



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

REPORT



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The programme is jointly implemented by UN agencies and supports the country to reduce poverty through working with those left behind and supporting them achieve their full potential, using the latest scientific methods in social protection policy making and in mobilizing young people who are on the margins of society.

The UN Joint SDG Fund supports countries to accelerate progress towards achieving the SDGs. The Fund issues calls to the United Nations (UN) system to implement transformative Joint Programmes under the leadership of UN Resident Coordinators.

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



Abbreviations and acronyms

CEDAW – 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

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 – Institute for Public Health

IRF – Investment Development Fund

ISCP – Institute for Social and Child Protection

MICS – Multiple Indicator Cluster Survey

MLSW – Ministry of Labour and Social Welfare

NKT – National Coordination Body for Infectious Diseases

NGO – Non-governmental organization

RCO – Resident Coordinator's Office

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





Background

Current situation on the COVID-19 outbreak in the country

On 11 March 2020, the World Health Organization (WHO) declared a global state of pandemic caused by coronavirus (named 'COVID-19'). Since this date¹ over 172 million people have been infected globally, with more than 3.7 million fatalities recorded². The week ending 1 June 2021 alone recorded over 3.5 million new cases and more than 78,000 deaths. Despite such extremely high figures, that was the fourth consecutive week with a declining number of cases, and the fifth week in a row with a declining number of fatalities globally.

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

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

1 The data for 3 June 2021.

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

3 The data for 3 June 2021.

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

5 The data for 3 June 2021.

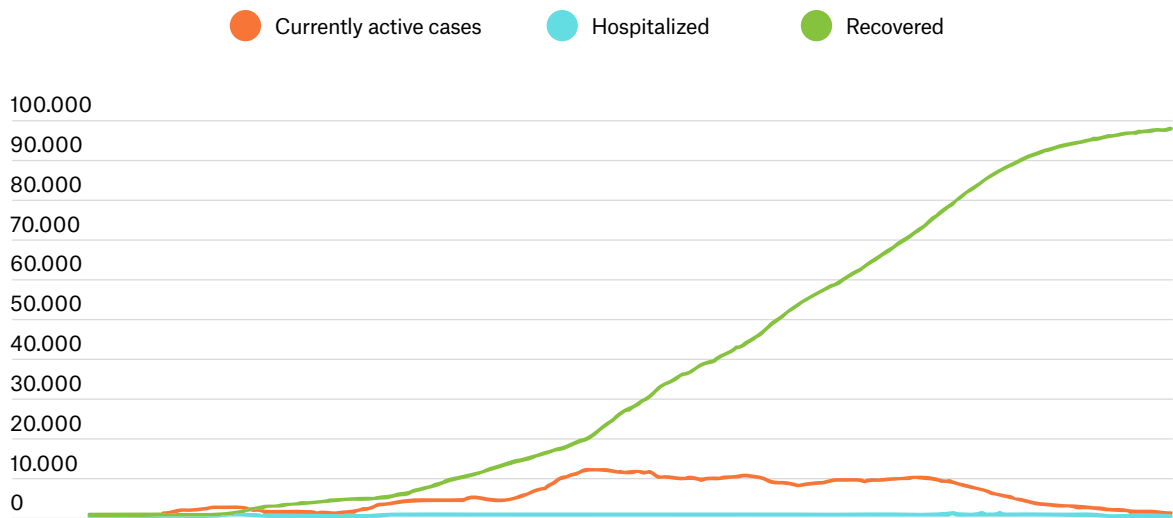


Figure 1: The trends for the number of cases, both active, hospitalized and those who have recovered from COVID-19 in Montenegro. Source: <https://www.ijzcg.me>, accessed on 3 June 2021

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

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

⁶ The data for 3 June 2021.

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





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







The assessment

Introduction

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

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

Two rounds of a Rapid Social Impact Assessment (RSIA) of COVID-19 on particularly vulnerable groups of populations were conducted as a first step in this collaboration. The first round of the RSIA covered the period from the outbreak of the pandemic in Montenegro until the end of April, while the second round included the period until the second half of June 2020. The RSIA was carried out jointly by UN agencies (IOM, UNDP, UNHCR and UNICEF) and the Resident Coordinator's office (RCO), with contributions from UNOPS and the ILO.

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

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

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





Data and methods

As has been the case in the first two rounds of the RSIA, the team used a mixed-method approach to collect data about the impact and experience of different segments of the population, including those likely to be most affected by the COVID-19 pandemic in Montenegro. Data was collected in April and May 2021.

The situation of the **general population** was assessed using **quantitative household public opinion surveys with the sample of 1,063 respondents in total**, conducted by Ipsos Strategic Marketing. The main characteristics of the survey were the following:

- For the telephone survey, a two-stage random stratified sample was selected which was representative at the national and regional levels (north, centre and south). For the online part of the survey, a one-stage stratified sample was used.
- The dataset was post-stratified by sex, age, urban/rural and region.
- The data was collected using Computer-Assisted Telephone Interviewing (CATI) in both rounds with the addition of Computer-Assisted Web Interviewing (CAWI) in the first round.
- The sample size was 1,063 respondents above 18 years of age.
- The data collected following such a method render the accuracy of $\pm 3.21\%$ for phenomena with a 50% incidence.

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

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

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

¹⁰ The group included children with disabilities, Roma children, children living in single-parent households, children whose parent(s) have a history of substance abuse, children from families which receive social assistance ('family cash allowance'), and children in foster care.



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

It was not possible to interview members of certain specific groups for various reasons, such as ethical concerns (avoiding possible harm and risk of double traumatization) or physical obstacles (protection of identity, for instance). In these cases, the information was collected from the relevant authorities and civil society organizations that are in contact with the groups concerned. Additionally, media reports were used as a secondary source of information. These groups are:

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

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

In order to adhere to strict ethical standards in research, data collection and analysis, the data collection was restricted to adults only. All the data was collected from adults, even that pertaining to children.

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

The immediate impact of COVID-19 on households in Montenegro

A quantitative public opinion poll was conducted to assess the impact of the COVID-19 pandemic on the general population in Montenegro.

The questionnaire used contained a certain number of items that were identical to the ones in the first and second rounds of data collection, i.e. in April and in June 2020, respectively. This has ensured comparability of some of the data, analysing the time observed with regard to the respective two periods in 2020.

In addition to the recurrent questions, new questions were also added to the questionnaire to better reflect the situation of the period observed, such as remote learning.



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

The first question asked the respondents to assess the effect the COVID-19 pandemic has had on their socio-economic situation and that of their family over the last six months. According to the findings, close to half of Montenegrin citizens have seen a reduction in their income over the last six months compared to the pre-COVID-19 situation. In addition, one in three respondents reported the reduction to be 30% or more. In case of 13% of respondents, their income actually increased.

On the other hand, almost two out of five citizens reported that COVID-19 had no effect on their financial situation or that of their families over the last six months. This primarily refers to people aged 60 and above, and respondents living in single- or two-person households.

Half of the respondents participating in the survey conducted in May 2020 reported reduced income, while now the same is reported by 48%. On the other hand, in May last year, 45% of respondents maintained that COVID-19 had had no impact at all, while 37% respondents report the same in this round of the survey. The main difference is observed within the group of respondents who reported increased income. In May 2020, 3% of respondents claimed their income had increased, while the figure now stands at 13%. **This can indicate that the financial situation of households has started recovering.**

Income since September 2020

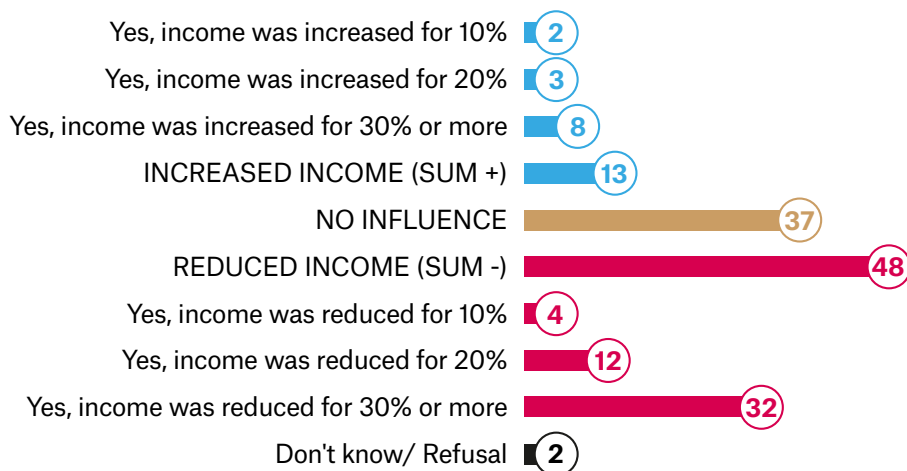


Chart 1: Did the new coronavirus affect the financial of you and your family over the last six months compared to the pre-COVID-19 situation? Base: Total target population, N=1,063

Taking into account the expected impact of the novel coronavirus on their financial situation over the coming three months, close to one-half of all respondents believe their income will be reduced. As regards the level of income reduction, one in four respondents, primarily married couples with children, expect it will go down by 30% or more. On the other hand, 8% of citizens expect their income to increase, while one in three do not anticipate any effect on their financial situation, the bulk of them being respondents aged 18–29, and ones with higher education levels.



Compared to the previous rounds of survey, respondents tend to be less pessimistic than in April 2020, when 60% expected to see their income reduced, but they are somewhat less optimistic than in June 2020, when 42% of households expected their family income to be reduced.

Expectations for the next 3 months (April - June 2021)

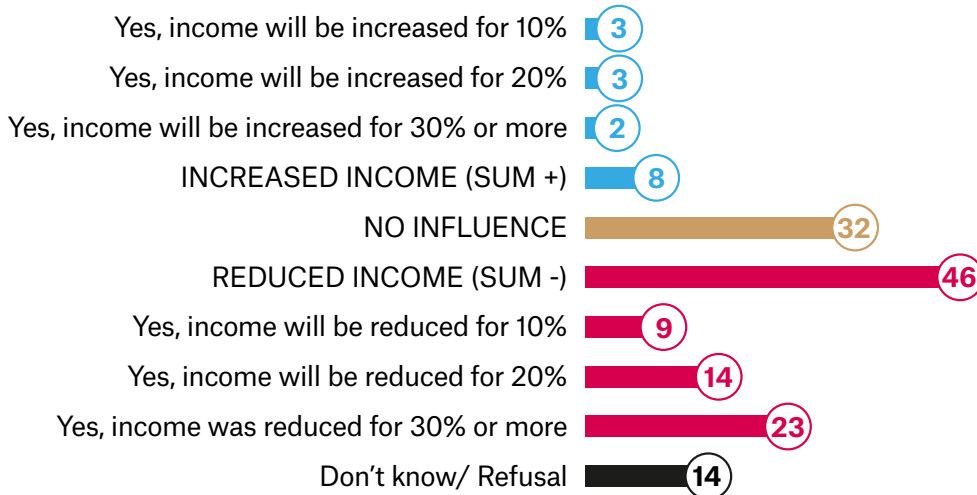


Chart 2: In your opinion, what impact will the novel coronavirus have on the financial situation of you and your family in the coming three months (April–June 2021) compared to the pre-COVID-19 situation? Base: Total target population, N=1,063

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

Almost two in three respondents reported that COVID-19 had no impact on their employment status. The total of 18% had their salary reduced, primarily in the southern part of Montenegro, while 14% reported the loss of their jobs, where a substantial share is accounted for by persons with only primary or lower levels of education.

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

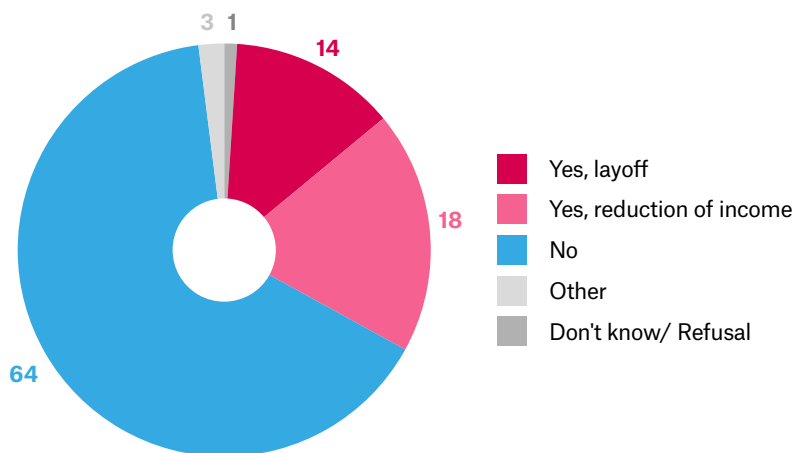


Chart 3: Did the COVID-19 outbreak have an impact on your employment status? Base: Persons with formal or informal employment prior to COVID-19 pandemic (54% of the total target population)



The findings are almost identical to the ones in the May 2020 survey, when 64% respondents reported no impact on their employment status, 14% reported a job loss, and 20% had their salary reduced.

The respondents who reported a **job loss** due to the COVID-19 outbreak in the last survey round were asked about the moment when that happened. Apparently, the largest wave of lay offs took place in March 2020, when this happened for 26% of all those who lost their jobs, followed by October 2020 with 13%, and January of this year with 11%.

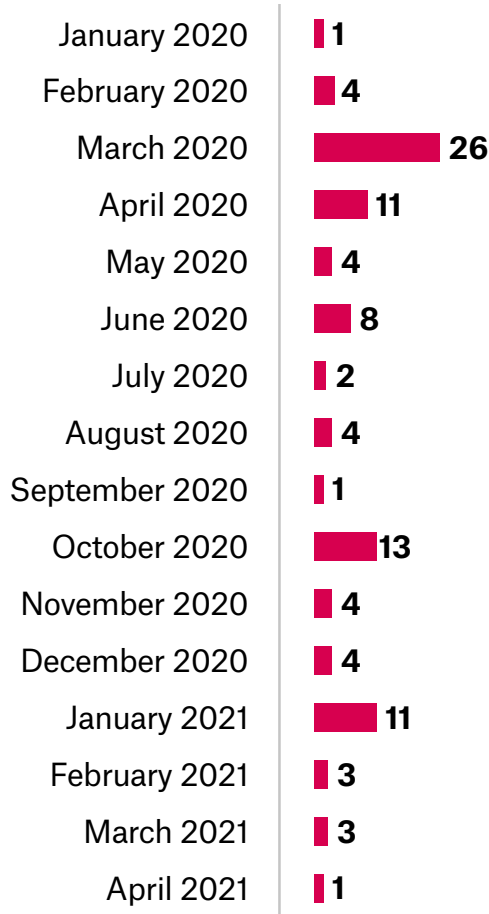


Chart 4: If you lost your job, when did it happen? Base: Persons who were laid off (8% of the total population)

Out of those who were laid off, most respondents mentioned being employed in accommodation and food services, followed by sale of non-food products. Likewise, in May 2020 the greatest share of jobs was lost in the hospitality industry, followed by the construction industry.



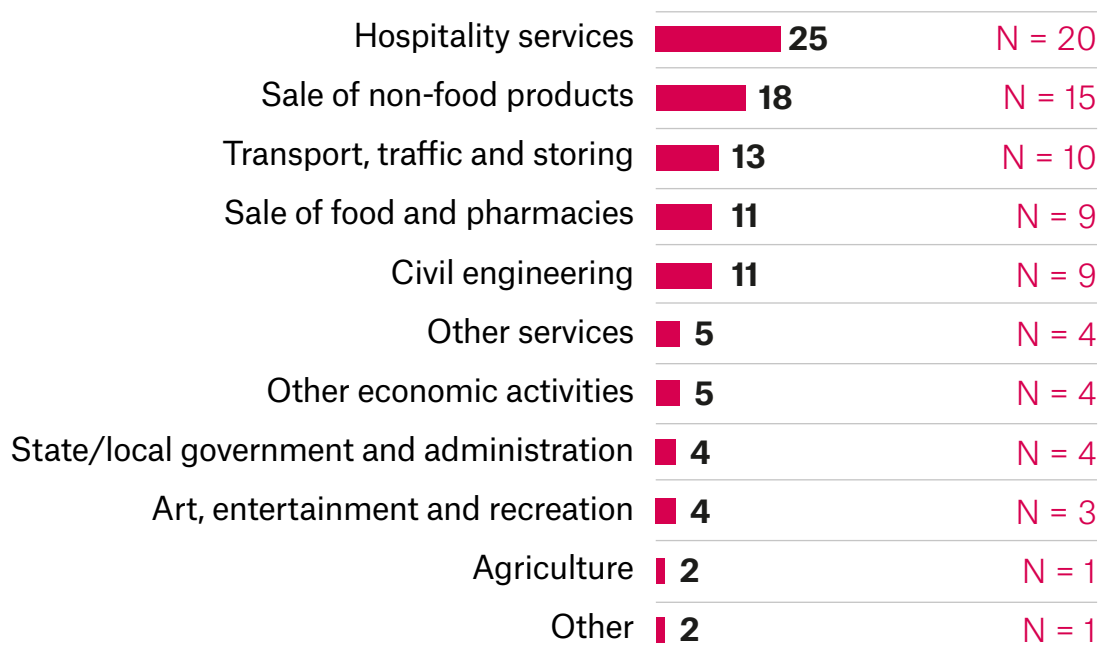


Chart 5: If you lost your job, which industry did you work in? Base: Persons who were laid off (8% of the total population)

Four out of five persons who reported being laid off on account of the COVID-19 pandemic had a year-round job, while one in five had seasonal jobs.

As for the respondents whose **salary was reduced** due to COVID-19 pandemic, one in five saw such a reduction in March 2020, and 13% in April 2020. Overall, for half of the respondents whose salary was reduced due to the pandemic, this reduction took place between March and June 2020.



Chart 6: If yes, when was your salary reduced? Base: Persons whose salary was reduced (10% of the target population)

Salary reduction was most likely in accommodation and food service business, followed by the central or local administration jobs.

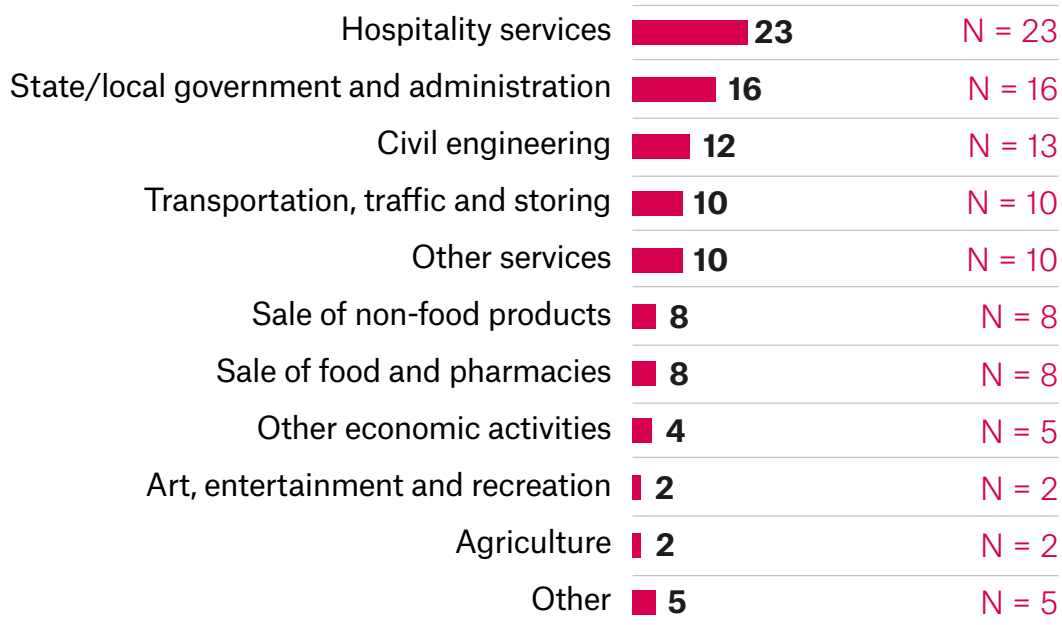


Chart 7: If you had your salary reduced, what was the area of your economic activity? Base: Persons whose salary was reduced (10% of the total population)

The majority of respondents whose salary was reduced on the account of COVID-19 pandemic had year-round jobs. This finding is quite indicative since it shows that the consequences sustained are more prolonged, and do not affect only persons on fixed-term contracts or those who have occasional jobs.

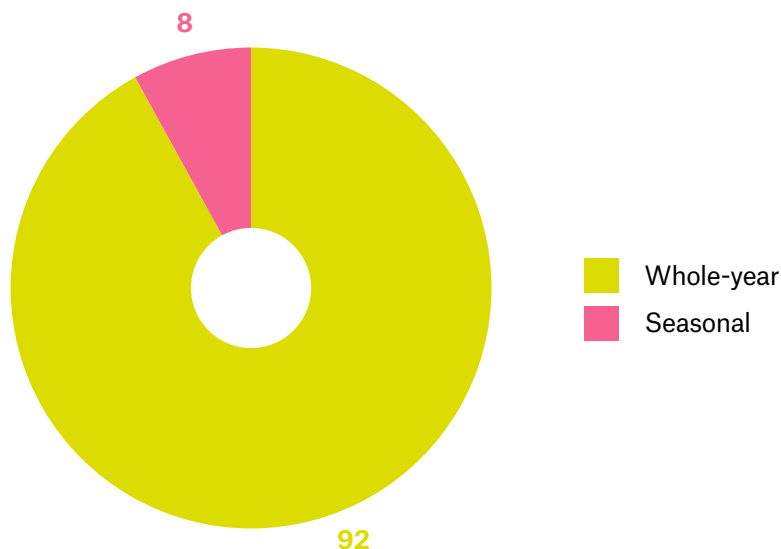
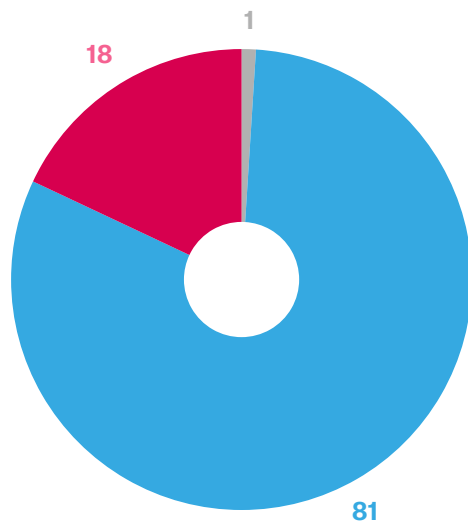


Chart 8: If you had your salary reduced, is your job year-round or seasonal? Base: Persons who had their salary reduced (10% of the total target population)

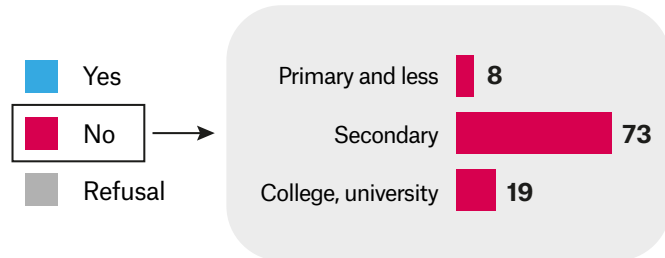
Close to one in five Montenegrin citizens in formal or informal employment reported that they were not covered by pension contributions or health insurance (i.e. payroll taxes), with persons with secondary education being most likely to fall into this category.

Are you currently paid pension and health insurance, taxes and contributions?



Base: Those who are currently formally or informally employed (46% of total target population)

Level of education of citizens who currently do not have paid pension and health insurance, taxes and contributions



Base: Those who are currently formally or informally employed, but without paid pension and health insurance (9% of total target population)

Chart 9: Are you covered by pension insurance, and if not, what is your education level?

When asked about coping strategies, three out of 10 respondents who were laid off or had their salary reduced reported that they were looking for any kind of a job, even in another profession, to make up for the loss of income, almost one in four opted for working freelance to bring in additional income, while 9% reported working abroad meanwhile – men, primarily.

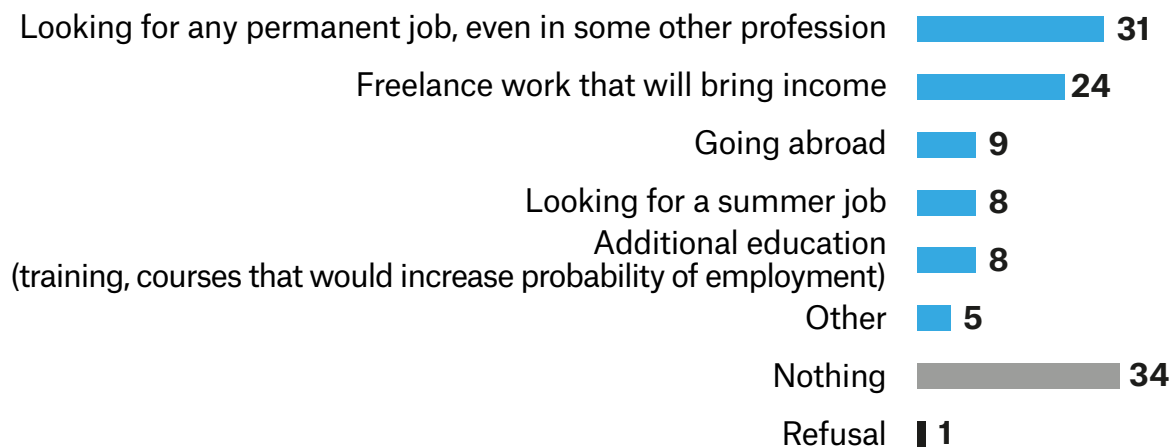


Chart 10: Have you done any of the following in order to compensate for reduced income? – Multiple choice: Base: Persons who were laid off or had their salary reduced (17% of the total target population)

The situation is somewhat different when **asked about their plans**. Here, one in three respondents who were laid off or had their salary reduced plan to seek any type of permanent job, even in other professions. Seventeen per cent plan to get a job abroad, with citizens from the northern regional and multi-generational families being more likely to have such plans. In addition, 16% of citizens reported their intention to work freelance and, in this way, generate income.

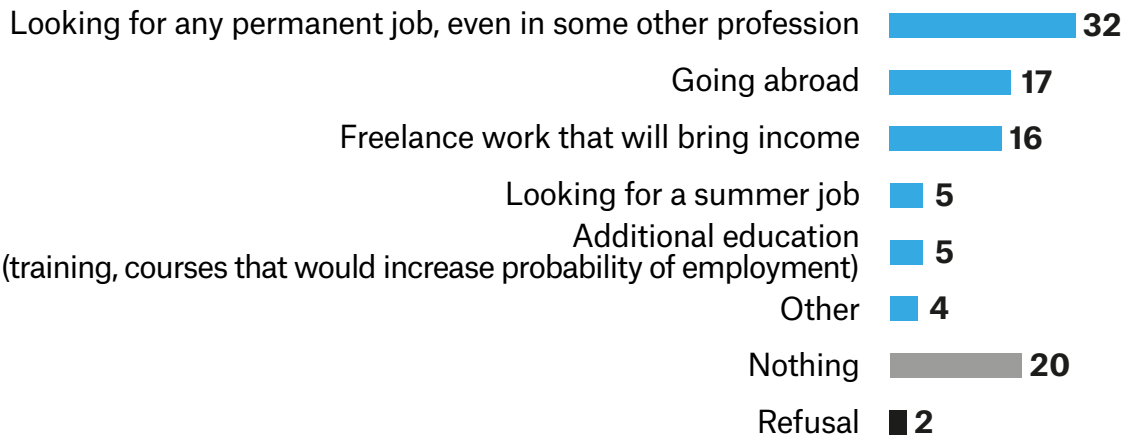


Chart 11: Do you plan to do any of the following to offset reduced income? – Multiple choice: Base: Persons who were laid off or had their salary reduced (17% of the total target population)

Compared to May 2020, the share of those who plan to seek any type of a job, even in some other profession, has gone down. Back then, 41% respondents stated they were looking for any type of job. As regards other plans, the shares remained very similar to the ones recorded in 2020.

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

Almost one in five Montenegrin citizens reported that some of their household members had been laid off due to the COVID-19 pandemic. Respondents living in a household composed of a married couple with children were more likely to report this. In addition, close to two out of five respondents state that some of their household members had their salary/income reduced. Income/salary reduction is mentioned more often in the south than in other regions and by respondents aged 18–29.

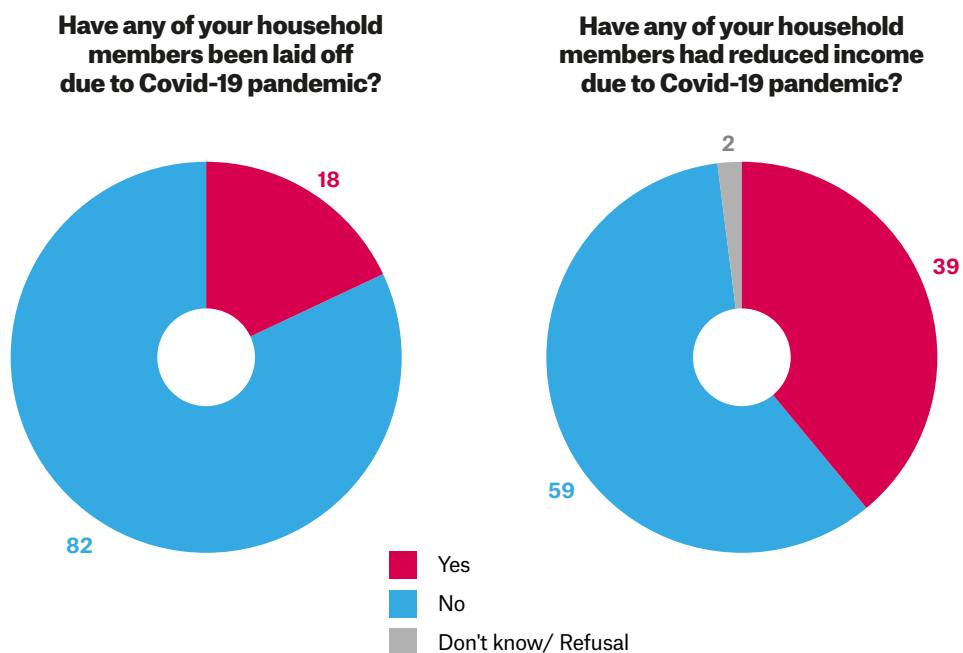


Chart 12: Have any of your household members been laid off or had their income reduced due to the COVID-19 pandemic? Base: All respondents (100%)

Compared to the pre-COVID-19 situation, the stability of salaries and other work-related incomes decreased; the same happened with remittances and leasing property to a certain degree, while pensions and social benefits have stayed at the same level of regularity over the last six months, as was the case before the COVID-19 pandemic.

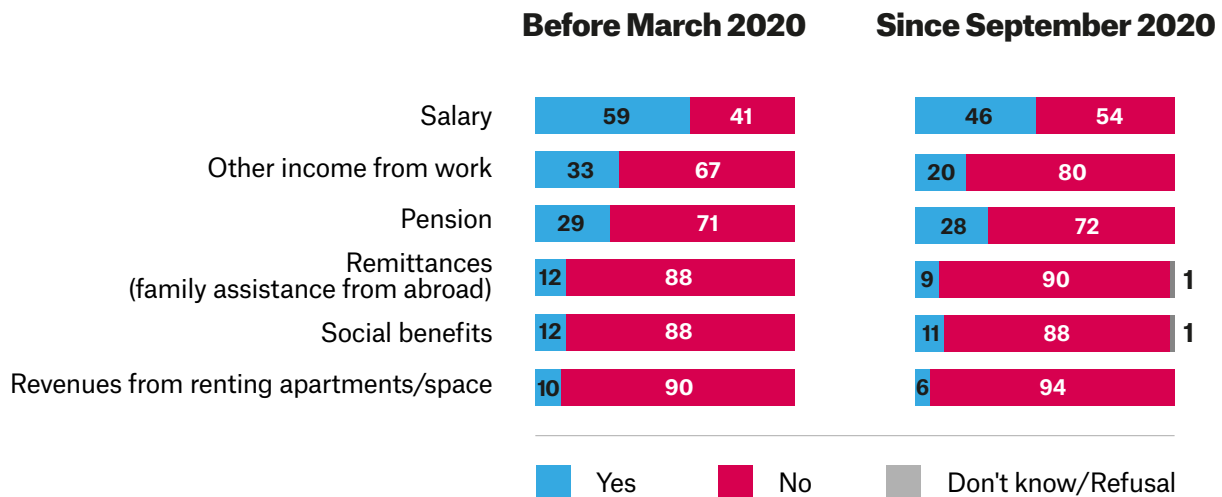


Chart 13: Please tell us now, for each of the following sources of income, whether you were receiving a regular income before the pandemic, and whether you received regular income from the same sources over the last six months: Base: Total target population, N=1,063

More than four out of five respondents state that at least one member of their household currently receives a salary or has some other work-related income. **Among them, 15% report that none of the employed household members have had their payroll taxes and contributions paid.**

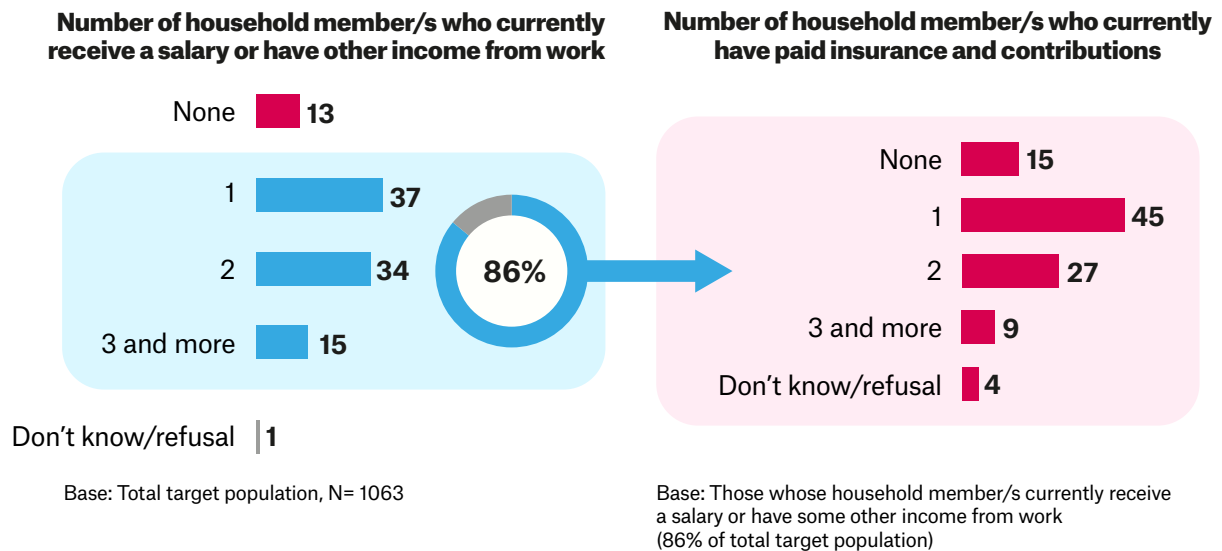


Chart 14: Household members who are employed and have their social contributions paid



Affordability of household-related costs

The following set of questions sought to assess what an average household in Montenegro was able to afford over the last six months.

The information on what households were able to afford, and what they were not, over the period observed is shown in the chart below. When interpreting the findings, only the households to which a certain cost is applicable should be taken into account. According to the findings, over the last six months most citizens were able to cater for their basic needs, such as food and utilities.

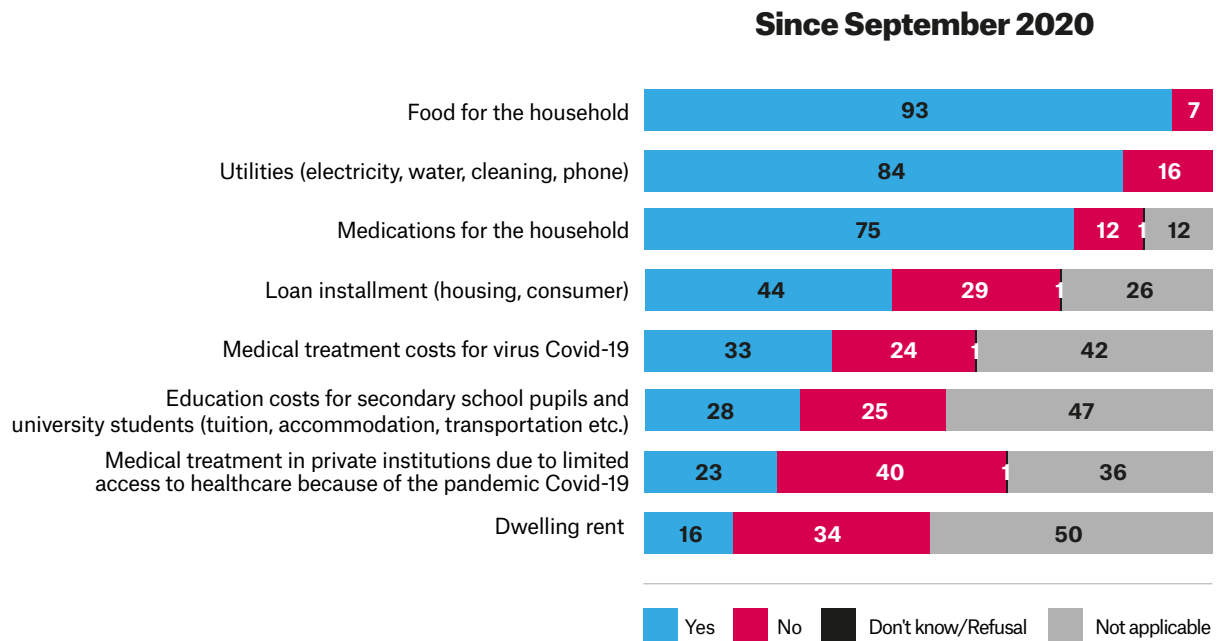


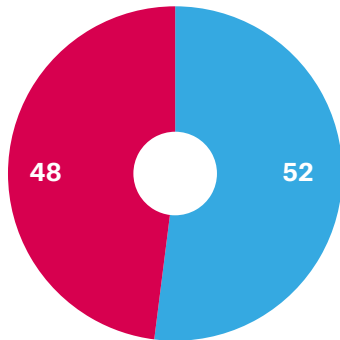
Chart 15: Please tell us for each of the following items whether your household could afford it over the last six months:
Base: Total target population, N=1,063

The recalculated data, excluding those who did not incur a specific cost, is shown in Chart 16 below. **When excluding those for whom the given cost was not relevant, it becomes evident that close to half of those who incurred schooling costs for secondary school and university students were unable to meet such expenses over the last six months. In addition, 63% of those who incurred treatment costs in private medical establishments due to limited access to public healthcare on account of the COVID-19 pandemic were unable to cover for these costs. Finally, 68% of those who rent their dwelling were unable to afford the cost of rent.**

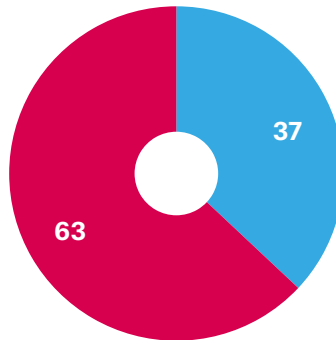


Since September 2020*

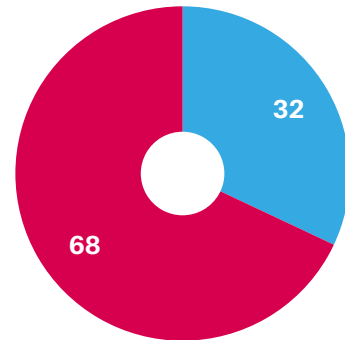
Education costs for secondary school pupils and university students N = 559



Medical treatment in private institutions due to limited access to healthcare because of the pandemic Covid-19 N=669



Dwelling rent N=532



■ Yes ■ No

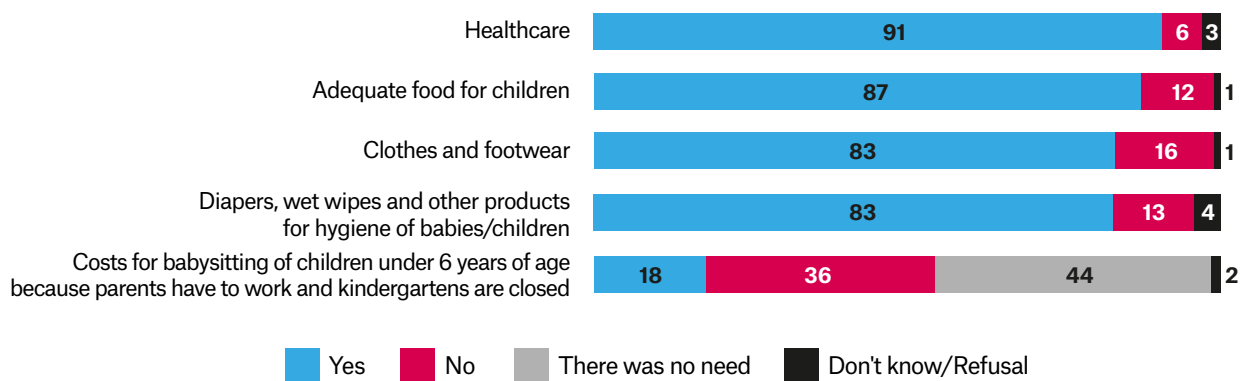
Chart 16: Please tell us for each of the following items whether your household could afford it over the last six months...
Base: Total target population, N=1,063 *Recalculated to exclude the respondents who replied with Don't know/Refuse to respond/Not applicable to our household

Compared to May 2020, more substantial differences are observed in case of loan instalments, with 44% reporting that they are able to afford it now, as opposed to 31% respondents last May.

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

Over the last six months, the bulk of households with babies or children under 6 years of age were able to afford healthcare and proper nutrition for them, while more than four out of five respondents reported that they were able to provide clothes and footwear, as well as hygiene products, for them. In addition, more than two out of five households did not incur separate childcare costs for children under 6 due to preschools and/or schools being closed down in cases where parents were obliged to go to work. Most likely, in such situations one of the parents stayed at home or managed otherwise to arrange for childcare within their core or extended families.

Since September 2020



■ Yes ■ No ■ There was no need ■ Don't know/Refusal

Chart 17: Could your household afford the following products for babies and children under the age of 6 over the last six months? Base: Only households with babies or children under 6 years of age, N=242

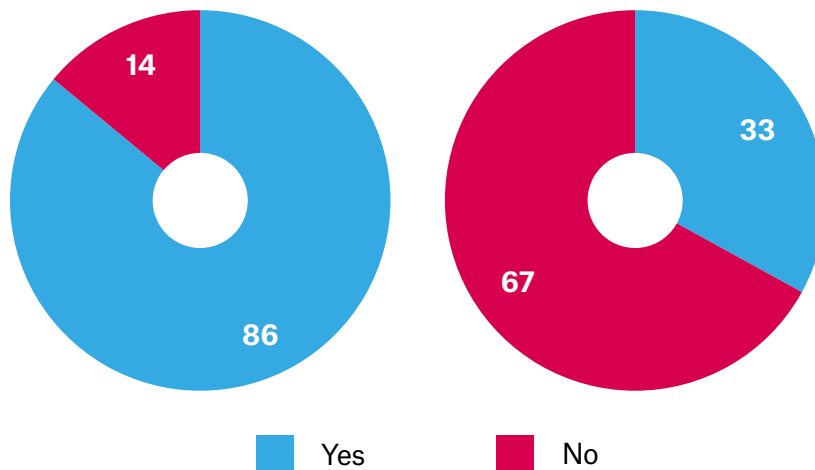


The charts below feature the recalculated data from the previous chart to include only those respondents that actually incurred a certain type of cost. Thus, it becomes evident that 14% of those who had a need to purchase diapers, wet wipes and other hygiene products for babies and young children were unable to afford such costs over the last six months. The same applies to childcare costs in the cases of one in three respondents who incurred such costs, since they were obliged to go to work, and preschools and schools were closed. **To summarize, close to two-thirds of households who had to organize childcare over the last six months with pre-schools and schools being closed, where the parents were obliged to go to work, reported they were unable to afford such costs.**

Since September 2020*

Diapers, wet wipes and other products for hygiene of babies/children N=231

Costs for babysitting of children under 6 years of age because parents have to work and kindergartens are closed N = 131



*Chart 18: Could your household afford the following products for babies and children under the age of 6 over the last six months? Base: Households with babies or children under 6 years of age, N=242 * Recalculated to exclude the respondents who replied with Not needed/Don't know/Refuse to respond*

Affordability of products for children 6–18 years old

Over the last six months, most households with children aged 6–18 were able to afford food and healthcare, clothes and footwear, and internet costs to enable remote learning, as well as textbooks and school stationery. Additionally, one in five households had no expenses on account of purchasing a technical device for children to be able to join remote learning programmes, and among those who did incur such costs, close to one-half of them could not afford the purchase. It can be surmised that in such cases parents would borrow money to purchase the device or borrow the device itself.



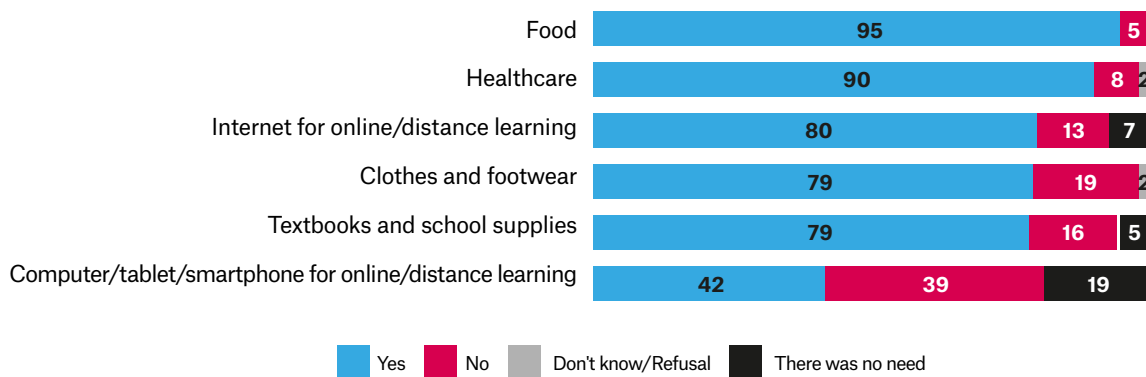


Chart 20: Could your household afford the following products for children aged 6–18 over the last six months? Base: Households with children aged 6–18, N=320

The situation has improved somewhat, however, compared to May 2020 when 29% respondents with children aged 6–18 claimed they could not afford clothes and footwear, while 9% reported the same regarding food.

When the data is recalculated to capture only those respondents who had need of such expenditures, 17% of them had problems affording the costs of textbooks and school stationery, while 14% had difficulties in covering the internet costs associated with remote learning. **Almost half of parents facing such costs experienced problems with purchasing a computer, a tablet or a smartphone needed to be able to join remote learning programmes.**

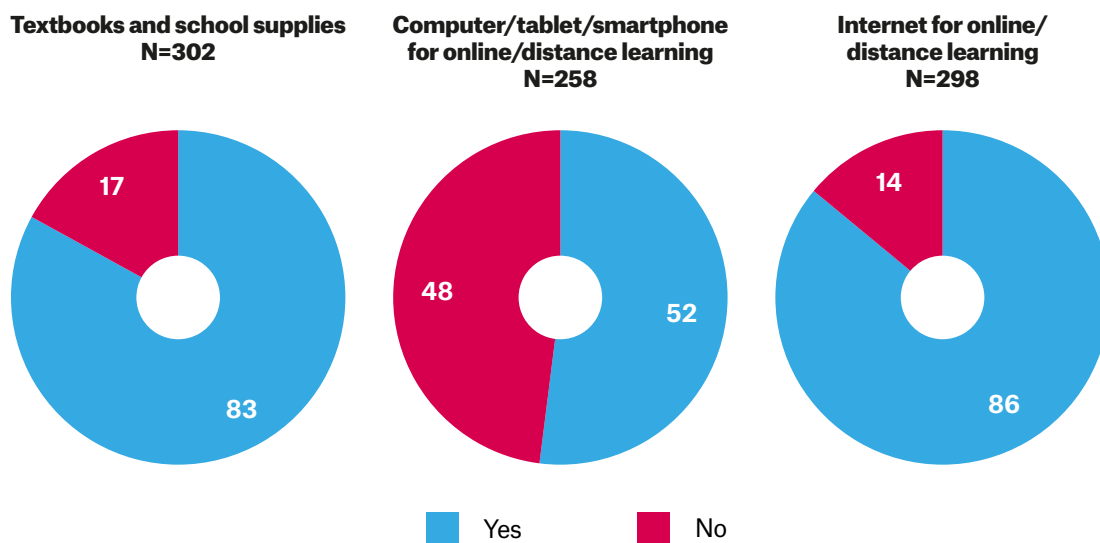


Chart 21: Could your household afford the following products for children aged 6–18 over the last six months? Base: Households with children aged 6 to 18, N=320 *Recalculated to exclude respondents who replied with Not needed/Don't know/Refuse to respond

Distance learning

A large share of school-age children have taken part in distance learning. **However, 7% of respondents with children of school age report that their children are not involved in remote learning programmes. According to the data from May 2020, the corresponding share back then was 3%.**

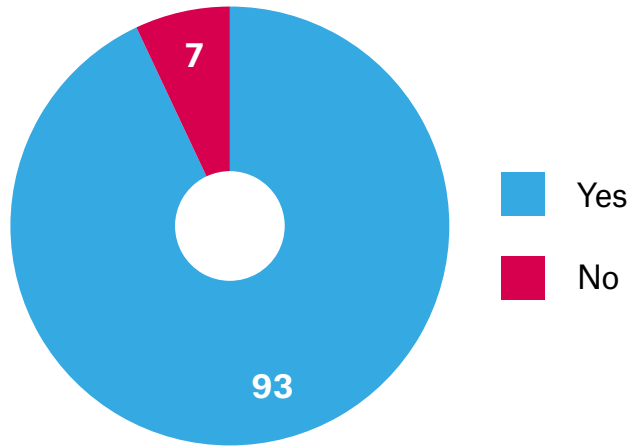


Chart 22: Has your child taken part in "distance learning" (on TV, YouTube, e-platforms...)? Base: Households with children aged 6–18, N=320.

Since school-based teaching is delivered in quite changed circumstances, given the whole COVID-19 environment, parents overall are satisfied with the teaching, as such. Three out of four parents are satisfied with the communication with the subject and homeroom teachers, while over half of the respondents are very satisfied with this aspect of the learning process. Only one-third of all parents are very satisfied with the quality of the teaching and assessment, while one in four are very satisfied with the general school-based teaching arrangements. At the same time, one in five parents are dissatisfied with the quality of delivery, the method of assessment and the general school-based arrangements for instruction.

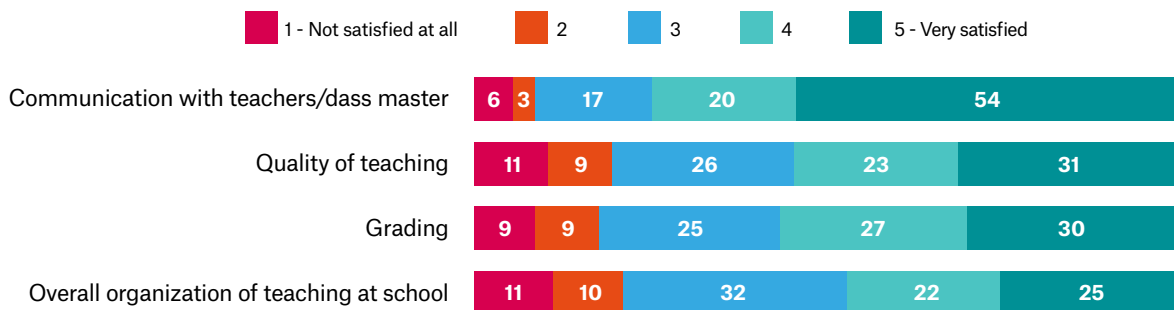


Chart 23: How satisfied are you with the following aspects of school-based delivery under the changed circumstances (shorter lesson times and limited numbers of lessons per day)? Please rate on a scale from 1 to 5, where 1 means 'Not satisfied at all', and 5 means 'Very satisfied'. Base: Households with children aged 6–18, N=320

The parents of children who participated in distance learning were mostly satisfied with various aspects of such teaching and learning. Specifically, more than a half of them were very satisfied with the communication with the subject and homeroom teachers, while three out of 10 gave the highest score for the quality of delivery, the method of student assessment and general remote learning arrangements. On the other hand, more than one in four parents are not satisfied with remote learning, while one in five challenge the quality of such learning, and close to the same share feel the same way about the student assessment methods.

When compared with the findings from May 2020, the share of those who are very satisfied with various aspects of distance learning declined. In May 2020, 60% of respondents were very sat-





isfied with the communication with the teachers, 42% with the student assessment methods, and 33% with the general arrangements put in place for distance learning.

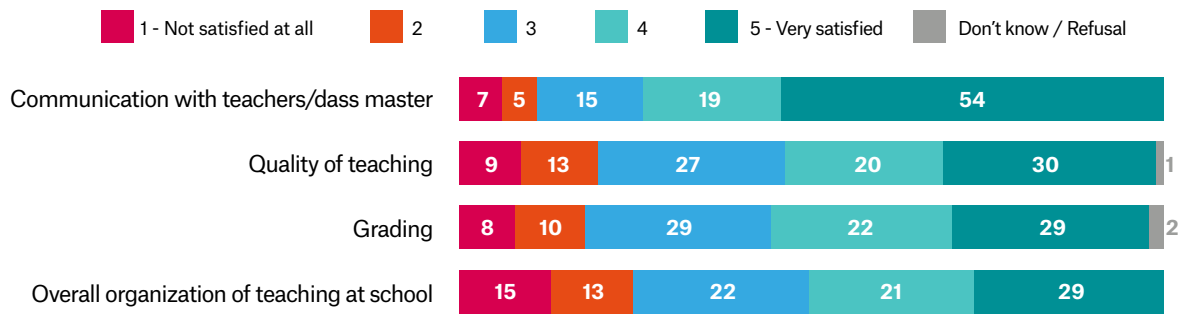


Chart 24: How satisfied are you with the following distance learning aspects? Please rate on a scale from 1 to 5, where 1 means 'Not satisfied at all', and 5 means 'Very satisfied'. Base: Those whose child took part in distance learning, N=298

The vast majority of parents whose children attend school would prefer exclusive, school-based delivery during the next academic year, while one in 10 parents choose the hybrid approach as their preferred delivery method.

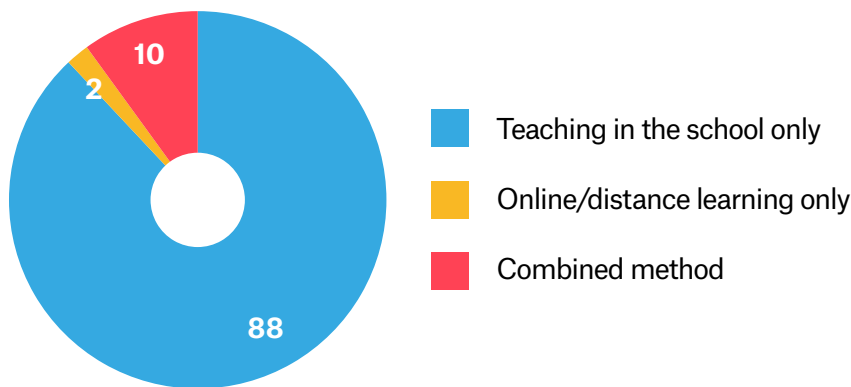


Chart 25: What is your preferred delivery method for the next academic year? Base: Households with children aged 6–18, N=320

More than four out of five citizens whose children took part in distance learning think that their children obtained less knowledge than they would through traditional schooling, while 12% believe that the volume of the knowledge acquired is equal to what could be acquired through school-based delivery.

Parents tend to be considerably more critical than a year ago, when 60% believed that the volume of knowledge their children acquired was lower, and 30% that it was equal to what they would stand to acquire through more traditional school-based teaching.



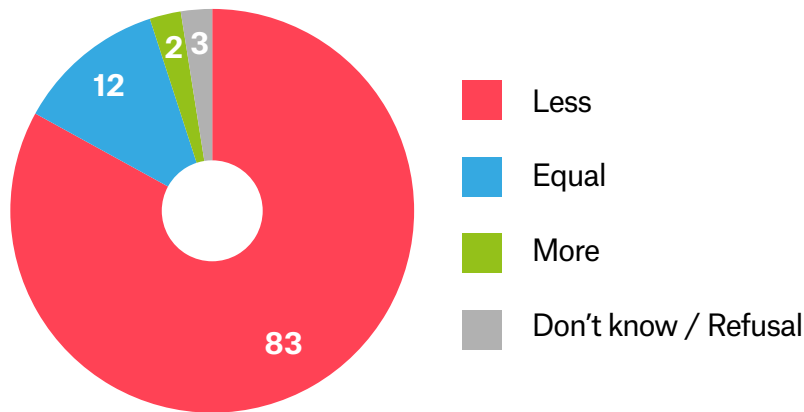


Chart 26: In your opinion, did your child obtain less, more, or equal knowledge and skills with distance learning, when compared with traditional methods of delivery? Base: Parents whose children took part in distance learning programmes, N=298

Overall, close to three-fifths of parents whose children took part in distance learning programmes see remote learning platforms and the Microsoft Teams application as the most effective remote learning method in terms of the knowledge and skills acquired. Viber and other communication platforms are singled out by three out of 10 parents, while 27% of parents favour TV, primarily parents from the northern region.

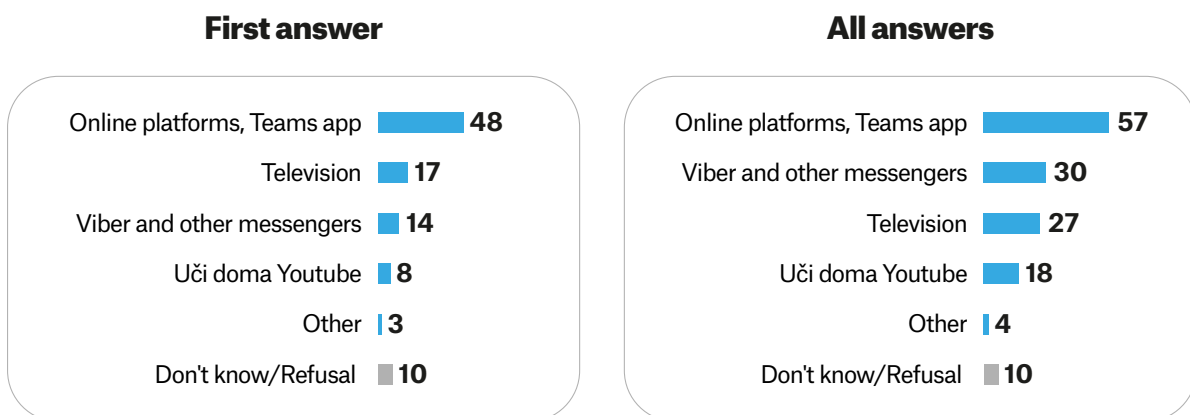


Chart 27: Which form of distance learning do you consider most efficient in terms of providing knowledge and skills? And which is the second most efficient? Base: Those whose child took part in distance learning, N=298

Over a half of parents state that their child needs support in learning and mastering the delivered content, while close to two in five assess such support as highly needed; this is more likely to be reported by parents from the northern region. On the other hand, one in five parents state their child needs no support with learning, with such parents more likely to be from the southern region.

Parents say that they are their children's greatest support in learning, while support is also provided by teachers and school and other family members. Further on, one fifth of parents mention that children get great support from their friends. On the other hand, children are least likely to get support through paid private lessons.

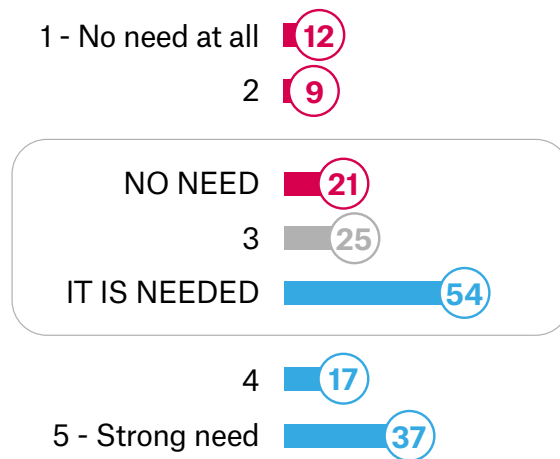


Chart 28: How much support does your child need in learning and mastering school-delivered content? Please rate on a scale from 1 to 5, where 1 means "Not needed", and 5 means "Very needed". Base: Households with children aged 6–18, N=320

Financial sustainability of households

Seven out of 10 respondents believed that they could meet their basic household needs with the current income of all household members, their savings and supplies at their disposal for another month, 11% for one to two months, while 12% report they would be able to do so for three or more months. Those with a university education, and young people aged 18–29 are more likely to report they can meet their basic household needs for a period of one month and beyond.

Looking at how the data changes over time, the figures have remained quite stable, with 70% of respondents reporting that they had reserves for up to a month in each of the three survey rounds.

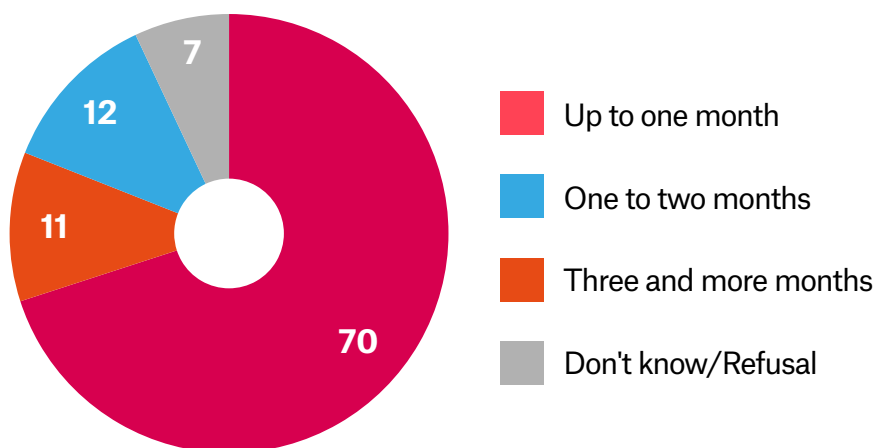


Chart 29: With the money you have at your disposal (income, savings, loans, etc.) and supplies (food, merchandise), for how long can you keep meeting the basic needs of household members? Base: Total target population, N=1,063

Change of residence due to worsened financial situation

A total of 5% respondents reported that their household had been forced to change their place of residence due to the deterioration of their financial situation as a result of the COVID-19 pandemic.

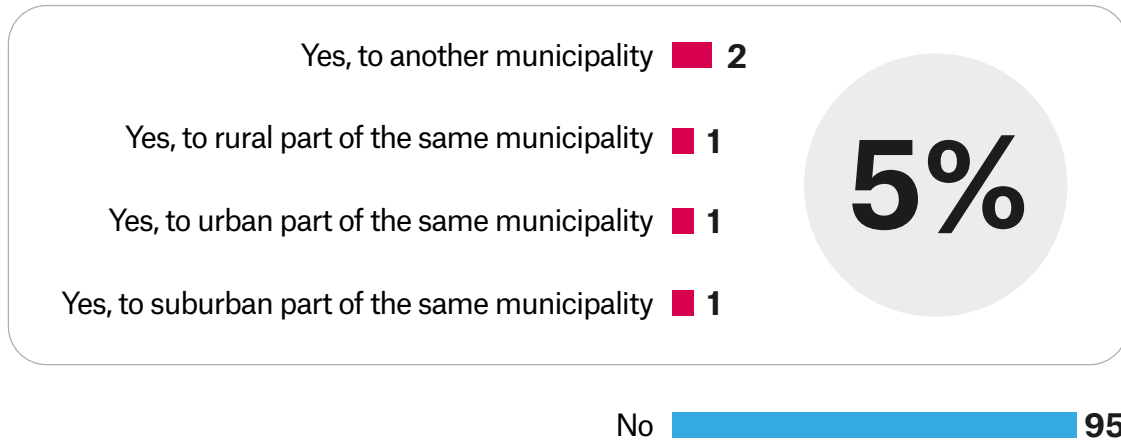


Chart 30: Was your household forced to change its place of residence due to the worsened financial situation caused by the COVID-19 pandemic? Base: Total target population, N=1,063

Need for public services

Montenegrin citizens report the need health-related services the most, followed by one in three respondents reporting the need for online cultural content and assistance in seeking jobs.

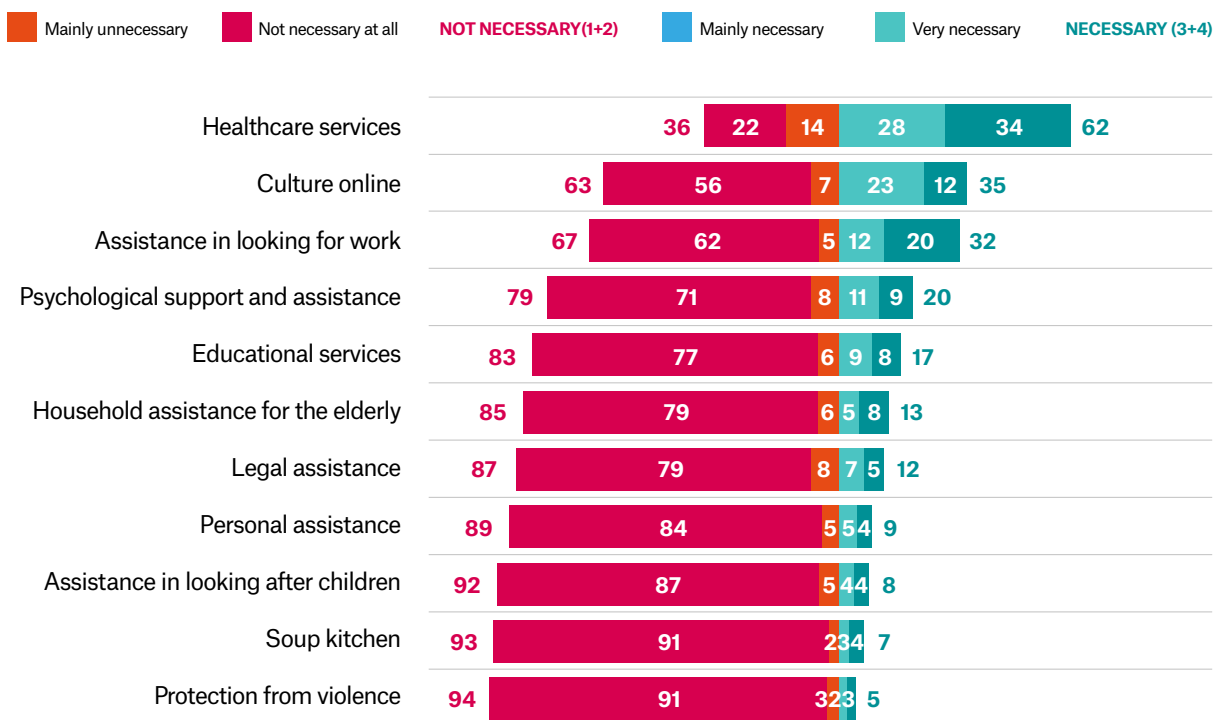


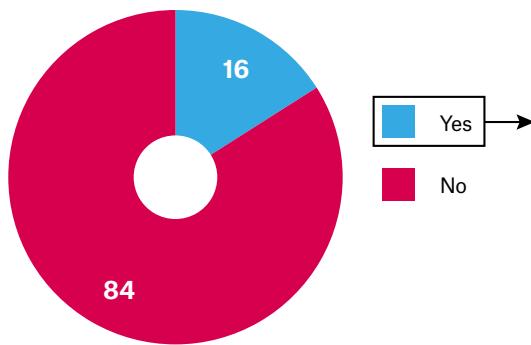
Chart 31: Which of the following public services do you need the most given the COVID-19 environment, closed schools, preschools, unavailability of healthcare services, limited social events etc.? Please rate each according to your personal needs: Base: Total target population, N=1063

Citizens above 60 years of age are significantly more likely to single out their need for healthcare services and homecare services for seniors, while citizens with a university education tend to single out online cultural content and homecare services for children. Moreover, young people aged 18–29 are considerably more likely to mention assistance in seeking a job and protection against violence, while the age group 30–44 singled out the need for educational and legal services, and homecare services for children.

Approaching/reaching out to service providers for support

The total of 16% of respondents said they had asked different service providers for support over the last six months, which is a considerable increase compared to the previous year's findings, when the same was done by 9% of respondents. Citizens aged 30–44, and parents of children aged 0–6 are most likely to turn to service providers. Most of them approached healthcare institutions for assistance.

In the past 6 months, have citizens addressed any service provider for assistance?



To whom have they addressed to?

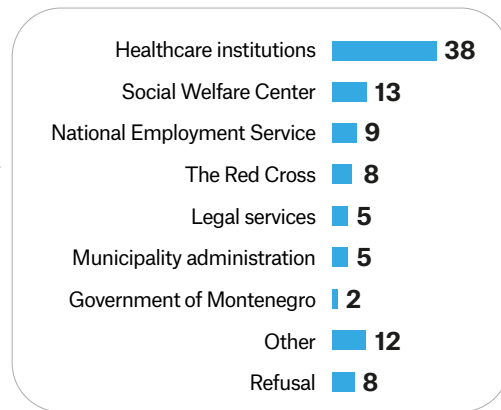
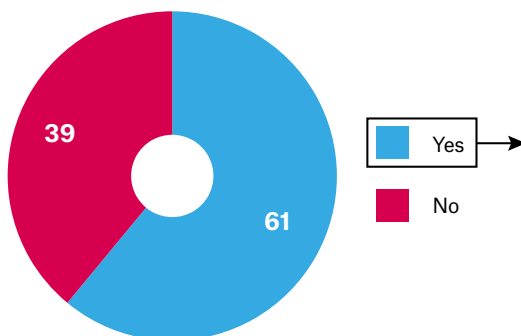


Chart 32: Turning to service providers

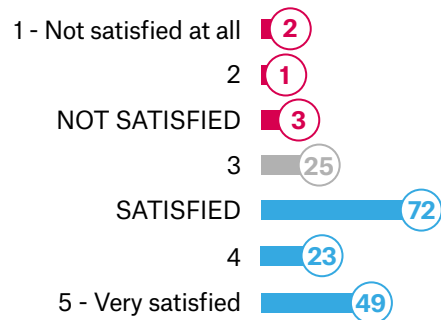
Three out of five citizens who approached service providers for assistance over the last six months had their needs met, while close to three-quarters of them expressed overall satisfaction with the services rendered, and almost half were very satisfied.

Has your need been met?



Base: Those who have addressed any service provider for assistance in the past 6 months (16% of total target population)

How satisfied are you with quality of service?



Base: Those whose needs have been met (9% of total target population)

Chart 33: Meeting the need, and satisfaction with service quality

However, almost two-fifths of those who sought assistance over the last six months did not have their needs met, which is particularly true for citizens above 60 years of age. An inability to get in touch with the relevant staff and rejection on the account of ineligibility for assistance were cited as the main reasons for not having their needs met.

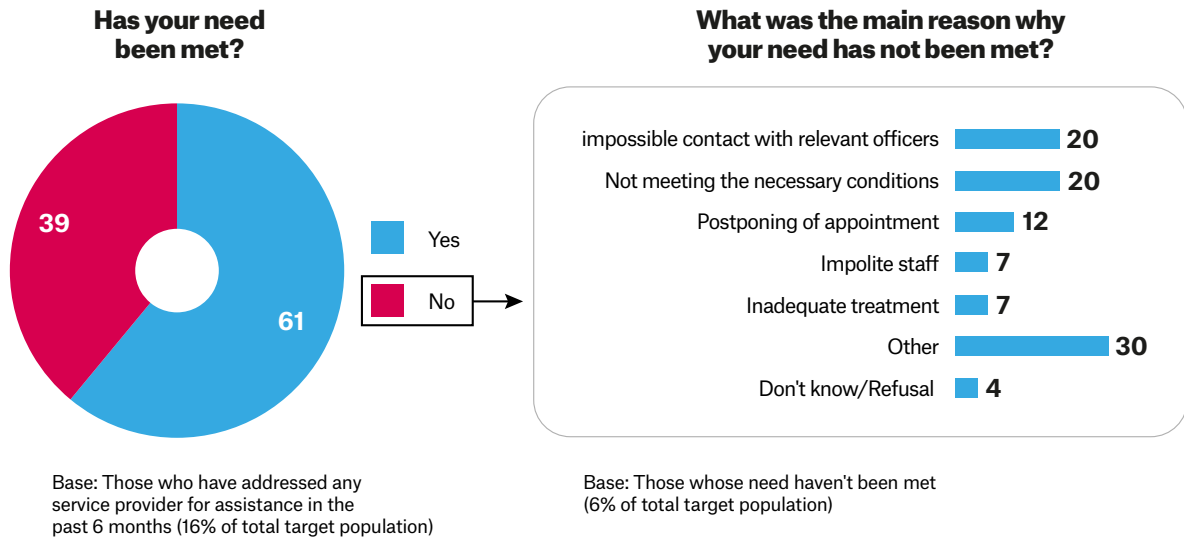


Chart 34: Main reasons for not having their needs met

Sick leave due to COVID-19

One in four respondents reported they contracted COVID-19, primarily among the 30–44 age group.

Have you had or do have the coronavirus?

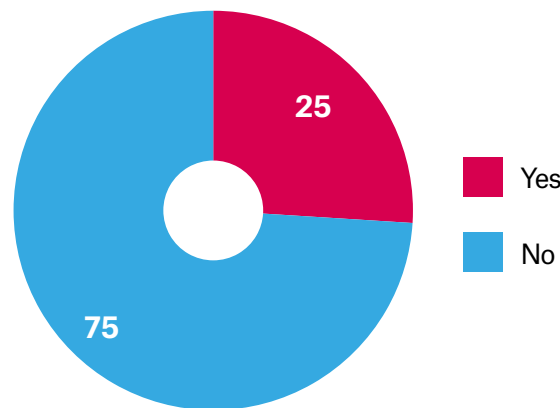


Chart 35: Did you contract COVID-19? Base: Total target population, N=1,063

Half of those who were down with COVID-19 reported that it affected their daily lives and activities, while close to two out of five report long-term, related health issues. Most citizens who contracted COVID did not have problems concerning salary reduction, being laid off or any lack of understanding on the part of their employers. Among those who did encounter such problems, the respondents from the southern region were more likely to report salary reduction or a lack of sympathy on the part of their employers.

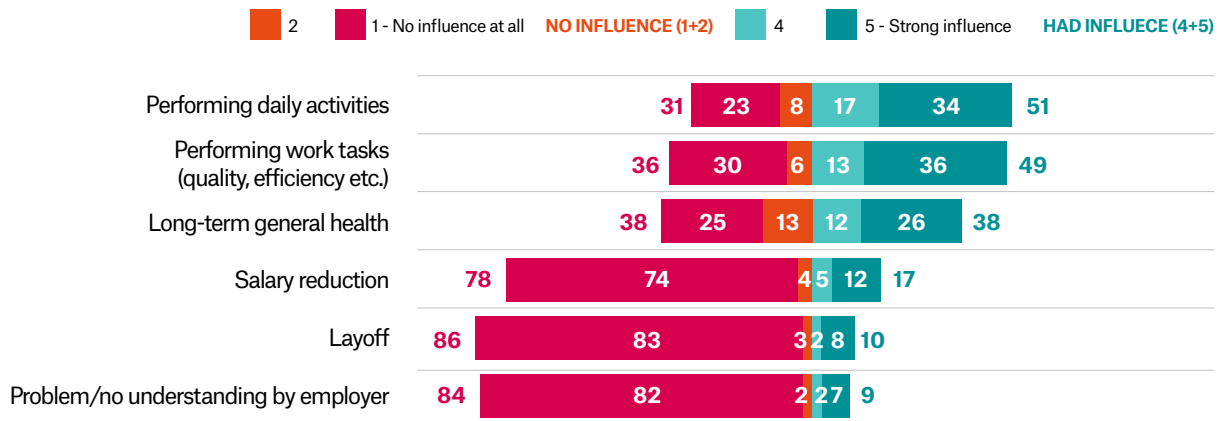


Chart 36: To what extent has COVID-19 affected the following aspects? Please rate on a scale from 1 to 5, where 1 means 'No effect', and 5 means 'Considerable effect'. Base: Those who contracted COVID-19 (26% of the total target population)

Administrative data from the integrated Social Welfare Information System

One of the indicators for the pandemic-caused hardships is the comparative trend of one-off financial assistance¹¹ requests submitted to the Centres for Social Work. This particular social transfer is suitable for assessment since it is an *ad-hoc* cash transfer that can be applied for not only by the existing means-tested recipients of social benefits, but also by other citizens.

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

It is indicative that the crisis has hit those who were not covered by social protection schemes more than the existing social assistance beneficiaries. The data below shows that the vast majority of applicants (from 72.6% in March 2020 to 93.3% in April 2021) didn't belong to the category of social assistance beneficiaries at the moment of seeking one-off assistance. The upward trend in the number of applicants who are not recipients of social benefits has been steady since October 2020 when it stood at 74.6%. The largest increase, as much as 11 percentage points, was recorded in January 2021 (89.3%) compared to December 2020 (78.1%). This is consistent with the data from the public opinion polls recording, percentage-wise, the highest loss of jobs in January. One of the possible explanations might be that many short-term job contracts could have expired in December and might not be renewed in January due to the crises.

¹¹ 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.



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

	2019				2020				2021			
	Total	Centre	North	South	Total	Centre	North	South	Total	Centre	North	South
January	427	218	168	41	589	283	203	103	290	152	118	20
February	672	370	218	84	457	170	245	42	409	165	174	70
March	681	354	277	50	723	408	239	76	497	196	193	108
April	485	259	185	41	1199	699	366	134	372	172	172	28
May	530	235	243	52	645	365	211	69				
June	513	304	159	50	1111	405	388	318				
July	526	308	188	30	231	110	94	27				
August	337	192	123	22	118	22	92	4				
September	644	338	240	66	224	122	94	8				
October	698	405	250	43	1220	641	367	212				
November	646	361	207	243	1109	677	310	122				
December	772	451	243	78	918	590	242	86				

Table 2: Request distribution (in percent) per different category/region over the last six months

	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021
Central region	61.0	64.3	52.4	40.3	39.4	46.2
Northern region	28.0	26.4	40.7	42.5	38.8	46.2
Southern region	11.0	9.1	6.9	17.2	21.8	7.6
Up to 25 years	7.6	7.4	7.6	7.1	5.2	4.8
26–40 years	34.4	30.4	25.9	24.0	30.4	24.5
41–67 years	50.0	54.8	57.2	59.9	54.5	61.3
67+ years	7.9	7.4	9.3	9.0	9.9	9.4
Applicant is a beneficiary of social assistance	22.8	21.9	10.7	8.8	6.4	6.7
Applicant is not a beneficiary of social assistance	77.2	78.1	89.3	91.2	93.6	93.3

The impact of the crisis is especially visible in terms of the total number of requests, when comparing the figures from April 2019 and April 2020. 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. Following the first and second rounds (April–June), the number of requests increased considerably in the fourth quarter of 2020, peaking in October with 1,220 requests, which corresponds to the public opinion poll findings concerning job losses. Looking at annual data, the number of requests increased by 23.3% in 2020, compared to 2019.

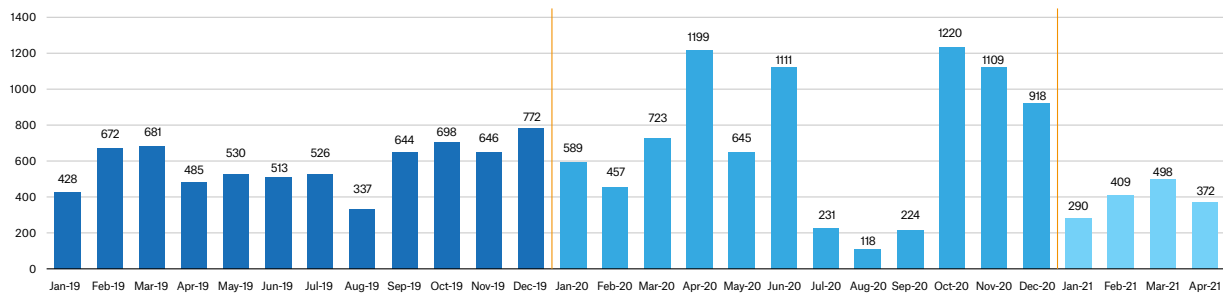


Chart 37: Number of one-off requests for social cash transfers

It should be noted that the number of requests is inversely correlated to regional development levels, measured by unemployment and poverty rates. In 2020, the largest increase in the number of requests was recorded in the southern region (89.1%), followed by the central region (18.4%), with the lowest increase in the number of requests being recorded in the least developed northern region (14.0%). **This shows that the economic crisis hit the most developed areas the hardest.**

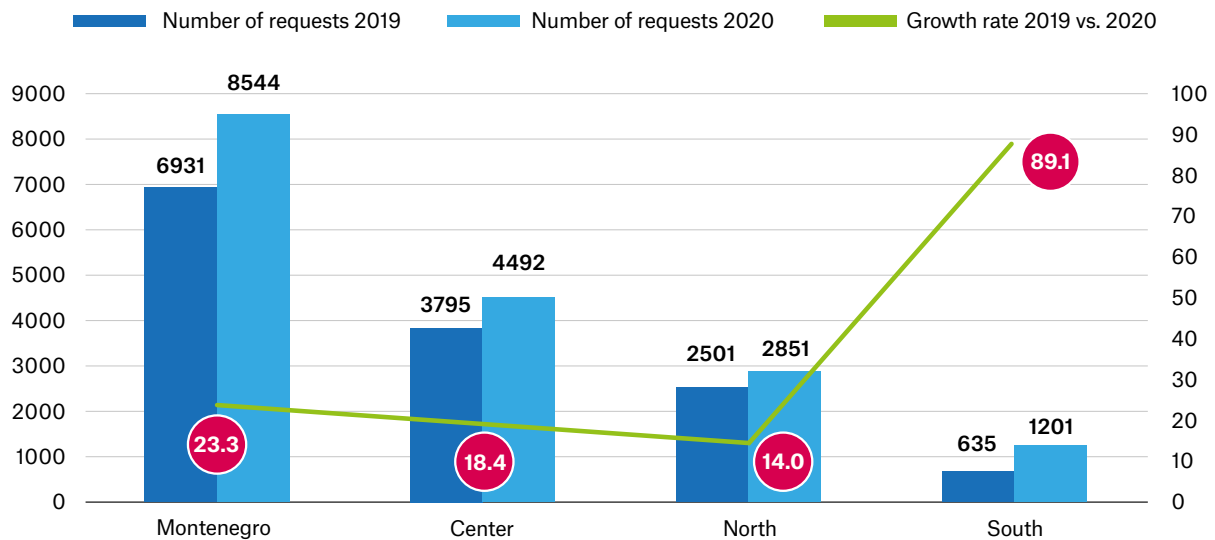


Chart 38: Growth rate of one-off requests by region

Disaggregating the findings by age shows that the **working-age population group (41–67 year-olds) was the most affected by the crisis, since they accounted for 61.3% of the applicants in April 2021**. Interestingly, this age group is followed by another working-age group of 26–40 year-olds. The share of this particular group increased by 6% percentage in March, possibly indicating reduced incomes or job losses. Following the relaxation of measures, the share of this particular group of applicants went back to its pre-COVID-19 value.

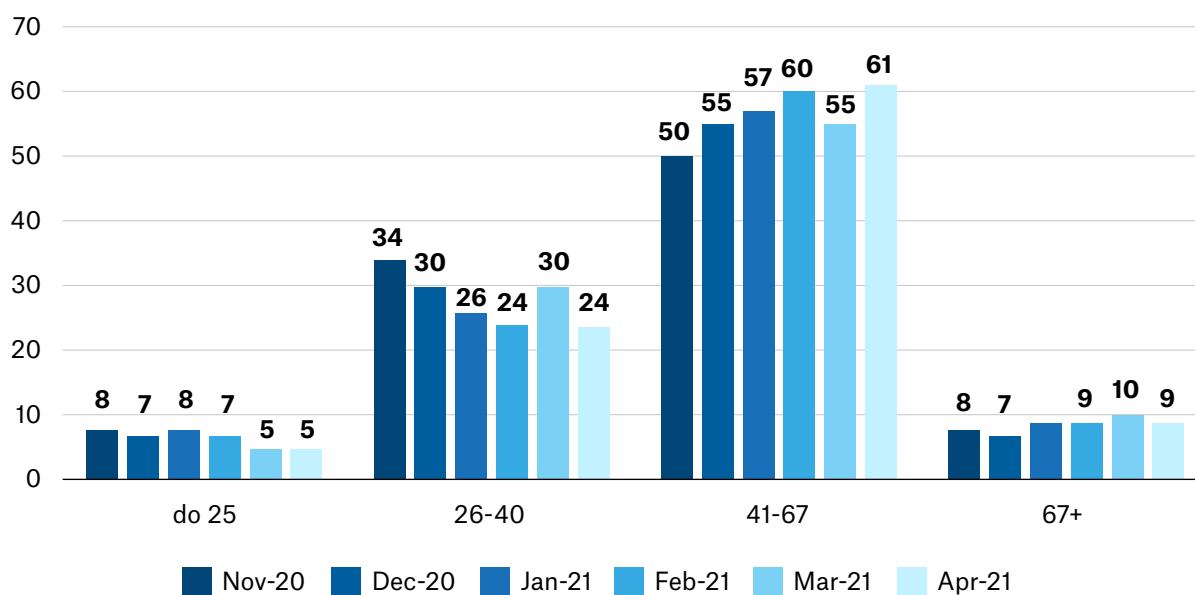


Chart 39: Percentage of one-off requests by age of beneficiary, November 2020–April 2021

The impact of COVID-19 on the most vulnerable groups

The following part of the report takes a deeper look into the vulnerable groups, in line with the mandates 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 pandemic 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 pandemic on the group over the last six-month period. The final part includes a summary of the analysis findings including general and group-specific recommendations.

Wherever possible, the data was compared with the assessments from the previous two rounds.

Children

Montenegro is home to 145,126 people 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-gen-

¹² The 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/statistic-snapshot-mics-2018>.

¹³ Survey on Income and Living Conditions, Statistical Office of Montenegro (MONSTAT), 2019.

erating initiatives. The key indicators are presented below and are reported for the general and Roma populations, as per data availability.

When assessing the impact of the COVID-19 pandemic on children, apart from the general population, the effects on specific groups of children were also taken into account: children with disabilities, Roma children, children living in single-parent households, children whose parents/caregivers have a history of substance abuse, children from families that are recipients of social benefits (family cash allowance) and children in foster care.

The aggregate findings are given for the areas in which there are no distinctions between the different sub-groups. Where such distinctions exist, they are highlighted in the narrative part.

Pre-COVID-19 vulnerability assessment

As stated in the previous two RSIA reports, children are generally vulnerable in the areas of nutrition, education, functioning, poverty and material deprivation. 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%, for those respective groups. As regards education, among the general population 53% of children aged 3 to 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.

In 2019, 6% of children aged 5 to 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.

In 2019, 33.7% of children were at risk of poverty. Relative poverty rates varied significantly depending on the differing household compositions. While the at-risk-of-poverty rate stood at 13.9% for households with no dependent children, households with dependent children were considerably more exposed to the risk of poverty (29.6%). 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

The problem of child marriages still persists. The proportion of Roma women aged 20 to 24 years who got married before the age of 15 is high (22%). The proportion is much higher among women aged 20 to 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.

14 MONSTAT and UNICEF, Ibid, <https://www.unicef.org/montenegro/en/statistic-snapshot-mics-2018>.



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 In parallel, UNHCR reached out to the children of refugees and asylum seekers in the country to assess their priority needs.¹⁶

The RSIA focused particular attention on the distance-learning programme #UčiDoma (Study at Home) that the Ministry of Education launched in response to the physical distancing measures and closing of educational institutions. The programme encompasses classes via public service TV broadcasting, different platforms to supplement online learning, and communication with children and parents via messaging platforms. UNICEF supported the Ministry of Education, Science, Culture and Sport in training teachers to apply technological solutions in the new situation (in particular, the use of Microsoft Teams). 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 in order to access the process of instruction.

The first RSIA shows that most of the parents reported a **considerable loss of income**, while some families suffered a **complete loss of income** during the lockdown. After the gradual easing of the pandemic containment measures and the increase in economic activity, the number of families suffering from a complete loss of income slightly reduced. Over the last six months, most families have continued to face either a considerable loss of income or have had their income at the same level, while some families suffered a partial loss of income. Families still face uncertainties regarding their financial situation (*“It has affected our financial situation, our income has been reduced, we don’t have as much work as before, nothing good happened”*). It should be borne in mind that some families had been left jobless or without income already before, as seen from their frequent remarks concerning the loss of their job and apprehension about the future, whether they will be able to provide for the bare necessities.

Families who 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. **Households with parents who have a history of substance abuse and Roma families seem to be among those most affected by income losses.** The crisis is affecting **children in single-parent households** – a significant majority of them reported a total loss of

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 the children of refugees and asylum seekers differed from the method used for other groups of children assessed in this chapter.





income. Some parents of children with disabilities report concerns about their uncertain financial situation. Besides its negative impact on material status, in certain instances COVID-19 has positively affected increased socialization among family members, their greater closeness and better understanding.

"We spent a lot of time at home, which was good in some ways, but also mentally trying, because we missed the outdoor activities, getting together with the family and friends. The face masks alone and the containment measures got to me. The great thing was that my daughter and I had plenty of time to be together."

Single mother

A large proportion of respondents express their gratitude for the mere fact that they did not contract coronavirus, while many refer to the psychological consequences caused by prolonged isolation and the changed reality (*"Besides the family being together more than ever before, life has changed to such an extent that people have become alienated"*), as well as the long-term physical effects their parents are experiencing after recovering from COVID-19. Unfortunately, the outbreak also adversely affected the children of separated parents (please refer to the section on victims of gender-based 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 internet access and devices for distance learning (families with children with disabilities, single-parent families, children of parents who are substance users, and children in foster care). In the period after the easing of the lockdown measures, **food and hygiene kits** remained the primary need of households, **together with the increased need for socialization, sport 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. Over the last six-month period, **food and hygiene kits** still remain the primary needs of households. The third most pressing need referred to **clothes** (predominantly in Roma families and recipients of family cash allowance and the families with children with disabilities). The needs vary depending on the type of the household; thus, families with children with disabilities also need **access to medicine and recreation**, while children in single-parent households face additional risk concerning **accommodation, access to IT learning tools, and sport and recreation**. Parents/caregivers reported that children most need:

- food, clothing and hygiene items, as well as devices for distance learning (recipients of family cash allowance and Roma families);
- food, clothing, hygiene items, the possibility to go out for fresh air, medicines and therapies, taking walks and socializing with peers (children with disabilities);
- food, hygiene items, sport and socializing with peers, access to distance learning and assistance with learning (children in foster care);
- food and clothes, internet access and devices for distance learning (single-parent households);
- food, internet access and devices for distance learning, and accommodation (families with a parent/parents with a history of substance use).





Although parents rarely report their financial needs, obviously the prolonged economic inactivity in the country has made the inability to provide for the basic needs, such as food, medicines, clothes and hygiene items, quite widespread.

In terms of public services, during the period of isolation children have mostly **needed access to healthcare services**, which holds true for all the respondent groups. This was not the case at the beginning of the COVID-19 pandemic. Nevertheless, parents report that in the largest number of cases they eventually managed to ensure access to the healthcare services their children needed. Possibly the focus of the healthcare system on the elderly and COVID cases, as well as the fear of infection, led to dwindling demand for services or demand for core services only, which were eventually received. Healthcare service users report a high level of satisfaction with the services provided.

"She was neglected since I was unable to take care of her when I was down with COVID and she developed a fear of separation, doesn't want to leave my side at all, and I became aware we didn't have the money for all the things we need, which only adds to my concerns."

46-year-old single mother from Budva

Almost all subgroups of children require substantial **assistance with learning**, while the need for **psychological support** is most salient for children with disabilities, children in foster care and children in families with a parent/parents with a history of substance abuse. Parents who are recipients of family cash benefits and Roma families report the need for **soup kitchens**, which is indicative of how destitute they are.

Single parents, parents with the history of substance use and parents of children with disabilities refer to the **need for childcare support**. According to their parents, Roma children have experienced some hard and trying times concerning distance learning, due to the lack of internet access and the fact that these families often have three or more children. This is indicative of a pressing need for distance learning support and assistance for Roma children. The dismal outlook is additionally exacerbated by the fact that many parents report that their children are often hungry, which can be quite detrimental to their psycho-physical development and performance.

Roma parents and the parents of children with disabilities were least likely to attempt to access the required services over the last year, which can be a result of disempowerment, a lack of information or a lack of trust in the public service system. In this context, a large share of parents from all subgroups indicate their inability to access the required services.

The support/assistance with distance learning still 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, while the need for psychological support and socialization is pronounced among children in families with a parent/parents with a history of substance abuse. Roma children require soup kitchens 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.”

47-year-old single father, Roma settlement from Podgorica

The prolonged pandemic situation has had an adverse impact on children with disabilities, whose parents mention desocialization issues due to isolation and increased anxiety. Children with disabilities report the **need for healthcare, but also for education 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 socializing... She is anxious...”

49-year-old father of a child with a disability from Podgorica

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 remained 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. During the third assessment round, children fear contracting coronavirus the most, followed by poor school performance, the closing of schools and going back to remote learning. Children with disabilities and Roma children fear the lockdown and restricted movements the most. Additionally, Roma children are afraid of poverty.

“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.”

37-year-old mother from a Roma settlement in 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. For example, they fear *‘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 helpline 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 helpline has reportedly seen a constant increase in the number of calls, and has received twice as many calls over the four months of the current year compared to the corresponding period last year (January–April), or three times as many calls compared to the same period in 2019. Reportedly, parents were most likely to call to be informed about their entitlement to paid leave, given that they are still experiencing difficulties in exercising their rights while their children are in remote learning mode. The number of calls concerning the education of their children is on the increase, more specifically how to stimulate their motivation for learning, re-establish routines concerning school assignments, household chores, taking care of themselves, etc. Single-parent families most often had dilemmas about visitation rights when the other parent was infected with coronavirus and maintaining contact with the other parent during the pandemic.

It is noteworthy that children were already disproportionately affected by poverty before the COVID-19 crisis as compared to adults (33.7% relative poverty rate, versus the 24.5% 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 who receive social assistance, unemployed families registered with the National Employment Office, those receiving the minimum pension, as well as the recipients of disability allowance. Although the system was in a position to respond and assist to those who have already been in the system one way or another, the issue remains to what extent it has included and responded to the needs of the "new poor". However, no decisions have been made regarding assistance to deal with the challenges induced by the COVID-19 crisis that would be targeting children, i.e. families with children (even though some 48,000 children were at risk of poverty (SILC 2019)). Meanwhile, the Government of Montenegro passed a decision to introduce child allowance for all children aged 0 to 6 and increase the amount of benefits for the existing categories of recipients, as a long-term response to children's needs, which is yet to enter into force.

Asked about the future, most parents fear losing their jobs, the inability of getting a job and having enough money to meet their basic needs, but they also express concerns for their and their family's health.

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 to 30, and they comprise about 142,000 people or 23% of the total population, while adolescents go unrecognized as a separate group according to this law.

¹⁷ Population census, 2011.



Pre-COVID-19 vulnerability assessment

Adolescents and young people in Montenegro face numerous challenges. One such challenge refers to 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.

In addition, adolescents and young people face a skills gap where the education system is not sufficiently equipping young people with skills relevant for the labour market. PISA results show that 15-year-olds lag almost two academic years behind their OECD peers, while career guidance services for adolescents are lacking at all levels. The EU-oriented labour market demands highly skilled young people – especially in STEM (Science, Technology, Engineering and Mathematics) and ICT (Information and Communications Technologies); pertinent knowledge and skills are underrepresented in the Montenegrin education system, which does not properly equip young people to respond to such labour market demands.¹⁸

Another consequence relates to high unemployment (25.1%), while a significant number of young people are not in employment, education or training (17.3%).¹⁹

The period before the COVID-19 pandemic was also characterized by a lack of decent work opportunities for young people. Most often young people lack opportunities to enter the labour market or access to capital, training and mentorship to start a business. Additionally, limited services and the lack of sustained career guidance and counselling programmes at any level, both for adolescents and young people, make their course of study and career choices quite challenging. On top of that, young people often face problems in connection with unstable and under-regulated forms of occasional and part-time work, as well as volunteer work.

An increasing prevalence of non-standard forms of work and of less stable employment in conjunction with inadequate legal and social protection, accompanied by more frequent job-to-job transitions further hinders adolescents' and young people's transition into work.

The lack of mental health support services, even before the COVID-19 outbreak, is a major challenge for adolescents and young people. In the long run, the lack of resources, human resources included, and lack of awareness of the importance of mental health among the general population can have a strong adverse effect on the development of adolescents and young people.

Assumed COVID 19 impacts and observations

In response to COVID-19, various platforms for adolescents and young people were deployed 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, hygiene products and internet access as the most vital needs, with every person polled allowed to identify, at most, three needs. During the second round of assessment, apart from food and internet access and sport and recreation were also singled out as a major need. In the third round, adolescents and young people most stressed

¹⁸ ETF, Unlocking Youth Potential in South Eastern Europe and Turkey: Skills Development for labour market and social inclusion, 2020; ETF & UNICEF, Preventing a 'lockdown generation' in Europe and Central Asia: Building Resilient societies with young people in the era of COVID-19, 2020; ETF, Skills mismatch measurement in Montenegro, 2019.

¹⁹ Source: https://www.ilo.org/gateway/faces/home/statistics?locale=EN&countryCode=MNE&_adf.ctrl-state=vf18xcx4s_4. The most recent data available is for 2019.



needs related to social life and mental health, such as socializing, going out, followed by sport and recreation. Devices for engaging in distance learning come third, indicating the problem of access to education, which can, in the long run, hinder the opportunities for adolescents and young people to realize their full potential. It should be noted that the poll created to collect this data reached those who already have internet access.

"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 round of the assessment, adolescents and young people identified education, health services and psychological support/mental health support as the most needed public services (at the height of the pandemic). In the second round of the assessment, health services and education remained a priority. In third place was cultural online content, followed by psychological and mental health support. Similar trends continued with the third round of the assessment, when adolescents and young people prioritized the need for cultural content, psychological support and assistance with learning.

"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 peak of the first wave of the pandemic, over one-third of adolescents and young people (33.9% – slightly higher for girls than boys) were not following lessons on TV, while this figure was halved in the **second and third rounds of the assessment. Apparently, an increasing number of adolescents and young people gave up on this modality of learning, due to not being satisfied with it.**

Adolescents are more comfortable with online distance learning tools (Edmodo, Moodle, Google classroom) and messaging services, using them more often (over 90%) and rating them 3.56 on average during the first two rounds, while the average rate in the third round is 2.85. This is the highest rated aspect of distance learning by the adolescents in the third round. Young people that followed lessons on TV rated it the same as previously (3.04 on a scale of 1 to 5), while in the third round it dropped to 2.62.

During the first and second assessment round, young people were 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 of 1 to 5). In addition, adolescents and young people are quite dissatisfied with student assessment while in distance learning mode (2.80). In the third assessment round, adolescents and young people are least satisfied with the overall arrangements for distance learning, with an average rating of 2.60.



	April 2020		June 2020		May 2021	
TYPE OF DISTANCE LEARNING	% of adolescents that say that they do not use this service	Average evaluation of those that use this service on a scale of 1–5 ²⁰	% of adolescents that say that they do not use this service	Average evaluation of those that use this service on a scale of 1–5 ²¹	% of adolescents that say that they do not use this service	Average evaluation of those that use this service on a scale of 1–5 ²²
Overall arrangements	N/A	N/A	N/A	N/A	8.8% (28)	2.60 (292)
TV lessons	33.9% (171) ²³	3.09 (334)	50.9 (175)x	3.04 (169)	49.4 (158)	2.62 (162)
Online platforms (Edmodo, Moodle, Google classroom)	4.0% (20)	3.56 (485)	12.5 (43)	3.64 (301)	7.5 (24)	2.85 (296)
Communication with teachers using Viber	1.6% (8)	3.57 (497)	N/A	N/A	N/A	N/A
Finding distance learning homework useful	3.4% (17)	3.12 (488)	13.1 (45)	2.9 (299)	N/A	N/A
Evaluation of quality of communication with the teachers	1.6% (8)	3.50 (497)	18.43 (29)	3.47 (315)	N/A	N/A
Student assessment	2.8% (14)	3.38 (491)	9.9 (34)	3.56 (310)	10.0% (32)	2.80 (288)

In the first assessment round, adolescents reported not being too burdened with the quantity of the lessons, but rather quite overburdened with the quantity of homework. The second round confirmed this, with young people stating that they were more burdened with homework during distance learning than in regular classes.

When asked to compare distance learning and traditional schooling, in the second and third data collection rounds, adolescents report that they had learned less via distance learning than they would have in regular classes. This is further confirmed by the negative view of the possibility of online learning becoming one of the aspects of their regular schooling and that they would like schools to be open for regular attendance. **Compared to the second round when most adolescents had the impression that the learning modality introduced during the pandemic would not affect their further education or graduation exams, the third round, a year into the distance learning, shows that adolescents consider that the impact will be negative.** Moving to remote learning modalities with the use of modern technology gives young people more comfort and more free time, while on the flip side it affects adversely their work ethics and set routines.

20 A scale of 1 to 5: where 1 is the lowest grade (Not satisfied at all), and 5 is the highest (Very satisfied).

21 Ibid.

22 Ibid.

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



The key advantages of regular schooling include the quality of learning, socialization and mental health. Adolescents feel it would be useful to include into regular schooling “*certain distance learning tools to improve the quality of teaching and make it more interesting*”.

“I lost the habit of having 45-minute long lessons and that is why I’d like to go back to school as soon as possible. The convenience and comfort of this type of schooling can only do me harm for my further education”

17-year-old girl from Podgorica

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

“When you actually go to school, everything is very much different and better. Your friends, direct contact with teachers, different setting. So much easier, both physically and mentally. We’re all aware of how mentally strained we are.”

16-year-old girl from Cetinje

Asked about their greatest fears, in the third round of the assessment adolescents and young people are most concerned about their continued education, graduation exams, mental health and what post-COVID life will look like. A study on youth employment during the COVID-19 outbreak, which shows that in Montenegro the youth unemployment rate went up to 46.5% in the last quarter of 2020, proves that their fears are justified.²⁴

“School is so much more than just learning.”

18-year-old girl from Podgorica

Both adolescents and young people emphasized the importance of mental health during the pandemic, the need to talk about their mental health and felt that psychological support is insufficient – in general, but particularly for young people. They find it easiest to talk about their problems to their friends or family members, while most young people generally do not make use of the possibility of talking to their teachers, school pedagogues or psychologists, or someone at the youth counselling centres. 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).

²⁴ RCC, Study on Youth Employment in the Western Balkans, available at: <https://www.rcc.int/docs/573/study-on-youth-employment-in-the-western-balkans>, p.29 (accessed 13 June 2021).



"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

The number of the elderly in Montenegro is constantly growing. According to the 2011 census, the number of people over 65 in the total population of Montenegro was close to 80,000 or 12.8% of the total population, compared to 75,000 or 11.9% of the total population as per the 2003 census.

Pre-COVID-19 vulnerability assessment

The elderly in Montenegro are facing many challenges including poverty, availability of services, loneliness, a 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 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 under normal circumstances is highly conducive to socialization of the elderly population, has been adapted to current pandemic circumstances and is now provided in nine municipalities and includes 12 Day-Care Centres for up to 200 beneficiaries.²⁵

Besides this, other existing services for support to vulnerable elderly are provided mostly by CSOs (Red Cross, Caritas and others) and are usually supported by local self-governments or through the engagement of volunteers.

²⁵ As of 1 May 2021, the operation of the Day-Care Centres has been suspended due to the difficulties in providing financing.



Assumed COVID-19 impacts and observations

Elderly people are significantly affected by the pandemic. The government-imposed measures to control the spread of disease, such as restrictions on movement, have put an additional burden on them and prevented them from doing their daily chores, socializing and spending time with their families. The lockdown introduced on several occasions 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. The isolation measures have particularly adversely affected the elderly on residential care who were prevented from receiving visitors and seeing their family members for over a year. All of this resulted in increased anxiety and fear for their health and life.

"We have been locked down for over a year now, that's the worst thing that happened, we cannot go out or see our children."

72-year-old woman residing in a nursing home in Risan

To address some of these challenges it was necessary to adjust the provision of social services to their needs during 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 pandemic. Since the beginning of April 2020, the caregivers who are regularly engaged in the centres in eight municipalities have been carrying out field visits. Every day, the caregivers have been paying visits to some 150 senior citizens, delivering hot meals and necessary supplies directly to the homes of their beneficiaries. This has ensured that the elderly have been well taken care of, not only in terms of nutrition, but also by delivering necessary supplies. 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 pandemic has been confirmed by the beneficiaries.

As to the impact of the COVID-19 outbreak on the standard of living for the elderly, the third round of the assessment shows that the majority of them have not been affected significantly so far in terms of their income. Namely, on average, eight out of 10 respondents stated that their income had remained the same, which seems logical, bearing in mind that there have been no interruptions in pension payments. However, a substantial share of respondents state that, although their income has remained the same, the costs of living have increased, primarily due to higher food prices and the need to pay for medicines.



"Pensions come on time, but everything is expensive."

90-year-old woman living in Berane

When it comes to their urgent needs due to the novel coronavirus crisis, food remains the first priority for this group, followed by hygiene products and 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.

Health services, home assistance and psychological support remain the three most needed public services. The respondents miss socializing and the services of the Day-Care Centres. The satisfaction with the home assistance service and its significance for the beneficiaries has been reconfirmed with the current round of assessment, with nine out of 10 respondents being satisfied with the service.

"Since I cannot do household chores on my own, apart from healthcare, home assistance is the service I need the most."

80-year-old woman, Mojkovac

The percentage of the elderly who fear for their health remains high. As many as eight out of 10 respondents are concerned about their own health and the health of their families. However, compared to the previous rounds of assessments, the level of optimism among the respondents increased with the launch of the immunization campaign. Under the National Strategy for the Introduction, Distribution and Administration of COVID-19 Vaccines, the elderly are recognized as a priority group. Immunization started in February 2021 for this vulnerable group.

"Fear of the outbreak – I'm afraid my children can fall ill. I got vaccinated, so I don't think I will catch it, but I'm afraid for my children."

80-year-old man, Mojkovac

As regards healthcare services, a substantial share of the respondents mention the need for specialist check-ups, which have been delivered to a limited extent during the pandemic. Apart from buying medicines, which is already a substantial cost for the elderly even under normal circumstances, the respondents also mention the increased costs incurred by buying vitamins.

As regards possible gender differences concerning the impact of the COVID-19 pandemic, the situation has not changed much compared to the previous two rounds of the assessment. Female respondents are more likely to mention home assistance among their three most needed



services. More respondents from urban areas feel the need for psychological support than is the case with respondents from rural areas. The most pressing need for the respondents from rural areas is food, followed by healthcare services. Nursing home residents are completely satisfied with the care and the services provided. During the isolation, they suffered the most by not being able to leave the premises and because visits were not allowed, which left them without direct contact with their families.

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 with mobility, 2% have problems with their sight, and 1% have issues with hearing, regardless of using a hearing aid. Also, 1% of the population are experiencing difficulties with memory, concentration or understanding, and 4% have other problems.

Pre-COVID-19 vulnerability assessment

Over the last decade, the situation of persons with disabilities in Montenegro has improved but is still less-than-satisfactory. A support system for community-based living is lacking, limiting the possibilities for persons with disabilities to live independently. Their socio-economic position is quite difficult, and they are one of the groups that are most susceptible to discrimination and poverty. The exact size of this population in the country is unknown, in the absence of a single register and a uniform method for collecting data about persons with disabilities, while the existing information is either outdated (population census) or limited in scope (available from some government departments only and using criteria often based on the type, occurrence, cause and percentage of the disability, rather than viewing the disability as a condition created from the combination of the impairment and environmental barriers) which makes it very difficult to produce statistics with any precision.

Assumed COVID-19 impacts and observations

The survey covered 50 respondents, 62% of them women, and 38% men, aged 21 to 69, from the central, northern and southern regions of Montenegro. Among them, 18% are parents with disabilities or the parents of children with disabilities. Most respondents were covered by the previous two rounds of the assessment (89.8%).

The income of families of persons with disabilities has been partly or significantly reduced due to the pandemic. Some respondents, however, report that their income has not changed since the outbreak.

"It has had a negative effect on my social life, and on movements, which was restricted. It had a negative impact on health, then isolation; living alone I can't take the guide dog out myself, I need assistance."

26-year-old woman from Kotor



Many respondents did not have a job or were unable to find one, which left them almost without any income. Some problems mentioned include the delayed payment of salaries, and a reduced volume of work. Their economic position was affected by increased food and utility costs, while their income remained the same, which increased their cost of living overall. The cancellation of some rights or the inability to exercise some of the entitlements under the social and child protection system was also mentioned.

"It did have an impact, I was jobless during the first pandemic wave and was seeking a job. Now I have a job and I'm on my own now. My social life is quite limited because I have a small circle of friends."

21-year-old man from Podgorica

Their urgent needs include sport and recreation, internet access for information purposes, followed by hygiene products, medicines and food. When asked which public services they need the most, respondents indicated health services, followed by psychological support, cultural content, legal services and assistance in finding employment. Respondents also refer to the need for personal assistants for children/persons with disabilities and some educational services, including assistance with learning, remedial and supplemental instruction.

Over the last year, half of the respondents have sought access to some public services, primarily health-related ones, but also assistance in getting a job, personal assistance services, legal services, psychological and financial support. Somewhat over a half of them managed to access the required service. Of those who received services, three out of four respondents were fully satisfied with it, the rest were partially satisfied. There were no dissatisfied service users.

"It affected us badly. The volume of work reduced, the salary is delayed. We are struggling to make ends meet. We rent our flat, and landlords have no sympathy for us. Psychologically, this has affected us quite badly."

58-year-old mother of a person with a psycho-social disability from Tivat

The respondents are most scared of the health risks, but also fear losing their jobs and whether they would be able to provide for their families.

"Health-related and psychological aspects. I had COVID and was on the verge of death. It took me a while to recover, and I am still feeling the consequences, a quarter of my stomach was removed. Staying in the hospital was very hard for me because of having no visits and no support. My family was not allowed to see me, and I wasn't able to move on my own."

52-year-old man with a disability, father of four from Bijelo Polje



The respondents mention as a problem the lack of cultural content and informal education during the pandemic, while the restrictions on movement affected most of the respondents quite severely. Both children and parents were affected adversely by the frequent changes in the method of education delivery (school-based or distance learning). Some parents reported they had to go to work, while there was no one to care for the children since preschools were closed, and they had to make do. Children missed socializing with other children, and some parents were afraid to send their children to preschool, even when they opened up, for fear of infection. Lack of closeness with other people, family members in particular, is also mentioned among the negative consequences. Some respondents mentioned they lost people dear to them. Difficulties in adapting to the new work regime, working from home and poorer time management, and increased stress levels due to sudden changes in life circumstances are also listed among the negative effects.

“Psychologically shaken, and a financial situation which is far from ideal.”

37-year-old man from Podgorica

As for health-related aspects, the respondents mentioned the need to buy expensive vitamins, while the pandemic has also made them more anxious and concerned. It has also prevented them from having their daily physical activities, which has led to a deterioration in their health. They faced reduced access to healthcare services as well. It has been more difficult to schedule a doctor's appointment than is normally the case, and some of the respondents refrained from scheduling such appointments for fear of infection.

“A psychological effect, in terms of the need to avoid close contact with your family, friends, etc. Also poor mobility and restrictions on movement were significant changes for me.”

28-year-old woman from Podgorica

Respondents reported having problems regarding transportation from one town to another due to the restrictions on movement between towns.

Victims of gender-based violence

Data from the UNDP Survey on Violence against Women (2017) revealed that gender-based violence is quite prevalent in the country. Namely, the survey showed that one in three women have experienced some form of violence during their lifetime, while every fifth woman has suffered from violence over the last 12 months. At the same time, the survey shows rather slow-paced but steady progress concerning the awareness and perceptions of the general public on gender-based violence (GBV). Namely, half of the population recognize GBV as a widespread gender-equality issue. However, the very same survey revealed that the reasons for underreporting



are driven by a 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 of support for GBV victims.

The annual average number of women and their children seeking protection in women's shelters was around 200 people. In 2019, the Safe House for Women, a Podgorica-based shelter, provided refuge to 87 victims of violence, while at the same time a Nikšić-based shelter housed 56 women.

In 2019, the national SOS line received 2,661 calls, of which 62% were from victims asking for help for the first time. The Safe House for Women in Podgorica received 700 calls in total, and the SOS line in Podgorica received 131 calls.

Pre-COVID-19 vulnerability assessment

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 committee, as well as by GREVIO, in their reviews of the country's achievements. The reports, however, note that most attention in law and policy-making has focused on domestic violence, and considerably less on other forms of violence against women. In its report, GREVIO notes that little or no preventive and protective measures seem to exist for victims of rape and sexual violence, sexual harassment and forced marriage, and no specific services, such as rape crisis or sexual violence referral centres, have been established.

Despite the introduction of standardized procedures (such as the Protocol of Action in Case of Gender-Based Violence, and the accompanying training for respective officers), women's organizations note that only the Police Directorate and Centres for Social Work, compared to the other institutions involved, seem somewhat committed to application of the Protocol. In reference to the reasons for such an inadequate application in day-to-day work, women's NGOs note that 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.

"Speaking of collaboration with institutions, in our experience we are not perceived as equal partners on a joint mission. It happens quite often, in practice, that they (the representatives of institutions) complain of our presence when we act in the capacity of a "person of confidence". At the same time, our service users report that they are not being treated equally by the officers in charge when they are accompanied by a person of confidence compared to when they are not. This primarily indicates a lack of professionalism but is also discouraging when it comes to building partnerships with relevant institutions. To provide comprehensive assistance and support to women with an experience of violence, the institutions should build partnerships with non-governmental organizations, because victims should take priority and be at the heart of all our actions."

NGO activist



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.

Assumed COVID-19 impacts and observations

The COVID-19 pandemic has revealed another pressing challenge concerning the protection of and support extended to GBV victims. Namely, women's NGOs specializing in providing services to GBV victims are being prevented from becoming licenced service providers due to their limited capacities. The several existing licenced NGOs are predominantly based in the central region, with only one licenced service provider in the whole northern region of Montenegro. The accommodation facilities for victims of violence are inadequate to meet the demand, both in the southern and in the northern regions. Such practices generally weaken the system's response to gender-based violence and create hurdles in the implementation of the existing legal framework.

Since the outbreak of the pandemic, violence against women and girls was only exacerbated, particularly (but not exclusively) in the family environment, leading to the issue of violence against women increasingly being referred to as the "shadow pandemic". The lockdown measures make it possible for abusers to use power and control to isolate women victims of violence. Unemployment, economic instability and stress were anticipated to further intensify the prevalence and seriousness of abusive behaviour. At the same time, the crisis only put additional barriers in the way of women and girls accessing basic services that can even mean saving their lives, such as psychological and legal counselling, sexual and reproductive health, and other pressing medical assistance.

Based on early reports, 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 of domestic violence.

The first reports from women's rights groups indicate that the pandemic led to both the growth of violence against women²⁶ and poverty. The state did not recognize victims of violence as a particularly vulnerable group, with a consequential failure to establish assistance and support targeting victims. However, UNDP, in collaboration with non-governmental organizations that provide specialized victim assistance and support services, urged the Government of Montenegro to develop an operational action plan as a matter of priority to network all the capacities available to provide support to victims of GBV (including both licenced and non-licenced NGO service providers operational across the country) and secure additional space for accommodating GBV victims, in line with the current guidelines for COVID-19 containment measures.

The anticipated increase in the occurrence of GBV materialized during the first months of the pandemic (March–June 2020) when the Women's Safe House alone received 46% more calls than during the same period the year before. The National SOS Line reported an increase of 18%

²⁶ The Committee of the Parties to the Istanbul Convention 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.



in requests for their services over the same period. In May 2020, the National SOS Line received 32.5% more calls than during May 2019, while the shelter service of the Women's Safe House provided accommodation for 60% more victims of domestic violence than during the same period of the previous year.

The 2020 data (collected from the three largest women's groups that are licenced service providers for victims of violence²⁷) shows a total of 4,088 received calls. Of them, 1,156 benefited from various services provided by the three NGOs, while 333 cases were reported to the relevant institutions, ending up with 143 victims being placed in shelters.

Overall, **a slight increase (15%) in the number of GBV victims was recorded in 2020, according to data from the three largest licenced service providers.** By way of comparison, in 2019 the three organizations received 3,492 calls, with 143 victims eventually being placed into shelters, as many as during the pandemic. Hence, despite the initial anticipation of experts, the number of victims placed in shelters did not increase in 2020, while the number of calls increased by 15%.

"In the experience of the women who reached out to us for assistance and support, the police were available during the pandemic. On the other hand, this has not been the case with the staff of the Centres for Social Work (CSWs). According to anecdotal evidence, victims would receive a call from the relevant CSW between a week and a month after the report was filed. This leaves the impression that the official data exchange between the police and the CSWs through the single database is non-operational. Moreover, during the first pandemic wave the CSWs worked short hours, while in the majority of analysed cases, the case manager was either on sick leave or paid leave, so rapid and efficient support to victims was lacking."

NGO activist

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.

Specialized service providers for victims of domestic violence report a deterioration in the socio-economic situation of women due to the pandemic.

According to non-governmental organizations, victims of GBV placed in shelters are experiencing significant loss of income. This is mainly due to the fact that, before the pandemic, 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, risks related to working conditions have increased, while social protection measures are weak or lacking altogether.

27 Women's Safe House, SOS Podgorica and SOS Nikšić (the National SOS Line).



Women's rights groups have also observed a deterioration in the operation of CSWs concerning the exercising of victims' entitlements to social assistance. Previously, victims used to have access to such entitlements by instigating legal action for exercising parental rights or a motion for an injunction. Over the last year, CSWs requested that the victims provide their social insurance decision, then the final custody decision, and now they even require the victim to instigate an enforcement procedure. In reality, this means that victims are unable to meet all the requirements to be eligible for social assistance for months (at times even more than a year). This also means victims are unable to receive alimony from their abusers, which ultimately leaves victims with dependent children incomeless.

"Adjournments of court hearings in divorce, custody and division of marital assets proceedings were quite frequent, particularly during the first pandemic wave. This has affected the financial standing of mothers with dependent children, given that over this period their former partners would not pay alimony due to the lack of a statutory obligation to do so. At the same time, mothers with minor children are unable to exercise access to cash benefits with divorce and custody proceedings still pending. In addition, during the pandemic, victims have frequently been left jobless, leaving a substantial share of our service users with children living on the verge of poverty. Women with dependent children need to be provided cash benefits the moment they instigate divorce proceedings, given that it can take up to a year and during that time women frequently have no income whatsoever."

NGO activist

Research on the gender-related impacts of COVID-19 conducted by UNDP and UN Women has confirmed that women, especially those from vulnerable groups, will be disproportionately affected by the crisis in terms of both an increase in the burden of family care and the loss of income.²⁸ 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 have had to choose between, on the one hand, going to work and taking the health risk of keeping their job, and on the other, staying in a shelter or self-isolation – which would result in losing their job.

28 UNDP and UN Women, Gender Rapid Assessment: Consequences of COVID-19 on the economic status of women and men, 2020.



Looking into the measures introduced by the Government of Montenegro to assuage the effects of the pandemic, despite the statutory obligation to keep gender-segregated data and assess the impacts of policies on both women and men, this has not been the case since major government support measures were approved. Additionally, it is estimated that, more than one year after the outbreak of the pandemic, women accounted for the money equivalent of unpaid care work of €489 million or 10% of GDP, while men accounted for €254 million or 5% GDP in 2019.²⁹

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).

All institutions were focused on dealing with the health-related aspects of the COVID-19 pandemic. Considering that, even before the outbreak of the COVID-19 pandemic, violence against women and domestic violence were not seen as priorities, the current situation has been conducive to a further deterioration in the assistance and support system for victims of violence.

Over the first six months into the pandemic, most institutions, primarily CSWs and judicial bodies, brought almost to a halt all the measures focused on victims of violence. Additionally, a decrease in the inter-sector and interdisciplinary response to GBV was noticeable during the lockdown. In particular, NGOs dealing with victims of GBV noted a significant decline in the engagement of and support from the system to victims. 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. The proceedings to protect the victims of violence continued to be extremely slow, which, in conjunction with their poverty, fear of the virus and absence of proactive measures, made the victims more reluctant to break the cycle of violence or made them choose to postpone it for after the pandemic is over.

“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.”

NGO activist

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.

Notwithstanding the many challenges the institutions faced in responding to the GBV in the pandemic context, two positive interventions are worth mentioning. The first refers to the procurement and distribution of personal protective equipment for all service providers, and the second to public awareness campaigns. In May 2020, the Government of Montenegro launched the Stay Safe at Home campaign, in partnership with non-governmental organizations, aiming to encourage GBV victims to report violence for the duration of the lockdown measures.

29 UNDP, Women’s Contribution to the Economy of Montenegro: Utilization of the care economy in the time of the COVID-19 pandemic, 2020.



“The pandemic brought to light many existing challenges, but also the space for the further building of trust between women’s groups and the social protection system to assure effective engagement, coordination and cooperation to ensure fast, adaptive and continuous support to victims of gender-based violence in the context of the pandemic and beyond. NGOs tend to be selective in terms of the information they share and blame the institutions for a lack of professionalism beforehand, which is actually far from the truth. Both sides face problems and need to endeavour to address them.”

Institutional representative

Moreover, in May 2020 UNDP, in collaboration with the Government of Montenegro, created the mobile app “Budi sigurna” (“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 in the field. It is connected to the National SOS Helpline for support to women victims of GBV. The app makes it possible, with a single tap, to trigger an alarm via a text message with a precise geo-location, push notifications, windows with information on safety procedures, the phone numbers of key institutions and women’s rights groups, self-defence advice, etc. All types of support available to victims hinge on the principles of protecting women’s autonomy and safety and respecting their wishes. The organization managing the app offers a wealth of services, including online psychological support, counselling, placement in shelters, etc. The application is considered an important tool for assisting GBV victims: during the first year it was downloaded by 6,915 users, with 472,102 views on websites and news portals. The fact that in the first two weeks of the campaign the short video “Budi sigurna” (“Be Safe”) had 186,000 views in the country with a total population of 620,739³⁰ speaks volumes.

Notwithstanding the government’s efforts, despite the lockdown measures, to raise awareness and encourage victims of GBV to report violence, the official statistics show only a slight increase in the total number of reported cases.

From 30 January to 30 November 2020 police registered 226 GBV-related crimes, while over the same period the year before it registered 267 such cases. During the first month after the outbreak of the pandemic, with very strict lockdown measures in force, the police registered 130 crimes compared to 110 over the comparative period in 2019. Over the same time, reports to official institutions alone increased by 15%. The number of pertinent crimes peaked in June, and Podgorica accounts for one-third of all cases.

30 The January 1st 2021 population projection by National Statistical Office Monstat, available at: <https://www.monstat.org/cg/page.php?id=273&pageid=48> (accessed, July 25th 2021)



Extending the view to the whole of 2020, the overall number of cases reported to the police was slightly lower than in 2019, i.e. during the pre-COVID-19 situation. According to police records, in 2020 there were 1,474 misdemeanour reports compared to 1,548 in 2019. As for reports of GBV as criminal offences, in 2020 they received 260 such reports compared to 322 in 2019.

“Border Police officer P.P. (47) kills his wife I.P. (39) with his service pistol at their home in Berane”

headline in the daily Vijesti

There are some significant discrepancies in reporting about gender-based violence in the first six months of the pandemic, by the police and CSWs, on one hand, and by the NGO sector, on the other. While the police have recorded a 15% increase in the number of reported cases, in the case of NGOs, this increase stands at approximately 40%. The gap might indicate an unwillingness on the part of victims to report violence to the relevant institutions, most likely due to a lack of trust. Most frequently, the victims first request assistance from specialized service providers, making reports to institutions only after they feel empowered to do so.

Even though women’s groups have received praise for their support for GBV victims during the pandemic, 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 Protocol, with a view to their continuous improvement. This is an opportunity to translate this experience into a strengthened partnership and cross-sector approach involving service providers and social protection institutions. **Women’s rights groups report a significant decline in the number of GBV victims referred to shelters by the relevant institutions. They believe this is a result of official procedures.** Namely, in order for a victim to be referred to a shelter run by an NGO, the CSW needs to approve it in compliance with secondary legislation and the terms of the licence. To give an illustrative example: according to official records, the shelter in Nikšić received 47 referrals in July and August 2018, whereas between August 2019 and July 2020 the corresponding figure stood at 29. This decline coincides with the introduction of the obligation to provide a share of finance to licenced shelters in order to cover the accommodation costs for the victim. This leads NGOs to believe that the decline is a result of the new financing model, whereby NGOs are entitled to reimbursement of the costs for services rendered to the victims referred to them by the CSWs. NGOs can receive a victim at their personal request and subsequently approach the CSW to issue an official referral decision. However, the SOS line in Nikšić has identified the negative practice of CSWs declining to do so. In one case, the CSW refused to make such an official referral even when the Ministry of Finance and Social Welfare, as the second-instance body, upheld the appeal lodged by the SOS line in Nikšić challenging the CSW’s initial refusal.

To date, only one specialized service for victims of GBV is fully integrated into the system and funded from the state budget to an amount below half of its operational costs – the National SOS Line.



"If we were to calculate the financial equivalent of the volunteer work of women's rights groups delivering specialized services since their establishment to date, this would translate to over €10 million. This entitles us to say that what women's groups are doing is of national interest since we are delivering some services which fall under the remit of the government, indicating that, on its own, the state is unable to respond to the demand or ensure general outreach the way NGOs can."

NGO activist

Other NGOs are run on a project basis, mostly funded by international organizations. The same model was in place even before the COVID-19 pandemic. Apart from the public awareness campaign and the purchase of personal protective equipment for women's rights groups working directly with victims, the government did not provide any additional financial support to ensure the smooth operation of such organizations providing specialized support services for GBV victims.

"Women's rights groups showed, particularly during the outbreak, how essential they are in the system of protection for victims of violence."

NGO activist

The institutions, for their part, expect women's rights groups to further build their capacities to meet the requirements and become licenced service providers. They also expect to see more efforts invested in setting up a single data collection system, introducing case management, digital upskilling and data sharing with institutions to ensure better coordination of the services extended to GBV victims.

"Most women's rights groups fall short of the required standards for licencing. They should endeavour to build their capacities by hiring staff with relevant qualifications and experience. We often hear of large numbers of victims supported by NGOs (particularly during the pandemic), but few cases get referred to the institutions in order to receive comprehensive support. NGOs should be empowering the victims to file reports, which is often not the case."

Institutional representative



The COVID-19 pandemic has put the issue of GBV high on the agenda in Montenegro, but still a lot remains to be done. Violence against women and gender-based violence were at pandemic levels long before the novel coronavirus emerged. This is not a result of the virus or the ensuing economic crisis. The root causes have to do with an imbalance of power: the inequality between men and women results in discriminatory attitudes, gender stereotypes and social norms that are tolerant of, or even celebrate violence, building social structures that are fertile ground for inequalities and discrimination. The state should develop long-term strategies to address the root causes. Such actions should include all the key players to ensure the efficient engagement, coordination and collaboration of a wide range of sectors and stakeholders, with a particular focus on building relationships of trust with women's rights groups – specialized service providers. The institutions need to recognize the major role played to date (and that is continuing to be played) by human rights defenders and feminist movements in an attempt to prevent violence against women, and to enable their full integration into the system, with the corresponding increase of finance appropriated to them.

Children 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 to 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 in 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 their 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.³¹

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.'³² Eliminating violence against children is thus a human-rights imperative.

31 UNICEF, *Gender Based Violence in Emergencies: An Operational Guide*, 2019. [UNICEF, 2019]

32 The 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 from adult household members.

According to data from NGOs, the number of calls has increased since the outbreak of the pandemic. The 2019 European Union Report on Montenegro emphasized that “gender-based violence and violence against children remain issues of sincere concern”.³³

UNICEF has been working with the Government of Montenegro and child rights and women’s NGOs on the prevention of violence and the 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 the 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 psychosocial impact of quarantine, isolation, stigmatization, and the 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 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 since the beginning of the pandemic. CSWs are also coping with increased requests for mediation due to strained relations between former spouses who have children, with court-mandated visitation rights. This is particularly prominent in the case of children living with controlling fathers who are abusing their parental rights and preventing mothers from exercising their visitation rights. This has exposed children more to violence and to witnessing violence against their mothers, which leads to trauma and detrimental effects on children’s psychological health.

Measures put in place to contain the spread of the virus are limiting the options for reporting and protection, and the 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 three days). In such instances, victims have been forced either to continue to share the same space with the abuser, which after filing a report may pose a heightened risk, or to move out and make arrangements for accommodation, which was made furthermore difficult in the context of the pandemic.

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. This only aggravates the protection of children against the abuse of parental rights in the absence of court decisions governing their meetings with abusive fathers.

³³ Commission Staff Working Document, Montenegro 2019 Report, <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20190529-montenegro-report.pdf>



NGOs also report that the nature of the violence changed during lockdown. Psychological violence (arguments between spouses/partners and also between parents and children, particularly adolescents) has 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). At the same time, the majority of single mothers have not been covered by one-off assistance extended by the central governments on account of not being recipients of family cash benefits, or they are not visible in the unemployment records because of being registered as “passive”, i.e. not active, jobseekers. On the other hand, distance learning for school-age children has incurred additional monthly costs of providing internet access, leading to their further impoverishment, prolonged stress, and intensified feelings of concern and uncertainty. 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 the **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 into 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. With the aim of alleviating such a situation, shelters have been providing psychological support and devices for distance learning. During the first and the second waves of the pandemic, due to restrictions on communication, children who were residing in shelters with their mothers were not able to see the other parent.

The increased risk of harm online that UNICEF warned about in the previous RSIA still remains. 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 Tivat³⁴. Members of the Roma community largely use the Roma language, which includes around 60 dialects, as their mother tongue³⁵. Most Egyptians use Albanian as their mother tongue. Within the Roma and Egyptian community there is a distinction between domicile and ex-displaced members³⁶. 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

According to the Strategy for the Social Inclusion of Roma and Egyptians in Montenegro 2016–2020, over 80% of the Roma and Egyptian population live in segregated settlements, and 40% in informal accommodation. The field survey conducted by the Roma youth organization “Koračajte sa nama – Phiren Amenca” late last year and early this year showed that 69% of respondents live in illegal buildings or ones currently in the process of legalization. A total of 1,464 persons, self-declared as members of the Roma and Egyptian population, were registered as unemployed with the National Employment Office (798 of them, or 54.51%, are women). Podgorica accounts for the largest share – 896, or 61.2% of the total number of unemployed persons who declare themselves as Roma, with 482 of them being women. The survey into the socio-economic status of the Roma and Egyptian community, carried out by the Ministry of Justice, Human and Minority Rights in 2020, shows that as many as 70.7% are jobless. According to the official statistics of the National Employment Office, 94.67% of unemployed Roma have only the first level of qualification, or primary school, or even dropped out of school earlier. Forty-five percent of the Roma population are unable to read and write in the official language.

In an attempt to alleviate the position of Roma and Egyptian communities in a sustained manner, addressing the housing, education, employment, healthcare and legal status issues is all equally important. A factor that is further slowing down the process or is even preventing any improvements from taking place is the deeply engrained anti-Roma prejudice, yet to be recognized in the new Strategy for the Social Inclusion of Roma and Egyptians, modelled on the new EU Roma Strategic Framework for Equality, Participation and Inclusion.

Assumed COVID-19 impacts and observations

The assessment of the COVID-19 impact on the Roma and Egyptian population focused on the domicile communities, but also covered some displaced persons. For the needs of the survey, a questionnaire was developed that covered 35 respondents from the Roma and Egyptian population (31 domicile, and four displaced persons). The largest group of them live in Vrela Ribnička (21 persons), and the rest in Konik (14 persons). In terms of the gender breakdown, the respondents included 22 men and 13 women.

Asked how the COVID-19 has impacted their lives, the respondents mostly say they have completely lost their income or it has been significantly reduced. **The pandemic has hit the Roma and Egyptian communities even harder, pushing them from poverty towards extreme poverty.**

³⁴ Council of Europe & De Facto Consultancy, Situational Analysis: Identifying and mapping the relevant challenges faced by RE community in Montenegro, 2019.

³⁵ Source: Ministry of Human and Minority Rights, Government of Montenegro, Strategy for Social Inclusion of RE in Montenegro, 2016–2020.

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



"It affected us badly because we didn't have access to water, and even worse in economic terms, we can hardly make ends meet. We live off what we collect from waste bins..."

77-year-old man from Podgorica

The restriction of movement as a containment measure had a particular impact on their ability to earn an income. According to the previously shared data, evidently most Roma (and all among those with unresolved legal status) rely on income from the informal economy. Under the first lockdown measures in Podgorica, with the detection of the first COVID case in the Konik settlement, the whole settlement was isolated and put on home confinement.

"I'm a single mother, have nowhere to work. No one wants me, I don't have a resolved legal status. And what could I do, I don't know..."

40-year-old woman from Podgorica

Most respondents report the inability to provide enough food or have any kind of income. When it comes to pressing needs, food is the first priority for most respondents, followed by hygiene products and medicines. A soup kitchen or a meal centre providing one meal a day per family is frequently mentioned as a way to assist the survival.

"I didn't get any help from the state. I was at the soup kitchen asking for a meal but I was rejected, but this is not enough to survive on."

Woman, age unknown from Podgorica

Respondents single out the assistance in the education of their children and in enabling them to follow instruction as one of their pressing needs. A large share of respondents report problems in engaging in instruction, but also additional assistance with learning, because most parents are illiterate and cannot help their children with assignments.

"Very badly, we stopped education because it was remote. The children did not follow the teaching because they did not have the means. We don't even have a mobile phone."

30-year-old man from Podgorica



"My child has epilepsy, but we don't have money for medicines. I have no one to borrow from any longer. I don't know how to cope with this. There is no work... really hard times..."

25-year-old man from Podgorica

Regarding the most needed services, the respondents mention health care, soup kitchens, and assistance in seeking employment and in learning. Assistance with learning is very much needed, because parents often cannot provide such guidance.

The pandemic has also affected their freedom of movement, the possibility of getting a job and threatened their health, which was quite poor to start with. Health-related risks and the economic impact of the pandemic are their major concerns, while children are most concerned about becoming infected and the discrimination they experience in society.

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

Since the establishment of the asylum system, between January 2007 and 30 April 2021, Montenegro received a total of 16,166 asylum applications. Over the last three years, children have accounted for between 6% and 32%, and women between 7% and 28% of all asylum-seekers in Montenegro.

At the time of the COVID-19 outbreak in mid-March 2020, some 200 asylum seekers and 27 refugees were living in Montenegro. At the time of the third round of the assessment, in April 2021, 212 asylum-seekers and 38 refugees were residing 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 April 2021, there were 325 individuals with an unstable legal status (including 186 foreigners with temporary residence and 139 people with resolution of their legal status still pending), thus also with limited access to healthcare, social care and employment. In addition, over the same period there were some 467 persons at risk of statelessness and seven persons with recognized stateless status.



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 the MLSW confirmed that, due to the abovementioned 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.

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 **restrictions on movement 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.**

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 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 the most pressing 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 loss of jobs and income, many run a serious risk of **not being able to pay their rent and of becoming homeless.**



"There's so much less work, you work privately, there's less demand."

46-year old man at risk of statelessness

In terms of 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 pandemic when most respondents within this group were concerned about their healthcare situation, by the end of May economic risks and the negative effects on the overall economic situation in the country became their primary concerns.

In April 2021, over a year into the pandemic, refugees, asylum seekers and persons at risk of statelessness are still facing serious problems in getting and keeping a job and income.

While the problem is somewhat less acute with those refugees from the former Yugoslavia whose legal status remains unresolved, it is much more sharply pronounced among the asylum seekers residing in private accommodation and refugees. **The data collected during the third round of the assessment show that almost all asylum seekers lost their income, while two-thirds of the respondent asylum seekers remain jobless or have experienced a reduction in their earlier income of over 50%. Therefore, these communities still list food, hygiene products and accommodation among their most pressing needs, followed by medicines, clothes and assistance with distance learning.**

Concerning basic public services, **in April 2021 health care remains the most pressing need for refugees from the former Yugoslavia and for persons at risk of statelessness, followed by legal assistance towards resolving their status issues, access to food banks and assistance with getting employment**. On the other hand, **asylum seekers in private accommodation and refugees continue to report assistance in finding a job as their most pressing need, followed by support for distance learning and psychosocial support**.

Unlike the situation at the beginning of the pandemic when most members of these communities were most concerned about the health situation in the country, since May 2020 their main concerns have shifted toward economic risks and adverse impacts of the pandemic on the overall economic situation.

"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 at risk of statelessness from Podgorica



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.**

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 has 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.

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.³⁷ The largest number of permits for seasonal employment of foreign workers were 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. Migrant workers 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

³⁷ Newer data is not yet available.



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 a number of the respondents decided to return to their countries of origin. This can be attributed to the behaviour of those companies employing these workers, resorting to short-term arrangements, such as reduced hours and pay for those 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.

The third round of the assessment in April 2021 revealed that the number of migrant workers who took part in the first two rounds had fallen by 50% by the time of the third round; no contact could be established with them since they had left the country. Meanwhile, some respondents reported they were forced to consider leaving Montenegro because of issues regarding their residence permits and the financial situation. "Given that I'm here on temporary residence permit only, I lost my job and will have to go back to Serbia."

56-year-old woman from Serbia, currently residing in Pljevlja, a foreigner staying on a temporary residence permit

In the first round of research, the most pressing needs due to the pandemic related to **hygiene products** as a priority for most respondents, followed by **food and accommodation**. According to the updated information from the second round, most of the respondents state the need for connection to the internet as a means of receiving timely and correct information. **The April 2021 data shows accommodation, medicine and physical activity to be the priorities of foreigners staying on a temporary residence permit in Montenegro.**

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 the opening of borders, those that remained in the country stated a primary need for health protection and psychosocial support. **The most pressing needs singled out in the third assessment round are health-related, further confirmed by the fact that more than half of the respondents made use of healthcare services over the previous year.**

At the outset of the pandemic, many of the respondents were concerned about what would happen to 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, those 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.

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.

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 all three 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 pandemic, 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 their reduced 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 would 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 substandard 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. These risks become even more aggravated in the situation of complete lockdown. 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 abuse of workers' rights, particularly restricting their movement and the ability for foreign workers to return to their country of origin, increases in times of crisis.

"I can't wait to see my children back in Sjenica"

**52-year-old construction worker in Budva,
a foreigner staying on a temporary residence permit**



People in detention

In May 2021, 887 people were being held in the prisons in Podgorica and Bijelo Polje (825 and 62, respectively), among them 481 men and 15 women serving prison sentences, and 11 juveniles, all boys – there were no girls – at the separate Juvenile Section built within the Spuž Penitentiary. A total of 380 were being held on remand – 13 women and 367 men. There were no juveniles being held on remand. The problem of overcrowded remand prisons still persists.

A considerable share of inmates fell under the remit of the Amnesty Law passed by the parliament in 2020, which alleviated to a large degree the problems with overcrowding. Additionally, prosecutors and judges made the decision to release individuals being held on remand awaiting trial. All of these factors combined helped reduce the number of people in detention.

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 the detention.

In Montenegro, there are three main concerns regarding the conditions of detention which already existed before the COVID-19 outbreak: the facility for persons held on remand pending trial is overcrowded; an approximate 20% shortage in the required number of prison staff; and inadequate health and hygiene conditions in various detention facilities across the country.

Assumed COVID-19 impacts and observations

As noted in the 2020 reports (for the first and second RSIA rounds), 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 due to restricted access to hygiene and health care. Measures to reduce the risk of the virus spreading in detention centres are vital for protecting the health of both the staff and the detainees. A sufficient supply of quality personal protective equipment and disinfectants needs to be provided. Restrictive measures are allowed, but should have a legal basis and should be necessary, proportionate, respectful of human dignity and limited in duration.³⁸ Medical isolation for detained persons upon arrival in the detention facility or when infected or suspected of being infected by SARS-CoV-2, as well as the restrictions regarding visits, should be carried out with certain limitations, with a view to protecting the detained persons. Medical isolation should be based on an independent medical evaluation, should be proportionate, restricted in terms of duration and contain certain procedural safeguards, as envisaged by the *UN Subcommittee on the Prevention of Torture* which monitors the implementation of the Optional Protocol to the Convention against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), which Montenegro has ratified. Bans and the restriction on visits to places of detention on the account of the outbreak should be accompanied by compensatory alternative methods for detainees to maintain contact with families.³⁹

38 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) Pandemic issued on 20 March 2020. Available at <https://rm.coe.int/16809cfa4b>.

39 Subcommittee on Prevention of Torture and Cruel, Inhuman or Other Degrading Treatment or Punishment, Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic (adopted on 25th March 2020), Advanced Unedited Version, available at www.ohchr.org/Documents/HRBodies/OPCAT/AdviceStatePartiesCoronaviruspandemic2020.pdf.



Since 2020, the ban on family visits have been one of the main concerns that detained persons have. It started in March 2020 and lasted for a year. Since March 2021, visits have been allowed again, but they more limited than before the outbreak when four to six visits per month by family members and persons close to them were permitted. Until April 2021, one such visit was allowed per month given the limited space available for such visits and with a view to observing all the measures to prevent the spread of the virus, primarily the distancing rules. Before visits were allowed, the prison administration arranged for three Viber calls with families of detained persons. In 2020, the detainees expressed that they appreciated the alternative communication options, however they noted that such alternatives cannot replace visits essential for detained persons in terms of psychosocial support (RSIA1 and RSIA2). Although detained persons have been under additional strain due to isolation from their families, neither the prison administration nor the Ombudsperson's Office have recorded an increase in the level of inter-detainee violence since the outset of the pandemic.

The procedure followed for those suspected of being infected is to isolate and test them as soon as possible through the Public Health Institute. If they test positive, they receive in-prison care and therapy, or in-patient care, as needed. Since the outset of the pandemic, 137 detained persons tested positive for the virus. One female prisoner died as she suffered from a poor health condition as reportedly identified in autopsy report on the cause of her death.

In the early stages of the outbreak, police reported a lack of protective equipment, water, soap and bedsheets in the places of detention. The situation has improved in the meantime. In April and May 2021, both the police and the prison administration reported that they had sufficient supplies of protective equipment for their staff in direct contact with detained persons. According to the police, the health-related and hygiene conditions for detainees have improved in those places of detention that were assessed as inadequate in 2020. Upon the recommendation of the Ombudsman, the Committee for the Prevention of Torture (CPT) and the Council for Civilian Oversight of the Police, supplies were purchased and rooms for detention were renovated in Nikšić, Podgorica and Berane. The Ombudsman reported improved conditions in Budva, Bar and Ulcinj. The joint UN rapid social impact assessment team observed that physical, health and hygiene conditions of the police detention centre in Podgorica are adequate, in a visit in May 2021. The Protector noted that conditions of the police detention centre in Bijelo Polje and Pljevlja are highly inadequate and that both centres would either need to be significantly renovated or totally re-built.

Since the previous rapid social impact assessments in 2020, vaccination of both police officers and prisoners commenced as an important additional prevention COVID-19 measure. This is voluntary for both officials and those in prison. While exact data was not available, hundreds of prison and police officials as well as persons held in prison had been vaccinated by May 2021.



Children in detention and correctional facilities

As already noted in the reports for the first two assessment rounds, children in detention often have poorer health than the rest of the population and are more likely to have underlying psychosocial, 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 psychosocial support, and social and educational services.⁴⁰

In May 2021, eleven juveniles, all boys, were incarcerated in a designated juvenile prison located within the Spuž facility. The juveniles have access to COVID-19-related information and to Viber to be able to stay in contact with their families. Rehabilitation therapy of the juvenile detainees continued at a reduced volume with a focus on individual work, and time is also allocated for outdoor activities. 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. As is the case with adults, family visits were prohibited from March 2020 to March 2021, with one visit a month allowed thereafter.

In May 2021, the 'Ljubović' Centre for Children and Young People housed nine children (one girl and eight boys) for whom correctional measures were issued by the courts and 17 (eight girls and nine boys) for whom orders were issued by the Centre for Social Work.

The containment measures set by the Institute of Public Health and the Ministry of Health are being observed in the Centre, together with a set of recommendations, including UNICEF and WHO recommendations for children deprived of their liberty. During the first months into the pandemic, it was decided not to place new children in the Centre. Given the urgent need, the Centre started taking in new children in June 2020.

As recommended by the Institute of Public Health, educators, psychologists and cleaning staff are working on a rotating basis to limit exposure. Children are allowed more frequent telephone contact with their families than before the pandemic. Visits are undertaken with the full observance of measures and following a specific procedure for allowing such visits by CSWs. The staff at the Centre are continuing with rehabilitation sessions, and the children have regular instruction, either at school or by distance learning means, depending on the school regime at the given moment. During the lockdown, the Centre enabled distance learning by means of IT equipment donated by UNICEF, which enabled the setting up of an IT laboratory with computers and a video projector in September 2020. Nevertheless, children require additional assistance with their learning, given that the Centre is short of staff who can provide day-to-day learning assistance. Since the outbreak of the pandemic, seven children tested positive to the novel coronavirus. All were isolated and treated but did not develop any severe symptoms.

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



LGBTI population

Both the Constitution and the Law on the Prohibition of Discrimination forbid discrimination on any grounds. The Law specifies that this includes discrimination based on sexual orientation and gender identity. In July 2020, the legal framework was further enhanced with the adoption of the Law on Life Partnership for Same-Sex Persons.

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.⁴¹

Assumed COVID-19 impacts and observations

The last round of assessment from April 2021 included 31 respondents from the LGBTI community. Nine of them had partaken in previous rounds, while 22 are new respondents (two female, two male, five lesbian, seven gay, three homosexual, nine transsexual, one bisexual and two non-binary persons). Most reside in Podgorica, with the rest live in nine different municipalities in Montenegro.

Almost half of the respondents either totally lost their income or experienced a decrease in income due to the COVID-19 pandemic and containment measures taken in the country. This is a slight improvement compared to June 2020.

Accommodation, food, clothing and footwear have been reported as the most pressing needs, followed by sport and recreation. Having their own place to live is vital for some members of the community, particularly those whose original home environments are homophobic. Therefore, shelter was identified as one of key priorities in the previous round of assessment. Individuals with a hostile home environment who are unable to leave now due to a loss of income should have a safe place to live. Some of those who have gone back to their family homes, unable to provide to be able to live on their own due to a loss of income, have encountered violence.

As has been the case with previous rounds of assessment, the respondents have identified psychological support, assistance in seeking employment and healthcare protection as the most needed public services. Somewhat over one-third of respondents approached various institutions to access some of these services, and two-thirds managed to access the requested service.

Respondent from the LGBTI community reported that they are most concerned about the economic risks posed by the pandemic, followed by health risks and discrimination.

In some countries around the world, LGBTI persons are blamed for disasters or otherwise subjected to hate speech, with some reports suggesting an increase in homophobic and trans-

41 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.



phobic rhetoric during the pandemic. In Montenegro, the UN did not receive evidence of specific COVID-19 related hate speech, though the practice of hate speech against the LGBTI community continued since the previous assessment in 2020. From monitoring of social media between June and September 2020, in particular Facebook, the NGO LGBT Forum Progress identified 33 messages of incitement to violence, hatred, discrimination and prejudice against the LGBTIQ community, with the NGO concluding that such attitudes and behaviour are commonplace in Montenegro.⁴²

After a reduction of in person peer support during the lockdown in the first months of the pandemic in 2020, LGBTI organizations scaled up support services when restrictive measures were eased. As an example, with dedicated support from donors lasting three months, the LGBTIQ centre in Podgorica provided psycho-social support and counselling to members of the community.⁴³

As reported by the US State Department in its 2020 report on human rights practices in Montenegro, according to the NGO LGBT Forum Progress, the National Coordinating Body required that the NGO provide Podgorica Municipality and the Red Cross with the names and addresses of LGBTI persons who had to self-quarantine, before the NCB would consent to continued food assistance to this group. While the NCB noted that this was required to collect additional contact tracing data, the NGO was however concerned about privacy and how this data would be stored and used in the future by the authorities.

Disadvantaged persons who are not social assistance beneficiaries

In the last quarter of 2019, the unemployment rate stood at 15.9%,⁴⁴ while in the same quarter in 2020 it increased to 21.2%. According to the National Employment Office, there were 35,582 unemployed in February 2020, whereas in February 2021 this figure rose to 52,437, or an increase of 16,855.⁴⁵ The actual figure is presumed to be even more striking, since it is not possible to assess the actual number of persons in the informal economy.

Pre-COVID-19 vulnerability assessment

The respondents covered by the survey are those families from Podgorica who reached out to the Red Cross for food and hygiene kits between March and May of 2020. These families are not recipients of any benefits, and for the largest share of them this was their first time to request any assistance.

This group predominantly includes persons who lost their jobs due to the pandemic, since they were working in the most severely hit industries – jobs such as: waiters, bartenders, taxi drivers, construction workers, hairdressers, beauticians, cleaning staff, shop assistants, etc. Some of them had had informal jobs, without any employment contract or insurance and contributions paid, or in their words, “for a daily wage”. Official statistics do not capture this group, since the informality of their status makes any assessment quite difficult. However, the group also

42 Monitoring report of the reported cases of hate speech and discrimination in the online space, Barac, Špajak, Jokić, LGBTIQ Social Centre, 2020.

43 <https://www.coe.int/en/web/inclusion-and-antidiscrimination/-/montenegrin-lgbtqi-social-centre-responded-efficiently-to-urgent-needs-of-lgbtqi-community-in-the-time-of-covid-19>

44 MONSTAT, Labour Force Survey.

45 <https://www.zzzcg.me/statistika/>.





includes people who had regular jobs and a decent income and had no major difficulties in providing for their families. They are the ones who find it hardest to reach out for assistance, since it is the first time they have found themselves in such a situation. This varied group of respondents includes those who have loans to repay, those who were cut off from the grid for unpaid electricity bills, whose children do not attend preschool because they cannot afford it, whose children do not follow online instruction since they have no internet access, a large share of those who have to pay rent, etc. Most respondents come from families with young children who still wear diapers.

Assumed COVID-19 impacts and observations

The survey covered 30 families living in poverty, but not receiving any social assistance.

Asked how the pandemic was affecting their lives, most respondents state it was having a negative impact on their financial situation, but also on their mental health through the lack of socialization and money concerns.

"It has affected us mentally a lot, we all seem somehow lost, the economic situation only makes it worse, engrossed in negative thoughts and surrounded by negative news, we don't get to see our friends or family that often, no recreation to distract us."

41-year-old woman, Podgorica

Out of the 30 respondents, 17 had lost their income completely, and 10 had had their income significantly reduced, i.e. by more than 50%. In the case of some respondents, their income was only partially reduced, i.e. by up to 50%. Only one person reported that the pandemic had not affected their standard of living, i.e. their income remained the same.

"We lost our jobs and income, we rent our flat, the debts keep piling up, psychologically insupportable, electricity supply cut off."

31-year-old woman, Podgorica

Asked how the pandemic was affecting their children, whether they have any fears, most respondents state that their children are still too young to understand what is going on and have no such fears. As regards their economic situation, parents state their children are not enjoying the same opportunities as before the pandemic.

Asked about their most pressing needs, the largest share of respondents (23) list food as a priority, followed by hygiene, then clothes, medicines and better access to distance learning. Some respondents need cash assistance to pay what they owe for rent and electricity bills. Some respondents mention accommodation as a pressing need.





The most frequently reported pressing needs, in the case of children, included food, hygiene, diapers, clothes, but also internet access and devices for distance learning. Families with children with disabilities need assistance with procuring medicine.

"I am worried about the safety of my children given the increase in the number of people who don't have the basic means and are forced to steal or hurt others."

33-year-old woman from Podgorica

Referring to the most needed public services, assistance with seeking employment was one of the most frequent answers (repeated 16 times). This finding is crucial, since most respondents say they do not want to ask for assistance or depend on others; rather, these are people willing to work, but not able to find employment. Healthcare services are also mentioned quite frequently (11 times), as well as legal assistance (seven times). The remaining responses concern protection against discrimination, psychological support and educational services, followed by home care for children, and for elderly. Only one respondent reported no need for any public services.

"Not to close down the firm I work for, I depend on it for my living."

28-year-old man from Podgorica

Half of the respondents did not try accessing any of the public services. The ones who approached CSWs were not granted assistance on the account of property being registered to their name. As for other services, the respondents mostly accessed healthcare services and the services offered by the Red Cross. To a somewhat lesser degree, the respondents applied for social assistance, and even less legal services. As many as 80% of the respondents managed to access the requested services, and 75% of them are completely satisfied with the service.

"Huge impoverishment. I have never been in such a situation, I have always worked, I even had people working for me. I was cheerful, I regret many things, but that's how it was."

64-year-old man from Podgorica

In case of children, various services are mentioned as most needed, but most often healthcare, educational and recreational services. Here are some of the specific responses: **"We can't afford preschool."** (43-year-old woman, Podgorica) **"Having electricity turned on again to provide for normal living like other children."** (31-year-old woman, Podgorica).



"Not to be hungry."

33-year-old woman from Podgorica

Concerning their greatest fears, 14 respondents reported health risks, but it should be borne in mind that the respondents almost always put health and economic risks together. In 11 cases economic risk is recognized as a priority.

"I was most afraid of my husband losing his job, because we rent our flat."

27-year-old woman from Podgorica

Safety risks have also been mentioned (more crime or violence), as well as the risk of restrictions of movement, socialization and getting together with friends. Only two respondents say they have no fears.

Tenants

According to the 2011 census, 18,425 households did not have a flat of their own and had the status of tenants (9.5%). Ten years have elapsed since the last census, so it is to be expected the share has increased substantially in the meantime.

Pre-COVID-19 vulnerability assessment

Analysis of the NGO Association of tenants My home shows that those that do not own their homes usually meet number of additional challenges such are unemployment, poverty and economic insecurity, which makes them vulnerable. Many pensioners, persons with disability, refugees and single parents are in this position. Their situation is additionally worsened by unregulated real estate market, which poses an additional obstacle for proper registration and possible intervention.

Assumed COVID-19 impacts and observations

Persons who do not own the dwelling they occupy and have to pay monthly rent are being severely hit by the COVID-19 crisis. Almost two-thirds of the respondents in this category report losing their job during the pandemic, with a corresponding significant or partial reduction of their income.

Referring to their current pressing needs, the respondents mention accommodation, food, medicines, devices for distance learning, hygiene products, etc. It comes as no surprise that accommodation tops the list of priorities for this group. Having lost their jobs or seen significant reduction of their income, many tenants are no longer able to pay rent to their landlords on time, as further confirmed by the data from the quantitative assessment. Over the last year, many have left their old flats and sought new ones to rent.



Apart from the accommodation, this group of respondents state that their basic nutrition needs are also not being met. Resources for distance learning and hygiene products are also lacking.

Among public services, the respondents single out health care, education and psychological support and assistance. In situations where tenants have lost their jobs, this leads to health problems, and education is jeopardized, which only adds to the need for psychological support and assistance.

Consequently, some respondents mention assistance in finding a job as the most pressing need, as well as legal services, but also childcare. Other pressing needs they mention include online cultural content, and under the heading “other” they usually specify having their own place to live, then elderly care, personal assistants for persons with disabilities and protection against discrimination.

Most respondents from this group have not attempted to access any of the services, and among those who did, health care and childcare are the most frequently sought services. Although most of those who sought services managed to receive them, they are mostly dissatisfied with the service quality.

The greatest concerns of members of this vulnerable group refer to economic and health risks and restrictions of movement. Containment measures restricting movement, socialization and getting together with friends particularly affect this group, because it reduces their chances of getting an extra job to be able to provide for their families (most often manual jobs). Restrictions on movements and socializing have the additional adverse psychological effects.





Summary of the key findings

In response to the COVID-19 pandemic, Montenegro took decisive and timely steps to contain and prevent community transmission by imposing measures and restrictions, with the main aim being to “flatten the contagion curve”. Physical distancing, self-isolation and quarantine are necessary to contain the COVID-19 pandemic and are tailored towards country-specific circumstances. As in other countries around the world, the COVID-19 containment measures imposed led to a reduction in economic activity and disruption to traditional schooling. The measures have been gradually and progressively lifted, which has led to increasing economic activity.

General population

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

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





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

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



Children

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

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

Adolescents and young people

After the COVID-19 pandemic started, several support systems were deployed for children, adolescents and young people, mostly in the field of education, while support in terms of mental health is lacking, but is vitally needed in the circumstances imposed by the pandemic.

- Although adolescents seem to have adjusted to distance learning, they miss regular education, especially its social component.
- Most adolescents have a relatively negative view of distance learning and believe that they have not learned as much as they would have through traditional schooling, which will reflect negatively on their further schooling. On the other hand, many believe it would be good to use technical means more in regular instruction.
- Most adolescents did not use television for distance learning – they preferred online tools and message exchange services.
- Adolescents and young people emphasize the importance of mental health during the COVID-19 pandemic. They believe that there is not enough psychological support, in general, but particularly for young people.



The elderly

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

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

Persons with disabilities

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

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

Victims of gender-based violence

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

- Notwithstanding the initial expectations of experts, the number of victims placed in shelters in 2020 did not increase, while the number of calls grew by 15%.



- Specialized service providers for the victims of GBV report a worsening of the socio-economic situation of women, as a result of the pandemic. This was followed by an increase in requests for food and financial assistance by former users of their services which was caused by a loss of work or income.
- Research on the gender-related impacts of COVID-19, conducted by UNDP and UN Women, has confirmed that women, especially those from vulnerable groups, are disproportionately affected by the crisis in terms of both an increase in the burden of family care and the loss of income.
- To date there is only one specialized service for GBV victims integrated into the system and partly funded from the central budget – the national helpline – while other NGOs receive project-based funding, mostly from international organizations, for their operation (service delivery). The same financing model was also characteristic of the pre-COVID-19 period.
- Apart from the public awareness campaign and procurement of personal protective equipment for women’s rights groups working directly with victims, the state did little to provide additional financial support to these organizations and thus ensure their smooth operation, i.e. the availability of specialized support services for victims of GBV.
- Reduced multi-sector and multidisciplinary cooperation could be noticed during the whole time the physical distancing measures were enforced. The dynamics of pandemic outbreaks require effective engagement, coordination and cooperation between a wide range of sectors and actors, including not only the public health agencies focused on human health. Critically, the social and economic difficulties that victims experience may have a direct impact on their immediate health and safety.
- There is a risk that the prevention of and response to GBV may weaken in the time ahead, given that already scarce resources are allocated to other priorities.
- Due to the economic impact of COVID-19, new needs of the victims of GBV have emerged, which have often put them into a position of making a hard decision between protecting their safety and protecting their livelihood/income, since the conditions of the system set up pre-COVID-19 do not allow them to reconcile the two.

Child victims/witnesses of violence

- NGOs working with child victims or witnesses of violence report a further increase in violent incidents, as well as a change in their nature, as psychological violence including arguments between spouses/partners, but also between parents and children, particularly adolescents, have become more prominent.



Domicile Roma

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

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

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

Asylum seekers, refugees, including some refugees from the former Yugoslavia and persons at risk of statelessness have been significantly affected by the pandemic. They were already among the poorest and most disadvantaged segment of the population in relation to their socio-economic perspectives.

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



Migrants (seasonal workers, foreigners)

With the appearance of COVID-19, the number of migrant workers in Montenegro has decreased significantly, especially those workers with temporary work permits who, after losing their jobs, returned to their countries of origin, as reconfirmed by the most recent data collected in April 2021. However, an unknown number of migrant workers remained in Montenegro. Information collected for this round of assessment indicates that they have a partially reduced income.

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

People in detention, including children in correctional facilities

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



LGBTI community

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

Disadvantaged persons who are not social assistance beneficiaries

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

Tenants

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





Recommendations

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

The purpose of the recommendations below is to stimulate discussion about how pre-existing, as well as new, vulnerabilities could be addressed in the ongoing COVID-19 response. They include both immediate measures to mitigate the impact of the crisis, as well as in the systematic medium- and longer-term responses. The recommendations are aimed at drawing the attention of decision makers to tailoring the responses in order to address the needs of the most vulnerable segments of society. They are being put forward in line with the principle of leaving no-one behind, of Montenegro's obligations and commitments to human rights and international refugee and statelessness protection, and with the recognition that all of these are critical for a sustainable and effective response.⁴⁶

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

Specific recommendations

The following recommendations are focused on specific vulnerable groups:

Children, adolescents and young people

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

⁴⁶ See: UN Framework for the Immediate Socio-Economic Response to COVID-19, April 2020, p. 9. See also: United Nations, COVID-19 and Human Rights: We are all in this together, April 2020.





- Ensure that children, including refugee children, can grow up in safe, loving environments by strengthening alternative care for children without parental care, victims of family violence, or other vulnerable children. To do so, kinship and non-kinship foster care, including emergency and specialized foster care for children with disabilities, should be further strengthened.
- Maintain and expand psychological support to children and adolescents through help-lines and within the framework of public services (schools, primary healthcare centres).
- Ensure support for the parents and caregivers of children with disabilities, especially single parents/caregivers.
- Ensure quality inclusive education for adolescents, including efforts to reach those who have no access to digital technologies and who are not digitally connected, and strengthen skill-and resilience-building programmes.
- Continue efforts aimed at increasing the quality and standardization of the distance-learning services, including careful balancing of students' workloads so that the system is ready to provide high-quality education to adolescents. Include more teachers in assisting students in achieving results.
- Children need assistance with learning to make up for what was lost due to the COVID-19 crisis. In addition, invest efforts to enable classroom instruction to the maximum extent possible.
- Ensure that children have unobstructed access to healthcare services.
- Step up the existing resilience-building programmes and indicate the need to develop innovative curricula that build those skills that are in demand in the labour market.
- Step up efforts to support young people's employability, with a focus on career guidance services, including internship and apprenticeship opportunities, for both young people and adolescents, to prevent a "lost generation" due to COVID-19.
- Increase the number of services offered and upgrade the quality of the existing services for children and adolescents to ensure support for mental health preservation and improvement.

The elderly

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



Persons with disabilities

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

Victims of gender-based violence

- Implement awareness-raising activities aimed at the public on the subject of GBV and empower women to report GBV even in the situation of the COVID-19 crisis. Ensure that community outreach and communication include information on the risk of increased domestic violence, and on the risk of sexual exploitation against children, and on the available support services. It is particularly important to reach out to victims of violence living in isolation with abusive partners.
- Ensure equal representation of men and women in decision-making bodies, and the involvement of gender, sexual and reproductive health and GBV experts.



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

Domicile Roma

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

Refugees, asylum seekers and persons at risk of statelessness

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

People in detention, including children

- Accelerate efforts to increase the number of family visits and visits of other essential contacts of persons held in prison, with particular focus on urgently increasing such visits to children in prison, in line with the improving epidemiological situation. It is important to ensure more frequent direct physical contact to increase the level of psychosocial support to persons, and especially children in prison, as alternative modes of communication are cannot fully substitute direct contact.
- While restrictions remain on visits, ensure frequent and free-of-charge alternative means for communication between detained persons and their families.
- Continue improving the material conditions of detention and police custody facilities, building new ones where needed, to ensure adequate health and hygiene conditions, including in Bijelo Polje and Pljevlja.



- Increase staffing capacities at the Ljubovic Centre to provide the best possible support to resident children and to assist them with distance learning if it were to be reintroduced.

LGBTI community

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

Disadvantaged persons who are not recipients of social assistance

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

Tenants

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



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