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

Summary



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BACKGROUND

Current situation on the COVID-19 outbreak in the country

On 11 March 2020 the World Health Organization (WHO) declared a global state of pandemic caused by the coronavirus (named 'COVID-19'). Since this date¹ over 10 million people in more than 200 countries have been infected globally, with more than 500,000 fatalities recorded. 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.² 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 nationwide 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. The first cycle of the epidemic in Montenegro was declared as having ended on 2 June 2020 by the National Coordination Body, after the Institute of Public Health reported that there were no more active cases in Montenegro. The second cycle started on 14 June when the first new case of COVID-19 being contracted was discovered.

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". Physical distancing, self-isolation, and quarantine are being 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, which enabled the completion of the school year.

Based on official statistics, available at <https://www.coronainfocg.me/>, the imposed measures have yielded results, keeping the pandemic at the level of 616

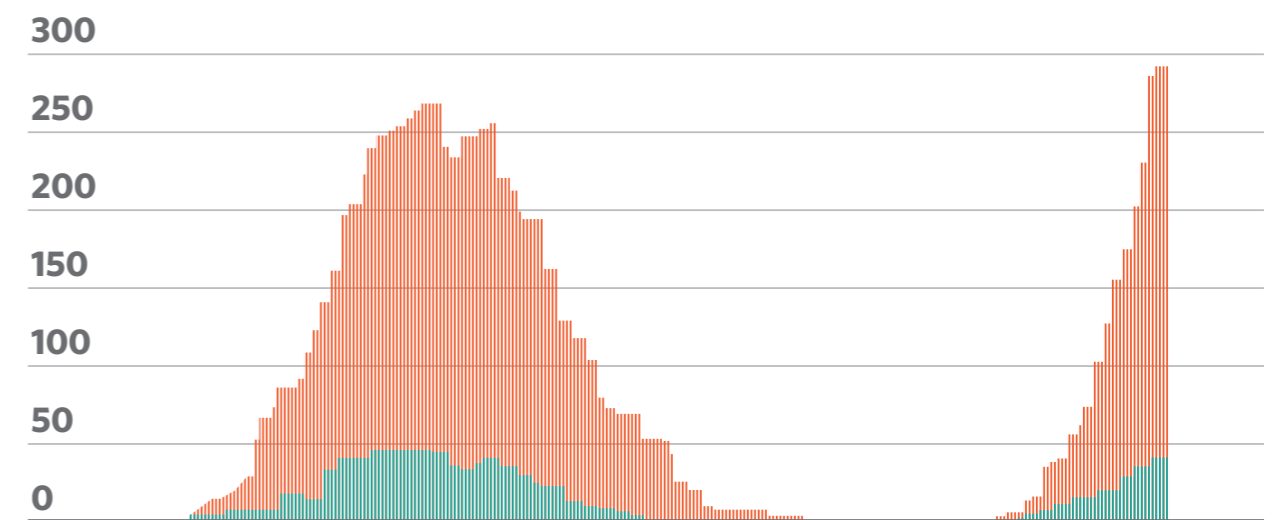


Figure 1: Overview of the COVID-19 cases in Montenegro (source: www.coronainfocg.me, accessed on 3 July 2020).

¹ The Report was concluded on 3 July 2020.

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>, accessed on 29 June 2020.



officially reported cases (of which 315 have recovered), 12 deaths, and 2,084 under surveillance.³

The data collected for this report shows that the epidemic has revealed and exacerbated the existing social vulnerabilities, while also exposing additional segments of society to new 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, may be at risk of poverty.

Since the beginning of the outbreak, the government has taken a number of fiscal and macro-financial measures to mitigate the effects of the pandemic on the population and economy, 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 (IDF) 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.⁴

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 be aimed at boosting further EU investment in the health sector, while also focusing on the social and economic consequences of this crisis. Additionally, to address Montenegro's urgent balance of payment needs, the IMF has approved financial assistance equivalent to US\$83.7 million (€74 million) under the rapid Financing Instrument.⁵ The World Bank issued a Second Fiscal and Financial Sector Resilience Policy-Based Guarantee to Montenegro worth €80 million, which enabled the country to take out a €250 million loan from the union of the banks.⁶

³ Source: <https://www.ijzcg.me/me/novosti/covid19-presjek-stanja-19-jul-u-1700h>, accessed 19 July 2020.

⁴ For the full list of the measures, please refer to: <https://www.coronainfocg.me/me/mjere>.

⁵ <https://www.imf.org/en/News/Articles/2020/06/24/pr20246-montenegro-imf-executive-board-approves-us-83-7m-emergency-support-combat-covid19>.

⁶ Source: <https://www.bankar.me/2020/05/20/crnoj-gori-odobren-kredit-od-250-miliona-eura/> (accessed: 30 June 2020).

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 an estimated 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 this to a 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. Following the recent resurgence of the virus some of the restrictive measures were reinstated in early July.

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, two rounds of a Rapid Social Impact Assessment (RSIA) of COVID-19 on particularly vulnerable groups of populations were conducted as a first step in this collaboration. The first round of the RSIA covered the period from the outbreak of the pandemic in Montenegro until the end of April, while the second round included the period until the second half of June. The RSIA was carried out jointly by UN agencies (IOM, UNDP, UNHCR, and UNICEF) and the Resident Coordinator's office (RCO), with contributions from UNOPS and the 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 in the period from April to June 2020 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 who are 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 to be most affected by the COVID-19 pandemic in Montenegro. Data was collected in two rounds. The first round was organized between 14 and 30 April, and the second between 8 and 30 June 2020, which included data covering May. **In this way the report provides insight into two important moments in the development of the epidemiological situation in Montenegro. The data in the first round was collected during the peak of the first cycle of the epidemic when comprehensive movement restrictions and physical distancing measures were in place. Data in the second round was collected in the aftermath of the first cycle when the epidemiological situation had stabilized, the measures were being relaxed, and when economic activities had resumed.** The data from the first round is important for understanding the needs of vulnerable groups at the time the epidemic had its first peak. The data from the second round provides insights into the dynamic of the partial recovery and a tool to isolate the long-term effects of the epidemic.

The physical distancing measures put in place also affected the way in which the assessment was carried out, especially during the first round of data collection.

UN teams, in cooperation with their partners from the state institutions and civil society organizations, collected the data in line with the principle of public health protection and were especially careful not to put anyone in a situation where they might contract the virus. This is the reason why the data was not collected in the usual way – face to face, but rather using available technology – telephone and the internet.

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

- For the telephone survey, a two-stage random stratified sample was selected which was representative at the national and regional levels (north, centre, and south). For the online part of the survey, a one-stage stratified sample was used.

- The dataset was post-stratified by sex, age, urban/rural, and region.
- The data was collected using Computer-Assisted Telephone Interviewing (CATI) in both rounds with the addition of Computer-Assisted Web Interviewing (CAWI) in the first round.
- The sample size in the first round was 1,021 respondents and in the second 1,004 respondents. The respondents were 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. Information about the following target groups was collected using structured interviews:

Target group	Number of respondents in the first round of data collection	Number of respondents in the second round of data collection	The percentage of respondents that were interviewed in both rounds
Children ⁷	278 parents/caregivers 87 men and 191 women	160 parents/caregivers 40 men and 120 women	87.5%
Adolescents	505 data entries using U-Report poll 159 men and 346 women	344 entries 106 men and 238 women	68%
The elderly	94 respondents 47 men and 47 women	89 respondents 38 men and 51 women	87.6%
Persons with disabilities	63 respondents 19 men and 44 women	59 respondents 19 men and 40 women	100%
Domicile Roma	33 respondents 27 men and 6 women	33 respondents 27 men and 6 women	15.2%
Refugees, asylum seekers, and stateless persons (at risk of statelessness)	186 respondents 137 men and 49 women	128 respondents 99 men and 29 women	86.5%
Migrants (seasonal workers, foreigners)	44 respondents 16 men and 28 women	25 respondents 9 men and 16 women	84%
LGBTI community		46 members of the LGBTI community (9 women, 7 men, 3 lesbians, 7 gays, 16 transgender persons, 1 intersexual person, 1 gender variant and 2 nonbinary persons)	Data was obtained only in round two.

⁷ 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.



Whenever it was possible, the same people were interviewed in both rounds of the assessment in order to be able to track changes not only at the level of the community but also at the individual level (quasi-panel design).

It was not possible to interview members of certain especially vulnerable groups 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.**

Additionally, three focus groups with 37 young people (age 20–25) were organized online (via Skype and Viber) to better capture the views and concerns of this group.

Finally, 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 the impact of COVID-19 on the 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. The U-Report poll that gained insights from adolescents and young people 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.

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”. Physical distancing, self-isolation, and quarantine are necessary to contain the COVID-19 epidemic and are tailored towards country-specific circumstances. As in other countries around the world, the COVID-19 containment measures imposed have led to a reduction in economic activity. Education was interrupted for a week, after which a distance-learning model was introduced by the Ministry of Education.

After the end of the first cycle of the epidemic, the measures were briefly relaxed, which led to the beginning of the socio-economic recovery. However, the survey implemented for the purpose of this assessment showed the long-term consequences it had caused even before the second cycle began.

General population

In order to assess how COVID-19 has affected the general population in Montenegro, two quantitative surveys were commissioned by UNICEF and conducted by Ipsos Strategic Marketing. The questions focused on assessments of people’s current situation and their perceived 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, respondents report reductions in their salaries, remittances, and revenues from renting apartments in April. The situation started to recover very slowly in May, mostly when it comes to other income from work.
- **Job security.** In May 14% of people reported being laid off and 20% reported that their salaries had been reduced. Additionally, 22% of people who were working reported that their pension, health insurance, taxes and other contributions were not being paid. Among them, people with lower education are overrepresented.
- **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. The situation started to improve in May but at a slow pace. Among the respondents who live in households with children, the affordability of relevant products decreased in April and started to recover slowly in May as well.
- **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. Lack of access to distance learning and other factors are expected to have negatively impacted children’s learning. In spite of evaluating some aspects of distance learning positively, approximately two-thirds of the respondents whose children took part in distance learning think that their children obtained less knowledge than they would have done in traditional schooling. They complain about being overburdened with homework (70%).
- **Seeking help.** Less than 10% of respondents report that they asked service providers for help during the coronavirus epidemic. Among those who did do so, most contacted the Red Cross and health care providers.





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 have 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 had a lot of difficulties in engaging in distance learning and need significant assistance with their homework. They also fear discrimination once they return to school because they are lagging behind their peers.
- Many families have a pronounced need for psycho-social support during the period of the crisis.

Adolescents and young people

After the COVID-19 epidemic 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 were missing regular

education, especially its social component.

- Even though the evaluation of the distance learning was rather positive, the majority of young people believe that they had learned less than they would have done in regular classes. Most young people are not excited at the idea of online distance learning becoming one of the segments of regular education.
- Adolescents evaluated homework as being relatively important and useful, however more than 70% report being overburdened with the homework during distance learning. The second round confirmed that almost 60% of young people feel more burdened with homework during distance learning than in regular classes.
- More than one-third of young people did not use television for distance learning – they preferred online tools and message exchange services.
- Adolescents and young people emphasize 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 the elderly are at the highest risk from COVID-19⁸, elderly people in Montenegro have been identified as one of the most vulnerable groups during the epidemic. Comparative data shows that if infected, their chances of recovery are significantly smaller. Also, because of the physical distancing measures, those who depend on their family members are in a difficult position. The ban on travel between cities which was imposed during the peak of the first cycle of the epidemic made it impossible for people to help and care for their elderly family members, especially those living in rural areas.

- There is a significant increase in elderly households that need support in terms of providing food,

especially hot meals, hygiene products, and other necessary supplies and medicines during physical distancing measures. Even after the measures were relaxed, food remained the highest priority for the elderly, followed by hygiene products and medicines.

- There is also an increased need for psycho-social support and counselling, due to the reduced movement and socializing. The elderly have a hard time remaining in isolation, which is causing them to feel anxious and fearful for their health. After the epidemic was contained in the first cycle, the elderly were most concerned that a second cycle would occur and that it might impact their families economically.

When asked which public services they need most at the moment, the answers were not much different in April and May, although it could be expected that the need for medical services would decrease. Namely, the elderly still state that they need health services and home and psychological support and assistance.

Persons with disabilities

Persons with disabilities and their families have been significantly affected by the COVID-19 epidemic. This report found that 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 persons with disabilities include food, which is followed by hygiene products, sports and recreation (especially during the peak of the lockdown), and internet access for information-collecting purposes.
- When asked which public services they need most at the moment, persons with disabilities and their family members indicated health services, followed

⁸ 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>.

by psychological support, and assistance in finding employment. Namely, some of them have additional health problems due to the restricted movement, such as rising levels of depression and anxiety. In addition, because of their general state of health, persons with disabilities are more vulnerable to COVID-19 infection.

- NGOs that work with persons with disabilities have reported a significant number of cases where persons with disabilities have faced challenges when it comes to their labour and social protection rights because the legislation was interpreted differently by the authorities.
- A lack of transportation and mobility represented another challenge for persons with disabilities when taxi services were forbidden, along with one-person restrictions in public spaces. In addition, people with disabilities often rely on support from personal assistants who are not necessarily members of their household.
- Students with disabilities are another vulnerable category, since they need assistance during the online education programme, as well as in enrolment in high schools and universities.

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 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.

- Helplines for victims of gender-based violence have reported a significant increase in calls. The women's safe house in Podgorica received 46% more calls between 16 March and 1 June 2020 than during the same period last year. Shelter

was provided for 60% more victims of gender-based violence compared to the same period of the last year.

- The National Helpline received 18% more requests during the COVID-19 epidemic. The number of calls increased additionally after the physical distancing measures were relaxed. In May 2020, the National Helpline received 32.5% more calls than during the same period the previous year.
- Specialized service providers for the victims of gender-based violence have reported a worsening of the socio-economic situation of women as a result of the epidemic. This was followed by an increase in requests for food and financial assistance by former users of their services, which was caused by a loss of work or income.
- Due to the health and safety measures introduced during the crisis, other measures, including those to protect the lives and safety of victims and prevent domestic violence, were weakened.
- Reduced multi-sector and multidisciplinary cooperation could be noticed during the whole time the physical distancing measures were being enforced.
- The dynamics of epidemic 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.
- Services such as helplines, crisis centres, and shelters can face limitations, which will additionally make it harder for victims to access support, unless this is remedied by the key state authorities.



- Technology can help victims of gender-based violence who need access to support services in cases of gender-based violence, especially those who are in quarantine.
- Due to the economic impact of COVID-19, new needs of victims of GBV have emerged, which has often put them into a position of making a hard decision between protecting their safety and protecting their livelihood/income, since the conditions of the system set up pre-COVID-19 do not allow them to reconcile the two.
- 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 RSIA 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.

Child victims/witnesses of violence

- NGOs working with child victims or witnesses of violence report an increase in violent 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.

Refugees, asylum seekers, and 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 were already among the most disadvantaged 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 they were not included in any public planning.

- **Income insecurity.** The lockdown and the restrictions imposed on movement 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 been receiving 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 among other people of engaging them in manual work, due to the need to maintain physical distancing. When physical distancing measures were relaxed the situation started to improve. Nevertheless, at the end of May 2020, 60% of refugees, asylum seekers, and stateless persons or persons at risk of statelessness were still without work or without the possibility to earn an income.

- **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. While food and hygiene products have remained at the top of the priority needs for the refugees from ex-Yugoslavia



and persons at risks of statelessness, two and half months after the physical distancing measures were imposed, asylum seekers living in private accommodation and persons granted refugee status report urgent needs to meet the expenditures related to accommodation. Since they have lost their jobs and income, the great majority will not be able to pay their rent, risking becoming homeless.

- **Education.** The survey revealed serious challenges among the Roma and Egyptian refugee communities in following distance-learning programmes, thus leaving them further behind education-wise. The same applies to 45.4% of refugee children who have no TV or tablet, nor an internet connection, preventing them from accessing education.

- **Prospects.** The people interviewed are pessimistic about their future. At the beginning of the pandemic, the respondents were mainly concerned about their health, while 35% were concerned that they would 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 physical distancing due to the overcrowded households and poor accommodation facilities in the settlements they have been residing in, often for decades. Their unstable sources of income have drastically decreased, thus putting these families in a situation of even higher socio-economic vulnerability. At the end of May, refugees, asylum seekers living in private accommodation, and persons at risk of statelessness were mainly concerned about the economic risks due to the negative effects of the pandemic COVID-19, while health-related concerns were no longer dominant.

Migrants (seasonal workers, foreigners)

With the appearance of COVID-19, the number of migrant workers in Montenegro has decreased significantly, especially those workers with temporary work permits who, after losing their jobs, returned

to their countries of origin. However, an unknown number of migrant workers remained in Montenegro. Information collected through the Rapid Social Impact Assessment indicates that there are migrant workers 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 a risk of employers abusing workers' rights, particularly restricting their movement and ability to return to their country of origin.

People in detention, including children in detention and correctional facility

- Police detention premises, including those in Podgorica, Cetinje, Nikšić, Danilovgrad, and Berane, have insufficient health and hygiene conditions and inadequate infrastructure which increases the potential of COVID-19 spreading among persons in detention.
- Insufficient space in places of detention, including overcrowding in the investigative department of prison, increases the risk of the spread of COVID-19, if someone with the virus enters the detention facilities.

- Children in correctional facilities faced difficulties in participating in online education due to the limited equipment available for that purpose. Educators were using personal laptops to support the children with schooling.
- Staff in the Ljubović correctional facility reported they had insufficient skills to fully adapt to the emergency situation and provide children with adequate support during the lockdown.
- Children in detention faced challenges due to the prohibition of visits, as they could not receive packages from their families.

LGBTI community

- Half of the LGBTI persons who took part in the assessment have lost all or more than 50% of their income.
- Loss of work has led to loss of economic independence, and this increases the risk that LGBTI persons may become homeless or have to return to their original home environments that are not accepting of them because of their sexual orientation or gender identity.
- Even though specific data is not yet available, LGBTI NGOs have been receiving an increased number of reports of violence committed against their members since the COVID-19 crisis, in particular among those who returned to their original homes.
- The reduction in availability of peer support and other counselling services is having a negative impact on the mental health of LGBTI persons.

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 Rapid Social Impact Assessment found that the epidemic has brought to the fore and even exacerbated existing social inequalities, while also triggering new ones and exposing certain segments of the society to additional vulnerabilities.

The purpose of the recommendations below is to stimulate discussion about how pre-existing, as well as new vulnerabilities, could be addressed in the ongoing COVID-19 response. They include both immediate 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 decisionmakers 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.⁹

General recommendations

In order to mitigate the harmful consequences of the COVID-19 epidemic on vulnerable groups, the following [general](#) recommendations are being made:

R1. Continue monitoring the situation of vulnerable groups and ensure their [direct involvement](#) in designing the solutions/decisions that affect them. [Prioritize the provision of services](#) that these groups depend on to enable them 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 epidemic. Where necessary, also expand to the provision of medications.

R3. Ensure the continuous [availability, accessibility, and inclusiveness 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 Ljubović correctional facility) – to ensure that children continue their learning and remain in education (e.g. organize catch-up classes).

R5. Provide [psychological support](#) to vulnerable communities, especially children, adolescents, persons with disabilities, and the elderly, in order to prevent and respond to anxiety, stress, and mental health issues. Extend remote psychosocial support, using both conventional (telephone 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 telephone/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.

⁹ UN Framework for the Immediate Socio-Economic Response to COVID-19, April 2020, p. 9. Also United Nations, COVID-19 and Human Rights, We Are All in This Together, April 2020.

R7. Continue and [improve active labour market policies and targeted measures](#) to increase employment opportunities for people who have lost their jobs and sources of income during the epidemic, but also for young people, 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 adequate support.

R9. Provide [continuous and tailored information to citizens](#), especially members of vulnerable groups, about the social services that are available for mitigating consequences of the COVID-19 epidemic, about the working hours of service providers, as well as about other relevant facts. Members of vulnerable groups should be encouraged to use the available services.

R10. Monitor and ensure [the protection of the rights of people that are in residential care](#), such as the elderly and children, including the rights of those in shelters for gender-based violence.

R11. Establish close [communication and cooperation with the existing formal and informal social networks](#), such as civil society and groups that advocate human rights, including women's groups, so that their efforts to provide a first response and to prevent social isolation are supported.

R12. Ensure that [the decision-making bodies are gender-balanced](#) and take into consideration the opinions of experts and insight of people with knowledge of the experiences of vulnerable groups.

Specific recommendations

The following recommendations are focused on specific vulnerable groups:

Children

R13. Protect children from poverty and social exclusion through [targeted, vigorous social and child protection system responses](#) that integrate cash assistance and quality, inclusive services.

R14. 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. To do so, kinship and foster care, including emergency and specialized foster care for children with disabilities, should be further strengthened.

R15. Maintain and expand [psychological support](#) to children and adolescents through helplines and other means.

R16. Ensure [support for the parents and caregivers of children with disabilities, especially single parents/caregivers](#).

Adolescents and young people

R17. 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).

R18. 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.

R19. Continue efforts aimed at increasing the quality and standardization of the distance-learning services, including careful balancing of students' workloads so that the system is ready to provide high-quality edu-

cation to young people in case regular courses cannot be organized. Include more teachers in assisting students in achieving results.

The elderly

R20. Extend distribution of [food, especially hot meals, hygiene products, and other necessary supplies and medicines](#), organized in line with all the medical requirements, so that the providers in the field are trained to properly use and dispose of personal protective equipment.

R21. Continue with [extended remote support](#), through both professional counselling and immediate communication, using both conventional (telephone lines) and new technologies, accompanied by, where possible, simplified training for the elderly to use available ICT communication tools (Viber, WhatsApp, Skype, Zoom, etc.).

Persons with disabilities

R22. Increase support for the economic resilience of families with persons with disabilities, through (partial) [covering of their food, utilities, and new disability-related costs](#), as well as (re)gaining employment.

R23. Ensure [legal and counselling support](#) for persons with disabilities so that they can exercise their rights, especially in the fields of social protection, health, and employment.

R24. Pay attention to potential [women victims of family violence](#) and ensure that all the services for protection from gender-based violence [are accessible to them](#) as well (taking into account that some might suffer from sight or hearing impairments).

R25. [Adapt the measures of the physical distancing](#) to the specific needs of persons with disabilities and their assistants. Also, adapt [information and communication materials](#) for persons with disabilities, especially those with sight or hearing impairments. Adapt the forms of the [available services](#) for people that are not able

to use them, e.g. organize written or 'chat'-based psychological support for people that are not able to use telephone services.

Victims of gender-based violence

R26. Develop (or continuously 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. [Roma women and girls require particular attention](#).

R27. 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, and on the risk of sexual exploitation against children, including reaching out to the victims of violence living in isolation with abusive partners.

R28. [Prepare a Response Plan](#) in case of an increase in cases of gender-based violence and/or an increase in the vulnerability and needs of victims of gender-based violence; strengthen the support system and solve problems in the functioning of the system of redirection, and service provision which is victim-centred.

R29. Services such as [helplines, crisis centres, and shelters](#) need to be sufficiently financially supported during the epidemic and subsequent economic recovery, and additionally new technologies that could support fighting gender-based violence need to be explored. Consider the provision of legal and psychological support, having in mind gender differences when it comes to access to technology.

R30. [Introduce socio-economic measures](#) for victims of all forms of violence, having in mind the particularities of their vulnerabilities and situation. Pay special attention to the victims of sexual violence including introduction

of measures that would guarantee job security for the victims of gender-based violence during the period of their stay in a shelter.

Child victims/witnesses of violence

R31. 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 epidemic, with a special focus on the role of parents and teachers. Child-friendly violence-reporting mechanisms should be enhanced and promoted.

R32. 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.

P33. Policy creators need to prepare clear guidelines about custody and supporting children during the epidemic, having in mind the best interest of the child and recognition of the non-violent parent when deciding.

Domicile Roma

R34. Continue and increase support leading to the socio-economic 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 reach Roma families.

Refugees, asylum seekers, and persons at risk of statelessness

R35. 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.

People in detention, including children

R36. Consider improving hygiene-related conditions (water, soap, and sufficient beds) and infrastructure, as necessary, in police detention premises throughout the country, with an immediate focus on those premises where specific issues have been identified.

R37. Build the capacities of staff on how to provide the required support and treatment to children in conflict with the law during emergency situations, such as an epidemic.

R38. Apply alternatives to detention as much as possible and use detention as a measure of last resort only.

R39. Ensure adequate or scale up psycho-social support for persons in detention to address gaps that result from the ban on visits by family members.

LGBTI population

R40. Provide support to ensure the continuity of counselling and peer-to-peer support services for LGBTI persons by the relevant institutions, and in particular LGBTI rights organizations.

R41. Support the LGBTI shelter in Podgorica and provide financial assistance through NGOs for housing and other support to members of the LGBTI community who risk homelessness or may have to return to hostile home environments now that they have lost their income.

R42. Raise awareness of the risk of violence and discrimination faced by members of the LGBTI community, call on the public to respect their rights and members of the LGBTI community to report such incidents, and assure them that these will be duly processed.

R43. Support the establishment of an electronic system for filing complaints, including about violence, discrimination and other crimes, to the police.

R44. Include the LGBTI community in programmes to search for jobs and in social protection programmes, including support for food and medicine.



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