The Rapid Social Impact Assessment of the COVID-19 outbreak in Montenegro

April 2020
The RSIA preparation was co-led and financed by UNDP and UNICEF, with technical inputs from IOM, UNHCR and Human Rights Advisor to the Resident Coordinator’s Office.

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Editing: Peter Stonelake
The aim: to provide deeper insights into the impact of the evolving crisis on the most vulnerable groups, to identify ‘new’ groups in society that suffer the most, and vulnerabilities of the society as such.

Mixed-methods approach:
- Nationally representative public opinion survey (sample size: 1021 respondents).
- Qualitative data collection
  - Focus groups
  - U-report poll
  - Interviews with beneficiaries,
- Secondary data analysis: CSOs, service providers, media, public sector reporting
- Administrative data analysis.

Timeframe: April 14-30 2020

Ethical standards

U-report poll with adolescents (505 respondents),
Focus groups (37 respondents),
Interviews with beneficiaries (372 respondents),
Parents/caretakers in case of children (278 respondents),
Relevant authorities and civil society organizations (28 respondents).

from the Integrated Social Welfare Information System (E-Social Card) on citizens’ requests for one-off financial assistance

The impact of COVID-19 on the general population
Perceptions about the financial situation in April

- 60% of the respondents believe that their income is going to be reduced
- Four out of 10 believe that their income will be reduced by more than 30%.
**Financial sustainability** of the households

- **15%** of people report *less regular income* from their salary after the pandemic.
- **25%** of people report that *other work-related income* has reduced

![Graph showing financial sustainability](image-url)
Income stability **before** and **after** the pandemic

Around **half** of the respondents believe that they **can meet their basic household needs** with the money and supplies at their disposal for **another two weeks to one month**, if the current situation continues.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>For less than a week</td>
<td>7</td>
</tr>
<tr>
<td>For a week</td>
<td>11</td>
</tr>
<tr>
<td>For 15 days</td>
<td>23</td>
</tr>
<tr>
<td>For a month</td>
<td>29</td>
</tr>
<tr>
<td>For two months</td>
<td>10</td>
</tr>
<tr>
<td>For three months</td>
<td>13</td>
</tr>
<tr>
<td>Refuses to answer</td>
<td>8</td>
</tr>
</tbody>
</table>
### Influence on work status of household members

<table>
<thead>
<tr>
<th>Status</th>
<th>No one</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Doesn’t know / Refuses to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost his/her job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>81</td>
</tr>
<tr>
<td>Kept his/her job but receives no salary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>81</td>
</tr>
<tr>
<td>Kept his/her job but receives a lower salary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>Kept his/her job and receives the same salary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

"20% reported job losses, or no salary."
Influence on work status of household members

<table>
<thead>
<tr>
<th>Event</th>
<th>Small probability</th>
<th>Very small probability</th>
<th>Very high probability</th>
<th>High probability</th>
<th>Small + Very small</th>
<th>High + Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be employed, with the same salary</td>
<td>21</td>
<td>11</td>
<td>10</td>
<td>14</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Be employed, with a reduced salary</td>
<td>32</td>
<td>22</td>
<td>11</td>
<td>7</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Lose their job</td>
<td>44</td>
<td>33</td>
<td>11</td>
<td>24</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Be employed with no salary</td>
<td>46</td>
<td>36</td>
<td>10</td>
<td>33</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
Household members who work and have employment contributions paid

- 27% of the respondents report that none of their household members receives a salary or some other work income.
- Out of those who report salaries and other work-related income, 12% stated that none of the household members have their employment contributions paid.
Affordability of **household-related costs**

Household *can afford less now* than they could before, even when it comes to basic needs, such as *food and medicine*.

![Bar chart showing the affordability of various household-related costs before and after the coronavirus outbreak.](chart)
Affordability of **products for children**

<table>
<thead>
<tr>
<th></th>
<th>Before the coronavirus pandemic</th>
<th>Now, after the outbreak of coronavirus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate nutrition for children</td>
<td>96 (YES) 4 (NO)</td>
<td>80 (YES) 18 (Don't know/Refuses to answer)</td>
</tr>
<tr>
<td>Health care</td>
<td>94 (YES) 42 (NO)</td>
<td>78 (YES) 16 (Don't know/Refuses to answer)</td>
</tr>
<tr>
<td>Diapers, wet wipes and other baby/child hygiene products</td>
<td>90 (YES) 6 (NO)</td>
<td>74 (YES) 20 (Don't know/Refuses to answer)</td>
</tr>
<tr>
<td>Clothes and footwear</td>
<td>94 (YES) 4 (NO)</td>
<td>60 (YES) 36 (Don't know/Refuses to answer)</td>
</tr>
</tbody>
</table>

Children aged 0-6 years
Affordability of *products for children*

<table>
<thead>
<tr>
<th>Category</th>
<th>Before the coronavirus pandemic</th>
<th>Now, after the outbreak of coronavirus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothes and footwear</td>
<td>YES: 95</td>
<td>NO: 6</td>
</tr>
<tr>
<td>Health care</td>
<td>YES: 96</td>
<td>NO: 3</td>
</tr>
<tr>
<td>Food</td>
<td>YES: 96</td>
<td>NO: 4</td>
</tr>
</tbody>
</table>

Children aged 6-18 years
Technical conditions **for distance learning**

For households with children **younger than 18**:

- 78% have a TV set,
- 63% have a computer/laptop with an internet connection,
- 39% have a tablet with an internet connection

![Bar chart showing technical conditions for distance learning](chart.png)
Needs for **public services**

- Most respondents believe that people in Montenegro have increased needs for health-related services and for help with the elderly.
Since the start of the pandemic, have citizens contacted any service providers for assistance?
Data from the Integrated Social Welfare Information System

The number of one-off requests nearly tripled, with the biggest increase recorded in the South.

Requests distribution (in percentages) per different categories/regions

<table>
<thead>
<tr>
<th>Category</th>
<th>March 20</th>
<th>April 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 25 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 - 40 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 - 67 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67+ years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant is a beneficiary of social assistance</td>
<td>27.39%</td>
<td>23.52%</td>
</tr>
<tr>
<td>Applicant is not a beneficiary of social assistance</td>
<td>72.61%</td>
<td>76.48%</td>
</tr>
</tbody>
</table>
The impact of COVID-19 on vulnerable groups
The impact of COVID-19 on children

URGENT NEEDS:

- **food** and **internet access** for distance learning - families receiving social assistance,
- **Food, hygiene items** and **assistance with learning** - Roma families,
- Ability to **go out for fresh air, physical therapy** and **socializing** with peers - children with disabilities,
- **Food, sports** and socializing with peers - children in foster care,
- **Food, internet access and devices for distance learning** - single-parent households and households where parent(s) have a history of substance abuse.

Children fear the disease itself, worry about their parents’ health, or experience additional anxieties, e.g. re domestic violence.

The need for **psycho-social support** confirmed.

“I can feel their discontent, because they cannot follow online learning as they don’t have a laptop. Earlier when we needed one, we used to go visit our friends, but now that is impossible.”

*(Single mother, 34, Kotor)*
The impact of COVID-19 on adolescents and youth

The most needed public services:

- **education** (51.5%),
- **health** (47.5%) and
- **psychological support/mental health support** (31.3%)

33.86% of adolescents do not follow lectures on TV at all.

Online tools (Edmodo, Moodle, Google classroom…) and messaging services used the most (more than 95%)

- More than 75% of those interviewed believe that they will face significant challenges with finding work (whether temporary or regular) during at least the next 12 months.

- Both adolescents and young people stress the importance of mental health and feel that **psychological support is insufficient** in general, but particularly for young people.

"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 I will be able to get a job in the next two years."

22-year-old woman from Pljevlja
The impact of COVID-19 on the elderly

- **92.47%** of elderly fear for their health
- **81.91%** of respondents stated their income remained the same
- A significant increase in the elderly households in need of providing (hot) food, hygiene products and other supplies and medicine
- Maintaining social connection is vital: health services, home assistance and psychological support.

“When all 11 Day Care Centres for the elderly in Montenegro had shut down, the network of Day Care Centres acted swiftly to bring the necessary care to their doorstep – delivering hot meals and necessary supplies directly to the homes of beneficiaries.”
The impact of COVID-19 on **people with disability**

- **Income** significantly reduced due to the crisis.
- Urgent needs: **food, hygiene products, sports and recreation, internet and accessible information.**
- Necessary to ensure: **continuity and accessibility of health services, psychological support and assistance in finding employment,** as well as **assistance with transportation and mobility.**
- Assistance needed with **distance learning.**
- Safeguarding **human rights of people living in institutional settings** is also crucial.

"Since the outbreak of the pandemic, a large number of people asked for psychological support, legal assistance and complained about shortages of food and other basic resources, while the consequences of the current situation will become fully visible in the coming months."

*Association of Youth with Disabilities*
The impact of COVID-19 on the victims of gender-based violence

- COVID-19 has increased risks of gender-based violence
- Decreased access to services and victim protection
- Service providers are facing the burden of restrictions of movement and therefore limitations to supporting victims;
- While primary, coordinated focus on human health, the response to the social and economic drivers of GBV are being addressed to a lesser extent

“She lost job due to the lockdown. She couldn’t afford an apartment anymore. Without a job, with a child in arms, afraid of her violent former partner she had no place to go but to ask us to allow her to go back to our shelter where she was accommodated for months. The responsible institutions need to recognize this extended support of the victim of GBV and the complexity deriving from the context of the COVID-19 pandemic, among others through the reimbursement of shelter costs and the costs of provided support.”

An NGO activist that works in a shelter
The impact of COVID-19 on children victims/witnesses of violence

- **MICS 2018**: 66% (overall) and 64% (Roma Settlements) of children (1-14) experienced some form of physical punishment and/or psychological aggression by adult household members.

- Centres for Social Work and NGOs which provide services to victims of domestic violence report more calls/requests for assistance during the last two months.

- One CSW indicates that new cases of domestic violence have been registered.

- Limited visibility of children victims or witnesses of domestic violence of particular concern.

- CSWs cope with increased requests for mediation due to strained relations between former spouses who have children, with court-mandated visitation rights.

“The psycho-social impact of quarantine, isolation, stigmatization, loss of routine, connections and education can take a devastating psychological toll on children.”
The impact of COVID-19 on domicile Roma

- Negative impact on livelihoods: the majority of families have either completely lost their income or it is significantly reduced.
- Urgently needed: food, hygiene products, medicines, clothing, accommodation and support to pay the bills.
- Most needed services: health protection, public kitchens, assistance in finding a job, access to information and psychological support.
- Children need support to keep up with distance learning

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

35-year-old men, Konik
The impact of COVID-19 on refugees, asylum seekers and stateless persons (at risk of statelessness)

- **77%** of refugees, asylum seekers and persons at risk of statelessness lost their job/incomes.
- Roma and Egyptian refugees face challenges in respect of social distancing due to the **overcrowded and poor accommodation facilities**.
- The most urgent needs are related to food, **hygiene items and medicine**.

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

A 24-year old man from Berane, at risk of statelessness
The impact of COVID-19 on migrants (seasonal workers, foreigners)

- The income of migrant workers has been significantly reduced (20.5% of the respondents) or totally reduced (25% of the respondents).
- Many of migrants workers – particularly low-skilled workers – live in inadequate and overcrowded housing conditions with higher risk of infection.
- The most urgent needs of migrants workers are related to hygiene items (28.6%), food (24.8%) and accommodation (11.4%).
- The most needed public services are health services and assistance in finding employment.

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

45-year-old woman, currently living in Podgorica, a foreigner with temporary residence
The impact of COVID-19 on persons in detention

Among this group, the risk of spread of COVID-19 is especially high due to:

- **The inadequate conditions of police detention cells** (lack of water, soap and insufficient bedding, identified in Podgorica, Cetinje and Danilovgrad)

- **Overcrowding** in investigative prison in Podgorica (19% more persons held than capacity, all adults)

- **A shortage of 20% percent of prison officials** which already existed before COVID-19 outbreak could affect services during the pandemic.

> There is insufficient equipment for online learning for eight juveniles under correctional measures in the ‘Ljubovic’ Centre for Children and Youth
General recommendations
R1. Continue monitoring the situation of vulnerable groups and ensure their direct involvement in designing the decisions that affect them. Prioritize the provision of services that these groups depend on to live a dignified life.

R2. Continue providing nutrition support, tailor-made hygiene kits and necessary clothing and footwear to members of the most vulnerable groups, especially those who have lost their sources of income during the pandemic. Where necessary, expand also to the provision of medication.

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

R4. Provide tailored, intensive education-related support and equipment for distance learning to children from vulnerable groups - in particular Roma and refugee children, children with disabilities, children affected by poverty and in residential care (including the Ljubovic Centre) - to ensure that children continue their learning and remain in education (e.g. catch-up classes).

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

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

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

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

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

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

ADOLESCENTS AND YOUNG PEOPLE

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

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

THE ELDERLY

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

R14. Continue with extended remote support, both through professional counselling and immediate communication, using both the conventional and new technologies, accompanied with, where possible, simplified trainings for the elderly to use available ICT communication tools.
PERSONS WITH DISABILITIES

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

VICTIMS OF GENDER-BASED VIOLENCE

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

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

**R19.** Provide parenting support programmes in order to assist parents from vulnerable communities to cope with the pressures, in particular single parents, persons with a history of substance abuse.

CHILDREN VICTIMS/WITNESSES OF VIOLENCE

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

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

PEOPLE IN DETENTION

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

REFUGEES, ASYLUM SEEKERS AND PERSONS AT RISK OF STATELESSNESS

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