



International Society for Social Pediatrics & Child Health

In collaboration with:

Faculty of Health Sciences, American University of Beirut

International Society for the Prevention of Child Abuse and Neglect

The Lebanese Pediatric Society

Faculty of Medicine, Saint Joseph University, Beirut

2019 Annual Meeting

September 25 – 28, 2019



Children in Armed Conflict

“Rights, Health and Wellbeing”

American University of Beirut, Lebanon

Saint Joseph University in Beirut (preconference)



Balkans

How to Manage Post Conflict Challenges.

Bringing Science to Hope.

Milivoj Jovančević, Croatia

1990 – DEMOCRATIC ELECTIONS

1991- 1995 WAR IN CROATIA

1992 – 1996 WAR IN BOSNIA AND HERCEGOVINA

**700.000 REFUGEES & DISPLACED IN CROATIA HOSTED BY 4.5 MILLION
INHABITANTS (APPROX. 15%)**

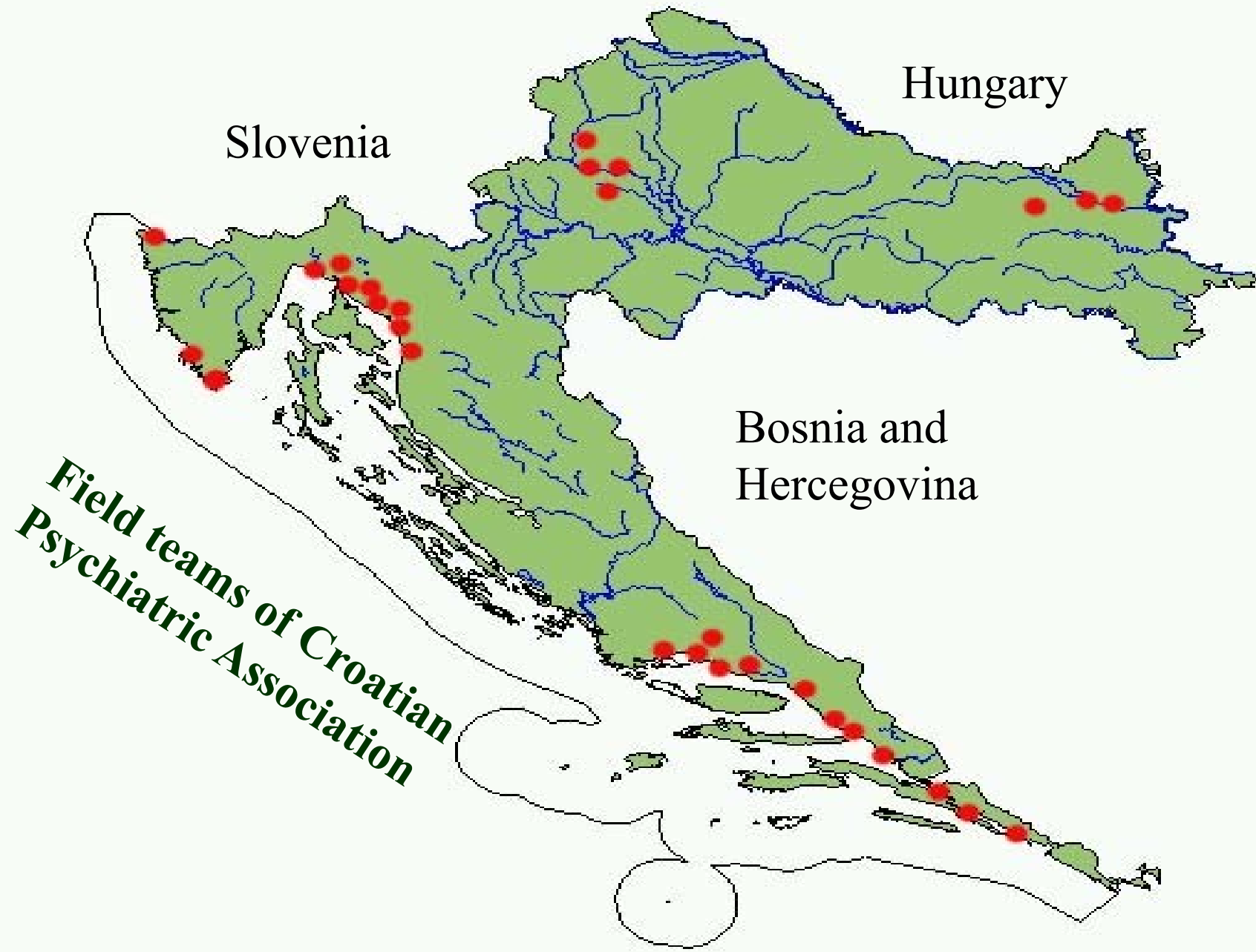
**By the way of comparison, a country of the size of the USA, according to the
1990 census, would have to accept precisely 37,444,904 refugees to reach a
15 percent refugee population.**

TRANSITION

DEVASTATED ECONOMY

PROBLEMS WITHIN HEALTHCARE SYSTEM

**LARGE NUMBER OF PEOPLE IN NEED FOR MEDICAL, PSYCHOLOGICAL AND
SOCIAL SUPPORT**



Slovenia

Hungary

Bosnia and
Hercegovina

*Field teams of Croatian
Psychiatric Association*

Network of Activists

- a) A group of educated volunteers
- b) Social workers
- c) Psychologists
- d) Psychiatrists
- e) Child psychiatrists
- f) Defectologists (special educators)
- g) Medical doctors
- h) Nurses

Clients according to their age

age	number of clients	%
0 - 6	5205	27.24
7 - 14	2763	14.46
15 - 19	540	2.83
20 - 29	1286	6.73
30 - 39	2041	10.68
40 - 49	2623	13.73
50 - 59	1190	6.23
60 - 69	930	4.87
70 and over	561	2.94
unknown/not recorded	1970	10.31
Total	19109	100.00

The “Baby Project”

Since 1994 Croatian Psychiatric Association runs this program in cooperation with Swedish Save the Children (Radda Barnen) at following 17 locations:

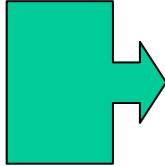
Croatia: 6 teams in collective centers Cepin (near Osijek), Gasinci (near Djakovo), Rokovci (near Vinkovci) and from the year 2000 1 family center in Djakovo.

In 1998 UNHCR supported 2 family centers (Beli Manastir and Vukovar).

Bosnia and Hercegovina:

6 teams in western Herzegovina: Neum, Capljina, Stolac, Ljubuski, Grude, Posusje, Tomislavgrad, 6 teams in Bihac region (1996-1998) and 2 family centers (Bihac and Cazin)

HEALTH

- PHYSICAL
 - MENTAL
 - SOCIAL
 - EDUCATIONAL
- 
- MEDICAL

Team
Support

Character

EARLY EMOTIONAL DEVELOPMENT

- MOTHER SHOULD BE AVAILABLE TO HER CHILD
- MOTHER SHOULD BE ABLE TO RECOGNISE A SIGNAL FROM HER CHILD
- MOTHER SHOULD PROVIDE ADEQUATE RESPONSE TO THE SIGNAL

VARIABLES PRESENTING DEEP DISTURBANCES IN MOTHER INFANT RELATION

- MOTHER NEVER KNOWS WHY BABY CRIES / NEGLECTED BABIES / OVERPROTECTED BABIES / NEVER ATTENDED PREVENTIVE MEDICAL EXAMINATION / HIGYENICALLY NEGLECTED BABY

WHAT DID WE LEARN?

- TARGETING VOULNERABLE POPULATION, TIMING (ASAP)
- DEVELOPING APPROPRIATE MODEL OF ASSISTANCE
- ORGANIZING AVAILABLE RESOURCES IN MULTIDISCIPLINARY AND ACTIVE APPROACH TO MEET COMPLEX NEEDS OF BENEFICIARIES
- NETWORKING
- MONITORING, EVALUATION AND FLEXIBILITY
- EDUCATION, PREVENTION

IN ALL – HOLISTIC APPROACH, PATIENT CENTERED, COMMUNITY ORIENTED
IN TIME ASSISTANCE

Milivoj Jovančević, Mladen Knežević & Ljubomir Hotujac, editors.

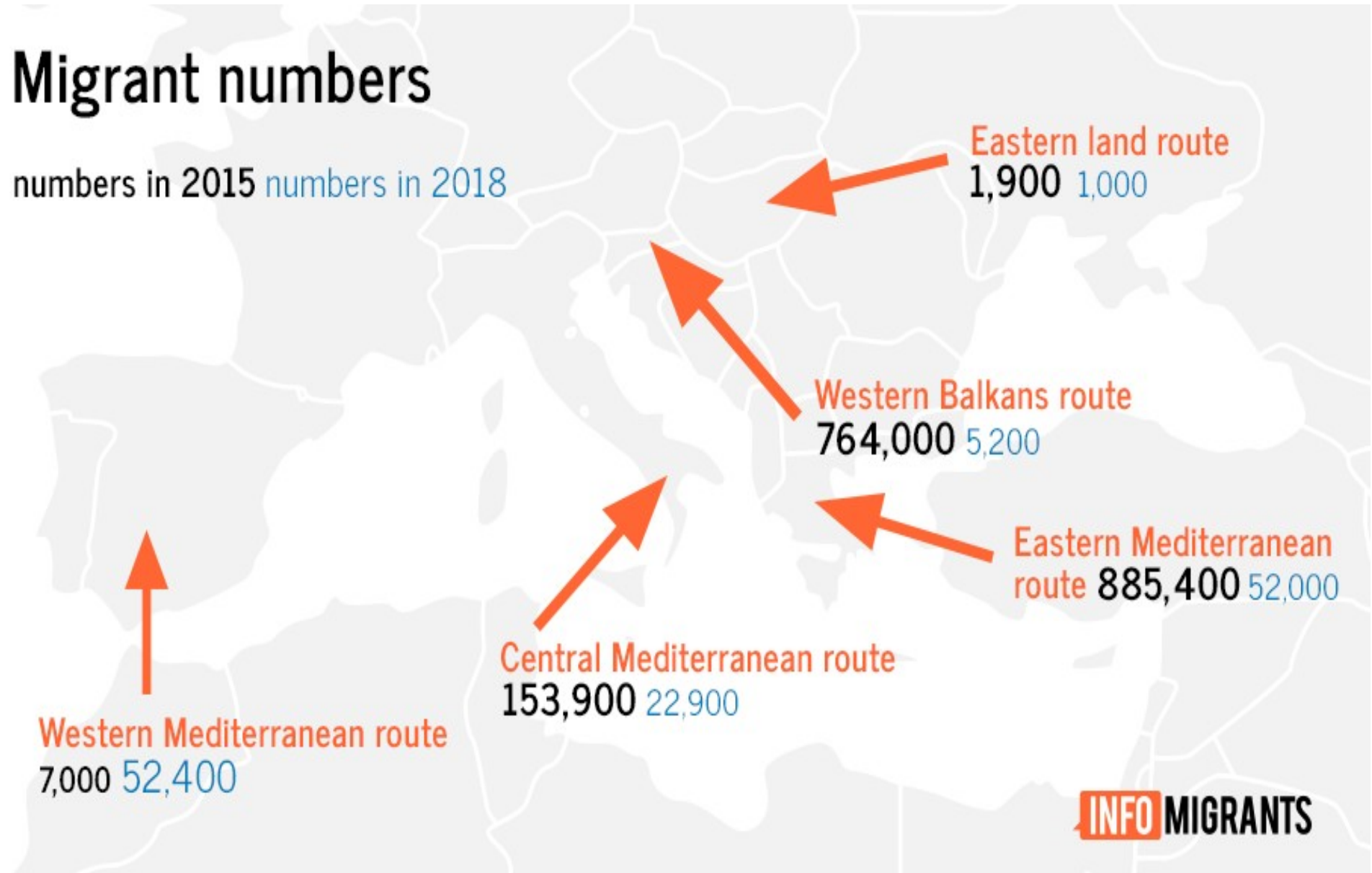
Providing assistance in crisis situations to families with babies or toddlers



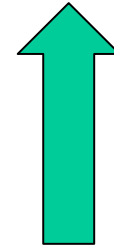
https://www.issop.org/wp-content/uploads/2017/06/jovancevic_2006_providing_assistance.pdf

Migrant numbers

numbers in 2015 numbers in 2018



Migrants - mostly economic,
immigrants,
asylum seekers,
refugees



- EU
- Schengen border
- Balkans route
- 3.318 km of Croatian border

Goal: western EU countries



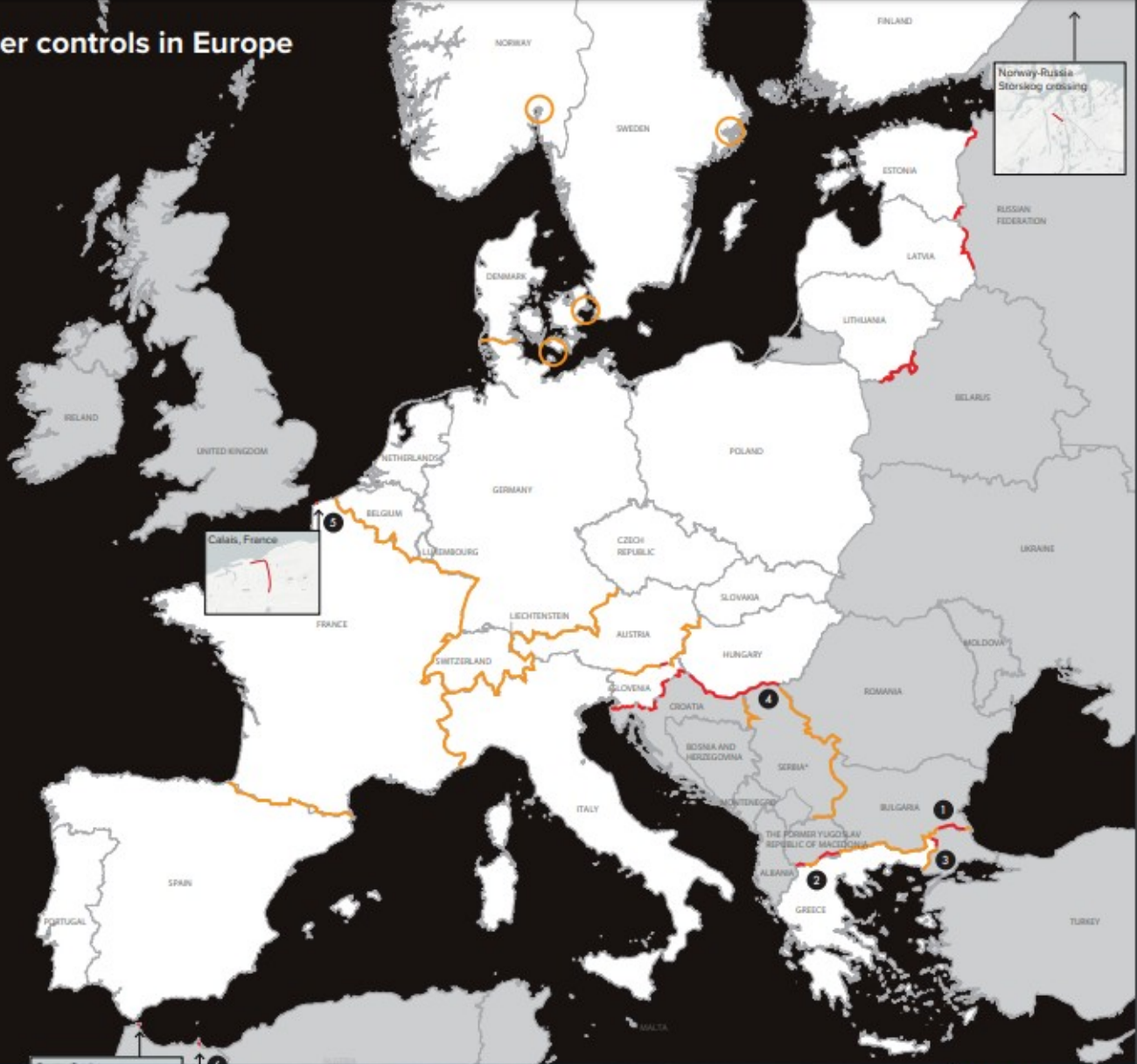
Border fences and internal border controls in Europe



March 2017

In response to concerns regarding increased numbers of refugees and migrants arriving at their borders, several European States, including European Union (EU) Member States, have constructed fences along their borders and increased border controls, including internal border controls within the Schengen area*. While States have the right to determine who enters their territory, they also have obligations under international, regional and national law to ensure that persons have the opportunity to seek asylum and are not turned away without an individual assessment of their claim by designated authorities. In many places, fences and barriers may result in denying access to protection to people flee-

ing conflict or human rights violations. As a result of such restrictions, people seeking international protection increasingly rely on smugglers or use more dangerous routes thus putting their safety even more at risk. UNHCR has long advocated with national and regional authorities for protection-sensitive border policies and practices, including support to protection-sensitive legislation and procedures as well as training efforts, to help authorities identify, provide information to, and refer to adequate protection procedures those apprehended at borders who may be in need of international protection as well as those with specific needs (such as unaccompanied or separated children).

*For some, border fences and controls serve other purposes as well as those related to immigration control.



	SCHENGEN AREA	PHOTO CREDITS: 1. UNHCR/SHUBHASH WOSTEY 2. UNHCR 3. UNHCR/ACHILLES ZAVALLIS 4. UNHCR/MARK HENLEY 5. UNHCR/JOEL VAN HOUTD & JOSE PALAZÓN OSMA
	BORDER FENCE	
	TEMPORARY BORDER CONTROL	

According to Frontex, the number of irregular border crossings on this route fell to 2,100 in the first half of 2018. In 2015, about 764,000 crossings were registered via this route. By 2017, the number had fallen to around 12,000, a drop attributed to the closure of the Balkan route and the EU-Turkey agreement. After Hungary, Slovenia, Croatia, Serbia and Macedonia closed their borders, migrants began opting for a parallel route from Albania via Montenegro or Serbia to Bosnia Herzegovina. A small number chose the route via Bulgaria and Romania.

Illegal entries:

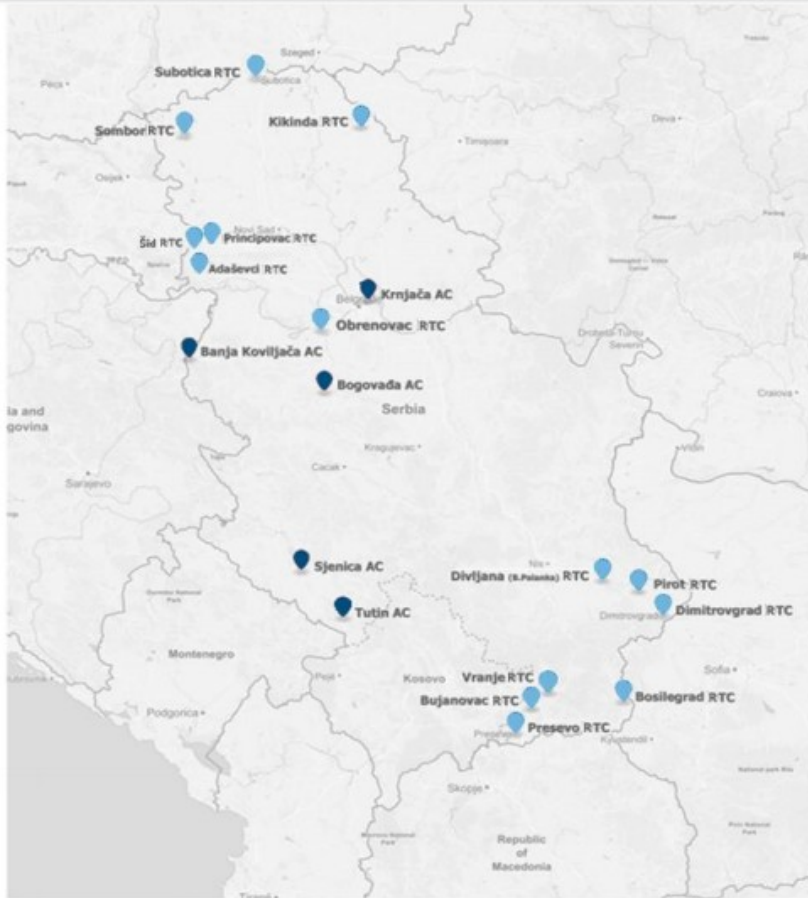
from Jan – June 2019, majority economic migrants to Bosnia and Herzegovina approx. 10.000

To Croatia 9.487 from Jan – Oct 2019, approx 600 smugglers captured

It is important to obtain legal status!

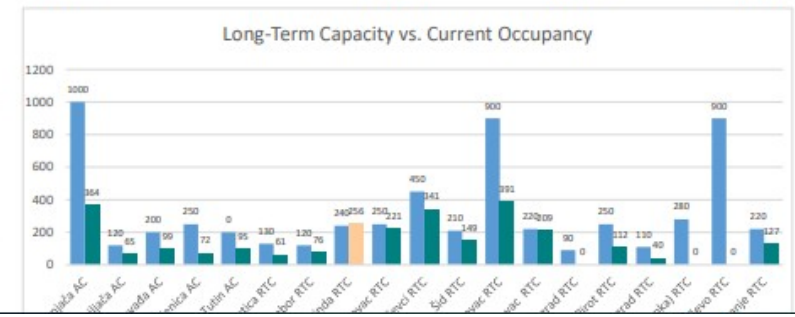
- Governmental social, educational and health care are available.
- With no status only healthcare provided by NGO or out of the pocket services.

Serbia – National Healthcare System Centers for migrants



■ Asylum Centres ■ Reception/Transit Centres

	Current Occupancy	Long-Term Capacity (hard shelter/ collective rooms)	Short-Term Capacity (temporary shelter/rub halls)
Krnjača AC	364	1000	
Banja Koviljača AC	65	120	
Bogovada AC	99	200	
Sjenica AC	72	250	
Tutin AC	95	200	
Subotica RTC	61	130	
Sombor RTC	76	120	70
Kikinda RTC	256	240	70
Principovac RTC	221	250	140
Adaševci RTC	341	450	350
Šid RTC	149	210	140
Obrenovac RTC	391	900	
Bujanovac RTC	209	220	
Dimitrovgrad RTC	Inactive	90	
Pirot RTC	112	250	
Bosilegrad RTC	40	110	
Divljana (B.Palanka) RTC	Inactive	280	
Presevo RTC	Inactive	900	350
Vranje RTC	127	220	
TOTAL	2,678	6,140	1,120



MIGRATION ROUTES THROUGH BOSNIA AND HERZEGOVINA



The numbers of asylum seekers and migrants entering the country increased significantly during the year. According to the Service for Foreigners' Affairs of Bosnia and Herzegovina, between January and November 2018, 21,163 asylum seekers, most of whom have either lodged claims or indicated an intention to lodge asylum claims, entered Bosnia and Herzegovina, compared to only 755 in the whole of 2017. The three largest nationalities were **Pakistan, Iran, and Syria**.

The state did not provide adequate shelter, food, and access to medical assistance to the new arrivals, particularly in Velika Kladusa and Bihac municipalities. In November 2018 there were **only two state-managed centers for migrants** and refugees—an open asylum center with capacity of about 154, and an open refugee reception center with capacity of around 290—and two temporary accommodation centers for migrants set up with support of international organizations. **The lack of accommodation and services forced thousands to live in the streets, abandoned buildings, or tents.**

OSCE on the situation in Bosnia and Herzegovina

- Healthcare provided mostly by the international NGO's

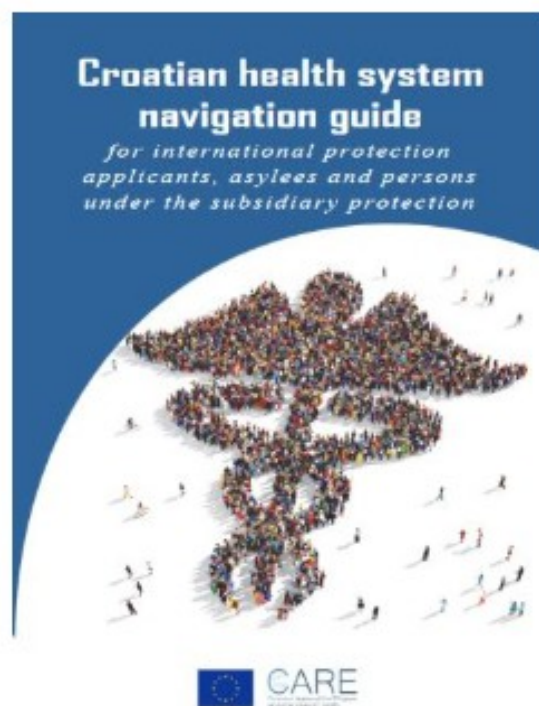
Organization for Security and Co-operation in Europe ·
Mission to Bosnia and Herzegovina

<https://www.osce.org/mission-to-bosnia-and-herzegovina/397319?download=true>




Guide: Common Approach for REfugees and other migrants' health

🕒 Publish date: 20. December 2017.



As a migrant, you have the right to appropriate health care services to meet your health needs according to your legal status. Adapting to a new country and coping with new social, administrative and political structures is not easy. It is understandable that you may have been feeling isolated and not physically fit.

However, taking care of your health is one of your main responsibilities and rights, and this booklet will provide you with information on how you can get appropriate care for your health needs in Croatia.

Download  English edition of the **Croatian health system navigation guide for international protection applicants, asylees and persons under the subsidiary protection.**

The booklet is part of the project / joint action '717317 / CARE ' which has received funding from the European

Slovenia

Slovenia's authorities stated that in the first eight months of this year there were 9,801 illegal border crossings by migrants as against 5,899 cases in the corresponding period of 2018.

In August alone, 2,352 irregular migrants were registered.

The largest number of irregular migrants came from Pakistan (2,344), Afghanistan (1,064) and Morocco (759).

Under the readmission agreement between Slovenia and Croatia, from January to August this year, 6,477 migrants were sent back to Croatia as against 2,330 last year.

Slovenia

Medical care is offered at reception and accommodation centers across Slovenia. Refugees are offered preventative physical exams and urgent care. This is all included in the federal budget of Slovenia.

How many children?

- Their needs?
 - Nutrition
 - Immunization status
 - Mental health issues
- Specialized programs for pregnant women and families with small children, priority class activity

Data collection – planning – action – flexibility - evaluation