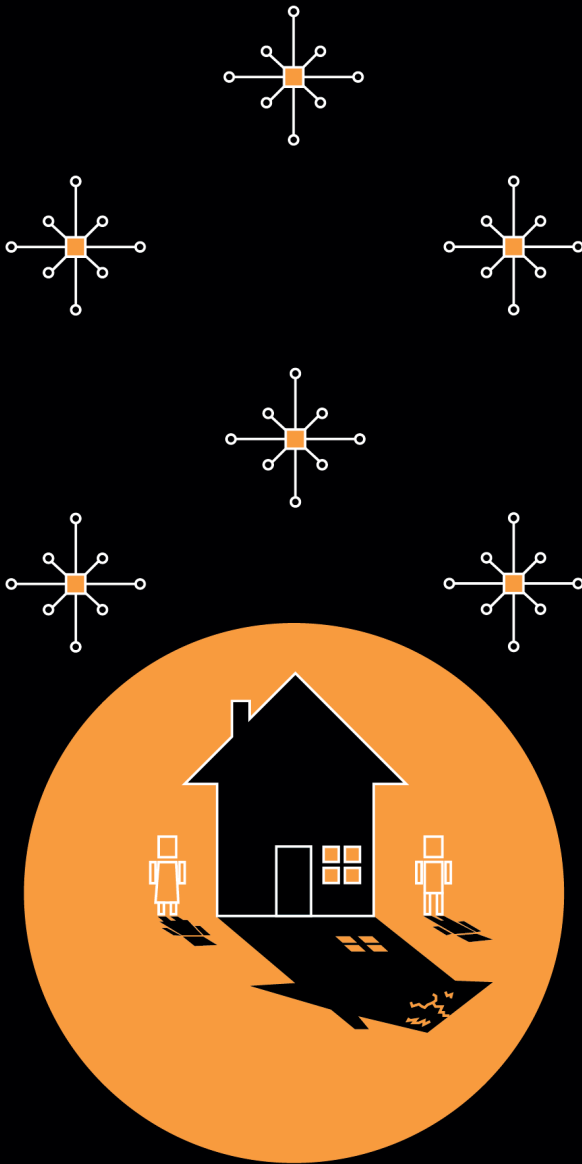


Living and dwelling:

*The resilience of vulnerable
groups in Serbia during the
Covid-19 pandemic*

TANJA JAKOBI





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This project is financed by
the European Union



Title

Living and Dwelling: The resilience of vulnerable groups
in Serbia during the Covid-19 pandemic

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Published by

Public Policy Research Center,
Belgrade, 2023

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Design

Sonja Lundin

Printed by

Mala Knjiga,
Novi Sad

Print run

100

CIP - Каталогizacija u publikaciji
Narodna biblioteka Srbije, Beograd

364.65-058.5(497.11)
364.4-058.5(497.11)
616.98:578.834(497.11)

JAKOBI, Tanja, 1963-

Living and dwelling: the resilience of vulnerable groups in Serbia during the
covid-19 pandemic / Tanja Jakobi ;
[translated by Uroš Vasiljević, Ivana Ikodinović]. - Beograd: Association CENTER,
Public Policy Research Center,
2023 (Novi Sad : Mala knjiga). - V, 58 str. : ilustr. ; 23 cm

Izv. stv. nasl.: Život i stan / Tanja Jakobi. - Tekst štampan dvostubačno. - Tiraž 100.
- Napomene i bibliografske
reference uz tekst. - Bibliografija: str. 33-43. - Sadži i: Impact assessment of
government pandemic relief policies
on vulnerable groups, especially migrants and Roma / Aleksandar Vićentijević,
Stefan Marić

ISBN 978-86-89677-02-7

a) Маргиналне друштвене групе -- Социјално старање -- Србија б) Социјална
интеграција -- Маргиналне
друштвене групе -- Србија в) Ковид 19 -- Пандемија -- Социјални аспект
-- Србија

COBISS.SR-ID 111674633

This publication is produced with the assistance of the European Union.
The contents of this publication are the sole responsibility of Initiative A
11, International Rescue Committee, Roma Forum of Serbia and Public
Policy Research Centre and may in no way be taken to reflect the views
of the European Union.



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INTRODUCTION

The Covid-19 pandemic is considered the worst biological disaster observed in the recent past. Its unprecedented speed and spread made it a truly global event, and, moreover, it began in the year that was supposed to be an important milestone year for Sustainable Development Goals (SDGs), the Sendai Framework, and the Paris Agreement. (Shaw & Chatterjee, 2020:5). It not only affected global, regional, national, and local economies, but also hindered the achievement of SDGs, and, contrary to the Leave No One Behind promise, widened the current gaps (Wahba, 2022).

Dwelling conditions and the urban environment are the fundamental and often defining aspects for disaster risk management capacity. As with so many other areas, the Covid-19 pandemic has brought about major changes in this regard. Flooding, fires, and earthquakes result in temporary or permanent removal of populations from their dwelling places, homes, urban quarters, or rural areas and their relocation in more or less uniform collective accommodation spaces, where disaster survivors with different social statuses have relatively equal access to emergency relief measures introduced by local and national authorities. By contrast, quarantines, the first course of action in pandemics, and lengthy lockdown periods tie people firmly to their temporary or permanent places of residence (Carteni, et al. 2020; Connolly, et al. 2020).

The facilities available in one's living space, its siting in a rural or urban location, and its infrastructural connections with emergency management institutions and authorities largely determine one's ability to adapt, absorb shocks, and recover (Wade, 2020; Duggal, 2020; Mishra, et al. 2020; Qian & Fan, 2020).

A space provided with electricity, hot water, and internet access, with a sufficient number of rooms and sanitary blocks, allows its dwellers to practise good hygiene (Naddeo & Liu, 2020; Bhowmick, et al. 2020; Sharifi & Khavarian-Garmsir, 2020),

isolate sick household members, regularly receive updates on emergency measures via television and online, and continue to receive education or work from home (WIEGO, 2021), without having to interrupt their work and face reduced incomes (Kihato & Landau, 2020). Conversely, during the Covid-19 pandemic, groups that can be described as (i) 'people without accommodation', (ii) 'people living in temporary or crisis accommodation', and (iii) 'people living in highly inadequate and precarious accommodation' have all faced distinct institutional, social, and cultural challenges. In other words, those challenges go beyond those experienced by most people affected by the economic crisis brought about by Covid-19 (Fujita, et al. 2020; Qian and Fan, 2020; Crețan & Light, 2020; Krzysztofik, et al. 2020).

Apart from living space, the broader urban context also affects the frequency of infection and the ability to receive treatment and recover (Wasdani & Prasad, 2020; Biswas, 2020; de Oliveira and de Aguiar Arantes, 2020). Air quality (Xu, et al. 2020; Yao, et al. 2020; Coccia, 2020; Berman and Ebusu, 2020; Conticini, et al. 2020), the presence of green spaces, regular waste removal, availability of transportation and the ability to use public transport whilst observing social distancing requirements, closeness to or distance from primary, secondary, and tertiary healthcare institutions equipped to provide medical aid are all major factors determining how populations have faced the crisis (Macchia, et al. 2021; von Seidlein, et al. 2021).

Last but not least, housing and urban circumstances affect the capacity of individuals and communities to create the human and social capital that is a major driver of community resilience (Kihato & Landau, 2020; Finn and Kobayashi, 2020; Mendes, 2020; Anđelković & Kovač, 2016).

This study focuses on two vulnerable groups¹ who lived in temporary or crisis accommodation or inadequate and

¹ Vulnerable groups are those excluded from individual or multiple aspects of social life, living in poverty or exposed to risks of being excluded and ending up in a state of poverty. This definition follows the *Third National Report on Social Inclusion and Poverty Reduction in the Republic of Serbia for the Period 2014-2017 and Future Priorities*, 2018, p. 376,

precarious housing even before the Covid-19 pandemic. These are the residents of several hundred substandard Roma settlements² that have no running water or lack access to clean drinking water, sewerage, or electricity, or all of the three (Social Inclusion and Poverty Reduction Unit, 2021) and migrants/asylum seekers/refugees³ placed in accommodation of differing

available at socijalnoukljucivanje.gov.rs/wp-content/uploads/2019/02/Treci_nacionalni_izvestaj_o_socijalnom_ukljucivanju_i_smanjenju_siromastva_2014%E2%80%932017_eng.pdf.

2 Following the definition of UN-Habitat (2006), a 'substandard settlement' means a settlement formed of structures/dwellings of predominantly poor quality (constructed using inadequate building methods and/or poor quality materials; dilapidated through lack of maintenance and similar issues; and potentially hazardous to their inhabitants) and has one or more of the following characteristics: inadequate access to drinking water (no or deficient water supply network or wells); inadequate access to sanitation (no or deficient sewerage network or septic tanks; no functioning toilets in dwellings); lack of security of tenure (including absence of clear title to buildings and land/parcels in the settlement); and overcrowding, as measured either by the average population density per unit of surface area of the settlement or by the number of members in each household (less than 8 square metres per person) (Vuksanović-Macura & Jakobi, 2021:14). For the purposes of this study, a substandard Roma settlement means a settlement and/or location primarily inhabited by ethnic Roma. In the absence of a universally accepted definition, this study based its term substandard settlement on the definitions of 'slum' and 'slum household'. See UN-Habitat (2006). *State of the world's cities 2006/7*. Nairobi: UN-Habitat, Earthscan.

3 'Migrant' means a person on the move. Not universally defined in international law, this word is increasingly being used as an umbrella term for people who often change their place of residence, regardless of whether they have had to leave their country for fear of persecution or in search of a better life. 'Asylum seeker' means a foreign national who has applied for asylum in Serbia pending a final decision in their case. 'Refugee' means a foreign national who is outside their country of origin for justified fear of persecution due to their race, gender, language, religion, ethnicity or social background, or political affiliation, and is unable due to such fear to place themselves under the protection of that country, as well as a stateless person who is outside their country of usual residence and cannot or is unable to return to that country due to such fear. These definitions of asylum seeker and refugee are set out in the Serbian Law on Asylum and Temporary Protection (*Official Gazette of the Republic of Serbia* No. 24/2018). For the purposes of this study, the term 'migrant/refugee' and 'asylum seeker' are used interchangeably, and, where either status entails particular rights of access to housing and other services, these are specifically highlighted.

quality in reception/asylum centres⁴ or outside these facilities,⁵ who had, before the pandemic, lived in unhygienic conditions, deprived of privacy and with access to insufficient number of sanitary facilities.⁶

The study examined the linkages between the urban environment and dwelling conditions and the resilience of vulnerable groups during the Covid-19 pandemic. The approach relied on an overview of the relevant literature and a field survey conducted in ten local authority areas throughout Serbia where the sample comprised women, men, and children from the local Roma population; returnees under readmission agreements, internally displaced persons (IDPs) and migrants/asylum seekers, including men, women with children, families and unaccompanied children;⁷ and representatives of local authorities, inclusion initiatives, independent institutions,

4 Reception centres for migrants/asylum seekers/refugees are transit facilities where these individuals can access temporary accommodation and receive food and water as well as medical aid and other assistance. This is where they are issued registration certificates as proof of their intention to seek asylum, which they can use to enter their assigned asylum centre within the following 72 hours. Asylum centres provide accommodation for refugees whilst their asylum cases are reviewed. The centres also offer all other basic necessities, such as clothing, footwear, food, and hygiene products. Residents can enter and leave all asylum centres freely. See azilsrbija.rs/zastita-i-prihvat.

5 In normal circumstances, many migrants live outside organised centres, in wooded areas and improvised accommodation. See, for instance, danas.rs/vesti/drustvo/komesarijat-u-prihvatnim-centrima-5-082-migranta-van-njih-jos-oko-2-000.

6 AIDA ECRE Country Report: Serbia, 2021. This report is part of the Asylum Information Database (AIDA), managed by the European Council on Refugees and Exiles (ECRE) and funded by the European Programme for Integration and Migration (EPIM), and is a joint initiative of the Network of European Foundations and the European Union Asylum, Migration and Integration Fund (AMIF).

7 'Unaccompanied child' is defined in the Serbian Law on Asylum and Temporary Protection (*Official Gazette of the Republic of Serbia* No. 24/2018) as a foreign national under 18 years of age who is not accompanied, when entering Serbia, by a parent, legal guardian, or other adult responsible for them, or who is left unaccompanied, after entering Serbia, by a parent, legal guardian, or other adult responsible for them.

and local and international non-governmental organisations (NGOs).⁸

The study sought to answer two broadly based research questions: whether the principle of inclusion was respected in Serbia's efforts to manage disaster risk, and what outcomes these actions have had on the socio-economic position of vulnerable groups.

The goal of this study is to highlight the obstacles faced by residents of substandard Roma settlements and migrants/asylum seekers in accessing support measures made available to the population at all stages of the emergency response to the Covid-19 pandemic, present the long-term consequences of the lack of inclusive urban development to the risk exposure of these communities and their quality of life, and offer recommendations for tighter links between inclusive urban planning, emergency action, and creation of social and human capital by vulnerable groups in Serbia in the context of achieving the SDGs.

This study is divided into seven sections: introduction, strategic and conceptual framework, background, methodological approach, findings, discussion of findings, conclusions and recommendations.

STRATEGIC FRAMEWORK FOR DISASTER RISK REDUCTION AND SUSTAINABLE DEVELOPMENT

THE SENDAI FRAMEWORK

Even though much research has been done after the outbreak of the coronavirus pandemic, relatively few of these studies deal with interconnections between biological hazards, emergency action frameworks, and urban development (Targhi, Fardnava &

⁸ A detailed description of the methodology is provided in the relevant section.

Saghafi 2021). This section outlines the conceptual framework for the present study and describes the strategic documents relevant for Covid-19, as well as endeavouring to consider disaster response, sustainable urban development, and sustainable development in the light of Covid-19.

A pandemic is an example of a biological hazard, which are hazards that may be either 'of organic origin or conveyed by biological vectors' and are defined by characteristics such as 'infectiousness or toxicity, dose-response, incubation period, case fatality rate and estimation of the pathogen for transmission' (United Nations General Assembly, 2016).

As such, pandemics belong to the broad spectrum of hazards, where a hazard is defined by the United Nations Office for Disaster Risk Reduction (UNDRR) as 'a process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation'.⁹

The Sendai Framework for Disaster Risk Reduction, 2015–2030 (SDRR) (UNISDR, 2015) explicitly mentions epidemics and pandemics as biological hazards (Aitsi-Selmi, & Murray, 2016). The SDRR is the starting point for emergency action, and, unlike its predecessor document, the Hyogo Framework for Action: Building the Resilience of Nations and Communities to Disasters (HFA) (UNISDR, 2005), introduces prevention and preparedness as integral parts of emergency action (UNISDR, 2015). This is essentially the most important innovation of the Sendai Framework, as disaster risk prevention and reduction mitigate the challenges of managing residual risk in the disaster risk management (DRM) process. Such comprehensive planning and action builds resilience and so helps achieve sustainable development.

Disaster risk prevention and reduction entail a number of aspects: risk awareness; risk assessment; hazard, vulnerability, and capacity analysis; knowledge development, including

⁹ All definitions in this chapter follow terms used by the UNDRR, available at undrr.org/terminology.

education, training, research, and information; public commitment, including the development of an institutional framework that features the appropriate policies; development of organisational capacity and legislative framework; and involvement of local community knowledge in planning. At the same time, DRM entails environmental management; protection of critical infrastructure; application of science and technology, partnership, networking, and financial instruments; development of early warning systems, including prediction; warning dissemination; preparedness measures; and response capacity-building.

Community-based disaster risk management promotes the inclusion of potentially affected communities in disaster risk management at the local level. This includes community assessments of hazards, vulnerabilities and capacities, and their involvement in planning, implementation, monitoring and evaluation of local action for disaster risk reduction.

The importance of urban planning and urban development as integral elements of DRM is recognised at all levels of DRM. Better land use planning or development of disaster-resilient water supply systems are examples of preventive DRM that recognises risks that may materialise if appropriate planning is not undertaken.

Corrective disaster risk management activities address and seek to remove or reduce disaster risks which are already present and which need to be managed and reduced now. Examples are the retrofitting of critical infrastructure or the relocation of exposed populations or assets.

Compensatory disaster risk management activities strengthen the social and economic resilience of individuals and societies in the face of residual risk that cannot be effectively reduced. They include preparedness, response and recovery activities, but also a mix of different financing instruments, such as national contingency funds, contingent credit, insurance and reinsurance and social safety nets.

This comprehensive approach introduced by the Sendai Framework aims at strengthening the resilience of communities and their adaptive and transformational capacity to face, respond to, overcome, and recover from risks by building back better (UNISDR, 2017).

SUSTAINABLE DEVELOPMENT

Sustainable development cannot be attained while disasters continue to undermine economic growth and social progress.¹⁰ As such, disaster risk reduction is an integral part of investing in sustainable development in the international context (Alkire, 2010). The concepts of resilience and disaster risk reduction are the common overarching theme of all SDGs (2030 Agenda) (UN, 2015), regardless of whether these concern social issues, the environment, or human or labour rights (Anđelković & Kovač, 2016).

Sustainable Development Goal 11, Make cities and human settlements inclusive, safe, resilient and sustainable, is the sole exclusively urban-planning related objective of the 2030 Agenda (Caprotti, 2017). It requires signatory countries to ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums (Target 11.1), ensure access to safe, affordable, accessible and sustainable transport systems for all (Target 11.2), enhance inclusive and sustainable urbanisation and capacity for participatory, integrated and sustainable human settlement planning and management (Target 11.3), reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters (Target 11.5), and reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management (Target 11.6).

According to Vaidya and Chatterji (2020), SDG 11 demonstrates the transformational power of urbanisation on ending poverty (SDG 1), quality education (SDG 4), clean water and sanitation

¹⁰ [Implementing the Sendai Framework to achieve the Sustainable Development Goals, unisdr.org/files/50438_implementingthesendaiframeworktoach.pdf](https://www.unisdr.org/files/50438_implementingthesendaiframeworktoach.pdf).

(SDG 6), affordable and clean energy (SDG 7), decent work and economic growth (SDG 8), and climate action (SDG 13).

Sustainable Development Goal 11 elaborates on the principles of the 2016 New Urban Agenda (Habitat III),¹¹ another key transformational document that links sustainable and participatory urban development, sustainable financing, support for poverty reduction, and creation of partnerships between national and local governments, civil society organisations, and associations of citizens and professional planners and their professional associations in achieving the objectives set by the Agenda.

URBAN DEVELOPMENT AND SUSTAINABILITY

The Covid-19 pandemic has given a new impetus to considerations of building sustainable and resilient cities and sustainable urban development (Cheshmehzangi, 2020). The coronavirus pandemic has posed particular risks for a variety of urban contexts, such as dense, unplanned urban agglomerations, distant outlying areas of urban centres with poor connections to infrastructure, and urban pockets that are home to marginalised groups condemned to poverty and housing conditions that deprive them of the ability to meet their basic sanitation needs (Targhi, Fardnava & Saghafi, 2021; Hu & Takahashi, 2021; Geekiyanage, Fernando & Keraminiyage, 2020).

Pandemic response involves interventions to urban planning and urban development. Urban planning is the production of plans, regulation and management of cities and their subsections and broader environments (urban agglomerations), and the ordering of social and economic spatial relationships at various levels of governance and management. The social impacts of urban planning important for the pandemic context are obstacles/access to resources, gentrification, urban renewal and regeneration, and social exclusion (Targhi, Fardnava & Saghafi 2021).

¹¹ UN-HABITAT (2016). Goal 11: Make cities inclusive, safe, resilient and sustainable. Available at un.org/sustainabledevelopment/cities, accessed on 8 August 2022.

Particular attention has been devoted to substandard settlements and slums, which the scant literature devoted to the impact of pandemics on cities produced before Covid-19 highlighted as urban areas especially susceptible to rapid spread of infections (Matthew & McDonald, 2006). Although slums differ between countries, their shared trait is overpopulation, leading to faster infection (Lilford, et al. 2017), whilst limited or no access to water hinders preventive measures such as hand washing, self-isolation, and physical distancing, exacerbated by confined spaces inhabited by many family members and where one toilet is used by multiple households (Tampe, 2020). Therefore, the lack of prerequisites for preventive measures heightens the risk and increases the likelihood of fatal outcomes for slum dwellers, who often suffer from other chronic non-communicable diseases, such as diabetes and obesity, to a disproportionately greater extent than other populations (Snider, et al. 2017). In this regard, diabetes and being overweight have been recognised as particularly significant risks in Covid-19 patients (Flint & Tahrani, 2020).

Comprehensive quarantine, isolation, and mass testing have also been considered in the context of preventing and limiting infections in the migrant/asylum seeker/refugee population (Turunen, et al. 2021; Jahn, Hintermeier & Bozorgmehr, 2022). Researchers have been investigating a range of issues, including accommodation in large reception/transit and asylum centres and dispersed spaces, such as social or private housing; social stigma and isolation of migrants/asylum seekers/refugees as allegedly prone to poor hygiene; frequency of social and gender-based violence and anxiety in the confined spaces of reception/asylum centres (Bukuluki, et al. 2020); and uncertain livelihoods of migrants/asylum seekers/refugees due to restrictions on their freedom of movement.

The Covid-19 pandemic has also caused a re-assessment of ingrained ideas of sustainable and healthy cities. These new views reflect the specific risks introduced by the pandemic, including the inability to use public spaces and confinement indoors, which have had wide-ranging impacts on human health, such as depression, isolation, aggression, stress, and

physical illness due to inactivity, absence of contact with other people, and inability to undertake daily chores (Shahbazian, 2021). Here, for instance, it has been suggested that new urban redesign strategies for housing units, buildings, public spaces, squares, green spaces, and recreation areas ought to consider the challenges brought about by the pandemic with regard to ventilation, access to water, removal of medical and household waste, and arrangement of housing units. These individual homes should be planned so as to accommodate the various activities and needs of household members (such as remote working, remote learning, exercise, and access to a healthy environment) when the spaces specifically envisaged for these purposes – schools, offices, gyms, parks, and squares – are off limits (Shahbazian, 2021).

In brief, the pandemic has caused a re-assessment of the sustainability and resilience of cities, as well as re-affirming the significance of planners' current efforts to prepare cities to respond to and recover from major risks at minimum damage to public safety and health, the economy, and society (Klein, et al. 2003), and whilst considering the various challenges related to population concentrations in urban areas and the intensity of pressure on public infrastructure (Bruch & Goldman, 2012; Smith & Petley, 2009).

The experience of the pandemic has also confirmed the need for thinking about the sustainability of cities in the context of their ability to allow large numbers of people to work and live together in a relatively small space (Macomber, 2013; Obianyo, et al. 2021) that is a good place to live (Elkin, et al. 1991; Leff, 1990), is characterised by a balance between the environmental, economic, and social dimensions of development (Rogers, et al. 2008), accessibility of healthcare, emergency medical services, infrastructure, and high-quality social protection (Cheshmehzangi, 2020) and well-developed digital infrastructure. This final consideration has been particularly emphasised by the pandemic (Shaw, Chatterjee & Dabral, 2020).

The challenges of isolation and stigma faced by vulnerable populations during the pandemic reflect another key concept,

that of socially sustainable cities. This means cities able to allow harmonious development of a civil society where culturally and socially heterogeneous groups are able to cohabit, which encourage social integration, and which take care that the quality of life is improved for all segments of the population (Stren & Polese, 2000).

The resilience of individuals and communities – their social capital – is closely linked with the resilience and sustainability of cities (Lazarević, et al. 2018; Anđelković & Kovač, 2016). The latter is most commonly understood as improvement of the physical assets of the community, even though sociological research has revealed investing in physical infrastructure cannot prevent and/or mitigate all risks and eliminate vulnerability (Aldrich, 2010).

For this study, it was particularly relevant to understand the role of social capital in strengthening the resilience of communities (Anđelković & Kovač, 2016). Here, the definition of social capital proposed by Putnam (2000) as 'links between individuals - social networks, and the rules of reciprocity and trustworthiness from which they arise' is interpreted in the context of local communities and all other forms of association that have the potential of bridging and linking the social fabric. This 'bridging social capital' permits connections between stakeholders who are not necessarily closely linked by personal and family ties (Ignjatović & Tomanović, 2011) and is a significant resource for overcoming crises and emergencies with help from family members, friends, and the broader community (Anđelković & Kovač, 2016).

Woolcock differentiates between bonding, bridging, and linking social capital, with these designations reflecting the quality of relationships between neighbours, with people outside the community, and in relation to local authorities (Woolcock, 1998). This has proven particularly relevant during the Covid-19 pandemic, when some vulnerable groups have seen their already weak ties with the broader community severed, in parallel with the spread of rumours about their failure to observe health safeguards and being a source of infection (IOM, 2021).

Participatory decision-making, involving the public in discussions about how cities develop, from formulating future visions to constructing missing features and designing housing communities, where answers come from the bottom rather than the top, is a theme that pervades all these strategic documents and ties together the concepts of sustainable and resilient cities and communities and social capital creation (Mirkov, 2012; Hardoy, Gencer & Winograd, 2019). In this context, the devastating impact of the pandemic is seen as the consequence of imposing an urban development approach that involves top-down decision making, alienating community members (Dias, 2018) and making residents merely users rather than stakeholders in risk-sensitive urban development (Nahayo, et al. 2017; Haaland & van Den Bosch, 2015; Geekiyana, Fernando, & Keraminiyaga, 2020; Da Mosto, et al. 2021), which ignores the knowledge and experiences of affected local communities.

BACKGROUND

This chapter provides a brief overview of global pandemic action, as well as of national and local measures deployed in Serbia, with particular focus on Roma living in substandard Roma communities and migrants/asylum seekers/refugees. The World Health Organisation (WHO) declared a global pandemic of the SARS-CoV-2 virus on 30 January 2020.¹² In the early days of the outbreak, governments across the world faced numerous issues in designing a co-ordinated national and international response to this type of emergency (Anderson, et al. 2021; Anderson, et al. 2020; Forman, et al. 2020). Many countries resorted to emergency powers to fulfil their duty of predicting the relevant hazards and be proactive (Stevanović & Đurđević, 2021; Nickel, 2016). These measures included large-scale movement restrictions, which brought into question their commitment to human rights and the rule of law (Braithwaite, et al. 2020;

¹² See World Health Organization. (2020). Timeline of WHO's response to COVID-19. Available at [who.int/news-room/detail/29-06-2020-covid-timeline](https://www.who.int/news-room/detail/29-06-2020-covid-timeline), accessed on 14 August 2022; and World Health Organization. (2020). WHO Director-General's Statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV), available at [who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-\(2019-ncov\)](https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)), accessed on 15 August 2022.

Venice Commission, 2020). Migrants and ethnic minorities faced particularly severe curbs on their freedom of movement (European Union Agency for Fundamental Rights, 2022; Shikova, 2021; Meghan, et al. 2021). Some of these were justified and helped combat the spread of the infection in reception camps, but others were motivated by stigma and resulted in breaches of human rights, which ought to remain guaranteed even amidst emergency response efforts (European Union Agency for Fundamental Rights, 2022; León, 2022; Shikova, 2021; Meghan, et al. 2021; Nickel, 2016; Milosavljević, 2015).

The UN issued instructions for managing the pandemic whilst respecting human rights standards to its member states in good time (Golubović, 2020, Social Inclusion and Poverty Reduction Team, 2020). Given the lack of experience in addressing similar emergencies, the UN drew countries' attentions to both poor and good practices (Golubović, 2020). From the very outset, senior UN officials invited nations to show solidarity and sympathy with vulnerable groups,¹³ called on countries to refrain from excessively limiting their movement, and, especially importantly in the context of this study, advised them to take emergency measures to help people without appropriate accommodation. This mainly involved groups living in overcrowded conditions, the homeless, and all others without access to water and sewerage. UN member states were advised to provide accessible accommodation and care services if they were infected and had to self-isolate.¹⁴

In these statements, UN representatives sent clear messages to the world's countries to allow vulnerable groups to take part in shaping national plans for tackling Covid-19, including prevention, testing, and treatment arrangements,¹⁵ strengthen

¹³ Statement by Filippo Grandi, UN High Commissioner for Refugees, about the Covid-19 crisis. Published on 19 March 2020. Available at [unhcr.org/rs/14397-14397.html](https://www.unhcr.org/rs/14397-14397.html). Accessed on 14 November 2022.

¹⁴ Office of the United Nations, High Commissioner for Human Rights. (2020). COVID-19 Guidance. Available at [ohchr.org/sites/default/files/Documents/Events/COVID-19_Guidance.pdf](https://www.ohchr.org/sites/default/files/Documents/Events/COVID-19_Guidance.pdf).

¹⁵ WHO. (2020). OHCHR, IOM, UNHCR and WHO joint press release: the rights and health of refugees, migrants and stateless must be protected in COVID-19 response. Available at bit.ly/2yOifTB.

support measures, prevent pre-existing inequalities from deepening, and respect the Leave No One Behind principle.¹⁶

These measures were later vindicated when initial studies suggested the likelihood of Covid-19 infection amongst slum dwellers was some four times as high as for populations enjoying better housing conditions (Macchia, et al. 2021; Seidlein, et al. 2021). One early investigation of the impact of Covid-19 on refugees and asylum seekers in Greece showed that, during the first wave of the pandemic, from February to June 2020, the risk of coronavirus infection was 28 times greater for migrants/asylum seekers than for the local general population; as the outbreak progressed and health restrictions were imposed, the risk was reduced to 2 to 3 times that of the general population. Similar studies demonstrated that the risk of infection was largely dependent on housing conditions (Kondilis, 2021; Stojanović, et al. 2022).

Pandemic management in Serbia and compliance with international human rights standards

Serbia's first case of Covid-19 was registered on 6 March 2020.¹⁷ The country imposed a state of emergency as late as 15 March 2020,¹⁸ after the authorities had initially downplayed the seriousness of the outbreak (Trifković, 2020; Stevanović & Đurđević, 2021), with a SARS-CoV-2 epidemic declared five days later.¹⁹ To manage the pandemic, the Serbian Government created a medical and a non-medical emergency response committee, two bodies not envisaged under the country's current emergency action framework (Dimitrijević & Panić, 2022;

¹⁶ Office of the United Nations High Commissioner for Human Rights. (2020). COVID-19 GUIDANCE. Available at ohchr.org/sites/default/files/Documents/Events/COVID-19_Guidance.pdf, accessed on 14 November 2022.

¹⁷ At the time of writing, in late 2022, the pandemic remains ongoing but infection rates are low, according to data published on the Serbian Government's official Covid-19 website at covid19.rs, accessed on 14 November 2022.

¹⁸ Vlada Republike Srbije. (2020). Odluka o proglašenju vanrednog stanja. *Službeni glasnik RS 20/2020, od 4.3.2020.*

¹⁹ Vlada Republike Srbije. (2020). Naredba o proglašenju epidemije zarazne bolesti COVID-19. *Službeni glasnik RS 37/2020, od 19.3.2020.*

Štrbac & Tomić, 2021; Milić, 2022). Other entities designated by law as key for pandemic response, such as the National Expert Group for Communicable Diseases, were side-lined (Dimitrijević & Panić, 2022). Along with the emergency response committees, emergency management units were also set up in compliance with the institutional framework. At the local level, these bodies comprised social inclusion mechanisms (mobile social inclusion teams in local authority areas where these existed), healthcare institutions, centres for social work, schools, the National Employment Service, the Red Cross, health mediators, learning assistants and Roma co-ordinators,²⁰ as well as migration councils, with similar composition (healthcare institutions, centres for social work, schools, National Employment Service, and KIRS, the Serbian Commissariat for Refugees and Migration).

Emergency response mechanisms were completely subordinated to the central level, especially at the start of the pandemic.²¹ This was particularly true of local mechanisms of action. It was only at the later stages of the pandemic response that they were granted limited ability to independently assess and manage the situation in accordance with their legal powers (Dimitrijević & Panić, 2022). Civil society organisations were excluded from proposing and planning additional measures such as prevention, testing, and treatment of vulnerable groups (Pajvančić, et al. 2020), although this had been envisaged by the government order setting up local emergency management units.²² In common with earlier emergencies, civil society was involved only in aid distribution.^{23 24}

²⁰ Vlada Republike Srbije. (2020). Uredba o sastavu, načinu i organizaciji rada štabova za vanredne situacije. *Službeni glasnik RS 27/2020 od 13.3.2020.*

²¹ Erceg, V. (2020). Upravljanje vanrednim situacijama – Sistem za neko drugo vreme. Available at otvorenarappravosudja.rs teme/ustavno-pravo/upravljanje-vanrednim-situacijama-sistem-za-neko-drugo-vreme.

²² Vlada Republike Srbije. (2020). Uredba o sastavu, načinu i organizaciji rada štabova za vanredne situacije. *Službeni glasnik RS 27/2020 od 13.3.2020.*

²³ Tim za socijalno uključivanje i smanjenje siromaštva. (2021). Održan Tehnički sastanak o socijalnom uključivanju Roma i Romkinja u Republici Srbiji. Available at socijalnoukljucivanje.gov.rs/rs/odrzan-tehnicki-sastanak-o-socijalnom-ukljucivanju-roma-i-romkinja-u-republici-srbiji.

²⁴ The reasons for this sub-optimal response are outlined in the theoretical and strategic response section. For another perspective on the choice of action during the Covid-19 pandemic, see MONS. (2020). Pandemijske lekcije za politiku i sistem odbrane Republike Srbije. Available at mons.rs/

The Social Inclusion and Poverty Reduction Unit (SIPRU) was a key body tasked with collecting data, supervising aid distribution, and evaluating support measures aimed at assisting vulnerable groups during the pandemic.²⁵ The SIPRU worked with the UN Human Rights Unit in Serbia, and with the support of the Office of the UN High Commissioner for Human Rights (OHCHR), to undertake a series of studies in 2020 and 2021 into the position of vulnerable groups during the Covid-19 pandemic, as well as tracking developments in the field and monitoring the distribution of emergency aid, such as packets of personal hygiene products and technical equipment for schools.²⁶

In common with other states, at the start of the pandemic Serbia introduced movement restrictions for members of the public²⁷ and special quarantine measures for those entering the country.²⁸ The lockdown was particularly strict for those aged 65 and over and residents of care homes, Serbian nationals returning from abroad, migrants/asylum seekers, and refugees.²⁹ Unlike some countries in the region (such as Slovakia and Bulgaria), Serbia did not restrict the Roma population to

their substandard settlements, but these communities had also been segregated beforehand.³⁰

According to many experts and NGOs, restrictions on the movement of vulnerable groups resulted in some human rights breaches, whilst the decisions were at odds with Serbian legislation. Even though, for instance, reception/asylum centres were locked down to prevent coronavirus from entering,³¹ the severity and scope of this and other movement restrictions have been criticised over both possible human rights violations and procedural infringements and the impact on the welfare of the overall population³² and some vulnerable groups (Golubović, et al. 2020; Kovačević, 2020; Beogradski centar za ljudska prava, 2020; Stojanović, et al. 2021).

For instance, migrants/asylum seekers/refugees, most of whom had left their countries due to war and armed conflict, were re-traumatised during the state of emergency in Serbia when the decision was taken for their reception/asylum centres to be guarded by armed Serbian soldiers³³ and police officers.

pandemijske-lekcije-za-politiku-i-sistem-odbrane-republike-srbije, accessed on 11 December 2022.

25 The SIPRU was a body attached to the Office of the Serbian Prime Minister until it ceased to operate in 2021 with the end of the donor assistance it required to function.

26 As will be seen below, many of the SIPRU's findings came too late, as a number of measures to help vulnerable groups were being implemented in parallel, and these were informed by other data collected ad hoc.

27 For a summary overview, see Otović, N. (2020). Ograničenja prava kretanja i okupljanja građana za vreme trajanja vanrednog stanja proglašenog usled epidemije zarazne bolesti COVID-19. Available at paragraf.rs/koronavirus/strucni-komentari/ogranicenje-kretanja-zabrana-okupljanja.html.

28 Insajder (2020). Vojska Srbije odmaralište na Fruškoj gori pretvorila u karantin za one koji dolaze iz inostranstva. Available at insajder.net/arhiva/vesti/vojska-srbije-odmaraliste-na-fruskoj-gori-pretvorila-u-karantin-za-one-koji-dolaze-iz-inostranstva, accessed on 8 August 2022.

29 Vlada Republike Srbije (2020). Odluka o privremenom ograničavanju kretanja tražilaca azila i iregularnih migranata smeštenih u centrima za azil i prihvatnim centrima u Republici Srbiji. *Službeni glasnik RS 32/2020 Od 16.3.2020.*

30 Zaštitnik građana (2020). Poseban izveštaj Zaštitnika građana: Uslovi u romskim naseljima u situaciji vanrednog stanja i primene mera zaštite usled epidemije koronavirusa (COVID - 19). Available at ombudsman.rs/index.php/izvestaji/posebnii-izvestaji/6608-19, accessed on 20 November 2022.

31 Beogradski centar za ljudska prava (2020). Ograničenje kretanja tražilaca azila tokom trajanja vanrednog stanja i pandemije korona virusa. Available at bgcentar.org.rs/ogranicenje-kretanja-trazilaca-azila-tokom-trajanja-vanrednog-stanja-i-pandemije-korona-virusa.

32 During the state of emergency, the Constitutional Court received 66 petitions to investigate the constitutionality and legality of regulations imposing the state of emergency and the various response measures, based on which the Court considered ten different cases. For a detailed discussion, see yucom.org.rs/wp-content/uploads/2020/11/Yucom_Covid_layout_SRP_all.pdf.

33 The Serbian Armed Forces were tasked with maintaining public order in Belgrade; controlling border crossings and migrant camps; providing security for hospitals and care homes; guarding the Belgrade and Niš airports and the intercity bus stations of Belgrade, Niš, Novi Sad, and Pančevo; disinfecting public spaces; constructing and guarding quarantine reception camps; constructing and guarding temporary hospitals; and the like. For a detailed discussion, see MONS. (2020). Pandemijske lekcije za politiku i sistem odbrane Republike Srbije. Available at mons.rs/pandemijske-lekcije-za-politiku-i-sistem-odbrane-republike-srbije.

Migrants/asylum seekers/refugees were also stigmatised by stigma verbal accusations of transmitting the virus, with informal groups seeking to gain forcible entry into the reception/asylum centres,^{34 35} (Stojanović, et al. 2021; Trifković, et al. 2020; Golubović, et al. 2020, Kovačević, 2020; Beogradski centar za ljudska prava, 2021). The general lockdown prevented Roma living in substandard Roma settlements from picking waste, which deprived them of livelihoods at the early stage of the pandemic, when no aid whatsoever was provided to these households.³⁶

Some of these lockdown restrictions were later relaxed or removed,³⁷ either as it proved impossible to provide appropriate quarantine facilities for Serbians returning from abroad³⁸ or, for migrants/asylum seekers/refugees, under pressure from international and local watchdogs, NGOs, and the public.³⁹ Some of the curbs (for the over-65s) remained in force somewhat longer, as the Constitutional Court ruled they were not discriminatory.⁴⁰ As the pandemic progressed, lockdowns, social distancing rules, and restrictions on public gatherings

continued in effect,⁴¹ but the public could freely decide whether or not to comply.⁴²

Managing the pandemic entailed enacting a number of measures that affected the usual functioning of urban communities, yet very few of these actions were aimed at improving the housing/accommodation conditions of vulnerable groups. Some constraints that impacted the entire public were a temporary ban on inter-city public transportation, changes to timetables of urban transport lines, restrictions on businesses' working arrangements, including special permits allowing key workers to commute during lockdowns,⁴³ and changes to operations of public utilities and services (including enhanced cleaning and disinfection of public spaces and buildings and a shift to remote working, including by the police, schools, and social and healthcare institutions). Existing healthcare facilities introduced new services, whilst other spaces (such as fairgrounds and sports halls) were adapted for medical and quarantine use. Military facilities and other structures were re-purposed to house migrants and Serbian nationals returning from abroad. Dedicated healthcare institutions were later constructed as the pandemic progressed.⁴⁴

These actions had far-reaching consequences on the day-to-day lives of members of the public and ability to exercise a variety of rights, including access to personal documents, social protection and healthcare, education, and employment. It was only later

34 BBC (2020). Naseljavanje migranata u Srbiji i korona virus: Kako epidemija utiče na širenje lažnih vesti i antimigrantskih stavova. Available at [bbc.com/serbian/lat/srbija-52524776](https://www.bbc.com/serbian/lat/srbija-52524776), accessed on 15 November 2022.

35 Zaštitnik građana (2020). Nacionalni mehanizam za prevenciju torture, praćenje postupanja prema migrantima i tražiocima azila: Izveštaj o posetama prihvatnim centrima u Obrenovcu i Adaševcima. Available at ombudsman.rs/attachments/article/6719/Izvestaj.pdf.

36 Matković, G. (2020). Mreže socijalne sigurnosti u vreme COVID-19 krize. Available at socijalnouljudjucivanje.gov.rs/rs/mreze-socijalne-sigurnosti-u-vreme-covid-19-krize-2, accessed on 5 November 2022.

37 Vlada Republike Srbije (2020). Naredba o ograničenju kretanja na prilazima otvorenom prostoru i objektima prihvatnih centara za migrante i centara za azil. *Službeni glasnik RS 66/2020 od 7.5.2020*.

38 *Danas* (2020). Ministarstvo odbrane: Netačne i zlonamerne tvrdnje o stanju u Prihvatnom centru u Subotici. Available at [danas.rs/vesti/drustvo/ministarstvo-odbrane-netacne-i-zlonamerne-tvrdnje-o-stanju-u-prihvatnom-centru-u-subotici](https://www.danas.rs/vesti/drustvo/ministarstvo-odbrane-netacne-i-zlonamerne-tvrdnje-o-stanju-u-prihvatnom-centru-u-subotici), accessed on 4 August 2022.

39 Vlada Republike Srbije (2020). Naredba o prestanku važenja Naredbe o ograničenju kretanja na prilazima otvorenom prostoru i objektima prihvatnih centara za migrante i centara za azil. *Službeni glasnik RS 74/2020 od 14.5.2020*.

40 Constitutional Court of Serbia, Ruling IUo-45/2020, published on 25 October 2020, available at propisi.net/odluka-ustavnog-suda-rs-broj-iuo-45-2020, accessed on 20 November 2022.

41 At the time of writing, epidemiologists believed Serbia had gone through seven waves of the pandemic, with a fresh wave possible during the winter of 2022-23. See *Danas* (2020). Pandemija nije gotova, sada se treba pripremati za novi talas. Available at [danas.rs/vesti/drustvo/zoran-radovanovic-pandemija-nije-gotova-sada-se-treba-pripremati-za-novi-talas](https://www.danas.rs/vesti/drustvo/zoran-radovanovic-pandemija-nije-gotova-sada-se-treba-pripremati-za-novi-talas); and *Danas* (2020). Srbija već ušla u sedmi talas korona virusa, epidemijom niko ne rukovodi. Available at [danas.rs/vesti/drustvo/dr-plavsic-srbija-vec-usla-u-sedmi-talas-korona-virusa-epidemijom-niko-ne-rukovodi](https://www.danas.rs/vesti/drustvo/dr-plavsic-srbija-vec-usla-u-sedmi-talas-korona-virusa-epidemijom-niko-ne-rukovodi), accessed on 14 November 2022.

42 See the Serbian Government's official Covid-19 website at covid19.rs.

43 Vlada Republike Srbije. (2020). Uredba o organizovanju rada poslodavaca za vreme vanrednog stanja. *Službeni glasnik RS 31/2020 od 16.3.2020*.

44 All government orders, instructions, decrees, and decisions enacted during the Covid-19 pandemic are available at paragraf.rs/svi-propisi-uputstva-za-sprecanje-sirenja-korona-virusa-covid-19.html.

during the latter stages of the first wave of the pandemic that policymakers began to focus on obstacles to accessing these rights caused by one's place of residence or dwelling, including access to water, sewerage, electricity, and internet, as well as ability to comply with preventive measures. The difficult position of vulnerable groups was initially highlighted by NGOs, who raised the issue with the European Court of Human Rights⁴⁵ and two Serbian watchdogs, the Ombudsman and the Equality Commissioner.⁴⁶ After visiting ten substandard Roma settlements in Belgrade (Čukarica), Kovin, Pančevo, Požarevac, and Kostolac in April and May 2020, the Ombudsman issued recommendations for national and local authorities to order the disinfection of all substandard Roma communities, especially those facing poor sanitary conditions; provide waste skips and ensure regular waste removal; permit uninterrupted water supply and access to drinking water for all residents of these settlements; permit access to electricity where this was technically feasible; increase the supply of aid packages with food and personal hygiene products; provide personal protective equipment and mask and gloves, and raise awareness amongst residents of Roma communities of protective measures to use in the event of a renewed outbreak; ensure one-off financial assistance payments were made as frequently as practicable; take all possible measures to allow children to attend remote learning sessions regularly; and ensure the return of health mediators to these settlements.⁴⁷ ⁴⁸ The authorities and

45 A11, inicijativa za ekonomska i socijalna prava (2020). Evropski sud za ljudska prava pokrenuo postupak protiv Srbije zbog izostanka podrške najugroženijima u borbi protiv korona virusa. Available at a11initiative.org/evropski-sud-za-ljudska-prava-pokrenuo-postupak-protiv-srbije-zbog-izostanka-podrške-najugroženijima-u-borbi-protiv-korona-virusa.

46 Janković, B. (2020). Preporuka mera Gradu Beogradu povodom stanja u neformalnom beogradskom naselju „Čukarička šuma“. Available at ravnopravnost.gov.rs/rs/preporuka-mera-gradu-beogradu-povodom-stanja-u-neformalnom-beogradskom-naselju-cukaricka-suma.

47 These had been withdrawn from substandard Roma settlements after the coronavirus outbreak.

48 Zaštitnik građana (2020). Poseban izveštaj Zaštitnika građana: Uslovi u romskim naseljima u situaciji vanrednog stanja i primene mera zaštite usled epidemije koronavirusa (KOVID - 19). Available at ombudsman.rs/index.php/izvestaji/posebni-izvestaji/6608-19, accessed on 20 November 2022.

utilities also received similar recommendations⁴⁹ from the Equality Commissioner (Redovan izveštaj poverenika za zaštitu ravnopravnost 2020, Redovan izveštaj poverenika za zaštitu ravnopravnosti 2021), as well as from NGOs (Trifković, et al. 2020).

More comprehensive information about the situation in substandard Roma settlements throughout Serbia appeared only in September 2020, once the SIPRU had completed its ad hoc mapping of these communities. The SIPRU survey revealed 32,843 residents of the substandard settlements it had mapped lacked access altogether or had unregulated access to clean water, some 93,050 had no access or unregulated access to sewerage, and some 24,104 did not have access to electricity, or could use electricity intermittently and only at particular times of the day (Tim za socijalno uključivanje i smanjenje siromaštva, 2020a).

Nevertheless, only some settlements received regular water supply using tanker lorries in 2020 and 2021, mainly due to donor efforts, whilst some communities were also provided with portable chemical toilets. In 2021, the Belgrade authorities assumed responsibility for some of the city's substandard settlements, but one study revealed that the quantity of water provided to these communities was below human rights standards and that the water was not potable (Trajković-Stošić, 2021). Despite extremely unsanitary living conditions, nothing was done in any of the other substandard Roma settlements (Vuksanović-Macura & Jakobi, 2022; Trajković-Stošić, 2021; Tim za socijalno uključivanje i smanjenje siromaštva, 2020b).

In April and May 2020, the Ombudsman visited migrant reception centres in Obrenovac and Adaševci and highlighted the inhumane living conditions there. In its capacity as the National Preventive Mechanism under the Optional Protocol to the UN Convention against Torture, the Office of the Ombudsman found many of these facilities were overcrowded (with some residents living in less than 2 square metres each), poorly built

49 Janković, B. (2020). Preporuka br. 550/2020 od 9.4. 2020. Available at ravnopravnost.gov.rs/preporuka-mera-za-snabdevanje-el-energijom-cir, accessed on 20 November 2022.

and lacking the basic amenities (these were tents that had no heating or paved floors, resulting in many migrants sleeping on the ground or on pieces of cardboard), and unsanitary (with non-functional and unmaintained sanitary blocks). The centres did not provide residents with access to electricity and lacked sufficient quantities of bedding, footwear, and clothing⁵⁰ (Šantić, et al. 2022, Kovačević, 2020). As the pandemic progressed, living conditions in these and other centres improved after the EU allocated funding.⁵¹

Although reception/asylum centres no longer suffer from pandemic-era overcrowding (when they had ranged from being at capacity to housing more than four times the designed number of people), the living conditions there remain below the recommended standards (Kovačević, 2020; Golubović, et al. 2020; Beogradski centar za ljudska prava, 2020; European Council on Refugees and Exiles, 2021; Šantić, et al. 2022).⁵² The AIDA report specifically states that housing conditions for migrants/asylum seekers/refugees were not being accorded attention and were often described as adequate, overlooking the fact that their realistic capacities were 30 to 40 percent lower than the official figures (European Council on Refugees and Exiles, 2021), as the KIRS measures the centres' capacities with reference to the number of beds available rather than by the space allotted to each resident (which ought to be 4 sqm according to EASO standards).

The Covid-19 pandemic stretched Serbia's health service to breaking point, further worsening the position of vulnerable

50 Zaštitnik građana (2020). Nacionalni mehanizam za prevenciju torture, praćenje postupanja prema migrantima i tražiocima azila: Izveštaj o posetama prihvatnim centrima u Obrenovcu i Adaševcima. Available at ombudsman.rs/attachments/article/6719/Izvestaj.pdf.

51 Zaštitnik građana (2022). Redovan Godisnji izveštaj Zastitnika gradjana za 2021. godinu. Available at ombudsman.rs/attachments/article/7369/Redovan%20Godisnji%20izvestaj%20Zastitnika%20gradjana%20za%202021.%20godinu.pdf.

52 Euinfo (2022). Renoviran Centar za azil u Vranju. Available at euinfo.rs/podrska-eu-upravljanju-migracijama/renoviran-centar-za-azil-u-vranju, accessed on 20 November 2022. The latest information about the capacity of these centres and their refurbishment is available at kirs.gov.rs/cir/azil/profil-centara.

groups (Tim za socijalno uključivanje i smanjenje siromaštva, 2020b; UNDP 2020). According to a survey done by UNICEF (2021), multi-person households sharing limited living space were less able to socially distance and obey health restrictions, leading to increased risk of infection that was compounded by the difficulties in procuring medications and disinfectants (Stevanović, 2022).

Both vulnerable groups were insufficiently informed about the nature of the infection, hygiene measures, and prevention, especially at the start of the pandemic^{53 54} (Tim za socijalno uključivanje i smanjenje siromaštva, 2020b; Trifković, et al. 2020; Kovačević 2020; Beogradski centar za ljudska prava, 2020). In addition, the lack of access to electricity and internet meant that Roma found it difficult to apply for vaccination,⁵⁵ whereas immunisation for migrants was offered at reception/asylum centres.⁵⁶

Vulnerable groups received multiple in-kind assistance packets containing personal hygiene products, disinfectant, and vitamin supplements during the pandemic, and needs for this aid were assessed on the fly⁵⁷ based on data collected by the KIRS, mobile social inclusion teams, Red Cross teams, Roma co-ordinators,

53 Zaštitnik građana (2020). Nacionalni mehanizam za prevenciju torture, praćenje postupanja prema migrantima i tražiocima azila: Izveštaj o posetama prihvatnim centrima u Obrenovcu i Adaševcima. Available at ombudsman.rs/attachments/article/6719/Izvestaj.pdf.

54 Zaštitnik građana (2020). Poseban izveštaj Zašitnika građana: Uslovi u romskim naseljima u situaciji vanrednog stanja i primene mera zaštite usled epidemije koronavirusa (KOVID - 19). Available at ombudsman.rs/index.php/izvestaji/posebnii-izvestaji/6608-19, accessed on 20 November 2022.

55 Danas (2021). Romima prijava za vakcinaciju gotovo nemoguća. Available at danas.rs/vesti/drustvo/romima-prijava-za-vakcinaciju-gotovo-nemoguća, accessed on 21 December 2022.

56 RTV (2021). Počela vakcinacija migranata u Srbiji u prihvatnim centrima. Available at rtv.rs/sr_lat/drustvo/pocela-vakcinacija-migranata-u-srbiji-u-prihvatnim-centrima_1222441.html, accessed on 20 December 2022.

57 Tim za socijalno uključivanje i smanjenje siromaštva. (2020). Objavljeno „Mapiranje podstandardnih romskih naselja prema rizicima i pristupu pravima u Republici Srbiji sa naročitim osvrtom na COVID-19 epidemiju“. Available at socijalnoukljucivanje.gov.rs/rs/objavljeno-mapiranje-podstandardnih-romskih-naselja-prema-rizicima-i-pristupu-pravima-u-republici-srbiji-sa-narocitim-osvrtom-na-covid-19-epidemiju.

learning assistants, health mediators,⁵⁸ and NGOs active in Roma settlements.

According to the KIRS, low Covid-19 infection rates were recorded amongst migrants/asylum seekers/refugees living in reception/asylum centres,⁵⁹ whilst no figures were available specifically for the Roma as the data were not disaggregated by ethnicity. Lack of data has made it difficult to tailor protection measures to specific population groups (UNDP, 2020a).

Serbia is the only country in the region not to have increased the adequacy or reach of programmes targeting the poorest population,⁶⁰ instead retaining its previous arrangements.⁶¹ Instead of increasing assistance to vulnerable groups, as other regional countries did, in 2020 and 2021 Serbia made multiple one-off cash payments to all members of the public, regardless of their social status. These disbursements did nothing to reduce poverty and inequality in the long term as they were not targeted specifically at poorer citizens⁶² (Matković & Stubbs, 2020), with some of the most vulnerable populations missing out on the aid due to lack of personal identity documents (UNHCR, 2020b), a situation criticised by NGOs⁶³ and the Equality Commissioner.

58 Uključi se (2020). Informisanje pripadnika romske zajednice o merama zaštite u borbi protiv virusa COVID 19. Available at ukljucise.org/informisanje-pripadnika-romske-zajednice-o-merama-zastite-u-borbi-protiv-virusa-covid-19, accessed on 20 November 2022.

59 According to the KIRS, no more than 32 migrants were infected from March 2020 to March 2021. See KIRS. (2021). Vakcinacija migranata i tražilaca azila protiv virusa COVID-19 u centrima u Srbiji. Available at kirs.gov.rs/lat/aktuelno/vakcinacija-migranata-i-trazilaca-azila-protiv-virusa-covid-19-u-centrima-u-srbiji/3581, accessed on 14 November 2022.

60 Matković, G. (2020). Mreže socijalne sigurnosti u vreme COVID-19 krize. Available at socijalnoukljucivanje.gov.rs/rs/mreze-socijalne-sigurnosti-u-vreme-covid-19-krize-2.

61 Pre-existing employment incentives for vulnerable groups had been in effect since before the pandemic.

62 Fiskalni savet (2021). Fiskalna i ekonomska analiza neselektivnih novčanih isplata građanima. Available at fiskalnisavet.rs/doc/analize-stavovi-predlozi/2021/FS_Analiza_neselektivnih_isplata_gradjanima_maj_2021.pdf.

63 Praxis (2020). Apel vladi Republike Srbije: hitno je potrebna pomoć u hrani za najugroženije. Available at praxis.org.rs/index.php/sr/praxis-in-action/status-and-socioeconomic-rights/item/1556-appeal-to-the-government-of-the-republic-of-serbia-

According to the Equality Commissioner, withholding financial assistance to those not in possession of personal documents 'disproportionately affected ethnic Roma who face housing issues and do not own or rent their homes, because they encounter difficulties with registering residence'.⁶⁴ Only very few refugees and asylum seekers housed in private accommodation could access Serbian social assistance schemes, so the likelihood of this population becoming eligible for emergency financial assistance was much lower (UNHCR, 2020a).

During the pandemic, the Roma living in substandard settlements and migrants received in-kind assistance in food, footwear, and clothing on multiple occasions. This in-kind and cash aid was often insufficient to meet the needs of the recipients,⁶⁵ who were forced to cut back on their spending, including on food, education, and personal hygiene (Tim za socijalno uključivanje i smanjenje siromaštva, 2020b; 2021a; 2021b). Most hygiene products and food were provided by donors and NGOs (Savet Evrope, 2020).

After the outbreak of the pandemic, all Serbian educational institutions moved their teaching online,⁶⁶ with face-to-face instruction reintroduced at several points during the lockdown. Primary school lessons were broadcast on national television, and virtual classrooms were later set up with assistance from UNICEF.⁶⁷ In addition, teachers used a variety of messaging apps (such as Viber and WhatsApp) to communicate with

assistance-in-food-for-the-most-vulnerable-urgently-needed/1556-appeal-to-the-government-of-the-republic-of-serbia-assistance-in-food-for-the-most-vulnerable-urgently-needed, accessed on 20 November 2022.

64 Preporuka mera Ministarstvu finansija, br. 07-00-00353/2021-02, published on 26 August 2021. Available at ravnopravnost.gov.rs/rs/preporuka-mera-ministarstvu-finansija-2, accessed on 20 November 2022.

65 Already vulnerable, the residents of Roma settlements found themselves particularly exposed to health, economic, and educational, risks. See socijalnoukljucivanje.gov.rs/rs/vec-ionako-ranjivi-zitelji-romskih-naselja-su-u-pandemiji-narocito-izlozeni-zdravstvenim-ekonomskim-i-obrazovnim-rizicima. Migrants were not eligible for cash disbursements.

66 Operativni plan za nastavak rada škola u otežanim uslovima. Available at mpn.gov.rs/wp-content/uploads/2020/03/Nastava-na-daljinu-u-vanrednom-stanju.pdf.

67 Serbia established the *Moja škola* ('My School') virtual platform, accessible at mojaskola.gov.rs.

students, or made telephone calls. One early survey done with support from UNICEF (UNICEF 2020) revealed that 1.2 percent of all students could not attend online lessons, with vulnerable groups accounting for much of this figure, including 17 percent of Roma students.⁶⁸ To address this issue, children housed in reception/asylum centres and substandard Roma settlements received internet-enabled tablets, paid for by donors,⁶⁹ whilst in some cases assistance with schoolwork was also provided.⁷⁰ The outcome of online teaching was inconsistent in terms of both quality and coverage (Kuzmanović, 2022), whereas parents noted no improvement in the overall standard of teaching during the course of the pandemic (UNICEF, 2021).

Researchers believe healthcare and education saw the greatest backsliding in Roma inclusion during the Covid-19 pandemic (Reljić & Simeunović, 2021), whereas opinion polling of migrants/asylum seekers/refugees revealed concerns over healthcare but no changes in education (Tim za socijalno uključivanje i smanjenje siromaštva, 2021b). Here it ought to be borne in mind that very few migrant/asylum seeker/refugee children attend school (European Council on Refugees and Exiles, 2021).⁷¹

Some SIPRU studies (SIPRU 2021a and 2021b) revealed respondents' attitudes towards social capital. The Roma and

migrant/asylum seeker/refugee respondents reported they could generally rely on themselves and their peers during the pandemic, as well as to some extent on NGOs, whereas government authorities were not perceived as major sources of support (particularly by the Roma). The respondents also felt they had been unable to communicate their needs appropriately and could not access pandemic responses aligned with their particular needs (UNDP, 2020a).

As the pandemic abated, national and local policymakers continued working in accordance with strategic documents outlining measures for the inclusion of the Roma and asylum seekers/refugees. In this context, the position of the Roma and that of migrants/asylum seekers/refugees (Tim za socijalno uključivanje i smanjenje siromaštva, 2021c; 2021d) as analysed from the perspective of commitments undertaken by Serbia in its EU integration process. Corrective measures were pursued in accordance with these strategies,⁷² and multiple studies were performed that examined the efficiency of the current institutional framework for emergency action from a variety of perspectives and re-assessed existing mechanisms in the light of new, previously unknown threats.⁷³ Here, models were developed for overcoming the key restrictions on access to housing (UNDP, 2020b; Vuksanović – Macura, 2021; European Council on Refugees and Exiles, 2021) that were recognised as the starting points for improving access to all other rights during Covid-19 and in normal circumstances.

Starting from existing data on the position of Roma in substandard Roma settlements and migrants/asylum seekers/

⁶⁸ Tim za socijalno uključivanje i smanjenje siromaštva (2021). Održan Tehnički sastanak o socijalnom uključivanju Roma i Romkinja u Republici Srbiji. Available at socijalnoukljucivanje.gov.rs/rs/odrzan-tehnicki-sastanak-o-socijalnom-ukljucivanju-roma-i-romkinja-u-republici-srbiji.

⁶⁹ According to the Ministry of Education, Science, and Technological Development, a total of 1,650 devices and 2,400 internet access SIM cards were purchased; this support allowed 96 percent of students from vulnerable groups to access online teaching. UNICEF (2020). *Premošćavanje digitalnog jaza u Srbiji za najugroženiju decu*. Available at unicef.org/serbia/medija-centar/vesti/premoscavanje-digitalnog-jaza-u-srbiji-za-najugrozeniju-decu.

⁷⁰ See skgo.org/storage/app/uploads/public/16276328711627632872_267-335-podrska-odgovoru-na-posledice-kovid-19-u-podstandardnim-romskim-naseljima-rezultati-javnog-poziva-za-jls-i-ocd.pdf.

⁷¹ Non-governmental organisations believe that the key problem affecting migrants was the continued suspension of asylum procedures long after movement restrictions for migrants were lifted. The issue remained outside the scope of this study.

⁷² One example has been the project *Premošćavanje digitalnog jaza za najugroženiju decu* ('Bridging the Digital Divide in Serbia for the Most Vulnerable Children'), undertaken by the Ministry of Education, Science, and Technological Development, UNICEF, and the EU in 30 local authority areas. More information is available at unicef.org/serbia/medija-centar/vesti/premoscavanje-digitalnog-jaza-u-srbiji-za-najugrozeniju-decu.

⁷³ See *Izrada preporuka za oporavak i prevenciju od budućih rizika stanovnika i stanovnica najugroženijih podstandardnih romskih naselja u Republici Srbiji*. Available at socijalnoukljucivanje.gov.rs/rs/odrzana-radionica-izrada-preporuka-za-oporavak-i-prevenciju-od-buducih-rizika-stanovnika-i-stanovnica-najugrozenijih-podstandardnih-romskih-naselja-u-republici-srbiji, accessed on 22 November 2022.

refugees in reception/asylum centres, this study aims at adding to the current body of knowledge about vulnerable groups, focusing on the relationship between housing and access to healthcare, social protection, education, and the labour market during Covid-19 to demonstrate the interdependence of these issues and the impact of gaps in the strategic and institutional frameworks and practices on the achievement of selected SDGs relevant for the vulnerable groups included in this investigation.

With housing as its starting point, this study focused on the following research questions:

RQ1: Does Serbia's current institutional framework for sustainable development and emergency response sufficiently acknowledge emerging threats, such as global pandemics?

RQ2: How does the current framework for action affect inclusiveness in managing disaster risk and the social and economic position of vulnerable groups?

RQ3: What policies are required to ensure the construction of sustainable and resilient cities and communities and vulnerable groups' social capital?

METHODOLOGY

This study uses a qualitative approach that relies on semi-structured interviews, focus group discussions, and secondary sources. Interview and focus group discussion guides were constructed so as to correspond to the three stages of disaster risk management, namely preventive, corrective, and compensatory activities. These were considered from the perspective of urban planning, urban development, and housing (SDG 11) and their impact on the associated SDGs, poverty reduction (SDG 1), good health and well-being (SDG 3), quality education (SDG 4), clean water and sanitation (SDG 6), affordable and clean energy (SDG 7), and decent work and economic growth (SDG 8).

Attitudes of vulnerable groups were examined in focus group discussions with Roma respondents organised in Belgrade, Bor, Niš, Požarevac, and Novi Sad. These cities were selected so as to be representative of a variety of urban contexts and the focus groups included Roma living in substandard Roma settlements within and on the outskirts of the urban areas. A total of 40 respondents, both male and female, took part in the focus group discussions.

Given the large fluctuations in migrant/asylum seeker populations, data for this community were collected in interviews with NGOs active in supporting migrants/asylum seekers/refugees at the local level, an approach generally used in literature (Da Mosto, et al. 2021). Reception/asylum centres were selected with reference to their location and type of migrants/asylum seekers/refugees housed there at the time of the survey. This allowed the study to look at housing conditions for men, women with children, unaccompanied children, and families, as well as migrants/asylum seekers/refugees who had been living outside accommodation facilities before the Covid-19 outbreak but moved into these centres once the pandemic began. These criteria led to the selection of the reception centres in Šid (Adaševci, Šid Centar, and Principovac), Bosilegrad, and Preševo, and two asylum centres in Belgrade, namely Krnjača and Obrenovac. The NGOs interviewed for the study were selected for the services they offered (free legal aid, psychological and social support, learning support) so as to shed light on all needs of these groups. As the interviewed NGOs provided services in numerous centres throughout Serbia and had users housed in children's and youth care homes, their responses permitted a comparison between the living conditions of migrants/asylum seekers/refugees in the selected centres and those faced by residents of other centres and accommodation facilities. A total of five interviews with four NGOs were conducted.

Focus group discussions were also held in local communities with Roma populations and/or reception/asylum centres, and these involved local officials, emergency management units,

Emergency Management Administrations,⁷⁴ the Red Cross, centres for social work, the National Employment Service and public health institutes, health mediators, Roma co-ordinators, learning assistants, local and regional refugee commissioners, the Commissariat for Refugees and Migration, volunteers, and Roma NGOs. An interview was organised in Belgrade with two officers of the Commissariat for Refugees and Migration (Krnjača, Principovac, and Šid Centar), as the Belgrade municipalities of Palilula and Obrenovac, where the Krnjača and Obrenovac asylum centres are located, did not respond to invitations to attend focus group discussions or interviews.

The five focus group discussions held in local authority areas with Roma populations were attended by a total of 40 people. Three focus group discussions and two interviews were organised in local authority areas with asylum centres with a total of 21 participants.

All of the focus group discussions and interviews took place either online via Zoom or face-to-face, depending on the health restrictions in force at the time in the various local authority areas and Belgrade, between January and March 2022.

At the national level, interviews were held with officials of the relevant ministries, institutions, and associations involved in all stages of the emergency response, watchdog institutions, public health experts, and representatives of international and Serbian NGOs active throughout the country. Some data were collected by means of freedom of information requests.

A total of 18 interviews were organised with 24 respondents. Of these, one interview involved officials of the Serbian Ministry of Education, Science, and Technological Development, one staff of the Standing Conference of Towns and Municipalities (SCTM), and one the Office of the Equality Commissioner. Another four interviews brought together five representatives of NGOs active in supporting migrants/asylum seekers/refugees at the local level, whilst six interviews involved seven representatives of

⁷⁴ The Emergency Management Department of the Serbian Ministry of Interior operates Emergency Management Administrations in Belgrade, Kragujevac, Niš, and Novi Sad.

international organisations (IOM, UNICEF, UNHCR, the Red Cross, etc). Lastly, two interviews were organised with public health experts, and a final three involved five staff of NGOs working with the Roma and migrants/asylum seekers/refugees at the national level. All interviews were conducted online via Zoom or by telephone from March to October 2022.

Freedom of information requests were sent to institutions from which information could not be collected in interviews. Six institutions were contacted (Ministry of Interior, Ministry of Human and Minority Rights and Social Dialogue, Ministry of Labour, Employment, Veterans' and Social Affairs, KIRS, Dr Milan Jovanović Batut Institute of Public Health, and Ministry of Health), and all six responded. These data were gathered from July to December 2022. The Ministry of Health provided the information in December 2022, only after a complaint was lodged against it with the Commissioner for Freedom of Information and Personal Data Protection on 12 October 2022 for failure to respond.⁷⁵

The study additionally used 14 testimonials detailing breaches of human rights of Roma and migrants/asylum seekers collected in the field from March to August 2022 by legal advisors on the project 'Improved capacities and resilience of CSOs in Serbia to protect economic and social rights of Roma and migrants in the aftermath of the Covid-19 pandemic' that were considered relevant for the context of this research.

The focus group discussions and interviews were transcribed, coded, and analysed against the relevant parameters. Emergency response and urban planning experts were consulted to help interpret the information. All data were used in accordance with ethical principles of research (Townsend & Wallace, 2016) and personal data protection regulations. Field testimonials were drawn on to illustrate the challenges encountered by members of the two vulnerable groups.

⁷⁵ Where a public authority refuses to notify a freedom of information applicant whether it holds or has access to the requested information, or make the requested information available to the applicant, or release or provide a copy of the relevant document to the applicant (depending on what was applied for), or does not do so within 15 days, the applicant may lodge a complaint against the public authority with the Commissioner.

The study faced a number of limitations. Firstly, the Roma focus groups did not provide balanced representation of all substandard Roma settlements in the local authority areas selected. In addition, as the NGOs aiding migrants/asylum seekers/refugees had been barred from entering reception/asylum centres during the pandemic, they could only provide their beneficiaries' perspectives of the housing conditions prevalent in these facilities. Local focus groups did not always include local officials or representatives of emergency management units who had been fully aware of the procedures implemented by those local authorities, or heads of urban planning departments or similar services. As the research was conducted over a lengthy period of time, not all respondents were equally well placed to assess the long-term impact of Covid-19 on the vulnerable populations examined. All of these limitations are described in the findings section. All results were interpreted with due care and cross-referenced with the findings of other organisations and institutions that researched topics covered by this study so as to additionally verify their validity.

The findings are presented below in two separate sections to facilitate understanding of the position of, respectively, Roma living in substandard Roma settlements and migrants/asylum seekers/refugees accommodated in reception/asylum centres.

The section on the Roma population firstly presents the findings of focus group discussions with the Roma community, followed by those of focus group discussions with local stakeholders. The section on migrants/asylum seekers/refugees firstly presents the findings of interviews with NGOs active in supporting this vulnerable group at the local level, followed by the findings of focus group discussions with local stakeholders.

Lastly, a combined section sets out the findings of interviews with national institutions, NGOs helping these vulnerable groups at the national level, and international humanitarian organisations. Where necessary, the findings are disaggregated for Roma living in substandard Roma settlements and migrants/asylum seekers/refugees.

A separate appendix to the study provides a comparative assessment of the measures aimed at vulnerable groups, including Roma living in substandard Roma settlements and migrants/asylum seekers/refugees, during the Covid-19 pandemic in both Serbia and the Western Balkans.

The findings outlined in this appendix were used to draw conclusions and develop recommendations.

DISCUSSION OF THE FINDINGS

The Covid-19 pandemic has had a drastic human and socioeconomic impact and has unquestionably jeopardised and delayed the attainment of nearly all SDGs (Elavarasan, et al. 2022, Elsamadony, et al. 2022, Filho, et al. 2020). Academic literature (Chan, et al. 2021) and policy papers seeking to improve the Sendai Framework, 2030 Agenda, Paris Agreement, and New Urban Agenda (Shaw, Chatterjee & Dabral, 2020) all point out the need to better integrate biological hazards into the structure of disaster response and SDG actions, and propose a number of measures to do so, from enhancing access to water, electricity, and adequate housing, to broadening the range of steps designed to strengthen social resilience under conditions of long-term isolation.

Moreover, the Covid-19 outbreak has highlighted the importance of a multi-sectoral and holistic approach in developing action plans for responding to biological hazards (Chan, et al. 2021) and ensuring the continuity of healthcare, education, social services, and economic activity throughout the stages of managing any such crisis.

The lengthy effort to combat Covid-19 has seen the development of insights into and knowledge of the patterns and pace of pandemic spread in a variety of urban structures that offer key lessons about the interdependence of the likelihood of contagion and population density and the impact of housing conditions on the severity of illness and death rates of impoverished and marginalised groups (Wade, 2020). The experience of Covid-19 has particularly underscored the significance of innovative

information and communications technologies (ICT) in allowing people to take many aspects of their daily lives online and maintain social cohesion in spite of extreme physical distancing requirements, as well as the need for digital literacy to enable the use of these technologies.⁷⁶

In this context, the following three chapters discuss the findings of the study and present conclusions and recommendations for policymakers. These chapters are inspired and informed by Technical Advisory Document: Integrating Biological Hazards (Including Pandemics) Into DRR Planning, produced by the UNDRR,⁷⁷ referred to throughout for convenience as Shaw and Chatterjee, 2020. The findings of this study also considered in the context of relevant international research.

The Discussion section is structured so as to follow all three stages of disaster response and presents the findings seen as the most relevant for attaining the selected SDGs.

PREVENTIVE ACTIVITIES

At the time of the Covid-19 outbreak, two operational documents were in force in Serbia, one dating from 2018 and the other from 2019,⁷⁸ which followed the Sendai Framework in incorporating biological hazards into their risk assessments and emergency response plans. However, these documents either underestimated the likelihood of an epidemic/pandemic spreading,⁷⁹ and/or did not consider the likelihood of 'severe

economic and social impacts'⁸⁰ in the event of a widespread epidemic.⁸¹ This was a common occurrence even in countries with otherwise well developed emergency management systems (Khim, 2020). There were, however, best practices that Serbia could have followed to ensure preparedness. One such case was Japan, where the National Action Plan for Pandemic Influenza and New Infectious Diseases (2013)⁸² envisaged multi-sectoral action and a holistic approach in managing the crisis, and contained recommendations for all stages of the response, so ensuring uninterrupted access to healthcare, education, social services, and economic activity under pandemic conditions.

The 2019 Serbia Disaster Risk Assessment, for which the lead agency was the Emergency Management Department of the Serbian Ministry of Interior,⁸³ was Serbia's only pre-Covid document dealing with pandemic and epidemic issues in any detail, whilst local emergency action plans mentioned biological hazards only as an afterthought.

None of the national and local documents reviewed recognised the importance of assessing the vulnerability of affected populations, sectors, and systems to biological hazards, including by considering health-related information (such as concomitant illnesses and previous epidemics); occupation (including healthcare staff, retail employees, and other key workers); public health (such as daily calorie intake, access to water and food supply, and waste disposal); and socio-economic characteristics (such as living conditions, overpopulation, employment status, exposure to discrimination, respect for

76 World Health Organization Digital Technology for COVID-19 Response. Available at [who.int/news/item/03-04-2020-digital-technology-for-covid-19-response](https://www.who.int/news/item/03-04-2020-digital-technology-for-covid-19-response), accessed on 12 January 2023.

77 Technical Advisory Document: Integrating Biological Hazards (Including Pandemics) Into DRR Planning. Available at ccouc.ox.ac.uk/technical-advisory-document-integrating-biological-hazards-including-pandemics-into-drr-planning, accessed on 24 February 2023.

78 These were the Emergency Protection and Rescue Programme, adopted by the Ministry of Health in 2018, and the Serbia Disaster Risk Assessment, developed in 2019 by the Emergency Management Department of the Serbian Ministry of Interior as the lead agency.

79 The document simulated an influenza outbreak in the city of Novi Sad (most likely hazard scenario) and throughout Serbia (hazard scenario with the most serious impact). See Procena rizika od katastrofa u Republici

Srbiji, adopted by the Serbian Government on 14 March 2019. Available at [prezentacije.mup.gov.rs/svs/HTML/licence/Procena%20rizika%20od%20katastrofa%20u%20RS.pdf](https:// prezentacije.mup.gov.rs/svs/HTML/licence/Procena%20rizika%20od%20katastrofa%20u%20RS.pdf).

80 Program zaštite i spasavanja u vanrednim situacijama, adopted by the Ministry of Health in 2018.

81 According to documents made available by the Ministry of Health and the Ministry of Interior, and desk research.

82 Government of Japan National Action Plan for Pandemic Influenza and New Infectious Diseases. Available online at cas.go.jp/jp/seisaku/ful/keikaku/pdf/national%20action%20plan.pdf, accessed on 16 January 2023.

83 Procena rizika od katastrofa u Republici Srbiji, adopted by the Serbian Government on 14 March 2019. Available at [prezentacije.mup.gov.rs/svs/HTML/licence/Procena%20rizika%20od%20katastrofa%20u%20RS.pdf](https:// prezentacije.mup.gov.rs/svs/HTML/licence/Procena%20rizika%20od%20katastrofa%20u%20RS.pdf).

human rights, sustainability of livelihoods, and state of social and financial security frameworks) (Shaw & Chatterjee, 2020).

Although acknowledging the needs of vulnerable groups, such as the elderly, disabled, children, women, marginalised minorities, LGBTIQ people, and the like is an integral part of all stages of emergency action of any kind, the findings of this study reveal that this had not been the case for planning epidemic/pandemic responses prior to the emergence of Covid-19. The sole exception were the over-65s and patients with chronic illnesses, who were recognised as a vulnerable group warranting a specific set of measures in recommendations issued by the WHO and other institutions as the pandemic broke out.⁸⁴ Policies affecting other vulnerable categories were generally adopted ad hoc and after suggested by watchdogs and NGOs.

Serbia entered the pandemic with insufficient information about the number of vulnerable individuals and their health status and access to healthcare (SDG 3), education (SDG 4), clean water and sanitation (SDG 6), and affordable and clean energy (SDG 7). A series of national-level studies into these issues was launched only after the pandemic was declared. As such, measures to remove these and other obstacles and ensure continuity of economic activity during the pandemic (SDG 8) and mitigate economic vulnerability (SDG 1) were adopted only at the corrective action stage.

Despite the efforts made in this survey, it proved impossible to clarify the institutional arrangements for involving the Commissariat for Refugees and Migration in national-level emergency response planning.⁸⁵

Although Article 34 of the 2018 Serbian Disaster Risk Reduction and Emergency Management Law⁸⁶ stipulates that 'associations

and other civil society organisations may (...) consider issues of relevance for mitigating disaster risk, make appropriate recommendations to the relevant national, provincial, and local authorities and receive responses from them, and be acknowledged as partners to public authorities in developing and implementing disaster risk reduction policy', none of the NGOs included in this survey was ever consulted for a risk assessment or planning effort before the Covid-19 outbreak. The authorities drew on the resources of civil society only during the corrective action stage, by enlisting them to help disseminate information, distribute food and hygiene products, and provide psychological support, assist students, and help individuals apply for relief.

Similar studies, both more recent (Pajvančić, et al. 2020, Tim za socijalno uključivanje i smanjenje siromaštva, 2021b) and less so (Andjelković & Kovač, 2016), suggest the country had not learnt the lessons of the 2014 flooding, which was expected to be a watershed moment in instituting a new approach to emergency management, as enshrined in the 2018 Law.

In contravention to Article 36 of the Law, vulnerable individuals 'not included in elementary and secondary education' were unable to acquire 'basic knowledge in disaster risk reduction and emergency management provided by entities particularly relevant for protection and rescue, as envisaged by special legislation and programmed activities' in areas of the local authorities covered by this study.

CORRECTIVE ACTIVITIES

Biological hazards tend to have differential impacts on different demographic groups (like older persons, pregnant women, persons with co-morbidity, etc.). Accurate and trusted baseline data, including geo-spatial and multi-temporal data, data on exposure, vulnerability and capacity; data on pre-disaster health and socio-economic indicators of the population become key to removing the conditions that give rise to biological risks in the first place (Shaw & Chatterjee, 2020: 14).

⁸⁴ Procena rizika od katastrofa u Republici Srbiji, adopted by the Serbian Government on 14 March 2019. Available at prezentacije.mup.gov.rs/svs/HTML/licence/Procena%20rizika%20od%20katastrofa%20u%20RS.pdf.

⁸⁵ See Appendix 1 of this study for more details.

⁸⁶ Zakon o smanjenju rizika od katastrofa i upravljanju vanrednim situacijama. „Službeni glasnik RS“, 87/2018.

As these data were unavailable for Roma living in substandard Roma settlements and migrants/asylum seekers/refugees, it was only once the pandemic had been declared that the many aforementioned studies were first launched. There seems to have been little, if any, co-ordination between these efforts to assess the needs of vulnerable groups at the national or local level and/or in accordance with donors' requirements. The surveys relied on the capacity of the SIPRU, inclusion mechanisms (Roma co-ordinators, learning assistants, health mediators, and social inclusion teams), and NGOs.

The speed with which data was gathered and processed nationally was at odds with the pace of action in the field. For instance, the first relief packages containing hygiene products and food had been distributed in the substandard settlements as early as in the first months of the pandemic, whilst the findings of the SIPRU team were collated and published as late as September 2020. The present survey was unable to ascertain whether subsequent SIPRU research had been used to improve emergency management efforts.

INFORMATION DISSEMINATION

The two groups described in this study had access to information provided from a single centre (the Ministry of Health and the Dr Milan Jovanović Batut Institute of Public Health), via other resources they used independently (such as national and foreign news outlets, social media, and friends and family members), and by NGOs that offered support. Both populations also received printed and online resources with basic prevention information in the appropriate languages. The content of these materials was identical to that of information resources produced for the general population. Whilst various channels were used to disseminate information to Roma in substandard Roma settlements (Red Cross staff, health mediators, learning assistants, Roma co-ordinators, health workers engaged by NGO programmes to deliver lectures via social media, and doctors and nurses from local outpatient clinics and regional public health institutes), information intended for migrants/asylum seekers/refugees was, in the early stages especially, delivered

centrally from the Commissariat for Refugees and Migration and, later, also disseminated by NGOs assisting migrants. In addition, migrants also had access to pre-existing information networks on social media and could rely on contacts with their compatriots.

During the pandemic, many government leaders, medical members of the national Emergency Response Committee, and health workers sent mutually conflicting messages. This caused confusion amongst the Roma living in substandard settlements, which resulted in uncertainty and resistance to complying with later instructions. The lack of information about why migrants/asylum seekers/refugees were being locked down in reception/asylum centres and why the Serbian Armed Forces and police were being tasked with guarding them contributed to re-traumatising migrants who had fled conflict zones.

People who were not digitally literate or lacked access to the internet were denied access to information published by the authorities on the official website or other online resources or disseminated on social media. Here asylum seekers/refugees housed in private accommodation were particularly vulnerable, as they were not covered by information in their native languages provided officially by the government. The absence of such information, such as, for instance, day-to-day changes to lockdown rules, led to hesitancy amongst asylum seekers/refugees housed in private accommodation and produced fear of breaking the rules.

There was two-way exchange of information between the various levels of government, but this was closely managed by the central government, which issued orders, opinions, and instructions that local authorities put into effect locally. This was contrary to the Sendai Framework, which emphasises local planning, decision-making, and action.

The large number of intermediate tiers of government (at the provincial and district level) meant that local authorities faced delays in receiving some information. Local governments and other stakeholders active in the field regularly collected

information and produced reports that were sent to the relevant government ministries, the national Emergency Response Committee, and other bodies. This survey was unable to clarify whether these data were aggregated in a single database, how they were structured and organised, and whether they were used to adjust policies in the field. Their potential value for future improvements to biological hazard response also remains unclear.

ACCESS TO DISINFECTANTS AND FOOD

Especially at the very outset of the pandemic, both Roma living in substandard Roma settlements and migrants/asylum seekers/refugees housed in reception/asylum centres faced many difficulties in maintaining personal hygiene, due to both limited access to running water and the absence of minimum sanitation requirements (as will be detailed below) and a lack of disinfectants and personal protective equipment (masks, visors, and gloves). These challenges were less pronounced in reception/asylum centres that possessed some reserves of hygiene products. Similar issues were also encountered more generally by the broader population, institutions, and organisations.

In time, these issues were addressed more or less appropriately as aid packages of sanitary products were distributed. Access to these packages and their size and contents varied depending on the capacities and needs assessments of donors and the various levels of government. At the same time, both sanitation and food packages were less available in deprived and rural areas and to people without personal identity documents. Migrants/asylum seekers/refugees could receive this aid only when housed in reception/asylum centres, whilst few of those living in the open could rely on NGO support.

Given the high cost of personal protective equipment (PPE) early in the Covid-19 outbreak, purchasing these items posed a disproportionately high burden for Roma living in substandard Roma settlements who had lost their livelihoods after the lockdown was instituted. The same was true of migrants/

asylum seekers/refugees who had been working in the shadow economy to secure additional income.

The findings of the field survey show that the volume of aid provided to vulnerable groups in the form of food – as well as, later, footwear and clothing – tended to vary with the availability of donor and government assistance, local development levels and local authorities' commitment to social inclusion, and the coverage of the Roma population in these settlements by NGO services, which also received donations. In some local authority areas, Roma living in substandard Roma settlements were able to meet their basic food needs, whilst in some deprived rural communities Roma populations were facing major shortages. This undoubtedly affected the attainment of the Leave No One Behind promise.

People without personal identity documents were particularly hard hit, as they faced many obstacles in their attempts to access aid. Data collected in this survey suggest there were issues in communication between the line ministry and local authorities that affected consistency in placing vulnerable people on hygiene product distribution lists.

The findings also indicate the system was not sufficiently flexible to recognise emerging needs and support smaller vulnerable groups, such as asylum seekers/refugees living in private accommodation who had lost their livelihoods once Covid-19 had broken out. In general, the approach to both one-off aid and social protection, as will be detailed below, suggest that the social security system was ill-adapted to these types of risks. For a detailed discussion, see the Impact Assessment of the Serbian Government's Economic Measures in Response to the Pandemic on Vulnerable Groups, in Particular Migrants and the Roma, which constitutes an integral part of this study.

PREVENTIVE URBAN PLANNING/HOUSING

MEASURES (WASTE DISPOSAL, STREET

DISINFECTION, PORTABLE TOILETS)

Although housing challenges faced by Roma living in substandard Roma settlements had already been familiar and thoroughly described in urban planning, urban development, and social inclusion documents, they were not included into emergency action plans, leading to inadequate responses. Very few corrective measures were put into effect in this regard during the pandemic (such as providing tanker lorries with potable water or water canisters, portable toilets, and ad hoc waste disposal), and those that were implemented followed appeals by watchdog institutions, the Ombudsman, Equality Commissioner, and NGOs that called on European human rights bodies to help (Reljić & Simeunović, 2021, Redovan izveštaj poverenika za zaštitu ravnopravnosti 2020, Redovan izveštaj poverenika za zaštitu ravnopravnosti 2021, Zaštitnik građana 2020). The findings of this study additionally suggest misalignment between emergency action policies and SDGs, especially SDG 11 (housing).

The findings particularly revealed how opaque the authorities' housing quality criteria for reception/asylum centres were. Here, the Serbian Government's decisions to modernise reception/asylum centres neither referenced national legislation relevant for constructing public buildings (the Planning and Construction Law⁸⁷ and the Housing and Building Maintenance Law⁸⁸) nor clearly indicated that standards for constructing and refurbishing these facilities were aligned with European recommendations for housing standards for reception and asylum centres.

Internet access emerged as a major housing amenity during Covid-19. Being able to go online allowed members of the public to access healthcare, social protection, education, and work

⁸⁷ „Sl. glasnik RS“, br. 72/2009, 81/2009 - ispr., 64/2010 - odluka US, 24/2011, 121/2012, 42/2013 - odluka US, 50/2013 - odluka US, 98/2013 - odluka US, 132/2014, 145/2014, 83/2018, 31/2019, 37/2019 - dr. zakon, 9/2020 i 52/2021).

⁸⁸ („Sl. glasnik RS“, br. 104/2016 i 9/2020 - dr. zakon)

without leaving their homes. Nevertheless, as shown by the findings, the ability to use these tools was conditioned by access to a stable power supply and the internet, digital literacy, and occupation.⁸⁹ Low-income households and residents of remote communities or urban districts lacking suitable infrastructure, including Roma living in substandard Roma settlements and, to a lesser extent, migrants/asylum seekers/refugees, had limited ability to access these amenities. In addition, those working jobs requiring them to spend much of their working hours out of doors were also unable to benefit from working from home or remote work.

In general, investigation of the access to housing of Roma living in substandard settlements and migrants/asylum seekers/refugees revealed substantial inequalities compared to the general population, who were able to enjoy uninterrupted access to water supply, sewerage, electricity, and the internet, and generally experienced better housing conditions, such as regular waste disposal, street disinfection, and better access to healthcare facilities and other institutions, either in person or digitally.

The above considerations suggest the importance of better understanding the socio-economic characteristics of populations and adjusting actions accordingly to ensure all people have equal access to care during emergencies and disasters, without discrimination of any kind and with equal respect.

INFECTION, ABILITY TO SELF-ISOLATE, AND

ACCESS TO VACCINATION

There are no data to assess the impact of ignoring the housing difficulties faced by the two populations on the likelihood of infection, serious illness, and greater mortality due to concomitant disease, as the Dr Milan Jovanović Batut Institute of Public Health does not disaggregate data by ethnicity

⁸⁹ Shaw, R.; Chatterjee, R.; Dabral, A. (2020) Integrating Biological Hazards (Including Pandemics) into DRR Planning: Technical Advisory Document. Unpublished. 2020. Available at ccouc.ox.ac.uk/_asset/file/technical-advisory-document-on-biological-hazard-rajib-final.pdf, accessed on 21 December 2020.

and maintains a single register of information on foreign nationals regardless of their legal status. The lack of data about actual Covid-19 infection and mortality rates precludes any conclusions on the impact of socio-economic circumstances on the vulnerability of Roma living in substandard settlements and migrants/asylum seekers/refugees. It ought to be noted, however, that some efforts had been made to keep real-time statistics of Covid-19 infection rates in reception/asylum centres.

Covid-19 reinforced harmful stereotypes suggesting that Roma living in substandard Roma settlements and migrants/asylum seekers/refugees were particularly immune to Covid-19, as they had allegedly been made 'hardier' by their difficult living conditions.

Unlike Serbia, many countries conducted a series of investigations into the impact of demographic, socio-economic, health-related, and other factors on the speed and frequency of infection with a variety of Covid-19 strains, guided by the desire to better understand the nature of the emerging biological hazards and provide information useful to national and local policy-makers in planning responses to future pandemics. These surveys took place in both the general population and discrete groups (He, et al. 2023, Mansour, et al. 2022, Akinwumiju, et al. 2022, Mennis, et al. 2022) using a variety of statistical methods and digital data sources (Vuong, et al. 2022, Perra, 2021, Grantz, et al. 2020). The research efforts all complied with personal data protection rules, which are often quoted in Serbia as reasons for not collecting minority groups' health-related and other information.⁹⁰

The vulnerable groups investigated in this study generally had good access to immunisation. Residents of substandard Roma communities in the vicinity or on the edges of urban areas were informed about the benefits of vaccination, and those interested in being vaccinated were directed to healthcare facilities designated as immunisation points for the general population. Mobile vaccination units were set up in more remote

communities. The survey was unable to ascertain whether this approach was uniformly applied throughout Serbia.

Immunisation was also offered at the reception/asylum centres. However, information about vaccination dates and times was not appropriately shared with interested migrants/asylum seekers/refugees, which meant some could be absent from the centres at the time scheduled for immunisation.

Both groups' access to online vaccination appointments was limited by their lack of digital literacy and the absence of instructions for scheduling appointments online in languages other than Serbian. However, the two vulnerable groups had levels of access comparable to those of the general population. During the pandemic, the respondents' ability to access other healthcare services was restricted. This was a consequence of the strain placed on the health service and the constant re-deployment of health workers to and from dedicated Covid-19 units, as well as the lack of preparation and planning. Health services throughout the world faced similar issues, Serbia being no exception (Pamučar, et al. 2020). Nevertheless, the emergency reorganisation of the health service had a disproportionately large impact on the two vulnerable groups, who did not have the funds to pay for transportation to often very remote tertiary healthcare facilities to receive treatment. This resulted in additional deterioration of their health.

The pandemic reinforced the importance of healthcare mediators, a cadre of women health workers who helped Roma of both genders with health issues and many other aspects of inclusion (such as data collection fieldwork and assistance with accessing digital services and education). The Covid-19 outbreak brought multiple issues to the fore, both new and old. Pre-existing issues related primarily to the status of health mediators as part of the health service and their coverage of the Roma population living in substandard Roma settlements. New challenges involved not only health mediators, but virtually all providers of services to vulnerable groups, who had either ceased to operate either completely or shifted exclusively to online work once the pandemic lockdown was imposed. It

⁹⁰ See written responses from the Dr Milan Jovanović Batut Institute of Public Health and the Ministry of Health in the national findings section.

may be pertinent to examine whether, in a future biological hazard emergency, these services can be offered online without interruption, and whether they would be as relevant as when delivered face-to-face with beneficiaries.

ACCESS TO EDUCATION

Both groups were disproportionately affected by the switch to online learning. Roma children living in substandard Roma settlements faced issues in following lessons broadcast on television due to inconsistent or limited access to electricity, and also found it difficult to join online classrooms. The major hurdles here were housing (the lack of power and internet, as mentioned above, and the inability of children to find a quiet space in the home to join their class), poverty, as exemplified by families having only one smartphone each, and limited digital literacy of both parents and children.

Similar issues were also faced by migrant/asylum seeker/refugee children. This study completely corroborated the findings of initial research conducted by UNICEF and the Serbian Ministry of Education, Science and Technological Development on school dropout rates in this group. Nevertheless, this was one of the rare fields where research findings have informed the creation of a comprehensive programme of corrective action, which complied with the Leave No One Behind policy and included distribution of tablet computers, enhancement of digital tools, and, in some cases, major successes in involving Roma parents in keeping tabs on their children's education. Despite the efforts involved, some Roma children were able to follow lessons only using printed learning materials that were disseminated to them.

The pandemic has also raised multiple questions that demand more comprehensive answers. Here, firstly, learning assistants are associated with particular schools, which disadvantaged children from some schools when the education system switched to remote learning, and, secondly, children's unequal access to learning materials (digital vs printed) introduced inequalities

into the acquisition of digital skills by children and parents living in substandard Roma settlements.

Migrants/asylum seekers/refugees, in particular children, did not enjoy anything like the protection afforded to the Roma population living in substandard Roma communities. Support for migrant children, in terms of both attending lessons and taking part in extra-curricular school activities, was offered by NGOs and the Commissariat for Refugees and Migration. Similarly to issues that arose when Roma health mediators were withdrawn, the problems that appeared as the civil sector withdrew from reception/asylum centres or became unable to provide services once these facilities had closed suggests the need to consider alternative models of support to migrants/asylum seekers/refugees. This area warrants further research.

ACCESS TO SOCIAL PROTECTION

As noted above, Serbia opted to keep its normal social protection policies in place. During the pandemic lockdown, the social services moved online, but quickly adapted to meet the needs of members of the public unable to use digital technologies: for instance, boxes were placed outside social services centres for people to deposit their documents, or face-to-face contacts were permitted in compliance with social distancing rules. Nonetheless, these arrangements did restrict opportunities for reviewing applications. The findings suggest beneficiaries generally automatically received access to social welfare benefits without having to visit social services centres, with few facing issues in exercising their statutory rights. This, however, did not come easy in some local authorities due to Roma being discriminated against by social services staff. These situations highlight the importance of strengthening ethical standards for all authorities directly or indirectly involved in providing assistance in emergencies. In addition to government relief payments, some local authorities also drew on their own budgets to provide one-off financial benefits on one or multiple occasions.

The findings indicate that these disbursements, coupled with the central government's one-off 100 euro payment to all adult citizens, allowed most vulnerable Roma to weather the most difficult period during which the lockdown completely deprived them of their livelihoods as waste pickers, buskers, market traders, and in other similar occupations in the informal economy. Most respondents reported their financial position had either remained the same or deteriorated during the pandemic. Additional research is required to unambiguously say whether Covid-19 had jeopardised Serbia's achievements in reducing poverty under SDG 1. The Ministry of Labour, Employment, Veterans' and Social Affairs and the Ministry of Human and Minority Rights have not dealt with this issue to date.

Roma living in substandard Roma settlements were able to access the government's emergency relief payments mainly with the help of Roma co-ordinators, learning assistants, and health mediators. The impact of this approach to supporting the public and its effects on reducing inequality are described in the Impact Assessment of the Serbian Government's Economic Measures in Response to the Pandemic on Vulnerable Groups, in Particular Migrants and the Roma.

In common with other forms of assistance, people without personal identity documents also faced the greatest obstacles in accessing financial relief. These individuals, who are often particularly in need of such assistance, were restricted in their ability to receive the payments due to the varying attitudes and assessments of local police authorities, limited capacity of courts to operate online, and other issues. The Equality Commissioner also reacted, calling for an end to such discrimination. These examples suggest the social protection system was insufficiently flexible.

Pursuant to the Serbian Law on Asylum and Temporary Protection,⁹¹ the Commissariat for Refugees and Migration is responsible for meeting the social needs of migrants/asylum seekers/refugees. Unlike other countries, Serbia does not provide migrants/asylum seekers/refugees with a daily cash

allowance for personal expenses (Centar za zaštitu i pomoć tražiocima azila, 2018). Only migrants/asylum seekers/refugees housed in private accommodation are eligible for social welfare payments. The limited experiences collected during fieldwork for this survey suggest this vulnerable subgroup faced substantial hurdles in accessing this right.

ACCESS TO THE LABOUR MARKET

After a state of emergency was declared in Serbia in March 2020, the Serbian Government adopted a number of enactments restricting freedom of movement and assembly. These measures, together with the confinement of the migrant population to reception/asylum centres, certainly generated the most debate during the Covid-19 pandemic for their impact on human rights (in particular freedom of movement). These measures had a disproportionately large effect on workers, causing new rifts between employees in both the formal and the informal economy, who were divided into those able to work from home, key workers (in areas such as healthcare, retail, and other crucial services), and those completely deprived of their jobs and livelihoods. The latter group comprised most Roma living in substandard Roma settlements, who were largely waste pickers, buskers, and market traders, or did other work in the informal economy, and migrants/asylum seekers/refugees, generally employed in a variety of service positions in the informal sector. This study and much other research have revealed that the financial position of these individuals and their families had drastically deteriorated, with no adequate relief forthcoming as no regulations or strategies had recognised them as a category in need of systemic assistance and support (Bradaš, et al. 2020).

In addition, the present survey has demonstrated that the closure of reception and asylum centres meant even asylum seekers/refugees able to receive permits allowing them to move during police curfews through their employers faced issues in accessing this right, with only rare exceptions actually being able to exercise the right with the intercession of NGOs.

⁹¹ Zakon o azilu i privremenoj zaštiti, "Službeni glasnik RS" br. 24/2018.

In general, members of these two vulnerable groups and all those in informal employment (craftsmen, home repairmen, market traders, house cleaners, informal workers in the catering industry and other sectors, and seasonal workers in sectors prohibited or lacking demand during the state of emergency) had their right to work drastically curtailed. Since these jobs were quite frequently the only sources of income for these people, who were also generally rather poor, it can be concluded that these populations were disproportionately at risk of poverty (SDG 1).

COMPENSATORY ACTIVITIES

At the time of writing, the Covid-19 has not been declared over, either in Serbia or elsewhere. From March 2020 to the autumn of 2022, epidemiologists registered seven waves of the pandemic.⁹² As such, it is very difficult to distinguish between corrective and compensatory activities, which by their very definition entail measures to strengthen the social and economic resilience of individuals and societies to face residual risk that cannot be effectively mitigated.

The only such activity identified in this study was an initiative by the Ministry of Education, Science and Technological Development and UNICEF to strengthen digital literacy, which was implemented in several Serbian schools also attended by Roma children.

At the time of the fieldwork for this study (early 2022), no local authorities were engaged in any compensatory activities due to lack of capacity, as they were still focusing on corrective actions. The Ministry of Labour, Employment, Veterans' and Social Affairs undertook an assessment of the Serbian labour market in light of the economic crisis caused by the pandemic (Arandarenko, 2021) that did not specifically consider the two vulnerable groups. Neither did the Ministry of Human and Minority Rights

⁹² „Prethodnih dana smo imali između 20.000 i 30.000 zaraženih: Epidemiolog Radovanović otkrio i šta nas očekuje na jesen“. *Mondo*, 07.08.2022. Available at mondo.rs/Magazin/Zdravlje/a1672345/Zoran-Radovanovic-o-talasu-korona-virusa.html, accessed on 27 February 2023.

analyse the impact of Covid-19 on vulnerable groups or assess the adequacy of support extended to populations examined in this study. This does not mean, however, that no policies in response to these challenges were implemented as part of the regular activities of national and local bodies.

The available data suggest only one small-scale public consultation effort took place over recommendations for pandemic recovery and prevention of future risk to residents of the most at-risk substandard Roma settlements in Serbia. This discussion emphasised the need to collect data regularly, improve housing, and, in particular, enhance access to water and electricity. Proposals were made to urgently address these issues, and work was begun in a few communities with donor assistance to provide sustainable access to water.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

In general, this study revealed that biological hazards were not appropriately considered in disaster response planning and that these plans did not properly reflect the importance of safeguarding achievements in terms of access to water, electricity, adequate housing, and greater social resilience as envisaged by the SDGs.

The pandemic response did not entail a sufficient measure of effort to develop a multisectoral and holistic approach to developing plans of action to counter biological hazards. In addition, continuity arrangements for healthcare, education, social protection, and economic activity was ensured only partially, and in most cases did not sufficiently extend to vulnerable groups.

In developing responses to the crisis, both before the Covid-19 outbreak and during the pandemic, insufficient attention was paid to the interdependence between the likelihood of infection

and housing conditions, in particular with regard to vulnerable groups, who had faced overcrowding during the pandemic, with limited opportunities to maintain personal hygiene and adhere to prevention measures. The outbreak was also a missed opportunity to collect information about the severity of disease and mortality rates amongst impoverished and marginalised populations. Major efforts were made to provide vulnerable groups with internet access, but this extended only to children in education. Policies implemented in response to the pandemic did not devote sufficient attention to building the social capital of vulnerable communities that were segregated either physically (such as migrants) or effectively (such as Roma living in substandard Roma communities) and exposed to various levels of discrimination. Roma inclusion mechanisms and efforts by charities and NGOs in support of both of these vulnerable groups were a counterweight to these adverse trends.

In contrast to other examples of emergency response, no tangible efforts were made, with minor exceptions, to assess the impact of Covid-19 on the attainment of SDGs for these two vulnerable groups.

In this regard, the findings have found not only weaknesses in disaster response planning, but also the absence of systemic linkages between emergency action, urban planning and urban development, and the attainment of SDGs as enshrined in the New Urban Agenda and incorporated into Serbian strategies and legislation. This was particularly true with regard to migrants/asylum seekers/refugees.

Overall, the greatest challenges with integrating inclusion into disaster risk management were found in the areas of housing (SDG 11), access to clean water and sanitation (SDG 6), and decent work and economic growth (SDG 8), with somewhat less significant issues registered with access to affordable and clean energy (SDG 7), healthcare (SDG 3), and education (SDG 4). More research is needed to fully appraise the impact of the pandemic on poverty reduction (SDG 1) and the broader social and economic position of vulnerable populations.

RECOMMENDATIONS

Emergency action – biological hazards

Ministry of Health and Ministry of Interior Emergency Management Department⁹³

Develop a new national plan of action in response to biological hazards using a multisectoral and holistic approach. This plan ought to ensure continuity of healthcare, education, social services, and economic activity across all stages of emergency management.

Amend the current national Emergency Protection and Rescue Plan to incorporate rescue and protection measures and procedures in response to biological hazards such as pandemics and epidemics. The national Emergency Protection and Rescue Plan must identify the needs of vulnerable groups such as the elderly, people with concomitant illnesses, women, Roma living in substandard Roma settlements, migrants/asylum seekers, refugees, people with disabilities, sexual minorities, and other populations.

Periodically update risk assessments using studies into how vulnerable exposed populations, sectors, and systems are to biological hazards. These assessments ought to look at the risk faced by various population groups based on demographic, health-related, and other criteria. Here, close attention ought to be paid to living conditions (access to water and sanitation, waste disposal, population density and overcrowding), socio-economic characteristics of households (employment status, sustainability of livelihoods, state of social and financial security arrangements), social stigma practices, respect for human rights, behavioural issues (readiness to comply with rules and measures, hygiene patterns, and preventive measures), and exposure to various environmental challenges and other aspects that have proved relevant given experiences with Covid-19.

⁹³ In contrast to the findings section, where the names of ministries are cited as they were during the reporting period, current names are used in the recommendations for future action.

In relation to the above, assess the socio-economic and psychological capacity of local communities to cope with periods of restricted mobility. This is especially important in the event of drastic complete lockdowns/quarantines.

Develop and test multiple scenarios for various stages of epidemic/pandemic outbreaks and their impacts on areas, populations, and sectors at risk. Particular attention ought to be paid to the varying implications for urban, geographically remote, and vulnerable regions, and the ability of the public to receive equal access to services.

Formally designate the Commissariat for Refugees and Migrations as an 'entity of special relevance for protection and rescue' that will be specifically tasked with the protection and rescue of persons placed within its remit (migrants, asylum seekers, refugees, and internally displaced persons).⁹⁴

Ministry of Health, Ministry of Interior Emergency Management Department, Ministry of Interior, Ministry of Public Administration and Local Government, Asylum Office, Commissariat for Refugees and Migration

Assess capacity of both local authorities and all other bodies, institutions, and organisations for rapid response and early recovery, including a consideration of healthcare resources, accessibility of trained and properly equipped core service providers, and existing protocols, against the gaps and bottlenecks found during Covid-19. This should pertain to both local authorities and the accessibility of all services delivered by NGOs and public authorities, including the ability to apply for asylum at asylum centres.

⁹⁴ This would be modelled on other institutions and organisations recognised as such in the Decision designating entities of special relevance for protection and rescue in the Republic of Serbia, Odluka o određivanju subjekata od posebnog značaja za zaštitu i spasavanje u Republici Srbiji: 69/2019-31. Available at pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/odluka/2019/69/3.

Ministry of Interior Emergency Management Department and Ministry of Information and Telecommunications

Test the ability of various sectors to adapt to alternative/online operational arrangements, given the current capacity of ICT infrastructure and its potential to cover remote and rural locations, level of training given to staff in the use of digital tools, and digital literacy of the general population. In this regard, continuous work ought to be invested in improving digital literacy of the population, their ability to use new means and avenues of communication in emergencies, and their access to devices that help them do so.

Ministry of Health, Ministry of Interior Emergency Management Department, Ministry of Human and Minority Rights and Social Dialogue, Ministry of Construction, Transportation and Infrastructure, Ministry of Labour, Employment, Veterans' and Social Affairs⁹⁵

Regularly update existing databases and allow cross-referencing of data held by various departments for purposes of emergency action so as to fully understand the hazards and design holistic measures and monitor their effects in real time. The registers relevant for Roma living in substandard Roma settlements are the Geographic Information System (GIS) for monitoring the state of substandard Roma settlements in Serbia and the Roma Inclusion Measures Tracking Database. Institutional responsibilities for these registers ought to be clearly specified, as should the stakeholders required to update them. The Ministry of Construction, Transportation and Infrastructure is responsible for the GIS, but the system requires mechanisms to ensure the database is maintained regularly and that data are collected and submitted regularly by local governments, processed, and reported. The Roma Inclusion Measures Tracking Database should have its primary agency redesignated, the existing entries ought to be comprehensively reviewed, and the data collection and use methodology should be overhauled to ensure consistency, up-to-dateness, and ease of use. Robust logistical support should also be provided for the primary

⁹⁵ Which institutions will be targeted by this recommendation primarily depends on who assumes responsibility of the database used to track Roma inclusion measures.

agency to ensure the database is accessible, as this is currently often not the case.

Ministry of Interior Emergency Management Department, Ministry of Human and Minority Rights and Social Dialogue, Ministry of Education

Pursuant to Article 34 of the Disaster Risk Reduction and Emergency Management Law, develop a system to exchange information between the central government, local authorities, academia, and NGOs active in supporting vulnerable groups to ensure risks faced by particular segments of society are better understood and described. Also, in accordance with Article 36 of the Law, train members of the public on how to act in emergencies if they did not receive this knowledge through formal education. Best practices here include promoting fire prevention measures amongst farmers and engaging utility companies to deliver occasional fire prevention presentations in substandard Roma settlements.

Foster more studies by academia and research institutions to fully understand the impacts of Covid-19 and identify best practices and modes of action.

Ministry of Interior Emergency Management Department, Ministry of Human and Minority Rights and Social Dialogue, Ministry of Health, Ministry of Education, Ministry of Construction, Transportation and Infrastructure, Ministry for European Integration

Create closer ties between policies for emergency action and SDGs to ensure consistent adherence to the Leave No One Behind promise. Academic literature and the findings of this study clearly demonstrate the importance of making certain that biological hazard action plans assess the effectiveness of these measures with regard to the interdependence between urban planning, urban development, and housing (SDG 11) and their impact on relevant SDGs such as access to healthcare (SDG 3), access to education (SDG 4), access to clean water and sanitation (SDG 6), access to affordable and clean energy (SDG 7), and poverty reduction (SDG 1).

SPECIFIC RECOMMENDATIONS

Emergency action: biological hazards and SDG 11

Ministry of Interior Emergency Management Department, Ministry of Human and Minority Rights and Social Dialogue, Ministry of Construction, Transportation and Infrastructure, Ministry for European Integration, Commissariat for Refugees and Migrations, Institutes of Public Health

Ensure protection and rescue plans envisage public health policies aimed at mitigating risks in substandard Roma settlements/reception centres associated with unsafe water, food and nutrition, hygiene and sanitation-related requirements for temporary accommodation, epidemiological control, measures to prevent and contain infections, healthcare provision, personal safety, and other measures. These policies are currently only envisaged to apply when these individuals are moved to temporary accommodation (Ministry of Health Emergency Protection and Rescue Plan).

The relevant documents (Law on Asylum and Temporary Protection, Action Plan to Implement Chapters 23 and 24 of the EU Acquis, and other relevant instruments) must unambiguously state the that must be met by reception/asylum centres in terms of housing (space available to migrants/asylum seekers/refugees) and sanitation and other requirements (access to water, sewerage, electricity, and internet), and a plan must be developed to align the standards applicable to these centres with European rules and national legislation (Planning and Construction Law and Housing and Building Maintenance Law). This exercise ought to reflect the lessons learnt during Covid-19 on the space that may be needed to isolate infected and ill individuals.

In addition, in the event of a long-term lockdown, consider temporarily allowing applications for asylum to be made at these facilities.

Also in the event of a long-term lockdown, ensure procedures for determining domicile and issuing personal identity documents are adapted to the emergency in question.

Consider aligning the Sustainable Urban Development Strategy to 2030 with the UN New Urban Agenda and the EU New Urban Agenda to ensure urban regeneration projects for deprived areas (including substandard Roma settlements) are more closely integrated into urban development policy, as well as to ensure inclusion of migrants and refugees and support local authorities in facilitating integration of these populations into existing urban systems and structures.

Emergency action: biological hazards and SDGs 11 and 3

Ministry of Interior Emergency Management Department, Ministry of Health, Commissariat for Refugees and Migrations

Review how space is allocated in reception/asylum centres, shelters for children without parental care, and temporary centres accommodating returnees from abroad required to quarantine, and use these experiences to produce new protocols for setting up isolation and sick wards.

Use historic health data when assessing population vulnerability. As Serbia does not disaggregate health information by ethnicity, consider broadening the remit of health mediators to make them responsible for systematically collecting relevant health information for residents of substandard Roma settlements (such as, for instance, data on immunisation and chronic illnesses). This should be accompanied by re-assessing the employment status of health mediators and making them a permanent part of the Ministry of Health response system. In addition, assess the impact of health mediators in providing online support to Roma living in substandard Roma settlements during Covid-19 and identify the best practices there. Consult the experiences of countries that researched factors relevant for the spread of Covid-19 in migrant/asylum seeker/refugee populations (such as spatial, time-related, and other considerations).

When assessing whether to shift healthcare facilities into emergency mode, take into account whether the institutions will be accessible to vulnerable populations (Roma living in substandard Roma settlements and migrants/asylum seekers/refugees housed in reception/asylum centres away from urban areas, as well as the general population). Work with local authorities (for Roma living in substandard Roma settlements) and donors (for migrants/asylum seekers/refugees) to plan appropriate funds to offer transportation to facilities providing regular healthcare.

Assess the various experiences with immunisation uptake by Roma populations living in substandard Roma settlements and migrants/asylum seekers/refugees and identify the best practices there.

Emergency action: biological hazards and SDGs 11 and 4

Ministry of Interior Emergency Management Department, Ministry of Education, Ministry of Information and Telecommunications, Ministry of Mining and Energy, Ministry of Labour, Employment, Veterans' and Social Affairs

Maintain and expand current stocks of tablet computers and internet access points to ensure these can meet the needs of students from vulnerable groups (Roma living in substandard Roma settlements, migrants/asylum seekers/refugees, and other impoverished members of the public) who lack these devices.

Continue projects aimed at improving digital literacy of children and parents. These ought to be informed by best practices employed by donors, some local authorities (such as the Belgrade Municipality of Zvezdara), and learning assistants in empowering parents to track their children's learning progress and supporting learning using digital tools.

With regard to SDG 7, ensure uninterrupted supply of electricity to all households without exception to permit children to access education without hindrance.

In the event of long-term lockdowns, consider changing learning assistants' job descriptions to allow all children in need living in substandard Roma settlements to receive learning assistant support, regardless of whether their schools meet the requirements for hiring learning assistants.

Review experiences with support for migrant/asylum seeker/refugee children during lengthy lockdowns and develop new protocols which would allow NGOs to provide learning support for children without hindrance. Such reviews should also be made for all other types of civil sector services that had to be withdrawn when reception/asylum centres were closed.

Consider using local authority premises or other available spaces as temporary classrooms during lengthy lockdowns, whilst observing social distancing rules, for all students, including the vulnerable groups covered by this study and other children living in overcrowded accommodation and unable to attend lessons from home.

Emergency action: SDGs 11 and 6

Ministry of Interior Emergency Management Department, Ministry of Construction, Transportation and Infrastructure

In relation to SDG 11, make efforts to find long-term solutions to issues of housing in substandard Roma settlements. In the meantime, invest efforts to provide these areas with the minimum required sanitation arrangements. This should include reviewing current donor practices (GIZ), consult recent expert proposals for short-term measures based on responses to challenges identified during Covid-19, and continuously strive to improve sanitation in these settlements (through disinfection and pest control, regular waste disposal, and ongoing epidemiological control). Work with NGOs to develop incentive programmes for residents of substandard Roma settlements to keep their areas clean.

Plans for emergency action in response to biological hazards ought to include needs assessments for water tanker lorries, water canisters, portable toilets, and portable shower units

(on the pattern of existing shower units located in housing container settlements in Belgrade). When assessing water needs of residents of substandard Roma settlements, strictly adhere to minimum water quantities per person prescribed by human rights standards.

Emergency action: biological hazards and SDGs 11 and 7

Ministry of Interior Emergency Management Department, Ministry of Mining and Energy, Ministry of Labour, Employment, Veterans' and Social Affairs

Ensure uninterrupted access to electricity by all residents of substandard Roma settlements in the event of lengthy lockdowns.

Emergency action: biological hazards and SDGs 11 and 8

Ministry of Interior Emergency Management Department, Ministry of Labour, Employment, Veterans' and Social Affairs

Ensure flexible financial support is available to all workers in the informal economy in the event of lengthy lockdowns. Long-term movement restrictions also require more flexibility in entitling individuals without personal identity papers to both financial and in-kind assistance.

In the event of lengthy lockdowns, give all workers equal access to curfew permits.

Emergency action: biological hazards and SDGs 11 and 1

Ministry of Interior Emergency Management Department, Ministry of Construction, Transportation and Infrastructure, Ministry of Labour, Employment, Veterans' and Social Affairs, Ministry of Finance

Assess the impact of relief measures (both in-kind donations and one-off payments) on poverty/inequality indicators for all vulnerable groups, including the two populations examined in this study. Where needed, include compensatory activities into existing inclusion programmes or one-off policies to allow vulnerable groups made poorer by Covid-19 to improve their

situation or at least regain their pre-pandemic position.

Use impact assessments for current social assistance programmes and one-off policies to comprehensively assess Serbia's response against that of other countries. Integrate best practices from abroad into a new emergency action plan to be developed jointly by the Ministry of Interior Emergency Management Department, Ministry of Labour, Employment, Veterans' and Social Affairs, and Ministry of Finance.

Consider working with donors to reinstate the personal financial allowance for migrants/asylum seekers/refugees.

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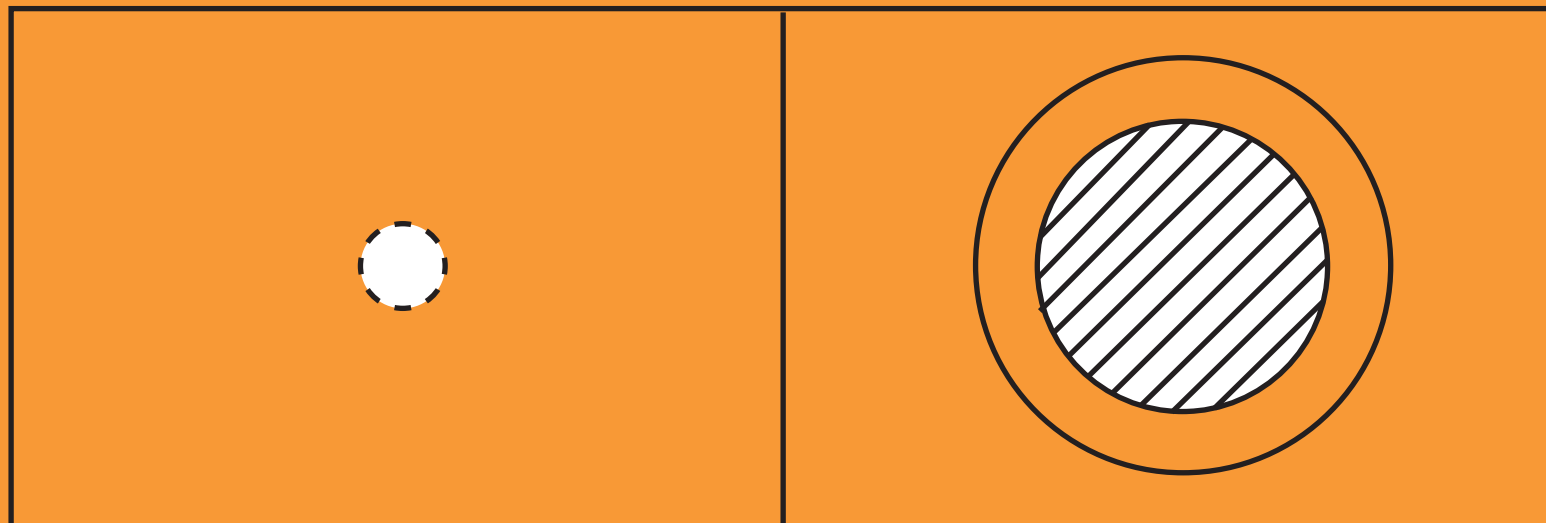
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Impact assessment

*of government pandemic relief
policies on vulnerable groups,
especially migrants and Roma*

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INTRODUCTION

This assessment seeks to present a broad overview of the impact of key economic policies introduced by the Serbian Government following the outbreak of the Covid-19 pandemic that either directly or indirectly targeted the country's most vulnerable populations, with a particular emphasis on the multiply vulnerable groups of migrants and the Roma. Drawing on available official national, regional, and EU data, the review found no government relief programmes specifically aimed at these multiply vulnerable populations. Even the policies designed at least formally to be universal (and, as such, intended to automatically cover the groups most at risk, such as the Roma), proved not to be truly universal or comprehensive in practice.

The absence of universal old-age pensions in Serbia meant many over-65s who did not receive any retirement income (a large proportion of which are Roma) were excluded from relief measures aimed at pensioners.

In addition, some Serbians were ineligible for government financial assistance as they lacked personal identity documents, and here again the majority were ethnic Roma.

This assessment also uncovered many weaknesses in the current social protection system, as well as highlighting the lack of any clear intention on the part of the authorities to remedy those shortcomings, at least temporarily, during the global pandemic and economic downturn.

Serbia is one of the few countries in Europe and the region not to have made any changes to its unemployment benefits arrangements. Serbia is also unique in the region in not having increased either the adequacy of its programmes aimed at the poorest groups (meaning the amounts disbursed) nor the reach of those programmes (number of beneficiaries) during the pandemic. Some studies reviewed for this assessment suggest some 23 percent of all migrants and between 35 and 75 percent

of all Roma (depending on whether they lived in rural or urban communities) lost their jobs during the pandemic (even if only temporarily).

Years of economic policy mismanagement, coupled with inadequate or late reaction by the authorities to inflationary pressures, has caused Serbia's cost of living to spiral out of control. Particularly worrisome is the fact that food has accounted for most of the price growth, hitting hardest the poorest of the poor.

Food price growth has been much higher than the European Union (EU) average. For instance, in November 2021, the official consumer price index (CPI) for food was 12.2 percent higher than at the same time one year previously, an increase four times that of the EU average (of 2.9 percent).

Although covering a limited period, this assessment has found government relief policies were not sensitive to some marginalised communities, as well as that the inadequate and deficient social protection system has had impacts in numerous areas, especially in the context of the pandemic and the economic crisis, a time when social protection is at its most sorely needed. Inadequate economic policies went hand in hand with poor social protection. Avoiding similar and far more disastrous consequences of such social and economic policymaking on society requires a broad-ranging re-assessment of the current approach to socioeconomic developments.

LACK OF STATISTICS ON VULNERABLE GROUPS

The statistics do not provide sufficiently clear insight into the living conditions of the most vulnerable groups. In recent years, statistical data have grown increasingly better aligned with EU standards,¹ which is a prerequisite for analysis involving comparator countries. However, data on the most vulnerable groups still do not permit appropriate understanding of the

¹ See neighbourhood-enlargement.ec.europa.eu/serbia-report-2021_en.

living conditions of those facing the highest risk, such as the Roma and migrants, a fact that has been hindering analysis and policymaking.

Even the most basic data, such as the total number of Roma in Serbia, are often contested. According to the 2011 census, some 140,000 Roma lived in the country,² whilst some demographers and the civil sector put this figure at as much as 450,000.³ Even the Statistical Office's census report on the Roma mentions the practice of ethnocultural mimicry, whereby the Roma consciously choose to declare as members of other ethnic groups.⁴ This issue may go beyond the scope of this report but does highlight the hindrances in attempting to assess Roma inclusion policies.

Healthcare statistics are not granular enough to track relevant data for vulnerable groups. Public health data, published by the Dr Milan Jovanović Batut Institute of Public Health, do not provide clear insight into how healthcare services are used by the Roma and migrants – or any other vulnerable population – preventing any analysis of how the pandemic has affected healthcare. The European Commission (EC) progress report for Serbia has noted improvement in the country's statistics,⁵ but the social statistics section emphasises the need for further improvement in health data, especially insofar they concern spending.⁶

RELIEF PACKAGE

COSTLY, UNTARGETED MEASURES

According to the Serbian Fiscal Council,⁷ in 2020 and 2021 the country spent some 1.419 billion euros, or about 2.9 percent

² See pod2.stat.gov.rs/ObjavljenePublikacije/Popis2011/Romi.pdf.

³ See eknfak.ni.ac.rs/dl/FINALLY/Nacionalni-izvestaj-Srbija.pdf.

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⁵ See neighbourhood-enlargement.ec.europa.eu/serbia-report-2021_en.

⁶ Ibid.

⁷ See fiskalnisanet.rs/doc/eng/ENG_Master_antikrizne%20mere%20COVID_10052022.pdf. The relief package comprised three broad categories: direct assistance to members of the public, assistance to businesses, and

of GDP, on a relief package aimed directly at the public. The 2022 budget has earmarked another 417 million euros for these purposes, bringing the total value of the pandemic relief effort from 2020 to end-2022 at close to 1.9 billion euros.

However, the bulk of the relief funds, some 90 percent, according to the Fiscal Council,⁸ for the general public have not been targeted. Targeted policies are defined as those that help members of the public directly affected by the pandemic (such as those who lost their jobs because of Covid-19) or those that help people who had been vulnerable even before the outbreak (those in long-term unemployment, families receiving financial social assistance, no-income elderly, households at risk of poverty, and the like). Except for the token one-off payment made to all unemployed, by this yardstick no other policy can be viewed as targeted.⁹ At first glance, assistance to pensioners may be considered a targeted policy, however, the large variation in pension amounts and the exclusion of the most vulnerable groups from the public pensions system belie any such characterisation. This issue will be discussed at greater length in the following sections.

Table 1: Public relief programmes (disbursements in euros)¹⁰

Population	2020	2021	2022
<i>Pensioners</i>	76.60	50.00	170.21
<i>Adults (over-18s)</i>	100.00	80.00	
<i>Young people</i>			200.00
<i>Vaccinated</i>		25.53	
<i>Unemployed</i>		60.00	

assistance to the healthcare sector. For this assessment, the most relevant aspect is the direct assistance disbursed to the public.

⁸ Ibid.

⁹ Ibid.

¹⁰ See mfin.gov.rs/dokumenti2/fiskalna-strategija-za-2023-godinu-sa-projekcijama-za-2024-i-2025-godinu. The table excludes unemployment allowance disbursed in Kosovo and Metohija.

The relief package aimed at the Serbian public was the least targeted effort of any other Central or Eastern European (CEE) country. As noted above, 90 percent of the funds earmarked for the general public were untargeted, as opposed to the CEE average of about 30 percent. (Some policies pursued by other countries will be discussed in detail below.)

The key problem with untargeted measures is that they cost taxpayers much more whilst not giving the most vulnerable groups the assistance they need to meet the increased costs of living. The relief package for the public accounted for about 2.9 percent of Serbian GDP, in contrast to the CEE average of 0.8 percent.¹¹ Untargeted measures made up some 2.6 percent of GDP, as opposed to about 0.3 percent of GDP in CEE countries.

Conversely, targeted measures were nearly twice as extensive in comparable countries (at over 0.5 percent of GDP), whereas the figure for Serbia was no more than 0.3 percent of GDP.

The policies alone did not suffice to provide the most vulnerable populations enough funds to cover their basic expenses. According to the Ministry of Trade, Tourism and Telecommunications,¹² in September 2021 the Serbian minimum market basket cost 40,282 dinars, or approximately 340 euros. In 2020 and 2021, each adult citizen received some 180 euros, barely covering the cost of the market basket for one month and much less than necessary for a decent quality of life.

Moreover, although the measures were formally universal, some vulnerable individuals were excluded from them. Firstly, many Serbians aged 65 and above receive no pensions. This figure was about 250,000 according to the 2011 census, most of whom (85 percent) were women.¹³ The number is currently

assumed to have fallen to some 150,000.¹⁴ As estimated by the Roma Forum of Serbia,¹⁵ in 2015 close to two-fifths (38 percent) of over-65 Roma did not receive a pension. With the Serbian legal framework still lacking universal pensions (monthly disbursements to the elderly not eligible for pensions on any other grounds), these individuals could not qualify for pensioner relief even though they constituted a highly vulnerable group at risk of poverty.

Secondly, members of the public who did not have identity documents, a common issue with some Roma households in slum settlements, were also unable to access this assistance.¹⁶ In a survey carried out for a United Nations High Commissioner for Refugees (UNHCR) report on the Roma population in informal settlements,¹⁷ some 5 percent of all heads of these households reported they had not received the 100 euro relief payment that all adult Serbians were eligible for.

REDUCTION IN NON-COVID-RELATED HEALTHCARE SERVICES

During the pandemic, most healthcare infrastructure was given over to dealing with the coronavirus, which severely curtailed the volume of other (non-Covid) services offered by the national health service. According to the Dr Milan Jovanović Batut Public Health Institute,¹⁸ in 2020 a decrease was registered in the numbers of both primary and inpatient healthcare services.

¹⁴ See danas.rs/bbc-news-serbian/srbija-penzije-i-politika-od-cega-vise-da-zivim-ljudi-bez-prava-na-penziju-i-dalje-cekaju-resenje.

¹⁵ See frs.org.rs/wp-content/uploads/2021/04/Stari-Romi-i-Romkinje_SRP-web.pdf.

¹⁶ For a more in-depth discussion, see A 11 Initiative for Economic and Social Rights: *Iskrivljena slika, Ekonomska i socijalna prava u Srbiji u 2021. godini*, p. 37, available at [a11initiative.org/wp-content/uploads/2022/05/Izves%CC%8Ctaj%20Iskrivljena%20Slika%20\(1\)-.pdf?_t=1663934511](https://a11initiative.org/wp-content/uploads/2022/05/Izves%CC%8Ctaj%20Iskrivljena%20Slika%20(1)-.pdf?_t=1663934511).

¹⁷ See UNHCR report *Persons at risk of statelessness in Serbia, overview of current situation and the way forward*, available at refworld.org/pdfid/615efd094.pdf.

¹⁸ See <https://www.batut.org.rs/index.php?content=77>

¹¹ Fiscal Council, *Anti-crisis budgetary measures during the covid-19 pandemic: costs, results and lessons learned*, 2022, available at fiskalnisanet.rs/doc/eng/ENG_Master_antikrizne%20mere%20COVID_10052022.pdf.

¹² See mtt.gov.rs/tekst/sr/2368/potrosacka-korpa.php.

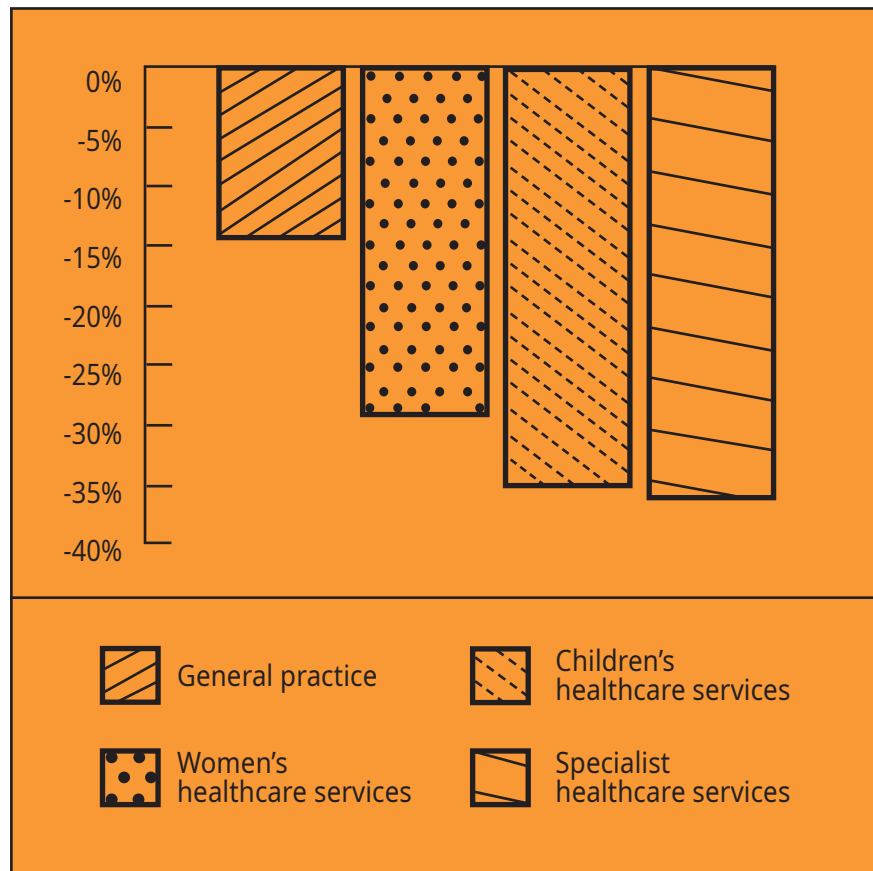
¹³ See politika.rs/scc/clanak/478524/Da-li-je-moguca-garantovana-penzija-onima-bez-dana-radnog-staza-i-bez-imovine.

Official statistics, such as those published by the Batut Institute, are not disaggregated by vulnerable group. Apart from being gender-sensitive, the data do not show how health spending addresses the needs of the most vulnerable groups, such as the Roma and migrants. (The absence of statistics covering groups most at risk was described in the foregoing section.) Given these issues with data availability, this assessment is based on the total volume of services provided by public healthcare institutions during the first year of the pandemic. The assumption was that the most severely materially deprived individuals primarily used public healthcare and, as such, were the hardest hit by the cutbacks in services.

In primary healthcare,¹⁹ 2020 recorded 14 percent fewer general practitioner (GP) visits than 2019 (23 million visits in 2020 vs 27 million in 2019). Women’s healthcare services also fell by nearly 29 percent. In addition, services aimed at children recorded a contraction of 35 percent, whereas visits to primary specialists fell by 36 percent in 2020 in comparison with 2019.

Figure 1: Changes in visits to primary healthcare institutions, 2020 vs 2019²⁰

Source: Batut Institute.



¹⁹ Ibid.

²⁰ Ibid.

Inpatient healthcare services²¹ were also reduced, as best evidenced in the number of bed-days and number of surgical interventions. Bed-days, including Covid-19 patients, fell by 31 percent in 2020 when compared to 2020. Many surgeries were also postponed or called off, as seen in the 17 percent annual decline in interventions in 2020. The number of some operations, such as eye surgeries, was halved. A detailed breakdown of interventions is shown in Table 2 below.

Table 2: Patients treated at state-run hospitals, by disease classification²²

Source: Batut Institute.

Disease Group	Change in 2020
Diseases of the respiratory system	15% ↑
Certain infectious or parasitic diseases	9%
Factors influencing health status or contact with health services	7%
Mental, behavioural, or neurodevelopmental disorders	-5%
Pregnancy, childbirth, or the puerperium	-10%
Diseases of the blood and blood forming organs and diseases of the immune	-11%
Injury, poisoning or certain other consequences of external causes	-23%
Neoplasms	-26%
Diseases of the nervous system	-31%
Symptoms, signs, and pathological clinical and laboratory findings	-32%
Diseases of the digestive system	-33%
Diseases of the genitourinary system	-35%
Diseases of the circulatory system	-36%
Certain conditions originating in the perinatal period	-42%
Endocrine, nutritional, or metabolic diseases	-43%
Connective tissue diseases	-44%
Diseases of the skin	-44%
Developmental anomalies	-45%
Diseases of the ear or mastoid process	-52%
Diseases of the visual system	-53% ↓

²¹ Ibid.

²² Ibid.

MISSING ECONOMIC AND SOCIAL PROTECTION FOR VULNERABLE GROUPS

The lack of healthcare services provided by state-run hospitals forced the public to rely on private healthcare providers. According to the Batut Institute, only 4 percent of the population carried private health insurance,²³ and private healthcare was generally paid out-of-pocket. The Batut report goes on to note that even those who had private health insurance still needed to pay private providers extra, as insurance policy cover was limited.

The most vulnerable communities, such as the Roma, were hit hardest by the withdrawal of public healthcare services. One reason was their lower use of private health insurance, and the other the absence of arrangements whereby the government would reimburse private providers for the cost of services delivered in replacement of those the public health system could not cope with.

During the pandemic, government health spending was greater in Serbia than in comparable countries primarily owing to a long-term lack of investment in the national health service. According to the Fiscal Council,²⁴ between 2020 and 2022 Serbia spent some 2.7 percent of its GDP on the public health system, which exceeds the CEE average of 1.5 percent. The Serbian fiscal watchdog offered three explanations for this state of affairs. Firstly, before the pandemic Serbia had been investing much less in its health service than comparable countries, requiring it to set aside more for that purpose after the coronavirus outbreak. Secondly, wages in the public health sector were much smaller in Serbia than elsewhere, which made it necessary to raise wages and pay bonuses to health workers. Lastly, Serbia's GDP was much smaller than those of comparable countries, whilst the costs of medical products (equipment, vaccines, and the like) are global.

²³ See batut.org.rs/download/izvestaji/Odabrani%20zdravstveni%20pokazatelji%202019.pdf. The assessment reviewed 2018 data since, as of the time of writing, no more recent information had been published.

²⁴ Fiscal Council, *Anti-crisis budgetary measures during the covid-19 pandemic: costs, results and lessons learned*, 2022. Available at fiskalniisavet.rs/doc/eng/ENG_Master_antikrizne%20mere%20COVID_10052022.pdf.

As few as six of the 27 EU countries have not made any changes to their unemployment benefit arrangements, such as broadening their reach, increasing their amounts, or extending their length.²⁵ In the Western Balkans, all countries except Serbia and Montenegro modified their unemployment benefit systems somewhat (with the exception of Kosovo*, which lacks an unemployment insurance scheme and was therefore not included in the assessment).

Most countries, 12 EU members, extended the length of unemployment benefits to mitigate the adverse impact of the pandemic on employment. In one such country, Serbia's neighbour Romania, the unemployed received a three-month extension on the statutory period of between six and 12 months, meaning the length of time these beneficiaries could continue to receive payments effectively increased by between 25 and 50 percent.²⁶

Seven EU countries and North Macedonia and Bosnia and Herzegovina altered their unemployment benefit eligibility criteria to increase the reach of this assistance during the crisis. Finland and Portugal halved the qualifying period. In April 2020 the Federation of Bosnia and Herzegovina opened the scheme up to people with unpaid social contributions.²⁷ For its part, North Macedonia temporarily broadened the scope of unemployment benefits by granting two-month payments

²⁵ European Social Policy Network (ESPN), *Social protection and inclusion policy responses to the COVID-19 crisis: An analysis of policies in 35 countries*, available at ec.europa.eu/social/main.jsp?pager.offset=0&catId=1135&langId=en&moreDocuments=yes.

²⁶ European Social Policy Network (ESPN), *Social protection and inclusion policy responses to the COVID-19 crisis: Romania*, available at ec.europa.eu/social/main.jsp?pager.offset=30&advSearchKey=romania&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0.

²⁷ *Ibid*, Bosnia and Herzegovina.

THE PANDEMIC AND AN UNRAVELLING SOCIAL SAFETY NET

to those than had lost their jobs between 11 March and 30 April 2020, regardless of their previous employment history (one working day was all that was required).²⁸ In addition, by contrast to the previous arrangement, when only individuals who had been made redundant were eligible for employment benefits, coverage was also extended to those who had left work consensually or had resigned.

Lastly, the actual benefits were increased in ten countries, nine of which were EU states, and Albania, which doubled its unemployment benefits from April to June 2020, albeit only for existing beneficiaries and those who had successfully qualified before the pandemic.²⁹ Bulgaria raised the minimum unemployment benefit by one-third in October 2020 and then again by 50 percent in April 2022,³⁰ cumulatively tripling unemployment assistance since the start of the pandemic.³¹ In addition, the country extended the disbursement period from three to seven months, with these improvements not restricted to the pandemic but planned to remain in effect indefinitely.

As noted above, Serbia is one of Europe's few countries not to have made any adjustments to its unemployment benefits scheme. Given the distinct nature of the current crisis, with the population constantly alternating between activity, inactivity, employment, and unemployment in a fluctuating labour market, and although the developments called for a systemic approach to the issue, Serbia opted for a completely ad hoc, discretionary policy of disbursing the equivalent of 60 euros to all registered unemployed. Quite apart from this being nothing more than a token amount, the government made no attempts to distinguish between the various categories of the unemployed.

Given the unprecedented social and economic crisis, any attempt by governments to protect and strengthen their social protection systems is invaluable for mitigating the impact of the emergency, especially on vulnerable individuals. By this measure, the Serbian response has been deplorable. The first suggestions the relief effort would be poorly handled came at the very outset of the pandemic, when people who had turned up at post offices throughout the country to take receipt of their meagre benefits were turned away (in error, as it would later become apparent) with the explanation that disbursements had been suspended indefinitely.³²

Economic policymakers also did not seem to be particularly attentive to the needs of financial social assistance (FSA) recipients, as evidenced by the requirement for them to apply for one-off assistance, even though pensioners, for instance, did not need to make formal applications for this relief. Application requirements for FSA beneficiaries were lifted only after public calls to re-assess the relative needs of the different groups. The government's only decision that directly affected FSA recipients was to extend benefits otherwise set to expire on 15 March 2020 for the duration of the state of emergency imposed in response to the pandemic.³³

²⁸ Ibid, North Macedonia.

²⁹ Ibid, Albania.

³⁰ See mlsp.government.bg/eng/the-average-pension-in-2022-will-be-over-bgn-573.

³¹ European Social Policy Network (ESPN), *Social protection and inclusion policy responses to the COVID-19 crisis: Bulgaria*, available at ec.europa.eu/social/main.jsp?pager.offset=30&advSearchKey=romania&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0.

³² See rs.n1info.com/biznis/a581544-ne-obustavlja-se-isplata-socijalnih-davanja-posebna-ovlasčenja-za-penzije.

³³ Ministry of Labour, Employment, Veterans' and Social Affairs, *Produžava se isplata prava na socijalna davanja na osnovu ranije donetih rešenja*, 24 March 2020, available at minrzs.gov.rs/sr/aktuelnosti/vesti/produzava-se-isplata-prava-na-socijalna-davanja-na-osnovu-ranije-donetih-resenja.

Table 3: Selected regional social protection policies, cost as % of 2020 GDP, and target populations

Country	Albania	Montenegro	North Macedonia	Kosovo*
Policy	<i>Doubling of FSA for 8 months</i>	<i>Three one-off payments to FSA beneficiaries</i>	<i>Relaxation of FSA eligibility criteria</i>	<i>Doubling of FSA for 8 months</i>
Amount	<i>Approx. EUR 16.3mn</i>	<i>EUR 2.5mn to EUR 3mn</i>	<i>Over EUR 3.2mn</i>	<i>EUR 86.5mn</i>
Cost as % of 2020 GDP	<i>0.001</i>	<i>0.0007</i>	<i>0.0007</i>	<i>0.0007</i>
Target population	<i>Approx. 64,000 people</i>	<i>Approx. 8,500 people</i>	<i>Approx. 5,500 new households</i>	<i>Approx. 103,000 people</i>
Duration	<i>April-June 2020; January-June 2021; 8 months total</i>	<i>March and July 2020; October 2021; 3 months total</i>	<i>April 2020 – January 2021; 9 months total</i>	<i>April-May 2020; October 2020 – March 2021; 8 months total</i>

Source: European Social Policy Network (ESPN), Eurostat, authors' calculations.

Serbia is the only country in the region not to have increased either the adequacy of its programmes aimed at the poorest groups (meaning the amounts disbursed) nor the reach of those programmes (number of beneficiaries).

Table 3 shows a selection of policies adopted by countries in the region to strengthen their social safety nets during the coronavirus outbreak. These figures reveal just how modest the financial outlay on aid to the poorest groups has been as a share of the countries' GDPs. The amounts set aside for social assistance in Serbia are thrown into sharp contrast by the scale of pandemic relief across the world and the region (amounting from 2 percent of GDP in Albania to as much as 7.9 percent of BDP in Montenegro). Even though Serbia's total Covid-19 assistance in 2020 and 2021 accounted for no fewer than 10.4 percent of GDP, outstripping both the region and all CEE countries (where the average was 6.7 percent of GDP), the country invested virtually no additional funds in making the social protection more resilient during the pandemic.

Unlike Serbia, North Macedonia removed the requirement for FSA beneficiaries to register with the national employment service and provide proof of actively seeking work, cut the income testing assessment period from three months to one, and removed property ownership conditions altogether. These changes have temporarily broadened the reach of FSA by about 7,000 households, or some 25 percent.³⁴ Although initially intended to be in effect for only two months (April and May 2020), this policy was later extended to the end of 2020. Albania awarded a one-off payment of 130 euros to all individuals and families who had unsuccessfully applied for economic assistance between July 2019 and April 2020.³⁵

The region's countries deployed a wide variety of policies to augment FSA. After the pandemic had begun, Montenegro

introduced several relief packages aimed at both FSA recipients and other vulnerable groups, such as beneficiaries of personal disability benefits and lowest-income pensioners. Family FSA recipients were paid 50 euros in March 2020 and 200 euros in July 2020; families with fewer than three members received 50 euros in Q1 2021, whilst those with four or more members were paid 100 euros.³⁶ North Macedonia extended its energy subsidy for households on FSA from six to 12 months, so effectively increasing social benefits. The Federation of Bosnia and Herzegovina temporarily enhanced its benefits scheme by introducing a six-month uplift for disabled FSA recipients. Local authorities in Sarajevo, such as Novo Sarajevo and Stari Grad, provided additional aid to vulnerable local pensioners. Stari Grad set aside the equivalent of more than 250,000 dollars for this purpose, whilst Novo Sarajevo increased its relief budget by 75 percent in 2020 alone (as its assistance programme for vulnerable pensioners has now been in effect for several years).³⁷

Kosovo* and Albania have made the greatest strides. For the eight months from April 2020 to March 2021, the Kosovo* government doubled FSA payments. Financial social assistance is paid in Kosovo* to all dependent persons (due for instance to illness, disability, or age) and single unemployed mothers able to work with at least one child under five years old; before being doubled, the payments amounted to 105 euros on average.³⁸ More than 103,000 people, or some 5.7 percent of the population, benefited from this assistance in Kosovo*. In 2021, as part of its recovery programme, the government announced it would extend the scope of FSA in collaboration with the World Bank in a project worth some 47 million euros. Since the start of the pandemic, the Albanian government raised FSA benefits no fewer than three times. The first such decision, taken as early as March 2020, doubled the benefits from April to June. In 2021

³⁶ Ibid, Montenegro.

³⁷ World Bank, *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*

³⁸ European Social Policy Network (ESPN), *Social protection and inclusion policy responses to the COVID-19 crisis: Kosovo*, available at ec.europa.eu/social/main.jsp?pager.offset=5&advSearchKey=kosovo&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0.

³⁴ European Social Policy Network (ESPN), *Social protection and inclusion policy responses to the COVID-19 crisis: North Macedonia*, available at ec.europa.eu/social/main.jsp?pager.offset=10&advSearchKey=north+macedonia&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0.

³⁵ Ibid, Albania.

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the doubling applied to the period from January to June of that year. Finally, in late December the government permanently doubled the FSA starting in January 2022 for households with three or more children under 18 (which accounted for 23 percent of all FSA recipients) and increasing the benefits by 10 percent for most other eligible groups.³⁹

Apart from these policies, designed to increase the reach and adequacy of social assistance programmes, countries in the region also introduced wholly new social policies. In 2021, Montenegro announced a universal childcare allowance, amounting to 30 euros per month, for children between 0 and 6 years of age. For children already receiving some form of social assistance, such as FSA or personal disability allowance, this benefit is to be increased to between 44 and 60 euros. This policy is to take effect in October 2022.

One particularly interesting approach, deployed in Kosovo*, involved families with no income derived from employment in the public or the private sector (in other words, formal employment) or social transfers receiving 130 euros, the equivalent of the minimum wage for the 15 to 34 cohort. This measure was aimed at families whose members worked informally and were ineligible for FSA due to failing the property ownership requirement.

Given the size of the region's informal sector, it came as no surprise to see as many as 67,500 households apply for these benefits, a figure on the order of 20 percent of all Kosovo* households. Ultimately, a still significant 31,000 households were deemed eligible.

The Serbian government has failed to introduce any economic policies targeting migrants since the start of the pandemic, even though this group virtually doubled during Covid-19. According to the Serbian Commissariat for Refugees and Migration, a total of 34,496 people were housed in the country's asylum centres and reception facilities in 2019,⁴⁰ only for this figure to increase to 63,408 in 2020.⁴¹ The upward trend continued into 2021, when 68,308 migrants were registered in Serbia.⁴²

In addition to no measures being aimed at migrants, the Commissariat for Refugees and Migration saw its government funding slashed for two consecutive years during the pandemic. In 2020, the institution's last pre-Covid budget amounted to 1.5 billion dinars,⁴³ falling to 1.23 billion in 2021, and again edging down in 2022, this time by a more modest 6.6 million dinars.

According to one survey,^{44,45} two-thirds of all migrants reported a significant or partial deterioration in access to social services after the outbreak of the pandemic; in addition, 27 percent claimed to have lost their jobs due to the pandemic, with two-thirds of these saying it would 'impossible' for them to find new work or resume their old employment. The same study also found 42 percent of the migrants had changed their eating,

⁴⁰ *Izveštaj o radu Komesarijata za izbeglice i migracije Republike Srbije 2019. godine.*

⁴¹ *Ibid*, 2020.

⁴² *Ibid*, 2021.

⁴³ Funds earmarked in Serbia's central government budget for 2020.

⁴⁴ Tim za socijalno uključivanje i smanjenje siromaštva Vlade Republike Srbije, Ipsos: *Istraživanje o uticaju epidemije virusa kovid 19 na položaj osetljivih grupa u Republici Srbiji*, available at socijalnoukljucivanje.gov.rs/wp-content/uploads/2021/12/Istrazivanje_o_uticaju_epidemije_kovid_19_na_položaj_osetljivih_grupa-samohrani_roditelji_beskucnici_zene_zrtve_nasilja_migranti_interno_raseljena_lica.pdf.

⁴⁵ Some findings of this survey may not be sufficiently relevant due to the small sample size.

³⁹ ESPN Flash Report 2022/12, *Albania: Recent developments in the social assistance programme.*

personal hygiene, and sleeping habits during the pandemic due to insufficient capacity of accommodation centres.

The foregoing sections have outlined the major impact of the pandemic on most facets of Roma life. Like the migrants, the Roma remained outside the scope of targeted economic policies that could have helped this already highly vulnerable population weather the worst of the crisis.

In contrast to Serbia, during the first wave of Covid-19 (April to May 2020), North Macedonia froze rents for all social tenants (including the Roma).⁴⁶ Serbia did provide one-off payments that were at least formally universal and so benefited the country's entire population, the Roma included.⁴⁷

However, in addition to some Roma being unable to access this sorely needed assistance because they lacked personal identity documents,⁴⁸ the measures were also economically discriminatory against the entire Roma group as under-16s age were not eligible for the benefits, and Roma families typically had more children. For instance, a Roma single-mother household with four children aged under 16 was set to receive only the equivalent of 180 euros in government aid since the start of the pandemic, whereas a household with two adults and two children aged over 18 stood to receive the equivalent of 760 euros.

⁴⁶ European Social Policy Network (ESPN), *Social protection and inclusion policy responses to the COVID-19 crisis: An analysis of policies in 35 countries*, available at ec.europa.eu/social/main.jsp?pager.offset=0&catId=1135&langId=en&moreDocuments=yes.

⁴⁷ See Table 1.

⁴⁸ As described above, eligibility for this assistance required having a valid personal identity document (which, in turn, meant having a registered address), a condition some members of the public – nearly exclusively Roma – could not satisfy due to difficulties in accessing personal identity documents and registering their addresses.

The percentage of Roma households surveyed in Southern Serbia^{49, 50} that reported a 'significant' drop in income during the pandemic ranged between 80 and 97 percent, depending on their place of residence (a rural area, the larger urban centre of Vranje, or Bujanovac municipality, the only of the three communities that also included Roma slum settlements, even though it accounted for only 23 percent of the sample).

The same study also found between 65 and 80 percent of Roma households experienced a 'significant' deterioration in access to regular healthcare, whilst between 50 and 70 percent claimed a 'significant' deterioration in their children's ability to access education. Between 35 percent (in urban areas) and as many as 75 percent (in rural communities) households saw their primary earner lose their job.⁵¹

When asked about the likelihood of returning to their old job or finding new employment after the crisis, between one-sixth of those polled (in urban areas) and one-third (in rural settings) responded this would be 'impossible', whereas between 13 percent (rural areas) and 44 percent (urban areas) claimed the likelihood was 'minimal'.

GALLOPING INFLATION AND THE COST OF LIVING CRISIS

In Serbia, inflation has exceeded the EU average since April 2021. For the greater part of this period the country's inflation rate has been between 40 and 50 percent higher than in the EU, and, from September to late December 2021, Serbia would have ranked third in the EU by price growth.⁵²

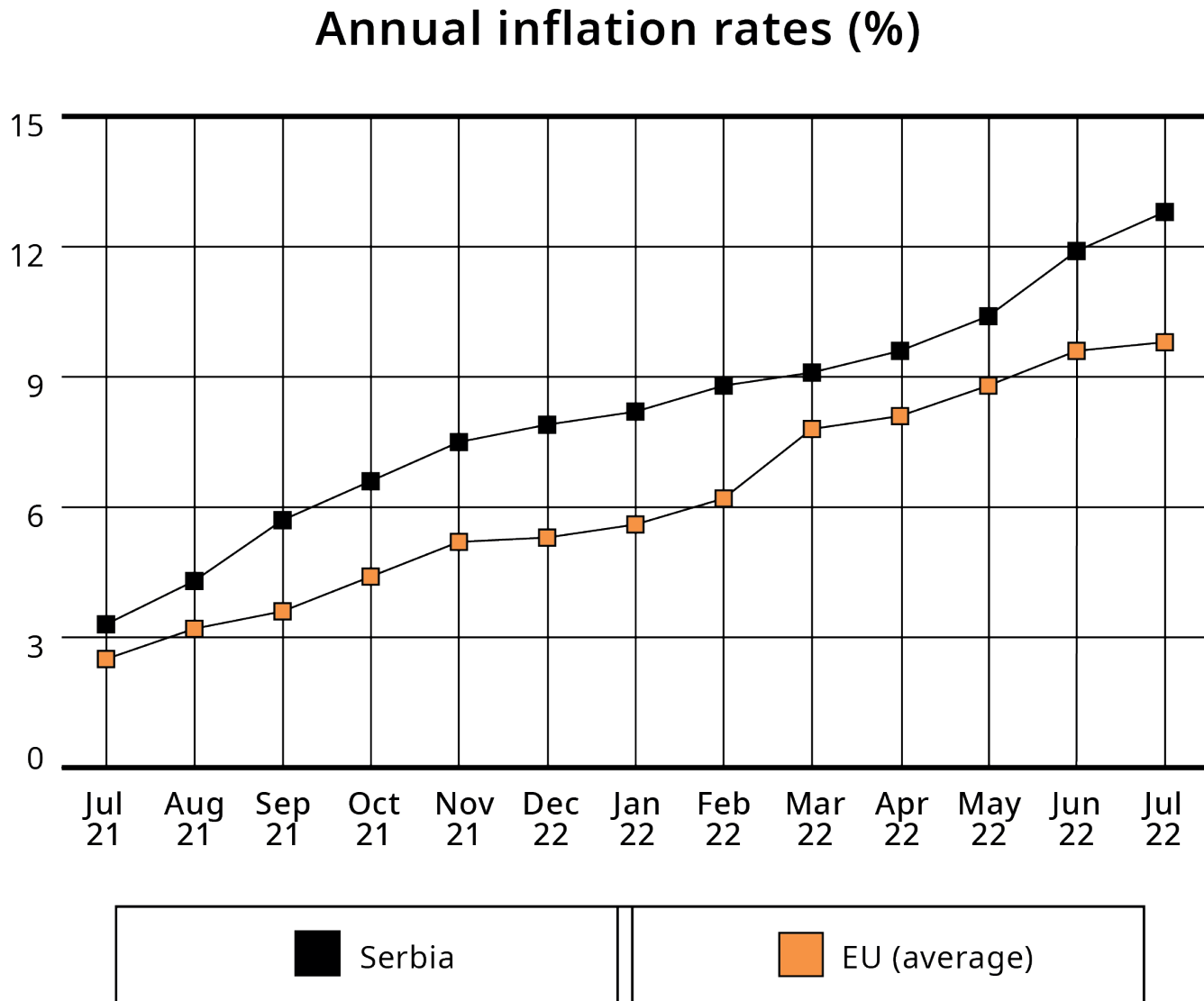
⁴⁹ *Istraživanje o uticaju epidemije virusa kovid 19 na položaj osetljivih grupa u Republici Srbiji (Romi i Romkinje)*, available at socijalnoukljucivanje.gov.rs/wp-content/uploads/2021/12/Istrazivanje_o_uticaju_epidemije_kovid_19_na_polozej_osetljivih_grupa-Romi_i_Romkinje.pdf.

⁵⁰ It ought to be noted that the impact of the pandemic was somewhat less pronounced in the rest of Serbia.

⁵¹ Percentage of respondents who answered the question.

⁵² See ec.europa.eu/eurostat/databrowser/view/PRC_HICP_MANR_custom_3231257/default/table?lang=en.

Figure 2: Annual inflation rates, Serbia and EU



Source: Eurostat, Statistical Office of the Republic of Serbia (SORS).

Gaining some sense of just how much inflation has affected living standards in Serbia requires comparing food price growth rates with those of other countries, especially as the average Serbian household spends 34.2 percent of its disposable income on food and soft drinks,⁵³ three times as much as households in countries such as Austria.⁵⁴ For as long as six consecutive months Serbia led the EU in year-on-year CPI food inflation. Here, in November 2021 food prices, as measured by CPI, officially grew by 12.2 percent compared to the same period one year previously⁵⁵ (although the increase was up to two times greater for some product groups), nearly one-third more than Lithuania, then the second worst-ranked EU member state in this regard, and four times more than the EU average (of 2.9 percent).⁵⁶

The poorest 10 percent of Serbian spent nearly half of what they earned on food,⁵⁷ and the proportion increased with the degree of poverty. Here, the survey of how the pandemic impacted the Roma, referenced in the previous section, found 70 percent of Roma households in the Southern Serbian city of Vranje spent 80 percent or more of their available income on food and soft drinks, with the figure standing at 75.6 percent for the city's neighbouring villages. When asked whether the crisis had forced them to reduce their food and soft drink purchases, 88 percent of those polled in Vranje and 92 percent in the surrounding villages answered in the affirmative.

Obviously, FSA recipients, the most vulnerable visible group, will spend the greatest proportion of their already low incomes on food. With Serbia amongst Europe's hardest hit countries by food price growth, the authorities ought to have brought in policies to protect the nearly 200,000 people in this category but have failed to do so. The Social Protection Law requires the

⁵³ SORS, 2019 Household Budget Survey.

⁵⁴ See statistik.at/en/statistics/population-and-society/consumption-expenditure-and-consumer-durables-in-private-households/consumption-expenditure.

⁵⁵ SORS, *Consumer Price Indices by COICOP, November 2021*, available at publikacije.stat.gov.rs/G2021/PdfE/G20211340.pdf.

⁵⁶ See ec.europa.eu/eurostat/databrowser/view/PRC_HICP_MANR_custom_3231258/default/table?lang=en.

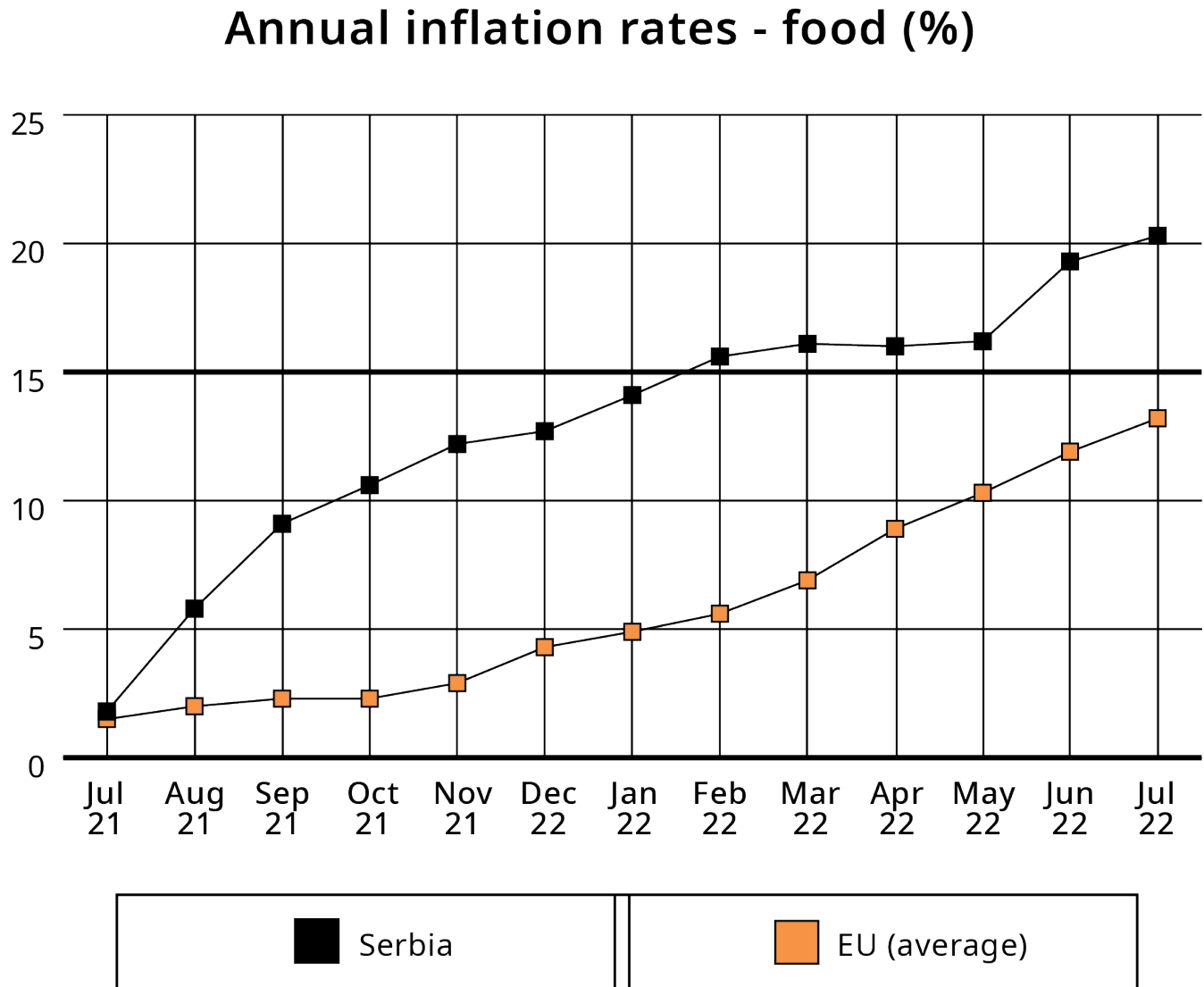
⁵⁷ SORS, 2019 Household Budget Survey.

nominal FSA rate to be adjusted to inflation twice per year, in April and October.⁵⁸ However, the benefits are indexed against core inflation, which is significantly higher than the rate at which food prices have been growing – so the increase has still meant FSA beneficiaries' cost of living has gone up, month after month. This has long been the case, with Serbian CPI food inflation exceeding the core price growth rate since August 2021. Moreover, excluding August 2021, the first month when CPI food inflation outstripped core year-on-year inflation, monthly food price growth has exceeded the average inflation rate (which also includes food) by between 55 and 77 percent over the period ending in July 2022, the last month for which data are available.

Lastly, even though inflation is for the most part driven by external factors, and although the government has made several the right moves, including freezing the prices of some staples and dampening the rise in the cost of fuel, Serbia's high price growth is no accident. It is the consequence of years of neglect of agriculture, highly controversial and belated responses to growing inflation by the government and the central bank, and several counterproductive measures, such as dispensing helicopter money during the pandemic, a policy that was to a large degree unselective and extremely poorly targeted.

⁵⁸ See paragraf.rs/propisi/zakon_o_socijalnoj_zastiti.html.

Figure 3: CPI food inflation, Serbia and EU



Source: Eurostat, Statistical Office of the Republic of Serbia (SORS).