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REPORT

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



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Abbreviations

CEDAW - The Convention on the Elimination of all Forms of Discrimination Against Women

COVID-19 - Coronavirus disease, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

CSO - Civil society organization

CRPD - Convention on the Rights of Persons with Disabilities

CSW - Centre for Social Work

DPM - Deputy Prime Minister

GBV - Gender-based violence

GREVIO - Group of Experts on Action against Violence against Women and Domestic Violence

ICT - Information and communication technology

ILO - International Labour Organization

IOM - International Organization for Migration

IPH - The Institute for Public Health

IPV - Intimate partner violence

IRF - Investment Development Fund

ISCP - Institute for Social and Child Protection

MICS - Multiple Indicator Cluster Survey

MLSW - Ministry of Labour and Social Welfare

NGO - Non-governmental organization

pp - Percentage points

RCO - Resident Coordinator's Office

RSIA - Rapid Social Impact Assessment

UIKS - Institute for the Execution of Criminal Sanctions

UNDP - United Nations Development Programme

UNICEF - United Nations Children's Fund

UNHCR - United Nations High Commissioner for Refugees

VAC - Violence against children

VAW - Violence against women



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 the <https://www.coronainfocg.me/>, the imposed measures have yielded results, keeping the pandemic at the level of 616 officially reported cases (of which 315 have recovered), 12 died and 2,084 are under surveillance.³

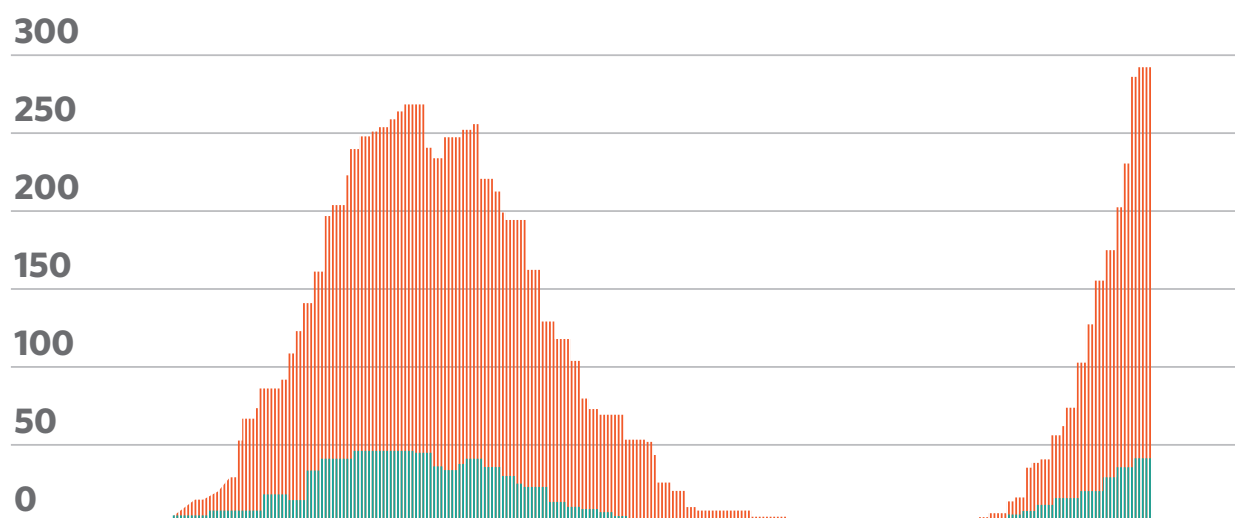


Figure 1: Overview of the COVID-19 cases in Montenegro (source: www.coronainfocg.me, accessed on 3 July 2020).

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.

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

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 aim to both boost 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

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 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 at two important moments of 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 a 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
Childre ⁿ⁷	278 parents/care givers 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 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.

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.**

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.

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

Finally, 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.

The immediate impact of COVID-19 on households in Montenegro

The two rounds of the quantitative survey implemented in order to assess the effects of COVID-19 on the general population outline the consequences that the population felt in the two different phases of the pandemic in Montenegro – the peak of the first cycle in April, and the post-first-cycle situation in May/June.

For both rounds of data collection, the team used questionnaires with most questions being completely identical and only a few questions being slightly altered. This was decided on purpose, since the goal was to try to capture the change in the situation by utilizing the same measurement tools. The second round included several additional questions in order to better understand the consequences of the ongoing changes in society.

Assessment of the effects of COVID-19 on the financial situation of citizens

The first question was aimed at assessing how the lockdown had affected citizens' financial situations. Figure 2 presents three 'snapshots' in time – the first shows what people in April expected to happen as the result of the outbreak, the second their account of what happened in May, and the last their expectation for the future, as expressed in June. We can see that people were more pessimistic in April, as 60% of the respondents believed that their income was going to be reduced. The reduction, however, did happen for 50% of the respondents and their families, which means that one in two people experienced a negative change. Asked about their expectations for June, 42% of the respondents expected further reductions. Even though the percentage is very high, we can see that people are slightly less pessimistic about the future, compared to April. The estimations of how much their income would be reduced have also decreased. For example, in April 38% of the respondents expected their income to fall by 30% or more, while in June 25% of respondents expected the same.

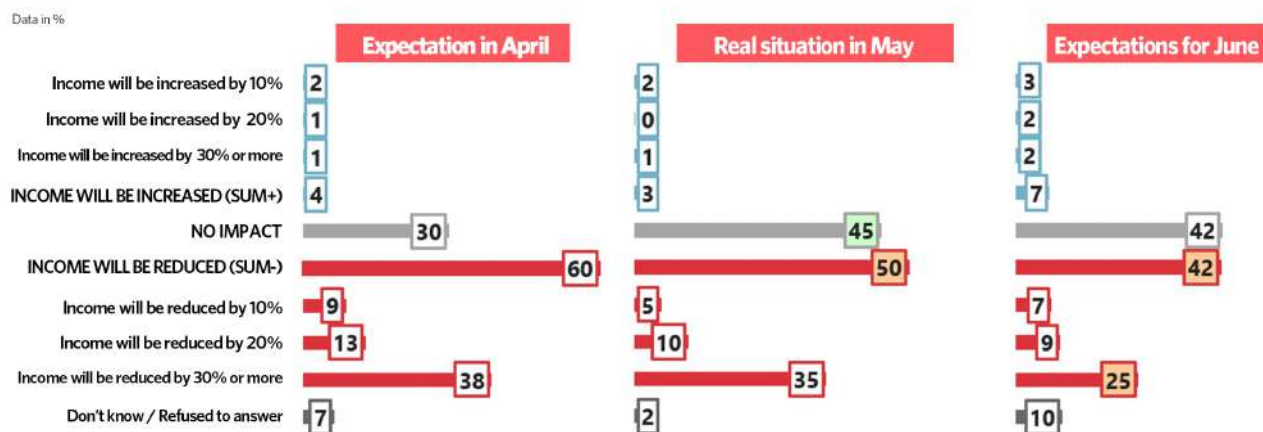


Figure 2: In your estimation, how will the new coronavirus affect the financial situation of you and your family this month (April)? Did coronavirus affect your and your family's financial situation in May, compared with the situation before the pandemic? In your opinion, will coronavirus affect your and your family's financial situation in June? ($N_1=1,021$ in April and $N_2=1,004$ in May and June)

Income stability before and after the COVID-19 pandemic

The next question was aimed at comparing how the COVID-19 crisis would affect different sources of income. As can be seen from Figure 3, salaries were and continue to be the most affected item. While pensions and social benefits have stayed at the same level of regularity, as was expected, 14% of people reported a lower level of regular income from their salary after the pandemic in April and 18% in May. Also, the percentage of people who have received remittances has reduced by one-third, which is significant given the amount of money which is usually being received via remittances in Montenegro.⁹ People living in the northern region reported the biggest change in terms of regular income from salaries in April. Namely, 57% of them stated that they had regular income from salaries before the pandemic, while the same was true for only 31% of them in April.

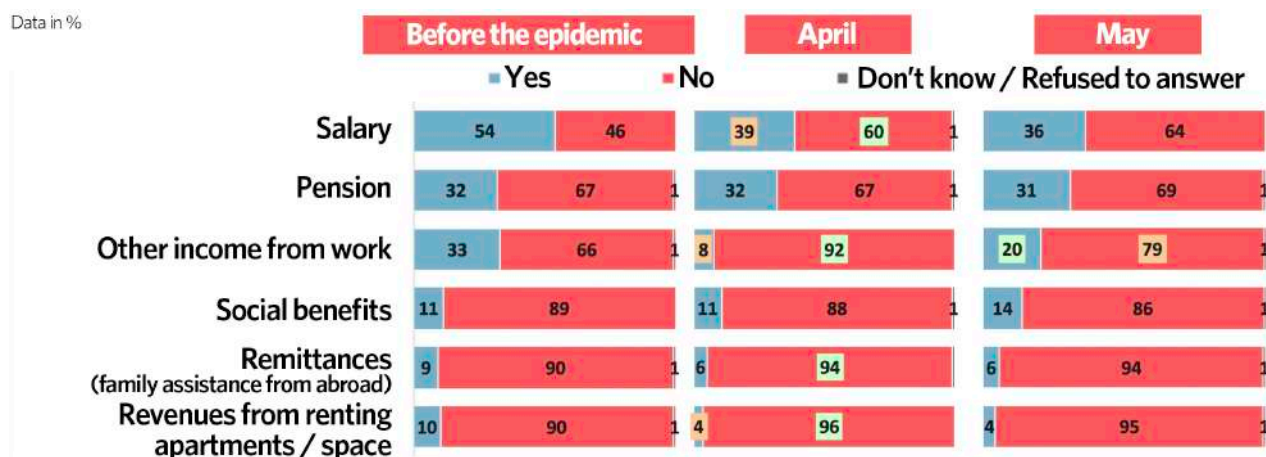


Figure 3: Please tell us now, for each of the following sources of income, whether you were receiving a regular income before the pandemic and in April/May, (support from family members living abroad), social benefits (social, financial support for the family, child allowance, attendance allowance, personal disability allowance, one-off assistance). ($N_1=1,021$, $N_2=1,004$)

8 'N' represents the number of respondents that were asked a specific question. N_1 signifies the first round of data collection in April and N_2 the second round in June.

9 <https://www.bankar.me/2019/05/06/crnogorci-u-inostranstvu-zaradili-271-milion-eura/>.

The influence of COVID-19 on the employment status of household members

Almost one-fifth of the respondents in April reported that **at least one member of their household had either lost his/her job or stopped receiving a salary** even though he/she was working, because of COVID-19. Members of the families with a lower income (less than €450 per month) were on average more affected by job losses, as at least one family member in these families lost their job in 16% of cases. On the other hand, there were more families with a monthly income of €800+ among those who have not experienced any job losses (94%). This means that lower-paid jobs were more exposed to termination in the first phase of the response to the pandemic, thus contributing further to an uneven burden of the crisis and putting more pressure on the population which is at a higher risk of poverty.

In April, almost one-quarter of the respondents reported that at least one member of their household had received a reduced salary. Finally, almost 50% of respondents reported that members of their household had retained their jobs and that their salaries had remained the same.

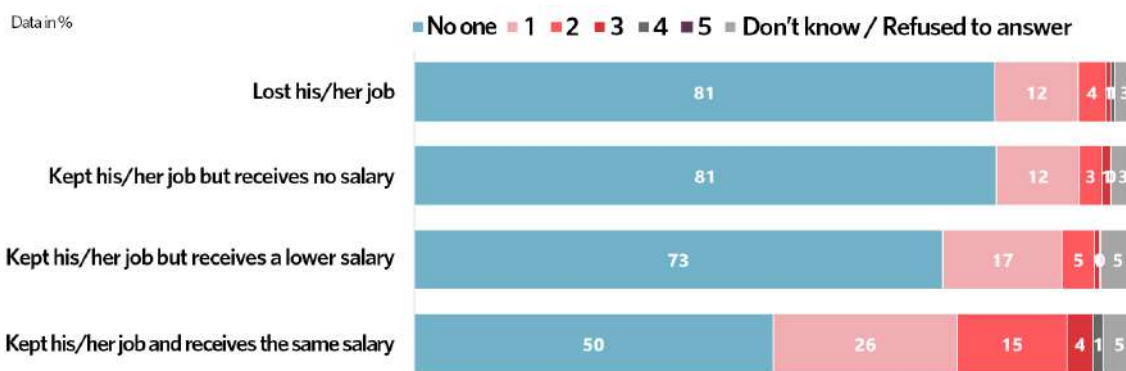


Figure 4: How many members of your household are affected by the coronavirus –have lost their job, kept their job, but receive no salary, kept their job but receive a lower salary, or kept their job but receive the same salary? (N_i=1,021)

In the second round, the question was slightly changed, and the respondents were asked if they had personally experienced job loss in May. This was done in order to get more representative data on job losses at an individual level. As can be seen from Figure 5, 14% of respondents reported being laid off and an additional 20% report that their salary was reduced.

Has the situation with Covid-19 affected your employment status?

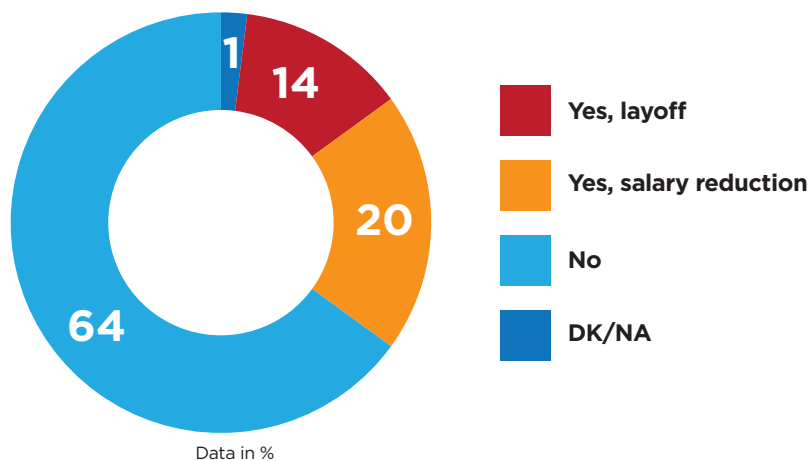


Figure 5: If you have been formally or informally employed before the pandemic, has the situation affected your employment status? (Base: The formally or informally employed before the pandemic (46% of the target population))

Out of those who were laid off, most respondents mentioned being employed in *accommodation and food services*, which is followed by *civil engineering* (see Figure 6). On the other hand, a salary reduction due to the COVID-19 epidemic was most likely to occur in the sale of non-food products.

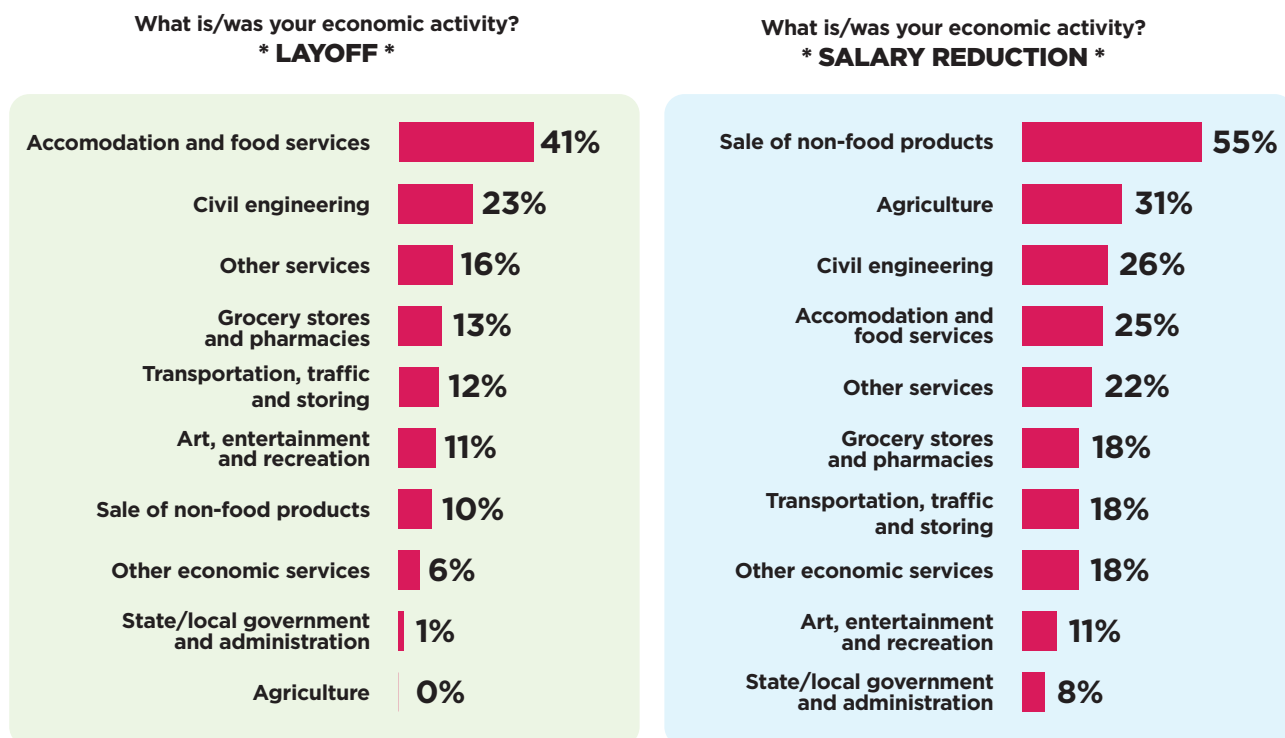


Figure 6: If you were laid off or your salary was reduced, what was the area of your economic activity?

When asked about their coping strategies in cases where they had been laid off or their salary had been reduced, the respondents answered that they would most prefer to look for any other permanent job, even if it was in another profession. Others state that their plan was to work freelance in order to bring in additional income or to go abroad. Interestingly, not many people mentioned gaining further education or looking for a seasonal job. Many people either did not have a plan about how to compensate for the reduction of the income they had experienced or were not ready to share it.

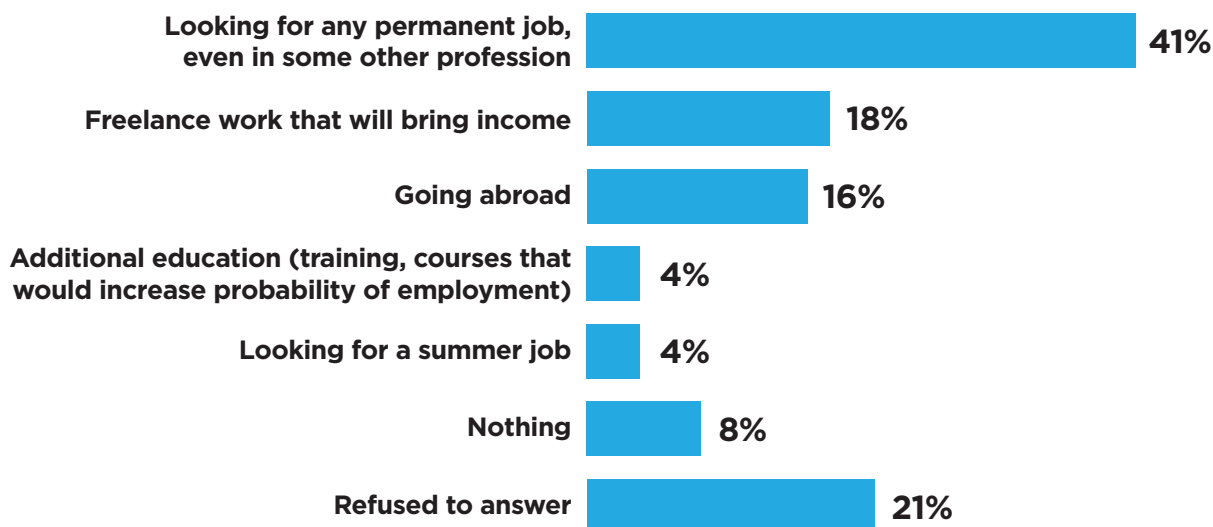


Figure 7: Are you planning any of the following in order to compensate for reduced income if you were laid off or your salary was reduced? (N=160)

The percentage of respondents who work and have employment contributions paid

Out of those respondents that report being formally or informally employed during the second round of data collection, 22% stated that their contributions (pension, health insurance, taxes, and other) were not being paid. Among people with primary education or less 45% reported not having their contributions paid, while the same is true for 24% of those that have completed secondary education.

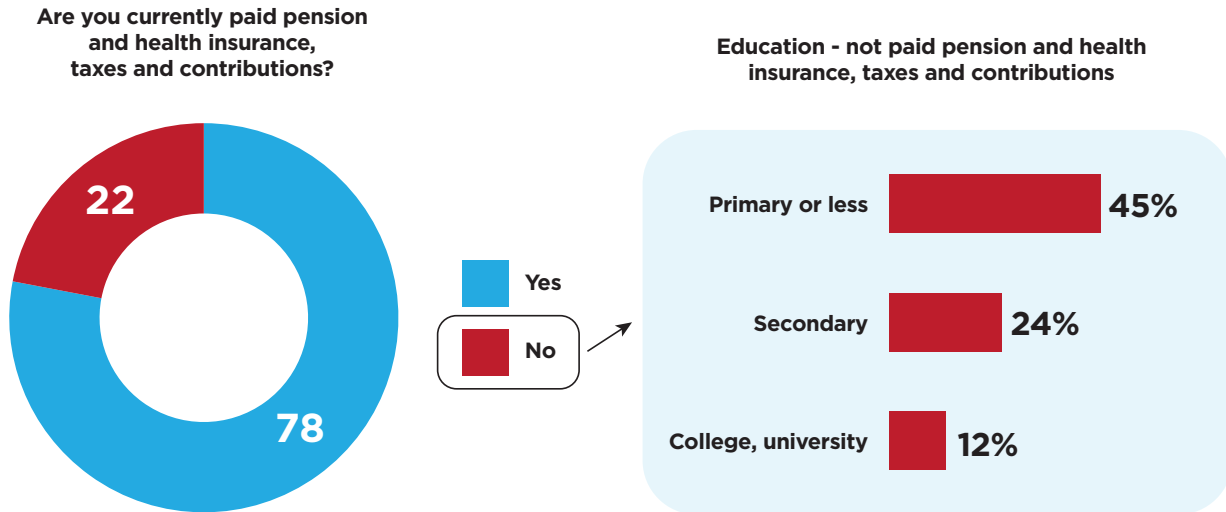


Figure 8: If you are formally or informally employed, are your contributions paid? (N=401)

The number of household members who work and have employment contributions paid

Approximately one-tenth of citizens state that some of their household members have been laid off due to the COVID-19 epidemic, while one-third say that some household members have had their income/salary reduced. Income/salary reduction is mentioned more often in the south than in other regions.

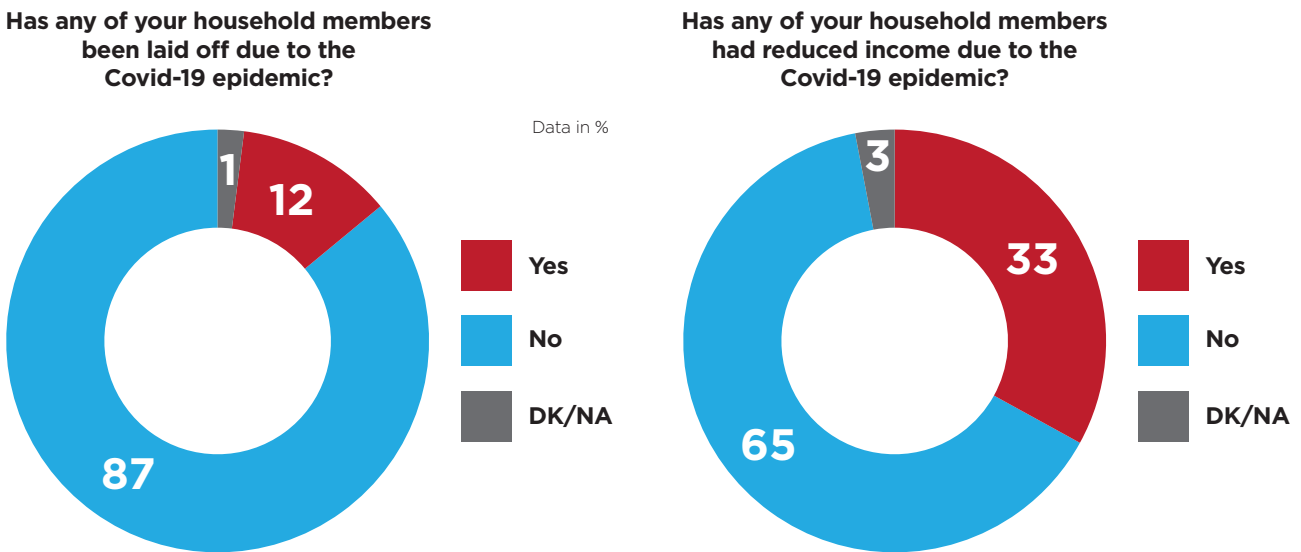


Figure 9: Have any of your household members been laid off or had their income reduced due to the COVID-19 epidemic?

In April 74% of the respondents reported that at least one member of their household had received a salary or some other work income. Out of those who report receiving salaries, 12% stated that none of the household members have had their employment contributions paid, which is a cause for concern. In 44% of the cases, this is the case for only one household member.

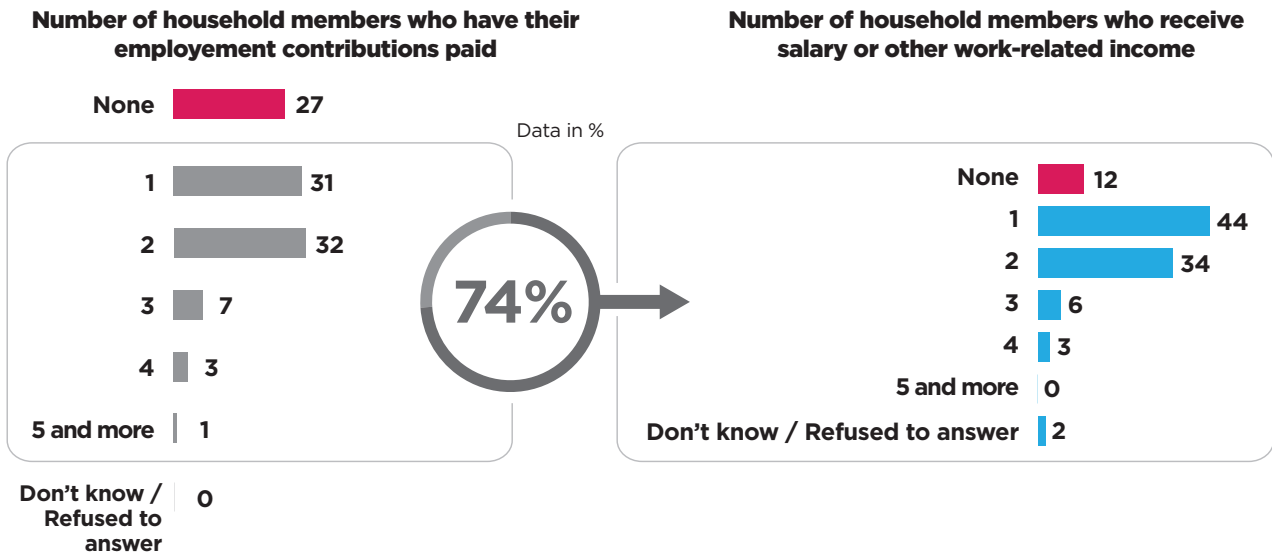


Figure 10: How many members of your household are currently paid a salary or have other income from employment? How many members of your household who receive wages or other income from employment currently have their contributions (pension and health insurance, or taxes and contributions) paid? (N=747)

In May 82% of respondents stated that at least one of their family members was receiving a salary or income from work. However, the percentage of those that say that their family members do work but do not receive insurance or contributions has remained the same - 12%.

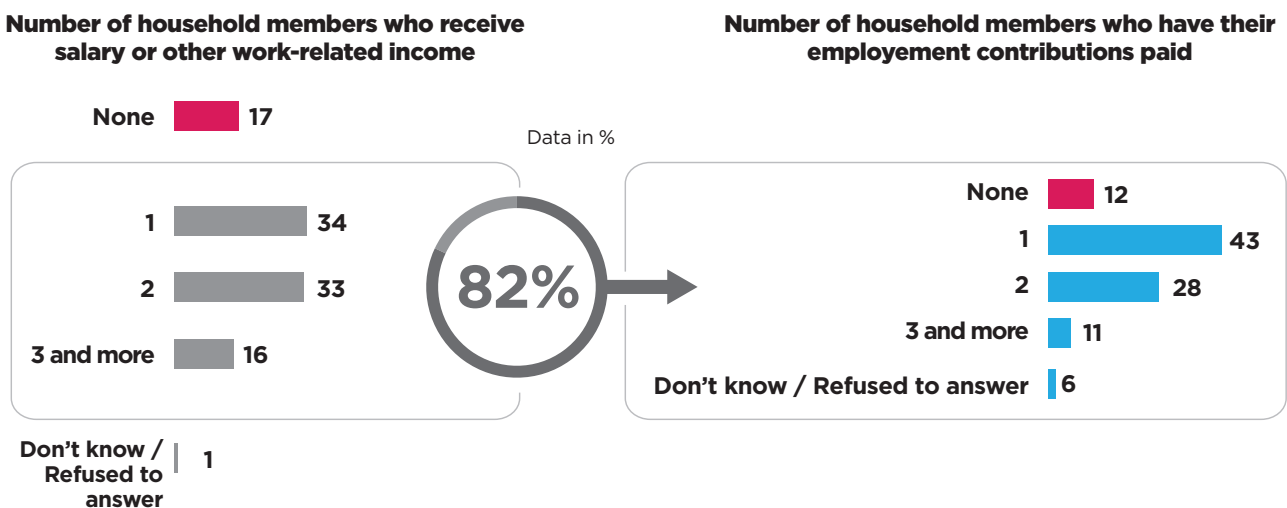


Figure 11: How many members of your household are currently paid a salary or have other income from employment? How many members of your household who receive wages or other income from employment currently have their contributions (pension and health insurance, or taxes and contributions) paid? (N=833)

Affordability of household-related costs

The following question sought to compare what an average household in Montenegro could afford during the various phases of the COVID-19 outbreak.

The COVID-19 outbreak negatively affected households' ability to cover their basic needs, such as food, utilities, and medicine. The situation started to improve in the aftermath of the outbreak, but it remains worse than before the outbreak. Namely, the percentage of respondents who were able to afford food and medicine fell by 8 percentage points after the outbreak compared with before COVID-19. More respondents could not afford to pay for utilities (20 pp less), loan/credit payments (26 pp less), education-related costs for students (16 pp less) and rent (10 pp less). The percentage of people who could not afford certain household-related costs now is above-average in the northern region. Namely, **food for the household is not affordable for 13% of respondents** (compared to 9% on average), 31% of the people living in the northern region that cannot pay their utility bills now (compared to 23% on average), 22% cannot afford medicines (compared to 14% on average), and 52% cannot pay tuition fees (compared to 37% on average).

In May, however, the situation started to improve slightly, which could be linked to the resumption of economic activity. The percentage of households who could afford food and utilities during May increased but it remained lower than before the outbreak. The percentage of households that could not afford medications remained the same as during the outbreak. The percentage of households which could not afford loan instalments and rent decreased from April but remained higher than before the pandemic.

The percentage of people who could not afford education-related costs rose in April and remained at the high level in May, even though the school year has been completed. This can be attributed to increased expenses of students because of the exam periods and tuition payments that are due.

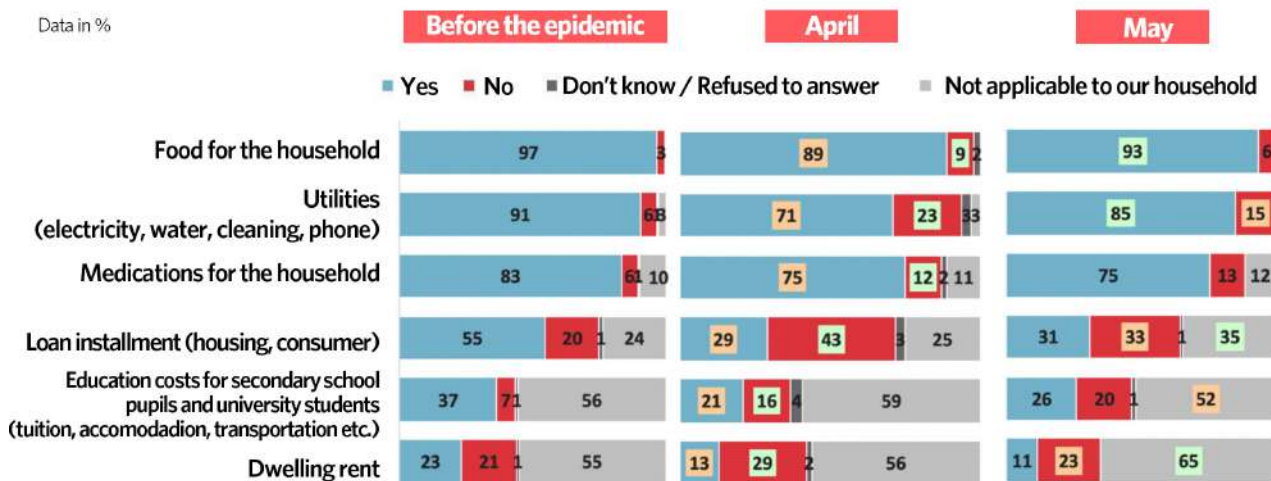


Figure 12: And now, please tell us for each of the following items whether your household could afford it before the outbreak of coronavirus and then whether it can afford it now, after the outbreak of coronavirus: loan instalments (housing, consumer loan), renting an apartment/rent, utility bills (electricity, water, sanitation, telephone), food for the household, medicines for the household, tuition fees for high school and university students (tuition, university campus, transportation, etc.)? (N₁=1,021, N₂=1,004)

Affordability of products for babies and children up to 6 years old

Although it was still a bit more difficult to afford necessities for children under 6 in May than before the epidemic, there are some positive changes compared to the situation in April. Among the respondents who live in households with babies or children younger than 6 years of age, the affordability of relevant products decreased in April. The most significant difference concerns paying for clothes and footwear. Before the coronavirus outbreak, 94% of households could afford these products, while only 60% stated that they could afford them in April. Additionally, there are less people that can afford nutrition (16 pp less) or health care (15 pp less). The situation improved in May, when 90% of respondents reported being able to pay for health care and 85% for food and diapers, and 71% for clothes, which is higher than in April, but lower than before the COVID-19 outbreak.

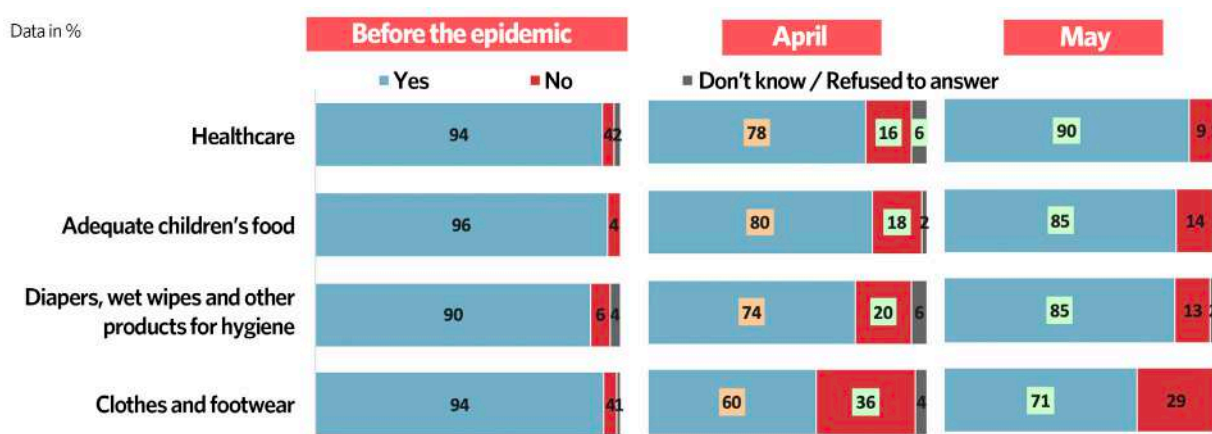


Figure 13: Could your household afford the following products for a baby and children under the age of 6 before the coronavirus outbreak? And can it afford them now, after the coronavirus outbreak? Was your household able to afford the following products for babies and children under 6 years of age in May: adequate nutrition for children, clothes and footwear, diapers, wet wipes, and other baby/child hygiene products, health care? (N₁=204, N₂=200, only those households in which babies and children younger than 6 years old live)

Affordability of products for children 6 to 18 years old

Similar trends can be observed when it comes to households with children older than 6 and adolescents. These families had the most difficulties in paying for food, clothes and footwear in April. The problem was especially pronounced in the northern region, where 22% of families stated that they cannot afford food (compared to 11% on average). In May, the situation started to improve when it came to clothes and footwear as the percentage of households that could afford them rose by 9pp compared to April, but the percentage is still less than it was before the COVID-19 outbreak. The situation regarding healthcare and food remained the same as during the month of April.

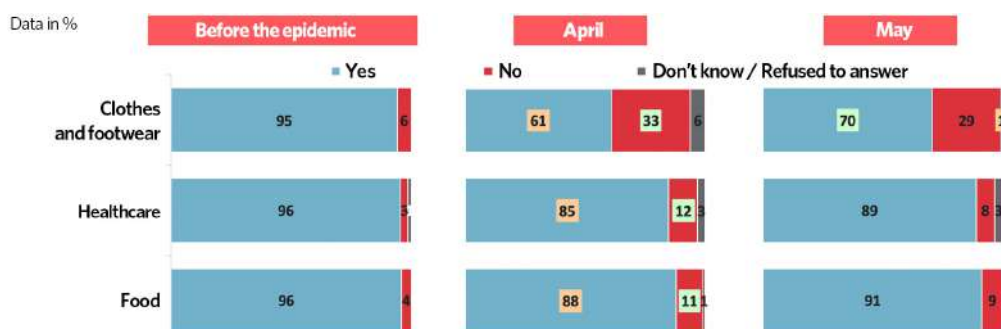


Figure 14: Could your household afford the following products for children aged 6-18 before the outbreak of coronavirus? And can it afford them now, after the outbreak of coronavirus? Was your household able to afford the following products for children age between 6 and 18 years in May? Food, clothes and footwear, and health care (N₁=294, N₂=321 only those households in which children aged 6-18 live)

Technical conditions for distance learning in the household

Most households with children younger than 18 have a TV set, two-thirds have a computer/laptop with an internet connection, while only 39% report that they have a tablet with an internet connection that can be used for children to engage in distance learning. There are 13.3% of households, according to the survey, in which children under 18 do not have access either to a computer or to a tablet connected to the internet. This effectively excludes them from the possibility of engaging and participating in distance learning.

The problem of not having computers connected to the internet is especially pronounced in the northern region and in rural areas. Namely, 23% of respondents in the northern region and 25% of respondents in the rural areas report not having a desktop or laptop with an internet connection that can be used for distance learning (compared to 16% on average).

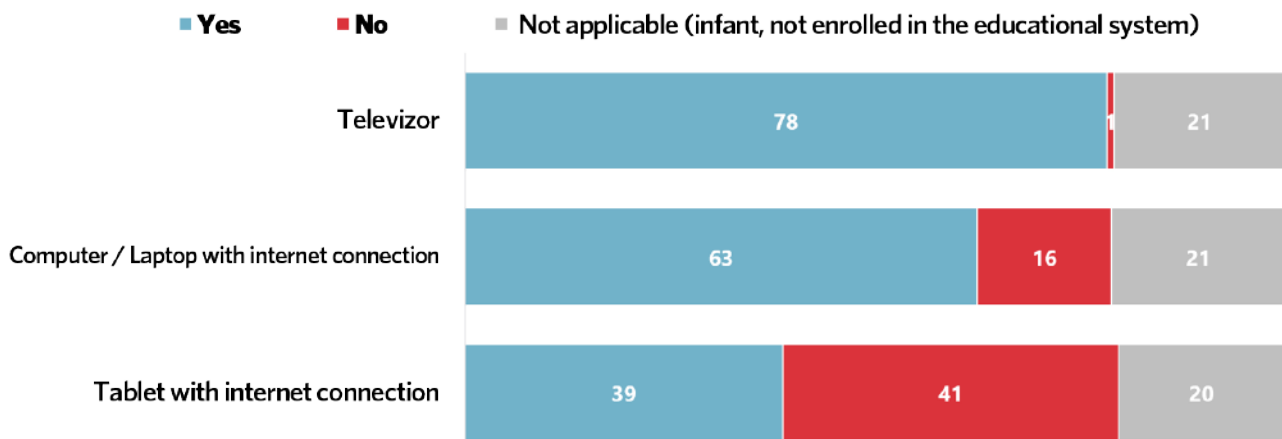


Figure 15: Does your household have the necessary technical requirements for your child to be able to follow a distance-learning programme, i.e. the following devices: television, computer/laptop with internet connection, tablet with an internet connection? (N=424, only those households in which children aged 0-18 live)

Among the respondents from households with children of school age (6-18 years old), most report having a television; 79% state that they have a desktop or laptop computer with an internet connection; and 49% state that they have a tablet with an internet connection that can be used for distance learning.

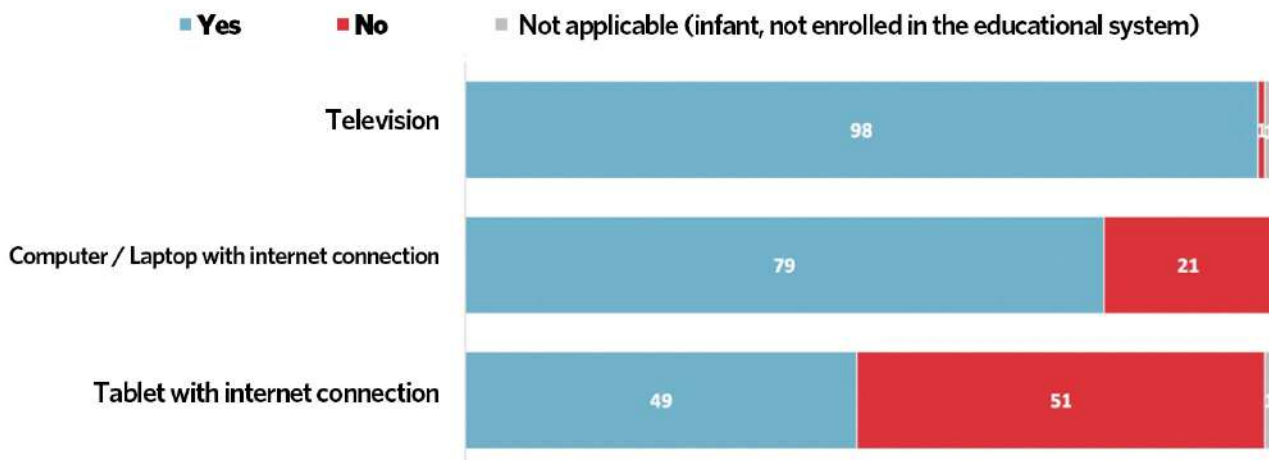


Figure 16: Does your household have the necessary technical requirements for your child to be able to follow a distance-learning programme, i.e. the following devices: television, computer/laptop with internet connection, tablet with an internet connection? (N=294, only those households in which children aged 6-18 live)

Distance learning

A large majority of school-age children, according to their parents, have taken part in distance learning. No significant socio-demographic differences have been registered in this aspect. Even though this percentage is low, the survey found that there were children of school age that could not take part in distance learning.

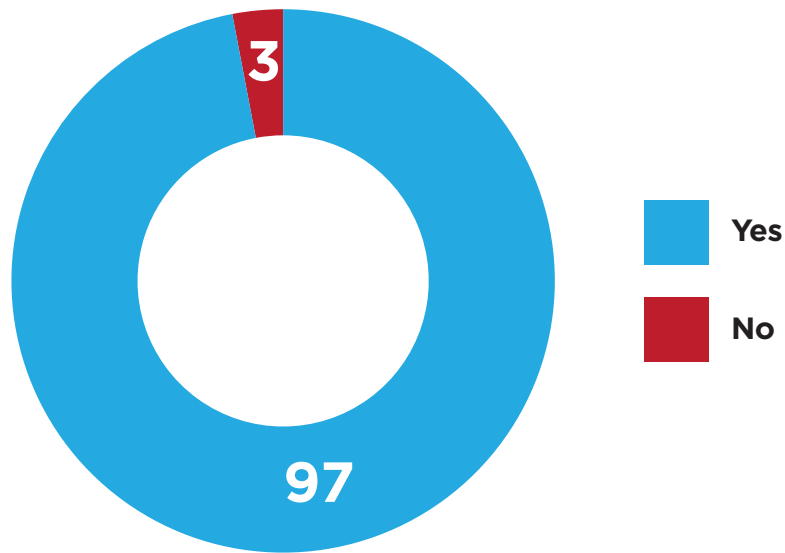


Figure 17: Has your child taken part in “distance learning” (on TV, YouTube, e-platforms...)? (N=321)

The majority of those whose children participated in distance learning single out communication with teachers as the most positive aspect of the process – three-fifths of these citizens are very satisfied with this aspect. All tested aspects were evaluated mainly positively, while women were more likely to give positive grades than men.

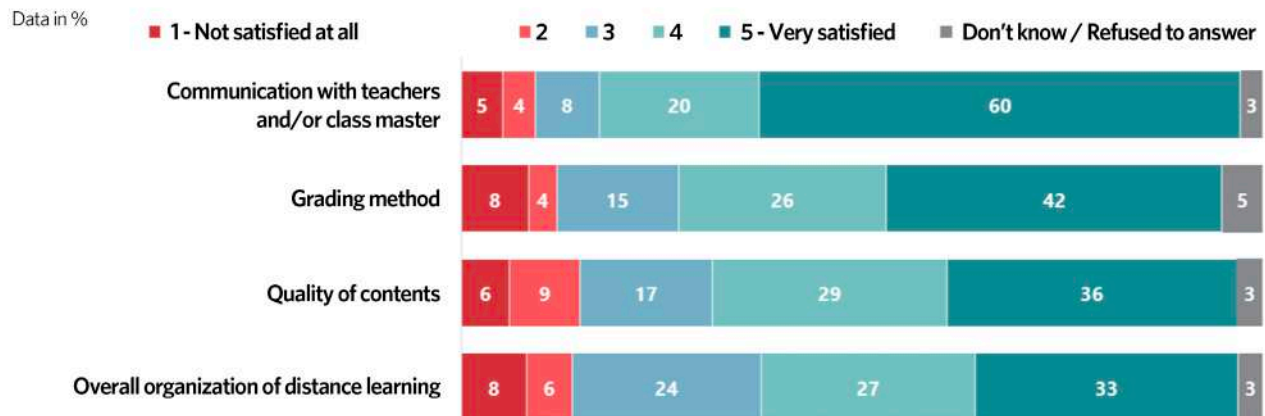


Figure 18: How satisfied are you with the following distance learning aspects? Please rate on a scale from 1 to 5 where 1 means ‘Not satisfied at all’, and 5 means ‘Very satisfied’. Base: those whose child took part in distance learning (31% of total target population)

In spite of evaluating some aspects of distance learning mainly positively, approximately two-thirds of citizens whose children took part in distance learning still think that their children obtained less knowledge than they would through traditional schooling. Almost one-third believe that the volume of the knowledge acquired is equal, while 3% think that distance learning provided more knowledge than regular schooling.

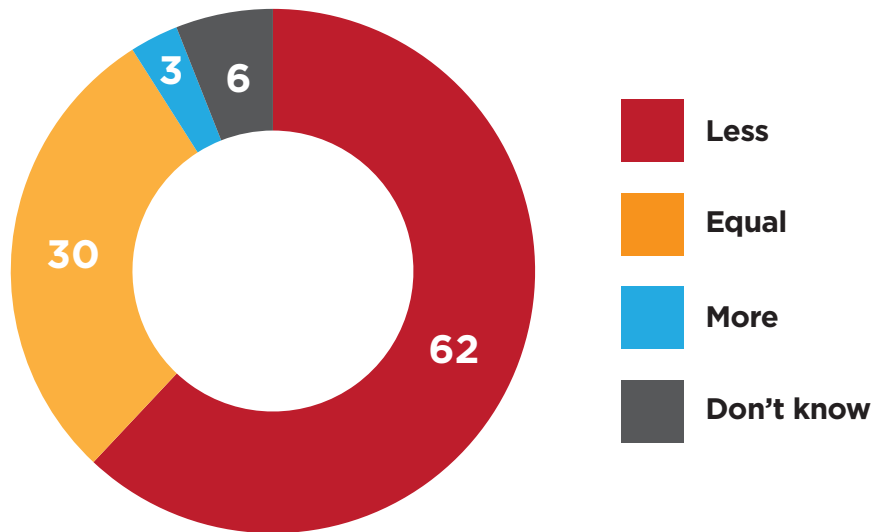


Figure 19: In your opinion, did your child obtain less, more, or equal knowledge and skills with distance learning, when compared with traditional methods? Base: Those whose child took part in distance learning, N=311

Viber and communication applications are singled out as the most efficient platforms for distance learning by one-third of those whose children took part in it, while TV comes second.

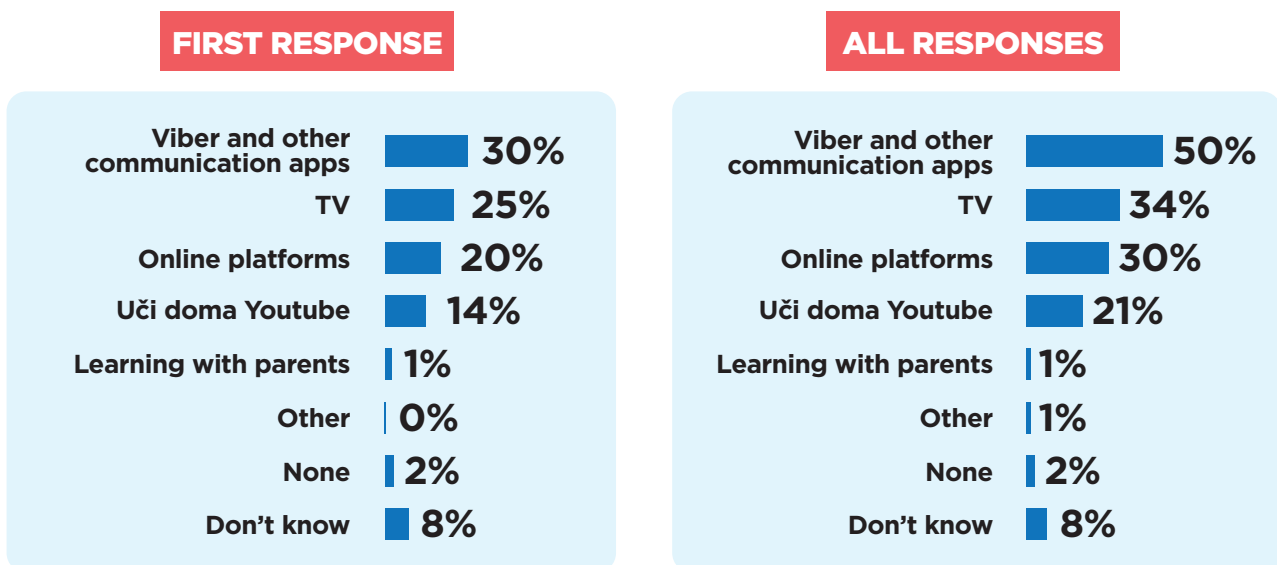


Figure 20: Which form of distance learning do you consider most efficient in terms of providing knowledge and skills? And which is the second most efficient? Base: those whose child took part in distance learning, N=311

Financial sustainability of households

In the first round of the survey, around half of the respondents believed that they could meet their basic household needs with the money and supplies at their disposal for another two weeks to one month, if the current situation were to continue. The fact that half of the respondents reported that they would not be able to sustain their households for more than 30 days requires urgent attention and action.

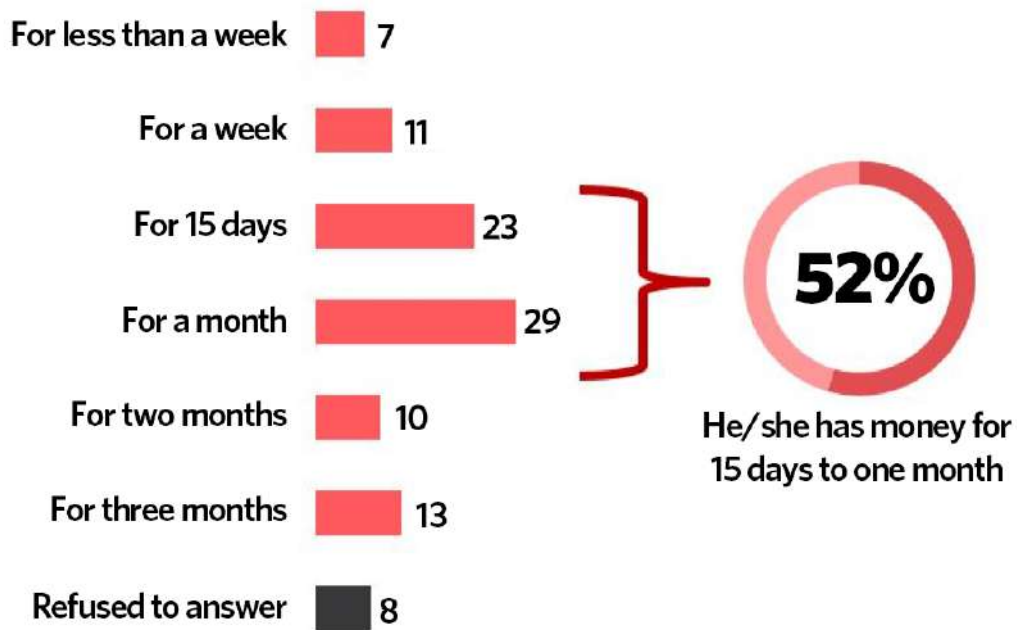


Figure 21: With the money you have at your disposal (income, savings, loans, etc.) and supplies (food, merchandise), for how long can you keep meeting the basic needs of household members under the current circumstances (measures due to the new coronavirus)? (N=1,021)

In the second round of the survey, two-thirds of the citizens of Montenegro reported that they believed their household would be able to manage for up to one month. Thus, the percentage of people that are in danger of not being able to cover their basic needs in a short period of time in the case of lockdown increased significantly.

Those with a university education are more likely than others to state that their household would be able to manage for one to two months.

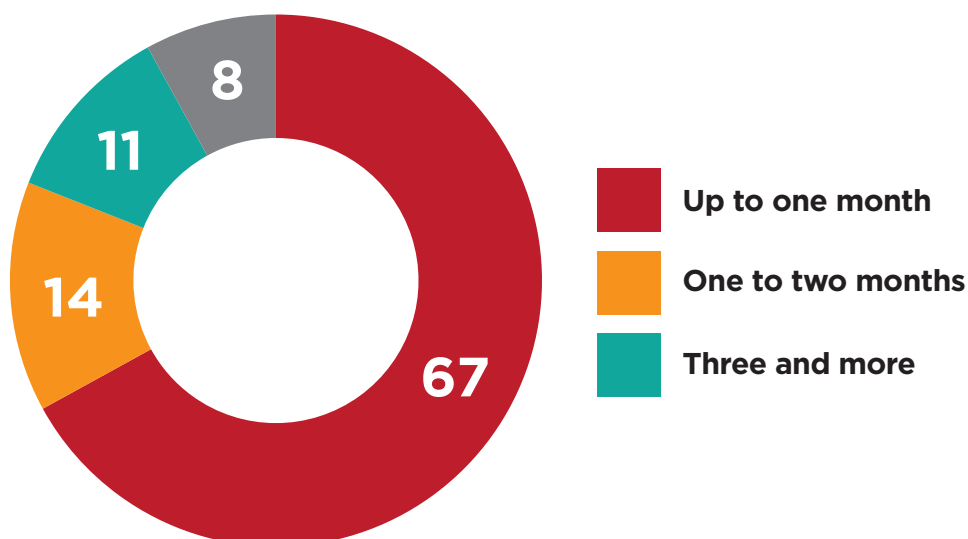


Figure 22: If you take into account all the household members' incomes, savings, and stocks (food, goods), how long will your household be able to meet basic needs? (N=1,004)

Need for public services

In the first round of the survey, most respondents believed that people in Montenegro have an increased need for health-related services and help for the elderly. Many mentioned public kitchens and assistance in seeking employment. The least needed services were help in the household, help with children, and legal services.

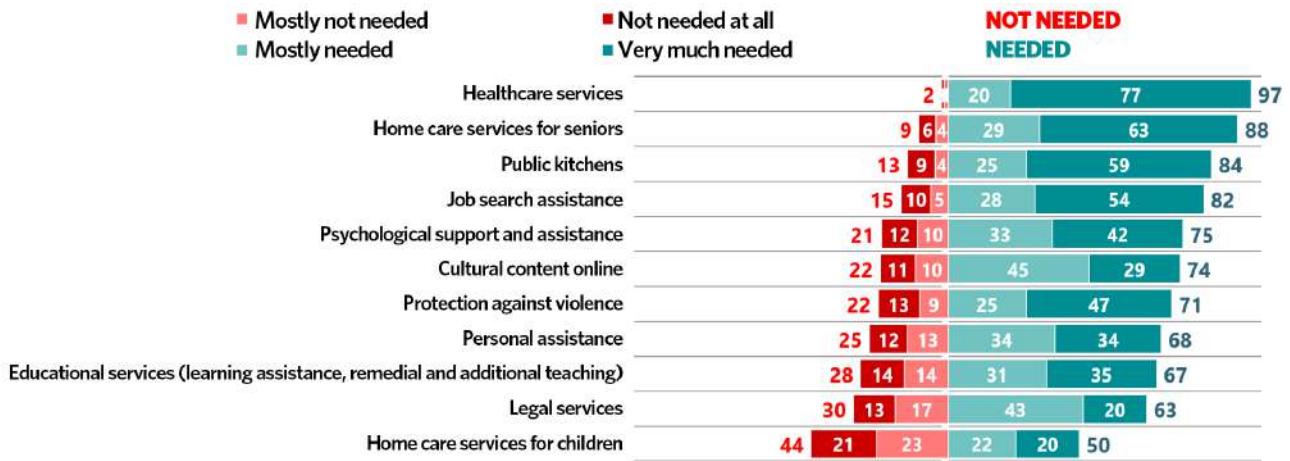


Figure 23: In your opinion, which public services and services are currently needed by/important to the people of Montenegro and to what extent? (N=1,021)

In June the question was changed to reflect the expressed individual needs. The most necessary services seem to be healthcare services, required by two-thirds of citizens. With the exception of having cultural content available online and assistance with seeking employment, citizens are most likely to state that they do not need any services. The services that citizens required least were public kitchens and protection from violence.

However, demographical differences are registered, which means that different socio-economic groups rank their needs differently. For instance, women need healthcare services more than men do, as do the elderly above 60 years of age. On the other hand, citizens with higher education are more likely to need online cultural content.

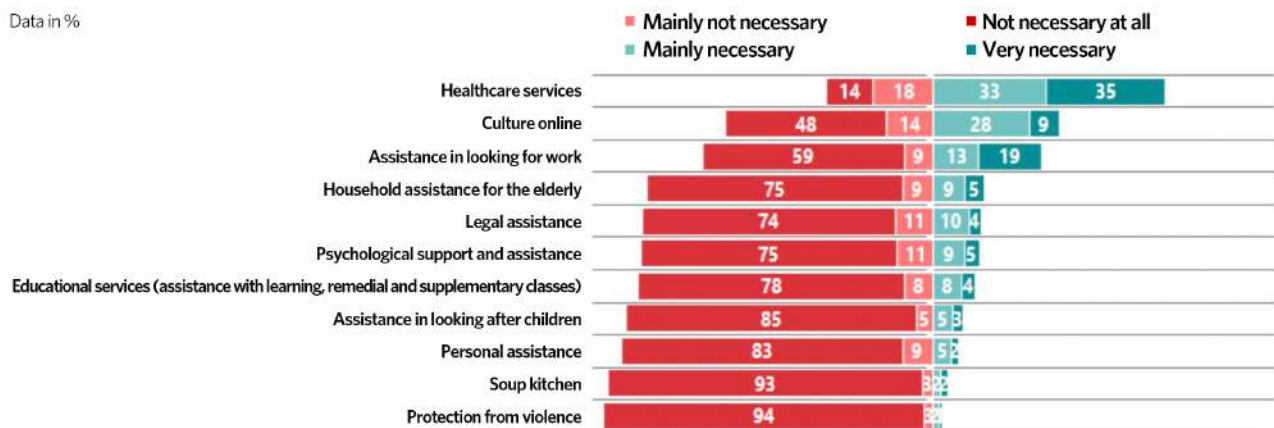


Figure 24: Which of the following public services do you need most? Base: Total target population, N=1,004

Approaching/reaching out to service providers for support

Fewer than 10% of the respondents in the first round said they had asked different service providers for support during the coronavirus epidemic. Among those who did do so, most contacted the Red Cross and health care providers.

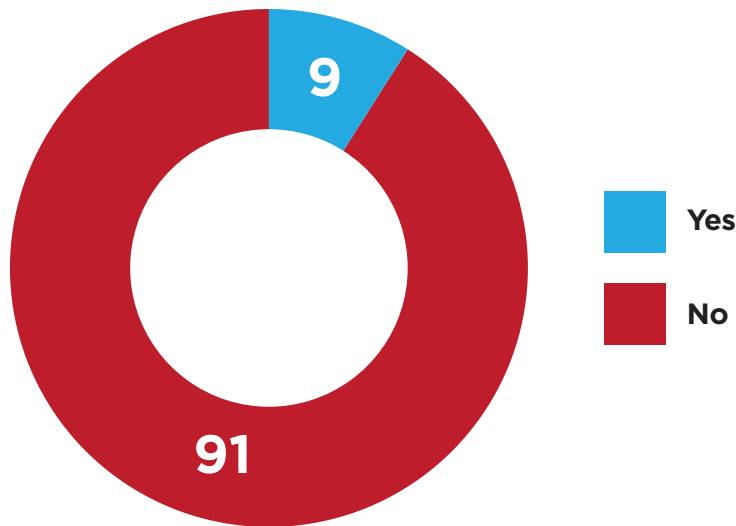


Figure 25: Have you contacted any service providers for assistance since the pandemic was declared? (N=1,021)

In May, approximately one-tenth of the citizens of Montenegro claim to have approached someone for assistance. Most of them say that it was the Red Cross (more than one-third), while one-fifth say that it was a healthcare institution. Those who were somewhat more likely than average to ask for help are parents of children under 6 years of age, as well as citizens aged between 30 and 44.

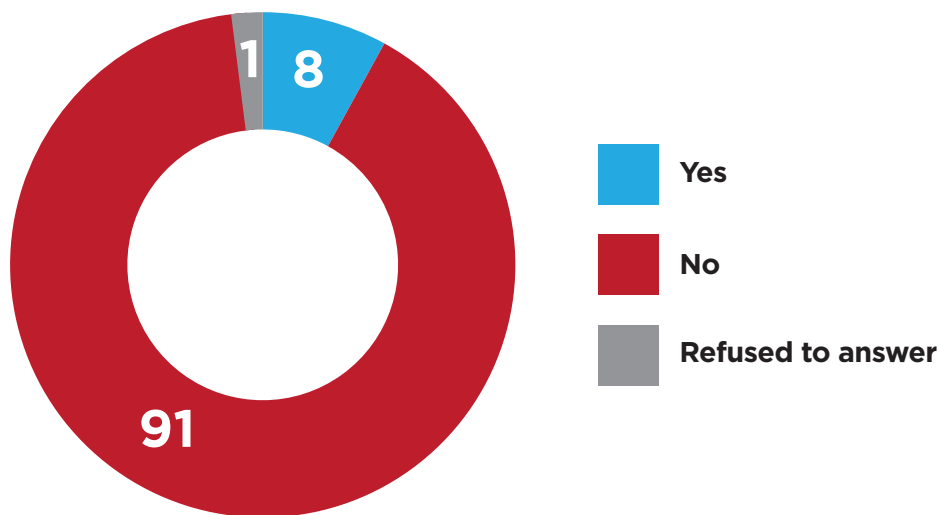


Figure 26: Did you approach any service provider for assistance during May? Base: Total target population, N=1,004.

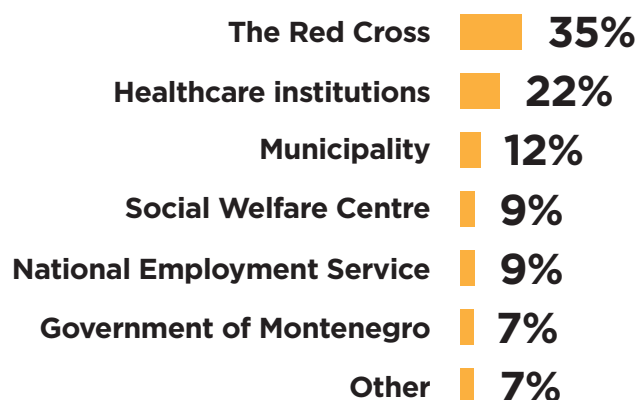


Figure 27: If you approached someone for assistance, who was it? (8% of the total target population)

Administrative data from the Integrated Social Welfare Information System

One of the indicators for the epidemic-caused hardship situation is the comparative trend of one-off financial assistance¹⁰ requests submitted to the Centres for Social Work. This particular social transfer is suitable for assessment for two reasons:

- This is an ad-hoc cash transfer and it can be requested not only by the current rights holders of social cash transfers but by other citizens as well.
- Since the Commissions for Disability Determination were dismissed on 13 March by the decision of the Ministry of Health, potential applicants can no longer apply for disability, work inability, and old-age category and means-tested cash transfers, which could lead to an increase in one-off requests¹¹.

The analysis covers one-off assistance applications received by the Centres for Social Work (CSWs), processed through the Integrated Social Welfare Information System (E-Social Card).

It is indicative that the crisis hit more those who were not covered by social protection schemes than the existing social assistance beneficiaries. The data below shows that the vast majority of applicants (72.6% in March, 76.5% in April, 69.8% in May and 67.5% in June 2020) didn't belong to the former category.

Table 1: Number of one-off requests for financial assistance

	2019						2020					
	January	February	March	April	May	June	January	February	March	April	May	June
Total number of requests	427	672	681	485	530	513	589	457	723	1199	645	1111
Central region	218	370	354	259	235	304	283	170	408	699	365	405
Northern region	168	218	277	185	243	159	203	245	239	366	211	388
Southern region	41	84	50	41	52	50	103	42	76	134	69	318

¹⁰ The analysis of one-off requests only takes into consideration requests submitted to the Centres for Social Work. The applications for one-off requests with local self-governments, the Red Cross, the Ministry of Labour and Social Welfare (directly) are not considered.

¹¹ It is to be noted that, for all the existing beneficiaries, social protection transfers were continued. The decision refers only to (potential) new cases.

Table 2: Request distribution (in percent) per different category/region

	March 2020	April 2020	May 2020	June 2020
Central region	56.4	58.3	56.6	36.5
Northern region	33.1	30.5	32.7	34.9
Southern region	10.5	11.2	10.7	28.6
Up to 25 years	7.2	4.7	4.2	7.0
26-40 years	23.7	30.6	23.3	25.4
41-67 years	60.2	56.4	61.1	56.6
67+ years	9.0	8.3	11.5	11.0
Applicant is a beneficiary of social assistance	27.4	23.5	30.2	32.5
Applicant is not a beneficiary of social assistance	72.6	76.5	69.8	67.5

The impact of the crisis is especially visible in terms of the total number of requests, comparing the April 2019 and April 2020 figures. Namely the number of requests was nearly three times as high when comparing April 2019 (485 cases) with April 2020 (1,199 cases), which represents a 147.22% year-on-year increase in one-off assistance requests. The number of requests in May 2020 was nearly half the number of requests in April 2020, slowly coming back to the 2019 averages.

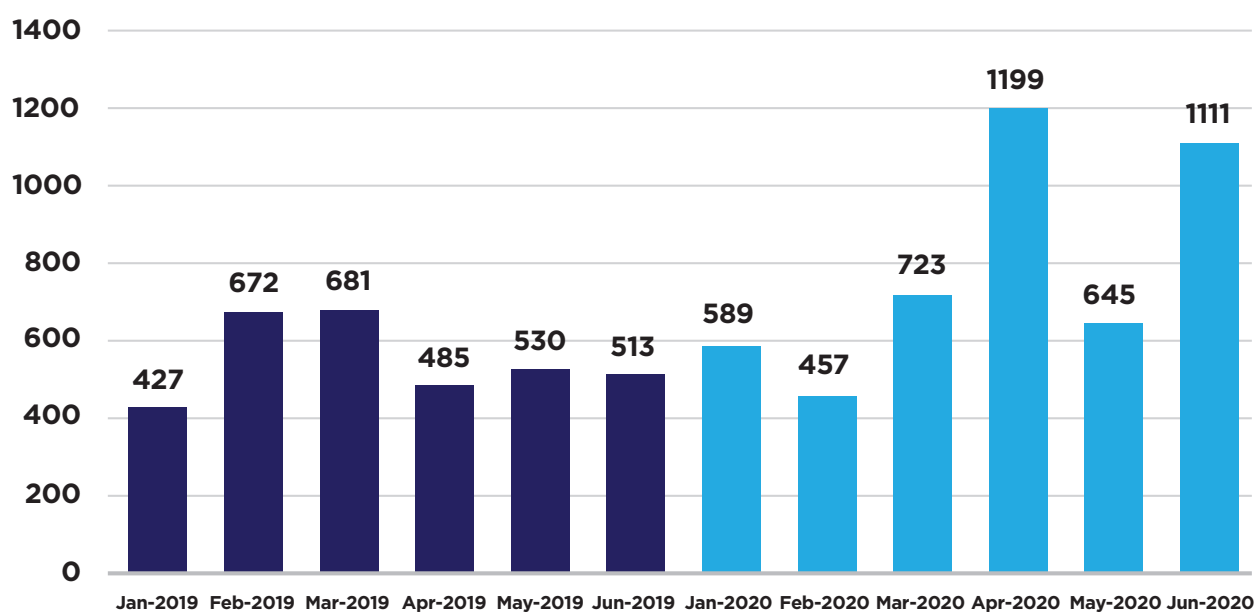


Figure 28: Number of one-off requests for social cash transfers

It should be noted that the number of requests is rising disproportionately when taking in account regional distribution. The highest rise in the number of requests in April 2020 was recorded in the southern region, then in the central region, and the lowest rise in the number of requests was noted in the northern region. In May 2020, the number of requests was significantly reduced in all three regions compared to April 2020 data, but still with a slight increase in the central and southern regions compared to May 2019. Nonetheless in June 2020, following the resurgence of the epidemic, the significant increase of number of requests was recorded, predominantly in the southern region. **This is an indication that the economic crisis hit the most developed areas the hardest.**

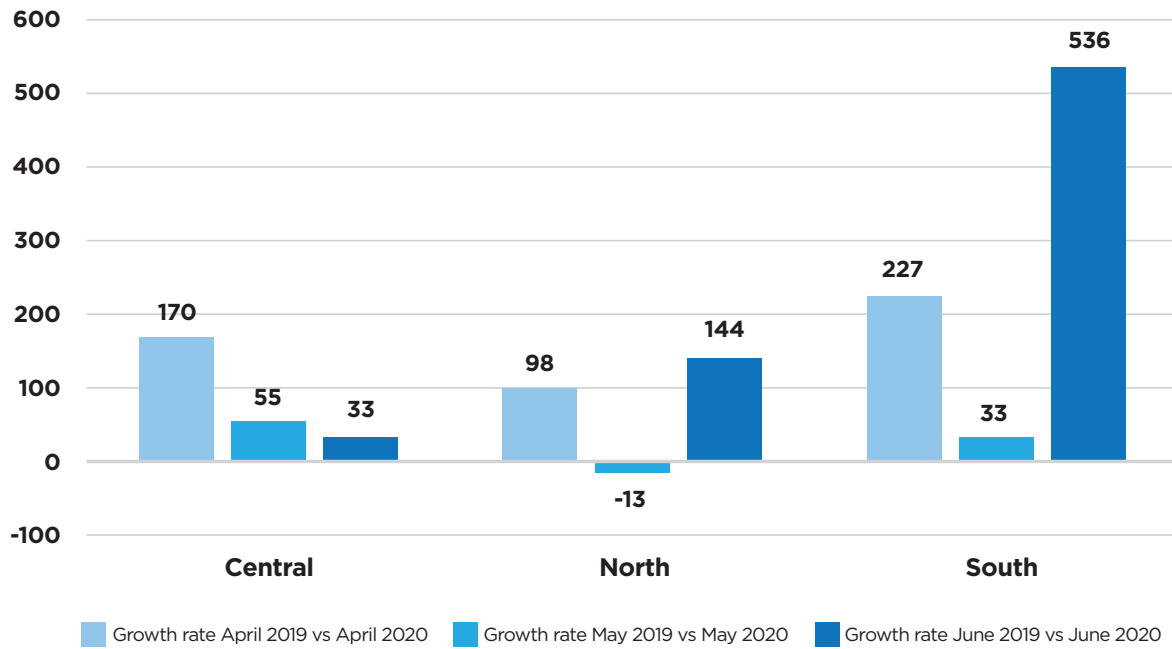


Figure 29: Growth rate of one-off requests by region

The working-age population group (41-67 years old) is the most affected by the crisis, since this accounted for 60.17% of the applicants in March 2020 and 56.38% in April 2020. Interestingly, this age group is followed by another working-age group of 26-40 years old, which accounts for 30.61% of urgent assistance seekers. The share of this particular group increased by nearly 7 percentage points in April, possibly indicating reduced incomes or job loss. Due to the relaxation of measures in May, the share of this particular group of applicants went back to its pre-COVID-19 value.

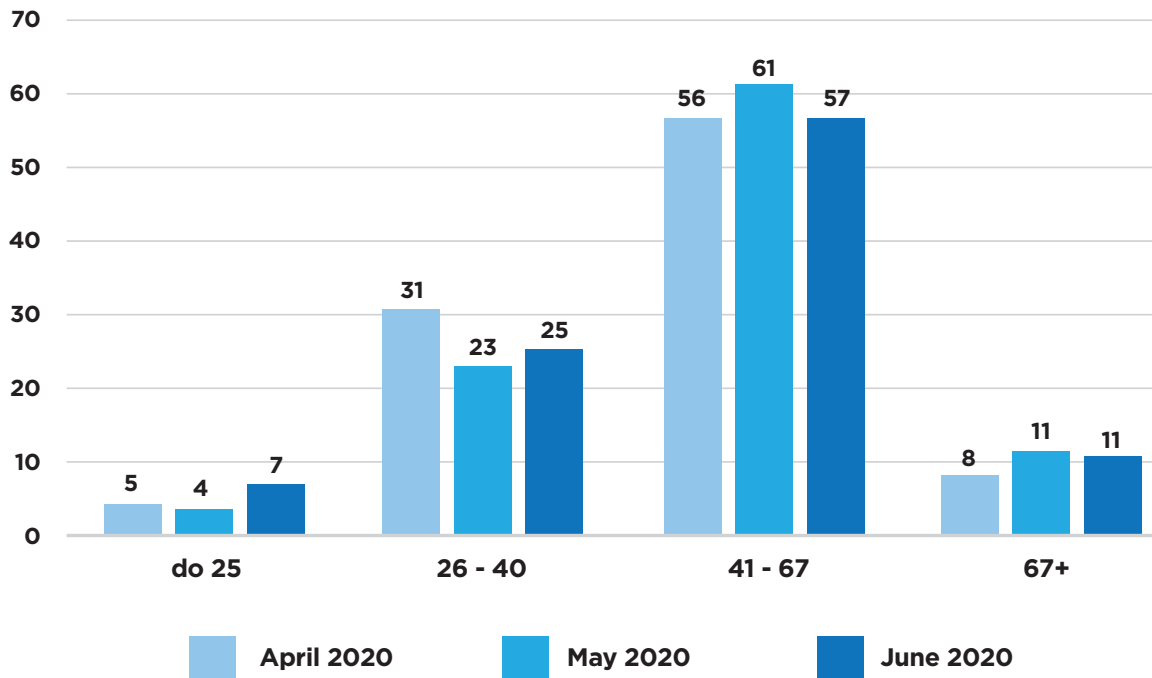


Figure 30: Percentage of one-off requests by age of beneficiary, April - June 2020



The impact of COVID-19 on the most vulnerable groups

The following part of the report looks deeper into the vulnerable groups, in line with the mandate and scope of work of the contributing UN agencies (IOM, UNDP, UNHCR, and UNICEF). For the purpose of better understanding the effects of the COVID-19 epidemic on these groups, the UN agencies reached out to these communities, directly or through intermediaries, so as to receive first-hand testimonies about their conditions.

The situation analysis regarding each group is organized in the following way: a) a brief estimate of the size of the group; b) a general vulnerability assessment regardless of the pandemic; and c) the effects of the epidemic on the group during its peak and after it declined. The final part includes a summary of the analysis findings including general and group-specific recommendations.

Children

Montenegro is home to 145,126 children below the age of 18. They account for 23.4% of the total population (51.9% boys and 48.1% girls). The status of child rights and wellbeing in 2019, before the outbreak of the novel coronavirus, was captured in the Multiple Indicator Cluster Survey (MICS)¹², the Survey on Income and Living Conditions (SILC)¹³, and additional information-generating initiatives. The key indicators are presented below and are reported for the general and Roma populations, as per data availability.

Pre-COVID-19 vulnerability assessment

Nutrition: Seven percent of children under 5 in the general population and 21% of children under 5 living in Roma settlements are stunted, while the percentages for underweight children were 4% and 8%, respectively.

Education: Fifty-three percent of children (general population) aged 3–5 attend early childhood education, while the percentage is much lower in Roma settlements (16%). Among the general population, the primary school completion rate is 96%, while for secondary schools it is 86%. In Roma settlements, the primary school completion rate is 56%, but for secondary schools it is only 3%. Fifty eight percent of all children under 5 and only 6% of Roma children in the same age group have three or more children's books at home.

12 Statistical Office of Montenegro (MONSTAT) and UNICEF, 2019. 2018 Montenegro Multiple Indicator Cluster Survey and 2018 Montenegro Roma Settlements Multiple Indicator Cluster Survey, Survey Findings Report. Podgorica, Montenegro: MONSTAT and UNICEF. Statistical snapshots are available at <https://www.unicef.org/montenegro/en/statistical-snapshot-mics-2018>.

13 Survey on Income and Living Conditions, Statistical Office of Montenegro (MONSTAT), 2018.

Child marriage: The proportion of Roma women aged 20–24 years who got married before the age of 15 is high (22%). The proportion is much higher among women aged 20–24 years who got married before the age of 18 (60%). Where men are concerned, the incidence is lower: 6% married before age 15 and 20% married before 18 years of age.

Child functioning: In 2019, 6% of children aged 5–17 (general population) and 25% of children in Roma settlements experienced anxiety based on the perceptions and opinions of their mothers/caregivers. The percentages for instances of depression were lower: 3% for the general population and 8% for Roma settlements.

Child poverty and material deprivation: In 2018, 32% of children were at risk of poverty. Relative poverty rates varied significantly depending on differing household compositions. While the at-risk-of-poverty rate stood at 15% for households with no dependent children, households with dependent children were considerably more exposed to the risk of poverty (28%). There is a strong correlation between the poverty rate and: a) the activity status (unemployed/inactive fare much worse); and b) the level of education (a lower education level implies a higher poverty rate). Finally, 37% of children (general population) were materially deprived in three or more dimensions, whereas this was the case for 91% of children in Roma settlements.¹⁴

Assumed COVID-19 impacts and observations.

The UN Secretary-General issued a report on COVID-19 and children on 15 April 2020, stating that “*all children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good.*” The pandemic is likely affecting children through: **a) heightened risks of poverty; b) disrupting their learning; c) threatening their survival and health; and d) increasing the risks to child safety.**

In Montenegro, measures to contain the spread of the coronavirus have impacted families with dependent children and children without parental care in a multitude of ways. To assess the immediate impact, UNICEF and its partner organizations reached out to six particularly vulnerable groups: a) single-parent households; b) Roma families; c) parents of children with disabilities; d) families that are beneficiaries of social assistance; e) foster carers; and f) parents who have a history of substance abuse.¹⁵ Equally, UNHCR reached out to the children of refugees and asylum-seekers in the country to assess their priority needs.¹⁶

In response to the physical distancing measures and closing of educational institutions, the Ministry of Education launched the distance-learning programme #UčiDoma (Study at Home). The programme encompasses classes via public service TV broadcasting, different platforms to supplement online learning, and communication with children and parents via messaging platforms. Universities are using their own learning platforms (either open-source solutions such as Moodle, or proprietary platforms), supported by programmes such as Zoom and Microsoft Teams. UNICEF supported the Ministry of Education in training teachers to apply technological solutions in the new situation. In cooperation with primary and secondary schools, and with the support of the Red Cross, printed learning materials were distributed to marginalized groups, such as Roma children, to support those who do not have access to TV and/or the internet.

14 Statistical Office of Montenegro (MONSTAT) and UNICEF, 2019. The 2018 Montenegro Multiple Indicator Cluster Survey and 2018 Montenegro Roma Settlements Multiple Indicator Cluster Survey, Survey Findings Report. Podgorica, Montenegro: MONSTAT and UNICEF.

15 The situation and immediate needs of these six groups were assessed in four critical dimensions: changes in income; urgent needs; essential public services; and fears.

16 The data collection method used for refugee and asylum-seeker children differed from the method used for other groups of children assessed in this chapter.

Qualitative research shows that most of the parents reported a **considerable loss of income**, while some families suffered a **complete loss of income**. After the gradual easing of the epidemic containment measures and increase of economic activity, the number of families suffering from a complete loss of income slightly reduced. The largest proportion of families continue to face a considerable or partial loss of income and uncertainties regarding their financial situation (“our income has been reduced, we have accumulated debts, it will take a lot of time to recover”). Families which receive social cash transfers report a loss of income, which may indicate that they were relying on other sources to top up their family income, for example daily wages or informal jobs. **Single-parent households and Roma families seemed to be among the most affected by income losses**. The crisis is affecting **children whose parents have a history of substance abuse** – a significant majority of them reported a total loss of income. Some parents of children with disabilities are not indicating any loss of income but are uncertain as to for how long this will be the case.

Besides its negative impact on material status, in certain instances COVID-19 positively affected increased socialization among family members, their greater closeness and better understanding (“The father was more interested in the children.” – single mother; “We are now more close to children and have better insight into all of their needs.”) Unfortunately, the epidemic had a specific negative impact on the children of separated parents (more information in the part on victims of domestic violence).

During the first round, the primary needs across all types of households related to **food** and **hygiene kits**. The third most pressing need varied depending on the type of household: clothes (Roma families), medical services (families with children with disabilities), and access to the internet and devices to access distance learning (families with children with disabilities, single-parent families, children of parents who use substances, and children in foster care). In the period after the easing of the lockdown measures, food and hygiene kits have remained the primary need of households, together with the increased need for socialization, sports, and recreation (families with children with disabilities, single-parent families, and children in foster care). As the school year finished, the need for distance learning equipment reduced. Parents/caregivers reported that children most need:

- Food and internet access for distance learning (families that are beneficiaries of social assistance)
- Food, hygiene items, and assistance with learning, with a dominant need for food and regular meals after lifting the epidemic mitigation measures (Roma families)
- The possibility to go out for fresh air, physiotherapy, and socializing with peers (children with disabilities)
- Food, sports, and socializing with peers (children in foster care). Sports and socialization remain dominant needs even after the first assessment round.
- Food, internet access, and devices for distance learning (single-parent households and households where a parent has/parents have a history of substance abuse). After the first round, children have an increased need to socialize with family members and their peers (households where a parent has/parents have a history of substance abuse), as well as with the other parent (children who live with one of the parents).

"I can feel their discontent, because they cannot follow online learning since they do not have a laptop. Earlier when we needed one, we used to go visit our friends, but now that is impossible."

Single mother, 34, Kotor

In terms of public services, children mostly **require support/assistance with distance learning**. This holds true for beneficiaries of social assistance, Roma families, refugee children, children in foster care, and children whose parent(s) have a history of substance abuse. According to their parents, Roma children experience a number of difficulties in engaging in distance learning and need assistance with their homework. They also fear discrimination once the children are back in schools. Almost half of the refugee and asylum-seeker children in the country indicated the need for support to access online education. The support/assistance with distance learning remains the dominant need included after the easing of lockdown measures for families that are beneficiaries of social assistance, single-parent households, or children in foster care. The need for psychological support and socialization is most salient for children in families with parent(s) with a history of substance abuse. Roma children require a public kitchen and legal services (for obtaining documentation).

"My kids lost their mother last year; nothing is the same anymore. She taught them everything, I'm going through a hard time. I don't know how to behave with them, but I am taking care of them and their health. Once this is all over, I wish for us to remain healthy and that someone would help them study."

Single father, 47, Roma settlement, Podgorica

Children with disabilities and children raised by single parents expressed the **need for health care, education-related and psycho-social support services**. Some parents expressed difficulties in accessing paediatricians and other health professionals on whose services their children depend.

"Her daily rhythm is messed up; this is having a negative effect on her. Children with disabilities have a usual daily routine. She misses the Day-Care Centre, the association... She is anxious..."

**Father of a child with a disability,
49, Podgorica**

According to the survey, children in single parent families have a pronounced need for **psycho-social support** due to COVID-19 (e.g. due to having witnessed violence, fear of the other parent, or isolation-induced mood swings). Children are experiencing the current circumstances in a variety of ways. During the first round, they were mostly afraid of the infectious disease itself. This is the dominant cause of fear across all types of households in this sample, except for the children of parents with a history of substance abuse who feared a loss of income. In the second assessment round, the fear of infection remains salient with children in foster care and single-parent households. Children in families receiving social assistance and children whose parent has/parents have a history of substance abuse are most afraid of their material status deteriorating.

“My kids think that we are all infected and that they will never again be able to go to school, go out and spend time with other children.”

Mother, 37, Roma settlement, Podgorica

Some parents report that their children are too young to understand what is happening, while some exhibit fear and, according to the parents' perception, also anxiety (e.g. *'violence and conflict between parents'*, *'that mum and dad will get into a fight and they'd be forced to leave their home'*, *'that mum and dad will hurt each other when they fight'*). Children are also worried about their parents' health, for example a child of a 28-year-old single mother with a history of substance abuse worries that her mother will get sick and that she will be arrested if she disobeys some of the imposed measures.

The need for psycho-social support is confirmed through the SOS line run by NGO Roditelji (established with UNICEF's support), which provides advice for parents regarding parenting, communication with their children, and protection of the child's needs and rights. The SOS line has reportedly received three times as many calls since the pandemic started compared to the first two months of the year, or six times as many calls compared to the same month last year. Staff working hours have also doubled.

Additionally, it is noteworthy that children were disproportionately affected by poverty before the COVID-19 crisis as compared to adults (32% relative poverty rate, versus the 24% national relative poverty rate). Therefore, it can be assumed that the **poverty and socio-economic impact of COVID-19 will be felt hardest by children**. So far, the social protection system has reacted by distributing one-off cash transfers to families which receive social assistance and those receiving the minimum pension. However, no decisions have been made regarding cash transfers for children (i.e. child allowance) even though some 46,000 children were at risk of poverty (SILC 2018).

Adolescents and young people

Adolescents in Montenegro make up approximately 14% of the country's 620,029 population¹⁷, with about 86,000 young people aged 10 to 19. Montenegro's Youth Law recognizes young people as those aged 15–30, and they comprise about 142,000 people or 23% of the total population.

Pre-COVID-19 vulnerability assessment

Adolescents and young people face challenges including:

- Reduced human capital formation (World Bank Human Capital Index) – a child born in Montenegro will reach only 62% of its potential productivity due to a lack of quality education and health care.
- Skills gap – the education system is not sufficiently equipping young people with skills relevant for the labour market and success in life. PISA results show that 15-year-olds lag almost two academic years behind their OECD peers.
- High unemployment (25.2%), while a significant number of young people are not in employment, education, or training (16.2%).¹⁸
- A lack of decent work opportunities for young people, especially those without connections, to enter the labour market or access to capital, training, and mentorship to start a business.
- The EU-oriented labour market demands highly skilled young people—especially in STEM (Science, Technology, Engineering and Mathematics) and ICT (Information and Communications Technologies) – many young people from Montenegro struggle to meet these demands.
- An increasing prevalence of non-standard forms of work and of less stable employment with more frequent job-to-job transitions further hinders young people's transition to work.

Assumed COVID 19 impacts and observations.

In response to COVID-19, various platforms for adolescents and young people were deployed – including by the UN – to inform young people about the virus, mitigate against the risks, and promote non-formal learning, skill building, mental health and peer study support. During the first assessment round, adolescents identified food (66%), hygiene products (46%), and internet access (36%) as the most vital needs, with every person polled allowed to identify, at most, three needs. It should be noted that the poll created to collect this data reached those who already have internet access.

17 Census, 2011.

18 Source: https://www.ilo.org/gateway/faces/home/statistics?locale=EN&countryCode=MNE&_adf.ctrl-state=vfl8xcx4s_4.

"I was really looking forward to graduating this year and getting a job and finally helping out my family. My way of saying thanks for their support all these years. Now I am not sure whether I will be able to get a job in the next two years."

22-year-old woman from Pljevlja

In the first assessment round during the epidemic peak, young people identified education (51.5%), health services (47.5%), and psychological support/mental health support (31.3%) as the most needed public services. There is very little difference in these answers between young men and women, showing that priorities are very similar among them. In the second assessment round, health services remained at the same level (46.4%), whereas education fell to 33.8%. In the third place was cultural online content (30.5%), with 25.8% of respondents prioritizing psychological and mental health support. It needs to be noted that the second round took place in second week of June 2020, at the time when most of the respondents completed their school obligations. Consequently, it could be expected that the number of respondents stating education as a priority will fall.

"Some countries have already cancelled graduation exams, while some have not. I don't know what will happen with my college enrolment."

18-year-old girl from Nikšić

During the first wave epidemic peak, over one-third of young people (33.86% – slightly higher for girls than boys) were not following lessons on TV. Those that followed TV lessons rated programme quality as average (3.05 on a scale of 1 to 5). Adolescents are more comfortable with online distance learning tools (Edmodo, Moodle, Google classroom) and messaging services, using them more often (over 95%) and rating them 3.56 on average. In the second assessment round, more than half of respondents (50.87%) stated they did not follow lessons on TV, showing that more young people gave up on this modality of learning due to not being satisfied with it. Young people that followed lessons on TV rated it same as previously (3.04 on a scale of 1 to 5). Young people continue to be least satisfied with the assignments related to online learning, in the second assessment round this was the only element of distance learning rated less than 3 on average (2.95 on a scale 1 to 5).

	THE PEAK OF THE FIRST CYCLE		POST PEAK PERIOD	
TYPE OF DISTANCE LEARNING	% OF ADOLESCENTS THAT SAY THAT THEY DO NOT USE THIS SERVICE	AVERAGE EVALUATION OF THOSE THAT USE THIS SERVICE 1-5 (1 BEING LOWEST GRADE, 5 BEING HIGHEST)	% OF ADOLESCENTS THAT SAY THAT THEY DO NOT USE THIS SERVICE	AVERAGE EVALUATION OF THOSE THAT USE THIS SERVICE 1-5 (1 BEING LOWEST GRADE, 5 BEING HIGHEST)
TV lessons	33.86% (171) ¹⁹	3.09 (334)	50.87 (175)	3.04 (169)
Online platforms (Edmodo, Moodle, Google classroom)	3.96% (20)	3.56 (485)	12.50 (43)	3.64 (301)
Communication with teachers using Viber	1.58% (8)	3.57 (497)	n/a	n/a
Finding distance learning homework useful	3.37% (17)	3.12 (488)	13.08 (45)	2.95 (299)
Evaluation of quality of communication with the teachers	1.58% (8)	3.50 (497)	18.43 (29)	3.47 (315)
Evaluation of the grading system	2.77% (14)	3.38 (491)	9.88 (34)	3.56 (310)

In the first assessment round, adolescents reported not being too burdened with the quantity of the lessons, but 70% report being mainly (30.1%) and completely (40.4%) overburdened with the quantity of homework. The second round confirmed that almost 60% of young people feel more burdened with homework during distance learning than in regular classes.

The second assessment round asked the respondents to compare distance learning and traditional schooling. The majority of adolescents feel that they have learned less via distance learning than they would have in regular classes (60%). Only 11% feel they have learned more in distance learning mode. Notwithstanding this, most of them (60%) have the impression that the learning modality introduced during the epidemic will not affect their further education or graduation exams. Twenty-five percent consider that the impact will be negative, with 14% expecting a positive impact in this regard.

Asked if they would be in favour of online learning becoming one of the aspects of their regular schooling, 55% of adolescents were not in favour (32.5% due to not liking the model, 22.5% consider distance learning a too heavy burden), with 45% being in favour (26% supported addition to regular schooling, whereas only 18.6% supported having as much online classes as possible).

Although adolescents seem to have adjusted to the situation, their responses indicate that they miss regular education, especially its social component.

¹⁹ The number in brackets indicates number of respondents that chose this answer.

ACTIVITY	I DONOT MISS IT AT ALL	I MISS IT A BIT	I MISS IT A LOT
Live lessons in the classroom	13.47% (68)	34.65% (175)	51.88% (262)
Direct contact with the teachers	20.2% (102)	37.03% (187)	42.77% (216)
Socializing in the school	5.15% (26)	9.11% (46)	85.74% (433)
Grading in class	32.28 (163)	34.85% (176)	32.87% (166)

Asked about their greatest fear, most adolescents responded with one of four answers - (1) nothing, concern for their immediate parents and family; (2) concern over the uncertainty of the situation (“when will all this be over?”); (3) concern over how the school year will be completed; and (4) what will happen with the next school year. Academic prospects (ability to study abroad, get a scholarship, enrol and start master’s studies) and economic issues (summer jobs, regular jobs, helping the family to earn more income) feature strongly. **More than 75% of those interviewed believe that they will face significant challenges in finding work (temporary or regular) during at least the next 12 months.** In the second round of research, the most common responses are that there is no fear, that there are concerns about graduation exams and enrolling at university, as well as the second cycle of COVID-19.

Both adolescents and young people emphasized the importance of mental health during the pandemic and felt that psychological support is insufficient-in general, but particularly for young people. They feel that they cannot always discuss issues with their immediate family - chatting with friends and using social media are thus the preferred ways young people spend their free time (apart from listening to music).

“I am afraid of losing it, and I am very close to it. We have a pedagogue at school, but what we really need is a real psychologist who can help us, because we are all getting worse. No one cares about us. I want to cry.”

18-year-old boy from Bijelo Polje

The elderly

According to data from **World Population Prospects: the 2019 Revision**,²⁰ by 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019 (9%). The situation in Montenegro is no different, i.e. the number of elderly in Montenegro is constantly growing. According to the 2011 Census, the number of people over age 65 in the total population of Montenegro was close to 80,000 (12.8%) compared to 75,000 (11.9%) as per the 2003 Census.

20 <https://population.un.org/wpp/>.

Pre-COVID-19 vulnerability assessment

The elderly in Montenegro are facing many challenges including poverty, loneliness, lack of care and poor health. The Strategy for Development of the Social Protection System for the Elderly 2018–2022 defines as its general goal the promotion of social protection for the elderly, with integrated services and support to preserve and improve their quality of life. The reform processes in the social protection of the elderly are based on numerous international documents and the Montenegrin Law on Social and Child Protection provides for various social protection services for the elderly: community life support, counselling therapy and social educational services, residential services, emergency interventions, and other services.

In the last few years, significant investments have been made in developing community-based social services for the elderly. Under the project “Continuation of the Social Welfare System Reform”, implemented in partnership between UNDP and the Ministry of Labour and Social Welfare, services such as Home Assistance and Day-Care Centres for the elderly have been introduced. The Home Assistance service, provided in 15 municipalities in the northern and central regions of the country for around 1,200 beneficiaries, enables this particularly vulnerable group to continue living within their primary family in their regular home environment and to prevent their placement in residential institutions. As of March 2020, the service is being provided by the licenced service provider Red Cross Montenegro. The Day-Care Centre service for the elderly, which significantly contributes to the socialization of the elderly population, is currently provided in eight municipalities and includes 11 Day-Care Centres for up to 200 beneficiaries, with a planned extension of the Day-Care Centre network to other municipalities in Montenegro. Besides this, other existing services for support to vulnerable elderly are provided mostly by CSOs (Red Cross, Caritas, and others), usually supported by local self-governments or through the engagement of volunteers.

Assumed COVID-19 impacts and observations

Elderly people are significantly affected by the pandemic. The measures introduced by the Government to control the spread of disease, such as restrictions of movement, have put an additional burden on them and prevented them from doing their daily chores. The lockdown has additionally prevented them from socializing, considering that they were not able to transfer their social networks onto the online sphere, unlike the younger population.

The isolation measures, restriction of movement, and especially the ban on travel between cities (introduced in mid-March and lifted in mid-May) prevented many families from helping their senior members. Consequently, there was a significant increase in elderly households which needed support to get food, especially hot meals, hygiene products, and other necessary supplies and medicines. There was also an increased need for psychosocial support and counselling, due to the reduced movement and socializing, and experiencing a hard time staying in isolation, which all caused a growth of anxiety and fear for their health and life.

To address some of these challenges it was necessary to adjust the provision of social services to their needs during the duration of the isolation measures. UNDP, together with its government counterparts, based on a long-standing partnership with the Ministry of Labour and Social Welfare in building a network of Day-Care Centres for the elderly across the country, has initiated the re-adjusting of its functioning so that it can meet the needs of the elderly during the epidemic. As of the beginning of April, the caregivers regularly engaged in the centres have been carrying out field visits – delivering hot meals and necessary supplies directly to the homes of their beneficiaries. Every day, caregivers have been paying visits to some 100 senior citizens in seven municipalities. This has ensured that the elderly have been well taken care of, not only in terms of nutrition, but also by delivering necessary



supplies and medicines. The procedure is aligned with the instructions of the Red Cross, which is the licenced provider of home assistance for the elderly, an essential service that is continuing to run during the pandemic. The importance of provision of adjusted services during the epidemic has been confirmed by the beneficiaries.

The provision of services to the elderly has gradually been returning to normal after the relaxation of measures at the end of May and after the pandemic was declared over. Daily centres were expected to be re-open mid-June. As to the impact of the COVID-19 outbreak on the standard of living of this vulnerable group, the second round of the assessment shows that the majority of this population has not been affected significantly so far in terms of their income. Namely, on average eight out of 10 of the respondents stated that their income had remained the same, which seems logical bearing in mind that there have been no interruptions in pension payments.

When it comes to their urgent needs due to the novel coronavirus crisis, food remains the first priority, followed by hygiene products, and then medicines. However, most of the respondents remained modest. Compared to other groups that were interviewed they most often said that they do not need anything.

When asked which public services they need most at the moment, the following three services were identified as priorities both during the pandemic peak and in its aftermath: health services, home assistance, and psychological support. The respondents miss socializing and the services of the day centres for the elderly. While a large proportion of old people continue to fear for their health, the number reduced compared to April. This is understandable considering the stabilization of the coronavirus situation in Montenegro. However, compared to the April assessment, there is an increase in the percentage of elderly concerned about the economic impact of the epidemic. Fear of a potential second wave of epidemic is present among the elderly.

"I have everything I need."

79-year-old woman living in a home for the elderly in Risan

Persons with disabilities

Data from the 2011 Census shows that in Montenegro 11% of people have a limited ability to complete their daily activities due to a long-lasting illness or disability. That constitutes approximately 68,000 people. The census also found that approximately 5% of the population have challenges in mobility, 2% have problems with their sight, and 1% have issues with hearing, regardless of using a hearing aid. Also, 1% of the population experience difficulties with memorizing, concentration, or understanding, and 4% have other problems.

Pre-COVID-19 vulnerability assessment

The most critical areas that people with disabilities identify as being least conducive to their rights are: employment, workplace advancement, participation in sport and recreational activities, and the accessibility of public premises and spaces (not only building entrances, but also toilets, moving around premises, and mobility of visually impaired people on the streets, etc.).²¹

In 2017, the Committee on the Rights of Persons with Disabilities observed a lack of effective equal protection of people with disabilities who may be subjected to intersectional discrimination, such as people with disabilities who are children, women, members of different ethnic groups, including Roma and Egyptians, and refugees, asylum seekers and internally displaced persons. The Committee also highlights that the support provided to parents of children with disabilities is insufficient, while accessibility to higher education is insufficient.

National strategies regarding people with disability identify the abovementioned and several other areas as needing improvement, such as accessibility to public and private goods and services, independent and community life, proceedings before the authorities, access to information, education, health, and participation in public life.

Assumed COVID-19 impacts and observations

The income of families with persons with disabilities has been significantly reduced due to the pandemic, especially in the first months of the crisis. Their urgent needs are mostly related to **food**, followed by **hygiene products**, **sports and recreation**, and **internet access** for information purposes. Some respondents indicated that they lack disinfectant and medicines, as well as money to pay the bills, and the need for internet access in order to do their job. When asked which *public services they need most at the moment*, respondents indicated **health services**, followed by **psychological support** and **assistance in finding employment**. **Protection from discrimination** and **legal aid** were very important for a significant number of respondents. They are most scared of **health risks**, followed by **economic risks**. Some of them have additional health problems due to their movement being restricted, as well as rising levels of depression and a form of “anxiety”. A number of respondents stressed positive aspects such as having more time for family and personal interests, whereas some of them faced difficulties in relation to isolation, fear for their health and due to economic difficulties.

According to some NGOs, the most significant impact on this group is of an **economic** nature. Most people with disabilities have **reduced earnings** due to the pandemic and have issues with **maintaining livelihoods**, which could indicate that they have previously relied on additional sources of income on top of social benefits.

²¹ Research on the scope and type of discrimination of persons with disability, Ipsos, 2016.

"I was not able to lead a social life and that was difficult for me. I was in fear of my financial security. There is nothing positive."

25-year-old woman from Kotor

In addition, NGOs reported a significant number of cases of persons with disabilities facing challenges in their access to work and social protection rights, due to varying interpretation of the COVID-19-related legal provisions by service providers.

Additional health risks also exist, including those induced by restriction of movement (also affecting people with mental health issues). In case of hospitalization or when visiting health institutions, some people may need to be accompanied by their assistants or family members. Those people that are left jobless may face difficulties in obtaining the necessary documentation and approvals for exercising the right to cash benefits. Also, persons with disabilities often suffer from underlying health conditions that make them vulnerable to any kind of externally induced shocks, especially epidemics, such as COVID-19.

"My life has not changed compared to earlier, except that I am now much more aware that we have to think more about our health, concentrate on our needs and pleasures, try to find more time for ourselves, families, and friends."

23-year-old woman from Podgorica

Access to COVID-19-related and any other **information** is very important, but the relevant content is usually not adapted for people with visual impairments. The situation is similar for people with hearing impediments, except for a number of TV broadcasts and NCB press conferences, where sign language interpretation is made available.

"In the second half of March and the first half of April, a large number of people asked for psychological support and legal assistance and complained about shortages of food and other basic resources. The consequences of the current situation will be fully obvious in the coming months."

Association of Youth with Disabilities

Transportation and mobility were another challenge during complete lockdown since taxi services were suspended, and there was a one-person restriction in public spaces. Persons with disabilities often have assistants who are not necessarily members of their household.

“A number of people contacted us because of the negative impact of measures proposed by the National Coordinating Body, including obstacles due to inaccessibility and lack of knowledge of new procedures for the exercise of social policy rights, i.e. cash benefits and labour rights (protection against termination of contracts, paid leave, part-time work, etc.).”

Association of Youth with Disabilities

Students with disabilities were another vulnerable category, since at least some of them need assistance with online learning but also enrolment in secondary and university education.

Parents of children with disabilities now have **additional responsibilities in looking after their children** due to the discontinuation of Day-Care Centres and other support services, such as educational assistance. Single parents of children with a disability face particular challenges as they find it difficult to work and take care of their child in the current circumstances.

There is literature pointing out that, in ordinary situations, women with disabilities are at a **higher risk of gender-based violence** than their peers without a disability. This assessment was not able to collect evidence of violence against women with disabilities. However, as the COVID-19 crisis has already seen a significant increase in calls by victims of domestic violence to the national hotline, it is important to find out if GBV has increased among women with disabilities in Montenegro, as well. The UN Special Rapporteur on the rights of persons with disabilities, Catalina Devandas, reiterated the abovementioned observations and raised additional concerns regarding persons with disabilities in the COVID-19 outbreak. She highlighted that physical distancing and self-isolation may be impossible for those who rely on the support of others to eat, dress, and bathe, adding that access to additional financial aid is also vital for reducing the risk of people with disabilities and their families falling into greater vulnerability or poverty. Many people with disabilities depend on services that have been suspended and may not have enough money to stockpile food and medicine or afford the extra cost of home deliveries. Devandas also notes that the situation of people with disabilities in institutions, psychiatric facilities and prisons can be particularly grave, given the high risk of contamination and the lack of external oversight, aggravated by the use of emergency powers for health reasons. “Restrictions should be narrowly tailored and use the least intrusive means to protect public health,” she says. “Limiting their contact with loved ones leaves people with disabilities totally unprotected from any form of abuse or neglect in institutions.”²²

Risks to children with disabilities in **residential care** settings may stem from “remaining in residential care with group environments more prone to cluster infections and the children within them being at higher risk of infection,

22 <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>.

as well as abuse, neglect, and exploitation. This is a particularly high risk for children with disabilities, who are more likely to be in residential care settings and in some cases (due to specific pre-existing conditions or impairments, including immune deficiencies) may be at higher risk of contracting COVID-19 and being more severely affected by it.”²³

Victims of gender-based violence

Montenegro has made overall progress towards building a legislative, policy, and institutional framework to prevent and combat violence against women, which has been recognized by the CEDAW Committee²⁴ as well as GREVIO²⁵ in their reviews of the country’s achievements. Despite the introduction of standardized procedures, such as the Code of Conduct, many professionals seem to underestimate the scope and complexity of violence as a pressing issue. Frequently, they display an alarming bias against women (victims) and their experiences of gender-based violence (GBV). Ultimately, this erodes confidence in the authorities, not only among the women victims, but also within the wider social circles and community. These professional attitudes, usually guided by personal gender awareness, opinions, and perceptions, are more inclined towards preserving the family at all costs, rather than towards protecting and supporting the victim. Such practices generally weaken the system’s response to gender-based violence and create hurdles in the implementation of the existing legal framework.

Pre-COVID-19 vulnerability assessment

Women comprise 50.6% of the total population in Montenegro. Data from the UNDP Survey on Violence against Women (2017) revealed that 42% of women in Montenegro have experienced some form of violence during their lifetime, while every fifth woman (18%) has suffered from violence over the last 12 months. Yet, there have been some positive developments: the survey conducted last year showed that the awareness among citizens is slowly rising. Today, some 51% of the population recognize GBV as a widespread gender-equality issue, in comparison with 44% of the population in 2016. The change in attitudes is also visible from citizens’ readiness to report violence: today, some 49% of citizens would act and report GBV, compared with 38% in 2016. This rise in the acknowledgement of the prevalence of the GBV and readiness to act among citizens is encouraging as it suggests the gradual creation of an enabling environment for the fight against GBV. However, the very same survey revealed that the reasons for underreporting are driven by the lack of trust in institutions and fear of the perpetrator. Therefore, it is of critical importance to recognize the role of specialized service providers, whom victims trust more and who are becoming an integral part of the system support for GBV victims.

Over the last five years, the annual average number of women and their children seeking protection in women’s shelters was around 200 people. In 2019, the national SOS line received 2,661 calls, of which 62% were from victims asking for help for the first time.

23 <https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/covid-19/alternative-care-and-covid-19/technical-note-on-the-protection-of-children-during-the-covid-19-pandemic-children-and-alternative>.

24 Concluding Observations of CEDAW Committee. <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhK-b7yhsgOTxO5cLIZOCwAvhyns%2ByJkiEj7TvkpzcWlaw%2FXo5zl6Qpj9bMmh8y7A8ieXBJtxM8baOhnTomqMn5d4ngDsz828dhd-fR8T%2BsR8uNG2UYs>.

25 CoE GREVIO Report on Implementation of Istanbul Convention: <https://www.coe.int/en/web/istanbul-convention/montenegro>.

Assumed COVID-19 impacts and observations

Globally, evidence shows that the measures put in place due to the COVID-19 pandemic are contributing to an increase in gender-based violence. The Committee of the Parties to the Istanbul Convention²⁶ issued a declaration expressing the will and determination of the State Parties to stand by the standards of the Istanbul Convention as a source of guidance for governmental action during the outbreak of COVID-19. Following an alarming increase in the number of recorded cases of violence against women and domestic violence provoked by the pandemic worldwide, and in numerous Council of Europe member states, the declaration stresses the relevance of the principles and requirements of the Istanbul Convention in prevention, protection, prosecution, and integrated policies under the current exceptional circumstances.

Based on early reports from around the world, it was expected that the restrictive measures to contain the spread of COVID-19 taken in Montenegro would potentially lead to an increase in the occurrence and intensity of domestic violence. The already available figures indicate that this anticipation was realistic: the Women's Safe House received 46% more calls between 16 March and 1 June 2020, than during the same period last year. During May 2020, their shelter service provided accommodation for 60% more victims of GBV than during the same period of the previous year.

The National SOS line reported an increase of 18 percentage points in requests for their services. In May 2020, the national SOS line received more calls than during May 2019 by 32.5pp.

It is obvious that there are some significant discrepancies in reporting about gender-based violence during lockdown, by the police and the NGO sector. The gap indicates low levels of readiness in victims to report violence to the institutions in charge, most likely due to a lack of trust. Most frequently, the victims first request assistance from specialized service providers and they report to institutions only after they feel empowered to do so.

Both the Women's Safe House and the National SOS Help line are licenced service providers which accommodate victims based on the decision of Social Welfare Centres. Such a decision is a precondition for reimbursement by the state for costs made by the two NGOs. The shelters depend financially on this support, as do a number of victims who turn to them for help. To meet the demand for services from licenced service providers due to impact of COVID-19, adaptive planning/responsiveness is required in terms of adjustments in the volume and type of support to victims.

The overall complexity of the pandemic has amplified different risk factors, such as fear and stress, coupled with economic pressure – which has all together led to an increase in gender-based violence.

The potential loss of income due to self-isolation, the lack of information about the available support services, with the fear of contracting the virus in the areas where services are provided, could put victims in a no-way-out situation: not being able to request support, without access to services, and with no possibility to get away from the perpetrators.

26 https://www.coe.int/en/web/istanbul-convention/newsroom/-/asset_publisher/anlnZ5mw6yX/content/the-standards-of-the-istanbul-convention-apply-at-all-times.

We had a client who spent months in our shelter with her child, trying to run away from the violent partner and father. She finally felt empowered, was starting to get her life back. She moved out of shelter, started working, was renting a small apartment, and her child started going to kindergarten. But, then COVID-19 happened and it changed everything. She lost her job due to the lockdown. She couldn't afford her apartment anymore. Without a job, with a child in her arms, afraid of her violent former partner, she had no place to go except to ask us to allow her back into our shelter where she was accommodated for months. The responsible institutions need to recognize this extended support of victims of GBV and the complexities deriving from context of the COVID-19 pandemic, among other things through the reimbursement of shelter costs and the costs of provided support.

NGO activist who works in a Shelter

Specialized service providers for victims of domestic violence report a deterioration in women's socio-economic situation due to the epidemic. According to non-governmental organizations, victims of GBV placed in shelters are experiencing significant losses of income. This is mainly due to the fact that before the epidemic, they were predominantly engaged in the informal economy, in areas of work such as cleaning or care services and the food trade. Informal work carries many issues that are only exacerbated by the COVID-19 containment measures: their already low income is further diminished or has completely ceased, risks related to working conditions have increased, while they are not at all covered by social protection measures, or receive only low levels of welfare.

Research on the gender-related impacts of COVID-19²⁷, conducted by UNDP and UN Women, has confirmed that women, especially those from vulnerable groups, will be disproportionately affected by the crisis both in terms of an increase in the burden of family care, and the loss of income. Furthermore, according to activists' testimonies, many women have not been able to exercise the right to flexible work engagement for parents of children younger than 11 years –especially women working in the food- retail industry. Additionally, activists state that victims of violence in many cases had to choose between, on the one hand, going to work and taking the health risk of keeping their job, or on the other, staying in shelter or self-isolation –which would result in losing their job.

The health protection measures instituted in response to the pandemic were, in a way, similar to those in emergency situations (although a state of emergency was not formally declared). This affected the rights of women to joint custody of their children. Court decisions on children's custody and foster care do not envisage special provisions for emergency situations, such as epidemics, leaving scope for legal ambiguities. Public health experts insisted on limited social interaction for all, which left the decision on shared responsibilities solely up to the divorced/separated parents. According to interviewees from women's groups, it was hard to reach such an agreement in cases when a part of the family had fled due to gender-based violence.

27 Gender Rapid Assessment, COVID-19, Montenegro, Ipsos, May 2020.

The NGOs suggest that the government made significant efforts to protect the public's health from COVID-19, while at the same time the system of support for GBV victims deteriorated during the epidemic. While the policy creators considered possible interventions to mitigate the consequences of the epidemics by supporting the most vulnerable, these measures were not granular enough to recognize the specific needs of the GBV victims.

This decrease in the inter-sector and interdisciplinary response to GBV was noticeable during the lockdown measures. In particular, the NGOs noted a significant decline in the engagement of and support from the system to victims during the restrictions on movement. While this was partly addressed through adoption of the Action Plan for the Improvement of Specialized Support Services, the effects of the agreed measures were not felt, as there was an insufficient (timely and effective) response provided by the key institutions in addressing the specific needs of victims which emerged during the crisis. As a consequence, the victims indicated gaps in the speed and adaptability that are required to address unexpected and newly emerging needs through the inter-sector and interdisciplinary response by the institutions, especially in the social protection and judicial systems.

Even though women's groups received praise for their support for GBV victims during the epidemic, there is a need for more systematic responses to be introduced that are derived from the lessons learnt and feedback received on the implementation of the existing inter-sector SOPs, with the view to their continuous improvement. In this regard, there is an opportunity to translate this experience into a strengthened partnership and multi-sector approach between the service providers and social protection institutions.

The epidemic has revealed existing challenges and space for the further building of trust and confidence to assure effective engagement, coordination, and cooperation between women's groups and social welfare to assure fast, adaptive, and continuous support for victims of GBV in context of the pandemic and beyond.

"The period of the acute pandemic exposed women's groups to a certain type of challenge, while in the post-pandemic period, it revealed gaps in the understanding of the phenomenon of gender-based violence inside institutions"

An NGO Activist

Updated, precise, and valid information is of paramount importance, both globally and locally. It is important for relevant information to reach everyone and that everyone can understand it, especially high-risk groups such as victims of GBV. Considering that the restriction of movement prevented women and girls from physically accessing safe spaces as and necessary services, technology became part of the solution for victims to access support services.

UNDP created the mobile app "BudiSigurna" (Be Safe), aimed at supporting women to feel safe at home and to be able to request support with just one click - through a reliable, confidential, and discreet communication channel. It was developed based on a series of consultations with women groups, the police, and social protection representatives from the field. The application integrated operational principles protecting women's autonomy and safety. It is connected to the National SOS Helpline for support to women victims of GBV (which is both a

women's group and a licenced service provider). The organization acts based on its internal Protocol on Case Management, providing personal and online psychological support to the victims of domestic violence.

As a result of the campaign, the application was downloaded by 6,915 users, with 472,102 views on websites and news portals, including 8,911 visits to the dedicated website. Data shows that the short video "Budi Sigurna" (Be Safe) had 186,000 views during the first two weeks of the campaign.

Despite the success when it comes to public interest in the application, at the same time it is a proxy indicator of the wide presence of gender-based violence and could be interpreted as a warning sign, pointing to a correlation between the onset of the pandemic and an increase in violence against women. With the limited availability of services such as SOS phone lines, crisis centres, or shelters, and unless there is more support from key state actors, women facing violence will continue experiencing difficulties in accessing the already low number of services intended to support them. Resolving the issue requires the efficient engagement, coordination, and cooperation of a wide spectrum of sectors and actors, including trust-based relationships with women's groups – specialized service providers.

Child victims/witnesses of violence

Violence against children may occur in the home, institutional settings, schools, online, or in other settings. Wherever violence occurs, it has long-lasting and devastating effects on a child's optimal growth and development, which can have significant socio-economic costs. Infants' and children's survival and wellbeing are directly correlated with the safety, health, and wellbeing of their mothers. Therefore, gender-based violence has detrimental and lasting effects on children's physical, sexual, reproductive and psychological health, wellbeing, development, and educational outcomes. Mothers whose physical and/or mental health is compromised by violence may be less able to care for their children or support their families financially. This can affect children's nutrition and school attendance, and expose them to the risk of violence, abuse, neglect, and exploitation. Mothers who are survivors of GBV may also face stigma and rejection from their communities, leading to their withdrawal and an interference with their capacity to care for themselves and their children. Global evidence also shows that violence against children and intimate partner violence often occur together and within the same household. Girls and boys exposed to intimate partner violence are more likely to replicate violent relationships as adults. Children's behaviour, ability to learn, and biological and cognitive development are all influenced by exposure to adverse and traumatic experiences. Children may even be more deeply affected by stress and trauma than adults, depending on their age and developmental stage.²⁸

The Convention on the Rights of the Child urges State Parties to 'take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.'²⁹ Eliminating violence against children is thus a human-rights imperative.

28 UNICEF, 2019, Gender-Based Violence in Emergencies: An Operational Guide.

29 Convention on the Rights of the Child, Article 19, <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.



Pre-COVID-19 vulnerability assessment

The 2018 Multiple Indicator Cluster Survey revealed that 66% (overall) and 64% (Roma Settlements) of children aged 1 to 14 years experienced some form of physical punishment and/or psychological aggression by adult household members.

Centres for Social Work recorded 659 cases of violence against children in 2019, and in 312 of these cases the victims were girls and in 347 they were boys.³⁰ Fourteen cases of sexual violence against children was reported. Out of all the cases, 581 happened inside the family, and 78 outside the family surroundings.³¹ According to the Institute for Social and Child Protection,³² 185 cases of family violence were registered in the first five months of the current year, with 155 cases inside the family. Among the registered cases, 67 children faced emotional violence and 50 children witnessed family violence.³³ The NGO SOS Nikšić received twice as many calls after the epidemic started, as during the first two months of the year. During the lockdown (March–May 2020), the number of received calls increased by 12 percentage points compared to the same period in 2019. The 2019 European Union Report on Montenegro emphasized that “gender-based violence and violence against children remain issues of sincere concern”.³⁴

UNICEF has been working with the Government of Montenegro and child rights and women’s NGOs on the

30 <http://www.mrs.gov.me/informacije/planrada/224121/lzvjestaj-o-radu-i-stanju-u-upravnim-oblastima.html>

31 <http://www.mrs.gov.me/informacije/planrada/224121/lzvjestaj-o-radu-i-stanju-u-upravnim-oblastima.html>

32 Data is provided to UNICEF on request and is not officially published.

33 Data disaggregated by municipality indicates different representations of types of violence – usually only one or two forms of violence are present. For example, in some cases there are no cases of physical violence, or children witnessing violence.

34 Commission Staff Working Document, Montenegro 2019 Report, <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20190529-montenegro-report.pdf>.

prevention and protection of children from violence and on the intersection between violence against children and violence against women. As a result, Montenegro adopted the national Strategy on Prevention of Violence and Protection of Children from Violence (2017–2021), which includes cross-sector interventions to protect children from violence and support them where violence has occurred.

Assumed COVID-19 impacts and observations

Physical distancing and confinement to homes increases the risk of recurring violent behaviour. The psycho-social impact of quarantine, isolation, stigmatization, loss of routine, connections, and education can take a devastating psychological toll on children, while caregivers increasingly need psychosocial support and parental guidance for coping with confinement and their daily lives with the children. The escalating GBV in the context of COVID-19 is also affecting children – as victims and witnesses.

The Centres for Social Work and NGOs which provide services for victims of domestic violence have been reporting more calls/requests for assistance during the last three months. One Centre for Social Work indicates that new cases of domestic violence have been registered. CSWs are also coping with increased requests for mediation due to strained relations between former spouses who have children, with court-mandated visitation rights.

Measures put in place to contain the spread of the virus are limiting the options for reporting and protection, and victims believe they need to stay in their homes even when they are under the threat of violence. NGO service providers also note that law enforcement bodies are not enforcing the option of removing the perpetrator from the home, which the police are entitled to do (for a period of 3 days). Moreover, according to insights shared by NGO service providers, courts are now operating with reduced capacities (dealing with urgent cases linked to the COVID-19 measures), and thus are de-prioritizing domestic violence cases. NGOs also report that the nature of violence changed during lockdown. Psychological violence (arguments between spouses/partners, but also between parents and children, particularly adolescents) have become more prominent. Some families blame a lack of financial means, i.e. an inability to satisfy basic needs. For divorced couples, child visitation rights have become a concern, while relatives and friends seem to be pressuring women *“not to report violence – the most important thing right now is to preserve the health and life of the family”*.

Multiple overlapping deprivations are another concern: Roma women, those with a disability, asylum seekers and refugees, women living in rural areas, and older women who are not digitally savvy are even more at risk. Single mothers with dependent children tend to be economically deprived, especially if they do not receive alimony regularly or have lost jobs (mainly in the informal economy or in businesses/sectors affected by the COVID-19 containment measures). Mothers who live in rented apartments cannot afford the rent and fear that they and their children will lose their homes. **They urgently need material assistance, food, and hygiene items.**

The limited visibility of children who are **victims or witnesses of domestic violence** is of particular concern. Violence against children is usually reported by persons who are not household members. Taking statements from children in the presence of a violent parent limits the possibility of their adequate protection from violence. Considering that children do not access services to the same extent, reporting is more challenging.

Women and children who are currently residing in shelters have had to adjust to the changing circumstances. Shelters have put in place procedures which safeguard residents and aim to limit the possibility of infection. This has caused children to become restless and more agitated, and mothers are less able to control the behaviour of their children. Children are suffering from the sudden disruption in their education. They are taking part in distance

learning, but not always with the same level of commitment. Online education entails more effort for mothers. Children who are currently residing in shelters with their mothers cannot see the other parent – communication is limited. Some NGOs report that: (1) fathers are objecting to not being able to see their children, causing additional stress to the mothers; and (2) fathers are keeping the child with them against the court’s decision on custody rights. In one case, a perpetrator abused the court decision allowing him to see his children to expose the mother to violence. During the lockdown, he submitted a complaint against the mother for not adhering to the judicial ruling which required her to make a statement to the police and caused added fear and agitation. Physical distancing seems to be exposing children further to being used as a tool of confrontation in dysfunctional relationships.

Another concern is the increased risk of harm online. UNICEF warned about an increased risk to children ‘as their lives move increasingly online during lockdown’.³⁵ Since they are spending more time on virtual platforms, children have become more vulnerable to online sexual exploitation and grooming. Additionally, the lack of face-to-face contact with friends and partners ‘may lead to heightened risk-taking, such as sending sexualized images’, and finally increased online time could lead to a greater risk of cyber-bullying. Even though there have been no reports or research regarding this topic in Montenegro since the pandemic began due to the short amount of time that passed, it is safe to assume that children in Montenegro are as exposed as children in other countries to this risk.

Domicile Roma

According to the last census (2011) there are 6,251 Roma and 2,054 Egyptian people living in 1,541 households in Montenegro. Most Roma live in Podgorica, Berane, Nikšić, Bijelo Polje, and Herceg Novi. The Egyptian community is largely present in Tivat.³⁶ Members of the Roma community largely use the Roma language, which includes around 60 dialects, as their mother tongue. Most Egyptians use Albanian as their mother tongue.³⁷ Within the Roma and Egyptian community there is a distinction between domicile and ex-displaced members.³⁸ Those displaced as a result of the conflict in the former Yugoslavia represent approximately 40% of the overall Roma and Egyptian communities.

Pre-COVID-19 vulnerability assessment

Before the crisis, Roma and Egyptians, especially domicile ones, faced limited access to opportunities in various areas of life, with women being subject to double discrimination. The budget for the 2016–2020 Strategy for the Social Inclusion of Roma and Egyptians remained insufficient to achieve its objectives. Almost all marginalized Roma and Egyptians in Montenegro (94%) faced severe material deprivation, compared to 49% of non-Roma living in the vicinity.³⁹ Despite some positive developments, the major challenges that this group of people faced were the fact that: both enrolment (62%) and completion rates (34%) for compulsory education remain the lowest in the Western Balkans;⁴⁰ insufficient attention has been given to adult education; the poor economic conditions – their job prospects, beyond working in utility companies, seasonal jobs, and selling used and new

35 <https://www.unicef.org/press-releases/children-increased-risk-harm-online-during-global-covid-19-pandemic>.

36 Council of Europe & De Facto Consultancy, *Situational Analysis: Identifying and mapping the relevant challenges faced by RE community in Montenegro*, 2019.

37 Source: Ministry of Human and Minority Rights, Government of Montenegro, *Strategy for Social Inclusion of RE in Montenegro, 2016–2020*.

38 Council of Europe & De Facto Consultancy, *Situational Analysis: Identifying and mapping relevant challenges faced by the RE community in Montenegro*, 2019.

39 <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20190529-montenegro-report.pdf>.

40 Ibid.



goods in markets, remain low; *poor housing conditions* in most settlements – access to houses, the low level of overall cleanliness of the settlements; *poor health condition of many Roma*– as a result of the heavy and unsafe work many of them do (cleanliness of public streets, collection of secondary waste, etc.) and unequal access to adequate nutrition and to health services.

Roma and Egyptian people face a number of human rights concerns in spite of ongoing efforts to mitigate them. On average, the standard of living in these communities is significantly below the national average. According to the 2018 Multiple Indicator Cluster Survey (MICS),⁴¹ 11.5% of Roma and Egyptian people do not have housing, 11.7% do not have access to sanitation facilities, 5.7% have no access to a handwashing facility, and 18.1% have no water source in the house.⁴² Also, the MICS found evidence of overcrowded dwellings – the average Roma and Egyptian household includes 5.5 members, compared to 3.3 when it comes to the general population. Additionally, many Roma and Egyptian families live in housing constructions that have not been legalized, sometimes built out of poor and easily ignitable materials.

Poverty is most pervasive among the Roma and Egyptian population. According to the 2018 MICS, 90% of Roma and Egyptian people experience material deprivation. Only 6.2% of Roma and Egyptian families live in houses with a finished floor, 40.3% have only one room for sleeping and the average number of people per room used for sleeping is 3.3; 76.6% of Roma and Egyptian families have a refrigerator, 54.8% a washing machine, 27.2% a vacuum cleaner and 34.5% an electric stove. Out of all the families, 36.1% do not own the dwelling they live in.⁴³

41 MONSTAT, Government of Montenegro, UNHCR & UNICEF, *Multiple Indicator Cluster Survey MICS*, 2018.

42 MONSTAT, Government of Montenegro, UNHCR & UNICEF, *Multiple Indicator Cluster Survey MICS*, 2018.

43 MONSTAT, Government of Montenegro, UNHCR & UNICEF, *Multiple Indicator Cluster Survey MICS*, 2018.

Assumed COVID-19 impacts and observations

The COVID-19 pandemic has revealed how the Roma and Egyptian community is especially vulnerable to shocks. At the very beginning, NGOs working to protect Roma and Egyptian rights warned that some of the Roma and Egyptian families were especially at-risk because they live in settlements where it is very difficult to maintain hygiene, they suffer from various underlying conditions and diseases that decrease their overall life expectancy and make them especially vulnerable to suffering the severe consequences of COVID-19 infection. They lack the food and resources to build up the supplies necessary for longer isolation, they are receiving misinformation, and they are unable to perform regular work.⁴⁴ To this list, a number of other vulnerabilities could be added: for example, since only 54.2% of households have access to the internet and only 15% have a computer at home, the online education that has been introduced during the pandemic is physically inaccessible to many Roma and Egyptian children, therefore increasing further their risk of exclusion.

"We live in a shabby shed without decent living conditions. We have small children and we are worried about their health situation. We have the internet but we cannot follow the online schooling. So, we need help with food and hygiene and learning support for our children."

35-year-old man, Konik

According to the estimates of the relevant NGOs, at least 50 families (250 members) do not have access to drinking water, while the same number are without electricity.

"Our family has had no social protection support for 2 years already. Our only income is from selling second-hand items at the flea market. I am afraid we will end up in the dark because we don't have money to pay the electricity bills."

59-year-old man, Konik

The rapid needs assessment revealed that the majority of respondents' **income** had been either completely lost or substantially reduced. When it comes to the urgent needs due to the new circumstances, **food** is ranked in first place **for all respondents**, followed by **hygiene products** and then **medicines, clothing, and accommodation**. The public services they need mostly at the moment are primarily **health services**, followed by **public kitchens** and **assistance in finding a job**. It is important to emphasize that almost half of the respondents indicated that they had a problem with debt settlement for electricity (and water) bills, and that assistance with this was necessary (whether this was to be exempted from paying bills or for the bills to be reduced). The second round of research confirmed they continue to be mostly scared of **health risks**.

⁴⁴ A public statement by the WHO called on the government to take specific measures to protect the Roma and Egyptian population in Montenegro in the COVID-19 response, issued on 18 March, available at: <https://www.vijesti.me/vijesti/drustvo/hitan-apel-nadleznima-da-zas-tite-romsku-populacije-od-koronavirusa-u-crnoj-gori>, accessed on 10 April 2020.

"This virus additionally made my already difficult life more difficult. I do not receive any social assistance; I depend on the flea market that was closed during the pandemic. Now after the measures have been relaxed, the market is not as it was, one cannot make a living. Somehow I can earn enough for food, but not for other needs (electricity, water, and similar)"

60-year-old man, Roma settlement, Podgorica

A number of respondents indicated the following fears and problems and presented these through their personal stories:

- Due to a lack of money, they indicated problems with rent payments and therefore the fear that they would be left without a place to live (apartment);
- Problems with discrimination by healthcare professionals;
- Due to the impossibility of selling in the markets (which was, for some of them, the major source of income), they have run out of money and cannot supply even their basic needs;
- Fear that their electricity will be cut off due to a lack of money to pay the bills;
- Help for their children to keep up with the distance learning programme.

"I live with my wife and three children in an apartment without electricity and food. During coronavirus I did not have the possibility to work, which additionally aggravated my living conditions. We received food packages, but it was not enough. Now I regularly visit municipal waste containers looking for charity."

41-year-old man, Roma settlement, Podgorica

Refugees, asylum seekers, and stateless persons (at risk of statelessness)

Since the establishment of the asylum system in January 2007 until 18 March 2020, Montenegro received a total of 15,890 asylum applications, witnessing increasing mixed-migration movements from mid-2017 onwards.

At the time of the COVID-19 outbreak in mid-March 2020, some 200 asylum seekers and 27 refugees were living in Montenegro. According to the *Law on International and Temporary Protection of Foreigners*, asylum seekers are entitled to work only if they have resided in Montenegro for more than nine months, while refugees generally have unhindered access to the labour market under the same conditions as foreigners legally residing in the country.

Besides those who have applied for asylum in the country, Montenegro hosts some 12,500 refugees from the former Yugoslavia, among whom an estimated 40% are of Serbian origin, some 30% are of Montenegrin origin, and 25% belong to the Roma and Egyptian communities. Progressively, Montenegro has opened up avenues for

the local integration of those people uprooted by the conflicts in the former Yugoslavia, establishing a facilitated procedure, enabling access to the status of 'foreigner with permanent residence' (2009 amendments to the *Law on Foreigners*). This status secures access to most of the rights guaranteed to citizens, with the exception of the right to vote. Among the refugees from the former Yugoslavia, at the end of January 2020, there were 360 individuals with an unstable legal status (including 185 foreigners with temporary residence and 175 people still pending resolution of their legal status), thus also with limited access to healthcare, social care, and employment. In addition, at the end of January 2020, there were some 142 at risk of statelessness and 367 in a statelessness-like situation.

"I need urgent help to pay the rent as I have no income anymore and will lose my apartment."

**32-year-old woman from Podgorica,
asylum seeker**

Pre-COVID-19 vulnerability assessment

Although refugees, asylum seekers, and persons at risk of statelessness are entitled to many rights under the national legislation, in practice they often face challenges in effective access to these rights. Some of the reasons are related to language and cultural barriers, traumatic experiences, specific needs and vulnerabilities, but are also related to a lack of legal identity, unstable legal status, still insufficient coordination between the line institutions and a lack of alignment of their administrative practices, and overall marginalization.

A pre-COVID-19 evaluation in 2018 carried out by UNHCR and MLSW confirmed that, due to the above mentioned limiting factors, ex-Yugoslav refugees and people at risk of statelessness belong to the category of vulnerable groups (people who live in poverty, are poorly educated, long-term unemployed or employed in low-income sectors, or people with poor health). While the primary causes of vulnerability may be different, these all lead to an inability or limited ability to achieve self-reliance, often being able to engage only in informal work, including the collection of waste materials.

"My situation is very hard. I cannot leave my settlement to work and get some income. My family is starving now. I need medicines urgently, since my child has epilepsy."

**24-year-old man from Berane,
at risk of statelessness**

Assumed COVID-19 impacts and observations

The main mitigation measures introduced by the Government as a response to the COVID-19 outbreak have equally affected many refugees, including refugees from the former Yugoslavia, asylum seekers, and persons at risk of statelessness –the closure of all the borders and of key public institutions; the shutdown of all commercial businesses, with the exception of those deemed essential; the lockdown of asylum reception facilities with no permission to enter or leave for self-quarantine purposes; and movement restrictions for the entire population, have gravely jeopardized the livelihoods and resilience of significant segments of the local population, as well as of refugees, asylum seekers, and persons at risk of statelessness, who were already at the bottom of the socio-economic ladder.

“We used to live from the collection of secondary material. We cannot do that now. We are receiving social assistance and we have received €50 now. But that is not enough. One of my children cannot follow online classes”

36-year-old woman from Podgorica, at risk of statelessness

The lockdown and the restrictions imposed on movement have led more than three-quarters of refugees, asylum seekers, and persons at risk of statelessness, who had been working primarily in the informal sector, to immediately lose their jobs or to almost completely lose their incomes. For this reason, these communities have emphasized their urgent need for food and hygiene items, but also for medicines, clothes, and accommodation, as they cannot afford to pay their rent.

With the gradual reduction of restrictions, the situation in the country has somewhat improved. Even so, at the end of May 2020, 60% of refugees, asylum seekers, and persons at risk of statelessness are still without work and the possibility of income generation. The problem is especially salient for asylum seekers living in private accommodation and persons granted refugee status, of whom more than 70% have lost their jobs and income.

Food and hygiene kits remain on the top of priority needs for refugees from the former Yugoslavia and persons at risk of statelessness. In addition, two and a half months after the introduction of COVID-19 mitigation measures, asylum seekers living in private accommodation and persons granted refugee status reiterated their need for accommodation support. Due to the losses of jobs and income, there is a serious risk for many of not being able to pay the rent and of becoming homeless.

Referring to basic public services, former Yugoslav refugees and persons at risk of statelessness continued to be in need of public health care in May 2020. Asylum seekers in private accommodation and those granted refugee status shifted from an initial request for employment support and legal aid towards a request for help in regularizing their status to exercise their rights.

Contrary to the situation at the outset of the epidemic when most of this group were concerned about their healthcare situation, the primary concerns at the end of May became economic risks and the negative effects on the overall economic situation in the country.

"I am a single mother with four children. I am not eligible for social assistance, so I have been buying food on credit from the nearby shop. The owner does not trust me anymore and it is hard to find someone to borrow money from. The assistance from the Red Cross is insufficient, and my children have no means of following online classes."

**40-year-old woman from Podgorica,
at risk of statelessness**

The situation among Roma and Egyptian refugees includes many vulnerabilities described in the previous chapter concerning the domicile Roma population. Many cannot afford physical distancing due to overcrowding in poor accommodation facilities in the settlements they have been residing in for decades. Their unstable sources of income have drastically decreased, thus putting these families in even higher socio-economic vulnerability. Their children are experiencing a number of obstacles in following distance learning programmes, thus leaving them further behind education-wise.

"I have no more opportunities to work as I did before. Now, I can work every third or fourth day because people are afraid to hire me due to this virus. There are three children in my family, and we need diapers, baby food, and hygiene items."

**49-year-old man from Berane,
at risk of statelessness**

Despite the efforts of the Government to share all COVID-19-related information with these categories of people in a timely manner, the language barrier challenges access to information, thus making these people highly dependent on the information and support provided by the UN system in the country. In order to bridge this communication barrier, UNHCR established three dedicated Viber groups and a hotline number to reach out to the asylum seeker and refugee communities in multiple languages. Dedicated risk-communication material, provided by the WHO and UNICEF, has been translated into all the relevant languages and shared with the relevant institutions across the country. The same material has also been made available on social media.

"I don't go out, since I am afraid that I or my family members may get infected. I miss spending time with my friends."

80-year-old woman from Budva, foreigner with temporary residence for up to 3 years

Migrants (seasonal workers, foreigners)

According to the Ministry of the Interior, from January to August 2019, a total of 19,500 temporary residence and work permits for foreigners were issued in Montenegro, of which 3,600 were based on seasonal employment. The largest number of permits for seasonal employment of foreign workers was issued within the framework of accommodation and food services in households and hotels, followed by construction contractors and other activities for which there are not enough registered domestic workers in the labour market. Based on the information provided, in the past year, the tourist and construction industries have relied heavily on foreign labour.

Pre-COVID-19 vulnerability assessment

Migrants tend to be among the most vulnerable groups of workers most hit by economic downturns. For migrant workers, they are often the first to be fired and their employment relationships are frequently non-standard, and in poorly regulated sectors or activities. They may also fear deportation if they lose their jobs and work permits. Migrants are in particularly vulnerable situations and often face specific challenges. They are frequently neglected, stigmatized, and may have difficulties in accessing health and other social services that are otherwise available to the general population.

Assumed COVID-19 impacts and observations

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 have remained in Montenegro. As the outbreak worsens, migrant workers as a vulnerable group in international supply chains have been facing increased health risks. Their current situation is characterized by a lack of health insurance or access to health care, job insecurity due to business shutdowns and lay-offs, and the risk of losing their regular status due to tightening travel restrictions.

Based on the first round of information collected for the RSIA, there were a number of migrant workers who were still in Montenegro, with a significantly reduced or a total loss of income. The second round of information (May 2020) shows that part of the respondents decided to return to their countries of origin. This can be attributed to the behaviour of companies employing these workers, resorting to short-term arrangements, such as reduced hours and pay for personnel remaining on the payroll or putting workers on part-time employment or unpaid leave. As a consequence, migrant workers who did not have sufficient income to cover their basic living needs (accommodation, food, etc.) were forced to leave Montenegro and return to their countries of origin.

In the first round of research, the most pressing needs due to the epidemic related to **hygiene products** as a

priority for most respondents, followed by **food and accommodation**. According to updated information, most of the respondents state the need for the internet as a means of receiving timely and correct information.

The public services most needed in the first round of research were primarily **health services** and **assistance in finding a job**. With the gradual relaxation of restrictive measures and opening of borders, those that remained in the country stated a primary need for health protection and psycho-social support.

"I'm living with my two younger sisters in a small rented apartment. Since I lost my job, just as my sisters did, we are unable to pay the entire amount for rent. The landlady said that we must leave the apartment."

37-year-old woman from Bosnia and Herzegovina, currently living in Budva, a foreigner with temporary residence

At the outset of the epidemic, many of the respondents were concerned about what would happen with the status of their working permits and legal right to stay in Montenegro, even though the Government stated that all expired work permits would be valid until this situation is over. After the relaxation of restrictions introduced to mitigate COVID-19, the respondents with expired work and residence permits were informed about the procedures for the renewal of documents. As a result of a two-month stagnation there are large backlogs which are slowing the renewal procedure. Notwithstanding this, many of the respondents remain assured they will be able to renew their permits. On the other hand, there are a number of respondents that fear job-losses or significant income cuts by their employers.

"What will happen if my employer cannot afford to pay the necessary tax contributions for the extension of my work permit? What will happen to me, will I have to leave Montenegro?"

45-year-old woman, currently living in Podgorica, a foreigner with temporary residence

With many workers having no savings and unable to absorb even small disruptions in their income or expenses, lower-remunerated workers and their families could face significant economic challenges.

“What will happen to my business? My husband and I have lost our income and our business has closed. As foreigners we do not have the right to apply for a recovery loan from the government. Who will help us?”

51-year-old woman, currently living in Podgorica, a foreigner with permanent residence

“Since I lost my job in the local pub where I worked as a waitress, I don’t have any money or a place to live. Thanks to my friend who is currently supporting me, I’m still in Montenegro, but I’m not sure for how long and where I could go.”

25-year-old girl, currently living in Pljevlja, a foreigner with temporary residence

Migrants engaged in informal employment are facing even greater dangers of unemployment and exploitation (including non-payment of wages for hours already worked).

Most migrant workers were afraid of the health- and economic-related risks according to both rounds of the research. Speaking of the positive aspects of the new situation, most of the respondents spoke about the extra time spent with their families. During the difficult times and challenges imposed by the epidemic, people have found moments of peace with their families, for whom they often do not have time due to their work. Referring to the negative aspects, respondents stated the lowered income. A large number of migrant workers stressed their concern regarding the economic situation in the country as a result of COVID-19 and how this will affect their working posts. A number of respondents stated that they were concerned about their health and the health of their relatives.

Many groups of migrant workers – particularly low-skilled migrant workers – often find themselves living in cramped and sub-standard housing where the risk of contagion is greater and the risk of other sicknesses (as well as psychological strain) during the lockdown is more significant. Those who are working on construction sites also face 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 the country for new migrant workers, there is also a risk that employers will increase the workloads of the existing migrant workers and/or restrict their ability to leave and return to their country of origin if they wish. The risk of abusing workers’ rights, particularly restricting their movement and ability to return to the country of origin for foreign workers, increases in times of crisis.

People in detention

In March 2020, 1,118 people were being held in the prisons in Podgorica and Bijelo Polje (1,098 males, 12 females, and eight juveniles). The numbers for May, April, and June were reportedly similar, but official data was not available for the assessment.

Pre-COVID-19 vulnerability assessment

In general, detainees and prisoners in many countries have limited access to services, such as health care due to their isolation, have poorer access to information, and, as a result of stigma, the authorities may not invest the necessary resources to guarantee adequate conditions of detention. In Montenegro three main concerns which already existed before the COVID-19 outbreak add vulnerability to people in detention. Firstly, the investigative department in the prison in Podgorica for detainees who are awaiting trial or are on trial is overcrowded. In March, it housed 348 persons, while it has capacity for 293. Secondly, the approximate 20% shortage in the required number of staff in the prison may have affected the delivery of services to those in detention. It is one of the main reasons why no separate juvenile detention facility has been opened yet. Lastly, health and hygiene conditions in police detention units were not fully adequate even before the COVID-19 epidemic, with the infrastructure needing improvement and equipment and materials requiring repair or replacement.

Assumed COVID-19 impacts and observations

People deprived of their liberty are vulnerable to COVID-19, as it can spread rapidly due to the high number of people in confined spaces and, in some contexts, due to restricted access to hygiene and health care. International standards highlight that states should ensure that all people in detention have access to the same standard of health care as is available in the community, and that this applies to all people regardless of age, citizenship, nationality, or migration status.⁴³

Maintaining health in detention centres is in the interest of the people deprived of their liberty, as well as of the staff of the facility and the community. Access to health-related information on COVID-19 and measures to prevent the spread of COVID-19 are key for detainees and staff alike, as is clear information to detainees on restrictive measures, such as the temporary banning of family visits. In some countries, the lack of such information has contributed to riots and even deaths in detention.

The Institute for the Execution of Criminal Sanctions (UIKS), which administers detention facilities, has been taking measures to mitigate the risks of COVID-19 in both adult and juvenile detention. It developed a Critical Plan of Action in consultation with the Institute for Public Health (IPH). The Protector of Human Rights and Freedoms, which monitors the situation in prisons, found that even before the first cases of COVID-19 were confirmed in Montenegro, the UIKS had been in regular communication with the Ministry of Health and had put protocols in place regarding how deal with COVID-19, including when new prisoners arrive.⁴⁴ Officials also reported that prison staff have the necessary equipment to protect themselves from COVID-19.

The Directorate of the Police issued a directive to all police personnel on how to operate during the COVID-19 epidemic, based on IPH suggestions. Personal protective equipment (masks, gloves, and shields) was grad-

usually made available to police officers who perform arrests or who are in charge of police detention units. Protective equipment was initially not available to people detained during the epidemic but has been since the beginning of June.

Health-related information on COVID-19 is distributed to individuals in the prisons and is also available in police detention. Prison visits by family members have been suspended but have been replaced with time for contact with relatives through other means of communication. Prisoners reportedly expressed appreciation for adequate information on the ban of family visits and for being able to make telephone and video calls with family members. At the same time, in a survey conducted by the prison authorities on prisoners' needs during the epidemic, prisoners identified the inability to meet and so receive the psycho-social support they need from direct visits by their families as a key concern, noting that the alternative modes of communication offered are not a fully adequate substitute for direct visits.

Concerns have been expressed about the inadequate conditions of regular police detention premises throughout the country. Specific issues have been raised by the Council for Civilian Oversight of the Police and the Protector of Human Rights and Freedoms, in Podgorica, Cetinje, Danilovgrad, Nikšić and Berane⁴⁵. Insufficient hygiene facilities (a lack of water and soap), inadequate infrastructure, the sharing of beds by detainees, and inadequate bedding were identified. While some issues were addressed, others remain and could heighten the risk of COVID-19 spreading. Fortunately, according to police sources, by mid-June, no-one held in police custody and no police officers dealing with arrests and detention had been infected with COVID-19.

Despite calls on the Prosecutor's Office to only order detention when strictly necessary, in light of the epidemic and current detention conditions, and while initially reportedly somewhat decreasing, a significant number of persons were detained during the epidemic.

Children in detention and correctional facilities

Children in detention often have poorer health than the rest of the population and are more likely to have underlying psycho-social, physical, and mental health issues that are exacerbated by their placement in custody. They also often lack adequate access to quality services including mental health and psycho-social support, and social and educational services.⁴⁶

There have been no new inmates entering the juvenile prison since the outbreak of COVID-19. In June 2020, eight juveniles, of whom six are 18 years or above were in juvenile prison. Two of them are serving juvenile prison sentences, six of them are serving criminal sanctions – placement in an institution. The juveniles have access to COVID-19-related information and to Viber to be able to stay in contact with their families. Family visits and receiving packages was not possible during the epidemic. Rehabilitation therapy of the juvenile detainees continued at a reduced volume with a focus on individual work, whereas group therapy and group work were discontinued as a preventive measure. More time was instead allocated for outdoor and sports activities than usual. The detainees have been undergoing regular health check-ups. Requests for early release from prison have not been granted, as no one meets the criteria.

45 See: <https://www.cdm.me/hronika/zekovic-potrebno-poboljsanje-uslova-u-prostorijama-za-zadrzavanje-ob-danilovgrad/>; <https://balkaninsight.com/2020/04/14/montenegro-warned-about-poor-conditions-in-remand-prisons/>; <https://www.vijesti.me/tv/emisije/439249/niksic-tv-vijesti-dozvoljeno-da-snimi-prostorije-za-zadrzavanje-pritvorenika-tek-kad-je-pocela-rekonstrukcija>; and <http://www.ombudsman.co.me/article.php?id=34420>

46 Technical Note: COVID-19 and Children Deprived of their Liberty, The Alliance for Child Protection in Humanitarian Action and UNICEF, 2020.

In June 2020, the **'Ljubović' Centre for Children and Young People** housed 16 children (three girls and 13 boys) for whom nine to whom correctional measures have been issued by court and seven to whom orders by the Centre for Social Work have been issued. During the COVID-19 outbreak, eight children with adequate family conditions were released home, but returned to the centre when all the restrictive measures were relaxed. During the epidemic, as recommended by the IPH, a selected number of educators, psychologists, and hygienists were continuously present at the centre so as to reduce staff from coming and going and being in contact with others. They had the necessary protection equipment and measured the body temperature of all the children/young people twice a day. The protocols and procedures on the prevention of diseases that were adopted included a ban on visits to the centre and a prohibition from going outside. This severely impacted children who are used to spending half the day outside the centre attending school or work. The centre's staff tried to address the new and challenging situation through working with each child and implementing rehabilitation treatment in line with the children's individual plans. However, staff reported the need for additional skills to be able to provide adequate support to the children during these extended hours of being at the centre, and future emergencies with similar consequences of the lockdown. Children faced difficulties taking part in distance learning due to the limited availability of the necessary equipment – computers or TVs. Educators used personal laptops to support the children with their schooling. The centre's staff provided the children with information about the COVID-19 epidemic in the country and engaged the children in sport and recreation activities. The children maintained telephone contact with their parents.

LGBTI population

Both the Constitution and the Law on the Prohibition of Discrimination forbids discrimination on any grounds. The law specifies that this includes discrimination based on sexual orientation and gender identity. The government has been promoting the equal rights of the lesbian, gay, bi-sexual, transgender, and intersex (LGBTI) community. It is currently implementing the second five-year Strategy for Improving the Quality of Life of LGBTI persons in Montenegro (2019–2023) and is doing so in close collaboration with LGBTI groups. Montenegro has a growing, increasingly visible and active LGBTI community and LGBTI rights non-governmental organizations which are actively advocating for equal rights and providing services to peers.

Pre-COVID-19 vulnerability assessment

While attitudes of the public supporting the equal rights of LGBTI persons are somewhat improving and various laws, strategies, and programmes to guarantee LGBTI rights are in place, members of the LGBTI community in Montenegro face significant stigmatization, discrimination, and hate speech, exclusion and violence inside and outside their homes. Concern about the severe discrimination and gender-based violence against lesbian, bisexual, and transgender women has been expressed by the UN Committee on the Elimination of Discrimination Against Women.⁴⁷ The Ombudsman institution has also reported on the risk of the community to violations of rights, including violence.⁴⁸ There is limited accountability for criminal acts against members of the LGBTI community.⁴⁹

47 Committee on the Elimination of Discrimination Against Women, Concluding observations on the second periodic report of Montenegro, CE-DAW/C/MNE/CO/2, 24 July 2017, paragraph 46.

48 Protector of Human Rights and Freedoms of Montenegro, Report for the Universal Periodic Review of Human Rights in Montenegro, Third Cycle, June 2017.

49 As an example, more than 100 complaints of discrimination, hate speech, and verbal abuse in the media were filed in 2019, but only one person was convicted in 2019 for violent LGBTI-phobic behaviour perpetrated in 2017, as reported in the June 2020 non-paper on the state of play regarding chapters 23 and 24 for Montenegro.

Stigma, discrimination, and violence impact on levels of stress and put both physical and psychological health of members of the LGBTI community at considerable risk.

Assumed COVID-19 impacts and observations

Global evidence has shown that during the COVID-19 crisis and the health system overload, LGBTI people may find their treatment being interrupted or de-prioritized. Stay-at-home restrictions have resulted in many LGBTI young people being confined in hostile environments with unsupportive family members or co-habitants, risking an increase in exposure to violence, and rising anxiety and depression. Many individuals in the LGBTI community work in the informal sector and lack access to paid sick leave, unemployment compensation, and coverage.⁵⁰

In Montenegro, findings from qualitative research with 46 members of the LGBTI community (nine female, seven male, three lesbian, seven gay, 16 transgender, one intersex, one gender variant and two non-binary persons) show that **50% of the respondents either totally lost their income or experienced a more than 50% decrease in income** due to the COVID-19 epidemic and containment measures taken in the country. The three most pressing current needs identified by LGBTI persons were **food (25%), shelter (17%), and medicine (13%)**. Respondents identified **psychological support (30%), health care (22%), and assistance with seeking employment** as the three most urgently needed services to mitigate the impacts of the COVID-19 crisis. More than half of the respondents (56%) were most concerned about their **economic prospects**, fearing a loss of income and of the ability to support oneself. This is followed by worries of **health risks (18%)** and concern about an increase in the **risk of violence or crime (13%)**.

In line with these findings, LGBTI rights organizations have reported that members of their community, as they have lost jobs due the COVID-19 crisis, face difficulties in maintaining economic independence. This independence has enabled them to live on their own and is essential for those whose original home environments are homophobic or transphobic. These individuals are now at increased risk of homelessness or of returning to a hostile home environment. Some of those who have gone back to their family homes have already encountered violence, according to LGBTI rights NGOs.

"This period is one of the most difficult in my life. Because of the ban on movement, I am forced to spend my free time home with a homophobic and often violent family. Therefore, even within the house, I spend time in my room, which can basically mean isolation in isolation. Due to financial difficulties, members of my family are more agitated than usual, and this further affects the level of verbal violence I receive."

19-year-old woman, Berane

50 Office of the High Commissioner for Human Rights, Human Rights at the Heart of Response, Topics in Focus, COVID-19 and the Human Rights of LGBTI people, 17 April 2020.

COVID-19 restrictions, and in particular the lockdown between March and May, have impacted on the availability and accessibility of support services for members of the LGBTI community. It significantly reduced in-person peer support, and two centres in Podgorica providing support to the community closed. Services for counselling, much valued in particular for psychological support, continued but in a limited fashion, and could only be provided online or by telephone. Some LGBTI persons who have underlying health conditions are experiencing additional stress as they are at higher risk of contracting COVID-19. Also, during the lockdown, LGBTI rights organizations were not able to file complaints detailing instances of hate speech and discrimination to the police, as an adequate electronic system for reporting is not yet in place. As the lockdown ended in May, the filing of complaints is possible again.⁵¹

“Because the environment I live in is quite homophobic, intimacy with friends who support me is of paramount importance. When I lost this support, my mental health worsened.”

34-year-old man, Niksic

LGBTI organizations have been providing members of the community with food and basic hygiene packages, and support to some of the most vulnerable persons in the community with housing expenses. However, as the capacity of the NGOs to provide such assistance is limited, they have called for additional support to mitigate job losses, prevent violence, enable peer-support, as well as counselling services, including online, and financial assistance to set up and operate systems for that purpose.

⁵¹ Interview with Jovan Ulicevic, who heads the NGO Spektra: <https://www.portalanalitika.me/clanak/jovan-ulicevic-odlucnim-koracima-do-sustinskog-postovanja-razlicitosti>, 20 May 2020, and interview with Ana Dedivanovic, director of the NGO Stana; http://www.prcentar.me/clanak/u-vrijeme-epidemije-koronavirusa-lgbtq-osobe-suoile-se-sa-brojnim-problemima/1215?fbclid=iwar08uijz_eijlzauidddqnvscsxkj66ztzr-juliz1etrkdw_tcgcm4uqas, 18 May. Information also obtained from Juventas and LGBT Forum Progres.

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 of 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 left 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 did 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 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 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-19⁵², 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 bans 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 been 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 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.

52 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>.

- 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 report 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. Shelters were 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 report 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 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 the 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 emerged, which 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 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.
- 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.

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 are 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 the food and hygiene products 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 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 are mainly concerned about the economic risks due to the negative effects of the pandemic COVID-19, while health-related concerns are not dominant anymore.

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

- Police detention premises, including 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.⁵³

General recommendations

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

R1. Continue monitoring the situation of vulnerable groups and ensure their [direct involvement](#) in designing the 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 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.).

53 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.

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.

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 aim 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 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](#), both through 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](#), [any 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 unable 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 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.

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, 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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