



**International Aid Network**

**2006**  
**Annual report**



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## LIST OF ABBREVIATIONS

ARC	American Rescue Committee
BHRN	Balkan Human Rights Network
BiH	Bosnia and Herzegovina
BOSPO	Bosnian Aid Council
CAFOD	Catholic Agency for Overseas Development
CC	Collective centre
CIDA	Canadian International Development
CRO	Croatia
CRS	Catholic Relief Service
DOS	Dalmatian Solidarity Committee
DRC	Danish Refugee Council
EU	European Union
FRESTA	Secretariat for Peace and Stability
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria's
GO	Governmental organisation
EAR	European Agency for Reconstruction
EHO	Ecumenical Humanitarian Organisation
HIV/AIDS	Human Immunodeficiency Virus Acquired immunodeficiency syndrome
HPVPI – HIV	Prevention among Vulnerable Populations Initiative
IAN	International Aid Network
KIP	Kosovo Initiative Program
IDP	Internally displaced person
IDU	Injecting drug user
IPH	Institute for Public Health
ISH	Institute for Students Health
JAZAS	Yugoslav Association against AIDS
LIG	Legal Issues Group
MARRI	Migration, Asylum and Refugee Return Initiative
MDM	Medicines du Monde
NGO	Non-governmental organisation
OCRM	Office for Communities, Returns & Minority Affairs
OHR	Office of the High Representative
OHCHR	Office of the United Nations High Commissioner for Human Rights
ORC	Office for Returns and Communities
PLWHA	People living with HIV/AIDS
PR	Primary Recipient
RAC	Republic AIDS Commission
SCG	Serbia and Montenegro
SIDA	Swedish International Development Agency
SDF	Serbian Democratic Forum
SEE-RAN	South East European Refugee Assistance Network
SPP WG	Sustainable Peace Programme Working Group
SRC	Serbian Refugee Council
STI	Sexual Transmitted Diseases
SW	Sex workers
UNAIDS	United Nations Joint Program on HIV/AIDS
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNMIK	United Nations Mission in Kosovo
VCT	Voluntary Counselling and Testing
WHO	World Health Organization



## INTRODUCTION

Considering organization, the most important event for IAN in 2006 was finishing of SODA (Strategic...) process and production of Strategic plan for 2006-2010. This process, which lasted for more than a year, guided by Jerome Piercy and Dana Hradcova, has included more people from IAN and enabled, in our opinion, further development of organization.

This process also provided better view on some new facts about organization and its functioning in community. First of all, better cohesion in specific departments has been achieved and, finally, structural organization which can avoid any form of project dependence has been established. Second, diversification of IAN activities (different services for different beneficiaries' groups) has been mitigated through tighter connections between departments and interdisciplinary projects which have prevented fragmentation in semi-autonomous units that only shares umbrella organization. Third, it became obvious that all services, certainly not equally, starts from basic services and direct help to the beneficiaries as well as with support and development of existing (governmental) institutions and services, which contributes to grater sustainability of projects and greater impact of our activities. In the end, old problem with all NGO which grew in the region after the war, withdrawal and disappearing of "crisis funds" (funds from international NGO and intergovernmental agencies that come in post-conflict areas and which are oriented on vulnerable groups' needs) which, in Serbia,

wasn't followed with adequate "developmental funds", but it seems that we successfully overcome the situation through different strategies and involving of different fund resources.

At the same time development and expansion brought up the issues – what we can offer to the society, or – why would our services be useful. As to our belief, IAN quality is that we managed to develop specific methodology of psychosocial project which could be applied on different groups under the risk. Diversification in this context has additional advantage because it allowed us to improve our expertise and service quality and at the same time to improve model that can be replicated in different non-governmental and state institutions and systems – educational, health, social.

Other achievements of IAN during 2006 are presented in document ahead.

Vladimir Jović



**CENTRE FOR  
REHABILITATION OF  
TRAUMA AND TORTURE  
VICTIMS**



## INTRODUCTION

Serbia and Montenegro continues to be host to 340,424 refugees and internally displaced persons (IDP) and war affected people (UNHCR data on 30<sup>th</sup> April 2006), making it one of the countries with the highest number of refugees in Europe. Approximately 5,000 of these refugees were subjected to torture<sup>1</sup>.

Victims of torture are the group with the highest current incidence of post-traumatic stress disorder (64%). Co morbid diagnoses (such as major depression, anxiety disorders and alcohol abuse) are registered among 80% of those who have been diagnosed with post-traumatic stress disorder. Many suffer from cardiovascular, endocrine, digestive and neurological disorders. Due to alcohol abuse and increased aggressive behaviour, there is high family dysfunction and trans-generational trauma. Torture survivors are a highly vulnerable group in need of comprehensive long-term rehabilitation.

In 2006, practise concerning torture issues did not significantly changed, except from cruel and extreme cases, like murders.<sup>2</sup> The new Serbian Criminal Code, which entered into force on 1 January 2006, introduced a specific criminal offence of torture under Article 137. entitled "Abuse and torture".

Numerous detainees alleged torture and other ill-treatment aimed at extracting "confessions", mostly at the time of arrest and during the first hours of detention at police stations, according to a report by the European Committee for the Prevention of Torture published in May.<sup>3</sup> Reported methods included "falaka" (beating on the soles of the feet). In November police allegedly used excessive force against a prison protest at the government's failure to implement an amnesty law. Lawyers and relatives were reportedly unable to visit some of the 50 prisoners who had been hospitalized or placed in solitary confinement.

On 25<sup>th</sup> September 2003 it also signed the Optional Protocol to the latter Convention (OPCAT) but to date has not ratified it.

Rehabilitation services for torture survivors are extremely scarce, particularly given that people who have been subjected to ill-treatment by state actors are reluctant to use state institutions and prefer the less formal setting of a

specialised NGO. Awareness of torture related issues is relatively low. Medical and other related staffs working in detention facilities and in contact with victims of torture and ill treatment lack the expertise and knowledge to effectively support them.

**IAN programme for assisting trauma and torture victims has been running since November 1997. The aim of this programme is to contribute to an improvement in the mental health and physical well-being of refugees and IDPs suffering from war-related torture and trauma through provision of comprehensive assistance – psychological, psychiatric, medical, psychosocial and legal, and to ensure wider public recognition and improved professional knowledge about treatment of stress-related illnesses.**

## PROJECTS AND DONORS

Most of the activities implemented in 2005 within the Centre for Rehabilitation of Trauma and Torture Victims were parts of a comprehensive project funded by CAFOD (Catholic Agency for Overseas Development) called

**1. Recovering from the psychological trauma of war and displacement** (three-year project started on 1<sup>st</sup> January 2004).

This project comprised several subprojects funded by other donors:

**2. Centre for rehabilitation of torture victims** –funded by United Nations Voluntary Fund for Victims of Torture (UNVFVT).

**3. REDRESS IN ACTION, Phase two– Rehabilitation, Compensation and Human Rights Protection of Refugees and Returnees, Victims of Forcible Mobilisation in 1995** - funded by FRESTA

**4. Psycho-social rehabilitation programme for torture victims in target regions in Bosnia-Herzegovina through CTV, IAN and MEDICA mobile teams** – joint cross-border project of three centres for rehabilitation of torture victims: IAN Centre for rehabilitation of torture victims, Belgrade, Association for rehabilitation of torture victims - Centre for Torture Victims, Sarajevo, and Women's

<sup>1</sup> <http://www.ian.org.yu/tortura/eng/publications/monografija/01.pdf>

<sup>2</sup> [http://www.zamislisrbiju.org/docs/analize/hops\\_policijska\\_tortura2005.htm#\\_ftn5](http://www.zamislisrbiju.org/docs/analize/hops_policijska_tortura2005.htm#_ftn5)

<sup>3</sup> <http://thereport.amnesty.org/eng/Regions/Europe-and-Central-Asia/Serbia>

association Medica Zenica. Project is funded by United Nations Voluntary Fund for Victims of Torture (UNVFVT).

**5. Developing tools and methods for working on CAT** – joint project of IAN, Center for Civic Initiative, Prilep, Albanian Rehabilitation Centre for Torture Victims, Tirana, Kosova Rehabilitation Centre for Torture Victims. Project is funded by FRESTA.

## CORE ACTIVITIES

Main activities include comprehensive rehabilitation of war-traumatized people, torture survivors and their family members, and other vulnerable groups through provision of:

- **Psychotherapeutic assistance** – psychological and psychiatric diagnostic and treatment - individual, group, family psychotherapy (supported with free-of-charge medicaments) in the Centre or during mobile team visit, and SOS counselling
- **Medical assistance** - diagnostic, general medical, internist and cardiologic examination and treatment supported with medicaments
- **Legal assistance** to victims of torture - legal advising and in-court representation

**The assistance has been provided in the Centre and at the field through assistance of mobile team.**

Assistance provided in CRTTV is:

- **Pro-active** – mobile teams, field visits - collective centres and beneficiary homes
- **Multidisciplinary** – expert teams of psychologists, psychiatrists, legal advisors and doctors
- With strong **advocacy** and **research** component

*Mobile Team Visits* are essential for the proactive approach to beneficiaries and making our services easily available to them. The activities of the Mobile team are: a) direct contact and on-the-spot assistance to torture victims, b) collection of information in the field on potential beneficiaries, c) dissemination of information about the work of the Rehabilitation Centre, among all possible groups of beneficiaries, their organisations or organisations that assist them.

Clients-torture victims and members of their families are provided with following kinds on-the-spot assistance:

- counselling and psychotherapy (in the form of individual and group psychotherapy) provided by psychologist and psychiatrist
- psychological and psychiatric diagnostics
- general medical examination and treatment
- internist's examination (EKG, blood tension control) and diagnostics
- pharmacotherapy
- psycho-pharmacotherapy.

Clients receive reports about their somatic and psychological health condition and recommendation about future treatment. Home visits are also organized for the clients who are not able to come by themselves to the examinations. For the most vulnerable cases with seriously endangered health condition we organize additional services like continuation of the therapy in adequate institution, specialist's medical examination, provision with special medicaments etc.

Total number of **1049 beneficiaries** received medical treatment, individual therapy, group therapy, outreach counselling services and legal assistance in this one-year period.

During 2006, **1049 beneficiaries** received psychological/psychiatric assistance – 89% of beneficiaries were refugees and IDPs and 11% of clients were from local population – mostly social cases and victims of domestic violence.

Total number of **641** clients has received psychological/psychiatric treatment in the form of individual and/or group psychotherapy in the Centre and **408** received psychological assistance at the field, during the visits of the mobile teams - in the beneficiaries' organisations and collective centres. Visits of the mobile teams have very important part in improving of the access of the beneficiaries to the needed treatment. 40 per cent of the clients were assisted at the field, during the visits of mobile team.

Total number of **458** clients was provided with medical assistance in the MEDIAN medical centre (IAN Medical Department) and during the mobile team visits. Very important part of both medical and psychological treatment was provision with the necessary medicaments.

During the period covered by these report, **116** beneficiaries, refugees - victims of torture and forcible mobilization received legal help.

Table below shows date, place, type of visit and number of clients that have been assisted during the visits of our mobile team in 2006.

DATE	MUNICIPALITY	FIELD VISIT	NUMBER OF BENEFICIARIES
21.02.2006.	BRATUNAC	VISITS TO BENEFICIARY ASSOCIATIONS	40
10.03.2006.	BIJELJINA	VISITS TO BENEFICIARY ASSOCIATIONS	14
24.03.2006.	VIŠEGRAD	VISITS TO BENEFICIARY ASSOCIATIONS	29
12.05.2006.	BRATUNAC - VLASENICA	VISITS TO BENEFICIARY ASSOCIATIONS	33
19.05.2006.	BIJELJINA - UGLJEVIK	VISITS TO BENEFICIARY ASSOCIATIONS	7
26.05.2006.	VIŠEGRAD	VISITS TO BENEFICIARY ASSOCIATIONS	26
09.06.2006.	SREBRENICA	VISITS TO BENEFICIARY ASSOCIATIONS	35
10.06.2006.	SKELANI	VISITS TO BENEFICIARY ASSOCIATIONS	19
17.06.2006.	ŠAMAC	VISITS TO BENEFICIARY ASSOCIATIONS	21
1.12.2006	VIŠEGRAD	VISITS TO BENEFICIARY ASSOCIATIONS	23
8.12.2006.	BRATUNAC	VISITS TO BENEFICIARY ASSOCIATIONS	31
9.12.2006	BRATUNAC	VISITS TO BENEFICIARY ASSOCIATIONS	24
15.12.2006	SREBRENICA	VISITS TO BENEFICIARY ASSOCIATIONS	40
16.12.2006	SKELANI	VISITS TO BENEFICIARY ASSOCIATIONS	44
22.12.2006.	BIJELJINA	VISITS TO BENEFICIARY ASSOCIATIONS	22
<b>TOTAL</b>			<b>408</b>

### **BENEFICIARIES/TARGET POPULATION**

Primary beneficiaries include:

- Torture victims and their family members
- People with war-related traumas
- refugees from Croatia
- refugees from BiH
- internally displaced persons from Kosovo
- other vulnerable groups (self-supported mothers, social cases, disabled, etc.)

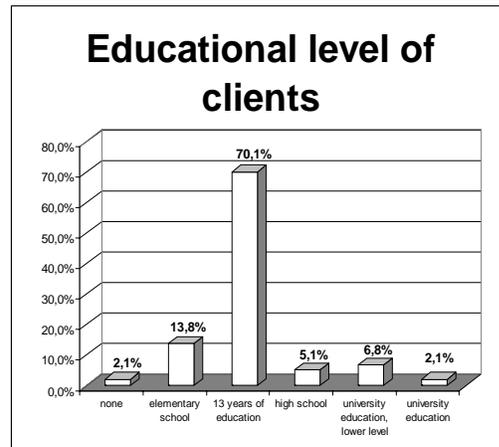
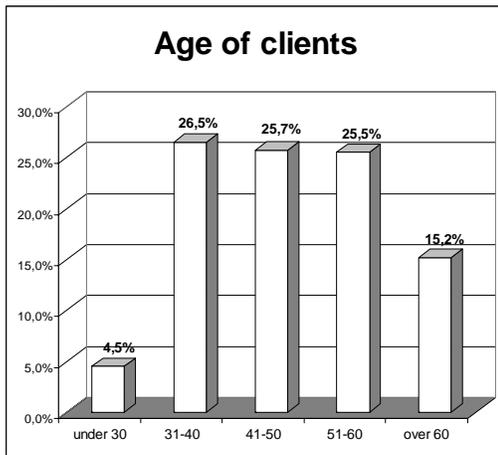
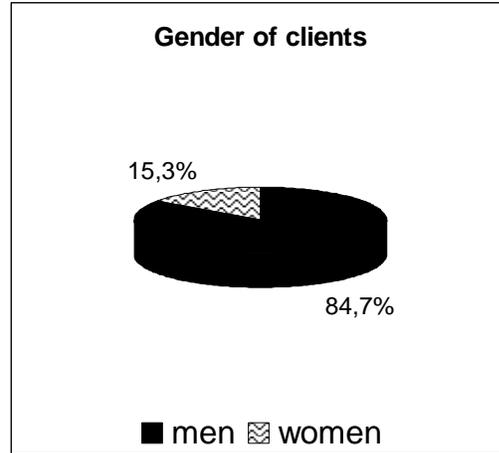
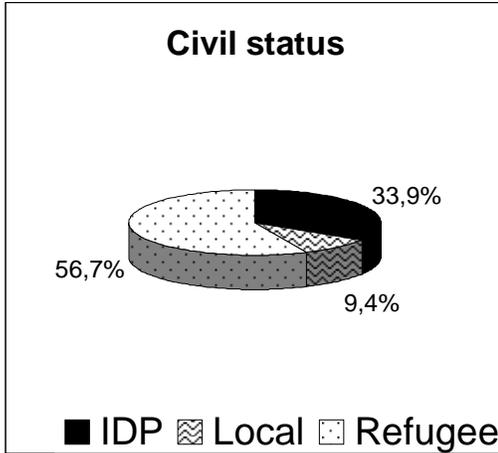
During the period from January to December 2006, we had in IAN centre 641 clients, and the total number of interventions was 1429. Middle aged (between 31 and 60 years old)

and older clients are the most frequently clients in CRTTV. Our beneficiaries during these 6 months were mostly males (84.7%). 15.3 % of our clients were females.

70.1% of clients have high school education, 13.8% of beneficiaries have finished elementary school, and 14.0% of clients are part of “university population”.

The largest number of our beneficiaries are married and with partner (67.3%). 16% are single. The most frequent stresses/problems of our beneficiaries are: imprisonment, material-existential problems, attendance in war and war suffering -related traumas. 70 per cent of our clients asked for assistance for the first time in CRTTV. Over 70 per cent of clients suffer from Post Traumatic Stress Disorder, 37 per cent of clients from depressive and 24 per cent from anxiety disorder.

Basic statistics on our clients is given below:



## EDUCATIVE ACTIVITIES

IAN representative was invited to lead the **Refugee workshop** which was a part of Conference organized by The International Federation of Medical Students' Associations (IFMSA)<sup>4</sup> ([www.ifmsa.org](http://www.ifmsa.org)) and The Standing Committee on human Rights and Peace (SCORP)<sup>5</sup> ([www.ifmsa.org/scorp](http://www.ifmsa.org/scorp)). Conference was held from 1<sup>st</sup> August till 7<sup>th</sup> August 2006 at Zlatibor (Serbia). Approximately 500 medical students

<sup>4</sup> The International Federation of Medical Students' Associations (IFMSA) is an independent, non-governmental and non-political federation of medical students' associations throughout the world. In 2004-2005 IFMSA had 92 members, National Member Organisations from 88 countries on six continents and represented more than 1 million medical students worldwide.

<sup>5</sup> The Standing Committee on human Rights and Peace (SCORP) is one of the six Standing Committees of the IFMSA. It was founded in the year of 1983, as the global plight of refugees came into the limelight. SCORP is committed to promoting Human Rights and Peace. As future health care professionals we work towards empowering and improving the health of refugees and other vulnerable people.

from all over the world participated in the Conference.

Training workshop for 50 students of medicine from all over the world was held on 5<sup>th</sup> August at Zlatibor, Serbia. Refugee workshop was organized for students that showed specific interest in, and that have working experience from projects with, refugees, IDPs, conflict situations and human rights around the world. Main aim of the workshop was to inform international medical students about refugees/IDPs issues in general and in particular in the Balkans and to educate international medical students on the biggest health issues for refugees and in particular health problems in relation to refugee housing/ refugee camps.

IAN representative, psychologist Ksenija Mijuk conducted part of the workshop which was about psychological consequences and problems of refugee/IDP population in Serbia. She presented problems that refugees/IDPs face, described traumatic events and experiences and consequences of traumatic events, especially Post Traumatic Stress Disorder, and psychological assistance in crises. Prevalence of psychiatric

disorders and relation between psychiatric disorders and somatic health was described.

IAN representative gave basic directions about psychological programmes for refugees and IDPs based on IAN's year-long experience. At the end, counselling process with refugees/IDPs was presented.

Except from theoretical part, medical students participated in practical exercise with the aim to experience traumatic refugee experience and to explore possibilities of assistance to refugees in those situations.

### Advocacy activities

Round table *Possibility for realising human rights of refugees who were mobilized against there will before European Court for Human Rights* was held on May 19<sup>th</sup> 2006 in Belgrade - Palace Hotel.

The aim of the Round table was to target the real decision makers related to this issue. This especially refers to the Supreme court of Serbia, General Attorney of Serbia and Municipal Court of Belgrade (very important due to the fact that all the civil procedures concerning refugee compensation are being conducted by this Court only)<sup>6</sup>

Representatives of the Supreme Court, General attorney, prosecution offices, competent courts, local governments, other relevant state agencies, as well as health workers, lawyers, media and NGO representatives were invited to the Round table. The interest for participation in the round table was high, 43 participants attended the event. It is important to emphasise that among participants were two IAN clients, victims of torture and forcible mobilization.

Morning session was dedicated to the legal issues of forcible mobilization.

In the afternoon session the two psychiatrists of IAN CRTTV - dr Jovanka Cvetkovic and dr Vladimir Milosevic presented their findings and experiences regarding psychiatric and psychological effects of forced mobilization and torture on the forcible mobilized refugees. They explained to the public what PTSD is, the ways of recognising it, the issue of appearance of PTSD whit postponed start (not immediately after the traumatic event) and its importance for the legal compensation. Also, the consequences of torture to the psychological, psychical, and social life of people were presented.

<sup>6</sup> The reason for this is that seat of the Government is in Belgrade. Therefore in cases where the Republic of Serbia is being respondent, the Court in Belgrade is competent. The issue of criminal procedures is bit different, since the competence of the court is related to the territory where the crime was committed.

Psychiatrists were speaking about their experiences in treatment of torture victims – both in individual psychotherapy and group psychotherapy. Dr Cvetkovic specially put accent on the group psychotherapeutic work with torture victims, indications, advantages and difficulties in this kind of work and presented two-year long work of psychotherapeutic group with torture victims led in IAN CRTTV by two psychologists (which two members attended this conference).

In addition, they expressed their findings on previous round tables, and made the comparison with this round table, noticing the great change in attitude among participants towards this issue.

Psychologist from IAN CRTTV, Stanislava Vukovic presented the results and findings of the research on psychological profile of IAN clients – forcibly mobilized refugees. Authors of the research were interested in the difference between the general refugee population and specific subgroups of the same population, including forcibly mobilized and tortured persons, in view of the presence of psychological consequences. After that they made comparison between the groups of forcibly mobilized and tortured persons, considering the posttraumatic symptomatology, and presence of co-morbid psychiatric diagnoses.



*Photographs of Round table Possibility for realising human rights of refugees who were mobilized against there will before European Court for Human Rights, Belgrade 19<sup>th</sup> May 2006 Hotel Palace*

### 26. June 2005. - UN International Day in Support of Victims of Torture

On the UN International Day in Support of Victims of Torture, 26 June, main event that IAN CRTTV organized was Press conference held on 26<sup>th</sup> June in the cinema "Mali Odeon" in Belgrade.

Key speakers of the conference were:

- *Goran Opacic* – psychologist, member of IAN Board of Directors. Mr Opacic introduced public with six-year work of IAN centre for rehabilitation of torture victims (IAN CRTV): type of assistance that IAN provides free of charge; number of

beneficiaries who received IAN CRTV assistance; type of projects that has been made during the previous period; and concrete activities and assistance that CRTV IAN provides now.

- *Sandrina Speh Vujadinovic* – psychologist and psychotherapist in CRTTV. Mrs Speh Vujadinovic informed the audience about definition of torture; most common experiences and problems of our clients/beneficiaries; typical clinical picture of torture victims; post traumatic stress disorder (PTSD) and its consequences on clients' everyday life; further she introduced the participants with consequences that experience of torture and trauma have on mental and physical health, and social and economic life of victims of torture.
- *Sinisa Soro* – coordinator of IAN legal service. Mr Soro gave to the participants of press conference following information: he introduced the audience with IAN legal service and possibilities that service offers to the clients (such as legal advice and legal representation before courts for torture victims). Further, he emphasised legal aspects of issue of *forcible mobilization* (mentioning all national and international laws and conventions that were violated by republic of Serbia regarding forcibly mobilised refugees) and IAN activities and efforts to deal with problems on that field.

One of the main topics of the conference was presentation of the publication entitled *Redress in action – forcibly mobilised refugees in Serbia* and the problems of forcibly mobilized refugees to the wider public. All key speakers mentioned some facts and articles from publications that appear to be important and connected with their work at the field.

After presentation of the publication of work of IAN CRTV and presentation of the publication, documentary film entitled “Mr. Discipline” on forcibly mobilized refugees (shoot by IAN) was played. Anonym forcibly mobilised refugee narrated his experience in military camp Erdut and torture that he survived there. Before and after his telling, major figures and findings about forcible mobilisation and IAN efforts to assist victims of torture - forcibly mobilised refugees are presented in short. This movie was shown to the public on the 26<sup>th</sup> June with aim to increase the public awareness regarding this issue.

30 participants were on the press conference. Some of them were from the other NGOs (approximately 10) and others were representatives of media.

Press conference – was published on the web sites of two media agency: *Beta* and *Fonet*.

Articles that described the events were published in daily *Danas* and *Vecernje Novosti*, and in the weekly magazine *Blic Plus*, at day after (on 27. June).

## **NEEDS ASSESSMENT, MONITORING AND EVALUATION**

In IAN CRTTV evaluation of effects of psychological treatment is conducted in several ways.

First type of evaluation is psychotherapeutic assessment of therapy progress and mental condition of clients.

Second type of evaluation represents client's introspective report of therapy progress.

Third type of assessment is objective way of evaluation referring to statistical data analysis of psychological questionnaires.

Evaluation of effects of psychological treatment provided in IAN CRTTV consisted of applying questionnaires in two time points – at the beginning (when clients first come to centre) and after three months of psychotherapy. Those questionnaires are: Impact of events scale IES-R and Symptom checklist (SCL 90R).

Statistically significant reduction of PTSD symptoms in treated beneficiaries was verified through psychological assessment before and three months after treatment, reports from the beneficiaries and case studies illustrating stories of change.

Results of the **evaluation of psychological treatment** show improvement in psychological status of clients who received psychotherapy (supported by medicaments in great number of cases). By using statistical analysis we can see significant decrease in level of psychopathological symptoms when clients first came to Centre and after three months of psychotherapy. Based on these results we can conclude that psychotherapy is effective and leads toward reduction of these symptoms.

# **HIV / AIDS SECTION**



## INTRODUCTION

With support of CAFOD (Catholic Agency for Overseas Development) IAN has been working on a VCT-Voluntary Counselling and Testing programme in cooperation with Institute for Student's Health in Belgrade since 2004. As result of this project we have developed high quality VCT service following recommendations of UNAIDS and WHO. During project a partnership between government and nongovernmental organization was established in an innovative way. It was one of the first initiatives in Serbia which united one government health institution and NGO working on the same issue.

Nearly three years after establishing the first VCT centre in Serbia, we continued our efforts for improving and development VCT practice in the first VCT centre in our country. We supported establishing of VCT centre in Podgorica by education and supervision of staff as a continuation of our efforts to spread our experiences and our VCT model throughout whole country region and wider. In particular, we made efforts to improve the quality of counselling skills and practice, through continuous education and supervision of counsellors. Further efforts had been made to advocate the necessity of VCT as a prevention tool in fighting AIDS.

In 2006. under the wing of IAN, the Expert centre on mental health, HIV and AIDS was established in cooperation with Global Initiative in Psychiatry, the leading international NGO active in promoting and improving mental health. Expert centre staff started working on research and training, advocacy and awareness building, networking and a wide variety of other interventions.

We continued to participate in formal and informal networks with organisations and institutions involved in fighting HIV and AIDS in our country and improved cooperation with some of them especially with those working with vulnerable populations.

## GOOD PRACTICE IN VOLUNTARY COUNSELLING AND HIV TESTING IN SERBIA

This project is continuation of one year pilot project "Voluntary pre and Post test Counselling to the HIV testing in Serbia", which was jointly implemented by IAN and Institute for Student's Health (ISH). The project is addressing the problem of not implementing standards of World Health Organization and UNAIDS in services for voluntary, confidential counselling and testing within government institutions in Serbia. The goal

of the project is to build capacities of partner organizations so that they are able to provide sustainable and integrated VCT service in Belgrade.

In order to built capacities and organize high quality VCT service the holistic approach has been followed. The main project activities were oriented in three directions:

- 1) **Working at the centre for AIDS and sexually transmitted infections (STI) prevention**, Belgrade. Trained VCT counsellors from IAN and ISH worked with clients on a daily basis. The result of this work shows in enabling clients to learn their HIV status, work on behaviour change to less risky one, support persons to persons with HIV reactive result.
- 2) **Persistent work towards the education and support** for the counsellors through regular supervisions and lectures on topics relevant for VCT. Following recommendations of WHO, UNAIDS, experiences from other countries and through project development, this continuous professional education plays a key role in improvement and maintaining quality VCT service. These activities enable learning, counsellor's skills development and burn-out prevention.
- 3) **Supporting groups of users** is crucial for providing adjusted activities to special target group's needs. The attention is directed toward PLHIV association through training, capacity building and technical assistance. Through 2006. IAN supported founding AID PLUS association and 6 people pass computer lessons. Capacity building of PLHIV association is of great importance for success VCT, because it is needed to ensure good quality support throughout PLHIV care continuum.

**AD 1**

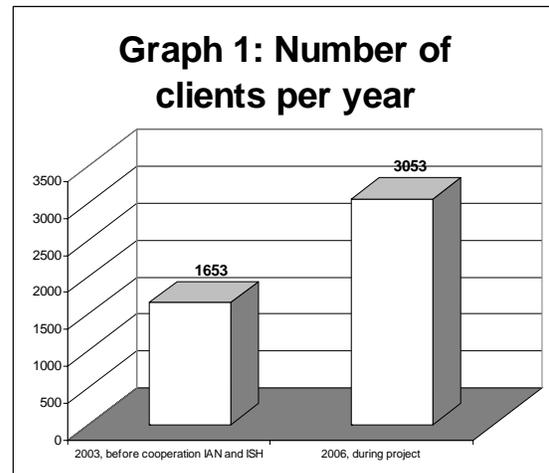
**Good quality of VCT conducted in ISH centre (day and night)**

Central activity of the project was provision of good quality counselling to the HIV testing. VCT counsellors in centre have been engaged in daily work with the clients as well as during the night testing events, **counselling them, ordering for testing and referring them** to the other relevant organisations and institutions and documenting work performed in data base<sup>7</sup>.

Daily work in the ISH centre was conducted by mixed team of counsellors (from IAN and ISH) **every working day** whole period during project implementation<sup>8</sup>. Centre was open from **8 A.M. till 5 P.M.** apart from offering free of charge counselling and HIV testing, when available we have offered test for **Hepatitis B and C and referral to relevant organisations** to all clients approaching the centre. HIV testing is performed using laboratory test ELISA IV generation – including detection of P24 Clients had opportunity to stay **anonymous** and clients did not have to have health insurance or any other document in order to benefit from our service.

Practice of ISH in organising **night actions** - offering VCT in the evening and night hours was upgraded within frame of this project. Jointly we have **defined recommendations** for the night testing in order to **retain high level of quality counselling performed in daily work**. Night actions, same as regular work during 1<sup>st</sup> December, present a challenge in the terms of **great work load** for the counsellors. In order to examine differences and plan actions (no. of clients was also depending on advertisement) we were analysing statistic separately. Night actions were usually organised as following: pre-counselling and testing on **Fridays from 8 P.M. till midnight** and results were issued next day, in **Saturdays afternoon (from 2 till 5 P.M.)**. Night actions were also organised on some special dates such as 1<sup>st</sup> December or 8<sup>th</sup> of March etc.

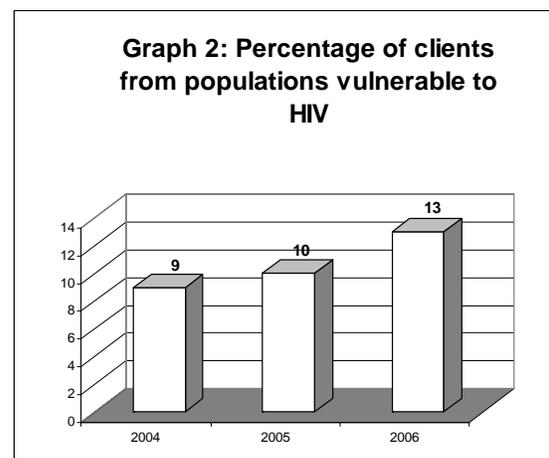
On the graph 1 the increase in number of clients at VCT Centre can be seen in 2003. (before the pilot), and in 2006. This increase shows that clients recognized the Centre as safe place, where they won't feel discriminated and judged and where they can get good quality service.



The proof of this good perception of Centre among clients is also constant increase in number of clients who came upon recommendations of previous clients, (30% in 2006. toward 23% in 2004.). Majority of the clients in **daily** work approach centre **on recommendation of friends** who had already benefited from the VCT service in the ISH centre, majority of the clients in the **night** actions are coming based on information given in **media**. Information provided by centre clients is **personalised and counselling service is better promoted** then via media info.

**Counselling is not traditionally seen as the service that is provided by health sector**, so clients approach centre with formed decision to take HIV test. We can speculate that there is considerable number of people, especially young, who could benefit from the assistance in decision making process – counselling part of VCT.

Also, there is constant increase in number of clients from vulnerable populations for HIV infection: men who have sex with men, injecting drug users and commercial sex workers.



If we add to this constant increase in proportion of non-heterosexual clients (from 5.1 in 2005 to 11% in 2006) we find ISH Centre more and more

<sup>7</sup> Data base was designed during previous one year pilot project. Paper forms of interventions made and basic data of clients were kept

<sup>8</sup> Only exception were days spent on training and group supervision led by Jim Simmons

recognized as a friendly place by the gay populations. Promoting project through NGOs promoting rights and health among sexual minorities can be connected to this result too.

**Analysis of epidemiological situation in the country have shown that way of transmission of HIV is changing from the beginning of epidemic where injecting equipment exchange fuelled epidemic till now when sexual way of transmission is prevailing in the newly find cases of infection. Situation is especially alarming among gay population, and from the data analysis presented above we can conclude that increase in quality of counselling contributes to the better targeting of people in greater risk for becoming infected by HIV.**

#### **Good quality outreach VCT conducted**

After preparing in training and supervision events and counselling and testing number of people from vulnerable groups in ISH centre outreach VCT was introduced. Outreach VCT was organised in close cooperation with two NGOs: NGO JAZAS implementing project of health promotion and protection in commercial street sex work and NGO Veza –who works on the harm reduction program with IDUs.

Collaboration was first established with NGO JAZAS. Main activity of JAZAS was health promotion and protection of street sex workers. Field workers of JAZAS and mobile medical unit – settled in especially designed van were approaching sex workers at so called hot-spots. Places on the street where they gather and seal sexual services. From March 2005 VCT is conducted on the hot spot using rapid tests.

Counsellor Gordana Jurican – one of the clients from the van.

*....Information she have given are very touching, full of violence, even brutality (acts of the police, insults, raping in the prison, sexual intercourse with animals she was forced to by a client). She talks with unnatural easiness like she is telling me the content of monotonous TV novel. I feel uncomfortable being unsure whether to interrupt her with questions or to let her talk. Nevertheless, I ask her if she has ever shared with somebody these experiences or to reported the abusers to the police. At first she was afraid of her pimp, but she finally shared it with her spouse (a boy of the age 26, 17 years younger) that she lives with. She thinks those events are natural for someone who is street worker – she knows other girls who had similar experience.*

From **November 2006** we have established collaboration with **NGO Veza**. Veza is young NGO established as a result of exiting strategy of Medicines Du Monde from France. MDM had established harm reduction project in Belgrade and work with IDUs for several years. During the project course drop-in centre was established and VCT introduced in cooperation with Verica Ilic from Institute of Public Health<sup>9</sup>. This collaboration lasted until July 2006. At this point an agreement was made with **Veza** to start VCT for their clients. We have started with activities in November 2006. **Drop in centre is equipped with laboratory** and laboratory tests were used. **Pre-test counselling sessions and blood taking is usually organised on Wednesday and post-test counselling on Fridays.**

We have also negotiated with **NGO SPY** (Safe Pulse of Youth) **working with gay people**. During the project course SPY had only occasional activities in the field since they did not raised funds for field work. At present we are negotiating with them in search for the most appropriate way to approach their members and **offer them VCT in similar type of collaboration established with JAZAS and Veza.**

Outreach activities are supported from the other donor CIDA and they will last till September 2007.

## **AD 2**

### **Training and supervision of VCT counsellors**

Ongoing training and supervision are the most important aspect of ensuring and maintaining high quality of VCT service. **Persistent work towards the education and support** for the counsellors was **producing excellent results** from the very beginning.

Ongoing support and education for the counsellors has three elements:

- A. External supervision and training
- B. Internal supervision of the counsellors
- C. Lectures and workshops delivered by local experts

#### **A. External supervision and training for the counsellors**

Knowledge obtained, skills gained and support provided by **CAFOD trainer and supervisor C. Psychol AFBPsS Jim Simmons** to the project

<sup>9</sup> IPH Institute for Public Health is referent institution fro general population health in Belgrade area

staff<sup>10</sup> of the pilot program, were recognised as one of the **key elements of pilot project success**. This was also **confirmed** by objective data obtained during pilot project implementation such as **increased number of clients** and especially increased number of new clients coming in to the centre upon **recommendation** of friends and accountants who had already undergone counselling and HIV testing in our centre.

After basic and advanced training for all staff of VCT Centre earlier in 2005, in 2006 Mr. Simmons held training in Counselling of PLHIV and group and individual supervisions.

**Counselling of PLHIV** – having in mind **positive experience** with the basic training and **interest among professionals for the Mr. Simmons training work** some of the professionals involved in care and support for PLHIV were invited to the training. First of all, the only psychologist from the AIDS treatment centre and activist of fate based organisation Philanthropy involved in palliative care for PLHIV. In the environment with high stigma and discrimination, secrecy and poor referral system **counselling of PLHIV was one of the key available elements of care and support** for PLHIV in our community.

**Group and individual supervisions** – training is basic but not only condition for best practice VCT – ongoing supervision and support is needed. **Group case presentations and role plays** were one of the basic learning methods on both supervision events. **Individual supervisions** for each counsellor were organised, and counsellors had opportunity to discuss in confidential atmosphere issues from daily work, what obstacles they find, what is their biggest challenges and personal issues that influence work with certain types of clients.

CAFOD ongoing support and commitment played key role in quality of counselling. This can be shortly described by quoting from the article written by internal supervisor Slavko Mackic.

From the article “Supervision and care for the counsellors in VCT” Slavko Mackic

*...Outstanding knowledge, experience, skills and charisma of supervisor, in combination with concentrated work during workshops, enabled fast and high quality maturation of counsellors and their more daring involvement in work with the clients*

Good team work and relations between IAN and ISH were building up with CAFOD support whose staffs involvement help in many other issues and challenges we were facing. We would like to emphasise active role of **CAFOD staffs in lobbying** and advocacy activities and project promotion in our community. Supported by UNAIDS and CAFOD Belgrade office **two round tables** were organised during Jim Simmons training visit to Belgrade (Jun 2005 and May 2006) for the interested community. Round tables added great deal to the **project visibility among stakeholders** and promoted collaboration between government and nongovernmental sector in Serbia.



Group supervision

## B. Internal supervision

Internal supervisions were held by IAN staff member **Slavko Mačkić, MD, psychiatrist, psychoanalyst and psychodrama psychotherapist**, who has experiences in facilitation of group supervision in IAN Trauma Centre. Time table was organised and supervision were scheduled on approximately 15 days (every other week). Supervisions were held in the premises of ISH (first library then after refurbishment in the VCT centre) The supervisions were attended by the **whole team of counsellors** and consist of **case studies, role-plays and discussions** on possible alternative interventions in similar cases. Regular attendance of supervision and high satisfaction of the staff with supervisions led to the **team building of VCT centre staff** and significantly added to the quality of counselling service. As in the case of work of Jim Simmons good word spread among other professionals, especially among epidemiologists that were working in state led testing centres with some or no VCT training.

<sup>10</sup> 3 counselors from IAN namely Violeta Andjelkovic, Gordana Jurican and Natasa Cvetkovic Jovic and 3 from ISH Mila Paunic, Marijana Prelic and Dragan Ilic

### C. Educational activities for counsellors – lectures

Lectures covering specific **subjects beneficial in daily work** with the clients were organised during

**second year of project implementation as planned** in project proposal following basic training. All lectures were held in training premises of ISH. Basic information of this activity is given in table below.

Lectures and workshops – local experts

WHO – Lecturer	WHAT - Subject	WHEN	Participants
Family Therapist <b>Desanka Nagulic</b> <b>Institute for Mental Health Belgrade</b>	Psychological interventions in families with somatically ill patients	<b>2006 July 11<sup>th</sup></b>	<b>IAN – 6 counsellors</b> <b>ISH – 7 counsellors</b> <b>CIDA- 1 monitoring officer</b> Total 14
MD PhD Proff. <b>Djordje Jevtović</b> – epidemiologist <b>HIV/AIDS Treatment Centre Belgrade</b>	Possibilities of Highly Active Anti Retroviral Therapy	<b>2006 September 22<sup>nd</sup></b>	<b>IAN – 6 counsellors</b> <b>ISH – 5 counsellors 3 GPs</b> <b>IPH – 4 counsellors</b> <b>Philanthropy – 2 activists</b> Total 20
MD PhD <b>Verica Ilic Vlatkovic</b> - epidemiologist <b>Institute for Public Health Belgrade</b>	Epidemiology of HIV/AIDS	<b>2006 November 1<sup>st</sup></b>	<b>IAN – 6 counsellors</b> <b>ISH – 1 counsellor</b> <b>IPH – 2 doctors</b> Total 9
MD Proff. <b>Dragan Delic</b> - hepatologist <b>Clinic for Infections and Tropical Diseases Belgrade</b>	Hepatitis B and C	<b>2006 December 20<sup>th</sup></b>	<b>IAN – 6 counsellors</b> <b>ISH – 7 counsellors</b> <b>ISH – 2 GPs</b> Total 15
MD Proff. <b>Spaso Andjelic</b> – gynaecologist <b>Neonatal hospital «Narodni Front» Belgrade</b>	Prevention of transmission of HIV from mother to child	<b>2006 December 25<sup>th</sup></b>	<b>IAN – 6 counsellors</b> <b>ISH – 7 counsellors</b> <b>ISH – 1 gynaecologist</b> Total 14

All lectures were attended by the project staff from the Centre and professionals from other referral institutions and organizations (Philanthropy, Roma Children Centre and other). All the counsellors found the lectures very important for their daily work and said that lectures helped them solve some of the dilemmas they had.

### AD 3

#### Association of PLWHA assisted

In the beginning of June 2006 a group of PLWHA (provisionally named “**AID Plus**”) have **approached IAN and we have given them guidance, advices and know how on how to formally establish a NGO**. Some of the members of this group are currently taking computer courses in IAN Telecentar, because computer

literacy turned out to be one of the biggest obstacles in their engagement. Violeta Andjelkovic is regularly attending weekly meeting with this group of PLWHA and representatives of some other NGOs. The goal of these meetings is **to provide support and know-how** for association of PLWHA so that they can formally register as NGO and start to work.

At the end of 2006 supported by Youth Information Centre YIC, NGO **Q-club** gathering PLHIV was established. For the time being **Q-club is steered in the premises of YIC**. Ongoing communication and contacts with Q-club representative are established and we are now in the **phase of negotiations for more practical cooperation**. Q-club members are participating in the training organised by IAN within scope of MAIDS project.

**As the part of Medicines Du Monde harm reduction program, apart from NGO**

**Veza (one of the partners in outreach activities)** association for help and self-help of users was established UPSZ. **One of the major aims of UPSZ is support for the members IDUs who also live with HIV. UPSZ representative took active part in MAIDS project in the research and training.**

## **OTHER RELEVANT ACTIVITIES**

### **Good practice in VCT promoted by IAN/ISH throughout relevant organisations**

From the very beginning of our activities we have been acting **along side with recommendations** made by **WHO and UNAIDS**. Particular effort was made to **create and adopt National VCT Protocol** following recommendations made by WHO and UNAIDS. Supported by CAFOD and organized by IAN and CAZAS Podgorica the project "Standardisation of Voluntary Counselling and Testing in Serbia and Montenegro" was implemented (project code SER032). Institutes for Public health from Podgorica, Novi Sad and Belgrade, other state health institutions and NGOs joined efforts and defined main subjects during workshop and then team of authors put protocol on the paper. Importance of the VCT protocol was **recognised by national AIDS office** that provided means for printing and distribution of the guide. This is the **first time in Serbia that all the key stakeholders in the field of VCT were involved in the process of creating policy papers.**

This project opened the door for **collaboration of IAN with Institute for Public Health**. Cooperation with IPH was important since **ongoing power struggle between ISH and IPH seriously constrained development of VCT**, testing practice and improvement of referral in our community. Inclusion of IPH in the project had beneficial effect on wider professional community. In this sense IAN proposed changes in the project in order to include work with IPH in the project scope. IAN counsellors were welcomed to work along side with IPH counsellors and some supervision and education were planned. The main difference from the work with ISH was **lack of recognition of VCT on the level of the Institute** – which led to low interest for ongoing education and support of the clients.

Good practice VCT was promoted with **joint involvement of IAN and ISH** in number of VCT promoting activities and also by **separate involvement** of those two organisations in training seminars and initiatives funded by other donors. Those activities will be briefly presented in the chapter other relevant activities.

### **Promotion of the model of collaboration between NGO and GO**

VCT counsellors involved in the project benefited from the number of educations during the project implementing time. They also were involved in different project promoting VCT.

One of the most important joint actions was **support to the Podgorica project for development of VCT** in Montenegro. Using our experience and model of collaboration NGO CAZAS and IPH Podgorica developed and implemented VCT program in Podgorica –capital of Montenegro. **IAN was assisting in the project preparation and together with ISH in project implementation as trainers, supervisors and advisors from the colleagues from Montenegro.** **Basic training** in VCT was conducted by Mila Paunic, Dragan Ilic and Violeta Andjelkovic. **Group and individual supervisions** were organised. Individual were organised twice during project implementation time (Violeta Andjelkovic and Mila Paunic) and the group supervision was held jointly by Violeta Andjelkovic and Dragan Ilic. Group supervision was **attended by counsellors from Podgorica but also by counsellors from new established VCT centres in Bar.** Experience of Bar participants was of great value since they were at the beginning of their work and supervision meant a lot for them.

Success of this specific model of collaboration of NGO and GO piloted within scope of CAFOD supported project led to recognition in region and internationally. ISH representative and IPH representative from Montenegro are **invited to Bosnia to present the model.**

### **VCT provision to the clients**

Upon discussing and approval from CAFOD, IAN placed **two counsellors to work alongside with colleagues from Institute for Public Health.** After **refurbishment of counselling room**, some **supervision and training** was planned. Since **commitment from the head of the Institution was weak**, training and supervision activities which we fund vitally important, were not seen as priority from the institutions decision makers, **we have decided to stop with the activities in the IPH centre.** Nevertheless **counsellors and head of epidemiological service find even this limited involvement very useful.** First of all counsellors of IPH **have never attended any training in VCT practice** and they were uneasy dealing with IDUs or people who have problems in the area of mental health. One of the main lessons learned in IPH work show that there are **differences between clients** coming to IPH and ISH. Since

IPH is referent institution for HIV testing in Belgrade, majority of clients **are referred from medical institutions**. Clients are referred to IPH from MTC prevention services, clinics for sexually transmitted infections and for administrative reasons – some countries require HIV test for obtaining working visa.

**Room for VCT is severely restricted because of the silent practice of mandatory testing.**

**In the period of several months joint team have served 2067 people.**

In the period of March to September we have held several meetings and consultations with all of the Centre's VCT counsellors and data base administrator. The product of these meetings is improved **design for the existing data base**. The new data base **will have separate entries for different type of activities (daily work, night actions and outreach VCT) and improved categories for data collected on the clients**. The changes made are the result of almost three years of experience and will enable us more efficient documenting of our work. The new data base development is supported by CIDA.

## **2. Expert centre on mental health and HIV/AIDS (MAIDS project)**

In October 2006 IAN had become **ninth implementing partner of the MAIDS project**. MAIDS project is funded by Dutch Ministry of foreign affairs and targeted to the regions of South-Eastern Europe, Caucasus and Central Asia. Leading agency is Global Initiative on Psychiatry and main aim of the project is to **increase quality of life and to diminish the suffering of people living with HIV/AIDS** and their carers/communities.

In nine countries, divided in three sub-region Expert centres for HIV and mental health are established. Plan is to organise **qualitative research enquiring mental health needs of**

**PLHIV**, services available, stigma and discrimination and other cross cutting issues of HIV and Mental Health. Second component is **gathering of related literature** into the library and translation of important documents. Third component is **organising training events** aiming to create change agents in our society who could tackle important issues related to complexity of HIV infection, vulnerability, stigma, discrimination and promote holistic approach in their.

Soon after the Expert centre was established, the project was presented at the 2<sup>nd</sup> Western Balkans conference for fighting HIV and AIDS, organized by Partnerships in Health and Sida – Swedish International Development Agency. The negotiations with Partnerships in Health continued later in 2006, since they showed interest in cooperating with IAN.

In 2006 the project and activities of the EC were presented to all important stakeholders in the country from HIV and mental health field. What was evident is poorly organized mental health service for PLHA, lack of referral, and among PLHA low awareness of their mental health needs. But yet, some things have been done in this area, and research team got some useful data about the conducted surveys, these care provider's needs for capacity building, publications etc. The assessment on mental health services and interventions for PLWHA in Serbia was initiated, so the activities have been directed from the start to gathering data on the existing studies on mental health and HIV/AIDS structure. The RAR methodology was used and data were collected through focus group discussions with mental health and HIV professionals, as with PLHIV. Training activities started with desk review, translation and adapting of Module 1: Introduction to mental health and HIV, and preparing pilot training.



# **HUMAN RIGHTS DEPARTMENT**



## INTRODUCTION

IAN strongly believes that the support to the process of finding durable solution for refugees and IDPs should be seen in a holistic manner, and it is important to stress that a whole range of complex problems needs to be addressed. The full assistance in this context is understood broadly and it involves multiple tools, including provision of reliable information during the whole process; legal aid, assistance in obtaining necessary documents and in exercising social, property and human rights; rehabilitation of houses and infrastructure; support in becoming economically self-reliant; psycho-social support; as well as an effort to promote and support reconciliation in the region. Also, one of the main IAN principles is seeing refugee problem as a regional problem that can be resolved only through joint activities or initiatives of local NGOs and International organisations and agencies active in the Balkan region, with one cooperative and socially active approach to the problem addressed.

The latest refugee census, conducted between November 2004 and January 2005, has registered 106 931 persons with refugee status in the Republic of Serbia. Gradual closure of collective centres has drastically reduced their number, from 700 centres in 1996 to 388 collective centres in 2002, housing a total of 26.863 persons. Since the beginning of 2006, there are 112 remaining collective centres accommodating 9.546 individuals, of which 95 centres with 8.616 people in Serbia proper and 17 centres with 930 people in the province of Kosovo and Metohija. The key reason for this substantial decrease in the number of refugees and collective centres is the fact that the majority of displaced have opted for a long term solution of their status, either through integration/citizenship or repatriation. Besides, the closure of collective centres is a strategic choice of the state and responsible institutions.

**IAN Repatriation programme has been running since early 2001. It is oriented towards empowerment of refugees from Croatia and BiH, displaced persons from Kosovo and other vulnerable persons and community groups in Serbia by providing information, legal aid, referrals, psychological counselling and specific skills trainings. Thus, the beneficiaries are enabled to have better option for finding a durable solution - possibilities for return and exercising all rights in the country of origin, or permanent settlement in the country of exile, i.e. Serbia.**

## STAFF MEMBERS

Total number of 6 staff members were engaged in realisation of the activities within projects implemented by the Repatriation Unit in 2005 including: project coordinator, 2 legal advisers, accountant, info officer, administrative assistant.

## PROJECTS AND DONORS

Activities in 2006 within the Repatriation Unit were implemented within several projects funded by various donors:

- *Empowerment against poverty* – funded by CAFOD
- *Triangle Repatriation* – funded by FRESTA
- *Information exchange and dissemination on return process to Kosovo / Establishment of municipal web-pages in selected municipalities in Kosovo* – funded by KIP
- *Refugee Day 2006* – funded by SRC, UNHCR, Microsoft and Union of ICT Societies of Serbia and Montenegro (JISA).

Part of the activities related to IT education was realised in cooperation with IAN Educational department - IAN Telecentar and the costs of these activities were funded by Microsoft.

## CORE ACTIVITIES

*Core activities of the Repatriation Unit in 2006 aimed at strengthening capacities of refugees from Croatia and BiH and IDPs from Kosovo for their sustainable integration/repatriation through provision of legal aid and job search knowledge and skills. Services included:*

1. Legal and informational assistance provided in office as well as in the field
2. Seminars on legislation related to exercising labour rights for groups of beneficiaries in the office and in the field.
3. Professional empowerment through provision of computer and life skills courses developing skills and competencies required for active participation of beneficiaries in the knowledge based economy.
4. Collecting and featuring relevant information on IAN Kosovo info web portal and regular portal updating
5. Exchange and dissemination of information on return process to Kosovo and Establishment of municipal web-pages in selected municipalities in Kosovo
6. Outreach activities for commemoration of World Refugee day

In accordance with IAN previous experience and needs assessment, refugees and IDPs showed great interest for assistance in exercising legal rights in Serbia and their country of origin, obtaining documents from Croatia through the power of attorney as well as for education courses.

### Outputs:

- IAN legal officers assisted more than **700 refugees having performed 815 legal interventions and obtained 141 personal documents** for beneficiaries,
- **140 refugees and IDPs acquired specific knowledge on their labour rights** and received updated information about operation and trends in local labour market,
- **128 beneficiaries acquired/improved computer literacy**

**40 beneficiaries developed Life skills necessary for competitive participation in job search.**



*IAN legal advisor provides assistance to refugees and IDPs in cc Jabuka, Prijepolje*

**Field work** included visits to collective centres in order to assist the most vulnerable and isolated beneficiaries situated there.<sup>11</sup> IAN legal advisers visited selected collective to provide necessary legal assistance and also to prepare and realise seminars on labour rights for the people situated in collective centres who, due to their isolation, often lack fresh and reliable information.

### Case Study 1

*L.M. from Bihac, BiH, opted for integration in Serbia. She addressed IAN legal office asking for help in obtaining a listing from the Office for Pension and Insurance (OPI) in her place of origin with the official date when her years of service were stopped there. This is important for getting a higher basis for her salary with her employer in Serbia as well as for ensuring complete documentation for pension when the conditions are fulfilled. IAN legal adviser wrote an official request to the OPI in BiH for issuing the listing and in a short period of time, the listing was received and delivered to the client.*

Good cooperation that IAN has established last year with the Trustee of the Republic Commissariat for Refugees from Zemun Municipality continued more intensively and with even closer cooperation within this project. This Municipality has the largest number of refugees in the wide area of Belgrade (around 12000 refugees according to the last census conducted by the Commissariat for Refugees of the Republic of

<sup>11</sup> According to the UNHCR data as of November 2005, there are 4.792 refugees and 7.444 IDPs living in the collective centres in Serbia. There are 99 official and 52 unofficial (not receiving aid by the government) collective centres in Serbia.

Serbia – without those who acquired SCG citizenship and ID cards). Trustee's office in Zemun was well informed about all services available within IAN and it refers refugees and IDPs interested in various kinds of legal and educational assistance to IAN offices.

### **Case Study 2**

*M.B. from Glina, Croatia, lives in Paracin. She contacted IAN legal advisers through our associate NGO from Paracin during one of the field visits. She opted for integration and she asked for assistance in obtaining family pension from Austria obtained by her late husband. IAN legal adviser completed necessary documentation and submitted the request for pension to Austiran pension agency on the basis of the agreement on social insurance between SCG and Austria. At the beginning of April 2006, a decision arrived by which the client acquired the right to pension.*

IAN continued its engagement on assistance in resolving issues related to return to Kosovo and Metohija. As a Lead organization, IAN together with the two partner organisations, one from Serbia and the other from Kosovo, signed a Memorandum of Understanding with officials in five KiM Municipalities (Istok, Klina, Prizren, Srbica, Mitrovica). As foreseen in the MoU relevant return and re-integration related information have been collected by project partners and in a form of newspaper articles featured on official Municipal web sites. This process, although rather slow, represents a big step forward in rebuilding interethnic cooperation and also cooperation between Kosovo institution and NGOs.

The most prominent outreach event organised by the Repatriation unit in 2006 was traditional commemoration of the 20th June, World Refugee Day through organisation of a football tournament "Play for hope, play for education".

The tournament was held on 20 June 2006 on the sports field of the primary school «Svetozar Miletic» in Zemun municipality. Six teams participated in the competition, with 48 children and youth, refugees and displaced persons. About 50 football fans watched the games and cheered the players. The event was inspired by the World Football Cup that was played at the same time and it aimed at joining sports that connects all the people in the world regardless of their origin, and education as one of the important factors for successful integration of the refugees and IDP in their local communities.



*Details from the tournament*

The winning team was awarded 4 ECDL Start indexes (ICT certificate recognised in 149 countries in the world) and 4 free of charge computer courses and exams in IAN Telecentar. All other participants got 2 free of charge ICT courses (according to their choice) in IAN Telecentar computer school, and there were also some smaller prizes such as balls, bags and notebooks.

IAN participated in several joint advocacy initiatives of NGO groups/networks that IAN is a member of:

- **Triangle** – in cooperation with a 2 Triangle member NGOs, Croatian *Hoću kući* and Serbian Group 484, IAN representatives jointly worked on creation of documentary material on the yearlong engagement of Triangle NGOs. Material from a rich IAN documentary archive was used for this purpose (projects implemented within IAN Repatriation Unit).

Within the Triangle network activities, IAN organised info visit of legal advisors from the Human Rights Committee from Tuzla, BiH in March 2006 in Bajina Bašta and Perućac, since this is the area with a considerable number of refugees from the East Bosnia, mainly from the area of Srebrenica. On this occasion meetings were organized where the representatives of HRC Tuzla, municipality of Bajina Basta and Srebrenica, trustee for refugees in Bajina Bašta and 36 refugees from Srebrenica and Tuzla region attended the meeting. Another meeting was held in collective center Hotel Vrelo in Perućac. Refugees present at the meeting were from BiH (Tuzla, Goražde, Sarajevo, Bosansko Grahovo, etc). They had an opportunity to talk about the situation in

their places of origin as well as their rights with professionals who provide legal aid in their countries of origin.

- **Serbian Refugee Council** – through its membership in the SRC, IAN is involved in the advocacy activities and establishment of SRC Documentation and Research Centre as a lead organisation. IAN has been actively engaged in preparing four analytical reports and presenting their results at the round tables involving key stakeholders. The analytical reports are related to repatriation, integration, access to rights for refugees and Kosovo IDPs, as well as the rights of asylum seekers.

IAN also coordinated the process of preparations for a research aiming at discovering “Personal view of refugees and IDPs on their integration into a new environment”. The research instruments were selected and designed by IAN research expert. The research was performed jointly by all SRC member organisations. It covered the sample of 200 representatives of refugee and IDP families around Serbia. The results should be processed by the end of October 2006.

## **BENEFICIARIES/TARGET POPULATION**

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Primary beneficiaries include:

- refugees from Croatia
- refugees from BiH
- internally displaced persons from Kosovo

Great majority of our beneficiaries of legal services are refugees from Croatia since our direct services are focused first of all on refugees and among them refugees from Croatia have the greatest number of unresolved issues. However, there was a considerable number of IDPs included in the educational part of the programme. As usual, there was slightly bigger number of males among our clients, because they are more often family representatives for return and reconstruction requests and all other official claims that need to be submitted to the state organs

## **NEEDS ASSESSMENT, MONITORING AND EVALUATION**

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### **Monitoring**

Regular weekly meetings of staff were held to analyse and discuss project implementation status, feedback from beneficiaries and possible amendments to the activities.

Database of beneficiaries who addressed legal office was regularly updated and it represents a useful source of information related to legal services most needed by our beneficiaries and a guide for planning further projects.

Seminar evaluation sheets filled in by participants have been analysed and relevant recommendations incorporated into the content of the following seminars when it was possible.

Results of the participants achieved at the ICT exams as well as evaluation sheets filled in upon the course also served as a mechanism for monitoring the impact of this segment.

Satisfaction of beneficiaries with the Life skills training course was also monitored through evaluation sheets and some smaller changes in accordance with beneficiaries suggestions were made in the course of the project.

### **Evaluation**

All education courses including labour right seminars, Life skills trainings and ICT courses were evaluated by the participants through the evaluation sheets. Participants were also asked to give oral feedback to trainers about the training/course/seminar they attended. All evaluations and feedback were discussed and analysed by the project staff throughout the project after each course held in order to detect effects and achievements and strive to improve the course and create the best practice model of assistance to vulnerable groups, primarily refugees and IDPs.

Results of the evaluation forms filled in after the labour rights seminar show that 75% of the attendees evaluated the content of the seminar as “very good” - mark 5 (on the scale 1-5). They state that the most useful parts were those related to the preparation for a job interview as well as the relationship between a worker and an employer and the rights of the worker.

Results of the ICT knowledge tests show that only three participants failed the final test created by the standards proscribed by the ECDL foundation. Another indicator of successfulness of the programme are the results of the evaluation sheets. Results show that all course aspects were evaluated very high: mark for the course curricula

was 4,74 (on a scale 1 to 5), mark for the work and expertise of teachers was 4,80 and mark for total course was 4,80.

Evaluation results of the Life Skills courses also got excellent marks from participants. Below are the average results calculated on the sample of 30 participants.

Here are some of the comments participants wrote in the evaluations sheets for all 3 Life Skills courses:

*“Everything was useful. You discover some new things about your personality.”*

*“The entire course is purposeful, can be applied in real life, it contains only important parts. I have no objections.”*

*“Excellent training. I am extremely satisfied. I suggest that this training is held more often, maybe in some bigger facilities so that more people could participate.”*

*“Teacher has interesting approach, excellent lecturer, he can transfer knowledge and maintain attention of the participants.”*

*“All information was extremely useful. Now I can correct some mistakes that I have had in my CVs and Cover Letters.”*

*“Practical part of the training was the most useful. Each participant had a chance to ask the teacher how to practically resolve the problems he or she had.”*

Second effect that we monitored is the impact of the programme to the psychological status of the participants, using a test battery developed by psychologists in IAN. Test battery was filled in by participants in two time points, at the very start of the programme and upon its successful completion (only for those participants who attended both ICT and Life Skills courses). The results of the psychological tests show that the psychological status of the participants has not changed significantly, due to the fact that the education for each person lasted less than a month. What has improved is the evaluation of own abilities of the participants. After the course they attended within this IAN programme they showed greater self-confidence related to writing a good job application, CV, contacting employers by themselves, they felt more self-confident for the job interview as well as in searching for a job through a social network.

When we compare the effects of this short-term project with the effects of the similar long-term project implemented by IAN Telecenter some interesting differences may be noted. Long-

term projects result in improvements of the psychological status of participants, decrease of emotional instability and destructive aggressiveness, decrease of tendency to blame others and unfortunate circumstances for own personal problems, increase of tendency to take over the responsibility for own future, increase of contentousness and professional competency. With education programmes that last for a shorter period of time we cannot expect such significant improvement of the psychological status of the participants. The effects such programmes have are related to increase of professional competences and improvement of the self image of participants concerning their abilities, knowledge and specific skills.

To summarise, the results indicate that any education program achieves impact in terms of improvement of rather low education level of refugees and IDPs. By improving their knowledge status, their chances for finding a good/better employment and improvement of their general economic status and easier inclusion into the new communities and modern society are considerably increased

## **PERSPECTIVES OF THE PROGRAMME**

Some funds have been ensured for the continuation of legal activities until July 2007 (supported by SEE RAN through Triangle project). Also, certain funds have been committed by FRESTA for ICT courses to be held until September 2007. In addition, good cooperation with Microsoft will continue next year and that necessary funds have been received from this donor, too.

In December 2006 IAN received information about the approval of the project submitted to the European Commission tender CARDS REGIONAL SUPPORT TO RETURN OF REFUGEES PROGRAMME. It was designed together with 4 partner NGOs from Serbia and Croatia. It is one-year project and it will be implemented in 2007. It builds on the work of IAN Repatriation unit in the previous years and it enables continuation of the relevant activities. It aims at supporting sustainable return and (re)integration of returnees and refugees in and coming from Croatia, Bosnia and Herzegovina, Serbia through building a strong cross-border partnership and joining the capacities of civil society organisations in Serbia and Croatia. It includes activities related to facilitation of the access to rights and information and addressing

legal and administrative obstacles with special focus on provision of vital legal documents for target groups; supporting successful social and economic integration of target beneficiaries through provision of non-formal education and promotion of regional partnerships, sharing best practice models of supporting refugees and returnees and capacity building of NGOs active in resolving return / (re)integration issues in the region.

Project related to support to return to KiM implemented through KIP network will be until the end of November 2007. Funds have been secured for the activities of dissemination of relevant information through municipal web-pages in selected municipalities in Kosovo and Metohija and animating and educating media representatives with regard to the return related issues.

# **EDUCATIONAL DEPARTMENT**



## INTRODUCTION

Important factor in further economic development of our region 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 with 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, etc. This makes these groups even more marginalised and isolated from the society.

In Serbia two state strategies (the National Strategy for Resolving Problems of Refugees and the Poverty Reduction Strategy) place significant accent on employment issues as being key mechanisms for reducing the extremely high poverty rate among the members of vulnerable groups and encouraging 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 22%, among refugees 30%, in Roma population 60% and among people with disabilities as high as 87%<sup>12</sup>!**

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 (3.14% of GDP) have negative impact on the accessibility of education to children from poverty stricken groups and on the quality of education. One of the basic findings of the majority of studies is related to the positive 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.**

## AIM

The aim of Telecentar is to develop competencies required for active participation in the knowledge economy, for finding a new/better job and adjustment to the needs of labour market, through:

- promotion of lifelong learning as a development tool for all citizens
- stimulation of social inclusion of marginalised groups in the lifelong learning process
- searching for the best teaching and learning practices worldwide
- adoption of the highest standards of the knowledge society
- development and implementation of the programme according to labour market demands

Many people from vulnerable groups have no means for participation in education processes, by which they are even more excluded from the mainstreams of their society. They cannot find (better) jobs because they have no adequate knowledge needed in the modern economy: **computer knowledge, knowledge of English Language, social skills and entrepreneurship skills.**

## BENEFICIARIES

Educational department - IAN Telecentar<sup>13</sup> started to work in September 2001. The program was established as a result of IAN efforts to provide help in education to vulnerable groups:

- refugees from Croatia and Bosnia and Herzegovina
- internally displaced persons from Kosovo
- victims of torture and trauma
- people living with HIV
- Roma
- long-term unemployed
- people with disabilities

<sup>12</sup> Poverty Reduction Strategy web site  
<http://www.prsp.sr.gov.yu/engleski/vest.jsp?id=269>

<sup>13</sup> Web site [www.ian.org.yu/education](http://www.ian.org.yu/education)

## COURSES

Currently, IAN Telecentar's programme includes four courses: 1) Computer school, 2) English language school, 3) Life skills school and 4) Entrepreneurship school.

### 1. Computer school

Following courses are available in the Computer school:

- **courses for acquiring internationally recognised ECDL certificates** - these courses provide you with the knowledge necessary for everyday use of computers at home or at work. Courses and exams include use of the most popular software packages Windows and Office. Persons who pass the required number of exams obtain international certificate recognised in all European states, USA, Canada, Australia, etc.
- **courses for acquiring internationally recognised ECDL Advanced certificates**
- **web design courses** - include a package of 9 web design courses that cover all areas required for professional web design
- **graphic design courses** - represent advanced levels in computer training. They include PhotoShop and CorelDraw.



*Computer training course*

### 2. English language school

*English language school* has developed its programme in accordance with EUROpass standards recommended by the European Council. Our course participants can obtain **European language portfolio**, document that enables them to record their language skills. It is an internationally recognised certificate. Lessons are held for small groups (maximum 8 participants). Courses are delivered by a team of graduate English language teachers using modern teaching methods, dictionaries, literature, and audio material. Participants may also use a rich school library. Courses for various knowledge levels

starting from elementary to the advanced are delivered in Telecentar.

### 3. Life-skills training

*Life Skills Trainings* have become increasingly important in determining an individual's ability to secure a job, retain employment and move flexibly in the labour market. Today's world of work calls for individuals who are able to flexibly acquire, adapt, apply and transfer their knowledge to different contexts and under varying technological conditions, and to respond independently and creatively.

Training team consists of 6 trainers, certified cognitive-behavioural psychotherapists and/or certified trainers. Training program includes 6 modules:

- 1) Recognition and analyses of individual potentials
- 2) Personal development – career planning
- 3) Self management
- 4) Communication skills – assertive training
- 5) Communication skills – presentation
- 6) Communication skills – written communication and CV writing



*Life-skills training*

### 4. Entrepreneurship school

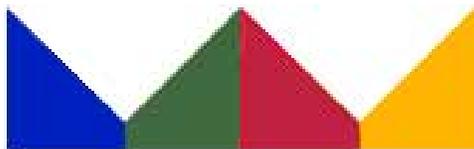
Self-employment is seen as an efficient way of resolving the problem of unemployment among members of vulnerable groups. To manage own business, people need entrepreneurship skills which are not in regular education curricula in elementary and secondary schools and are often neglected. These skills help in initiation of own business. List of courses in Entrepreneurship school:

- 1) Starting a Business
- 2) Business Plan
- 3) Financing
- 4) Business Skills
- 5) Business Management / Managing Enterprise
- 6) Marketing, Advertising and Public Relations

## MEMBERSHIP

IAN Telecenter is a member of:

- *European Computer Driving Licence* foundation and authorised test centre for issuing internationally recognised ECDL and ECDL Advanced certificates,
- *Section of the foreign language schools* of the Serbian Chamber of Commerce and distributor of the European Language Portfolio
- *Balkan Network of Telecenters* that has centres in Serbia (Belgrade and Novi Sad), Croatia (Zagreb and Slavonski Brod), Bosnia and Herzegovina (Travnik and Prijedor) and Macedonia (Gostivar).



*Logo of the Award of Excellence*

In 2006 IAN Telecenter got a prestigious Microsoft Award of Excellence for the results achieved in implementation of humanitarian programs.

## RESULTS

Over **2500 beneficiaries** completed our free of charge education programs so far.

### Courses evaluation

Within the education programs IAN also conducts a comprehensive evaluation. The results of courses evaluation show **high level of satisfaction** of our beneficiaries with the training they attended (average mark for all courses on the scale from 1 to 5 is 4,7).

### Psychological status

Second level of evaluation is testing of the psychological status of the education programs participants at the beginning and at the end of the program. The results show that after longer attendance of educational programs (minimum 3 months) participants have:

- **General improvement of the psychological status**
- *Decreased level of emotional instability and destructive aggression*
- *Raised level of conscientiousness*
- *Decreased tendency to blame others and unfavourable circumstances for personal difficulties, participants show tendency to take over the responsibility for own future*
- Most significant changes have been registered in the way participants perceive their own competences, before all professional. They feel *considerably more competent and capable in the professional sense*.

Positive change is not limited only to general psychological status. Participants show *much higher degree of intention for engagement in job search*, than before attending the program. They believe that business opportunities for them exist, that loss of a job may be a chance for advancement and not exclusively a personal catastrophe, that their future mostly depends on themselves and that they have enough qualities to influence the decision of their future employers.

### Employment

Finally, the most important result is that **the participants have more chances for finding a new/better job** after completing our education programs.

**In some programs percentage of beneficiaries who found jobs three months after the completion of the program goes up to 50%.**

## CLIENTS

IAN Telecenter had the following number of clients during 2006:

Computer courses	<b>658</b>
English language courses	<b>135</b>
Life-skills trainings	<b>46</b>

Besides our „old“ clients from the previous years (refugees from Croatia and Bosnia and Herzegovina, internally displaced persons from Kosovo, victims of torture and trauma, Roma, long-term unemployed), in 2006 we included also the clients from new groups: people

**living with HIV, people with mental disorders in remission, people with disabilities and persons with cerebral palsy.**

Clients were referred from other IAN departments, from National Employment service, local offices of the Commissariat for Refugees, other NGOs and most often they came upon recommendation of other clients.

## **DONORS**

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Work of IAN Telecentar is supported in 2006 by Microsoft, FRESTA, Belgrade Municipality, and a part of the costs is covered through commercial courses.

## **PROJECT**

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### **1. 800 free of charge IT courses**

*Duration:* one year (September 2005 – September 2006)

*Aim:* Main objective of the project was professional and psychological empowerment of members of vulnerable groups through provision of 800 computer courses for at least 400 beneficiaries.

*Results:* During the project period IAN delivered 863 courses for 509 individual beneficiaries

*Donor:* Microsoft

### **2. IAN Telecentar**

*Duration:* four years (November 2003 – October 2007)

*Aim:* The overall aim of Telecentars is to develop competencies required for active participation in the knowledge economy.

*Activities:* Telecentars programme includes three courses (Computer Skills, English language and life skills training) and fourth one – Entrepreneurship is in the process of development. In our courses people acquire knowledge that helps them to better integrate into the local community and become economically independent. With this knowledge they may start their own private business, get employment in a private or state company, and earn additional income. Knowing ICT and English language has become a condition in modern society without which you cannot find any office job. Life skills have become increasingly important in determining an individual's ability to secure a job, retain employment and move flexibly in the labour market.

*Results:* Total number of IAN Telecentar beneficiaries is 960.

*Donor:* FRESTA/NAB, SEE RAN Secretariat

### **3. IT education students with disabilities**

*Duration:* August 2006 – November 2006

*Aim:* **Creating efficient model for professional empowerment of people with disabilities.**

*Activities:* The project had two main activities:

1. Equipping the IT classroom in Student's home "Mika Mitrovic".
2. Education of students with disabilities.

*Donor:* Belgrade municipality



*Photos from Student's home „Mika Mitrovic“*

### **4. Commercial courses**

*Aim:* Educational department is the first department within IAN which started with commercial activities. This department started to work with local population, developing activities aimed at achieving sustainability. Also, the objective is to combine different vulnerable groups with local population. Whole profit is reinvested in IAN's humanitarian activities.

# **RESEARCH DEPARTMENT**



## INTRODUCTION

IAN Research Department conducts various scientific research projects through analysis of the data collected in daily work with traumatised clients and inter-disciplinary studies within consortium of respectable institutions in Serbia and abroad.

Since the early beginning of IAN activities all programs have been followed by highly standardised assessment and research. Comprehensive data on the effects of war related trauma and consequences on mental health have been collected. Data bases contain valuable information for more than 11000 war affected persons.

Since 2002 IAN has been conducting separate international research projects supported by the European Commission FP5 and FP6.

## STAFF MEMBERS

Research projects has realised in cooperation with other IAN program departments. From 2005. four staff members are employed in Research Department, 2 full time and 2 half time.

## PROJECTS AND DONORS

Research project active in 2006 were:

- **STOP** - Treatment seeking and treatment outcomes in people suffering from PTSD following war and migration in the Balkans, (project period: August 2002 – January 2006, Funded by the European Commission within Framework Programme 5)
- **PBPTSD** - Psychobiology of Posttraumatic Stress Disorders (PTSP), (project period: October 2004 – September 2007, Funded by the European Commission within Framework Programme 6)
- **Personal experience of refugees and internally displaced persons of integration in the new environment** (project period: June 2006 – December 2006, done by IAN in cooperation with NSHC, Protecta, SDF and Group 484 within the program of the Documentation and Research Centre of Serbian Refugee Council, funded by Danish Government through NAB program).

### 1. STOP - TREATMENT SEEKING AND TREATMENT OUTCOMES IN PEOPLE SUFFERING FROM PTSD FOLLOWING WAR AND MIGRATION IN THE BALKANS



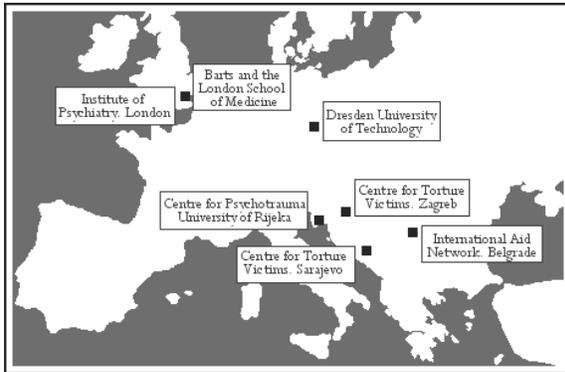
The project aims to provide an empirical basis for designing care programmes for people suffering from posttraumatic stress following war and migration in the Balkans who currently do not seek treatment, and to improve the cost-effectiveness of treatment programmes for those patients who are cared for in specialised centres.

#### Specific objectives are:

- to understand why most people suffering from posttraumatic stress do not seek treatment and what coping strategies they use
- to establish to what extent research results gained in populations who took refuge outside the post war area apply to those who stayed in the Balkans
- to benchmark what outcomes, i.e. drop out rates and changes in symptoms, quality of life and social functioning, are to be expected for different subgroups of patients in specialised centres
- to identify treatment components that are associated with better outcomes across centres
- to establish estimate how the costs of individual care packages for patients in specialised centres are linked to outcome

Target group for the research are persons suffering from posttraumatic stress disorder after war and migrations in Balkans, primarily those

who seek assistance in specialised centres, but also those who do not seek help.



**Project partners:**

- Barts and the London School of Medicine, Queen Mary, University of London, UK
- International Rehabilitation Centre for Torture Victims- Zagreb, Croatia
- Hospital and Polyclinic for Psychiatry and Psychotherapy, Carl Gustav Carus, Faculty of Medicine of the University of Technology, Dresden, Germany
- Centre for Torture Victims Sarajevo, Bosnia-Herzegovina
- International Aid Network, Belgrade, Serbia
- Center for Psychotrauma, Psychiatric Clinic, University of Rijeka, Croatia
- Centre for the Economics of Mental Health, Institute of Psychiatry, London, UK

**Funded by the European Commission within Framework Programme 5**

See more about project on <http://www.stopstudy.co.uk/>

In 2006 we finished project **STOP** - Treatment seeking and treatment outcomes in people suffering from PTSD following war and migration in the Balkans. The majority of actions in 2006 were related to the data analyses and promotion of main findings to scientific public.

**Further research questions that have to get answer through STOP study:**

- What outcomes in changes of symptoms, treatment satisfaction, social functioning and quality of life are to be expected for different sub-groups of patients in specialised treatment centres?
- What baseline characteristics and treatment components are consistently associated with a more favorable outcome across treatment centers?

- What are the treatment and support costs for patients suffering from posttraumatic stress and how are costs linked to outcome?

The STOP study also included evaluation of the treatment of the PTSD patients in specialized Centers for rehabilitation of Torture Victims in Balkan. The significant improvement in psychical status and decreasing in trauma related symptoms (intrusion, avoidance and hyperarousal) measured by IES-R (Weiss & Marmar, 1997) in three time points during the treatment (before starting the treatment, after 3 months and after one year), have been documented.

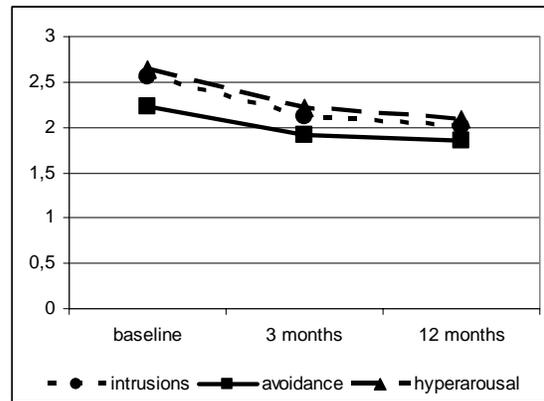


Table 1. Evaluation of the treatment, decreasing in the trauma symptoms in three time points (p<0,01)

**2. PBPTSD - PSYCHOBIOLOGY OF POSTTRAUMATIC STRESS DISORDERS (PTSP)**



The aim of the study is to yield new knowledge on relations between: basic psychological variables and PTSD, biological variables and PTSD and biological and basic psychological variables in health and in PTSD. In addition, the foreseen benefits of the project include: development of combined psycho-biological batteries for PTSD screening, diagnosing and risk factors assessing, improvement of psychological instruments for measuring PTSD, implementation of new biological markers for PTSD, recommendation for the improvement of combined psycho and pharmacotherapy of PTSD.

**Specific objectives are:**

- Exploring relationship between PTSD and psychological parameters and relationship between PTSD and neuropsychological parameters

- Exploring sleep disturbance in PTSD
- Exploring metabolic functions disorder in PTSD
- Exploring HPA axis function in PTSD
- Exploring genetic polymorphism in PTSD
- Formulating recommendations related to a combined diagnostic battery for PTSD and its application in community work.



*IAN psychologist in assessing the client*

The interdisciplinary study will include 1000 examinees. Primary target group are persons with early traumatisation. Specific subgroups of examinees included into the study are related to persons with symptoms of current and lifelong posttraumatic stress, as well as traumatised persons who did not develop these symptoms. Control groups will include persons without experience of early traumatisation from the region of Balkans and EU countries.

#### **Project partners:**

- University Medical Center, Utrecht, Netherlands
- International Aid Network, Belgrade, Serbia
- Institute of Endocrinology, Diabetes & Metabolic Disease, Belgrade, Serbia
- Institute for Biological Research “Sinisa Stankovic”, Belgrade, Serbia
- Military Medical Academy, Belgrade, Serbia
- Vinca Institute of Nuclear Sciences, Belgrade, Serbia
- Queen Mary and Westfield College, University of London, United Kingdom
- Psychiatric Clinic, Medical Faculty, University of Rijeka, Croatia
- Specialization School of Psychiatry, University of Bari, Italy

Project is realised in the period: October 2004 – September 2007

**Funded by the European Commission within Framework Programme 6**

See more about project on <http://www.pbptsd.org/>

#### **War related stress and PTSD**

Post-traumatic stress disorder (PTSD) is the most common war-related psychiatric disorder occurring among combat veterans and other people exposed to war-zone stress. It also occurs in a number of people that experienced any serious (non-war) traumatic event.



*PTSD affects a person and its environment*

**PTSD** is different from most mental-health diagnoses because it is tied to a particular life experience. A traumatic experience typically involves the potential for death or serious injury resulting in intense fear and helplessness. PTSD is characterized by a specific group of symptoms that sets it apart from other types of reactions to trauma. Increasingly, evidence points to some major types of symptoms:

- **Re-experiencing symptoms** involve a sort of mental replay of the trauma, often accompanied by strong emotional reactions.
- **Avoidance symptoms** are often exhibited as efforts to evade activities, places, or people that are reminders of the trauma.
- **Numbing symptoms** are typically experienced as a loss of emotions, particularly positive feelings.
- **Arousal symptoms** reflect excessive physiological activation and include a heightened sense of being on guard as well as difficulty with sleep and concentration

#### **How common is PTSD?**

There are no appropriate epidemiological studies on PTSD prevalence in our population.

In different IAN studies some data related to prevalence of PTSD and the type of traumatic events were reported. We registered 63.8% of persons with actual PTSD and 20.2% with lifetime PTSD among torture survivors, our clients in CRTV in the period 2001-2003. Similar prevalence was found among IAN clients in the period 2003-2005: torture survivors (62,9% of them with current and 28,4% with lifetime

PTSD), and forced mobilised persons without experience of being tortured (58,6% with actual and 5,0% with lifetime PTSD). Post-traumatic psychopathological symptoms indicating current PTSD were found in 35,3% of refugees and 27,4% of local population assessed in 2004 in the post-war Balkan countries (Serbia, Croatia, Bosnia).



*PTSD not all wouunders are visibel*

At the moment these are the only available data on the prevalence of PTSD among local population in the region.

**How to access PTSD?**

**The Clinician-Administered PTSD Scale (CAPS)** is a structured clinical interview designed to assess adults for the seventeen symptoms of Posttraumatic Stress Disorder (PTSD) outlined in DSM-IV. The symptoms are divided in three clusters: intrusion, avoidance/numbing and hyper arousal. The CAPS evaluates frequency and intensity of both long-term and current PTSD symptoms and diagnostic status. These dual time references help to determine the impact that PTSD symptoms have had and are having on a subject's social and occupational functioning. Another interview that is often used to assess a range of psychiatric disorders including PTSD is **the Structured Clinical Interview for DSM (SCID)**. Short and widely used self-report instrument, for measuring intrusion, avoidance and hyper arousal symptoms is **the Impact of Event Scale-Revised (IES-R)**.



*IAN psychologist working with the client*

**Psychological and neuro-psychological assessment**

- Socio-demographic, Personal history, Relevant behavior and life habits
- Life stressors, Trauma exposure
- General psychiatric symptoms and Stress related symptoms - PTSD and comorbid diagnoses
- Individual Strength, Coping mechanisms, Quality of life
- Personality traits
- Verbal and Non-verbal Intelligence performance,
- Memory performance, Attention

**Basic clinical assessment**

- **Medical history** (chief complaint, history of present illness, past medical history, patient profile, family medical history and review of systems)
- **Standard clinical examination** (weight, height, body mass index, percent of fat mass and lean body mass, blood pressure and pulse rate in lying and standing positions, ECG).

**HPA axis parameters assessment**

Functional characteristics of HPA:

- Twenty-four urinary free cortisol collection (optional)
- Morning ACTH and  $\alpha$ -MSH measurements
- Diurnal cortisol measurements
- Overnight dexametasone suppression test
- Determination of the following functional parameters of the glucocorticoid receptor (GR) in peripheral blood lymphocytes: the number of GR binding sites, GR protein concentration, and GR affinity for the hormone.

**Metabolic assessment**

Metabolic consequences of long-term activation of HPA axis accompanied by insulin resistance and suppression of anabolic hormones:

- Fasting glucose
- Glycosylated hemoglobin (HbA1c)
- Serum lipids
- Total free fatty acids (FFA)
- Fasting insulin
- Insulin-like growth factor-1 (IGF-1)
- Leptin
- Testosterone
- Sex-hormone binding globulin (SHBG)
- Gonadotrophin
- Androstenedione
- Dehydroepiandrosterone-sulfate (DHEA-S)



*PBPTSD Consortium meeting 2004*

### MODULS ADDED TO THE PBPTSD STUDY

Recognising relevance of the project and rare opportunity to assess people suffering from PTSD in extensional and systematic way, other researchers joined and enriched our project with additional modules:

The Psygene Project related to investigation of genetic polymorphism of all genes potentially implied in stress response and transcription pattern analysis in PTSD would be implemented by Lundbeck Research, Jersey, USA.

Psychoanalytical study of dreams of the people with PTSD who have nightmares was initiated by Trauma Group of European Psychoanalytic Federation

### 3. PERSONAL EXPERIENCE OF REFUGEES AND INTERNALLY DISPLACED PERSONS OF INTEGRATION IN THE NEW ENVIRONMENT

The aim of the study is to explore integration of migrants in a new environment and light up the nature of the phenomenon of integration related to other psycho-social factors.

#### Specific objectives are:

- to examined subjective view on integration of refugees and IDPs in the current environment
- to examined status and satisfaction with relevant aspects of life in the current environment
- to examined interrelationship between self-assessment of integration and objective indicators of integration
- to examined interrelationship between self-assessment of integration and assessment of

the total quality of life and some well known psychological constructs that influence the ability of coping and adaptation.

Using an extensive battery of instruments, designed for this purpose, a semi-structured sample of 302 persons, refugees from Croatia (41%) and BIH (33%) and displaced persons from Kosovo (26%) were examined.

#### Project partners:

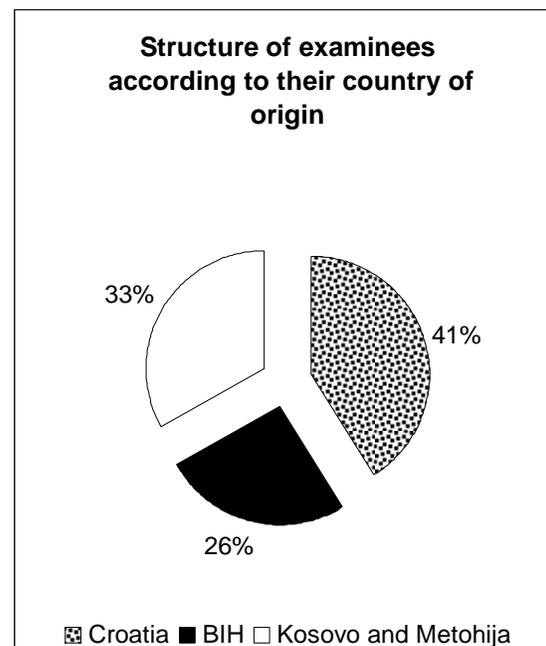
- International Aid network, IAN
- Group 484
- Novi Sad Humanitarian Center, NSDC
- Serbian Democratic Forum, SDF Beograd
- Center for civil society development, Protecta, Niš

Organisations are members of Serbian Refugee Council.

See more at [www.ssi.org.yu](http://www.ssi.org.yu)

**Project is realised in the period:** June 2006 – December 2006

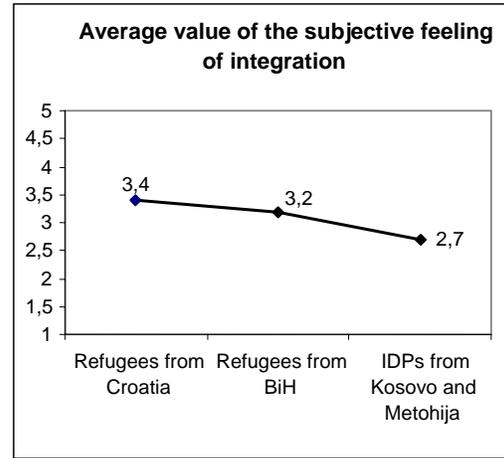
Research was done within the program of the Serbian Refugee Council and its Documentation and Research Centre, **funded by the Danish Ministry of Foreign Affairs through the FRESTA/NAB programme.**



There is a noticeable tendency of people moving to bigger cities, so that 60,9% people now lives in the cities with over 200.000 inhabitants, while only 15,9% of them had lived

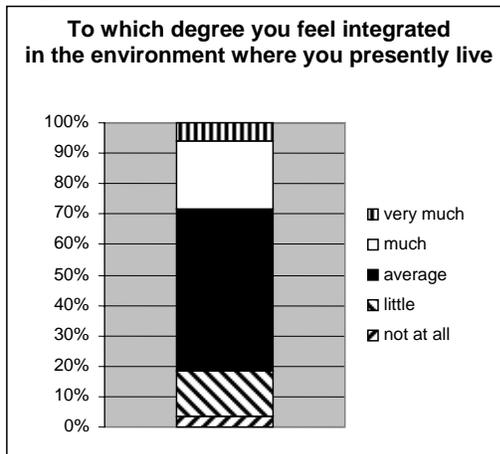
in big cities before they became refugees/IDPs. After they fled their places of origin the examinees lived in one (28,1%), two(33,9%), three (19,5%), or four 4 locations (17,5%). In some period during their refuge/displacement 63,6% of them was separated from their families. 29,5% lived in collective centres in some period, and 16,2% still live there.

Greatest percentage of the examinees (53,3%) reports about average degree of their integration in the new environment, 18,2% feels little or not integrated at all, while 28,5% feels highly integrated in the new environment. There is no difference between the estimation of personal integration and estimation of degree of integration of other family members. Examinees originating from Croatia and BiH feel much more integrated in the new environment than the examinees from Kosovo and Metohija. Further analysis will show whether these differences may be explained only by years spent in the new environment or there are some other factors that also contribute to stronger feeling of being integrated

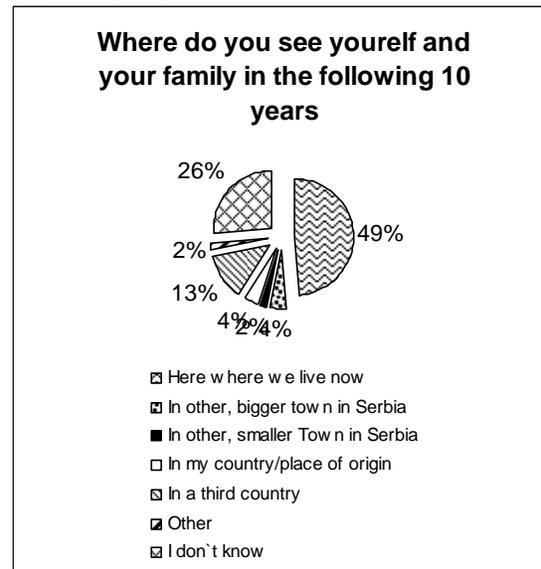


As estimated by the examinees, far lesser influence is attributed to acquiring formal status, citizenship and related rights. Subjective assessment of integration is in correlation<sup>14</sup> with the assessment of the quality of life but the structures of those concepts are different: regression analyses show that integration is mostly based on the perception of acceptance by micro-social environment<sup>15</sup>, while quality of life is mostly based on the personality factors.

To summarise, subjective assessment of integration is related but significantly different concept then the assessment of the quality of life. It is mostly influenced by micro-social factors and improvement of integration is possible by supporting migrant's social network.



The feeling of being integrated is influenced by micro-social factors and social support network (41%), personality factors (7%) and material factors (4%) and economic independence, but also the feeling of safety and perception of future for them and their children.



Greatest percentage of the examinees (55%) chooses integration in Serbia as a long-term option, most often in the places where they live

<sup>14</sup> Pearson correlation coefficient 0.405, significant at the 0.001 level

<sup>15</sup> At least 35.5% of the variance in all regression models could be explained by this factor.

now (49%). Only 4% of the examinees, mainly people displaced from Kosovo and Metohija, intend to return to their pre-war places of residence. 13% of the examinees see the perspective for themselves and their family in moving out to a third country. As much as 26% of the examinees, among which equal number of refugees and IDPs, cannot see their position in the following 10 years.

### **OTHER RELEVANT ACTIVITIES**

Aiming to become a leading research/educational institution in the field of stress-related disturbances IAN is committed to share knowledge and to contribute to the on-going mental health and educational reforms.

Our research results, concerning treatment of PTSD and treatment evaluation, have been presented to the scientific community at national and international conferences, and published in national and international scientific journals.

Zlatibor, National Annual Congress of Psychologist, May 2006

Montreaux, European Conference of Public Health, November 2006

### **PERSPECTIVES OF THE PROGRAMME**

IAN Research Department will continue its efforts to establish and promote good practice in psychological diagnostics and measurement (including evaluation of various psycho-social and educational interventions and programs), in accordance with the highest methodological and ethical standards aimed at acquiring knowledge relevant for the improvement of mental health, quality of life and psychological growth, strengthening capacities of people, especially of vulnerable groups such as victims of war-related trauma or torture, for the adjustment to the rapidly changing society.

Educational part of the strategy (education and training of general practitioners (GPs), students, professionals and paraprofessionals working with vulnerable groups) is of particular interest having in mind efforts planned on national levels to strengthen primary health care in fighting disastrous consequences of war-related traumas.

### **IAN Research Unit aim 2006-2010: To build capacity of IAN for trauma and stress related research**

- Improvement of the quality and standards of clinical psychologists' work through the standardization of basic psychological measuring instruments on Serbian population
- To contribute to better understanding of the psychophysical and biological human reactions to war related stressors, particularly PTSD
- To explore mental-health problems in general population with emphasis on vulnerable populations such as victims of war-related trauma and torture
- To investigate prevalence of mental health disorders in Serbia, effectiveness of the treatment and to find out "burden of disease" indexes for various mental disorders
- Enhancement of the quality of high education in the area of mental health through capacity building of IAN as an educational support centre for the University of Belgrade
- Transferring knowledge via educational, training and various types of dissemination activities for interested professionals and students
- To disseminate knowledge and results based on experience with war-related trauma and to improve communication of Serbian medical professionals with scientific community through organization of the International Conference on PTSD



# **FINANCIAL REPORT**



Donation deposits in 2006 are stated in the amount of 479.949,18 euros or 598.886,47 dollars. The middle exchange rate was 79,00 dinars per 1 EURO as of 31 December 2006. Payments made by donors are listed in the next table:

<i>DONOR</i>	<i>INCOME EURO</i>	<i>INCOME IN RSD</i>	<i>INCOME US\$</i>	<i>%</i>
CAFOD Catholic Agency for Overseas Development (UK)	179.535,14	14.183.276,06	224.418,93	37,41
FRESTA/NAB	124.570,75	9.841.089,25	155.713,44	25,95
UNVFTV, United Nations Voluntary Fund for Victims of Torture	67.134,20	5.303.601,80	84.357,00	13,99
SPI, (Samaritans Purse International LTD)	37.991,40	3.001.320,60	46.000,00	7,92
CIDA, Canadian International Development Agency	26.282,00	2.076.278,00	32.852,50	5,48
GIP, (Global Initiative on Psychiatry)	21.600,00	1.706.400,00	27.000,00	4,50
EC, European Commission	12.634,52	998.127,08	15.793,15	2,63
Norwegian Centre for Violence and Traumatic Stress Studies	3.800,00	300.200,00	4.750,00	0,79
UNESCO, United Nations Educational, Scientific and cultural Organisation	3.000,00	237.000,00	3.750,00	0,63
Trezor grada Beograda	2.169,88	171.420,52	2.712,35	0,45
UNHCR, United Nations High Commissioner for Refugees	1.231,28	97.271,12	1.539,10	0,26
<b>TOTAL</b>	<b>479.949,18</b>	<b>37.915.984,43</b>	<b>598.886,47</b>	<b>100%</b>

	in EUR	(in 000 din.)
Balance of unused funds of donations from previous year at 01.01.2006. god.	194.936,70	15.400
Correction of fundamnetal error from 2005.	21.367,00	1.688
Donations deposits in 2006	518.860,75	40.990
Funds used	(698.405,06)	(55.174)
Balance of unused funds	36.759,49	2.904
Balance at 31 december 2006	36.759,49	2.904

## PROFIT AND LOSS STATEMENT

The association made a profit of 551 thousands of dinars in 2006, as a difference between the total income at the amount of 56.831 thousands of dinars and the total expenses at the amount of 56.280 thousands of dinars.

<i>Result of the year</i>	<i>Income</i>	<i>Expenses</i>	<i>Profit/(Loss)</i>
Operating	55.849	54.300	1.549
Finance	982	1.980	(998)
Other	0	0	0
<i>Total</i>	<i>56.831</i>	<i>56.280</i>	<i>551</i>

## OPERATING INCOME

Operating income is stated at the amount of 55.849 thousands of dinars referring at all to the funds received from donations for humanitarian projects of IAN Association.

## OPERATING EXPENSES

Operating expenses are stated at the amount of 54.300 thousands of dinars:

<i>Items</i>	<i>Amount in EUR</i>	<i>Amount (in 000 din.)</i>
Cost of material	22.367,08	1.767
Staff costs	413.873,41	32.696
Depreciation costs	21.430,38	1.693
Other operating expenses	229.670,88	18.144
<b><i>Total:</i></b>	<b><i>687.341,77</i></b>	<b><i>54.300</i></b>

**Costs of material** are stated at the amount of 1.767 thousand of dinars. Those costs consist of 1.202 thousands of dinars for material and fuel costs stated at the amount of 565 thousands of dinars.

**Staff costs** in 2006 are stated at the amount of 32.696 thousands of dinars, and consist of gross salary costs 15.130 thousands of dinars, costs taxes and contribution on salary at the amount of 2.708 thousands of dinars, costs for specific employment contracts (determined term of employment) at the amount of 5.078 thousands of dinars, Costs by authors contracts at the amount of 7.356 , costs by other employment contract at the amount of 914 thousands of dinars and other personal income at the amount of 1.510 thousands of dinars.

**Depreciation costs** are stated at the amount of 1.693 thousands of dinars calculated by straight-line method.

Other operating expenses are stated at the amount of 18.144 thousands of dinars and consist of the production costs:

<i>Item</i>	<i>Amount in EUR</i>	<i>Amount in 000 rsd</i>
Production costs	1.746,83	138
Transport costs	22.012,65	1.739
Maintenance costs	25.645,56	2.026
Rental costs	55.607,59	4.393
Advertising costs	2.721,51	215
Research costs	34.784,81	2.748
Costs of other services	2.886,07	228
Indirect costs	68.316,45	5.397
Entertainment	3.772,15	298
Insurance costs	1.911,39	151
Banking fee	5.632,91	445
Membership	683,54	54
Tax costs	354,43	28
Other costs	3.594,93	284
<b>Total:</b>	<b>229.670,88</b>	<b>18.144</b>

<b>ACTUAL PROJECTS 2006</b>							
<b>Project Name</b>	<b>Donor</b>	<b>Project No / Contract No</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Budget</b>		
					<b>EUR</b>	<b>US\$</b>	<b>CSD</b>
<b>Good practice in voluntary counselling and testing of HIV in Serbia</b>	CAFOD	SER014	March 1st 2005	February 28th 2006	68.869,00		
<b>Good practice in voluntary counselling and testing of HIV in Serbia</b>	CAFOD	SER014	March 1st 2006	February 28th 2007	86.682,00		
<b>Confronting HIV AIDS</b>	SPI	1-IUY2-0505	January 18th 2006	January 18th 2007		46.000,00	
<b>Best practice in Voluntary Counselling and Testing of HIV in Serbia</b>	CIDA	QM/20645-02-CS06.18	June 30th 2006	25th August 2007	37.545,00		
<b>Mental Health and HIV/AIDS in South Eastern Europe, the Caucasus and Central Asia</b>	GIP	380/5040	July 1st 2006	December 31st 2008	97.800,00		
<b>Psychobiology of Posttraumatic Stress Disorder (PB PTSD)</b>	EC	INCO-CT-2004-509213	September 1st 2004	August 31st 2007	297.120,00		
<b>Project of analysis of traumatic dreams (ATD)</b>	Norwegian Centre for Violence and Traumatic Stress Studies	REF:NoS 30112006			4.000,00		
<b>Trauma center</b>	CAFOD		January 1st 2006	December 31st 2006	92.056,60		
<b>Centre for Rehabilitation of Torture Victims (CRTV), Belgrade</b>	UNVFVT	P.412/A	September 1st 2005	June 30th 2006		50.000,00	
<b>Centre for Rehabilitation of Torture Victims (CRTV), Belgrade</b>	UNVFVT	P.412/A	July 1st 2006	December 31st 2007		90.000,00	

ACTUAL PROJECTS 2006							
Project Name	Donor	Project No / Contract No	Starting Date	Ending Date	Budget		
					EUR	US\$	CSD
Psycho-Social rehabilitation programme for torture victims in target regions in Bosnia and Herzegovina through CTV, IAN and Medica mobile teams	UNVFVT	P.497	September 1st 2005	June 30th 2006		16.500,00	
Psycho-Social rehabilitation programme for torture victims in target regions in Bosnia and Herzegovina through CTV, IAN and Medica mobile teams	UNVFVT	P.497	July 1st 2006	December 31st 2007		38.386,98	
Redress in action, Phase two- Rehabilitation, Compensation and Human Rights Protection of Refugees and Returnees in Croatia and Serbia	FRESTA/NAB	CCI5-2/IAN	October 1st 2005	September 30th 2006	63.487,39		
Telecentar Network 2005-2006	FRESTA/NAB	IC5-2/Telecentar IAN	September 1st 2005	June 30th 2006	23.915,00		
Telecentar Network 2006-2007	FRESTA/NAB	IC6-2/Telecentar IAN	October 1st 2006	September 30th 2007	27.890,00		
Telecentar	MICROSOFT		September 1st 2005	August 31st 2006			2.188.868,00
Key Competencies	FRESTA/NAB	OF5-1/IAN	March 1st 2006	June 30th 2006	10.605,20		
Monitoring i evaluacija Telecentar mreze	FRESTA/NAB	M&E-2/Telecentar NSHC	April 15th 2006	June 15th 2006	1.420,00		
Pronadjeni prijatelj	FRESTA/NAB	LSM-01/06	April 2006	May 2006			59.640,00
Start-up of new Telecentar Multimedia Classrooms	FRESTA/NAB	IC5-9/Telecentar IAN	June 1st 2006	June 30th 2006	2.900,00		

ACTUAL PROJECTS 2006							
Project Name	Donor	Project No / Contract No	Starting Date	Ending Date	Budget		
					EUR	US\$	CSD
Edukacija studenata sa invaliditetom	GRAD BEOGRAD		September 1st 2006	December 1st 2006			180.100,00
Triangle Network - Repatriation and Reintegration of Refugees	FRESTA/NAB	RTR5-8/IAN	September 1st 2005	June 30th 2006	8.360,00		
Triangle Network - Repatriation and Reintegration of Refugees	FRESTA/NAB	RTR6-8/IAN	October 1st 2006	September 30th 2007	8.231,50		
Developing tools and methods for working on CAT	FRESTA/NAB		December 1st 2005	June 30th 2006	11.230,00		
Empowerment Against Poverty	CAFOD	SER025	December 1st 2005	May 31st 2006	24.930,00		
World Refugee Day 2006 - Play for hope, play for education	UNHCHR		June 20th 2006		1.170,00		
Program podrške uspostavljanju SSI-faza II (2006-2007)	FRESTA/NAB	505-576 IAN/03/06	March 1st 2006	October 31st 2006	17.680,00		
Doprinos razvoju i uspostavljanju praksi koje promovišu principe HAP-I	FRESTA/NAB		November 15th 2005	February 15th 2006	2.000,00		
Program podrške uspostavljanju SSI-faza II (2006-2007) - Programske aktivnosti Srpskog saveta za izbeglice	FRESTA/NAB	505-576 IAN/09/06	September 1st 2006	December 31st 2006	2.662,00		
Program podrške uspostavljanju SSI-faza II (2006-2007) - Izgradnja kapaciteta SSI	FRESTA/NAB	505-576 CB-IAN/09/06	October 2006				30.000,00

ACTUAL PROJECTS 2006							
Project Name	Donor	Project No / Contract No	Starting Date	Ending Date	Budget		
					EUR	US\$	CSD
<b>Kosovo Initiative Program (KIP) "Information Exchange and dissemination on the return process to Kosovo / Establishment of municipal web-pages in selected municipalities in Kosovo"</b>	FRESTA/NAB	SF3-IAN-2006/01	June 15th 2006	15th August 2006	6.380,00		
<b>Kosovo Initiative Program (KIP)</b>	FRESTA/NAB	SF3-IAN-2006/02	October 1st 2006	November 30th 2007	10.100,00		