provision of essential drugs); referral and follow-up of specific cases in need for specialized health-care services; provision of mental health and psychosocial support; health promotion for refugees and refuge centers staff, advocacy and technical support for immunization; reproductive health services and commodities provision to all refugees/migrants; Strengthen health system preparedness and response capacity, by providing expertise, policy options and trainings, as well as procurement of the necessary equipment and medical supplies for IPH in most affected areas (Vranje, Subotica, Kikinda, Sremska Mitrovica and Belgrad); capacity building for health care workers; assist to local IPHs to develop system of coordination on local level.



Non-Food Items (NFI)

- Distribute standard non-food item kits to refugees



Shelter

- Assist with the establishment of the new centers in the South-East of the country and the rehabilitation of the existing Asylum and Reception Centers throughout Serbia and support the government in transitioning from the temporary structures towards more sustainable and durable solutions;
- Continue to advocate for the possible implementation of the cash voucher scheme which would ensure dignified accommodation, especially for refugees and migrants with specific needs;
- Ensure the increase of special protection-sensitive shelters that prioritize the SGBV risk reduction as well as the needs of vulnerable individuals and other at-risk groups such as UASCs, women and children, families and other persons with specific needs.



Water Sanitation and Hygiene (WASH)

- Construct gender-sensitive showers and latrines according to SPHERE standards;
- Build garbage pits.



Support to Local communities

- Undertake equipment, designs and small-scale infrastructure works to improve waste management, water supply, social and health services and transportation provided.

Financial Requirements Summary – SERBIA

Financial requirements by agency 39,251,551 (in US dollars)

Organization	Total
Adventist Development and Relief Agency	954,000
ATINA	474,000
CARE International	1,821,987
Caritas	449,799
Danish Refugee Council	2,130,000
Divac Foundation	1,854,000
Humanitarian Center for Integration and Tolerance	64,000
Initiative for Development and Cooperation	30,000
International Affairs Network	24,000
International Organization for Migration	3,800,000
Jesuit Refugee Service	47,000
Medecin du Monde	775,000
Office of the High Commissioner for Human Rights	100,000
People in Need	404,000
Philanthropy	650,000
Save the Children	2,275,191
SOS Children's Villages	1,160,000
UN WOMEN	1,000,000
United Nations Children's Fund	3,475,000
United Nations Development Programme	9,000,000
United Nations High Commissioner for Refugees	6,932,574
United Nations Population Fund	361,000
Vizija Kragujevac	770,000
World Health Organization	700,000
Grand Total	39,251,551

Sector	Total
Education	1,325,000
Food	1,549,497
Health and Nutrition	3,167,363
Livelihoods	176,000
Logistics and Telecoms	150,000
Operational Support	508,000
Protection	9,788,434
Shelter and NFIs	10,747,935
Support to local communities	10,737,648
WASH	1,101,675
Grand Total	39,251,551





Child at the border between Serbia and Hungary.
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