



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

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1 Executive summary

Disability inclusivity of disaster and recovery planning

Serbia's disaster and recovery plans are not sufficiently disability inclusive. The Law on Disaster Risk Reduction and Emergency Management Situations is aligned with the recommendations of the SENDAI Framework for Disaster Risk Reduction 2015-2030, and recognizes persons with disabilities as a vulnerable group, with priority for evacuations and informing. However, it is still necessary to create and implement systemic measures and ensure that emergency services and emergency assistance services are available and accessible to all persons with disabilities.

Impact of the virus on mortality among people with disabilities

There are no available official data on the mortality rate among persons with disabilities. In addition, there are no available official data on the mortality rate among persons with disabilities during COVID-19 (neither for persons with disabilities living in the community or for persons with disabilities living in residential institutions). On 20 February 2021, the presence of the COVID-19 virus was confirmed in 189 users and 229 employees. From the beginning of epidemic, the total number of cured beneficiaries of social welfare institutions is 5219, and the number of cured employees in social care institutions stands at 2202 persons.¹ Also, it is stated that out of 312 social care institutions (public and private), the presence of the COVID-19 virus was confirmed in 98, without more detailed information.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

- 1) The ban on movement, including very long curfews, as well as the absolute ban on movement for persons older than 65 in cities, and older than 70 in rural areas. Impact of the ban on movement during the state of emergency on persons with disabilities is explained in the parts 6.2; 8.2 and 9.2 of this report.
- 2) Access to health care services, both COVID-19 related and unrelated, as presented in parts 4.5 and 5.2 of this report.
- 3) Risk of poverty, as explained in part 5.2 of this report.

Examples of good practice

- 1) Local self-governments modifying and extending existing services, as described in the part 14.1.
- 2) Continuation of all social protection financial benefits during the state of emergency, without submitting new requests.
- 3) Easy to understand information on COVID-19, distributed widely by Mental Disability Rights Initiative MDRI-S, with the UNICEF support.

Recommendations and opportunities for change

- 1) Ensure access of persons with disabilities to regular medical therapy during COVID-19 epidemic and during recovery, including reproductive health services,

¹ In residential institutions 189 beneficiaries and 229 employees infected with COVID-19, Ministry of Labour, Employment, Veteran and Social Affairs.

accessible health services and facilities for treating COVID-19, and put in place clear and efficient procedures for hospitalisation of children with disabilities and their parents, as well as adults with disabilities.

- 2) Include the disability perspective in all public policies, as well as in the planning and design of measures, considering the perspective of women with disabilities and the specific circumstances of persons with disabilities of different ages. Also, include persons with disabilities, DPOs, NGOs, organizations of women with disabilities, and parents of children with disabilities in the planning of all measures related to COVID-19 epidemic recovery.
- 3) Ensure that persons with disabilities have unobstructed use of social protection and other services during COVID-19 epidemic, including personal assistants, home care, access to violence protection services etc., and enable introduction of temporary new services and / or new types of support, according to the situation and needs.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies](#) & [Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

In its concluding observations for the Republic of Serbia, the Committee on the Rights of Persons with Disabilities expressed its concerns at the lack of a general strategy, plan, protocols and tools to protect and assist persons with disabilities in situations of risk and humanitarian emergencies. It is especially concerned about the lack of accessibility of evacuation plans and subsequent reconstruction plans, and a lack of equal access to information, with special regards to mass media. Manuals for emergency situations are not in accessible formats either.² Therefore, the Committee encouraged Serbia to adopt a fully accessible and comprehensive emergency strategy, protocols and accessible informative services (e.g., hotlines, SMS-warning application, manuals in sign language and in Braille) adequately tackling the requirements of persons with disabilities, in particular when evacuating them. Additional measures should be taken in relation to information provided via mass media to ensure that deaf and hard of hearing persons have access to it, and to the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030. The needs of persons with disabilities should also be considered in the planning and implementation of reconstruction programmes, taking into account accessibility standards and universal design.³

According to the new Strategy for improvement of position of persons with disabilities for the period 2020-2024,⁴ adopted in March 2020, and based on the CRPD recommendations, some activities and measures have been conducted in terms of emergency situation and persons with disabilities. For example, it is stated that Sector for Emergency Management in the Ministry of Interior, in cooperation with OSCE and National Organization of Persons with Disabilities, developed the Family Guide for Emergency Preparedness and Response and posters, which was widely distributed and made available in different accessible formats (in Braille and video clip).⁵

Furthermore, during drafting the law and public debate, representatives of the Sector for Emergency Management had meetings with representatives of the National Organization of Persons with Disabilities and asked for their comments and suggestions regarding the adoption of the Law on Disaster Risk Reduction and Emergency Management Situations.⁶

According to the Strategy for improvement of position of persons with disabilities for the period 2020-2024, this Law is aligned with the recommendations of the SENDAI Framework for Disaster Risk Reduction 2015-2030. In addition, the Law stresses that persons with disabilities are vulnerable groups and the category of persons who are

² CRPD/C/SRB/CO/1, May 2016, para. 19.

³ CRPD/C/SRB/CO/1, May 2016, para. 20.

⁴ Official Gazette of the Republic of Serbia, No. 44/2020, available in Serbian only at: [Strategija unapređenja položaja osoba sa invaliditetom u Republici Srbiji za period od 2020. do 2024. godine: 44/2020-176 \(pravno-informacioni-sistem.rs\)](#).

⁵ Available at: [Postupanje u vanrednim situacijama prema osobama sa invaliditetom - YouTube](#).

⁶ Official Gazette of the Republic of Serbia, No. 87/2018, available in Serbian only at: [Закон о смањењу ризика од катастрофа и управљању ванредним ситуацијама \(specialsecurity.rs\)](#).

priority for evacuations, and that necessary information and notifications must be provided in formats including sign language and Braille. Although this is very positive, it is still necessary to create and implement systemic measures and ensure that emergency services and emergency assistance services are available and accessible to all persons with disabilities, implementing all standards of accessibility and principles of universal design.

As for the COVID-19, there are still no recovery plans at the state level, thus no policy commitments were made concerning the disability inclusivity in the future recovery planning and processes.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

Persons with disabilities, through the National Organization of Persons with Disabilities, were consulted and included in public debate during the process of adoption of the Law on Disaster Risk Reduction and Emergency Management Situations.

In terms of COVID-19 pandemic disaster management, persons with disabilities were not included. Government of the Republic of Serbia adopted the Decision on establishing of crisis headquarters for the suppression of infectious disease COVID-19,⁷ named members of the Crisis Headquarters, but there is no person with disabilities among its members. Furthermore, representatives of DPOs and NGOs dealing with the rights of persons with disabilities were not invited to participate in the Crisis Headquarter meetings, nor consulted regarding any emergency measure.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

There is no available research concerning the situation of persons with disabilities to inform disaster management and recovery planning. The National Organization of Persons with Disabilities, supported by the OSCE Mission to Serbia, conducted comprehensive research on the impact of COVID-19 on persons with disabilities in Serbia, but the research is still not publicly available.⁸

2.4 Use of disaster management and recovery planning funds

No information is available on funds associated with disaster management and recovery planning at all.

⁷ Official Gazette of the Republic of Serbia, No. 132/2020.

⁸ Information obtained from the representative of the National Organization of Persons with Disabilities at the end of January 2021, via email. She expects research to be publicly available in March 2021.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

No, there are no official statistics available concerning the overall mortality rate of persons with disabilities. Official data on mortality are available, disaggregated by sex and age.⁹

There is no official data available concerning the mortality rate of people with disabilities during COVID-19 been proportionately higher, lower or the same as the mortality rate for the general population.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No, there are no official statistics available concerning the mortality rate of persons with disabilities who died from complications connected to COVID-19.

The official website, COVID-19,¹⁰ which was established by the Ministry of Health and the Institute for Public Health at the beginning of pandemic, provides day to day data on the number of persons who died from complications connected to COVID-19, however, the data are not disaggregated.¹¹

Official data are not available concerning all people who died from complications connected to COVID-19 during the period of the pandemic, what proportion were people with disabilities.

Official data are not available concerning the place of death of people with disabilities with a confirmed diagnosis of COVID-19.

Official data are not available concerning the place of residence of people with disabilities that have died with a confirmed diagnosis of COVID-19.

⁹ Official data on mortality, Republic Institute for Statistics, Belgrade, available at: [Претрага дисеминационе базе \(stat.gov.rs\)](#).

¹⁰ COVID-19 in the Republic of Serbia, Ministry of Health and the Institute for Public Health, Belgrade, available in Serbian only at: [COVID-19](#).

¹¹ Data is not even sex-desegregated, although that is legal obligation (Article 40 of the Law on Gender Equality).

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

Republic of Serbia has a comprehensive universal health system with free access to healthcare services at the primary care level, without prioritisation of any kind. However, according to the UN agencies' research,¹² there are two main health system challenges in Serbia which were made clear as a result of the crisis:

- 1) the ability of the public health system to identify, isolate, test and treat all cases of COVID-19 that emerge, and to trace and quarantine applicable contacts of the infected;
- 2) the capacity of Serbia's healthcare system to dual-track its efforts and provide regular health services while at the same time aggressively treating and addressing COVID-19 as an overarching national crisis.

During the State of Emergency (from 15 March to 6 May 2020), in order to reduce the number of people in contact with healthcare facilities, i.e., to reduce the risk of transmission among patients and healthcare workers alike, all non-essential health procedures (including diagnostic or treatment, as well as elective surgeries), were temporarily suspended. After the State of Emergency was lifted, health institutions gradually re-established their provision of regular health services and this practice has been maintained until today. Twenty hospitals have been designated to receive and treat COVID-19 patients across Serbia, while other health institutions have continued providing regular health services.

However, patients were required to provide a negative test result on the presence of COVID-19, in order to be allowed to enter the health facility and undergo necessary treatments. It is obvious that this measure was intended to protect health workers and other patients, but it has become a barrier to accessing healthcare services for the population, given the delays in getting test results from the designated testing facilities (private practices were not allowed to do COVID-19 tests), or the need to pay out of pocket for test.¹³

Research results have shown that inequities in the utilization of health services exist and are widespread – the general situation related to access to healthcare and other services by vulnerable and disadvantaged groups in Serbia creates another social risk that is exacerbated by the crisis. For example, older persons have faced difficulties in accessing healthcare services and are more frequently having to pay out of pocket for their healthcare expenses. Many groups,¹⁴ including persons with disabilities, face systemic inequitable access to health services that has persisted and only widened during the pandemic.¹⁵

¹² *Covid-19: Socio-Economic Impact Assessment. Covid-19 Response*, United Nations in Serbia, UNDP, Belgrade, September 2020, p. 20.

¹³ UNDP (September 2020), p. 20.

¹⁴ For example: Roma population, residents of shelters and care facilities, people without health insurance, people with chronic diseases, migrants, single parent-headed households, the economically marginalised, residents of rural and geographically challenging areas, and prisoners, among other groups.

¹⁵ UNDP (September 2020), pp. 21-22.

There is no evidence on any legal cases brought to challenge the impact of any of the emergency measures on people with disabilities.

4.2 Access to hospital treatment for COVID-19

Unfortunately, there is no data on the number of people with disabilities who, because of COVID-19 symptoms, have been hospitalised and admitted to intensive care units. Official website [COVID-19](#) provides day to day data on the number of hospitalised persons and persons put on respirators, however, this data is not disaggregated.

As noted by the United Nations in Serbia, data availability is a challenge in Serbia. To date, information on the most affected populations, including age groups, gender, disability, socio-economic or geographical distribution of tested and confirmed cases of COVID-19, is not available and prevents national and local governments and institutions from taking specific and tailored measures to better protect the population.¹⁶ In addition, the National preparedness plan has not been adopted yet, so there is a lack of clearly defined criteria for decision-making; therefore, existence of disaggregated data would allow for data-based decision making.¹⁷

4.3 Treatment for COVID-19 in congregate settings

The total number of Social Welfare Institutions founded by the Republic of Serbia and AP Vojvodina is 74, with a capacity of 14,512 users. There are 56 institutions for adults and the elderly, including three for persons with disabilities and 14 for persons with mental disabilities (i.e., those with mental health problems and intellectual disabilities), as well as 18 institutions for children and youth, including five institutions for children and youth with developmental disabilities. The total number of private social care providers for adults and the elderly is 238, with a capacity of 8 987 users.¹⁸

The website of the Ministry of Labour, Employment, Veteran and Social Affairs has a section with daily data on the number of infected users and employees in the social care institutions. On 20 February 2021, the presence of the COVID-19 virus was confirmed in 189 users and 229 employees. From the beginning of epidemic, the total number of cured beneficiaries of social welfare institutions is 5 219, and the number of cured employees in social care institutions stands at 2 202 persons.¹⁹ Also, it is stated that out of 312 social care institutions (public and private), the presence of the COVID-19 virus was confirmed in 98, without more detailed information. The protocol is that beneficiaries in social care facilities who are assessed to be potential carriers of the virus are placed in isolation, while employees of social care facilities, where there is such a danger, do not come to work and are in home isolation.²⁰

¹⁶ UNDP (September 2020), p. 22.

¹⁷ UNDP (September 2020), p. 22.

¹⁸ *In residential institutions 189 beneficiaries and 229 employees infected with COVID-19*, Ministry of Labour, Employment, Veteran and Social Affairs, available in Serbian only at: [Установама социјалне заштите за смештај корисника и домовима за смештај одраслих и старих заражено 189 корисника и 229 запослених | Министарство за рад, запошљавање, борачка и социјална питања \(minrzs.gov.rs\)](#).

¹⁹ *In residential institutions 189 beneficiaries and 229 employees infected with COVID-19*, Ministry of Labour, Employment, Veteran and Social Affairs.

²⁰ *In residential institutions 189 beneficiaries and 229 employees infected with COVID-19*, Ministry of Labour, Employment, Veteran and Social Affairs.

It should be noted that data on the situation in residential institutions was not available at all at the beginning of epidemic in Serbia. Scarce data became available due to the constant pressure by the international and national human rights organizations. In the Open letter to the Serbian Prime Minister in August 2020, Human Rights Watch, Mental Disability Rights Initiative MDRI-S and other NGOs informed her about their efforts to receive requested information from the Serbian state institutions.²¹ Namely, Human Rights Watch sent a letter to the Ministry of Labour, Employment, Veteran and Social Affairs, requesting information on, among other issues, what steps the Government of the Republic of Serbia has taken to prevent the spread of COVID-19 in residential institutions for both children and adults with disabilities (14 April 2020), followed up with additional requests for information, particularly on the total number of infections and deaths in residential settings. Requests were sent to the Ministry of Labour on 28 April, the Ministry of Health on 29 April and 8 May 2020, and to the Republic Institute for Public Health on 8 May, without answer.

In addition, the Mental Disability Rights Initiative MDRI-S sent a request for information on 2 July to both the Ministry of Labour, Employment, Veteran and Social Affairs and the Republic Institute for Public Health, asking for the figures of infected children and adults who live in institutions for people with disabilities, and the number of people with disabilities living in institutions who died from COVID-19. While the Ministry of Labour, Employment, Veteran and Social Affairs acknowledged receipt of the request, there was no reply from the Republic Institute for Public Health. Therefore, both organizations requested information from the Serbian Prime Minister about the total number of infections and deaths inside institutions since the World Health Organization declared the COVID-19 outbreak a pandemic on 11 March 2020.²²

4.4 Public health promotion and testing during the pandemic

During the state of emergency, public health announcements and measures were provided in sign language (public broadcast service) and video-relay, which was made available 24/7.

Easy to understand information was not provided by the Government; however, the civil society organization Mental Disability Rights Initiative MDRI-S developed a brochure with the UNICEF support.²³

Home-testing devices for COVID were not available at all.

²¹ *Open letter to the Prime Minister of Serbia: How many people have died from COVID-19 in social care homes?*, Human Rights Watch and MDRI-S, 1 August 2020, available at: [Open letter to the Prime Minister of Serbia: How many people have died from Covid-19 in social care homes? \(mdri-s.org\)](#).

²² Human Rights Watch and MDRI-S (1 August 2020). In particular, it was requested: 1) Since 11 March 2020, how many people living in all social care institutions in Serbia have died of suspected, probable, and confirmed cases of COVID-19? How many of them were people with disabilities? How many of them were under the age of 18? 2) Since 11 March 2020, how many people living in social care institutions in Serbia have been confirmed as infected with COVID-19? How many of them were people with disabilities? Could you also please provide information on the protocol for testing for COVID-19 in social care institutions in Serbia?

²³ *Easy to understand information on COVID-19*, Mental Disability Right Initiative MDRI-S, available at: [Brošura-COVID-19.pdf \(mdri-s.org\)](#).

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

A study conducted by the Office of the High Commissioner for Human Rights in Serbia and the Poverty Reduction and Social Inclusion Unit of the Government of the Republic of Serbia, has shown that the COVID-19 epidemic had an additional negative impact on some of the risks persons with disabilities were exposed to. For example, 83.33 % of organizations (DPOs and human rights organizations) believe that a risk to access health care increased during the COVID-19 epidemic, while 72.22 % of organizations state the increased risk in the area of access to information and communication.²⁴ Access to health care was stated as a key area with increased risks for persons with disabilities, during the restrictive measures and the state's response to the epidemic – suspending or postponing most of the necessary therapies. The lack of treatment and therapy, together with home isolation during the state of emergency, resulted in aggravated health condition for many persons with disabilities. Accessibility of COVID hospitals, infirmaries and quarantine spaces (national fairs buildings, student and high school dormitories) were an additional problem, as well as the fact that some persons with disabilities had to seek therapy or medical services through private medical providers, with no possibility to reimburse costs. Clear protocol was missing in cases when a child with a disability or their parent/guardian is infected, in terms of their accommodation and hospitalisation.²⁵

As many as 78.4 % of women with disabilities who participated in the research on impact of COVID-19 measures on their social and economic rights, stated that access to healthcare was their most violated right due to the introduced COVID-19 measures.²⁶ Since declaring a state of emergency and the beginning of an epidemic in Serbia, most women with disabilities have not even attempted to go for any medical examination. They believe the health care system was on the verge of collapse, highlighting disorganisation and a lack of understanding for health service appointments, except for people who have been diagnosed with COVID-19. Women with disabilities had a high fear of COVID-19 infection, as well as being placed in one of the improvised COVID hospitals. Most of them are in poorer health and the fear of the uncertainty of COVID-19 disease is high. They believe that, without support, they would not be able to stay in these facilities, because they are inaccessible to women with disabilities.²⁷ Finally, reproductive health protection and access to gynaecological examinations were not at the forefront for women with disabilities during the epidemic. Gynaecological services are usually inaccessible to them, and most women did not try to use this service during the state of emergency or later.²⁸

²⁴ *Impact of the COVID-19 on vulnerable groups and groups at risk - causes, outcomes and recommendations*, UN Human Rights, Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit, Belgrade, 2020, p. 22.

²⁵ *Impact of the COVID-19 on vulnerable groups and groups at risk - causes, outcomes and recommendations*, UN Human Rights, Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit, Belgrade, 2020, p. 55.

²⁶ Kosana Beker i Biljana Janjić, *Kovid-19 mere i socijalna i ekonomska prava žena u Srbiji*: Izveštaj, Udruženje građanki Femplatz Pančevo i Iz kruga Beograd, Pančevo & Beograd, 2021, p. 15. Available at: [2021-02-16_Kovid-19_i_zene_sa_invaliditetom.pdf \(femplatz.org\)](https://www.femplatz.org/2021-02-16-Kovid-19-i-zene-sa-invaliditetom.pdf).

²⁷ Kosana Beker i Biljana Janjić (2021), p. 16.

²⁸ Kosana Beker i Biljana Janjić (2021), p. 17.

Also, research on experiences of persons with disabilities during the state of emergency and coronavirus pandemic has shown similar results. As stated, a particular problem is the lack of support in the form of emergency personal assistance in case of absence of family members or personal assistants due to isolation or treatment due to possible infection, as well as accommodation in specially adapted rooms in case of hospital treatment for persons with disabilities.²⁹ Some organisations specifically stress that communication is not provided for deaf people infected with COVID-19 and for treatment in health care facilities, i.e. the possibility of using live-streaming services or via video interpretation, for which appliances or internet connection should have been provided to access a video relay centre that was functional during the state of emergency.³⁰

Persons with disabilities expressed numerous concerns: inaccessibility of health care services, including COVID-19 hospitals, influence of restriction of movement on mental health of persons with disabilities, prohibition of visits to COVID-19 hospitals, treatment of persons with intellectual disabilities in need of hospitalisation due to the COVID-19, not clear regulations on personal assistance or other support in situation of hospitalisation due to the COVID-19.³¹

4.6 Vaccination programmes

The Ministry of Health of the Republic of Serbia, the National Coordination Team for Immunization against COVID-19, the Expert Committee for Immunization and the Institute for Public Health adopted and published the Operational Plan for Immunization against COVID-19 in the Republic of Serbia.³² According to the Operational Plan, immunization will have three phases, depending on availability of the vaccine.

- The first phase – Availability of the vaccine for 1-10 % of population. In the first phase, the priorities for immunization are: 1) Employees of health care institutions with the highest risk of developing or transmitting infection; 2) Employees of elderly homes and other social care institutions; 3) Older age groups of the population.
- The second phase – Availability of the vaccine for 11-20 % of population. In the second phase, the priorities for immunization are: 1) Older age groups of the population not included in the first phase; 2) Persons with comorbidities who do not belong to older age groups of the population; 3) Employees of certain institutions of importance for the functioning of the society.
- The third phase – Availability of the vaccine for 21-50 % of population. In the third phase, the priorities for immunization are: 1) Other employees of educational institutions; 2) Staff outside the medical and education sectors important for the

²⁹ *ISTRAŽIVANJE: Iskustva osoba sa invaliditetom tokom vanrednog stanja i pandemije izazvane koronavirusom – jul 2020 – nalazi*, Srpski filantropski forum, Beograd, 2020, p. 2.

³⁰ Srpski filantropski forum (2020), p. 2.

³¹ Srpski filantropski forum (2020), pp. 6-7.

³² Operational Plan for Immunization against COVID-19 in the Republic of Serbia, Ministry of health of the Republic of Serbia, National coordination team for immunization against COVID-19, Expert Committee for Immunization and Institute for Public Health, Belgrade, October 2020, available in Serbian only at: [operativniPlan.pdf \(batut.org.rs\)](https://www.batut.org.rs/operativniPlan.pdf).

functioning of the society; 3) Employees of laboratories with a high risk of infection.

Persons with disabilities are not among any of the priority groups.

It should be noted that the process of immunization for beneficiaries of residential institutions is organized within the institution,³³ in the first phase. Organizations Mental Disability Rights Initiative MDRI-S and Naša kuća – organization for support to persons with mental disabilities sent an open letter to the Ministry of Health, the Ministry of Labour, Employment, Veteran and Social Affairs and the National Immunization Team,³⁴ pointing out that a large number of people with disabilities live in the community, with their families, and are not users of social welfare institutions. Organisations highlighted that, in addition to the increased risk to their health due to various comorbidities, a large number of people with disabilities, especially those with intellectual disabilities, autism and mental disabilities, are likely to be unable to fully comply with protective measures due to the nature of their disability, thereby increasing the risk of infection. Having all that in mind, organizations recommended that all persons with disabilities and their family members should be among priority groups for vaccination, regardless of whether they live in the community or in social welfare institutions and use the services of state institutions or private providers.

³³ Ministry of Labour, Employment, Veteran and Social Affairs, Instruction No. 560-00-00612/1/2020-19 from 2 October 2020, available in Serbian only at: [KMBT_C224e-20201002160622 \(minrzs.gov.rs\)](https://kmbt.c224e-20201002160622.minrzs.gov.rs).

³⁴ *Open letter to the Ministry of Health, Ministry of Labour, Employment, Veteran and Social Affairs and the National Immunization Team*, Mental Disability Rights Initiative MDRI-S and Naša kuća – organization for support to persons with mental disabilities, 19 January 2021, available in Serbian only at: [Dopis Ministarstvu zdravlja Republike Srbije, Nacionalnom timu za imunizaciju, Ministarstvu za rad, zapošljavanje, boračka i socijalna pitanja \(mdri-s.org\)](#).

5 Income and access to food and essential items

[Article 28 – Adequate standard of living and social protection](#)

5.1 Emergency measures

Unfortunately, persons with disabilities had no cash or in-kind benefits specifically targeted at them, as an emergency measure.

The main measure introduced by the Government of the Republic of Serbia was emergency cash payments in an amount equivalent to EUR 100 per person, intended to be distributed to all adult citizens and covering more than 6.2 million people across the country. Created as a temporary basic income, this measure was realised late, i.e. two weeks after the end of the lockdown, not during the height of restrictions and closures when the payments would have been more impactful.³⁵ Research shows that this measure cost about 1.3 % of GDP, or the equivalent to four years of providing “last resort” social assistance, which is a longstanding program in Serbia, and which has continued to be provided throughout the crisis, but not adjusted in any way for the crisis circumstances.³⁶ Emergency cash payments were distributed only once, while the Government announced possible introduction of similar measure during 2021 (EUR 60 in two tranches). Having in mind that the only criteria for emergency cash payment was adult citizen of the Republic of Serbia, without any additional criteria, this measure reached those who did not actually need the payments and at the same time failed to reach every person, including some of those most vulnerable, as well as children.³⁷

Social protection measures included extended coverage of unemployment benefits, extended social assistance entitlements (on the basis of previously issued decisions, without review and renewal) and one-off cash assistance to all pensioners, each of whom received the equivalent of EUR 35 per person in one-off payments.

In addition, in some local self-governments, meals were distributed to the elderly and persons with disabilities (social protection service providing food to the poorest was extended). In addition to meals, these households were given hygiene packages funded by local donations, and volunteers bought groceries, paid bills and otherwise helped users. Packages with food and hygiene products were also awarded to pensioners with the lowest pensions and socially disadvantaged households. The practice of delivering food packages continued after the lifting of the state of emergency, for families with children with disabilities or immobile elderly people.³⁸

5.2 Impact of the COVID-19 crisis

Restrictive measures introduced during the COVID-19 epidemic increased the risk of poverty for persons with disabilities. During the first phase (first peak of COVID-19), costs of living were increased due to the absence of and/or inaccessible services,

³⁵ UNDP (September 2020), p. 25.

³⁶ UNDP (September 2020), p. 25.

³⁷ UNDP (September 2020), pp. 25-26.

³⁸ Biljana Mladenović (ur), Inovativne prakse u oblasti socijalne zaštite na lokalnom nivou u Republici Srbiji: Odgovor na vanredno stanje usled pandemije COVID-19, Centar za socijalnu politiku Beograd, Tim za socijalno uključivanje i smanjenje siromaštva Vlade Republike Srbije, November 2020, p. 26.

movement restrictions, lack of (accessible) transportation, obstructed access to health care (except for the COVID-19), etc. Even though payments of various social benefits were continued, the discrepancy between payment deadlines and physical distancing measures or prohibition of movement led to poor management and delay in payments, which put persons who are in a difficult financial situation at a greater risk. The Government did not sufficiently recognise persons with disabilities as particularly vulnerable, nor did it provide targeted measures to alleviate the impact on persons with disabilities.³⁹

Research on the impact of the COVID-19 pandemic on household income and consumption from the perspective of vulnerable groups shows that almost half of the respondents among the elderly population and slightly more than half of the respondents with disabilities believe that they were able to cover the unexpected costs of EUR 100 during the pandemic.⁴⁰ However, respondents belonging to vulnerable groups unanimously assessed that all examined aspects of living standards had deteriorated. Several concerns about the deterioration of income opportunities, the payment of regular living expenses and quality nutrition are most pronounced. In most households, there was a change in the structure of consumption, so that only basic food items or cheaper products or, in the best case, smaller quantities were bought.⁴¹

Elderly respondents and persons with disabilities additionally highlighted changes in access to social and health care services as a result of the COVID-19 pandemic, and they expressed concern about their own future and the future of the family, as well as a decrease in confidence that someone would take care of them and their families.⁴²

As for the causes of disproportionate impact of COVID-19 measures, research conducted by the UN Human Rights Team in Serbia divided the causes in three groups – immediate, root and structural causes, using “Leave no one behind” methodology.⁴³ Immediate causes that were recognised: Lack of capacity of the entire state system and failure to prepare for crisis response; Delay in response to the epidemic in the context of specific circumstances that persons with disabilities had to face; Lack of participation of persons with disabilities; Insufficient capacity of the entire state system and failure to prepare for crisis response; Poverty of persons with disabilities; Social exclusion of persons with disabilities; Lack of tailored response to the epidemic in context of the specific circumstances persons with disabilities are faced with. Root causes were: Inadequate interdepartmental and intersectoral cooperation at all levels; Unpreparedness of the system to respond to the needs of persons with disabilities; Inefficient reform of the social protection system; Lack of perspective of disability in public policies and in creating measures. Finally, the following structural causes were recognised: Negative perception and prejudice towards persons with disabilities; Decades of structural discrimination and segregation of persons with disabilities; Charity and medical model towards persons with disabilities, as opposed to social

³⁹ Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit (2020), p. 57.

⁴⁰ *Posledice COVID-19 pandemije na prihode i potrošnju domaćinstava iz perspektive osetljivih grupa*, Vlada Republike Srbije, Tim za socijalno uključivanje i smanjivanje siromaštva, Beograd, 2020, p. 2, available in Serbian only at: [Posledice COVID-19 pandemije na prihode i potrošnju domaćinstava iz perspektive osetljivih grupa : Inkluzija \(socijalnoukljucivanje.gov.rs\)](https://www.socijalnoukljucivanje.gov.rs/).

⁴¹ Vlada Republike Srbije, Tim za socijalno uključivanje i smanjivanje siromaštva (2020), p. 3.

⁴² Vlada Republike Srbije, Tim za socijalno uključivanje i smanjivanje siromaštva (2020), p. 3.

⁴³ Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit (2020), p. 62.

model and access based on human rights; Insufficient budget allocations to decrease poverty of persons with disabilities.

6 Access to transportation and the public spaces

Article 9 – Accessibility

6.1 Emergency measures

Three days after the introduction of the state of emergency, an order was issued banning gatherings in the Republic of Serbia in public places (indoors) and a complete ban on the movement of persons over 65 in cities and persons over 70 in villages, and a ban on the movement of other citizens from 8:00 pm to 5:00 am. After that, the ban on movement remained in force until the state of emergency was lifted (53 days), but the time of the ban on movement was changed several times.⁴⁴

During the state of emergency, the situation with the possibility of independent movement was further aggravated by the abolition of public city and intercity transport. For example, in Belgrade, public transport was abolished in the period from 21 March to 8 May 2020,⁴⁵ and during that time, only extraordinary public transport lines were provided for employees with work obligations.⁴⁶

6.2 Impact of the COVID-19 crisis

The general suspension of public transport networks created a significant impact on mobility and thus economic activity in both rural and urban areas. This negative impact on citizen mobility particularly affected rural households, women and commuting workers, who are more dependent on transport networks for their livelihood and work.⁴⁷ The impact on mobility affected persons with disabilities significantly, having in mind that public transportation in Serbia is not accessible in most cases, so special transport is organized in bigger cities. During the suspension of public transportation, that type of transportation has not been provided.

Research among women with disabilities has shown that they wanted to be allowed to move at a time when there was a ban on movement for other citizens, so that they would have the opportunity to walk. Many of them need their daily walk and the ban on movement has led to the deterioration of their health. In addition, without public transport, many had to rely either on family members or were left without viable transportation.⁴⁸ Research on elderly women (65+) during COVID-19 shows very similar results, i.e., the disproportionate effect of mentioned bans on physical and mental health of elderly women.⁴⁹

⁴⁴ Katarina Golubović i dr (ur), *Ograničenje kretanja i suđenja za vreme vanrednog stanja*, Komitet pravnika za ljudska prava – YUCOM, Beograd, 2020, available in Serbian only at: <http://www.yucom.org.rs/wp-content/uploads/2020/08/Ograni%C4%8Denje-kretanja-i-su%C4%91enja-za-vreme-trajanja-vanrednog-stanja-YUCOM-jul-2020..pdf>.

⁴⁵ Information available in Serbian only at: [Ukidaju se sve linije javnog prevoza u Beogradu i svi polasci BG voza \(n1info.com\)](#).

⁴⁶ Information available in Serbian only at: [UKINUT GRADSKI PREVOZ, OD SUTRA IPAK VOZE VANREDNE LINIJE - Beograduživo.rs \(beograduzivo.rs\)](#).

⁴⁷ UNDP (September 2020), p. 55.

⁴⁸ Kosana Beker i Biljana Janjić (2021), p. 20.

⁴⁹ *Starije žene u doba korone: Iskustva i izazovi*, Amity – Snaga prijateljstva i Femplatz, Beograd & Pančevo, 2020, available in Serbian only at: [2020-07-31 Starije zene u doba korone.pdf \(femplatz.org\)](#).

Also, after one month of the declaration of the state of emergency, under the pressure of numerous DPOs and NGOs, the Government allowed walks for children with autism during the curfew, and a few days later extended the decision to all persons with disabilities.⁵⁰

⁵⁰ Available in Serbian only at: [Odluka o dozvoli za izlazak za decu sa autizmom proširena na sve osobe sa smetnjama u razvoju - eVršac \(evrsac.rs\)](https://evrsac.org.rs/odluka-o-dozvoli-za-izlazak-za-decu-sa-autizmom-prosirena-na-sve-osobe-sa-smetnjama-u-razvoju).

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

There was no reduction in the procedural requirements and safeguards operating prior to subjecting people with disabilities to involuntary detention or involuntary treatment. Also, officially, there was no reduction or removal of independent monitoring. However, members of the Protector of Citizens' team, in performing their capacity as the National Preventive Mechanism (NPM), were not allowed to visit the Adult Disability Home in Zemun on 9 October 2020. Even though the team is under no obligation to announce the visits, given the epidemiological situation, the visit was announced to the Ministry of Labour, Employment, Veteran and Social Affairs and to the Adult Disability Home as well. The visit was aimed at a thematic examination of the position of particularly vulnerable categories of social welfare services beneficiaries in residential accommodation, such as adults with physical disabilities, during the COVID-19 epidemic. The Director of the Institution met the team at the entrance and informed them that the Ministry does not allow access to the premises and the realization of the NPM's visit, and that the security guards are there to prevent entry into the institution. This ban was imposed even though the Protector of Citizens, in communication with the Ministry's representatives, indicated on multiple occasions that the visits to social welfare residential institutions would be conducted with full respect to the prescribed protective measures, wearing protective equipment and adjusting the methodology to the emergency situation.⁵¹

On the other hand, visits to elderly care homes were prohibited from 12 March 2020 until 3 February 2021,⁵² while visits to social care institutions were prohibited from 12 March 2020⁵³ to 22 August 2020, with a few exceptions. For example, twice during that period, the Ministry introduced a strictly limited visiting regime. It should be noted that beneficiaries of the social care institutions were deprived of their right to freely move, since they were not allowed to go outside the institution (including into the yard) at all, for almost 50 days.⁵⁴

In June 2020, visits were allowed - a maximum of two visits per person per week, lasting 15 minutes, between 10 am and 6 pm, announced in advance, in a designated place for visits, usually outside the institution (in the yard), when the outside

⁵¹ *Protector of Citizens, in its capacity as NPM, was denied access to ADH in Zemun*, Protector of Citizens, 10 October 2020, available at: [Protector of Citizens, in its capacity as NPM, was denied access to ADH in Zemun \(ombudsman.org.rs\)](#).

⁵² Recommendations of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 06-00-8/2021-09 from 3 February 2021, available in Serbian only at: [-20210203134909 \(minrzs.gov.rs\)](#).

⁵³ Instruction of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-01-2/2020-09 from 12 March 2020, available in Serbian only at: [-20200421103144 \(minrzs.gov.rs\)](#).

⁵⁴ Instruction of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-01-7/4/2020-09 from 28 April 2020.

temperature is above 18 degrees Celsius, and when there is no wind and no rain.⁵⁵ In addition, the consent of the Ministry was necessary for the entry of third persons into the institution, as well as for the exit of users for health care reasons.⁵⁶

Visits to social care institutions were prohibited again from the end of June until 22 August 2020.⁵⁷

In addition, users of social care institutions were prohibited from moving within the institution, i.e., users and employees during the state of emergency were prohibited from circulating between wards and rooms unnecessarily (except for doctors, nurses and technicians, care givers and educators), and movement to the medical room or office of professional and other staff was allowed only with the approval of the employee in charge and under the supervision of staff.⁵⁸

At the end of January 2021, visits to the users of elderly homes were allowed in controlled conditions: that in the last 14 days there were no confirmed cases of COVID-19 infection among users and employees, that the user was completely vaccinated, that at least seven days have passed since the last vaccine dose, with strict adherence to general preventive measures.⁵⁹ The same rules apply to other social care institutions. Although this decision was adopted at the end of January 2021, the Commissioner for the Protection of Equality issued a recommendation to the Ministry of Labour, Employment, Veteran and Social Affairs and to the Ministry of Health, stating that the prohibition of visits and restriction of movement within institutions should be reconsidered.⁶⁰

7.2 Impact of the COVID-19 crisis

Rates of compulsory detention, treatment or restraints are not publicly available. Restrictions in access to family or friends for people living in institutional care are presented in the part 7.1.

At the beginning of the pandemic, the number of social protection institutions founded by the state was 74, with a capacity of 14 512 users, while the total number of private

⁵⁵ Instruction of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-00-00023/2/2020-09 from 9 June 2020.

⁵⁶ Order of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-00-28/2020-09 from 22 June 2020.

⁵⁷ Information of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-00-00023/2/2020-09 from 9 June 2020 and Information of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-00-00023/3/2020-09 from 21 August 2020.

⁵⁸ Instruction of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-01-06/2020-09 from 29 March 2020.

⁵⁹ *Dozvoljene posete u kontrolisanim uslovima korisnicima domova za stare*, Ministarstvo za rad, zapošljavanje, boračka i socijalna pitanja, 29.01.2021, available in Serbian only at: <https://www.minrzs.gov.rs/srb-lat/aktuelnosti/vesti/dozvoljene-posete-u-kontrolisanim-uslovima-korisnicima-domova-za-stare>.

⁶⁰ *Saopštenje o preporuci da se razmotri izmena odluke o zabrani poseta u ustanovama za smeštaj starih lica*, Poverenik za zaštitu ravnopravnosti, 19 February 2021, available in Serbian only at: <http://ravnopravnost.gov.rs/rs/saopstenje-o-preporuci-da-se-razmotri-izmena-odluke-o-zabrani-poseta-u-ustanovama-za-smestaj-starih-lica/>.

providers of social protection services for adults and the elderly in Serbia was 229, with a capacity of 8 617 users.⁶¹

According to data officially presented by the Ministry of Labour, Employment, Veteran and Social Affairs, from the first half of November 2020, there was an increase in the total number of private providers of social protection services.⁶² Data from February 2021 show that the number of private providers of social protection services amounted to 238, with a capacity of 8 987 beneficiaries.⁶³ Thus, from November 2020 to February 2021, 9 new private providers of social protection services were opened, and the capacity increased by 373 users.

According to the available information, the number of state institutions, as well as the number of beneficiaries, did not change in the observed period.

⁶¹ *Saopštenje za javnost, Ustanove socijalne zaštite za smeštaj korisnika i organizacije socijalne zaštite za smeštaj korisnika*, Ministarstvo za rad, zapošljavanje, boračka i socijalna pitanja, 11 April 2020, available in Serbian only at: <https://www.minrzs.gov.rs/sr/aktuelnosti/vesti/ustanove-socijalne-zastite-za-smestaj-korisnika-i-organizacije-socijalne-zastite-za-smestaj-korisnika>.

⁶² *U ustanovama socijalne zaštite za smeštaj korisnika i domovima za smeštaj odraslih i starih zaraženo 241 korisnik i 153 zaposlenih*, Ministarstvo za rad, zapošljavanje, boračka i socijalna pitanja, 11 November 2020, available in Serbian only at: <https://www.minrzs.gov.rs/srb-lat/aktuelnosti/vesti/u-ustanovama-socijalne-zastite-za-smestaj-korisnika-i-domovima-za-smestaj-odraslih-i-starih-zarazeno-241-korisnik-i-153-zaposlenih>.

⁶³ *U ustanovama socijalne zaštite za smeštaj korisnika i domovima za smeštaj odraslih i starih zaraženo 189 korisnika i 230 zaposlenih*, Ministarstvo za rad, zapošljavanje, boračka i socijalna pitanja, 21 February 2021, available in Serbian only at: <https://www.minrzs.gov.rs/srb-lat/aktuelnosti/vesti/u-ustanovama-socijalne-zastite-za-smestaj-korisnika-i-domovima-za-smestaj-odraslih-i-starih-zarazeno-189-korisnika-i-230-zaposlenih>.

8 Violence, exploitation or abuse

[Article 16 – Freedom from violence, exploitation and abuse](#)

8.1 Emergency measures

There were no emergency laws, policies or other measures on violence, exploitation or abuse at all.

8.2 Impact of the COVID-19 crisis

There is no publicly available data on the incidence of domestic violence, institutional violence and the disability hate crime experienced by people with disabilities during the COVID-19 pandemic.

There are no data on the number of women exposed to domestic and intimate partner violence during the state of emergency, but public authorities have recorded a decrease in the number of reported cases of domestic violence.⁶⁴ It should be born in mind that the decrease in reports of violence is a consequence of women's limited ability to report violence during the state of emergency, and not a decrease in the cases of violence. This is confirmed by the increase in the number of women seeking help and support from specialized women's organisations.⁶⁵

Several specialised women's organizations reported a significant increase in the number of calls from women victims of violence, after the initial decrease, as soon as after the first week of the state of emergency. The reported increase in the number of calls varies from 25 % to 50 %.⁶⁶

As for the women with disabilities, there is no data on the number of women with disabilities who experienced violence during the pandemic, especially during the period of restrictive quarantine measures; however, it is evident that they face violence, but report it to a lesser extent.⁶⁷ The lack of reporting is a result of barriers that existed before the pandemic, such as lack of accessible information, normalisation of violence in society, inaccessible support services and reporting mechanisms, as well as a general lack of accessible services for people with disabilities. In addition, mental barriers of employed professionals, stigmatisation of disability and the lack of accessible communication further complicate the position of women with disabilities and the ability to access the support they need.⁶⁸

The Instruction of the Ministry of Labour, Employment, Veteran and Social Affairs envisages that the admission of new users in all social care institutions, including safe houses, is done exclusively with medical documentation proving that the person is not

⁶⁴ Marijana Pajvančić et al, *Gender Analysis of COVID-19 Response in the Republic of Serbia*, OSCE Mission to Serbia and Women's Platform for Development of Serbia 2014-2020, Belgrade, 2020, p. 107, available at: [459382.pdf \(osce.org\)](#).

⁶⁵ Marijana Pajvančić et al. (2020), p. 107.

⁶⁶ Marijana Pajvančić et al. (2020), p. 108.

⁶⁷ *Violence against women with disabilities and COVID-19*, Iz kruga Vojvodina, Novi Sad, 3 December 2020, available in Serbian only at: [Nasilje nad ženama s invaliditetom i kovid | izkrugavojvodina.org](#).

⁶⁸ Iz kruga Vojvodina (3 December 2020).

COVID-19 infected.⁶⁹ However, the health care institutions conduct testing only on the basis of medical criteria (existence of symptoms, contact with an infected person, etc.), so that tests for other purposes and at personal request are not performed, which puts victims of violence in an aggravated situation.⁷⁰ On the other hand, having in mind the spatial limitations of safe houses, there are difficulties in terms of self-isolation of safe house users and their children. Finally, the majority of safe houses are not accessible to women with disabilities.⁷¹

Women with disabilities in social care institutions are exposed to all forms of violence, and mechanisms for reporting violence and protection from violence are inadequate and/or dysfunctional.⁷² In situations of rigorous quarantine, situations of violence are much more common, and there is no adequate protection mechanism. Due to isolation and the ban on movement, as well as the ban on visits and entry of persons not employed in the institution, women are at an even greater risk of violence. There is no information on whether, and in what way, protection and support for women with disabilities was provided in institutions from various forms of violence, as well as whether, and in what way, basic access to sexual and reproductive health services was provided during the COVID-19 pandemic.⁷³

⁶⁹ Instruction of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-01-2/2020-09 from 12 March 2020.

⁷⁰ Marijana Pajvančić et al. (2020), p. 113.

⁷¹ Kosana Beker, Tijana Milošević and Andrijana Čović, *Sigurne kuće. Kapaciteti za pružanje pristupačne i dostupne usluge ženama sa invaliditetom: Stanje u Srbiji – Polazna analiza*, FemPlatz i MDRI-S, Pančevo&Beograd, November 2020, available in Serbian only at: [2021-02_Sigurne_kuce.pdf \(femplatz.org\)](#).

⁷² Biljana Janjić and Dragana Ćirić Milovanović, *Here the walls have ears too – Testimonies of Women with Mental Disabilities about Gender based Violence in Residential Institutions*, MDRI-S, Belgrade, 2017, available at: [Publikacija-engleski.pdf \(mdri-s.org\)](#).

⁷³ *COVID-19 and women with mental disability in residential institutions*, FemPlatz, Pančevo, June 2020, available in Serbian only at: [COVID-19 i žene sa mentalnim invaliditetom u ustanovama socijalne zaštite \(mdri-s.org\)](#).

9 Independent living

Article 19 – Living independently and being included in the community

9.1 Emergency measures

There were no emergency measures on the right of people with disabilities to live independently and to be included in the community.

During the state of emergency, almost all support services were suspended. Regarding the functioning of centres for social work and services in the field of social protection, the Ministry issued an instruction after the declaration of a state of emergency. These services were asked to organize their work schedules and provide the opportunity for employees to work from home, to ensure the availability of services provided by social work centres by announcing contact numbers in public places and in local administration offices, as well as for the centres to cooperate with local self-government units. Also, the Ministry notified local self-government units to make decisions on how to further exercise the rights and provide social protection services.⁷⁴ Three days after the introduction of the state of emergency, the Ministry of Labour, Employment, Veteran and Social Affairs published on its website a list of centres for social work, with contact telephone numbers and e-mail addresses that citizens can contact. However, the majority of social support services were suspended, including day care centres for children and adults with disabilities which were completely closed.

Also, after one month of the declaration of the state of emergency, the government allowed walks for children with autism and developmental disabilities during the curfew (13 April 2020), and a few days later extended the decision to all children and adults with disabilities (20 April 2020).⁷⁵

9.2 Impact of the COVID-19 crisis

As regards children and adults with disabilities who live in the community, one of the key problems was the inability to get help and support from personal assistants, informal caregivers, relatives and friends who do not live with them in the same household, due to the ban on movement in the evening and during weekends (Friday 5 pm to Monday 5 am). Numerous organisations and individuals pointed to this problem, so the Commissioner for the Protection of Equality recommended that licensed personal assistants and informal caregivers should be included among the persons to whom the Ministry of Interior would issue a movement permit at their personal request.⁷⁶ Although the Commissioner for the Protection of Equality proposed a simplified permit issuance procedure, the proposal was not accepted. In addition, numerous organizations were highlighting this problem, explaining that the elderly citizens (due to the absolute ban on movement), as well as children and adults with disabilities faced significant obstacles in their daily life due to measures introduced by

⁷⁴ Instruction of the Ministry of Labour, Employment, Veteran and Social Affairs, No. 500-01-2/2020-09 from 16 March 2020.

⁷⁵ Marijana Pajvančić et al. (2020), pp. 101-102.

⁷⁶ Initiative to the Government regarding movement permits for informal caregivers and provision of home help services during the state of emergency, no. 011-00-5/2/2020- 02 of 26 March 2020, available in Serbian only: <http://ravnopravnost.gov.rs/inicijativa-vladi-povodom-dozvole-kretanja-neformal-cir/>.

the government. In response to some of these questions, the Prime Minister announced on 7 April 2020 that the difficulties faced by citizens in obtaining movement permits during the curfew will be dealt with "as soon as possible".⁷⁷ This refers to permits for those who take care/provide support to people with disabilities, elderly people and children with mobility problems, as well as all others who need someone else's help and support, especially during an extended ban on movement. The Prime Minister announced that citizens will be able to submit requests for a permit electronically and that they will receive the permit electronically.

However, the procedure was not clear, and it was overly complicated. According to the procedure, citizens should contact and submit complete documentation to the local self-government unit, which will check the documentation and, after checking, forward it to the Ministry of Labour, Employment, Veteran and Social Affairs. This Ministry then checks the requests and then forwards them to the Ministry of the Interior for approval, which issues a movement permit.⁷⁸ For example, women with disabilities stated obstacles with the electronic application (i.e. jpg format was not accepted, and they didn't have technical devices for other formats, etc).⁷⁹ Also, according to the media, the President of the Managing Board of the Belgrade Association for Support to Persons with Autism, sent a request to the municipal administration of New Belgrade, together with his child's medical documentation, but received the answer that permits are available only for personal assistants and those supporting the elderly, while there is no instruction for other categories of citizens.⁸⁰

It should be noted that a few NGOs providing personal assistance services managed to continue with providing services and obtaining permits for movement for personal assistants. For example, the Centre for Independent Living of Persons with Disabilities addressed relevant ministries, from which they received an approval to issue individual work orders for each personal assistant for each day at work during the curfew (for 15 personal assistants).⁸¹ However, there was a problem with work orders for those persons who are not covered by personal assistance, but who have an agreement on providing assistance to persons with disabilities. The National Organization of Persons with Disabilities sent a letter to the Ministry of Labour, Employment, Veteran and Social Affairs and the Prime Minister to resolve this problem at the level of the whole country, and also addressed the Protector of Citizens and the Commissioner for the Protection of Equality, asking them to support this request. After that, the Government passed a Decree allowing the issuance of permits for movement during the curfew for the purpose of work to those who supported people in need of someone else's help to satisfy their daily needs, which included relatives, friends and other people who supported persons with disabilities. In practice, there have been many problems with the issuance of these permits, especially in smaller communities.⁸²

⁷⁷ *Premijerka Srbije najavila lakše pribavljanje dozvola za kretanje tokom policijskog časa*, Danas, 7 April 2020, available in Serbian only at: <https://www.danas.rs/drustvo/premijerka-srbije-najavila-lakse-pribavljanje-dozvola-za-kretanje-tokom-policijskog-casa/>.

⁷⁸ Procedure for issuing movement permits from 5 April 2020, available in Serbian only at: [Издавање дозвола за кретање током полицијског часа | Министарство за рад, запошљавање, борачка и социјална питања \(minrzs.gov.rs\)](https://www.minrzs.gov.rs/izdavanje-dozvola-za-kretanje-tokom-policijskog-casa).

⁷⁹ Kosana Beker i Biljana Janjić (2021).

⁸⁰ Jovana Tomić, *Virus korona: Članovi porodica osoba sa autizmom i dalje bez dozvole za kretanje*, CINS, 12 april 2020, available in Serbian only at: <https://www.cins.rs/virus-korona-clanovi-porodica-osoba-sa-autizmom-i-dalje-bez-dozvola-za-kretanje/>.

⁸¹ Marijana Pajvančić et al. (2020), pp. 101-102.

⁸² Marijana Pajvančić et al. (2020), pp. 101-102.

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

There were no emergency measures on access by people with disabilities to habilitation and rehabilitation support and services. As mentioned before, all support services were suspended or delayed, including habilitation and rehabilitation support. The whole state support system was focused on COVID-19.

10.2 Impact of COVID-19 and/or emergency measures adopted

There is no evidence on the impact of the lack of rehabilitation support services during lockdowns and periods of physical distancing on persons with disabilities.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

There were no measures related to access to justice that have an explicit disability or older age dimension.

On 17 March, the Ministry of Justice issued Recommendations for the work of courts and public prosecutor's offices during the state of emergency (17 March 2020),⁸³ which introduced a temporary organisation of work of employees in courts and public prosecutor's offices, lawyers and other legal professionals handling cases. The Ministry recommended that the courts and public prosecutor's offices during the state of emergency should prosecute, inter alia, criminal cases related to domestic violence and cases where a minor appeared as a defendant or injured party, cases to be solved in urgent procedure, as well as proceedings for the enforcement of decisions concerning family relations. At the request of the Bar Association, on 18 March 2020, the High Judicial Council issued the Conclusion⁸⁴ specifying which cases could not be postponed, i.e., in which cases trials had to be scheduled and held. In criminal matters, this group of cases includes, among others, criminal proceedings in which detention was ordered or requested, proceedings related to domestic violence and proceedings against minors, i.e., in which a minor appears as an injured party, related to criminal offences against sexual freedom. In civil matters, the cases that cannot be delayed include, among others, proceedings for determining, extending and revoking provisional measures, as well as proceedings for determining measures for the protection from domestic violence and enforcement of decisions concerning family relations.⁸⁵ The acting of lawyers in these cases is regulated by the Decision adopted by the Serbian Bar Association on 19 March 2020.⁸⁶

On 26 March 2020, the Ministry of Justice sent a set of recommendations to all the courts with jurisdiction to decide in the proceedings against persons who violated the measure of self-isolation, recommending them to organize trials via video-link, in order to protect both the employees and the individuals involved in the proceedings.⁸⁷ Nongovernmental organizations and the Bar Association of Serbia colloquially called

⁸³ Recommendation of the Ministry of Justice on the work of courts and public prosecutor's offices during the state of emergency proclaimed on 15 March 2020 No. 112-01-557/2020-05 of 17 March 2020, available in Serbian only at:

<https://www.mpravde.gov.rs/files/PREPORUKE%20ZA%20RAD%20SUDOVA%20I%20JAVNIH%20TU%20C5%BDILA%20AOTAVA%20ZA%20VREME%20VANREDNOG%20STANJA.pdf>.

⁸⁴ Decision on correction of the Conclusion of 19 March 2020, available in Serbian only at:

<https://vss.sud.rs/sr-lat/saop%20C5%A1tenja/obave%20C5%A1tenje-o-ispravci-zaklju%20C4%8Dka-sa-sednice-vss>.

⁸⁵ Marijana Pajvančić et al. (2020), pp. 111-112.

⁸⁶ Decision on the adoption of instructions on the acting of lawyers during the state of emergency in the Republic of Serbia proclaimed on 15 March 2020, No. 284/2020 of 19 March 2020, available in Serbian only at:

<https://www.mpravde.gov.rs/files/odluka%20o%20usvajanju%20uputstva%20za%20postupanje%20Oadvokata.pdf>.

⁸⁷ Savo Đurđić, *Da li je zakonito i moguće suđenje i saslušanje optuženog putem video linka*, 3 April 2020, available in Serbian only at: <https://www.otvorenaratpravosudja.rs teme/ustavno-pravo/da-li-je-zakonito-i-moguće-suđenje-i-saslušanje-optuženog-putem-video-linka>.

the trials via video-link the “Skype trials”, and characterized them as unlawful.⁸⁸ It took until 1 April 2020 for the state to adopt the Regulation on the manner of participation of the defendant at the main hearing in criminal proceedings held during the state of emergency proclaimed on 15 March 2020.⁸⁹ In accordance with this Regulation, defendants in the first instance criminal proceedings were allowed to participate in the main hearing via audio-visual technology, in case the court considered that the direct presence of the defendant in detention would increase the threat of the spread of COVID-19.

11.2 Impact of COVID-19 crisis

During the state of emergency, access to justice was limited for all citizens. There were no special measures for persons with disabilities. However, half of the DPOs and NGOs participating in the research conducted by the UN Human Rights Team in Serbia pointed out the increased risk in the area of access to justice and fair trial for persons with disabilities.⁹⁰

⁸⁸ Katarina Golubović et.al. *Restriction of Movement and the Trials during the State of Emergency: Analysis of constitutionality of the measure imposed during the state of emergency caused by the epidemic of COVID-19 with an overview of the analyses of the trials held in criminal proceedings in Serbia*, YUCOM, Belgrade, 2020, p. 23, available at: <http://en.yucom.org.rs/wp-content/uploads/2020/08/Restriction-of-Movement-and-the-Trials-during-the-State-of-Emergency-YUCOM-July-2020.pdf>.

⁸⁹ Regulation on the manner of participation of the defendant at the main hearing in the criminal proceeding held during the state of emergency proclaimed on March 15, 2020, “Official Gazette of RS”, No. 49/2020.

⁹⁰ Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit (2020), p. 52.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

According to the Decision on suspension of classes in higher education institutions, secondary and primary schools and regular work of preschool education institutions (15 March 2020),⁹¹ all classes were suspended. This means that classes were held remotely, through a television channel (public broadcaster), online platform within the public broadcasting service and internet learning platforms.

The Ministry of Education, Science and Technological Development obliged schools to include in their operational plans distance learning for children with special educational needs, educated according to individual educational plans. Also, teachers were obliged to create adapted materials, including content, learning instructions and methods for monitoring the progress for children who needed a structured individualised approach.⁹² Psychological support to parents of children who are educated based on individual educational plans was to be provided by class teachers, other teachers and expert school services (psychological and pedagogical) by phone or email.⁹³

12.2 Impact of the COVID-19 crisis

As stated before, children and adults with disabilities faced serious obstacles to get help and support from personal assistants, informal caregivers, relatives and friends who do not live with them in the household due to the ban on movement. Among social welfare services that children aged 7 to 12 most often did not receive during the epidemic are services for children with disabilities (personal assistant, day care, etc.) and organisation of visits to the other parent.⁹⁴

The introduction of distance learning was not accompanied by appropriate measures that would enable children with disabilities to exercise the right to education under equal conditions, and the interruption of the work of pedagogical assistants further aggravated the situation.⁹⁵ There were problems with financing the work of personal assistants of children with disabilities, and it resulted, for example, in 450 personal assistants of children with disabilities in Belgrade no longer providing services because the City of Belgrade terminated the contract with the organisation providing that

⁹¹ Decision on suspension of classes in higher education institutions, secondary and primary schools and regular work of preschool education institutions, "Official Gazette of RS", No. 30/2020.

⁹² Ministry of Education, Science and Technological Development, Information number 601-00-9/2020-01 from 16 March 2020, available in Serbian only at: [Nastava-na-daljину-u-vanrednom-stanju.pdf \(mpn.gov.rs\)](#).

⁹³ Government of the Republic of Serbia, Distance Learning for children educated based on individual education plans, 19 March 2020, available in Serbian only at: <https://www.srbija.gov.rs/vest/452652/ucenje-od-kuce-za-ucenike-koji-rade-po-iop-u.php>.

⁹⁴ Survey on the Impact of the COVID-19 Pandemic on Families with Children in Serbia April-May 2020. Summary of Key Findings, UNICEF and USAID, Belgrade, 2020, pp. 2-3, available at: [Survey - Summary.pdf \(unicef.org\)](#).

⁹⁵ See, for example: Ana Lalić, *Više od 300 novosadske dece sa smetnjama u razvoju bez ličnih pratilaca*, NOVA.RS, 11 April 2020, available in Serbian only at: [Više od 300 novosadske dece sa smetnjama bez ličnih pratilaca - NOVA portal](#).

service; this was also the case for 300 children and their assistants in Novi Sad.⁹⁶ However, after the media warned the public about the lack of support for education of children with disabilities, personal assistants were returned to work.

According to UNICEF research, among the children who are beneficiaries of social welfare services (15 %), one child in fifteen had a problem accessing these services during the COVID-19 epidemic; however, there is no disaggregated data on children with disabilities. Services for children with disabilities, among others, were most often missing, and the main reasons for the lack of support were the unavailability of services by institutions or social workers, and in fewer cases, the parents were the ones who withdrew from these services during the COVID-19 epidemic.⁹⁷ During the COVID-19 epidemic, almost all school-age children (99 %) had access to distance learning and used distance learning (98 %). Children whose mothers/caregivers are unemployed, as well as children who are social service beneficiaries did not have access to distance learning slightly more frequently than average.⁹⁸

In addition, there is no data on how individualization of teaching was carried out in practice, based on individual educational plans, especially in case of children whose parents do not have access to modern ICT technologies.⁹⁹ Most organisations (66.67 %) that participated in research conducted by the UN Human Rights Team in Belgrade, believe that risks for persons with disabilities increased in the area of inclusive education during the restrictive measures, which was due to the lack of systemic approach to inclusive education, lack of adapted on-line content for children with developmental disabilities, as well as the fact that children have not received adequate and adapted materials and assignments. The lack of technical conditions for children to participate in on-line learning is also mentioned.¹⁰⁰

Also, children with disabilities in institutions did not have any special measure that would enable them to follow online classes (i.e., education based on individual educational plans, pedagogical support).

⁹⁶ *Pratioci dece sa posebnim potrebama vraćeni na posao*, Direktno, 19 March 2020, available in Serbian only at: [Pratioci dece s posebnim potrebama vraćeni na posao | Beograd | Direktno](#).

⁹⁷ UNICEF and USAID (2020), pp. 2-3.

⁹⁸ UNICEF and USAID (2020), pp. 2-3.

⁹⁹ Marijana Pajvančić et al. (2020), pp. 51-52.

¹⁰⁰ Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit (2020), p. 56.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

On 24 March 2020, the Ministry of Labour, Employment, Veteran and Social Affairs issued a *Detailed explanation of rights and obligations of employees and employers during the state of emergency*.¹⁰¹ The Ministry appealed to employers to allow employees to work from home if the nature of activities and the work they perform allow for this. Employees who work from home are entitled to earnings, to the same extent as employees who work at their workplace. The only difference is that employees who work from home are not entitled to reimbursement of transportation costs, nor to reimbursement of other costs related to the organisation of work in this way. Work from home is not "paid leave", but an organization of work in which the employee performs work obligations from home and earns money for that. If the employer cannot organize work from home, they are obliged to provide all the measures to protect safety and health at work.

Based on the Decree on organizing the work of employers during the state of emergency, as well as on measures to prevent the spread of COVID-19 virus, the Ministry of State Administration and Local Self-Government issued a Recommendation for organising work in public administrations and state institutions.¹⁰² Although this recommendation primarily refers to employees in state bodies, public agencies, public services and local self-government units, the Ministry stated that this recommendation should also be applied to employers in the private sector, if the activity of the employer allows it. According to the recommendation, the employer should primarily keep in mind that persons with chronic diseases and persons older than 60 are particularly vulnerable, as well as a parent of a child under 12, especially if that parent exercises parental rights alone or if the other parent has work obligations. For these employees, it is necessary to enable work from home, in accordance with the workplan and schedule that the employer is obliged to determine for each employee. However, in cases where, due to the activity and nature of work, it is not possible to organise work from home (both in the public and private sector), the employer is obliged to provide measures for the protection and health of employees, as well as to organise work in shifts, in order to decrease the number of employees performing work simultaneously in one room.

It is evident that persons with disabilities are not considered in labour related emergency measures, with the exception of persons with chronic diseases and persons older than 60.

¹⁰¹ Ministry of Labour, Employment, Veteran and Social Affairs, *Detailed explanation of rights and obligations of employees and employers during the state of emergency*, 24 March 2020, available in Serbian only at: [Детаљно објашњење права и обавеза радника и послодаваца у току ванредног стања | Министарство за рад, запошљавање, борачка и социјална питања \(minrzs.gov.rs\)](#).

¹⁰² Ministry of State Administration and Local Self-Government, Recommendation for organizing work in public administrations and state institutions, 18 March 2020, available in Serbian only at: [Препорука за организовање рада у јавним управама и државним институцијама \(srbija.gov.rs\)](#).

13.2 Impact of the COVID-19 crisis

There is no evidence of the impact of the COVID-19 pandemic on work and employment of people with disabilities. For example, the last available annual report of the National Employment Service is for 2019. There is no official data on employment and unemployment rates for persons with disabilities for 2020, so that data could be compared (before COVID-19 and during the COVID-19 pandemic).

Among the main risks persons with disabilities have been facing in their everyday life before the epidemic, 83.33 % of the surveyed civil society organizations stated that these were risks in access to work and sources of income, whereas 66.67 % believed that that specific risk increased during the COVID-19 epidemic.¹⁰³ Young people with disabilities have been recognized as a group exposed to specific risks during the state of emergency (83.33 %), particularly in the area of education, difficult employment opportunities due to the decline in economic and social activities and the increase in the number of unemployed.¹⁰⁴

¹⁰³ Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit (2020), p. 52.

¹⁰⁴ Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit (2020), p. 55.

14 Good practices and recommendations

14.1 Examples of good practice

In one research on innovative practices in response to the COVID-19 pandemic, representatives of municipalities and cities emphasized the crucial role of emergency headquarters, which coordinated the work of various municipal and city institutions, community public services, centres for social work, local service providers, the Red Cross, local communities, civil service units and NGOs. That was the way of cooperation between all the relevant stakeholders, and it was especially important for associations of persons with disabilities, associations of parents of children with disabilities, Roma organizations and non-state providers of social protection services.¹⁰⁵

Having in mind that local day care centres for children and adults with disabilities did not work during the state of emergency, while later the services were reduced, some local self-governments organised, in cooperation with day care centres, psychological support and maintenance of communication with users and their parents or guardians, most often via telephone. Also, some day care centres for children with disabilities shared different didactic materials, and various tasks for home learning. In some municipalities, during the state of emergency, 24-hour support (to ensure access to food, medicine and other essential supplies) was organized and extended to all children and adults with disabilities, including the purchase of food and medicine. Protective equipment, food and medicines were distributed to the users of day care centres in other local self-governments.¹⁰⁶

In addition, in some local self-governments, meals were distributed to the elderly and persons with disabilities (social protection service providing food to the poorest was extended). In addition to meals, these households were given hygiene packages funded by local donations, and volunteers bought groceries, paid bills and otherwise helped users. Packages with food and hygiene products were also awarded to pensioners with the lowest pensions and socially disadvantaged households. The practice of delivering food packages continued after the lifting of the state of emergency, for families with children with disabilities or immobile elderly people.¹⁰⁷

14.2 Recommendations

There are no recommendations that have been made for disability-related reforms in Serbia in light of the COVID-19 crisis, by the Government. Independent state institutions, i.e., Protector of Citizens and Commissioner for the Protection of Equality, issued several recommendations, but not regarding disability-related reforms, rather on day-to-day problems and obstacles persons with disabilities were faced with.

Other recommendations, made by researchers and NGOs,¹⁰⁸ can be divided in two groups:

¹⁰⁵ Biljana Mladenović (ur) (November 2020), p. 10.

¹⁰⁶ Biljana Mladenović (ur) (November 2020), pp. 15-16.

¹⁰⁷ Biljana Mladenović (ur) (November 2020), p. 26.

¹⁰⁸ Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit (2020), pp. 102-103; Marijana Pajvančić et al. (2020), pp. 105-106; Kosana Beker i Biljana Janjić (2021), pp. 30-31.

Immediate (urgent) recommendations

- 1) Ensure access of persons with disabilities to regular medical therapy during COVID-19 epidemic, including reproductive health services, accessible health services and facilities for treating COVID-19, and put in place clear and efficient procedures for hospitalisation of children with disabilities and their parents, as well as adults with disabilities.
- 2) Provide various disinfectants and protective equipment for persons with disabilities faster, easier and cheaper, due to the increased health risk, as well as for personal assistants and other carers of persons with disabilities.
- 3) Include persons with disabilities, DPOs, NGOs, organisations of women with disabilities, and parents of children with disabilities in planning all measures related to COVID-19 epidemic.
- 4) Ensure that persons with disabilities have unobstructed use of social protection services during COVID-19 epidemic, including personal assistants, home care, access to violence protection services etc.
- 5) The issuance of movement permits should be simplified and without excessive bureaucracy, and permits should have been issued for the entire duration of the state of emergency, and not from week to week.
- 6) Ensure that information about the COVID-19 epidemic and adopted measures, as well as all other public health information, is available in different formats, including simple easy to understand formats, as well as that the information is shared through different media.
- 7) Provide conditions for children with disabilities (both living in the community and institution) to attend online classes, which includes providing all necessary adjustments and providing equipment for participating in classes to the children in need.
- 8) Introduce temporary new services and / or new types of support, according to the situation and needs (e.g., volunteer service for delivery of food, medicine, etc.)
- 9) Provide procedures for health treatment in social protection institutions that will not disproportionately affect persons with disabilities, with special regard to women with disabilities (regarding sexual and reproductive health and protection from violence). Ensure that women placed in social care institutions have regular contact with family, friends, and organizations, in order to reduce the risk of violence and abuse.
- 10) Make a plan to relocate beneficiaries of residential institutions to other forms of housing (small households, supported housing, relatives and foster families) to ensure their safety and health protection.
- 11) Ensure that the statistics on tested, infected, recovered and deceased persons are disaggregated, at least by sex, age, disability and place of residence (e.g., residential institutions).

Systemic (medium-term) recommendations

- 12) Include the disability perspective in all public policies, as well as in planning and design of measures, considering the perspective of women with disabilities and the specific circumstances of persons with disabilities of different ages.
- 13) Plan for continuous increase and improvement of accessibility (architectural, physical, informational and financial) and access to social, health and other services for persons with disabilities, with the participation of persons with

disabilities and civil society organisations, in order to increase resilience of persons with disabilities in emergency situations.

- 14) Urgently adopt an Action Plan to implement the Strategy for Improving the Position of Persons with Disabilities in the Republic of Serbia for the period 2020-2025 and secure sufficient funding in the national budget and local self-government budgets specifically aimed at improving the position of persons with disabilities.

14.3 Other relevant evidence

Not applicable.

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