

September - December 2023

NORTHERN SERBIA ADVOCACY REPORT

Updates from the Field



MEDICAL VOLUNTEERS
INTERNATIONAL

Cover Picture: Sebastian Beierle

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AIM OF REPORT

This report details observations and Serbian state actions in September to December 2023 relating to People on the Move (PoM) in Northern Serbia. It is the continuation of a series of Advocacy Reports, produced by the Medical Volunteers International (MVI) team, working along the Serbian borders with Hungary, Romania as well as the Croatian and Bosnian and Herzegovina borders. The following report will focus on the impacts of the special police operation that started in late October 2023 and the deteriorating medical situation for PoM in Serbia.

From September to December, the healthcare situation for People on the Move (PoM) continued to deteriorate due to discriminatory practices hindering proper access to healthcare facilities. The MVI team documented cases of police brutality, systematic pushbacks, and violent incidents at the Serbian-Hungarian border during this period. In this report, we will provide information on the number of people we attended in the past months and the most common diseases encountered on the field. Living conditions, post-special operation, reveal overcrowded Reception Transit Centres (RTC), inadequate facilities, and forced relocations.

The report's main goal is to shed light on the complex challenges faced by vulnerable populations in Serbia. It examines the situation both before and after the special police operation, when People on the Move (PoM) were primarily residing in informal settlements and later shifted significantly to RTCs. The observations and data presented here contribute to a broader discussion on human rights, healthcare access, and the well-being of PoM within the evolving political landscape of Serbia.

POLITICAL DEVELOPMENT

After three people were killed during a clash between Afghan people-smugglers at the Serbian border with Hungary, on October 27, the Minister of the Interior Bratislav Gašić announced on 28 October a joint special police operation between Hungary and Serbia aimed to “fight against organised crime and irregular migration”¹. “The special operation will not stop “until the last perpetrator of any criminal act, causing any incidents, shootings and everything, is removed from the territory of Subotica, Kikinda, Sombor”². During the operation, **police made arrests and reportedly seized arms and illegal passports, mostly Turkish.**

Additionally, in an attempt to combat human trafficking on the Serbian-Hungarian border, the EU allocated EUR 30 million and focused on enforcing joint investigations, information exchange as well as collaborative efforts with law enforcement agencies at Europol³.

The **immediate increase of border militarization** on the Serbian-Hungarian border in front of heavily armed vehicles patrolling the border areas and constant presence of Gendarmerie vehicles in and around the towns along the border translated into **inaccessibility of informal settings for humanitarian aid** on the ground. Police and special forces have since then destroyed informal settlements.



(pictures of burned down structures by police taken by MVI team member)

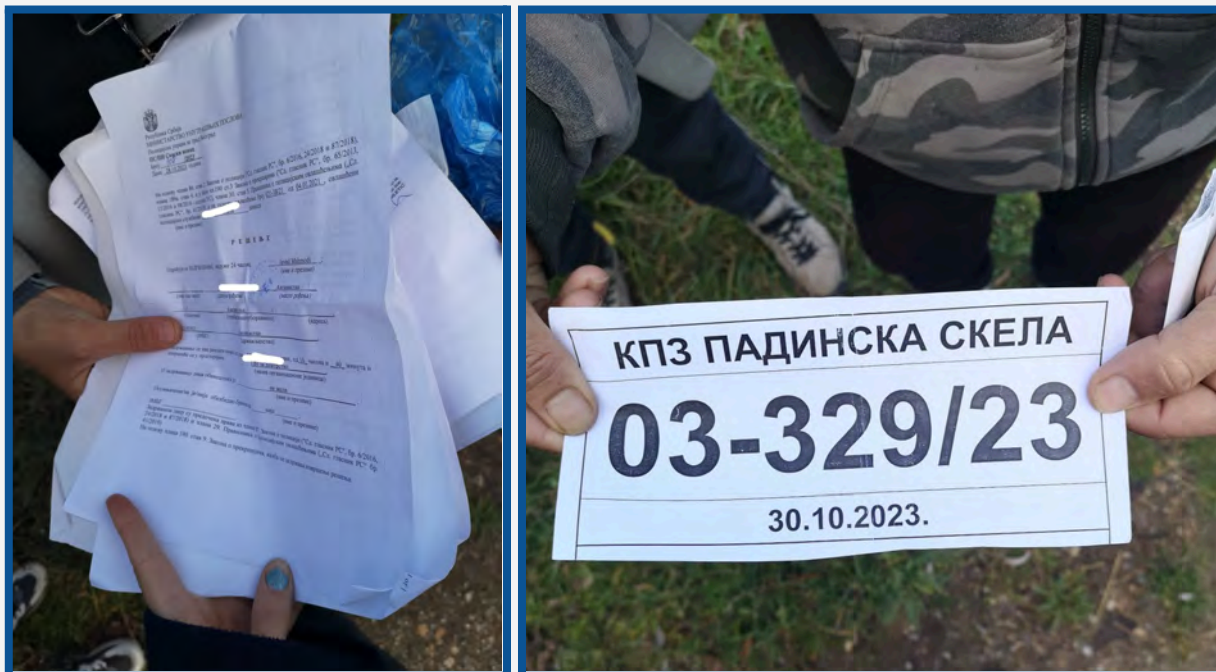
PoMs, who were previously sleeping rough in informal settlements were **forcefully transported to RTCs or to other undisclosed locations**. Attempts to monitor the conditions of residents of RTCs or Asylum Centers (AC) were consistently denied. Authorities also heavily **restricted residents of RTCs or ACs from leaving facilities or talking to NGOs**.

¹ Available online: <https://balkaninsight.com/2023/10/31/serbian-hungarian-police-agree-joint-action-against-people-smugglers/>

² Available online: <https://www.rts.rs/vesti/drustvo/5299458/jake-policijske-snage-kod-horgosa-i-subotice-gasic-kontrolisacemo-sve-hotele-hostele-i-sobe-nadan.html>

³ Available online: <https://europa.rs/migration-european-challenge-requires-an-european-response/?lang=en>

Furthermore, reports reached us of **administrative detention, people facing legal charges, and imprisonment without sufficient legal clarification.** That includes the lack of translation to their native language as well as violent treatment by officials.



(pictures of papers received by PoI from a detention entirely in Serbian)

Locals reportedly commend the proactive approach addressing the challenges posed by irregular migration, emphasising the importance of maintaining security within the local community in Serbia with “daily, twenty-four-hour patrolling of the special units of the MUP of Serbia”⁴ and demanding the continuity of it in the future.

NGOs working in informal settlements have documented a decrease in the number of Evictions during the months of September to October. However, violent evictions of squats continued to occur and had their peak in the beginning period of the special police operation at the end of October and early November.

Medical case (1)

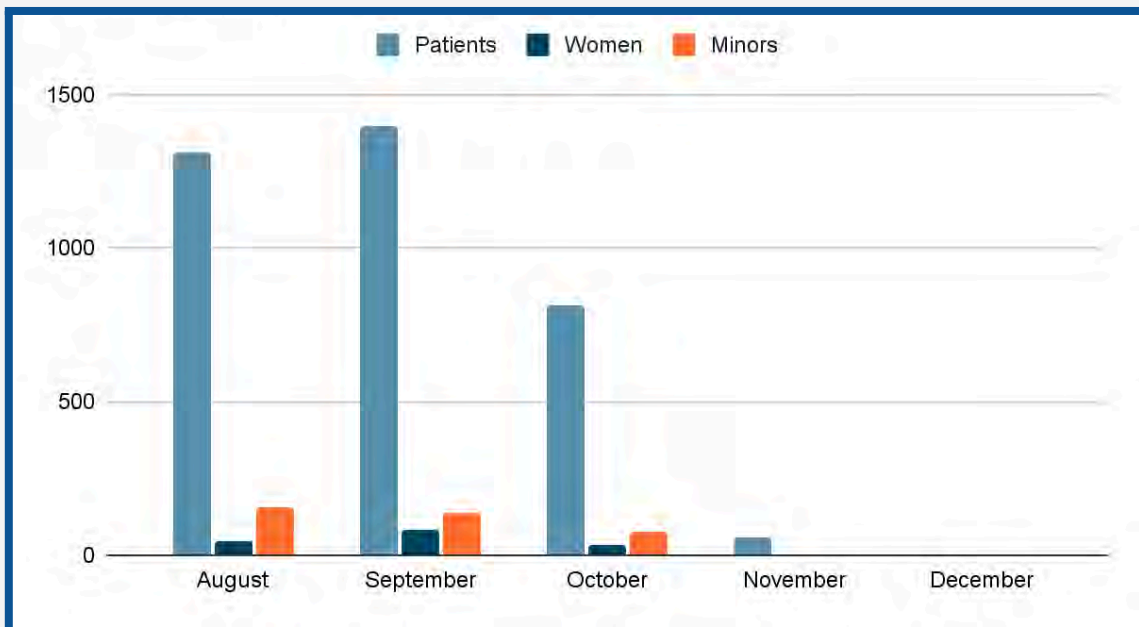
Violent eviction of an informal settlement	
Location: Sombor	Time: October
An 18 year old was beaten by police during the eviction of a squat. He sustained multiple injuries due to the beating on his face and back. Police forces arrived with police dogs and were destroying personal items of occupants.	

⁴ <https://www.subotica.com/vesti/sbo-subotica-bez-iregularnih-migranata-prihvatai-centar-bez-korisnika-id48027.html>

CURRENT MEDICAL SITUATION

The following section will detail the medical conditions the MVI team evaluated during the period of September to December. While only offering a fraction of an insight about health issues PoM suffer from. The first half of the relevant time period deals with medical cases seen mostly inside of informal settlements. The latter half was mostly observations and informal conversations with PoM from inside RTCs.

During September 2023 our ground team saw an influx of people passing through the informal settlements at the Serbian-Hungarian border. As temperatures decrease, so do case numbers usually. However, a dramatic decline occurred late October due to the special police operation leading to a series of violent evictions.



(Graph 1: Patient number data collected by MVI ground team during the period August 2023 to December 2023)

The patients we encountered were **mainly single young men**, ranging in age from 16 to 40 years old. **Their health is far below Western European standards**, due to harsh and unhygienic living conditions, limited access to healthy nutrition, constant exposure to stress, racial discrimination and potentially traumatising experiences.⁵

While working in informal settlements in Northern Serbia, mainly in Sombor, Subotica and Horgos area, the MVI team saw in September a total of 1.395 patients, from with 80 were being women and 136 minors (Graph 1); In October the number reduced to 811 patients, including 32 were women and 78 minors (Graph 1).

⁵ Available online:
<https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Ausc%3AUS%3Ac5a9aaa-ee62-3286-a505-0d9122b69b8f&viewer%21megaV erb=group-discover>

Since the start of the police operation, the team stopped seeing people in informal settlements, but were able to receive updates from PoM, now staying in the RTCs, via informal communication. Consistent reports indicated that **medical staff in the camp were not adequately meeting the medical needs of the residents.**

On a single visit to Adasevci RTC, in early November, the team identified about 61 individuals in need of medical assistance in the vicinity of the camp (Graph 1). No women and minors were seen in this period due to the fact that the RTC was exclusively for single men.

PoM travelling along the Balkan route may experience a **range of health-related problems due to the challenging conditions they face during their journey.**

The most common reasons for health-related problems among this population include:

- exposure to extreme weather conditions,
- overcrowded and unhygienic living conditions,
- limited access to clean water,
- exposure to indoor pollution and poor ventilation,
- malnutrition and inadequate access to nutritious food,
- pre-existing chronic health conditions,
- physical and psychological stress from the journey,
- and lack of access to preventive measures like vaccines and hygiene education.

Consequently the **most common health-related issues observed by the MVI team during September and October** were:

Skin conditions	Ranged from infected blisters and papular urticaria, to deep tissue infections and limb-threatening cases of cellulitis. Scabies is widespread among PoM with varying levels of severity, starting from a slight itching feeling to a massively spread and infected skin.
Musculoskeletal disorders	Primarily caused by prolonged walking while carrying heavy loads, inadequate footwear and a lack of proper rest. The border crossing itself presents its own difficulties and people often sustain injuries from tripping in the dark or falling and landing on uneven ground. This leads to a high prevalence of injuries to the lower extremities, involving sprained ankles and fractures to the foot, as well as injuries to the knee with damage to the ligaments and menisci and intra-articular fractures of the femur and tibia ⁶ .
Respiratory tract infections	Due to the challenging living conditions, viral respiratory infections, upper respiratory tract infections, and pneumonia are easily contracted and spread among the population.
Headaches	Headaches were one of the most common complaints. Lack of sleep, high levels of stress, poor nutrition and dehydration are some of the main reasons behind it.
Eye injuries	There has been a notable increase in eye trauma-related injuries during these months. Treating eye trauma is challenging in the field due to limited resources and access to proper clinical diagnosis equipment.

⁶Available online:
<https://acrobat.adobe.com/link/track?uri=urn%3Aaid%3Ausc%3AUS%3Ac5a9aaa-ee62-3286-a505-0d9122b69b8f&viewer%21megaVerb=group-discover>



(pictures of skin conditions encountered on field taken by MVI team)

In Northern Serbia the healthcare situation for PoM **remained critical from September to December**. Irregular migrants are **entitled to emergency health care** which should be provided by health care facilities. In the case of life-threatening emergencies, access to the emergency room should be granted directly⁷. For non-life threatening emergencies or chronic disease management, individuals need to be registered in one of the camps - possess Camp Identification - and obtain a referral letter from the camp doctor to access the emergency room or hospital facilities.⁸

Yet, due to the discriminatory nature of medical staff, many patients hesitate to seek help in hospitals or other medical facilities. Despite having RTC Identification they **fear deportation or encounter issues with Serbian authorities when seeking assistance from official institutions.**

According to the **UNHCR**, every RTC claimed to provide access to adequate health services in their facilities from October to December.⁹ The Serbian national framework mandates that holders of RTC identification, as well as individuals staying irregularly on Serbian territory, should receive adequate medical attention and services.¹⁰

However, information from residents has reached us, describing that the **access to doctors has been unreliable in the RTCs.** Instances of **medical staff either not showing up on site or being present for**

⁷Available online:

<https://www.azilsrbija.rs/wp-content/uploads/2022/07/HEALTH-CARE-FOR-IRREGULAR-MIGRANTS-ASYLUM-SEEKERS-AND-REFUG-EES-IN-SERBIA-DURING-THE-COVID-19-PANDEMIC-1.pdf>

⁸Available online:

<https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Asc%3AUS%3Ac5a9aaa-ee62-3286-a505-0d9122b69b8f&viewer%21megaV erb=group-discover>

⁹Available online: <https://data.unhcr.org/en/documents/details/89400>

¹⁰ Available online:

<https://www.azilsrbija.rs/wp-content/uploads/2022/07/HEALTH-CARE-FOR-IRREGULAR-MIGRANTS-ASYLUM-SEEKERS-AND-REFUG-EES-IN-SERBIA-DURING-THE-COVID-19-PANDEMIC-1.pdf> (page 9)

minimal hours each week, coupled with a high occupancy rate – up to almost a thousand people at certain points – **the reliability raises concerns about the sufficiency and dependability of medical treatments within RTCs.**

Medical case (2):

Untreated shoulder injury	
Location: Vojvodina	Time: November - December
M. sustained injury to his shoulders during a police eviction, after which he complained about limited movement, with limited movement of particularly in his left arm. Was seen by the medical team in a RTC, where he was given painkillers. M. described the medical examination as inadequate (“looked at me and did nothing”).	

Without the use of medical diagnostic equipment, such as X-rays, it is extremely difficult to accurately diagnose injuries and deliver appropriate care. Untreated injuries can result in lasting damage, visible deformities, restricted mobility, loss of function, pain, and the risk of infection. While pain management is crucial for a quicker and more effective recovery, it alone is insufficient. **Serbian authorities should allocate and utilise funds to ensure individuals receive proper diagnoses and appropriate treatment for their injuries.**

Medical case (3):

Inaccessible treatment for Type 1 Diabetes	
Location: Vojvodina	Time: October - November
We first encountered Y. in an informal settlement where he informed us of his limited supply of diabetes medication (insulin). Y. was already showcasing worrying symptoms related to his condition. After referring Y. to other NGOs, which suggested visiting a local hospital for a more thorough assessment and treatment, he refused to do so due to the fear of facing deportation or harsh discrimination. Y. informed us that he had been receiving adequate medical assistance in Principovac RTC for about a month before they stopped providing the medication altogether.	

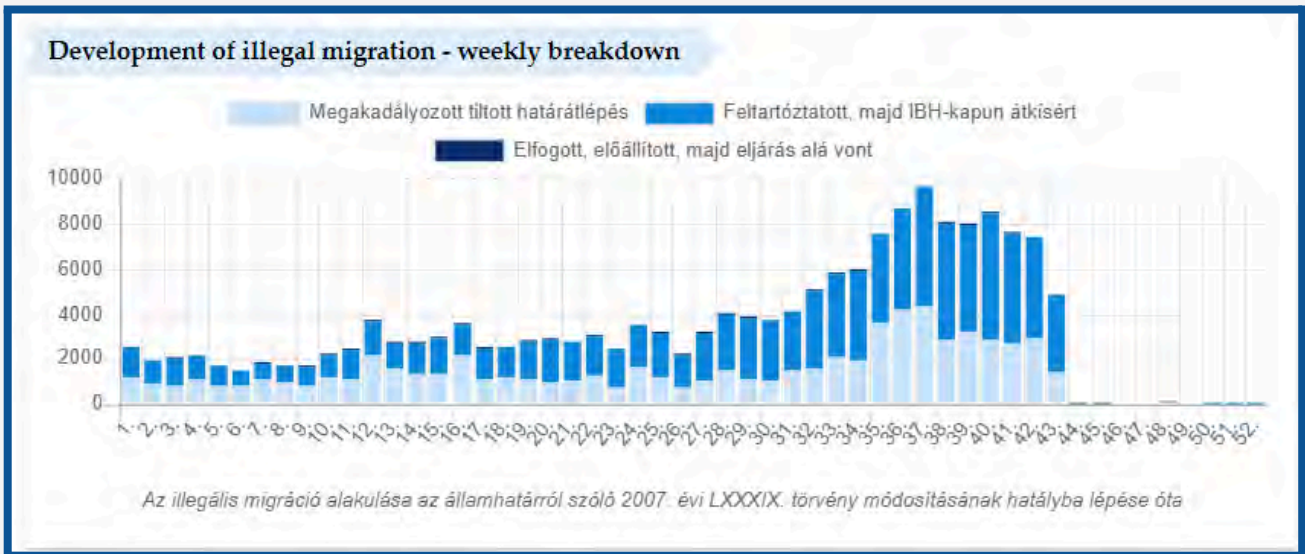
Despite receiving aid funds worth up to EUR 90 million from the EU, as well as other regional programs specifically designated to enhance border and migration management capabilities¹¹ Serbian health facilities **do not enable all patients to receive adequate treatments.**

During the months of September to December, we encountered individuals with chronic illnesses who were unable to obtain necessary medication or monitoring for their condition from Serbian health services. This was either due to the discriminatory nature of health facilities, fear of issues with official institutions, or lack of monetary funds.

¹¹ Available online: <https://europa.rs/migration-european-challenge-requires-an-european-response/?lang=en>

POLICE BRUTALITY & SYSTEMIC PUSHBACK PRACTISES

In this section, we provide an update on the systematic pushback practices occurring at the Serbian-Hungarian border. The ongoing border violence against PoM in Serbia is vividly illustrated by the injuries sustained by individuals. The following presents a collection of **documented injuries reported by our ground team**, offering just a glimpse into the types of **violence and pushback practices** that PoM are subjected to.



Records from Hungarian border authorities¹² (light blue: Prevention of illegal border crossing; blue: Detention & escortation through the IBH gate; dark blue: Arrest and prosecution)

A peak in numbers of irregular border crossings were reported by the Hungarian border police during the month of September. The sudden and dramatic decrease of crossings is to be explained by the executed police operation in Northern Serbia at the end of October.

Medical case (4):

Car “accident”	
Location: Hungary	Time: October
<p>Respondents have described that while getting into a car near the border they were shortly after chased by Hungarian authorities. One of the officials has used shooting weapons to pierce the wheels of the vehicle which consequently made it crash. After the crash they were then promptly pushed back to Serbian territory where our ground team evaluated their injuries.</p>	

¹² Available online: https://www.police.hu/hu/hirek-es-informaciok/hatarinfo/illegalis-migracio-alakulasa?weekly_migration_created%5Bmin%5D=2023-01-01+00%3A00%3A00&weekly_migration_created%5Bmax%5D=2024-01-01+00%3A00%3A00

Medical case (5):

Violent pushback

Location: Serbian-Hungarian border area

Time: October

M. was beaten multiple times in the head with a baton by Hungarian police.

While in Hungary he went to the hospital where the medical staff attended to the wounds on his forehead. There he requested to stay overnight because he was feeling too unwell. Instead, he was taken by the police and was violently pushed-back to Serbia.

Already in Serbia, our team accompanied him to the ER because of a suspected brain injury. M. was unable to stand and referred to blurry vision.



Medical case (6):

Usage of tear gas

Location: Serbian-Hungarian area

Time: October

During October our ground team encountered a young man, who sustained a serious hand injury after discarding a can of tear gas with his bare hands which had been thrown in his direction by police forces. The tear gas container exploded in his hand resulting in an extensive 3rd degree burn. After receiving primary care in a local hospital he was unable to attend regular follow-up appointments vital to the recovery of his injuries due to his unstable living situation.



The field team of **No Name Kitchen (NNK)** has collected testimonies of different types of abuse at the borders. Two main types are often reported; financial and physical. The following description of border violence occurred on the Serbian border to Croatia and Bosnia and Herzegovina.¹³

Reports of border guards asking for large sums of money when they find the individuals attempting to cross. Handing over roughly €200-400 at the border potentially saves the individual from being

¹³ Information in the following section are provided by No Name Kitchen working in Serbia

arrested and sent to the south of Serbia, to RTCs without consent, further away from any borders. However, payment doesn't mean the individual gets to cross the border. It simply means they get released back into the nearby city and are then able to attempt another crossing. Some people in recent months have tried five or six times, so the financial implications for these individuals are massive. One individual told a volunteer of NNK that he had paid a total of €400 due to being caught at the border twice. Unfortunately, this is not a stand alone case and is a story often told. **This financial abuse is not only affecting the individual but their families back home as well as they have to constantly send money for the attempts.**

Payment also does not spare the brutal violence these individuals face at the border from the guards. An individual working for No Name Kitchen in the North of Serbia whose role is to provide basic first aid to people on the move told us that individuals **come back with broken ribs, black eyes and bruises from violent pushbacks. Specifically aiming for the face as it cannot be photographed and used as evidence** due to the importance of hiding the individual's identity. Many testimonies and photographs have been taken but unable to gain consent from these individuals to use in this report.

This shines a light on the flaws of this system which allows the exploitation of vulnerable people from the very ground workers that are used as actors in this global crisis.

LIVING CONDITIONS IN SERBIA

After the special operation began in the Vojvodina area, informal settlements along the Hungarian border were **forcibly evacuated**, and individuals were **relocated**, initially to the Sombor RTC and later to more distant centres in the southern part of the country.

In November No Name Kitchen (NNK) and other NGOs reported that the **Sombor RTC** has been **severely overcrowded**, with residents facing **restricted access to sanitary facilities, medical care and food**.

The **absence of reports in local and national news regarding overcapacity** in Reception Transit Centers (RTCs) following the **indefinite closure of RTCs in the Vojvodina area**, including Subotica, Kikinda, and Sombor, raised concerns in November and December.

All the residents were relocated to undisclosed locations without their consent. This prompted a positive response from Serbian locals, suggesting that the **reduced RTC population was seen as a solution** to underlying human trafficking and migration issues in the area.

During an informal conversation with the ground team, a **representative from the Commissariat at Obrenovac RTC acknowledged the difficulty of handling the sudden increase in residents**. According to the representative, although the facilities' capacity was expanded rapidly, it still proved **insufficient to accommodate all the new arrivals**.

Our team spoke with individuals who were left outside of Obrenovac RTC to fend for themselves in inhumane conditions. They were prevented from making use of the service and facilities and stayed in abandoned shelters right next to the fenced off RTC site.



(pictures taken by MVI team of shelters right outside of Obrenovac RTC)

Information gathered from conversations with multiple respondents around the Obrenovac RTC concluded that **only a set number of people were allowed inside a so-called “quarantine”** on the RTC grounds. People are able to **enter at around 3pm** each day but can **only leave the morning after** at about 7am.

Testimony from one of the respondents:

“They choose according to [the] mood of the [camp] director. He chooses specific people. We have had a week. We are missing at 6:00 in the evening. We are sleeping in a room with 40 or 50 people in it. There is no heat in it. It has nothing in it. 7:00 in the morning they come out to us.”

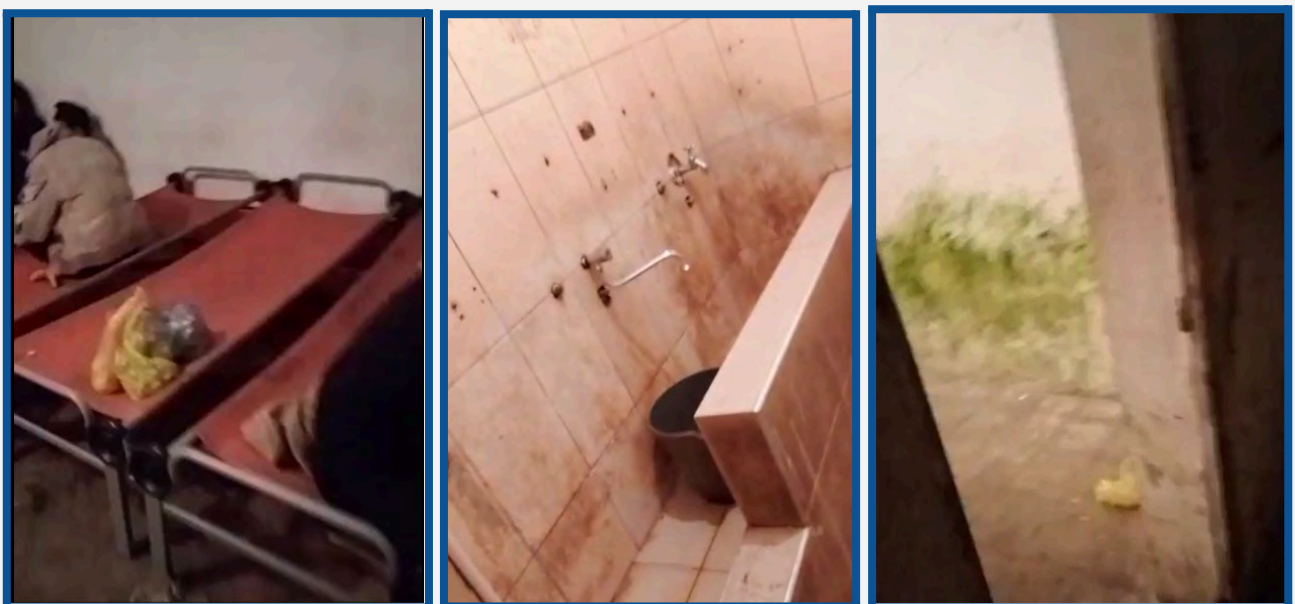
Testimony from 2nd respondent:

In the morning, at 8:00 a.m. everyone goes out to the square, then they choose at random 30 people or 20 only [to receive camp identification], and the rest are taken outside.

Respondents highlighted that the **doors were locked** and they were **not allowed to use any facilities** besides the rooms provided in the “quarantine”, which were insufficient for the amount of people staying there. Pictures reached us from inside the rooms showing **field beds** close to each other with almost **no floor space** to be seen and **mould on the walls**. Some rooms **missed the glass in the windows** and were covered by fabrics.



(picture from inside one of the “quarantine” rooms taken by resident)



(snapshots of a video send by PoM from inside the “quarantine” rooms taken by resident)

RTCs and informal settlements face an elevated risk of infectious diseases outbreaks due to overcrowding and inadequate sanitary conditions, intensifying the likelihood of increased skin-to-skin contact among individuals¹⁴.

While individual medical needs may vary, the most common complaints are related to **complications from scabies**. Transmitted through **skin-to-skin contact**, scabies can result in skin scores and in more serious cases to septicaemia (a bloodstream infection), heart disease and kidney problems. As it is well known, outbreaks of scabies can occur in either closed, institutional settings or open community settings¹⁵.

Despite scabies being one of the most frequent skin diseases that PoM face, RTCs exhibit **poor management of the condition**. Residents report not being given proper care - no wound care treatment, symptomatic treatment, nor treatment of the underlying cause. Additionally, there are **no reports of preventative measures being applied to the spreading of the infection inside facilities**.



(pictures of the Subotica RTC taken by MVI team)

The **Subotica RTC** has been operating as a single mens reception centre, just a few minutes away from the bus station in Subotica. Authorities routinely **left minors and families at the gates of the reception centre** in which they would be **denied RTC identification cards**. Consequently, this vulnerable population was effectively deprived of access to RTC services including sanitary facilities, safe space during nighttime, and health services.

An on-site assessment by the ground team in October, revealed a **substantial amount of untreated medical conditions** among the population outside as well as inside the RTC. **Efforts were undertaken to provide for this population** and address the evident need of medical aid.

Similar circumstances were observed at the location of the Sombor RTC in early November, where a significant number of people were left in the public park next to the RTC site, with no access to any services usually provided inside facilities. A **police check-point** stayed at the entrance of the public park only **permitting people to leave the public park with a supposed “plausible” reason** and for a **limited period of time**. NGOs were not allowed in this area during the entire month of November.

¹⁴ Available online: <https://www.who.int/news-room/fact-sheets/detail/scabies>

¹⁵ Available online: <https://www.who.int/news-room/fact-sheets/detail/scabies>



(field just outside Sombor RTC. picture taken by Sebastian Beierle)

PoM in Serbia face harsh living conditions, and due to their vulnerability, they struggle to meet their basic needs, let alone address severe medical conditions, especially without a stable living situation or income. Serbian authorities should enhance their efforts to **protect vulnerable populations** within their territory and ensure the **enforcement and safeguarding of fundamental human rights**.

Previously, the Ministry of Health in Serbia implemented a project from 2019 to 2021 responding to the health needs of refugees and migrants on Serbian territory by covering almost the full scope of health care provisions including services like primary health care as well as provision of medicines, medical devices and aids, specialist diagnostic examinations¹⁶. The benefits of these programs have not been effective in the past years and it is noticeable during daily operations of MVI when coming vis-a-vis with PoM in informal settlements but also with residents inside RTCs.

¹⁶Available online:
<https://www.azilsrbija.rs/wp-content/uploads/2022/07/HEALTH-CARE-FOR-IRREGULAR-MIGRANTS-ASYLUM-SEEKERS-AND-REFUG-EES-IN-SERBIA-DURING-THE-COVID-19-PANDEMIC-1.pdf>

RECOMMENDATIONS

The following **recommendations** aim to address the immediate challenges identified in the report and work towards creating a more **humane and supportive environment for People on the Move in Northern Serbia**.

SERBIAN STATE

- *Access to health care*

It's crucial to promptly **reassess and enhance the funding and implementation of programs** aimed at safeguarding PoMs in Serbia. This should be complemented by ensuring better access to medical treatment, which should not be limited solely to emergency care for life-threatening conditions.

Improve healthcare services for PoM by **tackling discrimination within healthcare facilities** and ensuring **consistent access to medical professionals, diagnostic equipment, and essential treatments**.

- *Living conditions*

Improve living conditions in state provided accommodations (mainly RTCs) by addressing overcrowding, sanitary conditions, medical care and food.

Ensure **transparency in the relocation process**, avoiding forced and brutal relocations to undisclosed locations.

HUNGARIAN STATE

- *Protection from systematic pushbacks*

Address and condemn systematic pushback practices at the Serbian-Hungarian border.

Advocate for the protection of asylum seekers' **human rights**, including access to healthcare, legal consulting, and adequate living conditions.

CALL FOR ACTIONS

- We call for the **protection of the human rights of asylum seekers**, including access to healthcare, legal consulting and adequate living conditions.
- We demand for the **establishment of legal pathways for migration** and advocate for **regularisation programs to provide legal status** for undocumented migrants and asylum seekers already in the country.
- We urge to work towards the **implementation of policies and laws that prevent discrimination** based on migration status, ethnicity, or nationality.
- We demand that migrants have **equal access to essential services** such as education, healthcare, and social services, **regardless of their migration or asylum status**.
- We demand for an **end to the detention of migrant children**, emphasising alternative solutions that prioritise the well-being and rights of children.
- We advocate for fair and **efficient asylum processes**, ensuring that individuals seeking asylum have their claims processed in a timely and just manner.

Appendix 1: The Authors

Medical Volunteers International (MVI) is a grassroots NGO based in Hamburg with projects across the Balkan route. We have been working in Northern Serbia since March 2022. We provide health education to people on the move, help with their medical needs and facilitate people's access to the Serbian healthcare system.

To connect with MVI in Northern Serbia, please contact:
serbia@medical-volunteers.org

Appendix 2: Methodology

Our methodology comprises several data collection approaches to obtain detailed and accurate information which informs the content of this report.

Medical Conversations

We come into daily contact with a large number of people on the move, sometimes exceeding 120 patients per day. A member of the team will offer and explain to the patient that they can report their experience. Speaking specifically about medical issues not only corroborates the border violence testimonies that are given but the number of medical concerns that we see far exceeds the number of testimonies taken which provides a more accurate sense of the extent of the violence being experienced in Northern Serbia.

Joint Organisational Observations

Several humanitarian, legal, and advocacy organisations monitor the conditions of people on the move across Northern Serbia such as Collective Aid, No Name Kitchen, and Medical Volunteers International, to name a few. These organisations meet regularly to share and validate observations, trends, and incidents in the field which increases the number of data points in our analysis and enhances the accuracy of information provided in this report.

Secondary Resources

This report is also informed by secondary research across a variety of channels, including government statistics, non-governmental organisation databases, quarterly reports, and reporting from Serbian and European media outlets.