2015-04-29

# Fråga-svar

# Bosnien och Hercegovina. Romer, sjukvård och familjehem

## Fråga

- Vilken tillgång har romer till sjukvård?
- Hur fungerar den psykiatriska vården i Bosnien och Hercegovina?
- Vilka möjligheter finns att omhänderta barn vars föräldrar inte klarar av det?

## Svar

**Romers tillgång till sjukvård**
Human Rights Watch (HRW) (2015):

> Roma remain the most vulnerable group in the country, facing widespread discrimination in employment, education, and political representation. Lack of a free and universal birth registration system means that many Roma are not on the national public registry that records births, deaths, and marriage. This impedes their access to public services, including health care.

Council of Europe - Secretariat of the Framework Convention for the Protection of National Minorities (2014):

> In the Federation, where competence in health matters is shared between the Entity and cantonal levels, the provisions on basic cover for uninsured persons have however not been adopted by all cantons, which leaves Roma particularly vulnerable in the field of access to healthcare.
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> 171. The Advisory Committee is also deeply concerned by numerous reports that it received concerning the denial of health

> care to Roma on discriminatory grounds, including to pregnant women under the age of 18, both in the Federation and in the Republika Srpska. Moreover, serious violations of the right to health, such as refusals to provide health care to Roma persons in emergency situations, have gone unpunished. This not only leaves the victims without a remedy, despite the legal provisions in place, but also means that there is no real pressure on healthcare providers to change their practice. (s. 40)

Norge. Landinfo (2014):

> Ifølge UNDP/VB/EU-kommisjonens (2011) undersøkelse, skal 70 prosent av rombefolkningen ha helseforsikring. Prosentandelen samsvarer ikke med tidligere undersøkelser, der det fremgår at kun omtrent en tredjedel har forsikring (OSCE & ODIHR 2013a, s. 14-15), eller med ordlyden i nylige rapporter fra blant annet Human Rights Watch (2012, s. 45), der det indikeres at svært mange rom ikke er forsikret. På bakgrunn av at helseforsikring for voksne stort sett er knyttet til et formelt arbeidsforhold, er det rimelig å anta at rom ikke er forsikret gjennom denne ordningen. Det gis også gratis helseforsikring til personer som er registrert som arbeidsledige, hvor registreringen må foretas innen 30 dager etter tapt arbeid eller fullført utdanning. For de fleste rom, som ikke kan melde fra om å ha tapt arbeid eller ha fullført skolegang, og som gjerne heller ikke har en påkrevd adresse å registrere seg med, er heller ikke denne ordningen en reell mulighet. Atter videre er det mulig å få helseforsikring gjennom sosialkontorene, dersom man anses som særskilt sårbar og uten annen mulighet til å anskaffe helseforsikring. (s. 6)

United Nations Children's Fund (UNICEF) (2013):

> According to a statement of a Roma representative, 60 per cent of the Roma in Bosnia and Herzegovina are without health insurance while according to other data 73 per cent of Roma cannot obtain social insurance based on income. According to unpublished observations by World Vision, 25 per cent of Roma respondents stated that their family did not have health insurance and among those families that were covered, 42 per cent had coverage for only one person in the family. This figure was reinforced by MHRR 2010 research which noted that only 27 per cent of Roma reported having health cards. Most Roma in BiH stated that they had problems in accessing health care mainly due to lack of health insurance. Those Roma who did access medical care within hospitals were treated on an equal basis with other groups – non-discrimination is one of the basic principles in health-care in BiH –, although some reported cases where the staff in health care institutions treated Roma badly. (s. 28)

HRW (2012):

> Roma in Bosnia persistently lack health insurance coverage and cannot otherwise afford the cost of health care. Since health insurance in Bosnia is primarily provided by employers, and the unemployment rate among Roma is so high, most Roma must rely on the state for health insurance. Gaps in state coverage, however, are significant, and have a disproportionate effect on Roma who cannot find health insurance through employment. (s. 40)
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> This means no one is identifying and addressing discriminatory practices, including indirect discrimination, in the provision of health care in Bosnia. (s. 42)
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> The decentralization of health services and link between health insurance and employment in Bosnia has historically led to confusion for anyone seeking care. For Roma, accessing health care in a complicated and multifaceted system often proves difficult. (s. 43)
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> But as Human Rights Watch observed, even this unsatisfactory legislation is inconsistently applied in different areas of the country. This inconsistency combined with problems Roma face with registration in the cantons in which they live, means that application of the right to health care in Bosnia and Herzegovina is far from uniform or adequate. (s. 44)

European Commission against Racism and Intolerance (2011):

> As regards the provision of health care more generally, the authorities have emphasised that the law makes no distinction regarding the health care to be provided to citizens of different ethnic backgrounds. Civil society actors stress, however, that there are health care centres that do not employ any staff having an ethnic background different from that of the majority of persons living in the area, and which in some cases display sympols strongly associated with specific ethnic groups and that have the effect of dissuading persons not belonging to the majority group in the area from seeking necessary treatment there. ECRI is furthermore deeply concerned that some persons in Bosnia and Herzegovina have no health insurance at all. This particularily concerns Roma and minority returnees ... (s. 30)

**Psykiatrisk vård**

I statliga rapporter beskrivs den psykiatriska vårdens omfattning som tillfredsställande. Government of Bosnia and Herzegovina (2014):

> Currently, a total of 68 centres for mental health care are operative (39 in FBiH, RS in 28 and 1 in BD), which are capacitated to provide all types of psychosocial support. (s. 13)

Government of Bosnia and Herzegovina (2013):

> The Federation has a network of 38 mental health centres in the community and a network of 38 centres for physical rehabilitation in the community. The centres have been established as part of primary health care so that they each can cover an area with 50-80000 inhabitants or wider geographic area. The reason for such a geographic distribution of centres is their availability to and coverage of rural and urban areas and the elimination of waiting lists inherent to centralized systems. It has been confirmed that now there are no waiting lists and patient satisfaction with these services is high. The composition of the centres' teams is multi-disciplinary and they include a psychiatrist, two psychologists, a social worker, an occupational therapists and nurses. Services provided are available free of charge to users, as they are covered by the health insurance fund. (s. 161)

Utomstående observatörer anser dock att omfattningen inte räcker till för befolkningsmängden. Council of Europe: Committee for the Prevention of Torture (2012):

> The mental health policy document of the Federation of Bosnia and Herzegovina is in the process of adoption. Services in the field of mental health care are provided through a network of 31 centers for mental health in the Federation of Bosnia and Herzegovina. The system of providing mental health services in the community does not include enough supporting services/ alternative services in the field of mental health such as beneficiaries' organizations, day centers, safe apartments, emergency telephones etc.
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> In spite of the significant progress, services in the field of mental health are still not able to meet the needs of the population, especially for long-term beneficiaries who need more support, with a focus on treatment that emphasizes rehabilitation and resocialization of this group of beneficiaries. The authorities show good will to continue the reforms in the field of mental health. (s. 21)

Amnesty International (2011):

> The psychological care system in BiH is organized so that on average there is one Centre for Mental Health for each 40,000-50,000 people. In practice in municipalities which have a lower number of inhabitants, psychological care services are not available.
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> For example, Amnesty International was informed by a local NGO, that in the municipality of Jajce in the FBiH, with some 45,000 inhabitants, only one psychologist is employed and one psychiatrist visits the town once every two weeks for one day. During each visit the psychiatrist is not able to see more than 10 patients. Since the end of the war almost 70 people have committed suicide in the

municipality; about 60 per cent of suicides were women. The high number of suicides indicates that there is insufficient psychological care in the Jajce municipality. This poses problems especially for victims of sexual violence who live in this community, as they often require such services.

Since the end of the war, Forum Žena, a women's NGO from the municipality of Bratunac in RS, has been campaigning for the establishment of a Centre for Mental Health in their town.
The municipality of Bratunac has 30,000 inhabitants. According to the information available to the NGO, since the end of the war around 8,000 internally displaced persons and refugees have come back to the town and surrounding villages. Of these more than 1,000 are single mothers, many of whom lost family members during the war. Despite the sizable returnee population, many of whom were traumatized during the war, the municipal authorities do not employ a psychologist or a psychiatrist. In the municipality of Srebrenica, which borders Bratunac and where the genocide against Bosniak (Bosnian Muslim) population was committed during the war, the situation is exactly the same with no state provision of psychological services to its inhabitants. The only services available to those living in the municipalities of Bratunac and Srebrenica are provided by the NGO Koridor from Sarajevo which pays for psychiatric visits twice a month. The psychiatrist is, however, able to see only 15 patients on average per visit. (s. 22-23)

EU Commissioner for Human Rights (2011):

On average there is one mental health centre for every 40–50,000 people. This situation leaves many local communities without a psychologist or a psychiatrist, as is the case in Bratunac, where 8,000 IDPs have returned since the end of the war. It has been reported that almost 90% of rape victims do not receive any kind of psychological treatment. Local NGOs appear to be the only institutions offering psychological support to victims. (s.31)
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In late 2009, the Ministry of Human Rights and Refugees of BiH conducted registration and established a database of the needs of Roma in BiH, which, inter alia, provides information on the needs of Roma in Bosnia and Herzegovina inclusive of 31 January 2010, in the field of vital records, possession of identity documents, access to health insurance, nationality and the like. For example, based on this registration, it was noted that of the births not entered into the registers in the FBH (384), RS (69) and the Brčko District (18), all of them were Roma people. Among the Roma population, 4,654 in FBH, 487 in the RS, and 59 in Brčko District do not have health insurance. Out of the total currently estimated number of 16,762 Roma or about 4,500 households. (s. 35)

**Familjehem/barnhem**

Government of Bosnia and Herzegovina (2013):

> Recipients of social security benefits, as defined in the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09) are persons in need , the following groups, in particular: children without parental care, neglected children, uncared-for children, children retarded due to domestic situation, persons with disabilities and mentally and physically retarded persons, persons in straitened circumstances having no earning capacity, old persons without family to take care of them, persons of socially unacceptable behaviour, and persons and families in need who need special kind of social security due to exceptional circumstances (Article 12(1)). (s. 127-8)
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> **Placement in foster family** shall be afforded to children and adults who need permanent care and assistance in order to satisfy needs of life and are incapable of satisfying them in their own families or in some other way (Article 31). (s. 158-9)
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> **Placement in a social care institution** is an entitlement of children and adults needing permanent protection and support to satisfy their needs of life, which they cannot satisfy in their own or some other family or by home care and assistance rendered at home (Article 41).
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> The Centre shall decide on placement in the institution based upon an opinion of the Centre’s Expert team, enforcement of a court decision/custodian body or based upon findings and opinion of the relevant medical institution/the expert medical commission on his/her unfitness for work. The centre for social work that placed a person into the institution is responsible for monitoring his/her treatment in that institution for the sake of care, protection, medical treatment and physical and mental health of that person. The responsibilities are especially relevant to any case when a child is placed in the institution (Article 42). (s. 160)

International Organization for Migration (2013):

> A returnee’s status is equal to that of other citizens of Bosnia and Herzegovina when applying for social welfare benefits. She/he must contact the municipal Centre for Social Welfare in the municipality in which the returnee registered residential status upon return to Bosnia and Herzegovina. (s. 6)

UNICEF (2012):

> In BiH, the ratio of children placed in alternative, family- based care to children placed in institutions is 1 to 1.75, and 67% of children in institutions are children with disabilities. (s. 17)

Ministry of Labor and Social Policy of FBiH (2010):

> During numerous visits to the centres for social work/social protection and institutions hosting children without parental care it appeared that a systematic approach to record keeping was lacking. Information on children was kept in different ways by the different centres and it does not appear that a harmonised system is in place yet (s. 18)
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> According to the information received from the centres for social work/social protection services, decisions on the separation of children from their parents are usually made by an expert team, but the number of team members and their qualifications vary to a great extent (depending on the capacity and number of staff of a particular centre/service). Two centres for social work stated that the decision was made by a manager and a social worker or by a manager who is a social worker by profession, because the centres lacked the staff required for the formation of expert teams. (s. 21)

SOS Children's Villages International (2010):

> According to the Constitution of the FBiH, the Federation government and the cantons share responsibility for social welfare and education policy. Within that framework, cooperation among numerous stakeholders is often inefficient. Mandates for social, educational, and health care are assigned to many levels of government and administration, including the state, the two entities, Brčko, and the ten cantons and their 137 municipalities.(s. 32)
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> Types of care settings
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> Residential care
> More than 1,000 children are in residential care. Bosnia and Herzegovina has 15 residential care facilities for children without parental care (13 facilities in FBiH and 2 in Republika Srpska) and 4 residential care facilities for children with disabilities (2 in each entity). (s. 32)
> ...
> Of these residential care facilities, five are very large with capacity for 100 or more children, and three can house 50–100 children. The occupancy rate in residential care stands at about 80 per cent; approximately 50 per cent of the children have spent more than three years in residential care.
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> Family-based care
> Foster care is regulated by the Law on Social Welfare. Data on the number of children in foster care is incomplete. The 2006 Statistical Report on Social Welfare indicates that only about 800 children live with foster families (both kinship and non-kinship foster care) (BiH, 2006), but the real figure could be about 3,000 (including children under guardianship and in facilities). In the Republika Srpska, placing children in foster families is more widely practiced: about

80 per cent of children without parental care are placed with foster families. The vast majority of children in foster care are placed with their extended families (85–90 per cent), very often with grandparents. (s. 32-33)
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Children in residential care facilities are not protected by the state as standards for residential care do not exist. Service providers apply discriminatory practices. Church and private service providers are not well supervised by the state, and residential care facilities for children with disabilities lack legal status. Some residential care facilities provide life skills training only for girls, not for boys. (s. 36)
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The emotional needs of children in care are not met due to a lack of individual attention and poor staff training. Centres for social work make decisions regarding youths in care and simultaneously review the complaints of children in alternative care, which leads to a conflict of interest. (s. 36)
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Violence in residential care facilities is widespread. Service providers lack sensitivity and awareness. Some children's residential care facilities are not organized in a child-friendly way, largely because there are no official standards to which they might be held. (s. 37)
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The general public often stigmatizes children living in alternative care.
Roma children and children with disabilities deprived of parental care usually live in residential care facilities as families show no interest in adopting them or providing them with foster care.
Children in remote facilities are even more stigmatized and isolated. (s. 37)

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## Källförteckning

(alla källor hämtade 2015-04-21)


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