



Strategic plan 2011-2016

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INTRODUCTION

This is the first draft of the IAN Strategic Planning document for the period 2011-2016.

The documents contain IAN background, mission, vision and values, updated situational analyses in the areas of IAN involvement, strategic goals, key strategic areas and objectives and the two-year operational plan for each IAN department, as well as IAN overall financial plan for 2011.

IAN Strategic Planning document was developed during the first quarter of 2011. The Executive Board initiated and led the strategic planning process and consultations which involved IAN program managers, coordinators and employees. The process included the combination of workshops, meetings, desk research and data analysis. The working group for strategic planning met for three one-day workshops, analyzing the previous 5 years of experience, assessing the current situation and perspectives, reviewing main areas of activities, types of services provided and main target beneficiaries, and finally suggested areas for improvement and main strategic directions for further development. Also, the process included the analysis of the new management system introduced in the organisation and challenges encountered within it, that need further clarification in areas of responsibilities and duties of the management structures. Some strategic areas relevant for the whole IAN were recognized and main objectives identified. (See table 1). Further work on the document has been organized within IAN departments and sections. The draft document was presented to IAN employees for their comments and inputs.

As a final step in the consultation process, IAN presents the draft document to IAN Steering Committee for consideration, after which their valuable contributions will be taken into consideration into finalizing the documents.

This strategic planning process is a continuation of the process initiated and supported by IAN most committed donor agency – CAFOD, particularly CAFOD consultants Jerome Piercy and Dana Hradcova who actively supported IAN Board of Directors and Project Coordinators in self assessment process conducted in 2005/2006 which lead to creation of IAN first Strategic plan 2006-2010 document. Based on the lessons learned from the previous 5 years of active work as well on the changes in national and international environment in this period, we were able to critically assess our involvement, emphasize successes and good practices, as well as to recognize areas for improvement and foresee new challenges in the upcoming period.

IAN - the history of engagement in the community

IAN is a local non governmental organization established in 1997, during the war on the territory of the former Yugoslavia. Huge number of refugees without homes has motivated a lot of international and local organizations to provide humanitarian aid for these people. IAN understood that several civil wars in our country would have strong, long term consequences on mental health of all people, especially of refugees and internally displaced people, and decided to develop and undertake activities for protection and promotion of mental health of the most vulnerable people. The Trauma centre - service for free of charge psychological support was established in 1998 as IAN's first program. This program later extended its activities to cover local population, since the years of war and poverty had also left traces on them. War in Kosovo, NATO bombing of the country and humanitarian crisis that followed, brought completely new challenges. During that time, IAN developed six more psychosocial centres in Serbia, and organized distribution of humanitarian aid to internally displaced persons from Kosovo and Metohija. Approximately 50.000 IDPs received some form of help through IAN's offices. After Kosovo crises, IAN ran the programme of supporting the IDPs from Kosovo and Metohija facilitating return related activities in some of the most difficult areas of Kosovo and Metohija as well as supporting IDP associations and other NGOs through skills building.

When the rapid response program satisfied the urgent need for humanitarian aid and after establishing good practice in psychological counselling, from 2000 IAN implemented program for facilitating search for durable solutions for displaced people in the Balkan region within the Repatriation Centre. This program provided information and legal assistance aimed at supporting refugees from Croatia and BiH and IDPs from Kosovo and Metohija in exercising their basic human rights.

As an organisation dedicated to the beneficiaries, IAN has realised that only a comprehensive approach in helping these people could have an effective impact on their wellbeing.

We established a specialised centre for comprehensive assistance (medical, psychological, legal and psychiatric help) to victims of torture. IAN Centre for Rehabilitation of Torture Victims (CRTV) started to work in September 2000. CRTV is still one of the core IAN programs assisting approximately 600 clients per year. Gradually, the activities have been spread to Bosnia and Herzegovina, and two new centres for rehabilitation of torture victims were established in 2009 in Milici and Trebinje, BiH and empowered to provide comprehensive assistance to victims of torture and their families.

Since 2010 CRTV moved its focus from war torture to current torture and ill-treatment committed by the police, prison guards as well as other official persons employed in the state institutions, especially those where people are deprived of liberty for some period of time (e.g. psychiatric hospitals, institutions for social care, prisons, detention units, etc.). The marginalized people, like drug users, people with HIV/AIDS, chronic

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psychiatric patients, and Roma people have been recognised as groups under high risk of being exposed to torture and ill-treatment, and prevention and rehabilitation services have been directed towards them. CRTC is also working on torture prevention by providing support and capacity building of stakeholders (Ombudsperson office, association gathering people at risks of violence and inhuman treatment) to prevent and report torture.

Since its establishment, IAN CRTC has also been active in advocating for rights of torture survivors, first of all right to get appropriate treatment and redress, as well as in participating and organizing campaigns aimed to raising awareness of general and professional public about existence of torture and need for active combat against it and about existing international and national mechanisms for prevention of torture and rehabilitation of torture victims.

The comprehensive approach in psychosocial rehabilitation of vulnerable categories includes also education and empowerment for social inclusion. IAN has developed and run the educative programmes since 2001. For the past ten years IAN Education Department (IAN Telecentar) has developed five schools (Computer Skills, English language, Life skills training, Entrepreneurship and Vocational trainings) with the focus on increasing educational level, employability capacities and psychological status among the vulnerable groups (unemployed, poor, refugees, internally displaced persons, Roma, persons with disabilities, persons with HIV, etc) in Serbia. Since April 2005 IAN Telecentar has become an authorized ECDL¹ Test Centre and Advanced ECDL Test and since 2008 TOEIC² test centre for English language.

Each year IAN provides more than 1500 free of charge courses for more than 500 individual beneficiaries from different vulnerable groups. IAN Telecentre supported opening of new Telecentres in Novi Sad, Nis (Serbia), Vukovar (Croatia), Trebinje, Milici and Sarajevo (Bosnia and Herzegovina) and Gostivar (Macedonia).

In 2003 IAN started to fight one of the biggest killers of our time: HIV and AIDS. Jointly with governmental institutions and international agencies, first Voluntary Counselling and Testing centre in our country was developed and IAN started to advocate for spreading VCT model. Since 2004 IAN section for HIV and mental health has been conducting numerous training programs for professionals and organizations in the field of HIV response. IAN supported the development of eight associations of people living with HIV (PLHIV) and provided education and supervision of professional helpers.

Since 2007 IAN has been committed to the developing integrated mental health and social services model, which supports the integration of people with mental illness into society, and increases the involvement of users of mental health services and their relatives in the service delivery.

¹ With over six million participants, the European Computer Driving License (ECDL) is the world's largest vendor-neutral end-user computer skills certification and is internationally recognized as the global benchmark in this area.

² The Test of English for International Communication (TOEIC) is "an English language test designed specifically to measure the everyday English skills of people working in an international environment."

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IAN approach in service developing and delivering incorporates components of research and evaluation of the treatment effects. Aiming at providing evidence based diagnostic and treatment IAN continually records all relevant data about beneficiaries and interventions. In 2005 we conducted a research on durable solutions, living conditions, mental health and human rights status of refugees and returnees in Balkan region. From 2002 to 2008, within FP5 and FP6 EU programs IAN conducted two inter-disciplinary scientific research studies on PTSD, its consequences and treatment outcomes. Within HIV/AIDS program, in 2010, the research on perception of knowledge, attitudes and behaviour of health professionals in Serbia related to HIV have been conducted.

Since 2009 we have been involved in small scale research studies related to the process of symbolisation in PTSD and evaluation of new treatment offered to people with PTSD. The research results have been published and some of them can be found on IAN web site.

Since 2004 there are four program departments developed under IAN mission.

Health Department that includes three sections:

- Center for rehabilitation of victims of torture works with people who survived torture or who are under high risk of torture, through providing psychological and other types of counseling in the Centre and in the field by the expert team.
- HIV/AIDS section is active in the field of prevention and continuous education of professionals and other stakeholders about HIV and mental health, and engaged in capacity building of associations of people living with HIV
- Section for mental health organizes activities that contribute to improving the quality of life of people with mental health problems through development of community services and advocacy, and support to introducing community mental health centres in Serbia.

Educational department supports social and economic integration of people from vulnerable groups through providing education programs and professional empowerment through ICT education, English courses, entrepreneurship and life skills courses, vocational training, etc. In addition, IAN Telecentar conducts different campaigns aimed at raising awareness about the importance of e-skills, lifelong learning, Internet safety, eInclusion of vulnerable groups and personal communication in the digital world.

Human Rights Department has been founded on the programme of IAN Repatriation Centre. It provides legal counselling and information aimed at supporting beneficiaries in exercising their human rights, with the overall aim to support their process of social and economic integration. Main beneficiaries include victims of torture, refugees and internally displaced persons, mental health patients, etc.

Research Department, carries out research related to different health and psychosocial problems, psychophysic and biological human reactions to stress, studies on HIV and mental health, all framed in the context of vulnerable groups of people IAN works with.

MISSION, VISION, VALUES AND PRINCIPLES

Vision

IAN wants the region of South Eastern Europe to be healed from the consequences of war and political violence and to become a civil society where human rights and well being of all are respected.

Mission

IAN supports the human rights violation survivors and other marginalised and vulnerable groups in development of their own potential for decent life in peace.

Values

Professionalism

Dedication to beneficiaries

Evidence based intervention

Civil society - open society

Tolerance and respect, equal rights and opportunities

Principles

Social responsibility

Individual responsibility

Learning organization

Integrated approach toward social needs

SITUATION ANALYSIS

As evident from the previous overview of the history of its engagement, IAN has yearlong experience and expertise in the field of psychosocial assistance to the wide range of vulnerable groups –war victims, refugees, IDPs, PLHIV, people with disabilities, mentally ill, long term unemployed, etc.

IAN recognises its role in the Serbian society in creation of an enabling environment for rehabilitation and social inclusion of vulnerable groups through

1. *Direct service provision*
 2. *Education and dissemination of knowledge*
 3. *Awareness raising of general population and advocacy*
1. IAN's distinctive competence is in providing comprehensive assistance for vulnerable people, addressing a range of their needs, from rehabilitation (psychological, psychiatric and medical services) and compensation (legal services) to empowerment, education, social inclusion and inclusion into labour market (ICT trainings, English language courses, job search courses, social skills courses, professional empowerment, etc).
 2. IAN disseminates the experience and knowledge gained in direct work with clients and related researches, and promotes international human rights standards, through trainings, presentations and publications and promotion of good practices among professionals and stakeholders working with vulnerable groups.
 3. IAN conducts public awareness campaign and advocacy activities to acknowledge and promote the issues addressed through IAN programs.

IAN will seek to spread and enhance its impact through networking and making strategic alliances with the like-minded local and international organisations.

In the following sections situation analyses is presented in each of the areas of IAN involvement.

1. HEALTH

1.1 Treatment of torture victims and prevention of ill-treatment and torture

In the last five years, situation with services for treatment of victims of trauma and torture in Serbia practically remained the same as it was described in IAN strategic plan 2006-2010: no governmental services, some programs within NGOs dealing with torture issues are in decline or not existing anymore. On the other hand, considering the prevention of ill-treatment and torture some progress has been done in this period, through ratification of OPCAT (Optional Protocol to the UN Convention against Torture) and establishment of Ombudsman's Preventive mechanism, although this body is not yet formally proclaimed by the state authorities as the National Preventive mechanism and state obligations in relation to OPCAT are not fulfilled.

Serbian society, which is in the period of transition from communistic pasts to democratic society, is bearing a heavy burden of the past. According to estimation of Serbia's Association of ex detainees there are about 5000 victims of torture currently residing in Serbia. Torture left devastating consequences on people's mental and physical health and overall life functioning. It influences all aspects of survivors' life – family, social and professional functioning and overall quality of life. Members of their families are indirect, secondary victims³, since they are the first line of support to the torture victim and very much influenced by their physical and mental status. Torture victims often are not able to work and lose their previous role in the family and in the society. Due to alcohol abuse and increased aggressive behaviour, there is a high family dysfunction and second-generation victims. Further more, symptoms of the Post Traumatic Stress Disorder, which is developed in 64% of our beneficiaries, cause further impairment, isolation, avoidance of other people. In addition to psychological impairment, it has been shown that chronic stress can causes various psychosomatic illnesses and can dramatically increase morbidity and mortality rates among victims of torture who suffer from the resulting physical health problems.

During Milosevic's regime, Serbia was among a small number of countries denounced by the international community as "systematically applying torture"⁴. Although improvements are evident (almost all core international human rights instruments are ratified), there are still frequent cases of torture and ill treatment, especially within places of detention. Despite the fact that police forces went through a series of reforms⁵, there are still many reports and numerous allegations of deliberate physical ill-treatment of persons deprived of their liberty by the police in Serbia. Humanitarian Law Centre (HLC) published a report⁶, with description of various cases of police torture toward citizens, particularly

³ Milosevic, V. : Secondary Traumatisation and Counselling of Torture Victims' Family Members, in the monograph Torture in war: Consequences and rehabilitation of victims – Yugoslav experience, published by IAN, 2004 (<http://www.ian.org.yu/publikacije/tortura/booktortura.htm>).

⁴ Professor Manfred Novak Special UN reporter for the torture – lecture presented in August 2009 in Belgrade www.ombudsman.rs

⁵ OSCE Mission to Serbia and Montenegro (2004): "Police Reform in Serbia: Towards a modern and accountable police service"

⁶ Reports available at www.hlc-rdc.org

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ethnical minorities (Roma), drug addicts, and criminal suspects, but also toward juveniles, women and children. Also, stigma and exclusion, although present in every society, in the Balkan post-conflict region are more widely accepted and more often result in violent acts against groups at risk. During the war this «demonization» of the enemy took place on all sides and large groups of leading strata were engaged in creation of this perception of opposing ethnic groups as being different in validity – less human, worthless, evil, immoral or dangerous⁷. Although a number of individuals who perpetrated torture was relatively small in comparison to overall population, **number of those who permitted torture** by not stopping/preventing it or by not investigating and punishing perpetrators **is much higher**. According to the CPT⁸ report, there is a **failure of the state to protect minorities** especially when events indicate that they may be at heightened risk of violence.

Deinstitutionalization of **psychiatric hospitals** and **social institutions** (asylums) as well as reforms of **prisons** are “going in slow pace”⁹. Council of Europe’s Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after regular visit to Serbia in 2007 expressed concern in regards to treatment and care in prison facilities, psychiatric hospitals and social care institutions¹⁰, about “*forceful internment and long term restraint and lack of investigation amount to torture or cruel, inhuman and degrading treatment or punishment.*”

There is no official statistics related to number of persons who experienced torture or ill treatment in places of detention in Serbia. CPT has invited Serbian authorities to introduce a uniform nationwide system for the compilation of statistical information on complaints, disciplinary sanctions, and criminal proceedings/sanctions against prisons staff and police officers. In 2007 and 2008 total number 24 criminal complaints were submitted against 36 police officers for criminal acts with elements of torture. This number presents only 2.52% of all criminal complaints submitted against police officers.¹¹ Considering the low level of reporting of torture acts by victims in Serbia, it can be assumed that the number of non-recognized victims is higher. Victims often come from marginalized communities and due to the experience of poverty and exclusion are often not fully aware of rights and ways to exercise rights (lacking information, knowledge and capacities to deal with institutions and service providers (to whom and how to present case, how to approach professional etc). There is also lack of trust towards general community and professionals and belief that they will suffer retaliation if they complain.

Both CPT and Committee against Torture (CAT)¹² suggested training of

⁷ MacDonald, D.B. (2002) *Balkan Holocausts? Serbian and Croatian Victim-Centred Propaganda and the War in Yugoslavia*. Manchester, England: Manchester University Press.

⁸ European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) Report,

<http://www.cpt.coe.int/documents/srb/2009-01-inf-eng.htm>

⁹ Report of the commissioner for human rights Thomas Hammarberg on his visit to Serbia, 13 – 17 October 2008

¹⁰ Report to the Government of Serbia on the visit to Serbia carried out by the European CPT from 19 to 29 November 2007

¹¹ Presentation of the assistant minister of interior at the Conference *Prevention of Torture*, March 2009,

www.zastitnikgradjana.org/conference,

¹² Concluding observations of the Committee against Torture for SERBIA , 3 – 21 November 2008, point 14.

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medical personnel in use of Istanbul Protocol¹³. Mechanisms for protection and prevention are still not fully functional. National preventive mechanism is not established, although Serbia was obliged to establish it 3 years ago according to the Optional Protocol to the Convention against Torture that Serbia ratified in 2006. On the other hand Ombudsperson office set up a Preventive mechanism that has wide authority and needs ongoing support and expertise (especially psychiatric and forensic¹⁴) to grow stronger. Building capacities of Ombudsperson team will be one of the goals/priorities in IAN actions related to torture prevention and human rights protection in the period 2011-2015.

Besides lack of protection of marginalized groups and their human rights, there is a **lack of the programme for redress and rehabilitation of victims of torture and ill-treatment**. Experience of IAN shows that the victims of torture, both direct and secondary victims, face severe psychological and somatic difficulties and obstacles in getting compensation and proving that the torture happened. Since many torture victims are from marginalized groups (refugees, Roma, LGBT population, drug users, sexual workers, people with mental or physical disorders), in most cases they are deprived of number of basic human rights (lack of adequate place for living, job and money, social and health insurance, etc). That is why *comprehensive rehabilitation*, which would include medical, legal, psychological assistance as well as professional empowerment, is necessary in order to help them rebuild their lives and start living better, a more dignified life.

Since 2000 IAN CRTV has been working on developing and providing programs for comprehensive rehabilitation of torture victims and their family members. These programs include integrated services (psychological, psychiatric, medical, legal, educational, etc.), which enables us to provide a wide spectrum of interventions, well rooted in a social field of our beneficiaries (e.g. help in the process of integration in society which includes variety of services), medically supported (e.g. free of charge medical examinations and medicines), backed up by organised psychotherapy which is under continuous evaluation, followed by well designed and internationally networked research. They have been proven to be widely respected by clients.

So far, IAN CRTV has been the only specialized centre for torture survivors' rehabilitation in Serbia. Through 10 years of CRTV existence, significant experience has been accumulated related to providing assistance to highly-traumatized and multiply vulnerable group of war-related trauma and torture victims and comprehensive programme developed for their rehabilitation and redress. Now, our focus is moving toward marginalized groups in the post-war community (in Serbia and the region). Thus, we need to define common features of activities for war trauma/torture victims and for people from marginalized groups (mentally ill, minorities, PLHIV, etc.) and knowledge that we lack in order to better

¹³ Alleden, Kathleen et al.: Istanbul Protocol Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, UNHCHR, 2004. Manual was translated and printed in Serbian by IAN

¹⁴ Deputy Ombudsperson for rights of the people in detention asked IAN for support in providing forensic and psychiatric expertise

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develop services for groups at risk of being exposed to human rights' violation (including torture).

In the previous strategic plan a need for a better case-management was stressed, which should be met within the next five-year period (training in case management was conducted for IAN CRTV staff in the beginning of 2011 and case management principles are planned to be implemented in everyday work with beneficiaries).

Still, there is a need for: a) re-evaluation of the battery for assessment and evaluation (moving to a more practical and easy-for-use and less time consuming set of instruments) and b) re-evaluation of all services and especially psychotherapeutic process (target group, duration, criteria, objectives, needs to be done regularly.)

Advocacy and PR strategy should be defined more precisely and activities in these areas should be improved in the next period.

Even research in the area of mental health protection and rehabilitation of torture victims (well developed) need some systematization and planning (objectives, priorities, time frame).

Another aspect that should be discussed and decision needs to be made is whether we are planning to change our focus from direct assistance to beneficiaries toward provision of know-how to professionals who work with torture victims.

Sustainability is often seen as coming from governmental funds. We hope that our psychosocial activities aimed at torture victims' rehabilitation will gain at least some governmental support, although it is not much likely this support to be substantial in the next five-year period. Since 2009, Serbia got a new Law on non-governmental organizations and reforms of the social care system started which should increase civil sector's possibilities to be equal providers of services to different categories of beneficiaries and to get governmental financial support for that. However, it is still more feasible to look for partnerships with the governmental institutions instead of expecting substantial support from governmental funds.

It seems that the key for our sustainability should be in further development of specialized services (for victims of torture and groups at risk) and expertise, and looking for funds from EC and UN that are currently available as well as exploring possibilities for getting donations from another international agencies, embassies and private companies.

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1.2 HIV and AIDS in Serbia

Epidemiology

According to the present data, Serbia has relatively low prevalence of HIV infection (0.05-0.1%). From the beginning of the epidemic until the end of November 2010, 2554 persons infected with HIV have been registered in Serbia, of whom 1524 are patients with AIDS and 1,071 HIV-positive people died¹⁵. In the beginning of the last year, 1398 people were living with HIV. The significant facts related to HIV epidemic are¹⁶:

- The number of newly infected HIV positive persons is decreasing in the age group 15 – 29 (47% in 2008 comparing to 22% in 2002);
- Sexual transmission is a dominant way of transmission; the number of MSM among HIV positive is increasing while the number of the newly infected is decreasing among injecting drug users (70% in 1991 and 7% in 2009).
- The percentage of those who discovered HIV positive status when symptoms of AIDS are developed is decreasing from 48 % in 2002 to 27% in 2009

Since 1997 the highly active antiretroviral therapy (HAART) is available free of charge and in the period 2003-2009 there has been substantial increase in people infected with HIV who are treated with combined antiretroviral therapy. Also, since 2000 the significant reduction of morbidity and mortality from AIDS has been registered.

National response

National response to HIV is mostly related to Global Fund projects, approved for the first time in 2001. Commission for the Fight against HIV/AIDS that exists since 2001 has been implementing three Global Fund projects with different aims and objectives. Since the first one was oriented on setting the basic framework for the formulation of goals and implementation measures and establishment of official bodies and documents related to HIV and AIDS (adoption of the first National Strategy from 2005 to 2010 and establishment of the National AIDS office in 2006), the second and third one were more focused on strengthening preventive programs, treatment and care and support for people living with HIV (PLHIV). There are significant changes influenced by the projects that took place in the last few years: PLHIV associations have been established and developed, decentralizations of treatment has been done in four clinics in Serbia, methadone programme has been expended to primary health care, vulnerable groups at the margin of the society (injecting drug users, sex workers, most at risks adolescents) provided with services such as HIV testing, harm reduction, preventive education; the progress is seen in the monitoring system and research, especially bio-behavioural research and estimation of HIV prevalence among vulnerable groups and estimation of the size of the vulnerable populations. Despite significant progress in the field of HIV, particularly in

¹⁵ Institute for Public Health “ Dr Milan Jovanovic Batut”

¹⁶ National Strategy for HIV, the third draft

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participation of PLHIV in the national HIV response, there is still much room for improvement. The prepared drafts of the new National Strategy for the period from 2010 to 2015 recognized that more improvement is necessary in the area of human rights protection of PLHIV and vulnerable people, development of the program sensitive to gender issues, development of the positive prevention activities, especially related to voluntary counselling and testing (VCT) centres and strengthening the role of local community in response to HIV. Also, the further improvement of the monitoring and evaluation system is needed. The National Strategy will have special focus on¹⁷:

- Further development of VCT in terms of sustainability (defining VCT as a service that could be covered by health insurance), on-going education and support for VCT counsellors as well as development of referral and stronger collaboration with non governmental organizations;
- Developing positive prevention and building capacities of VCT counsellor, PLHIV activists active in psychosocial support for PLHIV and other services offered for PLHIV
- Strengthening preventive programs for vulnerable people: harm reduction and program for substitutive therapy for those injecting drugs (IDU) especially in health system; sensitizing health workers about health needs and specifics of men who have sex with men (MSM), developing skills of MSM for better prevention and increasing availability of condoms; spreading the prevention program provided for sex workers (SW) throughout the country; specific focus on developing preventive program for youth and disabled people, prisoners, Roma and poor people;
- Increasing availability of HIV testing for pregnant women and developing skills of women for prevention
- Further support and capacity building for PLHIV associations in order to develop good quality services for PLHIV
- Fighting stigma and discrimination by education and anti stigma campaign

During the last five years, IAN HIV sector has been changed in a few ways. Factors influencing these changes are linked to two events. First, stable and permanent financial support for HIV projects stopped in 2009 when IAN partner and donor CAFOD left the country. The consequence of this was increased number of employed people in HIV sector and necessary reconsideration of the strategic plans and activities in 2007 when CAFOD announced the living. After the success in developing VCT services accordingly to UNAIDS and WHO recommendations and significant improvement that has been clear in that area, IAN has decided to change direction in 2007 and focus activities on psychosocial support for PLHIV and capacity building of PLHIV associations – the less developed area. The second factor that had a big impact on HIV sector was MAIDS project supported by Ministry of Foreign Affairs of Kingdom of Netherlands. The project objective was to develop Expert Centre for HIV

¹⁷ National Strategy for HIV, the third draft

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and mental health that would be used as recourses centre for training, research and publication in area of mental health and HIV. IAN HIV sector has further developed capacities in the field of training and research and crated a network of changed agents composed from different professions active in the area of HIV and mental health that helped us to implement big projects supported by the Global Fund money all over the Serbia.

At the moment, IAN is recognized by the stakeholders in HIV field as an organization dedicated to PLHIV and with significant expertise in training, research and capacity building activities. One of the biggest recourses is trust of people living with HIV.

1.3. Mental health

Reform of the mental health care system in Serbia was initiated in early 2003, when the Ministry of Health established the National Committee for Mental Health (NCMH). Main activities in the reform were part of the Stability Pact Mental Health (SP MH) Project¹⁸. In 2003 and 2004 NCMH produced the analysis of existing services, National mental health policy and action plan and the Law for protection of human rights of individuals with mental health problems. The last two documents were submitted to the Ministry of Health in September 2004. Mental health policy is adopted by the Government of Republic of Serbia in January 2007, and is by now the only document which supports transformation of classical psychiatric services into community mental health services.

Although the policy supports the development of community based mental health care, so far there was no relevant action plan which would define timeline, structure, responsibilities, and financial means by which the existing services would be transformed. New law has not been adopted yet, and some actions on the side of the Ministry of Health are directly constraining proclaimed aims of support to reforms (failure to protect service in Mediana, lack of support to projects related to mental health reforms).

The first pilot centre for community mental health care in Serbia¹⁹ has been established within the Stability Pact Mental Health Project in Sothern Serbia, the city of Niš, municipality *Mediana*, administratively under Special Psychiatric Hospital "Gornja Toponica". Since May 2010 even this centre is under threat as the reforms-oriented director has been discharged from duty after a well organized campaign by dozen of strikers within the hospital, unions and media.

¹⁸ More about the Project could be seen at: <http://seemhp.ba/>.

¹⁹ Community mental health services (CMHS) support or treat people with mental disorders (mental illness or mental health difficulties) in a domiciliary setting, rather than being admitted to a psychiatric hospital (asylum). The World Health Organization states that community mental health services are more accessible and effective, lessen social exclusion, and are likely to have fewer possibilities for the neglect and violations of human rights that were often encountered in mental hospitals. However, WHO notes that in many countries, the closing of mental hospitals has not been accompanied by the development of community services, leaving a service vacuum with far too many not receiving any care.

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At the same time, situation in psychiatric hospitals is worsening, and we submitted several reports to international human rights and professional organizations. Recently, the European Committee for Prevention of Torture (CPT) visited Serbia and a major part of their work were visits to psychiatric institutions (they have visited 4 large hospitals). They have decided to focus on psychiatric hospitals after repeatedly alarming reports made during the previous visits (they have visited 3 times the same hospital, one of 5 large asylum like hospitals in Kovin)

Analyzing the lack of governmental support and overall statement of reforms, we have concluded that there are several factors contributing to it:

1. Complete lack of users and family associations and movement and their support to the reforms. There are only few non-governmental organizations (NGOs) presently in Serbia that are gathering mentally ill people and their families. They are neither present in media nor able to independently formulate their needs.
2. There are few reform-minded professionals within the system and they are under constant pressure. Incident which occurred in Centre *Mediana* has been seen in two other large institutions under auspices of the Ministry of Labour and Social Policy. Other colleagues that tried to adopt some principles of community mental health care are facing many obstacles in everyday work (examples are: they are not able to pay to patients for work or for products they make during the workshops, they are not able to provide means for extra-hospital activities, nor to influence any procedure regarding hospitalizations).
3. Lack of legislation and political will to protect and promote rights for mentally ill patients is probably the main obstacle for development of independent mechanisms for monitoring of asylums and development of community mental health centres. Ministry of Health proclaimed that the new law for protection of mentally ill would be in procedure in 2009 and it has not yet been adopted and a draft is not open for the public
4. Lack of researches and clear data about epidemiology of psychiatric illnesses, services provided, quality of services, attitudes, knowledge and behaviour of the care givers, number and professional status of care providers, funding available for mental health care from health insurance fund (e.g. WHO issued a report providing statistical data, among other for Serbia a lot of data are missing and some data are not correct, like the statement that we have a law and action plan)

We can conclude that from 2003 till 2011 major conditions for the users of psychiatric have not changed - psychiatric care is provided in institutions that are mostly overcrowded, have poor living condition and there is a lack of respect for patient's human rights. Although, according to the unofficial data of MoH there are 46 psychiatric wards in

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general hospitals and around all 17 psychiatric teams in primary health care level all over Serbia, almost half of all patients receive care in 5 large psychiatric hospitals settled in rural areas and have extremely poor living conditions. The perspective for people being referred to such institutions is staying there for a long time, mainly due to social reasons. In Serbia, collaboration between social and health authorities, which is necessary for effective support to the target group, is generally lacking. Social care centres lack services in the community as well and matters like guardianship²⁰ do not follow European models. Also, there is a number of people suffering from mental illness that are settled in large social institutions with similar conditions but exact numbers and level of disability is lacking. MoH officials, unofficially state that they are struggling to get clear picture of mental health due to unequal care provided by the same services in different parts of the country (some departments and teams provide good care and do not refer their patients to large hospitals or social welfare institutions) and uneven number and type of services in the same communities (e.g. Nis has a large number of different psychiatric services and large number of staff and some other communities of the same size have only one hospital department and staff per capita differs up to 5 times)

In the past five years IAN mental health group has grown and become one of the vital parts of the reform movement in the country. From the beginning of the reforms IAN has been involved in supporting the process first of all via participation of dr Jovic in the Stability Pact project as a country manager, then, via MATRA program, we obtained support for the project "Integrated mental health care and social care services for model region – Nis region". Project has been granted for Serbian and Dutch partners for the period of 3 years starting from October 2007²¹, extended for additional 6 months and with participation of IAN in International Mental Health Collaboration Network where we have a place in the board of the network among other with representatives of Trieste, Lille and Birmingham WHO collaborative centres for mental health.

²¹ This is largest supporting initiative towards the reforms in the country.

2. EDUCATION

Important factor in further economic development in Serbia is acquiring knowledge and skills needed in the modern economy and society. Unfortunately, the existing education system cannot adequately meet these needs and the gap between the requests of the labour market on the one side and skills that individuals have on the other side grows bigger every day. This gap is especially large within groups who are vulnerable and outside the mainstream of the society - refugees and displaced persons, Roma, unemployed, minority groups, people living with HIV, disabled persons, seniors, women, etc. This makes these groups even more marginalised and isolated from the society.

Serbian Poverty Reduction Strategy places significant accent on employment issues as being key mechanisms for reducing an extremely high poverty rate among the members of vulnerable groups and encouraging their full integration into the society. Due to their disadvantaged position in accessing employment, **the unemployment rate among the members of vulnerable groups is significantly higher than in the overall Serbian population**. Unemployment rate in general Serbian population is 19,3%, while among vulnerable groups it ranges from 36 to 75%²².

The importance of education for the alleviation of poverty is convincingly demonstrated by the Survey of the Living Standard of the Population findings, showing that 69% of the poor in Serbia have only primary and incomplete secondary education while only 2% of the poor have higher education. Low expenditures for education (3.4% of GDP in 2010) have negative impact on the accessibility of education to children and adults from poverty stricken groups and on the quality of education. One of the basic findings of the majority of studies is related to **the negative correlation between the level of education and poverty**. Therefore, it could be concluded that increasing educational level of inhabitants significantly decreases the risk among those belonging to groups which are under poverty line.

The problem is that many of the unemployed cannot participate in all those initiatives concerning getting employment because of inadequate or almost non-existent knowledge regarding modern information-communication technologies, social skills, foreign languages or entrepreneurship skills. According to the Statistical Office of the Republic of Serbia (2010) almost half of the total population in Serbia (44,7%) has never used a computer²³. Data on informatics and technological literacy among the vulnerable groups in Serbia do not exist, however **IAN data shows that about 70% of them do not use computers or Internet**.

Adult education and training are currently almost non-existent. It is estimated that **in the past few years only 1% of the adult population received training**.

Future demand for (re)-training of the labour force is expected to be extremely high, due to the large-scale economic re-structuring Serbia will

22 Statistical Office of the Republic of Serbia, 2011; Poverty Reduction Strategy; National Employment Service 2010
23 Upotreba informaciono-komunikacionih tehnologija u Republici Srbiji, 2009 (*Use of ICT in Serbia*, 2009),

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have to undergo. Large state enterprises need to be restructured in terms of ownership, production technologies and products. Accordingly, new managerial capacities have to be developed for the management of those enterprises, but also for their staff who need to be (re)-trained for using new technologies and products.

As much as 565.880 people (19,3% of the labour force) are registered as unemployed at the beginning of 2011²⁴. The low qualified are over-represented in this number, and **15% of all unemployed have been in this status for four years or more**. This demonstrates that a serious (re)-qualification effort is needed to avoid discouragement of the low-qualified and long-term unemployed, and they need to be kept economically active where possible. However, there are a number of impediments to retraining and re-qualification of Serbia's labour force. First, there is a lack of a clear view and strategy on how to modernize the vocational education system to adapt it to the requirements of an economy in transition. Second, there is a lack of knowledge of new technologies and management skills at the level of the trainers themselves. Third, there is a lack of training capacity in terms of infrastructure and organization of this infrastructure. Finally, there is a lack of funds for investing in a massive training effort.

Europe 2020

Information and communication technology (ICT) now permeates virtually all aspects of our lives. Technology is creating new opportunities for many in Europe's population, connecting them to better paid jobs, instant information, new forms of social interaction, community infrastructures, government services, consumer power and convenience. It plays an ever increasing role in day to day lives – to communicate, to carry out business, to acquire information and to enjoy ourselves. Yet more than one in three Europeans do not fully benefit from these opportunities. **In Serbia situation is much worse: one of two inhabitants do not use ICT**²⁵. Also, certain demographic groups are less likely to access ICT for a variety of reasons. For instance, we know that in Serbia, just as in EU countries, those who are disabled, old, unemployed, have low income, or poor educational attainment are less likely to use computers and internet. The difference exists also among urban (56%) and rural households (33,6%) and the gap keeps increasing. To build the knowledge society it is imperative to address those citizens who are currently excluded and also to encourage the “e-reluctants” – those least likely to engage in acquiring e-skills or using e-services, due to fear, lack of information, etc to use ICT. Great proportion of general public is not aware of importance and benefits that e-skills can bring to personal and professional life.

The social and economic implications are huge and affect us all. In today's society, access to information is a right as well as a condition for prosperity. It is not acceptable, nor is it economically sustainable, to leave millions of people behind, unable to use ICT to their advantage. **e-Inclusion** is about ensuring that technology is not part of the barrier to

²⁴ Statistical Office of the Republic of Serbia, 2011

²⁵ According to the research 44,7% citizens in Serbia has never used a computer. Upotreba informaciono-komunikacionih tehnologija u Republici Srbiji, 2009 (*Use of ICT in Serbia, 2009*), available in Serbian on <http://webrzs.stat.gov.rs/axd/dokumenti/ict/2009/IKT2009.pdf>

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inclusion. **e-Inclusion** is about taking full advantage of opportunities offered by new technologies to overcome social and economic disadvantages and exclusion. **e-Inclusion aims at enabling every person who so wishes to fully participate in the information society, despite any individual or social disadvantages.** It contributes to social equity and cohesion, as well as to productivity and economic growth.

Despite its significance, not enough people – individuals, communities, organisations, and decision-makers at all levels – are aware of the benefits of digital technologies.

There are European Union commitments which highlight opportunities and help develop good practice across Europe. Ministers of the EU Member States, accession, candidate countries and EFTA countries adopted a **Declaration on e-Inclusion²⁶** in June 2006 at Riga. This has provided the political guidance for the subsequent actions by Member States and the European Commission to achieve an inclusive digital society, including a large awareness raising process through which governments, industry and civil society realized they had to optimize their synergies.

In March 2010 the European Commission launched the **Europe 2020 Strategy²⁷** to exit the crisis and prepare the EU economy for the challenges of the next decade. Europe 2020 sets out a vision to achieve high levels of employment, a low carbon economy, productivity and social cohesion, to be implemented through concrete actions at EU and national levels. **The Digital Agenda for Europe** is one of the seven flagship initiatives of the Europe 2020 Strategy, set out to define the key enabling role that the use of Information and Communication Technologies (ICT) will have to play if Europe wants to succeed in its ambitions for 2020.

The objective of this Agenda is to chart a course **to maximise the social and economic potential of ICT**, most notably the internet, a vital medium of economic and societal activity: for doing business, working, playing, communicating and expressing ourselves freely. It has seven priorities among them are also following:

Enhancing e-skills

"Over 50% of Europeans use the internet daily – but 30% have never used it at all! In many cases the take-up gap is due to lack of user skills such as digital and media literacy, not only for employability but also for learning, creating, participating and being confident and discerning in the use of digital media. Moreover, disabled persons face particular difficulties in benefiting fully from new electronic content and services. As ever more daily tasks are carried out online, all our people need enhanced digital skills to participate fully in society". It aims at increasing the percentage of ICT users among vulnerable groups from 41% to 60% in the next 10 years, and to decrease the e-reluctant from 30% to 15% **through different raising awareness activities and eSkills trainings.**

²⁶ Available at http://ec.europa.eu/information_society/activities/einclusion/events/riga_2006/index_en.htm
27 EUROPE 2020 - A strategy for smart, sustainable and inclusive growth - COM(2010) 2020.

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ICT for Social Challenges

"Digital technologies have enormous potential to benefit our everyday lives and tackle social challenges. The Digital Agenda focuses on ICTs capability to reduce energy consumption, support ageing citizens' lives, revolutionises health services and deliver better public services. ICTs can also drive forward the digitisation of Europe's cultural heritage providing online access for all".

Successful delivery of this Agenda will spur innovation, economic growth and improvements in daily life for both citizens and businesses. Wider deployment and more effective use of digital technologies will thus enable Europe to address its key challenges and will provide Europeans with a better quality of life through, for example, better health care, safer and more efficient transport solutions, cleaner environment, new media opportunities and easier access to public services and cultural content. In 2010 Serbian Government has indorsed a **Digital Agenda for Serbia** based on European Agenda (it contains two Strategies: Strategy for development of information society in the Republic of Serbia until 2020 and Strategy for development of electronic communication in Serbia until 2020). In Serbian Agenda it is stated that

"Development of information society should be followed by:

*Inclusion of all citizens of Republic of Serbia, with special focus on **inclusion of social groups with special needs**, regional development and strengthening local initiatives. "*

Unfortunately, still²⁸ the Action plan for the Serbian Agenda has not been adopted, so it is not possible to start with its realisation.

Addressing the issue of digital literacy among country's population especially workforce and raising ICT competences in Serbia can potentially bring a productivity gain. The use of ICT proves to have great impact on the profitability, productivity and employment levels of businesses and it is generally considered to be a critical factor contributing to national performance on both micro and macro economic level.

Based on the above, it could be concluded that the use of ICT in Serbia is on a low level compared to EU countries, and this calls for more intensive actions both in raising digital literacy and in wide promotion of benefits that the use of modern ICTs and e-Inclusion can bring to citizens, enterprises and public sector.

IAN efforts

IAN Telecentre has been recognised by the community as an important actor in providing digital literacy and other lifelong learning programs. IAN is member of the widest and most active European Network in the domain of digital literacy Telecentre-Europe network²⁹ (TE). Head of IAN Telecentre is a member of the TE Steering Committee. Telecentre-Europe

²⁸ April 2011

²⁹ Telecentre-Europe (www.telecentre-europe.org) is an inclusive and vibrant network that increases the impact and effectiveness of telecentres throughout Europe by fostering knowledge sharing and learning amongst its members.

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helps in creating relevant and scalable approaches towards achieving e-Inclusion for the next 292 million Europeans – i.e. all of those who lack basic ICT skills today. Also IAN is member of Balkan Network of Telecentres³⁰ and in 2011 IAN initiated the creation of the local Network eMreza³¹ gathering Serbian actors active in e-inclusion activities.

IAN Telecentar combines and provides tailor made courses to enable people to acquire knowledge that helps them to better integrate into society and become economically independent.

IAN Telecentar aims at developing people's competencies required for active participation in the knowledge society through:

- promotion of lifelong learning as a development tool for all citizens
- inclusion of marginalised groups in the lifelong learning process
- promotion of digital inclusion and the use of ICT to achieve wider inclusion
- supporting networking and capacity building of telecentres
- searching for the best teaching and learning practices worldwide
- adoption of the highest standards of the knowledge society
- researching the impact of education on the psychological, social and economic well being
- development and implementation of programmes according to labour market demands

3. HUMAN RIGHTS

Overall, the legal framework for human rights protection is in place and generally respected. However, further efforts in education on international human rights standards and their implementation are needed. Concerning the ratification of human rights instruments, Serbia has signed and ratified all significant international instruments. However, the enforcement of the relevant ratified international agreements needs to improve.³²

Torture

There has been little progress in further improving the *prevention of torture, ill-treatment and the fight against impunity*. Police detention procedures are still of great concern, as well as the lack of internal and independent external oversight mechanism. Additional efforts aimed at preventing any further cases of torture and ill-treatment are needed. The Deputy Ombudsman in charge of the protection of persons deprived of their liberty is operational but still not fully effective. The obligation to establish a National Preventive Mechanism in accordance with the Optional

³⁰ Network of Telecentres in Bosnia and Herzegovina, Croatia, Macedonia and Serbia

³¹ eMreza (www.eMreza.rs) is a Network of Serbian Telecentres established by IAN in March 2011

³² Serbia 2010 Progress Report, European Commission, Brussels, 9 November 2010

http://ec.europa.eu/enlargement/pdf/key_documents/2010/package/sr_rapport_2010_en.pdf

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Protocol to the Convention against torture and other cruel, inhuman and degrading treatment or punishment, has not yet been fulfilled.³³

The European Committee for the Prevention of Torture reported severe overcrowding and "dilapidated" detention conditions, especially in Belgrade District Prison.³⁴ The overcrowdedness has caused numerous difficulties and inevitably affected the inmates' rights. The number of inmates in need of treatment for addiction (above all drug abuse) has been growing as well, but most penitentiaries lack the adequate conditions to provide such treatment. The rising number of inmates has not been accompanied by an increase in penitentiary staff or the improvement of the structure of that staff.

Decisive action is needed to develop an efficient probation system and to introduce alternative sanctions on a broader scale. The availability and use of illicit drugs by prisoners and shortcomings in the provision of medical services remain of concern.

Vulnerable groups

Legal framework on the respect for and protection of minorities in Serbia is in place. The National Minority Council elections were on the whole successfully organised. Some improvements were recorded towards addressing the issue of the status of refugees and IDPs. However, the National Minority Councils are yet to become operational.

There are approximately 83,000 *refugees* and 205,000 *internally displaced persons* (IDPs) in Serbia, according to the United Nations High Commissioner for Refugees. The number of collective centres has decreased. Changes were made to the law on refugees enabling refugees to buy out their apartments when these had been built from donations. The programme to support municipalities that prepared local action plans for the improvement of the status of refugees and IDPs who opt for local integration has continued. However, the situation of refugees and IDPs remains very difficult. Further improvement is needed to address the housing situation. Many refugees and IDPs are unemployed and live in poverty. The national strategy on refugees needs to be revised.³⁵

The majority of the Roma population lives in extreme poverty and continues to face discrimination in particular as regards access to education, social protection, health care, employment and adequate housing. The Roma population, especially Roma women, are discriminated in the labour market and only 5% of the Roma population have a permanent job. Roma women and children are frequently subject to exploitation and family violence, which often passes unreported.

³³ Ibid.

³⁴ Amnesty international, 2010 Annual Report for Serbia and Montenegro,
<http://www.amnestyusa.org/annualreport.php?id=ar&yr=2010&c=YUG>

³⁵ Serbia 2010 Progress Report, European Commission, Brussels, 9 November 2010
http://ec.europa.eu/enlargement/pdf/key_documents/2010/package/sr_rapport_2010_en.pdf

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Discrimination

The legislative framework prohibiting any kind of *discrimination* and establishing a mechanism for protection against discrimination is in place. The Anti-Discrimination Law and other laws relevant to the prohibition of discrimination are not applied fully in practice, though. Discrimination is prominent in various walks of life in Serbia – at work and in recruitment, health, education, social protection, politics, etc. Roma, the poor, persons with disabilities, the elderly and the LGBT population were again the most frequent victims of discrimination.

In June 2010 the Council of Europe Advisory Committee on the Framework Convention for the Protection of National Minorities recommended that the judicial system address discrimination against minorities more efficiently, and that action be taken to issue identification documents and to tackle discrimination against Roma in education, employment, health and housing.³⁶

As regards people living with HIV, although their rights are encompassed by the Constitution, the Anti-Discrimination Law and the Law on health protection, they often face discrimination when trying to exercise their right to health care. The deficiency of this law is that it does not regulate special ways of protection; neither a special proceeding for not providing this kind of health protection, but it is left to the Criminal Law.

Economic and social rights

Legal framework for the protection of social and economic rights is broadly in place. There has been some progress on economic and social rights. However, **long-term unemployment** is still a chronic problem, affecting the younger workforce the most (given that the under 30 category accounts for one-third of the unemployed active population), older people who have lost their jobs but have not fulfilled the pension eligibility requirements, and women. The difficulties Roma have in finding a job have to be particularly highlighted. The high unemployment rate in this category of the population can primarily be attributed to their generally low education levels; only 11% of the Roma have secondary school degrees.³⁷

Concerning *women's rights*, the law on gender equality, aimed at improving the position of women, was adopted in December 2009. In practice, women remain discriminated against, particularly in the labour market. Those facing the most discrimination are disabled women, single mothers, older women and those living in rural areas. There has been an increase in domestic violence.

Legal aid

Access to justice is generally ensured, but there has been no further progress as legislation and funding for a more effective system of free

³⁶ Amnesty international, 2010 Annual Report for Serbia and Montenegro,
<http://www.amnestyusa.org/annualreport.php?id=ar&yr=2010&c=YUG>

³⁷ The Belgrade Centre for Human Rights, HUMAN RIGHTS IN SERBIA 2010,
<http://english.bqcenter.org.rs/images/stories/Datoteke/human%20rights%20in%20serbia%202010.pdf>

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legal aid is still missing. The Government adopted the Strategy on the Development of a Free Legal Aid System in the Republic of Serbia for the 2011–2013 Period. Within this period, the authorities are to establish a Strategy Implementation Council, pass the necessary legislation and set up a nationwide register of free legal aid providers at the local self-government level.

Civil society organisations continued to be active in the social, economic and political life of Serbia and remain important in promoting democratic values. The Office for Cooperation with Civil Society was established by the government in April 2010. However, the Office is still not operational and cooperation between state authorities and civil society is still uneven.

4. RESEARCH

In line with the widely supported European 2020³⁸ strategy for smart, sustainable and inclusive growth relying on research and innovation as key drivers of social and economic prosperity and environmental sustainability, the European Union has set itself the objective to foster diverse research activities and increase spending on R&D to reach 3 % GDP. Progressing slowly in the process of accessing EC, Serbia is still facing many obstacles in building research capacities in term of lacking human resources, research infrastructure and funds available, as well as low utilization of research findings. The investments in science in Serbia had not exceeded 0.3% of GDP and are extremely low comparing to the developed countries as well as all countries in the Balkan region; it reflects directly on the underdevelopment of overall research capacities. There is a lack of interdisciplinary approach in research, as well as a lack of applicative research. The Universities and Research institutes rarely cooperate with other peers from the NGOs or private sector.

Within the framework of the Regional Research Promotion Programme in the Western Balkans (RRPP) the report on the assessment of research capacities in the social sciences in Serbia was published in 2010³⁹. The report identified main problems for building research capacity in Serbia in *lack of financial resources* and *underdevelopment of international cooperation*.

The main donors, recognised for supporting researches activities are the *Ministry of Science and Technological Development* and *European Commission*. There are no sufficient resources available from the business sector for financing relevant research projects.

The budget for humanities and social sciences research provided by the Ministry of Science and Technological Development (MSTD) is permanently low and inadequate for supporting any significant improvement in related sciences.

The most significant advancement in the field of research and development in Serbia is the adoption of the Strategy for Scientific and Technological Development of the Republic of Serbia for the period 2010-2015⁴⁰. The Strategy has a goal to reach 1% of GDP for science by 2015; the funding would be focused on seven national priorities that have been identified⁴¹. The strategy recognises the need for stronger cooperation and partnerships with relevant national and international actors.

The most recent developments in this area are not so optimistic; in the latest reconstruction of the Serbian Government in March 2011, the

³⁸ EC (2010) *Europe 2020: A European strategy for smart, sustainable and inclusive growth - COM(2010) 2020*.

³⁹ Jasna Basic (2010) *The assessment of research capacities in the social sciences in Serbia*, RRPP, SDC & the University of Fribourg

⁴⁰ RS Ministry for science and technological development (2010) *Strategy for scientific and technological development of Republic of Serbia for the period 2010-2015 – Focus and Partnership*

⁴¹ The priorities identified within the strategy are: Biomedicine and human health; New materials and nano-science; Environmental protection and countering climate change; Agriculture and food; Energy and energy efficiency; Information and communication technologies (ICT); Improvement of decision-making processes and affirmation of national identity

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Ministry of Science and Technology Development (MSTD) has been merged with the Ministry of Education, which could lead to further decreasing of scientific and research capacity in Serbia.

On the other hand, the funds available from international donors are generally decreasing, while applications for international funds have become more complex and demanding.

Research centres from Serbia have been included in FP5 (2 projects) and FP6 (19 projects). Since 2007 our government supported the participation of national researchers in EU programs, and Serbia has been included in the Seventh Framework Programme (FP7) as an associated country.

Even though some assistance in the process of application is available through national contact points, researchers have considerable problems applying for EU FP7 and other international funds; they find EC procedures too complicated, and generally they have insufficient administrative and technical support and low experience with project applications and reporting.

The FP7 has been running from 2007 to 2013 with its budget of 53.3 billion euro, and recently has been assessed in a mid-term evaluation. The evaluation confirms the value of this EU-level programme, as well as several new instruments such as the European Research Council (ERC) and The European Research Area (ERA). However, the evaluation also points to the need for a quantum leap in simplification of the FPs administration and procedures. Current EU funding programs have put a considerable effort in tackling societal challenges, predominately through a thematic technology push. Still, obstacles have been identified in transferring research outcomes and in tackling societal challenges. The more specific initiatives have been launched within the ERA Green Paper⁴², among the others calls for actions aimed at stimulating a stronger participation of women in science.

An intensive consultation process is underway between various stakeholders in Europe to develop the next framework programme. Their inputs have to help define structure, scope and content of a new FP8 running from 2014 to 2020.

The EC funds significantly boost possibilities for regional and international cooperation that are still not utilized on significant level. After the academic isolation in the 90s, the situation is improving, contacts and exchange with institutions abroad are increasing, but significant improvement is still needed. Research topics in social sciences focusing on "transition" and "post communism or post war development" are not attractive any more for foreign donors or foreign editors; researchers have problems publishing their work abroad in foreign journals, and consequently there is a huge lack of awareness of overall data and consequences of wars in the Balkans (particularly related to Serbian war

⁴² EC (2007) *GREEN PAPER - The European Research Area: New Perspectives*
EC (2011) *GREEN PAPER - From Challenges to Opportunities: Towards a Common Strategic Framework for EU Research and Innovation funding*

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victims, refugees and IDPs)⁴³. Cooperation with international research centres and international consortium applications are seen as possibilities for overcoming those obstacles. Bringing researchers from across Europe together in collaborative networks has been in the focus and will continue to be vital in sustaining the European Research Area strategy.

Finally, the role of NGOs in Serbia and their research capacities have to be analysed here. A number of Civil Society Organisation and Non-profit organisations in Serbia are seen as think-tanks research centres, which due to their expertise (on human rights, reconciliation process, social inclusion, education, democratization, political and social activism, etc.), are usually important reference points for strategic consultancy for both domestic and foreign development planners⁴⁴.

The NGOs are officially recognized as a legal body eligible to apply to some, but not to all EU calls. Their position is established more in the areas of social and political sciences. Despite their expertise, they are often disadvantaged in the application process and they could hardly compete with University and Research and Technological Institutes in terms of research capacity (including infrastructure and human resources).

Nevertheless, IAN has some comparative advantages that could be engaged more efficiently in searching for new partners for collaborative researches. IAN was involved in two significant international research projects⁴⁵ funded under EU FP5 and FP6 programs, and has considerable knowledge in writing and managing EU projects. The other IAN's advantage is direct involvement in the work with beneficiaries, and skills to design studies that meet rigorous scientific standards, and, at the same time, could have concrete application and high practical relevancy. Furthermore, IAN has immediate opportunity to put results and findings into practice, and to engage knowledge gained in everyday work with clients, in order to provide evidence base practice aimed to improve people's well-being. To increase visibility and impact we will encourage participation in academic exchange (international conferences, seminars, study visits) and boost communication and cooperation with regional and international partners and stakeholders, looking for new partnerships for fundraising, which is in accordance with RRPP report recommendations.

Despite the fact that the IAN research capacities have significantly decreased (in terms of human resources and funds available) in the previous 2 years, we could still enhance potential partners with lessons learned and our management capacity in all phases of project applications

⁴³ Porter, M., Halsam, N. (2001) Forced Displacement in Yugoslavia: A Meta-Analysis of Psychological Consequences and Their Moderators, in *Journal of Traumatic Stress*, Vol.14, No.4

⁴⁴ Ibid 39.

⁴⁵ STOP-Treatment seeking and treatment outcomes in people suffering from PTSD following war and migration in the Balkans (2002-2005), funded by EC FP5,

<http://www.ian.org.rs/research/stop.htm>

PBPTSD-Psychobiology of Posttraumatic Stress Disorders (2004-2007),), funded by EC FP6, <http://www.ian.org.rs/research/pbptsd.htm>

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and research implementations. To strengthen our internal research potentials we would build capacity within each IAN department to conduct researches related to their areas work and IAN mission. The identified needs for strengthening research activities in humanities and social science⁴⁶ could justify IAN engagement and fundraising in this area.

⁴⁶ Ibid 39 and 40.

PRIORITIES, STRATEGIC GOALS AND OBJECTIVES

1. HEALTH

Strategic goal

To support livelihoods through providing services or helping other organizations to build their capacities in the area of health so that they could mitigate forms of vulnerability caused or exacerbated by the effects of transition and conflict.

These include support to the following vulnerable social groups: torture victims and their family members, people at risk of HIV and people living with HIV, and other marginalized groups at high risks of torture and ill treatment (mentally ill, Roma and other minorities, injecting drug users) who lack access to education, welfare benefits and employment.

Key strategic areas	OBJECTIVES
Treatment of torture victims	<ul style="list-style-type: none">• To provide comprehensive services for torture survivors and their family members, including psychotherapy/counselling, medical care, legal services and educational programs aimed to professional empowerment• To improve and extend services for rehabilitation of torture victims• To build capacities of professionals in Serbia and Balkan region in relation to work with torture victims and use of Istanbul Protocol• To advocate for the rights of torture survivors and groups at risk and raise general and professional public awareness of torture and human rights' violation issues• To explore possibilities for identifying and approaching torture victims among groups not yet assisted by IAN CRTV• To build capacities of associations gathering marginalized people (mentally ill, Roma, people living with HIV/AIDS, young people with multiple vulnerabilities) to become efficient and respected organizations in the society and active in defending own rights
Prevention of further torture cases	<ul style="list-style-type: none">• To become a part of the National Preventive Mechanism and fully involved in monitoring of places of detention• Exchanging experiences and campaigning against torture and ill treatment on the regional and international level• To explore possibilities for spreading experiences and knowledge on torture prevention in different areas (work with police, judicial system.)

Comprehensive support to greater involvement of PLHIV in the response to HIV

- To work with PLHIV associations and other organizations so as to contribute to capacity building of PLHIV and their involvement in response to HIV especially in the area of positive prevention and self-support
- To keep supporting the Union of PLHIV in advocacy and lobbying for better position of people living with HIV in Serbia as well as for strengthening the voice of PLHIV in general and professional public

Promotion of good practice in HIV training, counselling and research

- To follow developments in the area of VCT set in the National Strategy for HIV and further work on support, training, supervision of VCT counsellors and lobbying for greater involvement of the civil society in direct counselling work
- To offer training curriculum for trainings implemented in the past five years to partners in Serbia (psychosocial support for PLHIV, stigma and discrimination, HIV for social and health workers)
- To offer our experiences in implementation of holistic approach and research findings to other partners in the country and abroad
- To work with reform minded professionals and paraprofessionals to increase their knowledge, change attitudes and organize services that are in the line with good practice recommended by WHO

Promotion of good practice community mental health care

- To work on psychosocial rehabilitation of people suffering from mental health disorders and promote rehabilitation programs
- To increase involvement of the civil society and strengthening user and family movement in designing and implementation of community mental health services

Campaigning for equal rights of users and ex-users of psychiatry in Serbia

- To actively participate in regional, European and global networks promoting recovery, de-institutionalization, de-stigmatization and marginalization of mental health issues
- To efficiently monitor and promote implementation of the Convention of Rights of Persons with Disabilities for users and ex-users of psychiatry

2. EDUCATION

Strategic goal

To contribute to social inclusion and employability of the vulnerable groups by providing individuals with the opportunity to engage in lifelong learning.

Key strategic areas	OBJECTIVES
Empowerment of vulnerable groups	<ul style="list-style-type: none"> <i>Trainings:</i> To provide trainings through the lifelong learning programme to vulnerable groups in ICT skills, English language, Social skills and Entrepreneurship for successful social inclusion and increased employment perspectives <i>Job counselling:</i> To develop a Job Club aimed at providing beneficiaries with the latest news from the labour market, helping them prepare and send job applications and establishing links with employers.
Networking and Sustainability	<ul style="list-style-type: none"> <i>Networking.</i> To establish sustainable Network of Telecentres in Serbia, promote knowledge and experience sharing, and continue active participation in other networks of Telecentres. <i>Sustainability.</i> To achieve sustainability through operation based on social entrepreneurship model
Awareness raising related to knowledge society and digital inclusion	<ul style="list-style-type: none"> <i>Promotion of digital inclusion.</i> To raise awareness on importance of e-inclusion and benefits of Internet use among general and professional public, and promote sustainable partnerships between public, private and civil sector in the field of e-inclusion. <i>Internet safety.</i> To promote safer and more responsible use of online technology and mobile phones, especially amongst children and young people in Serbia. <i>Promotion of new skills.</i> To promote skills needed in knowledge based economy such as ICT and new media literacy, Social skills, entrepreneurship, etc.
Development of internal capacities	<ul style="list-style-type: none"> <i>Development of services.</i> To further develop the existing programmes, design new training programmes and work on certification of programs. <i>Development of staff.</i> To continuously improve the capacities of staff in order to promote quality standards in training programmes <i>Social entrepreneurship.</i> To strengthen

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capacities and activities related to social entrepreneurship

Research and Evaluation

- To develop/improve the system and instruments for comprehensive evaluation and scientific research of the impact of education

3. HUMAN RIGHTS

Strategic goal

To support and monitor harmonisation and implementation of human rights in Serbia with those established in the European Union, through advocacy for the comprehensive harmonization of the country's legislation, with the ratified international conventions, and through promotion of human rights and raising public awareness regarding violations of human rights of vulnerable groups including torture victims, mentally ill, refugees, internally displaced persons, Roma, etc.

Key strategic areas	OBJECTIVES
Position HR related activities as a cross cutting support to projects of other IAN Departments	<ul style="list-style-type: none">• To empower and support staff of IAN departments to include human rights aspect into planning and implementation of programmes
Human rights for victims of war and torture	<ul style="list-style-type: none">• To promote human rights protection of torture survivors (both war-related and police torture survivors)• To provide protection of human rights for forcibly mobilized refugees• To provide education in human rights and mechanisms for their prevention and protection• To promote and protect human rights of marginalized groups at risk of human rights violation (people living with HIV/AIDS, mentally ill, Roma, refugees and IDPs, drug users, women, etc.)
Education in Human Rights	
Human rights of vulnerable groups	

4. RESEARCH

Strategic goal

To establish and promote evidence based treatment and good practice in psychological diagnostics and measurement (including evaluation of psychosocial and educational interventions and programs), in accordance with the highest methodological and ethical standards, aiming to acquire knowledge relevant for improvement of mental health, quality of life, social inclusion and strengthening capacities for the adjustment to the rapidly changing society, especially of vulnerable groups such as victims of war-related trauma or torture and marginalized people.

Key strategic areas	OBJECTIVES
Increasing IAN capacity for research, documentation and evaluation	<ul style="list-style-type: none">• To review and improve documentation and enable follow up of the CRTL clients• To evaluate effectiveness of the interventions provided and follow-up the effects• To support IAN departments/sections in involving appropriate research design and techniques for program evaluation and exploration of research questions relevant for their strategic areas
Stress and human behaviour & Stress and psychopathology	<ul style="list-style-type: none">• To contribute to better understanding of the human reactions on war-related stress, trauma and torture.• To transfer and disseminate knowledge on PTSD and on war-related stress and trauma through various types of dissemination activities to interested professionals and students
Social inclusion of marginalized groups	<ul style="list-style-type: none">• To contribute to better understanding of the factors relevant for social inclusion of marginalized groups• To transfer and disseminate knowledge on social inclusion of marginalized groups through various types of dissemination activities to interested professionals and students
Communication and cooperation with actual and potential partners and stakeholders	<ul style="list-style-type: none">• To boost professional exchange and learning about EU standards in services• To explore new funding opportunities and create partnerships for fund-raising

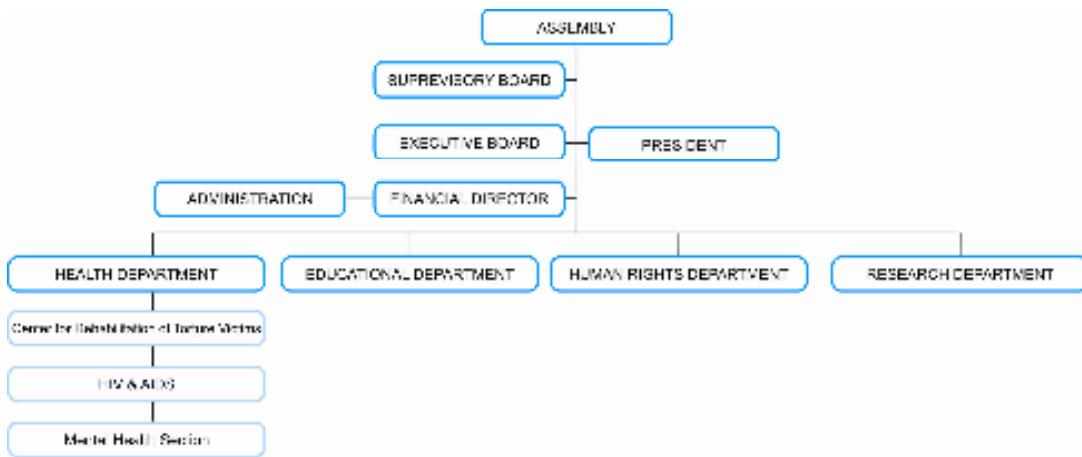
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Table 1. IAN Overall strategic goals for the period 2011-2016

Key strategic areas	OBJECTIVES
Development and strengthening of IAN structure and capacity	<ul style="list-style-type: none"> • To improve procedures, including also mechanisms of financial monitoring and internal reporting • To revise IAN structure, decision making procedures, and documents defining these (Statute and sub-statutory acts) • To revise services, standardise existing ones and develop new ones (minimum service package, clients entry procedures) • To create a donor diversification plan and a fundraising plan 2011-2013 • To further develop intersectoral cooperation and cross-sectoral projects • To improve internal communication and ensure team building on the organisational level • To ensure education and development of staff • To engage and train volunteers • To network on the national, regional and international level
Building external cooperation and strengthening influence in the community	<ul style="list-style-type: none"> • To get involved into support and preparations for the EU integration processes • To develop and promote the cooperation with relevant ministries and state institutions and agencies • To develop and promote cooperation with local municipalities and communities • To develop and promote cooperation with corporate sector • To improve external communication and visibility of IAN in the media, based on systematic monitoring and reactions to the events in the country • To present and promote positive cases studies of IAN beneficiaries

MANAGEMENT STRUCTURE

The management structure is presented in the organogram.



IAN started the year 2010 with changes in its management structure and mechanisms. The needs for the changes have been recognised internally, and additionally facilitated by external circumstances, e.g. the change in financial regulations for legal entities in Serbia adopted in 2009.

After six months of consultations and preparations regarding proposals for changes in IAN Statute, in February 2010, at IAN Annual Assembly meeting the new Statute was adopted, that allowed all interested IAN employees to become members of the Assembly. In that way IAN Assembly grew in number to 32 members - IAN employees and expert associates. The Assembly elected members of the new management bodies: Chairmen of the Assembly, President of organization, Executive Board and the Supervisory board, all of them with four years mandate 2010-2014.

After one year period of implementation of the newly adopted Statute and work of the new management structures, it has been recognized that responsibilities and the line of accountabilities for main executive positions have to be reconsidered and revised through the Statute amendments or through under-statutory regulations. Therefore, *Development and strengthening of IAN structure and capacity* has been set as one of the IAN strategic objectives for the following period 2011/2016 (See Table 1).

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Personnel and program management

IAN is headed by the Steering Committee and the President, all of them elected by the Assembly.

The current structure recognizes four program departments: Health (including Center for Rehabilitation of Torture Victims, HIV/AIDS and Mental health), Education, Human Rights and Research. During the strategic planning process the department structure has been analysed, the structure itself has been kept the same with recommendations for stronger cross-department activities.

All programme departments are supported by the Administration Unit. Financial Director is managing all financial planning in the organisation. Currently, there is a total number of 26 employees in IAN, and 5 sub-contracted professional (legal, medical and accountant) agencies.

There are job descriptions defined for the majority of the positions, still some further clarifications are needed to enable constructive working climate and further development of the competences for jobs.

In order to get personnel feedback, the President of the organization conducted individual interviews with all employees, and the report and recommendations are expected.

The practice of self-assessment should be continued and staff appraisal for all employees organised in dialog process annually.

The strategic objectives related to the personnel are recognised in improvement of internal communication and team building, staff education and development and engagement and training of volunteers. (See Table 1 IAN Overall strategic goals)

Financial Planning

The previous five-year period of IAN's work has been influenced by significant changes in the environment. The national legislation related to NGOs functioning has been changed, which was reflected in new administrative, legal and financial obligations for IAN. The trend of withdrawal of traditional donors and emergency relief funds continued, the new donors and funding mechanisms have been focused on development, capacity building, and facilitation of the EU pre accession process. Significant funds and resources have been allocated to the government agencies, to raise their skills and capacities. The funds granted from the EU require co/funding, while organisational running costs have been available only through the overhead in the amount of 7% of the budget granted for the activities.

All this lead to the accumulation of the gaps in overall financial plan, and by the end of 2009, it has become extremely important to decrease IAN core costs and ensure financial stability of IAN within new funding possibilities. By April 2010 IAN managed to regain financial and operative sustainability.

Current perspective and Financial Plan for 2011

Financial plan for 2011 is presented in Annex 1.

The main funds secured for 2011 are from: EU (60%), UNVFVT (17%), GIP/Duch Ministry (11%), Microsoft (4%) and Ministry of Health/Project of the Global Fund (3.5%). The list of donors needs to be expanded so as to ensure co-funding for EU funded projects. With the funds currently available 95% of the planned expenses have been secured.

At this moment the first estimation of the budget needed for 2012 could be given, and it may be confirmed that approximately 50% of the planned expenses have been covered through EU funds already secured. In addition, 25% of the planned budget is pending from other donors, and the balance is still to be secured.

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IAN fundraising goal:

To ensure mid-term financial support (3 to 5 years) for IAN activities according to IAN strategic goals.

IAN fundraising objectives:

- To secure core funds
- To identify main donors for 3 to 5 year period, a part of EU multiple funding opportunities.
- To diversify the list of donors in the way to ensure co-funding for EU funds
- To apply for national funding from the Government and corporate sector
- To foster good relationship and cooperation with donors through accurate and timely financial management of the projects
- To produce regular annual reports and audited accounts as a means of accountability to donors and wider stakeholders

To meet these objectives IAN will:

- Improve mechanisms of financial monitoring and internal reporting
- Create a donor diversification plan and a fundraising plan
- Look for donors who would provide funds for organizational core costs
- Continue with program-oriented fundraising
- Foster inter-department projects that allow synergy in the projects impact and funds utilisation
- Support program staff in fundraising
- Enhance the efficient information flow
- Invest in internal human resources to build their skills in financial management

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Annex 1: Financial plan for 2011

EXPENSES/DONORS IN 2011	UNVFVT (crtv)	UNVFVT (bosna)	EU (eidhr)	EU (click)	EU (prevreh)	GIP / Dutch Ministry (MATRA)	Microsoft	Min. Health / Global Fund (kab)	Min. Health / Global Fund (Burn out)	IWC	Min. of Labour	IAN telecenter school	UNDP	EBTA	TOTAL confirmed	% in total confirmed	PLANNED	DIFFERENCE / REQUIRED
% in total confirmed	12,02%	5,49%	26,30%	12,50%	21,11%	11,60%	4,10%	2,82%	0,70%	1,12%	0,84%	0,73%	0,44%	0,23%	100,00%			
1. Human Resources																		
1.1. President	285,71														285,71			
1.2. Technical	53.071,43	16.071,43	81.505,95	10.500,00	74.080,00	26.940,00	23.178,57	3.803,00		5.490,00	1.190,62	4.700,00			300.531,00	46,83	311.659,39	-11.128,40
1.2.1 Programme Directors, Coordinators, Managers	16.785,71	5.928,57	36.705,84	10.500,00	35.880,00	8.000,00	7.678,57				424,27					121.902,97	122.334,29	-431,32
1.2.2 Individual and group psychotherapists and supervisors	30.285,71	7.285,71	14.338,41		6.600,00		1.857,14	3.803,00		1.500,00					65.669,98	70.550,00	-4.880,02	
1.2.3 Legal advisors	3.857,14			7.800,00											11.657,14	10.900,00	757,14	
1.2.4 Medical specialist Serbia	2.142,86	2.857,14	3.461,73												8.461,73	8.460,00	1,73	
1.2.5 IT Trainers			10.599,01		2.000,00	6.240,00	13.642,86			800,00	572,17	3.500,00			37.354,05	40.900,00	-3.545,95	
1.2.6 English language Trainer			2.345,02		1.750,00					2.175,00		1.200,00			7.470,02	10.500,00	-3.029,98	
1.2.7 Other Trainers			6.255,93		4.350,00					1.015,00	194,17				11.815,10	11.815,10		
1.2.8 Other Staff				23.500,00	12.700,00										36.200,00	36.200,00		
1.3. Administrative/ support staff	10.714,29	6.428,57	15.515,07	4.650,00	11.483,00	3.900,00		1.880,00	400,00		476,65				55.447,58	8,64	70.020,00	-14.572,42
1.3.1. Financial and bookkeeping staff	4.285,71	2.857,14	10.974,57	4.650,00	4.751,00	3.400,00		1.080,00			476,65				32.475,08	44.580,00	-12.104,92	
1.3.2. Project secretary	2.857,14		4.540,50		6.100,00	500,00		800,00	400,00						15.197,64	17.520,00	-2.322,36	
1.3.3. Driver	3.571,43	3.571,43			632,00										7.774,86	7.920,00	-145,14	
Subtotal Human Resources	64.071,42	22.500,00	97.021,02	15.150,00	85.563,00	30.840,00	23.178,57	5.683,00	400,00	5.490,00	1.667,27	4.700,00			356.264,29	55,52	381.679,39	-25.415,11
2. Travel																		
2.1 Perdiems and transportation		5.000,00	11.493,09	4.024,68	4.100,00	1.550,00									26.167,77	26.167,77		
2.2 Clients travel costs	714,29														714,29	714,29		
Subtotal Travel	714,29	5.000,00	11.493,09	4.024,68	4.100,00	1.550,00									26.882,06	4,19	26.882,06	
3. Equipment and supplies																		
3.1. Furniture and computer equipment			800,61		8.200,00	12.000,00									21.000,61		21.000,61	
3.2. Medical equipment			6.264,65												6.264,65		6.264,65	
Subtotal Equipment and supplies			7.065,27		8.200,00	12.000,00									27.265,27	4,25	27.265,27	
4. Office/Action costs																		
4.1. Fuel, lubricants, vehicle maintenance	642,86	1.428,57	2.869,33		2.500,00										7.440,75		4.600,00	2.840,75
4.2. Office rent	5.857,14	1.428,57	2.990,00	1.700,00	440,00	5.000,00	2.250,00	1.800,00		1.014,56					22.480,28	25.146,00	-2.665,72	
4.3 Consumables - office supplies	357,14				2.200,00	1.100,00	650,00		215,00		81,12				4.603,26		4.500,00	103,26
4.4 Other services (electricity/heating, maintenance)	1.426,57	571,43	740,00	760,00	80,00	1.000,00	428,57				63,78				5.072,35		9.380,00	-4.307,65
4.5 Communication costs	357,14	571,43	895,00		1.500,00	450,00	428,57			600,00	46,29				4.848,43		4.860,00	-11,57
Subtotal Office/Action costs	8.642,86	4.000,00	7.494,33	4.660,00	5.620,00	7.100,00	3.107,14	2.015,00		600,00	1.205,75				44.445,07	6,93	48.486,00	-4.040,93
5. Activities costs	3.714,29	3.714,29	35.525,30	51.372,00	27.900,00	22.950,00		10.367,63	4.100,00	1.100,00	2.535,05				2.800,00	1.500,00	167.578,55	167.578,55
Subtotal Activities costs	3.714,29	3.714,29	35.525,30	51.372,00	27.900,00	22.950,00		10.367,63	4.100,00	1.100,00	2.535,05				2.800,00	1.500,00	167.578,55	26,11
6. Subtotal costs of the Action (1-6)	77.142,85	35.214,29	158.599,00	75.206,68	131.383,00	74.440,00	26.285,71	18.065,63	4.500,00	7.190,00	5.408,07	4.700,00	2.800,00	1.500,00	622.435,24	96,99	651.891,27	-29.456,03
7. Overhead / Administrative costs from EU funds				10.200,00	5.000,00	4.100,00									19.300,00	3,01	18.640,00	660,00
8. Total eligible costs of the Action (7+8)	77.142,85	35.214,29	168.799,00	80.206,68	135.483,00	74.440,00	26.285,71	18.065,63	4.500,00	7.190,00	5.408,07	4.700,00	2.800,00	1.500,00	641.735,24	100,00	670.531,27	-28.796,03

Annex 2. TWO-YEAR OPERATIONAL PLANS 2011-2012

1. HEALTH

1.1. CRTV

OBJECTIVE 1: To provide comprehensive services for torture survivors and their family members, including psychotherapy/counseling, medical care, legal services and educational programs aimed to professional empowerment

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Individual psychotherapy/counseling and psychiatric treatment	01/01/11-31/12/12	Program director, 1 coordinator, 2 psychotherapists, 1 psychiatrist		EC, UNVFVT	700 beneficiaries provided with psychological assistance in center
2	General somatic and specialized medical examinations as well as medicines subscription	01/01/11-31/12/12	2 medical specialists		EC, UNVFVT	200 beneficiaries provided with medical assistance in center
3	Mobile team activities	01/01/11-31/12/12	Field work coordinator, psychotherapist, medical specialist,		EC, UNVFVT	550 beneficiaries provided with psychological and/or medical assistance on the field in Serbia or BiH

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			psychiatrist, driver			
4	Legal advising and representation before the court in torture related proceedings	01/01/11-31/12/12	1 attorney		EC, UNVFVT	130 beneficiaries provided with legal assistance in relation to experienced torture
5	Legal and informational assistance in labor, personal and property rights	01/01/11-31/12/12	1 lawyer		EC, UNVFVT	70 beneficiaries provided with legal assistance in relation to labor, personal and property rights
6	Informational technology (IT) courses	01/01/11-31/12/12	Training coordinator, 3 IT teachers		EC, Microsoft	220 beneficiaries trained in IT
7	Life skills trainings	01/01/11-31/12/12	Training coordinator, 4 trainers		EC, With Finland embassy (pending)	220 beneficiaries participated in life skills trainings
8	English courses	01/01/11-31/12/12	Training coordinator, 1 English teacher		EC, With Finland embassy (pending)	50 beneficiaries attended at least one English course
9	Entrepreneurship trainings	01/01/11-31/12/12	Training coordinator, 1 trainer		EC, With Finland embassy (pending)	20 beneficiaries participated in entrepreneurship training

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OBJECTIVE 2: To improve and extend services for rehabilitation of torture victims

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Learning and implementing new psychotherapeutic methods (short, cost-saving, evidence-based, creative/artistic, more nonverbal/body oriented, families and groups)	01/01/11-31/12/12	1 coordinator, 2 psychotherapists		To be negotiated	Assistance improved and new services offered to beneficiaries
2	Exploring possibilities for including methods and tools of physical therapy in treatment	01/01/11-31/12/12	1 coordinator 1 medical doctor		To be negotiated	Assistance improved and new services offered to beneficiaries
3	Redefining standard package of medical services offered to clients and criteria for additional services	01/01/11-31/12/12	1 coordinator 1 medical doctor		To be negotiated	Package of medical services offered to clients redefined in accordance to assessed needs
4	Implementation of case management principles	01/01/11-31/12/12	1 coordinator, 2 psychotherapists 1 Field coordinator		EC, UNVFVT	200 beneficiaries assisted in accordance to case management principles (each client has own case manager in charge for her/him)
5	Establishment of improved referral system between medical state institutions and IAN CRTV	01/01/11-31/12/12	1 coordinator, 2 psychotherapists 1 Field coordinator		EC, UNVFVT	20 % more referrals done between institutions and IAN CRTV

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OBJECTIVE 3: To build capacities of professionals in Serbia and the Balkan region in relation to work with torture victims and usage of Istanbul Protocol

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Trainings for GPs in BiH for work with and referral of torture victims, recognizing and documenting torture consequences	01/01/11-01/12/11	1 Coordinator, 3 trainers /psychologists, driver		EC	2 trainings conducted for 40 medical doctors in BiH

OBJECTIVE 4: To explore possibilities for identifying and approaching torture victims among groups not yet assisted by CRTV

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Meetings with stakeholders in relation to exploring possibilities for approaching asylum seekers and people in readmission, identifying torture victims among them and providing services for their rehabilitation	01/01/11-31/12/12	1 Program director 1 Coordinator 1 Field coordinator		EC	Meetings conducted with representatives of UNHCR, Ministry of Internal Affair and NGOs dealing with asylum seekers and people in readmission

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2	Meetings with stakeholders due to exploring possibilities for approaching people released from closed institutions (prisons, psychiatric institutions, etc.) identifying torture victims among them and providing services for their rehabilitation	01/01/11-31/12/12	1 Program director 1 Coordinator 1 Field coordinator		EC BCIF (pending)	Meetings conducted with representatives of Ministry of Justice, representatives of penal institutions, Ministry of health and Ministry of work and social policy, beneficiaries' associations
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OBJECTIVE 5: To advocate for rights of torture survivors and groups at risk and raise general and professional public awareness of torture and human rights' violation issues

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Activities dedicated to commemoration of the International day of support to torture victims	01/01/11-31/12/12	1 Program director 1 Coordinator 1 PR coordinator		EC Ministry for human and minority rights (pending) Finland embassy (pending)	Round tables, art (theatre)workshops with beneficiaries, street events, press conferences
2	Printing and distributing materials for	01/01/11-31/12/12	1 Coordinator 1 PR		EC Ministry for	Notebooks, leaflets, paper folders, posters printed and distributed among beneficiaries, general public, professionals and decision makers

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	awareness raising and promotion of CRTV activities		coordinator		human and minority rights (pending) Finland embassy (pending)	
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1.2. HIV/AIDS

OBJECTIVE 1: To work with PLHIV associations and other organizations so as to contribute to capacity building of PLHIV and their involvement in response to HIV especially in the area of positive prevention and self-support

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Design and deliver Positive prevention training for PLHIV	May 2011		900	Ministry of Health	At least 15 PLHIV has knowledge and skills in positive prevention
2	On-going support for PLHIV engaged in counseling and facilitating self support groups	2011-2012		6000	To be negotiated with Youth of Jazas	At least 7 PLHIV association has developed self support
3	Design and deliver training related to Stigma and discrimination	February 2012		1000	To be negotiated to Ministry of Health	At least 15 PHIV has knowledge and skills in using Stigma index
4	Development joint projects and support to PLHIV associations in project cycle management	2011-2012			IAN contribution	Two joint and ten assisted projects developed and 50% granted

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OBJECTIVE 2: To keep supporting Union of PLHIV in advocacy and lobbying for better position of people living with HIV in Serbia as well as for strengthen the voice of PLHIV in the general and professional public

	Activities	Timeframe	Human recourses	Budget forecas t in EUR	Fund sources	Expected results
1	Supporting PLHIV Union in implementing strategy and operational plan	2011-2012		4500	UNAIDS	Union fulfill expected results set in action plan
2	Participate in awareness raising and anti stigma Union actions	2011-2012			IAN contribution	Lectures and presentation for commemorating Candle light Day and World AIDS Day
3	Supporting PLHIV activists in public events which include disclosure of HIV positive status	2011-2012		1000	To be negotiated with ministry of Health	30% increased number of PLHVI activists ready to speak openly about HIV positive status

OBJECTIVE 3: To follow developments in the area of VCT set in National Strategy for HIV and further work on support, training, supervision of VCT counselors and lobbying for grater involvement of civil society in direct counseling work

	Activities	Timeframe	Human recourses	Budget forecas t in EUR	Fund sources	Expected results
1	Analysis and evaluation of VCT centers	March – May 2012		1000	Ministry of Health	Evaluation report with recommendations for improvement from at least 10 VCT centers

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2	Policy statement related to implementation National Strategy in the area of VCT development	November 2012			IAN contribution	Policy statement sent to relevant stakeholders and presented on the relevant meetings and events
3	Trainings and supervision for VCT counselors	2012		10000	To be negotiated with Ministry of Health	At least 15 VCT counselors improved skills in VCT

OBJECTIVE 4: To offer training curriculum for trainings implemented in the last five years to partners in Serbia (psychosocial support for PLHIV, stigma and discrimination, HIV for social and health workers)

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Develop training curium for psychosocial support for PLHIV according to lessons learned and experiences gained during the implementation in previous two years	2012		2000	Youth of JAZAS	Training curriculum developed and offered to MoH and other partners
2	Develop training curium for stigma and discrimination according to lessons learned and experiences gained during the implementation in previous two years	2012		2000	Youth of JAZAS	Training curriculum developed and offered to MoH and other partners
3	Further improve training curriculum for health workers and implement training events for all over the Serbia	January – June 2012		30000	Youth of JAZAS	At least 200 health workers increased knowledge and change attitudes toward PLHIV

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OBJECTIVE 5: To offer our experiences in implementation of holistic approach and research findings to other partners in the country and abroad

	Activities	Timeframe	Human recourses	Budget forecas t in EUR	Fund sources	Expected results
1	Write articles and books and publish it in National and International Journals	2011 - 2012			IAN contribution	Five publications prepared and one published
2	Promote and publicize IAN findings and practice	2011 - 2012			IAN contribution	Presentation on at least one International and two National conferences

1.3. MENTAL HEALTH

OBJECTIVE 1: To work with reform minded professionals and paraprofessionals to increase their knowledge, change attitudes and organize services that are in the line with good practice recommended by WHO

	Activities	Timeframe	Human recourses	Budget forecas t in EUR	Fund sources	Expected results
1	Design and deliver two accredited programs on community mental health and psychosocial rehabilitation	May-June 2011		22000	MATRA – program Kingdom of Netherlands	At least 50 mental health professionals increased knowledge and changed attitudes
2	On-going supervision and support for interested institutions to implement community services	June 2011		9000	MATRA	At least 3 institutions and 30 professionals received lectures, literature and ongoing support to establish services

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3	Adjusting premises and support in establishment of local networks to support users of community services	June 2012		12000	MATRA	At least 3 centres refurbished and operational
4	Develop training curricula for mental health professionals promoting community mental health approach	November 2012		40000	IPA to be confirmed	At least 100 professionals increased knowledge and changed attitudes

OBJECTIVE 2: To work on psychosocial rehabilitation of people suffering mental health disorders and promote rehabilitation programs

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Providing computer lessons and social skills for users of community mental health center Medijana in Nis	2011 - 2012		9000	MATRA and Municipality to be negotiated	20 people increased computer skills and 30 people increased social skills
2	Public promotion of the results of psycho-social rehabilitation and publishing relevant leaflets on the subject	June and October 2011		10000	MATRA	Lectures and presentation for commemorating UN International Day in Support of Victims of Torture and International Mental Health Day

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OBJECTIVE 3: To actively participate in regional, European and global networks promoting recovery, de-institutionalization, de-stigmatization and marginalization of mental health issues

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	To participate in regular meetings of the board of International Mental Health Collaborating Network	2011-2012		2000	IAN Contribution	To continue membership in the highest body of the IMNHC
2	To actively participate in creating virtual university for community mental health and recovery of persons with mental illness	2011-2012		1500	IMNHC contribution – to be confirmed	Outline of the virtual faculty
3.	To enhance cooperation with regional NGOs Fenix, Macedonian development centre and local NGOs involved in user participation and deinstitutionalization movements	2012		250000	EC funds- to be approved	To improve and get grants for regional mental health initiative
4.	Close collaboration with Global Initiative in Psychiatry network	2011-2012		2000	IAN contribution	Getting status of the associate member of GIP network

OBJECTIVE 4: To efficiently monitor and promote implementation of the Convention of Rights of Persons with Disabilities for users and ex-users of psychiatry

	Activities	Timeframe	Human recourses	Budget forecast in EUR	Fund sources	Expected results
1	Joint partnership work with COD Center for society orientation in monitoring provisions from CRPD for	2012		3000	COD via EC funded project – to	Reports about CRPD used in psychiatry

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	user and ex users in psychiatry				be approved	
2	Capacity building of Ombudsperson staff involved in monitoring of psychiatric institutions	May 2011		2000	OSCE mission- to be approved	At least 5 people from National Preventive Mechanism trained in basic of psychiatric illness and services provided
3	Work with associations Dusa, Valenca and others to awareness raising about CRPD provisions for users of psychiatry	March 2011		20000	MATRA program – to be approved	At least 20 activists of user run organizations advocating for application of CRPD

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2. EDUCATION

OBJECTIVE 1: To provide trainings through the lifelong learning programme to vulnerable groups in ICT skills, English language, Social skills and Entrepreneurship for successful social inclusion and increased employment perspectives

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	IT training	01/01/11 - 31/12/12	Telecentar Manager, 5 IT Trainers	187.000	Microsoft, EU, Market Income, Ministry of Labour and Social Policy, IWC	700 different beneficiaries trained in basic ICT skills in compliance with ECDL model
2	English language training	01/01/11 - 31/12/12	Telecentar Manager, 3 English Language Trainers	39.600	EU, Market Income, Ministry of Labour and Social Policy, IWC	180 beneficiaries trained in English language
3	Social skills training	01/01/11 - 31/12/12	Telecentar Manager, 6 Social Skills Trainers	26.400	EU, MATRA, Market Income, Ministry of Labour and Social Policy, IWC	120 beneficiaries trained in Social skills
4	Entrepreneurship skills training	01/01/11 - 31/12/12	Telecentar Manager, 2 Entrepreneurship	9000	EU	40 beneficiaries trained in entrepreneurship

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			Skills Trainers			skills
5	Vocational trainings	01/01/11 - 31/12/12	Telecentar Manager, 2 Vocational trainers	12000	EU, Ministry of Labour and Social Policy, IWC	40 beneficiaries trained in vocational trainings (administrative jobs, gardening, hygienic maintenance)

OBJECTIVE 2: To develop a Job Club aimed at providing beneficiaries with the latest news from the labour market, helping them prepare and send job applications and establishing links with employers.

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Monitoring advertised vacancies and informing participants	01/01/12 - 31/12/12	IAN Telecentar Manager, Job counsellor	4800	EU, Market Income,	All unemployed beneficiaries informed about job opportunities
2	Assisting participants in job application process	01/01/12 - 31/12/12	IAN Telecentar Manager, Job counsellor, Life Skills Trainer	14400	EU, Market Income,	At least 150 beneficiaries assisted in application process
3	Developing and maintaining relations with employers and National Employment Service	01/01/12 - 31/12/12	IAN Telecentar Manager	4800	EU, Market Income,	Relations established and, wherever is possible, formalized.
4	Establishing a web portal with data base of unemployed	01/01/12 - 31/12/12	IAN Telecentar Manager, Database	6000	EU, Market Income,	Web portal with data base established and utilized

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	beneficiaries		expert, Job counsellor			
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OBJECTIVE 3: To establish sustainable network of Telecentres in Serbia, promote knowledge and experience sharing, and continue active participation in other networks of Telecentres.

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Establishing a network of telecentres in Serbia	01/01/11 - 31/12/12	2 Telecentar managers	3000	EU, Microsoft, ISC	At least 25 members of telecentre network in Serbia Raised activities of telecentres in Serbia, at least 50 articles on eMreza web site
2	Organizing annual conferences of telecentres in Serbia	01/01/11 - 31/12/12	2 Telecentar managers, volunteers	20.000	EU, Microsoft, ISC	Organized international annual conference of telecentres in Serbia
3	Advocating the concept of telecentres on the national and local level	01/01/11 - 31/12/12	2 Telecentar managers	3000	EU, Microsoft, ISC	Raised knowledge on telecentres
4	Supporting joint activities and projects among telecentres in Serbia	01/01/11 - 31/12/12	2 Telecentar managers	4000	EU, Microsoft	At least 2 joint projects among members of telecentre network
5	Active participation within	01/01/11 - 31/12/12	IAN Telecentar manager	1200	Microsoft	IAN is a member of Telecentre Europe network

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	Telecentre Europe Network					
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OBJECTIVE 4: To achieve sustainability through operation based on social entrepreneurship model

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Successful participation on the market and investing the income into services for vulnerable groups	01/01/11 - 31/12/12	2 Telecentar managers	0		Increased overall Telecentar budget by 15% Increased income share coming from commercial sale services in overall Telecentar budget to 30%
2	Developing more intensive marketing strategy for attracting solvent individuals and companies	01/01/11 - 31/12/12	2 Telecentar managers, PR agency	15.000	Market income	
3	Marketing trainings among companies	01/01/11 - 31/12/12	2 Telecentar managers, PR agency	10.000	Market income	

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OBJECTIVE 5: To raise awareness on importance of e-inclusion and benefits of Internet use among general and professional public, and promote sustainable partnerships between public, private and civil sector in the field of e-inclusion.

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Organizing e-Skills week in Serbia	01/01/11 - 31/12/12	2 IAN Telecentres manager, IT trainers	4.000	Microsoft, EU, market income, ISC	Involved at least 20 organisation in campaign with at least 1000 participants Published at least 20 billboards A radio jingle produced and broadcast on at least 3 different radio stations
2	Organizing different activities aimed at raising awareness of importance of usage of new technologies	01/01/11 - 31/12/12	2 IAN Telecentres manager, IT trainers	2.000	Microsoft, EU, market income	Organized Grandparent – Grandchild IT Dream Team Competition 20 media appearances
3	Promoting the social aspect of new technologies and importance of intersectoral cooperation	01/01/11 - 31/12/12	2 IAN Telecentres manager	3.000	Microsoft, EU	At least 5 meetings with stakeholders

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OBJECTIVE 6: To promote safer and more responsible use of online technology and mobile phones, especially amongst children and young people in Serbia.

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Updating Kids Internet Safety web site	01/01/11 - 31/12/12	IAN Telecentar manager, web administrator	1500	EU, Microsoft, ISC	Regularly updated web site www.pametanklik.rs At least 1000 users every year
2	Organising and celebrating Internet Safety Day in Serbia	01/01/11 - 31/12/12	2 IAN Telecentar managers, media agency	4.000	EU, Microsoft, ISC	Organized promotional camping in Serbia At least 5 billboards, at least 25 media appearances, and two performances
3	Promoting safe usage of Internet among children and youth	01/01/11 - 31/12/12	2 IAN Telecentar managers, media agency	3.000	EU, Microsoft	At 200 posters distributed to children and youth At least 500 leaflets distributed to parents and children Organized interactive plays for children and youth

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OBJECTIVE 7: To promote skills needed in knowledge based economy such as ICT and new media literacy, Social skills, entrepreneurship, etc.

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Information dissemination through web sites and media	01/01/11 - 31/12/12	IAN Telecentar manager, web administrator	1500	EU, Microsoft	Regularly updated web sites www.ian.org.rs and www.emreza.rs . At least 1000 users every year Media appearances
2	Promoting "new" skills and Life Long Learning concept among Telecentar beneficiaries	01/01/11 - 31/12/12	2 IAN Telecentar managers	2500	EU, Microsoft, market income	Promoted new skills among at least 500 Telecentar beneficiaries through posters, presentations and free courses

OBJECTIVE 8: To further develop the existing programmes, design new training programmes and work on certification of programs.

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Improvement of existing programmes	01/01/11 - 31/12/12	IAN Telecentar manager, 3 ICT teachers, 1 English language teacher, 6 Social skills teacher, 1 Entrepreneurship teacher and 2 Vocational trainers	2000	EU, Microsoft, Market income	Updated ICT, English language, Social skills, Entrepreneurship and Vocational curriculum

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2	Designing new educational programmes tailored to the needs of beneficiaries and labour market demands	01/01/11 - 31/12/12	IAN Telecentar manager, 3 ICT teachers, 1 English language teacher, 6 Social skills teacher, 1 Entrepreneurship teacher and 2 Vocational trainers	5000	EU, Microsoft, Market income	Developed 5 new courses related to social media, web design, advanced ICT courses
3	Certification of courses	01/01/11 - 31/12/12	IAN Telecentar manager	2500	Market income	ECDL Membership continues TOEIC Membership continues New certificates acquired

OBJECTIVE 9: To continuously improve the capacities of staff in order to promote quality standards in training programmes

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Ensured relevant training to staff	01/01/11 - 31/12/12	All Telecentar staff	2500	Market income	All ICT teachers acquired status as a Advanced Microsoft Professionals Staff attended professional seminars
2	Study visits	01/01/11 - 31/12/12	All Telecentar staff	5000	Market income	At least 1 study visit per year

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OBJECTIVE 10: To strengthen capacities and activities related to social entrepreneurship

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Expanding knowledge of staff on social entrepreneurship models	01/01/11 - 31/12/12	All Telecentar staff	3000	Market income	Raised knowledge on SE model through trainings and presentations
2	Strengthening support to "Bizian grupa" social enterprise	01/01/11 - 31/12/12	IAN Telecentar manager, Bizian director	5.000	Market income	"Bizian grupa" fully operational

OBJECTIVE 11: To develop/improve system and instruments and procedures for comprehensive evaluation and scientific research of the impact of education

	ACTIVITIES	TIMEFRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	To review and improve forms, procedures and software used for documentation and follow up of the IAN Telecentar clients	01/01/11 - 31/12/12	IAN Telecentar manager, researcher, programmer	5.000	Microsoft, EU	IAN Telecentar client's registration forms and software improved

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2	To establish mechanisms for using data gathered from clients to guide interventions and practice	01/01/11 - 31/12/12	IAN Telecentar manager, researcher, psychologist	7.150	Microsoft, EU	Counseling plans developed based on the assessment data
3	To further investigate impact of education on psychological, social and economic position of beneficiaries	01/01/11 - 31/12/12	IAN Telecentar manager, researcher, psychologist	5.000	Microsoft, EU, market income, new donors	New data and conclusions related to impact of education
4	Promoting research results	01/01/11 - 31/12/12	IAN Telecentar manager, researcher, psychologist	5.000	Microsoft, EU, market income, new donors	5 articles on web sites, presentation on 3 conferences

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3. HUMAN RIGHTS

OBJECTIVE 1: To empower and support staff of IAN departments to include human rights aspect into planning and implementation of programmes

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1.	Engagement of Human Rights Coordinator	Sept. 2011			European union	
2.	Cross-department planning of HR activities	2012	Coordinator, lawyer, legal advisor		IAN	
3.	Internal education of staff	2012	Coordinator, lawyer, legal advisor		IAN	
4.	Monitoring of current legislation and HR situation and information sharing	1/9/2011-31/12/2012	Coordinator, lawyer, legal advisor		European union, Global fund,	

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OBJECTIVE 2: To promote human rights protection of torture survivors (both war-related and current torture victims)

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Providing direct legal aid	1/1/2011-31/12/2012	lawyer, legal advisor		European Union, UNVFVT	
2	Advocate for the implementation of the Optional Protocol to the UN Convention against Torture	1/1/2011-31/12/2012	Coordinator, lawyer, legal advisor		European Union, UNVFVT	Independent national preventive mechanism established
3	Raising public awareness about the issue of torture, its consequences and methods of prevention, with strong emphasis on the promotion of human rights	1/1/2011-31/12/2012	Coordinator, lawyer, legal advisor		European Union, Ministry of human and minority rights	
4	Educating professionals in issues concerning nature of torture and its consequences and trained in the proper procedure of interview conducting and evidence about torture.	1/1/2011-31/12/2012	Coordinator, lawyer, legal advisor		European Union, UNVFVT	

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OBJECTIVE 3: To provide protection of human rights for forcibly mobilized refugees

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	To provide legal advice and counseling	1/1/2011-31/12/2012	lawyer, legal advisor		European Union, UNVFVT	
2	Legal representation in courts	1/1/2011-31/12/2012	lawyer, legal advisor		UNVFVT	

OBJECTIVE 4: To provide education in human rights and mechanisms for their prevention and protection

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Workshops on relevant domestic and international laws and conventions for NGO activists	2012	2 Trainers		European Union	
2	Workshop on mechanisms for protection from torture and rehabilitation for NGO activists	2012	2 Trainers		European Union	
3	Trainings in human	2012	2 Trainers		Global Fund	

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	rights and mechanisms for their prevention and protection for relevant professionals (health professionals, judiciary, police, etc.)				
4	Trainings in human rights for groups at risk of human rights violation (IDUs, Roma, Mental health patients, PLHIV)	2011	2 Trainers	European Union, Finish Embassy	

OBJECTIVE 5: To promote and protect human rights of marginalized groups at risk of human rights violation (people living with HIV/AIDS, mentally ill, Roma, refugees and IDPs, drug users, women, etc.)

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Providing direct legal aid to target groups		lawyer, legal advisor		European Union	
2	Training in active civic response to human rights violation	2011	2 Trainers		European Union, Finish Embassy	
3	Training in gender sensitivity for NGO	2012	2 Trainers		European Union, Finish Embassy	

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	activists					
4	Design of brochures about human rights of marginalized groups	2012	Coordinator, lawyer, legal advisor		European Union, Finish Embassy	
5	Awareness raising and public campaigns	1/1/2011- 31/12/2012	Coordinator, lawyer, legal advisor		European Union, Finish Embassy	
6	Involvement in discussions and initiatives regarding new Law on Mental Health	1/1/2011- 31/12/2012	Coordinator, lawyer, legal advisor		Dutch Embassy (MATRA)	
7	Monitoring of treatment of persons in closed institutions	1/1/2011- 31/12/2012	lawyer		European Union	
8	Cooperation with relevant HR NGOs, GOs and experts	1/1/2011- 31/12/2012	Coordinator, lawyer, legal advisor		European Union, Dutch Embassy (MATRA)	

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4. RESEARCH

OBJECTIVE 1: To review and improve documentation and enable follow up of the CRTL clients

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	To review and improve forms procedures and software used for documentation and follow up of the CRTL clients	1.7.2011/1.7.2012	1 researcher 1 coordinator 1 psychologist 1 programmer	4000	UNVFVT	CRTL client's registration forms and software improved
2	To establish mechanisms for using data gathered from clients to guide interventions and practice	1.7.2012/1.1.2013	1 researcher 2 psychologists	3.500	USAID through CVT	Therapy plans developed/updated based on the assessment data

OBJECTIVE 2: To evaluate effectiveness of the interventions provided and follow-up the effects

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	RCT of the effects of SFT on people with PTSD	1.1.2011/31.12.2012	1 researcher 2 psychologists	1.500	EBTA	20 people with PTSD treated with SFT protocol, to evaluate how new The changes in patients' symptoms, quality of life and social functioning recorded. The effects followed immediately after the treatment and 1 year after.

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OBJECTIVE 3: To support IAN departments/sections in involving appropriate research design and techniques for program evaluation and exploration of research questions relevant for their strategic areas

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Developing/improving evaluation mechanism within Educational department	1.1.2011/31.12.2011	1 researcher, 1 coordinator 1 psychologist	2000	MICROSOFT	The assessment design developed/improved for evaluation and follow up of the clients on ICT courses. Pilot evaluation of the training effects done on 80 people.

OBJECTIVE 4: To contribute to better understanding of the human reactions on war-related stress, trauma and torture

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Document mental and somatic health problems among victims of war-related trauma and torture through daily work with clients	1.1.2011/31.12.2012	3 psychologists	24000	EC	Mental and somatic health problems among victims of war-related trauma and torture documented
2	Follow up of the PBPTSD clients 3-5 years after initial assessment	1.1.2011/31.12.2012	1 researcher, 3 psychologists	1000	EBTA	150 clients contacted and check-up offered 100 clients interviewed with CAPS and SCID Client's fallow up forms
3	Analysis of the data bases	1.1.2011/31.12.2012	1 researcher, 1 research assistant	5000	UNVFVT	Data processed, entered in data base and analyzed

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OBJECTIVE 5: To transfer and disseminate knowledge on PTSD and on war-related stress and trauma through various types of dissemination activities to interested professionals and students

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Presenting and publishing the results of IAN' research on war-related stress and trauma	1.1.2011/31.12.2012	2 researchers	Voluntary	Voluntary	4 scientific presentations of the results 2 articles published in scientific journals
2	Trainings/presentations on war-related stress and trauma research and/or treatment (diagnostic interview, assessment instruments, therapeutic guidelines, etc)	1.1.2011/31.12.2012	1 researcher 1 psychologist	2000	EC UNVFVT	2 trainings/presentations provided for NGO activists, medical workers, students, etc.
3	Mentoring of students and professionals in their practice/research on war-related stress and trauma	1.1.2011/31.12.2012	2 researchers	Voluntary	Voluntary	Professional practice organized for 4 students

OBJECTIVE 6: To contribute to better understanding of the factors relevant for social inclusion of marginalized groups

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Collecting data on discrimination, human rights violation and	1.1.2011/31.12.2012	1 researcher 2 psychologists	12000	EC Finland embassy	Instruments developed. Focus groups conducted with clients.

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	other ways of social exclusion of marginalized groups			(pending)	Data recorded and analyzed
2	Follow up the effects of the interventions on changes in social inclusion	1.1.2011/31.12.2012	1 researcher 1 psychologist	4000	To be identified Instruments developed. Data recorded and analyzed. Focus groups conducted with clients. Case studies done.
3	Trainings/presentations in social inclusion of marginalized groups	1.1.2011/31.12.2012	2 psychologists	2000	EC Finland embassy (pending) 2 presentations provided for NGO activists, medical workers, students, etc.

OBJECTIVE 7: To boost professional exchange and learning about EU standards in services

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Communication and cooperation with Rehabilitation and Research Centers, and relevant professional Networks in Europe and USA	1.1.2011/31.12.2012	1 researcher 1 coordinator	2000	UNVFVT	Regular communication established with 5 Rehabilitation Centers and 3 Research Institutes
2	Communication and cooperation with Universities and Research Institutes in Serbia and the region	1.1.2011/31.12.2012	1 researcher 1 coordinator	1000	UNVFVT	Meetings conducted and IAN work presented to professors and students
3	Sharing good practice and building up networks of excellence	1.1.2011/31.12.2012	1 researcher 1 psychologist	1000	USAID through CVT	Knowledge and skills improved
4	Hosting volunteers, students, professionals,	1.1.2011/31.12.2012	1 researcher 1	1500	USAID through	2 persons hosted

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	and scientists from abroad		psychologist		CVT	
5	Study visits	1.1.2011/31.12.20 12	1 researcher 1 psychologist	2000	USAID through CVT	2 study visits conducted

OBJECTIVE 8: To explore new funding opportunities and create partnerships for fund-raising

	ACTIVITIES	TIME FRAME	HUMAN RESOURCES	BUDGET FORECAST in EURO	FUND SOURCE	EXPECTED RESULTS
1	Contacting potential donors and partners	1.9.2011/31.12.20 12	1 coordinator	2000	UNVFVT	2 donors/grant mechanisms identified
2	Developing new partnerships	1.9.2011/31.12.20 12	1 coordinator	2000	UNVFVT	2 project partnerships established
3	Preparing and submitting project proposals	1.9.2011/31.12.20 12	1 coordinator 1 researcher	3000	UNVFVT	2 project applications submitted

Annex 3: Key documents used for strategic planning

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<http://english.bgcentar.org.rs/images/stories/Datoteke/human%20rights%20in%20serbia%202010.pdf>

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