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

Republic of Montenegro
Ministry of Foreign Affairs

The basic aim of Montenegro, as a European, Mediterranean state is to be recognized as a modern and democratic country, representing an equal partner to the other states and having a constructive role in the region, Europe and the world. Montenegro is fully dedicated to the strengthening of all forms of cooperation and understanding with other countries and nations, as well as to the respect for international standards and obligations.

In the previous decade Montenegro initiated an intensive process of comprehensive legislative, social and economic reforms. However, the challenges still remain in the key areas, such as the fight against poverty, strengthening of the modern state based on the rule of law and democracy, as well as the revitalization of the economy.

In order to achieve the defined Millennium Development Goals, Montenegro as an equal member state of the state union of Serbia and Montenegro, has initiated the preparation of the first Millennium Development Goals Progress Report. In the preparation of the Report, the existing strategic documents of the Government of Montenegro have been used, such as the following: Development and Poverty Reduction Strategy, National Action Plan for Children, Economic Reforms Agenda, official reports of the UN Agencies, as well as relevant surveys.

The preparation of the first Millennium Development Goals Progress Report in Montenegro was supported by the UNDP office, as well as other UN Agencies seated in Podgorica.

Although numerous challenges remain on the road to the full achievement of the Millennium Development Goals in Montenegro, many of them have already been realized to a great extent. We believe that the expectation to fully achieve the Millennium Development Goals in Montenegro by 2015 is a realistic and justified one.

Miodrag Vlahović
Minister of Foreign Affairs

MILLENNIUM DEVELOPMENT GOALS IN MONTENEGRO
PROGRESS REPORT

ACRONYMS

GDP................ Gross Domestic Product
DTP................ Diphteria, tetanus, pertusis
DPRS................ Development and Poverty Reduction Strategy
EPCG................ Eletricity Company of Montenegro
FRY................ Federal Republic of Yugoslavia
Fund PIO................ Health Insurance Fund
ICT................ Information and Communications Technology
IDPs................ Internationally Displaced Persons
IOM................ International Organisation for Migration
IPH................ Institute for Public Health
ISSP................ Institute for Strategic Studies and Prognosis
KAP................ Aluminum Plant Podgorica
MDGs................ Millennium Development Goals
MMR................ Maternal Mortality Rate
MONSTAT................ Montenegro Statistical Agency
MoES................ Ministry of Education and Science
NAP................ National Action Plan
NGO................ Non-Governmental Organisation
RAE................ Roma, Ashkaelia and Egyptians minority
S&M................ Serbia and Montenegro
TB................ Tuberculosis
UN................ United Nations
UNDP................ United Nations Development Program
UNHCR................ United Nations High Commissioner for Refugees
UNICEF................ United Nations Children's Fund
WDI................ World Development Indicators
WHO .... World Health Organisation
WTO................ World Trade

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EXECUTIVE SUMMARY

A. INTRODUCTION

STRUCTURE OF THE REPORT

This MDG Progress Report in Montenegro is divided into four main sections.

Part A sets out the broader purpose of the Report by introducing and presenting the process of the Report development.

Part B describes the MDGs in the Montenegrin context.

Part C reviews the MDG costing approach and presents the trends, status, targets and challenges facing each MDG Goal. It also rounds up the Report with some conclusions and recommendations on a forward agenda.

BACKGROUND OF 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.[1]

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 has already been achieved, while the others are on the right way to be achieved by 2015. However, even in the fields where the 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 a large extent on the collection of timely and accurate statistical data, and unless such data is available, monitoring of the progress will be haphazard and inadequate. With this in mind, the country UNDP office in Podgorica undertook jointly with the Statistical Office of Montenegro (MONSTAT) a review of the statistical needs for the development of the MDG report that includes the best estimates of individual targets.

PROCESSES ADOPTED IN PREPARING THE REPORT

The process of data gathering started in July 2004 and the initial input on MDG indicators for Montenegro was obtained from the Ministry of Foreign Affairs, Ministry of Education and Science, Ministry of Labor and Social Welfare, Ministry of Health and the Ministry for Environmental Protection 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 a 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, when it was presented to all its contributors with a view to obtaining eventual comments. After incorporating these 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 when this Second draft was presented, and the collected comments were later incorporated in the existing, final version of the Report.

[1] All sectors, funds, programs, and specialized UN agencies are working together to achieve the MDGs. Secretary General has asked the UNDP Administrator and the Chairperson of the UN Development Group to keep the "result record" and to manage the MDG related campaign.

B. MDGs IN THE MONTENEGRIN CONTEXT

THE MDGs AND THEIR CUSTOMIZATION TO THE SITUATION IN MONTENEGRO

With the establishment of the State Union of Serbia and Montenegro five competencies have remained at the Federal/state level: Defence, Foreign Affairs (Montenegro has its own Ministry of Foreign Affairs), International Economic Relations, Internal Economic Relations and Human and Minority Rights. There are currently two financial systems, two currencies (Euro in Montenegro and (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 SaM member states: the Republic of Serbia and the Republic of Montenegro.[2]

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.[3] 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 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, challenges still remain in the key fields: combat against poverty, establishment of a modern state based on the rule of law and democratisation, as well as the revitalization of economy. To achieve this, both Serbia and Montenegro are addressing the root causes by focusing on European integration, legislature compliance with those of the 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 the combating of the proliferation of small arms and light weaponry.

LOCAL CHALLENGES AND THE WAY FORWARD

This MDG Report was developed in the context of the overall situation in the Balkans since 1990 and its aftermath, which have seriously affected the implementation of all MDG targets and objectives since 1990 and will, undoubtedly, affect the likelihood of the success in achieving some of them. Not surprisingly, the decade of the 1990s for Montenegro was a

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[2] The Constitutional Charter of the State Union of Serbia & Montenegro (SaM) states that SaM is comprised of two member states: Serbia *and* Montenegro. This document, therefore, uses the term SaM Member States. In accordance with UN Security Council Resolution 1244 Kosovo is under international administration.
[3] 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.

decade of deep economic, social and political crisis. The war and collapse of former Yugoslavia in the first half of 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 a dramatic increase of unemployment and poverty. For example, in 2000 the level of real GDP per capita was more than 25% lower 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 were categorized as poor (below the official poverty line) and one third were considered to be economically vulnerable. (DPRS 2003)

THE MDGs ET 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, only individual data was available and where this data was considered sufficiently reliable it was incorporated in 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 more 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 AND HUNGER

ERADICATING POVERTY

TARGET #1 - Halve, between 1990 and 2015, the proportion of people whose income is less than $1 per day **Indicators**	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 drawn 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 drop occurred in 1993/4 when GDP was only 45% of the 1990 level) which would have reflected in the rise in poverty.

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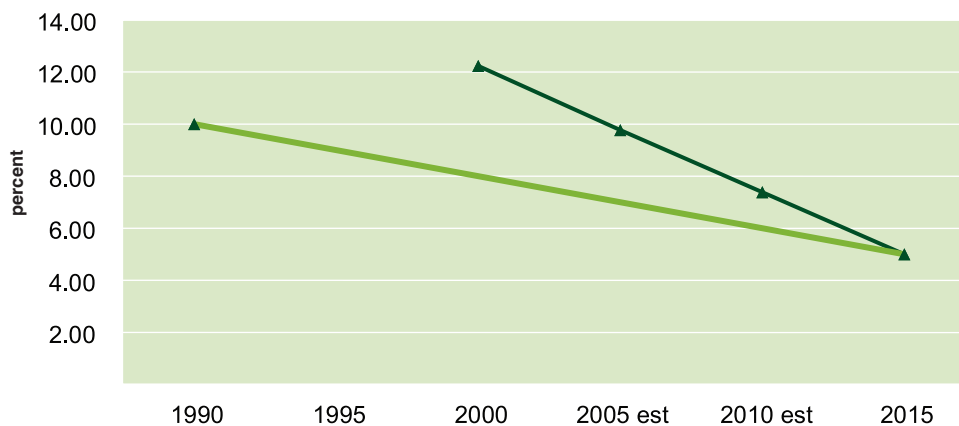
Proportion of population below absolute poverty line (Graph 1). The estimate for 1990 of 10% was followed by a fall to around 25% in 1995 and a rise to 12.2% in 2000. The achievement of the figure of 5% by 2015 is considered feasible based on the pro-poor poverty policy and interventions in favour of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

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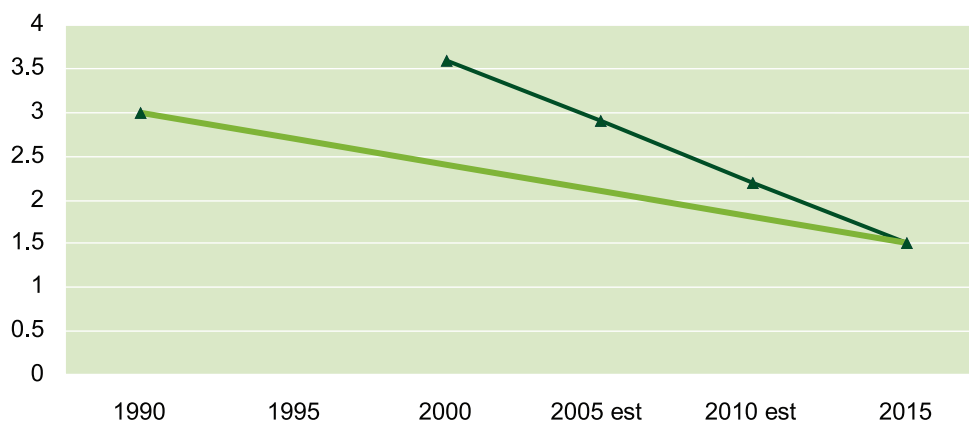
Poverty gap ratio (incidence x depth of poverty) (Graph 2) The trends in the Poverty gap ratio mirrors those of absolute poverty, the fall to the 1.5 target in 2015 assuming the same favourable conditions as for absolute poverty.

3. Share of poorest quintile in national consumption

How many poor people are there? (Graph 3) A recent study has shown that 12.2% of the population of Montenegro is poor[4]. The absolute poverty l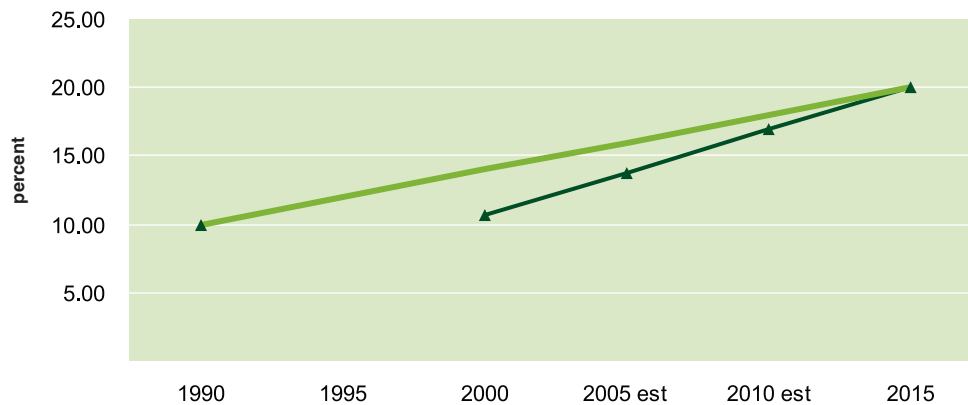ine is defined as the total expenditure below the minimal consumer basket cost for a standard household (€ 116.2 per consumer unit) while the line of the economically vulnerable population is set to 50% above the poverty line (€ 174.3). Assessments of poverty are sensitive to the poverty line: more than 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 the 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 caused by growth or good economic policy) would lead to more than a 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 the assessment of the living standards in Montenegro based on household expenditure surveys conducted by ISSP[5], the joint report on the living standards and poverty in Montenegro completed by ISSP and the World Bank[6], and the research on household income and expenditure of Roma[7], IDPs and refugees in Montenegro[8] completed by ISSP and supported by UNDP.

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[4] For the needs of this analysis, the ETF took as a starting point the total population estimate of around 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 (29,132 of them in Montenegro according to data from 2002, but according to preliminary results of the July 2003 census, only 18,000, assuming that a larger number of these persons shall register in Serbia due to the recently announced 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).
[5] Institute for Strategic Studies and Prognosis, Podgorica.
[6] ISSP& World Bank, Living Standards and Poverty in Montenegro, June 2003;
[7] This refers to the Roma, Ashkaelia and Egyptian minority.
[8] 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[9] (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 9.9%.

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

Proportion of RAE children below poverty line	**57.0%**
Proportion of refugee/IDP children below poverty line	**48.9%**

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 obvious indicators of the recession appeared in the drop of the 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 the overall relations between export and import deteriorated (between 1990 and 2002, imports nearly doubled while exports dropped by 65%). Poor economic conditions, the destructive impact of inflation (and hyper-inflation), and the impact of the economic sanctions, all contributed to the creation of a unique »coping strategy«, embodied in a large informal sector (over 30%), which further weakened the institutions and the financial power of the state in the field of social policy. Economic recovery and revitalization of the system showed important indicators of progress in 2003, even though the growth dynamic was still unsatisfactory and many citizens of Montenegro who were located under or around the poverty line were 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 shelter in Montenegro. At one point, the number of those seeking refuge from the neighboring countries and republics, amounted to 20% of the total population of Montenegro. After the conflicts ceased and with the support of international humanitarian as well as local 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 20,000 Roma, out of which 5,000 are from Kosovo; there are 8,474 persons from former Yugoslavia in Montenegro, and 18,047 IDPs from Kosovo, which represents approximately 4% of the resident population[10].

The poverty depth – With the integration of the data obtained from the research completed so far, the poverty depth index, which is a measure of the depth of poverty, amounts to 3.6%[11]. 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 should 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

[9] RAE – The Roma, Ashkaelia, Egyptian minority.
[10] Data from the Commissariat for Displaced Persons from 2004
[11] 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).

€ 24.7 million, for RAE to € 6.5 million, for refugees to € 2.2 million and for IDPs € 4 million per annum.

The severity of poverty is a measure similar to the poverty depth, which gives greater "weight" to those lying furthest away from the poverty line, the poorest, compared to those closer to the poverty line, in the grouping process. The severity of poverty is 1.5%, and particularly characterizes the RAE population where it amounts to 13.8%. Extreme poverty[12] 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 to 17% and 15.3% respectively.

Inequality measures The Gini coefficient in Montenegro is 0.29, which is in the range of other transitional countries in Eastern Europe. Inclusion of marginalized populations does not change the Gini coefficient figure; 90/10-decile ratio coefficient[13] has increased and demonstrates a higher level of inequality in Montenegro compared to other transitional 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 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 that 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

Inequality	The total population	The standard population	RAE	Refugees	IDPs
Gini coefficient	0.29	0.28	0.38	0.31	0.27
Decile ratio	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 (15.3%); 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 involves all dimensions of poverty. There are other types of poverty apart from those expenditure-related, such as poverty linked to employment, living conditions 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

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[12] **Poverty in terms of food** is defined by those households whose food expenditure is below the consumer basket cost (which amounts to €41 per person per month). Food expenses < the poverty line for food.
[13] The decile ratio (90/10 coefficient) represents the coefficient of average expenditure of the 10% of the richest population and the average expenditure of the 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.

IDPs, as well as 86% of RAE live in cramped living conditions with less than $10m^2$ 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 the sale of their real-estate in the countries of origin, and the properties which had been sold in the previous period, are done so under 'irregular' conditions: property being sold for next to nothing.

The regional poverty distribution[14] - the most vulnerable are the residents of northern Montenegro, which marks 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 despite the favourable economic conditions and the pro-poor economic and social policy, 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 focused and effective government's approach to growth and poverty, particularly concerning the issues of the poorest.

Pro-poor policies, strategies and programs. The major programs proposed for addressing the issues of the poorest in particular, as well as poverty groups as a whole are the following.

• Better social welfare services including social security
• Improved access to primary health services
• Enabling vulnerable groups to access adequate shelter
• Greater attention to the regional poverty enclaves – 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-centred public sector aimed at poverty alleviation
• Adoption of a pro-poor (growth and employment based) economic and social policy

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[14] 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, Žabljak), 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).

ERADICATING HUNGER

TARGET #2 - Halve, between 1990 and 2015, the proportion of people who suffer from hunger **Indicators**	**1990**	**2000**	**2005 est**	**2015 target**
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 above set targets are fairly good, and are based on favourable developments in the health and other support services for vulnerable groups and a close monitoring of nutrition trends in Montenegro. Many of the changes required are set out in the HEALTH sector section of this Report. The emphasis will need to be put on the most vulnerable families and children.

GOAL 2
ACHIEVE UNIVERSAL BASIC EDUCATION

EDUCATION AND LITERACY X

TARGET #3 - Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling **Indicators**	1990	2000	2001*	2002*	2003*	2005 est	2015 target
6. Net enrolment ratio in primary education	96.0% ***	96.9% ****	9492	9907	8837	97.62%	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 [2]			536	826	1006		
** Net ratio of children with special needs attending elementary education			na	na	na		
** 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 the education reform back in year 2000. One of the first findings in this process was the fact that informed decision making will require a more reliable data base which will contain information on all parts of the education system.

[2] The figures are raw data on the actual number of Roma pupils who were attending primary education

In this case, MoES of the Republic of Montenegro cannot provide evidence of indicators given as the basis for the MDGs achievement monitoring, both those defined by the UN and the 3 additional indicators that the Ministry considers to be important for 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 – the principle of equal opportunities to education. Namely, it has been identified that Roma education, as well as education of children with special needs, constitute an important segment which influences the provision of high quality elementary education for all children.

Along with this, indicator number 6 will, we believe, enable an overall insight into the achievement of MDG number 2 – Achievement of universal primary education.

Still, it could be said that the education data on depends not just on the information gathered in such a way which enables consistent tracking, but also on the data provided by the Statistical Office of Montenegro on the annual basis and that based on the 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%.

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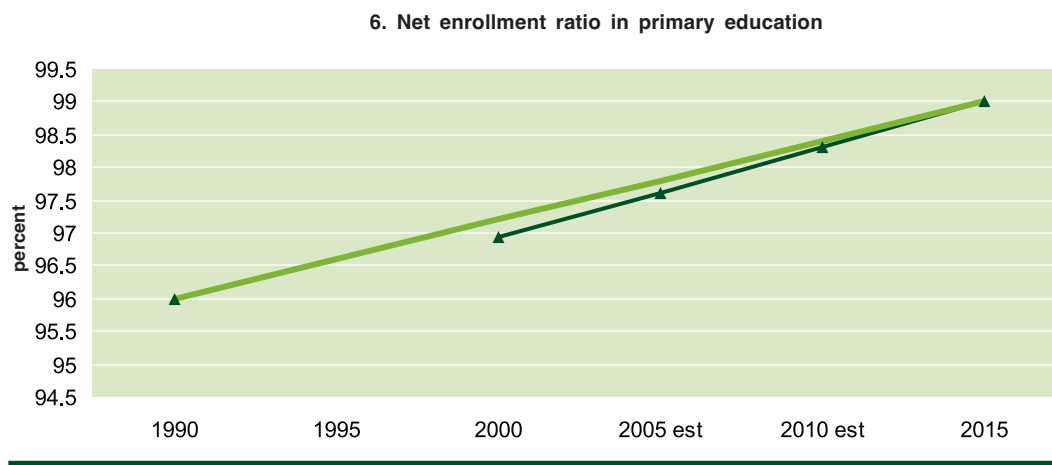
Proportion of pupils starting grade 1 who reach grade 5 (Graph 7) The Montenegro data for this group suggest that the overall standards for primary school drop out rate is still high and that the target for 2015 is achievable.

7. Proportion of pupils starting grade 1 who reach grade 5
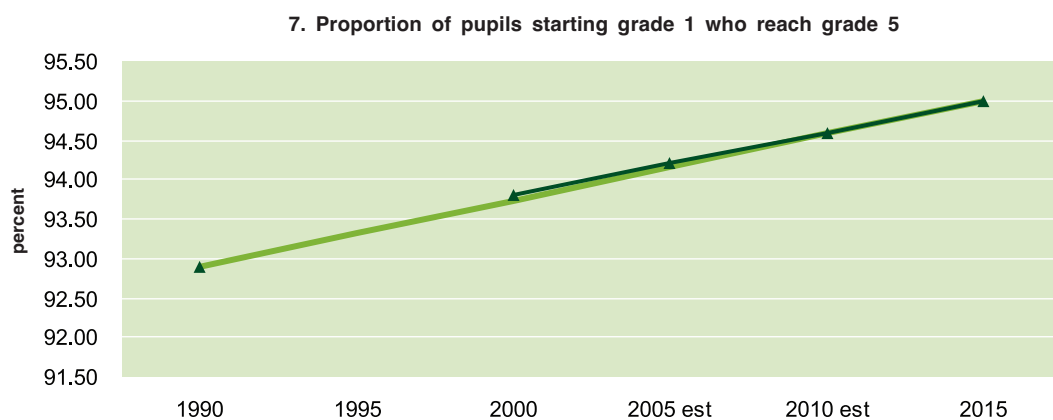
Literacy rate of 15-24 year-olds The Montenegro literacy rate is at a high level.

Literacy rate of 10-34 years old
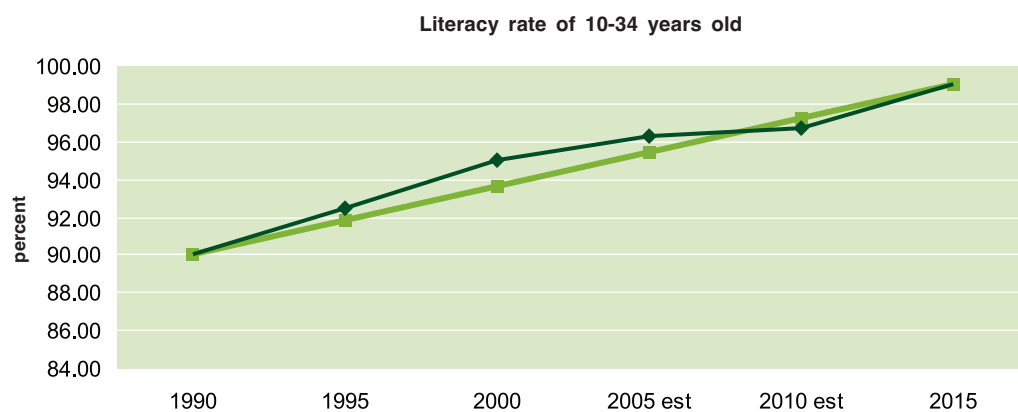
Indicator 1:

Net Primary Enrolment rate Statistics on the trends in primary education in Montenegro was 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, compared to 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 larger towns, where there is a clear lack of school facilities. Percentage of girls in the pupil population 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, which 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 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 in 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 of 1981 and 1991. Unfortunately, the data presented in the official publications are given for the following age ranges: 10-19, 20-34, 35-64 and over 65 and the 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
1981	44633	7928	1335	515	1960	602	18802	2268	22536	4543
1991	30443	5226	805	398	1356	512	11251	1565	17031	2760

* Source: UNICEF

Education and poverty Based on the 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 a component of a wider cross-boundary Project entitled "Roma Decade Inclusion" in which the Government of Montenegro is involved. In January 2005, the Government of Montenegro adopted the Action Plan for the Decade, which addresses four priority areas (education, housing, health and employment).

Problems with data on Roma children education is caused by the fact that the Census data and the data that MoES RMN gathered from the Roma NGO sector, are showing extreme differences. Official data on the Roma population from the 2003 Census are showing that only 2,875 citizens declared themselves as Roma, while Roma NGOs are operating with figures of approximately 20,000 Roma persons living in this moment in Montenegro. Along with this, it is necessary to consider the fact that approximately 14,600 of these are domicile Roma, while about 5,600 are Roma refugees and IDPs whose education has to be further supported through the provision of additional preparatory lessons, needed to overcome the language barrier.

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

These activities have resulted in significant improvement of the Roma children enrollment rate in the first grade of elementary school (as shown bellow). Until data are available on the entire Roma population in Montenegro, figures that MoES has will not give a clear picture on the coverage of 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 Enrolled in 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 high illiteracy 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, problems of poverty, inadequate legislation, lack of school facilities and 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 a 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:
The 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 in regular education, in cases when this is possible and appropriate in line with pupils individual abilities.

Projections are that 10% of entire population has some kind of functional disorders, which means that about 20,000 children with certain disorders may be expected in Montenegro. According to the document entitled "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 the 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 the education of children with special needs in 12 regular elementary schools in Montenegro, 96 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:

The 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 school 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 in the quality of the education 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 the 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 provision of 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 the costs that parents have to provide. Given the fact that the Ministry of Education and Science subsidizes textbooks, 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 the teaching process is being performed, conditions are generally not satisfactory (problems with poor conditions of roofs, breakdowns of heating systems, water supply and sewage system).

In municipalities in the north of the Republic there has been a continual reduction in the number of pupils, making the maintenance of relatively large facilities for a very small number of children a problem. 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 m² 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 and 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, introduction of the concept of lifelong learning, flexibility, enabling vertical and horizontal transfer through the system, interculturalization 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 an unfavorable 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 realized 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 favorable prices or in several installments, 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 the teaching quality 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 who 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 the curricula development. For teachers who 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. 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 a 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 **Indicators**	1990	2000	2005 est	2015 target
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%

*   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.

12. Proportion of seats held by women in national parliament
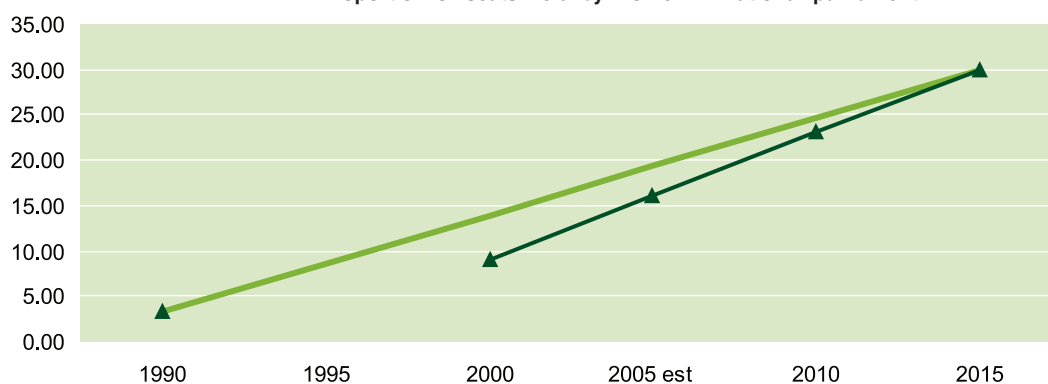
Economic status of women Pursuant to various surveys, indicators of unfavourable economic status of women in Montenegro are as follows:

- In Montenegro around 53% of women are employed, 31% of women work in the 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 as 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 relative 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 aspect of poverty can be treated as the issue of reducing poverty among women, irrespective of whether 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 žmale' and žfemale' 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[15], 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 compared 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 the Ukraine.

[15] Data for 2000 have not been used in percentages as these foreign victims were assisted by a local NGO not in a position to provide segregated statistics

PROSPECTS FOR ACHIEVING THE TARGETS AND CHALLENGES AHEAD

PROGRAMS for promoting gender equality and empowerment of women Achieving 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 public sector aimed at people who promote higher representation of women in governmental and other public institutions in accordance with international standards
- Strong support for women's voluntary groups, etc
- Encouragement of political representation of women in central and local governments

GOAL 4
REDUCING CHILD MORTALITY

TARGET # 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate **Indicators**	1990	2000	2005 est	2015 target
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 the Health Protection, Titograd
***   Report on immunization against infectious diseases in Montenegro (pg.19), Institute for
         the Health Protection, Podgorica, now called The Institute for Health of Montenegro

TRENDS and CURRENT STATUS

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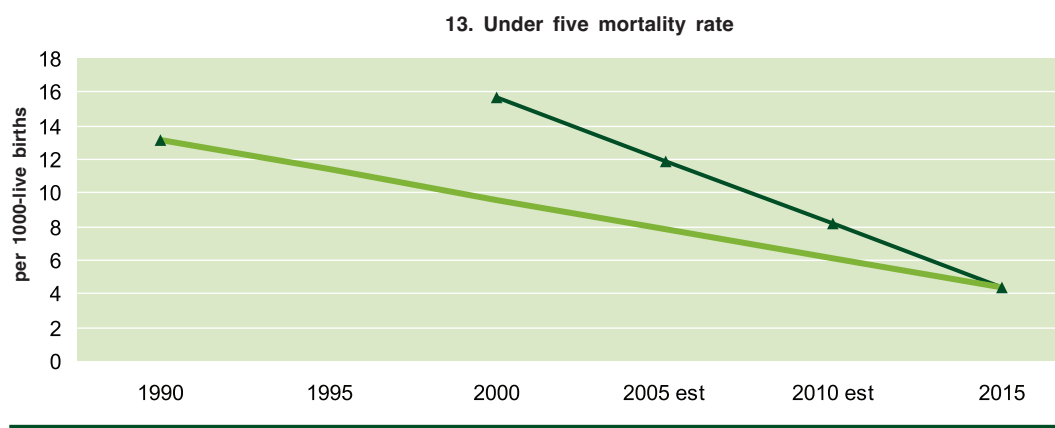
Under-five mortality rate (Graph 13) Despite some slowing down in the trend of under five mortality between 1990 and 2000 (in that period there were war conflicts in the region, influx of a large number of refugees and IDPs, economic sanctions, and a significant drop in GDP), the achievement of the defined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

14. Infant mortality rate
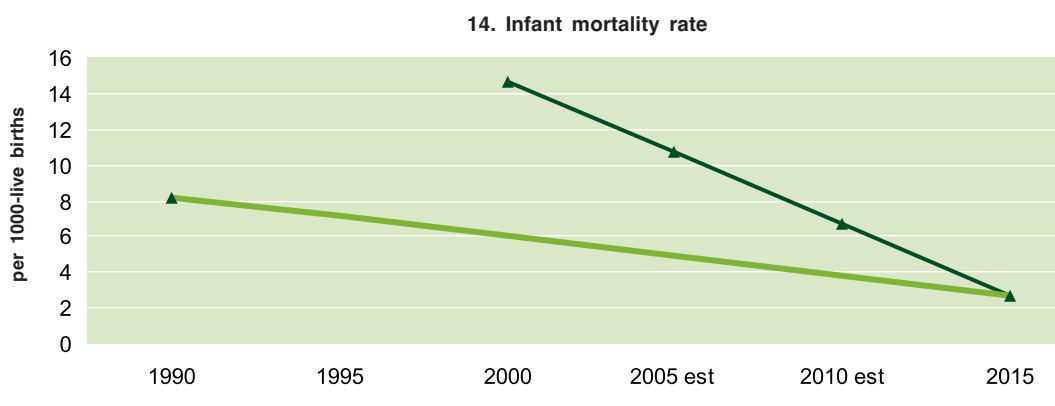
Infant mortality (Graph 14 and the following one) The analysis of infant mortality in Montenegro shows a decreasing tendency since 1950, but there are certain oscillations in values of this indicator. The lowest value of infant mortality was noted in 2002: 10,8 infants died per 1000 newborns. Infants 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 morality 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
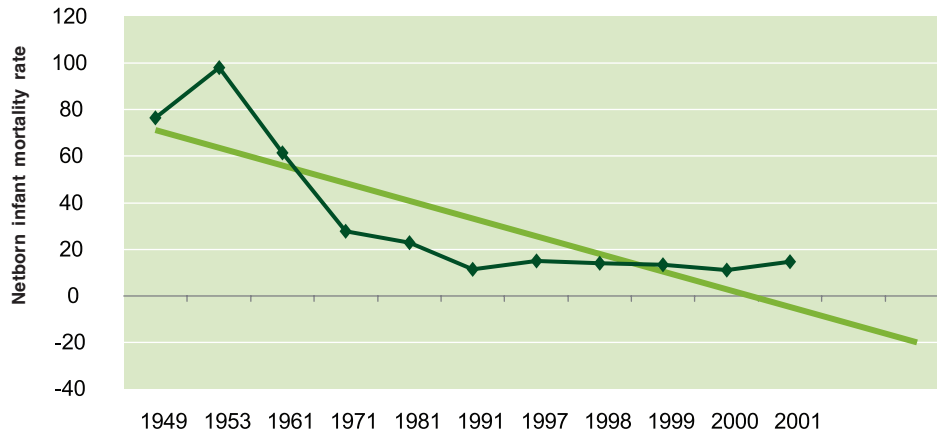
15. Proportion of 1-year-old children immunized against measles
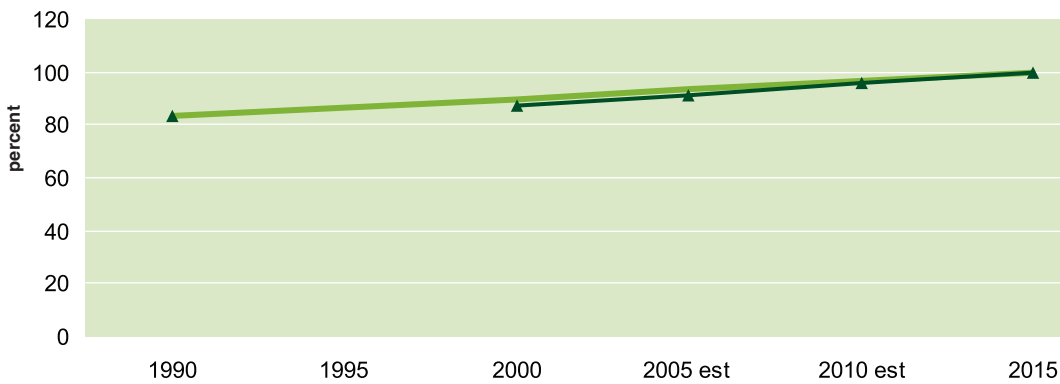
Proportion of 1-year-old children immunized against measles (Graph 15) The reports on inoculation against smallpox suggest a rising trend and a strong likelihood of achieving the goal of 97% of children who will be vaccinated by 2015.

Researches from 2003 (UNICEF researches) show that the proportion of 1 year old children immunized against DTP is 90.5%, the proportion of 1 year old children immunized against tuberculosis is 96.8% and that the 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 barely 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 children with special needs, provided at the local level

GOAL 5
IMPROVING MATERNAL AND CHILD HEALTH

TARGET #6 - Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio **Indicators**	1990	2000	2005 est	2015 target
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

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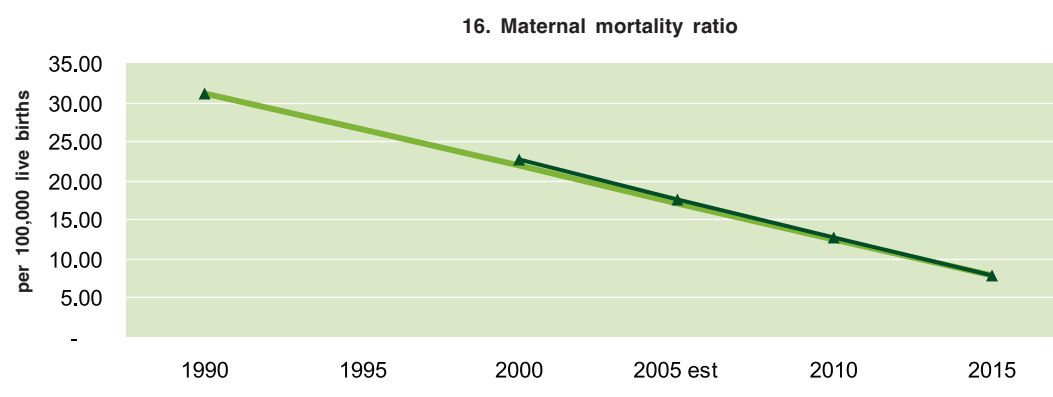
Maternal mortality rate (Graph 16) The MMR shows a decreasing trend over time, thus it can be said that the target for 2105 is achievable.

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, labor and childbirth. After 2001 there have been no cases registered where mother have died due to the consequences of pregnancy, labor and childbirth.

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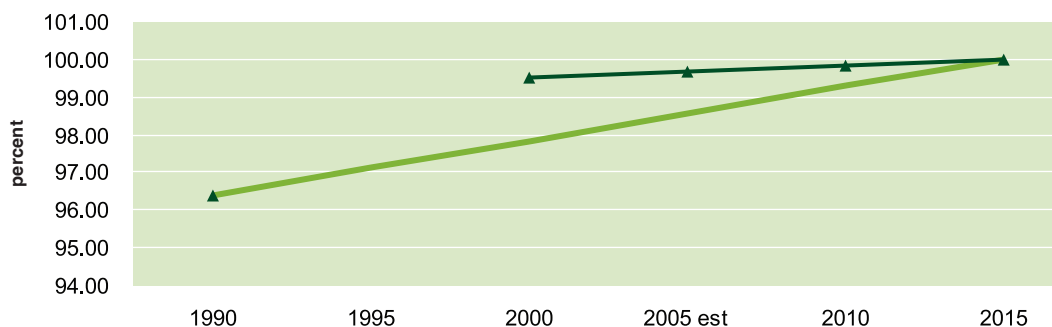
Proportion of births attended by skilled health personnel (Graph 17) The trend and proportions for this indicator are already satisfactorily high and are in compliance with the best international standards.

PROSPECTS FOR ACHIEVING THE TARGETS AND THE CHALLENGES AHEAD

PROGRAMS 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 Indicators	1990	2000	2005 est	2015 target
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 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 a 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 diseases 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 a wider concept of social justice, equity and human rights.

MALARIA AND OTHER DISEASES

TARGET # 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases **Indicators**	1990	2000	2005 est	2015 target
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 medical treatment	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

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 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 in the group of countries with medium tuberculosis infection risk. 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).
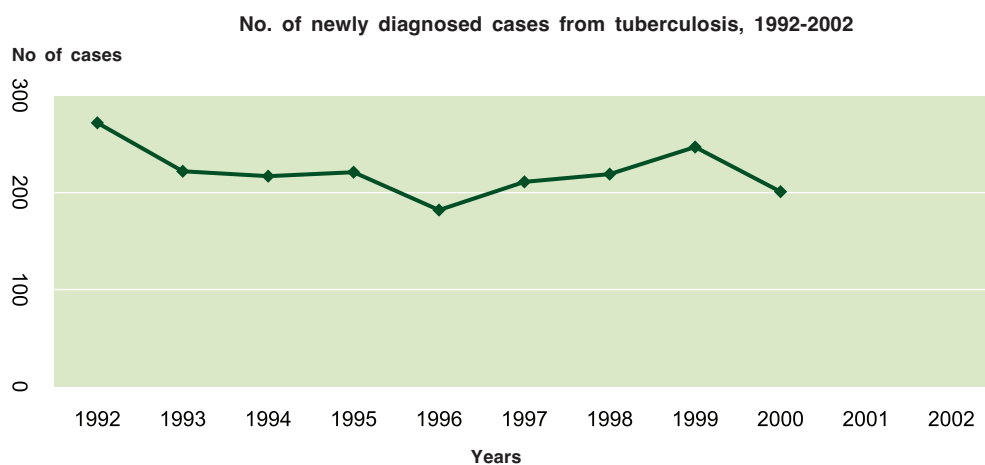
No. of newly diagnosed cases from tuberculosis, 1992-2002

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 threat. Some communicable diseases have important implications on the general health condition of the population, they point to the 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 presented, 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 in performing 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 the 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
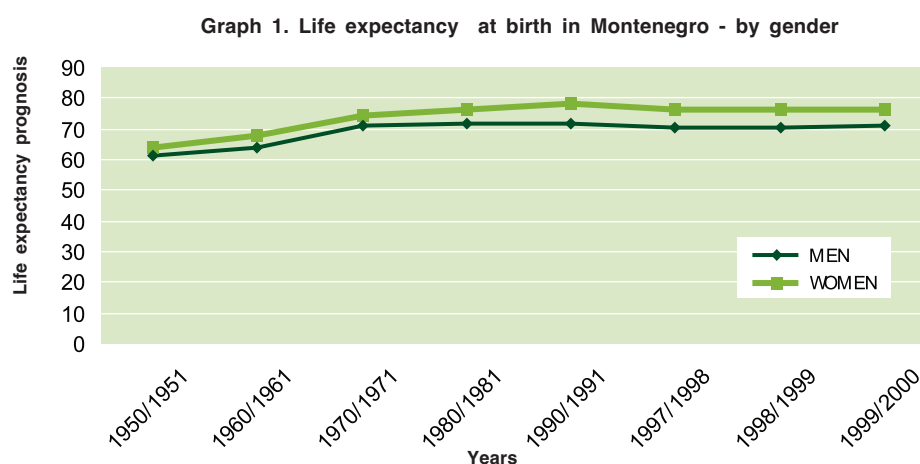
Future challenges for the Health sector – covering all the areas identified in the MDGs and beyond indicate that reforms in the areas of preventive heath services are urgently required. The basic areas that must be addressed are summarized below.

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, 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 services 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 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. A clear strategy, i.e. rationalization is needed in the areas of drug supplies, prescriptions and drug-use.

Additional support for health is derived from the budget which provides funding for health promotion and preventative health programs, as well as from personal participation of the insurance holders towards health costs, which amounted to less than 1% of the total funds spent on the health care of the population. Expenditures for healthcare and health insurance of displaced persons and refugees are not covered by appropriate funds, which led to a deficit of □ 7.1 million in 2000-2003 in the Fund which had to be covered from a 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 insurance holders 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 1,000 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 changed 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 an increase in the levels of corruption and the use of bribery in the public sector.

Basic health care. Within the units of the primary health protection during 2002, the following goals have been achieved: In the department for the 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 women's health protection – there were 0.63 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 a particularly strong pressure on the capacities of the Special Hospital for Lung Diseases 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 the **health sector reform** will be based on the promotion of primary 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 centred on the concept of citizens' own responsibility for their health, which involves change of attitude towards health as a basic human right, improvement of the public health with the aim to promote health, establishment of 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 objective public informing, enhancement of the professionalism and competence of the medical staff.
❑ 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 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 priority basis; focus on the primary health protection provided by general practitioners and their team, supported by the flexible hospital system including 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 a view to securing funding and administration of the primary healthcare package, as well as introducing economic mechanisms in the sphere of healthcare financing so as to create prospective additional funding, and hence increase the funds available to cover the healthcare costs of non-insured persons.

Health sector financing and management Financing of the structural organization of healthcare improvement project, in particular the improvement of primary 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 on

information access for vulnerable groups. Also, the 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 the introduction of IT systems, especially the adjustment of IT systems to the monitoring of he 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 a 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 Goverment 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 with regard to health
3 Reduction of differences in the health sector
4. Insurance against finacial risk

Inefficiency of the health care system and a number of identified problems such as an 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.

The Ministry of Health of the Rupublic of Montenegro prepared the Montenegro Health Care Development Strategy, Mental Health Care Strategy, Violence Prevention Strategy, NPA for Health and the Project for the reform of primary care. PHC Project will enhance the productivity, efficiency and the level of performance, which are defined as priorities.

In primary health care each citizen will be registered with a chosen doctor who will check his medical condition and needs, refer him to higher levels of the health care system and be motivated by the 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 the functioning of the Health Insurance Fund which will collect the payments for the 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 no do that.

The Ministry of Health has prepared the Strategic Plan for the Institute for Public Health (IPH), which should conduct awareness raising about health, health promotion and health protection as a new philosophy and the main issue in the 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, the promotion of the health of mothers, children, youth and the elderly.

Starting from the principles and vision of the helath care system set forth in Montenegro, the Health Care Development Strategy, the reform of primary care is recognized as a key precondition for the improvement of the 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 has been approved for the implementation of the Health Care Imrovement Project which is, in fact, the reform of primary care, i.e. the financing of the primary care pilot project in Podgorica.

GOAL 7
ENVIRONMENT AND SUSTAINABLE DEVELOPMENT

FORESTRY, BIODIVERSITY AND ENERGYX

TARGET #9 - Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources **Indicators**	1990	2000	2002*	2003*	2005 est	2015target
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 on 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 ** Proportion of people with access to improved sanitation				96.1% 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.			

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*        MONSTAT
**       Indicators proposed by the Ministry of environmental protection and urban planning of
         Montenegro
***      UNDP
****     UNICEF
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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 do not correspond. 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 database is kept by the World Bank) and other indicators that were considered relevant for the development of Montenegro and the poverty reduction. In the cases where it was felt that the MDG indicators do not best reflect the Montenegrin development priorities, alternative indicators were proposed.

The Ministry for environmental protection and urban 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.

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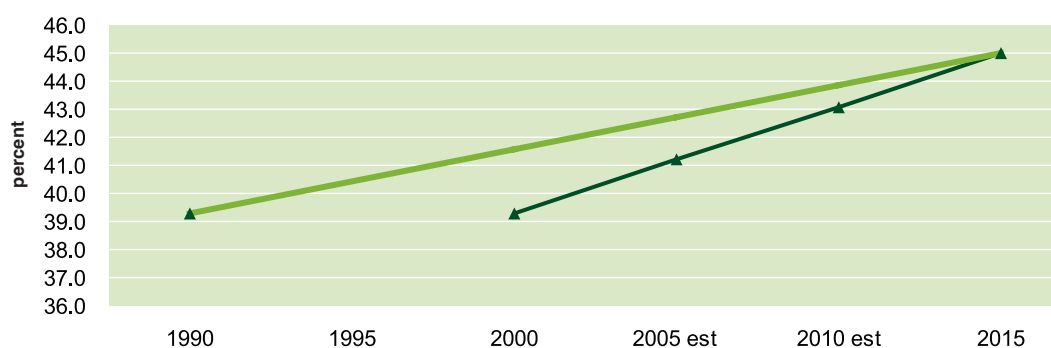
**Indicator 1: Proportion of land area covered by forest (Graph 25)**

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 relates to the total forests and forest land.

As there is no systematic annual monitoring of changes in the territory covered with forests in Montenegro, the Ministry for environmental protection and urban planning of Montenegro does not have new and more accurate data than those given above. 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 the number given, 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.

26. Land protected to maintain biological diversity
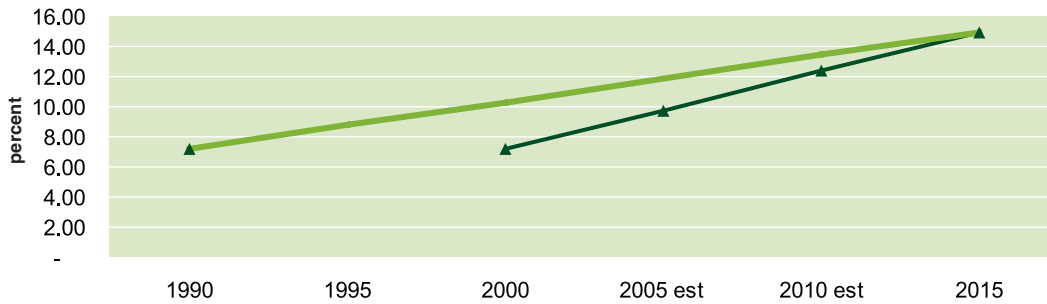
Indicator 2: Land area protected to maintain biological diversity (Graph 26)
The information that 7.14% of the territory is protected in order to maintain biological diversity is also copied from the Spatial plan of Montenegro. Having in mind that there have been no new territories proclaimed protected, this information is still relevant.

27. GDP per unit of energy use (as proxy for energy efficiency)
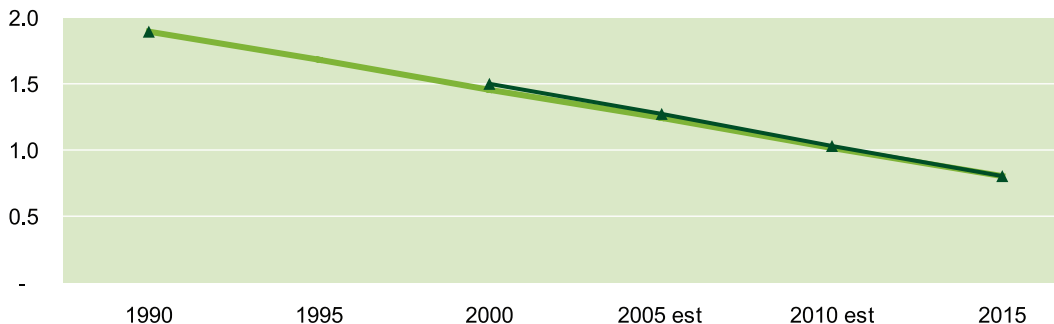
**Indicator 3: GDP per unit of energy use (as proxy for energy efficiency) (Graph 27)**
DPRS team has developed, on the basis of the energy balance of the Republic of Montenegro for 2002, an energy efficiency indicator – GDP (in current dollars) created per energy unit consumed (one kilogram of oil equivalent or koe). This indicator was $US 1.29 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 the 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 Aluminum 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.

28. Carbon dioxide emissions (per capita)

	1990	1995	2000	2005 est	2010 est	2015
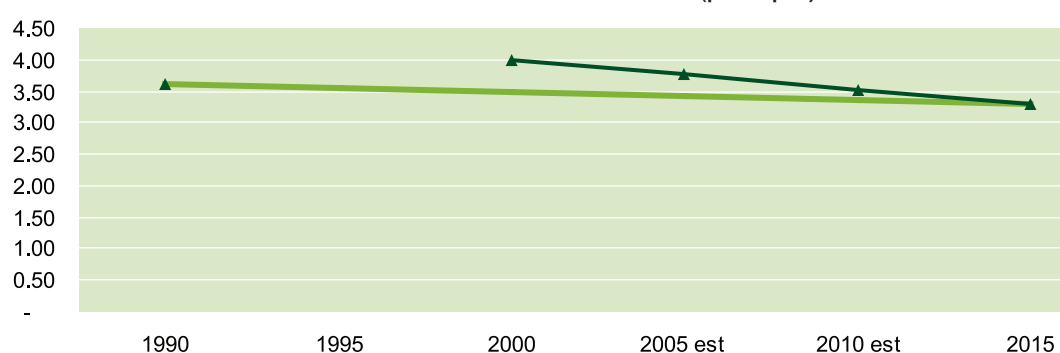
Indicator 4: Carbon dioxide emissions (per capita) (Graph 28) Carbon dioxide emissions are not systematically monitored in Montenegro. One of the basic sources of this information represent the so-called greenhouse gas inventories (among which is CO2), i.e, national communiqués of the countries on the 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).

The monitoring and assessment of CO2 emissions were (mostly) the task of the former Federal Hydro-meteorological Institute during the 90's, thus some data related to FR Yugoslavia were available. More recent assessments exist in Serbia 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, only the UNICEF survey (Multiple Indicator Cluster Survey) of 2000 contains data for these two indicators (presented in the table above). However, the DPRS team, due to the very broad definition of the MDG indicators in this field (according to which, for example, an outdoor toilet is considered as improved sanitary solution), decided to use alternative indicators they considered more suitable for the development aims of Montenegro.

This involves the rate of connection to public and private water supply systems and the sewage system. This data was systematically monitored in the past, mainly though the population census. Based on the communication with public enterprises, through specialized studies and master plans, the Ministry for environmental protection and urban planning of Montenegro is able to 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 of these activities, 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 led 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 a 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 the 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** (Co2 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 (Aluminum Plant Podgorica, Iron and Steel Works in Nikiæ), 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 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 manifold 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 150,000m³ 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 the 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 the 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 analyze existing conditions and prepare feasibility study, and to implement a pilot project for Tara and Lim river basins.

BIOLOGICAL DIVERSITY

Information available on the plans to promote biological diversity, including 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 the reliability of power supply**, undertaking the most feasible and necessary investments in the 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 the necessary upgrading of the distribution network. Moreover, measures aimed at decreasing technical losses in the production, transmission and distribution of power are very important, as well as continuation of activities aiming to reduce commercial losses.

Based on the Economic Reform Agenda, 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 **Indicators**	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 (2.2 in the north).

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

30 Proportion of people with access to improved sanitation
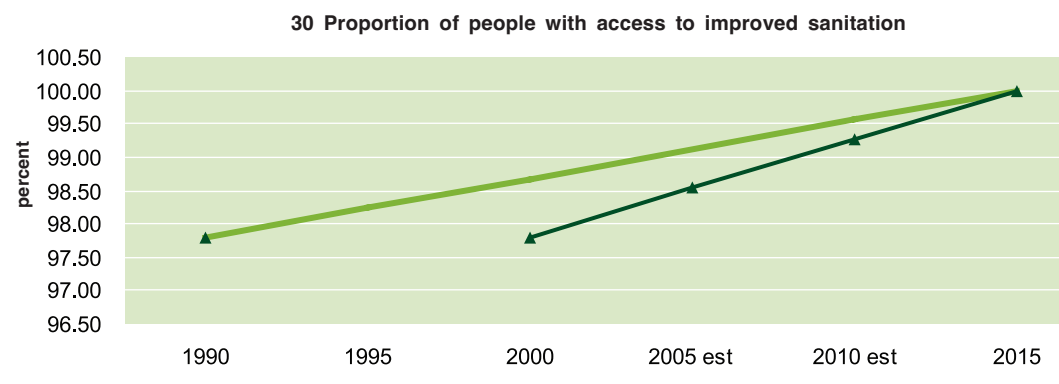
Proportion of people with access to improved sanitation (Graph 30) According to the definition of MDG's, only the UNICEF survey (Multiple Indicator Cluster Survey) of 2000 contains data for these two indicators (presented in the table above). However, due to the very broad definition of the MDG indicators in this field, alternative indicators have been used that were considered more suitable for the development aims of Montenegro.

This involves the rate of connection to public and private water supply systems and the public sewage system. This data was systematically monitored in the past, mainly though the population census of 1981 and 1991 which in both years suggest relatively high overall levels of access to drinking water and sanitation systems but show significant differences among municipalities. 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 614m³ 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 of 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 the 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 utilization.

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 the actual economic cost of water supply and wastewater disposal. Such a **pricing policy** has led to a constant lack of funds for the 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 commercialization 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 the construction and reconstruction of sewage systems in the parts of settlements where marginalized social groups live, and in the coastal tourist centers.

GOAL 8
DEVELOPING PARTNERSHIPS FOR DEVELOPMENT

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

TRENDS AND CURRENT STATUS

EMPLOYMENT AND UNEMPLOYMENT

45. Unemployement rate of 15 - 24 years old
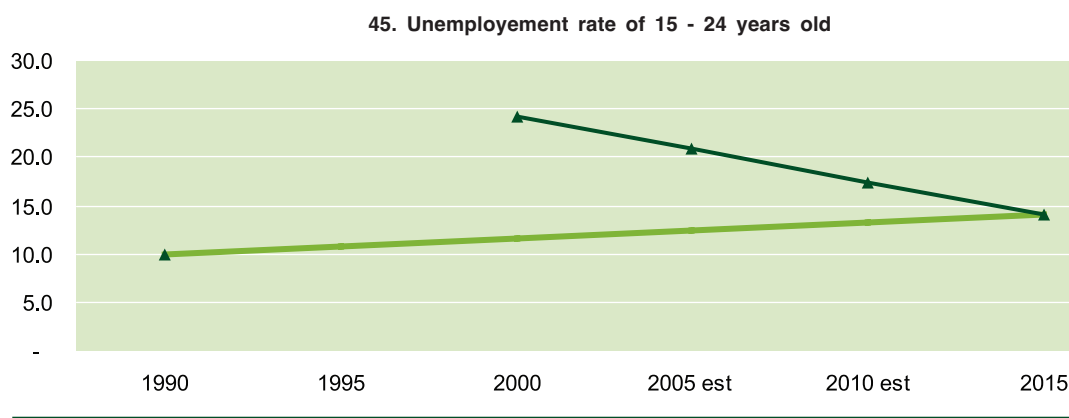
Unemployment rate of 15-to-24-year-olds The trend between 1990 and 2000 was very adverse and unemployment reached its peak in 1996 and has fallen since then, while it is projected to improve to 2015 under the medium term forecasts. The figures have been adjusted to account for the employment in the grey 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, labor, 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 39,000 people.
- **High share of persons with disabilities are unemployed.** According to the available data from 2002, there are about 67,700 **persons with disabilities** living in Montenegro, out of which 2,563 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, the new Law increased 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, become operational. 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

46. Proportion of population with access to affordable essential drugs on a sustainable basis
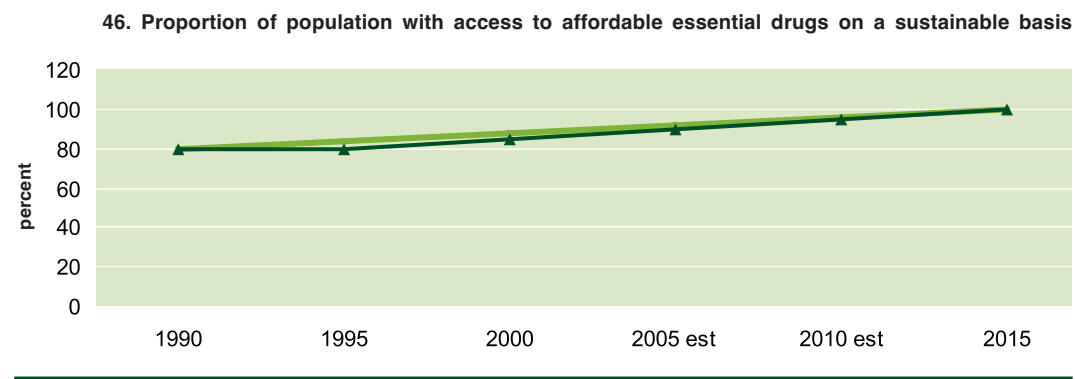
TRENDS and CURRENT STATUS

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 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 be even higher.

Personal computers per 1,000 people Ownership of personal computers is still low but is anticipated to increase substantially over the next 10 years given 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[16]	13,295	18,047
Percent of women in population	44.4%[17]	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[18]	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 have 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 kind of disability	4.3%	4.2%	4%	2.2%
Percent of those who think that condition of public health sector is bad[19]	-	50.8%	72.5%	60.5%
Percent of those having no education, among those who completed 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 on Saturdays	32.4%	74%	69.2%	74.0%
Average net income (euro)	229.0	144.2	182.7	201.1
Unemployment rate[20]	27.4%	43.3%	32.5%	30.4%
Percent of households that receive social protection	10,351 households	7.8%	0%[21]	0%[22]

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[16] Among them, 6,600 are internally displaced persons.
[17] According to aggregate data from Household Surveys number 2 to 6
[18] This question was answered by population above 15 years old, and for domicile population above 12 years
[19] The question was only for those older than 30 years.
[20] Unemployed person does not have a job but is looking for it
[21] Not entitled to receiving social welfare
[22] Not entitled to receiving social welfare

Percent of population below poverty line	9.4%	52.3%	38.8%	38.6%
Economically vulnerable 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.