



Refugee and Asylum Seeker Support

Date: April 4, 2019 Prepared by: Mirko Rudić, Dr. Dragana Marković, and the RMF Balkans Team

I. Demographic Information

1. City & Province:

Belgrade, Serbia

2. Organization:

Real Medicine Foundation Balkans (www.realmedicinefoundation.org)

3. Project Title:

Refugee and Asylum Seeker Support

4. Reporting Period:

January 1, 2019 – March 31, 2019

5. Project Location (region & city/town/village):

Obrenovac, Belgrade city center, Krnjača, Kikinda, Bogovađa, Banja Koviljača, and Bosilegrad

6. Target Population:

Since May 2015, Serbia has been facing an unprecedented refugee crisis. During 2015 and in the first quarter of 2016, more than 920,000 refugees and migrants, primarily from Syria, Afghanistan, and Iraq, passed through Serbia on their way to Central Europe. As a result of the closure of the Western Balkans migration route, many people of concern became stranded in Serbia. From January to March of 2019, an average of 1,549 refugees and asylum seekers were registered in Serbia. According to the available UNHCR data, the number of refugees, asylum seekers, and migrants in Serbia from January to March of 2019 was lower than the first quarter of 2018 but remained relatively constant (Chart 1). Most are men, who comprised 63% of the refugee and migrant population throughout the first quarter of 2019, with a smaller percentage of children at 25%, and women at 11% (Chart 2). Most are from Afghanistan, and the rest are from Pakistan, Syria, Iran, Iraq, and other countries.

Chart 1

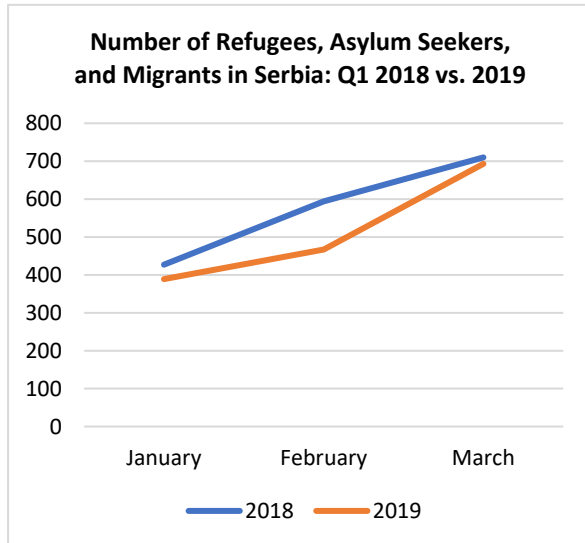
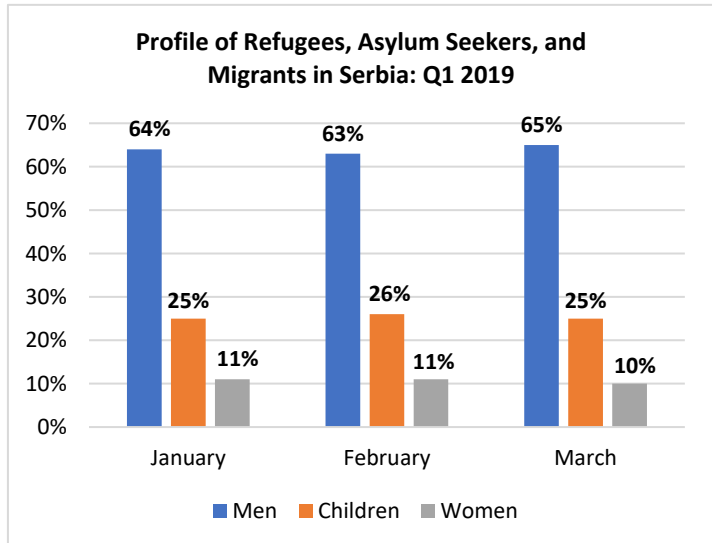


Chart 2



II. Project Information

7. Project Goal:

The goal of RMF Balkans' activities in Serbia is to improve the health status and overall wellbeing of refugees and migrants throughout the country, especially at Obrenovac Reception and Transit Centre and greater Belgrade through:

- comprehensive protection, medical, and dental services to persons of concern;
- maintenance of Obrenovac Reception and Transit Centre and organization of cultural and empowerment activities;
- procurement and distribution of hygiene and dignity kits at refugee, migrant, and asylum centers throughout Serbia; and
- ongoing cooperation with the Serbian government and other partners.

8. Project Objectives:

- Provide comprehensive protection, medical, and dental services to refugees and asylum seekers.
- Provide health monitoring, follow-up, and referral services for our patients.
- Provide translation and cultural mediation services.
- Provide refugees and asylum seekers with hygiene and dignity kits.
- Support existing medical institutions.
- Cooperate with the Serbian Ministry of Health, Commissariat for Refugees and Migration, UNHCR, and other partners to ensure a coordinated response to the refugee crisis.
- Improve the living conditions of refugees residing at Obrenovac Reception and Transit Centre.

9. Summary of RMF-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):

Since January 2016, RMF Balkans has been responding to the refugee crisis in Serbia by providing comprehensive protection and medical services to persons of concern. Our teams began by working 24/7 throughout the Belgrade city center. Once most refugees/migrants in the area were relocated to refugee camps, RMF Balkans and its medical services moved to the camps along with our patients.

Currently, our team of doctors, dentists, medical support workers, and cultural mediators/translators is working primarily at Obrenovac Reception and Transit Centre, the second largest refugee camp in Serbia, which is home to over 700 refugee boys and men. In addition to hiring all of our staff in-country, RMF Balkans also benefits the local community through our projects by providing temporary jobs; for example, more than 100 people were involved in our renovation of Obrenovac Reception and Transit Centre, which was completed in July 2018. RMF also extends our support to the host community on a case-by-case basis, by providing hygiene kits and medicines to those in need.

RMF Balkans' activities can be divided into four programs:

- **Medical Support Program:** Mobile Medical Clinic Project (MMC)
- **Dental Support Program:** Mobile Dental Clinic Project (MDC)
- **Social Inclusion Program:** Obrenovac Refugee Camp Improvements through the Asylum Resource Centre (ARC) and other activities
- **Humanitarian Aid Program:** Winterization Project/Hygiene and Dignity Kits

During the first quarter of 2019, RMF Balkans faced technical challenges that affected the operations of our programs in the Balkans. Since February 4, 2019, RMF Balkans has been unable to use its Mobile Medical Clinic and Mobile Dental Clinic. The Asylum Resource Center (ARC) Project is also on standby until the challenges are resolved. Thanks to the Commissariat for Refugees and Migration, however, RMF Balkans was able to reinstate services at the stationary clinic in Obrenovac Reception and Transit Centre, where we continue to provide medical and cultural mediation services. We hope to resume our mobile clinics and other programs in the near future.

Mobile Medical Clinic (MMC)

During the first quarter of 2019, RMF Balkans' team of doctors provided **1,878** health consultations to refugees and migrants in Obrenovac Reception and Transit Centre. We had completed our project with the Danish Refugee Council (DRC) regarding health consultations on December 31, 2018.

RMF Balkans continued to provide medical, translation, and interpretation services to refugees and act as cultural mediators for them at public institutions in Serbia. Furthermore, RMF transported, escorted, and referred refugees and asylum seekers to primary, secondary, and tertiary medical care facilities in Belgrade. In the first quarter of 2019, **139** people were referred to these facilities. Through various partnerships and projects, RMF also continued to support the work of the Institute of Public Health of Serbia, the Ministry of Health, relevant Serbian health institutions, and NGOs.

The Mobile Medical Clinic teams were forced to put services on hold in early February 2019 but were able to resume services at the stationary clinic in Obrenovac Reception and Transit Centre in March 2019.

Mobile Dental Clinic (MDC)

RMF Balkans has been implementing the Mobile Dental Clinic Project since July 2018. During the first month of the quarter, the dentist and the dental nurse saw **135** patients and performed approximately 6 dental procedures and interventions per day.

Due to technical challenges, the MDC was forced to put services on hold in early February 2019. We look forward to resuming services in the near future.

Hygiene and Dignity Kits

The winterization project was launched in late 2017, and, continuing throughout the year 2018, RMF Balkans procured and distributed hygiene and dignity kits at six camps across Serbia: Bogovađa, Banja Koviljača, Obrenovac, Krnjača, Kikinda, and Bosilegrad. In cooperation with the Commissariat for Refugees and Migration, hygiene and dignity kits were distributed according to the needs of each camp. The project covers migrants of all ages, with kits designed for babies and young children, men, and women. The project has significantly improved personal hygiene and helped prevent the spread of infectious diseases within those 6 camps. RMF Balkans is the only organization in Serbia that has distributed complete hygiene kits to refugees and migrants.

Obrenovac Refugee Camp Improvements

After the renovation of the first floor of Building 11 and the reception area in Obrenovac Reception and Transit Centre, RMF Balkans remains cognizant of refugees' and migrants' social health at Obrenovac. The goal of the project is to improve residents' quality of life and provide them with a means to cope with their difficult social and economic situation. The large space on the first floor was transformed into a movie theater, and the old rooms were adapted and turned into a computer room for residents, as well as offices for our staff. The reception area located at the entrance of the camp was also renovated. The project was completed on July 9, 2018.

The computer room, now called the Asylum Resource Centre (ARC), was led by RMF since its opening and had become one of the most important entertainment sources for refugees. During the first month of the quarter, until February 4th, the ARC had **602** visitors.

10. Results and/or accomplishments achieved during this reporting period:

Mobile Medical Clinic (MMC)

At Obrenovac Reception and Transit Centre, the RMF Balkans team provides primary healthcare services from 3:00 PM to 10:00 PM, seven days a week. By providing a medical team consisting of one to two doctors, one cultural mediator/translator, and two drivers, 20 to 40 health consultations can be facilitated per shift, as well as referrals to secondary and tertiary care facilities.

Because of technical challenges, the Mobile Medical Clinic teams ceased operations from February 4, 2019 to March 11, 2019. However, in January and March, RMF Balkans performed **1,878** health consultations in the Obrenovac camp and Belgrade city center. All of the beneficiaries were boys and men, most of whom were from Pakistan (48%) and Afghanistan (43%). Patients' ages ranged from 18 to over 58 years old. The most common symptoms presented by patients affected the ears, nose, mouth, and/or eyes (Table 1). While diagnoses in the skin/hair/nail disorder category were the most common cumulatively, the most common diagnosis overall was the common cold (Table 2). Regarding treatment, doctors mainly prescribed analgesics, antipyretics, vitamins, antibiotics, and medication for skin diseases (Table 3).

Table 1: Most Common Symptoms in MMC

SN	Symptom	Patients	Percentage
1	Throat Pain	260	9%
2	Headache	240	9%
3	Runny Nose	206	8%
4	Productive Cough	179	7%
5	Rash (Itchy)	165	6%
6	Sore Throat	138	6%
7	Dry Cough	116	4%
8	Fever	107	4%
9	Redness	81	3%
10	Other	1,219	45%

Table 2: Most Common Diagnoses in MMC

SN	Diagnosis	Patients	Percentage
1	Common Cold	333	21%
2	Pharyngitis	193	12%
3	Local Skin/Subcutaneous Tissue Infection (unspecified)	123	8%
4	Scabies	101	6%
5	Contusion	85	5%
6	Wounds	71	4%
7	Headache (unspecified)	57	4%
8	Myalgia	56	3%
9	Joint Pain	53	3%
10	Other	548	34%

Table 3: Most Common Treatments in MMC

SN	Treatment	Patients	Percentage
1	Vitamin C 500 mg tab.	244	8%
2	Paracetamol 500 mg tab.	210	8%
3	Pantenol/Vitamin C	182	7%
4	Gauze	162	6%
5	Brufen 400 mg	155	6%
6	Hydrogen 3%	146	5%
7	Bandage	132	5%
8	Sling	131	5%
9	Probiotic	117	4%
10	Other	1,219	45%

RMF Balkans also provides interpretation and translation services to refugees at Obrenovac Reception and Transit Centre and in the Belgrade city center. In addition, we provide medical transportation and escort services to primary, secondary, and tertiary medical care facilities in both Belgrade and Obrenovac from 7:00 AM to 10:00 PM, seven days a week. During this reporting period, **139 people were referred** to medical care facilities in Belgrade and Obrenovac. RMF Balkans continues to support the Institute of Public Health of Serbia, the Ministry of Health, relevant health institutions, and partner NGOs in the coordination of health care provision. Transportation and escort services to secondary and tertiary care institutions continue to be a key challenge for the Ministry of Health and Commissariat for Refugees and Migration, and RMF Balkans is still the only organization in Obrenovac Reception and Transit Centre which is providing these services for refugees and migrants.

RMF Balkans worked to maintain and build partnerships through the following activities:

- Continued to participate in monthly health cluster meetings in Belgrade, conducted by the Ministry of Health and supported by the World Health Organization and the heads of Serbian health centers. At the meetings, we assessed and discussed medical needs, priorities, and service gaps for this period in an effort to build the capacity of health systems to respond to the refugees and migrant situation.
- Participated in weekly coordination meetings conducted in Obrenovac by the Commissariat for Refugees and Migration and supported by all organizations working at the Obrenovac Reception and Transit Centre:

Save the Children, Center for Youth Integration, Caritas, Oxfam, Danish Refugee Council, SOS Children's Villages, Ana and Vlade Divac Foundation, and International Organization for Migration.

- Participated in meetings with the Director of Obrenovac Health Centre as needed.
- Communicated with the Institute for Public Health through weekly reports.

Mobile Dental Clinic (MDC)

Dental care for migrants and refugees has been largely overlooked in the previous years of the migrant crisis, and they were unable to obtain adequate dental care during their stay in Serbia as, according to the law, they were entitled to only emergency dental interventions. Recognizing the urgent need for dental care at Obrenovac Reception and Transit Centre, RMF Balkans launched the Mobile Dental Clinic project. The mobile clinic was completed on March 22, 2018 and opened for service on July 3, 2018. This is the first and only mobile dental clinic in Serbia.

During January 2019, our dental team performed approximately 6 procedures per day, for a total of **135 patients**. Most of the patients were from Pakistan (62%) and Afghanistan (34%). All patients were men aged 20 to 49 years old. Patients presented with various symptoms: 118 patients had toothaches, 34 had bleeding gums, 17 had swelling and tooth sensitivity, and more. (Table 4). The most frequently occurring disease was periodontitis, with 23 cases, while 20 patients had deep cavities, and 18 had dental gangrene (Table 5). Our team performed 28 root canals to treat dental pulp inflammation, 27 patients received treatment for gum and bone inflammation, and 25 were treated for infection (Table 6). The most common treatment was basic dental therapy, with 114 cases; followed by analgesics, with 43 patients; and antibiotics, with 35 (Table 7).

Table 4: Most Common Symptoms in MDC

SN	Symptom	Patients	Percentage
1	Toothache/Pain	118	60%
2	Bleeding Gums	34	17%
3	Swelling	17	9%
4	Pain Due to Tooth Growth	14	7%
5	Cold Sensitivity	11	6%
6	Pain on Bite	9	5%
7	Oral Cyst/Fistula	8	4%
8	Mucosae Wounds	6	3%
9	Broken Tooth/Injury	3	2%
10	Other	4	2%

Table 5: Most Common Diagnoses in MDC

SN	Diagnosis	Patients	Percentage
1	Periodontitis	23	14%
2	Deep Cavities	20	12%
3	Dental Gangrene	18	12%
4	Acute Gingivitis	13	8%
5	Dentoalveolar Abscess	12	7%
6	Pericoronitis	11	7%
7	Moderate Cavities	11	7%
8	Acute Apical Periodontitis	11	7%
9	Acute Pulpitis	10	6%
10	Retained Root	10	6%
11	Other	20	12%

Table 6: Most Common Interventions in MDC

SN	Intervention	Patients	Percentage
1	Root Canal Therapy of Inflamed Pulp	28	18%
2	Gum Therapy	27	17%
3	Lower/Upper Jaw Infection Treatment	25	16%
4	Dental Exam	20	13%

5	Tooth Repair/Composite	18	11%
6	Gum Treatment for Inflammation	17	11%
7	First Aid for Toothache	17	11%
8	Deep Cavity Treatment	14	9%
9	Dental Exam with Intervention	8	5%
10	Oral Hygiene Education	7	4%
11	Other	8	5%

Table 7: Most Common Treatments in MDC

SN	Treatment	Patients	Percentage
1	Dental Therapy	114	72%
2	Analgesics	43	27%
3	Antibiotics	35	22%
4	X-Ray	5	3%
5	Solcoseryl Gel	2	1%
6	Aciklovir Mast	1	1%
7	Ortopan X-Ray	1	0%
8	Probiotic	1	0%
9	Ultrasound	1	0%
10	Duobiotic	1	0%
11	Other	14	9%

Hygiene and Dignity Kits

The winterization project was successfully launched in late 2017, and throughout the year 2018, RMF Balkans continued to distribute hygiene kits at six camps across Serbia: Obrenovac Reception and Transit Centre, Bogovađa Asylum Centre, Krnjača Asylum Centre, Banja Koviljača Asylum Centre, Bosilegrad Transit Centre, and Kikinda Transit Centre. In cooperation with the Commissariat for Refugees and Migration, hygiene kits are distributed according to the needs of each camp. This project covers migrants of all ages, with kits designed for babies and young children, men, and women.

Obrenovac Refugee Camp Improvements

RMF Balkans completed the Asylum Resource Center (ARC) in Obrenovac Reception and Transit Centre during July 2018 and operated the center from its opening on August 1, 2018. The renovation included upgrading the existing infrastructure, installing sanitary facilities, and providing basic furniture and necessary equipment in line with international standards. There are seven laptops with all necessary devices, such as headphones and computer mice, along with seven computer tables and chairs. In order to make the computer room accessible to all, use of the ARC is limited to one hour a day per person. The RMF team and representatives from the Commissariat monitor and record entries and exits from the ARC.

Until early February 2019, **602 refugees and migrants used the ARC**. Most were from Afghanistan (314) and Pakistan (281). In general, 78% used the computers to contact their families on Facebook and Skype. The rest used the opportunity for entertainment by watching movies and music videos, playing video games, or browsing the internet. Every Monday at the ARC, RMF Balkans organized a language lesson workshop called Education Monday.

As part of this renovation in 2018, the RMF Balkans team also built a movie theater with a projector in the largest room on same floor of this building. In addition to its entertainment value, the theater is also used as a conference room for educational workshops and classes such as language courses, basic computer courses, and more. All organizations in the camp can use the theater; however, it is required that employees from the Commissariat and police are present at all times. During this reporting period, the movie theater was used twice by other organizations at the Obrenovac camp. A movie night was organized by CollectiveAid/BelgalAid.

11. Impact this project has on the community (who is benefiting and how):

- RMF Balkans improves the wellbeing of refugees, migrants, and asylum seekers in Belgrade and Obrenovac by providing them with primary healthcare services.
- Refugees and migrants located in Obrenovac Reception and Transit Centre have access to comprehensive dental care.
- By providing referrals and transportation and escort services, RMF helps migrants and refugees in Obrenovac and Belgrade access medical care at secondary and tertiary health facilities in Serbia.
- Through our projects, RMF Balkans aims to assist refugees in their socialization and integration into the local community by providing safe, new common areas where education and entertainment activities can be conducted in the camp and organizing weekly language workshops.
- Refugees can now access the internet and social media networks to get in touch with their families and friends. Also, refugees were given the opportunity to learn more about oral hygiene, STDs, languages, and computer and internet use.
- RMF Balkans' projects aim to improve the lives of refugees in a holistic way, taking into consideration their physical, psychological, and social wellbeing.
- RMF Balkans maintains excellent cooperation with governmental and other non-governmental organizations in order to improve refugees' difficult social and economic circumstances.
- Through the winterization project, RMF Balkans continues to provide hygiene and dignity kits to migrants and refugees, consequently improving hygiene at six camps in Serbia.
- RMF Balkans acts as a bridge between refugees/migrants and public institutions in Serbia while also reducing the burden on the public sector by providing medical and dental care to project beneficiaries.
- All employees at the Obrenovac camp can also seek medical or dental assistance at our mobile clinics.
- RMF contributes to the reduction of unemployment at local level by providing full-time jobs to local doctors and medical staff.

12. Number of indirect project beneficiaries (geographic coverage):

Current Context in Serbia

According to UNHCR and other partners, the number of newly arrived refugees, asylum seekers, and migrants has not increased in relation to the previous reporting period. From January to March 2019, 47% of people who claimed to have entered Serbia irregularly came through FYR Macedonia, 28% through Bulgaria, and 18% by air. Most came from Afghanistan (37%), Pakistan (17%), and Syria (14%), followed by Iraq, Palestine, Bangladesh, and Iran. Most were adult men, at 72%; 16% were children; and 12% adult women. 1,498, or 95%, were accommodated in 15 governmental reception/transit centers (RTCs) or asylum centers.

Northern Serbia

There are currently five camps in the northern part of Serbia: Subotica, Kikinda, Sombor, Adaševci, and Principovac reception and transit centers. Most refugees in this region reside near the Croatian border in Adaševci and Principovac camps. According to the Commissariat for Refugees and Migration, Kikinda Reception and Transit Centre sheltered 257 refugees, mostly men from Bangladesh. There are currently 176 migrants in Šid, 478 at the Adaševci camp, and 336 at the Principovac camp, mostly men from Afghanistan, Pakistan, and Iran. In Sombor, there are 94 refugees and migrants, a vast majority of whom are from Iraq (90%). At the camp in Subotica, there are 58 migrants, the large majority of whom come from Afghanistan (61%).

Greater Belgrade

In Belgrade, there are 601 migrants in the camp in Krnjača, most of whom come from Afghanistan (86%). Most of them are children, at 77%. The population of the second largest refugee camp in Serbia, Obrenovac Reception and Transit Centre, is comprised mainly of boys and men from Pakistan (45%) and Afghanistan (48%). The total number of refugees in Obrenovac Reception and Transit Centre was 752 at the end of March 2019.

Western Serbia

According to the Commissariat for Refugees and Migration's data for the month of March, 107 persons were registered at the Bogovađa camp. There were also 80 migrants in the Banja Koviljača camp, mostly from Pakistan (65%).

Southern, Southwestern, Southeastern Serbia

Vranje, Tutin, and Sjenica are the largest refugee camps in the southwestern parts of the country. 85 people are registered at Tutin and 66 at Sjenica. According to the Commissariat's data for March, 488 refugees and migrants were accommodated in three reception centers in the south of Serbia, including 170 in Pirot and 132 in Vranje. 186 were registered at the Bujanovac camp.

13. If applicable, please list the medical services provided:

Over this 3-month period, RMF Balkans provided a total of 1,878 men with health services in Obrenovac Reception and Transit Centre and the Belgrade city center. During this reporting period, except for the gap from February 4, 2019 to March 11, 2019 caused by technical problems, RMF doctors provided continuous service, treating a total of 591 patients with acute upper respiratory tract infections, such as the common cold, pharyngitis, rhinitis, sinusitis, and tonsillitis. The most common symptoms during in this period were sore throat, rash, runny nose, fever, productive and dry cough, headache, and muscle ache. Our team also treated 111 beneficiaries with different types of wounds and insect bites. Due to poor hygiene and living conditions in the camps, 144 patients were treated for scabies and 176 for local skin infections.

RMF Balkans continues to be the only organization in the Obrenovac camp that is providing medical transportation and escort services for refugees and migrants, available from 7:00 AM to 10:00 PM, seven days a week. By providing a medical team consisting of one to two doctors per shift, one cultural mediator/translator, and two drivers, 20 to 40 health consultations can be facilitated per day, as well as referrals to secondary and tertiary care facilities. During this reporting period, 139 patients were referred and transported to secondary and tertiary healthcare facilities in Belgrade and Obrenovac. By providing these services and bridging linguistic and cultural barriers, the RMF team acts as mediators between the migrant population and Belgrade health institutions.

14. Please list the most common health problems treated through this project:

- Common cold
- Pharyngitis
- Local skin/subcutaneous tissue infection (unspecified)
- Scabies
- Contusion
- Wounds
- Headache (unspecified)
- Myalgia
- Joint pain

15. Notable project challenges and obstacles:

- Facilities in all camps are not designed to accommodate such a large number of people, so it often happens that one room is shared among 30 persons. There is a lack of personal space and basic amenities, such as heating.
- Camps are unsanitary and most facilities require some kind of renovation—the living conditions of the project beneficiaries are extremely poor.
- Refugees and migrants cannot access comprehensive healthcare, as the Serbian health system limits nonnationals to receiving only basic healthcare, such as emergency procedures.
- Refugees and migrants cannot obtain work permits in Serbia, so they are forced to live in camps, which also prevents them from integrating into local communities.
- Since only elementary education is compulsory in Serbia, older refugees and migrants cannot continue their educations.
- Refugees and migrants are exposed to exploitation, violence, and human trafficking, often as a result of smuggling and violent pushback at the borders.
- Scabies and body lice infestations remain a challenge due to poor hygiene and overcrowded spaces.
- Due to poor living conditions, bad hygiene, lack of privacy, and unfavorable social and economic circumstances, the rate of substance abuse and number of refugees and migrants who need psychosocial protection is rapidly increasing.

- Linguistic and cultural barriers are difficult to overcome, and refugees face many obstacles to integrate into the local community.
- Due to protracted stays within the camps with no viable alternatives, project beneficiaries feel insecure about their prospects. This unease has contributed to persistent feelings of distress and anxiety.
- Project beneficiaries are usually poorly educated on personal and oral hygiene and the importance of preventive healthcare.

16. If applicable, plans for next reporting period:

- Continue to provide primary medical care at the Obrenovac Reception and Transit Centre through stationary or mobile medical clinics.
- Continue to refer patients to secondary and tertiary health institutions in Serbia.
- Restart the provision of comprehensive dental services by reopening our Mobile Dental Clinic.
- Restart the distribution hygiene and dignity kits to persons of concern.
- Organize educational and business skills workshops for migrants at the Obrenovac camp.
- Continue to serve as a link between refugees and the healthcare system in Serbia.
- Investigate possibilities for providing psychosocial support to refugees and migrants.
- Dedicate a significant amount of time to the Asylum Resource Center project, as this is the only place where project beneficiaries can be entertained, socialize, and enjoy themselves.
- In the next reporting period, our team will strive to restart, maintain, and/or improve existing projects.

17. If applicable, summary of RMF-sponsored medical supply distribution and use:

During this reporting period, the most commonly used medications were analgesics and antipyretics:

- Paracetamol 500 mg
- Brufen 400 mg and 800 mg
- Defrinol 400 mg and 60 mg
- Nimulid 100 mg
- Diklofen gel 1% 50 g
- Diclofenac-Duo 75 mg
- Diklofen 50 mg

Skin disease medications were the second most commonly used:

- Benzil benzoate 25%
- Gentamicin ointment 0.1% 15 g
- Cinkvitamin ointment
- Diclofen gel 1% 50 g
- Panthenol cream 5% 30 g
- Triderm ointment 15 g
- Flogocid ointment 50 g
- Didermal cream 15 g
- Hydrocycilin ointment 20 g
- Sanaderm cream 50 g
- Sinoderm ointment 15 g
- Ekoped A shampoo 50 ml
- Emoliens 100 g

Vitamins were the third most commonly used medicine distributed by the RMF team:

- Vitamin C 500 mg
- Panthenol/Vitamin C
- Beviplex
- Magnesium/Vitamin C
- Vitamin B6 20 mg

18. Success story(s) highlighting project impact:

Alusta Yousef is a 25-year-old young man from Palestine who arrived in Serbia at the end of 2018. He initially contacted the RMF outpatient clinic for insomnia and nightmares. RMF clinicians discovered that, less than a decade ago, Alusta was held in custody for seven years. During that time, he was tortured both physically and mentally. He was not given regular meals and was given food just three times a week, mainly bread. “The judicial system did not respect basic human rights. You may find yourself waiting for a judge for few hours or couple of years,” he said to the RMF Balkans team. The conditions in the prison and the separation from his family had profound consequences on Alusta’s physical and mental health, to the point where he declared that his life was not meaningful. He added that not having his wife by his side only magnified his despair.

A psychiatrist evaluated Alusta and taught him therapy techniques to help him calm down in moments of deep sorrow. Nevertheless, despite the teamwork of the doctors, translators, and psychologists, our fears for Alusta came true. He tried to hang himself. The quick reaction of his roommates saved his life. A detailed assessment was conducted both by the psychiatrist and the team of ER doctors. Fortunately, there were no injuries to his body or internal organs, and a competent physiatrist administered therapy for Alusta, who now visits the RMF clinic daily. The therapy seems to be benefiting him, as he has been seen sitting and chatting with his friends since beginning the treatment.

Khan Dawod, a 27-year-old from Afghanistan, contacted RMF Balkans’ doctors due to a high temperature and muscle aches. During the first examination, in addition to the previously listed problems, he also had a sore throat. He started antibiotic therapy, but by his next visit, there was no improvement. He also mentioned that he felt chest pain when attempting to take a deep breath.

Despite the efforts of the RMF team, Khan’s condition continued to deteriorate. He underwent laboratory analyses and lung radiographs, which showed that he had severe pneumonia. He was examined by a lung disease specialist and began significantly more intensive therapy. Khan returns to our clinic every day to receive the treatment, and with the attention and care of the RMF team, his recovery is in progress.



Dr. Stefanović examining Khan

Kakar Abdul Hannan, a 25-year-old from Afghanistan, fell and broke his leg. His friends brought him to the RMF outpatient clinic due to the agonizing pain. With the rapid intervention of our team, Kakar was transported to the ER, and in the shortest possible time, all necessary diagnostics were performed. A left-foot radiography revealed a fracture in the left bone. The same day, he underwent surgery. During his time in hospital, Kakar received anticoagulants, analgesics, and antibiotics. In accordance with recommendations, an early rehabilitation program has been started. After five days, he returned to the camp, where his recovery was carefully observed on a daily basis.

For the next two months, our team visited Kakar every day, administering his treatment and taking care of him. Every medical control required by his orthopedic surgeon was performed without delay. Less than seven days ago, Kakar began daily rehabilitation under our supervision.



Dr. Radonjić talking with Kakar

Masam Jan Swati is a 28-year-old from Pakistan. His friends brought him to the RMF clinic because of pain in the upper stomach. After taking anamnestic data and examining the patient, doctors first thought that he might have food poisoning and started treatment according to that diagnosis. He received an intravenous infusion with a couple of medications which should have improved his condition quickly. However, time was passing, and despite all efforts made by our staff, the patient's condition was getting worse. The pain in his stomach was intensifying, his arterial pressure and body temperature were increasing, and he had vomited several times. After observing these symptoms, RMF doctors began to think that he could be suffering from atypical inflammation of the appendix.

Since the RMF clinic is not equipped for this type of condition, our doctors decided that the best choice would be to send Masam to the ER as soon as possible. This turned out to be the best solution, since diagnostic procedures conducted in the ER confirmed the diagnosis of our doctors: acute appendicitis. Because Masam was in such a serious condition, the surgeons had no other option but to operate immediately. The surgery was successful, and Masam is currently feeling much better. He returned to the Obrenovac camp, where he is slowly recovering and making plans to continue his journey to Western Europe.



Masam being treated in RMF Balkans' stationary clinic

Farid Khaksar is a 24-year-old from Afghanistan. The RMF Balkans team was taking a break in the office, drinking tea, while migrants were enjoying making a big snowman in front of the dormitory. Suddenly, the atmosphere completely changed. We heard a terrifying scream, and a minute later, three panicked men carried their friend into the RMF clinic with blood trailing behind them. It was clear that this was an emergency situation.

Farid had been attacked by three robbers, and while trying to defend himself, he was stabbed in the right arm. The attacker's knife caused a very long and deep wound, and, based on the profuse bleeding, RMF clinicians assumed that one of his main arteries was injured. Slowly, Farid started to lose consciousness. The ambulance was called immediately, and doctors managed to stop the bleeding using first aid techniques. Less than an hour later, Farid was on the operation table in the ER. His brachial artery, brachial vein, and median nerve were totally severed. The doctors put forth all of their efforts in order to help him, but it was a very serious injury. Surgeons could not initially reconnect the median nerve, so Farid had to undergo a second operation a month later.

Farid knows that the damage was severe, and there is a major possibility he will never regain full use of his right hand. However, he has an enormous will to recover. For the last two months, he has been visiting a physiotherapist at the Obrenovac Health Centre every day, and it is evident that his condition is improving. Farid's dream of becoming a tailor no longer seems unattainable, and the RMF team wishes him the best for his future.



Farid and Dr. Benović in front of a neurosurgery clinic

Shah Zaib Anssari, a 20-year-old from Pakistan, came to the RMF Balkans mobile clinic for an ordinary reason. He had been suffering from the common cold for several days, much like many other migrants in the camp, and he was very annoyed by the fact that he had a headache, his nose was blocked, his throat was sore, and he thought he had a fever.

However, after examining the patient, our doctor was concerned by the enlarged lymph node on Shah's neck, which was abnormal for such a common condition. Different laboratory analyses were done several times. A hematologist, an infectious disease specialist, an otorhinolaryngologist, and a pulmonologist were consulted, and all of them gave their opinions. He was tested for tuberculosis and underwent a thoracic x-ray, an abdominal ultrasound, and an MSCT of his neck and thorax. All of this was done in the shortest time possible, with the goal of detecting the cause of his lymphadenopathy as soon as possible. To our great sadness, and despite all the efforts made, the RMF team has not yet found the exact cause of the problem. A panendoscopy, an examination by a maxillofacial surgeon, and a lymph node biopsy still need to be done. Hopefully, these examinations will reveal the true cause of his illness.

However, RMF clinicians are well aware that this may be a very serious problem, as most of the specialists share the idea it may be lymphoma. Shah is also aware of this, and yet he stands strong in the face of the challenges before him. Numerous times, he has mentioned how much he appreciates, above all, the moral support provided by the RMF staff. He can truly feel how much they care, and how intensively they are trying to solve his problems. After all of this time spent together, Shah and the RMF team have developed a friendship. Now, he visits the RMF clinic almost every day to see when he will be taken to the next examination, pick up medicines, and sometimes simply to talk with the RMF team.

Amidst all of the uncertainties of Shah's case, only one thing is certain: Shah Zaib Anssari is not alone in his struggle, and the RMF team will do all that is in their power to help him overcome this illness.



Shah's lymph node before and after treatment by RMF Balkans doctors

Abid Rehman, 22 years old, was diagnosed with epilepsy in Afghanistan 11 years ago. Since last year, he has been on the road. During this time, he did not receive any medical treatment—until he met the RMF team. Because he had gone without treatment for a long period of time, Abid started having seizures. One of the seizures happened in the camp, and it was witnessed by the RMF team. That was the first time that we met Abid. The team acted promptly, and his condition was stabilized.

Considering this serious condition and the fact that Abid was at risk for another seizure, he was referred to a neurologist at the Institute of Mental Health in Belgrade. An appointment was made promptly, and he was transported to the institute. An EEG was done, and an appointment was made for a CT scan of his brain. Abid now receives the necessary treatment for his disease. Every day, he comes to the RMF clinic for a check-up and to receive his treatment. Now his condition is stable, and he has not had any more seizures.



Dr. Stefanović with Abid

Mamur Seng is a 20-year-old from Afghanistan. The RMF team first met him one month ago, when he came to the clinic seeking medical assistance for severe lower back pain and blood in his urine. After a thorough examination, Mamur was diagnosed with severe renal colic. RMF clinicians quickly performed a urine strip test, which showed positive for blood. Treatment was initiated, and he was doing significantly better after a few hours.

Because Mamur appeared to be in such poor condition when he arrived, an appointment was made for an abdominal ultrasound in the next few days. It was discovered that he had a large stone (22 mm) in his left kidney, along with pelvicalyceal system dilation. A urologist was consulted, and an intravenous urogram (IVU) appointment was made. After the IVU, he will undergo extracorporeal shockwave lithotripsy (ESWL) at the Clinical Center of Serbia. With this intervention, Mamur will get the best possible treatment so that he can continue his journey and plans without further pain.

Noor Saqib Shazad, a 31-year-old from Pakistan, came to our clinic at the end of the March, just after arriving at the Obrenovac camp. He had been on the road for the past six months, without any medical surveillance during that period. Hygienic conditions were very poor during his travels, and he was exhausted.

Noor mainly complained of changes on his skin. After an examination, the RMF team diagnosed him with psoriasis and a bacterial superinfection. The skin of his entire body was affected, so he was referred to a dermatologist. After the dermatologist's examination, Noor obtained temporary treatment, and hospitalization was arranged for April 16, 2019. While he is waiting for the date of hospitalization, Noor is under the constant surveillance of our team.



Noor's condition when he arrived at the RMF Balkans clinic

19. Photos of project activities (file attachment is fine):

Please refer to Appendices.

III. Financial Information

20. Detailed summary of expenditures within each budget category as presented in your funded proposal (file attachment is fine). Please note any changes from plans:

Sent separately.

APPENDIX A: Mobile Medical Clinic (MMC) and Stationary Clinic



Dr. Milosavljević with a patient



Patients in front of RMF Balkans stationary clinic



Dr. Milosavljević with a patient



Dr. Radonjić with a patient



Patients waiting in front of RMF Balkans' stationary clinic

APPENDIX B: Obrenovac Refugee Camp Improvements



Education Monday at the Asylum Resource Centre (ARC)



Beneficiaries using computers at the ARC

