Country Report

Montenegro Self-assessment on Equitable Access to Water and Sanitation
Country Report

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LIST OF ACRONYMS

IOM – International Organization for Migration

IPH MNE - Institute for Public Health of Montenegro

NGO – Non-governmental Organization

MAFWM - Ministry of Agriculture, Forestry and Water Management

MoH MNE - Ministry of Health of Montenegro

MICS survey - 2018 Multiple Indicator Cluster Survey for Montenegro

REGAGEN - Regulatory Agency for Energy and Regulated Utility Activities

UNECE – United Nations Economic Commission for Europe

UNICEF – United Nations Children’s Fund

UNHCR – United Nations High Commissioner for Refugees

WASH – Water, Sanitation and Hygiene

WHO/Europe – World Health Organization Regional Office for Europe
Chapter Title

INTRODUCTION

Tank or reservoir for biological purification and cleaning of dirty sewage water by active sludge.
Human right to water was first explicitly recognized in the report on the United Nations Water Conference held in 1977 in Mar del Plata (Argentina), where it was emphasized that all people, whatever their social and economic conditions, must have the right to have access to drinking water in quantities and of a quality equal to their basic needs.¹

The United Nations General Assembly Resolution 64/292 (2010) formally acknowledged and recognized the human right to safe and clean drinking water and sanitation as a human (autonomous) right that is essential for the full enjoyment of life and all human rights. Unsafe water and poor sanitary conditions are considered to be the second most frequent cause of death among children in the world.

The basic features of the human right to water are accessibility, quality, and affordability. Some components of the right to water and sanitation are subject to progressive realization, but obligations such as non-discrimination are of immediate effect. Measures of positive discrimination might therefore be adopted to ensure access for all before improving access conditions for those who already enjoy it.

There are three key factors in providing equitable access to water and sanitation: reducing geographical disparities; overcoming barriers faced by vulnerable and marginalized groups, and resolving affordability challenges.

Montenegro became Party to the Protocol on Water and Health² in 2020. (The Law on the Ratification of the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes). The Protocol on Water and Health is a legally binding international agreement whose secretariat is jointly serviced by the United Nations Economic Commission for Europe (UNECE) and the World Health Organization Regional Office for Europe (WHO/Europe). It is a Protocol to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes from Helsinki. It has arisen from the need to emphasize an integral approach to reducing pollution, maintaining and renewing water resources, thus contributing to the protection of human health.

¹ Bulto, 2011, pg. 19
³ Official Gazette of Montenegro 80/17
In 1999, the Third Ministerial Conference on Environment and Health in London marked a significant milestone. There, the Protocol was ratified and adopted, bringing together Ministers of Health and Environment from the UNECE pan-European region. This event was notable as it led to the first major international agreement in the region that was legally binding, specifically focusing on drinking water and sanitation.

The goal of the Protocol on Water and Health is to protect health as a fundamental human right at all respective levels, national, transboundary, and international, aiming at sustainable development and attainment of the UN Sustainable Development Goals (SDGs), through enhanced water management and protection of water resources. Ground and surface water bodies are renewable resources with a limited recovery ability; therefore, sustainable and continuous hydrological-cycle management is essential.

In order to take measures to implement the Protocol on Water and Health, and especially its article 5 I, which stipulates that “Equitable access to water, adequate in terms both of quantity and of quality, should be provided for all members of the population, especially those who suffer a disadvantage or social exclusion;” the Ministry of Health of Montenegro has established the Water Committee, in charge of monitoring the duties arising from the Law on the Provision of Safe Water for Human Use. The Water Committee is tasked with monitoring and analyzing the implementation of the Protocol on Water and Health to prevent, combat, and downscale water-related diseases within integrated water-management systems, whose objective is the sustainable use of water resources, quality of water in the environment that does not pose a risk to human health, and protection of water ecosystems.

In the project implementation of the Self-assessment of Equitable Access to Water and Sanitation in Montenegro, the tool used for data collection was the Equitable Access Score-card, developed under the UNECE-WHO/Europe Protocol on Water and Health.

More specifically, Montenegro is the first country to pilot the draft revised version of the Equitable Access Score-card, which aims to further reflect the lessons learned within the scope of its ten-year application, the COVID-19 pandemic, and other emergencies. The Score-card assesses public policies’ ability to secure the provision of WASH services at all times, including in emergencies. This pilot exercise’s outcomes will inform the refinement and finalization of the revised equitable access Score-card by the end of 2024.
The purpose of the research was to:

1. assess access to water and sanitation as human rights
2. identify vulnerable and marginalized groups within the current user classification to pay attention to their specific needs
3. recognize the importance of and
4. expand multi-sector cooperation so as not to be orientated strictly towards traditional partners, but to recognize and include those partners who currently do not recognize their role in this essential field, while being crucial to the well-being of the entire population; work on securing financial resources through advocating for larger allocations from the Montenegrin state budget as well as using the available international support and cooperation to enhance equitable access to water and sanitation in Montenegro.

The research and analytical work lasted from December 2022 to June 2023. Its implementation was led by the Institute of Public Health of Montenegro, supported by the Ministry of Health, and by the Protocol on Water and Health focal point in Montenegro, Asst. Prof. Dijana Đurović, and the experts of the joint secretariat servicing the Protocol on Water and Health at UNECE, Ms. Diane Guerrier and Mr. Armin Bigham Ghazani.

The research team comprised three members:

1. Ms. Mirjana Vlahović Andrijašević, MA, Human and Minority Rights Expert,
2. Asst. Prof. Ms. Snežana Barjaktarović-Labovicić, MD, Spec. in Hygiene, Subspec. in Diet Therapy,
3. Ms. Ivana Joksimović, MD, Spec. in Hygiene.

The research included information provided by 151 partners from state institutions, international organizations, non-governmental organizations, individuals, and 21 municipalities, accounting for 84% of the total number of municipalities in Montenegro. The municipalities covered by the research are located across all three regions of Montenegro. The municipalities of the northern region are Berane, Andrijevica, Pljevlja, Rožaje, Plav, Kolašin, Mojkovac, Plužine, Šavnik and Žabljak. The municipalities of the central region are Podgorica, Zeta, Tuzi, Danilovgrad, Nikšić, and Cetinje. The municipalities of the southern region are Bar, Budva, Tivat, Kotor and Herceg Novi.

Figure 1: Map of Montenegro’s Municipalities
MONTENEGRO COUNTRY PROFILE

Ulcinj, Montenegro.
Montenegro is situated in the southeastern part of Europe, in the Balkans Peninsula. It occupies an area of 13,812 m², with 300 m² extending to the southern part of the Adriatic Sea. It borders the Republic of Serbia in the east, Kosovo in the northeast, the Republic of Croatia and Bosnia and Herzegovina (The Serb Republic) in the west and northwest, and Albania in the south and southeast. In the southwest, the Adriatic Sea divides it from Italy.

Hydrography

Water potentials are among Montenegro’s basic development potentials. Through its rich water resources relative to its area, it belongs to the world’s areas richest in water.4

Several important watercourses are formed on the territory of Montenegro, flowing in two directions: towards the Black Sea and the Adriatic Sea.

The overall area of the Black Sea part of the catchment area amounts to around 7,260 km² or 52.5% of the Montenegrin territory. From that area, the river Ibar flows away by the Western Morava, while the rivers Tara, Piva, Lim, and Ćehotina flow away by the river Drina.

The overall area of the Adriatic Sea, which is part of the Montenegrin catchment area, amounts to around 6,560 km², or 47.5% of the state territory. The river Morača flows away towards the Adriatic Sea, the river Zeta being its most significant tributary, as well as the rivers Sitnica, Ribnica, Cijevna, Orahovštica and Rijeka Crnojeviča. All their water ends up in the Adriatic Sea via the river Bojana. Apart from the Bojana, several other watercourses, mostly torrential, flow directly into the sea, but they have not been subject to observations and measurements of hydrologic balance parameters.

The largest lake in Montenegro is Lake Skadar, which is the largest lake on the Balkans Peninsula. Lake Skadar is cryptodepression. Lakes in the mountain part of Montenegro are of glacial origin. The largest and most widely known are Lake Plav, Lake Biograd, Lake Šas and Black Lake.

However, typical for Montenegro, more than any other country in the world, is that it is rich in water in average values only. In contrast, water becomes scarce exactly in the periods of its largest consumption, which coincides with crisis hydrologic periods, when flows are several dozen times below the average values. These crisis hydrologic periods fall in the hot part of the year, and in terms of timing, they match exactly the periods with the highest water and energy demands5.

Surface waters include 22 watercourses, 3 natural lakes, 5 artificial lakes, 5 mixed waters, and the coastal sea. Groundwater in Montenegro provides about 92% of the total amount of water for the supply of settlements.

In the coastal area, the main natural negative factor of groundwater quality is the influence of salty seawater. Numerous occurrences of underground water in this zone are either salty or, in the course of exploitation, are exposed to the influence of sea water and become unusable for drinking.

In the continental part, the natural quality of water at almost all groundwater sources has deteriorated dominantly by anthropogenic influences and results from inadequate sanitary protection and sanitation of the catchment area.6

The discharge of both municipal and industrial waste water into natural receivers is carried out almost without any purification. Exceptions are some industrial plants and part of municipal waste water in Podgorica, Mojkovac, Žabljak, Pljevlja, Nikšić, Savnik, Budva, Herceg Novi, Kotor and Tivat and Berane. At this moment, there are preparations for the construction of the plant for Podgorica, as well as the construction of the plant purification plant for waste water in Petnijca, Andrijevica and Vranjina. There are also smaller plants on Virpazar and the Crnojević river that need to be serviced and are occasionally in operation.7

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4 Water Management Strategy;
5 Ibid, pg. 27;
6 Information on the state of the environment in Montenegro for the year 2022, Environmental Protection Agency of Montenegro;
Panoramic view of Rijeka Crnojevica river at Lake Skadar.
In the Water Management Strategy of Montenegro by 2035, the Ministry of Agriculture, Forestry and Water Management has presented the state of play when it comes to water and indicated that the percentage of connection of urban and peri-urban population to the public water supply systems is very high (98.7%) but that such a percentage gets reduced by the level of connection of rural population to public water supply systems (79%). What has been identified is that the percentage of losses in water supply systems is high (45%), that the overall available water quantities are sufficient but distributed unevenly among users, and that the quality of raw water in certain areas does not satisfy the statutory criteria for the drinking water quality.

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7 Ibid;
8 This piece of information refers to 2018;
Worker washing hands with soap in food factory.
In the project implementation of the **Self-assessment of Equitable Access to Water and Sanitation in Montenegro**, the Revised Score-card was used as the analytical tool.

Background information on equitable access issues are available in the United Nations Economic Commission for Europe (UNECE) - WHO/Europe publication *No One Left Behind - Good practices to ensure equitable access to water and sanitation in the pan-European region*. The introduction to each section of the score-card indicates the relevant section in the above publication that relates to a specific area of action.10

In this document, the expression “access to water and sanitation” includes the five dimensions that define the human right to water and sanitation: availability, accessibility, acceptability, quality/safety, and affordability. Affordability is specifically addressed in section 4 of the score-card. Also, we use the expression *equitable access to water and sanitation*, which is the wording taken over from the *Protocol on Water and Health*.

The Revised Score-card includes a brief country profile (which focuses on quantitative data), as well as four sections addressing broad themes: steering governance framework towards providing equitable access to safe drinking water and sanitation, quantitative information on geographic disparities, quantitative information on vulnerable and marginalized groups as well as quantitative information on affordability. The quantitative information has mostly been collected from official statistical sources for the years 2015, 2018, and 2021.

### Scoring methodology

- The sum of answers under each Area of Action is measured through qualitative questions which are valued between 2 and 6
- Each question is answered by one of four possible answers (No / To a limited extent / To a large extent / Yes).

#### Table 1: Guidelines for the interpretation of responses

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No or very little evidence supporting a positive answer is available, either at the national or local level.</td>
</tr>
<tr>
<td>To a limited extent</td>
<td>There is some limited information at local level supporting a positive answer. There is some limited information at national level partly supporting a positive answer.</td>
</tr>
<tr>
<td>To a large extent</td>
<td>There is extensive information at the local level and some at the national level supporting a positive answer.</td>
</tr>
<tr>
<td>Yes</td>
<td>There is enough evidence available at national level fully supporting a positive answer.</td>
</tr>
</tbody>
</table>

Respondents are encouraged to spread the responses along the four possible scores to avoid clustering all the responses in the “To a limited extent” and “To a large extent” categories. Points are obtained through the following: Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0.

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10 [https://sustainabledevelopment.un.org/content/documents/799No_one_left_behind_E.pdf](https://sustainabledevelopment.un.org/content/documents/799No_one_left_behind_E.pdf)
Each answer is justified by the data provided from the respondents through quantitative or qualitative information from legal documents, relevant guidance documents, analytical reports, surveys, or similar sources. Respondents were not limited in space for providing their answers.

The reliability of each answer was self-evaluated.

**Table 2: Reliability of responses**

<table>
<thead>
<tr>
<th>HIGH: Very Reliable</th>
<th>MEDIUM: Reliable</th>
<th>LOW: Unrealiable</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a coherent and easily accessible set of documents that identifies responsibilities for data gathering, treatment and quality control.</td>
<td>Responsibilities for data gathering, treatment and quality control have been identified.</td>
<td>Responsibilities for data gathering, treatment and quality control have not been identified.</td>
</tr>
<tr>
<td>The data can be traced to a formal source that is accessible to any interested person.</td>
<td>The data can be traced to a source.</td>
<td>Not all the data can be traced to a source.</td>
</tr>
<tr>
<td>The data have been formally validated.</td>
<td>The data have been validated.</td>
<td>Not all the data have been validated</td>
</tr>
</tbody>
</table>

One summary score was calculated for each area of survey by using the scores obtained for each question as well as the number of questions under each area of survey. Answers with a high or medium degree of reliability were considered when calculating the summary score.

The summary score was reproduced in the summary sheet, available at the end of the report.

The purpose of the score-card is to get an overview of the obtained quantitative and qualitative data, for each thematic unit separately, in order to identify gaps and priority actions for policy improvement concerning access to water and sanitation as universal human rights.

The quantitative data have been provided by relevant state institutions and their statistical records. The qualitative data have been provided by interviewing competent institutions and by searching publicly accessible data sources (legislation, websites of relevant state institutions as well as formally adopted documents - strategies, studies, reports).

Depending on the obtained data and their source, the qualitative data have been evaluated following UNECE methodology hereabove.

**Partner organizations as the sources of collected data**

In the process of collecting quantitative information, we have reached out to 151 institutions, local self-governments, public companies, private companies, non-governmental organizations, international organizations, and individuals.

Transport Company of Montenegro; state-owned retirement homes (5), international organizations (2), international and local non-governmental organizations (6) and individuals.

The principle of transparency and broad participation has been complied with, and the answers have been provided by the following partners:

- 84% of municipalities, public water supply and sewage companies, utilities, markets and bus stations, which include the following 21 towns: Podgorica, Zeta, Tuzi, Cetinje, Danilovgrad, Kolašin, Mojkovac, Andrijevica, Berane, Nikšić, Pljevlja, Rožaje, Plav, Gusinje, Žabljak, Plužine, Budva, Kotor, Herceg Novi, Bar and Tivat;
- 5 state-owned retirement homes in Podgorica, Nikšić, Bijelo Polje, Risan and Pljevlja;
- Monstat, REGEN, Institute of Public Health, Administration for the Enforcement of Criminal Sanctions, Red Cross of Montenegro, Train Transport Company of Montenegro
- NGO Juventas, NGO Civic Alliance, UNHCR, IOM, Help,

Challenges faced by the team of experts during research:

→ Finding common ground between the entrenched, traditional concept of general water use and the developing concept of human rights to water and sanitation, within the team;

→ Finding contact information of certain partners (this relates primarily to bus stations, only two of which have their own website and visibly displayed email addresses, while in the case of many bus stations, we got some private email addresses, from which we later received no replies to our emails);

→ Certain questions from the Score-card relating to finance were not clear to the partners; thus, the answers we received were incomplete in most cases;

→ We underestimated the scope of duties (number of partners and documents) and the timeframe in which it all had to be completed, including the fact of a complex political timing in Montenegro.

→ Some partners were passive, but still, we got a very good response rate, 84%, i.e. 21 out of 25 municipalities.

Authority over the water management sector belongs to the following ministries of the Government of Montenegro

1. MAFWM performs tasks related to development policy in water management; systemic solutions for the provision and use of water, water land and water sources for water supply, protection of water from pollution, regulation of water and watercourses and protection against the harmful effects of water; systemic and other incentive measures for the improvement of these areas; keeping prescribed records; harmonization of domestic regulations within the framework of its jurisdiction with the legal order of the European Union;

2. The Ministry of Ecology, Spatial Planning and Urbanism performs administration tasks related to the management of waste water generated in urban areas, the system of communal activities; preparation of regulations and other acts; coordination of regional water supply systems; integrated protection of the sea from pollution; environmental monitoring; monitoring of investments in the area of competence of this ministry; cooperation with international financial institutions and funds of the European Union in the implementation of projects in the field of environmental protection and communal activities;

3. The Ministry of Health carries out administration tasks that, among other things, relate to the quality of drinking water and the harmonization of domestic regulations within the framework of its jurisdiction with the legal order of the EU, etc.
Chapter Title

SOURCES OF DATA COLLECTED
International documents, laws and secondary legislation, strategic documents, annual reports of ministries, public companies and municipalities as well as partners’ answers to the inquiries as the sources of collected data.

**International documents:** The Protocol on Water and Health, 2010 UN General Assembly Resolution 64/292 recognizing the human right to water and sanitation, General Comment No. 15 of the Committee on Economic, Social and Cultural Rights referring to Articles 11 and 12 of the International Covenant on Economic, Social and Cultural Rights;


**Strategic documents:** The Water Management Strategy of Montenegro, Utility Wastewater Management Plan for Montenegro by 2035, Guidelines for Macroeconomic and Fiscal Policy 2021-2024, Agricultural Budget, Methodology for establishing the rates for doing the regulated utility activities (public water supply and utility wastewater management), Strategy for the Protection of Persons with Disabilities from Discrimination and for the Promotion of Equality 2022-2027,

**Annual reports of municipalities and public companies:** the Annual Work Reports of the Ministry of Labour and Social Welfare, municipalities, water supply and utility companies in Montenegro...

**Answers of the above partners to inquiries.**
A water desalination facility.

MAIN FINDINGS OF RESEARCH
The traditional approach is prevailing in Montenegro, considering water as public good, within the segment of environmental protection. All users are considered equal when it comes to water supply and sanitation, while the sewage system depends in large part on the technical capabilities. Users are classified into those who use the services in urban, peri-urban and rural areas of Montenegro.

Based on the research, the main challenges faced by Montenegro are as follows:

→ **Availability of water resources and affordability of water services.** In Montenegro, water resources are generally abundant and available to the population. The cost of water varies depending on the municipality and whether the water is sourced from a public or private supplier. Overall, water in Montenegro is relatively affordable compared to other European countries. However, there are some disparities in pricing between municipalities, as well as different suppliers.

Overall, the availability and affordability of water resources in Montenegro are relatively good, although there are still challenges to be addressed in terms of infrastructure development and equity in access to water services.

→ **Differences in data** (water quantity and quality, number of water sources, number of users) related to the same questions (between the municipality representatives and the water supply and sanitation services management in the same areas) which call into question the veracity of the data.

→ **The gap between urban and rural settings** and availability of water and sanitation infrastructure. Rural areas have considerably lower levels of access to water supply and sanitation services compared to urban areas.

→ **The lack of funds** to improve access to water supply and sanitation services in rural areas.

→ **Concrete barriers faced by vulnerable and marginalized groups.** People which belong to these groups do not enjoy the same kind of access to water and sanitation as the rest of the population. The situation varies from group to group, for example: (a) persons with disabilities; (b) persons who rely on public facilities (e.g., travellers or homeless people); (c) persons who use the facilities in establishments, such as hospitals, schools, prisons or refugee camps or (d) persons who live in unsanitary dwellings. It should also be noted that our existing legal and strategic framework fails to define vulnerable and marginalized groups clearly.

→ **Affordability is not defined within our legal system.** It should be taken into account that stricter objectives in EU member states in terms of water quality and approaching the full cost-coverage by users also mean that paying for water and sanitation services is becoming an increasingly real problem for low-income households – this is something that awaits us as well and should be addressed on time.

→ **Lack of statistical data** related to measuring access to water and sanitation – the system of data collection needs to be improved introducing water information system.

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11 Article 27 of the Constitution of Montenegro;
SECTION 1. GOVERNANCE FRAMEWORKS FOR EQUITABLE ACCESS TO DRINKING WATER AND SANITATION

During the last few years, Montenegro has significantly improved its legal and strategic framework and institutional capacities in accordance with the requirements of integrated water resources management in line with the EU acquis. In the coming year, Montenegro should in particular: intensify implementation and enforcement work to achieve the closing benchmarks in Chapter 27, in particular in the water, nature protection, air quality, industrial pollution and climate change sectors.

### Area 1.1

**Strategic framework for achieving equitable access**

Strategic framework for achieving equitable access to water and sanitation is complex and implies the managing of all water facilities, from the water intake facility, to the overall water supply system, to the wastewater treatment system, to the health safety control. Montenegrin legislation neither recognizes nor defines the human right to safe drinking water and sanitation as a distinct human right.

However, Article 23 of the Constitution of Montenegro in the section referring to environmental protection (Everyone shall have the right to a healthy environment. Everyone shall be entitled to timely and complete information on the environmental status, to the possibility to make impact during the decision-making on the issues important for the environment, and to a legal protection of these rights) directly implies that water is also included therein.

Also, by Article 6 of the Law on Water, water is treated as a natural wealth and state-owned public good,

According to the data of the MAFWM, Article 155 of the Law on Water stipulates that the activity of public water supply and public sanitation shall be provided and governed by the local self-government unit, which, in order to implement and develop the activity herein, shall adopt long-term, medium-term and short-term plans. Accordingly, the MAFWM financially only participates in the construction of rural water supply systems, whose investor is the local self-government or community association, intending to create better living and working conditions in a village as well as the conditions for doing agriculture by the residents of rural areas. The funds allocated through the Programmes are transferred to local self-governments, whose competent authorities provide design documents and required approvals, monitor the implementation of the works and ensure cost-effective and dedicated use of the paid funds.

The 2015 Law on Water defines the strategic framework through developing the Water Management Strategy, which constitutes a planning document that establishes long-term directions in water management by 2035. The strategy includes an assessment of the state of play in the area of water management, objectives and guidelines for water management, measures for achieving the defined objectives and the projection of water management development, but it does not include the word “equity”.

*The Law on the Ratification of the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes and Amendments to Articles 25 and 26 of the Convention on the Protection and Use of Transboundary Watercourses and International Lakes* specifies as objectives the access to drinking water for all and sanitary measures for all

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12 [https://www.paragraf.me/propisi-crnegore/ustav-crne-gore.html](https://www.paragraf.me/propisi-crnegore/ustav-crne-gore.html);
within the water management system, oriented towards the sustainable use of water resources, water quality that does not pose a risk to human health, and the protection of water ecosystems.

Montenegrin laws in the area of water supply do not recognize any classification of the population relative to the concept of human rights, but rather classify them to whether the water supply is individual or public.

Therefore, the Law on Water, Article 48, governs the public and individual water supply: A local self-government unit shall organize and provide public water supply on its territory for all settlements exceeding 200 inhabitants or whose average annual demand for water exceeds 100 m³/day (1.16 l/s).

For water supply to two or more self-government units, or settlements on their territory, public water supply may be provided by organizing a regional water supply system.

The Environmental Protection Agency of Montenegro provides data on water quality and its impact on health and ecosystems through the report on the Environmental Status in Montenegro, based on indicators. The Water Management Strategy of Montenegro by 2035 gives an overview of the state of play in terms of water and indicates that the percentage of connection of urban and peri-urban population to the public water supply systems is very high (98.7%) but that such a percentage gets reduced by the level of connection of rural population to the public water supply systems (79%). What has been identified is that the percentage of losses in water supply systems is high (45%), that the overall available water quantities are sufficient but distributed unevenly among users, and that the quality of raw water in certain areas does not satisfy the statutory criteria for the drinking water quality.

Montenegro has not yet clearly defined the WASH sector as an integrated approach, but some procedures have been introduced during the Covid-19 pandemic, which include the implementation of measures for developing hygiene plans, guidelines for hygiene and sanitary measures, enhancement of hygiene practices, capacity-building efforts, availability of hand-washing facilities, etc.

Area 1.2
Sector financial policies

The Law on Water Management Funding\(^\text{15}\) sets forth the sources of funds to finance water management, the method of billing and payment of fees for the protection and use of water and water resources, and other issues of importance for the provision and use of those funds.

The Water Management Strategy of Montenegro (6.6.1.) includes the estimate of required investments in the water sector. According to calculations and design documents, around €100 mil should be provided for upgrading the water sector in order to modernize the infrastructure network for water supply and sanitation, as well as the introduction of information management system that would allow access to data in real time. In this way, Montenegro would have mechanism for a quick response in hazardous situations.

The Water Management Strategy of Montenegro, which falls within the competencies of the MAF-WM, envisages three key sources of funding in the water sector in the following period.

Those are:
1. EU funds and international donations;
2. Domestic sources of funding, and
3. Credits/loans of foreign banks and international financial institutions (IFIs);

Domestic contributions to the funding come from:
- Water charges;
- Special (dedicated) charges collected based on other laws (e.g., Law on Environmental Protection);
- Revenues of water supply companies generated from the raises of service rates (compensation of costs);
- Specially allocated funds in the state and municipal budgets;
- From public loan funds;
- Special (dedicated) taxes, and
- Implementation of the Law on Concessions

\(^14\) Official Gazette of Montenegro - International Agreements 1/14;
\(^15\) Official Gazette of Montenegro 65/08, 74/10 and 40/11;
Area 1.3
Rights and duties of users and other right-holders

The Law on Utility Activities\textsuperscript{16} defines the principles in performing the utility activity, which read as follows (Article 12): Any local self-government unit and the providers of utility services shall ensure: the accessibility of utility services and products under equal conditions; the public nature of the operations; and protection of consumers, i.e., users of utility products and services.

The manner of and requirements for the organization and performance of utility activities are set forth by Article 15 (the rights and duties of utility service providers and users).

The main recommendations include raising awareness of national and local authorities and other stakeholders in recognizing water and sanitation as a human right for all. Establishing full rights to water and sanitation is a long process which requires a clear and long-term vision and political commitment. Special attention has to be paid to the issue in national and local plans and assuring access to available international financial support.

SECTION 2. REDUCING GEOGRAPHICAL DISPARITIES

Reducing geographical disparities has been recognized as a key component of the project, but although it is legally defined, solving this problem in practice is turning out to be pretty slow. In accordance with the Law on Water which provides for both public and individual water supply, a local self-government unit shall organize and provide public water supply on its territory for all settlements exceeding 200 inhabitants whose average annual demand for water exceeds 100m\textsuperscript{3}/day. Water supply to rural and other settlements or their parts as well as water supply to one or more inhabitants, as per the Law on Water, is done in accordance with the local self-government unit’s regulation. The local self-governing unit’s regulation governs the terms and conditions for proceeding with the construction, use, maintenance and management of water supply facilities and systems.

\textsuperscript{16} Official Gazette of Montenegro 055/16, 074/16, 002/18 and 066/19;
Water supply companies are in charge of establishing the tariffs, upon approval by the REGAGEN.

Supervision over the quality of drinking water and wastewater, coverage and quality of service in urban areas is the responsibility of the entity to whom these duties are entrusted to. The work of inspection services of competent state authorities within the WASH sector (water, sanitation, hygiene) is independent from the founder and the entity whom these affairs are entrusted to.

The governance structure for water management is led by the MAFWM, whose special line department for water management deals with the policy and organization of operational water management. This directorate performs administration tasks relating to: water management developmental policy; systemic solutions for providing and using water, water land and water supply intake facilities, protection of water from pollution, development of water bodies and watercourses and protection from harmful effects of water; systemic and other incentive measures to enhance these areas, etc.

The provision of sufficient quantities of safe drinking water is a basic precondition for the health, longevity and general survival of people on a certain territory. It must be a priority task of each human community. In certain areas of Montenegro, despite a large quantity of precipitation, geological and other conditions had been causing and still cause major problems in providing regular water supply to the entire population, especially in the dry period of the year.

The Water Management Strategy constitutes a key document to serve as a basis for water sector reforms, in order to reach the necessary standards in water management, including the organizational adjustments and systemic building of professional and institutional capacities at the national and local levels.

The population in these municipalities is supplied with water in an organized manner through municipal water supply systems and a large number of water supply systems of community associations, small-scale rural, group and individual water supply systems.

Water supply to population has priority over all other forms of water use. In the interest of raising the general standard, safeguarding and improving the population’s health by water management, the starting point are the indicators of the population’s degree of connection onto public water supply systems.
According to the preliminary results of the Census of Population, Households and Dwellings in 2023, there are 633,158 people living in Montenegro. The census collected the data on 217,441 households, 396,873 dwellings, while there were 673,203 persons in total enumerated during the data collection phase.

The Law on Territorial Organization of Montenegro\(^{17}\) defines that the territory of a local self-government unit consists of settlements; the local self-government unit boundaries are determined by the boundaries of the settlements, and, as a rule, they match the area of the cadastral municipalities which constitute integral parts thereof.

In addition, settlement is defined as part of the local self-government unit’s territory which has structures built for residential and economic purposes, basic utility infrastructure and other structures to meet the needs of the local population and economy.

Furthermore, the Law on Spatial Planning and Construction of Structures\(^{18}\) defines village as a settlement where the population’s primary activity is agriculture;

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**MICS survey\(^{19}\) - 2018 Multiple Indicator Cluster Survey for Montenegro**

**Definitions used in MICS:**

*Degrees of the use of services related to drinking water:* At least basic drinking water services (SDG 1.4.1)' refers to an improved source, on condition that the time required to get to the drinking water source is not more than 30 minutes for the trip, including queuing. Improved drinking water sources are those with a potential to deliver safe water according to the nature of its design and structure, including: piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater and bottled or delivered water.

**Limited service** refers to an improved source which requires more than 30 minutes for the trip.

**Unimproved sources** includes unprotected dug wells and unprotected springs.

*Degrees of the use of sanitation services:* At least basic sanitation services (SDG 1.4.1) refers to the use of improved facilities that are not shared with other households. Improved sanitary premises are those designed for the hygienic separation of excreta from human contact, including: flush/pour flush to piped sewer systems, septic tanks or pit latrines; ventilated improved latrines, composting toilets or pit latrines with slabs. Limited sanitation service refers to an improved facility shared with other households.

**Unimproved sanitation facilities** includes flush/pour flush to an open drain, pit latrines without a slab and bucket latrines. No service refers to the practice of open defecation.

**MICS results [MAKE STATS BIG]:**

- 99% of the population in Montenegro has basic drinking water service, 100% in urban and 98% in other settlements.

- 98% of the population in urban and 92% in other settlements.

- 100% of the population in Montenegro has basic hygiene facility.

- 89% of the population from the northern region and 98% from the central region use basic sanitation services.

- 100% of the wealthiest population and 99% of the poorest population use basic hygiene services.

- In Montenegro, 61% of men older than 15 are the primary responsible for the trip to the drinking-water source, in the households without water on the premises.

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\(^{17}\) Official Gazette of Montenegro 86/18;

\(^{18}\) Official Gazette of Montenegro 82/2020;

\(^{19}\) Multiple Indicator Cluster Survey;
Degrees of the use of hygiene facility services: Basic hygiene facility (SDG 1.4.1 and SDG 6.2.1) refers to availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent and soapy water but does not include ash, soil, sand or other handwashing agents.

Limited hygiene facility refers to a facility which lacks water and/or soap.

No facility means that there is no handwashing facility on the household premises.

→ 8% of the population share improved sanitary facilities with 5 households or less, when such a sanitary facility is on their own land/in the yard.

→ None of the population practices open defecation.

→ 47% of the population use flushing (flush tank/pour flush): to piped sewer systems, while 48% use flushing (flush tank/pour flush) to a septic tank.

Area 2.1
Public policies to reduce access disparities between geographical areas

Under the Law on Utility Activities, public water supply services fall within the competencies of local self-governments. The Law on Regional Water Supply to the Montenegrin Coast[^20] lays down the manner of organization, funding, mutual relations of public companies, municipalities and other legal entities, aimed at a more efficient and quality water supply to the Montenegrin Coast. The Law on Water and Law on Water Management Funding as well as the respective secondary legislation define the terms and manners of water use.

Water management falls within the competencies of the Government of Montenegro. The Government implements this activity through the MAFWM and other ministries, bodies of local self-government units and public companies. It should be noted that there is functional dependence among the above-mentioned entities and it is only by their coordinated activity that a successful operation and development of water sector can be ensured.

There is no specific plan for financing water supply to rural areas; however, the Government adopts the Water Management Projects Incentive Programme every year, thereby allocating considerable funds for water supply to rural areas. This type of funding is only a support to rural area development, provided to local self-governments, as the investors and owners of the activities.

The matter of water supply in rural local water-supply systems is governed by municipal decisions.

[^20]: Official Gazette of Montenegro 56/16 as of August 23, 2016;

Water supply installation.
**Area 2.2**

**Public policies to reduce price disparities between geographical areas**

There are mechanisms in place to track prices as well as cost of provision of water and sanitation services.

The REGAGEN, following the *Law on Communal Services and with the Methodology of pricing for the performance of regulated utility activities* (public water supply and utility waste water management) grants approval to the proposed rates of providers (water supply companies), while the municipal assembly of the local self-government unit is in charge of deciding on the request of the utility service provider, after the Agency’s approval.

The Agency, in accordance with the *Law on Communal Services*, is in charge of conducting the mutual comparison of business operations and providers’ performance indicators on the basis of stipulated indicators (benchmarking).

The Agency does not monitor the indicator which refers to affordability. Regulatory authorities are limited to the urban part of the municipality, while a need has been recognized in rural settings to establish a planning and regulatory system of responsibility for the WASH services.

According to the *Law on Communal Services* and *Law on Social and Child Protection of Montenegro*, the municipality may subsidize vulnerable users.

The Methodology stipulates that a service price is established for an area serviced, which constitutes the territory of one or multiple local self-government units that the provider is assigned to perform the regulated utility activity therein. Additionally, the Methodology defines that the service price is established according to the *postage stamp principle*, whereby a uniform price is paid for the service per unit of measurement within the area serviced.

Also, the *Law on Communal Services* sets forth that the price of the services of public water supply and utility wastewater management should be uniform for all user categories during the period of five years from the effectiveness of the Law herein, i.e., from 2025.

**Area 2.3**

**Geographical allocation of external support for the WASH sector**

The objectives from national strategies are achieved using funds from the state budget as well as funds from approved loans and foreign donors. *The Strategy defines the financial plans in water sector. The funds for these purposes are planned every year, through annual budget laws.*

However, the data are dispersed across different lines of the Montenegro budget within line ministries and local self-governments, and their collection is complicated and complex, lacking a specific methodology. Although there is no separate plan for financing water supply to rural areas, the Water Management Projects Incentive Programme is adopted every year, through which considerable funds are allocated for water supply to rural areas, but only as a support to the development of these areas.

*The Utility Wastewater Management Plan for Montenegro by 2035* provides for activities totalling **EUR 472 million**, which will be used to fully build the utility wastewater treatment plants and to expand the sewage systems in all identified agglomerations (37). The finance structure envisages the contribution of EU funds (grants) amounting to EUR 255.4 million (54%), while the national funds planned from the state budget, local budgets and Eco Fund amount to EUR 201 million (43%), along with other sources (loans, bilateral agreements, etc.). The provision of the funds to implement the Plan is not foreseen on a one-off basis but in a multiyear period until 2035.

Out of the overall funds (EUR 472 million), the estimated investment costs for the construction of the planned wastewater treatment plants (WWTPs) amount to EUR 131 million, the extension of the sewage network and connection of new structures thereto will require EUR 212 million, while the remaining costs refer to the reconstruction of the main sewer system, etc. The international assistance takes place through action documents which are following the objectives defined in strategic documents related to water.

Montenegro is divided into three regions, south, central and north and when is geographical dispari-
ties issue considered it could be concluded that the worst situation is in north region as a result of the underdevelopment of that area, poor socioeconomic conditions and large disparities between urban and rural areas. Generally, the geographical disparities in access to water and sanitation in Montenegro are the disparities between urban and rural areas. The biggest disparity is observed in the access to sanitation.

It is recommended to improve the status of access to water and sanitation in rural areas by recognition of this issue through strategic documents. Also by taking over small scale water and sanitation services by urban Water and Sanitation service providers. To improve data collection in rural areas, to incorporate issue of sanitation into a national planning and to develop adequate mechanism for support of construction and operation of local water supply and sanitation systems. The biggest disparity is observed in the access to sanitation.

SECTION 3. ENSURING ACCESS FOR VULNERABLE AND MARGINALIZED GROUPS

The current legal framework does not distinguish the needs of vulnerable and marginalized groups in the provision of water supply, but it rather classifies them as users who are considered equal when it comes to water supply and sanitation, while sewage largely depends on technical capabilities. Users are classified into those who use the services in urban, peri-urban and rural areas of Montenegro.

Nomadic communities are not recognized in the official classification of vulnerable and marginalized groups. Moreover, social classification does not recognize all groups, but defines social vulnerability by the criterion of minimal financial means.

Persons with disabilities are not separately distinguished in the statistics, rather they are included in the classification as population in urban, peri-urban or rural areas. The Law on Spatial Planning and Construction of Structures has improved the position of persons with disabilities. There is a legal obligation that all new public buildings have access for people with disabilities and access to adequate toilet facilities. More recently, the public sector has been investing funds in the reconstruction of buildings in order to enable the necessary and minimum conditions for persons with disabilities. Due to insufficient finances, this process has slowed down. In most cases, the buildings being reconstructed are public buildings.

Only a small number of public buildings fulfil the conditions relating to menstrual hygiene management in their sanitary spaces. It is necessary to strengthen sanitary supervision, i.e. compliance with prescribed measures and requirements given in the Rulebook on sanitary technical and hygienic conditions in facilities under sanitary supervision and other open and closed public places (Official Gazette of Montenegro No. 43/2019) in order to improve access by certain user groups.

Vulnerable and marginalized groups are persons who, due to their certain specificity, are in a more difficult position to exercise socio-economic and other needs comparing to the members of general population in the society.
Score-card analysis

In the context of equitable access to water and sanitation, the Score-card recognizes the following groups of vulnerable and marginalized persons. Namely: persons with disabilities, users of health care facilities, users of educational facilities, users of retirement homes, prisoners, people living in collective centres and camps, homeless people, travelers and nomadic communities, persons living in housing without safe drinking water and sanitation, persons without access to safe drinking water, sanitation and hygiene in their workplaces and users of markets and public transport.

Area 3.1
Public policies to address the needs of vulnerable and marginalized groups

The public policy referring to the field of water supply and sanitation does not recognize any special and differentiated needs of vulnerable and marginalized groups but rather classifies the population into urban, peri-urban and rural. In addition, it does not recognize water as a human right, but rather considers water to be one of the most important environmental factors.

Accessibility of drinking water and sanitation can also be considered through the dimension of identifying the discrimination, as it implies physical accessibility and affordability of drinking water.

Physical accessibility of water and sanitation refers to safe and acceptable access for all, necessary to be provided near every residential building, school and workplace, or in their immediate vicinity, so that all population groups be provided with necessary quantities of water in a reasonable timeframe, including persons with disabilities, children, elderly persons and women, in a manner that does not threaten the physical safety of persons when accessing the drinking water.

Affordability of water refers to the costs of connection and consumption so that they are not a barrier to access to drinking water. Affordability does not imply that services are free of charge, but rather the right and duty that a consumer does not get disconnected from the public water supply system due to inability to pay - which applies only to special and socially justifiable cases, so this cannot be considered as a rule.

According to the Law on Utility Activities, local self-government units may establish categories of utility service users who pay a subsidized rate of utility services, as well as an amount of subsidies for each category.

Area 3.2
Persons with disabilities

Persons with disabilities are not classified separately in the statistics but are covered by the classification of the population in urban, peri-urban or rural areas.

The Law on Spatial Planning and Construction of Structures stipulates creating conditions for the access, movement and stay of persons with reduced mobility and persons with disabilities. Also, every building or residential space must have the occupational permit which implies the provision of safe drinking water and toilets; thus, if persons with disabilities live in legal buildings, then all those rights are met.

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21 Drinking Water and Human Right, Environmental Protection Agency (group of authors), Ministry of Environmental Protection, Republic of Serbia, 2018;
In practice, however, there is still a considerable number of buildings in public use that are not accessible by persons with disabilities, with a primary focus on a considerable number of institutions exercising public authorities, as well as on the fact that a large number of state institutions is accommodated in old buildings constructed under the regulations applicable at the time of their construction; therefore, there are not technical possibilities for interventions, i.e., reconstructions, aimed at their adjustment to persons with disabilities.

In such a situation, persons with disabilities cannot exercise their right to free movement, which constitutes one of clear forms of discrimination. The analysis of key defects has shown that none of the buildings of Montenegrin courts, state prosecutor’s offices, police stations across the country and of the premises of the Administration for Inspection Affairs is fully accessible to persons with disabilities.

Out of the 20 buildings of the social work centres, only one is accessible by persons with disabilities, 11 of them are partially accessible, while 8 are inaccessible. No more than 16 primary schools out of 163 are fully accessible, while no more than three secondary schools out of 50 are fully accessible.

According to the Law on the Ratification of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, persons with disabilities shall have equal access to clean water services as well as access to appropriate and available services, funds and other assistance for persons with disabilities.

Area 3.3
Users of health care facilities

When being established and registered, any health care facility must meet the general sanitary and hygiene requirements in accordance with the Rulebook on more detailed requirements for performing health care activity in hospitals and natural spas and the Rulebook on the manner and procedure of implementing the measures to prevent and fight hospital infections, such requirements including access to safe water and sanitation.

Site visits and secondary research have shown that health care facilities mostly have separate toilets for males and females, while no special conditions for menstrual hygiene management are provided.

Area 3.4
Users of educational facilities

The 2021 WASH survey in educational institutions, which covered 242 schools (primary, secondary, music and private schools), determined that 81% of institutions use drinking water from the public water supply, which can be considered an improved source of water supply, by the scale for monitoring the level of standards defined by WHO/UNICEF. In about 82% of institutions, there are toilets separated by the gender of students, while in about 84% of institutions, there are toilets for staff separated from toilets for students. Soap is always available in less than half (47.7%) of educational institutions. In terms of menstrual hygiene, the majority of institutions in urban and rural region do not have a space that provides privacy for schoolgirls intended for maintaining menstrual hygiene, sanitary bins for storing used menstrual hygiene products or free menstrual hygiene products. Education and informational materials on menstrual hygiene are also not available, nor are procedures for work, maintenance and procurement of consumables related to menstrual hygiene.

24 Ibid;
25 Official Gazette of Montenegro - International Agreements, 002/09 as of July 27, 2009;

Elderly man with a glass of water on his night stand.
Area 3.5

Users of retirement homes

Retirement homes are organized as public institutions for the provision of quality services, in a safe environment, aimed at improving the quality of life of the elderly, maintaining their potentials and dignity, while applying and promoting the concept of individual approach, healthy aging and active participation in the Home and in the community. They may also be intended for adults with disabilities.

There are 5 state-owned retirement homes in Montenegro, namely in: Nikšić, two in Podgorica, Risan, Pljevlja and Bijelo Polje. During this assessment there is no data provided from private retirement homes.

These facilities belong to sanitary facilities. There are contracts on business cooperation between retirement homes and the Institute of Public Health, which include: testing of drinking water safety two times a year in months III and IX; swabbing tests of hands, surfaces and objects against the cleanliness level four times a year in months III, VI, IX and XII; testing of micro-biological safety of foods four times a year in months III, IV, IX and XII in all 6 state-owned retirement homes in Montenegro.

There is public funding to all public institutions for the costs of safe drinking water, sanitation and hygiene, but those costs are not recognized as a specific support to access by any type of users.

Area 3.6

Prisoners

The Administration for the Enforcement of Criminal Sanctions performs the affairs related to the enforcement of criminal sanctions, namely: prison sentences, long prison sentences and juvenile prison sentences, security measures enforced under law in the Administration for the Enforcement of Criminal Sanctions; corrective measures of referral to an institutional-type facility, prison sentences imposed in misdemeanour proceedings and measure for ensuring defendant’s presence in criminal proceedings, detention; as well as other affairs vested therein. The prisons are situated in Spuž and Bijelo Polje.

The prisons in Spuž and Bijelo Polje have adequate facilities for supplying safe drinking water, sanitation and hygiene, as well as menstrual hygiene. Water safety in prisons is subject to regular monitoring and control by the Institute of Public Health of Montenegro. Any prisoner is entitled to effective complaint mechanisms through complaints to the head of the Administration, then through written requests, and may also file a complaint to the Protector of Human Rights and Freedoms of Montenegro (Ombudsman) via a post-box dedicated to that purpose.

Area 3.7

People living in collective centres and camps

According to the answers by the Reception Centres for foreigners who seek international protection in Spuž and Božaj, are within the competencies of the Ministry of Interior of Montenegro, and according to the information provided by the UNHCR and IOM who perform field work with asylum-seekers, internally displaced persons, migrants and temporary international protection applicants, access to drinking water and sanitation exists to a large extent.

In the case of foreigners seeking temporary protection and staying in private accommodation, according to the information we received from international and non-governmental organizations, access to water and sanitation is also provided in the same way as general population. According to the Ministry of Internal Affairs preparations are under way for the construction of new facility in Božaj as well as upgrading Center in Spuž which will be improved and increased the accommodation capacity.

The Law on International and Temporary Protection of Foreigners explicitly stipulates the rights that belong to all persons staying in collective centres for the reception of foreigners, which implies accommodation in separate rooms with toilets and safe drinking water, as the minimum standard. Moreover, foreigners staying in collective camps are entitled to file an oral or written complaint to the manager if they think their rights are violated.26

26 Official Gazette of Montenegro, 2/2017 and 3/2019;
Area 3.8
Homeless people

The Ministry of Labour, Social Welfare and the Ministry of Finance do not provide support to homeless people, not even through securing access to safe drinking water, sanitation and hygiene.

NGO Juventas provides services of community living support – shelter, within the premises of the Juventas Drop-in Centre. The service beneficiaries include citizens from the Montenegrin territory who have become homeless. The service implies the provision of lunch, possibility for taking a shower, washing and drying of laundry. In accordance with the rulebooks which govern the licensing for the services in the field of social and child protection, Juventas has a sanitary permit issued by the competent authority.

Area 3.9
Travelers and nomadic communities

There are toilets for males and females at all bus stations (the one in Kotor has also a toilet for persons with disabilities) with necessary hygiene contents.

Technical water and hygiene products are available on all trains, but drinking water is not available. In the categorization of vulnerable and marginalized groups in Montenegro, nomadic communities are not recognized as a category.

Area 3.10
Persons living in housing without safe drinking water and sanitation

There is no official diagnosis of the problem at the national level. Integrated programmes (including various governmental services) aimed at resolving the symptoms and causes of the lack of access exist to a limited extent.

The Law on the Prohibition of Discrimination as well as the provision of Article 59a of the Law on Utility Activities provide for complaint mechanisms. Despite the fact that there is a legal framework, those mechanisms are rarely used in practice.

Area 3.11
Persons without access to safe drinking water and sanitation at their workplaces

Pursuant to Article 19 (Duties of the Employer) of the Labour Law and the Law on Occupational Health and Safety, the employer shall provide health and safety measures to employees at their workplace.

The surveyed municipalities (21 municipalities in Montenegro) responded that there were no data on lack of access to safe drinking water, sanitation and hygiene by employees.

However, practice has shown that employees who work in kiosks do not have provided access to toilets but rather have internal arrangements with the employees of other business organizations to use their toilets.

28 Official Gazette of Montenegro 74/2019 and 8/2021;
29 Official Gazette of Montenegro 34/2014 and 44/2018;
People in markets use water from the public water supply system. Also, the users of intercity transport have a possibility to use toilets for males and females at bus stations, while also toilets for disabled persons are available at the Bus Station Herceg Novi.

The provision of Article 59a of the Law on Utility Activities provides for complaint mechanisms.

Mapping vulnerable and marginalized groups of population in terms of water supply and sanitation and include them into public policies and institutional framework addressing access to safe drinking water and sanitation. Recognize water and sanitation as a human right for vulnerable and marginalized groups of population through Montenegrin legislative and institutional framework. Based on this assessment it is necessary to perform a more detailed study of access to water and sanitation for vulnerable and marginalized groups and establish a monitoring system. Local sustainable development strategies and sectoral policies should include vulnerable and marginalized groups of population and shall be reviewed respectively.

**SECTION 4. KEEPING SAFE DRINKING WATER, SANITATION AND HYGIENE AFFORDABLE FOR ALL**

State budget funds are used as finances in reaching the objectives from the national strategies addressing WASH issues, as well as funds from approved loans and foreign donors. Monitoring of financial flows in the field of water supply, sanitation and hygiene (WASH) by individual services is not available, i.e. is not recognized as a separate service in a budget of each facility because the data are scattered across different items of the Montenegro budget within line ministries and local self-governments, and their collection is complicated and complex, lacking any specific methodology.

Although there is no specific plan for financing the water supply to rural areas, the Government adopts the Water Management Projects Incentive Programme every year, thereby allocating considerable funds for water supply to rural areas, but only as support to the development of those areas. The Agricultural Budget allocates funds every year for development in rural areas. The Guidelines for Macroeconomic and Fiscal Policy 2018-2021 included a plan and projection of the funds required for sanitation.

The affordability of water supply services and sewage system services is directly linked to the purchasing power of population.

The REGAGEN, in accordance with the Methodology for establishing the rates for doing the regulated utility activities, defines rates for regulated utility activities.
The affordability issue should be considered in two ways:

1. Affordability does not refer solely to the issue of water. It also constitutes a social protection issue which requires introducing the issue of water and sanitation into the social policy discussions.

2. Affordability-related issues are not linked only to the tariff level, but also to the income levels, service provision costs, subsidizing policies and behavior of users.

There is no official statistics at the national level related to keeping safe drinking water, sanitation and hygiene affordable for all. The only available information refers to the amount of the average bill for water and sanitation in the country and the average household income.

An average bill at the level of Montenegro, for the average consumption of 10 m³ for public water supply in 2023 (for 12 water supply systems whose rates were approved by the Agency30) amounts to EUR 6.90 per month or EUR 82.84 per year, while an average bill for public water supply and utility waste water management amounts to EUR 9.79 per month or EUR 116.35 per year31.

A concerning fact is that certain number of service providers during 2021, after having received the approval by the Regulatory Agency for Energy and Regulated Utility Activities, have not been applying that rate, and that the largest number of inspectors have not identified any irregularities in the rate application.

The tariff in Montenegro is defined separately for physical and legal persons.

The average monthly (gross) salary in December 2021 in Montenegro amounted to EUR 802.

Score-card analysis

The costs of water and sanitation service provision, either by networks or by self-provision, and including wastewater treatment charges, may represent a high financial burden, particularly for the poorest households.

Affordability of water supply and sewage services is tightly linked to the purchasing power of population.

Area 4.1
Public policies to ensure affordability of safe drinking water, sanitation and hygiene

There is no official data on the affordability of water supply and sanitary services.

There is no data about how many households spend on safe drinking water, sanitation and hygiene services (including access to hygiene products: soap, menstrual pads/solutions, toilet paper), expressed as proportion of their income.

There are no clearly defined WASH policies which include affordable access as one of their objectives.

Social policy does not address affordability of safe drinking water, sanitation and hygiene services.

There is specific public funding to address affordability concerns for the groups to whom WASH services are least affordable. The Law on Utility Activities stipulates that the municipality may subsidize vulnerable users, namely:

- households which include persons with disabilities;
- households which include persons in the state of social need identified by the state administration authority competent for social welfare affairs, and
- vulnerable social categories (pupils, students, pensioners).

30 The Regulatory Agency for Energy and Regulated Utility Activities;
31 Data on the rates are available in Agency’s annual reports on the activities related to regulated utility activities;
Area 4.2

Water and sanitation policy measures (to ensure affordability)

The Law on Utility Activities defines basic principles for establishing the rates of utility services. It stipulates that the municipality may subsidize vulnerable users.

The Agency grants approval to the rates which are determined by the providers based on justifiable costs of operation which are stipulated by the Law on Utility Activities and the Methodology for establishing the rates for doing the regulated utility activities and the billing items (the number of users for the fixed part of the rate and the invoiced quantities for the variable part of the rate).

According to the provisions of the Law on Utility Activities, measures are undertaken that refer to subsidies for access and flexible payments.

Affordability-related issues are not linked only to the tariff level, but also to the income levels, costs of service provision, subsidizing policies and behaviour of users.

Area 4.3

Social protection policy measures

The Law on Utility Activities defines the denial of utility service provision or utility product delivery.

The utility provider may not deny the utility service or utility product delivery to the user, except temporarily where the user:

• uses the utility service or utility product for purposes other than the intended purpose, beyond the allowable volume, in case of interruptions in the performance of utility activities;
• unreasonably obstructs other users;
• acts contrary to the stipulated conditions, and
• fails to pay the utility service provision or utility product delivery upon bill receipt.

During a temporary denial of the utility product delivery, the utility provider shall provide the delivery of the utility product to the amount of one tenth of the volume established by the regulation referred to the law, and in the manner established by the local self-government unit’s regulation.

Once the reasons for the denial of the utility service or utility product delivery cease to exist, the utility provider shall, at the request of the user, continue to provide the service no later than within 24 hours from the filing of such request and payment of the connection charge.

There is no Strategy to address affordability, and the basis for the Strategy to address affordability issues, for the social protection policy measures, should be taken from the Law on Utility Activities, Law on the Protection of Population from Communicable Diseases, Law on Water for Human Use.

Improve policies for ensuring accessibility at the national and local level and improve and uniform in different municipalities social protection measures for defined vulnerable and marginalized groups by amending the Law on Social and Child Protection. Increase financial sustainability of water companies by taking measures such as tax exemption, full cost recovery tariffs, subsidies for marginalized groups, differentiation of tariffs depending on water quality and etc. Develop tariff policy having in mind populations’ ability to pay, financial situation of facilities and enterprises in the territory that services being provided. Mapping families eligible to receive non-cash housing subsidies.
Water constitutes a priceless and irreplaceable resource essential to human life existence, as the highest value in the hierarchy of resources protected by human rights law. In addition thereto, human right to water would also contribute to water resources protection in general and to their more efficient use, i.e., to upscale the effectiveness of normative documents addressing such protection. By adopting the human right to water, legal protection is directed towards vulnerable individuals who have the greatest interest in the protection of water resources and their appropriate management.

The Constitution of Montenegro does not recognize access to water and sanitation as human rights. Legislation of Montenegro does not identify vulnerable and marginalized groups within the current classification of users in order to pay attention to their specific needs. Updating Law on Providing Safe Water Intended for Human Consumption “Off. Gazette of Montenegro”, No. 80/2017 in a frame of gender sensitivity (compliance with Directive (EU) 2020/2184 of the European Parliament and of the Council of 16 December 2020 on the quality of water intended for human consumption) including Annex II & III 2015/1787 and different bylaws gender considerations will be integrated to address the specific needs, vulnerabilities and gender-specific impacts on women and men and vulnerable groups in relation to water and sanitation. Training programs would promote gender equality and ensure the inclusion of women in decision-making and implementation processes. Gender-responsive reporting will be implemented by water companies to capture the diverse impacts of water management on women and men in the community.

Improvement of access to sanitation for all by increasing the percentage of connection to the sewage network in urban settlements to 85% from the current 49.51% for Water and sanitation service providers that perform measurements and regularly report to the regulatory body. Establishing ef-
icient Information system (IS) for monitoring WWT facilities as an integrated part of the existing water information system (WIS) and annual reporting to the Energy and Water Regulatory Agency of Montenegro (REGAGEN).

Geographical differences bring rural population in an unequal position comparing to the population of urban areas. In the future, the authorities should take more care of each individual person in rural areas, because their right to water is equal to the rights of urban citizens.

Raising public awareness of the importance of drinking water safety and preservation of water sources organizing minimum 3 events per year: partnerships with schools (lectures), education and information campaigns and media outreach with the focus on rural areas.

The impact of the project Self-assessment of Equitable Access to Water and Sanitation in Montenegro

Table 3. Overview of Results

<table>
<thead>
<tr>
<th>Section</th>
<th>Area of Action</th>
<th>Score</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering governance frameworks to deliver equitable access to safe drinking water sanitation and</td>
<td>1.1 Strategic framework for achieving equitable access</td>
<td>0,87</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>1.2 Sector financial policies</td>
<td>1,00</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>1.3 Rights and duties of users and right-holders</td>
<td>1,00</td>
<td>HIGH</td>
</tr>
<tr>
<td>Reducing geographical disparities</td>
<td>2.1 Public policies to reduce access disparities between geographical areas</td>
<td>1,40</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>2.2 Public policies to reduce price disparities between geographical areas</td>
<td>2,75</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>2.3 Geographical allocation of external support</td>
<td>0,50</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>Ensuring access for vulnerable and marginalized groups</td>
<td>3.1 Public policies to address the needs of vulnerable and marginalized groups</td>
<td>0,83</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>3.2 Persons with special physical needs</td>
<td>0,50</td>
<td>MEDIUM</td>
</tr>
<tr>
<td></td>
<td>3.3 Users of health care facilities</td>
<td>2,83</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>3.4 Users of educational facilities</td>
<td>2,60</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>3.5 Users of retirement homes</td>
<td>3,00</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>3.6 Prisoners</td>
<td>3,00</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>3.7 People living in collective centers and camps</td>
<td>2,00</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>3.8 Homeless people</td>
<td>0,40</td>
<td>MEDIUM</td>
</tr>
<tr>
<td></td>
<td>3.9 Travelers and nomadic communities</td>
<td>1,20</td>
<td>MEDIUM</td>
</tr>
<tr>
<td></td>
<td>3.10 Persons living in housing without safe drinking water and sanitation</td>
<td>1,00</td>
<td>MEDIUM</td>
</tr>
<tr>
<td></td>
<td>3.11 Persons without access to safe drinking water and sanitation in their workplaces</td>
<td>1,60</td>
<td>MEDIUM</td>
</tr>
<tr>
<td></td>
<td>3.12 Users of markets and public transport</td>
<td>1,80</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>Keeping water and sanitation affordable for all</td>
<td>4.1 Public policies to ensure affordability of safe drinking water, sanitation and hygiene</td>
<td>0,20</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>4.2 Water and sanitation policy* measures (to ensure affordability)</td>
<td>2,00</td>
<td>HIGH</td>
</tr>
<tr>
<td></td>
<td>4.3 Social protection policy measures</td>
<td>0,66</td>
<td>HIGH</td>
</tr>
</tbody>
</table>
### Table 4. Overall score by Sector

<table>
<thead>
<tr>
<th>Section</th>
<th>Area of Action</th>
<th>Score</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td>Steering governance frameworks to deliver equitable access to safe drinking water and sanitation</td>
<td>0.96</td>
<td>High</td>
</tr>
<tr>
<td>Section 2</td>
<td>Reducing geographic disparities</td>
<td>1.56</td>
<td>High</td>
</tr>
<tr>
<td>Section 3</td>
<td>Ensuring access for vulnerable and marginalized groups</td>
<td>1.73</td>
<td>Medium</td>
</tr>
<tr>
<td>Section 4</td>
<td>Keeping water and sanitation affordable for all</td>
<td>2.86</td>
<td>High</td>
</tr>
<tr>
<td>Overall Country Scorecard Evaluation</td>
<td></td>
<td>1.8</td>
<td>High</td>
</tr>
</tbody>
</table>
A little girl drinks water directly from the kitchen tap at home.
Recommendations

Table 5. Proposed recommendations based on the results of the self-assessment

<table>
<thead>
<tr>
<th>Section</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| SECTION 1. Governance Frameworks for Equitable Access to Drinking Water and Sanitation | Improve legislation to adequately govern equitable access to safe drinking water and sanitation;  
Adopt and regularly revise the goals of the Protocol for Water and Health and strengthen the mechanisms for their implementation;  
At the level of local self-government units, adequately govern equitable access to safe drinking water and sanitation;  
Improve mechanisms to develop institutional plans that integrate equitable access to safe drinking water and sanitation;  
Improve the system of informing the citizens on the right to equitable access to safe drinking water and sanitation and the manner of exercising those rights with competent authorities through gathering civic and business initiatives for exercising the right to equitable access to safe drinking water and sanitation, develop information guides and implementing the programmes of citizen education on those rights and the ways to exercise them. |
| SECTION 2. Reducing geographical disparities                              | Improve public policies at the national level that address drinking water quality, especially during extreme weather events;  
Improve public policies at the local self-government level that address the reducing of disparities in access to water and sanitation among geographical areas;  
Improve governance framework for water supply to rural areas, aimed at raising the quality of life through safe access to drinking water;  
Improve the status of access to sanitation in rural areas by recognition of this issue through strategic documents. Also by taking over small scale water and sanitation services by urban Water and Sanitation service providers. |
| SECTION 3. Ensuring access for vulnerable and marginalized groups           | Define human right to water and conduct a comparative analysis of international documents, experiences of countries that have introduced this human right into their legislation and the status in the Montenegrin legislative and institutional framework;  
Mapping vulnerable and marginalized groups of population in terms of water supply and sanitation and include them into public policies and institutional framework addressing access to safe drinking water and sanitation.  
Organize meetings with the Minister of Labor and Social Welfare and Union of Municipalities of Montenegro, to identify what can be done at the moment to enhance equitable access to water and sanitation by vulnerable and marginalized groups.  
Organize trainings for the representatives of the Parliament of Montenegro, ministries in charge of this issue and representatives of local self-governments on ensuring equitable access to water and sanitation by vulnerable and marginalized groups;  
Create a media campaign for raising awareness of citizens on the importance of equitable access to water, human right to water, through prior education of journalists on this topic, in order to develop the Media Plan and to constantly report on the topic accordingly. |
SECTION 4. Keeping safe drinking water, sanitation and hygiene affordable for all

Improve water and sanitation tariff system with a view to upgrading the sanitary technical conditions for water supply and sanitation and the quality and protection of water ecosystems;

Improve policies for ensuring accessibility at the national and local level;

Improve and uniform in different municipalities social protection measures for defined vulnerable and marginalized groups by amending the Law on Social and Child Protection, which states in Article 39 that “the municipality can, in accordance with its financial capabilities, provide material benefits from social protection, such as: one-time benefits; subsidies in the payment of communal services provided by public enterprises established by the municipality and other material benefits from social protection”; But, still private and small waterworks must be recognized in some legal solution, which currently does not exist

The project implementation, in particular through direct work with local stakeholders while collecting the data and holding a findings workshop *Equitable access to water and sanitation in Montenegro: Score-card results*, which took place on May 16, 2023, has changed the opinions of key stakeholders regarding the importance of equitable access to safe drinking water and sanitation.
Discussions and conclusions made by consensus among the stakeholders from across Montenegro have been focused on the following:

- The importance of intersectoral and multi-stakeholder cooperation and networking, at the national and international level by mapping vulnerable and marginalized communities;
- The proactive role of various institutions at the local level in taking measures to make progress in target areas;
- Identification and prioritization of the challenging areas within the national objectives, covering the entire water cycle;
- Upgrading of the national data base on water, sanitation and health;
- Necessary capacity building to adopt the WASH in practice - the development of respective guidelines and training materials, trainings, pilot projects;
- Improvement of small-scale water supply systems in rural areas (the protection of water sources; technical upgrades; water disinfection; regular monitoring of drinking water quality and sanitary inspections by competent health authorities; and increased raising of awareness among local population and competent authorities);
- Development of the Action plan for ensuring equitable access to water and sanitation in Montenegro;
- Revision and upgrade of the objectives referred to in the Protocol.

We wish to extend our particular gratitude to: Dr. Dragana Jovanović from the Institute of Public Health Batut of Serbia, H.E. Mr. Christian Thimonier, French Ambassador to Montenegro, Ms. Dragana Đukić, representative of the Ministry of Agriculture, Forestry and Water Management, Ms. Snežana Didanović, representative of the Ministry of Ecology, Spatial Planning and Urbanism, Mr. Igor Milošević, Director of ADP “Zid”, Ms. Valentina Grossi, WHO/Europe, Co-secretariat for the Protocol on Water and Health and Stevan Stanišić from UNICEF Montenegro, who all shared their experiences at the Workshop hereabove.

More information about the workshop is available here: https://unece.org/info/events/event/378602