

To achieve this Montenegro will specifically focus on the following activities.

**Result expected by 2010**

There is equal access for all children to the health care system and benefits through adequate operations of the health services and health insurance, with special attention to vulnerable categories of children.

**LEGAL REGULATIONS**

- *Convention on the Rights of the Child* – Article 24 states that the child has the right to enjoy the highest attainable standards of health and facilities for the treatment and rehabilitation including review of existing policies to abolish prejudices
- The Law on Health and Health Insurance (Official Gazette of the Republic of Montenegro, no: 39/90, 21/91, 30/92, 58/92,6/94,27/94, 16/95, 20/95 and 23/96)

**CURRENT SITUATION**

**"People think that children like us can not be healthy, that we will stay like this forever that we are like things"**

secondary school aged child with special needs

- The system of health care is organised according to the Bismarck model (mandatory health insurance, universal coverage, principle of solidarity)
- Health care is provided through the Republican Fund for Health Insurance, with children under 15 automatically covered and those under 27 automatically covered if in school. Children. If not employed nor students children may be covered under their guardians' insurance.
- Basic health protection is provided at the municipal level and includes 18 health centres and 3 health stations (*Government of the Republic of Montenegro 2003b*, p. 52).

- ♦ In-patient health care is provided to the Montenegrin population in 7 general hospitals, 5 dispensaries located within the health centres, 3 special hospitals, the Institute for Physical Medicine and Rehabilitation, and the General Hospital of Montenegro (*Government of the Republic of Montenegro 2003b*, p. 52).
- ♦ 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 health workers from the public to the private sector (*Government of the Republic of Montenegro 2003b*, p. 52).
- ♦ The coverage of the population with health workers in 2001 was 565 inhabitants per 1 physician and in 2002 there were 549 inhabitants per physician (*Government of the Republic of Montenegro 2003b*, p. 53).
- ♦ In 2001 there were 166 inhabitants per health worker (160 in 2002), 2,453 inhabitants per one dentist (2,463 inhabitants in 2002) and 6,458 inhabitants per one pharmacist (*Government of the Republic of Montenegro 2003b*, p. 52).

Table: Health care personnel for infants and preschool children

Medical workers	1999	2000	2001
Doctors Child Specialists	69	70	73
Doctors General practice	7	6	1
Medical personnel	136	127	132
TOTAL	212	203	206

Source: *Republički zavod za statistiku 2002* p. 187.

Table: Health care personnel for school age children

Medical workers	1999	2000	2001
Doctors Child Specialists	46	40	39
Doctors General practice	10	10	11
Medical personnel	80	78	76
TOTAL	132	128	126

Source: *Republički zavod za statistiku 2002* p. 187.

- ♦ Primary and secondary health protection is provided to IDPs and refugees through the regular health care system according to the decision of the GMN. According to the Commissariat for refugees (Jovanović, A. 2003, p. 31), there are 13,295 refugees, and 18,047 IDPs. Insurance for refugees seems to

be equal with insurance of Montenegrin population (*IRC Montenegro 2003*, p. 1) however refugees/IDPs do not have access to tertiary care.

- For the refugee child, problems occur when treatments and health care has to be provided outside of Montenegro (examinations, protocol therapy, chemotherapy, surgeries, special treatments and, rehabilitation) as well as when orthopaedic devices or implants are required (*UNDP – Montenegro and ISSP 2003*, p. 42).
- Expenditures for health care and health insurance of IDPs and refugees that are not covered by contributions led to a deficit of 7.1 million € in 2002-2003.
- Drugs and medicaments, which are subsidized by the government of Montenegro and are listed on “the basic list of drugs”, are in permanent shortage within state operated pharmacies (*IRC Montenegro 2003*, p. 1). There is no national policy for drug procurement. The private pharmaceutical sector is not regulated by the system of health care.
- In the department of health protection for pre-school children there were 8.4 visits per child under 6 years of age (*Government of the Republic of Montenegro 2003b*, p. 53).

Table: Number of visits to Primary Health care institution of infants and preschool children

Visits in thousands (000)	1999	2000	2001
Infants	41	74	85
Age from 1–2 year	96	82	77
Age from 3 and above	179	166	144
TOTAL	316	322	306

Source: *Republički zavod za statistiku 2002* p. 187.

- In the school department for health protection 2.5 check-ups per school child were conducted (*Government of the Republic of Montenegro 2003b*, p. 53).
- In the department for health protection of women there were 0.63 visits per woman of child bearing age (*Government of the Republic of Montenegro 2003b*, p. 53).
- The decrease in socio-economic standards and problems in health sector (e.g. lack of instruments, professional employees) has reduced the quality of health services as measured by health status and by patient satisfaction.
- There is an increase in the utilization of private sector services, and increasing levels of corruption and bribery in the public sector (*Government of the Republic of Montenegro 2003b*, p. 53) which is a consequence of low salaries and insufficient motivation of health care workers.

- Surveys have shown that the percentage of monthly expenditure for health care reduces as income increases, and those with a monthly income under the established poverty line (116.20€) spend the highest percentage of their income on health care, at approximately 8% (*Government of the Republic of Montenegro 2003b*, p. 50).
- The redistribution of assets in the health sector is primarily directed to meeting hospital needs rather than financing preventive-education measures, even though these measures are more efficient and less expensive. The lack of clear goals and lack of a development strategy at the level of the Republic has led to hospital care dominating overall costs, and a problematic distribution of health care spending (*Government of the Republic of Montenegro 2003b*, p. 54).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
A principle of solidarity is ensured and inequality in providing access to health care (for categories of the population that receive public welfare) is eliminated	Define and adopt an obligatory services and rights package in the field of health care	Accessibility of health care services from the basic package	MoH	2004
Health care programme planning for children has been developed at the national and local community level	To plan special programmes and activities for health promotion for economically poor children at health risk	Incidence and prevalence rate of the main groups of diseases directly tied to social and economic status	MoH	2004–2010
Quality of health services for children and youth has improved	(i) Programme for quality improvement of health services	Indicators of state of health of children	MoH	2006
	(ii) Plan special programmes and activities to decrease risks in health care	Level of satisfaction of users of health care and health service workers		2010

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Overall quality health care and rehabilitation for children and youth with disabilities is provided	(i) To establish the network of development counselling services for children at risk and children with special needs (including the education of physicians and paediatricians in PHC on prevention, early detection, early treatment and rehabilitation of children with special needs and work with their families) within public health institutions	Number, geographical dispersion and quality of the services for prevention, early detection, early treatment and rehabilitation of children with special needs  Number of preschool children with special needs covered by early rehabilitation programmes  Number of specialized rehabilitation programmes for children with special needs in local communities (especially for children with physical, sense, emotional and behavioural disorders)	MoH, IPH, MLSW	2004–2006
	(ii) To develop standards for delivering health care services for children with special needs	Standards implemented		2004–2006
	(iii) To establish a system to register and follow up with children with special needs at the local community level (local register) and establish a mechanism for central data collection on children with special needs for national and local planning purposes	Number of children with special needs registered by type and categories of disorder  Number of children covered by special institutions for children with special needs		2004–2006
	(iv) Provide the access to free medicine and medical devices for children with special needs			2004–2006
	(v) To put into operation the Commission for categorization, regulated by law			2004–2006
	(vi) To educate parents and associates on the process for rehabilitation of children with special needs			2004–2006

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
In primary and secondary schools "Health education and health promotion" is a mandatory subject	(i) Establish coordination and cooperation between the health sector and educational sector	School children vaccination rate	MoH, IPH MoES	2005–2007
	(ii) To develop educational health programmes	Disease and mortality rates among school children caused by contagious diseases, injuries and external influences School children's malnutrition		2004–2007
Equal access to health care services for children and mothers has been provided (introducing new system laws and other laws which will precisely determine a basic health care package for children and mothers, their rights in the health care system, their place and role in creating, monitoring and evaluation of the health care system and provide equity for all children)	(i) To develop a rulebook on exercising rights in the field of health care	Rulebooks established and implemented	MoH, Clinical Centre of Montenegro, IPH	2004–2006
	(ii) To develop a rulebook on rights to health care abroad			2004–2006
	(iii) To develop a rulebook on participation of insured persons in health care costs			2004–2006
	(iv) Adopt a law on obligatory health records	Law adopted and implemented		2004–2006
	(v) To define national protocols (guidelines on good clinical practice)	Clinical and good practice guidelines developed		2004–2006
		Technical standards developed		
	(vi) To increase the awareness of families and communities on rights with regard to health care services	Level of knowledge, attitudes and behaviour of children and their parents on rights on health		2004–2006
	(vii) To stimulate parents' associations and the networking of these organisations, to promote their involvement in decision making on their health and that of their children	Level of patients' satisfaction		2004–2006
(viii) To increase parents' knowledge and motivation for providing appropriate health protection for their children		2004–2006		

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
	(ix) Survey ethnic and cultural groups' needs to estimate and respond to their needs for culturally acceptable health services	Rates of using PHC services and hospitalization rates, especially by ethnic groups, socio/economic status, territory (urban/rural, developed/developing areas)		2004–2006
A quality control system in health services has been established	(i) To develop lists of medicines and guidelines for their supply and use	Medicine market supply regulated Medicine consumption rationalized Technological standards developed	MoH, IPH, Republican Fund for Health Insurance	2004–2006
	(ii) To develop a rulebook on health care servicing conditions	Rulebooks established and implemented		2004–2007
	(iii) To develop a rulebook on professional control in health care institutions	Number of accredited health institutions		2004–2006
	(iv) To develop categorization and accreditation procedures for hospitals and other health institutions			2004–2006

#### Result expected by 2010

95% of all children less than 1 year of age are immunized with at least 90% coverage in every municipality and subpopulation.

#### LEGAL REGULATIONS

- *Convention on the Rights of the Child* – Article 24 recognises children's right to enjoy the highest attainable standard of health
- The Law on Health and Health Insurance (Official Gazette of the Republic of Montenegro, no: 39/90, 21/91, 30/92, 58/92,6/94,27/94, 16/95, 20/95 and 23/96).

## CURRENT SITUATION

“When children are sick they should go to the doctor. It’s nice there. The injections hurt and kids cry”

3 year old child

- Vaccination programmes in 2002 covered 89% of the child population for DTP, polio, and measles and 95% for tuberculosis.
- Measles immunization has existed for thirty years. There is a significant reduction in the incidence of measles, but there still remains a cyclically greater appearance each fourth or fifth year.
- 94.5% of RAE children have been vaccinated (*Government of the Republic of Montenegro 2003b*, p. 5).
- Rubella immunization was introduced in 1994 and the visible reduction in morbidity is expected during the next decade. The greatest incidence during the last decade (1991-2002) was reported in 1995 (426 per 100,000), while the smallest was in 2002 (6.3 per 100,000).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Public health has been promoted to advance health and develop preventive medicine programmes	(i) Implement the Immunization programme	Percentage of vaccinated children	MoH, IPH, Health Centre	2004–2010
	(ii) Introduce computerized records and monitoring of the immunization programmes	Number of vaccine posts covered by computerized recording		2004–2010
	(iii) Introduce new vaccines into the vaccination calendar according to international standards and recommendations			2004–2010



OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Neonatal tetanus has been eliminated and the surveillance system for acute flaccid paralysis improved	Immunization programme implementation	Immunization coverage against TBC, poliomyelitis, diphtheria, tetanus and pertussis	MoH, IPH, Health Centres	2004–2005
Measles were eliminated	Immunization programme implementation	Immunization coverage against measles	MoH, IPH, Health Centres	2004–2007
The incidence rate of hepatitis B has been reduced by 80%	Immunization programme implementation	Immunization coverage against hepatitis B	MoH, IPH, Health Centres	2004–2010
There is improved control over intestinal and respiratory communicable diseases	(i) Design and run special programmes to decrease mortality from preventable diseases (acute respiratory diseases and diarrheic diseases)	Number of food poisoning cases of children	MoH, IPH, Health Centres	2004–2007
	(ii) To improve sanitary conditions in kindergartens, schools and collective centres	Morbidity and mortality rates of under five children from acute respiratory diseases and diarrheic diseases		2004–2010
	(iii) To improve the control of drinking water and food			2004–2010

#### Result expected by 2010

Incidence of TB has been reduced by 50%, incidence of paediatric HIV/AIDS reduced by 50% by 2010.

#### LEGAL REGULATIONS

- *Convention on the Rights of the Child* – Article 24 recognises children’s right to enjoy the highest attainable standard of health
- The Law on Health and Health Insurance (Official Gazette of the Republic of Montenegro, no: 39/90, 21/91, 30/92, 58/92, 6/94, 27/94, 16/95, 20/95 and 23/96).

### CURRENT SITUATION

- ◆ TB morbidity rate was 15.25 per 100,000 inhabitants in 2002. There are currently 41 people or 0.006% of the population with TB (*Government of the Republic of Montenegro 2003b*, p. 50).
- ◆ TB is linked to lower socio-economic conditions (*Government of the Republic of Montenegro 2003b*, p. 50).
- ◆ There is a higher prevalence of contagious diseases among the RAE population (*UNICEF 2003*, p. 20)
- ◆ According to the latest data for 2002 there are 13 HIV positive persons in Montenegro and 12 persons with AIDS (*Government of the Republic of Montenegro 2003b*, p. 52) with expert calculations suggesting that the actual incidence of HIV/AIDS may be 6-11 times higher than the current reported value.
- ◆ The Government founded an AIDS Commission to prevent the spread of HIV/AIDS.

### STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
The health care system has been reorganised to promote public health and develop preventive medicine programmes	To redefine the mandate of the Institute for Public Health to strengthen health promotion and coordinate public health activities at the republic level	Disease and mortality rates connected with regard to TB and HIV  Number of HIV positive women  Proportional figure of disease rate and mortality rate provoked by a risky lifestyle	MoH	2004–2006
TB incidence growth and TB mortality has stopped especially for children of families at risk	Project on TB prevention and treatment	TB decreased at a rate of 3% per year  TB incidence and prevalence  Mortality rate from TB	GMN, MoH, IPH, WHO, Hospital for TB patients, Institute for Child Diseases	2004–2010

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
HIV/AIDS incidence and mortality has decreased	Develop a national strategy and programme on HIV/AIDS prevention and treatment	Number of HIV positive mothers HIV/AIDS paediatric incidence HIV/AIDS incidence and prevalence Mortality rate with regard to AIDS Percentage of population who use condoms regularly Number of people tested for HIV/AIDS annually	GMN, MoH, IPH, WHO, Republican Commission for the Prevention of HIV/AIDS	2004–2010

#### Result expected by 2010

Provide all children with a healthy start in life, promoting young child health and survival.

#### LEGAL REGULATIONS

- *Convention on the Rights of the Child* – Article 24 calls on States to take appropriate measures to diminish child and infant mortality.
- The Law on Health and Health Insurance (Official Gazette of the Republic of Montenegro, no: 39/90, 21/91, 30/92, 58/92, 6/94, 27/94, 16/95, 20/95 and 23/96).

## SITUATION OVERVIEW

"Children are brought to the health centre but nobody pays attention to them, and for private doctors we don't have money"

refugee/IDP adult

- ♦ The lowest value of infant mortality was noted in 2002 at 10.9 infants per 1,000 newborns (*Government of the Republic of Montenegro 2003b*, p. 51).
- ♦ The infant mortality rate (IMR) among the RAE population is reportedly much higher than the national average. Deliveries without skilled assistance are one important cause for the higher IMR among RAE population (*UN Country Team 2003*, p. 34).
- ♦ Majority of infant deaths occur during 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) (*Government of the Republic of Montenegro 2003b*, p. 51).
- ♦ The IMR in the perinatal period for 2001 was 13.5%, in the neonatal period it was 11.2%, and in the post neonatal period was 4.5% (*Government of the Republic of Montenegro 2003b*, p. 51). The main cause of infant deaths has been linked to the conditions at birth (72.9%) (*Government of the Republic of Montenegro 2003b*, p. 51).
- ♦ Health care, according to the Law on Health Care and Health Insurance is provided to pregnant women during pregnancy and for the period of six month after delivery.
- ♦ Maternal mortality is directly linked to socio-economic standards, the health state of the mother prior to pregnancy, complications that occurred during pregnancy and at birth, as well as accessibility and the frequency of use of pre-natal and obstetric health care (*Government of the Republic of Montenegro 2003b*, p. 51).
- ♦ According to the Vital Statistics data in 2001 two women died due to complications during pregnancy, labour and childbirth (*Government of the Republic of Montenegro 2003b*, p. 51).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Health prevention activities are implemented and the health of mothers and children has improved	(i) Develop a national policy and programmes for health protection of children in order to provide optimal physical, emotional, spiritual and cognitive development of children	Infant and under five mortality rate	MoH, IPH, Institute for Child Diseases	2005
	(ii) To provide more human conditions when giving birth and promote a more emancipated approach to deliveries (provide and stimulate fathers' presence, accommodation of newborns with their mothers, ambulatory delivery and delivery at home)	Maternal mortality rate Birth rate Proportion of newborn babies with low birth weight Number of maternity wards certified as Baby-friendly hospitals		2005
	(iii) To introduce screening procedures on genetic diseases, inherited disorders, phenylketonuria, congenital hypothyroidism for all newborns	Incidence rate of congenital malformations		2005
	(iv) Establish a national register for congenital malformations and disorders	Register established		2005
	(v) To develop a programme for the preservation and improvement of the oral health for children	DMFT (decay missing filled teeth) index for 12 year old children		2005
	(vi) Establish schools on asthma for health professionals and counselling services for children with asthma and for their parents	Number of counselling services for children with asthma established		2005
	(vii) Establish counselling services for children with diabetes and for their families	Number of counselling services for children with diabetes established		2005

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
	(viii) Define a national policy on children's nutrition	National policy defined		2005
	(ix) Define programmes for reduction of anaemia caused by iron deficiency for children and women of childbearing age	Percentage of children (6 months–5 years) whose haemoglobin level is less than 120g/l		2005
	(x) Follow-up of the growth and development of children based on national graphs and registers	Percentage of under five children with obesity Percentage of children under five who are underweight		2005
	(xi) Implement multimedia educational campaigns for children and parents on healthy nutrition	Change in public awareness of healthy foods		2005
	(xii) Introduce education on quality and safe food and nutrition in preschool institutions	Changes in food menus in preschools		2005
The infant mortality rate has decreased	(i) To provide full access to reproductive health protection and develop standards for quality functioning of antenatal, perinatal and postnatal health protection	IMR Standards developed	MoH	2004–2008
	(ii) To support and encourage exclusive breastfeeding for the first 6 months of life and continued breastfeeding with appropriate complementary feeding until 2 years of age	Exclusive breastfeeding rate for 6 months	MoH	2004–2007
Mortality and disabilities of children caused by accidents has decreased	(i) To adopt a Law on Safety in Traffic	Prevalence of child disability as a consequence of accidents and injuries caused by accidents	MoH, MoES, MoI, MEP	2004–2007
	(ii) Develop a national programme on prevention of accidents and injuries in children	Invalidity and mortality rate caused by traffic accidents		2004–2007

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
	(iii) Introduce education on accident and injury prevention for children and adults	Injury rate for children (number of injured children due to external factors)		2004–2007
	(iv) Adopt and implement the resolution on secure living and environment			2004–2007
Number of babies born with less than 2 500 grams has decreased	To establish within primary health care, a counselling services network for pregnant women, infants and children	Percentage of newborn with the weight under 2 500 g Perinatal mortality rate	MoH, IPH, Health Centre	2004–2010

#### Result expected by 2010

The number of children and youth using abusive substances (tobacco, alcohol and illegal drugs) has decreased by 20%.

#### LEGAL REGULATIONS

- *A World Fit for Children* – Article 37, paragraph 20 requests the development and implementation of policies and programmes to prevent the use of narcotic drugs, psychotropic drugs and inhalants.
- *Action Plan For Drug Addiction Prevention of Children and Youth in Montenegro* adopted by Government of Montenegro on July 2003.

#### CURRENT SITUATION

- Tobacco consumption is becoming increasingly common among young people. Almost 30.6% of school children smoke cigarettes with 56.8% starting before age of 10 (Ministry of Health, 2003, Table 1A).
- According to the research of IPH 19.7% secondary schools' pupils smoke tobacco regularly. More than 90% of children are exposed to passive smoking at home and public places (Ministry of Health 2003, table 1A).
- There is no age limit for buying cigarettes nor are children protected from the influence of pro-smoking media campaigns according to IPH, Podgorica (1998).

- According to the research of IPH among 4,054 pupils age 11-18 years from all municipalities of Montenegro, 87.8% use alcohol on special occasions, and 17.8% regularly consume alcohol.
- There are no systematic records of drug users nor follow up by health departments. Due to limited resources, medical institutions have limited possibilities for taking care of drugs addicts and are restricted to emergency treatments only.
- There is evidence of an increase in the number of persons misusing drugs and a tendency towards younger ages entering into drug use. Research based upon a structured sample of 905 young persons indicated that: 10.4% have tried drugs; 6.7% take drugs from time to time; 1.2% take drugs every day; 43% stated that their friends are taking drugs; 22% of those polled who tried drugs experimented with them at age 15, and 18.2% at age 16 (Zavod za zdravstvenu zastitu Podgorica, June 1999).
- According to IPH, 0.4% of primary school-aged children and 6.7% of secondary-school aged children consume drugs (*Vlada Republike Crne Gore 2003a*, p. 10).

### STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Tobacco, alcohol and drug consumption among children has reduced	(i) To organize preventive and promotional health activities in order to promote healthy habits in families, schools and communities	Prevalence of smoking, alcohol use and drug abuse among adolescents	MoH, MoES, GMN, Health Care Institute	2004–2010
	(ii) Project “Smoking Control of Youth”		Mol	2005–2010
	(iii) Affirm the disdain of selling alcohol to minors and implement control measures on stores selling alcohol including sanctions if appropriate		Mol, MoH	2005–2007
	(iv) Adopt the WHO resolution and new Law on production, sale and control of tobacco			2004–2006
	(v) Develop action plans for the prevention of addiction diseases			2004–2010



OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Prevention of drug abuse in youth implemented	(i) Organise educational programmes for the prevention of drug abuse in youth (covering youth at risk and parents)	Educational programmes in schools and preventive programmes for vulnerable groups and parents implemented Number of addiction cases recorded	MoH, MoES, Customs, MoLSW	2005–2008
	(ii) Address the issues of entering and distribution of drugs including technical support to MoES and Customs	Programme to combat the sale of illicit drugs implemented Incidence and prevalence addiction rates	Mol	2005–2010
	(iii) Public awareness campaigns		MoH, MoES, Mol	2005–2008
	(iv) Establish youth friendly centres for prevention and treatment of drug abuse	Number of youth friendly centres established and operating	MoH, MoLSW	2005–2010
Mental health of children and youth preserved and improved	Establish centres for mental health of children within PHC	Mental disease incidence and prevalence rates among children Number of centres for mental health of children established	MoH	2004–2005

#### Result expected by 2010

Number of adolescent pregnancies has decreased 30% and incidence of sexually transmitted infections (STIs) reduced by 50%.

#### LEGAL REGULATIONS

- *Convention on the Rights of the Child* – Article 24 calls on state parties to develop preventative health care, guidance for parents and family planning and education services and to abolish traditional practices prejudicial to health
- The Law on Health and Health Insurance (Official Gazette of the Republic of Montenegro, no: 39/90, 21/91, 30/92, 58/92,6/94,27/94, 16/95, 20/95 and 23/96).

## CURRENT SITUATION

- ♦ There is a lack of accurate sex education available to adolescents, including a lack of accessible reproductive health services and support.
- ♦ Number of deliveries for 15-19 year olds in 2001 was 487, or 5.5% of the total number of deliveries in 2001 (IPH, direct communication).
- ♦ Fertility rate for 15-19 year olds in 2000 was 21.1 (*Republički zavod za statistiku 2002*, p. 56).
- ♦ Only 60 adolescents visited the Reproductive Counselling Service in 2001 (*Zavod za zdravstvenu zaštitu Podgorica 2002*, p. 184).
- ♦ Number of adolescents' visits to health services for women in 2001 was 3,681, or 9.6% of the total number of visits (*Zavod za zdravstvenu žastitu Podgorica 2002*, p. 181).
- ♦ Number of officially recorded, legally performed, artificial abortions for those aged 15-19, in 2001 was 50. The real number is expected to have been significantly higher, as the majority of the private gynaecology clinics do not submit data on abortions performed because of possible taxes (MoH, direct communication).
- ♦ One reason why the majority of abortions are performed in private medical practices is stigma and the privacy expected within the private medical practice.
- ♦ Number of registered pathologies in pregnant adolescents in 2001 was 1,102. (*Zavod za zdravstvenu žastitu Podgorica 2002*, p. 183).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Access to reproductive health information has improved	(i) To develop a strategy to improve reproductive health	Strategy adopted and implemented	MoH, IPH, Health Centre	2004–2006
	(ii) Establish counselling services for reproductive health, contraception, family planning and pregnancies	Number of newly established counselling services Specific fertility rates Adolescent pregnancy rate Adolescent abortion rate Number of visits to counselling services Number of antenatal visits of pregnant women aged 15–18		2004–2010
Awareness and knowledge among young people about sexuality and reproduction has increased	(i) To promote continuing health education	STI among adolescents (number of infected on 100 000 adolescents aged 14–18)	MoH, IPH, MoES	2004–2010
	(ii) Increase the level of knowledge on reproductive health, using of contemporary family planning methods and through media campaigns	Number of adolescent using contraception Fertility rates		2004–2010
	(iii) Promote peer education and child participation in projects concerning reproductive health			2004–2010
	(iv) To develop the national strategy on prevention of STI	National strategy developed and adopted		2004–2010

## Protect the Environment for Children

Protection of the natural environment is a sustainable intervention for children now and for those of tomorrow. Montenegro is committed to responding to the concerns of pollution, due to the effect on people's health and as a socio-economic investment. The built environment, as one which children interact with daily, must be improved and maintained. This includes housing (specifically with regards to collective centres, RAE population settlements) access to water and sanitation and physical access to buildings and transportation.

It is expected that by 2010 the following will have been achieved:

Impact Table: Protect the environment for children

INDICATOR	SOURCE	VALUE (YEAR)	TARGETS FOR 2010	UPDATE PERIOD
<i>The proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water has been reduced by at least one-third, and the proportion of households without secure accommodation (specifically for RAE and IDPS/refugees) has been reduced by one-half.</i>				
Access to safe water (access to public and own water supplies)	PRSP (Official statistics), MoEPPP	83% (1998)	Increase to 90%	
Access to safe water for RAE population	ISSP (Household Survey of RAE, Refugees and IDPs, 2003)	54.7% (2003)	Increase to 70%	
Share of the population connected to public sanitation system	PRSP (Official statistics), MoEPPP	39% (1998)	Increase to 60%	
Access to in-house sanitation facilities for the RAE population	ISSP (Household Survey of RAE, Refugees and IDPs, 2003)	31.6% (2003)	Increase to 50%	
<i>25% of institutions regularly used by children such as schools, hospitals and public transport are structurally accessible for children with special needs, and all new public buildings are constructed considering physical accessibility.</i>				
Percentage of schools accessible for children with special needs	MoES, MoEPPP	Not available	Increase	
Percentage of hospitals accessible for children with special needs	MoH, MoEPPP	Not available	Increase	

INDICATOR	SOURCE	VALUE (YEAR)	TARGETS FOR 2010	UPDATE PERIOD
<i>Regulations to protect the environment have been developed and are implemented to prevent the exposure of children to harmful environmental contaminants in the air, water, soil and food.</i>				
CO <sub>2</sub> emission (in tons per capita)	MoEPPP	1.29 (S&M) estimation	Decrease by 20%	
Morbidity rate for respiratory infections (number of children with acute and chronic respiratory infections on 1,000 children aged 0–18)	MoH, IPH	1 583	Decrease	Annually

To achieve this Montenegro will specifically focus on the following activities.

#### Result expected by 2010

The proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water has been reduced by at least one-third, and the proportion of households without secure accommodation (specifically for RAE and IDPS/refugees) has been reduced by one-half.

#### LEGAL JUSTIFICATION

- *Convention on the Rights of the Child* – Article 24 calls for States to combat disease and malnutrition through the provision of clean drinking water.
- *A World Fit for Children* – Article 27 notes that adequate housing fosters family integration. It places high priority on overcoming housing shortages for children in marginalized and remote areas.

## CURRENT SITUATION

### “All people should have their house and their bathroom”

Refugee/IDP primary school aged child

- ◆ Close to 90,000 household members in Montenegro live in cramped conditions with less than 10 sqm. per household member (*Government of the Republic of Montenegro 2003b*, p. 4).
- ◆ 86% of RAE population live in cramped and inadequate living conditions with 8.2 sqm per household member (*Government of the Republic of Montenegro 2003b*, p. 4), 47.5% live in close proximity to a dump, 22.3% live in settlements where waste waters flood, 17% live in areas where the air is polluted, and 12.8% have problems with mud (*Government of the Republic of Montenegro 2003b*, p. 7).
- ◆ The poor quality of overall living conditions is an issue for the majority of refugees and IDPs (*Government of the Republic of Montenegro 2003b*, p. 4).
- ◆ 39.2% of refugees (*ISSP 2003a*, p. 105) and 17.5% of IDPs (*ISSP 2003a*, p. 109) live in collective centres.

Table: Families with Less than 10 Sqm per Household

	Number assessed	Less than 10 Sqm per person in %	Number of persons living in less than 10 Sqm
Regular population	663 843	8.2	54 435
RAE	19 534	85.8	16 760
Refugee	13 308	54.5	7 253
IDPs	22 105	50.1	11 075
Montenegro	718 790		89 523

Source: *Government of the Republic of Montenegro 2003b*, p. 4-6.

- ◆ 72% of the population is connected to public water systems and 11% have independent water supply systems, but only 39% of the population is connected to public sewage (*Government of the Republic of Montenegro 2003b*, p. 33).

- Of the RAE population 74.7% do not have piped water supply in their living quarters (UNDP Montenegro and ISSP 2003, p. 74), and 68.4% do not have a bathroom in their residence with 7.1% not having even a common bathroom or outdoor WC at their residence (UNDP – Montenegro and ISSP 2003, p. 90)
- The water supply and sewage system is characterized by unreliable water supply during the summer, inappropriate water supply and sewage system coverage of urban and rural areas, depreciated water supply network leading to deteriorated drinking water quality, lack of reservoir capacities, and a low rate of connection to sewage network (Government of the Republic of Montenegro 2003b, p. 33).
- In the past water and sewage services have been subsidized, resulting in a lack of funds for maintenance and investments. Reforms include introducing market based pricing which can affect the access of economically poor households to these systems (Government of the Republic of Montenegro 2003b, p. 34).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Urban and residential aspects of health have been improved	(i) Build adequate apartments for domicile population, RAE, IDPs and refugees	Housing shortage decreased by 5% or 4,500 houses built	MEPPP, MoH, MoLSW, Commissariat for Displaced Persons	2004–2006
	(ii) Provide sewage disposal facilities at urban locations where some socially marginalized groups live, such as RAE, IDPs and illegal settlements	Minimum standards for housing and schools established		2004–2006

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Pure drinking water is accessible, including within households with children and schools	(i) Introduce subsidies for water consumption for the poorest people	A share of water expenses in housing, particularly for the poorest 10% of population	Ministry of Agriculture, Forests and Water	2006–2010
	(ii) Carry out water supply improvements measures in rural areas	Reduced water losses		2004–2006
	(iii) Carry out water supply improvement measures in locations where marginalized social groups live such as RAE and illegal settlements	Drinking water quality		2004–2006
The total population has the opportunity to live in a healthier physical and social environment	(i) Conduct training for health promotion and risk reduction, including targeting children with special needs	Number of individuals trained Health safety measures implemented in the home Methods of health promotion implemented	MoH	2006–2010
	(ii) Establish methods of health promotion in child care institutions, including their participation in the programme “healthy schools”	Healthy school programme implemented Percentage of preschool aged children included in the programme Percentage of school aged children included in the programme	MoH, MoES	2004–2010
	(iii) Public enterprises to adopt and apply zones for children, and safe schools within the programme of healthy cities	Percentage of public enterprises implementing the programme	MoH	2004–2010



#### Result expected by 2010

25% of institutions regularly used by children such as schools, hospitals and public transport are structurally accessible for children with special needs, and all new public buildings are constructed considering physical accessibility.

#### LEGAL JUSTIFICATION

- *Convention on the Rights of the Child* – Article 23 States recognises that children with disabilities shall enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

#### CURRENT SITUATION

**"I can't approach the hospital with my child in the wheelchair because of the architectural barriers"**

parent of a child with special needs

- There are no legal regulations on urban or construction standards that meet the requirements of disabled persons/children, and physical access to buildings and transportation facilities are limited (*UNICEF 2001b*, p. 58).
- School participation rates for children with disabilities are constrained by inadequate school facilities.
- The principles for transportation policies are efficiency and accessibility to commuting services or public network services. This considers the requirements of children with specific needs (*Government of the Republic of Montenegro 2003b*, p. 4).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
The environment is accessible, including access to public transport, for children with special needs	(i) Perform activities to provide children with disabilities with better access to the environment, including access to public transport	Number of implemented programmes	MoLSW, MEPPP, municipalities	2004–2010
	(ii) Develop urban standards for physical barrier removal	Developed standards		2004–2006
	(iii) Introduce the legal obligation for all buildings to provide physical access to persons in wheelchairs (precondition for receiving the building permission)			2004–2006
	(iv) Introduce the law that all public places which have toilets and bathrooms (airports, hospitals, hotels etc.) must be accessible for those with special needs	Law implemented		2004–2006
	(v) Adapt the infrastructure of local communities according to needs of children with disabilities (remove physical barriers, adapt transport)			2004–2006

#### Result expected by 2010

Regulations to protect the environment have been developed and are implemented to prevent the exposure of children to harmful environmental contaminants in the air, water, soil and food.

#### LEGAL JUSTIFICATION

- *Convention on the Rights of the Child* – Article 29 State parties agree that education of children shall be directed to the development of respect for the natural environment
- *A World Fit for Children* highlights the number of environmental problems and trends, such as global warming, ozone layer depletion, air pollution, and hazardous wastes and exposure to hazardous chemicals and pesticide needs to be addressed to ensure the health and well being of children.
- Law on Environmental Protection (O. G of Republic of Montenegro, no: 12/96).

#### CURRENT SITUATION

“Our town should be nice.  
I would clean it not to be dirty”

primary school aged child

- There is an increase in pollution from transport (primarily air pollution in urban centres and pollution of the coastal areas and sea) (*Government of the Republic of Montenegro 2003b*, p. 31).
- Although the list of basic causes of death of the Montenegrin population has remained the same over the last ten-year period (*Government of the Republic of Montenegro 2003b*, p. 51) the influence of external risk factors (polluted air, food and water) is noticeable (*Government of the Republic of Montenegro 2003b*, p. 52).

- ♦ Young people explicitly state that environmental issues are one of the ten basic causes of poverty (*Government of the Republic of Montenegro 2003a*, p. 160).
- ♦ Waste waters are treated only for 11% of the population, 55% of waste is not collected in an organized way, there is no dump sited meeting sanitary requirements and few recycling activities (*Government of the Republic of Montenegro 2003a*, p. 269).
- ♦ Law on Environment Protection is not monitored or enforced (*Government of the Republic of Montenegro 2003a*, p. 269).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
The impact of environmental factors affecting health have been determined (primarily environmental factors that have a negative impact to health and can be influenced to)	(i) Research projects to determine environmental impact to overall health of the Montenegrin population	Contagious diseases incidence and prevalence provoked by poor water-supply systems and inadequate disposals of dangerous waste.	MoH, IPH	2004–2010
	(ii) Provide organised monitoring of health risks within the environment	Mortality rate caused by diseases that can be prevented and provoked by environmental factors		2004–2010
	(iii) Include education on environmental protection in educational curricula at all levels	Educational programme implemented	MoH, IPH, MoES, MoEPPP	2005–2010
To create the conditions for harmonizing exposure to damaged fusions of physical environment with international standards	(i) To harmonise laws and regulations with WHO standards regarding the quality of air, water and land, and their adequate enforcement will be in place	Law in place and implemented	MoH, MoEPPP	2005–2010

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
	(ii) Protect children in all zones of exposure to radioactive, electromagnetic, roentgen radiation, and radiation from electric devices and power stations  (iii) To begin preparations to phase out leaded fuel in accordance with EU standards			2004–2010  2005–2010
Safe waste disposal mechanisms have been established	(i) Establish recycling system for polluted water	System for water recycling in place  Water quality monitoring in place	MoEPPP	2005–2010
	(ii) Collecting, canning and hygienic impounding of waste materials	Pollution toxins level in soil, air and water		2004–2010

## All Children are Full Citizens

Children, from birth, should have the right to be full citizens of their country, in the full meaning of this word. Montenegro is committed to striving towards this goal by addressing issues of citizenship and registration, return and resettlement of refugees and IDPs, and supporting children who are in conflict with the law.

It is expected that by 2010 the following will have been achieved:

Impact Table: All children are full citizens

INDICATOR	SOURCE	VALUE (YEAR)	TARGETS FOR 2010	UPDATE PERIOD
<i>All children are registered and hold a citizenship certificate.</i>				
Proportion of children whose births are registered within one month after the birth	Mol and municipalities		100%	Annually
Proportion of RAE children whose births are registered within one month after the birth	Mol and municipalities		100%	Annually
Number of children registered (0–18) (total, female, male, RAE, Refugee, IDP)	MONSTAT, Commissariat for Displaced Persons		100%	Annually
Proportion of previous refugees and IDPs who have a durable solution in the Republic compared with those who remain refugees/IDPs	Commissariat for Displaced Persons		Increase by 20% <i>(note: This target depends on National strategy for refugees and IDPs)</i>	Annually

INDICATOR	SOURCE	VALUE (YEAR)	TARGETS FOR 2010	UPDATE PERIOD
<i>The number of children in conflict with law is decreasing and juvenile justice is harmonized with international standards.</i>				
Number of children in conflict with law (<14, 14–16, 16–18) (total, female, male)	MoI	250 (2002) <14 years 173 (2002) 14–18 years	Decrease by 30%	Annually
Number of children (<18) in conflict with law who are institutionalized (total, female, male)	MoJ, MoLSW	11 (2003)	Decrease by 25%	Annually
<i>All children have equal access to independent Ombudsman's office for children.</i>				
Number of cases accepted into the Ombudsman's procedure	Ombudsman's office for children			Annually

To achieve this Montenegro will specifically focus on the following activities:

**Result expected by 2010**

All children are registered and hold a citizenship certificate.

**LEGAL JUSTIFICATION**

- *Convention on the Rights of the Child* – Article 7 states that all children must be registered at birth and have the right to acquire a citizenship. Article 8 states that States must respect the right of the child to preserve her/his identity including citizenship.
- *Convention on the Rights of the Child* – Article 22 notes that a child who is seeking refugee status should receive appropriate protection and humanitarian assistance. Article 10 notes that State parties shall respect the right of the child and her/his parents to leave any country, including their own, and to enter their own country. Article 39 states that all appropriate measures are to be taken to promote physical and psychological recovery and social reintegration of a child victim of armed conflict.

## CURRENT SITUATION

**"I don't have rights", "I don't have land", "there is inequality"**

primary school aged refugee/IDP child

- ♦ According to the Montenegrin Public Record Act and the Montenegrin Personal Names Act, all births must be registered, and the information will include the child's name and citizenship. Children acquire Montenegrin citizenship if at least one parent was a Montenegrin citizen at time of the child's birth.
- ♦ Records of Montenegrin citizens, maintained by the Ministry of Interior, are not computerized and therefore not user accessible.
- ♦ There is no statistical data on citizenship for the persons aged 0-18 from the 1991 census. Data from the 2003 census will be available mid 2004.
- ♦ Data on refugees and IDPs are maintained by the Commissariat for Displaced Persons. According to the September survey there are 13,295 refugees from BiH and Croatia and 18,047 IDPs from Kosovo and Metohija in Montenegro (Jovanović, A. 2003, p. 31).
- ♦ IDPs from Kosovo and Metohija are not considered citizens of the Republic, nor can they be registered as IDPs, as Kosovo and Metohija according to the constitutional charter of SaM, are part of the Republic of Serbia.

**"They always put the children in a particular group"**

refugee/IDP parent

- ♦ According to the latest survey by the Commissariat for Displaced Persons there are 7,005 IDPs and 2,007 refugees between age 0-18. (Jovanović, A. 2003, table 17).
- ♦ The return and resettlement of IDPs aged 0-18 is connected with the status of their parents



- Durable solutions could be return, integration, or resettlement, but the government policy towards these solutions is still in the development phase.
- Return to Croatia is constrained by property repossession procedures, reconstruction, tenancy rights and lack of economic opportunities (UNHCR 2002, p. 231-232). In BiH, 90% of the property rights in BiH have been solved so it is likely that those IDPs and refugees from current BiH do not plan to return. Although the international community encourages return to Kosovo, a significant increase in return is not expected (*Government of Montenegro 2003a*, p. 328).
- Regarding Montenegro refugee and IDP issues regional cooperation is required to find a durable solution.
- IDPs from Kosovo and Metohija do not enjoy the same benefits as those provided to Montenegrin citizens (UNICEF 2001b, p. 88), and have limited access to health care, social protection, can not vote nor obtain work papers.

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Accessible citizenship registry is established	To develop a computer registry for citizens of Montenegro	Registry established Number of registered children New procedure developed	GMN	2005–2010
Children are registered at birth or shortly after birth	(i) To develop a new Law on citizenship (ii) To simplify and accelerate current procedure for obtaining citizenship (iii) To amend the citizenship law to obtain citizenship at place of birth	Law on citizenship adopted Number of registered children	GMN	2005 2005 2005
Durable solution for children not holding any citizenship is defined	To adopt a Strategy on Refugees and IDPs which includes clear response to ensure children can obtain a citizenship, return or integrate	Number of children refugees/IDPs who obtained a durable solution (obtaining citizenship, returning to country of origin or by resettlement)	GMN, Commissariat for Displaced Persons, Parliament	2004

#### Results expected by 2010

The number of children in conflict with law is decreasing and juvenile justice is harmonized with international standards.

#### LEGAL JUSTIFICATION

- ♦ *Convention on the Rights of the Child* (1990) – has the principle to avoid legal proceedings and placement in institutions, whenever possible; the legal intervention is moving from protection of the child to protection of child rights. The principles are: respect the “child’s best interests”; right to life; right to survival and development; and, the right to express her/his own views freely. Article 37 shall ensure that no child shall be subject to torture or other cruel, inhumane or degrading treatment or punishment. No child shall be deprived of her/his liberty. If deprived of liberty the juvenile shall be treated with humanity and respect, shall have the right to prompt access to legal and other appropriate assistance. Article 40 recognises the right of every child alleged, accused of, or recognised as having infringed the penal law, to be treated in a manner consistent with promoting the child’s integrity. Besides promoting the establishment of laws and procedures applicable to children, State parties shall establish a variety of dispositions such as: care; guidance and supervision orders; counselling, education; and, probation foster care.
- ♦ *Declaration on the Rights of a Child* (Geneva, 1924): “The delinquent child has to be rehabilitated.” This Declaration is not obligatory, but the member states should do everything possible to rehabilitate delinquent children and integrate them into society.
- ♦ *International Covenant on Civil and Political Rights* (1966): “Every child deprived of liberty should be separated from imprisoned adults; the trial should be implemented as soon as possible, to treat them according to their age and legal status. If the interest of juvenile demands an alternative, or if the legal proceeding involves marital partners, or if the legal proceeding involves a child’s custody, the verdict can be pronounced in private. The legal proceeding must consider the age of the child and promote her/his rehabilitation.”
- ♦ *United Nations Standard Minimum Rules for the Administration of Juvenile Justice – The Beijing Rules* (1985) – All countries are invited to provide a report on enforcement of this document at the national level to UN General Secretary every 5 years, and NGOs are invited to cooperate in the preparation of this document.”
- ♦ *United Nations Guidelines for the Prevention of Juvenile Delinquency* (The Riyadh Guidelines, 1990)

- *UN Standard Minimum Rules for Alternative Measures* (Tokyo's rules, 1990): encourages a wide spectrum of alternative measures, starting from those before the criminal charge is brought forward, to those that follow the verdict.
- *European Convention for Protecting Human Rights and Basic Freedoms* (1950): "Every child has the right to freedom and security of her/his person and no one will be deprived of freedom except in cases that are in accordance with law, including legally arresting juveniles in order to bring her/him to legal authority. Then: the verdicts should be pronounced in public, except when the child's interests or the protection of the parents' private life demands contrary.
- Criminal Code (O. G. of the Republic of Montenegro, no: 70/03).

## CURRENT SITUATION

"There are good and bad children.  
There are good and bad people."

child 3 years old

- A child is defined as a person under 14, and a minor is defined as a person over 14 and under 18. A minor is defined as a person under 18.
- According to the statistical data, the number of children in conflict with the law is small but growing, indicating difficulties in segments of the society important to children such as families, schools, and communities.

Table: Children in conflict with the Law

2000	2001	Percentage decrease 2000/2001	2002	2003	Percentage increase 2002/03
628	455	28%	423	455	7%

Source: Ministry of Interior.

- The system for protecting a child's rights and interests is based on a social protective model. This entails an ambiguous role for CSWs, which is called upon to defend the child's interest and to pronounce appropriate remedial measures (Government of the FR Yugoslavia 2001, p. 30). The set of actions available to ensure that children are dealt with in a manner appropriate to their well-being is at the discretion of the CSWs and within limited circumstances of institutional care.

- ♦ The juvenile has to have a defence counsel from the beginning of the preparatory procedure for any crime for which the punishment is over 3 years, and for those with a lower punishment if the judge feels a defence counsel (lawyer) is required.
- ♦ Apart from the Institute for Education of Children and Youth in Podgorica, there are no juvenile detention centres in Montenegro where juveniles are kept separate from adults.
- ♦ There are ongoing reforms of the criminal judiciary to harmonize the judiciary with international standards.
- ♦ Criminal Law, Law on Criminal Procedure, Law on Public Prosecutor and Law Amendments for the Law on Criminal Sanctions have been adopted and contain measures for minors and procedures.
- ♦ According to the Criminal Code a child who was not 14 when s/he committed a crime can not receive criminal sanctions, charges leading to criminal procedure and charges pronouncing the verdict of criminal sanctions.
- ♦ Criminal acts of minors who at the time of committing a crime were over 14 and under 16 can only have educational measures as sanctions.
- ♦ Juveniles who were over 16 and under 18 when s/he committed a crime can receive educational measures as sanctions and occasionally juvenile prison.
- ♦ All minors under 18 can also receive security measures (restrictions) but can not receive probation nor court sanctions.

### STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Strategy for prevention of socially unacceptable behaviour is adopted and implemented	(i) To develop the network of volunteers to support the CSWs	Number of volunteers by municipality	MoLSW, CSW, Municipalities	2004–2010
	(ii) To organize the engagement of youth on primary prevention programmes			2004–2010
	(iii) To develop peer education programmes in local communities	Number of peer education programmes developed		2004–2006

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
	(iv) To establish day centres and group homes for implementing programmes for the re-socialisation and integration of youth with socially unacceptable behaviour	Number of day centres and group homes established		2004–2010
Current administration of juvenile justice is reformed according to international standards	(i) Specialization (advanced training) of judges dealing with juveniles	Percentage of judges who passed the specialization	MoJ, MoLSW, Courts, Prosecutor's office	2004–2010
	(ii) To reform the Institute for Education and Youth in Podgorica (to improve the organization and practice of institutional educational measures)	Institute reforms operational		2005–2010
	(iii) To conduct specialization training (advanced training) of experts from all fields of work	Number of experts attending the trainings Number of trainings conducted		2004–2010
	(iv) To re-organise the work with children in conflict with law			2004–2006
Alternative measures and sanctions for juveniles in conflict with law are established and in place	(i) To establish Diversion Pilot Model in one municipality (Diversion: diverting juveniles from legal procedures, and diverting juveniles from deprivation of liberty)	Pilot project evaluation	MoJ	2005–2007
	(ii) To improve the organisation and practice of out-of-institution educational measures			2005–2007
	(iii) To develop the network of Diversion models in every municipality	Number of municipalities with a Diversion model in practise		2005–2007

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
	(iv) To establish a multidisciplinary approach as one of the basic methodologies of working with juveniles  (v) To establish permanent education and training of all experts that are working with juveniles in conflict with law			2005–2007  2004–2010
Education of youth about basic elements of criminal justice, rights and obligations according to the Law has taken place	To establish an information sheet on rights and obligations during the court procedure, to provide information to juveniles who are in conflict with the law	Information sheet published  Information sheet circulation and coverage	MoJ, MoLSW, Mol	2004–2010

#### Results expected by 2010

All children have equal access to an independent Ombudsman's office for children.

#### LEGAL JUSTIFICATION

- ♦ *The Convention on the Rights of the Child* – article 4 states that States parties should undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the present Convention. With regard to economic, social and cultural rights, state parties shall undertake such measures to the maximum extent of their available resources and, when needed, within the framework of international cooperation.
- ♦ Law on Protector of Human Rights and Freedoms (O. G. Of the Republic of Montenegro, no. 41/03).
- ♦ *Proposal on National Strategy for Violence Prevention* (adopted by Government of Montenegro on 13 November 2003).

## CURRENT SITUATION

- The Law on Protector of Human Rights and Freedoms obliges the Protector to investigate violations of human rights and freedoms when violated by the act, action or lack of action of the responsible bodies, and to take actions for their removal and to deal with general issues significant for the protection and improvement of human rights and freedoms.
- Ombudsman's office – Protector of Human Rights and Freedoms in Montenegro, was opened on the international day of Human rights, 10 December 2003.
- Since the office of Protector of Human Rights and Freedoms was established, 140 cases have been received, however none of them are directly related to violations of children's human rights.
- National Programme for Violence Prevention predicts the establishment of an Ombudsman's office for woman and children which will work independently from Ombudsman – Protector of Human Rights and Freedoms (Vlada Republike Crne Gore, Ministarstvo zdravlja, Komisija za izradu projekta "Nasilje i zdravlje" 2003c, p. 26).

## STRATEGIC ACTIONS

OBJECTIVE	ACTIVITY	PROJECT INDICATOR	RESPONSIBLE BODY	TIMELINE
Ombudsman's office for children is established	(i) Begin activities to establish the Ombudsman's office for children's rights	Ombudsman's office for children is established	Independent Ombudsman's office, MoJ, NGOs that are protecting women and children's rights	2005–2006
	(ii) Appoint a Commissioner for protecting children's rights in each municipality	Percentage of municipalities with appointed Commissioners		2005–2006
Newsletter that explains how rights can be realized is accessible to all children	To develop a pamphlet (in child friendly language) that explains the complaint procedure for the Ombudsman and how to access this office and procedure	Newsletter established	Independent Ombudsman's office	2005–2006

## MONITORING AND EVALUATION

The Plan of Action for Children's Rights in Montenegro can only be viable to the extent that it has an evaluative mechanism that allows control of the progress in achieving its objectives and goals. As the Plan integrates the efforts of diverse sectors and organizations, it is necessary that the work of monitoring and evaluation be a concerted effort under the responsibility of the different entities carrying out the plan.

Monitoring and evaluation is the continuous assessment of the intervention and its environment with regard to the planned objectives, results, activities and means. It should

- ♦ be decision-oriented, systematic and be an integral part of the programming process, focused on controlling and assessing programme outcomes;
- ♦ enable stakeholders to review progress and to propose actions to be taken in order to achieve the objectives;
- ♦ identify actual or potential successes or failures as early as possible and facilitates timely adjustments to the operations; and,
- ♦ require a limited budget and aim to keep the costs as low as possible.

There are four elements to the monitoring of the Plan. The principle actor is the Government of Montenegro and its Commission for Developing the Plan for Children's Rights. One aspect of the mandate of this body is to monitor children's rights and promote a comprehensive policy agenda in the area of children. Monitoring the implementation of the Plan of Action for Children's Rights in Montenegro is one tool which can guide this process.

The other key actors in monitoring the Plan are the Ministries and Commissariat for Displaced Persons. The Plan clearly details the areas and activities of each government body over the course of implementation. Each Ministry will monitor progress towards the goals of its sector and provide periodical (bi-annual) reports to the Commission for Developing the Plan for Children's Rights. These reports will be consolidated by the Commission and presented to the Government (and Parliament) annually. These reports will include (i) a review of the progress towards the 2010 impact indicators; (ii) a description of outputs from each of the strategic actions, including details of any changes in the activities and timeline; (iii) details on the



financial expenditures used to implement the plan; (iv) outline the strategic actions to be carried out during the following year with corresponding budget implications; and, (v) present any proposals for adjusting the strategic actions and indicators.

The third group of actors are non-governmental organisations and individuals. The Plan is designed such that individuals and groups can contribute to all of the results. Civil society has the responsibility to monitor the government's activities in the Plan, through the parliamentary system, its lobbying activities, and through direct communication with its representatives. Civil society also has its own responsibility to contribute to creating a better world for children, by carrying out its own activities for successful implementation of the Plan.

The fourth actor is the MDITF. To aid in monitoring the impact indicators the DevInfo software will be used. This software is free, user-friendly and already applied as the mechanism for monitoring and evaluating National Plans of Action for Children in other countries. The database will contain multiple sources of Republic and municipal information. It will aid in better targeting of resources for children, support analyses on the trends and contrasts of key child development indicators, and assist in further policy adjustments to the Plan over the seven year time period. This database will be maintained by the MDITF, with membership from MONSTAT, Commissariat for Displaced Persons, and Ministries responsible for gathering the data and data entry for its sector. Beyond the Commission for Developing the Plan for Children's Rights, users of the DevInfo database can be ministries, government, local governments, development partners and civil society. The Montenegro DevInfo data base therefore will be freely accessible.

Database development is a work in progress – it's an ongoing process to maintain, update and expand it so that it remains a useful and sustainable tool for data analysis. As it is expected that the Plan of Action for Children's Rights in Montenegro will further evolve over the seven year period, the DevInfo Montenegro data base will need to be adapted accordingly. As part of a quality control programme, the MDITF will be responsible for maintaining the collection and management of quality data sets over time. Only by maintaining consistency in the collection, analysis, and management of long-term datasets trends can conditions regarding children be accurately evaluated. Developing the necessary technical and policy conditions for the MDITF will be one of the key activities of the Commission during the first half of 2004.<sup>9</sup>

---

<sup>9</sup> See Annex D for a draft Terms of Reference and Mode of Operation of the MDITF.

## FINANCIAL REQUIREMENTS FOR IMPLEMENTATION

For the first three years (2004-2006) it is estimated that 155 million EURO are required to implement the Plan. Approximately 2/3s of this amount is a duplicate of activities noted within the PRSP (*Government of the Republic of Montenegro, 2003b*) which was approved by the Government in November 2003. Over the seven years of implementation it is expected that on average 37 million EURO (at 2003 prices) would be required annually. These estimates do not include the full cost of implementing the Plan, only those areas which require additional incremental financing (either from internal or external sources).

Table: Estimate Cost of Activities in Millions (EURO) at 2003 prices

STRATEGIC GOALS	2004	2005	2006	TOTAL
All children have the right to protection from inequality	12.76	12.95	12.51	38.22
All girls and boys have the right and access to quality education	19.91	23.66	22.95	66.52
Assure a healthy life for girls and boys	8.46	7.48	6.16	22.11
Protect the environment for children	5.63	8.33	9.75	23.72
All children are full citizens	0.50	2.11	1.36	3.97
<b>TOTAL</b>	<b>47.27</b>	<b>54.54</b>	<b>52.73</b>	<b>154.54</b>

For Montenegro this will require a significant examination of budget priorities. For those areas directly affecting children within the PRSP, a high percentage of resources is expected from international funds (for example in social protection 90.2% is expected from external sources, in education 77.1%, and in health 76.87%). This indicates that a substantial amount of external funds will be necessary for the strategic actions to be accomplished.

During the 2004, one of the activities of the Commission and sector ministries will be to review the activities, costs and the timeline for the implementation of the Plan. It is expected that yearly, within the monitoring report to the Government, a revision of the costing will be performed, carefully tracking both the internal and external resources used for the Plan's implementation. Ideally this would also note budget policy adjustments made within each sector ministry to reflect the priorities of children, rather than solely incremental costs.

## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BiH	Bosnia and Herzegovina
CRS	Catholic Relief Services
CSW	Centre for Social Work
EB	Employment Bureau
FMS	Family Material Support
GDP	Gross Domestic Product
GMN	Government of Montenegro
HIV	Human Immunodeficiency Virus
HO	Humanitarian Organization
IDP	Internal Displaced Persons
IMR	Infant Mortality Rate
IPH	Institute for Public Health of Montenegro, Podgorica
ISSP	Institute for Strategic Studies and Prognoses
LC	Local Community
MDIDTF	Montenegro DevInfo Development Task Force
MoEPPP	Ministry of Environmental Protection and Psychological Planning
MoES	Ministry of Education and Science
MoF	Ministry of Finance
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoLSW	Ministry of Labour and Social Welfare
MONSTAT	Statistical Office of the Republic of Montenegro
NGO	Non-Governmental Organization
OG	Official Gazette
OMT	Operational Multidisciplinary Team
PHC	Primary Health Care
PRSP	Poverty Reduction Strategy Paper
RAE	Roma, Ashkaelia and Egyptian
RMN	Republic of Montenegro
SaM	Serbia and Montenegro
STI	Sexual Transmitted Infections
TB	Tuberculosis
UN	United Nations

UNHCHR United Nations High Commissioner for Human Rights  
UNHCR United Nations High Commissioner for Refugees  
UNICEF United Nations Children's Fund  
WHO World Health Organisation

## BIBLIOGRAPHY

### Laws

- (1959) Deklaracija o pravima djeteta.
- (1990) Convention on the Rights of the Child.
- (1992) Convention against Torture and any other cruel inhuman or degrading treatment or punishment; Available:  
<http://www.unhchr.ch/tbs/doc.nsf/Statusfrset?OpenFrameSet>.
- (1992) Ustav Republike Crne Gore, "Službeni list RCG", br. 48/92.
- (1992) Zakon o specijalnom vaspitanju i obrazovanju, "Službeni list RCG", br. 56/92.
- (1993) Krivični zakon RCG, "Službeni list RCG", br. 42/93.
- (1993) Zakon o penzijskom i invalidskom osiguranju, "Službeni list RCG", br. 14/83, 12/85, 14/89, 28/91, 18/92, 20/93.
- (1994) Zakon o srednjem obrazovanju, "Službeni list RCG", br. 56/92, 27/94.
- (1995) Zakon o osnovnim školama, "Službeni list RCG", br. 34/91, 56/92, 32/93, 20/95.
- (1996) Zakon o životnoj sredini, "Službeni list RCG", br. 12/96.
- (1996) Zakon o zdravstvenoj zaštiti i zdravstvenom osiguranju, "Službeni list SRCG", br. 39/90 i 21/91 i "Službeni list RCG", br. 30/92, 58/92, 6/94, 27/94, 16/95, 22/95 i 23/96.
- (1996) Zakon o osnovama penzijskog i invalidskog osiguranja, "Službeni list SRJ", br. 30/96.
- (1998) Zakon o zaštiti civilnih invalida rata, "Službeni list RCG", br. 44/97, 1/98.
- (1998) Porodični zakon, "Službeni list Crne Gore", br. 7/89.
- (2000) Zakon o pravima boraca, vojnih invalida i članova njihovih porodica, "Službeni list SRJ", br. 24/98, 29/98, 25/00.
- (2001) Zakon o dječijoj i socijalnoj zaštiti, "Službeni list RCG", br. 45/93, 16/95, 44/01

Opšti Zakon o obrazovanju i vaspitanju, "Službeni list RCG", br. 64/02.

(2002) Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography; Available: <http://www.unhchr.ch/tbs/doc.nsf/Statusfrset?OpenFrameSet>.

(2002) Zakon o zapošljavanju, "Službeni list RCG", br. 5/02.

(2002) Ustavna povelja državne zajednice Srbija i Crna Gora, Narodna Skupština Republike Srbije, Skupština Republike Crne Gore i Savezna skupština, 14. mart 2002. godine.

(2002) Zakon o osnovnom obrazovanju i vaspitanju, "Službeni list RCG", br. 64/02.

(2002) Zakon o predškolskom vaspitanju i obrazovanju, "Službeni list RCG", br. 64/02.

(2002) Zakon o stručnom obrazovanju, "Službeni list RCG", br. 64/02.

(2002) Zakon o srednjim školama, "Službeni list RCG", br. 28/91, 64/02.

(2002) Zakon o budžetu Republike Crne Gore za 2003. godinu, "Službeni list RCG", br. 72/02.

(2003) Zakon o zaštitniku ljudskih prava i sloboda, "Službeni list RCG", br. 41/03.

(2003) Zakon o radu, "Službeni list RCG", br. 43/03.

(2003) Zakon o izmjenama i dopunama Zakona o budžetu Republike Crne Gore za 2003. godinu, "Službeni list RCG", br. 45/03.

(2003) Krivični Zakonik, "Službeni list RCG", br. 70/03.

(2003) Radni tekst (koji je sačinila uža Radna grupa i Komisija za izradu Zakona) Zakon o ostvarivanju prava i sloboda nacionalnih i etničkih manjina, novembar, 2003.

## Other

Dječji horizonti (2003) "Report on 'World Fit for children 2010' Project Results", Dječji horizonti, Podgorica.

Federalni Zavod za statistiku SCG, Republički Zavod za statistiku Crne Gore, Republički Zavod za statistiku Srbije (2002) Nacrt dokumenta "Master Plan razvoja i harmonizacije zvanične jugoslovenske statistike", Federalni Zavod za statistiku SCG, Republički Zavod za statistiku Crne Gore, Republički Zavod za statistiku Srbije, Beograd.

Government of the FR Yugoslavia (2001) "National Report on Follow-up to the World Summit for Children", Federal Republic of Yugoslavia.

Government of the Republic of Montenegro (2003a) "First Draft Poverty Reduction Strategy Paper", Government of the Republic of Montenegro, Podgorica.

Government of the Republic of Montenegro (2003b) "Poverty Reduction Strategy Paper", Government of the Republic of Montenegro, Podgorica.

Institut za zdravlje Crne Gore, Centar za epidemiologiju (2003) "Izveštaj o sprovedenoj imunizaciji u Crnoj Gori za 2002. godinu", Institut za zdravlje Crne Gore, Centar za epidemiologiju, Podgorica.

IRC Montenegro (2003) "Assessment of Health Care Needs in Montenegro, Special Medical Program", IRC Montenegro, Podgorica.

ISSP (2003a) "Household Survey: Report #6", ISSP, Montenegro.

ISSP (2003b) "Household Survey: Report #7", ISSP, Montenegro.

ISSP (2003c) "Household Survey: Report #8", ISSP, Montenegro.

Jovanović, A. (2003) "Izveštaj o registraciji raseljenih lica sa Kosova u Crnoj Gori 2003", Vlada Republike Crne Gore, Komeserijat za raseljena lica, Podgorica.

Ministry of Health (2003) "Global Youth Tobacco Survey (GYTS) Report for Republic of Montenegro", Ministry of Health, Podgorica.

Republican Commission on AIDS (RCA) – Montenegro (2003) "Comprehensive Response to Address HIV/AIDS in Montenegro", Republican Commission on AIDS, Podgorica.

Republički Zavod za statistiku (2001) Republika Crna Gora, "Statistički godišnjak 2002", Republički Zavod za statistiku, Podgorica.

Republički Zavod za statistiku (2002) Republika Crna Gora, "Statistički godišnjak 2002", Republički Zavod za statistiku, Podgorica.

UN Country Team (2003) Common Country Assessment for Serbia & Montenegro, UN, Belgrade.

UNDP Montenegro, ISSP (2003) "Households Survey RAE, Refugees and IDPs", UNDP Montenegro and ISSP, Montenegro.

UNHCR (2002), "Global Appeal 2004 Serbia and Montenegro", Available:  
<http://www.unhcr.ch/cgi-bin/texis/vtx/home/+9wwBmeD5XkCwwwwwwwwwwwwhFqhT0yfEtFqnp1xcAFqhT0yfEcFq5tcdxwcawppnwca>.

UNICEF (2001a) "Istraživanje višestrukih pokazatelja zdravstvenog stanja i ponašanja žena i dece: Izveštaj za Saveznu Republiku Jugoslaviju", UNICEF, Belgrade.

UNICEF (2001b) "Ten years of Child Rights in Yugoslavia 1990-2000: A Review", Belgrade, UNICEF, Belgrade.

UNICEF (2002) "A World Fit for Children: Millennium Development Goals, Special Session on Children Documents, The Convention on the rights of the child", UNICEF New York, USA.

UNICEF (2003) "Report on the Results of the Participatory Research on Poverty Affected Children in Montenegro" UNICEF, Podgorica.

Vlada Republike Crne Gore (2003a) "Akcioni plan za prevenciju narkomanije kod djece i omladine u Crnoj Gori", Vlada Republike Crne Gore, Podgorica.

Vlada Republike Crne Gore, Ministarstvo rada i socijalnog staranja, (2003b) "Nacionalni program prevencije neprihvatljivog ponašanja djece i mladih u Crnoj Gori", Vlada Republike Crne Gore, Podgorica.

Vlada Republike Crne Gore, Ministarstvo zdravlja, Komisija za izradu projekta "Nasilje i zdravlje" (2003c) "Predlog Nacionalnog programa za prevenciju nasilja", Vlada Republike Crne Gore, Podgorica.

Vlada Republike Crne Gore, Ministarstvo inostranih poslova (2003d) "Strategija za borbu protiv trgovine ljudima", Vlada Republike Crne Gore, Podgorica.

Zavod za zdravstvenu zaštitu Podgorica (1999) "Istraživanje o stavovima i ponašanju školske djece i omladine u vezi bolesti zavisnosti, seksualnosti i ishrane u Republici Crnoj Gori", Zavod za zdravstvenu zaštitu Podgorica, Podgorica.

Zavod za zdravstvenu zaštitu Podgorica (2000) "Statistički godišnjak 1999.", Zavod za zdravstvenu zaštitu Podgorica, Podgorica.

Zavod za zdravstvenu zaštitu Podgorica (2002) "Statistički godišnjak 2001.", Zavod za zdravstvenu zaštitu Podgorica, Podgorica.



## ANNEXES



## Annex A

### Ratified UN, ILO and EU Conventions

#### CONVENTIONS OF THE UNITED NATIONS

*Convention on Rights of the Child* – 12 Mar. 2003 (succession)

*Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict* – ratification 12 Mar. 2003

*Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography* – ratification 10 Oct. 2002

*Convention against Torture and any other cruel inhuman or degrading treatment or punishment* – 12 Mar. 2003 (succession)

*International Covenant on Civil and Political Rights* – 12 Mar. 2003 (succession)

*Optional Protocol to the International Covenant on Civil and Political Rights*  
– 6 Dec. 2001 (EIF date)

*Second Optional Protocol to the International Covenant on Civil and Political Rights*  
– 6 Sept 2001 (Receipt of Instruction)

*Convention on the Elimination of all forms of discrimination against women*  
– 1982 (ratified)

*International Convention on the Elimination of All forms of Racial Discrimination*  
– 1967 (ratified)

*International Covenant on Economic, Social and Cultural Rights* – 12 Mar. 2003

#### CONVENTIONS OF THE INTERNATIONAL LABOUR ORGANIZATION

*Unemployment Convention, 1919 (No. 2)* – 24 Nov. 2000

*Maternity Protection Convention, 1919 (No. 3)* – 24 Nov. 2000

*Unemployment Indemnity (Shipwreck) Convention, 1920 (No. 8)* – 24 Nov. 2000

*Placing of Seamen Convention, 1920 (No. 9)* – 24 Nov. 2000

*Right of Association (Agriculture) Convention, 1921 (No. 11)* – 24 Nov. 2000

*Workmen's Compensation (Agriculture) Convention, 1921 (No. 12)* – 24 Nov. 2000

- White Lead (Painting) Convention, 1921 (No. 13) – 24 Nov. 2000*
- Weekly Rest (Industry) Convention, 1921 (No. 14) – 24 Nov. 2000*
- Medical Examination of Young Persons (Sea) Convention, 1921 (No. 16) – 24 Nov. 2000*
- Workmen’s Compensation (Accidents) Convention, 1925 – 24 Nov. 2000*
- Workmen’s Compensation (Occupational Diseases) Convention, 1925 (No. 18)*  
– 24 Nov. 2000
- Equality of Treatment (Accident Compensation) – 24 Nov. 2000*
- Seamen’s Articles of Agreement Convention, 1926 (No. 22) – 24 Nov. 2000*
- Repatriation of Seamen Convention, 1926 (No. 23) – 24 Nov. 2000*
- Sickness Insurance (Industry) Convention, 1927 (No. 24) – 24 Nov. 2000*
- Sickness Insurance (Agriculture) Convention, 1927 (No. 25) – 24 Nov. 2000*
- Marking of Weight (Packages Transported by Vessels) Convention, 1929 (No. 27)*  
– 24 Nov. 2000
- Forced Labour Convention, 1930 (No. 29) – 24 Nov. 2000*
- Protection against Accidents (Dockers) Convention (Revised), 1932 (No. 32)*  
– 24 Nov. 2000
- Underground Work (Women) Convention, 1935 (No. 45) – 24 Nov. 2000*
- Maintenance of Migrants’ Pension Rights Convention, 1935 (No. 48)*  
– 24 Nov. 2000
- Officers’ Competency Certificates Convention, 1936 (No. 53) – 24 Nov. 2000*
- Sickness Insurance (Sea) Convention, 1936 (No. 56) – 24 Nov. 2000*
- Certification of Ships’ Cooks Convention, 1946 (No. 69) – 24 Nov. 2000*
- Medical Examination (Seafarers) Convention, 1946 (No. 73) – 24 Nov. 2000*
- Certification of Able Seamen Convention, 1946 (No. 74) – 24 Nov. 2000*
- Final Articles Revision Convention, 1946 (No. 80) – 24 Nov. 2000*
- Labour Inspection Convention, 1947 (No. 81) – 24 Nov. 2000*
- Freedom of Association and Protection of the Right to Organize Convention, 1948*  
(No. 87) – 24 Nov. 2000
- Employment Service Convention, 1948 (No. 88) – 24 Nov. 2000*
- Night Work (Women) Convention (Revised), 1948 (No. 89) – 24 Nov. 2000*

*Night Work of Young Persons (Industry) Convention (Revised), 1948 (No. 90)*  
– 24 Nov. 2000

*Paid Vacations (Seafarers) Convention (Revised), 1949 (No. 91)* – 24 Nov. 2000

*Accommodation of Crews Convention (Revised), 1949 (No. 92)* – 24 Nov. 2000

*Migration for Employment Convention (Revised), 1949 (No. 97)* has excluded the provisions of Annex III – 24 Nov. 2000

*Right to Organize and Collective Bargaining Convention, 1949 (No. 98)*  
– 24 Nov. 2000

*Equal Remuneration Convention, 1951 (No. 100)* – 24 Nov. 2000

*Social Security (Minimum Standards) Convention, 1952 (No. 102)* Has accepted Parts II to VI, VIII and X. Part VI is no longer applicable as a result of the ratification of Convention No. 121. – 24 Nov. 2000

*Maternity Protection Convention (Revised), 1952 (No. 103)* – 24 Nov. 2000

*Abolition of Forced Labour Convention, 1957 (No. 105)* – 24 Nov. 2000

*Weekly Rest (Commerce and Offices) Convention, 1957 (No. 106)* The Government has declared that the Convention also applies to persons employed in the establishments specified in Article 3, paragraph 1. – 24 Nov. 2000

*Wages, Hours of Work and Manning (Sea) Convention (Revised), 1958 (No. 109) Convention* not in force – 24 Nov. 2000

*Discrimination (Employment and Occupation) Convention, 1958 (No. 111)*  
– 24 Nov. 2000

*Medical Examination (Fishermen) Convention, 1959 (No. 113)* – 24 Nov. 2000

*Fishermen's Articles of Agreement Convention, 1959 (No. 114)* – 24 Nov. 2000

*Final Articles Revision Convention, 1961 (No. 116)* – 24 Nov. 2000

*Guarding of Machinery Convention, 1963 (No. 119)* – 24 Nov. 2000

*Employment Injury Benefits Convention, 1964 [Schedule I amended in 1980] (No. 121)* – 24 Nov. 2000

*Employment Policy Convention, 1964 (No. 122)* – 24 Nov. 2000

*Accommodation of Crews (Fishermen) Convention, 1966 (No. 126)* – 24 Nov. 2000

*Labour Inspection (Agriculture) Convention, 1969 (No. 129)* – 24 Nov. 2000

*Minimum Wage Fixing Convention, 1970 (No. 131)* – 24 Nov. 2000

*Holidays with Pay Convention (Revised), 1970 (No. 132)* Length of holiday specified: 18 working days. Has accepted the provisions of Article 15, paragraph 1(a) and (b). – 24 Nov. 2000

*Workers' Representatives Convention, 1971 (No. 135)* – 24 Nov. 2000

*Benzene Convention, 1971 (No. 136)* – 24 Nov. 2000

*Minimum Age Convention, 1973 (No. 138)* Minimum age specified: 15 years – 24 Nov. 2000

*Occupational Cancer Convention, 1974 (No. 139)* – 24 Nov. 2000

*Paid Educational Leave Convention, 1974 (No. 140)* – 24 Nov. 2000

*Human Resources Development Convention, 1975 (No. 142)* – 24 Nov. 2000

*Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)* – 24 Nov. 2000

*Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)* – 24 Nov. 2000

*Occupational Safety and Health Convention, 1981 (No. 155)* – 24 Nov. 2000

*Workers with Family Responsibilities Convention, 1981 (No. 156)* – 24 Nov. 2000

*Termination of Employment Convention, 1982 (No. 158)* – 24 Nov. 2000

*Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)* – 24 Nov. 2000

*Occupational Health Services Convention, 1985 (No. 161)* – 24 Nov. 2000

*Asbestos Convention, 1986 (No. 162)* – 24 Nov. 2000

*Worst Forms of Child Labour Convention, 1999 (No. 182)* – 24 Nov. 2000

## EU CONVENTIONS RELATED TO CHILDREN

*European Convention on Recognition and Enforcement of Decision concerns Custody of Children and on Restoration of Custody of Children* – 18 Jan. 2002

## *Annex B*

### Time Line for the Development of the MPA

<i>26-28 Oct. 2003</i>	DevInfo Training
<i>13 Nov. 2003</i>	Formation of the Commission for Developing the Plan for Children's Rights
<i>9 Dec. 2003</i>	Meeting of the Commission for Developing the Plan for Children's Rights
<i>11 Dec. 2003</i>	Consultations with children (7-12) in Podgorica
<i>11 Dec. 2003</i>	Consultations with children with special needs (12-18) in Podgorica
<i>13 Dec. 2003</i>	Consultations with children with special needs (12-18) in Niksic
<i>15 Dec. 2003</i>	Consultations with children (0-3) in Bijelo Polje
<i>15 Dec. 2003</i>	Consultations with children (4-7) in Bijelo Polje
<i>15 Dec. 2003</i>	Consultations with children (7-12) in Mojkovac
<i>15-19 Dec. 2003</i>	Consultations with children (12-18) in Herceg Novi
<i>15-19 Dec. 2003</i>	Consultations with children (12-18) in Podgorica
<i>15-19 Dec. 2003</i>	Consultations with children (12-18) in Niksic
<i>15-19 Dec. 2003</i>	Consultations with children (12-18) in Cetinje
<i>15-19 Dec. 2003</i>	Consultations with children (12-18) in Berane and Plav
<i>16 Dec. 2003</i>	Consultations with RAE children (12-18) in Niksic
<i>16-17 Dec. 2003</i>	Consultations with adults in Bar
<i>16-17 Dec. 2003</i>	Consultations with adults in Kotor
<i>16-17 Dec. 2003</i>	Consultations with adults in Tivat
<i>16-17 Dec. 2003</i>	Consultations with adults in Podgorica
<i>16-17 Dec. 2003</i>	Consultations with adults in Bijelo Polje
<i>16-17 Dec. 2003</i>	Consultations with adults in Cetinje
<i>16-17 Dec. 2003</i>	Consultations with adults in Zabljak, Savnik and Rozaje
<i>16-17 Dec. 2003</i>	Consultations with adults in Danilovgrad
<i>17 Dec. 2003</i>	Meeting of the Commission for Developing the Plan for Children's Rights

<i>17 Dec. 2003</i>	Consultation with children (7-12) in Pluzine
<i>17 Dec. 2003</i>	Consultation with children (0-3) in Niksic
<i>17 Dec. 2003</i>	Consultation with children (4-7) in Niksic
<i>17 Dec. 2003</i>	Consultation with children (7-12) in Niksic
<i>18 Dec. 2003</i>	Consultations with children (0-3) in Budva
<i>18 Dec. 2003</i>	Consultations with children (4-7) in Budva
<i>18 Dec. 2003</i>	Consultations with RAE children (7-12) in Podgorica
<i>18 Dec. 2003</i>	Consultations with parents' of children with special needs in Niksic
<i>19 Dec. 2003</i>	Consultations with children (0-3) in Bar
<i>19-21 Dec. 2003</i>	Consultations with adult refugees/IDPs in Andrijevica
<i>16-17 Dec. 2003</i>	Consultations with adults in Ulcinj
<i>20 Dec. 2003</i>	Consultations with children refugees/IDPs (7-12) in Bar
<i>21 Dec. 2003</i>	Consultations with children refugees/IDPs (7-12) in Bar
<i>21 Dec. 2003</i>	Consultations with RAE children (7-12) in Herceg Novi
<i>22 Dec. 2003</i>	Consultations with children (0-3) in Kolasin
<i>22 Dec. 2003</i>	Consultations with children (4-7) in Kolasin
<i>23 Dec. 2003</i>	Consultations with children (0-3) in Podgorica
<i>23 Dec. 2003</i>	Consultations with children (4-7) in Podgorica
<i>23 Dec. 2003</i>	Round table with NGO representatives in Podgorica
<i>15 Jan. 2004</i>	Meeting of the Commission for Developing the Plan on Children's Rights
<i>21 Jan. 2004</i>	DevInfo meeting
<i>30 Jan. 2004</i>	Regional conference in Bar
<i>03 Feb. 2004</i>	DevInfo meeting
<i>04 Feb. 2004</i>	Regional conference in Bijelo Polje
<i>06 Feb. 2004</i>	Regional conference in Podgorica
<i>09-16 Feb. 2004</i>	Feedback consultations
<i>21 Feb. 2004</i>	DevInfo meeting
<i>11 Mar. 2004</i>	DevInfo meeting
<i>16 Mar. 2004</i>	Meeting between the Chair of the Commission for Developing the Plan on Children's Rights and UNICEF



## *Annex C*

### Indicator Definitions

#### **Protect all children from inequality**

**Suicide rate for <18 years olds:**

Number of suicides among children under 18.

**Number of children in institutions for social and child protection (total, female, male):**

Number of children in need of alternative guardian care placed in institutions.

**Percentage of children in foster/guardian care of total number of children in need of alternative guardian care:**

Percentage of children placed in foster/guardian care out of total number of children in need of alternative guardian care.

**Percentage of children with special needs (total, female, male):**

Percentage of children with special needs registered out of total number of children.

**Number of child abuse cases reported:**

Number of child abuse cases (age 0-18) reported to CSW or to the police.

**Child abuse response period:**

Percentage of child abuse cases reported where time period between the start of child abuse, neglect and violence and when it is discovered and responded to less than 6 months, after a year, 2 or more years as a percentage of all child abuse cases reported.

**Number of trafficking cases brought forward in court:**

Number of trafficking cases brought forward into court procedure.

**Number of identified trafficking cases:**

Number of identified/reported trafficking cases.

**Poverty rate among children (0-18):**

Percentage of children age 0-18 living in families receiving less income than that defined by the poverty line (€ 116.2 per consumer unit).

**Poverty rate among RAE children (0-18):**

Percentage of RAE children age 0-18 living in families receiving less income than that defined by the poverty line (€ 116.2 per consumer unit).

**Poverty rate among refugee/IDP children (0-18):**

Percentage of refugee/IDP children age 0-18 living in families receiving less income than that defined by the poverty line (€ 116.2 per consumer unit).

**Ensure that all children receive a good quality basic education**

**GDP portion allocated to education:**

Percentage of GDP allocated to education.

**Proportion of children covered by nursery (1-3):**

Percentage of children age 1-3 who attend nursery either full or part-time.

**Proportion of children covered by preschool education (3-6):**

Percentage of children age 3-6 who attend preschool institutions either full or part-time.

**Number of RAE children covered by preschool education (total, female, male):**

Number of RAE children age 1-6 who attend preschool institutions either full or part-time.

**Number of children with special needs covered by preschool education (total, female, male):**

Number of children with special needs age 1-6 who attend preschool institutions either full or part-time.

**Number of RAE children enrolled in primary school (total, female, male):**

Number of RAE children of primary-school age who are enrolled in primary school.

**Enrolment ratio in primary school (total, female, male):**

Proportion of children of primary-school age who are enrolled in primary school.

**Enrolment ratio in primary school of RAE children (total, female, male):**

Proportion of RAE children of primary-school age who are enrolled in primary school.

**Enrolment ratio in primary school of refugee/IDP children (total, female, male):**

Proportion of refugee/IDP children of primary-school age who are enrolled in primary school.

**Number of children with special needs in inclusive primary education (total, female, male):**

Number of children with special needs of primary school age attending regular classes in regular primary schools.

**Number of children with special needs in primary education (total, female, male):**

Number of children with special needs attending primary schools (special schools, regular schools)

**Percentage of pupils completing grade 5 (total, female, male, RAE):**

Proportion of children entering first grade of primary school who reach grade 5 at the appropriate age.

**Proportion of children who complete primary school (total, RAE, female, male):**

Proportion of children enrolled in primary school who complete primary school at the appropriate age.

**Enrolment ratio in secondary education (total, female, male):**

Proportion of children of secondary-school age who are enrolled in secondary school.

**Number of RAE children in secondary education (total, female, male):**

Number of RAE children of secondary-school age who are enrolled in secondary school.

**Illiteracy rate (10-18) (total, female, male, RAE):**

Inability to read and write a simple message in any language.

## **Assure a healthy life for girls and boys**

**GDP portion allocated to health:**

Percentage of GDP allocated to health.

**DPT immunization coverage:**

Proportion of one-year-old children immunized against diphtheria, pertussis and tetanus (DPT).

**Measles immunization coverage:**

Proportion of children immunized against measles during the second year of life.

**Polio immunization coverage:**

Proportion of one-year-old children immunized against poliomyelitis.

**TB immunization coverage:**

Proportion of one-year-old children immunized against tuberculosis.

**HIV/AIDS prevalence reported among children (total, female, male, age groups):**

Number of children age 0-18 reported to be HIV/AIDS infected.

**Number of reported children orphaned by HIV/AIDS:**

Number of children who became orphans due to AIDS related death of their parents or guardians.

**Number of HIV/AIDS infected pregnant women reported:**

Number of pregnant women reported to be HIV/AIDS infected.

**Infant mortality rate:**

Annual number of infant deaths per 1000 live births.

**Under five mortality rate:**

Number of deaths between birth and exactly five years of age per 1,000 live births.

**Percentage of children with low birth weight (total, female, male):**

Percentage of live births weighting less than 2,500 grams.

**Exclusive Breastfeeding Rate (0-6 months):**

Proportion of infants of less than six months (180 days) of age who are exclusively breastfed.

**Prevalence of children under 5 years of age who are underweight (-2SD) (total, female, male):**

Percentage of children aged under five with moderate malnutrition (-2SD weight-for-age of the WHO reference population).

**Maternal mortality rate:**

Annual number of deaths of women from pregnancy related causes, when pregnant or within 42 days of termination of pregnancy per 100,000 live births.

**Proportion of births attended by skilled health personnel:**

Proportion of births attended by skilled health personnel (physicians, nurses, midwives or primary health care workers trained in midwifery skills).

**Antenatal protection:**

Proportion of women age 15-49 attended by a doctor at least once during pregnancy.

**Percentage of children who smoke (total, female, male, age groups):**

Percentage of children who smoke.

**Percentage of children using alcohol (total, female, male, age groups):**

Percentage of children who drink alcoholic beverages.

**Percentage of children using drugs (total, female, male, age groups):**

Percentage of children who use any drug substance.

**Contraceptive prevalence rate (total, female, male):**

Proportion of women aged 15-49 using contraception or whose partner is using contraception.

**Adolescent fertility rate (15-19):**

Annual number of live births to girls aged 15-19 per 1,000 girls aged 15-19.

## **Protect the environment for children**

**Access to safe water (access to public and own supplies):**

Proportion of population who use any of the following types of safe water supply for drinking: (1) piped water, (2) public tap, (3) borehole/pump, (4) well (protected/covered), (5) protected spring.

**Access to safe water for RAE population:**

Proportion of RAE population who use any of the following types of safe water supply for drinking: (1) piped water, (2) public tap, (3) borehole/pump, (4) well (protected/covered), (5) protected spring.

**Share of the population connected to public sanitation system:**

Percentage of population connected to public sanitation system.

**Access to in-house sanitation facilities for the RAE population:**

Percentage of RAE population having in house sanitation facilities.

**Carbon dioxide emission:**

Emission of CO<sub>2</sub> in tonnes per capita.

## **All children are full citizens**

### **Proportion of children whose births are registered within one month after the birth (total, female, male, subpopulation):**

Proportion of children whose births are reported/officially registered within a month after their birth compared to total live-births.

### **Registered children (0-18):**

Number of children registered age 0-18 (including refugee/IDP children, RAE).

### **Proportion of previous refugees and IDPs who have a durable solution in the Republic of Montenegro compared with those who remain refugees/IDPs:**

Ratio of previous refugees and IDPs who have durable solution in the Republic of Montenegro compared to those who remain refugees/IDPs.

### **Refugee/IDP child population registered (0-18) (total, male, female):**

Number of refugee/IDP children age 0-18 officially registered.

### **Number of children in conflict with the law (<14, 14-16, 16-18, total, female, male):**

Number of children who have been reported for any form of illegal activities.

### **Number of children (<18) in conflict with the law institutionalized (total, female, male):**

Number of children under 18 years who have received any form of legal sanction due to illegal activities and are placed in institutions.

### **Number of cases accepted into the Ombudsman's procedure:**

Number of cases reviewed and accepted into the Ombudsman's procedure for active intervention.

## *Annex D*

# Montenegro DevInfo Task Force

### TERMS OF REFERENCE (DRAFT)

The Montenegro DevInfo Task Force is formed by the Commission for Developing the Plan for Children's Rights, and is directly responsible to this body.

#### **Purpose**

To provide necessary support for monitoring statistical impact indicators of the Plan of Action for Children's Rights in Montenegro through the DevInfo Montenegro Plan of Action for Children's Rights in Montenegro database.

#### **Activities**

The Montenegro DevInfo Task Force is responsible for developing, and maintaining the DevInfo Montenegro Plan of Action database, and communicating its findings.

##### A. Developing DevInfo

- ♦ To respond to new data requirements for monitoring the MPA;
- ♦ To adjust the database according to new statistical indicators and gathering systems;
- ♦ To facilitate intersectoral discussion on cross-cutting indicators.

##### B. Maintaining DevInfo

- ♦ To input data into the database on a regular basis;
- ♦ To provide regular checks on the data included in the system and the database functioning in coordination with different sectors;
- ♦ To ensure that all sector data is consolidated into a single data base.

### C. Communicating DevInfo

- ♦ To provide open public access to the database in a user friendly manner;
- ♦ To develop regular reports for the Ministry on progress in indicators;
- ♦ To regularly update the Commission for Developing the Plan for Children's Rights on the activities of the Task Force;
- ♦ To facilitate intersectoral understanding of indicators.

## MODE OF OPERATION (DRAFT)

### Membership

Participants will include representatives of all the ministries involved in the implementation of the Montenegrin Plan of Action for Children's Rights (MPA). This will include two representatives from the following ministries: Ministry of Labour and Social Welfare, Ministry of Health, Ministry of Education, Ministry of Justice, Ministry of Internal Affairs, Ministry of Environmental Protection and Physical Planning and representatives from Monstat and Commissariat for Refugees and IDPs. Additional members may participate as directed by the Commission for Developing the Plan for Child Rights, and as proposed by any member of the MDITF (e.g. Institute for Strategic Studies and Prognosis).

### Meeting Procedures

#### *Meetings*

Meetings will be held at minimum four times a year:

- ♦ Corresponding to the yearly time periods of data input (January, June, October), and
- ♦ One meeting in December for review of DevInfo in preparation for the following year.

Meetings will not be held if at least half of the members of the DevInfo Task Force are not present. Additional meetings may be called upon the request of any Task Force member and on directive of the Commission for Developing the Plan for Children's Rights.



### *Meeting places*

Meetings will be held at alternating sites among different ministries involved according to the internal agreement.

### *Meeting agenda and minutes*

Meetings will be chaired by the representative of the ministry who is the host for that meeting. The Coordinator is responsible for developing the agenda and convening the meetings of the Task Force. An invitation for each meeting will be accompanied by the agenda proposed by the Coordinator.

Minutes will be taken at each meeting by the Chair and sent out to all the members of the MDITE, and the chair of the Commission for Developing the Plan for Children's Rights, within 10 days of each meeting. All members are invited to contribute to the minutes in writing up to five days before the next meeting.

### *Decision making*

Recommendations and/or decisions will be made by consensus or by a majority of votes.

### *Reporting*

The DevInfo Task Force will report on the activities of the Task Force bi-annually to the Commission for Developing the Plan for Child Rights, as well as any other times requested by the Commission. This report will be produced by the DevInfo Co-ordinator and will provide a detailed update on the activities of the Task Force.

Representatives of the ministries and other bodies involved will prepare annual reports on indicators and their progress towards the foreseen goals in the most convenient form that would be understandable for the people dealing with policy issues. Report should be consolidated by the Coordinator of the Task Force.

## Montenegro DevInfo Task Force Members

Each representative in the DevInfo Task Force is responsible for:

- i. Collecting data on indicators concerning her/his sector;
- ii. Sending the sector data to the Coordinator;
- iii. Communicating with the Coordinator in case that a value or a definition of a certain indicator should be changed during the year out of the proposed schedule;
- iv. Attending and active participation in the meetings of the Task Force;
- v. Proposing the meeting of the Task Force out of the schedule if necessary;
- vi. Participation in preparing the minutes from the meetings;
- vii. Preparing the annual report on indicators concerning her/his sector;
- viii. Participating in the preparation of the bi-annual reports on Task Force activities.
- ix. Drafting the agenda and convening the meetings of the Task Force if Chair of the meeting;
- x. Sending the invitations to the Task Force members if Chair of the meeting; and,
- xi. Writing and amending minutes if Chair of the meeting.

## Montenegro DevInfo Task Force Coordinator

Coordinator of the DevInfo Task Force is responsible for:

- i. Collecting data on indicators concerning her/his sector;
- ii. Entering data into DevInfo Database;
- iii. Controlling the entered data (formal and logic control);
- iv. Resending the consolidated database to the sector ministries and relevant institutions;

- v. Ensuring that consolidated database is put on the Web through the Bureau for the Public Relations of the Government of Montenegro;
- vi. Preparing its part of the annual report on indicators and consolidate reports of other members into a unique document for the Commission;
- vii. Making the necessary changes during the year according to the request of the sector ministries;
- viii. Regularly update the contents of the DevInfo database in accordance with the dynamics of data processing in statistical surveys;
- ix. Provide assistance and support to the members of the DevInfo Task Force in the database administration and use;
- x. Provide assistance in the production of databases for monitoring of the Local Plans of Actions at municipal level;
- xi. Provide help to all users of DevInfo database (Help Desk);
- xii. Preparing a bi-annual report for the Commission on the Task Force activities, including providing information on additional surveys needed; and,
- xiii. Being the key contact person for the Commission.

