



European Social  
Policy Analysis  
Network (ESPAN)

# Access for children in need to the key services covered by the European Child Guarantee

**Serbia**

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Social Europe



**EUROPEAN COMMISSION**

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## Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee”, with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Serbia do indeed have effective (or effective and free) access to these services.

In Serbia, two national laws regulate free access to education for low-income children, defined as those who are beneficiaries of financial social assistance (FSA). The Law on Financial Support to Families with Children stipulates that this population group has the right to free admission to ECEC, which also covers access to free meals. The financing of free schoolbooks in primary schools is regulated by the Law on Schoolbooks, as an option to be decided by the government, subject to the availability of financial resources in the central budget.

Because the FSA benefit threshold has been much lower than the risk-of-poverty (60% median) threshold for families with children, coverage of low-income children by free access to ECEC has been inadequate. In 2020 the number of child beneficiaries of FSA who attained free admission to ECEC was lower than the related population of children at risk of poverty or social exclusion. The same discrepancy between the two population groups is observed for the number of primary school students who received free schoolbooks.

There are no statutory measures to support access to free school meals, and the majority of schools do not organise school meal services.

Under the Healthcare Insurance Law, all children (0-18) are entitled to free healthcare services, with no co-payments.

There are no systematic measures to support effective access to healthy nutrition, even though the available data show persistent negative trends in children’s nutritional habits.

There are no support measures that exclusively target low-income children to cover their housing costs. The measures available support mainly low-income households, without taking into account the presence of children. The only publicly funded measure regulated at national level is the support for energy bills for low-income households. The provision of social housing is inadequate, and inadequate funds are earmarked for these purposes.

Since local authorities have a mandate to introduce additional support for the services considered in this report, significant regional disparities exist in the coverage of low-income children, with higher provision in the north of Serbia and less in the south. Evidence shows that Roma children are highly disadvantaged regarding free access to all of the six services.

Official statistics do not currently provide adequate and sufficient data for assessing the needs of low-income children, and there are no studies available on these issues.

## Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).<sup>1</sup>

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;<sup>2</sup> at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.<sup>3</sup> These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,<sup>4</sup> the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In the Republic of Serbia, two services covered by the ECG are primarily regulated at sub-national level. For these services, the report seeks to provide a general picture of the (effective/free) access for low-income children in the country. In addition to this general picture, if access differs substantially across the country, it illustrates these geographical disparities by

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<sup>1</sup> The full text of the ECG Recommendation is available at: [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L\\_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC).

<sup>2</sup> According to the Recommendation (Article 3f), “school-based activities” means “learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community”.

<sup>3</sup> Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

<sup>4</sup> According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.



providing an example of both a sub-entity in the country that performs well and a sub-entity that performs poorly.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;<sup>5</sup> and
- effective access to adequate housing.<sup>6</sup>

## 1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

### 1.1 Mapping accessibility and affordability of ECEC

ECEC programmes in Serbia are provided as a part of the pre-school education system and are regulated by the Law on Pre-school Education and Upbringing (Serbian Parliament, 2021b). Pre-school education and care are intended for children from 6 months until school age, and are organised through three main modalities depending on the age of the child, as follows.

- Nursery/crèche (*jaslice*) – children from 6 months to 3 years.
- Kindergarten (*vrtić*) – children aged 3-5.<sup>7</sup>
- Preparatory pre-school programme (*pripremni predškolski program* – PPP) – children aged 5-6. The PPP is implemented in kindergartens or in primary schools (in cases where kindergartens lack physical capacity). The nine-month long PPP is the first part of compulsory education and has been mandatory since 2007.

The establishment and funding of kindergartens is under the mandate of self-governing local authorities (LSGs), and by-laws set criteria for the creation of local networks of public kindergartens based on the demographic characteristics of each local community.

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<sup>5</sup> According to the Recommendation (Article 3g), “healthy meal” or “healthy nutrition” means “a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs”.

<sup>6</sup> According to the Recommendation (Article 3h), “adequate housing” means “a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost”.

<sup>7</sup> The term “kindergarten” is used in the remainder of this report to refer to all ECEC for children aged 0-6.

**Table 1.1: Accessibility and affordability of ECEC**

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
PRIOR6months	FREE-POOR6months	ENT-ALL	FREE-POOR

Note: "ENT-ALL" means a legal entitlement for all children. "PRIOR6months" means priority access for low-income children from the age of 6 months. "FREE-POORxxx" means free for low-income children from the age of xxx. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

Free access to kindergartens is regulated by two national laws. The Law on Financial Support to Families with Children (Article 11) defines the following rights: (a) full reimbursement of kindergarten costs for the beneficiaries of financial social assistance (FSA); and (b) subventions for kindergarten costs for low-income households (Serbian Parliament, 2021a). Funding for implementing the first right is secured from the central budget, while resources for the second are provided from LSG budgets. The Law on Pre-school Education and Upbringing also regulates payments in respect of kindergarten costs (Serbian Parliament, 2021b). Article 19 stipulates that the following households/children have the right to full reimbursement of costs: (a) FSA beneficiaries; (b) children with disabilities; and (c) children without parental care (see Table 1.1). The law also stipulates that these children have priority in admissions; the admission procedures are to be regulated by the kindergarten's statute.

Attendance at compulsory PPP is free for all children; it can last four hours, or the whole day.

In the 2021/2022 school year, 223,559 children attended ECEC, and the estimated coverage was 50% of all children in Serbia. The distribution by age groups showed that attendance among younger children (6 months up to 3 years) was 24.1%, compared with 75.9% among those from age 3 up to school age (RSO, 2022a).

### 1.1.1 Conditions for qualifying as a "low-income child"

FSA beneficiaries are exempted from the payment of all kindergarten costs. The FSA is a means-tested benefit, with the threshold indexed to consumer prices twice a year (April and October). For calculating household transfers, the OECD scale is used: for a single household 1, for each additional adult 0.5, and 0.3 for children under 18. Households with more than six members are entitled to a benefit calculated for six members only. The benefit is increased by 20% for single-parent households, and for households where all family members are incapable of work. In April 2021 the income threshold for a single-member household was set at €74.70 (RSD 8,777).<sup>8</sup>

The FSA benefit threshold was much lower than the AROP (60% median) threshold in 2021.

- For a household consisting of two adults and one child: the FSA threshold was €134.60 (RSD 15,798); the AROP threshold was €368.60 (RSD 43,315).
- For a household consisting of two adults and two children: the FSA threshold was €156.90 (RSD 18,432); the AROP threshold was €430 (RSD 50,533).

It is evident that the FSA threshold is very low. In 2020, 21.7% of Serbian citizens were AROP but only 3.1% were covered by FSA benefits (RSO, 2022c).

As LSGs have jurisdiction to adopt additional social protection measures, other population groups in addition to FSA beneficiaries have free access to ECEC: children with disabilities; children from single-parent households; children living in foster homes; the third and

<sup>8</sup> <https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/ministarstva/resenje/2021/39/1/reg>

subsequent children in a family; and, in some communities, children whose parents were war victims.

In Serbia in 2020 the number of AROPE children under 6 was 98,000. In the same year out of all children enrolled in ECEC, 58,744 (27%) were admitted free of charge – 40% fewer than the number of AROPE children. Taking into account that free admission also covers children with disabilities, and the third and subsequent children in a family, the share of AROPE children in those with free admittance was even lower (RSO, 2023). Admission with a reduced price was given to 32,485 children (15% of those enrolled).

There are no available studies that address issues related to free admission of low-income children to ECEC.

## 1.2 Main barriers to effective and free access to ECEC for low-income children

### 1.2.1 Financial barriers

The only available in-depth data on ECEC come from the UNICEF multiple indicator cluster survey (MICS), which has been conducted every fourth year by the Republic Statistics Office (RSO). The most recent survey (MICS6) was finalised in 2019 (UNICEF, 2020). That survey showed the **advantage of children from well-off families**, as only 10.5% of children (aged 36-59 months) from the poorest families (bottom three wealth quintiles) attended kindergarten, while coverage of children from the richest families was 80.2% (top two wealth quintiles) (see Annex, Table A1). A similar pattern was observed in relation to material deprivation status; attendance was more than double for households lacking material deprivation, at 75.1%, than for those with deprivation of three or more items, at 34.4%.

The PPP, which is free for all children, was attended by 63,719 children, and the participation rate was 97.8% in the 2021/2022 school year (RSO, 2022a). Participation among Roma children was 23.7 percentage points (p.p.) lower (74.1%), with none of the difference accounted for by family wealth status. 27.7% of Roma parents surveyed in the MICS6 stated that expenditure associated with PPP attendance was too high (transport, clothes, books, etc.).

There are no other analytical studies of whether out-of-pocket costs present a financial barrier to ECEC attendance (i.e. taking account all financial support available). In the “strategy for development of education and upbringing in Serbia till 2030”, the Ministry of Education, Science and Technological Development concluded that official statistics did not provide adequate and sufficient data and information on the education of children from the most vulnerable population groups, and on their needs for additional support (RS Government, 2021).

At local level, every LSG adopts support measures for each calendar year, depending on the available budget. A survey of the 10 largest cities in the country, conducted in 2022, showed that in general LSGs reimbursed around 80% of kindergarten costs for all enrolled children (for staff wages, operational costs, etc.).<sup>9</sup> On average, the monthly price parents had to pay in public kindergartens, for a full-day stay for one child, was €34 (RSD 4,000). There was a regional discrepancy in the financial burden of ECEC costs. The second largest city, Novi Sad, fully reimburses public kindergarten costs for all children, and provides subventions for attendance in private ones. A similar practice exists in other local communities. In order to

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<sup>9</sup> <https://www.danas.rs/vesti/drustvo/kolike-su-cene-u-drzavnim-i-privatnim-vrticima-u-srbiji/>

resolve the lack of capacities in public kindergartens, LSGs reimburse part of the costs for children enrolled in private kindergartens, with parents making up the difference.

The city of Belgrade has announced plans to reimburse ECEC costs in full for all children in the coming (2023/2024) school year.<sup>10</sup>

### 1.2.2 Non-financial barriers

Several non-financial barriers affect access to ECEC. Marked geographical disparities in coverage are evident. In the 2021/2022 school year the highest coverage, 52.4%, was in the Sumadija and Western Serbia region, which also had the highest share of public kindergartens in the republic at 27.2%. The lowest coverage, 35.7%, was in the least developed Southern and Eastern Serbia region, which also had the lowest share of kindergartens at 21.4% (see Annex, Table A2). In the same year, the low availability of public kindergarten places was obvious in this region; out of all enrolled children, around 6.4% were admitted above the normative capacities and 6.1% of children were not admitted due to a lack of capacity: these figures were higher than the national averages of 4.1% and 2.6%, respectively. Disparities in attendance were also pronounced between urban and rural children, with a coverage of 71% and 46%, respectively (RSO, 2022a).

The MICS6 data show that ECEC attendance was correlated with mother's education level: only 17% of children whose mothers had no, or only primary, education attended ECEC, compared with 80% attendance by children whose mothers had higher education. Disparities were also registered regarding mother's activity status: 73.5% of children whose mothers were employed attended ECEC, compared with 38.6% of children whose mothers were unemployed (see Annex, Table A1). The latest strategy for the development of education and upbringing in Serbia states that generally parents in Serbia do not acknowledge the educational role of kindergartens, but identify them mostly as "the places that watch over the children" while they are at work (RS Government, 2021). One of the shortcomings of the current ECEC scheme highlighted in this document is the absence of specific tailored modalities that are free of charge for all children.

The MICS6 survey revealed that Roma children faced exceptionally high disadvantage in accessing ECEC. Data show that the overall attendance of Roma children was very low, at 7.4%, over 53 p.p. below the national average (60.6%). The coverage was even lower for children from the poorest Roma families, at only 3.3%, which was 21.1 p.p. below the coverage for children from the richest Roma families (24.4%). One reason for low attendance in compulsory PPP among Roma children (76.2%) was low awareness of its mandatory nature, with 31.5% of parents declaring a lack of knowledge about the rule.

The lower attendance of children from rural areas was mainly caused by lack of transport for young children (aged 3-4) in less developed regions.

## 1.3 Free meals provision for low-income children in ECEC

The 2018 directive on nutrition in pre-school institutions set norms for the provision of meals, along with rules on food safety and calory intake. Depending on the duration of stay, children receive two meals a day (breakfast and lunch) and two snacks (morning and afternoon). Low-income children who are admitted free of charge are entitled to free meals as well. In the

<sup>10</sup> <https://www.beograd.rs/lat/beoinfo/1799209-gradonacelnik-sapic-besplatni-vrtici-udzbenici-i-socijalne-usluge-u-skladu-sa-nacionalnom-politikom/>

2020/2021 school year, 95.3% of all enrolled children attended the full-day programme (9-12 hours a day).

## 2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:<sup>11</sup>

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see “Introduction” section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities which are not part of the curriculum.

### 2.1 Mapping the main school costs in public primary and secondary education

In Serbia, children enrol in grade 1 of primary school at age 6. That is, children who turn 6 by the end of February are required to enrol in September of the same year. Primary education is compulsory, lasts eight years and consists of two educational cycles:

- cycle I – grades 1-4 (children aged 6-9); and
- cycle II – grades 5-8 (children aged 10-13).

Secondary education consists of:

- four years of general education; or
- three or four years of vocational education.

Students are usually 14 when they enter secondary education, and 17/18 when they leave four-year programmes.

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<sup>11</sup> Tuition fees charged by private schools are not covered.

**Table 2.1a: School costs of primary education (free for all/low-income children)**

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	POOR	NO	NO	NO	NA	NO	ALL

Note: "ALL" means that this category is free for all children. "POOR" means that it is free for low-income children. "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

The only item which is free for low-income children is schoolbooks (see Table 2.1a). Under the Law on Schoolbooks, the government makes annual decisions on funding free books for the most vulnerable groups of children (RS Government, 2018a).

Some larger LSGs (City of Belgrade, Novi Sad) provide free schoolbooks for all grade 1 students from their own budgets. In 2022 the City of Belgrade decided to provide free schoolbooks for all primary and secondary school students for the next (2023/2024) school year.<sup>12</sup>

Under the Law on Primary Education, students who live more than 4km from school are entitled to free transport, while students with disabilities have the right to free transport regardless of distance (Serbian Parliament, 2021c). This right is not always realised, as public transport has been developed mainly in the larger cities, whereas in a number of smaller LSGs there is no organised public transport. There are no official data on the number of LSGs that facilitate access to public transport for low-income schoolchildren. A 2019 review of practices in major cities and LSGs in Serbia provided information for 42% of the total population. Reduced tariffs were commonly available for all students irrespective of their income status. Some LSGs organised free transport for primary schoolchildren who lived in remote areas; however, their number was negligible.<sup>13</sup>

**Table 2.1b: School costs of secondary education (free for all/low-income children)**

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	NO	NO	NO	NO	NO	NO	ALL

Note: "ALL" means that this category is free for all children. "NO" means that most/all items in the category are not free for low-income children.

There are no measures that facilitate provision of free secondary school supplies for low-income children (see Table 2.1b).

There are no available studies that address free access to education for low-income children.

### 2.1.1 Conditions for qualifying as a "low-income child"

In the 2022/2023 school year, based on the government's "decision on financing provision of schoolbooks from the central budget", the Ministry for Education, Science and Technology Development provided free schoolbooks for grades 1-8 for the following:

- children who were FSA beneficiaries;
- the third and subsequent children in families where all children were in education;
- children with disabilities; and

<sup>12</sup> <https://www.beograd.rs/lat/beoinfo/1798978-sapic-besplatni-udzbenici-i-vrtici-za-svu-beogradsku-decu/>

<sup>13</sup> <https://www.rts.rs/page/stories/sr/story/57/srbija-danas/1185494/prevoz-djaka-pesaka.html>

- talented children who were advanced in education and attended the individual education plan 3 (*Individualist Obrazovni Plan – IOP*) school programme.

School administrations regularly inform parents about the eligibility conditions and application procedures for access to free schoolbooks.<sup>14</sup>

In the 2021/2022 school year, around 88,900 primary school students aged 6-14 were entitled to free schoolbooks (18% of the total).<sup>15</sup> Out of that number, 29,000 (32.6%) were eligible as the FSA beneficiaries, 41.1% were children from families with three or more children, and the rest were children with special needs. In 2020 the number of AROPE children aged 6-11 was 83,000, and the number aged 12-17 was 157,000, making a total of 240,000.<sup>16</sup> The available data do not allow for a comprehensive comparison of the relevant age groups for primary schoolchildren, as the only group entitled to free schoolbooks. However, it is obvious that more than two thirds of primary schoolchildren who were AROPE were not covered by the provision of free schoolbooks in accordance with the relevant government decision.

## 2.2 Cash benefits whose specific purpose is to help meet educational costs

There are no systematic measures at national level that provide cash benefits to help meet educational costs. At local level such measures are also rare and depend on the capacities of local budgets. In 2022 the city of Belgrade provided €51 vouchers (RSD 6,000) to all children attending pre-school education and primary and secondary schools. The vouchers could be used only in selected sport shops, for the purchase of clothing or sports equipment.<sup>17</sup>

A manual prepared by the Centre for Education Policies stated that children from deprived areas were more likely to drop out of school. Anecdotal evidence showed that children in a number of mountain communities had to walk long distances to school, on average 5-10km in each direction. The parents usually had no financial means to drive their children to school every day, and most had no free time due to work obligations (Centre for Education Policies, 2016). One local community, Priboj, provides €85 (RSD 10,000) annually for primary school students who live in remote areas, as there is no organised school transport.<sup>18</sup>

There are no available studies analysing the financial burden of educational costs. The Centre for Education Policies published in 2016 a manual for prevention of early school leaving, but it does not contain an analysis of the financial burden of educational costs (Centre for Education Policies, 2016).

### 2.2.1 Conditions for qualifying as a “low-income child”

Not applicable.

## 2.3 Main barriers to effective and free access to school-based activities for low-income children

There are no school-based activities in Serbia.

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<sup>14</sup> <http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/odluka/2022/33/3/reg>

<sup>15</sup> <https://www.politika.rs/scc/clanak/515673/Besplatni-udzbenici-za-88-900-osnovaca>

<sup>16</sup> <https://www.politika.rs/scc/clanak/515673/Besplatni-udzbenici-za-88-900-osnovaca>

<sup>17</sup> <https://www.beograd.rs/lat/beoinfo/1798995-detajlne-informacije-o-poklon-vaucerima-koje-je-grad-beograd-obezbedio-za-svu-beogradsku-decu/>

<sup>18</sup> <https://ppmedia.rs/pribojskim-djacima-pesacima-po-10-hiljada-dinara/>

### 3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

#### 3.1 Mapping free provision of school meals

Under the Law on Primary Education and Upbringing, the decision to organise school meals services rests solely with school administrations and parent councils. The law also stipulates that, in agreement with the local authority, schools may provide free school meals for all, or for some, students (Serbian Parliament, 2021c). The provision of meals in primary schools is governed by the “regulation on conditions for organisation, implementation and monitoring of nutrition of students in primary schools” (2018). The regulations for the organisation of school meals are very strict, with some estimates showing that only a quarter of public primary schools have the appropriate infrastructure; however, many of them fail to provide school meals.<sup>19</sup> The “regulation on the additional education, healthcare and social care support measures for child, student and adults” (2018) recommends that free school meals in primary schools should be funded from the central budget. However, there are no available data on the provision of free school meals to primary school students.

At secondary school level, the provision of meal services is organised only in the public “student homes”, which provide accommodation for students who attend secondary education in public schools away from their place of residence (Serbian Parliament, 2019a). There are 67 such institutions in the country, with very limited capacity; in the 2022/2023 school year, only 4.4% of all enrolled students were accommodated in them. Students from low-income households are not exempted from payment of accommodation costs; the admission rules stipulate that 10% of places have to be reserved for children who are the FSA beneficiaries. There are no data on the number of low-income children who are accommodated in student homes. Accommodation costs are subsidised by the central budget for all students. The accommodation fee is relatively low, in the range from €11.10 to €34 (RSD 1,300-4,000) per month, while the cost of three meals per day is only €1.80 (RSD 206).<sup>20</sup>

##### 3.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

#### 3.2 Main barriers to effective and free access to school meals for low-income children

##### 3.2.1 Financial barriers

There are no studies/data that have analysed whether the out-of-pocket cost of school meals is a financial barrier to healthy nutrition for low-income children.

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<sup>19</sup> <https://www.072info.com/sta-nam-djeca-jedu-u-skolama-zdrava-ishrana-trazi-dublji-dzep/>, assessed on 12 February 2023.

<sup>20</sup> [Decision on establishment of prices for accommodation and meals costs in Students' homes, funded by the central budget, 2022](#)



### 3.2.2 Non-financial barriers

There are no available studies/data that have analysed the impact of the main non-financial barriers on access to school meals for low-income children.

## 4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

### 4.1 Mapping the provision of free healthcare services and products

Serbia has a compulsory healthcare insurance scheme. The Law on Compulsory Insurance Contributions (2021) defines who is obliged to pay contributions, and the contribution rate and payment bases. Contributions also ensure coverage for dependent family members, if not insured otherwise. Healthcare protection of vulnerable population groups is secured by Article 16 of the Health Insurance Law, which allows the status of insured person (if not insured otherwise) for a broad number of population categories; for these groups, healthcare insurance contributions are covered by the central budget (Serbian Parliament, 2019b).

Two indicators of children's health status reveal that children in Serbia are less healthy than their peers in the EU27. The infant mortality rate (number of deaths per 1,000 live births) in Serbia has been almost constant over the 2017-2021 period: in 2021 it was 4.7, higher than the EU27 average of 3.2.<sup>21</sup> The second indicator, life expectancy at birth was lower in Serbia in 2021 72.8 years compared with the EU27 average of 78.1 years, a difference of 5.34 years.<sup>22</sup>

**Table 4.1: Healthcare costs (free for all/low-income children)**

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	ALL

Note: "ALL" means that all services/products in the category are free for all children.

The Healthcare Law defines children (0-18) as a vulnerable group whose healthcare is declared to be a social priority (Serbian Parliament, 2019c). The Healthcare Insurance Law includes children up to 18 in compulsory healthcare insurance in cases where they are not insured otherwise (as dependent family members of an insured parent/guardian). Children are entitled to free dental services and are exempted from any co-payments for healthcare services and for prescribed medications and medical devices (see Table 4.1). Travel costs are reimbursed in cases where the healthcare institution is located 50km or more away, and children are also entitled to an escort.

The 2019 MICS6 data showed that 99.9% of children under 5 were covered by compulsory health insurance, with no coverage differences between the general population and children

<sup>21</sup> [https://ec.europa.eu/eurostat/databrowser/view/demo\\_minfind/default/table?lang=en](https://ec.europa.eu/eurostat/databrowser/view/demo_minfind/default/table?lang=en)

<sup>22</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mortality\\_and\\_life\\_expectancy\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mortality_and_life_expectancy_statistics)

from Roma settlements. The same coverage was recorded for the 5-17 age group. For both age groups there were no differences in coverage related to household wealth status.

#### 4.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

## 4.2 Cash benefits whose specific purpose is to help meet healthcare costs

Cash benefits are usually not needed, because all available services/products in public healthcare institutions are officially free for all children.

Healthcare for children is generally free of charge: however, some medical and non-medical products are not covered by compulsory healthcare insurance. This mainly affects children with rare diseases and/or long-term disabilities. Estimates show that around 225,000 children in Serbia have some type of rare disease.<sup>23</sup> An example is a boy aged 13 diagnosed with a rare skin disease, *Epidermolysis bullosa*: the parents explained in an interview that a number of products needed by their child were not covered by healthcare insurance (hygiene products, and special nutritional support as solid food was inappropriate, etc.).<sup>24</sup> They also stated that the quantity of some medical products covered by healthcare insurance was not sufficient for the prescribed period. One example was a prescribed package of a special wound dressing. The prescribed quantity was 16 packages per month, whereas very often the parents had to apply two packages per day, and to buy additional products from their own resources. The price of one package is €100 (RSD 11,570). The Republic Health Insurance Fund (RHIF) earmarks annually funds for the treatment of rare diseases. The president of the National Organisation for Rare Diseases (NORBS) stated that the earmarked financial resources were inadequate, and were very often exhausted before the end of a calendar year, with the result that the NORBS had to petition for donations.<sup>25</sup>

Medical assistive devices are free for all children, although the RHIF only covers the cost of basic devices. When a child needs a more advanced device, parents have to cover the price difference (for example an electric wheelchair is only prescribed to people aged 16 or over who cannot operate a manual wheelchair, due to total paralysis of lower, and partial paralysis of upper, extremities).

## 4.3 Non-financial barriers to effective and free access to healthcare

Potential non-financial barriers to effective access to healthcare derive from geographical disparities in the number of paediatricians per child, which affect differences in waiting times for access to healthcare. In 2016 (the latest available data), the number of pre-school children per paediatrician in 25 districts was above the regulated standard of 850, and in one district it was 929 (RIPH, 2017). For schoolchildren aged 7-19, there were 1,600 children per paediatrician in one fifth of districts. 68% of primary healthcare units for children did not fulfil their annual work plan, which points to deficiencies in the delivery of healthcare services.

<sup>23</sup> <https://yumama.mondo.rs/porodica/zdravlje-porodice/a37191/problemi-roditelja-obojele-dece-kako-u-srbiji-zive-osobe-sa-retk.html>NO

<sup>24</sup> <https://www.telegraf.rs/vesti/srbija/3159390-pavle-13-odrasta-cekajuci-lek-rodjen-kao-dete-leptir-kad-se-desi-incident-on-hrabro-gura-dalje>

<sup>25</sup> <https://novaekonomija.rs/vesti-iz-izdanja/imate-retku-bolest-ah-losa-sreca>, accessed on 18 February 2022.

Children living in remote and mountainous areas might face problems in accessing healthcare when needed, especially in the winter months, when some parts of the country are often cut off from the main roads. EU-SILC<sup>26</sup> 2016 data showed that 8% of children aged 16-19 self-reported that “too far to travel” was the main reason for unmet needs for medical examination.<sup>27</sup>

Waiting lists in public healthcare institutions exist for radiology diagnostic procedures and the more advanced laboratory tests. If parents want to speed up these procedures, they have to pay out of pocket for the services in the private healthcare sector. These costs are rarely reimbursed by the HIF, even though (under the Health Insurance Law) insured people are entitled to reimbursement of costs if the necessary service cannot be delivered within 30 days.<sup>28</sup> This may be because the reimbursement procedures are rather complicated.<sup>29</sup>

## 5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

### 5.1 Main barriers to effective access to healthy nutrition

Overweight and obesity in children are among the most severe public health problems to have increased dramatically during recent decades at the global and European levels, and in recent years this problem has also been present in Serbia. The relevant data on children’s nutritional habits and corresponding health indicators have been collected through several independent surveys in Serbia, with coverage of different child age cohorts.

The Serbian national health survey for 2019 is the latest comprehensive presentation of data on how citizens experience their health, how they take care of their health, and the extent to which they use healthcare services and adopt healthy lifestyles. The survey was conducted in accordance with the methodology of the European health interview survey (EHIS, wave 3). The primary target population was all people aged 15 and over living in private (non-institutional) households. The survey was conducted for three months (October-December) in 2019, and also includes information on the health status and nutrition habits of children aged 5-14.

In 2019, 12.9% of children were obese, and 16.6% were pre-obese. It is important to note that the incidence of obesity was significantly higher among children aged 5-6, at 21.1%. Over 2006-2019 a substantial increase in obesity was recorded among those aged 7-14, reaching 10.5% – compared with 4.9% in 2013 and 2.6% in 2006.

#### 5.1.1 Financial barriers

The 2021 household budget survey (HBS) data on the structure of household individual consumption by deciles of consumption, showed that households from the first decile spent almost half of their budget, 45.5%, on food and non-alcoholic drinks; this was 11.2 p.p. more than the national average, and 16.3 p.p. more than households from the tenth decile (RSO, 2022).

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<sup>26</sup> European Union statistics on income and living conditions.

<sup>27</sup> [https://ec.europa.eu/eurostat/databrowser/view/hlth\\_silc\\_08/default/table?lang=en](https://ec.europa.eu/eurostat/databrowser/view/hlth_silc_08/default/table?lang=en)

<sup>28</sup> <https://paragrafco.co.rs/dnevne-vesti/010716/010716-vest13.html>

<sup>29</sup> For some procedures waiting lists are officially allowed.

The adequacy of the two main social policy instruments for financial support to low-income households in Serbia, FSA and child allowance, is low relative to the expenditure necessary for healthy nutrition. A comparison of FSA for three-member households (two adults and a child under 18) with the cost of the minimum consumer basket for June 2022 showed a **low adequacy of this benefit**. Monthly FSA was €146.70 (RSD 17,237), whereas the cost of the basket was €390 (RSD 45,825) (MoTTT, 2022). Spending on food and non-alcoholic drinks of €182.20 (RSD 21,409) was 20% higher than FSA. The guaranteed net minimum income of €289 (RSD 34,000) was also insufficient to cover the cost of the consumer basket in the same year.

In July 2022 the monthly child allowance was €30.40 (RSD 3,572), with only the first four children in the family entitled to the benefit. The child allowance threshold for a three-member household (two adults and one child) in 2020 was below the AROP threshold for the same household size. A cumulative overview of the HBS for 2021, structured by deciles of consumption, showed that the poorest households devoted half (51.4%) of their income to food and non-alcoholic beverages, whereas households from the 10<sup>th</sup> decile spent only 21.8% (RSO, 2022b).

The 2019 Serbian national health survey revealed discrepancies in child nutrition linked to geography and household income status. The overall proportion of underweight children (aged 5-14) was 12.9%, with significant regional differences. The lowest proportions were recorded in the more developed North Serbia region (NUTS1) compared with the less developed South Serbia region, which highlights the possible negative effect of low household incomes. In 2019 in the City of Belgrade region (NUTS2), household income (in money and in kind) was 15% above the national average, while in the Southern and Eastern Serbia region income was 7% below it. The proportion of underweight children in these two regions differed accordingly: in the City of Belgrade it was relatively low, at 8.6% (4.3 p.p. lower than the national average), whereas in the Southern and Eastern Serbia region it was 20.5% (7 p.p. above it) (RSO, 2019).

The consumption of healthy food items varied according to household income status. On average more than four fifths of children (82.5%) consumed at least one cup of milk or dairy products daily. This food item is the least available to children living in the poorest households, as 72.5% of them did not consume milk every day. Half of children in Serbia aged 5-14 consumed fruit (52.3%) and vegetables (53.9%) at least once a day, while the other half consumed insufficient amounts or none at all. There were differences in terms of socio-demographic characteristics: children aged 5-10 (56.6%), in Belgrade region (62.7%), and from wealthier families (64.9%), consumed fruit at least once a day in a higher proportion than average. Consumption of vegetables at least once a day was also higher among children in Belgrade region (60.3%) and from wealthier families (71.9%).

Apart from the regular national health status surveys, there are no available research studies on the potential financial barriers that hinder access for low-income children to healthy meals.

### 5.1.2 Non-financial barriers

In the 2017/2018 school year the Republic Institute of Public Health conducted the “health behaviour of school-aged children” survey (HBSC), in order to assess awareness of schoolchildren on healthy nutrition (RIPH, 2019). The HBSC is a cross-national, school-based research study conducted in collaboration with the World Health Organization (WHO) to collect information on the health-related attitudes and behaviours of young people. The target population of the survey is young people, aged 11-13 in primary education, and aged 15 in

secondary schools.<sup>30</sup> The survey included questions on the frequency of breakfast consumption (more than a glass of milk or fruit juice) in order to identify those who regularly skipped this meal, which is generally traditionally considered an important factor in a healthy lifestyle. More than half of children (58.8%) had breakfast every day, while 7.5% never consumed breakfast – with a somewhat higher proportion among girls aged 15, at 10.6%. A healthy diet (fruit and vegetables) was practised by 42% of the children observed, who consumed fruit and vegetables every day. A small proportion (2.6%) never consumed fruit, and 4.3% never consumed vegetables, over the course of a week; the consumption of vegetables decreased with age. An unhealthy diet and overconsumption of sweets was habitual among more than one third of children, 35.8%; and one fifth, 22.4%, consumed soft drinks every day.

The WHO conducted a childhood obesity study over the 2018-2020 period among children aged 6-9 (WHO, 2022). The data for children in Serbia showed that the overall incidence of overweight among children (including obesity) was 28.9%, and the proportion of children who were underweight was 8.1%, with no differences between genders. Regarding dietary patterns, a high proportion of children (84.5%) ate a daily breakfast. At the same time, consumption of some healthy food items, such as fruit and vegetables, was below the recommended level, while daily consumption of nutrient-poor foods (such as savoury snacks, sweets, and soft drinks) was higher than the pooled estimates observed on the European level. Children who did not eat breakfast every day were more likely to be overweight and obese, while a higher frequency of consuming nutrient-poor beverages such as soft drinks increased the risk of being not only overweight but also underweight.

From the latest surveys on children's nutrition, it is apparent that unhealthy dietary habits have been on the increase, especially among older cohorts of children, as they become more independent in their food choices. There are no available research studies on public awareness and knowledge about the importance of a healthy diet.

Education of school children on healthy nutrition and lifestyles is not part of the existing school curriculum, at either primary or secondary level.

## 5.2 Publicly funded measures supporting access to healthy nutrition

There are no **publicly funded measures** that **directly support** access to healthy meals (outside of school meals) for low-income children.

The only publicly funded programme that provides in-kind support for all low-income people is the soup kitchen programme run by the Serbian Red Cross. The Law on the Red Cross of Serbia gives a mandate to this organisation to organise the provision of free meals for vulnerable population groups (Serbian Parliament, 2005). In performing this public duty, the organisation has to co-operate with the relevant national and local authorities, as well as with the healthcare and social protection institutions. Part of the funding of the organisation is provided from central and local community budgets. FSA beneficiaries and households with income slightly above the FSA eligibility threshold are entitled to free meals (three times a day). The latest available data are for the 2016/2017 period; at that time about one third of all beneficiaries were children. The programme was implemented in around 50% of all local communities in Serbia.<sup>31</sup>

30 Applied International Obesity Task Force standards: overweight = body mass index (BMI)  $\geq$  25; obese = BMI  $\geq$  30.

31 <https://www.redcross.org.rs/>

The social protection measures adopted by the city of Belgrade include provision of free meals (once a day) for FSA beneficiaries, and for households whose income per family member is equal to or below the guaranteed minimum income from the previous month at the application date (City of Belgrade, 2011). The Belgrade Centre for Social Work has a mandate to review applications and make decisions on the eligibility of applicants, and the services are provided by selected NGOs.<sup>32</sup>

## 6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

### 6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

There are no support measures that provide housing allowances exclusively to low-income children. The currently available measures are mainly targeted at all low-income households.

The only publicly funded housing allowance instrument available to all Serbian residents is the **support for household energy bills**. The measure is regulated at the republic level by the “directive on the energy-wise vulnerable customer” (RS Government, 2022a). The new directive, which was adopted in December 2022, introduced for the first time eligibility conditions for rural households. The reduced tariffs for energy bills are applied as a national policy measure to facilitate access to energy for low-income households and customers whose lives may be endangered by an interruption of energy supply. The right to reduced tariffs is accorded to the owners of housing units with a single energy measurement point, and to tenants who rent a housing unit. Energy customers have the right to reduced tariffs for electricity, natural gas and district heating bills.

It is a means-tested instrument; beneficiaries of the FSA and/or child allowance, and beneficiaries of carer benefits (only for the increased benefits for 100% physical disability of one organ or multiple physical and mental impairments with a disability level of 70% or more) are eligible without the need to resubmit documentation showing the household’s income status. For other low-income households, the income threshold applied is calculated in relation to the cost of the minimum consumer basket; the threshold is indexed to consumer prices twice a year (in April and October). The monthly income of three-member households must be lower than €389.20 (RSD 45,729) net.<sup>33</sup> For each additional household member it is increased by €104.90 (RSD 12,327). This amount does not correspond to any threshold applied in other social policy contexts (FSA or child allowance). In 2021, the AROP threshold for a single-person household was €204.80 (RSD 24,964) per month, slightly above the defined income threshold for energy-wise vulnerable customers (RSO, 2022c). Those households that comply with the means-testing rules also have to meet additional conditions, as follows.

- 1) The dwelling size must meet the standards and norms defined for social housing units, and the size is additionally increased for 10 sqm (these conditions do not apply to beneficiaries of the FSA, child allowance, and carers allowance). Households with a larger living space are not eligible for reduced tariffs.

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<sup>32</sup> <https://qcsrbg.org/besplatan-obrok/23/>

<sup>33</sup> Equals the value of the minimum consumer basket for a three-member household in 2022.

- 2) Children aged 15 or over have to be enrolled in education, or registered as unemployed, in order to be counted as household members.
- 3) The monthly consumption of electricity and natural gas cannot be higher than a defined ceiling. The monthly energy allowance subject to reduced tariffs depends on the number of household members and on the quantity of energy consumed. The reduction granted is either 100% or 50% depending on the defined energy consumption allowance; if electricity consumption is up to four times the defined monthly allowance the reduction granted is 100% of the cost; if it is in the range from 4 to 6.5 times, the reduction is 50%; and there is no reduction for consumption above the defined ceiling.<sup>34</sup> A similar methodology applies to consumption of gas; if consumption is higher than 2.5 times the defined allowance, a reduction is not given.

The reduced tariffs for electricity are applied throughout the whole calendar year, while the reduced tariffs for natural gas are applied for six months, from October until the end of March. The reduced tariffs for electricity and gas cannot be applied at the same time. The funds for the protection of energy-wise vulnerable customers are secured from the central budget.

The defined monthly energy consumption ceiling is rather low and leaves a large number of low-income households without protection. The number of protected customers in 2021 was well below the number of households who were eligible on the grounds of household income thresholds. This was highlighted in the 2021 annual report of the Energy Agency (Energy Agency, 2022). In 2021 an average of 64,581 customers exercised their right to reduced electricity bills, while in the same year around 75,000 of households were FSA beneficiaries (204,286 people – of whom 20.1% were children) (RISP, 2022). The agency's report estimated that around 250,000 households were eligible as FSA beneficiaries and recipients of child allowance.

Another issue highlighted by the Energy Agency relates to the provision of adequate heating. The report stated that around 10% of the total population in Serbia – over 260,000 households – were not in a position to heat their homes adequately. The latest HBS data show that 11.2% of households in the first (lowest) consumption decile used electricity for heating (see Annex, Table A3). In addition, around 20% of the total population had living spaces with leaking roofs, damp walls or rotten window frames, all of which cause high energy consumption, commonly above the defined energy consumption threshold ceiling. Based on these facts, the agency concluded that around 500,000 households were at risk of energy poverty. The report also highlighted the housing cost overburden and difficulties in paying utility bills; over the 2019-2021 period, on average, 27% of households in Serbia delayed the monthly payment of housing utility bills (Energy Agency, 2019, 2020, 2021).

The other available housing benefit/allowance measure is reduced housing utility bills, which is regulated at LSG level. There are no official records on the number of local communities that provide this type of support. The available support varies greatly in relation to the capacities of local budgets, and as measures are adopted annually there is no long-term regularity of support. To some extent, the measures are means-tested. Eligibility is commonly extended to FSA beneficiaries, people with disabilities, and pensioners on minimum pensions; and the reductions are in the range 30-100% of the utility bill. In some LSGs only unemployed FSA beneficiaries are eligible, or those who are not able to work. In a few LSGs, additional categories of low-income people are also eligible. One example is the City of Belgrade, the largest city in Serbia, where one quarter (25.4%) of all children (0-18) were living in 2021 (RSO, 2022b). FSA beneficiaries in the city are entitled to a 30% reduction on utility bills, while reduced tariffs approved for other low-income households are in the range 10-30%, subject to

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<sup>34</sup> The monthly allowance is calculated in relation to the number of household members.

household size and income. The reduced tariffs are applied to utility bills up to €65 (RSD 8,000) per month, which is the average value of utility bills in the City of Belgrade (City of Belgrade, 2016).

There are no available studies/data analysing whether the present benefits/allowances adequately cover housing costs for low-income households with children.

## 6.2 Publicly funded measures supporting access to adequate housing – Social housing

### 6.2.1 Mapping the provision of social housing

Social housing is the least developed and implemented policy measure in Serbia. There are no social housing solutions that target low-income households with children, as these households are treated the same as other potentially eligible households.

The Law on Housing and Maintenance of Buildings regulates national housing policies (Serbian Parliament, 2016). It also regulates “housing support”, the area previously regulated by the Law on Social Housing (which was repealed in 2016). The new 2016 law defines nine categories of beneficiaries eligible for social housing support, among which are FSA beneficiaries who do not own a flat or house, and people who do not have sufficient financial means to improve their housing conditions. The following six modalities of housing support are defined: (a) renting – either non-profit rent of public property for the maximum period of five years, with a contract that can be reinstated, or subsidised rent; (b) purchasing of property and acquiring ownership; (c) transfer of ownership of an apartment or a family house; (d) support for the improvement of housing conditions; (e) support for the legalisation of a housing unit; and (f) temporary accommodation. Eligibility conditions for the first five modalities include means-testing.

The fact that the majority of Serbian residents own their own dwelling (89.2% in 2021) has probably contributed to the slow development of social housing policies (see Annex, Table A3). Another reason is the inadequate collection of relevant data in this area. The third, equally important, reason is the very strict division of roles among the relevant ministries. In 2016, after the adoption of the Law on Housing and Maintenance of Buildings, the Ministry of Construction, Transport and Infrastructure became the official authority for implementing social housing policy, and it is also responsible for implementing the “strategy for Roma inclusion”. The role of the Ministry of Labour, Employment, Veterans and Social Affairs is not specified within this law, and this ministry is much less active in this area. The Social Protection Law (2016) does not recognise the provision of adequate housing as an explicit social protection task, and it delegates these duties to the LSGs to adopt local housing policies for their residents.

The most vulnerable population group in need of social housing support is the Roma ethnic group. Serbia is home to a relatively large Roma population. Roma are the largest national minority; in the 2011 census, 147,604 Serbian residents self-declared as Roma (2.05 % of the total population). The 2011 census included homeless people for the first time and, according to the findings, there were 5,719 homeless Roma in Serbia, which was one third of the total of registered homeless people. Around 1,500 households lived in spaces they had moved into out of necessity, and were treated as secondary homeless people. A slight majority of the homeless were men (51.1%), and the most represented age category was **children under 14**.

According to expert estimates from 2016, about 70% of Roma in Serbia lived in Roma settlements (RS Government, 2022b). In 38% of Roma settlements, no housing units were connected to the water supply system, and 32% of Roma housing units were only partly connected. In 74% of settlements not a single house or housing unit was connected to a



sewerage system or septic tank. The situation regarding electricity seemed to be the least alarming, as in 68% of settlements over two thirds of the buildings were connected to the electrical power grid. Poor infrastructure in the settlements, irregular removal of solid waste, specific problems with high ground water levels, flooding risks due to unregulated river flows, etc. threatened to cause serious health problems among the residents. Roma housing units were relatively small and lacking in comfort: the average number of rooms per Roma household was 0.63, only just over half of the 1.13 figure for the general population. The strategy for the social inclusion of Roma for the period 2015-2020 estimated that only 5% of Roma lived in social housing apartments. By the end of 2018 under the “social housing and active inclusion” programme, financed by the EU Instrument for Pre-accession Assistance (IPA) funds, 1,000 housing units were constructed for poor Roma households.<sup>35</sup>

## 6.2.2 Main barriers to effective access to social housing

### 6.2.2.1 Financial barriers

Current social housing policy is mainly oriented towards the creation of a non-profit housing market to facilitate the procurement of housing units under more favourable conditions. This policy benefits mainly middle-income households, who can afford to buy social apartments.

Generally, low-income households who rent social apartments do not have sufficient resources to cover renting costs, even when the rent is reduced. The cost burden has been increased further following the adoption of the Law on Amendments to the Law on Property Tax in July 2014, which prescribed that property taxes have to be paid by the tenants in social apartments, although the apartments are public property.<sup>36</sup> With the accumulated debts for rent and utility bills, these households are under the constant threat of eviction. In one of largest social housing settlements in the City of Belgrade, more than 600 people were under constant threat of being evicted from their apartments in 2021.<sup>37</sup> Among those, 60% of the households had no electricity due to unpaid electricity bills. A similar situation was evidenced in Nis (the third largest city in the country) where 60 families faced evictions due to accumulated debts for rent.<sup>38</sup>

EU-SILC data on severe housing deprivation by poverty status, for 2020, showed that the rate for children under 18 who lived in households with income below 60% of median equivalised income was 22.1% – twice the national average of 10% (see Annex, Table A4). It was more than three times as high as the rate for children from other (higher) income groups (6.1%). The rate for low-income children in Serbia was 6.5 p.p. higher than the EU27 average (15.6%).

Overcrowding rates were less closely correlated with poverty status, and were rather high for the whole Serbian population in 2020, at 65.5% – 39.9 p.p. above the EU27 average (25.6%) (see Annex, Table A5). The overcrowding rate for low-income children, at 74.6%, was 12.1 p.p. higher than the rate for children from other (higher) income groups (62.5%). The HBS data show difference in average dwelling floor space among households distributed by deciles of consumption, as dwelling space increases with household income (see Annex, Table A.6).

<sup>35</sup> <https://social-housing.euzatebe.rs/rs/vesti/smernice-za-izradu-lokalnih-stambenih-strategija-spisak-propisa-i-strateskih-dokumenata>

<sup>36</sup> In May 2015, YUCOM (Lawyers' Committee for Human Rights), filed an initiative to assess the constitutionality of the aforementioned provisions of the Law on Property Tax, but the Constitutional Court has not ruled on this matter yet: <http://www.yucom.org.rs/podnetainicijativa-za-ocenu-ustavnosti-odredbe-zakona-o-porezima-na-imovinu-koji-uvodi-porez-na-siromastvo/>.

<sup>37</sup> <https://www.a11initiative.org/grad-za-primer-socijalno-stanovanje-u-beogradu/>, assessed on 14 February.2023.

<sup>38</sup> <https://www.danas.rs/vesti/drustvo/obradovic-izbeglickim-porodicama-preti-izbacivanje-iz-stanova-solidarnosti-u-nisu/>

Housing cost overburden disproportionately affects children who are AROP. In 2020 more than half (53.6%) of children who were AROP were affected, 35 p.p. above the national average and 46.1 p.p. above the rate for children from other (higher income) households (see Annex, Table A7). The figure was also more than double the EU27 average rate (25.9%) for children who were AROP.

Due to previous national social housing policies (over the 1950-1990 period), a high proportion of households in Serbia, 89.2%, owned their dwelling in 2021 (see Annex, Table A3). This proportion was even slightly higher for households in the lowest consumption deciles. Only 3.1% of households were tenants in 2021. In terms of tenure status, the highest proportion of AROPE people in 2020 was found among tenants “with reduced price or free” tenure, at 35.5%, while there were no AROPE people among owners with a mortgage or loan – understandable bearing in mind the strict income criteria for a bank loan approval (see Annex, Figure A1).

### 6.2.2.2 Non-financial barriers

The social protection system, regulated by the Social Protection Law (2022), does not incorporate any systematic measures for housing support, and the social protection strategy adopted in 2005 is now outdated. Under the law, LSGs may include additional financial support measures in their social protection plans that are not covered by the law: however, this is not mandatory. At the same time there is an evident lack of co-operation between the two relevant ministries (the Ministry of Construction, Transport and Infrastructure and the Ministry of Labour, Employment, Veterans and Social Affairs) and there are no systematic solutions to resolve this issue.

Another barrier is a long delay in the adoption of the new national housing strategy. The strategy for 2012-2022 is still in place, even though it is based on the premises of the previous 2016 Social Housing Law. The adoption of the new Law on Housing and Building Maintenance initiated the development of a housing strategy for 2020-2030.<sup>39</sup> The Ministry of Construction, Transport and Infrastructure prepared a draft (MoCTI, 2022), which was put out for public debate in January 2022. However, there is no information about the finalisation of this document. This delay has a negative consequence for the adoption of the new programme for housing support, based on the strategy’s action plans.

At the local level the main non-financial barrier is the inadequate administrative capacity of LSGs. One of the crucial challenges the latter encounter when drafting local housing strategies, action plans, and housing support programmes, is a lack of data on the housing needs of the most vulnerable residents (RS Government, 2022b).

There are no officially published data on the existing national stock of social housing units and on the number of beneficiaries. This shortcoming was underlined in the third national report on social inclusion and poverty reduction, which noted: “*There is no single record of social housing beneficiaries, which impedes keeping track of housing needs in the longer term*” (RS Government, 2018).

The strategy for Roma inclusion for 2016-2025 highlighted the small number of housing programmes aimed at meeting the housing needs of Roma who live in inadequate and unsafe housing or in settlements that cannot be improved (RS Government, 2016). Because dwellings in Roma settlements were sometimes built without building permits, the owners were not eligible for available financial support. Some programmes providing financial support to improve housing conditions could not be implemented due to the criteria set for evidencing the ownership of the dwelling, and possession of a building permit (SIPRU, 2021). Such was the

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<sup>39</sup> The last strategy document was adopted in 2012.

situation for the call for the IPA 2013 projects under “permanent resolutions for housing and improvement of physical infrastructure in Roma settlements”: an extremely small number of households could meet the criteria set related to the regulated ownership and possession of a building permit. The main problems concerning housing support available to the Roma population are: (a) the absence of local urban plans for existing Roma settlements; (b) the unresolved legal position over the ownership of land and housing units; and (c) the lack of adequate communal utilities infrastructure (RS Government, 2016).

### 6.3 Publicly funded measures supporting access to adequate housing – Other measures

There are no other publicly funded measures to support access to adequate housing that target low-income children.

One of the main problems in addressing the housing needs of the most vulnerable population groups is a complete absence of instruments for financing housing support for poor households and those with lower and medium incomes. Since the elimination of “housing solidarity funds” in 2004 there have been no systematic plans to develop a similar instrument. The draft of the present Law on Housing and Maintenance of Buildings included the establishment of a “budget fund for housing financial support”: however, this proposal was rejected by the Ministry of Finance on the grounds of incompatibility with the Budget Law (MoCTI, 2022).

Several publicly funded measures introduced in the last 10 years are targeted at an array of households, with different policy objectives (e.g. boosting birth rates and preserving rural households).

The amendments and additions to the law on Financial Support to Families with Children introduced, in December 2021, a new measure to provide financial support for the procurement or construction of an apartment or house for mothers (or fathers if the mother is not alive) with children born on or after 1 January 2022 (Serbian Parliament, 2021a). The eligibility conditions state that the family monthly income has to be less than twice average wages (according to the last published official statistics).<sup>40</sup> The government adopts the annual “decision on financial support for construction or procurement of the first house/apartment” with the approved maximum support. In 2022 the approved maximum grant was €20,000 (RSD 2.35 million).<sup>41</sup> The evidence shows that the administrative procedures are very complicated and imprecise; by August 2022 only four grants had been approved.<sup>42</sup>

One publicly funded programme that supports adequate housing is mostly targeted at rural households and young urban families who want to move to rural areas. The eligible beneficiaries are young couples and single parents, under 45, with no previous ownership of an apartment or house. Low-income households with children may also apply. Grants for the procurement of dwellings in rural areas are funded by the central budget, and beneficiaries have no obligation to repay the grant. The programme was introduced in 2017, and the government adopts the annual “directive on establishment of the programme for distribution of financial grants, without obligation to repay, for procurement of dwelling in the rural areas in Serbia”. In 2022 the maximum approved grant for procurement of a housing unit was €10,204

<sup>40</sup> <https://minbpd.gov.rs/wp-content/uploads/2022/02/Uredba-o-blizim-uslovima-za-kupovinu-prve-nekretnine.pdf>

<sup>41</sup> <https://minbpd.gov.rs/wp-content/uploads/2022/02/Odluka-o-iznosu-novcanih-sredstava-prva-nekretnina-1.pdf>

<sup>42</sup> <https://www.021.rs/story/Info/Srbija/313184/Zbunjujuca-procedura-za-subvencionisanje-stanova-za-majke-Od-velikog-projekta-do-velikog-fijaska.html>

(RSD 1.2 million).<sup>43</sup> In 2021, grants were approved for the procurement of 651 dwellings, and out of that number 55 single-parent households have received a grant.

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<sup>43</sup> <https://www.mbs.gov.rs/doc/konkursi/kuce-2022/Uredba-%20o-utvrđivanju-programa-dodele-bspovratnih-sredstava.pdf>

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## Annex

**Table A1: Percentage of children aged 36-59 months attending early childhood education, Serbia, 2019**

	Total	Roma
<b>TOTAL</b>	<b>60.6</b>	<b>7.4</b>
Area		
Urban	70.5	8.1
Other	45.9	5.9
Regions (NUTS2)		
City of Belgrade	77.5	:
Vojvodina Province	58.9	:
Sumadija and Western Serbia	55.7	:
Eastern and Southern Serbia	47.2	:
Material deprivation		
Three or more items	34.4	5.5
One or two	59.3	10.1
None	75.1	26.6
Wealth index quintile		
Poorest (bottom three)	10.5	3.3
Middle	67.4	5.9
Fourth	76.7	2.9
Richest (top two wealth quintiles)	80.2	24.4
Mother activity status		
Employed	73.5	9.7
Unemployed	38.6	15.5

Source: UNICEF, MICS6.

**Table A2: Regional share of children under 6, coverage of kindergarten facilities, and coverage of children, 2020/2021 school year (NUTS2) (%)**

	City of Belgrade	Vojvodina Province	Sumadija and Western Serbia	Eastern and Southern Serbia
Share of children 0-6	27.7	26.9	26.2	19.3
Share of number of kindergarten facilities	25.8	25.6	27.2	21.4
Coverage of children under 6	51.5	46.0	52.4	35.7

Source: RSO, 2021.

**Table A3: Structure of households, by dwelling ownership (tenure), dwelling installations, amenities and type of heating, by consumption deciles (%), 2021)**

	Total	1	2	3	4	5	6	7	8	9	10
Owner	89.2	90.1	91.1	90	89.1	90.7	90.5	91.2	85.6	89.7	83.6
Tenant	3.1	1.0	1.1	2.7	2.2	1.5	2.0	3.9	4.8	4.9	6.8
Water supply	99.9	98.9	99.7	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sewage system	99.9	99.0	99.7	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Electricity	100.0	99.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Kitchen	99.8	98.7	99.6	99.8	99.9	99.9	99.9	100.0	100.0	100.0	100.0
Bathroom	98.1	89.4	96.9	98.0	98.6	99.0	99.4	99.6	100.0	100.0	100.0
Type of heating in dwelling											
Central heating	20.10	7.10	7.90	9.70	15.70	13.70	23.20	28.10	26.10	32.30	37.50
Electric heating	12.30	11.20	10.80	10.40	12.80	11.30	11.70	11.10	14.60	15.30	13.70
Solid fuels	53.20	74.50	70.90	65.50	58.20	57.60	49.00	43.00	42.90	37.70	33.00
Other	14.4	7.2	10.4	14.4	13.3	17.4	16.1	17.8	16.4	14.7	15.8

Source: RSO, HBS 2021.

**Table A4: Severe housing deprivation rate by poverty status, children under 18, 2020, (%)**

	Total	Below 60% of median equivalised income	Above 60% of median equivalised income
EU27 <sup>e</sup>	6.7	15.6	4.6
Serbia	10.0	22.1	6.1

Note: e = estimated.

Source: EU-SILC survey [ILC\_MDHO06A\_\_custom\_4763052].

**Table A5: Overcrowding rate by poverty status, children under 18, 2020 (%)**

	Total	Below 60% of median equivalised income	Above 60% of median equivalised income
EU27, e	25.6	42.7	21.5
Serbia	65.5	74.6	62.5

Note: e – estimated.

Source: EU-SILC survey [ILC\_LVHO05A]



**Table A6: The average dwelling floor space per household, by deciles of consumption (sqm)**

	All	1	2	3	4	5	6	7	8	9	10
Average floor space	73.9	61.3	69.5	71.8	69.8	75.3	74.6	76.2	81.2	80.5	78.8

Source: RSO, HBS 2022.

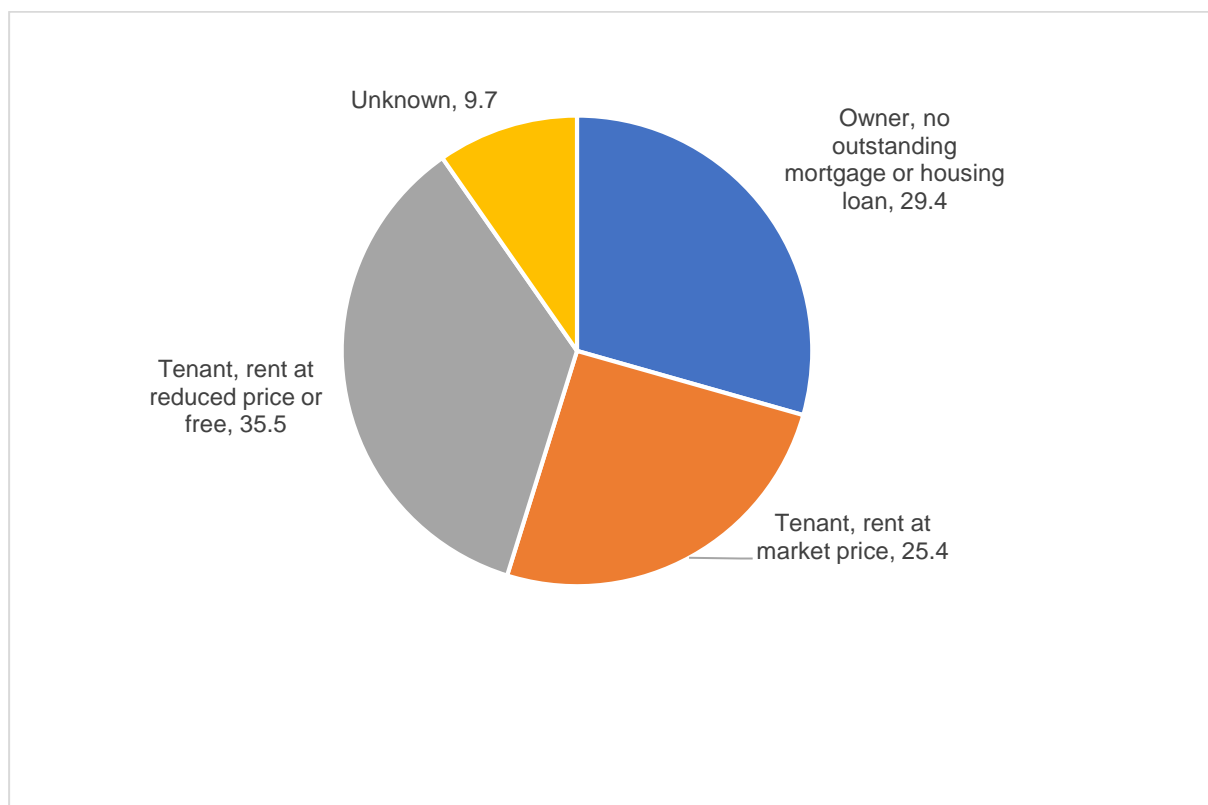
**Table A7: Housing cost overburden rate by poverty status, children under 18, 2020 (%)**

	Total	Below 60% of median equivalised income	Above 60% of median equivalised income
EU27 <sup>e</sup>	6.9	25.9	2.4
Serbia	18.6	53.6	7.5

Note: e = estimated.

Source: EU-SILC survey, ILC\_LVHO07A

**Figure A1: People AROPE, by tenure status, (%) 2020**



Source: Eurostat EU-SILC survey [ILC\_PEPS07N].

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