OFFICE FOR HUMAN AND MINORITY RIGHTS

Division for Monitoring the Implementation of International

and Regional Human Rights Treaties

Belgrade, 13 June 2017

**Information on**

**the Questionnaire of the Special Rapporteur on the Rights of Persons with Disabilities relating to the Exercise of Sexual and Reproductive Health Rights of Women and Girls**

**(А/HRC/26/20)**

*Analysis of current situation and strategic measures*

An analysis of implementation of the *Action Plan to implement the National Strategy for Improving the Position of Women and Promoting Gender Equality (2010-2015)* has revealed that, notwithstanding the legislative and health policy measures that are in place, the expected results in this area failed to materialise, because the available financial, technical and human resources were not sufficient and sustainable. There had been a high number of deliberate terminations of pregnancy, the knowledge of contraception and the availability of contraceptives were unsatisfactory and schools did not provide adequate sexual education. Furthermore, women in vulnerable groups are exposed to various forms of violence, including domestic and intimate partner violence. Another observation was that members of vulnerable groups were not provided with adequate access to proper health care.

To address the identified limited practical reach of the previous strategic document, the new *National Strategy for Gender Equality 2016-2020, with the Action Plan for 2016-2018*, the adoption of which was initiated by the Coordination Body for Gender Equality, includes gender-sensitive formal education as a specific strategic objective. One of the planned measures is to include age-appropriate education on sexual and reproductive health and rights in the primary and secondary education curricula and syllabuses and to improve the competence level of teaching staff by introducing compulsory courses on gender equality.

*Improved health of women and equal access to health care services is also identified as a specific strategic objective.* Measures designed to achieve this objective include those that will guarantee full and effective exercise of the right of women with disabilities to sexual and reproductive health by eliminating prejudice, training the medical staff and increasing the number of appropriately equipped health care institutions; measures that will lower the rates of abortion as a contraception method by improving access to information and availability of modern forms of contraception; and measures to give women and children living with HIV access to the necessary medicines and services, as well as information on the methods of preventing mother-to-child transmission of HIV.

*The Strategy for Prevention and Protection against Discrimination 2013-2018* with the supporting *Action Plan* aims to prevent and outlaw all forms, types and special cases of discrimination. The Strategy covers all persons and groups of persons with regard to their personal characteristics and focuses in particular on members of 9 vulnerable social groups: national minorities, *women*, LGBT persons, *persons with disabilities*, the elderly, children, refugees, internally displaced persons and other vulnerable migrant groups, members of small religious communities and persons discriminated against because of their health status. The Strategy clearly sets out how these social groups would be additionally protected, how the principles of equality, equal rights and equal treatment would be applied, the areas in which vulnerable social groups most frequently face discrimination and ways to improve the situation in specific areas, the desired direction of future legislative reforms and passing of secondary legislation to improve the protection of these persons etc. Thus, the following measures are envisaged for improving women’s health care and reproductive rights: Secure available and adequate measures for women in healthcare, throughout their lives, particularly in the field of family planning, pregnancy and the period after childbirth; pay special attention to the healthcare needs and rights of women from multiple marginalised groups; improve prevention and early detection of malignant diseases in women; include information and education of youth of both sexes on sexual and reproductive health in the educational system; provide available contraception, family planning counselling and information for women and men on sexual and reproductive health, as well as adequate protection of the health of women with experience of violence and women at work. Specific measures envisaged by the Action Plan for Implementation of the Strategy for Prevention and Protection against Discrimination regarding improved health care and social protection of women include amendments to the Rulebook on the Modalities and Procedures for exercising Compulsory Health Insurance Rights and the Rulebook on the List of Prescription Medicinal Products covered by Compulsory Health Insurance, in connection with the Law on Exercise of the Right to Health Care by Children, Pregnant Women and Nursing Mothers.

*Education system*

Health education is included in both pre-school programmes and primary school curricula. Prevention of drug abuse, addictions and eating disorders and changes in puberty and adolescence are covered by the compulsory primary school curricula and their teaching is incorporated in various subjects, including Biology (especially in seventh grade, when human anatomy is studied), Chemistry and Civic Education at all pre-university education levels.

The *Rulebook on General Standards of Achievement at the End of General and Vocational Secondary Education[[1]](#footnote-1)* also defines cross-curricular competencies, including *care for one’s health.* This competency means that pupils are capable of understanding the harmfulness of using certain medications and psychoactive substances (nicotine, alcohol, drugs), the importance of hygiene and reproductive health care etc.; in this context, teachers have a duty to teach pupils how to develop these competencies.

*Secondary schools* offer *Health Education* as an extracurricular activity covering the following topics: hygiene, mental hygiene, reproductive health care, addictions and eating disorders, changes in puberty and adolescence and occupational safety and health, which are included in the annual work plans and programmes of schools. The course is taught by teachers and teaching assistants within specific subjects, in cooperation with local medical institutions or within the framework of projects, including *Skills-based Health Education* (with UNICEF) in secondary schools and *Creative Work with Children to prevent Drug Abuse* (with the Ministry of Health) and *Safe Childhood* (with the Ministry of Interior) in primary schools.

The Ministry of Education, Science and Technological Development has collaborated intensively with the Ministry of Health and the Institute for Public Health of Serbia “Dr. Milan Jovanovic Batut” to prepare and implement the Strategy for the Fight against Drugs, to implement the INSADA Twinning Programme etc. The Institute for Public Health of Serbia is implementing programmes with a network of 23 regional institutes for public health through teamwork between health care professionals and assistants employed at medical institutions and teachers who perform health promotion activities in the community, in pre-school institutions and in schools.

In the Autonomous Province of Vojvodina, the Provincial Secretariat for Youth and Sport has in recent years funded an extracurricular subject titled *Health Education on Reproductive Health*, which has been implemented in about one hundred schools as a project activity, with the support of qualified trainers.

The Group for the Protection against Violence and Discrimination within the Ministry of Education, Science and Technological Development has collaborated with the Centre for the Protection of Trafficking Victims and other systems on the following activities:

* Defining the indicators for preliminary identification of trafficking victims in the education system;
* Focus groups on the use of the indicators;
* Training representatives of school administrations and schools on the use of the indicators.

The development programmes and the annual work programmes of education institutions incorporate activities aimed at preventing any form of violence, discrimination and segregation, which includes prevention and identification of human trafficking. The professional development programmes for the staff of education institutions cover topics relating to empowerment and developing knowledge and skills for working with female pupils who suffered some form of intolerant behaviour. The seminars are accredited by the Institute for the Advancement of Education.

Analyses conducted in the past five years on a sample of four-fifths of all primary and secondary schools in Serbia[[2]](#footnote-2) found that 92.2% of the pupils with additional support needs attended regular schools, while the rest of them were in special education. It was observed that the share of children with additional support needs enrolled in regular education was higher in primary than in secondary schools; also, schools that received grants had a higher share of pupils from vulnerable groups. As regards pupils with additional support needs in regular classes at regular schools, the highest share is that of children from socially unstimulating environments (48.3%), the share of pupils with learning difficulties is lower (29.3%), while the share of pupils with developmental disorders and disabilities is the lowest (22.4%).

*The Support Network for Inclusive Education*,formed in 2010 by the Ministry of Education, Science and Technological Development, plays an important role in improving the education of persons with disabilities. *The Network* has been formed in response to the need of educational institutions for additional support in developing a practice of accessible, proper and equal education for every child, with a focus on and care for children in vulnerable social groups. *The Network* has been developing through activities of the DILS project[[3]](#footnote-3) and thus constitutes an important pillar of support in the implementation of the Law on Basic Elements of Education System (Official Gazette of RS Nos. 72/2009, 52/2011, 55/2013, 35/2015 – authentic interpretation, 68/2015 and 62/2016 – decision of the Constitutional Court). To be accessible to users, *the Support Network for Inclusive Education* is organised to cover the entire territory of the Republic of Serbia. Users of the services provided by *the Support Network for Inclusive Education* in previous two years have included[[4]](#footnote-4): primary schools (469), secondary schools (83), preschool institutions (49), schools for children with developmental disabilities (32), parents / guardians (196), IEP teams (295), teaching assistants (138), principals (235), interdepartmental committees (21), civil society organisations (4), university schools (5), students (100), pedagogues (37) and pedagogical assistants (26).

*Preventing and Combating Violence and Forced Marriages*

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention)[[5]](#footnote-5) was ratified in October 2013. The Rulebook on Detailed Requirements for and Standards for the Provision of Helpline Service for Women Who Experienced Violence[[6]](#footnote-6) was passed in November 2015 in accordance with Article 24 of the Istanbul Convention. To ensure harmonisation with the Istanbul Convention, *the Law amending the Criminal Code* and *the Law Prevention of Domestic Violence* were enacted on 23 November 2016.

The most important amendments to the Criminal Code concern criminal offences against gender freedom and the introduction of new criminal offences. More stringent penalties have been imposed for certain criminal offences against gender freedom. A prison sentence of minimum five years (without the possibility of early release) has been imposed for rape of and sexual intercourse with a child (as well as in case of sexual intercourse through abuse of position if the criminal offence was committed against a child), which makes criminal legislation of the Republic of Serbia one of the most stringent in Europe. In addition, the minimum prison sentence for sexual intercourse with a helpless person has been increased from two to five years, while the maximum prison sentence has been increased to 12 years (and is now equal in duration to the penalty for rape). New criminal offences have been introduced in the criminal Code, including: female genital mutilation[[7]](#footnote-7); stalking[[8]](#footnote-8); sexual harassment[[9]](#footnote-9) and forced marriage[[10]](#footnote-10). Also, changes have been made in the description of the criminal offence referred to in Article 185 *Showing, Procuring and Possession of Pornographic Material and Juvenile* to ensure harmonisation with the Council of Europe Convention on Cybercrime[[11]](#footnote-11), which has improved the criminal law protection of girls and boys on the Internet.

In addition, *the provisions according to which formal criminal charges can begin only with an information* in cases of rape, sexual intercourse with a helpless person committed against a spouse and prohibited sexual acts have been deleted from the Criminal Code.

*The Law on Prevention of Domestic Violence* has been enacted to regulate the organisation and actions of public authorities and institutions and to ensure efficient prevention of domestic violence and urgent, timely and effective protection and support for victims of domestic violence. The Law establishes a procedure for the prevention of domestic violence (including protection and support to victims), as well as a system of mechanisms which timely and effectively provide safety for victims in cases when there is no legal basis to hold a perpetrator in custody or serve a domestic violence restraining order in accordance with the Family Law. The Law came into force on 1 June 2017, at the same time as the abovementioned amendments to the Criminal Code. The delayed application was necessary in order to conduct a comprehensive training required for the introduction of a new system of protection against domestic violence.

The Law provides for a special domestic violence prevention procedure, which is one of the most important novelties and substantially implements some of the most important arrangements of the Istanbul Convention. The Law first *sets out a general duty of all persons to report domestic violence or a immediate threat of domestic violence to the police or a public prosecutor. All public authorities, organisations and institutions also have the duty to report violence or a immediate threat of violence. The duty of competent public authorities and centres for social work has been expanded to include identification of domestic violence and threats of violence, which are now part of their regular duties.* A police officer must respond to each call to check whether the allegations are true or false. If the allegations are true, the responding police officer must notify a police officer with specialist training in domestic violence about the domestic violence about the domestic violence which occurred and if there is an immediate threat of repeated violence. For the purpose of applying preventative operative measures and collecting evidence, police officers may bring a person reported to have committed violence to a police station and detain him there. The purpose of detention is to enable the prosecution of the alleged perpetrator of violence. The duration of detention is limited to maximum eight hours.

The preventative procedure begins with the notice to the competent police officer. *A police officer with specialist training in domestic violence must assess the risk of immediate threat of domestic violence immediately after receipt of notification.* Assessment of risk of an immediate threat of violence includes in particular an assessment whether violence is likely to be repeated immediately, which takes into account the following facts: whether the alleged perpetrator had committed domestic violence earlier or immediately before the risk assessment and how likely he is to repeat it, whether he has threatened to commit homicide or suicide, whether he owns weapons, whether he suffers from mental disorders or abuses psychoactive substances, whether there is a dispute over child custody or the arrangements for personal relations between the child and the parent who is the alleged perpetrator, whether the alleged perpetrator has been served with an emergency restraining order or a domestic violence restraining order in accordance with the Family Law and whether the victim is in fear and how likely he/she thinks the violence is to occur. If the competent police officer has reason to believe there is an immediate threat of domestic violence, he/she must without delay forward the assessment of risk of an immediate threat of violence containing the produced and/or received information to the basic public prosecutor in charge of the territory where the victim has his/her permanent or temporary place of residence, a centre for social work and a coordination and cooperation group.

*Programmes and projects*

In Serbia, the Association for Sexual and Reproductive Health (SRH Serbia) is currently implementing a programme to promote and guarantee the rights to sexual and reproductive health for girls and boys, as part of the pilot project *“Reproductive Health and Rights and Gender Equality”,* developed in accordance with an accredited programme. The programme is intended primarily for teachers in primary and secondary schools and their professional development. It is implemented in cooperation with the German institute Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), as part of a regional project titled Social Rights for Vulnerable Groups (SoRi). Three seminars have been organised so far, in which 59 teachers and professors in 42 primary and secondary schools from across Serbia were trained. The programme involves 256 children (126 male pupils and 130 female pupils; 68 in secondary schools and 188 in primary schools) whose parents gave their consent for their children to attend these classes/workshops. The age range of the children who participate in the programme includes children is from the third grade of primary school to the third grade of secondary school. Two handbooks were prepared for this programme and the pilot project - one theoretical and one practical – for workshop activities with children. The handbooks are translated and adapted versions of handbooks of the International Planned Parenthood Federation (IPPF), a comprehensive sexual education programme implemented in over 30 countries worldwide.

Before the pilot programme was launched, all the pupils were pretested to gain insight into their knowledge and attitudes on sexual and reproductive health and rights, as well as gender equality. The pre-test showed a very low level of knowledge, while the attitudes the children expressed were indicative of a very high level of intolerance towards minority/vulnerable groups, in particular the LGBT and the Roma populations. Teachers claim that pupils in primary and secondary schools are very interested, motivated and satisfied because they can talk openly and learn about these issues in the school environment (64 %). Implementation of this pilot programme and the organisation of seminars should continue next year and the network of schools covered by the programme should be expanded.

We would also like to point out the project *“Access to Health Services providing Sexual and Reproductive Health Treatment for Women with Disabilities in Vranje”,* implemented by the association NEXUS-Vranje. The project is financed by the European Union, the Swiss Government and the Serbian Government through the European PROGRESS programme. The objective of the project is to develop capacities of women, persons with disabilities, physicians and health professionals to work with persons with disabilities and to work with the media in order to focus media attention to the problems faced by persons with disabilities in the field of sexual and reproductive health. Within the framework of the project, a specially designed electric gynaecological examination chair will be donated to the Health Centre in Vranje to improve the quality of health care for persons with disabilities. Project activities are focused on working with women with disabilities through trainings, workshops and community actions on these issues.

1. *Official Gazette of RS* No. 117/2013 [↑](#footnote-ref-1)
2. Survey conducted in the school year 2010/2011, Ministry of Education, Science and Technological Development, 2012 [↑](#footnote-ref-2)
3. DILS programme (*Delivery of Improved Local Services)*, a project supported by a World Bank loan, includes health care, social support and education, i.e. support programmes relating to accessibility and the quality of inclusive education, available at: <http://www.dils.gov.rs/> [↑](#footnote-ref-3)
4. These figures were collected through quarterly reports by *Network* members which were submitted by all school administrations using a standard format. [↑](#footnote-ref-4)
5. *Official Gazette of RS* – International Treaties No.12/2013 [↑](#footnote-ref-5)
6. *Official Gazette of RS*, No. 93/2015 [↑](#footnote-ref-6)
7. Article 121а [↑](#footnote-ref-7)
8. Article 138а [↑](#footnote-ref-8)
9. Article 182а [↑](#footnote-ref-9)
10. Article 187а [↑](#footnote-ref-10)
11. *(5) Any person who by means of IT deliberately accesses images, audio-visual or other items with pornography content created by exploitation of underage persons shall be punished by a fine or imprisonment of up to six months. (6) Items with pornography content created by exploitation of underage persons (child pornography) shall mean any material visually displaying an underage person engaged in actual or simulated explicit sexual behaviour, as well as any displaying of a child’s genitals for sexual purposes.* [↑](#footnote-ref-11)