

**REPUBLIC of MONTENEGRO**

**MILLENNIUM DEVELOPMENT GOALS REPORT  
2004**

**A REPORT  
on the PROGRESS towards the  
achievement of the  
MILLENNIUM DEVELOPMENT GOALS  
in  
MONTENEGRO**

**PODGORICA  
2005**

# MILLENNIUM DEVELOPMENT GOALS REPORT 2004 - MONTENEGRO

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## **A. INTRODUCTION**

### **STRUCTURE OF THE REPORT**

This report on the achievements of the MDGs in Montenegro is divided into four main sections. Part A sets out the broad purposes of the Report by way of introduction and the process involved in the preparation of the Report.

Part B describes the MDGs in the Montenegro context

Part C reviews the approach to the costing of the MDGs

Part D presents the trends, status, targets and challenges facing each MDG Goal

Part E finally rounds up the Report with some conclusions and recommendations on a forward agenda.

### **BACKGROUND TO THE MDGS – AN OVERVIEW**

At the UN General Assembly in 2000 (The Millennium Summit), the heads of national Governments and States assessed the inequalities in human development worldwide and recognized "*their collective responsibility to uphold the principles of human dignity, equality and equity at the global level.*"

All United Nations Member States (currently 191) pledged to meet a set of Development goals by the year 2015. They established the following set of numerical and time-bound targets, known as the Millennium Development Goals (MDGs) that identify key elements contributing to broad based human development. These Goals represent a set of agreements for the rapid and measurable improvements in the lives of the world's poorest citizens by 2015. They are the blueprint for the United Nations system's action in the 21st Century.

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Achieve gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental stability
8. Develop a global partnership for development

In particular, the goals included meeting certain quantifiable targets, as measured by specific indicators, by the year 2015. Thus, poverty and hunger are to be reduced by 50 per cent, under-5 mortality by two-thirds and maternal mortality by three-quarters, reversing the spread of HIV/AIDS, and halving the proportion of people without access to safe water.

State Union of Serbia and Montenegro, as a UN member state, has also signed the MDG initiative. In accordance with that, it is obliged to prepare the report that uses MDG only as a framework to define the current status of development.<sup>1</sup>

The MDG report presented in the following material relates only to the situation in the Republic of Montenegro. In case of Montenegro, one part of these goals have already been achieved, while the others are on the right way to be achieved by 2015. However, even in the fields where the

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<sup>1</sup> All sectors, funds, programs, and specialized UN agencies are working together to achieve the MDGs. The General Secretary has asked the UNDP Administrator and the Chairperson of the UN Development Group to keep the "result record" and to manage the campaign in relation to the MDGs.

formal tasks within the MDGs have been achieved, the existing information related to the maintenance and improvement of those goals must be continuously verified.

Analysis of development progress depends to large extent on the collection of timely and accurate statistical data, and unless such data is available, monitoring progress will be haphazard and inadequate. With this in mind, the country office of UNDP office in Podgorica undertook jointly with the Montenegro Statistical Office (MONSTAT) a review of the statistical needs for preparing this MDG report that includes the best estimates of the individual targets.

### **PROCESSES ADOPTED IN PREPARING THE REPORT**

The process of data gathering started in July 2004 and initial input on MDG indicators for Montenegro was obtained from Ministry of Foreign Affairs, Ministry of Education and Science, Ministry of labor and social assistance, Ministry of Health and Ministry of Environment and Urban Planning as well as from UNHCR , UNICEF and UNWHO offices in Montenegro

It was agreed that Development and Poverty Reduction Strategy (DPRS) and UN official reports should serve as the basis for the preparation of the first draft. DPRS was largely used as source of statistical data, as well as a whole set of other socio-economic analyses and recommendations related to sector policies.

The first Draft MDG Report was finalized in August 2004, and after that it was presented to all the participants in its preparation in order to get possible comments. After incorporating their inputs in the document, the Second draft of the Report was produced. One-day round table discussion was held in Podgorica in late November 2004 in which this Second draft was presented, and the collected comments were later incorporated into the existing, final version of the Report.

## **B. MDGs IN THE MONTENEGRO CONTEXT**

### **THE MDGS AND THEIR ADAPTATION TO THE SITUATION IN MONTENEGRO**

With the establishment of the State Union of Serbia and Montenegro five competencies have remained at Federal/state level: Defence, Foreign Affairs (Montenegro has own Ministry of Foreign Affairs), International Economic Relations, Internal Economic Relations and Human and Minority Rights. There are currently two financial systems, two currencies (the Euro in Montenegro and the (Yugoslav) Dinar in Serbia) and two customs systems, which have still not been harmonized. The remainder of the responsibilities are the prerogative of the two SCG member states: the Republic of Serbia and the Republic of Montenegro. <sup>2/</sup>

This MDG Report for Montenegro is the first of its kind and is prepared in the context of the new constitutional relationships existing between Serbia and Montenegro. <sup>3/</sup> Naturally these changes have had and will continue to exercise a profound influence on the achievement of the MDG goals.

Although substantial improvements can be documented as compared to the last decade, progress in the implementation of economic reforms, economic growth and stability, regional stability, coherent policy evolution, reform of the legislative framework and social reforms, still represent the challenges in the key fields: fight against poverty, establishment of a modern state based on the rule of law and democratisation, as well as revitalization of the economy. To achieve this both Serbia and Montenegro are addressing the root causes by focusing on European integration, harmonization of the constitutions in line with modern states, poverty reduction, social inclusion and accelerated growth, strengthened democratic processes, the fight against organized crime, implementation and institutionalization of reform, public investments, refugee returns, regional cooperation and combating the proliferation of small arms and light weapons.

### **THE LOCAL CHALLENGES AND THE WAY FORWARD**

This MDG Report is set in the context of the overall situation in the Balkans since 1990 and their aftermath which has profoundly affected all of the MDG goals and targets since 1990 and undoubtedly will affect the likelihood of the achievement of some of them. Not surprisingly, the decade of the 1990s for Montenegro was a decade of deep economic, social and political crisis. The war and collapse of former Yugoslavia in the first half of the 1990s, the economic sanctions of the UN Security Council against FRY, and many mistakes of domestic economic and social policies, on the other hand, resulted in the sharp decline of economic activity and dramatic increase of unemployment and poverty. For example, in 2000 the level of real GDP per capita was over 25% less than in 1990. This represents a considerable recovery from 1994/95 when it sank to below 55%. In 2000, around 12% of the population of Montenegro are categorized as poor (below the official poverty line) and one third are considered to be economic ally vulnerable. (DPRS 2003)

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<sup>2/</sup> The Constitutional Charter of the state union of Serbia & Montenegro (SCG) states that SCG is comprised of two member states: Serbia *and* Montenegro. This document therefore uses the term SCG member states. In accordance with UN Security Council Resolution 1244 Kosovo is under international administration.

<sup>3/</sup> A Report on the Status of the MDGs in Serbia was published in 2002. See *.MDGs. How much is Serbia on Track*. UNDP. Belgrade. November 2002.

## The MDGs at the regional level within Montenegro

It has not been possible to derive figures at the regional level within Montenegro on the majority of the MDG goals, targets and indicators. In some areas disaggregated data is available and where these are considered sufficiently reliable they have been noted in the text accompanying the description of each goal. Suffice it to say that there are significant regional variations in all of the MDGs notably at the municipality level. For example, in the Northern and to a certain extent in the Central parts of Montenegro, the incidence of poverty is far higher than the Montenegro average. Additionally, some ethnic and other groups are affected by poverty than others – such as the Roma, Ashkaelia and Egyptian minority (RAE), the Internally Displaced Persons (IDPs) and refugees. These aspects are noted in the text. In the period up to the next MDGR the Government will attempt to firm up on the statistics relating to the regional situation.

## C. TRENDS, STATUS, TARGETS and CHALLENGES facing each MDG

### GOAL 1

#### ERADICATE EXTREME POVERTY, HUNGER

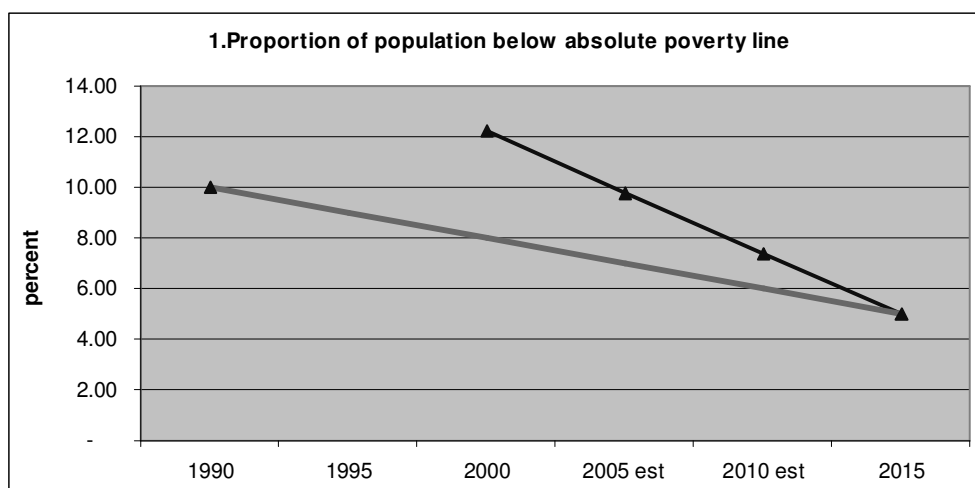
##### ERADICATING POVERTY

TARGET # 1 - <u>Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</u> <b>Indicators</b>	1990	2000	2005 est.	2015 target
1. Proportion of population below \$1 per day ( absolute poverty line)	10.0% est.	12.2%* DPRS	9.8% est.	5.0%
2. Poverty gap ratio (incidence x depth of poverty)	3.0 est.	3.6* DPRS	2.9 est.	1.5
3. Share of poorest quintile in national consumption	10.0 est.	10.7%* DPRS	8.8% est	15.0%

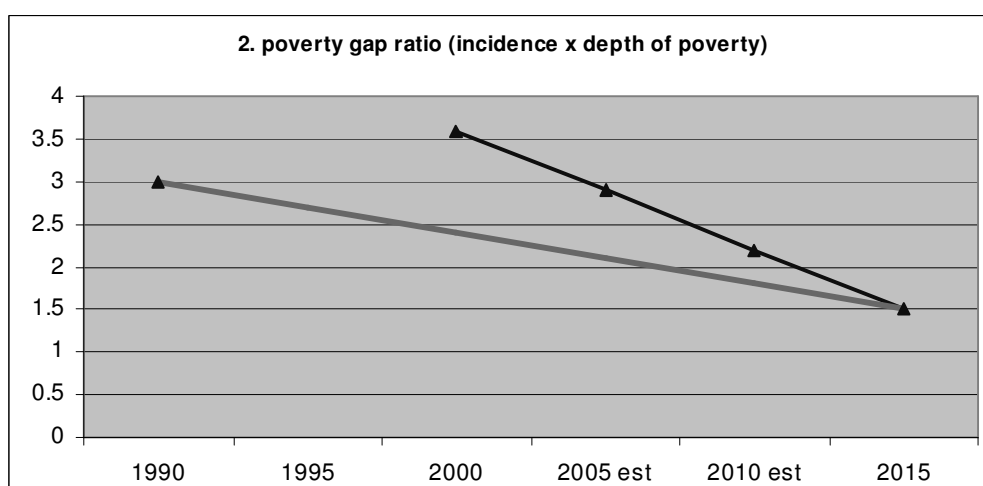
\* Development and Poverty Reduction Strategy

##### TRENDS and CURRENT STATUS

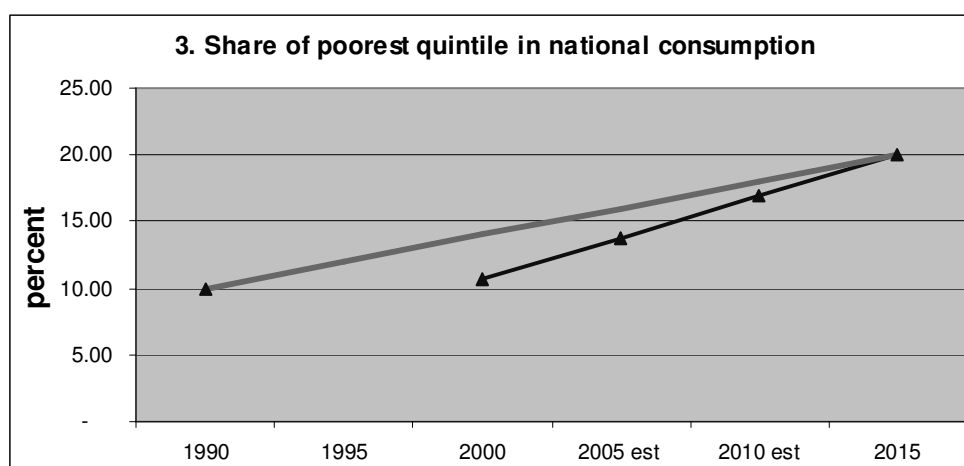
The Table and chart above shows that there are no reliable data for poverty incidence in 1990 for Montenegro. It is difficult therefore to draw any firm conclusions on the poverty trends beyond the fact that there was almost definitely a sharp drop in GDP and in GDP per capita incomes from 1991 to 1996 (the low was in 1993/4 when GDP was only 45% of the 1990 level) which would have been closely reflected in a rise in poverty.



**Proportion of population below absolute poverty line (Graph 1).** The estimate for 1990 of 10% was followed by a fall to around 25% in 1995 and a rise to 12.2% in 2000. The achievement of the figure of 5% by 2015 is considered feasible based on a pro-poor poverty policy and interventions in favour of the extreme poor and a favourable economic growth scenario.



**Poverty gap ratio (incidence x depth of poverty) (Graph 2)** The trends in the Poverty gap ratio mirrors that of absolute poverty and the fall to the 1.5 target in 2015 assumes the same favourable conditions as for the absolute poverty.



**How many poor people are there? (Graph 3)** A recent study has shown that 12.2% of the population of Montenegro is poor <sup>4/</sup>. The absolute poverty line is defined as the total expenditure below the expenses of the minimal consumer basket for a standard household (€ 116. 2 per consumer unit) and the line of defining the economically vulnerable population is set 50% above the poverty line (€ 173.4). Assessments of poverty are sensitive to the poverty line: more than one third of the population is classified as economically vulnerable or without access to sufficient resources, because they live below the level of 150% of the poverty line. According to research from June 2003, raising the poverty line by 20% would double the poverty rate. Therefore, a significant part of the population living in the zone immediately above the poverty line is vulnerable in the sense that it is sensitive to any form of economic instability or drop of personal income. Positive changes in income (those cause by growth or good economic policy) would lead to more than the proportional reduction in poverty; on the other hand, negative trends (recessions) would lead to an increase in poverty far above proportion.

**Poverty indicators and population vulnerability.** Among the sources of information on poverty trends and status in Montenegro are a number of poverty assessments and assessment of living standards in Montenegro written on the basis of surveys on household expenditures conducted by ISSP <sup>5/</sup>, the joint report on living standards and poverty in Montenegro completed by ISSP and the World Bank <sup>6/</sup>, and research on household income and expenditure of Roma <sup>7/</sup>, IDPs and refugees in Montenegro <sup>8/</sup>, completed by ISSP and supported by UNDP.

<sup>4/</sup> The ETF for the needs of this analysis is based on the assessment of the total population being 718.790, which consists of 660.000 domestic residents, 20.000 Roma (out of which 5.000 are IDPs from Kosovo and are perceived as a homogenous category), 13.300 refugees from former Yugoslav republics and 28.000 IDPs from Kosovo (according to data from 2002 there were 29.132 in Montenegro, but according to preliminary results from the census in July 2003, only 18.000, with the assumption that the largest number of these persons shall register in Serbia, because of the announced activities related to easier access to the social welfare system of Serbia, whose nationals they are. The census of IDPs in Serbia is expected to take place at the end of 2003).

<sup>5/</sup> Institute for Strategic Studies and Prognosis, Podgorica.

<sup>6/</sup> ISSP& World Bank, Living Standards and Poverty in Montenegro, Jun 2003;

<sup>7/</sup> This refers to the Roma, Ashkaelia and Egyptian minority.

<sup>8/</sup> ISSP, Research on Household Income and Expenditure of Roma, Refugees and IDPs in Montenegro, October 2003.



**Variations in poverty by population groups** - The poverty rate is largest among Roma, Ashkaelia and Egyptians - RAE <sup>9/</sup> (52.3%); it is equal among refugees and IDPs (slightly below 40%) and smallest among the standard population (9.6%). Nevertheless, the majority of poor in Montenegro are its own residents (72.5%), while the percent of RAE among the total poor is 11.7%, refugees 5.9% and IDPs is 9.9%.

According to UNICEF sources proportion of children who live below poverty line was 16% in 2003.

Proportion of RAE children below poverty line	<b>57.0%</b>
Proportion of refugee/IDP children below poverty line	<b>48.9%</b>

**Recent trends in poverty** The fall in living standards and the rise in poverty in Montenegro over the last decade is primarily a consequence of a significant drop in economic activity. This in turn, was caused by numerous political and economic crises, wars in the region and the international isolation of the country. The most evident indication of the recession was the drop in production levels; GDP in 2002 was merely 63% of the level attained in 1989. As a result, unemployment rose by 50%, employment fell by 30%, and deterioration of the overall relations between export and import. Between 1990 and 2002, imports have nearly doubled, and exports reduced by 65%. Depressed economic conditions, the destructive impact of inflation (and hyperinflation), and impact of economic sanctions, all helped contribute to the creation of a unique »*survival strategy*«, embodied in a large informal sector (over 30%), which further weakened institutions and the financial power of the state in the field of social policy. Economic recovery and revitalization of the system show important indicators of progress in 2003, even though the growth dynamic is still unsatisfactory and many citizens of Montenegro, who are located under or around the poverty line, are affected.

**Roma, refugees and IDPs** – During the conflicts in the region, the impoverished Montenegrin economy and society were host to all refugees and IDPs who sought refuge in Montenegro. At one point the number of those seeking refuge from neighboring countries and republics, amounted to 20% of the total population of Montenegro. After the conflicts were over and with the assistance of international humanitarian as well as republican level organizations, many succeeded in returning to their homes. Nevertheless, a large number of IDPs and refugees are still in Montenegro. At present, it is estimated that there are around 20000 Roma, out of which 5000 are from Kosovo; there are 8474 persons from former Yugoslavia in Montenegro, and 18047 IDPs from Kosovo, which represents approximately 4% of the resident population<sup>10</sup>.

**The poverty gap** – With the integration of data obtained from the research completed so far, the poverty gap index, which is a measure of the depth of poverty, amounts to 3.6% <sup>11/</sup>. The consumption of the average poor person is about 29.9% below the poverty line. With a poverty line of € 116.2 per month, this implies an income gap of €37.4 million, or 2.7% of GDP. This means that if the state would mobilize financial resources equivalent to 2.7% of GDP and direct this to the poor with perfect targeting every year, in theory, absolute poverty would be eliminated. The necessary financial resources, assuming perfect targeting, for eliminating absolute poverty among the domestic population amounts to € 24.7 million, for RAE to € 6.5 million, for refugees to € 2.2 million and for IDPs € 4 million, per annum.

<sup>9/</sup> RAE – The Roma, Aškelja, Egyptian minority

<sup>10</sup> Data from the Commissariat for Displaced Persons from 2004

<sup>11/</sup> In the previous research, the sample studied included only the domestic population, and poverty was not deep as it amounted to 1,3 (and for the northern region 2,2).

**The severity of poverty** is a measure closely linked to the depth of poverty, but which gives those who are located furthest away from the poverty line – the poorest – greater “weight” when grouping the data, from those who are closer to the poverty line. The severity of poverty is 1.5%, and particularly characterizes the RAE population where it amounts to 13.8%. Extreme poverty <sup>12/</sup> is significantly eradicated, with respect to the domestic population (3.5%), but is present among the RAE minority, where it amounts to 24.6%, and among the refugees and IDPs it amounts to 17% and 15.3% respectively.

**Inequality measures** The Gini coefficient in Montenegro is 0.29, which is in the range of other transition countries in Eastern Europe. Including marginalized populations does not change the Gini coefficient figure; 90/10-decile ratio coefficient <sup>13/</sup> has increased and demonstrates a higher level of inequality in Montenegro in comparison with other transition economies (7.0). In terms of inequalities within the marginalized groups, inequality is greatest among the RAE, both in terms of the Gini coefficient, as well as when we take into account the decile ratio. The average monthly expenditure per person within the RAE population is 2.3 times lower than the average expenditure per person in the country as a whole. Given these figures, the poorest RAE spend over 15 times less than the RAE who have the highest expenditures. Inequality is least present among the IDPs, but even within this group it is very high.

#### **Inequality measures**

<b>Inequality</b>	<b>The total population</b>	<b>The standard population</b>	<b>RAE</b>	<b>Refugees</b>	<b>IDPs</b>
<b><i>Gini coefficient</i></b>	0.29	0.28	0.38	0.31	0.27
<b><i>Decile ratio</i></b>	7.0	6.5	15.4	7.8	5.7

**Poverty and vulnerability risks** Within the total population of Montenegro, those who are more likely to be poor, have the following characteristics: they live in families with four or more members (15.1%); the head of the household is a person who is older than 50 (1.5.3%); the head of the household is a woman (18.9%); they live in households whose household-heads have completed only primary education (30.8%); they live in households in which the household-heads are unemployed or non-pensioners (23.8%). Even though these categories battle with high poverty risks, they do not represent the majority of the poor in Montenegro, because they represent a small proportion of the total population.

**Living conditions** – poverty is a multi-dimensional concept, which incorporates diverse types of welfare. Poverty related to expenditure is only one type of poverty. There is no single indicator, which entails all the dimensions of poverty. There are other types of poverty apart from those expenditure-related, such as poverty linked to employment, living condition, and health. Research has demonstrated that more than a third of the population has low living standards and living conditions, which especially characterizes the Roma. Around 16% of the domestic population does not have access to piped water or a bathroom. In terms of the Roma, ¾ of their homes have no access to piped water and in terms of the refugees and IDPs, the figure is 30% and 40% respectively. Over 50% of both refugees and IDPs, as well as 86% of RAE live in

<sup>12/</sup> **Poverty in terms of food** is defined as including those households whose expenditure for food is below the food basket cost (which amounts to 41 Euros per person per month). Food expenses < the poverty line for food.

<sup>13/</sup> The decile ratio (90/10 coefficient) represents the coefficient of average expenditure in 10% of the richest population and the average expenditure in 10% of the poorest. Even though the 90/10 coefficient does not utilize information on the income distribution between the upper and lower deciles, it is sometimes much more appropriate than the Gini coefficient which can fully predict changes which impact on the poor.

cramped living conditions with less than 10m<sup>2</sup> per household member (this indicator for the domestic population is 8.2). Among the most vulnerable groups are the Roma, Ashkaelia and Egyptian minority (RAE) irrespective of whether they are domestic, refugees or IDPs. In the majority of cases, the RAE live in ethnically homogenous settlements that are illegally built and located on the outskirts of the towns and cities. The majority of refugees and IDPs came to Montenegro because of their family links, as well as because of the proximity of their former homes. The percentage of those who now live independently (in their own or in rented accommodation) has increased. Nevertheless, the majority have still not resolved their housing problems: there are no legal basis for sale of their real-estate in countries of origin, and the properties which have been sold in the previous period, are done so under 'irregular' conditions: property has been sold for next to nothing

**The regional poverty distribution** <sup>14/</sup> - the most vulnerable are the residents of northern Montenegro, which has an overall poverty rate of 19.3%, and where 45% of the total poor are located. This region also includes 9.7% of the Roma, 10.4% of the refugee and 51.6% of the IDP populations. Around 35% of the poor live in the central region, which has a poverty rate of 10.8%. The central region also contains 52.3% of the Roma, 51.1% of refugee and 36.6% of the IDP populations. Around 19% of the poor population lives in the southern region, which has the lowest regional poverty rate of only 8.8%

## PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead

It is clear from the analysis above that even given favourable economic conditions and a pro-poor economic and social policy that the prospects of reducing the key poverty indicators to 50% of their level in 1990 by 2015 will be a major challenge. It implies a growth rate of some 4-5 % sustained over the period 2000-2015 and a government stance on growth and poverty which is focused and effective in reducing the plight of the poorest in particular.

**Pro-poor policies, strategies and programmes.** Among the more important programmes suggested to address the plight of the poorest in particular and the poverty groups as a whole are the following.

- Better social welfare services including social security
- Improved access to basic health services
- Enabling vulnerable groups to access adequate shelter
- Greater attention to regional poverty pockets – regional poverty fund?
- Special poverty fund for RAE and IDPs
- Special budget for children to improve social services for children from poor families
- Strengthened employment policies especially for youths and young adults (15-24 years)
- Support to achieving efficient people-centered public sector aimed at poverty alleviation
- Adoption of a pro-poor (growth and employment based) economic and social policy

## ERADICATING HUNGER

<u>TARGET # 2 - Halve, between 1990 and 2015, the proportion of people who suffer from hunger</u>	<b>1990</b>	<b>2000</b>	<b>2005 est</b>	<b>2015 target</b>
<b>Indicators</b>				

<sup>14/</sup> The traditional division of Montenegro into three regions: the northern region (N), consisting of 11 municipalities (Andrijevica, Berane, Bijelo Polje, Kolašin, Mojkovac, Plav, Plužine, Pljevlja, Rožaje, Šavnik, Žavljak), the central region (C) (Cetinje, Danilovgrad, Nikšić and Podgorica) and the southern region (S), consisting of 6 coastal municipalities (Bar, Budva, Herceg Novi, Kotor, Tivat and Ulcinj).

4. Prevalence of underweight children (under-five years of age)	4.0 est	5.0%*	5.0 est	2.0 est
5. Proportion of population below minimum level of dietary energy consumption	n.a.	n.a	n.a	n.a

\* UNICEF

### PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead

The prospects for achieving the stated targets as indicated above are reasonably good based on favourable developments in health and other support services for vulnerable groups and close monitoring of trends in nutrition in Montenegro. Many of the changes required are set out in the HEALTH sector section of this Report. The emphasis will need to be on the most vulnerable families and children.

## GOAL 2

### ACHIEVE UNIVERSAL BASIC EDUCATION

#### EDUCATION AND LITERACY <sup>ε</sup>

TARGET # 3 - Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	1990	2000	2001*	2002*	2003*	2005 est	2015 target
<b>Indicators</b>							
6. Net enrolment ratio in primary education	96.0% ***	96.9% ****	9492	9907	8837	97.6%	99.0%
7. Proportion of pupils starting grade 1 who reach grade 5	92.9% ***	93.8% *****	na	na	na	94.2%	95.00%
8. Literacy rate of 15-24 year-olds	90.0% est	95.0 ****	na	na	na	96.33	99.0
** Net enrollment ratio of Roma children attending elementary education <sup>2</sup>			536	826	1006		
** Net ratio of children with special needs attending elementary			na	na	na		

<sup>2</sup> The figures are row data on actual number of Roma pupils who were attending primary education

education							
** Ratio between number of pupils who enrolled/completed elementary education			na	na	na		

\* Data source for years 2001/02/03 : Ministry of Education and Science (MoES) of the Republic of Montenegro

\*\* Indicators proposed by MoES

\*\*\*UNDP

\*\*\*\*DPRS

\*\*\*\*\*UNICEF

## TRENDS and CURRENT STATUS

The relatively favourable trends and current status of the basic education statistics in Montenegro indicate that there are many ongoing activities related to the achievement of the MDGs.

Ministry of Education and Science of Montenegro officially commenced education reform back in year 2000. One of the first findings in this process was the fact that informed decision making will request more reliable data base consisting data about all parts of the education system.

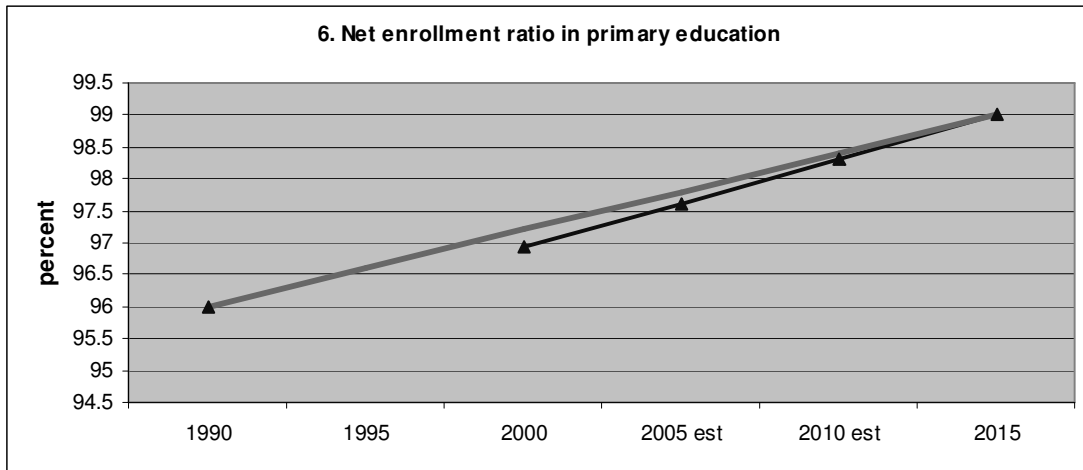
In this light MoES RMN can not provide track on indicators defined as a base for monitoring achievement of MDGs, both those that are defined by the UN as well as for 3 additional indicators that Ministry considers to be important for the future tracking.

Additional indicators number 4 & 5 are proposed, based on the two important initiatives of the Ministry of Education and Science of Montenegro that should facilitate achievement of one of the main principles of education reform – principle of equal opportunities to education. Namely, it has been identified that Roma education as well as education of children with special needs constitute important segments that influence provision of high quality elementary education for all children.

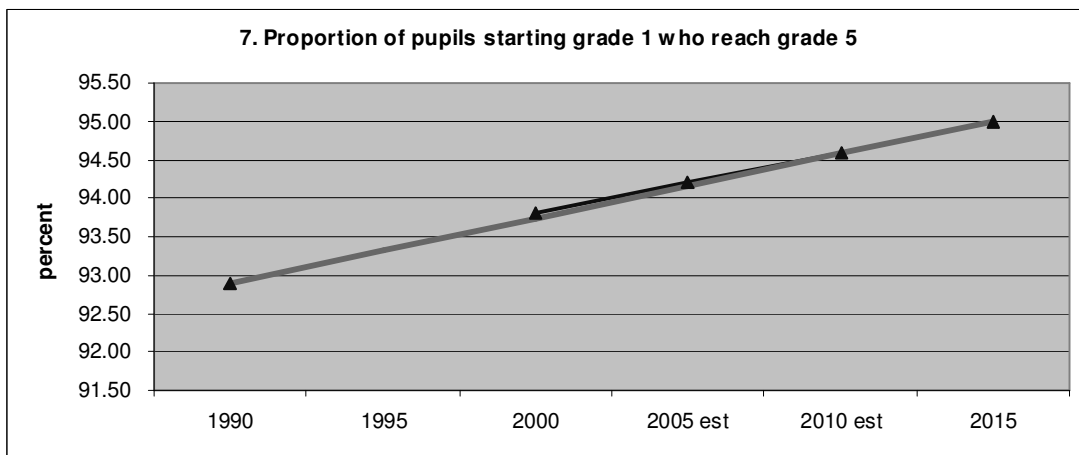
Along with this indicator number 6 will, we believe, enable creation of overall picture with regard to achievement of MDG number 2 – Achievement of universal primary education.

Still, it could be told that data on education depends not just on the data that started to be gathered in a way that will enable consistent tracking, but also on data that are provided by the Statistical Office of Montenegro on annual base and on the base of Census.

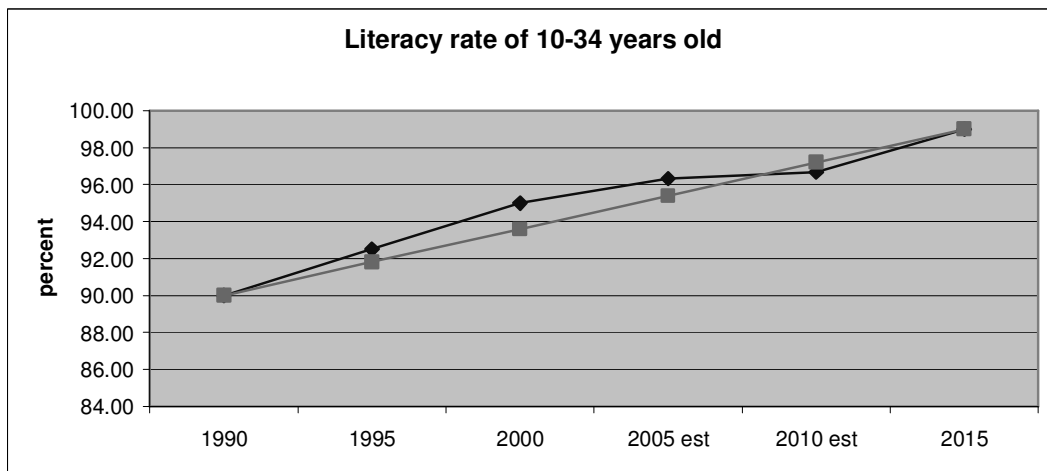
**Net enrolment ratio in primary education (Graph 6)** The net enrolment rate in primary education is relatively high, but there will be a marginal improvement to the target in 2015 of 99%.



**Proportion of pupils starting grade 1 who reach grade 5 (Graph 7)** The Montenegro data for this group suggest that the overall standards for primary school drop out rate is still high and the target to 2015 is achievable.



**Literacy rate of 15-24 year-olds** The Montenegro literacy rate is at a high level.



### Indicator 1:

**Net Primary Enrolment rate** Statistics on the trends in primary education in Montenegro is considered as extremely unreliable prior to 1995 and the indicators therefore cannot adequately reflect trends in primary education in Montenegro from 1990.

The enrolment in primary schools, in comparison with the total population of children in 7 to 14 age group, in 2002 was 96.9%. Starting from school year 1999, the number of pupils in primary schools fell by about 2% per annum. In communities in the North of the Republic there was a decline in the number of pupils in primary schools, while there was a constant increase of pupils in bigger towns, where there is a clear lack of school facilities. Percentage of girls in population of pupils in compulsory education is 49.6%. (DPRS)

In Montenegro there are 161 primary schools with 322 satellite units in rural areas. Out of all primary schools, 22% of them have less than 60 pupils that is less than 2% of all pupils in primary schools. In these schools about 8% out of all employees are employed in primary education. Of the total number of 478 primary schools, 280 have less than 30 pupils, 145 have less than 10 pupils, and in 10 of them there is only one pupil.

### Indicator 2:

**Proportion of pupils starting grade 1 who reach grade 5** As what has been explained above, a reliable database in the Ministry of Education and Science (MoES) of the Republic of Montenegro was created starting from year 2001. Therefore the Ministry will be able to provide figures for the number of children who enrolled the first grade and reached the fifth grade at the end of school year 2005/06.

### Indicator 3:

**Literacy rate of 15-24 year-olds** Literacy rate in Montenegro has been treated in Census exercises in 1981 and 1991. Unfortunately data presented in the official publications are given for the following age ranges: 10-19, 20-34, 35-64 and over 65 and unknown.

#### Literacy in Montenegro – numbers of literate persons: 1981 and 1991\*

year	Total		10-19		20-34		35-64		65 and more and unknown	
	total	male	total	male	total	male	total	male	total	male
<b>1981</b>	44633	7928	1335	515	1960	602	18802	2268	22536	4543
<b>1991</b>	30443	5226	805	398	1356	512	11251	1565	17031	2760

\* Source: UNICEF

**Education and poverty** Based on recent poverty surveys (included in the PRSP), it is estimated that around 4.7 % of adults in Montenegro can be considered "educationally poor", meaning that they are not attending school or have not completed secondary school (16-24 year olds). However, the most prominent challenge in terms of education in Montenegro is not entry into secondary education, but the quality of education, as well as the level to which required skills in the educational system reflect the needs of the market. Among the refugees this indicator is around 30%, and among IDPs it is 8%. Educational poverty is most prominent among the Roma and amounts to 70%. Only 7.1% of the RAE population is currently attending

an educational institution. Nearly 50% of RAE in Montenegro do not speak the national language, and very few have elementary education. Their work usually reflects the use of self-taught skills, and not formally acquired knowledge.

***Indicator 4:***

Roma education represents component of wider cross-boundary Project in which Government of Montenegro is involved titled “Roma Decade Inclusion”. In January 2005, the Government of Montenegro adopted the Action Plan for the Decade, which treats four priority areas (education, housing, health and employment).

Problem with data on Roma children education is caused by the fact that Census data and data that MoES RMN, gathered from Roma NGO sector, are showing extreme differences. Official data on Roma population from Census 2003 are showing that just 2875 citizens stated their selves as Roma, while Roma NGOs are operating with figures of approximately 20000 Roma persons living in this moment in Montenegro. Along with this it is necessary to consider the fact that approximately 14600 of these are domicile Roma, while about 5600 are Roma refugees and IDPs whose education has to be further support through provision of additional preparation lessons, needed for overcoming language barrier.

Nevertheless MoES RMN is trying to find mechanisms that will facilitate entire coverage with elementary education for all children, by setting up database, provision of free textbooks, provision of free language lessons and other actions.

These activities have resulted in significant improvement when about enrollment of Roma children in the first grade of elementary school (as shown bellow). Until data are available on entire Roma population in Montenegro, figures that MoES has will not give clear picture on coverage with elementary education.

**Number of Roma Children Attending Elementary Schools in Montenegro**

school year	2001/02	2002/03	2003/04
	536	826	1006

**Number of Roma Children at the Enrollment of the First Grade**

school year	2002/03	2003/04
	299	354

**RAE education** In the total population of Montenegro 3.3% are members of the RAE ethnic community. RAE families have relatively high birth rates, a low percentage of children that attend school and a high illiterate amounting to 76%. During year 2002, regular primary school contained only 1% of pupils of RAE nationality, and part-time education about 0.5% pupils. Inclusion of RAE children in the educational system is problematic due to illiteracy and problems of poverty, lack of facilities and inadequately trained teaching staff. Due to the difficult



economic situation a lot of RAE families have poor living conditions, children in some areas do not have access to running water or conditions for normal psychophysical development. Out of 21 municipalities in Montenegro RAE children attend primary school only in 12 of them. There is a high dropout of the RAE children following initial entry into primary education.

***Indicator 5:***

System of education of children with special needs is in the process of reform, as a part of wider education reform agenda. One of the main tasks of this reform is to have a system of strong cooperation among sectors: health, social welfare and education.

This cooperation should provide data on actual number of children with special needs involved into regular education, in cases when this is possible and appropriate in line with pupil's individual abilities.

Projections are that 10% of entire population has some kind of functional disorders, which means that about 20000 children with certain disorders may be expected in Montenegro. According to the document titled "Yugoslav Action Plan for Children by 2000 (and on)", adopted by the Government of former FRY in December 1996, it is estimated that about 142,700 children have developmental disorders, of which at least 5% is from Montenegro, which means not less than 7,000.

Still it is projected that in this moment we have somewhere about 500 children that have special needs and that could be integrated in education system, through a) special individualized curricula in regular schools, and b) special institutions that cater for children with special needs.

In this moment 67 children are involved in programs for education of children with special needs in 12 regular elementary schools in Montenegro, 96 of children are attending special classrooms within regular schools while 317 children of primary schools age range are catered for in the special institutions.

***Indicator 6:***

Ministry for Education and Science of the Republic of Montenegro believes that this indicator is crucial for the supervision of MDG achievement. The first reliable data on this will be available at the end of schools year 2008/09.

**PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead**

**Challenges for the future** The most relevant challenges for Montenegro, considering education, are: (i) increase of the quality of the educational system, and (ii) the need to develop occupational standards, which relate to the knowledge and skills needed in the labor market. In addition, highly trained people often leave the country in search of better employment opportunities, or additional education.

Apart from problems caused by an out of date curricula, the existing educational system is not effective in delivering quality educational services that meet European standards. Problems are

evident in the low participation of children of appropriate age in pre-school education, »overloaded« school capacities in towns and unused capacities in rural schools, a reduced number of children in primary schools in the North of the Republic, inadequate conditions for training in vocational education, and a lack of organization and provision for adult education.

**Education costs and affordability** Although compulsory education is free, this does not include private expenses for required textbooks, supplies and other materials. These expenses represent an important cost for the poor, especially in the North of the Republic, in rural areas, and for certain groups such as RAE population and refugees. It is often a basis for their exclusion from the education system, or a reason for high drop-out rates. Parents on average spend €87 for one school year for textbooks and supplies for one child. Textbooks in secondary education alone cost on average €66 per child. Costs for additional workbooks, supplies, and other material etc, for various occupations within vocational schools further increase costs that parents have to provide. These costs are in spite of the fact that the Ministry of Education and Science subsidizes textbooks so that parents pay only 60% of the actual cost.

**Improving school facilities** The network of school institutions encompasses 612 school facilities that are in functional use and 153 facilities that are not in functional use. In the facilities where teaching process is being performed, conditions are generally not satisfactory (problems with poor conditions of roofs, breakdowns of heating system, water supply and sewage system).

In municipalities in the North of the Republic there has been a continual reduction in the number of pupils, creating a problem of maintaining relatively large facilities for a very small number of children. There is continual increase of pupils in big cities, and in some of them the lack of school facilities is a concern. In terms of investments and maintenance, certain school warrant upgrading of facilities and building extensions over flat roofs. In cases when reconstruction of big facilities is not cost-effective due to small number of pupils, the building of uniform prefabricated facilities of 40 to 60 m<sup>2</sup> that would solve the problems for such satellite units is envisaged.

**Education Reform Process** The education reform process that has started in mid-1999 encompasses all levels of education. The reform objectives include both social and educational objectives. The social objectives include enabling citizens to make a contribution to economic growth (increase of GDP, employment, improvement of living standards etc.), have responsible attitudes based on principles and norms of a civic and democratic society, and be ready for life long learning in order to adjust to changes on the labor market. The educational objectives are: (i) increased rate of passing exams of pupils and students, along with increased quality of knowledge; (ii) increased enrolment and completion of post-primary education; (iii) higher understanding use of achieved knowledge and civic values, and (iv) satisfied and motivated teachers.

The reform of the educational system is being implemented on the following principles: decentralization of the system, equal rights to education of all individuals (irrespective of gender, social and cultural origin, religion, physical and psychological characteristics), and the provision of greater choice. It also includes the introduction of standards and quality assurance system, development of human resources in introduction of the concept of lifetime education, flexibility, enabling vertical and horizontal transfer through the system, inter-culturalization and the gradual introduction of changes.

The new educational system will be designed to respond to individual needs of each child, and to the needs of different target groups, particularly those that are affected by social discrimination. Groups with high risk, whose members are in unfavourable position to achieve adequate educational levels, include refugees, children from rural areas, RAE population, children with special psychological and physical needs, and those under care.

**Enabling successful completion of primary school and continuation of education will be realised through:** defining special stimulus conditions for children from poor families, additional support for RAE families that educate children, providing additional conditions for children of refugees. One type of support would be provision of free textbooks, purchase under favourable prices or in several instalments, as well as borrowing textbooks from school libraries. One free meal will be provided in schools that are situated in regions with high poverty. Transfer with school buses for children whose home is far from school should be provided for free. Building and rehabilitation of school facilities will enable improvement of quality of teaching and includes the equipping of schools with necessary didactical equipment, and intensifying of extracurricular activities.

**A strategic plan is needed for a system of continuous professional development** of all professionals in education, including both teachers and managers. The training process has to be connected with the policy of remuneration. Salaries have to be adjusted to reflect training received, and to reward those that adopt innovative technologies or work with RAE, in rural areas, or with children with special needs. Emphasis has been given to the improvement of management skills for managers in schools, their connection with local communities and their role in curricula development. For teachers that work directly with children with special needs, especially RAE children, there must be both planned initial training, and after that compulsory education and training.

Much of the knowledge and skills that pupils achieve during vocational education and training do not correspond to the demands of the market place. The implementation of a new concept of vocational education will take the following directions: (i) vocational education programs will have to introduce types of work and teaching methods that build permanent and applicable knowledge; (ii) the education given has to offer knowledge and competences that will enable fast adjustment to changing relationships in the work process; (iii) curricula have to be prepared according to modular principles; (iv) adopt legislation that provides establishing of certificate system; (v) include social partners and the private sector in the management process, decision making process and financing of vocational education.

### GOAL 3

#### GENDER EQUALITY AND EMPOWERMENT OF WOMEN

TARGET # 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015	1990	2000	2005 est	2015 target
<b>Indicators</b>				
10. Ratio of girls to boys in primary, secondary and tertiary education	94.8*	107.0 **	100.0	100.0
11. Ratio of literate females to males of 15-to-24-year-olds	N.A.	N.A.	N.A.	N.A.
12. Share of women in wage employment in the non-agricultural sector	37.3% ***	41.6%**	44.4%	50.0%

13.	Proportion of seats held by women in national parliament	3.2 *	10.3% **	16.9%	30.0%
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\* MONSTAT

\*\*DPRS

\*\*\*UNDP

### TRENDS and CURRENT STATUS

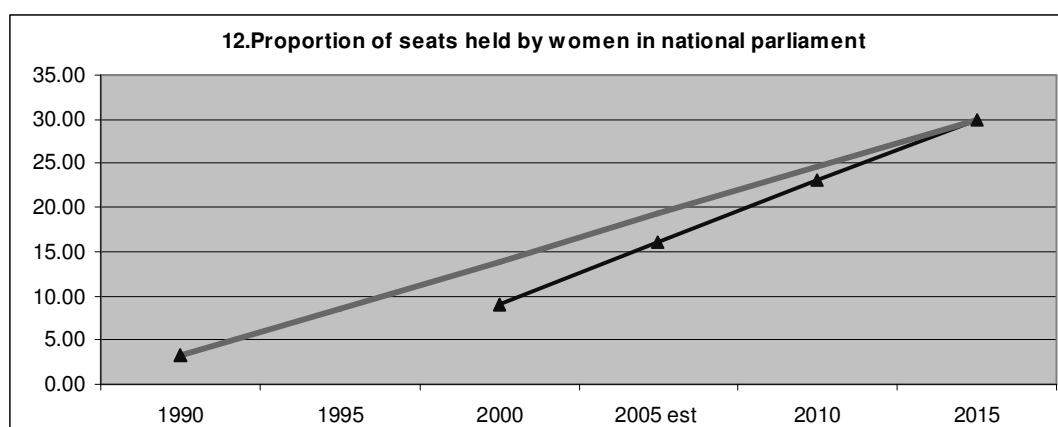
**Ratio of girls to boys in primary, secondary and tertiary education** Only partial information is available which suggests that the proportion of girls (in 1990) was lower than for boys, and in 2000 the goal was practically achieved

#### **Ratio of literate females to males of 15-to-24-year-olds**

No information available

**Share of women in wage employment in the non-agricultural sector** The trends in women in the workforce (non –agricultural) are positive and illustrate the importance of women as members of the income earning population over time.

**Proportion of seats held by women in national parliament (Graph 12)** The figures show a rise in women participation in the political processes.



### **Economic status of women**

Pursuant to various surveys, indicators of unfavourable economic status of women in Montenegro are as follows:

- In Montenegro around 53% of women are employed, 31% of women work in informal sector or are seeking employment, while 16% have never worked. The most popular jobs are those in administration or trade;
- Women have on average 18% lower income than men;
- Women's unemployment rate is higher than that of men and is about 38%;
- Women have a more difficult time finding job, and thus spend longer periods of unemployed;
- There is evident and hidden discrimination in making professional progress, with fewer women in higher positions. Only 7,2% of women cover managerial positions in enterprises;
- There is a higher probability that women will be exposed to poverty for the reason that after divorce, as single mothers, they support their children either partly or entirely by themselves, or are the heads of single-parent families;
- There is a higher probability of being exposed to poverty at old age as a result of the smaller number of retired women and lower pensions (due to higher unemployment rate and inequality in salaries);
- Lower qualifications and educational levels, characterize older women, while young women are more determined to continue their education;

- Women are more often employees than employers, compared to men (about double);
- Extremely high share of women belongs to “supporting household members” category
- Women undertake a much larger amount of unpaid domestic work compared to men

**GENDER inequality in Montenegro** presents particular problems that require urgent attention. For example, gender poverty can be treated as an issue of reducing poverty among women, irrespective of whether the poverty is a consequence of general factors or gender discrimination.

The problem of gender equality in Montenegro cannot be adequately quantified in terms of statistics alone. The conclusions that can be drawn based on certain statistical data, facts presented in the media, NGO experience, and some surveys show the following:

- There is a high rate of gender discrimination against women, in traditional inheritance practices,
- There is gender discrimination in terms of career-opportunity. It is particularly present in the textile industry, medical institutions, schools, governmental institutions, and so on, where women in most cases hold lower paid jobs.
- There is an obvious gender discrimination in jobs that are at the decision-making level, i.e. in politics, managerial and governance positions,
- No direct gender discrimination is evident in the educational system; however, there is a stereotyped division of jobs into ‘male’ and ‘female’ jobs,
- Violence against women, whether physical or mental abuse, represents another easily recognized form of discrimination in Montenegro,
- Negative societal changes accompanying transition, poverty in particular, led to the destruction of personal dignity in the form of reducing women to a sexual object.
- Gender discrimination in family is reflected through both the choice of job and engagement intensity and also in inferior status regarding family planning.

**Human trafficking** is a grave international problem with significant impact in South East Europe in particular. Because of its geographic position Montenegro has become a major country of transit for victims of trafficking coming from Eastern Europe and the Balkans en route to European Union countries.

Although all the victims assisted so far in Montenegro have been young women and girls who were working in the sex industry, victims of trafficking can be men, boys, and girls exploited for prostitution, forced labor, begging or even for the removal and sale of their organs.

The following table presents victims identified and assisted in Montenegro by countries of origin:

Country of Origin	2000	2001	2002	June 2003	Total
Georgia	0	0	1	0	1
Macedonia	1	0	0	0	1
Moldova	7	1	2	0	10
Romania	3	2	3	0	8
Serbia	3	1	3	1	8
Ukraine	0	1	0	1	2
Total	14	5	9	2	30

IOM and Women’s Safe House Data

Since 2001<sup>15</sup>, the majority of the foreign victims of trafficking assisted were between 18 and 24 years of age, and out of the 16 of them, 19% were minors (between 14 and 17 years of age); 44% were between 18 and 24 years of age, 25% were between 25 and 30 years of age, and 14% were over 30 years old. The percentage of adult women over 24 years of age at the time of their identification and referral for assistance (39% of the cases) is high compare to figures from other countries in the region.

As regards the 3 Montenegrin victims assisted since 2001, 2 were minors between 14 and 17 years old and 1 was between 18 and 24 years old.

In 2004 IOM assisted 6 victims of trafficking, two women and four men. Five of those were from Ukraine.

## PROSPECTS FOR ACHIEVING THE TARGETS AND CHALLENGES AHEAD

**PROGRAMMES for promoting gender equality and empower women** Achievement of the following outcomes directly promotes gender equality and the empowerment of women:

- Enabling access to education for girls from disadvantaged groups
- Promotion of women's rights
- Support to achieving an efficient people-centred public sector aims at a higher representation of women in government and other public institutions in accordance with international standards
- Strong support for women's voluntary groups etc
- Encouragement of political representation of women at center and in local government

## GOAL 4

### REDUCING CHILD MORTALITY

TARGET # 5: <u>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</u>	1990	2000	2005 est	2015 target
Indicators				
14. Under-five mortality rate	18.3*	12.5*	11.9 ***	8***
15. Infant mortality rate	15.31*	11.1*	10.7 ***	7***
16. Proportion of 1-year-old children immunized against measles	84.8% **	91.9% ***	92.0% ***	97%***

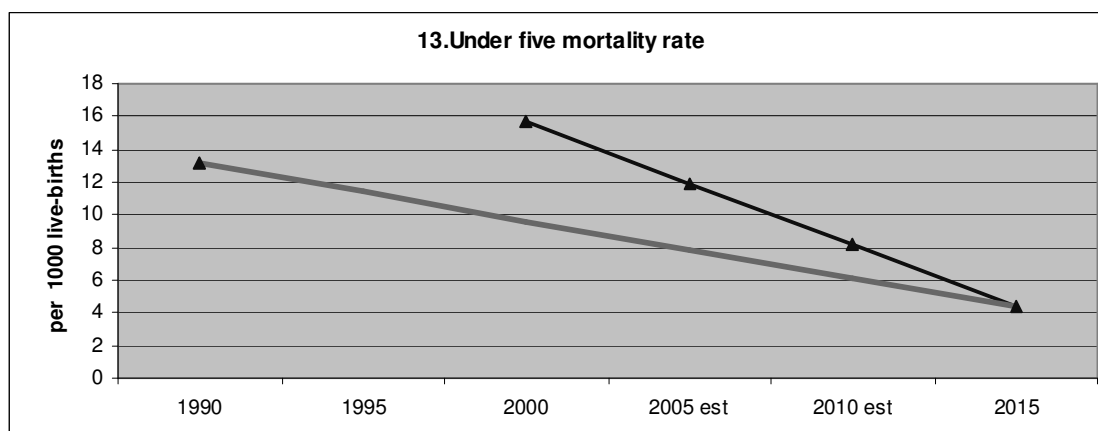
\*Monstat, Statistical Yearbook 1992 (pg. 282), 2002 (pg. 223), Statistical Office of Montenegro, Podgorica

\*\*Report on immunization against infectious diseases by municipalities in the Socialist Republic of Montenegro, 1991 (pg. 7-9), Institute for health protection, Titograd

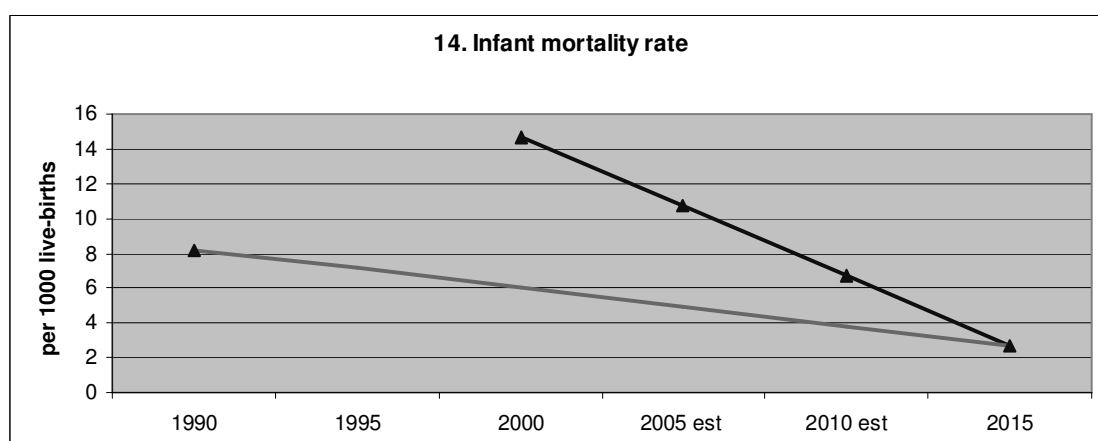
\*\*\* Report on immunization against infectious diseases in Montenegro (pg.19), Institute for Health Protection Podgorica/ now called Institute for Health of Montenegro

<sup>15</sup> Data for 2000 has not been used in the percentages as these foreign victims were assisted by a local NGO not in a position to provide segregated statistics

## TRENDS and CURRENT STATUS

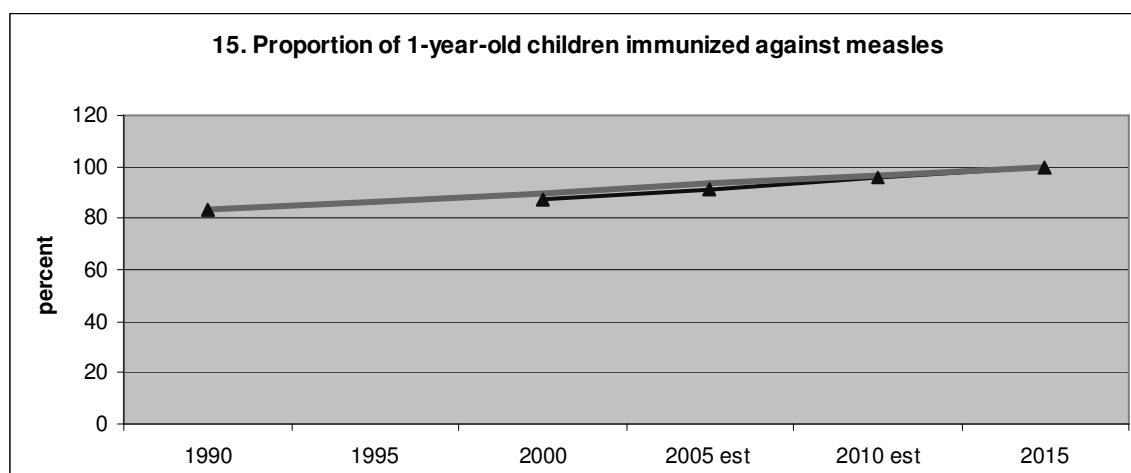
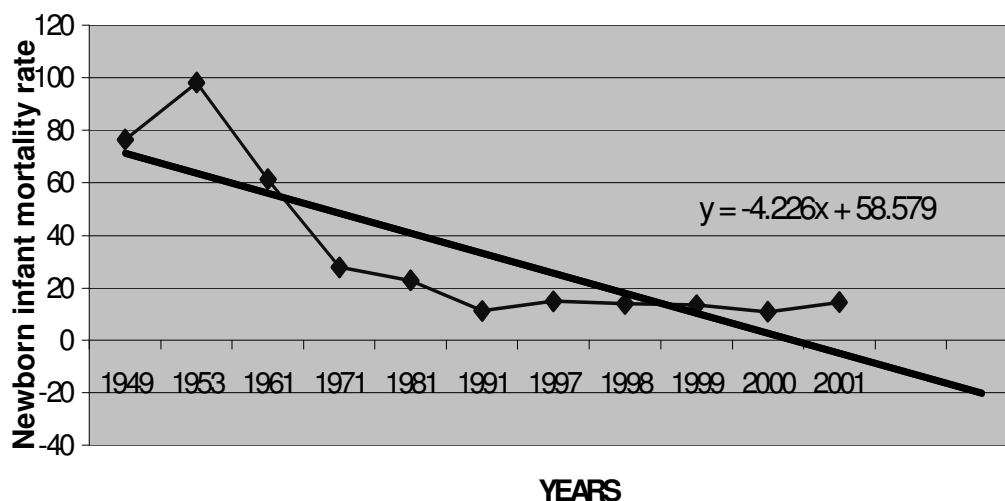


**Under-five mortality rate (Graph 13)** Despite some slowing down in the trend of under five mortality between 1990 and 2000 (in that period there were war conflicts in the region, influx of a large number of refugees and IDPs, economic sanctions, and a significant drop in GDP), the achievement of the defined target by 2015 is possible.



**Infant mortality (Graph 14 and the following one)** The analysis of infant mortality in Montenegro shows a decreasing tendency since 1950, but there are certain oscillations in values of this indicator. The lowest value of infant mortality was noted in 2002: 10,8 infants died per 1000 newborns. Infants mostly die in the perinatal period (this rate represents the ratio between the sum of stillborn babies and death during the first week of life per 1000 births). The infant mortality rate in the perinatal period (for 2002) was 10.82‰, in the neonatal period – 8.1, whereas the infant mortality rate in the post neonatal period was 2.71‰. Main causes of death of infants were linked to the conditions at birth (77.17%).

Graph. 2 Infant mortality rates in Montenegro 1949-2002



**Proportion of 1-year-old children immunized against measles (Graph 15)** The reports on inoculation against smallpox suggest a rising trend and the strong likelihood of achieving the goal of 97% of children who will be vaccinated by 2015.

Researches from 2003 (UNICEF researches) show that proportion of 1 year old children immunized against DTP is 90.5%, proportion of 1 year old children immunized against tuberculosis is 96.8% and that proportion of 1 year old children immunized against polio is 90.5%.



## PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead

All of the indicators indicate that the MDG targets have been largely achieved by 1990 and 2000 and the main areas of attention will be the extreme poverty groups and isolated geographical regions.

**Achieving the targets** and reducing child mortality are to be achieved as follows:

- Ensure improved access to quality primary health care for vulnerable groups
- Maintenance and further improvement of the Program of mandatory immunization for children, especially for the hardly accessible population groups
- Specific budget allocation for children of poorest families in order to secure full protection (health, social, educational, etc)
- Proper care for all children, and especially for the children with special needs, provided at the local level

## GOAL 5

### IMPROVING MATERNAL AND CHILD HEALTH

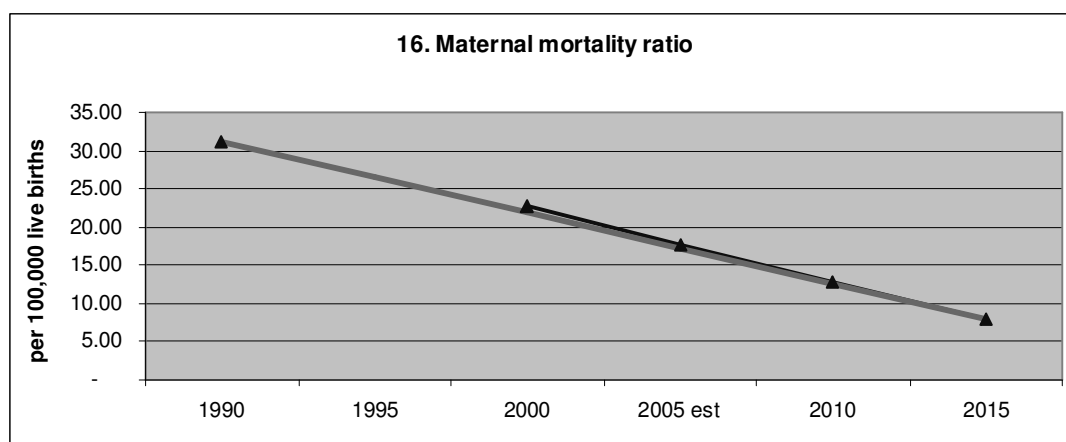
TARGET # 6 - <u>Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</u>	1990	2000	2005 est	2015 target
Indicators				
17. Maternal mortality ratio	31.22 **	22.66**	17.71***	10***
18. Proportion of births attended by skilled health personnel	96.4%**	99.1%**	100.0%***	100.0%***

\*The rate is calculated per 100.000 newborn children

\*\* Monstat, Statistical Yearbook 2003, Statistical Office of Montenegro, Podgorica 2003,p.54

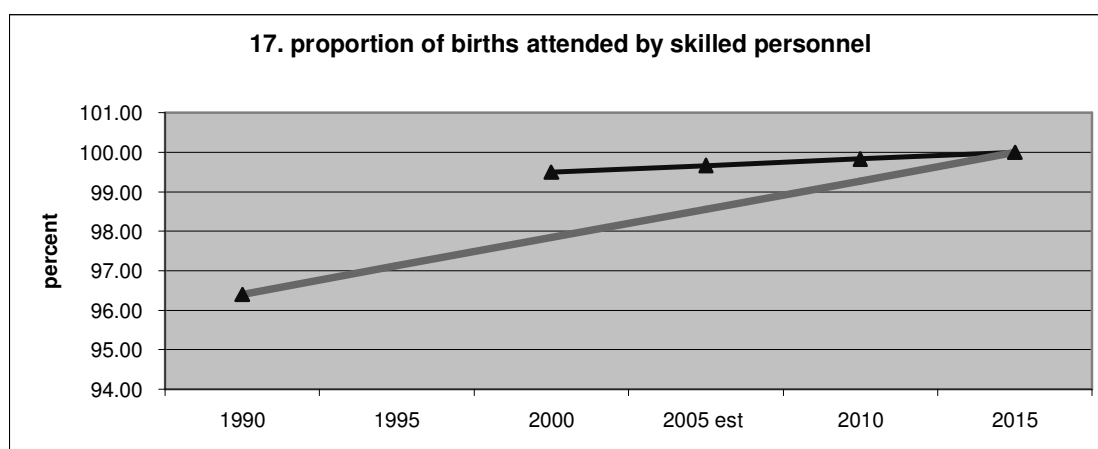
\*\*\* Institute for Health of Montenegro

## TRENDS and CURRENT STATUS



**Maternal Mortality rate (Graph 16)** The MMR shows a decreasing trend over time, thus it can be said that the target for 2105 is achievable.

**Maternal mortality** (number of women per 100,000 births who died following complications during pregnancy, at birth or in the puerperium period, i.e. six weeks after giving birth). The rate of maternal mortality reflects all the risks for the health of a mother during pregnancy, at birth and in the puerperium period (six weeks after birth). Maternal mortality is directly linked to socio-economic standards, the health state of the mother prior to pregnancy, complications that have occurred during the pregnancy and at birth, as well as the accessibility and the frequency of use of health services, especially with respect to pre-natal and obstetric healthcare. The rate of maternal mortality is not registered separately, but according to the Vital Statistics data, in 2001 there were two women who died due to the consequences of pregnancy, labour and childbirth. After 2001 there have been no cases registered where mother have died due to the consequences of pregnancy, labour and childbirth.



**Proportion of births attended by skilled health personnel (Graph 17)** The trend and proportions for this indicator are already satisfactorily high and conform to the best international standards.

## PROSPECTS FOR ACHIEVING THE TARGETS AND THE CHALLENGES AHEAD

**PROGRAMMES for improved maternal care** is seen to be achieved by:

- Improved access to quality primary health care and development of protocols for integrated maternal health and safe motherhood (especially for vulnerable groups)
- Development of programs for the prevention of mother and child neglect and raising awareness on women's rights

## GOAL 6

### COMBATING HIV/AIDS, MALARIA AND OTHER DISEASES

#### HIV/AIDS

TARGET # 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	1990	2000	2005 est	2015 target
Indicators				
19. HIV prevalence among 15-to-24-year-old pregnant women	0.00	0.00	1.00	5.00
20. Contraceptive prevalence rate	52.7 *	52.7	55.1**	75%**
21. Number of children orphaned by HIV/AIDS	0	2 cases **	2	5

\*UNICEF

\*\*Institute for Health of Montenegro

#### TRENDS and CURRENT STATUS

The incidence of HIV/AIDS among pregnant women from the age group 15-24 according to the official data is very low in Montenegro (incidence so far is 0), and a mild increase is expected in the number of the infected pregnant women from the age group 15-24 in the future (it is expected that there will be 5 pregnant women from the age group 15-24 who will be infected with HIV virus).

**Contraceptive prevalence rate** is estimated at around 52.7% in 2000, and by 2015 a gradual increase is expected up to 75%.

**Number of children orphaned by HIV/AIDS** was 2 so far. By 2015 it is expected that there will be a mild increase (assessment says up to 5 children).

A priority in the group of contagious diseases represents combating **HIV infection/AIDS**, due to the increase in risk-associated behavior among youth. Although the registered number of HIV-positive/AIDS cases is small, the characteristics of the country, such as poverty, unemployment, increase in prostitution and drug use, etc., can result in a rapid increase in the number of infected persons with HIV. According to the latest available data (December 2004), out of 31 living persons infected with HIV, 11 of them have AIDS. Among the reported cases, in 45% of the cases it was heterosexual transmission, in 26% of the cases bisexual, that is, homosexual, in 7% of the cases it was IV drug users, and in 5% of the cases the infection was transmitted from the mother to the child. There is no systematic monitoring of the HIV/AIDS infection, except for the voluntary blood donations. For now, there are two children registered who were orphaned because their parents died of HIV/AIDS.

Currently, regulations are prepared to establish the system of voluntary confidential testing for HIV/AIDS, with counselling provided before and after the test. Also, programs for the education of youth about reproductive health and prevention of sexually transmitted infections are also being prepared.

### **PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead**

**AIDS.** Due to an increased level of population vulnerability and the presence of factors, which could ease the spreading of an epidemic, there are concerns of a possible HIV/AIDS epidemic occurring. Expert calculations suggest that the actual incidence of HIV/AIDS may be six to eleven times higher than the current value. Because of a strong need for coordinated action in order to prevent spreading of this lethal disease, the Montenegrin Government has founded the AIDS Commission. The Commission has defined a joint framework for a general national policy towards HIV/AIDS, with cross-sector cooperation between governmental and non-governmental sectors. The main tasks of the Commission are: Strategic planning process in order to define the response of the state to the problem of HIV/AIDS, as well as the coordination of the project at the national level. The Strategy will define responsibilities for each particular segment in the community, aiming at reducing HIV-infection and improving living standards of the HIV-infected persons. The HIV/AIDS issue is therefore placed within in a wider concept of social justice, equity and human rights.

### **MALARIA AND OTHER DISEASES**

<u>TARGET # 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases</u>	<b>1990</b>	<b>2000</b>	<b>2005 est</b>	<b>2015 target</b>
<b>Indicators</b>				
22. Prevalence and death rates associated with malaria	0.00	0.00	0.00	0.00
23. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	0.00	0.00	0.00	0.00
24. Prevalence and death rates associated with tuberculosis	9.0	2.0	1.0	0.0
25. Proportion of tuberculosis cases detected and cured under directly observed treatment short course	90	90	95	100

Sources: Institute for Health of Montenegro and Special Hospital for lung diseases "Brezovik" from Niksic

### **TRENDS and CURRENT STATUS**

**Prevalence and death rates associated with malaria** zero

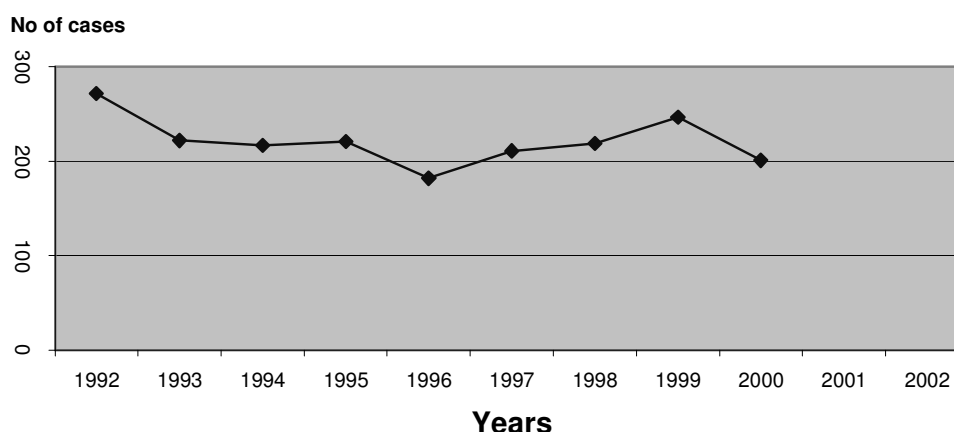
**Proportion of population in malaria risk areas using effective malaria prevention and treatment measures** - zero

Both the two indicators for malaria are not really relevant for Montenegro as malaria has been eradicated in Montenegro. Occasionally, some imported cases are registered in Montenegro

(foreign visitors and citizens coming back from the countries where malaria represents an endemic disease).

**Prevalence and death rates associated with tuberculosis** The number of newly infected persons with tuberculosis of all forms in Montenegro in 2003 was 34,8 per 100.000 inhabitants. In the previous decade the number of the newly diseased persons with tuberculosis was 182 to 297 per year (the incidence rate went from 28,3 to 47,0 per 100.000 inhabitants), which puts Montenegro into the group of countries with the medium risk of tuberculosis infection. During 1999 there was a significant increase in the number of diseased persons (possible reason could be significant influx of the IDPs from Kosovo, among which there has been a number of persons with tuberculosis registered). What is worrying is the fact that there is an occurrence of the diseased with the resistant forms of tuberculosis in the last couple of years. In 2004, according to the official data, there were four diseased persons treated against MDR tuberculosis,, while 3 persons have died so far. It is expected that there will be a further increase in the number of diseased persons with MDR tuberculosis, which might deteriorate the epidemiological situation in our country (having in mind the problems related to the purchase of medications for MDR forms of tuberculosis, as the positive medication list of the Health Fund does not include the anti-tuberculosis medications for multi-resistant types of tuberculosis bacillus).

No. of newly diagnosed cases from tuberculosis, 1992-2002



**Proportion of tuberculosis cases detected and cured under directly observed medical treatment (Graph above)** – According to the guidelines contained in the new National program for the fight against tuberculosis (from 2000), in the initial phase of treatment (first two months), practically all the newly-diseased persons with tuberculosis are treated under direct observation. In the previous period, that percentage was rather satisfactory and was over 90%.

#### PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead

**Disease patterns** An analysis of the leading causes of death in Montenegro indicates that diseases associated with “advanced countries and a modern lifestyle” predominate, namely circulatory and cardio-vascular diseases. This is shown in the Table below. The deaths associated with malaria and TB are extremely low. (These are shown in the MDG tables below.)

#### An overview of the leading causes of death of the Montenegrin population in 2001

Groups of diseases	No of deceased	% of participation in the no. of deceased	Mortality rate
Circulatory system diseases	2872	52.88%	4.34
Tumors	896	16.49%	1.35
Symptoms, signs and abnormal clinical and laboratory findings	629	11.58%	0.95
Injuries, poisoning and consequences of external factors	297	5.47%	0.45
Respiratory system diseases	266	4.90%	0.40

The stated groups of diseases participate in the mortality structure with over 90%, while the diseases of the circulatory system, together with malignant diseases, represent more than two-thirds of the causes of death of persons above 65 years of age in Montenegro. The dominant participation of the cardio-vascular and malignant diseases in the mortality structure reflects the presence of unhealthy behavioral practices of the population (e.g. smoking, alcoholism, improper diet, insufficient physical activity), as well as the influence of external risk factors (polluted air, food and water). The insufficiently defined health conditions with respect to the third cause of death are a result of unclear reports on the causes of death. Injuries, poisoning and consequences of external factors demonstrate poor protection policies at work, at home and in the streets.

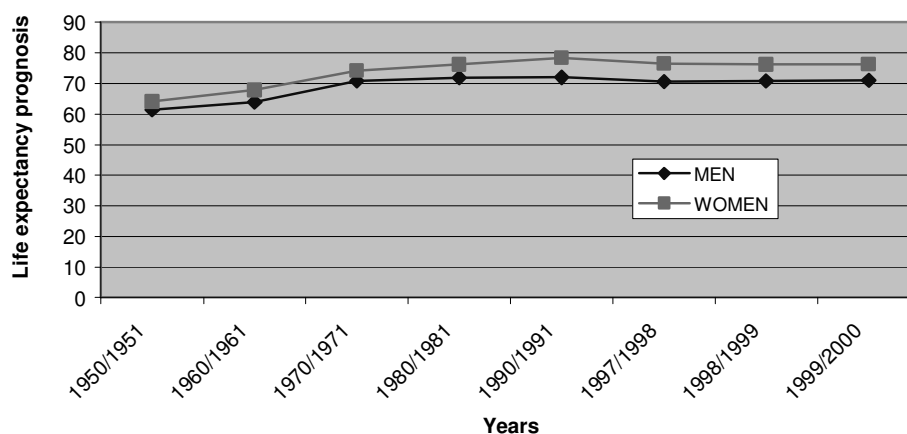
**Morbidity rate.** The analysis of morbidity in Montenegro shows that contagious and parasite diseases are present in Montenegro individually or as epidemics (flu epidemic), but these

diseases do not represent a significant health problem. Some communicable diseases have important implications on the general health condition of the population, point to directions of healthcare development and have a significant impact on healthcare costs. Due to the specific characteristics of tuberculosis and AIDS, including their correlation with the socio-economic characteristics of the population, we have separately presented trends related to these diseases.

**Health and poverty** – Access and quality of health services is an important element of a poverty profile of a given society. In the research analysis, the percentage of the population, which was unable to conduct its regular activities in the last 30 days, as a consequence of illness/injury, was used as a key indicator. Around 6.2% of the domestic population had experienced an illness or injury, which limited their capacity to carry out regular activities. Even though the RAE live in significantly poorer living conditions, they are not significantly more affected by health-poverty. Around 10% of RAE, in comparison with 3% of refugees and IDPs consider themselves poor in terms of their health. – which means that they have experienced an illness/injury, which has prevented them conducting their regular activities in the 30 days, which preceded the time, the survey was implemented. On the other hand, the research showed that the majority of RAE children (94.5%) are vaccinated, which confirms the success of the joint activities of Health and NGOs institutions with respect to prevention and child immunization.

**Basic health indicators are included in Poverty indicators and the MDGs tables included in the annexes. Life expectancy at birth – (Graph 1 below)** - (number of years of life that a newborn child is expected to reach on the basis of the same mortality risks that have been present at birth and calculated according to actual age-specific mortality rates) is a comprehensive indicator of the health status of a population. In the period 1999-2000, life expectancy prognosis at birth in Montenegro was 76.3 years for women, and 71.1 years for men (Graph 1). An analysis of the trends in life expectancy prognosis at birth since 1950/1951 show continual increases, excluding the period 1997-1998 when values dropped, and then in 1999/2000 the indicator values started to increase again. In the period between 1950 and 2000, this indicator was higher for women than for men.

**Graph 1. Life expectancy at birth in Montenegro - by gender**



**The future challenges for the Health sector** – covering all the areas identified in the MDGs and beyond indicate that reforms in the areas of preventive health services are urgently required. The basic areas that must be addressed are summarized below.

The basic problem in presenting the health condition of the population according to their social status derives from inadequate and underdeveloped data on health conditions and on the use of health services by different socio-economic categories of the population. The lack of an illness registry for non communicable diseases makes it impossible to obtain data on vulnerable groups (malignant ,the diabetics, chronic kidney insufficiency patients, patients with psychosis). Due to this fact, it is difficult to monitor the use of health services and provide information to service users among vulnerable groups. The existing Law on Healthcare and Health Insurance (adopted in 1990, i.e. in the former socialist regime) did not follow changes in the social and economic system. Therefore, a gap between the standards set by the health insurance system and the ability of the system to provide these services arose.

In the last few years, the difficult socio-economic situation has resulted in the fall of the domestic product, increasing unemployment (30%) and problems related to healthcare financing by the PIO (Health Insurance Fund) and from the budget. These changes caused difficulties in providing necessary financial means for the health sector. Additionally, expenditures for medication and medical material in the Fund's total expenditure structure amounts to almost 30%, which exceeds the percentage of many other countries. The area of drug supplies, prescriptions and drug-use needs rationalization. Direct support for health from the Government provides funding for health promotion, and preventative health programs. More importantly, expenditures for healthcare and health insurance of displaced persons and refugees, that are not covered by contributions by the participants, led to a deficit of € 7.1 million in 2000-2003 in the Fund. which had to be covered by donor program.

The quality of health protection has not been researched as an indicator of healthcare efficiency. Due to the lack of professional standards, a poor information system, as well as the lack of overall health program evaluation practices, the system of quality control in the health sector is inadequate. Additionally, the private sector is not integrated into the health system, and therefore is not subject to quality control mechanisms.

**The private health sector** is underdeveloped and not included in the mainstream system of healthcare and health insurance. Personal participation of the insured persons in expenses related to the healthcare, represent less than 1% of overall expenditures for health services.

**The coverage of the population with health workers** in Montenegro in 2001 was 565 inhabitants per one physician, and in 2002 – 549 inhabitants per physician. At the same time, in 2001 there were 166 inhabitants per one health worker (160 inhabitants in 2002), 2453 inhabitants per one dentist (2463 inhabitants in 2002) and 6458 inhabitants per one pharmacist. Hence, there were 1,71 physicians per 1000 inhabitants, with a slight tendency to further increases. Demand for and pressure on physicians has been reduced in the past ten years, but the demand for dentists and pharmacists in the public sector is large, due to increasing transfers of these health workers from the public to the private sector.

**Access to healthcare in Montenegro** is quite satisfactory. However, although existing capacities are not adequately maintained, due to changes socio-economic standards, a reduction in the quality of health services is evident, which has lead to an increase in the utilization of private sector services as well as increasing levels of corruption and use of bribery in the public sector.

**Basic health care.** Within the units of basic health protection during 2002 the following goals have been achieved: In the department for health protection of pre-school children there were 8.4 visits per child under 6 years of age, or 6571 visits per physician. In the school department for health protection – 2.5 check-ups per schoolchild, or 6215 visits per physician, were made. In the department for health protection of women – there were 0.63 of visits per woman of childbearing age. In the department for workers' health protection – 3.5 check-ups per worker



were made. In the department for general medicine and home health care – 2.8 check-ups per inhabitant, or 7176 check-ups per physician were made.

**Hospital treatment.** In 2001, bed occupancy in stationary facilities was 75.7%. There was particularly strong pressure on capacities of the Special Hospital for lung disease treatment in Brezovik. If we compare the utilization of available beds with their planned aim, there is a great disparity in the use of hospital beds by department. Occupancy ranges from 105.7% at the neurosurgery to 50.4% at the ophthalmology, which proves that the structure of hospital capacities is not harmonized with the needs of the population. Thus, this fact indicates a need for rearranging hospital capacities by purpose and by hospital.

**HEALTH sector reform** The essential concept of **health sector reform** will be based on the promotion of basic healthcare, which should be strengthened by offering quality healthcare at the local level, directed at the family unit. This will be the core of the Republic's health system. The main reform goals are:

- Development of a sound public policy centered on the concept of citizens' own responsibility for their health, which involves change of attitude towards health, as the basic human right, improvement of the public health with the aim to promote health, establishing professional and ethical standards in the health sector through the promotion of the profession of doctors, raising the awareness of the citizens about health and real information of the citizens.
- Improved equitable access to healthcare services – Health improvement, prevention of disease and treatment of ill persons are the priority tasks of the health service. There are differences in health conditions and access to health services between the different social groups. It is especially important not to deepen, but to reduce the differences through targeted active measures aimed at improving access to health services with respect to vulnerable population categories.
- Increased effectiveness and efficiency of healthcare through rational use of resources available – namely: Improved planning, management and better resource distribution, and allocation of resources on the basis of the priorities; Focus on basic health protection and the general practitioner/physician and his team, with support from a flexible hospital system, with a redistribution of hospital beds in line with demand; Gradual introduction of a well-structured and fully integrated information system; Support to privatization of health services, with strictly defined quality control mechanisms in the private sector.
- Improved quality of healthcare, especially for vulnerable groups, which should include equitable access.

**Financial stability of the system.** For the realization of this goal it is necessary to re-organize the Republic's Health Fund, with the task of financing and administering the basic package of healthcare, as well as the introduction of economic mechanisms in the sphere of financing of healthcare, introduction of the possibility of additional financing of the health system, which would increase the funds available for coverage of expenses related to healthcare of non-insured persons.

**Health sector financing and management.** Financing the project of improving structural organization of healthcare, primarily improvement of basic healthcare provision is identified as a priority. In order to prevent leading diseases, financial resources are needed for health education for the whole population, but with special focus to information access for vulnerable groups. Provision of healthcare for the poor (abolishment of healthcare participation, development of the basic package of health insurance, finding ways to make paid services more accessible to the poor).

- Funds reserved to finance restructuring of hospitals and rationalization of hospital capacities.

- Funds for the financing of the projects dedicated to healthcare for vulnerable categories of the Montenegrin population.
- Funds for introduction of IT systems, especially the adjustment of IT systems to monitoring the DPRS implementation.
- Funds for the renovation of facilities and provision of equipment.
- Financing the program of staff training on new healthcare structure and organization.
- Financing programs especially targeting vulnerable groups (from the budget).

**Potential savings in healthcare.** The planned measures and activities should lead to the optimum use of resources and system-savings, especially in terms of provision of facilities for public health institutions. Surplus of facilities at the secondary level will be offered for possible joint investment for the purposes of health-tourism development. In addition, IT development will ensure better health care expenditure control, especially in terms of medication costs. The management of sales of medication and prevention of proper implementation of planned legal regulations in the pharmaceutical field will ensure 30% savings (over € 7.5 million) of expenses for medications through a transparent supply system, new on-call medications list, and improved medication distribution management.

The Government of the Republic of Montenegro has defined the general aims of the health policy :

1. Prolongation of life span
2. Improvement in quality of living in regards to health
3. Reduction of differences in state of health
4. Insurance against financial risk

Inefficiency of health care system, and a number of identified problems such as inadequate organization of health care services, raising and allocation of resources, absence of adequate monitoring and control system in different segments of the system and unsatisfactory quality of the services provided are the reasons for the reform of the health care system.

Ministry of Health of the Republic of Montenegro prepared the document Montenegro Health Care Development Strategy, Mental Health Care Strategy, Violence Prevention Strategy, NPA for Health and Project of the reform of primary care. PHC Project will increase in productivity, efficiency and improvement in quality of work performance, which are defined as priorities.

In primary care each citizen will be enrolled with a chosen doctor who will check his medical condition and needs, refer him to higher levels of health care system and be motivated by payment system to provide higher quality services.

The quality of health care services will be improved through continuous professional development of health care professionals, licencing and accreditation of health institutions. All this reform activities should provide better relationship and confidence between patients and doctors.

Health care services will be financed through functioning of Health Insurance Fund which will collect the payments for compulsory health insurance contribution. All citizens have to make compulsory health insurance contribution, and the state will assume a commitment to make contributions for those categories who do not do that.

Ministry of Health has prepared Strategic Plan for Institute for Public Health (IPH), which should provide rising awareness about Health, health promotion and protection as new philosophy and main issue in reforms. Special scope of public health activities will be: emphasis on chronic non-communicable disease prevention (such as cardiovascular diseases, malignant tumors, diabetes, etc), through the activities to reduce smoking, and promotion of the health of mothers, children, the youth and the elderly.

Starting from the principles and vision of the health care system set forth in Montenegro Health Care Development Strategy, the reform of primary care is recognized as a key precondition for improvement of health care system and a means of achieving aims stated in the Strategy. At the same time, World Bank provided assistance to Montenegro and its institutions by supporting reform of primary care. The negotiations between World Bank and the Republic of Montenegro have been successfully concluded and the loan of US\$ 7 million is approved for the implementation of Health Care Improvement Project that is in fact the reform of primary care, that is, financing of pilot project of the primary care in Podgorica.

## GOAL 7

### ENVIRONMENT AND SUSTAINABLE DEVELOPMENT

#### FORESTRY, BIODIVERSITY AND ENERGY<sup>2</sup>

TARGET # 9 - <u>Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</u>	1990	2000	2002*	2003*	2005 est	2015 target
Indicators						
25. Proportion of land area covered by forest	39.3%*	39.3%***		39%	41.2% est	45.0%
26. Land area protected to maintain biological diversity	7.2%*	7.2%***		7.14%	13.5% est	15.0%
27. GDP per unit of energy use (as proxy for energy efficiency)	1.9	1.5****	1.29		1.3 est	0.8
28. Carbon dioxide emissions (mt per capita) (Plus two figures of global atmospheric pollution: ozone depletion)	3.6****	4.0****		n.a.	3.8 est	3.3
** Proportion of population with sustainable access to an improved sanitation				96.1%		
** Proportion of people with access to improved sanitation				97.8%		
** Proportion of people with access to secure tenure (Urban / rural desegregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers)				n.a.		

\*MONSTAT

\*\*Indicators proposed by the Ministry of environmental protection and physical planning of Montenegro

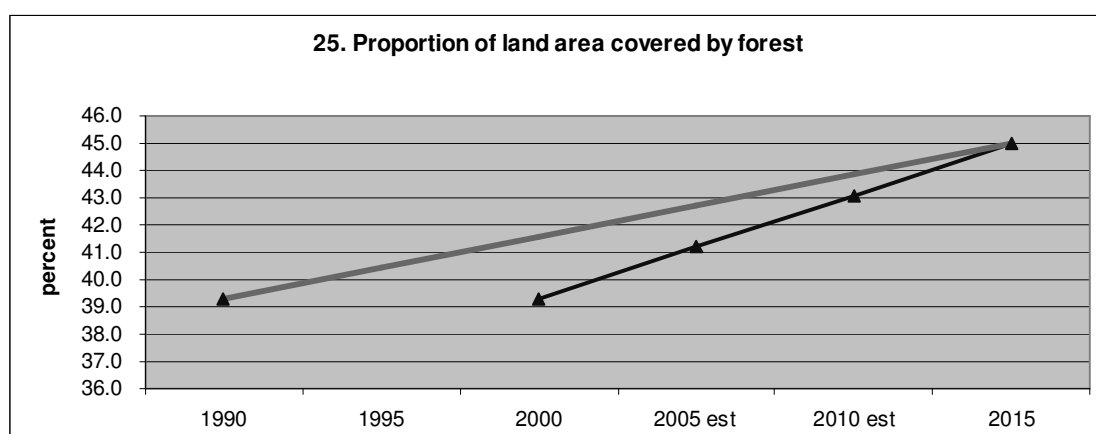
\* Data source for years 2002/03 : Ministry for Environmental Protection and Physical planning of the Republic of Montenegro

\*\*\*UNDP  
\*\*\*\*UNICEF

## TRENDS and CURRENT STATUS

Indicators proposed for monitoring of the PRSP implementation within MDG 7 are more numerous than the MDG indicators themselves, and in some cases they are not the same. They are more numerous because in the preparation of PRSP, MDG indicators have been expanded by a number of the World Development Indicators (the so-called WDI, whose data base is kept by the World Bank) and other indicators that were considered relevant for the development of Montenegro and poverty reduction. In the cases where it was considered that the MDG indicators do not represent the best way to express Montenegrin development priorities, alternative indicators were proposed.

The Ministry of environmental protection and physical planning of Montenegro does not have updated data as compared to the ones collected and published in PRSP. Clarifications of possible differences in data, clarifications of definitions, as well as clarifications of the problems of systematic monitoring and collection of new data are given in the comments related to individual indicators.



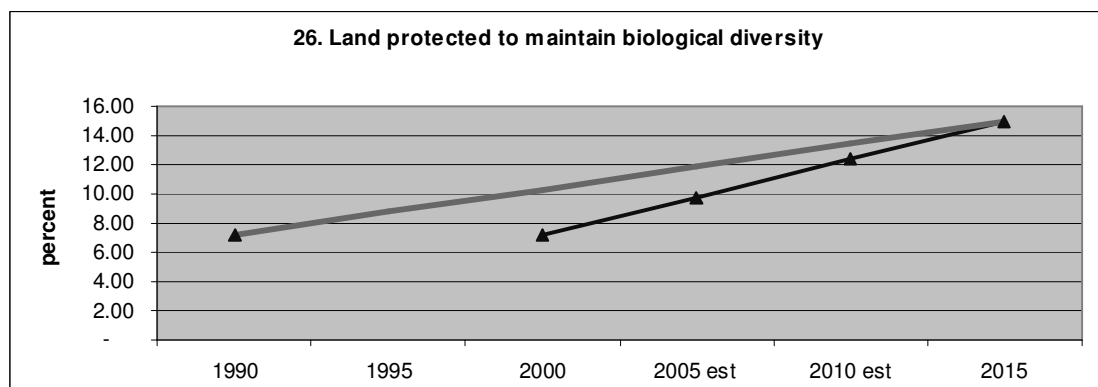
### **Indicator 1: Proportion of land area covered by forest (Graph 25)**

Forest and water resources are among the most important natural resources in Montenegro, and are very important from the standpoint of future economic development. Furthermore, these resources are exposed to manifold pressures, which are likely to cause or have already caused their unsustainable use. The pressures primarily include unplanned and excessive exploitation of forests and watercourses, as well as plant and animal species whose habitats are either woods or waters.

Spatial plan of the Republic of Montenegro by 2000 (Official Gazette of the Republic of Montenegro, no. 17/97) gives the following information: "In Montenegro, the forests cover 543.353 ha or 39% of the total territory of the Republic." In the materials of the Ministry of Agriculture, however, it is often said that 51 or 52% of the territory is covered with forest, and this related to forests and forest land in total.

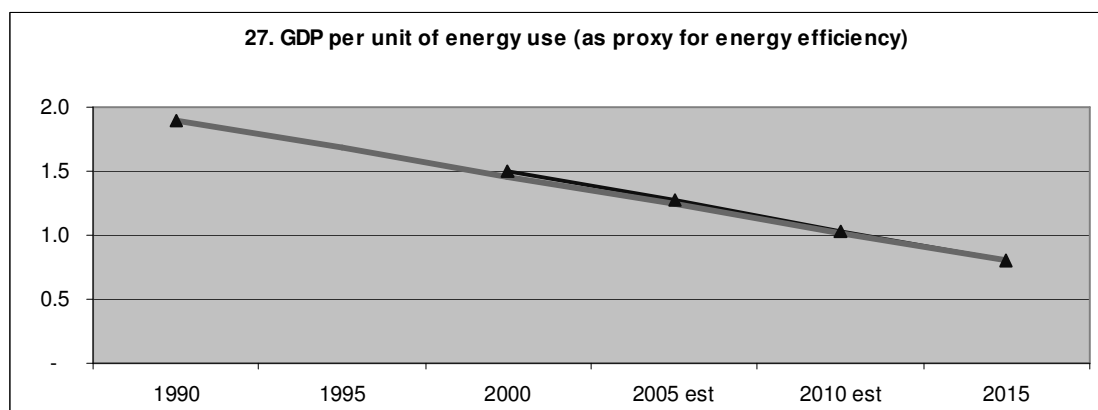
As in Montenegro there is no systematic annual monitoring of the changes in territory covered with forests, Ministry of environmental protection and physical planning of Montenegro does not have new and more precise data as compared to the above mentioned. The project related to the introduction of GIS (that would enable this) is defined as a priority of DPRS and the Ministry of agriculture, forestry and water management is working on this project.

Out of this number, about 212,000 hectares is covered with high economic forests that can be used as raw materials for wood-processing industries. A substantial portion of the forest resources is placed in the underdeveloped northern region. Out of the overall forest area, 67% are state owned forests, and remaining 33% are privately owned.



**Indicator 2: Land area protected to maintain biological diversity (Graph 26)**

The data that 7,14% of the territory is protected in order to maintain biological diversity is also copied from the Spatial plan of Montenegro. Having in mind that there have been no new territories proclaimed protected, this data is still relevant.



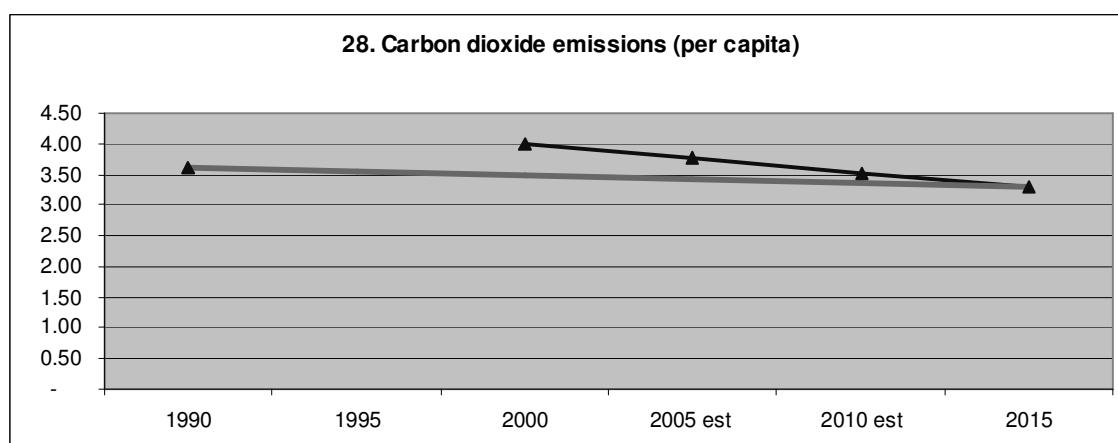
**Indicator 3: GDP per unit of energy use (as proxy for energy efficiency) (Graph 27)**

DPRS team has developed, on the basis of the energy balance of the Republic of Montenegro for 2002, an energy efficiency indicator – GDP (in current dollars) created per energy unit consumed (one kilogram of oil equivalent or koe). This indicator was 1.29 USD per koe. DPRS also recommended this indicator to be monitored systematically

each year, but having in mind that the Energy Efficiency Office is still not doing that, the indicator for 2003 is not available.

In 2002, around 4.3 TWh of electricity, 1.6 million tons of coal and 290,000 tons of oil products were consumed in Montenegro. The annual domestic production of the single most important energy source – electricity – ranges between 2.5 and 3 TWh. During the past few years, electricity imports accounted for between 30 and 35% of total consumption. Montenegro is a modest exporter of coal, which is almost entirely produced at the open pit Pljevlja Coal Mine (around 95% of total production). In 2002, power transmission and distribution losses amounted to 11.7%, while it has been estimated that total losses (including commercial ones) exceeded 20% of the total consumption. The energy consumption and energy efficiency indicators show a very high consumption compared to the countries of a similar GNI level, and a low level of GDP generated per unit of energy use.

The most significant electricity consumer is the Aluminium Plant Podgorica (KAP), whose share in the overall consumption amounts to approx. 45%. The second-largest consumer are households, where consumption has almost doubled during the course of 1990s. Electricity is used as a source of heating by almost half of the population.



**Indicator 4: Carbon dioxide emissions (per capita) (Graph 28)** Carbon dioxide emissions are not systematically monitored in Montenegro. One of the basic sources of this information represent the so-called greenhouse gas inventories (among which is CO<sub>2</sub>), that is, national communicate of the countries on the basis of the UN Framework Convention on Climate Change. Serbia and Montenegro has ratified this Convention, but they have still not prepared the first national communiqué (the project has been presented to GEF, with UNDP as the implementing agency).

Following and assessment of CO<sub>2</sub> emissions was (mostly) the task of the former Federal Hydro-meteorological institute during the 90's, thus there used to exist some data related to FR Yugoslavia. More recent assessments exist in serbi and they are usually taken by the international sources as relevant for the whole of Serbia and Montenegro (the figure is **3,7 tons per capita**).

**Indicators 5 and 6:** According to the definition of MDG's for these two indicators, there are only data from the UNICEF survey (Multiple Indicator Cluster Survey) from 2000 (this information is presented in the table above). However, DPRS team, due to the very wide definition of the MDG indicators in this field (according to which, for example, poljski toilet is considered as improved sanitary solution), decided to use alternative indicators that it considered more suitable for the development aims of Montenegro.

This involves the number of connections of the citizens to the public and their own water supply systems, that is, the number of connections to the sewage system. These data were followed in the past systematically mostly through the population censuses. On the basis of the communication with public enterprises and on the basis of the specialized studies and master plans, the Ministry of environmental protection and physical planning of Montenegro can monitor these indicators in shorter intervals (for example, every two years, as these are still rather stable indicators), but as was mentioned before, there is no coordination about this, as there is no special unit for monitoring and implementation of DPRS and there is no specific task assigned to the Ministry to monitor this.

More recent data on these indicators derived from the MDG indicator definitions can be acquired only through specialized population surveys (as was the case with the UNICEF survey).

**Indicator 7:** The data is not available. The study on the progress in the achievement of MDG is being prepared, and the process is lead by the World Bank. This study might enable calculation of the indicator for this field.

## **PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead**

### **ENVIRONMENT and SUSTAINABLE DEVELOPMENT MANAGEMENT**

In the context of economic development and poverty reduction, THE key environmental challenges are: (i) control and prevention of environmental degradation in order to thwart negative impacts on human health and natural eco-systems, and (ii) preservation of a good-quality resource base for a country's long-term development.

The right to a healthy environment and sustainable development principles are rationale for the environmental and natural resources management activities. **The Strategy objectives include:** (i) improvements in the legislative and institutional frameworks for the environmental management, (ii) improvements of the environmental management system efficiency, (iii) implementation of priority projects aimed to reduce pollution and environmental degradation, and (iv) strengthening of policies and practices for sustainable use of natural resources.

**The existing environmental management system has numerous weaknesses.** The most significant ones are:

- i. The legislative framework is inadequate and deficient, while the existing regulations are poorly enforced; the institutional capacity (including human resources) is insufficient to address environmental issues in an effective manner, while sector strategy and policy are underdeveloped;
- ii. The information and monitoring systems are underdeveloped, and they do not represent a reliable basis for monitoring the situation and for decision-making; particularly linkages between state of the environment and human health, sustainability in the use of natural resources and similar;

- iii. Existing mechanisms for public participation in environmental decision-making are inadequate;
- iv. Financing of the sector is insufficient, since spending for environmental protection programs accounts for less than 0.1% of GDP;
- v. Pressures on biodiversity and natural resources (such as space, land, water, forests) are evident, while adequate control mechanisms are lacking;
- vi. Environmental quality is being impaired through inadequate treatment and disposal of municipal waste and wastewater, pollution from industry, mining and transport, while pollution prevention and control measures are not developed to a satisfactory level;
- vii. The level of integration of environmental concerns into other sectors is unsatisfactory.

The **air pollution** (Co<sub>2</sub> and other) levels exceed permitted standards in certain municipalities. **Major pollution sources** include thermal-power plant and Pljevlja Coal Mine, power plants of large industrial facilities (Aluminium Plant Podgorica, Iron and Steel Works in Nikšić), motor vehicles, and fuel combustion by households.

About 45% of **municipal waste** is collected in an organized manner, while there are no waste disposal sites that meet sanitary requirements. Separation of wastes and recycling are only done on a small scale; separation is often done improperly, and in a manner harmful to human health. Existing waste disposal sites pose risks for groundwater and soil contamination, and present a health hazard for the people who live in their vicinity. A particular source of risk is inadequate treatment of non-hazardous and hazardous wastes generated by industry and mining. Prior to their discharge to natural recipients, municipal wastewaters are treated for as little as 11% of inhabitants. The lack of adequate treatment of industrial wastewaters is also common, regardless of whether they are discharged directly or into the public sewage systems. As a result of inadequate treatment of wastewater, some watercourses (rivers and coastal sea) fall below prescribed water quality standards.

**Incidence of excessive and uncontrolled exploitation of natural resources** was evidenced during in the past years. Examples primarily include: (i) illegal use of forests, mineral raw materials and fish stock, (ii) conversion of agricultural land, and (ii) illegal construction and negative impact on the environment. Evidence of the many-fold pressures on biodiversity and protected areas (incl. destruction of habitats, pollution, illegal hunting and fishing, uncontrolled collecting of plants) raises serious concerns related to sustainability .

For the **purpose of enhancing the environmental management efficiency**, the following measure will be undertaken: (i) establishment of the Environmental Agency, (ii) establishment of the Environmental Fund, (iii) strengthening the environmental policy measures and instruments, (iv) raising public awareness on sustainability issues, (v) including environmental protection in educational curricula, (vi) strengthening the information and monitoring systems, (vii) reform of the urban planning system, (viii) preparation of strategic documents and action plans, (ix) preparation of the cadastre of polluters, and (x) preparation of categorization and inventory of hazardous and industrial wastes. Among the environmental policy measures and instruments, special attention will be paid to the improved use of the existing, and the introducing of new, economic instruments (e.g. product charges related to waste, incentives for the environmentally friendly activities).

Finally, **priority measures to foster policies and practices of sustainable resource use include**: (i) revision of legislation on biodiversity protection and conservation, (ii) preparation of biodiversity strategy and action plan, (iii) improvement of management plans and practices for national parks and other protected areas, and (ix) promotion of projects based on sustainable use of natural resources (eco-tourism, organic agriculture).

FORESTRY MANAGEMENT



**Problems in forest management are multiple and they include:** (i) small size of privately owned forests, (ii) unplanned cutting (wood is mainly used as timber or firewood) and a poor enforcement of regulations, and (iii) unfavourable forest exploitation methods and poor technical equipment. Wood-processing industry is in a very bad condition, and is closely associated with problems in forest management. Particularly important are incidence and damages from forest fires, along with forest illnesses caused by the air pollution, pathogenic micro flora and vermin. In 2000 only, more than 250 forest fires occurred, in which almost 2,000 hectares were burnt down, and around 150,000m<sup>3</sup> of wood was destroyed or damaged. There are no accurate data on the scale of forest illnesses and affected areas.

**The improvement of forest and water resources management** requires significant changes to both legislative and institutional frameworks. In the case of water resources management, for instance, harmonization with the EU standards and introduction of the river-basin integral management will bring about major modifications. The legislation and institutional reform process relevant to forest resources is more advanced, but some major changes still lie ahead. One of the key issues in financing area is the need to set concessions and other forms of compensations in a manner that will provide for the sustainable resource use.

**7. Strategy objectives for forest and water resources management include:** (i) improvement of the legislation and institutional frameworks; enhancement of measures and instruments used in forest and water resources management, (ii) strengthen sustainable management of forests and other forestry resources, and obtain certificate for sustainable forestry, (iii) provide support to the development of economic sectors and activities based on controlled and sustainable use of forest and water resources, and (ix) strengthen sustainable management of water and other water resources.

In order to obtain certificate on sustainable forest management, priority measures comprise preparation of the forestry development strategy and introduction of geographical information system. Furthermore, it is necessary to implement measures aimed at preventing forest withering and illnesses, to upgrade the fire protection system, rehabilitate some of the degraded forests and afforest cleared areas.

**Incentive measures for economic sectors and activities include:** (i) providing support for restructuring of wood cutting and wood processing enterprises, (ii) developing production of seeds and seedlings, (iii) utilization and protection of wild growing mushrooms, (iv) promotion of the use of non-timber forest products, and (v) promotion of fish farming and mari-culture.

**Measures aimed at strengthening sustainable management of water and water resources** refer to preparations for introduction of water information system and provision of incentives for efficient and multipurpose use of water. In order to improve eroded surfaces and regulate torrents in endangered areas, the priorities are to analyse existing conditions and prepare feasibility study, and to implement a pilot project for Tara and Lim river basins.

#### BIOLOGICAL DIVERSITY

Information is available on the plans to promote biological diversity including under the various environmental management plans indicates a very sizeable rise in the area under protection. This is shown in the target figure for 2105.

#### ENERGY AND POWER MANAGEMENT

The energy and power sector in Montenegro is facing a serious supply and usage crisis due to the excessive load taken by the industrial sector at below-cost (subsidized) prices. The **measures for increasing reliability of power supply**, undertaking the most feasible and necessary investments in production, transmission and distribution of power will have priority. Such investments include rehabilitation and replacement of equipment in some of the power plants, construction of priority transformer stations and the increase of transforming power, as

well as necessary upgrading of the distribution network. Moreover, measures aimed at decreasing technical losses in production, transmission and distribution of power are very important, as well as continuation of activities aiming to reduce commercial losses.

Based on an Agenda of Economic Reform, the strategic **objectives for the energy sector include**: (i) improving general conditions for the functioning of energy sector, (ii) increasing the power supply reliability, and (iii) increasing energy efficiency and improving energy sector environmental performance. In addition the following aspects of the management of the sector are evident.

**Financing of the electric power system** as the most important segment of the energy sector in Montenegro is rather problematic. For a prolonged period of time, electricity tariffs were not sufficient to cover the real costs of supplying energy. This has led to a permanent shortage of funds, which in turn poses a risk to normal operation and maintenance of the system. The financing problems are interrelated with other inefficiencies of the sector, such as high and unreasonable consumption, high technical and commercial losses and low collection rates.

A high share of **hydro-energy** in domestic electricity production (around 75% of installed capacity) coupled with a substantial electricity deficit has a negative impact on power supply reliability. In the mid-term period, some increases in production are feasible through enhanced efficiency in existing power plants and better utilization of renewable energy sources (small hydro-power plants, solar and wind energy). **Production of coal** is also facing complex problems, including the lack of investments necessary for modernization of technology, efficiency improvements and extension of mines.

By adopting the new **Energy Law** in July 2003, an important step has been made towards reforming the sector. In 2004 the new independent Regulatory Agency for energy sector was established, and it regulates the energy sector in Montenegro on the principles of objectiveness, non-discrimination and transparency, in accordance with the effective international standards.

The restructuring of energy sector enterprises (Electricity Company of Montenegro - EPCG, Pljevlja Coal Mine) has commenced. Tariffs are approaching market levels, and the market price of electricity can be determined only by the market, which is supposed to be totally opened by 2009. In the transition period, the consumers will gradually be left to the market, the producers will prepare themselves for those conditions, and at the same time there will be an increase in competition on the supply side. The problems of subsidies for the key consumer (KAP) are being addressed, as well. These reforms are a precondition for the sustainable development and self-financing of the sector, and are therefore a basis for attracting necessary investments and ensuring fiscal sustainability.

**The basic principles of the reform** are security and reliability in power supply under fair and reasonable prices, protection of interests of the economically and socially least privileged categories of population, and environmental protection. This in fact calls for the introduction of economic or market principles on one hand, and integration of the principles of social and environmental policies into energy sector on the other.

**The program of protecting the poor**, i.e. introduction of targeted subsidies in order to cover a portion of their consumption will be developed concurrently with the social policy reform. The subsidy program will be designed and monitored based on household surveys, that is on the data about the share of electricity expenses in the budgets of households below and/or around the poverty line (heating method and quality of heating will be also monitored).

Finally, **measures for increasing the energy efficiency** and reducing adverse environmental impact of the energy sector consist of: (i) preparing the national plan on energy saving and efficiency, (ii) educational campaigns for saving energy and increasing efficiency (as to both

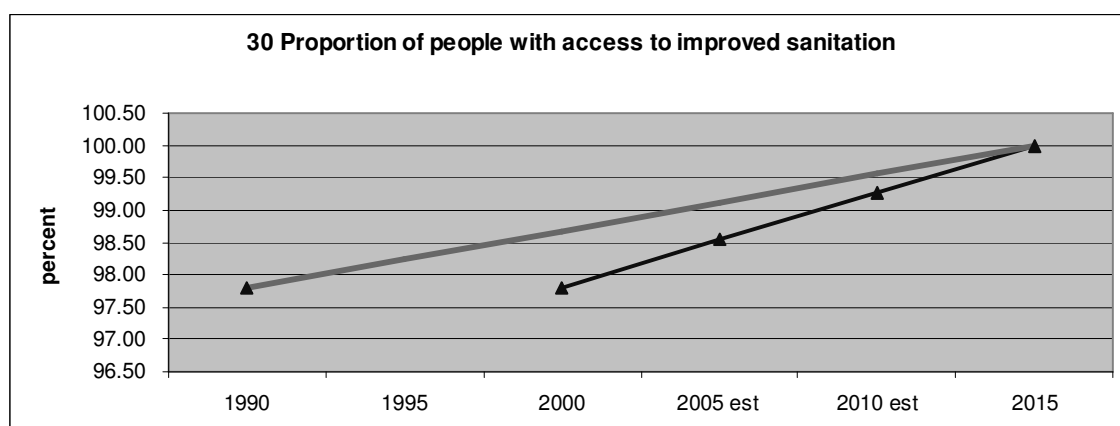
population and industry), (iii) increasing of energy efficiency in the public sector (incl. schools, hospitals, institutions, street lighting), (iv) promoting of renewable types of energy, and (v) implementing priority projects for environmental protection in Pljevlja TPP.

### WATER AND SANITATION

TARGET # 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water <b>Indicators</b>	1990	2000	2005 est	2015 target
29. Proportion of population with sustainable access to an improved DRINKING water source	96.1% est UNDP	96.1 Min EP &UP	97.4 est	100.0
TARGET # 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers				
30. Proportion of people with access to improved sanitation	97.8 est UNDP	97.8 Min EP&UP	98.5 est	100.0
31. Proportion of people with access to secure tenure	N.A.	N.A.	N.A.	N.A.

In the previous research that covered only the domicile population, poverty was not deep, approximately 1,3 (in the north it was 2,2).

#### Proportion of population with sustainable access to an improved DRINKING water source



**Proportion of people with access to improved sanitation (Graph 30)** According to the MDG definition, for these two indicators there are data only from UNICEF's survey (Multiple Indicator Cluster Survey) from 2000 (these data are shown in the table). Due to a wide variety of definitions of MDG indicators in this area, alternative indicators considered as more relevant for development expectations of Montenegro have been used. This is proportion of population/households using public and private water supply, and with access to sanitation

systems. These data has mostly been monitored through Census' in 1981 and 1991 which in both years suggest relatively high overall levels of drinking water access and sanitation systems but significant differences according to municipality.

Around 72% of the Montenegrin population is supplied through public, and another 11% through their own water supply systems. On the other hand, as little as 39% of the population is connected to public sewage system. More than one fifth of the population experiences interruptions in water supply, while problems with inadequate quality of drinking water quality occur in some municipalities.

The **situation with respect to water resources varies significantly across Montenegro** – from areas without any springs or surface watercourses to those where water is in abundance. Generally, Montenegro falls into the group of countries rich with water resources, where average run-off is 614m<sup>3</sup> of water per second. An average intensity of rainfall amounts to 2,000mm, while maximum rainfall reaches as high a figure as 5,000mm per square meter. Rivers belong to Adriatic (southern region or 47.5% of the territory) and Black Sea (northern region or 52.5% of the territory) catchments areas. Lakes are relatively numerous, and the largest and the most important is Skadarsko Lake.

**The water supply and sewage system is characterised by:** (i) unreliable water supply, particularly in coastal and some of the municipalities in the central region during the summer season; (ii) substantial disproportion in the water supply and sewage systems coverage of urban and rural areas; (iii) high depreciation of water supply network, which results in large losses and contributes to deterioration of drinking water quality; (iv) the lack of reservoir capacities and of the equipment for automatic control and management of the water supply system; (v) inadequately protected extraction of water from almost all the water sources, and (vi) low rate of connection to sewage network.

**Proportion of people with access to secure tenure** No data is available for this indicator. A World Bank study is expected to establish this figure.

## **PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead**

### **WATER AND SANITATION SECTOR MANAGEMENT**

**Problems of water resources management are numerous**, and they mainly relate to the irrational use of water and surface and groundwater pollution due to unsatisfactory disposal and treatment of wastes and wastewater. Moreover, problems of excessive and illegal exploitation water resources are present, including the fish stock and the extraction of gravel and sand from the riverbeds. At the same time, floods and torrents risk management needs to be improved, along with improvements of surfaces that have already been degraded due to negative water impacts.

**Measures aimed at improving the legislative and institutional frameworks** include adoption of the new Law on Water (in conformity with requirements of the EU Water Framework Directive) and establishment of the Water Regulatory Agency. Moreover, establishing of administrative bodies at the level of river basins is foreseen, as well as their capacity building and improvements in the law enforcement, especially in the cases of illegal resource utilisation.

One of the key problems of the sector is associated with prices of URBAN water supply and sewage services. For a prolonged period of time, these prices have been set at a lower level than what the actual economic cost of water supply and wastewater disposal. Such a **pricing policy** has led to a constant lack of funds for maintenance and investments on one hand, while on the other it has contributed to excessive consumption. Despite the significant investments in the rehabilitation of infrastructure facilities for water supply and sanitation in the previous few years, the situation in water supply is still unsatisfactory, especially in the coastal municipalities. At the same time, management and financial operations in the public utility companies as the only service providers in this field have deteriorated significantly. Negative trends were also observed with the collection rate, which has dropped by almost 20% in the period from 1998 to 2000.

Current circumstances in water supply and wastewater disposal can have a negative effect on both economic opportunities and human health. Reliability and quality of water supply and sewage disposal are, for instance, one of the basic preconditions of further tourism development in the coastal region. Thus far efforts towards sector's commercialisation and the creation of opportunities for new funding mechanisms (e.g. public-private Partnerships) have not led to a noticeable improvement.

**The underlying principles of changes in water supply and sewage sector** will be equitable access to drinking water (as per both quantity and quality) and principles of water resources preservation and environmental protection. The introduction of market conditions will proceed along with changes in legislative and institutional frameworks, where the state will act as a regulator and protector of interest of the economically most deprived population categories (through well structured tariff and subsidy policy). Moreover, the application of "user" and "polluter pays" principle, and the EU accession process are crucially important for sector's reform.

**Basic objectives of the DPRS regarding water supply and sewage are:** (i) to improve the legislation framework and to start the process of harmonizing it with the EU legislation, (ii) to improve the efficiency, management and financial operations of service providers, (iii) to enhance the accessibility and quality of water supply services, and (iv) to protect human health and the environment.

Furthermore, necessary measures comprise capacity building of public utility companies and strengthening of regional cooperation, as well as preparation of sector investment strategy based on existing and future strategic documents. Concurrently, it is necessary to gradually increase prices of utility services up to the cost recovery level, to create incentives for rational water consumption and to improve the collection rate.

Share of water supply costs in the overall expenditure of poor households will be monitored through household surveys (part of the monitoring and evaluation process), and an adequate subsidy program will be defined. **Subsidies** will be realized through direct transfers to public utility companies and will cover part of water consumption costs of the poor. In addition to **targeted subsidies, measures intended to improve the access and quality of drinking water include:** (i) measures for improving water supply systems in rural areas, (ii) measures for improving water supply to urban locations where some socially marginalized groups live, (iii) decreasing water supply interruptions, particularly in the southern and central regions, and tourist municipalities through construction of the regional water supply system, (iv) measures to reduce water losses in the network and to improve the drinking water quality, and (v) measures to protect currently used and potential drinking water springs.

As for the **measures aimed at protecting human health and the environment**, priorities include support to construction and reconstruction of sewage systems in the parts of settlements where marginalized social groups live, and in the coastal tourist centres.

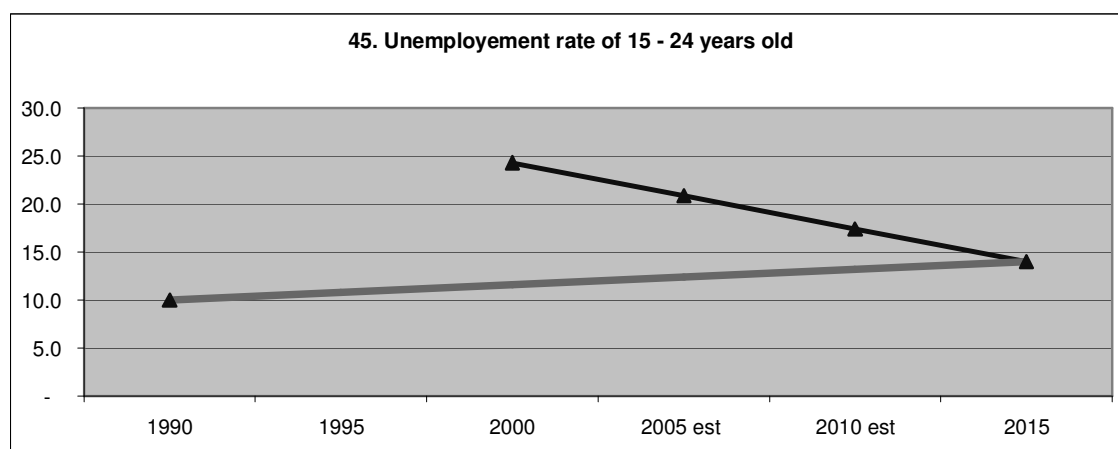
## GOAL 8

### DEVELOPING PARTNERSHIPS FOR DEVELOPMENT

	1990	2000	2005 est	2015 target
TARGET # 12 <u>Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.</u> (good governance, ETC)	<b>PARTLY RELEVANT</b>			
TARGET # 13: <u>Address the Special Needs of the Least Developed Countries</u>	<b>NOT RELEVANT</b>			
TARGET # 14: <u>Address the special needs of landlocked countries and small island developing States</u>	<b>NOT RELEVANT</b>			
TARGET # 15: <u>Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</u> <u>Official development assistance (ODA)</u>	<b>PARTLY RELEVANT</b>			
TARGET # 16: <u>In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</u> 45. Unemployment rate of 15-to-24-year-olds	<b>PARTLY RELEVANT</b> 14.0%*	24.3%*	20.9%	14.0%
TARGET # 17: <u>In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</u> 46. Proportion of population with access to affordable essential drugs on a sustainable basis	80.0%*	85.0%**	90.0%	100.0%
TARGET # 18: <u>In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies</u> 47. Telephone lines per 1,000 people	190 (land lines) 1.2 UNDP ests	350 est (L&C) 2.3 UNDP ests	360 est (L&C)	450 (L&C)
48. Personal computers per 1,000 people			6.0 UNDP ests	20.0 UNDP ests

## TRENDS and CURRENT STATUS

### EMPLOYMENT AND UNEMPLOYMENT



**Unemployment rate of 15-to-24-year-olds** The trend between 1990 and 2000 was very adverse and unemployment reached its peak in 1996 and has fallen since then ...and is projected to improve to 2015 under the medium term forecasts. The figures have been adjusted to account for the employment in the grey economy.

**The unemployment rate** in Montenegro, in 2002, was 30.4 % (according to the official records) while, according to the data from the Labor Survey, this rate was 20.7 %. The difference is accounted for by "unemployed" workers registered with the labor market bureau who also hold jobs in the "grey" economy. This strategy enables these employees to qualify for health insurance, which is extended to those who register as "unemployed", meaning that they do not hold jobs in the formal sector. The average unemployment rate, according to the Survey, calculated as an average of the unemployment rate with and without technological and economic redundancies, amounts to around 24%.

**Unemployment** is often associated with social exclusion, marginalization and the non-utilization of human resources, particularly in terms of knowledge, labour, and time. Employment status is highly correlated with the risk of poverty. During the consultation process, the issue of employment arose as the single most important issue on the minds of the poor. This included the lack of jobs, the lack of adequate remuneration for jobs, and the uncertainty of the duration of employment.

The basic characteristics of unemployment in Montenegro are:

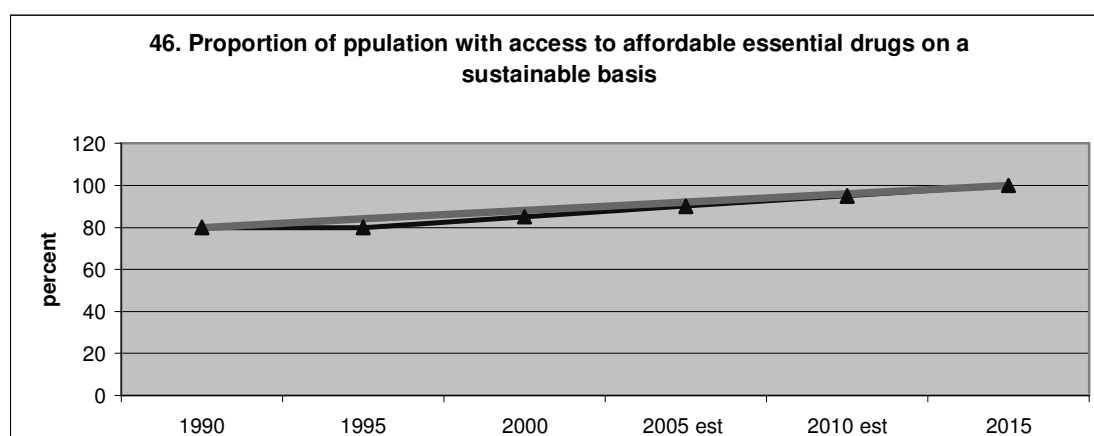
- **Unfavorable ratio between the number of employees and the unemployed.** The ratio between the number of the unemployed and employees (based on official records) was **1:1.4**, while, according to the Survey, it was **1:3.3**;
- **Durability** is one of the main characteristics of unemployment in Montenegro. According to the official data from 2002, 82.3 % of the unemployed have been waiting for employment for over a year (58.8 % in 1990). According to the data from the Survey, long-term unemployment participates with 85.9% in the overall unemployment. **Presently, the average waiting for employment in Montenegro is 4 years** (2.8 years in 1990);
- **Gender inequality.** According to the official data, in the course of 2002, the unemployment rate among men amounted to 20.6%, and among women to 40.4%, while in terms of the Survey statistics, unemployment amounted to 14.2% and 26.3 % for men and women respectively;

- **High share of unemployment among young persons. According to the official records, 24% of persons under 25 years of age wait to be employed** (49.6 % in 1990), and according to the Survey, that percentage is 29.3%. Average age of presently unemployed persons is 33 years (29 years in 1990);
- **There is a clear disproportion between labor supply and demand.** In the previous year, the labor supply was 6 times higher than the demand, while in case of certain occupations with secondary school qualifications that ratio exceeds even 10 to 1.
- **Regional disproportions.** In the course of 2002, the share of the number of unemployed in the northern region was 45% in relation to the overall number of the unemployed in the Republic. In the central part of the Republic that share amounted to 35.3%, and in the South it was 19.7 %;
- **High level of hidden unemployment** is estimated to have reached 39000 people.
- **High share of persons with disabilities are unemployed.** According to the available data from 2002, there are about 67700 **persons with disabilities** living in Montenegro, out of which 2563 are unemployed receiving benefits, which represents 3.16% of the overall number of registered unemployment. Registered with the Bureau there are 569 categorized young persons (categorized young persons are entitled to financial compensation for the entire period of waiting for employment).

## PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead

The new **Law on Employment**, adopted last year, has provided a better quality statutory and institutional framework for regulation of mediation in employment in the labor market. The Law governs the procedures of employment, unemployment insurance, rights of the unemployed, the methods of securing unemployment benefits, as well as a series of other issues of relevance for "organized and productive employment". In general, increase State's financial support responsibility in terms of its support to job creation. This Law specifies the setting up of the **Labor Fund** as a new legal entity, whose founders are the Government, the Association of employers and the authorized trade union organizations. The Labor Fund will be engaged in the problems of employees who become redundant as a consequence of technical, economic and organizational changes. However, such a fund, due to the lack of financial resources has not as yet, in operation. The new Law sets forth the **co-financing of public works** with the aim of stimulating job creation and developing capacities of the unemployed, **co-financing job creation** for the purpose of creating stimulating measures for the State with respect to employers, as well as **active employment policy measures**.

## ACCESS TO AFFORDABLE DRUGS





## TRENDS and CURRENT STATUS

**Proportion of population with access to affordable essential drugs on a sustainable basis (Graph 46)** This figure remains high and is expected to rise further towards 2015. However some problems exist in terms of accessibility and affordability for the poorest groups and in some geographic areas due to the poor distribution of health care facilities in some areas.

## PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead

INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT)

### TRENDS and CURRENT and STATUS PROSPECTS FOR ACHIEVING THE TARGETS and the CHALLENGES ahead

**Telephone lines per 1,000 people** These indicate that existing telephone coverage is very high and with the growth in cell/mobile phones the coverage and ownership of phones of all types will even higher.

**Personal computers per 1,000 people** Ownership of personal computers is still low but it anticipated to increase substantially over the next 10 years give the projected rise in personal incomes under the medium forecast.

INDICATORS DEVELOPED THROUGH THE ISSP RESEARCHES

Table 1. Some of the MDGs indicators divided by population groups

	Domicile population	RAE	Refugees	Internally displaced persons
Population	617,740	19,500 <sup>16</sup>	13,295	18,047
Percent of women in population	44.4% <sup>17</sup>	48%	54.5%	52.1%
Percent of population between 18 and 60 years (work force)	65%	41.7%	70.0%	59.6%
Percent of population more than 60 years old	12.2%	4%	8%	11.3%
Average age of population (in years)	35.75	21.6	31.9	28.4
Percent of population that is married <sup>18</sup>	52.3%	20.8%	38.8%	51.3%
Percent of households that do not have water installation in house/apartment	8.4%	45.4%	12%	12.2%
Percent of households that do not have toilet in house/apartment	5.9%	68.4%	30.1%	24%
Percent of households that has temporarily or long-time employed members	-	25.9%	57.6%	47.7%
Percent of children younger than 5 years	4.2%	51%	15.8%	-
Percent of those that suffered from some illness or injury in last year	-	24.9%	19.4%	16.8%
Percent of those that suffered from some	4.3%	4.2%	4%	2.2%

<sup>16</sup> Among them, 6,600 are internally displaced persons.

<sup>17</sup> According to aggregate data from Household Surveys number 2 to 6

<sup>18</sup> This question, was answered by population above 15 years old, and for domicile population above 12 years

kind of disability				
Percent of those thinks that condition of public health sector is bad <sup>19</sup>	-	50.8%	72.5%	60.5%
Percent of those having no education, among those that finished their education	7.5%	63.1%	10.4%	4.7%
Percent of those working or were involved in some kind of activity for money or goods compensation.	43%	10.8%	26.8%	24.3%
Number of those working at Saturdays	32.4%	74%	69.2%	74.0%
Average net income (euro)	229.0	144.2	182.7	201.1
Unemployment rate <sup>20</sup>	27.4%	43.3%	32.5%	30.4%
Percent of households that receive social protection	10,351 households	7.8%	0% <sup>21</sup>	0% <sup>22</sup>
Percent of population below poverty line	9.4%	52.3%	38.8%	38.6%
Economic jeopardized population	36.4%	75.6%	68.9%	73.2%
Food and beverages consumption (average, euro)	455.4	370.1	262.8	267.3
Health care (average, euro)	8.5	7.1	6.5	4.0
Education expenditures (average, euro)	9.7	3.4	4.0	4.0
Average total consumption and expenditures	921.4	554.8	506.1	499.1
Average number of household members	3.8	5.8	3.9	3.5
Average per capita consumption and expenditures	239.3	95.7	128.5	141.8

Source: ISSP - Living standards and poverty in Montenegro, 2002; ISSP, UNDP – Household survey of Roma, Ashkaelia and Egyptians (RAE), refugees and internally displaced persons, 2003; ISSP – Household Budget Surveys, No 2 to No 6.

***The preparation of this Draft MDG report has been undertaken by the representatives of the UNDP Office in Podgorica (Miodrag Dragisic, Programme Analyst and Dusanka Milakovic – Programme Assistant) with valuable inputs from the UNDP DRR Montenegro - Garret Tankosic-Kelly. Assistance was also obtained from the Ministry of Foreign Affairs of Montenegro, Montenegro Statistics Office (MONSTAT) and the Institute for Strategic Studies and Prognoses (ISSP).***

<sup>19</sup> The question was only for those older than 30 years.

<sup>20</sup> When unemployed is a person that do not have a job, but is looking for it

<sup>21</sup> Do not have a right for receiving social protection

<sup>22</sup> Do not have a right for receiving social protection