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

A proposal for addressing the needs

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.

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# List of Acronyms

| | |
|---|---|
| **CEDAW** | Convention on the Elimination of Discrimination against Women |
| **COVID-19** | Corona Virus Disease 2019 |
| **CRI** | Center for Roma Initiatives |
| **EU** | European Union |
| **IC** | Istanbul Convention |
| **IOs** | International Organizations |
| **INGOs** | International Non-Governmental Organizations |
| **MWL** | Montenegrin Women's Lobby |
| **RCC** | Rape Crisis Center |
| **UN** | United Nations |
| **VAW** | Violence against Women |
| **WHO** | World Health Organization |
| **WSH** | Women's Safe House |

# 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 (including those from disadvantaged groups) who have

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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).

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 Montenegro 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 Montenegro. 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 Montenegro, 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 Montenegro 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, nine 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, Montenegro having 324 cases.

In response to the pandemic, governments across the region, including Montenegro, 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

Nine organizations participated in the survey in Montenegro: The SOS Telephone for Women and Children Victims of Violence Plav (henceforth SPS Plav), Integrity, SOS Hotline for Women and Children Victims of Violence Podgorica (henceforth SOS Podgorica), Ksena, SOS Hotline for Women and Children Victims of Violence Niksic (henceforth SOS Niksic), Center for Roma Initiatives (CRI), Women's Safe House (WSH), Montenegrin Women's Lobby (MWL) and IKRE.

The organizations range from very small to medium in terms of number of employed persons and engaged volunteers. In April 2020, Ksena and Integrity did not have any employed persons and were relying fully on volunteer work. The largest organization was SOS Niksic, with 10 permanently and 3 temporarily employed persons. The biggest number of volunteers were engaged by CRI, MWL and IKRE. Ksena has faced the biggest change in number of employed persons, followed by IKRE and MWL. In addition to support services to women experiencing violence, the majority of organizations conduct advocacy, awareness raising and campaigning as well as research. Their resilience varies. While Ksena would be able to maintain activities for less than one month in a situation of crisis, SOS Podgorica and SOS Niksic reported being able to maintain this level of activity for more than a year. Organizations rely significantly on international donations, but several also receive funding from local or national budgets (Table 1).

**Table 1: Profile of implementing partners**

| | SOS Plav | Integrity | SOS Pogorica | Ksena | SOS Niksic | CRI | WSH | MWL | IKRE |
|---|---|---|---|---|---|---|---|---|---|
| **Geographical scope** | Local | Regional | National | Regional | National | National | National | National | Local |
| **Permanently employed** | 3 | 0 | 6 | 0 | 10 | 7 | 5 | 0 | 2 |
| **Temporarily employed** | 0 | 0 | 2 | 0 | 3 | 7 | 5 | 6 | 0 |
| **Volunteers** | 3 | 6 | 5 | 4 | 0 | 20 | 7 | 12 | 10 |
| **Change in personnel February - April 2020** | no change | no change | no change | -2 permanent -6 temporary -4 volunteers | -2 temporary | no change | no change | -2 permanent | -4 temporary |
| **Key activities other than services** | Campaign | Advocacy | Advocacy Campaign Research | Advocacy Campaign Research | Advocacy Campaign Research | Advocacy Campaign Research | Advocacy Campaign Research | Advocacy Campaign | Advocacy Campaign Research |
| **Types of violence** | Physical, Sexual, Sexual harassment, Psychological | Physical, Psychological, Economic | Physical Sexual Sexual harassment Psychological Economic | Physical Sexual Sexual harassment Psychological Economic Early marriages | Physical Sexual harassment Psychological Economic Stalking | Physical Psychological Economic Early marriages | Physical Sexual Sexual harassment Psychological Economic stalking | Physical Sexual Sexual harassment Psychological Economic stalking | Physical Psychological Economic Stalking |
| **Organization premises** | Rented | Rented | Rented | Rented | Own property + rented | Rented | Rented + using without paying | Rented | Own property + rented |
| **Resilience – how long they are able to sustain** | Between 1-3 months | Up to 6 months | More than a year | Less than one month | More than a year | A year | Up to 6 months | Up to 6 months | Between 1-3 months |
| **Main sources of funding** | 20% national budget 60% INGOs 10% Private business 10% public companies | 100% IOs | 15% national budget 85% IOs | 7% local budget 92% IOs 1% private business | 1% local budget 26% national budget 41% IOs 32% INGO | 10% national budget 90% IOs | 1% local budget 20% national budget 36% IOs 40% INGO 3% private business | 25% local budget 35% national budget 40% IOs | 35% national budget 40% IOs |

The COVID-19 pandemic and measures taken in response have had a profound impact on the work of organizations, and particularly restrictions of mobility, cancellation of public transport and postponement of court proceedings (Chart 1).

Since organizations are financed mainly through projects, their activities other than services provided to women experiencing violence are currently on hold. Some of the organizations participating in the survey raised concerns regarding the huge pressure staff will be subjected to after the COVID-19 crisis to compensate for postponed project activities while simultaneously needing to regularly deliver services to women in need for protection. This project-based functioning, therefore, undermines the resilience and puts pressure on organizations in emergency circumstances.

**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 | 7/9 | 78% |
| Work transferred to home when possible; strict health measures for those who still have to go to the workplace | 7/9 | 78% |
| Closure of kindergartens, schools | 5/9 | 56% |
| Mobility restriction for certain groups, such as older population, children up to age 18 | 3/9 | 33% |
| Cancellation of public transport in the city/community excluding taxi | 7/9 | 78% |
| Cancellation of intercity public transport, excluding taxi | 7/9 | 78% |
| Special work regime of health institutions which allows only admission of urgent medical cases | 6/9 | 67% |
| Quarantine for persons who were in contact with infected persons but do not have symptoms | 5/9 | 56% |
| Self-isolation for persons who are infected and with mild symptoms | 6/9 | 67% |
| Self-isolation upon return from trips abroad | 5/9 | 56% |
| Forced hospitalization of all those infected, regardless the gravity of sickness and symptoms | 2/9 | 22% |
| Shorter working hours of shops, supermarkets, pharmacies, banks | 3/9 | 33% |
| Closure of all shops that do not sell food, medicaments, hygiene products, child supplies, and similar | 3/9 | 33% |
| Closure of all direct, face-to-face services in public administration and transfer to mail or phone | 6/9 | 67% |
| Postponement of all court proceedings except those that cannot be postponed, such as emergency VAW measures | 7/9 | 78% |
| Closure of cities/municipalities (ban to leave or enter city/municipality) | 6/9 | 67% |

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

**CHALLENGES IN SERVICE DELIVERY
AND MITIGATION STRATEGIES**

Despite the emergency situation and the challenges it posed, organizations managed to maintain a high level of service delivery. All organizations provide general counselling and information sharing services, which are very important in the shifting reality; the majority of organizations provide helpline services, assistance in access to other institutions in the system for protection, development of safety plans and free legal aid. More than half of organizations still manage to participate in local coordination for a multisectoral response to violence (Table 2).

**Table 2: Services provided in April 2020**

| Services | N | % |
|---|---|---|
| Helpline | 7 | 78 |
| Shelter | 2 | 22 |
| Rape crisis or sexual violence referral centres | - | - |
| Support to child witness | 3 | 33 |
| Assistance in accessing healthcare | 4 | 44 |
| Assistance in accessing other institutions | 8 | 89 |
| Development of safety plans | 7 | 78 |
| Participation in local coordination teams | 5 | 56 |
| General counselling, information sharing | 9 | 100 |
| Psychosocial counselling | 9 | 100 |
| Free legal aid | 8 | 89 |
| Financial and in-kind assistance | 2 | 22 |
| Housing | 1 | 11 |
| Education and training | 2 | 22 |
| Support to employment | 1 | 11 |

In the next chart, changes in activities are presented for each organization. All organizations temporarily reduced services. Activities that organizations cancelled in April were most often education and training, support to employment, but also participation in local coordination teams, which has been more difficult to organize due to measures related to social distancing such as cancellation of public transport and face-to-face public services and the transfer of a significant portion of work to home (Chart 2). The new circumstances mobilized some of the organizations to introduce new services. For example, Integrity introduced helpline and assistance in access to healthcare, and Ksena introduced financial and in-kind assistance to women in need.

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

**SOS Plav**
**APRIL:** helpline, support to child witness, assistance in access to healthcare, to other institutions, development of safety plans, participation in local coordination, general counselling, psychosocial support, free legal aid, housing, education and training

**Integrity**
**APRIL:** assistance in accessing healthcare, other institutions, development of safety plans, participation in local coordination, general counselling
**NEW:** helpline, assistance in accessing healthcare
**CANCELLED:** programmes for perpetrators, education, assistance in employment

**SOS Podgorica**
**APRIL:** helpline, support to child witness, assistance in accessing healthcare, other institutions, development of safety plans, general counselling, psychosocial counselling, free legal aid
**CANCELLED:** participation in local coordination, education

**Ksena**
**APRIL:** helpline, support to child witness, assistance in access to healthcare, other institutions, general counselling, pshychosocial counselling, free legal aid
**NEW:** financial and in-kind assistance
**CANCELLED:** participation in local coordination teams, education, assistance in employment

**SOS Niksic**
**APRIL:** helpline, shelter, assistance in access to other institutions, development of safety plans, general counselling, psychosocial support, free legal aid
**CANCELLED:** participation in local coordination teams, education, assistance in finding employment

**CRI**
**APRIL:** helpline, assistance in access to other institutions, development of safety plans, participation in local coordination, general counselling, psychosocial support, free legal aid, education
**CANCELLED:** assistance in accessing healthcare, assistance in employment

**WSH**
**APRIL:** helpline, shelter, support to child witness, assistance in access to healthcare, other institutions, general counselling, pshychosocial counselling, free legal aid
**CANCELLED:** education

**MWL**
**APRIL:** helpline, general counselling, psychosocial counselling, free legal aid
**CANCELLED:** assistance in access to other institutions, development of safety plans, participation in local coordination, education

**IKRE**
**APRIL:** assistance in access to other institutions, development of safety plans, participation in local coordination, general counselling, psychosocial support, free legal aid
**CANCELLED:** education, assistance in 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. Table 3 presents changes in the perception of priorities among organizations.

It is noticeable that the helpline and psychosocial counselling are now perceived as the two most important services by the majority of organizations, while prior to the pandemic, shelters and support in access to other institutions in the system for protection were also highly prioritized.

**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 | 4 | 44 | 7 | 78 |
| Shelter | 5 | 56 | 4 | 44 |
| Rape crisis centers | 1 | 11 | 2 | 22 |
| Support to child witness | 1 | 11 | 1 | 11 |
| Support in access to healthcare | 2 | 22 | 2 | 22 |
| Support in access to institutions for support | 4 | 44 | 2 | 22 |
| Development of safety plans | 1 | 11 | - | - |
| Participation in coordination teams | - | - | - | - |
| Specialized programs for perpetrators | - | - | - | - |
| General counselling | 1 | 11 | 1 | 11 |
| Psychosocial counselling | 5 | 56 | 6 | 67 |
| Free legal aid | 2 | 22 | 1 | 11 |
| Financial support | - | - | 1 | 11 |
| Housing | - | - | | - |
| Education and training | - | - | - | - |
| Support to employment | 1 | 11 | - | - |

Data presented in the next chart shows the perception of priority services among organizations in February and April 2020. Four organizations did not change priorities (SOS Plav, SOS Niksic, CRI and MWL), while five organizations have revised the prioritization of services (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** |
| **WSH**<br>1. Helpline<br>2. Shelter<br>3. Free legal aid7787 | **WSH**<br>1. Helpline<br>2. Shelter<br>3. Financial and in-kind assistance |
| **MWL**<br>1. Helpline<br>2. Psychosocial counselling<br>3. General counselling | **MWL**<br>1. Helpline<br>2. Psychosocial counselling<br>3. General counselling |
| **IKRE**<br>1. Shelter<br>2. Psychosocial counselling<br>3. Assistance in employment | **IKRE**<br>1. Helpline<br>2. Rape crisis centers<br>3. Psychosocial counselling |
| **SOS Plav**<br>1. Helpline<br>2. Shelter<br>3. Rape crisis center | **SOS Plav**<br>1. Helpline<br>2. Shelter<br>3. Rape crisis center |
| **Integrity**<br>1. Shelter<br>2. Support in accessing healthcare<br>3. Development of safety plans | **Integrity**<br>1. Shelter<br>2. Assistance in access to healthcare<br>3. Psychosocial counselling |
| **SOS Podgorica**<br>1. Psychosocial counselling<br>2. Access to other institutions<br>3. Free legal aid | **SOS Podgorica**<br>1. Helpline<br>2. Psychosocial counselling<br>3. Free legal aid |
| **Ksena**<br>1. Psychosocial counselling<br>2. Support to child witness<br>3. Access to other institutions | **Ksena**<br>1. Helpline<br>2. Psychosocial counselling<br>3. Support to child witness |
| **SOS Niksic**<br>1. Helpline<br>2. Shelter<br>3. Access to other institutions | **SOS Niksic**<br>1. Helpline<br>2. Shelter<br>3. Access to other institutions |
| **CRI**<br>1. Access to other institutions<br>2. Access to healthcare<br>3. Psychosocial counselling | **CRI**<br>1. Access to other institutions<br>2. Access to healthcare<br>3. Psychosocial counselling |

WSH explained that in April the financial and in-kind assistance to women became more important than free legal aid, stating that women have lost their jobs in the situation of special measures and as a consequence have been facing very difficult economic situations. The need for financial and in-kind assistance has been emphasized by all organizations.

IKRE emphasized that violence increased in terms of prevalence and intensity since the initiation of social distancing measures. Therefore, the rape crisis centers replaced assistance in employment among priority services.

Although there are often challenges related to service provision, there are specific challenges that organizations face in the delivery of particular services. In further sections, the challenges and mitigation strategies together with lessons learned and needs for support are presented.

## Helpline services

Helpline services are provided by SOS Plav, SOS Podgorica, Ksena, SOS Niksic, CRI and WSH. While SOS Niksic, SOS Podgorica and WSH are licensed providers of specialized services, SOS Plav, Ksena and CRI are in the process of meeting the requirements for licensing helpline services.

MWL has provided SOS phone service for victims of sexual exploitation since May 2019 and SOS line for victims of trafficking since 2009.

**CHALLENGES, MITIGATION AND INNOVATION**
The content of helpline services has not changed since the outbreak of pandemic, but the methods of service delivery have. The only change in the content of services is reported by Ksena, which stopped referral to specialized services in April. All other organizations continue to provide services on the same scale, including the referral, information sharing, general consultations, psychosocial and legal support (Table 4).

The methods of service delivery have changed since some organizations transferred services from office to homes of consultants (Ksena, CRI, WSH, MWL). However, other organizations (SOS Plav, SOS Podgorica, SOS Niksic) continued to provide services from the office. There has been no change in using other communication tools, such as online or mobile applications. The organizations that use these alternative forms of communication in April had been using them before the pandemic. On the other hand, organizations that did not use online or mobile communication tools prior to the pandemic did not introduce these tools after the outbreak (Table 4).

**Table 4: Changes in content and method of helpline service**

| Content of the helpline | SOS Plav | | SOS Podgorica | | Ksena | | SOS Niksic | | CRI | | WSH | | MWL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Feb | April | Feb | April | Feb | April | Feb | April | Feb | April | Feb | April | Feb | April |
| Information sharing, consultations | | | | | | | | | | | | | | |
| Psychosocial support | | | | | | | | | | | | | | |
| Legal support | | | | | | | | | | | | | | |
| Referral to specialized services | | | | | | Not provided | | | | | | | | |
| **Method of service delivery** | | | | | | | | | | | | | | |
| Through phone from the office | | | | | | Not provided | | | | Not provided | | | | Not provided |
| Through phone from the home of staff | | | | | | | | | | | Not provided | | Not provided | |
| Through e-mail | | | | | | | | | | | | | | |
| Through online chat | | | | | | | | | | | | | Not provided | Not provided |
| Through mobile application chat | | | Not provided | Not provided | | | Not provided | Not provided | | | Not provided | | Not provided | Not provided |

Legend: Provided | Not provided

Organizations providing helpline services pointed to various challenges they are facing in service delivery since the pandemic outbreak. All organizations reported challenges related to health risks of staff; six out of seven organizations (86%) reported challenges relating to the health risks of beneficiaries and problems in access of beneficiaries to services due to the lack of transport, lack of information, curfew, firmer control of perpetrator or changed channels of communications. Organizations also pointed to problems with referrals to health institutions (four or 57%) and in communication with other institutions due to their changed work regimes.

Strategies used to mitigate these challenges are also diverse (presented in the same table). In general,

organizations shifted services to the homes of consultants working on helpline; face-to-face communication is very limited and only applied in priority cases with necessary health safety equipment. In an attempt to address the challenges related to the firmer control of perpetrators over women which prevents them calling for help, organizations have been conducting campaigns on social media and other channels to raise awareness among citizens to report violence when they witness it.

Organizations have been informed that UNDP will develop the digital application "Be safe" ("Budi sigurna") and as project partners they were able to provide suggestions and comments on proposed solutions.

**Table 5: Challenges and mitigation strategies related to helpline**

| Key challenges | SOS Plav | SOS Podgorica | Ksena | SOS Niksic | CRI | WSH | MWL | Mitigation strategies |
|---|---|---|---|---|---|---|---|---|
| Health problems and health risks of organization staff | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | Service is provided online, organizations have their own doctor, work from home, using safety measures (mask, gloves) |
| Health risks of beneficiaries | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | Service is provided online, organizations have their own doctor, work from home, using safety measures (mask, gloves) |
| The ability to provide necessary funds for regular service delivery | ✔ | | ✔ | | ✔ | | ✔ | Relying on volunteering work; new donors identified; funds are already secured |
| The access of victims of VAW to services due to the lack of transport | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | Some organizations have cars or use private cars from members to transport victims |
| The access of victims of VAW to services due to the lack of information | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | Disseminating information through different media channels, through e-mails for previous beneficiaries, through mediators in Roma settlements, announcing mobile application |
| The access of victims of VAW to services due to the curfew | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | In cooperation with the police, permits excluding the prohibition of movement for NGOs providing these services are issued |
| The access of victims of VAW to services due to the firmer control of perpetrator | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | Campaigning for citizens to report violence in their neighbourhood, using online tools (social media, e-mail) |

| Key challenges | SOS Plav | SOS Podgorica | Ksena | SOS Niksic | CRI | WSH | MWL | Mitigation strategies |
|---|---|---|---|---|---|---|---|---|
| The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone) | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | Victims use phone in greatest numbers, but are also using online tools, such social media |
| Insufficient space to accommodate victims | ✔ | ✔ | | | ✔ | | ✔ | Lobbying with government institutions to provide additional accommodation |
| Difficulties in provision of food, clothes, hygiene for beneficiaries | ✔ | ✔ | | ✔ | ✔ | | ✔ | Collaboration with Red Cross, asking institutions to provide more help |
| Referral to healthcare centres | | ✔ | | ✔ | ✔ | | ✔ | Advocating with health centers to accept victims of VAW as urgent cases, good cooperation with health centers |
| Cooperation with justice system in support to beneficiaries | | ✔ | | ✔ | ✔ | | ✔ | Good cooperation with justice system, online and telephone communication, established emergency communication system with judiciary |
| Cooperation with social protection system in support to beneficiaries | | | | ✔ | ✔ | ✔ | ✔ | Good previously established cooperation; using online, telephone communication, emergency communication system |
| Cooperation with police + judiciary + other existing referral system in support to beneficiaries | | ✔ | | | ✔ | ✔ | ✔ | Telephone communication, some organizations have good cooperation, some are developing new protocols for emergency situations |

Some women from marginalized groups do not possess phones, so the role of persons of trust and Roma mediators is of key importance for their access to services.

There are now more problems with referrals than in prior to COVID-19. Organizations report that it is not easy to find places for women in need in shelters as there is not enough space. There is also a greater need to provide women with food, clothing and other necessities, and some service providers cooperate to this aim with humanitarian organizations. This is particularly the case with Roma and Egyptian women, who often live in severe material deprivation. MWL introduced the practice of making lists of needs reported through helpline and then asking humanitarian organizations to provide these goods.

Due to working from home or a combination of work from the office and home, some organizations provide longer service hours. For example, SOS Podgorica provided helpline service from 9h to 17h before the pandemic, and the service is now available 24/7.

Some organizations working with women from marginalized groups provide services that are not licensed, and during this situation they fully understood the importance of having licensed services.

**LESSONS LEARNT AND NEEDS FOR SUPPORT**

The main lesson learnt by the majority of organizations is the importance of diversifying methods of communication within the helpline service. Phone communication is still commonly used by women, but in the current situation, due to the firmer control of perpetrators, other forms of communication increased in importance, such as online chat or mobile phone chat applications. E-mail is another effective tool, particularly when it comes to legal advice, as it can be difficult to understand legal matters, and e-mail communication allows women to re-read the advice and understand more complex legal information. However, for some women this is not a solution, as they live in deprived areas and households and may not possess phones. The experience of CRI with persons of trust and mediators in target group communities provides a good method of reaching these women.

The organizations reported the following needs related to helpline service provision:

- Development of new tools of communication, such as mobile applications, and their promotion among women;
- Exchange of good practices organizations adopted to adjust to the emergency situation; mutual learning to foster innovation;
- Support in licensing services;
- Provision of safety equipment for the office staff and for keeping the office space safe and in line with health safety standards;
- Support for the mobilization of more volunteers, particularly activists from marginalized groups, such as Roma and Egyptian, in order to increase outreach to women living in more isolated communities;
- Easier access to permits for staff to move during curfew hours;
- Support in providing adequate equipment such as smartphones, which enable chat applications such as the popular application Viber.

## Shelter

Shelter services are provided by SOS Niksic and WSH.

**CHALLENGES, MITIGATION AND INNOVATION**

The shelters provide accommodation for women and children victims of violence, psychosocial support, legal support, development of safety plans, and assistance in communication with other institutions. Two shelters did not revise the content of their services since the outbreak of pandemic (Table 6).

**Table 6: Changes in content of shelter services**

| Content of the helpline | SOS Niksic | | WSH | |
|---|---|---|---|---|
| | **February** | **April** | **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 | | | Not provided | Not provided |

Legend: ▢ Provided  ▮ Not provided

Key challenges in keeping shelters operational relate to the health risks of staff and beneficiaries, reduced mobility of beneficiaries due to mobility restriction measures and firmer control of the perpetrator. The organizations responded to these challenges proactively with various mitigation strategies, including following health safety measures, obtaining additional funds from new donors, organizing transport for beneficiaries, organizing campaigns to raise awareness on the availability of services and urging citizens to report violence since it is difficult to women to report themselves due to the firmer control of perpetrator. Previously developed relations with the police, social protection and judiciary are used effectively to bridge the gaps in the work of public institutions during COVID-19 (Table 7).

**Table 7: Challenges and mitigation strategies related to shelter services**

| Key challenges | SOS Niksic | WSH | Mitigation strategies |
|---|---|---|---|
| Health problems and health risks of organization staff | ✔ | ✔ | Health safety protocols are applied, a doctor provides guidelines and monitors the safety procedures aligned with WHO and Ministry of Health in the shelter |
| Health risks of beneficiaries | ✔ | ✔ | Health safety protocols are applied, a doctor provides guidelines and monitors the safety procedures aligned with WHO and Ministry of Health in the shelter |
| The ability to provide necessary funds for regular service delivery | | | Found new donors, use of funds provided prior to the pandemic |
| The access of victims of VAW to services due to the lack of transport | ✔ | ✔ | Organizations have their own transport service, or staff uses private cars, cooperation with police for inter-city transport |
| The access of victims of VAW to services due to the lack of information | | ✔ | Launched online campaign on available services and ways of communication |
| The access of victims of VAW to services due to the curfew | ✔ | ✔ | Organizations have permits to go out during curfew |
| The access of victims of VAW to services due to the firmer control of perpetrator | ✔ | ✔ | Using chat, close cooperation with police with possibility to call them any time |
| The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone) | ✔ | ✔ | The majority of victims use phone; victims accommodated in the shelter have access to all communication channels (phone, internet, same as before pandemic) |
| Insufficient space for accommodating victims | | | Some organizations plan to rent additional apartment if needed |
| Difficulties in provision of food, clothes, hygiene for beneficiaries | | | Contacting donors, engaging more volunteers for delivery of humanitarian aid when needed |
| Referral to healthcare centres | ✔ | ✔ | Advocating with health centers to accept victims of VAW as urgent cases, good cooperation with health centers |
| Cooperation with justice system in support to beneficiaries | ✔ | ✔ | Good cooperation with justice system, online and telephone communication, established emergency communication system with judiciary |
| Cooperation with social protection system in support to beneficiaries | ✔ | ✔ | Good previously established cooperation, using online, telephone communication, emergency communication system |
| Cooperation with police + judiciary + other existing referral system in support to beneficiaries | ✔ | ✔ | Telephone communication, some organizations have good cooperation, some are developing new protocols for emergency situations |

Despite a proactive approach to address the challenges, some remaining problems burden the regular functioning of organizations.

One organization listed key measures that have been applied during the pandemic:
- Helpline in the shelter operating 24/7;
- Helpline in the office operating on working days from 9h-14h;
- Beneficiaries in the shelter instructed on health safety measures and obliged to apply them, including measures related to the disinfection of the premises;
- Poster from the Institute for Public Health placed on the wall with instructions on how to maintain hygiene of hands, how to appropriately use masks and gloves, how to disinfect premises;
- Beneficiaries are provided with instructions on how to remain physically active during the stay in the shelter, with printed workout examples;
- Beneficiaries do not leave the shelter during the pandemic; they stay in the house and the yard;
- Shelter is equipped with all basic medicaments;
- Daily phone communication with beneficiaries and daily visits to shelter by staff (using safety protection) to provide beneficiaries with necessities;
- Since emergency measures, no new beneficiaries have been admitted, as the shelter is not designed to provide self-isolation; in case there is a need for new accommodation, consultations with health institutions will be organized.

**LESSONS LEARNT AND NEEDS FOR SUPPORT**
Organizations reported that one of the lessons learnt due to the specific COVID-19 emergency working regime is the importance of boosting the self-reliance of women during their stay in the shelter. This helps them become more proactive in organizing everyday life, as staff has more limited access to the shelter. They recognize the importance of being creative in organizing activities in the shelter, as lockdown restricts women's space even more than before. Organizations also started to think about how to expand the capacities of shelters.

In order to adjust service to the new circumstances, organizations will need:
- To find ways to expand the capacities of shelters with the support of donors to have some kind of reserve on the premises where victims could be accommodated in case of increased demand for shelter services;
- Access to sufficient quantities of protective equipment such as masks, gloves, sanitizers;

- To create protocols of accommodating new beneficiaries in the situation of pandemic in cooperation with health institutions, including to be provided with instructions on how and where to organize the self-isolation and sanitary inspection of new beneficiaries in order not to bring infection into the shelter. This could include renting apartments where women would be accommodated during self-isolation prior to accommodation in the shelter. It opens the question of additional staff and provision of services such as psychosocial support or healthcare support.

## Psychosocial counselling as standalone service
Psychosocial counselling as standalone service is provided by SOS Plav, Integrity, Ksena, WSH and IKRE.

**CHALLENGES, MITIGATION AND INNOVATION**
As for previous services, challenges in service delivery are related to the health safety risks, reduced opportunities of women to access this service due to the lack of public transport, curfew, firmer control of perpetrator or insufficiently adequate communication options. The challenges are posed also by the changed work regimes of institutions with which organizations cooperate in assisting women or to which they are referred for specific services. The mitigation strategies include new health safety protocols, changed methods of service provision and a greater reliance on telephone and online services (Table 8).

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

| Key challenges | SOS Plav | Integrity | SOS Niksic | Ksena | WSH | IKRE | Mitigation strategies |
|---|---|---|---|---|---|---|---|
| Health problems and health risks of organization staff | ✔ | ✔ | ✔ | ✔ | | ✔ | Health safety protocols are applied, a doctor provides guidelines, work shifts from home for employees who are at risk |
| Health risks of beneficiaries | ✔ | ✔ | ✔ | ✔ | | ✔ | Health safety protocols are applied, a doctor provides guidelines, beneficiaries come to the office for face-to-face consultations only if it is assessed as necessary |
| The ability to provide necessary funds for regular service delivery | ✔ | ✔ | | ✔ | | ✔ | Found new donors, relying on volunteers |
| The access of victims of VAW to services due to the lack of transport | ✔ | | ✔ | | | | Organizations have their own transport service, or staff uses private cars, cooperation with police for inter-city transport |
| The access of victims of VAW to services due to the lack of information | ✔ | | ✔ | ✔ | | | Launched online campaign on available services and ways of communication |
| The access of victims of VAW to services due to the curfew | ✔ | | ✔ | | | ✔ | Organizations have permits to go out during curfew |
| The access of victims of VAW to services due to the firmer control of perpetrator | ✔ | | ✔ | | ✔ | ✔ | Using chat, close cooperation with police with possibility to call them any time |
| The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone) | ✔ | | ✔ | | ✔ | ✔ | The majority of victims use phone, campaign for citizens to report domestic violence (DV) |
| Insufficient space for accommodating victims | ✔ | | ✔ | | | ✔ | In some cases, consultants receive victims in their homes for consultations |

IKRE highlighted that the influence of the COVID-19 pandemic has left a major shift in every aspect of society, inspiring the organization to examine the impact of its services The organizations will work to expand its services after the social distancing period ends, reasoning that the pandemic has created psychological vulnerabilities in people that may increase the risk of experiencing violence.

**LESSONS LEARNT AND NEEDS FOR SUPPORT**

Informing women in emergency situations that services are still available is very important. Diverse channels for informing women should be used in order to reach different groups of women.

As needs for the effective adjustment of this service, organizations list:

- Support in digital equipment and skills in order to transfer activities to a digital space, including both information sharing and campaigning about availability of services as well as providing service through digital channels;
- Exchange of experience, good practices and mutual learning with other organizations providing this service.

## Free legal aid as standalone service

Free legal aid as a standalone service is provided by SOS Plav, SOS Podgorica, Ksena, WSH and IKRE.

**CHALLENGES, MITIGATION AND INNOVATION**

In the case of free legal aid, challenges are more related to health risks and the access of women to the service than to resources and coordination with other institutions. In response to these challenges, organizations provide legal counselling online (through Facebook chat, e-mail, and similar) or by phone. They meet beneficiaries face-to-face only in specific cases. Similarly, for psychosocial counselling, organizations invest significant efforts to disseminate information about the availability of this service through social media. Only one organization reported as a challenge the cooperation with judiciary, police or other institutions. The mitigation strategy includes phone or online communication with these institutions, as well as communication with local coordinators at municipality level.

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

| Key challenges | SOS Plav | SOS Podgorica | Ksena | WSH | IKRE | Mitigation strategies |
|---|---|---|---|---|---|---|
| Health problems and health risks of organization staff | ✔ | ✔ | ✔ | | ✔ | Counselling is provided online. Only some court cases 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 postpone proceedings |
| The access of victims of VAW to services due to the lack of transport | ✔ | ✔ | | | | Service is provided by telephone or online |
| 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 firmer control of perpetrator | ✔ | ✔ | | ✔ | ✔ | Using chat, 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 service, using Facebook chat |
| 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 police + judiciary + other existing referral system in support to beneficiaries | | ✔ | | | | Communication with local coordinators at municipality level |

**LESSONS LEARNT AND NEED FOR SUPPORT**

As needs for the effective adjustment of this service, organizations need:

• Support in the form of digital equipment and skills in order to transfer activities to a digital space, including both information sharing and campaigning about the availability of services as well as providing service through digital channels;

• Free phone line for legal counselling;

• Increased levels of networking and communication between women's groups; exchange of experience, good practices, mutual learning.

## Assistance in accessing healthcare and other institutions

Two organizations provide support in access to healthcare: SOS Plav and CRI. SOS Plav, SOS Podgorica, Ksena, SOS Niksic, CRI, WSH, MWL and IKRE offer support in accessing other institutions.

Organizations report different experiences in regard to the work of police during the pandemic. Some organizations state that it is more difficult to reach the police. Police orders and protective measures of removal of perpetrator from home are not issued. Furthermore, due to the new workload, police do not respond to all cases of violence and work in the field less frequently. There are also fewer police officers in the department responsible for DV cases, as a large number of police units have been tasked to monitor citizens' compliance with pandemic measures. Overall, organizations report that the role of the police in the protection of women exposed to violence has worsened with pandemic situation. As a consequence, women's trust in police is undermined. This has also had an impact on organizations' staff and activists. They feel frustration at being unable to provide adequate support in cases where the police should be involved. At the end of the day, this also undermines the trust of women in organizations providing services. Organizations also reported that women who experienced violence during COVID-19 crisis have higher levels of anxiety and frustration due to the gaps in services.

Additionally, the social protection system is less responsive. Social workers cancelled field work, and delays in their response are longer. Services are reduced to a minimum, and a full range of services is not currently available. Most social workers work from home; few are present and working part-time in the centers. Organizations are discouraged from referring victims to social protection institutions in such circumstances.

Difficulties related to the referral of women to healthcare centers are underlined as well. Since COVID-19 cases have much of the attention of the healthcare system, women in need of healthcare due to violence are not prioritized. On the other hand, women are reluctant to seek healthcare in regard to consequences of violence, as they are afraid that they might get infected if they visit healthcare centers. The healthcare of women exposed to violence is also undermined during the pandemic.

A similar situation is reported in relation to the judicial system. Prosecutors do not issue protective measures as previously, and there is a reduced number of available prosecutors. The work of courts is limited to urgent cases, protective measures are not issued and DV cases are not prioritized. Under this work regime, the victim's security is undermined, they are not protected adequately with protective measures and proceedings on child custody and alimony and the enforcement of final judgments are delayed.

In order to achieve more effective assistance in accessing other institutions, organizations need:
- To open a direct communication channel with relevant institutions and online participation in the multisectoral meetings on local level;
- To establish protocols to enable cooperation and women's organizations' participation in the work of local emergency headquarters to influence the creation of local measures to meet the special needs of women during emergencies.

# Situation among beneficiary groups and challenges in access to services

Organizations noticed increases in the frequency and intensity of violence. Both psychological and physical violence have increased as women are isolated with their perpetrator, in addition to isolation influencing the psychological state of their perpetrator. Economic violence and control increased as well according to the experience of organizations.

**Table 10: Groups of women to which organizations deliver services**

| Key challenges | SOS Plav | Integrity | SOS Podgorica | Ksena | SOS Niksic | CRI | WSH | MWL | IKRE |
|---|---|---|---|---|---|---|---|---|---|
| Elderly women | ✔ | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | |
| Roma women | ✔ | ✔ | | ✔ | ✔ | ✔ | ✔ | ✔ | |
| Refugee women | ✔ | ✔ | | ✔ | | ✔ | | ✔ | |
| 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, so they usually access services by phone. Organizations have been using volunteers to assist elderly women, providing humanitarian aid or shopping for them. Psychosocial support usually needed by elderly women is provided via SOS line.

**Roma women** are also more difficult to reach because they live in more isolated communities. However, organizations have local coordinators on the ground, and the delivery of humanitarian aid is accompanied by monitoring the situation regarding the VAW in deprived communities. The organizations noticed a decrease in reporting violence in these communities since the outbreak of the pandemic. On the other hand, Roma women have been approaching organizations more often with needs for basic necessities, such as food, clothing, hygiene.

**Rural women** are in a similar situation, with even more difficulty to access to services due to the lack of public transport. Organizations keep them informed and refer them to appropriate services.

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

In order to more effectively reach women from the abovementioned groups, organizations need:
- Support to produce leaflets on the availability of services during the pandemic to be adjusted to each specific group and broadly distributed;
- Resources to develop online counselling platforms and to employ more digital technologies in providing counselling to women;
- Resources to engage more staff to reach women from groups that are less reachable by digital technologies.

# 4. Challenges related to other VAW activities

The majority of organizations declared that they perceive outreach to target groups as more difficult in the current situation. Therefore, some project-based activities are postponed or sidelined, while efforts are invested in providing broad and clear information to women on which services are still available. Moreover, adjusting working conditions to the new situation requires a lot of resources for staff members who need to adapt the delivery method of services while simultaneously adjusting their private lives to the new circumstances. Hence, campaigns and awareness-raising mainly focus on providing information on services and new channels of communication accessible to reach women in need, promoting the use of Facebook, mobile applications and others.

Advocacy activities focus on changes of laws, implementation of protocols and better coordination. Research activities are not fully implemented by most of the organizations, and some completely aborted these activities until the end of the emergency situation.

# 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 and ensure the accessibility to women with disability;
- Prepare and apply a protocol that regulates a new form of communication via chat/e-mails in accrdance with IC standards;
- Ensure that the technical equipment enables more efficient service delivery in accordance with IC standards;
- Enable financial support for improving professional capacities and number of professional staff engaged in service provision 24/7.

**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 the procedures with testing prior to accommodation in shelter or separate premises for newly admitted women before they are tested for the COVID-19;
- Provide education and training for all staff for working in emergency situation/functioning in crises related to the infectious disease epidemic;
- Increase financial support for improving the professional capacities in shelters and the number of professional staff engaged in service provision;
- Ensure shelters and other services are available and accessible for women from marginalized groups;
- Create protocols for referral of shelters to humanitarian aid organizations when needed for the provision of food, clothing, and other necessities for their beneficiaries.

**Rape crisis or sexual violence referral centers**
- Enable secured and facilitated transfers in line with health safety standards of victims to rape crises centers (RCCs), and for the consultants to provide urgent assistance to victims in the field when needed;
- Ensure safety equipment for consultants and medical staff working in the rape crisis centers, hygienic kits for women who, due to injuries and forensic examinations, have to stay in RCC for a certain period;
- Develop protocols to ensure mandatory testing of rape crisis centers users for infectious and other sexually transmitted diseases as soon as they arrive at RCC;
- Develop protocols for communication and cooperation between RCCs and primary health centers and gynecological ambulances to allow direct referral of victims of sexual violence to the RCC;
- Provide education and training for all staff for work in emergency situation/functioning in crisis;
- Support in improving organizational capacities in RCCs in service provision;
- Ensure that all services in RCCs are available for women from marginalized groups.

**Psychosocial counselling as standalone service**
- Develop protocols that regulate a new form of communication via chat/e-mails in accordance with IC standards;
- Develop protocols for face-to-face consultations in crisis situations, which will include health safety standards;
- Adjust technical equipment and internet connection for providing alternative online psychological support.

**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 and hiring lawyers; ensure accessibility to women with disabilities.

**Assistance in access to healthcare and other institutions**

- 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 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, as well as communication tools and skills to provide content in new formats for advocacy, awareness-raising and campaigning;
- Online campaign about the rights of women with disabilities in times of crisis/post-crisis.