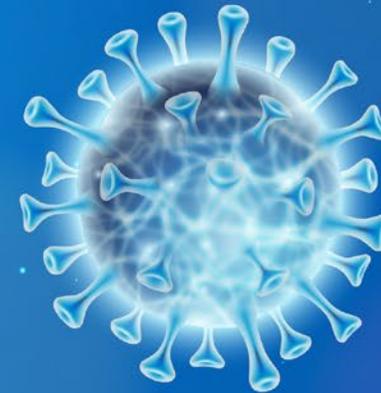




UNITED NATIONS
MONTENEGRO



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



AIM, DATA AND METHODS

- **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: R1 - 1021 respondents, R2 - 1004 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.
- **Consultations with CSO partners**
- Timeframe: **April 14-30th and June 8-30th 2020**
- Ethical standards

OVER 4000 RESPONDENTS IN 2 ROUNDS

U-report poll with adolescents (R1: 505 respondents; R2: 344 respondents),

Focus groups (37 respondents),

Interviews with beneficiaries (R1: 420 respondents; R2: 380 respondents, including LGBTI community),

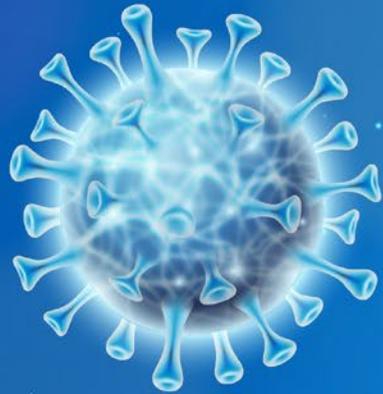
Parents/caretakers in case of children (R1: 278 respondents; R2: 160 respondents),

Relevant authorities and civil society organisations (28 respondents),

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

OVER 30 PARTNERS SUPPORTED DATA COLLECTION

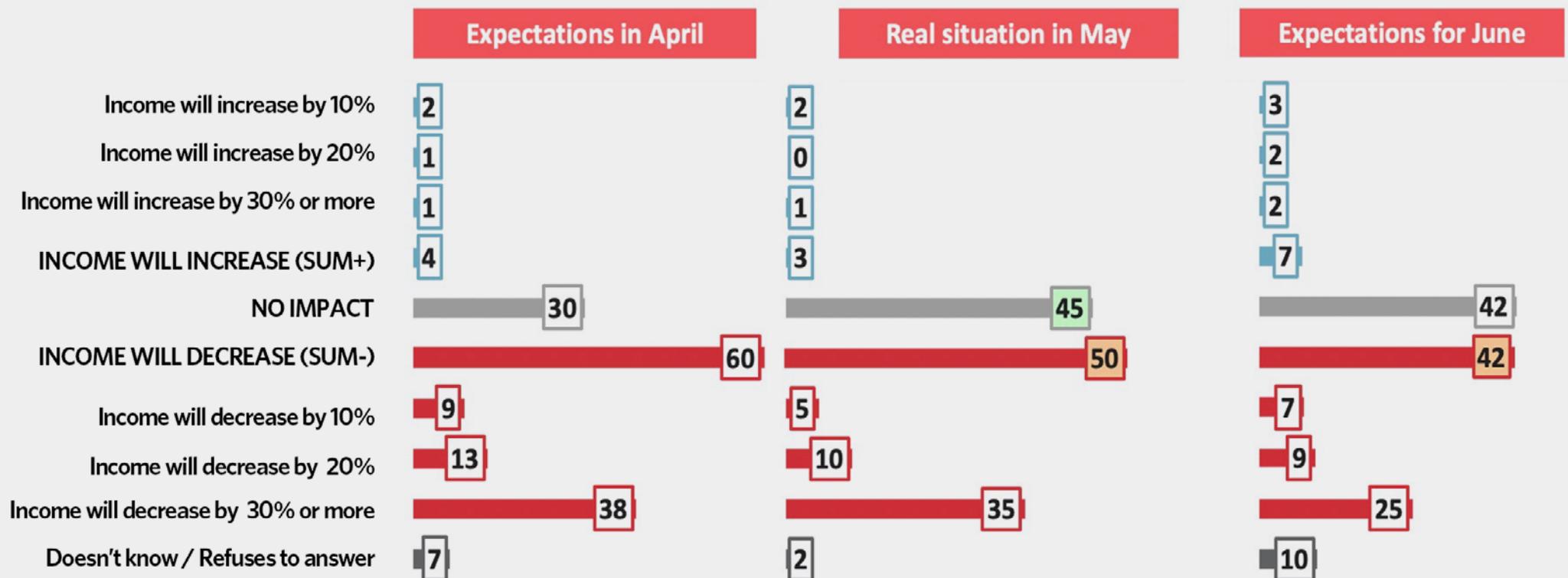
Ministry of Justice, the Institution of the Protector for Human Rights and Freedoms, Police Directorate, The Council for Civilian Control of the Police, Centre for Social Work Niksic, Centre for Social Work Mojkovac, Centre for Social Work Berane, Centre for Social Work Cetinje, JU Dom za stare "Grabovac" Risan, Centre for Social Work Kotor, Centre for Social Work Bar, Day Care Centre for Children and Persons with Disabilities Pljevlja, NGO Association of Youth with Disabilities, NGO Phiren Amenca, NGO Centre for Roma Initiatives, Centre for Children and Youth 'Ljubovic', NGF Civic Alliance, NGO Juventas, Red Cross of Montenegro, NGO Parents Association, NGO Family Centre, NGO Centre for Child Rights, NGO Special Olympics, NGO Pedagogical Centre of Montenegro, NGO Centre for Women's Rights, NGO SOS Podgorica, NGO SOS Niksic, NGO Women's Safe House, NGO Queer Montenegro, NGO LGBT Forum Progres, NGO Spektra and NGO Stana and UNICEF Youth Innovation Lab.



The impact of COVID-19 on the general population

Perceptions and effects of the coronavirus on the financial situation

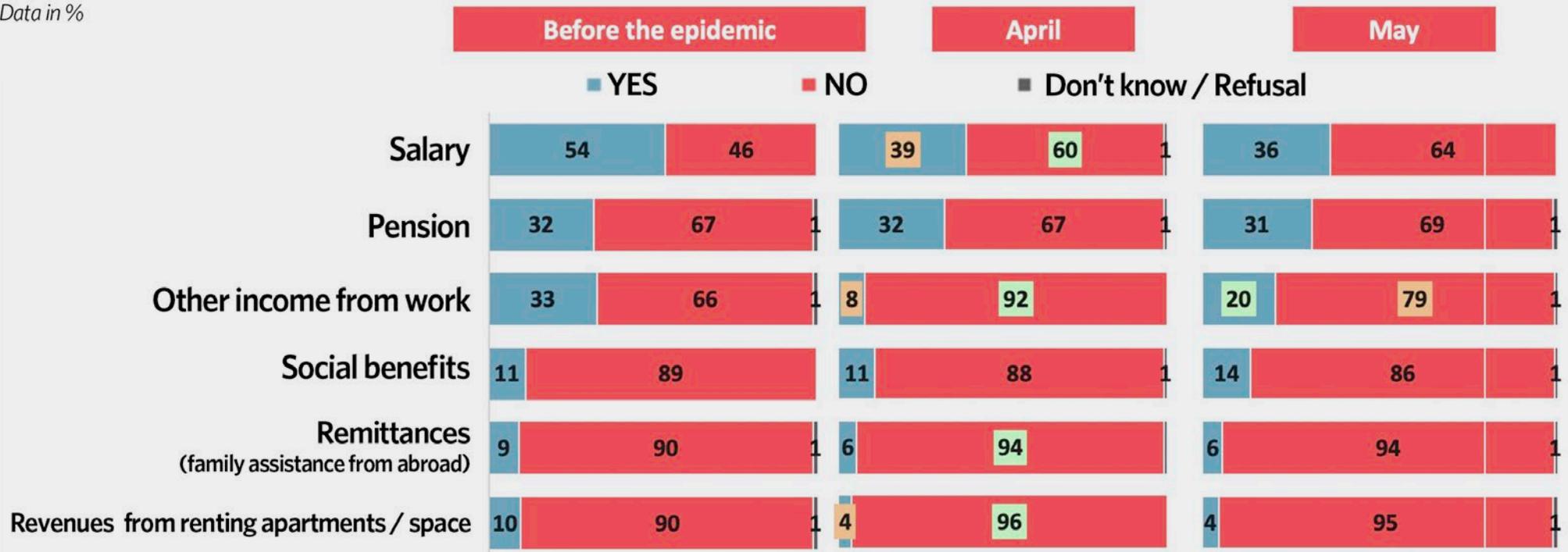
- People's perceptions captured in April materialized in May, with minor deviations. In June, 42% of respondents expected further reductions of their income.
- In June, 25% of respondents fear that their income will be reduced by more than 30%.



Income stability

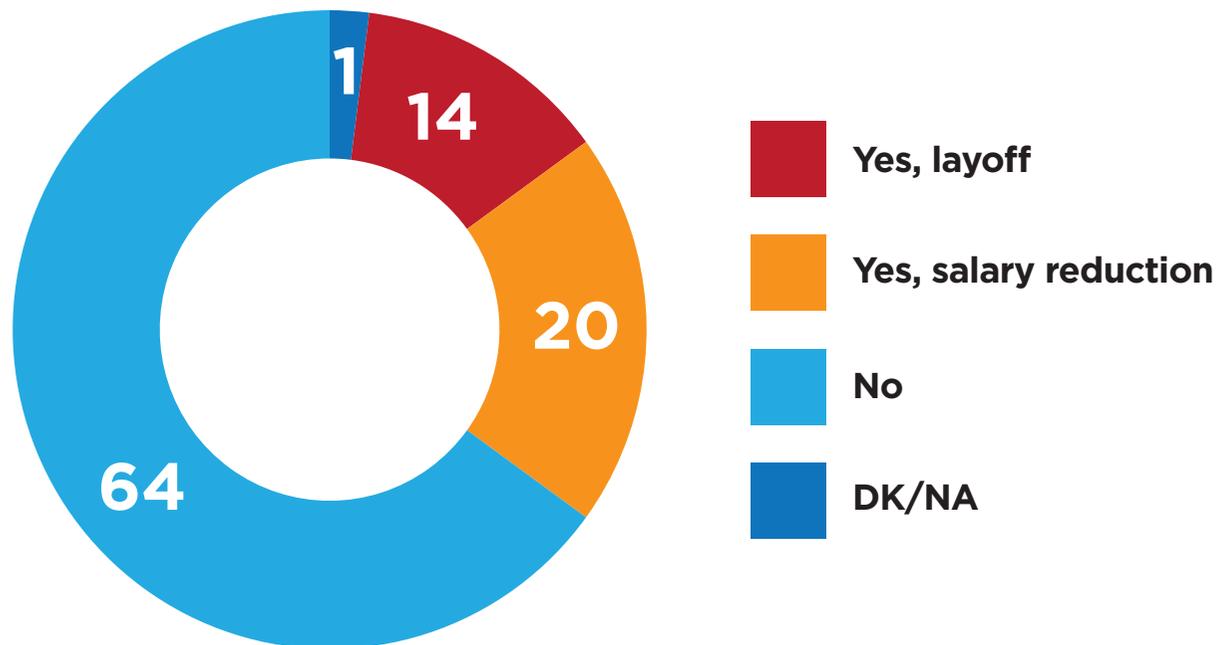
- 15pp of people report **less regular income** from the salary in April, and 18pp did so in June.
- 25pp of people report that **other work-related income** was reduced in April. Other income from work bounced back in May (-13pp).

Data in %



The influence of COVID-19 on the employment status

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

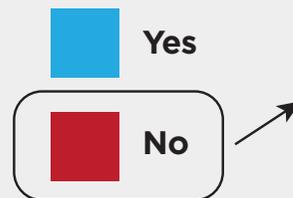
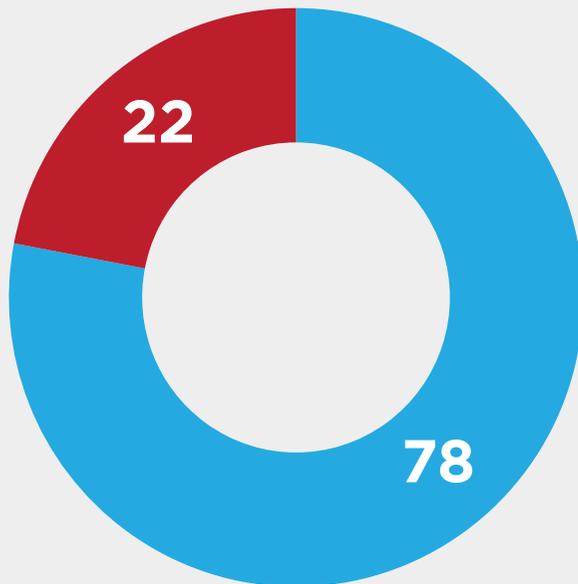


- 14% of respondents report **being laid off** (employed in **accommodation and food services**, which is followed by **civil engineering**).
- Additional 20% report that their **salary has been reduced** (mostly **employed in trading non-food products**).

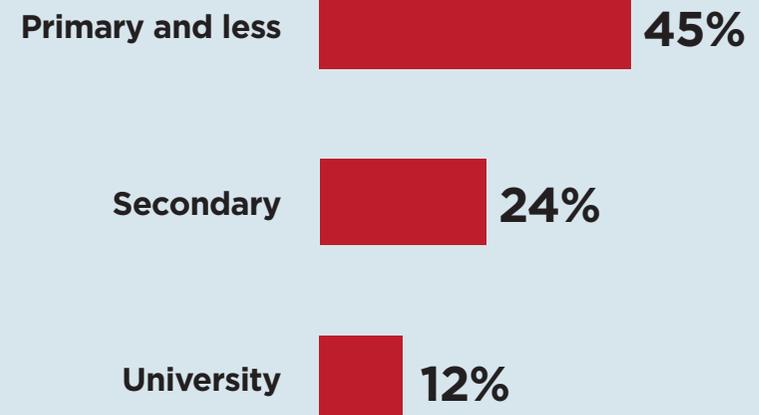
Additional **vulnerabilities**

- 22% stated that **social insurance contributions were not paid**.
- Mostly low educated workers are vulnerable.

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

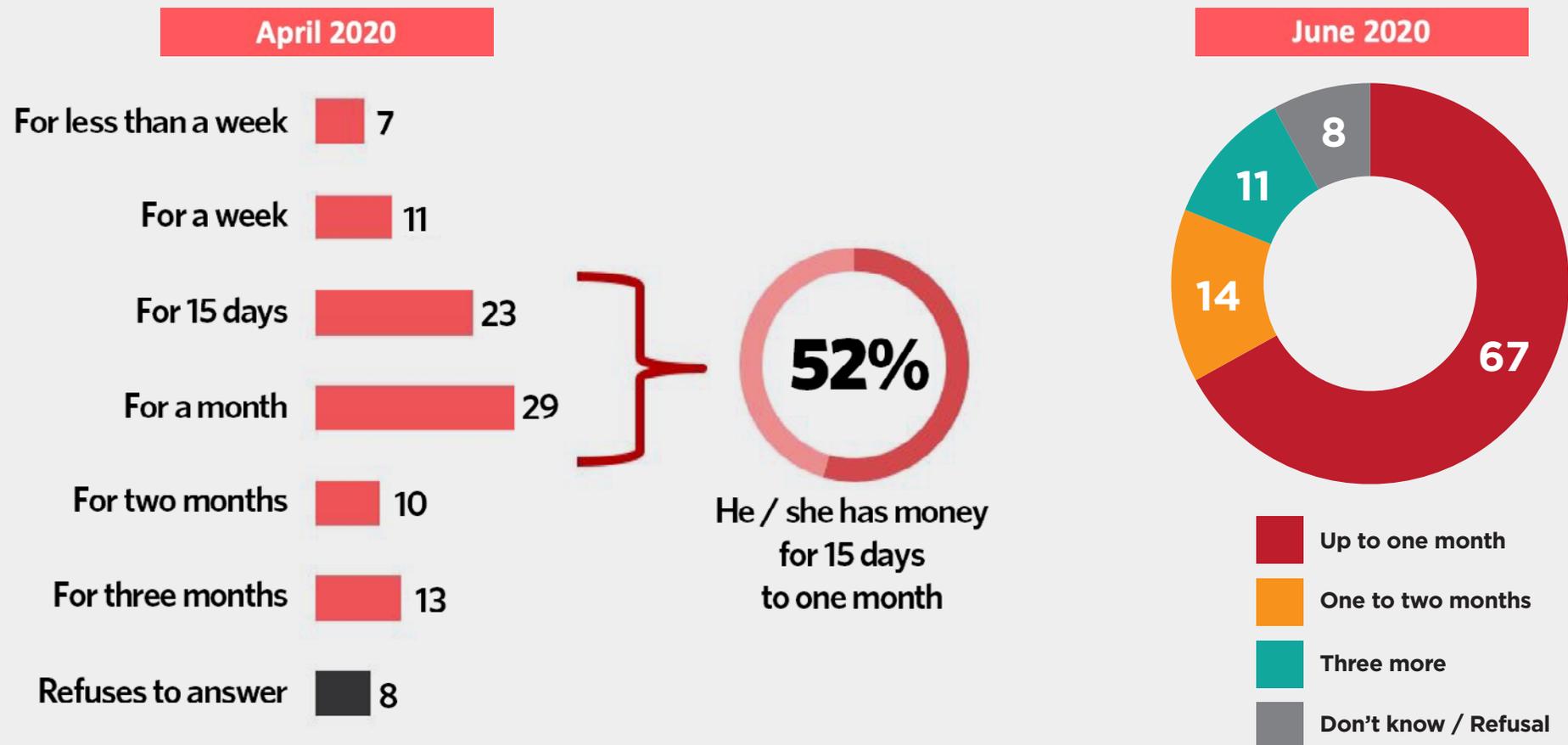


Education - not paid pension and health insurance, taxes and contributions



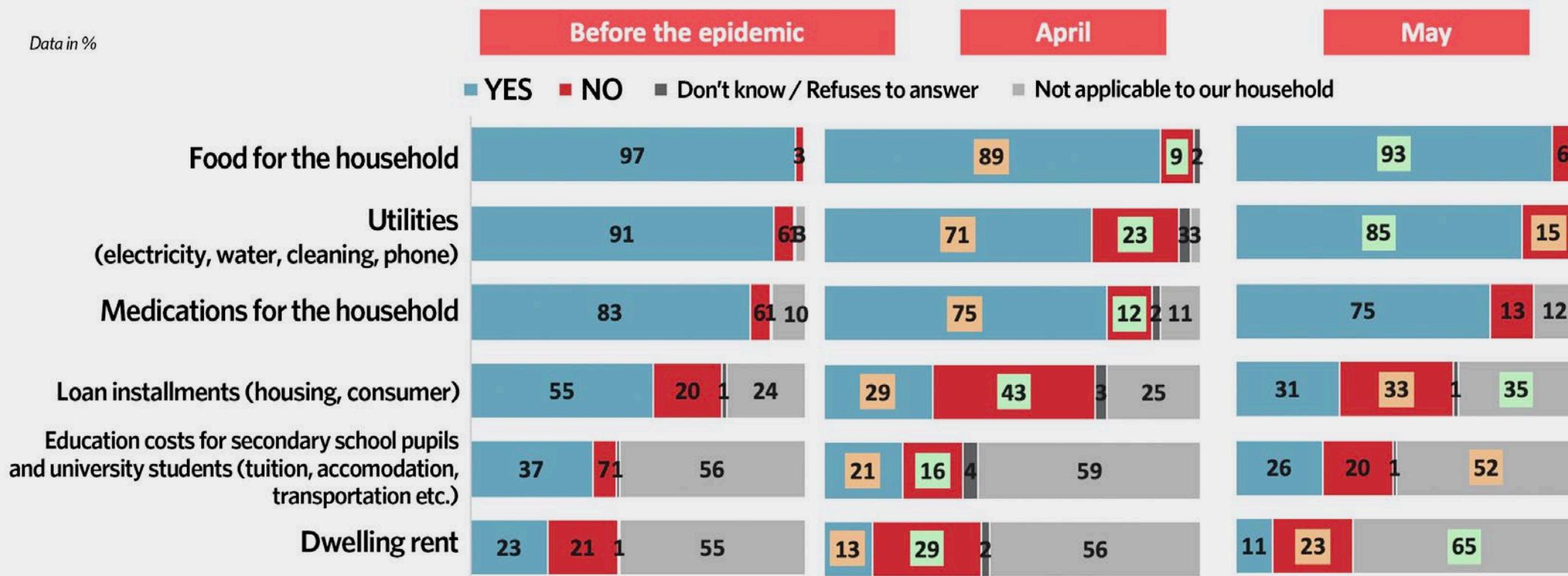
Households' resilience

- In April, around half of the respondents believed that they **could meet their basic household needs** with the money and supplies at their disposal for **another two weeks to one month**, if the current situation were to continue.
- In June, the percentage went up to 67, which indicates increased resilience and continuation of the economic activity.



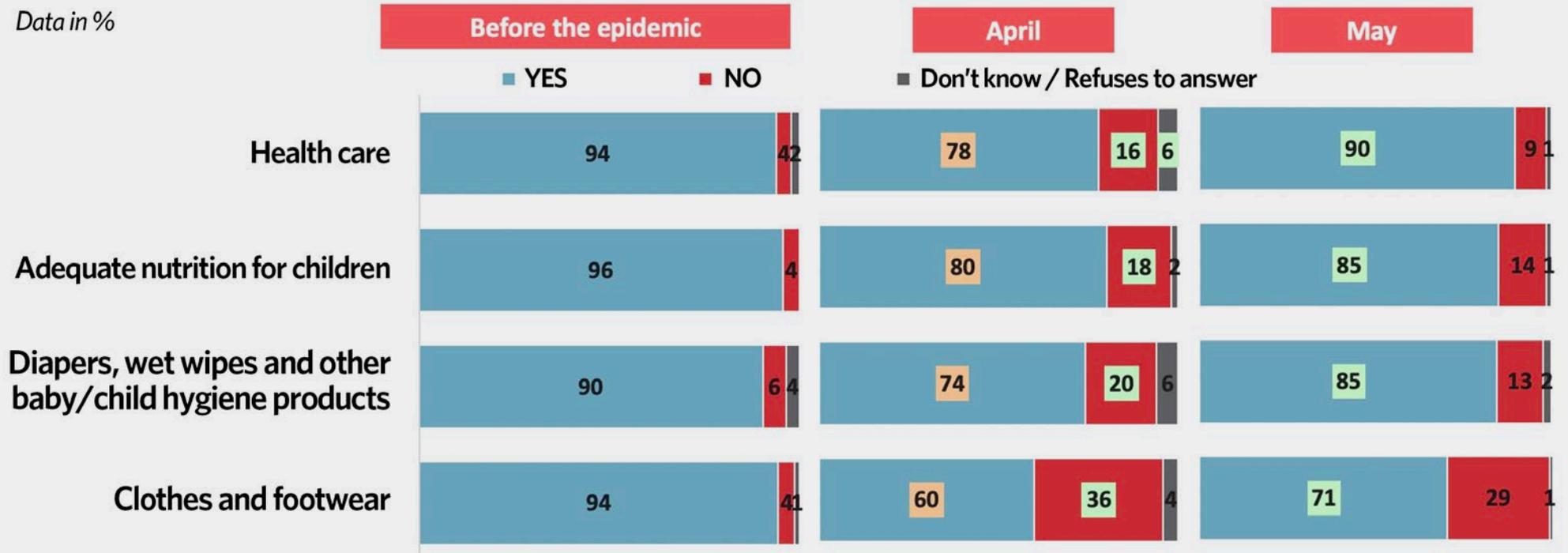
Affordability of household related costs

- Households **can afford less** than they could before, even when it comes to basic needs, such as **food and medicine**.
- The situation **slightly improved in May**.
- Inability to afford costs** remains the highest in: **loans, rent, utilities and education fees**.



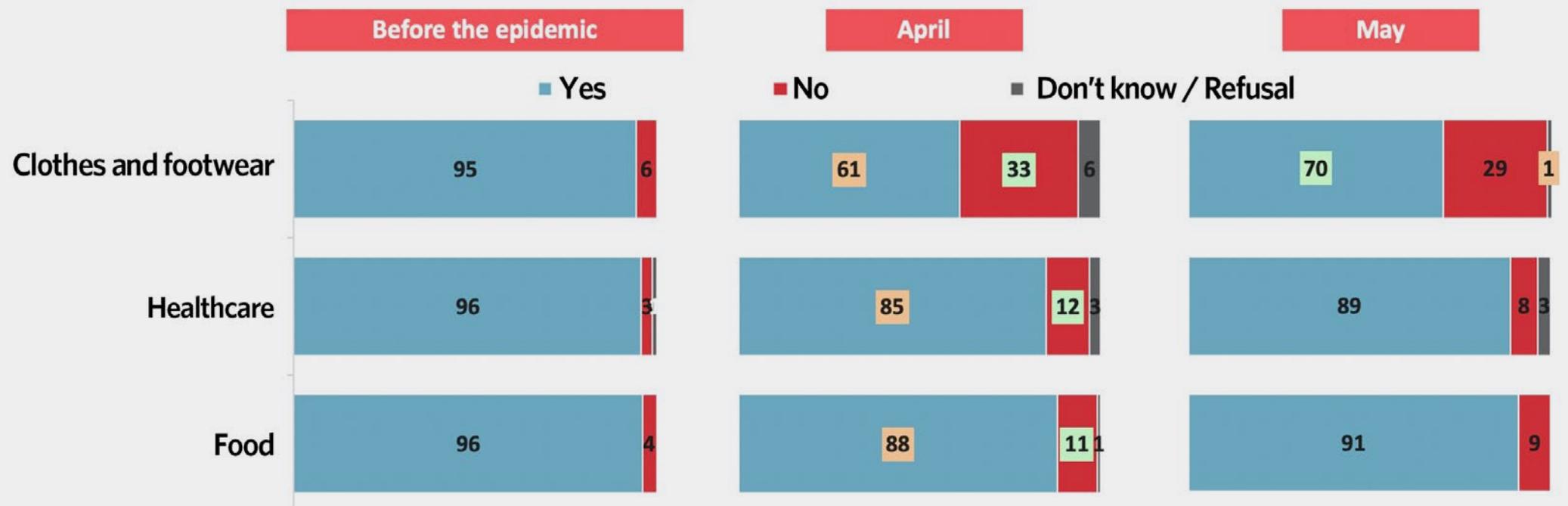
Affordability of **products for children 0-6**

- Data indicate some improvements in May, although pre-epidemic levels **have not yet been achieved**.



Affordability of **products for children 6 - 18**

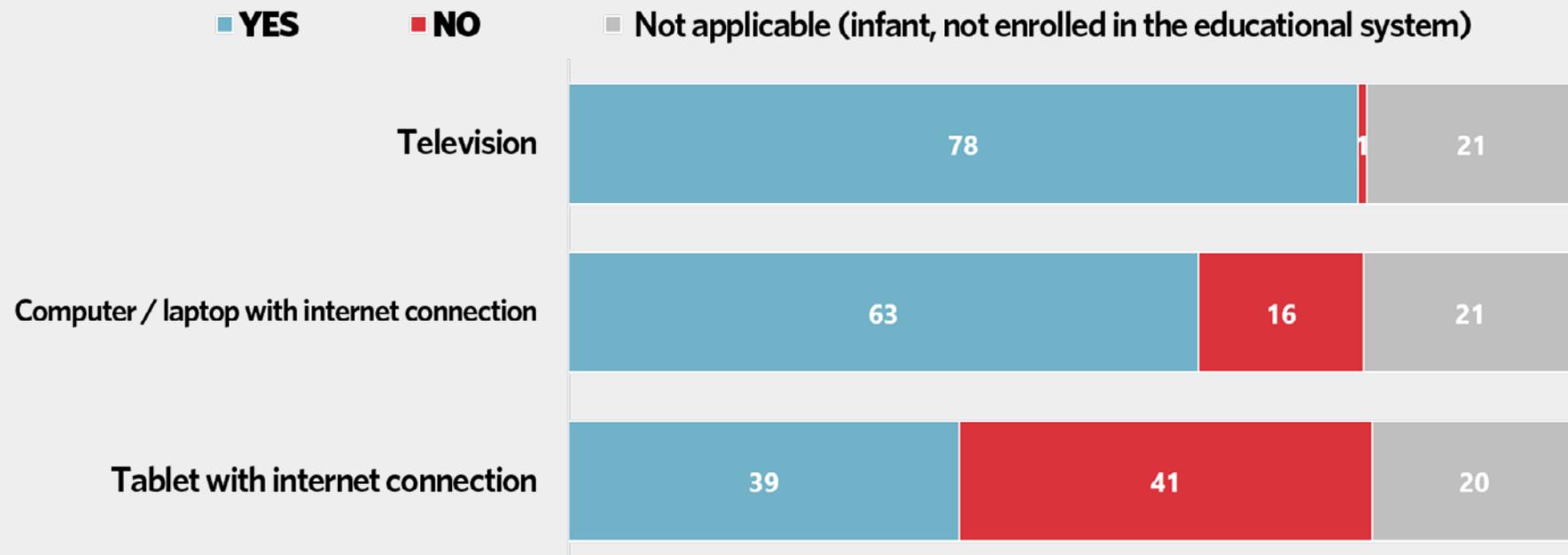
- Data indicate some improvements in May, although pre-epidemic levels have not yet been achieved.
- **Nearly 30% of families cannot afford clothes and footwear for their children.**



Technical conditions for **distance learning**

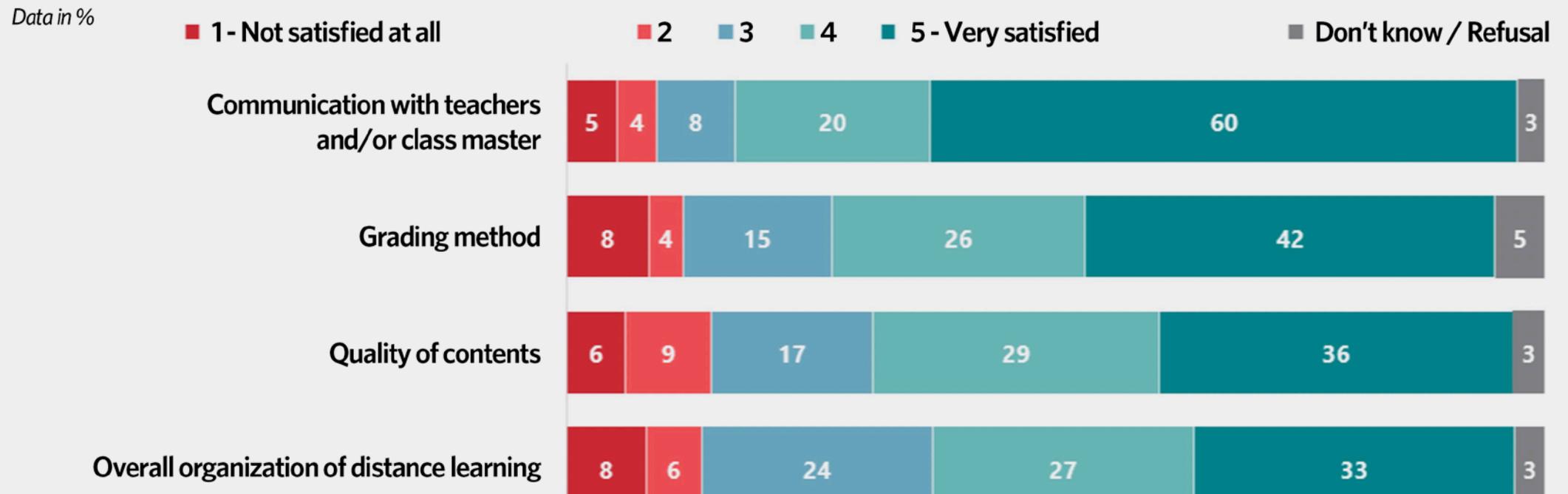
For households with children **younger than 18**:

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



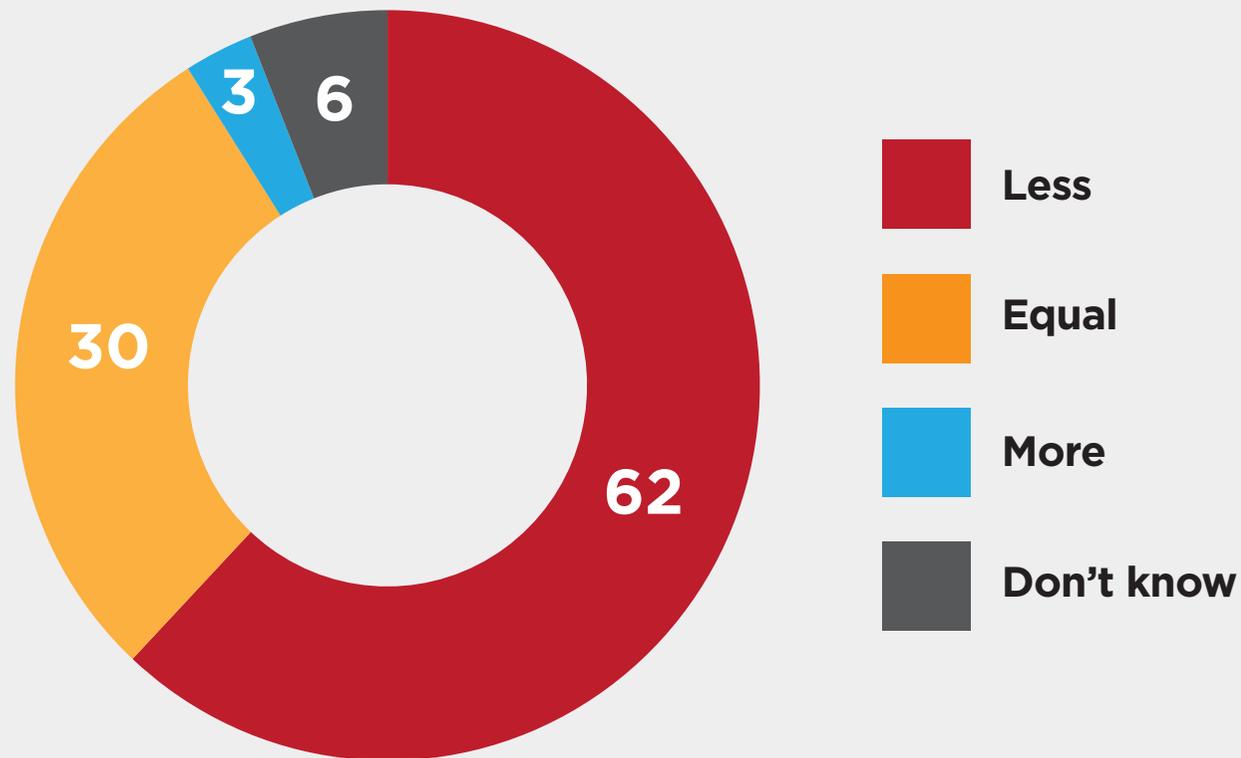
Satisfaction with distance learning

- 60% of those whose children participated in distance learning single out **communication with teachers** as the most positive aspect of the process.



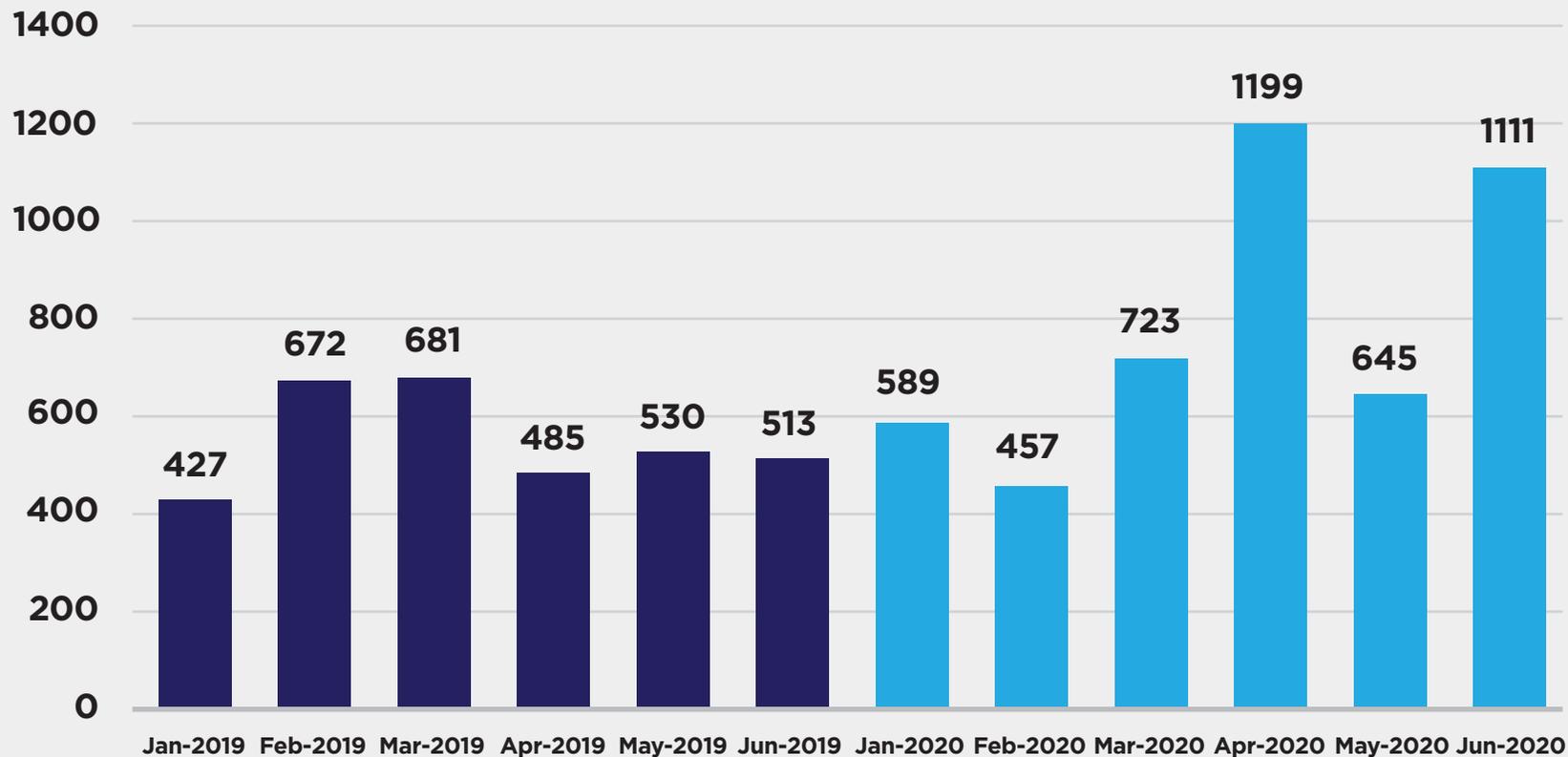
Parents' perceptions about **learning outcomes**

- 62% of parents whose children took part in distance learning still think that their children obtained **less knowledge** than they would through traditional schooling.



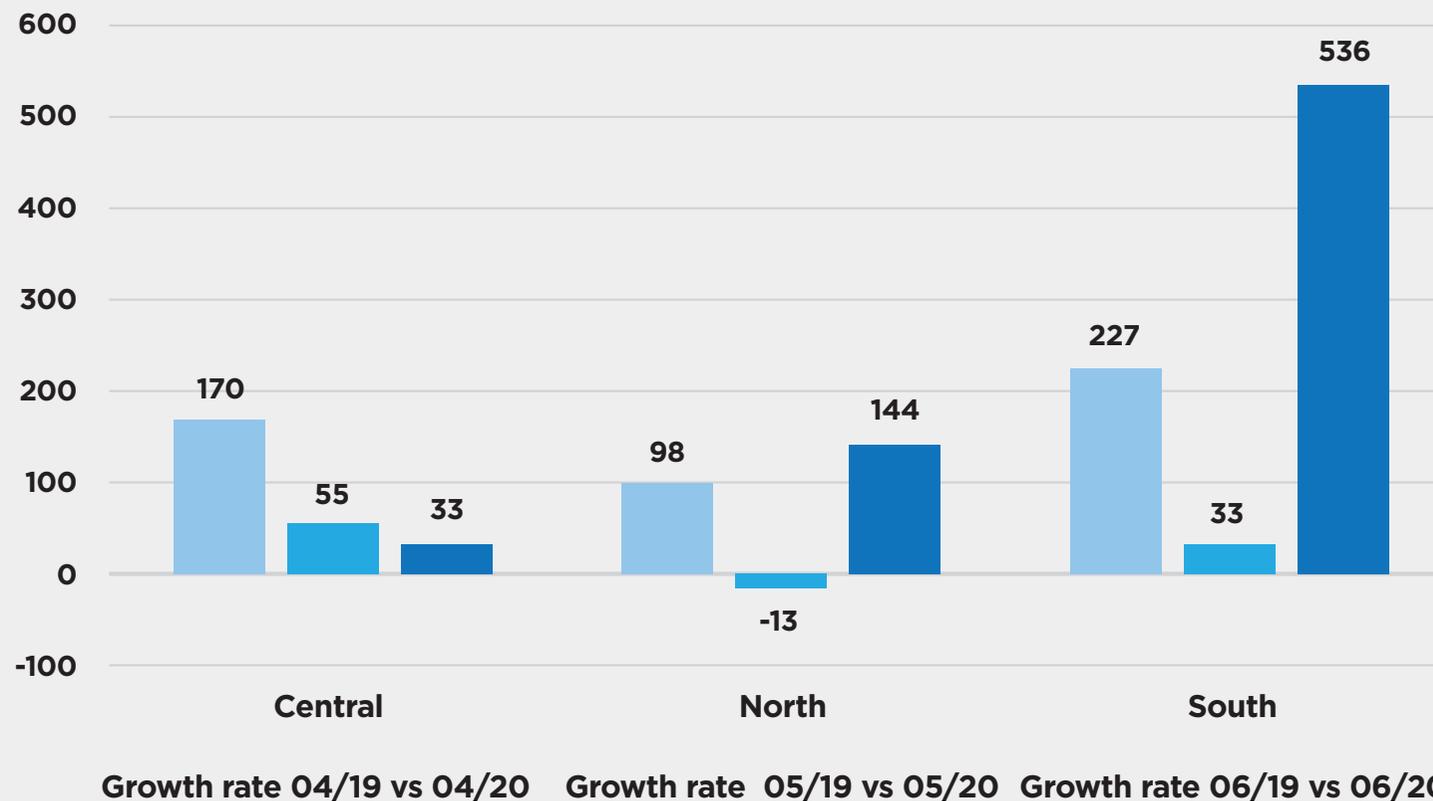
Data from the Integrated Social Welfare Information System

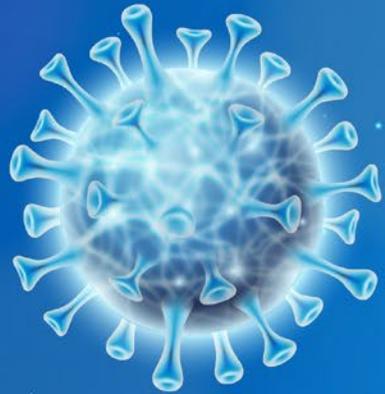
- The number of **one-off requests** follows the course of the epidemic - the highest number recorded in April, followed by a reduction in May, presumably due to economic activity resuming, and then the rise of request for one-off cash assistance is recorded in June.
- The **working-age population** group (41–67 years old) is **the most affected by the crisis**, since they accounted for 60.17% of the applicants in March, 56.38% in April and 56.62% in June 2020.



Regional distribution of one-off assistance requests

- The highest rise in the number of requests in April and June 2020 was recorded in the southern region.
- An indication that the economic crisis had hit the most developed areas the hardest.





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**, with dominant need for **food and regular meals after lifting the epidemic mitigation measures** - Roma families,
- Ability to **go out for fresh air, physical therapy** and **socializing** with peers - children with disabilities,
- **Food, sports** and socializing with peers . **Sports** and **socialization** remain dominant needs even after the first assessment round - 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. After the first round, children have **increased need to socialize with family members and their peers** (households where a parent has/parents have a history of substance abuse), as well as **with the other parent** (children who live with one of the parents).

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,**
- **health,**
- **psychological support/mental health support and**
- **culture online.**

33.86% of adolescents in first assessment round and 50.78% in second assessment round do not follow lectures on TV at all.

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

60% of adolescents feel that they have learned less when distance learning than they would have in regular classes.

- **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, and that there are concerns about graduation exams and enrolling into university, as well as the second cycle of COVID-19
- 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**

- The **elderly** continue to fear for **their health**, but also to fear for the **economic impact** of the crisis.
- **Eight out of ten respondents state that their** income remains at the same level.
- Need of providing **(hot) food, hygiene products** and other supplies and **medicine**.
- The continuity of **health services, home assistance and psychological support** is a priority.
- The respondents miss the **social connection** and the services of daily care centers.

“

When all the 11 Day care centres for the elderly in Montenegro had shut down, 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.

“

“I have everything I need.”

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

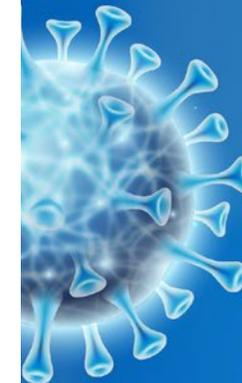
The impact of COVID-19 on **people with disability**

- **Income reduced** due to the pandemic and have difficulties with **maintaining livelihoods**. PWDs are facing challenges in their **access to work and social protection rights**.
- Urgent needs are mostly related to **food, followed by hygienic products, sports and recreation, and internet access** for information purposes.
- The public services they need the most are: **health services, psychological support and assistance in finding employment**,
- Safeguarding **human rights of people living in institutional settings** is also very important.

“

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

25-year-old woman from Kotor



The impact of COVID-19 on the **victims of Gender-based Violence**

- COVID-19 **increased risks** of gender-based violence. The number of GBV reports and request for support had **raised significantly in the course of epidemic**.
- Epidemic amplified different **risk factors**, such as **fear and stress**, coupled with the **economic pressure** - that lead to **increase in gender-based violence**.
- **Decrease** in inter-sectoral and interdisciplinary **response to victims** was noticeable during the lockdown. **Decline in system support** to victims of GBV was noted during the restriction of movement.
- The pandemic has revealed **challenges** and space for further **trust and confidence building** to assure **effective engagement, coordination, and cooperation** between all actors that support the **victims of GBV**.

“

“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.”

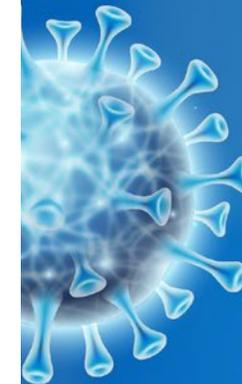
An NGO activist that works in a shelter

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 three 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



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: Majority of families have either **completely lost or significantly reduced income**. The challenges with rent payments, cost of utilities (electricity bills) were noted
- 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**.
- Only a **half of households** have access to the **internet** and only **15% have a computer** at home. Online education remains a challenge, increasing the **risk of exclusion** of Roma and Egyptian children.

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

*41-year-old man,
Roma settlement, Podgorica*

The impact of COVID-19 on the **refugees, asylum seekers and stateless persons (at risk of statelessness)**

- **At the beginning of epidemic 77%** of refugees, asylum seekers and persons at risk of statelessness lost their job/incomes. Situation slightly improved with gradual opening of the country. However, **at the end of May, 60%** of refugees, asylum seekers and persons at risk of statelessness are still without work or possibility to earn income.
- At the end of May, refugees, asylum seekers and persons at risk of statelessness are **mainly concerned about the economic risks due to the negative effects of the COVID-19 pandemic, while health related concerns are not dominant anymore.**
- Roma and Egyptian refugees face challenges in respect of social distancing due to the **overcrowded and poor accommodation facilities.**

“

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

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

The impact of COVID-19 on **migrants (seasonal workers, foreigners)**

“

“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

- **Income** of migrant workers has been significantly reduced (**20% of the respondents**) or totally reduced (**20% of the respondents**) based on the second round of information collected for the RSIA.
- Many 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** (21%), **food** (21%) and need for **internet** (19,4%) -as a means to receive timely and correct information.
- Migrant workers were afraid of health- and economic-related risks (confirmed in both research rounds).

The impact of COVID-19 on **persons in detention and correctional facility**

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

- **Inadequate conditions of police detention cells** (in particular lack of water, soap and inadequate bedding).
- **Overcrowding** in investigative prison in Podgorica (19% more persons held than capacity, all adults).
- **Staff in the correctional facility Ljubovic** reported insufficient skills to fully adapt to the emergency situation and provide children with adequate support during lockdown.

“

There is insufficient equipment for online learning for eight juveniles under correctional measures in the 'Ljubovic' Centre for Children and Youth

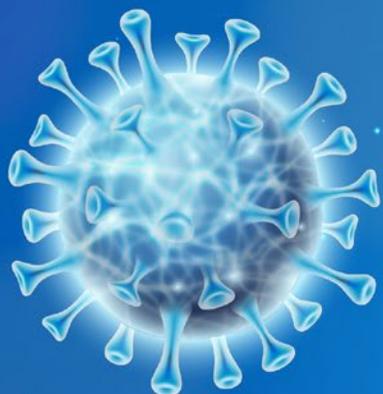
The impact of COVID-19 on **LGBTI persons**



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

*19-year-old woman,
Berane*

- **50% of LGBTI** persons has either totally **lost their income** or it has been reduced with more than 50%.
- Loss of income means loss of economic independence, and increased **risk of LGBTI persons becoming homeless, or having to return to original home environments** that are not accepting of them.
- Unspecified but increased number of reports of **violence** against LGBTI persons.
- Negative impact on **mental health** due to the reduction of peer support and other counselling services.



General recommendations

R1. Continue monitoring the situation of vulnerable groups and ensure their **direct involvement** in designing the solutions/decisions that affect them.

Prioritize the provision of services that these groups depend on to enable them to live a dignified life.

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

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

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

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

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

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

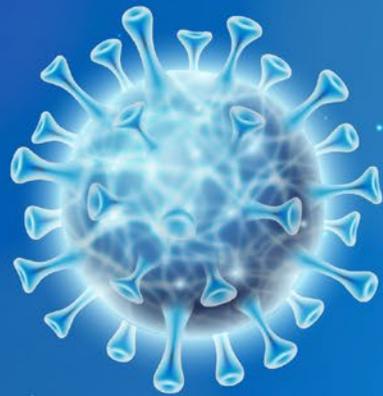
R8. Monitor closely the evident increase in the **requests number for financial support** in line with the dynamics of the COVID-19 measures. **In-depth analysis** of the requests (e.g. family status) may be needed in order to enable provision of targeted and adequate support.

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

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

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

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



Specific recommendations

CHILDREN

R13. Protect children from poverty and social exclusion through **targeted, vigorous social and child protection system responses** that integrates cash assistance and quality, inclusive services.

R14. Ensure that children, including refugee children, can grow up in safe, loving environments by **strengthening alternative care for children** without parental care, victims of family violence or other vulnerable children. To do so, kinship and foster care, including emergency and specialized foster care for children with disabilities, should be further strengthened.

R15. Maintain and expand **psychological support** to children and adolescents through helplines and other means.

R16. Ensure **support for the parents and caregivers** of children with disabilities, especially single parents/caregivers.

ADOLESCENTS AND YOUNG PEOPLE

R17. Ensure **quality inclusive education for adolescents**, including efforts to reach those who are not digitally connected, and strengthen skill- and resilience-building programmes (through formal and non-formal delivery).

R18. Step up efforts to **support young people's employability**, including temporary/seasonal work arrangements, internships and job-shadowing opportunities to prevent a "lost generation" due to COVID-19.

R19. Continue efforts aimed at **increasing the quality and standardisation of the distance-learning services**, including careful balancing of students' workloads so that the system is ready to provide high-quality education to young people in case regular courses cannot be organized. Include **more teachers** in assisting students in achieving results adequate.

THE ELDERLY

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

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



PERSONS WITH DISABILITIES

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

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

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

R25. **Adapt the measures of the physical distancing** to the specific needs of persons with disabilities and their assistants. Also, adapt **information and communication materials** for persons with disabilities, especially those with sight or hearing impairments. Adapt the forms of the **available services** for people that are not able to use them, e.g. organize written or 'chat'-based psychological support for people that are not unable to use telephone services.

VICTIMS OF GENDER-BASED VIOLENCE

R26. Develop (or continuously improve the existing) **protocols and code of conduct** that would encourage a better inter-institutional coordination mechanism in the implementation of policies related to GBV. Continuation of regular dialogue with civil society organizations and women's rights organizations. **Roma women and girls require particular attention.**

R27. Develop **awareness-raising activities aimed at the public on GBV** and empower women to report GBV even in the situation of the COVID-19 crisis. Ensure that community outreach and communication include information on the risk of increased domestic violence, and on the risk of sexual exploitation against children, including reaching out to the victims of violence living in isolation with abusive partners.

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

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

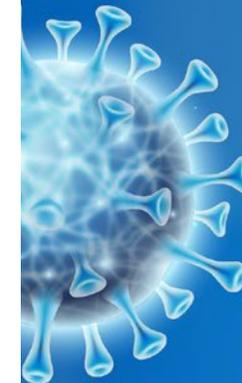
R30. Introduce socio-economic measures for victims of all forms of violence, having in mind the particularities of their vulnerabilities and situation. Pay special attention to the victims of sexual violence including introduction of measures that would guarantee job security for the victims of gender-based violence during the period of their stay in a shelter.

CHILDREN VICTIMS / WITNESSES OF VIOLENCE

R31. Step up measures to protect children from violence, including online violence, given the increased use of digital media by children in the context of the epidemic, with a special focus on the role of parents and teachers. **Child-friendly violence-reporting mechanisms should be enhanced and promoted.**

R32. Provide **parenting support programmes** in order to assist parents from vulnerable communities to cope with the pressures, in particular single parents and people with a history of substance abuse.

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





DOMICILE ROMA

R34. Continue and increase support leading to the **socio-economic resilience** of Roma families through (partial) **covering of their food, medication, hygiene products, water** and **electricity**, as well as (re)gaining **employment**, and ensure that relevant and tailored information on COVID-19-related measures and recommendations reach Roma families.

REFUGEES, ASYLUM SEEKERS AND PERSONS AT RISK OF STATELESSNESS

R35. Ensure the **inclusion** of refugees, asylum seekers and persons at risk of statelessness in all **socio-economic measures** to alleviate the impacts of the mitigation measures adopted to counteract the spread of COVID-19 and re-launch the socio-economic recovery.

PEOPLE IN DETENTION, INCLUDING CHILDREN

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

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

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

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

LGBTI POPULATION

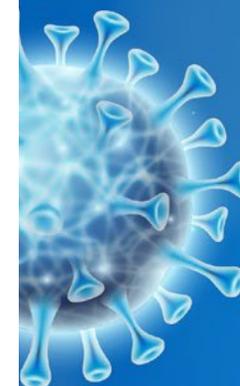
R40. Provide support to ensure the **continuity of counselling and peer-to-peer support services** for LGBTI persons by the relevant institutions, and in particular LGBTI rights organizations.

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

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

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

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





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MONTENEGRO

