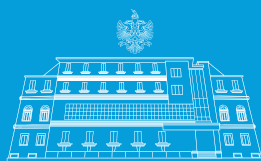


PROTOCOL

On the operation of public and nonpublic residential centers providing shelter services to victims of domestic violence and human trafficking during the COVID-19 pandemic

April 2020



REPUBLIKA E SHQIPËRISË
MINISTRIA E SHËNDETËSISË
DHE MBROJTJES SOCIALE

With the support of the UN Women office in Albania in the framework of the United Nations Joint Program “End Violence Against Women in Albania” funded by the Government and Sweden and implemented by UNDP, UN Women and UNFPA in cooperation with the Government of Albania.



PROTOCOL

On the operation of public and nonpublic residential centers providing shelter services to victims of domestic violence and human trafficking during the COVID-19 pandemic

April 2020



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INTRODUCTION

“The operational protocol for public and nonpublic residential centers providing shelter services (shelters) to domestic violence and trafficking victims during the COVID-19 pandemic” (herein after the “COVID-19 emergency shelter protocol”) was developed by the Ministry of Health and Social Protection (MoHSP), with the support of the UN Women office in Albania in the framework of the United Nations Joint Program “End Violence Against Women in Albania” funded by the Government and Sweden and implemented by UNDP, UN Women and UNFPA in cooperation with the Government of Albania.

The development of this protocol was considered a priority, based on the the global experience, which provides evidence on the possibility of growth or escalation of domestic violence in the context of social distancing and obligatory isolation. It also takes into account a number of domestic violence incidents in March 2020 during the COVID-19 emergency situation,

The “COVID-19 emergency shelter protocol” was developed by the specialists¹ of the of Social Inclusion and Gender Equality Policies and Strategies Sector, the Disability and Economic Assistance Development Programs Sector², the Health and Social Protection Development Policy and Strategies Directorate³, the Social Services Development Programs Sector⁴, and the State Social Service⁵, led by the General Health and Social Protection Development and Policy Director⁶ of the Ministry of Health and Social Protection, in cooperation with experts⁷ from UN Women. This document is based on the Decisions of the Council of Ministers, the Normative Acts, Instructions or Orders adopted to date to overcome the COVID-19 related situation⁸. Before being adopted, the COVID-19 emergency shelter protocol was consulted with civil society organizations that are members of the Albanian Women Empowerment Network (AWEN) and the National Anti-Trafficking Shelters Coalition, as well as UN agencies including UN Women, UNFPA and UNDP.

The COVID-19 emergency shelter protocol is only applicable during the COVID-19 emergency situation (but may be used as a reference in similar emergencies of infectious diseases and pandemics, after being updated for specifics depending on the type of disease and the relevant measures taken by the state to overcome that situation). It does not repeal Standard Operating Procedures of public and nonpublic residential centers that provide specialized shelter services to domestic violence and trafficking survivors, the compliance with which remains an obligation during non-emergency situations.

The “COVID-19 emergency shelter protocol” enters into effect immediately upon adoption and ceases to apply when the emergency situation caused by the COVID-19 pandemic is declared “terminated” by the Government of Albania.

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8. A complete list is provided in Annex 1 of this Protocol



REPUBLIC OF ALBANIA
**MINISTRY OF HEALTH AND SOCIAL
PROTECTION THE MINISTER**

Nr. 1800 Prot

Tiranë, më 10.04 2020

ORDER

Nr. 254, datë 10.04 2020

**“ON OPERATION PROTOCOL FOR PUBLIC AND NONPUBLIC
RESIDENTIAL CENTERS PROVIDING SHELTER SERVICES (SHELTERS)
TO VICTIMS OF DOMESTIC VIOLENCE AND TRAFFICKING DURING THE
COVID-19 PANDEMIC SITUATION**

Pursuant to Article 102, paragraph 4 of the Constitution of the Republic of Albania, Law No. 10107, dated 30.03.2009 “On Health Care in the Republic of Albania”, as amended, article 7 of Law No. 15/2016 “On preventing and fighting infections and infectious diseases”, Law No. 121/2016 “On social care services in the RoA”, DCM No. 243, dated 24.03.2020 “On the declaring the state of natural disaster”,

I ORDER:

1. The adoption of the “Operation protocol for public and nonpublic residential centers providing shelter services (shelters) to victims of domestic violence and trafficking during the COVID-19 pandemic situation” based on the text attached to this order.
2. The State Social Service, domestic violence and trafficking victims’ shelters, municipalities shall be charged with the implementation of this Order.

This order shall enter into effect immediately and shall apply until the end of the COVID-19 infection pandemic.

MINISTRI

Ogerta Manastirliu



1 AIM OF THE PROTOCOL

“The operational protocol for public and nonpublic residential centers providing shelter services (shelters) to domestic violence and trafficking victims during the COVID-19 pandemic situation” (herein after the “COVID-19 emergency shelter protocol”) aims at assisting service providers to operate effectively in compliance with the restrictions resulting from preventive measures. The implementation of the COVID-19 emergency shelter protocol helps shelter staff to provide necessary services to victims of domestic violence and human trafficking without threatening their own health or life and that of the other victims benefiting the services, their families and the community at large.

The World Health Organization (WHO) declared COVID-19 a global pandemic on 11 March 2020, while the Government of Albania declared a state of natural disaster on 24 March 2020, by the Decision of the Council of Ministers No. 243/2020 “On declaring the natural disaster state.” Even though in this situation, preventive measures aim at social distancing, isolation and working mainly from home, it is vital that specialized support services provided by public and nonpublic residential centers for victims of domestic violence and human trafficking (especially shelters) remain open. This creates the need to take additional measures for their operation during the emergency period, to ensure the protection of domestic violence and trafficking victims.

The Government of Albania has taken a series of measures to prevent the wide spread of the COVID-19 virus in the community, since it entered the country. Social distancing and isolation have also included the restriction of a series of community services. HOWEVER, the nature of domestic violence and human trafficking, the upholding of the nondiscrimination principle for beneficiaries of emergency shelter services for health causes⁹, and the global evidence showing a rise in the frequency of various forms of violence against women amid the measures taken¹⁰, dictate the need for these residential centers to remain open and provide specialized shelter services to domestic violence and trafficking victims. For this to happen, both staff and service recipients in these shelters should remain healthy.

Thus, it is imperative to react to this situation only on the basis of accurate and reliably sourced information, such as the Ministry of Health and Social Protection at <https://shendetesia.gov.al/> and the Public Health Institute <http://www.ishp.gov.al/>

9. Pursuant to article 1, “Scope,” of Law No.10 221, dated 4.2.2010, “On protection from discrimination”

10. For more, please see Annex 1 of this protocol

2 COVID-19

WHAT SHOULD WE KNOW?

The corona viruses (CoV) are a large family of viruses commonly present in people and a large variety of animals, including here camels, livestock, cats and bats. It is rare for animal corona viruses to infect man and to then spread among people as has happened with SARS-CoV, MERS-CoV and now SARS-CoV-2 or COVID-19.

The novel COVID-19 Coronavirus. On 31 December 2019, there were a number of pneumonia cases in Wuhan, in Hubei Province in China, with the majority reporting they were exposed in a large seafood market, where many live animals were sold. Preliminary data show that the 2019 - CoV is similar to SARS-CoV as regards a series of amino acids and can use ACE2 as receptors. Since 11 February 2020, the disease caused by this virus has been called COVID-19 (CO stands for the Coronavirus; VI stands for the virus; D stands for the diseases and 19 stands for the year), while the virus was called SARS-CoV-2.

The symptoms depend on the virus, but the most common signs include respiratory tract symptoms: fever, cough, shortness of breath and difficulty breathing. In severe cases, the infection may cause pneumonia, acute respiratory syndrome, renal insufficiency and death. The elderly and those with pre-existing conditions such as diabetes and heart diseases are more prone to severe forms of the disease. The incubation period is the time between infection and the start of clinical symptoms. Currently, it is believed that this period varies between 2 and 11 days, up to 14 days. The novel coronavirus is a respiratory tract virus that spreads mainly through close contact with an infected person. The main transmission methods from an infected person are through: saliva, coughing, sneezing; direct personal contact by hand, for example touching mouth, nose or eyes with dirty (unwashed) hands, while the infection may also happen through fecal contamination.

In general, respiratory diseases are not transmitted through food, which in any case should be processed according to the best hygiene practices, avoiding cross contamination between uncooked and cooked food. Currently, it is not possible to foresee how long the epidemic outbreak from the novel coronavirus will last and how it will develop. This is a novel virus and for this reason there are still many unknowns. For example, we do not know whether transmission will decrease during the summer, similar to seasonal flu¹¹.

11. For more information on COVID-19, please visit: <http://www.ishp.gov.al/pyetje-dhe-pergjigje-te-shpeshta-virusi-dhe-se-mundja-nga-covid-19/>

3 HOW TO ACT WHEN FACING A PANDEMIC

3.1. GENERAL RULES

As noted in the continuously updated advice and information provided by the Ministry of Health and Social Protection or the Public Health Institute, but also the best international practice in overcoming the COVID-19 pandemic, it is vital for residential centers providing shelter services, to respect a minimum set of rules setting protective measures to avoid COVID-19 infection or spread.

In this regard, rules for continued operation of the shelters are described below:

- During the isolation period resulting from the emergency¹², shelter employees that are considered core service provision staff, should remain and reside in the shelter. The rest of the staff should stay home and provide relevant services by telephone.
- Shelter part-time staff and volunteers should also stay home and provide remote services (by phone, whatsapp, etc.).
- Placement of all beneficiaries that were/are actually in the shelter should be extended at least until the isolation resulting from the emergency is lifted.
- No visitor(s) should be allowed in the center until the the isolation resulting from the emergency is lifted.
- No coming and going into and from the center should be allowed, except for staff responsible for purchasing food and other essentials. In such cases:
 - Measures should be taken so that the employee going shopping is provided with protective equipment (mask, gloves) and that she is very familiar with social distancing rules of 1.5 to 2 meters of physical distance from other persons, not touching their face, mouth, eyes, nose, and other rules about sneezing, coughing, etc. (for more details, see the explanation in section 3.2, paragraph 2/a)
 - When the employee returns to the shelter with the shopping, she should leave her shoes outside, unpack everything immediately (take products out of the bags carefully and dispose of the empty bags in the trash along with the used gloves and mask), wash her hands with soap and running

12. This means the movement curfew/restriction period throughout the Republic of Albania territory, Order of Minister of Health and Social Protection No. 132, dated 08.03.2020 "On closing public and nonpublic activities and canceling massive indoors or outdoors gatherings," Order of the Minister of Health and Social Protection No. 193, dated 08.03.2020 "On closing or restricting movement in the Republic of Albania, etc. See: <https://shendetesia.gov.al/masat-e-reja-per-te-parandaluar-perhapjen-e-covid-19/>

water for 20 seconds, place the products in their places and then wash her hands again with soap and running water for 20 seconds, before touching anything else.

- Preparations should be made for an undefined isolation period resulting from the emergency, by reserving food and essential supplies, such as dignity kits, soap hand disinfectant, face masks (medical cloth and simple, and medical masks only for persons showing COVID-19 infection symptoms) gloves, cleaning and disinfectant supplies, paper towels (or kitchen towels) paper tissue, garbage bags, personal hygiene products, etc. Moreover, it is important to have a sufficient number of thermometers (e.g. one per room, but not mouth thermometers) and a sufficient amount of drugs for the treatment of seasonal diseases and conditions (or other drugs you may have needed earlier in treating cases in the shelter (based on the shelter physician).
- All current shelter beneficiaries should be informed of any decision made by the government to extend the isolation period resulting from the emergency, and they should be informed that all relevant measures to guarantee the service provision quality have been taken.
- Maximum care and all preliminary preventive measures should be taken, even if no beneficiary or employees in the shelter shows signs of potential COVID-19 infection. This should be done, as there may be virus carriers that show no symptoms. In other words, everyone should be considered as infected by COVID-19, while strictly respecting social distancing measures, hygiene rules, preventive measures, etc., but CAREFUL not to create any possibilities for beneficiary or employee discrimination or maltreatment (bullying and unnecessary labeling such as “COVID victim” or “source of infection”, etc. should be avoided).
- Carefully and thoroughly explain to beneficiaries:
 - what COVID-19 is,
 - what are the preliminary preventive measures,
 - why are restrictions necessary and how will they impact life in the shelter,
 - why is it important to strictly respect all the new rules enacted,
 - why are there changes to the regulation (clarifying what the changes are),
 - how the residents should behave and react in given situations, etc.
- When possible, all the above explanations should also be accompanied with illustrative posters posted in the shelter, posters about hand washing and disinfection in toilets and dining areas, posted printouts of the changed rules, etc.
- Any changes to the regulation related to the operation of the shelter during the COVID-19 pandemic emergency period should be printed and posted, and at the same time all employees and residents should be informed about these changes and their duration. Ensure that clarifications and posted materials are provided in easy and assessable by all beneficiary groups.
- Social distancing should be used as much as possible, meaning that the beneficiaries in the center should stay away from each other and should possible in separate rooms (if the space and the number beneficiaries allows). Moreover, sitting at the table during meals should be at least 1 meter apart (if space allows), or meals should be consumed in smaller groups at different times. Social distancing should also be observed between employees and between employees and beneficiaries.
- A strict and regular daily routine including the following should be observed:
 - All shelter facilities should be cleaned and sterilized twice a day
 - Surfaces or items with which there is more frequent contacts (tables, door handles, refrigerator handle, personal devices such as mobile phones, etc.) should be cleaned and sterilized every two hours
 - Temperature (for both employees and residents) should be taken once or twice a day and recorded (not using an oral thermometer). The thermometer should be sterilized after use.
 - If personal hygiene (showers) and laundry facilities are not separate, a schedule for their use by each of the residents and staff should be developed
 - Personal hygiene should be maintained by showering at least once per day (for all beneficiaries

and staff staying in the center)

- The hand washing rule with soap and running water for no less than 20 seconds (at least every time the toilet is used, before and after eating, before sleeping, when waking up, and every time someone sneezes or coughs, etc.) should be enforced. Hand disinfectant should be used as often as possible and obligatorily if there is no possibility to wash hands.
 - Touch contact and hand shaking between beneficiaries, employees, and between beneficiaries and employees should be avoided.
 - Face, mouth, nose and eye touching with unwashed or non-disinfected hands should be avoided.
 - Personal items should be not be shared or exchanged between each other. Personal hand, face and shower towels should be used. Mother and children that are beneficiaries of the shelter service should avoid using the same towel between them. When possible replace cloth hand and face towels with paper towels, which should be immediately disposed of after use.
 - Hygiene should be regularly maintained in toilets (and rooms and common areas). Toilets should not be lacking soap and other disinfectants, and toilet cleaning and hygiene supplies. Common toilets should especially be cleaned immediately after use, by the person using them.
 - The shelter should be aired by opening windows during the day and closing them at night.
 - Presence in common areas and close contact meetings should be avoid as much as possible. Meetings or discussions that are necessary should be organized in open spaces such as terraces or yards, when the infrastructure of the shelter allows, or in large rooms where the distance from person to person can be respected. When this is impossible participants in the meeting should be asked to wear masks and gloves, to not touch, shake hands with or hug each other, to not touch their face during the meeting, to immediately wash their hands when the meeting ends, etc.
- At least one quarantine room, if possible with a toilet in the room or right next to it, should be prepared. The room should also have a window for airing and should be ready for use in case one of the current shelter beneficiaries shows signs of potential infection, or in case a new beneficiary comes to the shelter to receive services. The room should be equipped with all means and products normally provided for any beneficiary and additional entertainment materials to keep them (and their children) busy (books, games, artisanal materials, coloring pencils, paper) should also be provided.
 - Employees should be informed as much as possible on the COVID-19 impact on the domestic violence and violence against women situation (see annex 2 of this protocol).

3.2. Steps to follow if a beneficiary shows symptoms of possible COVID-19 infection

If a beneficiary shows possible COVID-19 infection symptoms, such as dry cough, high fever, difficulty in breathing muscle pain and weakness, immediately act as follows:

- Explain to the beneficiary that the symptoms she is showing mean she could be infected with COVID-19 and that based on the instructions of the Temporary Technical Committee established to overcome the COVID-19 pandemic emergency, every suspected case or person being investigated for the disease should be treated. For this reason, the beneficiary should be kept in the quarantine room under control.
- Move her to the special isolation room and provide her with a face mask.
- Explain that COVID-19 is highly contagious, but that the majority of infected persons recover

without medical intervention. Inform her that it is however very important to strictly comply with all the rules and advice in this situation.

- Explain her all personal care and hygiene rules once again.
- Make it clear to her that she will have to stay in the separate isolation room for a period of 14 days.
- Explain that the beneficiary will be provided with all accommodation, food, dignity kit services (and any other item that is commonly provided to the beneficiaries)
- Inform her about the special measures taken to allow her to do something and have as calm/leisurely time as possible during the isolation period
- Explain to the beneficiary that she will be allowed the use of a mobile phone, but stress the safety rules in place regarding the use of mobile phones. Let her know that the center psychologist will contact her by phone and help her to save this contact in the mobile phone.
- Develop a plan to provide care services and for the daily routine of the beneficiary. Should she need psycho-social support, provide it to her mainly by phone. It is suggested for the advisor to maintain phone contact with her at least twice a day.
- All meals should be served to the beneficiary at the door of her room. Place the food at her door and inform her to get it, while you leave and maintain your distance. After she has consumed her meal, the beneficiary should clean the dishes with a cleaning agent (which should be available in her room) and place them back at the door. The shelter employee should collect the dishes (always wearing gloves) and disinfect and wash them (as described above in 3.3). After putting them in place, she should once more wash and disinfect her hands.
- Depending on the symptoms shown by the isolated beneficiary, consult physicians by calling 127 or the 08004040 green line.
- Explain to the beneficiary that as long as she does not show clinical signs, she cannot take a molecular (swab) test.
- The beneficiary's children (if any) should also be placed in quarantine and considered to be potential carriers. Placing the children in the same room as their mother in quarantine is not advisable, but this will largely depend on the age of the child and the human and infrastructure capacities of the shelter to isolate the child in a separate room. The decision to isolate children together with the mother (or separately if there are conditions to do so, or the child is over 14 years old) should be made in consultation with the State Agency for Child Rights and Protection
- Should clinical symptoms increase during the isolation period, inform authorities by calling 127. ATTENTION: measures should be taken to keep the location of the shelter confidential (so during the call with 127 regarding the person suspected of being infected, you should inform the operator that the shelter address should be kept confidential). Making the shelter address public, puts at risk the lives of the residents and staff not only during the emergency situation, but also in the long term.
- If the molecular (swab) test administered comes back positive for COVID-19, the beneficiary will be transferred for further care to one of the COVID hospitals.
- The molecular test will be obligatorily administered for the accompanying child as well (if any, and if they have stayed with the mother in isolation for a period of 5 days), even though they may not show clinical signs. If the child's test for COVID-19 comes back negative, depending on his/her age, a decision will be made on how to proceed for their self-isolation for at least another 14 days. The State Agency for Child Rights and Protection should also be informed in this regard.

3.3. Specific situation management steps

Examples of best practice established as a result of overcoming similar epidemics¹³ and as a result of facing the COVID-19 pandemic¹⁴, lead us to suggest that the plan to overcome this pandemic in residential institutions providing specialized shelter services, could include at least the five following steps, the implementation of which intertwines and complements the implementation of the “General Rules” provided above (section 3.1):

1. Monitoring current pandemic risk.

- Regularly follow announcements made by the Public Health Institute about the national, regional and international spread of the pandemic
- Buy masks, additional hygiene, hand cleaning and disinfectant supplies necessary for personal and building hygiene
- Continuously inform and train staff and beneficiaries on COVID-19 preventive measures and how to implement them in practice, always based on updated information
- Monitor and continuously improve daily hygiene in the building and its facilities to avoid the risk of potential COVID-19 spreading
- Continuously monitor the situation of shelter employees:
 - Share regularly updated information on prevention measures
 - Ask employees that may be ill (even though not displaying COVID-19 signs) to stay home
 - Consider which of the employees may be more at risk if exposed to COVID-19, or those that have additional responsibilities (e.g. they are single mothers, have young children, or care for elderly family members, etc.)
- Immediately report any suspicions of COVID-19 infections regardless of whether it is related to a beneficiary or an employee of the shelter.
- Continuously improve the emergency plan developed should you encounter a case of a person infected with COVID-19, based on updated information on the pandemic and recommended measures. Remember that if you consider anyone as potentially infected by COVID-19, you become more aware about observing social distancing and preventive measures, BUT avoid the risk of turning this way of thinking into a discrimination or bullying mechanism.
- Clearly describe what actions the shelter is taking to protect its beneficiaries, explaining what the beneficiaries could do to protect themselves and other people.

2. Review and improve personal and shelter building protection protocols

The personal protection protocol requires the strict observance of the following advice:

- Cover your mouth and nose when sneezing and coughing;
- Wash your hands as often as possible with soap and running water and disinfect them with alcohol
- Continuously clean and disinfect personal items such as telephone, computer, doors, tables, refrigerators, etc.
- Should an employee be feverish, they should stay at home for at least 24 hours after getting better from this health condition.
- Should a beneficiary (or their accompanying children) have fever or symptoms similar to COVID-19 infection warning signs, they should immediately notify a shelter employee.
- Explain to beneficiaries the procedure to be followed if potential COVID-19 infection warning signs are identified (according to paragraph 3.2 above).

13. Adapted from the material published in March 2020 at: <https://endvaw.ca/wp-content/uploads/2020/03/PANDEMIC-PREPAREDNESS--YWCA-NWT.pdf>

14. Protocol on the operation of shelters during the COVID-19 emergency period” recommended by the National Nepal Women Commission, developed with the support of the World Bank, 7 April 2020 version

- Beneficiaries may be anxious about and have questions regarding COVID-19 and isolation resulting from the emergency situation. Provide accurate and verified information from official resources on the situation and preventive measures, and plan regular consultations with the beneficiaries.
- Under the capacity of an employee in the shelter for victims of domestic violence or human trafficking, do not forget that it is natural to be more stressed than normal during this situation, because you are part of the needs that beneficiaries have during the COVID-19 outbreak. To this end, you can adopt some simple techniques to manage your stress level, developing a daily routine and concentrating on your basic needs: rest sufficiently, eat at planned times, practice deep breathing and stay connected (even virtually) with your family, relatives and friends. If one of your family members tests positive for COVID-19 based on the molecular (swab) test, practice all measures described above. If you need permission to care for your family members, speak to the leader and plan for your replacement. If you (or any of your family members) need to speak to a psychologist, contact shelter psychologists or those of partner organizations you cooperate with.

The shelter residents (beneficiaries and employees) protection protocol requires the strict observation of the following rules:

- Children cannot be under the care of, or care for beneficiaries that are ill and suspected to be infected with COVID-19
- Asymptomatic ill beneficiaries that would be categorized as suspected cases¹⁵, should stay as far as possible from other persons and the door to the room she is staying should be kept closed;
- Assign employees that can provide care for ill beneficiaries, but not for suspected cases, considering that this task should be performed by those least at risk of infection;
- Request ill beneficiaries, which are not suspected cases, to frequently wash their hands and cover mouth and nose when sneezing or coughing;
- When caring for a newborn, hold their head on your shoulder to avoid sneezing and coughing on his/her face;
- Request all residents in the shelter (beneficiaries or employees) to wash their hands frequently and to use kitchen paper towels or personal towels to dry their hands, in order to avoid the spread of the virus;
- Create social distancing conditions, canceling events in common areas and moving beds further apart in bedrooms (as much as the space and building infrastructure allows, considering also the provisions made in section 3.1 above), and if an event must be organized in the common areas, request all participants to wear masks and gloves.
- Masks and paper tissues should be immediately disposed in the garbage after use and hands should be washed immediately thereafter;
- The shelter facilities should be kept as open and aired as possible.

The building cleaning protocol requires the following advice to be strictly observed:

- Wash clothes in hot water and avoid keeping unwashed clothes near yourself
- Clean toys and all surfaces in the shelter with sterilizing agents
- Pack waste well and dispose of it often, especially when it also contains used masks and paper tissues.
- If possible, wash dishes using a full wash cycle in the dishwasher, and if no dishwasher is available make sure that dishes are soaked in disinfectant before washing them with detergent in warm water. After drying them put the towel in the washing machine for washing immediately.

15. According to the "case definition" adopted by the Temporary Technical Committee for the COVID-19 pandemic situation, stating that: "A suspected case or a person under investigation" is categorized according to clinical and epidemiological criteria and is any person with the following: (A) Acute respiratory tract infection (immediate start of fever and at least one of the following respiratory illness signs, including cough, difficulty breathing) AND without other etiology completely explaining the clinical presentation AND with a history of travel or stay in a country or area that has reported local and community transmission in the 14 days prior to the start of clinical signs; (b) Acute respiratory illness AND close contact with a confirmed COVID-19 case during the past 14 days, prior to the start of clinical signs; (c) Severe acute respiratory illness (fever and at least one respiratory illness sign, such as cough, difficulty breathing) AND requiring hospitalization (SRRA or STRA*) AND without other etiology completely explaining the clinical presentation.

- Disinfectants for facilities, equipment, toys, surfaces, etc. should have a high concentration of chlorine or alcohol at 90% or 100% and should also be effective on viruses
- Replace cloth towels with kitchen paper towels.

3.Reduce probability of pandemic spread and impact

Prepare and support employees by:

- Developing a plan to face the situation, especially at its peak, also foreseeing situations during which a part of the staff would need to remain isolated in the shelter with the beneficiaries (when this is allowed by the space and infrastructure)
- Continuously training employees on the protection strategy and observing the emergency protocol - and not to show up to work if they have signs of the disease, or even a common flu!!
- Identifying ways of observing social distancing, replacing face to face meetings with online ones, even when the therapist or counselor is present in the shelter
- Creating a support system with volunteers you have previously trained to provide services in the shelter (even online) in case of need;
- Creating a support system to train ill children or for employees that are mothers and heads of family.

Ensure necessary auxiliary materials:

- Take a detailed inventory of the building and its facilities to estimate the available resources and what you may need in case of operation at full capacity (i.e. means, resources, supplies per capita)
- Ensure that you have adequate supplies for 6-8 weeks during the peak of the pandemic, including food, cleaning and hygiene supplies, medicaments based on the various diseases that you have encountered before, thermometers for adults and children, etc.
- Continuously check and fill dispensers with soap and disinfectants, paper towels, masks and gloves for each individual in the shelter, etc.

4. Continue operations during the peak of the pandemic, but with reduced staff:

- Stress the observance of the obligatory preventive measures protocol
- Limit employees and beneficiaries' movement, and do not allow visitors for any reason
- Should you verify that an employee has had contact with persons infected with COVID-19, she must be sent home and self-isolate for at least 14 days.
- Should you verify that a beneficiary has had contact with persons infected with COVID-19, she should be isolated in the shelter room prepared for this purpose. In case of need, beneficiaries with the same symptoms may be placed in the same isolation room, but always maintaining distance from each other. Should clinical symptoms increase during the isolation period and the molecular (swab) test comes back positive for COVID-19, you should contact the COVID hospitals by calling 127 to arrange transport for further treatment.
- Should it be impossible to isolate the beneficiary (because of lack of space/infrastructure, or because the shelter has no more capacity, etc.) the Local Coordinator against Domestic Violence in the Municipality, the State Social Service and the Ministry of Health and Social Protection should be contacted immediately to identify an alternative placement for self-isolation in another facility (designated by the state for quarantine), while not depriving the beneficiary from the specialized support services that will be provided observing social distancing rules or phone counseling, etc. (see the rules explained in the previous sections in this protocol).

- Maintain shelter operation order and shift changes electronically, avoiding overcrowding in the shelter.
- While cooking will continue to be done for all residents at the same time, avoid self-service and assign one employee to distribute meals in individual dishes and utensils respecting preliminary measures. Create social distancing space during the eating process
- Avoid common areas as much as possible and create conditions for children to remain in their rooms (provide toys and learning materials)

5. Assess the situation and take other preparatory measures after the end of the emergency situation

- Assess the impact the emergency situation caused by the COVID-19 pandemic had on your service (on employees, beneficiaries, etc.)
- Gradually return to observing standards applicable in non-emergency situations caused by pandemics
- Develop emergency plans in case of a repeated pandemic risk from COVID-19, based also on the lessons learned from overcoming this situation.

3.4. Steps to be followed when accepting a new person in the shelter

Any victim or survivor of domestic violence or human trafficking has the right to receive specialized support services, even during the COVID-19 emergency situation. Suspicions related to her health situation cannot become a discriminating factor to deny her the right to receive specialized support services and protection.

The following steps must be followed for any new cases needing and requiring to be placed in the shelter:

- Beneficiaries (and their accompanying children) must be kept in quarantine in the special room prepared for this purpose (as described in sections 3.1 and 3.2 above). She should be provided the necessary services, while strictly maintaining distance and using prevention means (masks, gloves), even if the beneficiary shows no COVID-19 symptoms.
- The new beneficiary (and any accompanying children) should be informed prior to arriving at the center that they will need to remain in isolation in the special room prepared for this purpose for 14 days. Upon accepting this condition, anyone entering the shelter should have taken their temperature before entering, should disinfect their shoes and hands with alcohol-based disinfectant.
- Communicate with her and give her all welcoming and orientation messages, as in any case of accepting new residents to the shelter. Explain to the newly arrived beneficiary that she is welcome in the shelter and that the measures are being taken in the framework of the COVID-19 caused emergency.
- Explain that COVID-19 is highly contagious, but that the majority of infected persons recover without medical intervention. Inform her that it is however very important to strictly comply with all the rules and advice in this situation.
- Explain her all personal care and hygiene rules (as described in Section 3.1 above in this protocol)
- Explain that the beneficiary will be provided with all accommodation, food, dignity kit services (and any other item that is commonly provided to the beneficiaries)

- Inform her about the special measures taken to allow her to do something and have as calm/leisurely time as possible during the isolation period
- Explain to the beneficiary that she will be allowed the use of a mobile phone, but stress the safety rules in place regarding the use of mobile phones. Let her know that the center psychologist will contact her by phone and help her to save this contact in the mobile phone.
- Fill out the entrance form and start assessing her emergency needs, reminding the staff and the beneficiary to strictly observe preventive measures (distance, mask, gloves)
- Should the beneficiary display any of the symptoms of a potential infection, or the clinical signs of the COVID-19 infection during the 14-day isolation period, proceed in accordance with the detailed provisions in 3.1, 3.2, and 3.3 above in this protocol.
- Develop a plan to provide care services and for the daily routine of the new beneficiary (and her accompanying child). Proceed with her case management as usual. Should she need legal counseling or psycho-social support, provide it to her mainly by phone. It is suggested for the advisor to maintain phone contact with her at least twice a day.
- All meals should be served to the new beneficiary at the door of her room. Place the food at her door and inform her to get it, while you leave and maintain your distance. After she has consumed her meal, the beneficiary should clean the dishes with a cleaning agent (which should be available in her room) and place them back at the door. The shelter employee should collect the dishes (always wearing gloves) and disinfect and wash them (as described above in 3.3). After putting them in place, she should once more wash and disinfect her hands.
- Shelter staff and other beneficiaries should communicate with the new beneficiary and include her in conversations through the room door. If the beneficiary shows no symptoms after the first week in isolation, the door can also be kept open during communication, while maintaining the relevant distance. Identify creative ways to keep the new beneficiary engaged, even though in isolation.
- After the 14-day isolation period is concluded successfully, introduce the new beneficiary (and here accompanying children) to the other beneficiaries and the shelter facilities, maintaining social distancing, not allowing any hand shaking and explaining the new rules established for the emergency situation (observing all the measures described in sections 3.1 and 3.3 above). Before making this presentation, you should speak to the other beneficiaries and explain that the new beneficiary has successfully passed the obligatory 14-day self-isolation period and remind them to continue observing the rules set as a result of the COVID-19 pandemic situation.

4 SHELTER SERVICE PROVISION STANDARDS IN THE COVID-19 PANDEMIC CONDITIONS

Shelter operation in Albania is based on a set of national standards. The standards for shelters of victims of domestic violence providing long term service are included in Decision of the Council of Ministers No. 505 dated 13.07.2011 “On adopting social care service standards for domestic violence victims in public and nonpublic residential centers”; and Regulation No. 13 dated 17.12.2012 “On the implementation of social care service standards for domestic violence victims in public and nonpublic residential centers”. In the meantime, the standards for trafficking victims are provided by DCM No. 195, dated 11.04.2007 “On adopting social care services standards in residential centers for trafficked persons or persons at risk of being trafficked”. In addition, during the work in the shelter, minimum standards provided by the European Council Convention on the Fight on Violence against Women and Domestic Violence (Istanbul Convention) should also be taken into consideration.

In addition, there are standards in place for the operation of short term (emergency) shelters for domestic violence victims¹⁶ and standards for the operation of the “Lilium” sexual violence crisis management center¹⁷. During the isolation period as a result of the COVID-19 emergency, it is important to consider also the nature, timeframe and the infrastructure limitations already presents in these centers including small spaces, impossibility to designate a separate room for a 14 day isolation as the case management protocol requires, in case there are symptoms, or in case of a new beneficiary entering the service) and the human resources limitations. Therefore, it is recommended to review the use of these short term shelters based on need and on a case by case basis, and with the joint agreement among the Municipality, the service provider (in case of nonpublic services) the State Social Service, and the Ministry of Health and Social Protection.

As regards the “Lilium” center, considering its location within the hospital and the rules set in the COVID-19 emergency situation, the specialized service for sexual violence victims will be provided by the staff on the phone, only during the emergency period. Should there be a need for examination or evidence collection, the specialized team will collect the evidence in the isolation room of the building, where the decision to shelter the victim (e.g. In a long-term shelter, in the buildings designated by the state for quarantine, etc.) will be made. Even in these cases, the victims should receive support services that can be provided by phone, as described in the sections above in this protocol.

The following table presents standards that must be complied with by the shelters¹⁸ for domestic violence victims that provide long term services, and the changes thereto in accordance with this COVID-19 emergency protocol

16. Instruction No. 774 dated 15.11.2019 “On adopting minimum social care service standards for gender based violence and domestic violence victims/survivors in public and nonpublic emergency (short term) residential centers (emergency shelters)”

17. Instruction No. 816, dated 27.11.2018 “On adopting service provision standards for sexual violence cases crisis management centers”

18. Refer to the standards document published at: <https://www.undp.org/content/dam/albania/docs/Botimi%20Standard%202013.pdf>

EXISTING STANDARD	CHANGE / ADAPTATION MADE
<p>Standard 1: Service purpose and types</p> <p>Final desired outcome: Services offered by the provider should meet individual beneficiary needs as a victim of domestic violence.</p> <p>Standard: The service provider provides a complete and efficient service package in line with the complex beneficiary needs, in cooperation with primary and alternative service providers to enable protection for domestic violence victims.</p>	<ul style="list-style-type: none"> - In "Minimum services provided" the last point "daily permitted access" changes to - allowed only in extraordinary cases, if the beneficiary is employed and the activity of her company is not closed during this emergency situation. In this case, strict prevention and protection rules are implemented and the movement of the beneficiary is only done with the shelter vehicle. - "Other additional services" depending on the possibilities are provided remotely, or observing social distancing rules and restricting face to face contact as much as possible. - "Specialized services for children" will be provided at reduced times avoiding group therapy - "Beneficiaries participating in program administration" - their engagement in joint cooking changes, the suggestion is for the cooking to be done by an employee in cooperation with one of the beneficiaries in the center, which should necessarily respect protection and preventive rules. Maintaining distance as much as possible is suggested and possibly the beneficiaries should remain in their rooms. - The provision about beneficiaries coming and going based on the timeframe defined in the standard implementation criteria is repealed.
<p>Standard 2: Beneficiary needs assessment and care plan</p> <p>Final desired outcome: Service beneficiary needs are fully and effectively assessed based on their age and needs in the framework of the individual care plan development.</p> <p>Standard: The service provider should develop an individual care plan in cooperation with the service beneficiary. The plan should clearly describe the assessed needs of the beneficiary and the actions required to resolve or meet these needs.</p>	<ul style="list-style-type: none"> - The implementation of this standard remains an obligation, but on condition that distance be maintained during communication, that masks and gloves be worn by both the employee(s) and the new beneficiary that has just been placed in the shelter and is staying in the separate room for 14 days. <p>The long-term care plan can be completed after the 14-day isolation period.</p>
<p>Standard 3: Beneficiary rights and responsibilities</p> <p>Final desired outcome: The service's beneficiary should enjoy all rights pursuant to the applicable legislation. The service provider should treat them with respect and dignity. They should be protected from all forms of abuse or discrimination.</p> <p>Standard: Service providers should promote and practice tolerance, understanding and respect, without discriminating on the basis of race, color, nationality, language, gender, sexual orientation, political affiliation, religious beliefs of philosophical views, economic, education or social standing, pregnancy, being a parent, parental responsibility, age, civil status, place of residence, health conditions, genetic predisposition, disability, belonging to a specific group, or any other reasons.</p>	<ul style="list-style-type: none"> - The implementation of this standard remains an obligation along with the employment of friendly communication avoiding prejudice or the fear that the newly accommodated person may be a source of infection. All relevant explanations on the importance of remaining in isolation for 14 days should be provided and the necessary care, implementing the personal protection protocol, must also be provided. This is a responsibility of the facility physician who cooperates with health structures beyond the facility to check and assess the situation of the shelter beneficiaries in accordance with all measures provided. Efforts should be made to communicate frequently and remotely to keep the situation under control and to start the treatment of the domestic violence caused trauma. In case face to face therapy is necessary, the distance and wearing masks and gloves must be respected by both the therapist and the beneficiary and her children.

Standard 4: Beneficiary personal data and data processing.

Final desired outcome: The rights and best interest of the service beneficiary are protected by the applicable legislation regulating data of this nature and the rules provided in the institution regulation on data safeguarding and protection.

Standard: Service providers will collect and store personal beneficiary data ensuring they are used professionally and carefully. Service providers should create conditions for data administration to be done in accordance with legal norms and based on the principle of ensuring data confidentiality.

The implementation of this standard remains an obligation,

- The obligation to safeguard the confidentiality of beneficiary data (name, age and the fact that she is a gender-based violence victim in a public or nonpublic residential center) remains.

When calling 127 to follow up on a suspected case, remember the importance of safeguarding the confidentiality of the shelter building and address as well.

- The documentation of the PIMMO or the request for an IPO/PO and court decisions on reviewing the PIMMO and issuing the IPO, validating the IPO, issuing a PO, may be considered complete even if it is delivered only electronically to the shelter (by the police, court, etc.)

- The shelter should create all conditions for the beneficiary to participate in the online court hearing (when this is possible / allowed / requested by the court). Telecommuting is also suggested for lawyers handling the case of the beneficiary. Contact may be taken by phone, video-call, WhatsApp, Viber, etc. Beneficiaries can be advised on the use of technology to communicate with their lawyers and COVID-19 specialized psychologists about themselves and their children

If it is necessary for the beneficiary to be present in court accompanied by an employee, protective measures and physical distancing should be observed.

Standard 5: Internal service center management

Final desired outcome: Through internal management, service providers ensure efficient service and operation to achieve the aim, values and best practice principles in the field.

Standard: Each service provider should have adequate formal and internal management mechanisms for center operation and execution of the services it provides.

The implementation of this standard is obligatory, including the need to recruit volunteers to provide services in the shelter, should this be considered necessary. Existing staff and volunteers (should any be accepted) must be familiar with this protocol and the personal and building protection protocol

It is important to require work from home for all services for which this is possible (legal counseling, emotional support and psychological counseling, etc.)

Standard 6: Service beneficiary and staff safety

Final desired outcome: Staff and service beneficiaries feel safe and perceive no threat to their life and that of other persons in the service provider facilities. The service provider manages all emergency situations in their facilities in a timely manner.

Standard: The service provider should take measures to ensure the safety of staff and beneficiaries. The service provider facilities should be kept intact and its location should never be disclosed. All service providers should clearly define methods for addressing emergency and dangerous situations.

This standard should be implemented without any changes to its provisions.

Standard 7: Monitoring and evaluation

Final desired outcome: High quality services should be provided through continuous work monitoring and evaluation

Standard: The service provider should monitor and evaluate the quality of services provided to improve the quality of these services.

This standard should be implemented without any changes to its provisions.

In addition, services in the emergency situation should also be monitored and evaluated, to then be used as baseline information in planning response in other potential and similar situations.

The following table presents standards that must be complied with by the shelters¹⁹ for victims of human trafficking trafficking , and adaptation thereto in accordance with this COVID-19 emergency protocol

EXISTING STANDARD	CHANGE / ADAPTATION MADE
<p>Standard 1: Service purpose and types</p> <p>Final desired outcome: Services offered by the service provider meet individual beneficiary needs as a victim of trafficking or at risk of being trafficked</p> <p>Standard: The service provider provides a complete and efficient service package, in line with the complex needs of the beneficiaries, in cooperation with primary and alternative providers, to enable the protection of persons at risk of being trafficked and the rehabilitation and reintegration of those that are now trafficking victims.</p>	<p>The implementation of this standard as stated remains an obligation</p>
<p>Standard 2: Beneficiary needs assessment and care plan</p> <p>Final desired outcome: Service beneficiary needs are fully and effectively assessed based on their age and needs in the framework of the individual care plan development.</p> <p>Standard: The service provider should develop an individual care plan in cooperation with the service beneficiary. The plan should clearly describe the assessed needs of the beneficiary and the actions required to resolve or meet these needs.</p>	<p>- The implementation of this standard remains an obligation, but on condition that distance be maintained during communication, that masks and gloves be worn by both the employee(s) and the new beneficiary that has just been placed in the shelter and is staying in the separate room for 14 days.</p> <p>The long-term care plan can be completed after the 14-day isolation period..</p>
<p>Standard 3: Beneficiary rights and responsibilities</p> <p>Final desired outcome: The service beneficiary should enjoy all rights pursuant to the applicable legislation. The service provider should treat them with respect and dignity. They should be protected from all forms of abuse or discrimination</p> <p>Standard: Service providers should promote and practice tolerance, understanding and respect without distinctions based on gender, religion, race, origin, age, mental and physical ability, political affiliation, etc.</p>	<p>- The implementation of this standard remains an obligation along with the use of friendly communication avoiding prejudice or the fear that the newly accommodated person may be a source of infection. All relevant explanations on the importance of remaining in isolation for 14 days should be provided and the necessary care, implementing the personal protection protocol, must also be provided. This is a responsibility of the facility physician who cooperates with health structures beyond the facility to check and assess the situation of the shelter beneficiaries in accordance with all measures provided. Efforts should be made to communicate frequently and remotely to keep her situation under control and to start the treatment caused by the trauma. In case face to face therapy is necessary, the distance and wearing masks and gloves must be respected by both the therapist and the beneficiary and her children.</p>
<p>Standard 4: Beneficiary personal data and data processing.</p> <p>Final desired outcome: The rights and best interest of the service beneficiary are protected by the applicable legislation regulating data of this nature and the rules provided in the institution regulation on data safeguarding and protection.</p> <p>Standard: Service providers will collect and store personal beneficiary data ensuring they are used professionally and carefully. Service providers should create conditions for data administration to be done in accordance with legal norms and based on the principle of ensuring data confidentiality.</p>	<p>The implementation of this standard remains an obligation,</p> <p>- The obligation to safeguard the confidentiality of beneficiary data (name, age and the fact that she is a trafficking victim in a public or nonpublic residential center) remains.</p> <p>When calling 127 to follow up on a suspected case, remember the importance of safeguarding the confidentiality of the shelter building and address as well.</p> <p>- The beneficiary documentation may be considered complete even if it is submitted electronically only to the shelter (by the police, court, etc.)</p>

19. Refer to the standards document published at: <http://differentandequal.org/wp-content/uploads/2019/09/VKM-nr.195-dt-11.04.2007.pdf>

Standard 5: Internal service center management

Final desired outcome: Services providers ensure efficient services and operation, through internal management, thus achieving institutional aims, values, and principles.

Standard: Each service provider should have adequate formal internal management mechanisms for institution operation and execution of the services it provides

The implementation of this standard remains an obligation. Existing staff and volunteers (should any be accepted) must be familiar with this protocol and the personal and building protection protocol

It is important to require work from home for all services for which this is possible (legal counseling, emotional support and psychological counseling, etc.)

Standard 6: Staff and staff development

Final desired outcome: The service provider ensures professional services through the careful selection of the entire staff and relevant measures for their professional development.

Standard: The structure, number of employees, their education and skills are adequate to meet service beneficiary needs, ensuring that the quality and effectiveness of the services provided is maintained. The institution ensures staff training and continuous professional development.

This standard continues to apply, with a change requiring that staff training planned for this period be provided online.

Standard 7: Service beneficiary and staff safety.

Final desired outcome: Staff and service beneficiaries feel safe and perceive no threat to their life and that of other persons in the service provider facilities. The service provider manages all emergency situations in their facilities in a timely manner.

Standard: The service provider takes measures related to the safety of its staff and beneficiaries. The service institution must remain intact at all times, and its location must be kept confidential. Any service provider has clearly defined methods for coping with emergency and dangerous situations.

This standard should be implemented without any changes to its provisions.

Standard 8: Service provision facilities and conditions

Final desired outcome: The service beneficiary is provided with services in adequate facilities and conditions.

Standard: The service provider also ensures adequate facilities and conditions for the staff, in line with the capacities, service typology, and beneficiary needs.

This standard must be implemented considering also the setting up of the quarantine room and compliance with the rules provided in section 3 of this protocol.

Standard 9: Cooperation in a network, coordinated action and partnership with other structures and services

Final desired outcome: The services beneficiary receives various and continuous services in line with his/her needs, due to the successful cooperation of the service provider with other actors active in this field.

Standard: Through cooperation with other actors, service providers ensure follow up and that beneficiary needs until the person is integrated, are met.

This standard is implemented considering restrictions, online work, etc. described in the preceding sections of this Protocol.

Standard 10: Monitoring and evaluation

Final desired outcome: High quality services should be provided through continuous work monitoring and evaluation

Standard: The service provider should monitor and evaluate the quality of services provided to improve the quality of these services.

This standard should be implemented without any changes to its provisions.

In addition, services in the emergency situation should also be monitored and evaluated, to then be used as baseline information in planning response in other potential and similar situations.

The following table describes the minimum operation standards according to the Istanbul Convention and their adaptation with the COVID-19 pandemic emergency situation

MINIMUM STANDARDS ACCORDING TO THE ISTANBUL CONVENTION	CHANGE / ADAPTATION MADE
Services in shelters for women should be provided by a staff consisting of women	- This standard is obligatory, especially in isolation
Beneficiary's safety should be provided using secret addresses and other security measures	- This standard is obligatory. In order to protect the safety of the beneficiaries, when contacting 127 about a person suspected of being infected by COVID-19, the obligation to keep the shelter address confidential must also be stressed.
If there are no vacancies, or if the shelter closes for a variety of reasons, preliminary measures must be taken to ensure adequate and safe placement to accommodate the residents.	- In the context of the COVID-19 pandemic emergency, closing shelter services provided by public and nonpublic residential centers is not recommended. Should the latter be due to lack of funds, while having beneficiaries who were receiving services before the start of the COVID-19 emergency, they should immediately notify the State Social Service and the Municipality, in order to be provided the service continuation costs, at least until the end of the COVID-19 emergency.
Refusal to provide services or readmit a woman in the shelter should ONLY happen in case of grave violation of accommodation rules, threatening the safety of other residents.	In the context of the COVID-19 pandemic emergency, service refusal is not recommended, because if the woman in question is brought to the shelter, it implies that this is the only alternative to save her life at risk. However, it is recommended that the case be kept under control through specific measures depending on the violation that may have been perpetrated.
Support in the shelter should be available for as long as the beneficiaries need it.	Support in the shelter for newly admitted beneficiaries and those that are nearing the end of the planned shelter period must be extended until the end of the COVID-19 emergency situation, even though the need for these services may be no longer present earlier.
The number of staff should be sufficient to ensure adequate services for beneficiaries and their children	In the context of the emergency, reduced staff is acceptable provided that basic necessary services continue to be provided. Providing services remotely remains another possibility
Support in case of crisis and the safety plan should be developed individually for each beneficiary. Information on rights and responsibilities should be provided to the beneficiary within 24 hours of admission. Rules should be formulated in language that promotes empowerment	This standard should be implemented as provided, on condition that the beneficiary and the staff strictly observe the protection from infection and prevention protocol.
A needs assessment written report should be developed within 3 to 7 days from admission. It should include the following; health needs, situation related to children, need for long term accommodation, possibilities for legal support, financial situation and possibilities for support, training and education	In the context of this standard, it is important to identify and develop of report on the newly admitted beneficiary emergency needs, within the defined timeframe (3-7 days). The long-term needs report can be developed after the conclusion of the 14-day isolation period of the beneficiary in question.
The shelter should have the ability to provide (or refer to) support services, such as legal, psychological, and accompanying to institutions services, etc.	In the context of the COVID-19 pandemic emergency, the provision of other support services, or referral to such support services, should mainly be provided remotely, when such services are an emergency.

<p>The shelter should have at least one qualified staff to treat children</p>	<p>In the context of this standard, when lacking a qualified specialist to treat children, the Shelter can coordinate to receive the specialized service (possibly remotely) with the State Agency for Child Rights and Protection and other organizations specializing in the provision of this service.</p>
<p>Work methodology in the shelter should model and promote respect and not using violence among adult beneficiaries with children</p>	<p>The implementation of this standard remains an obligation, without changes. Care should be take to enable online communication and not to cause discrimination against beneficiaries who are not technologically inclined. In addition, remember the rule about avoiding discrimination or bullying as a result of COVID-19</p>
<p>When accommodation is not possible because of an adult male child, another safe shelter alternative should be provided for the entire family</p>	<p>In the context of this standard, accommodation of male children up to 18 years of age is allowed in the domestic violence victims shelter, but not the shelters for victims of human trafficking. However, in the context of the emergency, the accommodation of a mother with a child over 14 years of age would be more adequate in a separate residence, which will require coordination with the municipality to include the rent payment in the economic assistance amount provided, at least until the end of the COVID-19 emergency</p> <p>In the case of victims of trafficking, the alternative of placing women with male children over 10 years of age in apartments or social housing is more adequate then placing them in a residential center. It is not adequate to accommodate a mother with a male child 15 years of age and above in residential centers for TV/PTV where the beneficiaries are girls over 15 years of age.</p>
<p>The shelter should provide support that ensures the economic independence of the residents leaving the shelter</p>	<p>The implementation of this standard can start after the end of the emergency period, but not for the time being.</p>

ANNEXES

1. Legal framework

- Order of the Minister of Health and Social Protection of 24 January 2020 on “Strengthening preparation to protect against the penetration of the novel coronavirus and the prevention of its spread in Albania”
- Action Plan for Albania: “Prevention, preparedness, and response against COVID-19” developed by the Ministry of Health and Social Protection and the Public Health Institute
- Decision of the Ad-Hoc Committee on the infection spread by the novel coronavirus of 08.03.2020
- Order of the Minister of Health and Social Protection No. 157, dated 10.03.2020 “On measures to prevent COVID-19 infections among social care services beneficiaries”
- Decision of the Council of Ministers No. 243, dated 24.03.2020 “On declaring the natural disaster state”
- Normative Act of the Council of Ministers No. 8, dated 24.03.2020 “On some amendments to normative act No. 3 of the Council of Ministers dated 15.03.2020 “On taking special administrative measures during the infection period caused by COVID-19,” as amended
- Normative Act No. 9 of the Council of Ministers, dated 25.03.2020 “On taking special measures in the judicial domain activity during the duration of the epidemic caused by COVID-19,” etc²⁰.

2. Impact of the COVID-19 pandemic on domestic violence and violence against women

The concern over the provision of social care services to domestic violence victims during COVID-19 pandemic has also been raised by international organizations. In this context, in her remarks in Geneva the Special UN Rapporteur on violence against women Dubravka Šimonović²¹ stressed that: “All states should make considerable effort to address the COVID-19 threat, but they should not leave women and children victims of domestic violence behind, because this situation could lead to more domestic violence and even murder of women by their intimate partners. The situation is aggravated in a time when there are no or fewer shelters and help services available for victims; when it is difficult to access those that are still open; and when there is less community support; fewer police interventions and less access to justice as many courts are closed. For many women, the emergency measures needed to fight COVID-19 have increased their burden regarding domestic work and the care of children, elderly relatives and sick family members. Restrictions of movement, financial constraints and generalized uncertainty embolden perpetrators and provide them with additional power and control. Of particular concern are women from specific groups such as women with disabilities, undocumented migrant women or asylum-seeking women without documentation and victims of trafficking. For this reason, governments should not put the protection of women victims of violence on hold and should continue to combat domestic violence in the time of COVID-19. Measures to protect victims must remain available or be adapted during the crisis. That includes ensuring access to immediate protection by restraining orders and maintaining safe shelters and help lines for the victims. The police should increase their efforts for rapid action in cases of domestic violence”

Moreover, Council of Europe Secretary General, Marija Pejčinović Burić²² has expressed concern about an increase in domestic violence during the lockdowns due to COVID-19. She stressed that reports from member countries have already shown that women and children are now at greater risk of abuse within their own homes. In addition to the increased risk of violence, the effects of the crisis could also harm women economically and threaten their financial independence. Reports from France have for instance shown that many women were unable to call helplines because of the restrictions. And while, the help phone numbers received four times fewer calls than normal, instant messages to relevant aid organizations across Europe have increased. This could mean that perpetrators prevent their victims

20. For more please visit: <https://shendetesia.gov.al/masat-e-reja-per-te-parandaluar-perhapjen-e-covid-19/>

21. See the post of 27 March 2020 at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25749&LangID=E>

22. See: <https://www.coe.int/en/web/portal/-/covid-19-crisis-secretary-general-concerned-about-increased-risk-of-domestic-violence>

from seeking help by phone. In Denmark, it has been observed that the number of women seeking refuge in a women's shelters has increased.

Current studies, also based on the experience of overcoming previous pandemics, show that the groups most at risk²³ in the COVID-19 pandemic situation are those that rely most on informal economy to make a living and those that have limited access to social services and technology. Thus, children, persons with disabilities, gender based violence survivors, infected persons or those living with HIV, refugees, migrants or asylum seekers, the elderly, persons currently living under the conditions of previous damages caused by a civil emergency, persons under continuous medication, ethnic minorities or LGBTI persons, are some of the most vulnerable persons in this situation.

Since its outbreak²⁴, COVID-19 has infected hundreds of thousands of people across the world and created a range of primary and secondary effects on different individuals and communities. There are several ways in which the COVID-19 pandemic may impact on violence against women and girls:

- Increased risk of domestic violence. In China, police reports show domestic violence has tripled during the epidemic. Domestic violence organizations have observed increased household tension and domestic violence due to forced coexistence, economic stress, and fears about the virus. The COVID-19 outbreak has also curtailed access to support services for violence victims/survivors, particularly in the health, police and justice sector. Similarly, there is evidence of increased numbers of domestic violence in Italy, France, Denmark, etc.
- Increased risk of workplace violence in the health sector due to the serious stress that the pandemic places on patients, their relatives and other health care workers. In China, there have been reports of physical and verbal attacks against front line health care workers. In Italy, the national health care workers union have raised concerns about attacks against doctors and nurses as COVID-19 overwhelms health resources and patients' families become increasingly anxious. In Singapore, health care workers have been harassed in public spaces and on transport. There is yet no data on the gendered nature of violence, but research before the epidemic found that most violence is targeted at female nurses in emergency departments with long waiting times, in isolated places at patients' homes, or in geriatric or psychiatric departments.
- Increased risk of racial and sexual harassment (both online and offline). There are anecdotal reports of targeted sexualized attacks against women of East Asian appearance. In Delhi, for example, female students from northeast India were verbally harassed, had objects thrown at their private parts and their attackers shouted: 'Aye, coronavirus!'
- Increased risk of abuse and exploitation for women workers in need. In the United States, there have been reports of more coercive and violent behavior against street-based sex workers in Seattle since the COVID outbreak began. In Hong Kong, the migrant workers association have warned that domestic workers (most of who are migrant women) are being made to work on their day off, since the decision was made for people to stay inside.
- Increased risk of violence against women and girls in emergency settings, including refugee camps and settlements where women may be at increased risk of different forms of violence, including sexual exploitation and abuse. In the Greek island of Lesbos, aid organizations report that women are at high risk of sexual violence and already have limited access to health care. Some aid organizations have also suspended services due to harassment of aid workers from local anti-migrant groups.
- Increased risk of sexual exploitation and violence by state officials and armed guards. Mainly in China and Iran, there have been such fears, but there is no data yet on gender based state violence due to the pandemic. Experience from past epidemics suggests the importance of parallel approaches combining support to organizations working directly with gender based violence survivors and integrating the issue of violence against women and girls into sectoral responses (e.g. health, education, child protection, security and justice, social protection and job creation).

A summary of lessons from past epidemics is shown below, based on examples from outbreaks of Ebola (in West Africa), cholera (in Yemen), and Zika (in the Caribbean, Central and South America)

23. Summarized from the research published on 19 March at: <https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf>

24. Adapted from the publication of 16 March 2020 at: <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>

LESSONS FROM OTHER SIMILAR EPIDEMICS TO COVID-19

Providing support to gender based violence survivors

- In past epidemics, women and girls were at increased risk of various forms of violence, with the most common forms being intimate partner violence and sexual exploitation and abuse.
- Specialized support services for Gender-Based Violence (GBV) survivors are in heavy demand during public health emergencies but remain limited in availability and funding is often limited.

Health sector

- Survivors of GBV can find it difficult to access health care due to restrictions on movement and closed clinics.
- Fear of violence and mistreatment can prevent women from seeking health services during an epidemic.
- Fear of infection can prevent people accessing health services during an outbreak, including life-saving care and support for GBV survivors.
- Epidemics can divert health care resources away from GBV survivor services and sexual and reproductive health services.
- Concerns have been raised about sexual exploitation by health workers during epidemics.
- Lack of supervision when parents or caregivers are hospitalized can put adolescent girls and children at risk of abuse and maltreatment.
- There are increased risks of abuse, intimidation and harassment of front-line health workers, particularly women nurses.

Security and justice

- Communities report being intimidated by armed forces during outbreaks. In countries with recent memories of conflict-related sexual violence committed by armed forces, the deployment of security services during an outbreak can create fear and tension.
- There have also been reports of sexual exploitation by state officials and community members charged with enforcing community level quarantine.
- Police and justice systems can become overwhelmed during an epidemic, creating an 'atmosphere of impunity' where GBV risk increases.

Education and child protection

- Quarantine measures and the stress associated with epidemics can create household tensions, leading to increased parental frustration and corporal punishment.
- School closures can increase the risks for adolescent girls of different forms of sexual exploitation and abuse, and early marriage.
- There are also increased risks of sexual exploitation and abuse associated with outsiders who transport goods into the community and provide services and who demand sex in return for assistance or take advantage of reduced caregiver supervision.
- Outbreaks can create and intensify child protection issues due to children being separated from parents or caregivers, being stigmatized, and difficulties accessing services.

Social protection and job creation

- Epidemics have both large immediate economic effects, as well as potentially long-term effects on economic activity.
- There is little evidence specifically from epidemics of the impact of economic insecurity on violence against women and girls. However, wider evidence shows that intimate partner violence and violence against children increase during times of economic stress.
- Promising practice from the Ebola epidemic includes cash transfer programs which have integrated GBV elements, such as GBV and sexual exploitation training to mobile money agents and other distribution of material goods partners.

Humanitarian settings

- There is little documented evidence on the specific impact of epidemics on GBV in humanitarian settings; however, we know that there are often increased risks, including sexual violence and intimate partner violence in humanitarian emergencies.
- However, there are lessons in how to provide remote GBV case management services safely, which may be applicable during the COVID-19 epidemic.

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