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UN WOMEN

Impact of the COVID-19 pandemic on specialist services for victims and survivors of violence in Albania

A proposal for addressing the needs

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This report was produced with the financial support of the European Union. Its contents are the sole responsibility of the Regional Programme on Ending Violence Against Women in the Western Balkans and Turkey "Implementing Norms, Changing Minds" and do not necessarily reflect the views of the European Union. The content of this publication does not necessarily reflect the views of UN Women, its Executive Board or the United Nations Member States. The designations in this publication do not imply an opinion on the legal status of any country or territory, or its authorities, or the delimitation of frontiers.

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Acknowledgements

This report, which is part of the rapid assessment "Impact of the COVID-19 pandemic on specialist services for victims and survivors of violence in the Western Balkans and Turkey: A proposal for addressing the needs," was prepared and adapted by the UN Women Europe and Central Asia Regional Office within the regional programme on ending violence against women in the Western Balkans and Turkey, "Implementing Norms, Changing Minds."

The rapid assessment is the result of a truly collective endeavour made possible thanks to the valuable and insightful contributions of six civil society partners in Albania who generously gave their time and energy to help produce the report. We also extend our sincere gratitude and special thanks to the women survivors who shared their testimonies and personal stories.

We offer our gratitude to the author and lead researcher, Marija Babović, for her incredible feat in this period of crisis that has been achieved only thanks to her devotion, long-standing expertise and ability to think outside of the box.

Also, we thank the UN Women colleagues, who showed prompt responsiveness and will play a key role in supporting the implementation of the programmatic interventions proposed in the assessment. Finally, we extend our gratitude to the European Commission for its continuous support in addressing the needs of women and girls in the region.

List of Acronyms

ADRF	Albanian Disability Rights Foundation
CEDAW	Convention on the Elimination of Discrimination against Women
CLCI	Center for Legal Civic Initiatives
COVID-19	Corona Virus Disease 2019
GADC	Gender Alliance for Development Center
EU	European Union
HRDC	Human Rights in Democracy Center
IC	Istanbul Convention
IOs	International Organizations
INGOs	International Non-Governmental Organizations
OCYR	Observatory for Children and Youth Rights
UN	United Nations
VAW	Violence against Women
WFE	Woman Forum Elbasan
WHO	World Health Organization

1. Introduction

BACKGROUND

The outbreak of the COVID-19 pandemic has strongly impacted the health of populations, economies and public services, including social services, working patterns and everyday life practices of people around the globe. Since March 11, 2020, when the World Health Organization (WHO) declared the COVID-19 outbreak as a global pandemic, governments in the Western Balkans and Turkey began introducing measures in response to it. The impact of the pandemic has deepened already profound gender gaps grounded in patriarchal structures and cultures. The burden of the COVID-19 crisis has been particularly placed on women. They make up the majority of frontline workers in the health sector and the majority of the workforce in supermarkets and pharmacies, not only being exposed to higher health risks but also facing challenges in commuting to work in the face of cancellation of public transport, organizing childcare during the closure of kindergartens and schools, and caretaking for older family members as their movement is reduced or prohibited. The challenges faced by women who are now working from home are of different kind – interference of work and family care and stress caused by difficulties to commit adequately to work under the pressure of family needs, and vice versa. The pandemic has also impacted women providing personal services whose microbusinesses are closed, as well as the army of women informally providing services to households, such as cleaning/household maintenance, childcare and care for the elderly, who have been left without work or incomes.[1] The COVID-19 pandemic has demonstrated the profoundness of gender inequalities in the region and the fragility of progress made to date.

Violence against women (VAW) is the most extreme manifestation of gender inequalities, and when these inequalities increase, violence follows the same pattern. As documented by different reports,[2] violence increases in humanitarian situations, including those related to epidemics and pandemics. Frustration related to health risks, but also economic losses, uncertainty, lockdowns, restrictions in movement and deprivation, increase violence against women. At the same time, due to the measures in response to pandemics, services for prevention and protection of women from violence are less available, whether due to changed work regimes, lack of information on new modes of access to services, restricted movement or firmer control of perpetrators over women during lockdowns.

Within this context, the regional programme "Ending violence against women in the Western Balkans and Turkey: Implementing Norms, Changing Minds," managed by UN Women and funded by the European Union, launched a rapid assessment of specialized services to women exposed to violence with an aim to better understand the current situation and challenges posed to service delivery, as well as to explore new opportunities for innovative approaches. The EU-UN Women programme has been supporting a reduction in discrimination and violence against women and girls in the Western Balkans (Albania, Bosnia and Herzegovina, Kosovo*, North Macedonia, Montenegro and Serbia) and Turkey, anchored in the Convention on the Elimination of Discrimination against Women (CEDAW), the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention), and also in alignment with European Union accession standards. The programme supports the development of an enabling legislative and policy environment on eliminating violence against women and all forms of discrimination; promotes favorable social norms and attitudes to prevent gender discrimination and violence against women; and pursues empowering women and girls

1. UN Women Europe and Central Asia, Gender Equality matters in COVID-19 response, https://eca.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response.
2. UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises. For the European Union, this designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence. For UN Women, references to Kosovo shall be understood to be in the context of UN Security Council Resolution 1244 (1999).

* For the European Union, this designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence. For UN Women, references to Kosovo shall be understood to be in the context of UN Security Council Resolution 1244 (1999).

(including those from disadvantaged groups) who have experienced discrimination or violence to advocate for and use available, accessible, and quality services. The programme channels its interventions through and to women's organizations, with an emphasis on those working with women from disadvantaged groups.

PURPOSE, SCOPE AND OBJECTIVES

This report, which is part of the rapid assessment "Impact of the COVID-19 pandemic on specialist services for victims and survivors of violence in the Western Balkans and Turkey: A proposal for addressing the needs," presents the situation regarding the delivery of specialized services in Albania in the context of the COVID-19 pandemic to women exposed to violence, including those that are faced with multiple discrimination. The aim of this assessment is to understand the challenges service providers are facing in service delivery, their mitigation strategies and the emergence of innovative solutions and practices. The report also considers the challenges women face in accessing services in Albania. The objective is to provide evidence and recommendations for programming in order to provide adequate support to civil society organizations during and after the pandemic.

It is important to note that this assessment is limited in scope and purpose and is not intended to provide a comprehensive mapping of services provided in Albania, nor a comprehensive evaluation of those services. Instead, this rapid assessment intends to provide information that can serve as a snapshot of the impact of the COVID-19 pandemic on a select group of organizations and their beneficiaries. While the report is far from comprehensive, it may provide useful insights to civil society organizations and donors on the gaps exposed by the pandemic and some options for addressing those gaps.

There are at least two crucial reasons for this intervention. Firstly, the pandemic has revealed that services are not well designed for crisis situations, particularly crises caused by infectious diseases, which have very different causes and consequences from emergency situations caused by natural or human-made disasters. Secondly, the pandemic more clearly revealed weak spots in the system for prevention and protection, which can be better targeted with support. The pandemic crisis, as any other crisis, poses challenges, but also presents opportunities for innovation as organizations adjust services to fit the new reality; this innovation should be supported in order to develop more effective and better quality services.

Within this framework, the specific objectives of the rapid assessment include:

- Understanding the challenges in service provision and mitigation strategies;
- Understanding the obstacles in accessing services by women who experienced violence during the COVID-19 pandemic or those who were already beneficiaries of specialized services prior to the crisis and still rely on support;
- Understanding the capacities and needs of service provider organizations in order to provide more adequate support and enable them to more effectively adjust to the situation and provide continuous services in line with Istanbul Convention standards;
- Identifying the needs of women victims of violence related to information, helplines and shelter, as well as medical, psychological and legal support.

The scope of the assessment in terms of the sample includes civil society organizations which are implementing partners from Albania supported through EU-UN Women programme. In terms of time frame, the assessment covers the period from the time COVID-19 was declared a pandemic (mid-March) until early May. This was a period of dynamic changes. Although some measures have been relaxed or lifted by the end of the preparation of this report, it is still difficult to see how long pandemic will last or which measures will remain effective in the longer term.

Therefore, the recommendations are not focused on the immediate response to the pandemic situation, but are designed with the idea that the challenges revealed during the pandemic highlight existing gaps and provide opportunities for new solutions that can be applied in the post-pandemic period.

METHODOLOGY

The report is based on data obtained by an online survey administered to organizations supported through UN Women programme 'Implementing Norms, Changing Minds.' In total, six organizations submitted answers to the structured questionnaire.

As supplementary to this survey, semi-structured in depth interviews were conducted with beneficiaries of services. The beneficiaries were interviewed by qualified personnel of implementing organizations using a unified interview guide. The interviews were conducted in line with the highest ethical standards, taking care of the safety of beneficiaries, preventing secondary victimization and granting full anonymity and confidentiality of respondents.

COVID-19 MEASURES AND THEIR IMPACT ON BENEFICIARIES AND SERVICES

On the 8th of May, the total number of registered COVID-19 infection cases in the Western Balkans and Turkey was 151,204, Albania having 850 cases.

In response to the pandemic, governments across the region, including Albania, introduced diverse measures, which had a significant impact on service delivery. The majority of implementing organizations reported that their work was impacted by the restrictions of movement of citizens, transfer of work from offices to homes, special work regimes of health institutions that allowed only admission of urgent medical cases, postponement of all court proceedings related to VAW and domestic violence (DV) except emergency measures, cancellation of public transport and closure of direct, face-to-face services in public administration and public social services.

2. Perception of impact of the COVID-19 pandemic on implementing partners

Six organizations participated in the survey in Albania: Observatory for Children and Youth Rights (OCYR), Centre for Legal Civic Initiatives (CLCI), Gender Alliance for Development Center (GADC), Human Rights in Democracy Center (HRDC), Albanian Disability Rights Foundation (ADRF) and Woman Forum Elbasan (WFE). In the civil society frame of reference where organizations are often very small (bellow 10 employees), participating organizations range from small to mid-sized in terms of number of employees. The biggest organization is the Observatory, with 18 employees (six of which are employed permanently and 12 temporarily), followed by ADRF with 17 employees, and WFE with 10 employees. Remaining organizations employ less than 10 persons: nine for CLCI, eight for HRDC and six for GADC (Table 1). WFE mobilizes the biggest number of volunteers (100), followed by CLCI (25), while Observatory and ADRF reported three and four volunteers respectively. HRDC and GADC currently have no volunteers engaged.

After the outbreak of the COVID-19 pandemic, two organizations experienced changes in staff. HRDC decreased its number of permanently employed staff by four persons but increased its number of temporary employed staff by six persons. GADC decreased its number of temporary employees by three and its number of volunteers by four. Except for two organizations (33%) – WFE and GADC – who could maintain their activities between one and three months, other organizations demonstrate a high level of resilience as they are able to maintain operations for a year or more in situations of crisis.

Out of six organizations, two own the premises where their offices are located, one organization uses the premises without paying rent and three organizations rent their premises.

In addition to providing services to women victims of violence, all organizations are engaged in campaigning, awareness raising and advocacy, and all except one are engaged in research activities. The organizations are mainly funded by international organizations, NGOs, and foundations, while only one organization is partly financed through the national budget and with a small share through its own commercial activity.

Table 1: Profile of implementing partners

	OCYR	CLCI	HRDC	WFE	GADC	ADRF
Geographical scope	National	National	Local	Regional	National	Inter-regional
Permanently employed	6	6	2	6	5	13
Temporarily employed	12	3	6	4	1	4
Volunteers	3	25	0	100	0	4
Change in personnel February - April 2020	No change	No change	-4 permanent +6 temporary	No change	-3 temporary -4 volunteers	No change
Key activities other than services	Advocacy campaign research	Advocacy campaign research	Advocacy campaign research	Advocacy campaign	Advocacy campaign research	Advocacy campaign research
Organization premises	Using premises without paying provided by LSG or other	Rented	Rented	Rented	own property	own property
Resilience – how long they are able to sustain	More than a year	More than a year	More than a year	Between 1-3 months	Between 1-3 months	A year
Main sources of funding	100% IOs	74% IOs 26% INGOs foundations	60% IOs 40% INGOs, foundations	100% IOs	30% IOs 70% INGOs foundations	20% national budget 50% IOs 20% INGOs 10% commercial activity

The COVID-19 pandemic and measures taken in response have impacted the work of the organizations, especially in terms of restrictions of mobility, cancellation of public transport and postponement of court proceedings (Chart 1).

Chart 1: Impact of measures in response to the COVID-19 pandemic on implementing partners

Measures in response to COVID-19 crisis that have impacted organizations (N, %)		
Curfew, restriction of movement of all citizens	6/6	100%
Work transferred to home when possible; strict health measures for those who still have to go to the workplace	6/6	100%
Closure of kindergartens, schools	4/6	67%
Mobility restriction for certain groups, such as older population, children up to age 18	3/6	50%
Cancellation of public transport in the city/community excluding taxi	5/6	83%
Cancellation of intercity public transport, excluding taxi	5/6	83%
Special work regime of health institutions which allows only admission of urgent medical cases	4/6	67%
Quarantine for persons who were in contact with infected persons but do not have symptoms	3/6	50%
Self-isolation for persons who are infected and with mild symptoms	2/6	33%
Self-isolation upon return from trips abroad	2/6	33%
Forced hospitalization of all those infected, regardless the gravity of sickness and symptoms	1/6	17%
Shorter working hours of shops, supermarkets, pharmacies, banks	3/6	50%
Closure of all shops that do not sell food, medicaments, hygiene products, child supplies, and similar	2/6	33%
Closure of all direct, face-to-face services in public administration and transfer to mail or phone	4/6	67%
Postponement of all court proceedings except those that cannot be postponed, such as emergency VAW measures	6/6	100%
Closure of cities/municipalities (ban to leave or enter city/municipality)	3/6	50%

3. Needs and challenges caused by the COVID-19 pandemic

Challenges in service delivery and mitigation strategies

Services provided by most organizations in April 2020 include assistance in accessing other institutions, development of individual safety plans, free legal aid support, general counselling and information sharing as well as education and training (Table 2).

Within the shifting context due to the COVID-19 pandemic and government measures taken in response, all organizations except one (5 out of 6, or 83%) have reorganized services they provide. Activities aborted after the outbreak of pandemic most often include participation in local coordination teams, general counselling, education and training and support in employment. Changes in services for each organization are presented in Chart 2.

Table 2: Services provided in April 2020

Services	N	%
Helpline	2	33
Shelter	1	17
Support to child witness	1	17
Assistance in accessing healthcare	2	33
Assistance in accessing other institutions	3	50
Development of safety plans	3	50
Participation in local coordination teams	1	17
General counselling, information sharing	3	50
Psychosocial counselling	2	33
Free legal aid	3	50
Education and training	3	50
Support to employment	2	33

Chart 2: Organizations by services in April 2020 and changes in comparison to February 2020

Observatory
APRIL: development of safety plans

CANCELLED: participation in local coordination teams, counselling, information sharing, education and training

CLCI
APRIL: Helpline, support to child witness, access to healthcare and other institutions, development of safety plans, general counselling, psychosocial counselling, free legal aid

CANCELLED: education and training and support to employment

HRDC
APRIL: access to institutions, development of safety plans, free legal aid

CANCELLED: access to healthcare, participation in local coordination teams, general counselling, education and training, support to employment

WFE
APRIL: helpline, shelter, access to healthcare, access to institutions, general counselling, free legal aid

CANCELLED: development of safety plans, participation in local coordination teams, psychosocial support, education and training, support in employment

GADC
APRIL: general counselling, education and training, support to employment

CANCELLED: participation in local coordination teams, development of safety plans, support in access to institutions, education, support to employment

ADRF
APRIL: no support services

CANCELLED: access to institutions, participation in local coordination teams, general counselling, free legal aid, education and training, support in employment

Shifts in activities are closely related to the perception of priorities of target groups to which the different organizations provide support. However, it also depends on the availability of resources and the organizations' capacities to develop somewhat successful mitigation strategies, as well as the trade-off between keeping providing services at any cost and the potential jeopardization of quality when providing these services in new modes. For instance, WFE decided to cancel psychosocial support as a standalone face-to-face service during the COVID-19 crisis in order to minimize health risks for staff and beneficiaries. They chose not to provide this service by phone or online.

Chart 3 below presents the perception of priorities in February and April 2020 for each organization, while Table 3 summarizes perception of priorities for those two months for the entire group of organizations. In April 2020 the majority of organizations (67%) perceives free legal aid as a priority; half of the organizations emphasize the priority of individual safety plans as well as education and training; one-third of the organizations points to helpline, support in access to institutions and psychosocial counselling as priority services. Participation in local coordination teams and general counselling are perceived as one of the three priorities by one organization each (Table 3).

The change in comparison to the pre-COVID-19 period is visible in the increased prioritization of helpline, support in access to institutions, development of individual safety plans, and psychosocial counselling. Prioritization decreased regarding shelter, participation in coordination teams, general counselling, education and training and support to employment.

Table 3: Perception of priority services for women victims of VAW in February and April 2020

Services	Organizations that pointed to the service as one of the three priority services			
	February 2020		April 2020	
	N	%	N	%
Helpline	-	-	2	33
Shelter	1	17	-	-
Rape crisis centers	-	-	-	-
Support to child witness	-	-	-	-
Support in access to healthcare	-	-	-	-
Support in access to institutions for support	1	17	2	33
Development of safety plans	-	-	3	50
Participation in coordination teams	3	50	1	17
Specialized programs for perpetrators	-	-	-	-
General counselling	2	33	1	17
Psychosocial counselling	1	17	2	33
Free legal aid	4	67	4	67
Financial support	-	-	-	-
Housing	-	-	-	-
Education and training	5	83	3	50
Support to employment	1	17	-	-

Chart 3: Perception of priority services in protection of women victims of VAW before and during the pandemic

Perception of priorities in February and April 2020	
FEBRUARY 2020	**APRIL 2020**
OCYR 1. Participation in local coordination 2. Education and training 3. General counselling	**OCYR** 1. Development of safety plans 2. Education and training 3. Participation in local coordination
CLCI 1. Free legal aid 2. Support in accessing institutions 3. Education and training	**CLCI** 1. Free legal aid 2. Support in accessing to institutions 3. Education and training
HRDC 1. Free legal aid 2. Education and training 3. Participation in local coordination	**HRDC** 1. Helpline 2. Development of safety plans 3. Free legal aid
WFE 1. Psychosocial counselling 2. Free legal aid 3. Shelter	**WFE** 1. Helpline 2. Psychosocial counselling 3. Free legal aid
ADRF 1. General counselling 2. Free legal aid 3. Education and training	**ADRF** 1. General counselling 2. Psychosocial counselling 3. Free legal aid
GADC 1. Participation in local coordination 2. Education and training 3. Support in employment	**GADC** 1. Access to other institutions 2. Development of safety plans 3. Education and training

All organizations changed priorities due to the pandemic (Chart 3). Not only prioritization of services has changed, but also the mode of service delivery. Organizations moved their services online wherever possible. For example, CLCI and HRDC provide free legal aid online and assisted beneficiaries in accessing institutions through online contacts with representatives of these institutions. WFE, GADC and ARDF provide counselling services through phone, online or via social media. Organization staff mostly works from home.

Although many challenges are common to the different types of services, organizations are facing specific challenges in the delivery of particular services. In the following sections, the challenges and mitigation strategies together with lessons learned and needs for support are presented regarding currently implemented services.

Helpline services

Helpline services have been provided by CLCI since 1996 and WFE since 1999. The services are comprehensive, including information sharing, consultations, psychosocial and legal support, and referral to specialized services. The content of the services has not changed due to the COVID-19 crisis, but the delivery method has (Table 4). This service has shifted to being offered from experts' homes. On a positive note, even before the outbreak of the COVID-19 crisis, this service was offered through alternative channels, such as e-mail, online chat or mobile applications. Therefore, the organizations already had the know-how to respond to the new situation. These existing practices have enabled them to easily adjust and keep the helpline operational.

Table 4: Changes in content and method of helpline service

Content of the helpline	CLCI		WFE	
	February	April	February	April
Information sharing, consultations				
Psychosocial support				
Legal support				
Referral to specialized services				
Method of service delivery				
Through phone from the office				
Through phone from the home of staff				
Through e-mail				
Through online chat				
Through mobile application chat				

Legend: Provided Not provided

Organizations providing helpline services identified various challenges they are facing in regard to the helpline service and other similar services since the outbreak of the pandemic (Table 5 below). Although the main challenges are common for both organizations providing helpline services, there are differences caused partly by the immediate local context and strategies used by the organizations. While both CLCI and WFE face challenges in cooperating with other institutions offering protection to survivors, WFE has mitigated these challenges by enhancing cooperation with local government institutions in order to provide more effective protection.

Table 5: Challenges and mitigation strategies related to helpline

Key challenges	CLCI	WFE	Mitigation strategies
Health problems and health risks of organization staff		✔	Service is provided online and by phone so there is no risk
Health risks of beneficiaries		✔	Service is provided online and by phone so there is no risk
The access of victims of VAW to services due to the lack of transport	✔	✔	Service is provided by telephone, e-mail, online. In case of an emergency, police patrols accompany victims
The access of victims of VAW to services due to the lack of information	✔	✔	Disseminating information through all media channels of the organization
The access of victims of VAW to services due to the curfew	✔	✔	Calling the police for access of violated women in relevant services even in curfew
The access of victims of VAW to services due to the firmer control of perpetrator	✔	✔	Using chat and being in close cooperation with police with availability to call them any time
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✔	✔	Using media to inform them on availability of services
Cooperation with justice system in support to beneficiaries	✔		Direct communication with judges. The referral is done by phone, e-mail and other communication channels
Cooperation with social protection system in support to beneficiaries	✔		Using online communication with social protection system staff
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✔		Communication with local coordinators in municipality level

LESSONS LEARNT AND NEEDS FOR SUPPORT

The WFE narrative provides insights into addressing potential challenges with a proactive approach.

WFE

'We are working hard so that we do not have many fluctuations and that the impact on the beneficiaries is equally functional, fulfilling and positive. The Woman Forum Elbasan has not cut off connections and contacts with survivors of domestic violence and has been offering counselling through the telephone numbers of all the staff that provide services. On social networks, WFE shares almost daily social and legal information for survivors of domestic violence, including children who are equally affected by all kinds of forms of violence and abuse, as well as sexual violence within the family. WFE encourages all violence survivors to contact the published phone numbers. Every day WFE has had cases of phone calls from women and girls not only to provide psychological service, but also legal counselling. It is positive that after the closure of the court between 10-25 March 2020, the court has started working on cases of IPO/PO and urgent family matters. Services for survivors of violence have been offered on a daily basis by the specialist staff of WFE who have strived to alleviate the burden of women and girls. When their needs have been beyond the reach of the services offered by WFE, we have collaborated with relevant local institutions through phone calls and official requests to assist WFE beneficiaries, survivors of violence. WFE has extended its cooperation with Municipalities where the survivors of violence reside and with the State Social Services to help women equipped with IPO/PO to be provided with economic assistance. WFE has made requests that some of the beneficiaries facing these difficult times with scarce economic resources to be provided with food packages. A list with names was issued and sent to the Municipality of Elbasan. Also, many other interventions were performed by volunteer citizens and from potential donors to positively impact the life of women and girl survivors of violence and meet their needs in this extraordinary isolation and social distancing period.'

CLCI provides another relevant example of adjustment with the transfer of its legal counselling activities online after the establishment of the platform 'Ask a lawyer'.

One of the main lessons learnt is that a previous record of using different communication technologies and channels, as well as already-developed capacities for diverse forms of communication – including phone, online and social media, mobile applications – are reliable preconditions for maintaining the helpline services in a pandemic situation. Also, organizations reported that having communication officers helped to swiftly adjust the way the organization has been communicating with target groups and the broader community. It enables better information sharing on services available to women under these new circumstances.

The most pressing needs identified by organizations to provide effective helpline services are as follows:

- Resources to develop an online platform 'Ask lawyer for free,' where it would be possible to publish questions and answers respecting confidentiality of personal data (CLCI);
- More lawyers specialized in online counselling;
- Training for staff for emergency situations;
- Cooperation with local radio and TV stations to have dedicated programmes to bring attention to violence against women (VAW) and available support services on a regular basis for the duration of the crisis.

Shelters

Shelter services are provided only by WFE and have been provided since 2012.

CHALLENGES, MITIGATION AND INNOVATION

WFE shelter provides accommodation for women and children victims of violence, psychosocial support, legal support, development of safety plans, and assistance in communication with other institutions. This list of services provided by the organization has not changed since the outbreak of the pandemic (Table 6).

Key challenges in keeping the shelter operational are related to health risks for staff and beneficiaries, reduced mobility of beneficiaries due to restriction measures and firmer control of perpetrators. WFE responds to these challenges with various mitigation strategies, including application of health safety measures and cooperation with police (Table 7).

Table 6: Changes in content of shelter services

Content of the helpline	February	April
Accommodation for women and children		
Psychosocial support		
Legal support		
Development of safety plans		
Assistance in communication with other institutions		
Short term financial or in-kind assistance for women in shelter		

Legend: Provided / Not provided

Table 7: Challenges and mitigation strategies related to shelter services

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Applying strict health safety measures
Health risks of beneficiaries	Applying strict health safety measures
The access of victims of VAW to services due to the lack of transport	Cooperation with state police; beneficiaries being accompanied by police patrol
The access of victims of VAW to services due to curfew	Police provides transport for victims to the shelter
The access of victims of VAW to services due to the firmer control of perpetrator	Cooperation with police and local coordinators against domestic violence which usually have contact information of women that were referred to the support services

LESSONS LEARNT AND NEEDS FOR SUPPORT

WFE has reported that health risks are particularly high among women from marginalized groups, such as those from Roma and Egyptian communities, due to their difficult living conditions and poor housing and hygiene conditions. These women are difficult to reach due to the restrictions in face-to-face communication, lack of public transport and curfew. Strategies informing women from other target groups about available services are not effective with these marginalized groups due to their stronger isolation and digital gaps.

In order to adjust more effectively to the pandemic situation, the organization will need:

- Training provision for staff on new protocols for shelters issued by the Ministry of Health and Social Protection;
- Continuous support to shelter;
- Support in campaigning for dissemination of information about available services in the new context;
- Improvement of safety plans to adjust to the crisis situation;
- Support in better outreach to women from marginalized groups, especially through 'one-on-one' meetings online or in person;
- Closer cooperation with local coordinators against violence in order to establish more effective referrals and support to women who were beneficiaries of different services.

Free legal aid as standalone service

Free legal aid is provided by CLCI, HRDC, WFE and ADRF.

CHALLENGES, MITIGATION AND INNOVATION

Organizations are reporting that due to the isolation of women with perpetrators at home and the firmer control perpetrators have over them, the number of reported cases to police has decreased in March. They also report that some shelters have restricted admission of new beneficiaries after the outbreak of the pandemic, in order to prevent infection from entering the shelter and endangering women and children already accommodated there. One of the major challenges identified is the reduced workload of justice system institutions, especially courts that issue protection orders, which reduced their workload to only emergency cases such as immediate protection orders, while other cases related to VAW and domestic violence are postponed.

Table 8: Challenges and mitigation strategies related to free legal aid

Key challenges	CLCI	HRDC	WFE	ADRF	Mitigation strategies
Health problems and health risks of organization staff	✔	✔	✔	✔	Counselling is provided online. Only some court sessions are organized. In case of emergency interventions, consultants wear protective gear.
Health risks of beneficiaries	✔	✔	✔	✔	Service is provided online due to the health risks; beneficiaries prefer to postpone proceedings.
The access of victims of VAW to services due to the lack of transport	✔	✔	✔	✔	Service is provided by telephone, online. In case of emergency, police patrols accompany them.
The access of victims of VAW to services due to the lack of information	✔	✔		✔	Disseminating information through all media channels of the organization.
The access of victims of VAW to services due to the curfew	✔	✔	✔	✔	Calling the police for access to the system even during curfew.
The access of victims of VAW to services due to the firmer control of perpetrator	✔	✔		✔	Using chat and being in close cooperation with police with availability to call them any time.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✔	✔		✔	Using media to inform them on availability of services.
Insufficient space for accommodating victims		✔			Organization identified the challenge but did not propose any mitigation strategy.
Difficulties in provision of food, clothes, hygiene for beneficiaries		✔			Referring to municipalities and social services for assistance.

Key challenges	CLCI	HRDC	WFE	ADRF	Mitigation strategies
Cooperation with justice system in support to beneficiaries	✔	✔		✔	Direct communication with judges. The referral is done by phone, e-mail and other communication channels.
Cooperation with social protection system in support to beneficiaries	✔	✔		✔	Using online communication with social protection system. All organizations emphasized good cooperation with social protection system.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✔	✔		✔	Communication with local coordinators at municipality level.

LESSONS LEARNT AND NEED FOR SUPPORT

Some organizations reported a need for more time to reflect on the new situation and their adjustments. Others indicated several lessons learnt, among them the importance of using alternative channels of communication, online chats, platforms, and similar tools. However, some organizations state that online counselling is not an adequate replacement for face-to-face legal counselling and indicate they will return to the 'old fashioned way' as soon as the situation allows it.

The organizations reported the following needs:

- Training of staff involved in the organization and delivery of services in emergency situations;
- Support to engage more volunteers to communicate with women in need beyond working hours;
- Establishment of a web platform for legal counselling and engagement of a lawyer;
- Engagement of law students in cooperation with law faculty, with the aim to provide pro bono services. In order to motivate students to engage in this service an award could be introduced. They would work under supervision of organizations' lawyers and within the framework of an internship.

Support to child witnesses

CLCI is the only organization currently providing support to child witnesses.

CHALLENGES, MITIGATION AND INNOVATION

The challenges related to this service include health risks for staff and beneficiaries, difficult access to protection due to restricted mobility and cooperation with the justice system. CLCI addresses these challenges using various strategies, such as adjusting health safety measures, providing online counselling and good communication with the judiciary (Table 9).

Table 9: Challenges and mitigation strategies related to support to child witnesses

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Applying strict health safety measures
Health risks of beneficiaries	Children are not present in the court
The access of victims of VAW to services due to the lack of transport	Service is provided online and by phone
The access of victims of VAW to services due to curfew	Police provides transport of victims to shelter
Cooperation with justice system in support to beneficiaries	Good communication with judiciary
Cooperation with social protection system in support to beneficiaries	Communication with the social care child units in the municipality
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	Support and advise referral system actors on managing the beneficiary's case

LESSONS LEARNT AND NEED FOR SUPPORT

CLCI states that the services were adjusted successfully. They provide online and telephone counselling for mothers, their lawyers prepare legal documentation working at home, they use traditional and social media to inform women on availability of the service, and they refer cases to other service providers.

For more effective service, CLCI needs:

- A lawyer for online and telephone counselling as well as an online platform where beneficiaries can post questions to be answered by lawyers;
- An additional lawyer specialized in counselling for children witnesses;
- Increased cooperation with the Child Protection Agency;
- Cooperation with Order of Psychologists to engage them in the cases of children witnesses with facilitation of CLCI.

Assistance in accessing healthcare and other institutions

WFE is the only organization providing support to survivors in accessing healthcare. Referral to healthcare is currently done through phone, e-mail and official letters. When cooperation is in place with local institutions, there is no difficulty in referring cases to health institutions.

Support in access to other institutions is provided by CLCI, HRDC, WFE, GADC and ADRF.

Organizations indicated that police have changed the working regime. As their main priority is monitoring movement restrictions during pandemic measures, they disregard the reminder of the police departments to effectively address cases of domestic violence. It is also now more difficult to reach police by phone, as their lines are busy with people asking permission to move. Moreover, local coordinators with whom organizations cooperate now work from home, making coordination more difficult. Finally, police have less contact with the population due to safety measures.

Organizations point to changes in the work of judiciary and social protection systems. Activities have been effectively reduced. Courts only work for emergency cases like emergency protection orders; they do not organize proceedings for other VAWG and domestic violence related cases. Social protection workers work from home. It is especially difficult to offer holistic protection when multisectoral cooperation is needed, which requires a combination of legal, health, housing or similar measures.

The needs indicated by organizations include:

- Opening a direct communication channel with relevant institutions (police, healthcare and social care institutions), possibly through the Monitoring Network Against Gender-Based Violence, a platform of over 40 organizations, to advocate/lobby with the central government;
- Establishing protocols for cooperation between CSO service providers and relevant local institutions;
- Creating a task force at local level with most essential service providers, smaller than the referral mechanism, to be in charge of coordinating the response to GBV during times of crisis.

Situation among beneficiary groups and challenges in access to services

Organizations that participated in the mapping exercise did not notice a significant change in types of violence against women reported to them. Only one organization noted an increase in reported cases of violence.

Table 10: Groups of women to which organizations deliver services

Key challenges	Observatory	CLCI	HRDC	Women Forum	GADC	ADRF
Elderly women		✔	✔	✔	✔	
Roma women		✔	✔	✔	✔	
Refugees		✔				
Women from rural and remote areas		✔	✔	✔	✔	
Women with disabilities		✔	✔	✔		✔
Women from ethnic minorities		✔	✔	✔	✔	
LGBTI		✔	✔			
Sex workers		✔	✔		✔	
Women not belonging to any of previous groups		✔		✔		

Elderly women are isolated due to the government measures, which have placed more severe restrictions on the elderly, who are not allowed to go out, even for essential services. Organizations try to reach them through online services and by contacting previous beneficiaries by phone and cooperating with local institutions, GBV coordinators in their municipalities, police or social protection services.

Roma women also live in isolated communities, and they face severe economic problems as they cannot perform the work they did prior to the pandemic, usually in the informal job market. Organizations try to address the issue of outreach and support to Roma women through cooperation with local institutions and also through phone calls with former beneficiaries or community leaders.

Rural women are in a similar situation, and due to the cancellation of public transport, they cannot reach cities where services are located. Organizations try to reach them by phone, social media and through cooperation with local institutions.

Women with disabilities are targeted with online services and contacted by phone, social media and through cooperation with local institutions.

In order to more effectively reach women from mentioned groups, organizations need:

- Support to produce leaflets on the availability of services during the pandemic that are tailored to each specific group and can be broadly distributed;
- Resources to develop online counselling platforms to employ more digital technologies in providing counselling to women;
- Resources to engage more staff to reach out to women from groups that cannot be reached digitally.

4. Challenges related to other VAW activities

Organizations adjusted to the pandemic situation also in regard to other activities they usually conduct, such as awareness raising, campaigning, research and advocacy. They are in contact with donors with whom they jointly identify needs and redefine project schedules. Overall, so far, they have managed to more or less maintain key activities.

Currently, education and training activities are postponed, but organizations have been considering options to conduct some of these activities using different online platforms. Other organizations emphasize that education and training cannot be implemented through digital technologies because their target groups lack digital equipment and literacy. As a consequence, the activities are postponed until the post-pandemic period.

The organizations were very active in advocacy prior to the COVID-19 crisis. ADRF advocacy was very diverse, for example focusing on the mobilization of people and professionals to report violence, treatment of victims of violence, police procedures, legislation and standards in protection, accountability of institutions providing response to violence against women, effective enforcement of preliminary protection orders, more effective referral mechanisms and/or improving the position of women in a broader sense.

Some innovative ideas were proposed, such as the use of screens in public centers where videos with educational content could be broadcast. Messages for awareness raising should be simple and disseminated in areas where people gather, including markets and pharmacies, or on everyday consumption goods, such as bottles of milk or water.

Research conducted by the organizations when the outbreak occurred includes opinion polls on attitudes, perceptions towards VAW, monitoring protection orders, women's rights in the labour market, functioning of the referral mechanisms, functioning of the domestic abuse centers and gender responsive budgeting. Research that has not been completed is now facing obstacles related to data collection due to the restriction of face-to-face communication. Therefore, these activities are postponed until the post-pandemic period.

- The needs identified by the organizations to overcome these challenges include more video content for education and training that can be broadcast instead of delivered during face-to-face trainings, such as webinars;
- To increase knowledge and skills in using video media, online tools, mobile applications, and other digital technologies and communication tools in order to provide content in new formats (videos, info sheets, platforms, etc.) for awareness raising and campaigning; support to engage public relations and communication staff for the implementation of the project;
- To increase capacities of local officials in new technologies, including by equipping them with online tools and increasing their skills for using such tools;
- Resources to engage communication officers that are now much more needed than before, as channels of communication have changed;
- Resources to engage technical staff in support to digital technologies;

5. Key recommendations for programming purposes

The evidence on challenges and needs of organizations to adjust services as well as other activities to the pandemic situation provides data and information that could be used for programming purposes. Based on the evidence collected, the following recommendations are proposed:

Helpline

- Create an online/mobile application that allows communication with safety and anonymity standards, also accessible to women with disabilities;
- Prepare and apply protocols that regulate a new form of communication via chat/e-mails in accordance with IC standards;
- Support provision of technical equipment that enables more efficient service delivery in accordance with IC standards;
- Enable financial support for improving professional capacities and number of professional staff engaged in 24/7 service provision;
- Train existing and new helpline staff on responding to VAW during crisis/pandemic;
- Develop information campaign materials in pharmacies, supermarkets and other essential businesses in reporting VAW.

Shelter

- Improve operational capacities and safeguard procedures in shelters in line with health safety measures related to the COVID-19 pandemic;
- Update protocols and procedures with new health safety measures, including testing procedures prior to accommodation in shelters or separate premises for newly admitted women before they are tested for COVID-19;
- Provide education and training for all staff on efficient work in emergency situations;
- Provide financial support for improving professional capacities in shelters and number of professional staff engaged in service provision;
- Ensure availability and access to shelters and other help for women from marginalized groups. Gain more precise knowledge on which specific obstacles women from these groups face in access to services and what is needed to overcome them. This includes closer collaboration with local institutions such as administrative units and elderly council (village representatives) to get closer to women from remote and rural areas, as well as more engagement with grassroots and local organizations/community activists who are familiar with and knowledgeable about the situation of women from different marginalized groups. This could be done by engaging them as intermediaries to get too hard to reach women in need of support;
- Create protocols for referral of shelters to humanitarian aid organizations for provision of food, clothes, and other necessities for their beneficiaries;
- Train and support local organizations/groups in conducting crowdfunding campaigns - online campaigns to provide necessary materials to women survivors either in shelters or with protection orders;
- Support exchange of best practices and models of transfer in preparation of individual safety plans between countries;
- Develop information/awareness campaigns on shelters at the local level.

Referral and assistance to access health, police, judiciary and social protection

- Create protocols that will allow direct communication and cooperation in the provision of services with relevant local institutions (police, health and social care institutions) and enable women's organizations' participation in the work of local multisectoral teams during reduced work hours and remote work;
- Develop information/awareness campaign on available protection services, targeting especially women from vulnerable groups;
- Develop training for service providers on new technologies and platforms to connect services to women;
- Conduct and disseminate a mapping of services at the local level, including contact information and other relevant information on how to access the services;
- Organization of advocacy/lobbying activities at local and central level on addressing VAW and continuing services during crisis/pandemic;
- Provide training to healthcare professionals on connection between VAW, burn-out and support to healthcare professionals dealing with the COVID-19 pandemic;

- Support local GBV coordinators in keeping regular communication with survivors and including local administrators in identifying VAW;
- Use screens in public spaces to broadcast educational video content.

Free legal aid

- Provide financial support for improving professional capacities and number of professional staff engaged in service provision;
- Establish an online platform for legal counselling and hiring lawyers, also accessible to women with disabilities;
- Liaise with law schools to engage law students to support lawyers in providing free legal aid; organize training with law students and retain some of them to shadow lawyers offering free legal aid;
- Organize advocacy/lobbying activities by the Monitoring Network Against Gender-Based Violence to ensure implementation of the Law on Free Legal Aid;
- Train lawyers and psychologists in online counselling techniques and crisis/pandemic situations.

Support to child witness

- Engage with the Order of Psychologists to include them in referral of VAW for women with children;
- Ensure financial support for engaging professional staff/lawyers specialized in counselling for cases of children witnesses;
- Create a task force at local level in several municipalities with the most essential service providers, smaller than the referral mechanism, to be in charge of coordinating the response to GBV during the crisis.

Crosscutting issues

- Support increasing the resources of organizations for the improvement of knowledge and skills in using video media, online tools, mobile applications, and other digital information and communication technologies to provide content in new formats for advocacy, awareness-raising and campaigning;
- Use local radio and TV stations to conduct regular programming on VAW during the pandemic crisis.