



Information for the Committee on the Elimination of Discrimination against Women, Pre-sessional Working group for the 72nd session on reviewing the Republic of Serbia

Joint submission by Association of women FemPlatz and A11 – Initiative for Economic and Social Rights.

29 June 2018

The submission focuses on the situation and rights of women from disadvantaged and marginalized groups in Serbia.

Association of women FemPlatz is a non-profit, non-partisan and non-governmental organization dedicated to protection from discrimination and full realization of human rights of women and girls, especially those exposed to intersectional and multiple discrimination. FemPlatz is based in Pancevo, Serbia, email: femplatz@gmail.com.

A11 – Initiative for Economic and Social Rights is non-profit, non-partisan and non-governmental organization which promotes and protects the rights of individuals from vulnerable, marginalized and discriminated groups, with a focus on economic and social rights. A11 Initiative is based in Belgrade, Serbia, email: office@a11initiative.org.

Submitting organizations hope that the Committee in its examination of the Republic of Serbia will raise the questions of:

- Impact of austerity measures on women's human rights with emphasis on producing and making available gender impact assessment of austerity measures.
- Stereotyping and patriarchal labeling of women/girls by the governmental officials;
- Inequality before the law of women with disabilities who are placed under guardianship (deprived of legal capacity), which, inter alia, leads to forced abortions, administration of contraceptives without informed consent, forced sterilization, separation from children and other forced treatments that constitute inhuman and degrading treatment.
- Participation of women from marginalized groups in creation, implementation, and assessment of public policies, and participation in public and political life.
- Women's right to health and access to free prenatal and maternal care for Roma women without documents.



Impact of austerity measures on women's rights in Serbia (Articles 1 and 2)

Although significant economic reforms and austerity measures were introduced and implemented in the previous years in Serbia, there is a complete lack of gender impact assessment of austerity measures.¹ The Republic of Serbia started fiscal consolidation and program of related structural reforms in October 2014, and adopted the Public Financial Management Reform Program 2016-2020 in 2015.² The current Government intensified the implementation of structural reforms, broadening the focus to include social sector transformation and maintained the emphasis on reforming the state administration, public finances, and the economy, along with pursuing the EU accession process.³

As reported by the public authorities, structural reforms are successful⁴, but it should be noted that many of adopted measures have detrimental consequences for women. Measures such as prohibition of employment in the public sector have significantly more negative effect on women than on men, especially on women from multiply disadvantaged groups (i.e. Roma women, women with disabilities, single mothers, rural women, etc) since they are less employed and less employable. On the other hand, measures such as reduction of salaries in the public sector also affect women more than men, since women are the majority of all employees in the public sector. According to the 2017 data from the Statistical Office more women are employed in public sector, e.g. there are almost 80% of women employed in social welfare centres, more than 70% in education, and approximately 70% in the judiciary.⁵ The employment rate of women is 38,1% compared to 52,8% of men, while inactivity rate of women is much higher (54,5 and 38,2% respectively).⁶ It is important to emphasise that the Republic of Serbia is the main employer, with the highest number of employees – almost 500,000.⁷

¹The assessment involves a dual-pronged approach: the current gender-related position in relation to the policy under consideration, and the projected impacts on women and men once the policy has been implemented.

² Report on Implementation of the Public Financial Management Reform Program 2016 – 2020 for the period December 2015 - June 2017, Ministry of Finance, available at:

<http://www.mfin.gov.rs/UserFiles/File/strategije/PFM%20REPORT.pdf> Overall objective is to achieve a sustainable budget with a reduced debt to GDP ratio through stronger financial management and control and improvement of the audit control process

³ The World Bank in Serbia, Overview, available at: <http://www.worldbank.org/en/country/serbia/overview>

⁴ Report on Implementation of the Public Financial Management Reform Program 2016 – 2020 for the period December 2015 - June 2017, Ministry of Finance

⁵Statistical Office of the Republic of Serbia, Women and men in the Republic of Serbia, Belgrade, 2017

⁶ Ibid.

⁷ See, for example: B92 (27 December 2016), So, we count them – there are 478,683 civil servants, available at:

https://www.b92.net/biz/vesti/srbija.php?yyyy=2016&mm=12&dd=27&nav_id=1214695



Public sector lay-offs push women towards precarious employment with limited income security, uncertain social and health benefits, problematic working conditions, while work-life balance options are shrinking. Austerity measures and economic reforms that introduced cuts in social, health, educational sector also affected accessibility of important services and supports, which were felt by women the most. Unavailable and inaccessible (also unattainable in terms of financing) social and educational services put additional pressure on women's work-life balance, because besides everyday unpaid domestic work⁸, women take on additional care for family members because services fail to do so.

Gender Stereotyping and Prejudice (Article 5)

Recent public statements of highest public officials intensified gender stereotypes and enforced patriarchal attitudes. In March 2018, the current Minister of Labor, Employment, Veteran and Social Affairs (also runs a Sector for anti-discrimination policy and improving gender equality) congratulated International Women's Day by quoting a poet with words *"Woman does not know how to respect but to love; woman does not need you to respect her, but to love her [...] ... All women love rich men, because woman is always poor. They are afraid of smart men... She always falls for stronger one, not prettier or smarter, not better or kinder."*⁹ The statement was followed by the public apology, but no other consequences were felt. Women's platform for development of Serbia and six organizations asked for dismissal of the minister because "he does not understand anti-discrimination policy and gender equality, which are directly mandated to him, but he is also not capable of sustaining from misogynist and sexist statements" but there was no official response. Also, in recent events of promoting population policy, the Ministry of Culture and Information (which was listed in the State's report as important actor in promoting gender equality) announced a call for slogans to promote giving birth and financial prizes were given for slogans such as "Give birth, don't delay," "Enough words, let us hear the baby's cry" etc.¹⁰ After funding such slogans, the Governmental officials again apologized, but no subsequent actions were taken. In addition, while explaining the State's population policy and establishment of Council for population policy, the President of the Republic of Serbia stated that he had a right to emphasize catastrophic consequences of depopulation and that he was not interested to hear reactions from the Government or the world and finished his statement with words "Go and write public statements, deal with feminists or whatever movements..."¹¹

⁸Gender Equality Index in Serbia, Social Inclusion and Poverty Reduction Unit of the Government of Serbia, Belgrade 2016

⁹ Newspaper article (in Serbian language): Minister congratulated 8 March by quoting Jovan Ducic: "All women love rich men, because a woman is always poor," 8 March 2018, <https://www.blic.rs/vesti/drustvo/ministar-cestitao-zenama-8-mart-citatima-jovana-ducica-sve-zene-vole-bogatase-je-je/brcs664>

¹⁰ Newspaper article "Slogans for encouraging giving birth selected", 13 February 2018, Danas online, <https://www.danas.rs/drustvo/izabrani-slogani-za-podsticaj-radjanja/>

¹¹ Newspaper article "Vucic: Ako se ne trgnemo, završili smo kao nacija," 17 March 2018, Tanjug, <https://www.nezavisne.com/novosti/ex-yu/Vucic-Ako-se-ne-trgnemo-završili-smo-kao-nacija/469267>



We are only presenting several recent developments and statements of the highest public officials, which must not be labeled as isolated incidents, because they clearly show the overall governmental attitude to promoting patriarchal and stereotypical norms.

Participation of women from marginalized groups in political and public life (Article 7(b))

In relation to participation of women in political and social life, many groups of women are excluded from the active dialogue and creation of policies that concern their life, particularly women with disabilities, Roma women, single mothers, elderly, rural women, etc.

Previous Strategy for Improving the Position of Women and Promoting Gender Equality (2009-2015) listed an objective to “create pre-conditions for participation of women from multiply discriminated groups in public and political life” with the list of measures and activities to be implemented.¹² However, evaluation of National action plan implementation showed limited results “in the area of enhancing participation of discriminated and disadvantaged women in public and political life” and the report concludes that a number of documents were not drafted (e.g. action plan for improvement of position of multiply discriminated women, gender budgeting/partially realized at provincial level), while activities have not been implemented, such as training of women with disabilities and women from minority groups for participation in political life, campaigns on capacities of disabled women.”¹³

Current National Strategy for Gender Equality (2016-2020) and accompanied Action plan recognizes that Roma women, women with disabilities and women from other vulnerable groups are absent from public and political life and it has a specific objective on improving position of women from multiply discriminated and vulnerable groups.¹⁴ As one of the measures for ensuring participation of women in policy-making processes, the government stated that by 2016 it will ensure participation of 5 to 8 representatives of women’s organizations, including Roma women, women with disabilities, LGBT organizations in the work of the Governmental council(s)¹⁵, but again there is a lack of evidence and assessment of such measure.

Violence against women with disabilities in residential and psychiatric institutions

State report does not recognize gender-based violence against women with disabilities in institutions. There are still several thousand women with disabilities in residential and

¹² National Strategy for improving the position of women and improving gender equality (2009-2015), points 50-57, the Government of Serbia; also, Action plan for the implementation of the National Strategy for improving the position of women and gender equality (2010-2015), activity 1.4.1;

¹³ Evaluation of the National Action Plan for the Implementation of the National Strategy for Improving the Position of Women and Promoting Gender Equality in the Republic of Serbia, Final report

¹⁴ National Strategy for Gender Equality (2016 to 2020) with accompanied Action plan for 2016-2018, sections 1.2 Participation in political and public life, and Special objective 2.6;

¹⁵ Ibid, measure 2.2.4



psychiatric institutions in Serbia. These women are at increased risk of abuse, sexual assaults, rape by other clients and/or staff because of their specific vulnerability. Social care (residential) institutions are obliged to form internal teams for prevention of violence.¹⁶ However, data on reported cases of violence and testimonies of women in institutions prove that this mechanism is not functional or meaningful. For example, in 2015 only five cases of horizontal violence (no gender statistic) were reported in 15 large-scale institutions, where over 4,500 people lived¹⁷, while in 2016 only six cases.¹⁸ Interviews with staff of residential institutions showed that internal teams only have administrative purpose (to fulfill the obligation of having such mechanism in place), while it is not functional in practice, especially if there is a case of violence conducted by the staff member against woman/client of the institution.¹⁹ Overall, grave forms and manifestations of violence against women and girls with disabilities in residential institutions are under-reported, unrecognized and ignored by the relevant actors.²⁰

Women with disabilities in residential institutions are victims of forced abortions, arbitrary separation from a child, and administration of contraceptives without informed consent or understanding. Medical staff/doctor and woman's guardian make decision about administration of contraceptives, the insertion of IUDs (usually under full anesthetics), while the administration of contraceptive pills is presented as part of regular treatment and women are not informed about taking them.²¹ It should be noted that many women had been victims of domestic or partner violence before they were placed in residential institutions where abusive practices and lack of protection mechanisms put these women at even greater risk of violence and no possibility for redress.

Women's right to health and access to appropriate services in connection with pregnancy (Article 12(2))

According to the State Report, "more than 90% of Roma men and women exercise the entitlement to compulsory health insurance. This can be attributed to measures which

¹⁶Internal team receives reports on knowledge or concern about situations of violence, collects information, takes measures for the safety of the clients, and works closely with anyone who, during the examination process, develops a protection plan for a survivor of violence in line with Special protocol of protection of children in social care institutions from abuse and neglect, Ministry of labor, employment and social welfare of the Government of Serbia, 2006;

¹⁷2015 Report on social-care institutions for adults with mental, intellectual, physical and sensory disabilities, Republic Institute for Social Protection, Belgrade, 2016

¹⁸2016 Report on social-care institutions for adults with mental, intellectual, physical and sensory disabilities, Republic Institute for Social Protection, Belgrade, July 2017

¹⁹Janjic, B., Ciric Milovanovic, D., Here the Walls Have Ears Too: Testimonies of women with mental disabilities about gender-based violence in residential institutions in Serbia, Mental Disability Rights Initiative MDRI-S, December 2017, available at <https://www.mdri-s.org/wp-content/uploads/2018/02/Publikacija-ingleski.pdf>

²⁰Ibid.

²¹Ibid; also: Beker, K., Milosevic, T., Violence against women with disabilities in residential institutions, Mental Disability rights Initiative MDRI-S, December 2017, available at <https://www.mdri-s.org/wp-content/uploads/2018/01/Istrazivanje-knjizni-blok.pdf>



enabled branches of the Health Insurance Fund to grant this entitlement to persons of Roma ethnicity who do not have identity documents on the basis of a statement signed by two witnesses.”²²

However, Roma persons without documents have never been able to exercise the right to health insurance on a basis of witnesses’ statements. There was a short period of time (from July 2010 until March 2012) during which Roma persons without registered residence were able to exercise the right to health insurance on a basis of a statement about their factual place of residence and Roma ethnicity.²³ In addition to statement about their Roma ethnicity and habitual residence they were obliged to provide documents such as birth certificates and citizenship certificates. As of March 2012, as a result of continuous discrepancy between bylaws and the Law on Health Insurance, even Roma persons recognized in the Law on Health Insurance as persons without permanent or temporary residence are obliged to provide proof about registration of residence at the address of social welfare center.²⁴ Therefore, statements are no longer suitable to replace residence registration, while witnesses’ statements have never been sufficient to replace personal documents in the access to health insurance.

Contrary to the information in the State Report, Roma without documents are still facing difficulties in access to health insurance, and lack of access to health insurance has particularly serious impact on Roma women and their access to adequate prenatal and maternal health care. Roma women who are giving birth without health insurance are receiving high bills and are being exposed to threats in order to pay for medical treatment, i.e. for giving birth in hospital without health insurance. Families who are not able to pay the bills for childbirth are being threatened that they will not be allowed to take their newborns from hospital.

The problems of pregnant Roma women who are giving birth without health insurance are best illustrated by findings of the Ombudsperson in the procedure initiated by G.B., a Roma woman who gave birth without health insurance in a hospital in Belgrade in 2015.²⁵ The Ombudsperson concluded that the hospital in which G.B. gave birth requested payment for provided medical services from a patient without health insurance and who was a member of a particularly vulnerable group of population, and that the collection of payment was attempted in a manner that is not in accordance with the law.²⁶ The same investigation also reveals that Roma women are facing discrimination in accessing health care. During official

²²Fourth periodic report submitted by Serbia under article 18 of the Convention, due in 2017, para. 63.

²³For more details please see Praxis, *Contribution to Social Inclusion and Combat against Discrimination of Marginalized Population in Serbia, November 2013*, available at:

[https://www.praxis.org.rs/images/praxis_downloads/Contribution to Social Inclusion and Combat against Discrimination of Marginalised Population in Serbia.pdf](https://www.praxis.org.rs/images/praxis_downloads/Contribution_to_Social_Inclusion_and_Combat_against_Discrimination_of_Marginalised_Population_in_Serbia.pdf), pp. 22-24.

²⁴*Ibid.*

²⁵ Ombudsperson, 6-4-10/15, Recommendation No. 416, 09.01.2015, available at: http://www.ombudsman.rs/attachments/3645_preporuka%20KBC%20Zemun.doc.

²⁶*Ibid.*



interview with the representatives of the Ombudsperson, hospital staff made discriminatory statements about Roma national minority, including that “all Roma are difficult and causing problems and not just this family” “Roma have all rights” “who will protect us from patients like them?”²⁷ Also, while speaking about members of Roma national minority, healthcare workers used the pejorative term which insults Roma.

Roma women continue to face difficulties in access to prenatal and maternal care. In April 2018, A11 Initiative was approached by a pregnant Roma woman who was denied access to prenatal health care. She owns birth certificate and citizenship certificate, but she doesn't have health insurance because of problems with residence registration procedure. During her pregnancy, she had only one medical check. Being already seven months pregnant, she asked to be examined in two health care institutions in Belgrade, but both institutions refused her because of lack of health insurance.

Access to medical service related to childbirth is granted to any woman, irrespective on health insurance. Also, childbirth is considered to be an emergency case²⁸ and funds for emergency medical services are provided from the budget of the Republic of Serbia for persons of unknown residence and other persons who do not exercise the right to emergency medical care on other basis.^{29,30} However, as highlighted by the abovementioned case investigated by the Ombudsperson, some hospitals are still trying to unlawfully collect the payment from women who gave birth without medical documentation, and in Serbia they are mainly undocumented Roma women. The case investigated by the Ombudsperson was not an exception. In May 2018, A11 Initiative identified two similar cases.³¹ The Law on the Realization of Health Care for Children, Pregnant Women and New Mothers,³² adopted back in 2013, regulates manner of exercising the right to health care for children, women and new mothers whose health insurance documents are not certified. However, it ignores those women (and children) who are not able to obtain health insurance documents (health booklets, documents on use of health care or health insurance card) at all, such as undocumented members of Roma ethnic minority.

Situation of Roma woman (and children) in the area of health care led the CRC Committee to conclusion that Roma mothers and young children are “particularly vulnerable and continue to have limited access to adequate maternal and general health care, resulting in high mortality rates (...)”.³³ The CRC Committee further recommended to “strengthen efforts to

²⁷*Ibid.*

²⁸ National Health Insurance Fund, “Every childbirth is treated as an emergency”, available at: <http://www.rfzo.rs/index.php/component/content/article/224-porodjaj-hitan-slucaj-vest>.

²⁹ Law on Health Care, Article 17, Paragraph 1 Point 7.

³⁰ For more details, see Praxis, *Contribution to Social Inclusion and Combat against Discrimination of Marginalized Population in Serbia*, *op.cit.* p. 26.

³¹ Hospitals in Zemun and Bor were trying to unlawfully collect payments from Roma women who gave births without documents and health insurance.

³² *Official Gazette of the Republic of Serbia*, No. 104/2013.

³³ Committee on the Rights of the Child, *Concluding observations on the combined second and third periodic reports of Serbia*, 7 March 2017, available at:



ensure that access to adequate health care, including prenatal care for uninsured pregnant women, is extended to families living in the most vulnerable situations, particularly those living in marginalized and remote areas”.³⁴

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSRB%2fCO%2f2-3&Lang=en, para. 45 (b).

³⁴*Ibid*, para. 46 (a).