



Rapid Social Impact Assessment of the COVID-19 Outbreak in Montenegro

SUMMARY OF THE REPORT



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September 2021



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The Fund aims to stimulate integrated and transformative policy shifts, the creation of SDG financing strategies and strategic investments for further progress on sustainable development.



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 coronavirus (named 'COVID-19'). Since this date¹ over 172 million people have been infected globally, with more than 3.7 million fatalities recorded². The week ending 1 June 2021 alone recorded over 3.5 million new cases and more than 78,000 deaths. Despite such extremely high figures, that was the fourth consecutive week with a declining number of cases, and the fifth week in a row with a declining number of fatalities globally.

Most countries launched their COVID-19 immunization campaigns, with the process being at a quite advanced stage in some of them. The first vaccines were approved in late November 2020, and actual immunization started in early December. Overall, more than two billion COVID-19 vaccine doses have been administered globally so far³. At the European Union level, over 255 million doses have been administered, with 39% of the total population already having received at least one dose, according to the information available, while 19% are fully immunized in the 27 EU Member States.⁴ All countries around the world are endeavouring to immunize as many people as possible in as short time as possible to contain the spreading of the virus, and prevent the creation and multiplication of new strains, which is one of the major concerns at this stage of the pandemic.

Montenegro is no exception in this respect and ranks among the countries investing enormous efforts to administer COVID-19 vaccines as quickly and as smoothly as possible. According to the information available, the epidemiological situation in Montenegro has greatly improved compared to late 2020 and early 2021. There are currently⁵ 701 active cases in Montenegro, with 83 persons hospitalized due to COVID-19. Based on official statistics, since the first case officially recorded in Montenegro on 17 March 2020, there have been over 99,000 cases, with 1,587 deaths related to COVID-19.

1 The data for 3 June 2021.

2 <https://www.worldometers.info/coronavirus/>, accessed on 3 June 2021.

3 The data for 3 June 2021.

4 <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/>, accessed on 3 June 2021.

5 The data for 3 June 2021.

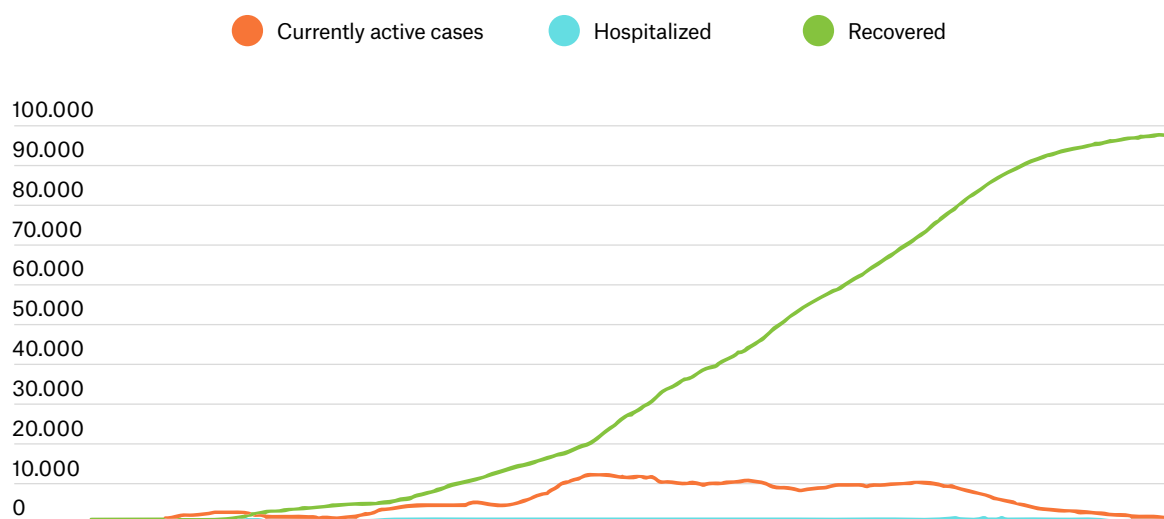


Figure 1: The trends for the number of cases, both active, hospitalized and those who have recovered from COVID-19 in Montenegro. Source: <https://www.ijzcg.me>, accessed on 3 June 2021

The COVID-19 immunization process had a somewhat late start in Montenegro compared to other European countries. The first vaccine dose was administered in Montenegro on 20 February 2021. Nonetheless, Montenegro quite quickly, by comparison, made the vaccines available for the whole adult population in the country. To date, four types of vaccines have been available in Montenegro in varying quantities: the Chinese Sinopharm, the Russian Sputnik V, then Astra-Zeneca (Vaxzevria) developed by the Oxford University in collaboration with the British–Swedish pharmaceutical company, and the Pfizer–BioNTech vaccine from the American and German pharmaceutical companies. To date⁶ the total of 136,588 first doses, and 93,215 second doses have been administered.⁷ This means that over 22% of the adult population of Montenegro has received the first dose, and 14.7% are fully immunized with both vaccine doses. The authorities are struggling to secure adequate quantities of vaccines for the whole adult population, but also to motivate as many individuals as possible to seek immunization.

Apart from the immunization efforts, Montenegro is suppressing COVID-19 with measures set forth by the Council for Containment of COVID-19, a body set up at the government session of 11 December 2020, and a successor to the former National Coordination Body for Infectious Diseases (NKT). With the epidemiological situation in the country improving considerably, the Council has lifted a number of bans that had been imposed in an effort to contain the spreading of the novel coronavirus. The remaining bans include a ban on mass gatherings (in excess of 50 persons), and on the operation of night clubs, cafés and restaurants beyond midnight. Face masks are still mandatory indoors, as well as keeping a distance of two metres both indoors and outdoors. The borders are now fully open for persons entering Montenegro from Croatia, Serbia, Kosovo, Bosnia and Herzegovina, Albania, North Macedonia, Russia, Belarus and Ukraine. As for travellers from other countries, their entry to Montenegro is possible if they are carrying proof of a negative coronavirus test or a positive test for coronavirus antibodies. Fully immunized persons are free to enter Montenegro regardless of their place of origin.

⁶ The data for 3 June 2021.

⁷ <https://www.covidodgovor.me>, accessed on 3 June 2021.





Such measures are intended to give a boost to economic activity to tackle not only the health-related consequences of the COVID-19 pandemic, but also the economic ones. With this in mind, in late April 2021 the Government of Montenegro announced support measures for businesses and individuals for the second quarter of 2021. The measures focused on maintaining liquidity and keeping jobs, with additional support in preparation for the summer tourist season. This package of support measures is estimated to be worth over €166 million. Among the specific measures, the most significant is credit support for businesses, disbursed in stages, and aimed at securing €110-million-worth of loans. Additionally, the wage subsidy programme introduced in April 2020 has been continued. According to government estimates, some 6,000 businesses and over 20,000 employed individuals stand to benefit from this package of measures.







The assessment

Introduction

The UN system in Montenegro has been a strong ally of the government in both the immediate and long-term response to the COVID-19 pandemic. Through the jointly developed Country Preparedness and Response Plan, the government expressed its interest in collaborating with the UN in terms of coordination, planning, preparedness and the socio-economic response.

While the crisis revealed and exacerbated already existing weaknesses, it also led us to think outside of the box and to look for solutions to recover better through working in an even more flexible, efficient and synergetic manner. By December 2020 the UN in Montenegro had spent US\$7.64m (US\$5.96m of new funding and US\$1.67m of re-programmed funding) to support the COVID-19 response by means of the procurement of medical equipment, advocacy and ongoing programmatic work adjusted to the new reality. Moreover, the key contribution of the UN system has been in the area of evidence collection and analysis, i.e. assessing and analysing the socio-economic impact of COVID-19 on individuals, households (especially those with children) and businesses⁸.

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 2020. 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 third RSIA aims to provide deeper insight into the social impact of the evolving crisis on groups in Montenegro that are already vulnerable. In addition, the assessment has sought to identify potential new groups of people who have become highly vulnerable due to the COVID-19 crisis, particularly focusing on the previous six months. The RSIA is underpinned by national and international standards and commitments to human rights, refugee protection and the "leave no-one behind"⁹ concept in line with Agenda 2030, in the response to COVID-19 in Montenegro. The report aims to provide evidence for decision-makers to tailor ongoing and future policy and programmatic interventions to alleviate the negative consequences of the pandemic on the people of Montenegro, with a particular focus on protecting the fundamental rights of those who are most vulnerable.

⁸ The UNCT Results Report for 2020, which outlines the key results in the COVID response in last year, is available at the following link: https://montenegro.un.org/sites/default/files/2021-04/UNCT%20Montenegro%202020%20Results%20Report_0.pdf

⁹ „Leave no-one behind“ is a key principle of UN Agenda for sustainable development 2030. It represents UN's determination to eradicate poverty in all its forms, discrimination and exclusion, and to reduce inequalities and vulnerabilities which causes people to be left behind and therefore undermines achievement of their full potential as well as the full potential of humankind.





Data and methods

As has been the case in the first two rounds of the RSIA, 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 April and May 2021.

The situation of the **general population** was assessed using **quantitative household public opinion surveys with the sample of 1,063 respondents in total**, conducted by Ipsos Strategic Marketing. The main characteristics of the survey 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 was 1,063 respondents above 18 years of age.
- The data collected following such a method render the accuracy of $\pm 3.21\%$ for phenomena with a 50% incidence.

Given the significance of limiting contact for public health reasons, the techniques used to collect data are via telephone and the internet, thus minimizing personal contact.

Since it was not possible to collect information about specific vulnerable groups using quantitative methods that secure representativeness across Montenegro, additional **qualitative data and information collection** at the specific group level were used. Information about the following target groups was collected using structured interviews:

Target group	Number of respondents
Children ¹⁰	352 parents/caregivers, 225 women and 85 men
Adolescents	320 respondents – 248 girls and 72 boys
Elderly	70 respondents – 38 women and 32 men
Persons with disabilities	49 respondents – 30 women and 19 men
Domicile Roma	35 respondents, of whom 31 are domicile and 4 displaced
Refugees, asylum seekers, stateless persons (at risk of statelessness)	96 respondents – 74 men and 22 women
Migrants (seasonal workers, foreigners)	23 respondents – 11 women and 12 men
LGBTI community	31 LGBTI persons – 2 women, 2 men, 5 lesbians, 7 gays, 3 homosexuals, 9 transsexuals, 1 bisexual and 2 non-binary persons

¹⁰ 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 cash allowance'), and children in foster care.



Target group	Number of respondents
Disadvantaged persons who are not recipients of social welfare	30 respondents – 6 men and 24 women
Tenants	47 respondents
Target group	Number of respondents
Tenants	47 respondents

It was not possible to interview members of certain specific groups for various reasons, such as ethical concerns (avoiding possible harm and risk of double traumatization) or physical obstacles (protection of identity, for instance). 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.**

Finally, administrative data from the integrated Social Welfare Information System (SWIS) 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, the data collection was restricted to adults only. All the data was collected from adults, even that pertaining to children.

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 pandemic and are tailored towards country-specific circumstances. As in other countries around the world, the COVID-19 containment measures imposed led to a reduction in economic activity and disruption to traditional schooling. The measures have been gradually and progressively lifted, which has led to increasing economic activity.

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 situations and their perceived prospects given the circumstances. The main findings concerning the general population are the following:

- **Incomes fell compared to the pre-COVID-19 levels, but they are starting to bounce back.** The findings indicate that close to half of all Montenegrin citizens have seen a reduction in their incomes over the last six-month period compared to the pre-COVID-19 situation. One-third of all respondents report that their income fell by 30% or more. Those citizens whose income actually increased account for 13% of the total. Compared to the May 2020 findings, the share of those whose income increased grew from 3% to 13%. Although still almost half of all respondents expect a diminishing income, this constitutes an improvement compared to the 60% of respondents who were expecting that a year earlier. This could be taken as early indications of recovery.
- **A substantial share of those who were left incomeless have already started or plan to start working freelance.** When asked about their coping strategies, three out of 10 respondents who had been laid off or had their salary reduced reported that they were looking for any kind of a job, even in some other profession, to make up for the loss of income, and almost one in four had opted to work freelance to bring in additional income (24%). Additionally, 16% plan to start working freelance.
- **Those with lower levels of education continue to have less job security.** Similar to the findings of the May 2020 survey, almost two-thirds of the respondents reported no impact on their employment status, 14% reported the loss of their job, and 18% had their salary reduced. Those most affected are ones with lower education levels. The most severely hit were accommodation and food services, followed by the sale of non-food products.
- **Households face the greatest problems in affording treatment in private healthcare institutions due to the limited access to public healthcare caused by the pandemic, followed by the cost of the rent for dwellings and then loan instalments.** The findings indicate that over the last six months a large share of households was able to afford food costs, and more than four out of five are also able to cover utility bills. **Almost half**





of those who incurred schooling costs for secondary school and university students were unable to meet such expenses over the last six months. In addition, 63% of those who incurred treatment costs in private medical establishments due to limited access to public healthcare on account of the COVID-19 pandemic were unable to cover for these costs. Finally, 68% of those who rent their dwelling were unable to afford the cost of the rent.

- **Close to two-thirds of households who had to provide care for children under 6 years of age over the last six months with preschools and schools being closed, where parents were obliged to go to work, reported they were unable to afford such costs.** On the other hand, most households with children aged 6 to 18 were able to afford food and healthcare, clothes and footwear, and internet costs to enable remote learning, as well as textbooks and school stationery.
- Although a large share of school-age children has taken part in distance learning, **as many as 7% of respondents with children of school age report that their children are not involved in remote learning programmes.** That percentage has more than doubled compared with the previous year when it stood at 3%. Although parents are mostly satisfied with various aspects of distance learning, overall, the satisfaction level declined compared to the previous year. **The vast majority of parents whose children attend school would prefer exclusive in-person delivery during the next academic year, while one in 10 parents choose the hybrid approach as their preferred delivery method.** More than four out of five parents whose children took part in distance learning think that their children obtained less knowledge than they would have through traditional schooling.
- Montenegrin citizens need **health-related services** the most, followed by the need for online cultural content and assistance in seeking jobs. The share of those who reached out for support grew from 9% last year to 16% over the last six months. Most of them approached healthcare institutions for assistance. Almost two out of five **of those who sought assistance over the last six months did not have their needs met, which is particularly true for citizens above 60 years of age.**
- **The administrative data concerning one-off assistance applications received by the Centres for Social Work indicate that the crisis hit those who were not covered by social protection schemes more than the existing social assistance beneficiaries.** The data shows that the vast majority of applicants were not social assistance beneficiaries at the moment of seeking one-off assistance. The upward trend in the number of applicants who are not recipients of social benefits has been steady since October 2020.



Children

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

- This round of RSIA shows that families that are recipients of cash benefits, single-parent households, Roma families and families with a history of substance abuse have been extremely affected by the loss of income. Although the amount of social benefits remained the same, it is not enough to secure a decent living, forcing families to seek additional sources of income in the informal economy.
- 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, internet access and devices for engaging in distance learning.
- Children need healthcare services and support/assistance with learning, particularly for the distance learning modality. According to their parents, Roma children had a lot of difficulties in engaging in distance learning and need significant assistance with their homework.
- Families with children with disabilities, children in foster care and children whose parents have a history of substance abuse report the need for psychosocial support, while parents with a history of substance abuse, parents of children with disabilities and single parents also require childcare assistance.

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, while support in terms of mental health is lacking, but is vitally needed in the circumstances imposed by the pandemic.

- Although adolescents seem to have adjusted to distance learning, they miss regular education, especially its social component.
- Most adolescents have a relatively negative view of distance learning and believe that they have not learned as much as they would have through traditional schooling, which will reflect negatively on their further schooling. On the other hand, many believe it would be good to use technical means more in regular instruction.
- Most adolescents 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

The elderly are facing very high health risks due to the pandemic, but other aspects should not be neglected either, including their need for socializing, particularly with their family members.

- 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. Food remains the highest priority for the elderly, followed by medicines and hygiene products.
- There is also an increased need for psychosocial support and counselling, due to the reduced movement and socializing. The elderly are having a hard time remaining in isolation, which is causing them to feel anxious and fearful for their health.
- When asked which public services they need most at the moment, the answers were not very different than in the previous RSIA, although, as expected, the need for medical services decreased as the pandemic lessened. Namely, the elderly still state that they need health services, and home and psychological support and assistance.

Persons with disabilities

This RSIA has identified that the vulnerabilities which emerged with the onset of the COVID-19 crisis are still present for persons with disabilities and their families.

- The living standard of persons with disabilities has been affected by the crisis. Many have seen their income partially or substantially reduced.
- Over the last six months their pressing needs referred to sport and recreation, internet access for information purposes, followed by hygiene products, medicines and food. When asked which public services they need the most, respondents indicated health services, followed by psychological support, cultural content, legal services and assistance in finding employment. Respondents also refer to the need for personal assistants for children/persons with disabilities and some educational services, including assistance with learning, remedial and supplemental instruction.
- Half of the respondents who sought public services failed to obtain access to them. Those who did get access to services are very pleased with the service quality.
- The respondents fear the health risks associated with the pandemic the most. The health risk has increased the costs they incur through the purchase of expensive vitamins, but also their levels of anxiety and apprehension. Scheduling doctor's appointments has been more difficult than is normally the case, and some of them have avoided getting regular health check-ups for fear of contagion.



Victims of gender-based violence

Gender-based violence tends to increase during times of crisis, as shown by all three RSAs.

- Notwithstanding the initial expectations of experts, the number of victims placed in shelters in 2020 did not increase, while the number of calls grew by 15%.
- Specialized service providers for the victims of GBV report a worsening of the socio-economic situation of women, as a result of the pandemic. 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.
- Research on the gender-related impacts of COVID-19, conducted by UNDP and UN Women, has confirmed that women, especially those from vulnerable groups, are disproportionately affected by the crisis in terms of both an increase in the burden of family care and the loss of income.
- To date there is only one specialized service for GBV victims integrated into the system and partly funded from the central budget – the national helpline – while other NGOs receive project-based funding, mostly from international organizations, for their operation (service delivery). The same financing model was also characteristic of the pre-COVID-19 period.
- Apart from the public awareness campaign and procurement of personal protective equipment for women's rights groups working directly with victims, the state did little to provide additional financial support to these organizations and thus ensure their smooth operation, i.e. the availability of specialized support services for victims of GBV.
- Reduced multi-sector and multidisciplinary cooperation could be noticed during the whole time the physical distancing measures were enforced. 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.
- There is a risk that the prevention of and response to GBV may weaken in the time ahead, given that already scarce resources are allocated to other priorities.
- Due to the economic impact of COVID-19, new needs of the victims of GBV have emerged, which have 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.



Child victims/witnesses of violence

- NGOs working with child victims or witnesses of violence report a further 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.

Domicile Roma

The RSIA found that many members of the Roma community remain severely affected by the pandemic.

- The majority of respondents have either completely lost their income or are receiving a significantly reduced income. Reportedly, the pandemic has turned their poverty into extreme poverty. Given that the majority of Roma rely on informal income, restrictions on movement prevented them from earning an income.
- The people in this community urgently need food, hygiene products and medicines.
- Distance learning constitutes a huge problem, due to both the lack of technical means to engage in distance learning (computers, internet access, appropriate space) and the fact that parents lack knowledge to help their children with learning.

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 poorest and most disadvantaged segment of the population in relation to their socio-economic perspectives.

- **A large proportion of refugees, asylum seekers and persons at risk of statelessness are still jobless and without any opportunity to generate income.** The problem is already very much present among asylum seekers living in privately rented dwellings and refugees, and somewhat less so among refugees from the former Yugoslavia and persons at risk of statelessness.
- **In April 2021, over a year into the pandemic, food and hygiene kits remain the most pressing needs of refugees from the former Yugoslavia and persons at risk of statelessness, while food, accommodation and assistance with distance learning are the pressing needs of asylum seekers living in privately rented accommodation and persons granted refugee status.**
- The survey reveals that serious **challenges among the Roma and Egyptian refugee communities in following distance-learning programmes still persist, thus leaving them further behind education-wise.** This particularly applies to refugee children, where half of them have no TV or tablet, nor internet connection, preventing them from accessing education.



- The people interviewed are still pessimistic about their future. Most respondents reiterate strong concerns for their economic prospects and the possibility of finding a job/ securing their livelihood.

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, as reconfirmed by the most recent data collected in April 2021. However, an unknown number of migrant workers remained in Montenegro. Information collected for this round of assessment indicates that they have a partially reduced income.

- Most respondents indicate hygiene products and medicines as their priority needs, which is followed by accommodation and sport and recreation. The public services they need most at the moment are primarily health services and assistance in finding a job, while some also mention psychological assistance.
- 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 correctional facilities

- Prevention of the possible spread of the virus improved compared to the 2020 reports, thanks to higher availability of personal protective equipment, immunization of police officers and inmates, and improved conditions in several police custody facilities across the country.
- While no COVID-19 cases were detected in prisons until mid-June 2020, a total of 137 inmates had tested positive for the virus as reported by the prison service in May 2021. One female prisoner who suffered from a poor health condition, died after contracting COVID-19.
- Although the total prison population decreased, overcrowding remains one of the major risk factors for the spread of the virus in the investigative prison.
- After being restricted for a year, prison visits have been allowed again since March 2021, but only once a month, compared to four to six in the pre-COVID-19 period. This results in less psychosocial family support for inmates, which impacts negatively especially on children.
- Thanks to a new IT laboratory at the Ljubović Centre, now all children can engage in distance learning, although the Centre still remains short of staff who are able to provide assistance in learning.
- The Ljubović Centre has insufficient hygiene products.



LGBTI community

- Almost half of the LGBTI persons who took part in the assessment have lost all or more than 50% of their income over the last six months. More than half of the respondents are concerned about their economic prospects and whether they will be able to provide for their families. Their most pressing current need refers to having an adequate shelter.
- As was the case in 2020, psychosocial support is the most pressing need for the LGBTI community. Over the previous period, the LGBTI rights and outreach organizations received some short-term donor funding, but this is not enough in the long run.
- Hate speech against the LGBTI community is present in Montenegrin society. However, the UN is unaware of cases in which the COVID-19 pandemic was the cause of hate speech against this community.
- An LGBTI rights NGO was concerned about the privacy and potential future use of data on members of their community the NGO had to share with the authorities so that these members could continue to receive COVID-19 related food assistance.

Disadvantaged persons who are not social assistance beneficiaries

- Unemployment has been on the rise over the last year, particularly affecting multi-member families not benefitting from any kind of social assistance. Most of them approached the Red Cross for assistance for the first time during the pandemic. The largest share of respondents from this group are unable to access social benefits through CSWs for failure to meet the strict means test criteria.
- The bulk of people from this group have lost all or almost all of their income. Their most pressing needs refer to food, followed by hygiene products, clothes, medicines and devices for distance learning.
- Assistance in finding a job is the main priority in terms of public services for this group.

Tenants

- Many people in this category lost their job during pandemic, with a corresponding significant or partial reduction of their income.
- That is why finding a job is mentioned as one of the most pressing needs of tenants. They also need legal services and child-care.
- Most respondents from this group have not attempted to access any of the services, and among those who did, health care and child-care are the most frequently sought services.
- Current pressing needs for this group of people are accommodation, food, medicines, devices for distance learning and hygiene products





Recommendations

The three rounds of the Rapid Social Impact Assessment found that the pandemic has brought to the fore and even exacerbated the existing social inequalities, while also triggering new ones and exposing certain segments of 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 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 and statelessness protection, and with the recognition that all of these are critical for a sustainable and effective response.¹¹

- Continue monitoring the socio-economic situation of vulnerable groups to plan and implement tailor-made and effective interventions towards their protection.
- Intensify efforts to ensure the constant availability and accessibility of public services for all citizens in general and for vulnerable groups in particular.
- During the post-COVID-19 recovery, intensify the existing active labour market measures and introduce new ones that are well-targeted to ensure employment or support for self-employment for those who have lost their jobs and income during the pandemic, including young people (seasonal employment, internship and apprenticeship).
- Ensure direct involvement of vulnerable groups in designing policies and measures pertaining to them.
- 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 pandemic, about their rights and other relevant facts that affect them.

Specific recommendations

The following recommendations are focused on specific vulnerable groups:

Children, adolescents and young people

- Protect children from poverty and social exclusion through targeted, vigorous social and child protection system responses that integrate cash assistance and quality, inclusive services based on the recognized needs of each child in contact with the system. In most critical cases, ensure ad-hoc support with food provisioning and basic supplies until the situation has stabilized.

¹¹ See: UN Framework for the Immediate Socio-Economic Response to COVID-19, April 2020, p. 9. See also: United Nations, COVID-19 and Human Rights: We are all in this together, April 2020.





- 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 non-kinship foster care, including emergency and specialized foster care for children with disabilities, should be further strengthened.
- Maintain and expand psychological support to children and adolescents through help-lines and within the framework of public services (schools, primary healthcare centres).
- Ensure support for the parents and caregivers of children with disabilities, especially single parents/caregivers.
- Ensure quality inclusive education for adolescents, including efforts to reach those who have no access to digital technologies and who are not digitally connected, and strengthen skill-and resilience-building programmes.
- 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 education to adolescents. Include more teachers in assisting students in achieving results.
- Children need assistance with learning to make up for what was lost due to the COVID-19 crisis. In addition, invest efforts to enable classroom instruction to the maximum extent possible.
- Ensure that children have unobstructed access to healthcare services.
- Step up the existing resilience-building programmes and indicate the need to develop innovative curricula that build those skills that are in demand in the labour market.
- Step up efforts to support young people's employability, with a focus on career guidance services, including internship and apprenticeship opportunities, for both young people and adolescents, to prevent a "lost generation" due to COVID-19.
- Increase the number of services offered and upgrade the quality of the existing services for children and adolescents to ensure support for mental health preservation and improvement.

The elderly

- Extend the distribution of food, hygiene products, and other necessary supplies and medicines, organized in line with all the medical requirements in order to limit the risk of exposure for the most vulnerable elderly persons.
- Continue to encourage and train the elderly to use new technologies and available ICT communication tools (Viber, WhatsApp, Skype, Zoom, etc.), as well as provide professional counselling to make them better prepared for possible new pandemic waves.
- Continue the information campaign on the significance of COVID-19 immunization and raise awareness of its social and health-related aspects.



Persons with disabilities

- Enhance health service quality and the protocols for the treatment of persons with disabilities to mitigate any additional adverse impact on their health during the COVID-19 crisis, and prevent persons with disabilities from being denied the most basic healthcare services. Develop inclusive social protection and tailored poverty reduction measures, and ensure their adequate and continuous financing, to mitigate the adverse social impacts and the risk of marginalization during the crisis.
- Establish a national institutional framework for cooperation between the state and persons with disabilities in the form of a counselling body for promoting the rights and inclusion of persons with disabilities in adopting containment measures, in particular the adoption of protection and (inclusive) recovery measures. The government should develop a recovery strategy with tailor-made support for persons with disabilities and their families, accompanied by increased financial support at both the local and national levels. Such measures need to reflect a full range of disabilities and address the lack of comprehensive understanding of disability that limits access to existing forms of support, leaving many persons with unrecognized forms of impairments/disability without any support due to discriminatory provisions in the current policies that the government relies on in designing the measures.
- Financial support should include paid leave for persons with disabilities and members of their families, increased amounts of disability benefit, support to organizations of persons with disabilities to ensure occupational health and safety is enforced (face masks, disinfectants, well-organized priority immunization), but also other cash assistance, including covering any additional costs incurred due to disability. The application process for any type of support needs to be easily accessible and free-of-charge, and the applications should be handled swiftly and in a timely manner.
- Develop programmes and support measures in reference to rehabilitation and upskilling towards greater employability, personal development and self-employment capacities, as well as competencies needed in present-day society (including IT and digital transformation). Finally, all general economic recovery programmes need to include persons with disabilities.

Victims of gender-based violence

- Implement awareness-raising activities aimed at the public on the subject of 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, and on the available support services. It is particularly important to reach out to victims of violence living in isolation with abusive partners.
- Ensure equal representation of men and women in decision-making bodies, and the involvement of gender, sexual and reproductive health and GBV experts.



- Services such as helplines, crisis centres and shelters need to be sufficiently financially supported during the pandemic and subsequent economic recovery. Additionally explore new technologies that could support fighting gender-based violence. Consider provision of legal and psychological support, having in mind gender differences when it comes to access to technology.
- Establish close cooperation and communication between existing formal and informal groups, such as women's rights groups, CSOs and women's organizations, to support their efforts in providing an urgent response and prevent social exclusion.
- Introduce socio-economic measures for the 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 the introduction of measures that would guarantee job security during the period of their stay in a shelter.

Domicile Roma

- Increase coverage by soup kitchen services to include all Roma and Egyptian families with a monthly income of under €150.
- Explore coverage by digital devices in families with school-age children and equip schools attended by Roma and Egyptian children with devices required for distance learning.
- Introduce employment and literacy/adult education programmes, accompanied by support and motivation workshops, while sensitizing employers against discrimination in parallel.

Refugees, asylum seekers and persons at risk of statelessness

- Ensure the inclusion of refugees, asylum seekers and stateless persons/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 socio-economic recovery.

People in detention, including children

- Accelerate efforts to increase the number of family visits and visits of other essential contacts of persons held in prison, with particular focus on urgently increasing such visits to children in prison, in line with the improving epidemiological situation. It is important to ensure more frequent direct physical contact to increase the level of psychosocial support to persons, and especially children in prison, as alternative modes of communication are cannot fully substitute direct contact.
- While restrictions remain on visits, ensure frequent and free-of-charge alternative means for communication between detained persons and their families.



- Continue improving the material conditions of detention and police custody facilities, building new ones where needed, to ensure adequate health and hygiene conditions, including in Bijelo Polje and Pljevlja.
- Increase staffing capacities at the Ljubovic Centre to provide the best possible support to resident children and to assist them with distance learning if it were to be reintroduced.

LGBTI community

- Support LGBTI persons, primarily those who have lost their income and have been forced to return to hostile primary home environments because they are not able to afford independent living.
- Ensure psychosocial support to LGBTI persons through supporting pertinent NGOs.
- Authorities ensure that only strictly necessary data is requested to persons to receive COVID-related support and that the privacy and confidentiality of any data is fully respected.

Disadvantaged persons who are not recipients of social assistance

- Many individuals and families who have lost their income due to COVID-19 or who were already poverty-stricken before are not benefiting from any social protection schemes. This group should be borne in mind while designing recovery programmes.
- Apart from assistance in terms of food, hygiene, diapers and clothes, cash assistance or subsidies are also needed, particularly for persons with unpaid rent and electricity bills, and for families whose members have specific health-related needs, and assistance for children to be able to engage in distance learning (internet, smartphone, tablet).
- Besides this urgent support, ensure help with finding a job and securing a steady income.
- Provide support to children in reference to extracurricular and recreational activities, and for distance learning, where needed.
- Find a way/designate an institution or organization to support this vulnerable group given their inability to meet the means-test criteria to be able to access CSW support, which makes it unclear who they can turn to for assistance.

Tenants

- Find a way to register tenants in order to be able to plan targeted support measures.
- Relevant assistance should include rent subsidies, free access to the healthcare system and medicines, and subsidized utility bills.
- Develop tailor-made employment support measures.
- Cooperation between the national- and local-level authorities is needed when designing pertinent support measures.



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