

A MIGRANT AND REFUGEE SITUATION IN SERBIA: FROM A CHILD PROTECTION PERSPECTIVE

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Generally on refugee/migrant crisis

With the conflict in Syria and continually worsening situation in other African and Asian countries (Iraq, Afghanistan) migration flows towards Europe have increased dramatically. The Balkans are now faced with a refugee crisis situation that becomes increasingly complex as winter approaches.

The vast majority of refugees are from Syria, followed by Iraq and Afghanistan. Most of them have travelled through Turkey, reached Greece (usually from Izmir then by boat), travelled through Former Yugoslav Republic of Macedonia (FYROM) to arrive to southern Serbia. Then they have moved on into Europe, through Hungary. Since the building of the barbed-wire fence on the Hungarian border the route has changed and it now goes through the border with Croatia. With increasing regional tensions, these routes may change once again, possibly dispersing refugees in different directions.

Serbia and numbers

Since the beginning of the year, total number of asylum applications in the Republic of Serbia has reached 435.981. Approximately 23% of registered asylum seekers are children. The majority of them are travelling with their parents and family. According to UNHCR estimates, at least the same number of refugees has passed through Serbia without registering..

The majority of refugees and migrants are entering Serbia from the border of the FYROM and are then registering at the nearby Registration Centre which provides basic services: water, toilets, food distribution, medical checks, referrals to hospitals, and tents for resting. Some overnight accommodation is available for up to 50 women and children. A slight decrease in the number of refugees arriving to Serbia is expected because Serbian government has decided to accept only refugees from Syria, Afghanistan and Iraq, following similar decisions from Slovenian and Croatian authorities. Medical help is provided by

Doctors Without Borders, the Serbian government, as well as several NGOs whose medical staff provides emergency care and triage and referral to nearby medical centers. Psychological help is also provided, but helping staff is severely under numbered compared to the demands of numerous traumatized refugees.

The profile of refugees and migrants has been changing over time, with an increase of the numbers of single mothers/fathers with children and newborns. In the two weeks of November, children represented 30% of the total number of refugees and migrants populations. (18,086 boys and 11,854 girls out of a total population of 100,960 for the two weeks of November).

As weather conditions are progressively worsening (precipitation on daily basis as well as lower temperatures), number of typical autumn/winter health problems is increasing, which may be further complicated by initially bad health conditions from exhaustion and poor hygienic conditions of most refugees upon their arrival to Serbia. Numbers of people in a relatively small space is a major risk factor for air-borne viral infections. Major psychological complaints are related to post-traumatic stress disorder, as well as uncertainty the refugees feel regarding their farther passage to European Union countries.

How are children affected?

- The vast majority of migrant/refugee children are travelling with their parents. They are physically exhausted and often psychologically traumatized. The most common health complaints have been dehydration, blisters and diarrhoea. There are also signs of malnutrition in a small percentage of children. With weather changes problems now include colds and fever. Increasing health problems can become much more serious.
- Stress levels of parents have significantly increased – as the fence with Hungary has been set up and the border with Croatia intermittently closing and opening. This in turn impacts negatively on children that are now significantly more traumatized.

- Many youngsters are travelling in groups. A significant proportion of them are under 18. Formally speaking, they are unaccompanied minors, but in practice they are accompanied by adults and their parents are aware of their travels. Separating them from the group they are traveling with could be counter-productive. Serbian standards and procedures for unaccompanied minors would, however, require such separation and they may not be appropriate to apply in these circumstances - for example, when they are placed in the Shelter for Unaccompanied Minors they leave after a few days anyway, but are likely to be separated from their group. Nevertheless, a significant proportion of them may be at risk of trafficking, abuse or neglect.
- Most commonly diagnosed health problems of children and adolescents:
Respiratory problems: middle ear infections, angina, bronchitis, sinusitis, varicella (a case was registered with pneumonia), pneumonia, laryngitis,
Gastroenterological problems: diarrhea, Skin problems: hyperemia; Congenital malformations with complications due to stress and poor living conditions: meningocoela, cerebral palsy
- Pregnant women frequently have high blood pressure, stomach problems (pain), and bleeding. In adults, all types of respiratory infections are common, myalgia caused by walking, chronic illnesses such as hypertension and diabetes, skin problems that include burns from ships that transport them to Greece, wounds from rubber bullets or walking (open wounds on legs and feet), acute abdominal symptoms and head injuries with neurological complications such as amnesia.
- There are registered case of children that get separated from their parents during the journey. The Serbian authorities have responded swiftly and they have been reunited. However, with the large influx of refugees in Croatia, and given that they were unprepared to respond to such high numbers (8,000 in one day), parents and children got separated when refugees tried to enter into the provided transportation. If the numbers of refugees increase – this may become a more common problem throughout the region.
- With the weather changes and entering the EU becoming increasingly more difficult, refugees/migrants will be spending more time in Serbia. They are

reluctant to apply for asylum – which would enable them to have accommodation in one of the five asylum centres – because they believe they would be returned from the EU; this means that we may have more serious situation of large number of refugees facing significant health and other problems due to exhaustion, ill health etc. With children being at higher risk.

Response up to now

Refugee aid points need to be set up outside the asylum centres; at the moment there is only one with limited accommodation capacities. Serbian health system is operating in key locations; child-friendly corners including mother & baby corners currently in operation. Mobile teams are providing support: information, legal support, psychosocial support (please see leaflets in attachment). Support is being provided to the social services system to respond to unaccompanied minors consists of: securing better services in shelters, rapid risk assessment re risk of trafficking whether minor is at risk of abuse. UNICEF, in cooperation with World Vision, is currently providing mobile psycho-social support to children and families currently discussing with the Government the establishment of a child-friendly and a mother-and-baby space within one emergency shelter

Around 11,000 children have benefitted from the child-friendly spaces since the beginning of the operation in August 2015. A mother and baby space is operational in Presevo, where nurses are deployed to support lactating mothers on breastfeeding and support the infant and young child feeding programme. A total of 1,862 babies and 3,041 mothers have benefited from the mother-and-baby spaces.

Recommendations

At refugee aid points and other locations where refugees and migrants are waiting to move ahead with their journey, it is important to provide:

- Some kind of shelter in case of rain and snow
- Medical staff that can perform complete health checks and refer further for treatment if necessary

- Advocate for medical prescriptions to be administered free of charge
- Winterization programs – including distribution of winter jackets/boots etc.
- Mobile teams that can provide not only necessary information whether legal, or information about services offered, but teams should also have social worker/psychologist providing basic information to parents on how the crisis can impact their children – this can also be covered in brief leaflets or on internet portals that provide information in Arabic, Farsi and Urdu.
- Translators needed
- Food distribution to young children
- Child friendly spaces are places where mothers can have a rest and respite from the demanding role of being a parent in extremely volatile context and when they are severely under stress, ideally it should be accompanied with basic psycho-social support services for mothers
- Breastfeeding corners
- Everything needed to maintain a level of hygiene that reduces risks of illness (showers, toilets, water, wet wipes, etc)
- High energy biscuits and other types of food distribution

What they most need is advocacy at high levels to make sure that refugee aid points with accommodation and other facilities and services are set up before the bad weather gets even worse.

25 November 2015