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### United Nations Children's Fund

Executive Board

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Item 4 of the provisional agenda\*

### **Draft country programme document\*\***

### **Republic of Montenegro**

#### *Summary*

The country programme document for the Republic of Montenegro is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$1,803,000 from regular resources, subject to the availability of funds, and \$2,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2009.

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\* E/ICEF/2006/18.

\*\* The country programme for the former state union of Serbia and Montenegro for the period 2005-2009 (E/ICEF/2004/P/L.16) was approved by the Executive Board at the annual session of 2004. In a letter dated 3 June 2006, the Permanent Representative of the Republic of Serbia to the United Nations informed the Secretary-General that following a referendum held on 21 May 2006, the National Assembly of Montenegro had adopted a Declaration of Independence and that the Republic of Serbia would continue the membership in the United Nations of the former state union. The Republic of Montenegro was subsequently admitted to membership in the United Nations on 28 June 2006. This draft country programme document for Montenegro covers the remainder of the previously approved programme cycle.



<i>Basic data<sup>†</sup></i> <i>(2004 unless otherwise stated)</i>	
Child population (thousands, under 18 years, 2003)	156.7 <sup>a</sup>
U5MR (per 1,000 live births)	10
Underweight (% , moderate and severe) 2005	3
Maternal mortality ratio (per 100,000 live births)	—
Primary school attendance (% , net male/female, 2005)	97/98
Primary school children reaching grade 5 (% , 2005)	97
Use of improved drinking water sources (% , 2005)	98
Adult HIV prevalence rate (% , end 2005)	<0.2
Child work (% , 5-14 years old, 2005)	10
GNI per capita (EUR, 2002)	1 056
One-year-olds immunized against DTP3 (%)	95 <sup>b</sup>
One-year-olds immunized against measles (%)	92 <sup>b</sup>

<sup>†</sup> More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

<sup>a</sup> Census, 2003.

<sup>b</sup> Institute of Public Health.

<sup>c</sup> Statistical office of Montenegro — MONSTAT

### **The situation of children and women**

1. The Republic of Montenegro formally declared its independence on 3 June 2006, after 55.5 per cent of its voters in the May 21 referendum supported separation from the Republic of Serbia. On 28 June, Montenegro was admitted to membership in the United Nations.

2. The country's has a population of 620,145, of whom one quarter are children. The child population has decreased by 8.5 per cent since 1991. According to the 2003 census, Montenegrins constitute the largest population group (43 per cent), followed by Serbs (32 per cent), Bosniaks (8 per cent), Albanians (5 per cent), Slavic Muslims (4 per cent) and Roma, Ashkealia and Egyptians (less than 1 per cent of the population). Montenegro has still 8,118 refugees from Bosnia and Herzegovina and Croatia and 16,545 displaced persons from Kosovo (according to the Office of the United Nations High Commissioners for Refugees (UNHCR) 2006).

3. In recent years, Montenegro has done much to set children high on the political agenda. In 2003, Montenegro established a Commission for Child Rights and in 2004 adopted the National Plan of Action (NPA) for Children, which is based on the poverty reduction strategy paper (PRSP) and the Millennium Development Goals. The NPA serves as a framework for the strategies, policies and programmes that the State has assumed in accordance with *A World Fit for Children*, the Plan of Action adopted by the General Assembly Special Session on Children, with specific targets for 2010 and 2015.

4. Accession to the European Union is a high priority, and implementation of European standards has been an important criterion to accelerate the reform process. The report to the Committee on the Rights of the Child was developed in 2005 by various ministries and compiled by the Ministry of Foreign Affairs, and is now

ready to be submitted. Although the Convention on the Rights of the Child is still not fully reflected in laws and policies, great efforts are being made to harmonize national policies and legislation with European Union and international standards.

5. The Constitution of Montenegro recognizes all children as equal with the same rights and entitlements. Laws, bylaws and plans have been adopted, including the Law on Child and Social Protection, Law on Health Care, National Strategy for HIV/AIDS, Strategy for Protection and Improvement of Reproductive Health, Law on Inclusive Education for Children with Disabilities, National Plan of Action for Youth, Roma Action Plan within the Decade of Roma Inclusion, and National Plan of Action for Combating Trafficking in Children. Other laws currently under revision are the Family Law, Law on Protection from Family Violence, Criminal Code of Montenegro and the Law on the Ombudsman. The latter needs a provision for the establishment of a Deputy Ombudsman for children. In the coming years, the Government will need to put much effort into the implementation of these laws.

6. The 2003 PRSP reported an absolute poverty rate of 12 per cent. Almost 30 per cent of children grow up below or close to the poverty line. Geographic disparities mark the social landscape of Montenegro, with the North being three times poorer than the central and southern areas. Poverty increases to 49 per cent for refugee and displaced children, and as high as 57 per cent for Roma, Ashkealia and Egyptian children.

7. Such wide and increasing disparities and exclusion of some population groups pose a threat to the achievement of some of the Millennium Development Goals. For example, the national under-five mortality rate (U5MR) is 10 per 1,000 live births but is four times higher for Roma children, rendering the achievement of Goal 4 rather challenging. As to Goal 2, the primary-school completion rate is relatively high at 98 per cent overall, but as low as 10-20 per cent among children in some population groups, such as Roma. Availability of pre-schools is still very low. Only 29 per cent of children attend a pre-school on average, while the figure for poor and excluded children, children with disabilities and children in poor parts of the country is much lower. Fewer than 5 per cent of Roma children have access to a pre-school.

8. Unfortunately, a decreasing trend in investment in health and education per child has been observed over the last 10 years. In order to prevent intergenerational cycles of poverty, the implementation of the NPA should be given the highest priority. This is in fact a pre-condition for achieving the Millennium Development Goals and for a sustainable reduction of poverty.

9. Institutionalization of children is a serious concern. Children are still being placed in Montenegro's orphanage, and there is a perception that this is a good solution for children. Approximately 450 children are placed in six institutions in Montenegro. The process of deinstitutionalization has started, although very slowly. A possible new alternative for children with disabilities arose with the establishment of a day-care centre, which needs to be replicated. Montenegro is a transit country for child trafficking, and therefore this has to be addressed both at the regional and the national levels. The National Plan of Action for Combating Trafficking in Children should be implemented as a matter of priority.

10. Patterns of child care among different population groups have been assessed. Exclusive breastfeeding rates are low, at 19 per cent. The main mode of HIV

transmission is sexual, which accounts for 75 per cent of infections. Some 31 per cent of known HIV infections occur before the age of 24 years, but the actual figure may be higher. Although knowledge about transmission of HIV is generally high, change in behaviour is lagging behind, with only 26 per cent of sexually active girls and women aged 15–24 years using condoms.

11. Gender inequities are prevalent. Over 50 per cent of women aged 15 years or older do not have a regular personal income. The unemployment rate among young people aged 19–24 years is 58 per cent. The highest rate of unemployment is among the Roma population, with over 80 per cent officially unemployed. This is also closely linked to their low access to education.

12. Primary-level service delivery is still at an early stage of reform. People are not accustomed to expressing their needs and lack the information and capacities they need to influence the quality of services. Mechanisms to adjust to the needs and requirements of the users are largely unavailable or not enforced. Harmonization of practices with legislation is still required. Training, participation and motivation of service providers, most of whom are poorly paid, are requirements to establish democratic and rights-based service delivery. During the two first years of the 2005–2009 programme period, important new initiatives were developed and promising processes are now taking off. This programme will strengthen and expand these processes in municipalities and communities.

### **Key results and lessons learned from previous cooperation, 2005–2006**

#### **Key results achieved**

13. UNICEF cooperation with the Government has been included under the country programme for the former state union Serbia and Montenegro for 2005–2009 (E/ICEF/2004/P/L.16), which focuses on specific areas where the Government would need the greatest support: (a) social policy reform, which is well under way; (b) system building, to improve service delivery; and (c) community mobilization, to strengthen people's capacities, especially the poor and excluded, to influence the quality of services.

14. Some of the key results in the area of social policy reform supported by UNICEF include the laws and policies cited in paragraph 5 above. The Law on the Ombudsman is being amended to include provision to establish a Deputy Ombudsman for children.

15. As for system building, service delivery and community mobilization, the interaction between service providers and communities, families and children is apparent in the day-care centre for children with disabilities. Services were extended through programmes for identification and immunization of excluded children who had not been registered. Local multidisciplinary teams for response, referral and protection of children affected by violence, abuse and neglect, have been developed and are functioning in seven municipalities.

16. National strategies have been developed for youth participation and HIV/AIDS and their implementation has begun. In partnership with Irish Aid, services and outreach for HIV/AIDS prevention among young people made considerable progress in three important areas: (a) development of a protocol and standards for voluntary and confidential counselling and testing (VCCT) and the establishment of the first

VCCT centre; (b) establishment of youth-friendly health services in two municipalities; and (c) outreach services working with peer networks in four municipalities which are addressing stigma, discrimination and HIV prevention among the most at-risk adolescents.

17. The first model for juvenile justice reform was developed with local partners, under which legal provisions for diverting children in conflict with the law from court procedures have been adopted and mediation between victims and offenders and community-based work have been introduced. A centre was launched to support children and families in conflict with the law and child victims of violence, abuse and neglect. This is part of a comprehensive juvenile justice reform programme that is being developed in partnership with the Ministries of Justice, Social Welfare and Interior, the Office of Supreme State Prosecutor, the Ombudsman and municipalities, with support from the Swedish International Development Agency (SIDA). The Draft Family Law was significantly strengthened in terms of compliance with the Convention on the Rights of the Child.

18. Technical and child-rights training of large numbers of health providers, teachers, social workers and other professionals resulted in a strong cadre of committed and informed individuals who are now acting as a force for change at the local level and will be an important resource for the implementation of the country programme.

### **Lessons learned**

19. The two first years of the country programme, with its three components on policy reform, system building and community participation, proved the importance of ensuring systematically that public sector reform and related interventions are carried through at all levels, that gaps are identified and addressed and that children, especially the poor and excluded, are really benefiting. Processes based on partnership are set in motion, supporting and promoting other actors, such as ministries, municipalities, communities and civil society, to take the lead in the reform process. As an example, the Montenegro Statistical Office has completely adopted and integrated *DevInfo* as one of its internal working tools. Key ministries are using *DevInfo*, thus laying the ground for evidence-based decision and policy-making and allowing direct interaction with municipalities that are monitoring child indicators with *DevInfo* as part of their routine planning and monitoring functions.

20. Local plans of action for children (LPAs) have been adopted and are being implemented in two municipalities and are being developed in four more. Over the last two years, the LPAs have enhanced civic participation in local decision-making in these municipalities; created awareness of critical issues and strong partnership and commitment for children; strengthened relationships between primary service providers and the community; and resulted in greater sense of community ownership of services. With *DevInfo* established in these municipalities, disaggregated data on previously invisible children are now becoming available. This work, accomplished in partnership with the Canadian International Development Agency (CIDA), has opened the possibility for evidence based policymaking and for monitoring the effectiveness of programmes and interventions.

## The country programme, 2007-2009

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Partnership and social policy reform for children	700	250	950
System and institution building	300	850	1 150
Community mobilization	500	650	1 150
Cross-sectoral costs	303	250	553
<b>Total</b>	<b>1 803</b>	<b>2 000</b>	<b>3 803</b>

### Preparation process

21. With the independence of Montenegro, the United Nations Development Programme (UNDP) and UNICEF began to prepare separate country programme documents. The Government wishes to continue the programme of cooperation reflected in the document approved for the former state union of Serbia and Montenegro (E/ICEF/2004/P/L.16). The existing programme components will be supplemented by a strategic emphasis on partnerships under the component on partnership and social policy reform for children.

22. The programme was developed alongside and influenced by the PRSP and the NPA. Participatory research with children and families living in poverty in the country was part of both processes. The strategic results for the country programme were harmonized with the goals of the PRSP and NPA.

### Goals, key results and strategies

23. The overall goal is to ensure that children, particularly those who live in poverty and are socially excluded, enjoy and exercise their rights. The country programme will build partnerships for children; develop capacities, commitment and basic conditions; and support the Government and civil society in their efforts to progress towards this overall goal.

24. The country programme will contribute to the following key results: (a) 30 per cent of excluded girls and boys will complete quality, gender-sensitive basic education and gain appropriate knowledge and skills; (b) an increase of 30 per cent of at-risk and institutionalized children provided with alternative forms of care; (c) the U5MR will be reduced by 50 per cent among excluded vulnerable groups and by one third at the national level; (d) 50 per cent of children aged 0 to 3 years old in 15 municipalities will have caregivers who are knowledgeable in parenting practices; (e) 50 per cent of adolescents and at least 30 per cent of the most at-risk adolescents will have access to knowledge, and adolescents in 15 municipalities have access to services necessary to practice healthy life styles and prevent HIV/AIDS; and (f) prevention and adequate responses in cases of child abuse, neglect and exploitation increased.

25. The country programme's three components reflect strategies to support the Government and institutions in strengthening the legal framework for children at the

central level; to strengthen capacities and improve both quality and access to primary services at the service level; and to empower families, especially children, as rights holders at the community level. In addition, child protection, a relatively new concept in Montenegro, will be an integral part of each programme component. In this way, all components are mutually reinforcing in order to maximize the programme's impact and ensure sustainability and local ownership of results.

26. UNICEF and other United Nations agencies will advocate with and support the Government in the development of an emergency preparedness plan.

#### **Relationship to national priorities and the United Nations Development Assistance Framework**

27. The country programme supports the implementation phase of the PRSP to combat child poverty at central and local levels. The programme also supports the further development and implementation of the NPA and LPAS for children and the monitoring of development indicators through *DevInfo*. The structure and all outcomes of the programme directly support the achievement of the three UNDAF outcome areas of institutional and public administration reform; judicial reform and rule of law; and sustainable local development.

#### **Relationship to international priorities**

28. The Government has adopted the Millennium Development Goals and incorporated them into the PRSP. The PRSP, Millennium Development Goals and the goals of Education for All and *A World Fit for Children* served as the basis for the Plan of Action for Children in Montenegro, which also served as basis for this country programme.

29. The Millennium Declaration, the Millennium Development Goals (with the exception of Goal 7, environment) and the priorities of the UNICEF medium-term strategic plan are integrated into the country programme, with a focus on children living in poverty, children of minority groups and children with disabilities, especially girls, and their access to quality education and a healthy and stimulating early childhood. Child protection efforts focus on deinstitutionalization processes and on policy frameworks and mechanisms to reform the juvenile justice system, address child trafficking and prevent and respond to child abuse, neglect and violence. Prevention of mother-to-child transmission of HIV (PMTCT) and of new transmission of the virus will be addressed by programmes for pregnant women and for adolescents. Partnership is a concept that underlies the entire programme, including private sector partnership and fund-raising. A regional priority — sustained elimination of iodine deficiency disorders — will also be pursued.

30. UNICEF is working in close partnership with the European Commission and its programme for harmonization of Montenegro's legal and policy standards with regard to all legal revisions related to children. Work on alternative measures and sanctions for juvenile delinquencies is being coordinated with the European Agency for Reconstruction and the Council of Europe, and UNICEF is supporting the establishment of alternative measures of community-based work. A working group has been established on the revision of the Ombudsman law to appoint a deputy for children, with the Council of Europe and government counterparts.

## **Programme components**

### **Partnership and social policy reform for children**

31. Processes to reform social policy are under way. New legislation on education, health and social welfare has been drafted and a development policy framework established in the PRSP and plans of action for children. However, some policy and legislation are not inclusive, are not yet in line with such international conventions as the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and do not reach European or international standards. There is no Code for Children. Areas requiring special attention include early childhood policies, inclusive education, legislation on sexually transmitted infections and HIV/AIDS, special protection measures and referral mechanisms for abused and exploited children, and juvenile justice. Special focus on deinstitutionalization strategies is needed, as well as on alternative and community-based care. This component includes also a strong advocacy and partnership development component.

32. The programme aims to support the Government's social policy framework and national legislation for children. Expected key results are: (a) policies preventing and redressing exclusion of children are applied; (b) a legislative framework that incorporate both Conventions and is in accordance with European standards is adopted; (c) the Government collects, analyzes and uses disaggregated data and monitors the realization of children's and women's rights for evidence-based policy development and decision-making; and (d) alliances are built with a broad range of strategic partners, including the private sector for advocacy and fund-raising purpose.

33. The programme will provide technical assistance to relevant public sectors on: (a) the development of national guidelines and protocols for integrated early childhood development, nutrition and a long-term immunization plan; (b) policies and protocols for inclusive education and the implementation of a Roma education strategy; (c) the adoption of policies and legislation on HIV/AIDS, addressing mainly prevention among at-risk adolescents and PMTCT, and national policies and strategies related to adolescents' health and participation; and (d) protocols and special protection measures for children who are victims of violence, abuse and neglect, and comprehensive reform of the juvenile justice system.

34. The programme will build on both international and local community-based experiences. Relevant experience from other countries will help to ensure harmonization with international and European standards. Lessons learned from local initiatives that focus on the poor and excluded populations will help the Government to develop more inclusive policies. The programmes on building systems and community mobilization will be closely linked to the programme for social policy reform, since they will identify mechanisms and policies for inclusion through a dialogue between primary-level services and the poor and excluded population.

35. The implementation and monitoring of national and municipal plans of action, using *DevInfo*, will play a central role in sustained investment in children. Disaggregated data and better information on the situation of children will assist more effective, evidence-based decision- and policy-making at all levels. A strong



information base will also be used to advocate for a culture of rights within the country.

36. Key partners are public sector ministries and such national institutions as the Institute of Health and Bureau for Education, non-governmental organizations (NGOs) and the private sector. Partnership on specific issues is expected mainly with CIDA, the Council of Europe, Irish Aid, the Organization for Security and Cooperation in Europe (OSCE), SIDA, UNDP, the Office of the United Nations High Commissioner for Human Rights, UNHCR, the World Bank, World Health Organization and other European agencies.

37. Regular resources will be used mainly to make core technical local and international expertise available to the Government and civil society in relation to policy reform, participatory monitoring and social mobilization, given the emphasis on advocacy and social communication. Other resources will fund specific interventions.

38. **System and institution building.** Access to education, health and social protection services is not universal in practice. Less than one third of children attend pre-school education. Approximately 80 per cent of Roma do not finish primary school. Only 30 per cent of Roma are covered by immunization programmes, and not more than an estimated 30 per cent of children with special needs are enrolled in mainstream schools. Services are often “one size fits all”, there are discriminatory practices by service providers and ownership is with the system and not with the people. Cooperation between service providers and their users is weak, as is intersectoral collaboration.

39. The programme component aims to assist government efforts to ensure access to quality and child-centred social services, especially for poor and excluded children at the local level. The key results will be: (a) professional standards for local social services are in line with international standards; (b) excluded groups are identified and inclusive, community-based models are developed and implemented and ensure universal access to basic social services; (c) cross-sectoral and functional linkages between users, civil society and services are applied; (d) referral systems and mechanisms for users to claim redress will be in place and successfully used; and (e) civil society organizations (CSOs) and local authorities jointly monitor the implementation of the national and local strategies and plans for children.

40. Within the framework of the PRSP and NPA, the programme will support the decentralization processes and the development of municipal-level models of social-service delivery aimed at including all children, and focusing on municipalities with minority populations and high levels of poverty. Collaboration between municipalities, services, users and NGOs will be supported to ensure community participation in the development of health, education and social services. The participation of children, young people, families and community-based organizations (CBOs) from among the most excluded communities will be encouraged through participatory research and dialogue as part of local municipal-level planning. Technical support will be provided to incorporate diverse local expertise and lessons learned from local pilot projects into national policies.

41. Technical expertise will be provided for the development of professional standards that are in compliance with international standards, for ensuring that services are client-centred and that the quality of services is improved, coverage for

excluded groups is broadened and the rights of children, women and families are being fulfilled.

42. Major counterparts will be local-level service providers including municipal authorities, health centres, schools and pre-school institutions, social welfare centres, local media, CSOs, NGOs and local associations (parents, youth, etc.). International partners will include CIDA, Irish Aid, SIDA, European agencies, United Nations agencies and international NGOs.

43. Regular resources will be used mainly to make core technical local and international expertise available to the Government and civil society. Other resources will fund the majority of specific programme interventions.

44. **Community mobilization.** The NPA and the PRSP underline the importance of the participation of children and their families and communities in national and local development processes and reforms. Communities have only recently started taking a more proactive role and initiatives are needed to stimulate and create an informed demand.

45. The aim of this programme is to ensure that children, their families and communities are aware of and have the capacity to participate in decisions and processes affecting their lives. The programme focuses on individuals and on their access to information, knowledge and skills to exercise their rights and use the means of redress if their rights have been violated.

46. The expected key results are: (a) child-care practices are improved; (b) violence against children will be better understood, analyzed, documented and addressed; (c) healthy lifestyles are understood and practiced by poor and excluded children and young people; (d) participation of children and their families in civil and public life and in policy making is increased; and (e) children's rights are better understood, supported, promoted and protected by children, families and communities.

47. Participatory approaches will be emphasized, with a focus on enabling competent networks at national and local levels and local authorities and organizations to support poor and excluded groups to organize themselves and to build their capacities to participate in social processes and in the social development of their communities in relation to the local plans of action. Youth networks will be supported to further develop peer education programmes.

48. Major partners will be networks of CBOs, local NGOs, children, young people, women, minority organizations, parents' associations, associations of disabled people, municipalities and local media. International partners will include, CIDA, the Council of Europe, Irish Aid, SIDA, other European agencies and United Nations agencies.

49. Regular resources will be used mainly to make core technical local and international expertise available to civil society in relation to participatory monitoring and social mobilization, given the emphasis on advocacy and social communication. Other resources will fund specific interventions.

50. Cross-sectoral costs will cover the basic operational costs including operating expenses, salaries of cross-cutting staff, travel costs and other equipment as necessary. They will also cover implementation costs that are not attributable to individual programmes.

**Major partnerships**

51. Major local partners are ministries of health, education, social affairs, justice, youth, finance and international economic relations. The Montenegrin Commission for Child Rights, the Parliament, the private sector, professional associations and academic institutions, the media and CSOs will be partners in advocacy and planning. Local municipal authorities and services, CBOs (especially women's and young people's organizations) and NGOs (primarily local but also some international ones) will be partners in the planning and implementation of programmes at the local level. International partners will include CIDA, the Council of Europe, the European Agency for Reconstruction, Irish Aid, OSCE, National Committees for UNICEF, United Nations agencies, SIDA, the World Bank and the private sector.

**Monitoring and evaluation and programme management**

52. A mid-term review will be held in 2007 as planned in the 2005-2009 programme. Key indicators to assess progress and monitor results include school completion rates, immunization coverage rates among the poorest fifth of the population, the number of children in institutions and the number of municipalities with LPAs. Data are disaggregated by gender, ethnicity and location. Baseline studies have already been developed on parenting skills, perception on poverty, prevalence of violence in schools, knowledge and life skills, among others. *DevInfo* is used as standard tool in the statistical office and in main ministries, and is being extended to the municipal level. Monitoring and evaluation of programme activities are coordinated within an integrated monitoring and evaluation plan, supplemented by regular joint field monitoring by UNICEF and government staff, surveys and studies. An evaluation of juvenile justice reform is planned, and a multiple indicator cluster survey carried out in 2006 will serve as a baseline.

53. UNICEF will support the evaluation of the UNDAF in 2008 in collaboration with the Government and national counterparts. The Ministry of Foreign Affairs is the overall partner and the management and coordination responsibilities are with the Commission of Child Rights.

54. The UNICEF Montenegro office will be in Podgorica and housed in United Nations premises.