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

A proposal for addressing the needs

This programme is funded
by the European Union

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide. UN Women supports UN Member States as they set global standards for achieving gender equality and works with the Governments and civil society to design laws, policies, programmes and services needed to implement these standards.

Contents

Acknowledgements

List of Acronyms

BiH	Bosnia and Herzegovina
CEDAW	Convention on the Elimination of Discrimination against Women
COVID-19	Corona Virus Disease 2019
CWR	Centre of Women's Rights
EU	European Union
IC	Istanbul Convention
IOs	International Organizations
INGOs	International Non-Governmental Organizations
UN	United Nations
UWBL	United Women Banja Luka
VAW	Violence against Women
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),

---

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).

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 (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 Bosnia and Herzegovina 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 Bosnia and Herzegovina. 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 in Bosnia and Herzegovina, 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 in Bosnia and Herzegovina 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, five organizations submitted answers to the structured questionnaire. As supplementary to this survey, the qualitative survey with beneficiaries of services was conducted through semi structured in-depth interviews. The beneficiaries were interviewed by qualified personnel of implementing organizations using same 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, Bosnia and Herzegovina having 2,070 cases.

In response to the pandemic, governments across the region, including Bosnia and Herzegovina, 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

Five organizations participated in the survey in Bosnia and Herzegovina (BiH): United Women Banja Luka (UWBL), Association Vive Zene, Association Lara Bijeljina, Roma Women's Association Better Future and Centre of Women's Rights (CWR).

Vive Zene, UWBL and Better Future are relatively big organizations in terms of number of employed persons, while Lara Bijeljina and Centre of Women's Rights are smaller. UWBL and CWR rely more on volunteers than other organizations. After the outbreak of the COVID-19 pandemic, Vive Zene and CWR have experienced changes in human resources. Both organizations have reduced the number of temporary employed persons by two and Vive Zene no longer engages volunteers. In addition to

providing services to women victims of violence, the organizations conduct awareness raising and campaigning activities, as well as research, advocacy and capacity building. Only one organization rents the premises, while other organizations own premises or use premises without paying rent, since premises are provided by local self-governments. All organizations except Better Future receive at least some funds from the public budget from state, local or entity levels. Organizations have different resilience levels: in case of crisis, two organizations would be able to maintain activities between one and three months, whereas other organizations would be able to maintain activities for six months or around one year (Table 1).

Table 1: Profile of implementing partners

	UWBL	Vive Zene	Lara Bijeljina	Better Future	CWR
Geographical scope	State-wide and cross-border	Inter-regional	State-wide	State-wide	State-wide and cross-border
Permanently employed	15	20	5	11	5
Temporarily employed	0	0	4	1	2
Volunteers	10	0	0	7	20
Change in personnel February - April 2020	No change	-2 Temporary employed -10 volunteers	No change	No change	-3 temporary -4 volunteers
Key activities other than services	Campaigns, Advocacy, Research Capacity building	Campaigns, Advocacy, Research	Campaigns, Advocacy, Research	Campaigns, Advocacy, Research	Campaigns, Advocacy, Research
Types of violence	Physical, Sexual Sexual harassment, Psychological, Economic, Stalking	Physical, Sexual Psychological, Economic	Physical, Sexual Sexual harassment, Psychological, Economic, Stalking, Early marriages	Physical	Physical, Sexual Sexual harassment, Psychological, Economic, Stalking
Organization premises	Own property + premises without rent (local gov.)	Own property	Own property	Rented	Premises without rent (local gov.)
Resilience – how long they are able to sustain	Up to 6 months	Less than one month	More than a year	A year	Between 1-3 months
Main sources of funding	5% local budget, 30% national budget, 30% IOs, 35% INGOs	5% local budget, 5% national budget, 2% IOs 88% INGOs	1% local budget, 11% national budget, 86% IOs, 2% public companies	100% INGOs	2% local budget, 43% IOs, 50% INGOs

The COVID-19 pandemic and measures implemented as a response have impacted the work of organizations. Response measures with the greatest impact on service provider organizations include mobility restriction, public transportation cancellation, 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	4/5	80%
Work transferred to home when possible; strict health measures for those who still have to go to the workplace	3/5	60%
Closure of kindergartens, schools	4/5	80%
Mobility restriction for certain groups, such as older population, children up to age 18	4/5	80%
Cancellation of public transport in the city/community excluding taxi	4/5	80%
Cancellation of intercity public transport, excluding taxi	3/5	60%
Special work regime of health institutions which allows only admission of urgent medical cases	5/5	100%
Quarantine for persons who were in contact with infected persons but do not have symptoms	4/5	80%
Self-isolation for persons who are infected and with mild symptoms	4/5	80%
Self-isolation upon return from trips abroad	4/5	80%
Forced hospitalization of all those infected, regardless the gravity of sickness and symptoms	1/5	20%
Shorter working hours of shops, supermarkets, pharmacies, banks	2/5	40%
Closure of all shops that do not sell food, medicaments, hygiene products, child supplies, and similar	2/5	40%
Closure of all direct, face-to-face services in public administration and transfer to mail or phone	3/5	60%
Postponement of all court proceedings except those that cannot be postponed, such as emergency VAW measures	4/5	80%
Closure of cities/municipalities (ban to leave or enter city/municipality)	1/5	20%

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

Challenges in service delivery and mitigation strategies

Services provided by most organizations in April 2020 include helpline, assistance in access to other institutions, psychosocial counselling, shelter, assistance in accessing healthcare, development of safety plans, general counselling and information sharing, free legal aid and financial and in-kind assistance (Table 2).

Due to the COVID-19 pandemic and government measures in response to it, all organizations have reorganized the services they provide. Activities that were cancelled after the outbreak of the pandemic most often include participation in local coordination teams, education and training and support in employment. Changes in services are presented for each organization in Chart 2.

Table 2: Services provided in April 2020

Services	N	%
Helpline	4	80
Shelter	3	60
Rape crisis or sexual violence referral centers	-	-
Support to child witness	1	20
Assistance in accessing healthcare	3	60
Assistance in accessing other institutions	4	80
Development of safety plans	3	60
Participation in local coordination teams	1	20
Specialized programs for perpetrators	-	-
General counselling, information sharing	3	60
Psychosocial counselling	4	80
Free legal aid	3	60
Financial and in-kind assistance	3	60
Housing	-	-
Education and training	2	40
Support to employment	-	-

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

UWBL
APRIL: helpline, shelter, assistance in accessing healthcare, development of safety plans, general counselling, psychosocial counselling, free legal aid
CANCELLED: financial and in-kind assistance, education, support to employment

Vive Zene
APRIL: helpline, shelter, assistance in accessing healthcare, access to other institutions, development of safety plans, psychosocial counselling, financial and in -kind assistance, education
CANCELLED: support to child witness, participation in local coordination, specialized programs for perpetrators, general counselling, free legal aid, support to employment

Lara Bijeljina
APRIL: helpline, shelter, psychosocial counselling, free legal aid
CANCELLED: assistance in accessing healthcare, participation in local coordination, general counselling, support to employment

Better Future
APRIL: assistance in access to other institutions, general counselling, financial and in-kind assistance
CANCELLED: assistance in accessing healthcare, participation in local coordination, education, support to employment

CWR
APRIL: helpline, shelter, support to child witness, assistance in access to other institutions, development of safety plans, participation in local coordination, general counselling, psychosocial support, free legal aid, financial and in-kind assistance, education
CANCELLED: support to employment

The shifts in activities are closely related to the perception of priorities of target groups to which organizations provide support, but also depend on the available resources and capacities to develop somewhat successful mitigation strategies to the current challenges. As it can be noticed from Table 3, changes in priorities are not prominent. Organizations still highly prioritize helpline services and shelters. After the outbreak of the COVID-19 pandemic, organizations gave more importance to psychosocial counselling, while access to healthcare, support in access to other institutions, general counselling and free legal aid moved lower in priority rankings.

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	3	60	3	60
Shelter	3	60	3	60
Rape crisis centers	-	-	-	-
Support to child witness	-	-	-	-
Support in access to healthcare	1	20	-	-
Support in access to institutions for support	2	40	1	20
Development of safety plans	-	-	-	-
Participation in coordination teams	-	-	-	-
Specialized programs for perpetrators	-	-	-	-
General counselling	2	40	1	20
Psychosocial counselling	1	20	3	60
Free legal aid	2	40	1	20
Financial support	-	-	1	20
Housing	-	-	-	-
Education and training	1	20	1	20
Support to employment	-	-	-	-

Data presented in the next chart show perception of priority services among organizations in February and April 2020 (Chart 3).

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**
United Women 1. Shelter 2. Free legal aid 3. Helpline	**United Women** 1. Helpline 2. Shelter 3. Free legal aid
Vive Zene 1. Shelter 2. Psychosocial counselling 3. Helpline	**Vive Zene** 1. Shelter 2. Helpline 3. Psychosocial counselling
Lara Bijeljina 1. Shelter 2. Helpline 3. General Counselling	**Lara Bijeljina** 1. Shelter 2. Helpline 3. Psychosocial counselling
Better Future 1. Access to healthcare 2. Access to other institutions 3. General counselling	**Better Future** 1. Financial and in-kind assistance 2. General counselling 3. Access to other institutions
CWR 1. Free legal aid 2. Access to other institutions 3. Education and training	**CWR** 1. Helpline 2. Psychosocial counselling 3. Education and training

Organizations explained that priorities have changed due to beneficiaries' different needs. As a representative of Lara Bijeljina explained, prior to the pandemic, the organization would prioritize general counselling, information sharing, campaigning among broader population, whereas in the pandemic situation they focused more on psychosocial counselling. The counselling is conducted both with Safe House's beneficiaries and with women in need of psychosocial assistance who contact the organization.

The representative of Better Future also reported that priorities have changed among women living in Roma communities, which is the organization's target group. They are more affected by the pandemic in terms of missing basic hygiene goods, food supplies and other needed products, while the burden of coping with crisis and deprivation is mainly on Roma women's shoulders. Therefore, the organization has highly prioritized financial and in-kind assistance to these women.

The Centre of Women's Rights focused efforts on psychological counselling. They engaged two retired psychotherapists to increase the capacity of this service, provide advice on how to deal with the situation and develop plans with beneficiaries to cope with the violence in a crisis situation. They provide advice on online platforms and social media where women can post questions anonymously. The answers are later published so other women can also refer to them and take advice relevant to their situation.

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

Helpline services

Helpline services have been provided by UWBL since 1997, Vive Zene since 2010, Lara Bijeljina since 2004, and Centre of Women's Rights since 2011.

CHALLENGES, MITIGATION AND INNOVATION

All helpline services include information sharing and consultations. CWR has introduced psychosocial support after the outbreak of the pandemic, while Vive Zene cancelled legal support as well as referral to specialized services after the outbreak. The modes of service delivery have changed, as United Women, Vive Zene and CWR started to provide helpline services from home after the outbreak of the crisis, although all organizations continued to provide this service from office as well (Table 4).

Table 4: Changes in content and method of helpline service

Content of the helpline	UWBL		Vive Zene		Lara Bijeljina		CWR	
	Feb	**April**	**Feb**	**April**	**Feb**	**April**	**Feb**	**April**
Information sharing, consultations								
Psychosocial support							■	
Legal support				■				
Referral to specialized services	■	■		■				
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 have reported facing various challenges during these circumstances.

Table 5: Challenges and mitigation strategies related to helpline

Key challenges	UWBL	Vive Zene	Better Future	CWR	Mitigation strategies
Health problems and health risks of organization staff	✔	✔		✔	Staff with higher health risks work only from home, health protection measures are applied in the office as advised by WHO
Health risks of beneficiaries	✔	✔			No contact required when using helpline service
The ability to provide necessary funds for regular service delivery	✔	✔	✔	✔	Some organizations have developed additional fundraising strategies, while others reduced their staff and relied more on volunteers
The access of victims of VAW to services due to the lack of transport	✔	✔		✔	Coordination with police, use of online platforms and social networks
The access of victims of VAW to services due to the lack of information	✔	✔	✔	✔	Trying to reach victims through media, social networks and inform them on availability of services, maximizing the use of local media and online platforms
The access of victims of VAW to services due to the curfew	✔	✔			Providing e-mail, helpline, online support
The access of victims of VAW to services due to the firmer control of perpetrator	✔	✔	✔	✔	Cooperation with police and public prosecutor. Some organizations have reported they have no resources to address this challenge at the moment

Key challenges	UWBL	Vive Zene	Better Future	CWR	Mitigation strategies
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✔	✔		✔	Encouraging citizens to report violation of public order and peace when they hear or see something that can be associated with violence
Insufficient space to accommodate victims	✔	✔			Referring women to safe houses
Difficulties in provision of food, clothes, hygiene for beneficiaries	✔	✔			Some organizations provided supplies on time, others have reported they have no resources to address these challenges at the moment
Referral to healthcare centres	✔	✔	✔	✔	Telephone contact with health centers, some organizations use their vehicles for referrals, organizations have a list of contacts for healthcare services where to refer beneficiaries
Cooperation with justice system in support to beneficiaries	✔	✔		✔	Contact with public prosecutor by phone, but so far strategies are not very successful
Cooperation with social protection system in support to beneficiaries	✔	✔		✔	Some organizations have no successful strategies to establish regular contact with social protection system, while some have, due to the already established cooperation with institutions
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✔	✔		✔	Some organizations have no successful strategies to establish regular contact with social protection system, while some have due to the already established cooperation with institutions

UWBL has reported an increased burden on staff during the pandemic. The helpline is located in the premises of the Safe House that has 24/7 duty shifts even during the pandemic. Due to the higher health risks, some staff had to be withdrawn from working on the premises while remaining staff became overburdened, as they have to cover both the helpline and work with beneficiaries in the Safe House during their shifts. The organization received no funds to engage additional new staff.

Some organizations requested clear instructions from the responsible ministry on how to provide services during the COVID-19 pandemic, but they did not get a response on specific procedures regarding women and children exposed to violence.

All organizations feel pressured by increased costs due to the new circumstances in which they have to provide services. Some have developed emergency strategies for fundraising to cover the increased costs of services, while others have reported a lack of resources to meet increased demand.

However, organizations have reported contradictory information about their demand for their services. Some organizations claim that since the outbreak, the demand has increased, while others claim that due to the isolation of women together with perpetrators, there is less reporting of violence.

CWR mobilized all staff to work on the helpline as they established phone line for crisis intervention. Beneficiaries have access to psychosocial support via Skype, and online education to medical students volunteering in the service was provided. The organization developed specific protocols in line with the situation for women are under firmer control of perpetrators. Mobile applications are used, such as Viber or Messenger. Women can also post questions and get answers online. Since the Red Cross is the only organization authorized to deliver humanitarian aid, CWR provides a list of its socially disadvantaged beneficiaries to the Red Cross for them to be provided with essential goods. Besides, representatives of the organization indicated the importance of the previously built relationships with local institutions in the system for protection.

LESSONS LEARNT AND NEEDS FOR SUPPORT

Organizations' most crucial needs to maintain the helpline service include:

- Financial support to be able to engage 24/7 operators working on helpline and trained in providing psychological support;
- Digital technology that will enable smooth functioning of service (new computers, fast internet), but also some new features, such as the ability to locate the place from which beneficiaries call;
- The understanding of donors regarding organizations' need to redirect some resources from other activities towards services;
- Training of staff in new methods of communication, working online using different tools;
- Additional free telephone lines.

Shelter

Shelter services have been provided by Vive Zene since 1997, UWBL since 2007 and Lara Bijeljina since 2011.

CHALLENGES, MITIGATION AND INNOVATION

Two shelters (Vive Zene and Lara) continued to provide accommodation for women and children, while UWBL stopped admitting new beneficiaries into the shelter after the outbreak of the pandemic. All shelters provide psychosocial and legal support and assistance in communication with other institutions. Vive Zene and Lara continue to work on development of safety plans, while UWBL cancelled this activity. Short term financial and in-kind assistance is provided by UWBL and Vive Zene (Table 6).

Table 6: Changes in content of shelter services

Content of the helpline	UWBL		Vive Zene		Lara Bijeljina	
	Feb	**April**	**Feb**	**April**	**Feb**	**April**
Accommodation for women and children		Not provided				
Psychosocial support						
Legal support						
Development of safety plans		Not provided				
Assistance in communication with other institutions						
Short term financial or in-kind assistance for women in shelter	Not provided				Not provided	Not provided

Legend: Provided ▢   Not provided ▮

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

Table 7: Challenges and mitigation strategies related to shelter services

Key challenges	UWBL	Vive Zene	Better Future	Mitigation strategies
Health problems and health risks of organization staff	✔	✔	✔	Staff with higher health risks work only from home, health protection measures are applied in the shelters as advised by WHO
Health risks of beneficiaries	✔	✔	✔	Ensuring isolation and disinfection on continuous basis, all health safety measures in line with WHO recommendations are in place
The ability to provide necessary funds for regular service delivery	✔	✔	✔	Staff reduction, relying on funds provided prior to the COVID-19 pandemic
The access of victims of VAW to services due to the lack of transport	✔	✔		Some organizations do not have response to address this, others coordinate with police or organize transportation with their own vehicles

Key challenges	UWBL	Vive Zene	Better Future	Mitigation strategies
The access of victims of VAW to services due to the lack of information	✔	✔	✔	Sharing information on available assistance through local media, social media, portals
The access of victims of VAW to services due to the curfew	✔	✔		Coordination with police
The access of victims of VAW to services due to the firmer control of perpetrator	✔	✔	✔	Organizations feel that this aspect is beyond their control. One organization is relying on cooperation with police on this matter
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✔	✔		Organizations have no mitigation strategy to address this challenge
Insufficient space for accommodating victims	✔	✔		Organizations have no mitigation strategy to address this challenge. One organization found one potential place to expand the accommodation capacities
Difficulties in provision of food, clothes, hygiene for beneficiaries	✔	✔	✔	Two organizations contacted many stakeholders to provide supplies, one organization have reported that it has no resources to address this challenge
Referral to healthcare centres	✔	✔	✔	Healthcare is provided in Safe House by trained nurses on duty shifts. Another organization uses its own vehicle to transport women to healthcare institutions. A third organization avoids bringing beneficiaries to health institutions, except when it is very much needed in order to reduce risks of COVID-19 infection
Cooperation with justice system in support to beneficiaries	✔	✔	✔	Organizations contact prosecution office by phone
Cooperation with social protection system in support to beneficiaries	✔	✔	✔	Good cooperation established prior the pandemic is uninterrupted, using online and telephone communication
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✔	✔	✔	Telephone communication or online communication

The majority of UWBL staff is forced to work from home due to health safety measures and increased health risks among personnel. The shelter accommodates only 14 women as the organization stopped admitting new beneficiaries since the outbreak because of the inability to ensure the isolation of new beneficiaries. Legal and psychosocial assistance to beneficiaries in the safe house is provided through email, phone, social networks. The organization has reported a lack of official guidelines and protocols that would define procedures of admission and service provision during the COVID-19 pandemic. Due to this lack, the organization has 'frozen' the admission of new beneficiaries.

Other organizations have redefined isolation procedures. They have limited contact between beneficiaries accommodated in shelters; beneficiaries are allowed to leave the shelter only when necessary, if there is certain medical condition that requires healthcare support, a court hearing or similar. The external staff who used to work during night shifts is relieved of duty and only core employees are working in the shelter. Health safety protocols are followed within the shelter, as well as social distancing. Premises are regularly disinfected, and more attention is paid to hygiene of the premises.

LESSONS LEARNT AND NEEDS FOR SUPPORT

The specific guidelines and protocols for the delivery of services in support to victims of violence during crisis situations should be developed and issued to all service providers by the responsible ministry and/or public health institutions.

In order to provide shelter services during the pandemic, the organizations need:

- Official guidelines from the ministry in charge regarding how to organize procedures of admission of new beneficiaries, what protective measures need to be undertaken, and how procedures in the shelters should be adjusted;
- To establish better communication channels with public institutions engaged in the system for protection of women from VAW;
- Financial assistance to engage additional staff and to provide health safety and hygiene equipment;
- Training of personnel on how to work in emergency situations;
- Financial support to adjust the premises in the shelters in case it is necessary to isolate some persons.

Psychosocial counselling as standalone service

Psychosocial counselling as a standalone service is provided by Association Vive Zene, Lara Bijeljina and CWR.

CHALLENGES, MITIGATION AND INNOVATION

Challenges in service delivery of psychosocial support are related to health safety risks, reduced opportunities of women to access this service due to the lack of public transportation, curfew, firmer control of the perpetrator and/or insufficiently adequate communication options. The challenges are posed also by the changed working schedules of institutions with which organizations cooperate in assisting women or to which they refer to for specific services. The mitigation strategies include alternative methods of providing services and relying more on telephone and online services, following health safety protocols in case that counselling should be delivered face-to-face when necessary, fundraising in order to provide additional funds and engage more counselors, sharing information on available services online and distributing leaflets specifically prepared for this purpose (Table 8).

Table 8: Challenges and mitigation strategies related to psychosocial support services

Key challenges	Vive zene	Foundation Lara	CWR	Mitigation strategies
Health problems and health risks of organization staff	✔	✔	✔	Providing counselling by phone or online and organizing counselling 'in person' only when necessary, respecting all health safety protocols as suggested by WHO
Health risks of beneficiaries	✔	✔	✔	Providing counselling by phone or online and organizing counselling 'in person' only when necessary, respecting all health safety protocols as suggested by WHO
The ability to provide necessary funds for regular service delivery	✔	✔	✔	Looking for new donors, trying to provide additional funds for counsellors specialized in emergency situations, relying more on volunteers
The access of victims of VAW to services due to the lack of transport	✔		✔	Providing counselling through phone and online
The access of victims of VAW to services due to the lack of information	✔	✔	✔	Sharing information on available assistance through local media, social media, portals
The access of victims of VAW to services due to the curfew	✔			Providing online services
The access of victims of VAW to services due to the firmer control of perpetrator		✔	✔	No mitigation strategy
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✔		✔	One organization will distribute 30,000 leaflets to citizens with necessary information on available services and requesting citizens to lend their phones to victims in case they know someone who does not have access to their phone

LESSONS LEARNT AND NEEDS FOR SUPPORT

Informing women in emergency situations that psychosocial counselling service is still available is very important. Diverse channels for informing women should be used in order to reach different groups of women. Some organizations reported that they had to transfer counselling to online channels due to the pandemic, and as they see the benefits of such counselling (women from any location can access it, it is time saving as they do not have to travel to the service, and more women could be supported through online channels). They plan to continue with this kind of procedure after the pandemic.

In order to more effectively adjust this service, organizations will need:

- Education and training on providing psychological support in epidemic/pandemic crises, natural disasters and similar emergency situations;
- Financial resources for support to psychologists who are currently providing this service pro bono;

- Better digital equipment and fast internet;
- Increased specific skills on how to establish, run and promote online counselling.

Free legal aid as standalone service

Free legal aid as a standalone service is provided by UWBJ, Lara Bijeljina and CWR.

CHALLENGES, MITIGATION AND INNOVATION

Organizations have reported challenges similar to the provision of psychosocial support, such as health risks, more difficult access of beneficiaries due to mobility restrictions and firmer control of perpetrators. However, one of the major challenges in providing free legal aid is related to the reduced working regime of justice system institutions, especially courts that issue protection orders. Their work is therefore reduced to emergency cases such as immediate protection orders, while other cases related to VAW and DV are postponed. In response to the health safety risks, organizations transferred this service mainly to phone or online channels.

Table 9: Challenges and mitigation strategies related to free legal aid

Key challenges	Vive zene	Foundation Lara	CWR	Mitigation strategies
Health problems and health risks of organization staff	✔	✔	✔	Counselling is provided online. Only some court case sessions are organized. In case of emergency interventions consultants wear protective gear.
Health risks of beneficiaries	✔	✔		Service is provided online due to health risks. Health protective measures are fully applied when it is necessary to provide consultations 'in person".
The ability to provide necessary funds for regular service delivery	✔	✔	✔	Funds are ensured
The access of victims of VAW to services due to the lack of transport	✔	✔	✔	Service is provided by telephone, online
The access of victims of VAW to services due to the lack of information	✔	✔	✔	Maximizing use of social platforms; sharing information through media and online on available service
The access of victims of VAW to services due to the curfew	✔			Providing service by phone, online
The access of victims of VAW to services due to the firmer control of perpetrator	✔	✔	✔	Using chat, close cooperation with police with availability to call them anytime
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 service, using Facebook chat
Cooperation with justice system in support to beneficiaries	✔	✔	✔	Contact through mails and phone
Cooperation with social protection system in support to beneficiaries	✔	✔	✔	Reduced activity of social protection system, contacts only through email and phone
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✔	✔	✔	One organization is part of the crisis headquarter of the city so they can directly monitor and influence the work of institutions; others have no mitigation strategies

LESSONS LEARNT AND NEED FOR SUPPORT

Similar to the case of psychosocial support, organizations learnt through this experience the value of providing free legal aid through phone or online applications or platforms in increasing overall access to the service.

In order to provide free legal aid more effectively, organizations reported they need following:

- Improved coordination with judiciary institutions during the emergency situation;
- Online legal aid distance learning programmes for professionals in the system for protection;
- Support to adapt online free legal aid to different groups of users and to promote these services for better outreach.

Assistance in accessing healthcare and other institutions

Organizations providing support in access to healthcare are UWBL, Lara Bijeljina and Better Future. Access to other institutions is provided by UWBL, Lara Bijeljina, Better Future and CWR.

Organizations indicated that police have changed their working regime, and their main priority is now monitoring the movement restrictions put in place. As a consequence, organizations reported an increase in domestic violence behind closed doors and a complete control of women by their abusers.

According to the experience of organizations working with centers for social work, police have also adjusted their work to the pandemic situation. They do not work directly with beneficiaries, not only when VAW cases are at stake, but also in other cases. They do not perform field work, which again contributes to the increased isolation of women and increased control of perpetrator. They also paused their work related to divorce cases, which can increase violence against women and prolong difficult times during divorce for many women.

Healthcare is limited only to urgent cases for all citizens. Victims of violence may avoid going to health institutions out of fear of being infected.

Organizations have reported that their services are less effective as they cannot provide adequate protection or referral in cases that require the involvement of the social protection system. Lack of functional multisectoral cooperation has particularly undermined the scale and quality of protection of women from violence. Organizations have reported that although they continued to deliver services without interruption, they cannot manage cases which require multisectoral response, such as placing women in a shelter.

The postponement of all court proceedings might put women at higher risk of violence, particularly in case of divorce proceedings. Because of the challenges related to the work of judiciary, some women victims of violence may renounce to their decision to leave the perpetrator and stay with them despite the violent situation. For some women, inefficient decisions on alimony can increase the risk of poverty, particularly in times of pandemic when many people's employment is insecure.

Situation among beneficiary groups and challenges in access to services

Organizations noticed an increase in frequency and intensity of violence. Psychological and physical violence have increased as women are isolated with their perpetrators, and isolation influences the psychological state of their perpetrators. Economic violence and control have increased as well, according to organizations' experience. Some organizations have reported that their beneficiaries indicated that violence became more intense after the pandemic outbreak. Organizations work with diverse groups of women, many of whom belong to marginalized social groups (Table 9). Some organizations could not point to specific vulnerable groups, but emphasized that they provide support to diverse groups of women (Table 10).

Table 10: Groups of women to which organizations deliver services

Key challenges	UWBL	Vive Zene	Lara Bijeljina	Better Future	CWR
Elderly women	✔		✔		✔
Roma women	✔		✔	✔	✔
Refugees	✔				
Women from rural and remote areas	✔		✔		✔
Women with disabilities	✔		✔		✔
Women from ethnic minorities	✔			✔	✔
LGBTI					✔
Sex workers					✔

Elderly women are harder to reach because they do not use digital technologies; they usually access services by phone. They also face more difficulties in accessing services due to restricted movement. Organizations try to reach this group of women through media and by informing them about the availability of services. When possible, they organize visits to women in need or they check their beneficiaries from the pre-pandemic period to see how their situations have changed in these circumstances.

Roma women are also more difficult to reach because they live in more isolated communities; however, organizations have local coordinators within Roma communities. Coordinators are currently engaged in delivery of humanitarian aid, but they also use this role to monitor the situation related to VAW in the settlements they visit. The organizations have noticed that there is less reporting of violence in these communities since the outbreak of the pandemic and Roma women have been approaching organizations more often with needs for essential goods.

Rural women are in a similar situation, with more difficulty in accessing services due to the lack of public transportation. In order to help them, organizations try to inform them and refer them to appropriate services.

In order to more effectively reach women from mentioned groups, organizations need:
- Sustainable and long-term core funding to cover staff and equipment costs in order to be able to develop alternative methods of outreach and service provision;
- To develop crisis referral plans that will be applied among all institutions and organizations engaged in protection of women from WAV that will address the specific obstacles in access to services of women from different marginalized groups;
- To organize mobile teams of counsellors that will go to the communities of marginalized women, since they do not have access to digital information;
- Exchange of experience with other organizations specialized in working with some groups of marginalized women to learn about their outreach practices.

4. Challenges related to other VAW activities

During the pandemic non-essential activities or activities that are not directly related to provision of services are less prioritized and even paused. Awareness raising and campaigning activities are mainly used to inform women about available services, as well as to inform citizens how to react when they witness violence and how to report it. As one organization indicated, the staff is overwhelmed with inquiries from media and international organizations to describe the situation.

Organizations were very active in advocating for legal changes and for adopting public policies in the area of VAW and DV in line with the Istanbul Convention prior to the outbreak of pandemic. They have submitted alternative reports to GREVIO and CEDAW. Their advocacy was also focused on institutions in the system for protection in order to improve services and align them with the standards defined in the Istanbul Convention. However, during the pandemic, advocacy was redirected towards institutions and donors that can provide funds to maintain key support services. Organizations spend a lot of time and energy explaining to donors that resources should be reallocated in order to secure service provision and proper support to women experiencing violence, but also to activities focused on providing humanitarian aid to women in need. Better Future managed to advocate for the provision of basic essentials for Roma women with agency for Gender Equality of BiH and Open Society Institute. Their actions are approved within the UN 1325 action plan to improve gender responsive approach and support systems in the context of current security threats and challenges and in line with strategic objective to implement preventive measures created and conditions established for gender-responsive access to current security threats and challenges.

Other organizations have advocated for support to services among local governments, indicating that violence has increased, judging by number of women accessing the support services. They also submitted requests for free telephone lines which would be promoted in the media by responsible institutions.

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 facts that could be used for programming purposes. Based on that evidence, 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 Istanbul Convention standards;
- Ensure technical equipment that enables more efficient service delivery in accordance with Istanbul Convention standards, including software that enables identifying the location from which women call;
- Enable financial support for improving professional capacities/number of professional staff engaged in service providing 24/7;
- Increase the digital skill of staff providing services in order to be able to use diverse digital channels of communication, such as social media, mobile applications and similar.

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 procedures with testing prior to accommodation in shelters or having separate premises for newly admitted women before they are tested for the COVID-19;
- Provide education and training for all staff on working in emergency situations/crises;
- Increase financial support for improving professional capacities in shelters and number of professional staff engaged in service provision;
- Ensure shelters and other support for women from marginalized groups;
- Establish better communication with other institutions in the system for protection, defining new channels and new communication protocols;
- Create protocols for referral of shelters to humanitarian aid organizations when needed provision of food,

clothing, and other necessities for their beneficiaries;
- Financially support shelters to adjust premises for pandemic situation in case they need to place beneficiaries in isolation.

Psychosocial counselling as standalone service
- Develop protocols that regulate a new form of communication via chat/e-mails in accordance with Istanbul Convention standards;
- Develop protocols for face-to-face consultations in crisis situation, which will include health safety standards;
- Adjust technical equipment and internet connection for providing alternative online psychological support;
- Increase skills of service providers to be able to establish, run and promote online counselling.

Free legal aid as standalone service
- Financial support for improving professional capacities and number of professional staff engaged in service provision;
- Establish a web-based platform for legal counselling also accessible to women with disabilities;
- Improve coordination with judiciary institutions within the emergency situation framework;
- Establish online legal aid distance learning programmes for professionals in the system for protection.

Assistance in access to healthcare and other institutions
- Create protocols that will allow for direct communication and cooperation in the provision of services with relevant local institutions (police, health and social care institutions) and to enable women's organizations' participation in the work of local multisectoral teams during reduced work hours and remote work during the COVID-19 response measures.

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 technologies, communication tools, skills to provide content in new formats for advocacy, awareness-raising and campaigning;
- Online campaigns about the rights of women, availability of services and obligation of all citizens to report violence, alerting on increased risks during isolation.