



UNITED NATIONS
MONTENEGRO



REPORT on the Rapid Social Impact Assessment of the COVID-19 outbreak in Montenegro **April 2020**

Summary



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ACKNOWLEDGMENTS

Data collection at the community level was possible due to the contributions of the following partners:

The Ministry of Justice, the Institution of the Protector for Human Rights and Freedoms, the Police Directorate, The Council for Civilian Monitoring of the Police, the Centre for Social Work Niksic, the Centre for Social Work Mojkovac, the Centre for Social Work Berane, the Centre for Social Work Cetinje, JU Dom za stare "Grabovac" Risan, the Centre for Social Work Kotor, the Centre for Social Work Bar, Day-Care Centre for Children and Persons with Disabilities Pljevlja, NGO Association of Youth with Disabilities, NGO Phiren Amenca, NGO Centre for Roma Initiatives, 'Ljubovic' Centre for Children and Youth, NGO Civic Alliance, NGO Juventas, Red Cross of Montenegro, NGO Parents Association, NGO Family Centre, NGO Centre for Child Rights, NGO Special Olympics, NGO Pedagogical Centre of Montenegro, NGO Centre for Women's Rights, NGO SOS Podgorica, NGO SOS Niksic, NGO Women's Safe House, and UNICEF Youth Innovation Lab.

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The team benefited from the expert support provided by Olivera Komar, *professor at the Faculty of Political Science, University of Montenegro, and a researcher.*

The Rapid Social Impact Assessment was conducted with the financial support of UNICEF and UNDP.



BACKGROUND

Current situation on the COVID-19 outbreak in the country

On 11 March 2020, the WHO declared coronavirus (named 'COVID-19') a global pandemic. Since the outbreak of COVID-19, over 2.9 million people have been infected globally with cases in more than 180 countries and with more than 207,000 deaths. The current novel coronavirus outbreak presents a significant challenge for the entire world. Governments all over the world are faced with the double challenge of protecting people's lives and livelihoods.¹ On one hand, they need to be prepared to respond in a way that offers substantial protection to the public, which requires robust coordination of all the authorities in charge of preparedness/response and strong and joint nation-wide strategies, while on the other hand, whenever possible, they are seeking to protect their countries' development gains, both economic and in terms of human capital.

Montenegro reported the first case of COVID-19 on 17 March 2020, following which the National Coordination Body for Infectious Diseases was put in place, coordinated by the Deputy Prime Minister (DPM) with the Institute of Public Health and the Clinical Centre of Montenegro in the lead.¹

In response to the COVID-19 pandemic, Montenegro took decisive steps to contain and prevent community transmission by imposing measures to "flatten the contagion curve". Social distancing, self-isolation, and quarantine were required. The measures led to a reduction of economic activities in the country, as businesses in hospitality and similar sectors were

closed. Education was suspended for a week, after which a distance-learning model was introduced by the Ministry of Education.

Based on official statistics, available at <https://www.coronainfocg.me/>, the imposed measures have yielded results, keeping the pandemic at the level of 322 officially reported cases (of which have 214 recovered), seven deceased and 1,730 under surveillance.²

However, it is assumed that the pandemic could have affected the existing social vulnerabilities, while also exposing certain segments of society to additional

¹ Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

² Source: <https://www.coronainfocg.me>, accessed 30 April 2020.



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vulnerabilities. Namely, the measures imposed to contain viral outbreaks at the community level have substantially restricted economic activity in sectors such as tourism and hospitality, trade, agriculture, and services – thus impacting limited production networks. Due to the significance of the informal economy (according to some estimates, at the level of 30%), it can be assumed that a substantial share of the labour force may be negatively impacted and, in some cases, be at risk of poverty.

Since the beginning of the outbreak, the government has taken a number of fiscal and macro-financial measures, including: the removal of the excise duty on medical alcohol sold in pharmacies; the delaying of tax payments and contributions to earnings; the creation of new Investment Development Fund (IRF) credit lines to improve the liquidity of entrepreneurs; the deferral of lease payments for state-owned real estate; advance payments to contractors for capital

projects; subsidies for affected subjects; exemptions from bills; suspension of certain enforced collection of payments; and others.³

The government also disbursed one-off financial assistance to low-income pensioners and social welfare beneficiaries of €50 each (approximately 8,500 families and 11,900 pensioners). The Central Bank announced a moratorium on loan repayments for a period of up to 90 days. In parallel, the donor and international development community has been mobilized. The EU has already signed an agreement for disbursing €3 million for medical equipment and is preparing the ground for a €50 million crisis response package by bringing forward and reprogramming already available pre-accession funds dedicated to Montenegro. These funds will aim to both boost further EU investment in the health sector, while also focusing on the social and economic consequences of this crisis.

3 For the full list of the measures, please refer to: <https://www.coronainfocg.me/me/mjere>.

THE ASSESSMENT

Introduction

In collaboration with the UN system in Montenegro, the government developed a comprehensive emergency response plan (*Country Preparedness and Response Plan, with a budget of €59 million*), outlining the framework to respond to the crisis in a systematic, coordinated and effective way (in the short term, while for some areas also extending to period of six months).

As a public health crisis has so far been successfully averted, at the end of April, the government started to gradually lift some of the restrictive measures and focused on mitigating the negative socio-economic impacts of the COVID-19 outbreak.

The government expressed interest in collaborating with the UN in terms of coordination, planning, preparedness, and the socio-economic response. In response, the UN has undertaken a number of actions to assess and analyse the socio-economic impact of COVID-19 on individuals, households (especially those with children), and businesses.

Among other things, a *Rapid Social Impact Assessment (RSIA) of COVID-19* on particularly vulnerable groups of populations was conducted as a first step. The RSIA was carried out jointly by UN agencies (IOM, UNDP, UNHCR UNICEF) and the Resident Coordinator's office (RCO), with contributions from UNOPS and ILO.

The RSIA aims to provide a deeper insight into the social impact of the evolving crisis on groups that are already vulnerable in Montenegro. In addition, the assessment has sought to identify potential new groups of people who have become highly vulnerable due to the COVID-19 crisis. The RSIA is underpinned by national and international standards and commitments to human rights, refugee protection and the "leave no-one behind" concept in line with *Agenda 2030*, in the response to COVID-19 in

Montenegro. The report aims to provide the evidence for decision-makers to tailor ongoing and future policy and programmatic interventions to alleviate the negative consequences of the epidemic on the people of Montenegro, with a particular focus on protecting the fundamental rights of those most vulnerable.

Data and methods

The team used a mixed-method approach to collect data about the impact and experience of different segments of the population, including those likely most affected by the COVID-19 pandemic in Montenegro. The social distancing measures put in place also affected the way in which the assessment was carried out. Data collection was conducted from **14-30 April 2020** and utilized several channels.

The situation of the **general population** was assessed using a **quantitative household public opinion survey**, conducted by Ipsos Strategic Marketing. The main characteristics of the survey are the following:

- Sample definition: Representative at the national and regional levels (north, centre, south). Two-stage random stratified sample (telephone survey). One-stage stratified sample (online survey). Post-stratification by sex, age, urban/rural, and region.
- Method of data collection: Computer-Assisted Telephone Interviewing (CATI) and Computer-Assisted Web Interviewing (CAWI).
- Sample size: 1,021 respondents who are above 18 years of age.

It was not possible to collect information about specific sub-groups of interest using quantitative methods. That is why **qualitative data and information collection** at the community level was used. The information about the following target groups was collected using structured interviews:

- **Children:**⁴ 278 parents/caretakers were interviewed (87 male and 191 female)
- **Elderly:** 94 respondents (47 male and 47 female)
- **Persons with disabilities:** 63 respondents (19 male and 44 female)
- **Domicile Roma:** 33 respondents (27 male and 6 female)
- **Refugees, asylum seekers, stateless persons (at risk of statelessness):** 186 respondents (137 male and 49 female)
- **Migrants (seasonal workers, foreigners):** 44 respondents (16 male and 28 female)

For certain specific groups, it was impossible to conduct interviews for various reasons, such as ethical concerns (avoiding possible harm and risk of double traumatization) or physical obstacles. In these cases, the information was collected from the relevant authorities and civil society organizations that are in contact with the groups concerned. Additionally, media reports were used as a secondary source of information. These groups are:

- **Victims of gender-based violence**
- **Child victims/witnesses of violence**
- **People in detention, including children in correctional facilities**

In order to collect opinions and experiences from **young people and adolescents**, a **U-Report poll** was used.⁵ The poll resulted in 505 data entries.

Additionally, three focus groups with 37 young people

(20–25) were organized online (via Skype and Viber) to better capture the views and concerns of this group.

Finally, the administrative data from the Integrated Social Welfare Information System (E-Social Card) on citizens' requests for one-off financial assistance were used in order to substantiate the analyses on COVID-19 impact on social and economic status of the population.

In order to adhere to strict ethical standards in research, data collection and analysis, data collection was restricted to adults only. As far as children were concerned, information was provided by parents/ caregivers or obtained through secondary sources. As for the U-Report poll, it was administered through a network of registered U-Reporters who provided their consent upon registration.

No personal data was collected or stored while undertaking this rapid assessment. Particular care was taken to ensure that the interlocutors' identities would not be revealed in the report itself.

4 The group included children with disabilities, Roma children, children living in single-parent households, children whose parent(s) have a history of substance abuse, children from families which receive social assistance ('family material assistance'), and children in foster care.

5 U-Report is a free, anonymous digital tool, created by UNICEF, that interacts with young people primarily between 15 and 24 years, who sign up to become U-Reporters through polls sent via Facebook Messenger or Viber. These polls are focused on topics most relevant to U-Reporters in their respective communities. U-Report promotes dialogue and participation and gives young people a platform to become more informed about the matters that are important to them in order to shape policy development.



SUMMARY OF THE KEY FINDINGS

In response to the COVID-19 pandemic, Montenegro took decisive and timely steps to contain and prevent community transmission by imposing measures and restrictions with the main aim being to “flatten the contagion curve”. Social distancing, self-isolation, and quarantine were necessary to contain the COVID-19 pandemic and were tailored towards country-specific circumstances. As in other countries around the world, the COVID-19 pandemic containment measures imposed have led to a reduction of economic activity. Education was interrupted for a week, after which a distance-learning model was introduced by the Ministry of Education.

GENERAL POPULATION

In order to assess how COVID-19 has affected the general population in Montenegro, a quantitative survey was commissioned by UNICEF and conducted by Ipsos Strategic Marketing. The questions focused on assessments of people’s current situation and their prospects given the circumstances.

- **Income insecurity.** People have already started to feel the consequences of COVID-19 as they have begun to lose their jobs and, in some cases, their salaries have been reduced. While pensions and social benefits have remained unaffected, 15% of respondents report a

reduction in their salary. Almost one-fifth of the respondents report that at least one member of their household has either lost their job or stopped receiving a salary even though they are still working. Almost one-quarter of the respondents report that at least one member of their household has received a reduced salary since the measures to contain the pandemic were imposed.

- **Reduction in households’ ability to meet basic needs.** The share of families that cannot afford basic needs, including food and medicines, increased by 8% in the month after the COVID-19 pandemic started. Among

the respondents who live in households with babies or children younger than 6 years old, the affordability of relevant products has decreased as well. Before the coronavirus outbreak, 94% of households could have afforded baby- and child-related products, while only 60% state that they can afford them now. A similar trend can be observed in households with children between 6 and 18 years of age. Among them, 33% of families report not being able to pay for clothes and footwear for their children.

- **Education.** A significant percentage of households with children and adolescents of school age do not have computers/laptops (21%) or tablets (51%) connected to the internet that can be used for distance learning. Inability to access the internet could significantly hinder children's learning.
- **Prospects.** People are pessimistic about their future, as around 60% believe that their income will be reduced.
- **Seeking help.** Less than 10% of respondents report that they have asked service providers for help during the coronavirus pandemic. Among those who have done so, most contacted the Red Cross and health care providers. The elderly were least likely to actively seek support.

CHILDREN

Based on interviews conducted for the assessment, children in Montenegro have been affected by the COVID-19 pandemic in multiple ways.

- Many families have suffered a considerable or complete loss of income – with families who receive social cash transfers, single parent households, Roma families, and families with a history of substance abuse seemingly most affected by the loss of income. Since some respondents who receive social cash transfers have reported a loss or reduction of income, it

can be assumed that they had been relying on other sources to top up their household income, e.g. informal work, daily wages, etc.

- Across all types of households with children, the primary needs pertain to food and hygiene kits. The third most pressing need varies depending on the type of household and includes clothes, medicines, access to the internet, and devices to access distance learning.
- In terms of public services, children most require support/assistance with distance learning. This holds true particularly for beneficiaries of social assistance, Roma families, children in foster care, children in correctional facilities, and children whose parent(s) have a history of substance abuse. According to their parents, Roma children have a number of difficulties in engaging in distance learning and need significant assistance with their homework. They also fear discrimination once they return to school.
- Many families have a pronounced need for psycho-social support during the period of the crisis.

ADOLESCENTS AND YOUNG PEOPLE

After the COVID-19 pandemic started, several support systems were deployed for children, adolescents and young people, mostly in the field of education.

- Adolescents seem to have adjusted to the new situation fairly well, but they are missing regular education, especially its social component.
- Over one-third of young people (33.86%) do not seem to be following the TV lessons as part of the new distance-learning approach – they prefer online tools and messaging services (more than 95%). Adolescents rate homework and assignments as being relatively relevant and useful, but more than 70% feel



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overburdened, even more than in regular school.

- Adolescents and young people stress the importance of mental health during the COVID-19 pandemic. They believe that there is not enough psychological support, in general, but particularly for young people.

THE ELDERLY

As older people are at the highest risk from COVID-19⁶, elderly people in Montenegro have been identified as one of the most vulnerable groups during the epidemic. Comparative data shows that if affected, their chances of recovery are significantly smaller. Also, because of the social distancing measures, those who depend on their family members are finding themselves in a difficult position. The travel ban

between cities makes it impossible for people to help their elderly family members, especially those living in the rural areas.

- There is a significant increase in elderly households that need support in providing food, especially hot meals, hygiene products, and other necessary supplies and medicines. Of those contacted by the UN, 78.72% indicated food as being their first priority, followed by hygiene products and medicines.
- There is also an increased need for psychosocial support and counselling, due to the reduced movement and socializing, and those having a hard time remaining in isolation, which is all causing a growth in anxiety and fears for their health.

6 World Health Organization, Statement, 20 April 2020, <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread>.

- When asked which public services they need most at the moment, following three services were indicated as the most urgent: health services (75 respondents), home assistance (56), and psychological support (25).

PERSONS WITH DISABILITIES

Persons with disabilities and their families have been significantly affected by the COVID-19 pandemic. This report found the following key vulnerabilities had increased due to the crisis:

- The income of families whose members have disabilities has significantly reduced due to the crisis.
- The urgent needs of people with disabilities include food, which is followed by hygiene products, sports and recreation, and internet access for information purposes.
- When asked which *public services they need most at the moment*, people with disabilities and their family members indicated that they

need health services, followed by psychological support, and assistance in finding employment. Namely, some of them have additional health problems due to restricted movement, such as rising levels of depression and anxiety.

- Transportation and mobility represent another challenge, since taxi services are forbidden, along with one-person restriction on public spaces. Persons with disabilities often have assistants who are not necessarily members of their household.
- Students with disabilities are another vulnerable category, since they need to be provided with assistance during the online education programme as well.

VICTIMS OF GENDER-BASED VIOLENCE

Gender-based violence tends to increase during times of crisis, including the COVID-19 epidemic. The risk of higher domestic violence against women and children has increased significantly throughout Montenegro



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since the outbreak. Stress, disruption of social and protective networks, decreased access to services, and family separation can exacerbate the risk of violence for women and adolescent girls.

- Help lines for victims of gender-based violence report a significant increase in calls. The SOS line reports an increase of 27 percentage points in March after the country announced lockdown measures, while the Women's Safe House, only in the first week of April, started to register an increasing number of calls for support and requests for accommodation in the shelter.
- With the increasing number of calls, staff at the Women's Safe House report more requests from former clients for food or financial support due to losing their jobs and income.
- The health safety measures introduced during the crisis were not reconciled and/or seem to have overridden previously established measures to protect the lives and safety of victims of domestic violence.
- The dynamics of pandemic outbreaks require effective engagement, coordination, and cooperation between a wide range of sectors and actors, including not only the public health agencies focused on human health. Critically, the social and economic difficulties that victims experience may have a direct impact on their immediate health and safety.

CHILD VICTIMS/WITNESSES OF VIOLENCE

- NGOs working with child victims or witnesses of violence report an increase in such incidents, as well as a change in their nature, as psychological violence including arguments between spouses/partners, but also between parents and children, particularly adolescents, have become more prominent.
- With divorced couples, child visitation rights have become a concern, while relatives and

friends seem to be pressuring women not to report violence.

DOMICILE ROMA

The rapid needs assessment found that many Roma members have been severely affected by the pandemic.

- The majority of respondents have either completely lost or are receiving a significantly reduced income. Many respondents complain about not being able to pay their bills. People urgently need food, hygiene products, medicines, clothing, and accommodation.
- The public services that they need most at the moment are primarily health services, followed by public kitchens and assistance in finding a job.

REFUGEES, ASYLUM SEEKERS, STATELESS PERSONS (AT RISK OF STATELESSNESS)

Asylum seekers, refugees, including some refugees from the former Yugoslavia and persons at risk of statelessness have been significantly affected by the pandemic. They are among the most destitute segment of the population in relation to their socio-economic perspectives. Of particular concern remains a group of some 900 people with a still unstable legal status in the country as a group not included in any public planning.

- **Income insecurity.** The lockdown and the restrictions imposed on movements have led more than three-quarters (77%) of refugees, asylum seekers, and persons at risk of statelessness to immediately lose their jobs/incomes. The situation is particularly critical among people registered in the asylum system of the country as nine out of 10 of them (some 90%) have completely lost their jobs/incomes and the remaining one-tenth (some 10%) have received a salary reduced by more than 50%. Most people had informal employment and lost any income-generating opportunities due to

the restriction of movement or fear from other people of engaging them in manual work, due to the need to maintain social distancing;

- **Reductions in households' ability to meet basic needs.** As a consequence of the loss or serious reductions of their jobs/incomes, some 77% of the families that cannot afford basic needs, primarily food and hygiene products, but also medicines and funds for rent, have been identified since the COVID-19 pandemic started.
- **Education.** The survey revealed serious challenges among Roma and Egyptian refugee communities in following distance-learning programmes, thus leaving them further behind education-wise. The same applies to 45.45% of the children of refugees who have no TV or tablets, nor internet connection, preventing them from accessing education.
- **Prospects.** The people interviewed are pessimistic about their future, as around 35% are concerned that they will not be able to work/earn an income in the near future due to the COVID-19 pandemic. Many people within the Roma and Egyptian refugee communities cannot afford social distancing due to the overcrowded households and poor accommodation facilities in the settlements they have been residing in. Their unstable sources of income have drastically decreased, thus putting these families at even higher socio-economic vulnerability.

MIGRANTS (SEASONAL WORKERS, FOREIGNERS)

The number of migrant workers in Montenegro decreased significantly after the coronavirus outbreak. However, a certain number of migrant workers have remained in Montenegro.

- Information collected through the Rapid Social Impact Assessment indicates that there are a

significant number of migrant workers who are still in Montenegro with a significantly reduced or total loss of income.

- Most respondents indicate hygiene products as their priority need, which is followed by food and accommodation. The public services they need most at the moment are primarily health services and assistance in finding a job.
- Many migrants – particularly low-skilled migrant workers – live in overcrowded and poor housing where the risk of contagion is greater.
- Those who are working on construction sites are facing an increased risk of being exposed to the virus. Migrants with irregular status may not wish to divulge that they are unwell, increasing the risk of contagion.
- With limited or no access to a new labour force, there is also risk of employers abusing workers' rights, particularly restricting their movement and ability to return to their country of origin.

PEOPLE IN DETENTION

- Some regular police detention premises in the country, including the ones in Podgorica, Cetinje and Danilovgrad, have insufficient hygiene conditions, which can increase the potential of COVID-19 spreading among detained people.
- Children in detention are more likely to experience underlying psychosocial, physical, and mental health issues that are exacerbated by their placement in custody.
- Children in detention are facing difficulties in engaging in online education as there is limited equipment available for that purpose. Educators are using personal laptops to support the children with schooling.



RECOMMENDATIONS

The measures imposed by the Government of Montenegro have led to the encouraging result of the COVID-19 pandemic being kept under control so far. However, the crisis has brought to the fore some vulnerabilities that existed before the crisis, and in some cases, has triggered new ones.

The purpose of the recommendations below is to create discussion about how pre-existing, as well as new, vulnerabilities could be addressed in the ongoing COVID-19 response; both in an ad-hoc manner in the context of the future social measures to mitigate the impact of the crisis, as well as in the systematic medium- and longer-term responses. The recommendations are aimed at drawing the attention of decision makers to tailoring the responses in order to address the needs of the most vulnerable segments of society. They are being put forward in line with the principle of leaving no-one behind, of Montenegro's obligations and commitments to human rights and international refugee protection, and with the recognition that all of these are critical for a sustainable and effective response.⁷

The Rapid Social Impact Assessment found that the pandemic has exacerbated existing social and inequalities, while also exposing certain segments of the society to additional vulnerabilities.

General recommendations

In order to mitigate the harmful consequences of the COVID-19 pandemic on vulnerable groups, the following **general** recommendations are made:

R1. Continue monitoring the situation of vulnerable groups and ensure their direct involvement in designing the decisions that affect them. Prioritize the provision of services that these groups depend on to live a dignified life.

R2. Continue providing nutrition support, tailor-made hygiene kits, and necessary clothing and footwear to members of the most vulnerable groups, especially

those who have lost their sources of income during the pandemic. Where necessary, also expand to the provision of medication.

R3. Ensure the continuous availability and accessibility of health services – preventative and curative – in particular for children, persons with disabilities, refugees, asylum seekers and persons at risk of statelessness, migrants, and the elderly.

R4. Provide tailored, intensive education-related support and equipment for distance learning to children from vulnerable groups – in particular Roma and refugee children, children with disabilities, children affected by poverty and in residential

care (including the Ljubovic Centre) – to ensure that children continue their learning and remain in education (e.g. catch-up classes).

R5. Provide psychological support through the relevant institutions to vulnerable communities, especially children, adolescents, and the elderly, in order to prevent anxiety, stress, and mental health issues. To extend remote psychosocial support, using both conventional (phone lines) and digital technologies, accompanied with, where possible, simplified training for the elderly to use available ICT communication tools (Viber, WhatsApp, Skype, Zoom, etc.).

R6. Continue providing subsidies for electricity bills and phone/internet subscriptions for vulnerable families (especially for families with school-age children), as well as subsidies for fee payments for the use of social housing under the Lease Agreement.

R7. Continue active labour market policies and targeted measures to increase employment opportunities for people who have lost their jobs and sources of income during the pandemic, but also for young people when the situation allows for it, including temporary/seasonal work arrangements, internships and job-shadowing opportunities.

R8. Monitor closely the evident increase in requests for financial support in line with the dynamics of the COVID-19 measures. In-depth analysis of the requests (e.g. family status) may be needed in order to enable provision of targeted, and an adequate level of support.

Specific recommendations

The following recommendations are focused on specific vulnerable groups:

CHILDREN

R9. Protect children from poverty and social exclusion through a targeted, vigorous social and child protection system response that integrates

cash assistance and quality, inclusive services.

R10. Ensure that children, including refugee children, can grow up in safe, loving environments by strengthening alternative care for children without parental care, victims of family violence, or other vulnerable children, including kinship care, and foster care, including emergency and specialized foster care (for children with disabilities).

ADOLESCENTS AND YOUNG PEOPLE

R11. Ensure quality inclusive education for adolescents, including efforts to reach those who are not digitally connected, and strengthen skill- and resilience-building programmes (through formal and non-formal delivery).

R12. Step up efforts to support young people's employability, including temporary/seasonal work arrangements, internships, and job-shadowing opportunities to prevent a "lost generation" due to COVID-19.

THE ELDERLY

R13. Extend distribution of food, especially hot meals, hygiene products, and other necessary supplies and medicines, organized in line with all medical requirements, so that the providers in the field are trained to properly use and dispose of personal protective equipment. Also, all meals must be adequately packed and delivered in such a way as to meet food safety requirements.

R14. Continue with extended remote support, both through professional counselling and immediate communication, using both conventional (phone lines) and new technologies, accompanied with, where possible, simplified training for the elderly to use available ICT communication tools (Viber, WhatsApp, Skype, Zoom, etc.).

PERSONS WITH DISABILITIES

R15. Adapt social distancing measures to the specific needs of persons with disabilities and their assistants and continue and increase support for the economic resilience of families with persons with disabilities, through (partial) covering of their food, utilities, any new disability-related costs, as well as (re)gaining employment.

VICTIMS OF GENDER-BASED VIOLENCE

R16. Develop (or improve the existing) protocols and code of conduct that would encourage a better inter-institutional coordination mechanism in the implementation of policies related to GBV. Continuation of regular dialogue with civil society organizations and women's rights organizations is key to the identification and introduction of new modes of operations, such as on-line service delivery, and on-line group outreach and support. Roma women and girls require particular attention.

R17. Develop awareness-raising activities aimed at the public on GBV and empower women to report GBV even in the situation of the COVID-19 crisis. Ensure that community outreach and communication include information on the risk of increased domestic violence, risk of sexual exploitation against children, and on which services are available. This especially includes reaching out to the victims of violence living in isolation with abusive partners or other family members.

CHILD VICTIMS/WITNESSES OF VIOLENCE

R18. Step up measures to protect children from violence, including online violence, given the increased use of digital media by children in the context of the pandemic, with a special focus on the role of parents and teachers. Child-friendly violence-reporting mechanisms should be enhanced and promoted.

R19. Provide parenting support programmes in order

to assist parents from vulnerable communities to cope with the pressures, in particular single parents and people with a history of substance abuse.

DOMICILE ROMA

R20. Continue and increase support leading to the socioeconomic resilience of Roma families through (partial) covering of their food, medication, hygiene products, water and electricity, as well as (re)gaining employment, and ensure that relevant and tailored information on COVID-19-related measures and recommendations reaches Roma.

PEOPLE IN DETENTION

R21. Consider improving hygiene-related conditions (water, soap, sufficient beds) in police detention premises.

REFUGEES, ASYLUM SEEKERS, AND PERSONS AT RISK OF STATELESSNESS

R22. Ensure the inclusion of refugees, asylum seekers, and persons at risk of statelessness in all socio-economic measures to alleviate the impacts of the mitigation measures adopted to counteract the spread of COVID-19 and re-launch the socio-economic recovery.



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