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

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A proposal for addressing the needs



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\* 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).

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# List of Acronyms

<b>ADRF</b>	Albanian Disability Rights Foundation
<b>BiH</b>	Bosnia and Herzegovina
<b>CEDAW</b>	Convention on the Elimination of Discrimination against Women
<b>CLCI</b>	Center for Legal Civic Initiatives
<b>COVID-19</b>	Corona Virus Disease 2019
<b>CRI</b>	Center for Roma Initiatives
<b>CWR</b>	Centre of Women's Rights
<b>GADC</b>	Gender Alliance for Development Center
<b>EcHO</b>	The Educational Humanitarian Organization
<b>EU</b>	European Union
<b>HERA</b>	Health Education and Research Association
<b>HRDC</b>	Human Rights in Democracy Center
<b>IC</b>	Istanbul Convention
<b>KGSC</b>	Kosovo Gender Study Center
<b>KWN</b>	Kosovo Women Network
<b>MHC</b>	Helsinki Committee for Human Rights of Republic of Macedonia
<b>MWL</b>	Montenegrin Women's Lobby
<b>MYLA</b>	Macedonian Young Lawyers Association
<b>NRAEWOK</b>	Network of Roma, Ashkali and Egyptian Women Organizations of Kosovo
<b>NRC</b>	National Roma Centrum
<b>OCYR</b>	Observatory for Children and Youth Rights
<b>RCC</b>	Rape Crisis Center
<b>UN</b>	United Nations
<b>UWBL</b>	United Women Banja Luka
<b>VAW</b>	Violence against Women
<b>VDS</b>	Victimology Society of Serbia
<b>WAVE</b>	Women against Violence Europe
<b>WFE</b>	Woman Forum Elbasan
<b>WHO</b>	World Health Organization
<b>WSH</b>	Women's Safe House
<b>WWD</b>	Women with disabilities



# 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.<sup>1</sup> 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,<sup>2</sup> 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

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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).
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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 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 presents the situation regarding the delivery of specialized services in the context of the COVID-19 pandemic to women exposed to violence, including those that are faced with multiple discrimination, with an aim 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. 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 the region or in any single country, 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 services 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 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 administrated to organizations supported through UN Women programme 'Implementing Norms, Changing Minds.' In total, 40 organizations submitted answers to the structured questionnaire.<sup>3</sup> As supplementary to this survey, the qualitative survey with 10 beneficiaries of services was conducted through semi structured in-depth interviews. The beneficiaries were interviewed by qualified personal 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 infection cases in the region was 151,204, with the highest prevalence in Turkey (135,569), followed by Serbia (9,943), Bosnia and Herzegovina (2,070), North Macedonia (1,586), Kosovo (862), Albania (850), Montenegro (324).<sup>4</sup>

In response to the pandemic, governments across the region 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 (Table 1).

**Table 1: Percentage of organizations impacted by specific measures introduced in response to COVID-19 pandemic**

Measures	Percentage
Curfew, restriction of movement of all citizens	<b>86</b>
Work transferred to homes when possible, for those who still have to go to the workplace, strict health measures apply	<b>83</b>
Special work regime of health institutions which allows only admission of urgent medical cases	<b>78</b>
Cancellation of public transport in the city/ community excluding taxi	<b>78</b>
Postponement of all court proceedings except those that cannot be postponed, such as emergency measures in VAW	<b>75</b>
Cancellation of intercity public transport excluding taxi	<b>64</b>
Closure of all direct, face-to-face services in public administration and transfer to mail or phone	<b>61</b>

3. The survey was completed by 6 organizations in Albania, 5 in Bosnia and Herzegovina, 5 in Kosovo, 9 in Montenegro, 5 in North Macedonia, 7 in Serbia and 3 in Turkey.

4. Data for Turkey, Serbia, Albania, BiH, Montenegro and North Macedonia taken from Worldometer COVID-19 pandemic page at <https://www.worldometers.info/coronavirus/>, data for Kosovo \* taken from Ministry of Health COVID site <https://kosova.health/en/>.





## 2. Impact of the COVID-19 pandemic on programme CSO partners' operational capacity

### ORGANIZATIONAL PROFILES AND RESILIENCE

Organizations are small on average, which is typical of human rights organizations in the region. In April 2020 these organizations employed in total 335 permanent staff and 205 temporary staff and mobilized 1,724 volunteers. On average, each organization has 13.5 employed persons and 43 volunteers. However, if one organization is excluded from the picture (ACEV, from Turkey), the picture on the profile reveals much smaller organizations, with an average of 6.6 employed persons (permanently and temporarily) and 10 volunteers. These are mainly women's organizations or organizations with women as a majority of employees.

After the pandemic outbreak, organizations faced a loss of staff, mainly in the category of temporary employees. There were 4 fewer permanently employed persons in April than in February, 37 fewer temporarily employed and 52 fewer volunteers.

The capacities and resilience of organizations depend on the resources they possess in terms of offices, premises for services, as well as financial resources. Organizations participating in the assessment mainly rent their premises (75%). Only 20% own space used for offices or services, 10%

use premises without paying rent (usually given by local governments), and 2% use home space of volunteers (12% combine different modalities).

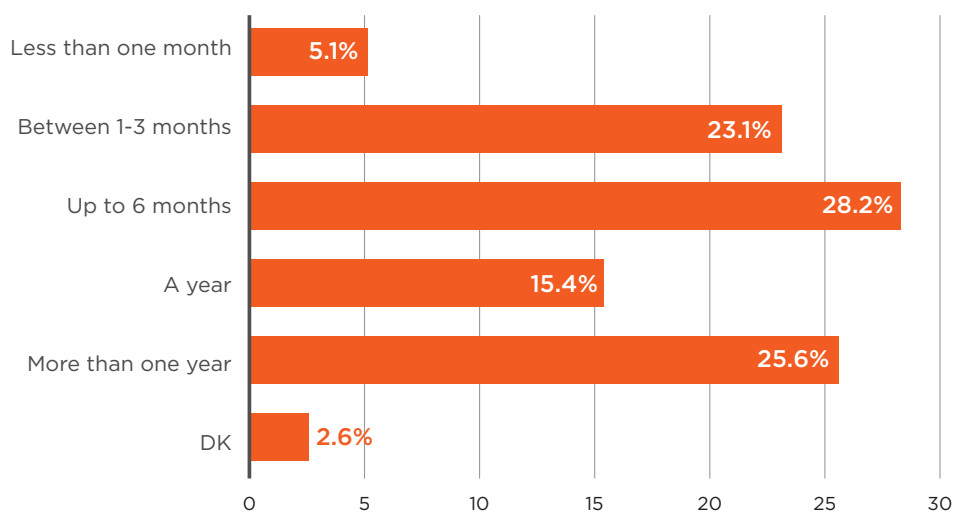
Organizations mainly depend on international donor funds. Only 12 organizations (30%) receive some funding from local government budgets, 16 organizations (40%) are funded partly from central state budgets, 32 organizations (80%) are financed by international or bilateral organizations, and 28 organizations (70%) are financed by international non-governmental organizations, foundations or similar. A small number of organizations are supported by private companies (6 organizations, or 15%), and even fewer by public companies (only 2 organizations, or 5%). Self-financing is less common, as 7 organizations (17.5%) get some revenue from their own commercial activities, and 9 organizations (22.5%) have some form of membership fees. Reliance on public budget (whether at local or central levels) is very different between countries. All 9 organizations in Montenegro and almost all organizations in Bosnia and Herzegovina are partly funded from local or central budgets; in Serbia and Turkey, no organizations are financed from state budgets.



Organizations were asked to estimate how long they would be able to continue the provision of services, taking into consideration the current needs and funding availability and prospects. One quarter of organizations answered that they would be able to maintain services for longer than a year, and 15% of organizations would be able to provide them for up to a year. The remaining 56% organizations reported being able to maintain services for a shorter period (Figure 1). Organizations that reported the ability to continue

services for a longer period are usually those who are either funded through longer project grants or have very diversified funding sources and at least partly rely on government funds (regardless of whether from local or central level). However, many organizations indicated that a lack of core funding and reliance on project-based funding significantly undermines their resilience to sudden crisis, such as the COVID-19 pandemic, leaving them without reserve funds that can be used to cover the costs of adjustment or funding gaps.

**Figure 1: Estimated period of ability to provide services in crisis situation**



## IMPACT ON SERVICES AND PERCEPTION OF PRIORITIES

The impact of the COVID-19 pandemic on the scope, content and modes of service provision was noticeable. Some services were temporarily cancelled due to the new situation, while a few organizations decided to better respond to the needs of women by starting new services. Changes in service supply between February and April are presented in Table 2. The organizations generally managed to maintain core activities. However, the majority of other services were reduced. One organization cancelled support to child witnesses, four organizations cancelled assistance to victims in accessing healthcare, seven stopped assisting women in accessing other institutions, three cancelled the development of safety plans and 21 organizations were no longer able to participate in local multisectoral coordination

mechanisms. Programs for perpetrators were paused by four organizations, general counselling by eleven organizations, psychosocial counselling and free legal aid as comprehensive standalone services (not as part of a helpline or shelter service) were paused by two and seven organizations respectively. Two organizations cancelled the provision of financial or in-kind assistance, and education and training and support to employment were paused by majority of providers. Although these services were highly prioritized and understood as very important as part of support packages, they were considered as less critical, and the pandemic situation was perceived as very unfavorable to deliver education and training and to look for employment.

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

Services	February		April	
	N	%	N	%
Helpline	21	52.5	22	55.0
Shelter	8	20.0	8	20.0
Rape crisis or sexual violence referral centers	1	2.5	1	2.5
Support to child witness	8	20.0	7	17.5
Assistance in accessing healthcare	19	47.5	15	37.5
Assistance in accessing other institutions	34	85.0	27	67.5
Development of safety plans	24	60.0	21	52.5
Participation in local coordination teams	30	75.0	9	22.5
Programmes for perpetrators	5	12.5	1	2.5
General counselling, information sharing	40	100	29	72.5
Psychosocial counselling	22	55.0	20	50.0
Free legal aid	31	77.5	24	60.0
Financial or in-kind assistance	7	17.5	5	12.5
Housing	2	5.0	2	5.0
Education and training	38	95.0	11	27.5
Support to employment	21	52.5	3	7.5

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, as well as on the organizations' decisions to provide services in new modes, which may undermine their quality, or keep existing services available at any cost. Therefore, it is not surprising that increased prioritization and significance of certain services (e.g., helpline) was not followed by a higher supply of that service. In the following table, changes in perception of priorities between February

and April 2020 are presented. It is evident that organization gave more importance in April to services such as helpline, rape crisis or sexual violence referral centers, development of safety plans, general counselling, psychosocial counselling and financial or in-kind support, while other services were less prioritized than in February, such as support in access to other institutions, free legal aid, education and support to employment. Not only the prioritization of services has changed, but also the mode of service delivery. Organizations transferred services to online platforms instead of face-to-face delivery wherever possible.

**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	16	40.0	21	52.5
Shelter	13	32.5	12	30.0
Rape crisis centers	4	10.0	6	15.0
Support to child witness	1	2.5	1	2.5
Support in access to healthcare	4	10.0	5	12.5
Support in access to institutions for support	15	37.5	12	30.0
Development of safety plans	3	7.5	6	15.0
Participation in coordination teams	6	15.0	5	12.5
Specialized programmes for perpetrators	-	-	-	-
General counselling	14	35.0	12	30.0
Psychosocial counselling	12	30.0	14	35.0
Free legal aid	15	37.5	11	27.5
Financial support	-	-	4	10.0
Housing	-	-	-	-
Education and training	12	30.0	7	17.5
Support to employment	3	7.5	1	2.5

In addition to service provision, organizations also conduct advocacy activities (92.5%), campaigning and awareness raising (95%) and research (80%). These activities are mainly postponed or altered.

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

The organizations were very active in advocating during the pre-COVID crisis period. Advocacy was very diverse and often focused on changes in legislation and policies to align better with Istanbul Convention (IC) and increase service quality, the mobilization of people and professionals to report violence, accountability of institutions providing response to violence against women, effective enforcement of emergency measures, more effective referral mechanisms and improving the position of women in a broader sense.

The majority of research activities were also postponed; only those not requiring face-to-face contact or data from institutions have been continued throughout April.

### 3. Impact of the COVID-19 pandemic on minority women

Organizations have been providing support to women from different marginalized groups, such as elderly women, rural women, women from minority groups, women with disabilities, refugees, and others. Transferring services to phone and online communication was found to be insufficiently effective in regard to these women, as they face different forms of social exclusion and lack digital technology and literacy. The situation of these women has particularly worsened due to the pandemic and response measures, and outreach to them became particularly challenging.

**Elderly women** were isolated due to government measures, particularly in the countries in which it was completely forbidden for the older population to go out. Due to the social isolation, the risk of experiencing violence and neglect was extremely high. The organizations did not report any specific strategies to increase outreach towards this group of women, but they recognized that it is important to find an appropriate way to communicate with them. Elderly women usually lack digital technologies and internet, so phone communication is more appropriate. Some organizations tried to monitor the situation of their older beneficiaries by contacting them by phone or talking to their relatives. Others occasionally delivered aid packages or organized volunteer services that would provide supplies for the older population and used that opportunity to check the situation in regard to violence against elderly women. Organizations also informed women about available services through traditional media because they found it to be a more appropriate channel than social media for this group.

**“The difficulties for me are related to being alone, the inability to cope with the needs for food and cooking, and increased psychological and verbal abuse, such as swearing and insults from a former husband. Although we have been divorced for years, we live in the same residence but on different floors... During the COVID-19 situation, psychological and legal support helped me to cope with anxiety, while food packages helped me to alleviate poverty.”**

Woman, 69 years old, beneficiary of psychosocial, legal and economic support in Albania



The benefits of continued support to women who have more difficulty to access services due to isolation are demonstrated in various women's testimonies. An older woman, beneficiary of Women's Forum Elbasan in Albania, emphasized how this support was important to her in a new reality marked by restricted mobility and firmer control of perpetrators.

**Roma, Ashkali and Egyptian women** who live in isolated, deprived communities and substandard settlements are even more isolated due to restriction movement measures. They live in deprivation and face obstacles to access institutions even in regular circumstances, and even more so now that institutions have restricted work regimes. Among organizations participating in the assessment, there are several that specialize in supporting Roma women. They used different methods of outreach and support. Some organizations established a call center as the main channel to disseminate information, as lack of digital technology and digital literacy is one of the obstacles to reach these women. Roma mediators, persons of trust or local coordinators were very important in outreach as they could visit women in their communities and be an entry point for reporting violence. They also shared information about available services, which was then passed through informal networks within the settlements. Organizations also reported that women from these groups more often contacted organizations asking for support in essential goods as their economic situation deteriorated.

In the testimony below, a Roma woman from Serbia reveals the importance of outreach and multisectoral support to women living in substandard, excluded communities. The beneficiary of Bibija Roma Women's Center shared her experiences of intimate partner violence and support during the COVID-19 crisis. After her partner went to prison due to the violence he committed against her, she became a single mother with six children and had to struggle with this new reality. She testified to the importance of the presence of specialized women's organizations in such communities. Prior to the COVID-19 pandemic, she attended empowerment workshops organized by Bibija and received comprehensive and continuous assistance.

**“Yes, it is much harder. We cannot collect raw materials, the price of plastic bottles and carton has dropped, and nobody buys now. Children are all the time in the house and quarrelling, it is really hard. I got [from Bibija] advice, understanding, somebody that trusted me, I have got all of this. This helped me to solve my problem. I decided to report perpetrator who beat me. I decided never to be with him again... I am all the time in contact with Bibija and the Center for Social Work, partly because of the children, partly because of the ex-husband and partly because of the social assistance. I get advice and it means a lot to me. Now I need to get far away from my ex-husband, if only they would provide some housing for me and my children.”**

Woman, 34 years old, living in Roma settlement in Belgrade, Serbia



**Rural women** face obstacles due to movement restrictions and cancellation of public transport. There are different obstacles that prevent them to report violence personally. Many rural women do not possess mobile phones, particularly the older ones, and they often do not have smart phones, laptops, computers and internet, which prevents them from finding information online or reaching support services through online channels. Some organization organized field visits or mobile teams to rural areas. Another way to reach rural women was phoning previous beneficiaries to check on their situation. There are also innovative practices of organizing networks of trusted persons, initiatives that had already started prior to the pandemic with UN Women programme support.



**Women with disabilities** did not have proper accessibility to access support services even prior to the crisis due to different barriers. These barriers became even more prominent with the pandemic and the transfer of services online or by phone. This transfer of services particularly impacted women with sensory disabilities, as online platforms and mobile applications are not always equipped with assistive technologies. Some organizations specialize in providing support to women with disabilities, and due to UN Women support, had already introduced appropriate technologies and methods of service delivery that were suitable for women with different sensory disabilities prior to the pandemic. However, due to the restrictive measures and transfer of work from offices to homes, even these organizations were not able to provide full support.

The testimony of woman with disabilities, beneficiary of the organization Iz kruga – Vojvodina, specialized to provide support to women with disabilities who experienced VAW, points to the importance of regular contacts with the organization during the pandemic. She was supported by the organization during very difficult divorce, which involved the struggle over guardianship for two children, and recurring violence by former husband. Therefore, the direct outreach by the organization to former or current beneficiaries, initiated by the service provider is one of the good practices in cases of women with disabilities as well as other women that are more difficult to reach through digital media.

**‘They helped me so much...the money is less important, but every lawyer I asked for support prior to them did not convince me that I could solve my problem. When I found them (the organization for support to WWD) I got the appropriate support. They helped me a lot...psychologically...legal assistance...I cannot describe how helpful was that. Before the pandemic I usually initiated contact with the organization when needed. Every time they responded promptly. Now (during the pandemic) they initiated contact. They called every week to ask me how I am doing, if I need something.’**

Woman with disability (1st degree), 39 years old, single mother with two children living in the city in Vojvodina, Serbia



**Refugee women** need complex forms of support, including interpreters, lawyers, social workers. Since communication between institutions was more difficult due to the restricted work regimes and reduced public services, organizations faced bigger obstacles in supporting women from this group. The referrals were disrupted, and online communication was not the best way to reach these women. Organizations providing assistance within refugee camps were forbidden to enter due to the special pandemic measures, so they tried to monitor the situation with help of authorities who supervise the camps.



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## 4. Recommendations for programming

The recommendations for programming are based on the evidence of challenges provided by organizations, their experience with different mitigation strategies, attempts to adjust and innovate and the needs for support identified through the assessment. The recommendations are presented by type of services and as a set of crosscutting or overarching recommendations. It is important to note that recommendations are based on the needs of organizations operating within different institutional and legal context. The formulation of recommendations tried to accommodate for these differences, but there are still limitations to the application of some of them in particular countries.



## HELPLINE

The content of helpline services has not changed significantly since the pandemic outbreak (organizations continued to provide information, consultations, psychosocial, legal support and referrals to specialized services), but the modes of service delivery have significantly changed. In line with government measures, many organizations transferred work from offices to homes. Transferring calls from free phone line to mobile phones of consultants in some cases meant that the service was no longer free of charge. Providing the service from homes was also challenging due to the combination of work and family responsibilities, difficulties in finding a quiet place for service delivery, etc. Some of the organizations specialized to deliver service to women with

sensory disabilities were lacking equipment at homes to provide the service with appropriate assistive tools.

Organizations tried to actively adjust by introducing new forms of communication, such as Viber, Facebook Messenger, Skype, e-mail or others. This was also more appropriate for beneficiaries who could not use the phone while isolated with perpetrators. However, organizations learned that their capacities in terms of equipment and digital skills of personnel are not adequate for easy adjustment and provision of fully effective service through these new modes.

### Recommendations:

- Ensure that all other alternative channels of communication are free of charge for beneficiaries
- Create an online/mobile application that allows for communication with safety and anonymity standards, free of charge and also accessible to women with disabilities;
- Prepare and apply protocols that regulate a new form of communication via chat/e-mails in accordance with IC standards;
- Support the provision of technical equipment that enables more efficient service delivery in accordance with IC standards;
- Enable financial support for increasing professional capacities and number of professional staff engaged in 24/7 service provision;
- Increase the digital skills of staff providing services in order to be able to utilize diverse digital channels of communication, such as social media, mobile applications and similar, and to be able to instruct beneficiaries on how to use digital communication channels to access services, ensuring that both technology and skills enable accessibility for women with disabilities;
- Support preparation and distribution of information campaign materials in pharmacies and supermarkets and other essential institutions and businesses;
- Support online campaigns about the available services in times of crisis/post-crisis, accessible to women with disabilities;
- Establish a direct communication channel with relevant institutions and online participation in the multisectoral meetings at the local level.

## SHELTER

In the provision of shelter services, organizations faced challenges related to health risks and lack of protocols that would regulate the reception of beneficiaries and service provision during a pandemic-related emergency. Organizations reacted differently. Many of them ceased to admit new beneficiaries due to the lack of protocols and lack of space for isolation of new beneficiaries upon entry. In reducing health risks, organizations mainly followed government and WHO instructions. The staff providing support to women was reduced, and contact was minimal, mainly related to the provision of essentials. Psychological counselling for women was mainly done via phone, and only when necessary, counselling would be provided face-to-face with health safety protection.

In situations of pandemic, the economic position of many women deteriorates, particularly of those that are exposed to violence and reside in shelters prior to or during the crisis. They are in need of financial or in-kind assistance, but social protection services are interrupted. The testimonies of beneficiaries indicate that organizations were of enormous assistance in such times. They not only provided various forms of specialized support to victims, but also assisted in providing humanitarian aid. However, this is done on ad hoc basis and the situation revealed the need for more systematic referrals to organizations that can provide humanitarian aid.

**“I contacted them [public social protection service] but they did not respond. I called the administrator of the administrative unit to apply for economic assistance foreseen in the protection order [issued for her husband after the violence] and he spoke to me aggressively, telling me that I should have come here [to the service], I should not have sent the documents by phone as original copies were needed, but the roads were closed and I lived in another village and I couldn’t go. Afterwards I reconnected with the Woman Forum Elbasan [where she was supported with emergency shelter just prior to the pandemic] and they helped me, they opened the door for me. They intervened and I applied for economic aid.”**

Woman living in rural area, 24 years old, victim of intimate partner violence, beneficiary of emergency shelter and psychosocial, legal and economic assistance in Albania

### Recommendations:

- 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 for testing prior to accommodation in shelters or separate premises for newly admitted women before they are tested for COVID-19;
- Provide education and training for all staff to more efficiently work in emergency situations/crises
- Provide financial support for increasing professional capacities in shelters and number of professional staff engaged in service provision;
- Ensure the availability of shelters and other support for women from marginalized groups. Gain more precise knowledge on which specific obstacles women from these groups face in accessing services and what is needed to do in order to remove these obstacles. This includes closer collaboration with local institutions, such as administrative units and elderly councils (village representatives) to get closer to women from remote and rural areas and engage more with grassroots and local organizations/community activists who are familiar with and knowledgeable about the situation of women from different marginalized groups. This could be done by engaging them as intermediaries to get to hard to reach women in need of support;
- Create protocols for referral of shelters to humanitarian aid organizations for the provision of food, clothing, and other necessities for their beneficiaries;
- Train and support local organizations/groups in conducting crowdfunding campaigns to provide necessary materials to women survivors either in shelters or with protection orders;
- Support the exchange of best practices as well as the transfer of good models in multisectoral cooperation in the preparation of individual safety plans;
- Information/awareness campaign on shelters at the local level.

## RAPE CRISIS OR SEXUAL VIOLENCE REFERRAL CENTERS

There is only one such service in the region. The service was functional during the pandemic but is facing several challenges. Centers are placed in one region, so referral from other regions in the context of the cancellation of inter-city public transport was difficult, and the organization providing this service had to use its own vehicles to transport beneficiaries. As centers are placed within healthcare institutions, there was a need to establish ad hoc protocols in order to isolate beneficiaries from the rest of the hospital to prevent the spread of infection among staff and beneficiaries. Since the service provides multisectoral support (direct health support, assistance during medical procedures, immediate psychosocial support, long term psychosocial support, psychosocial support during preparations for forensic investigations, information and counselling and assistance during court proceedings), it was

challenging to maintain the full functionality of services due to the limited work of other institutions engaged in assistance.

The testimony of one woman (49 years old) using rape crisis center (RCC) services during the COVID-19 pandemic confirms the importance of maintaining referral mechanisms despite the reduced work of local institutions engaged in response to VAW, particularly in rural areas that in situation of lockdowns completely isolate women. Woman who experienced rape during the pandemic was referred by the social worker to the hospital and then by the gynecologist to rape crisis center. However, because of social distancing work practices, the woman did not get sufficient psychological support, as phone counselling was not sufficient to help her to cope with the aftermath of rape.

### Recommendations:

- Support non-interrupted services by providing rape-kits and other materials (forensic tools for evidencing sexual violence);
- Enable secured and facilitated transfers of victims to RCCs in line with health safety standards, also for consultants to provide urgent assistance to victims in the field when needed;
- Ensure safety equipment for consultants and medical staff working in the RCCs, hygienic kits for women who have to stay in RCCs for a certain period due to injuries and forensic examinations;
- Develop protocols to ensure mandatory testing of RCC users for infectious and other sexually transmitted diseases soon they arrive at RCC;
- Develop protocols for RCC communication and cooperation with 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 to work in an emergency situation/functioning in crises;
- Support improvement of the organizational capacities in rape crises centers in service provision;
- Ensure that all services in rape crises centers are available for women from marginalized groups.

## PSYCHOSOCIAL COUNSELLING AS STANDALONE SERVICE

A key challenge faced by organizations in providing this service is related to the change of contact method with beneficiaries to phone or online platforms. Only when necessary, face-to-face support was provided with appropriate health protection measures. Although phone or online advice is very important for victims, psychosocial counselling is more complex than general counselling or legal aid, and it is difficult to provide adequate psychological support when there is no in-person communication, when women have difficulties to access services in a safe and private place due to the lockdown and when there is lack of information about new forms of available services. The testimonies of women beneficiaries of psychosocial services support this finding. A woman from Serbia (42 years old, victim of sexual violence during childhood and beneficiary

of psychosocial support) reported that phone counselling during the pandemic was very important as it helped her cope with increased anxiety, panic attacks, but it was not equally effective as traditional face-to-face counselling.

It was also necessary to inform women about new modes of service delivery, and for that purpose, various promotion and information strategies were used: spreading information through social and traditional media; posting on websites; distributing leaflets in supermarkets, shops, pharmacies; attempting to reach the women who do not use digital technologies. Some of these activities required funds which were not available as organizations usually do not reserve funds to finance such adjustments.

**“This [phone counselling] helps me to overcome the problems. When I am not sure about some decisions, I get advice. I take pills that help me, but this is chemistry and it does not solve the cause of the problem. Now problems emerge again, they grow, so as soon as this situation finishes, I will go to the center for counselling. This helps me a lot, I get understanding, support, advice, empowerment and encouragement there.”**

Woman, 42 years old, living in an urban area with experience of childhood sexual violence, beneficiary of psychosocial support in Serbia

### Recommendations:

- 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 the crisis situation, inclusive of health safety standards;
- Adjust technical equipment and internet connection to provide alternative online psychological support;
- Provide education and training to improve staff knowledge and digital skills, to enable staff to properly use Internet communication applications and to instruct users how to use digital communication channels to access services, with a specific focus on instructing women with disabilities;
- Improve and adjust technical capacities for enabling online services for women with disabilities;
- Establish a direct communication channel with relevant institutions and online participation in the multisectoral meetings at the local level.

## FREE LEGAL AID AS STANDALONE SERVICE

Unlike psychosocial counselling, the transfer of legal aid to phone and online services was not as challenging, and many organizations providing this assistance reported that they discovered the benefits of online communication, particularly when more complex advice should be delivered. Based on that experience, there are initiatives to develop online platforms for free legal advice in cases of VAW.

However, one of the major challenges faced by this service is the reduced work regime of the justice system, especially courts that only work on emergency measures but have postponed all other VAW-related proceedings. Similar to psychosocial counselling, organizations invested significant effort to disseminate information about the availability of this service through social media to keep women informed.

### Recommendations:

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

## SUPPORT IN ACCESS TO HEALTHCARE AND OTHER INSTITUTIONS, MULTISECTORAL COORDINATION

Challenges related to support in access to healthcare are related to the altered work regime of health institutions which have been adjusted to fight the COVID-19 pandemic and have restricted work to emergency cases. Health support to victims of VAW is not considered an emergency, and some of the organizations used their advocacy capacities to convince authorities to classify them as emergency cases. Organizations report that police are also strongly focused on supervising measures imposed in response to the COVID-19 pandemic, and they no longer prioritize VAW cases. From their perspective, reluctance to respond to reported cases of VAW is related to health risk prevention and avoidance of social contact. Other institutions, such as social protection or the judiciary, work from home and communication with them is difficult. Only organizations that have strong previous cooperation and personal contacts manage to maintain communication with these institutions.

For these reasons, multisectoral cooperation is interrupted in most cases. Only a few organizations manage to participate in local multisectoral coordination mechanisms and in a lesser way, mainly through occasional online communication. As this is still not an advanced aspect of the improvement of the system for protection in line with IC standards, the COVID-19 pandemic brought at least a temporary setback in this regard.

The need for multisectoral coordination of support was clearly pointed out in the testimony below. Due to the violence she had been experiencing from her son (due to problems with drug abuse), she looked for assistance from the shelter just before the introduction of special measures in response to COVID. However, the disruption of multisectoral coordination slowed down the process of effectively addressing the problem of violence.

**“I feel safer, since I came here I feel much safer. There is food, there is a shower, a bed to sleep in... this was more than enough at the beginning. I thought that things would go faster... maybe because of pandemic, I don't know. I thought that after almost two months here I would find a solution or at least have a clue about it. I don't know... maybe all of them together could help, Safe House, social welfare, prosecutors maybe.... I don't know. I just know we need help. I need help. I hope this pandemic is over soon and maybe things will start moving. I hope.”**

Woman, 59 years old, beneficiary of shelter housing at Safe House in Kosovo

Another testimony, of woman victim of violence committed by her former husband, who discovered during COVID-19 pandemic that father was abusing sons when they are with him, reveals the magnitude of obstacles due to the lack of multisectoral coordination which further worsened during the pandemic. The multiple services provided by competent and experienced organizations, including information

sharing, psychosocial, legal support, referral to institutions, pressure on institutions to do their job, was the key to protection of woman and her sons. This testimony reveals the importance of women’s organizations providing services which can serve as focal protection point in emergencies when public institutions are not functional and multisectoral coordination absent.

**“I contacted Lara (the organization providing VAW protection services in BiH) on 20th April via e-mail, when I realized that I would not get any support from the police or Center for Social Work, since they did not take my case seriously. I reported to the police and Center for Social Work that my former husband perpetrated sexual and physical violence against my sons, but they did not react. I knew Lara from before, as they had helped me after my former husband attacked me with a gun, so I asked them for support. They responded immediately. I was pleasantly surprised by their fast response and effective support. They informed me about my possibilities, introduced me to new services, such as the Center for Free Legal Aid, ombudsman for child rights, they provided psychological support and helped me in contacting police and Center for Social Work. Now judicial proceedings are initiated and we will see how it will end, but their assistance was crucial.”**

Woman, 37 years old, single mother of two children living in urban area in Bosnia and Herzegovina

Another example of experience among beneficiaries of the shelter provided by Lara Bijeljina reveals the increased burden organizations have to carry during the emergencies, because of the lack of multisectoral support. Woman that was admitted to the shelter few days before introduction of measures in response to pandemic due to the severe violence by her husband, was unable to leave the shelter

even though she manage to provide solutions (new accommodation) to leave perpetrator because the Center for Social Work was not responsive and did not take role in regulating formal aspects of her problem, such as custody over children, registering evidence on violence and other responsibilities. But this is also example of empowerment effect stay in shelter has on women victims of violence.

**“It’s good here. You always have someone to talk to. With whomever I talk, I feel much better. They give me advice, and they’ve opened better pathways for my life... Now I plan everything differently.”**

Woman, 36 years old, living in rural area of BiH with husband and two children

### Recommendations:

- Establish direct communication channels with relevant institutions and online participation in the multisectoral meetings at local level;
- Develop protocols for the referral of beneficiaries to humanitarian aid organizations for the provision of food, clothing, and other necessities;
- Increase digital skills of populations living in informal settlements, but also among staff of the organization providing the services online;
- Develop protocols to allow for direct communication and cooperation in the provision of services with relevant local institutions (police, health and social care institutions) to enable women’s organizations’ participation in the work of local multisectoral teams and local emergency headquarters to influence the creation of local measures to meet the specific needs of women during emergencies;
- 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;
- Support local GBV coordinators in keeping regular communication with survivors and the inclusion of local administrators in identifying VAWG.

## SUPPORT TO CHILD WITNESSES

Support to child witnesses has been faced with several obstacles: more difficult outreach due to reduced mobility, inadequacy of phone or online communication in regard to this service and reduced work of the justice system.

### Recommendations:

- Engage with the Order of Psychologists to include them in the referral of VAWG for women with children;
- Ensure financial support for engaging professional staff/lawyers specialized in counselling for cases of child witnesses;
- In some countries, where appropriate, support creating a task force at local level in several municipalities with the most essential service providers (which would be smaller than the referral mechanism) which is in charge of coordinating response to GBV during the crisis.

## CAPACITY BUILDING, ADVOCACY, AWARENESS RAISING AND RESEARCH

These activities have been mostly postponed or altered during the COVID-19 pandemic. Organizations reported that advocacy efforts have been redirected towards specific targets and are related to issues of service provision within

the pandemic response measures, such as new protocols in service provision or referrals that will provide precise instructions on how to organize procedures in line with health protection standards, new work regimes of institutions and new modes of communications. They also advocated for additional funds that would be available to adjust services, as their funds are mainly project-based and not transferrable to new activities. Many organizations have advocated for donors to adjust project frameworks and provide the flexibility needed in this very specific situation.

Campaigning and awareness raising has been primarily redirected to providing information on the availability of services, new channels to access services and new modes of communications with service providers. A part of awareness raising activities was directed toward the general public, urging citizens to report violence they witness, as it was much more difficult for victims to report violence due to restricted mobility, firmer control of perpetrators and reduced work of key protection institutions.

Education and training were also mainly postponed, but some forms of training, such as capacity building of service providers, was continued through online learning. Some organizations emphasized the benefits of such training as it was easier for professionals to attend while working from home, and they were more focused without the distraction of daily work routines. Some of these trainings, according to their opinions, could be delivered in the future as distance learning.

### Recommendations:

- Support awareness campaigns on available protection services for all women, also targeting women from vulnerable groups;
- Support awareness campaigns on reporting VAW among the general public;
- Support data collection, analysis and presentation of impact of measures at local level with the aim to improve the availability of healthcare and accessibility of institutions for protection during crisis, particularly in relation to women from marginalized groups;
- Organize advocacy/lobbying activities at local and central level on addressing VAWG and continuing services during crises/pandemics;
- Map services at the local level and share the mapped services including contact information and other relevant information on how to access the services;
- Train healthcare professionals on the connection between VAWG and health crises, and train on burn-out and support to healthcare professionals dealing with the COVID-19 pandemic;
- Use public screens in the public spaces where video educational content can be broadcast;
- Support new forms of distance learning for trainings of professionals on different EAVW aspects.

## CROSSCUTTING RECOMMENDATIONS

Some recommendations are not related to specific services but are more crosscutting or overarching. One of the crucial recommendations is outreach – informing women from different groups about all available services. As some of the testimonies of women beneficiaries interviewed for the

purpose of this assessment showed, it was very important that information on support was available on multiple media sources. However, it is also necessary to not only inform about the availability of services, but also about procedures in accessing these services.

**“I knew that there was a safe house for women like me, but I didn’t know how the [admission] process worked. This is a small town and I knew that S.D. works there, so I texted her on Facebook messenger. She instructed me on what to do...she told me that I need to go to the police. Also, I work as a nurse, so I heard women talk about the shelter. I also saw you guys on TV... that’s how [I knew].”**

Woman, 59 years old, shelter beneficiary in Kosovo

### Recommendations:

- 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;
- Use local radio and TV stations to conduct regular programming on VAWG during the pandemic crisis;
- Increase the capacities of staff to work with women from different vulnerable groups, such as women/girls with disabilities and other women with specific needs;
- Establish a network of support out of official support services through networks of groceries and pharmacies where women can approach and ask for assistance. They should be properly trained to perform the role of trusted persons;
- Develop protocols for referral to humanitarian aid organizations for the provision of food, clothing, and other necessities to prioritize the needs of women in situation of violence;
- Support organizations through institutional grants instead of project-based funding, or a combination that allows organizations to have a contingency fund to adjust to crisis situations and be more resilient;
- Support general and specialized services providers supporting women with disabilities to ensure accessibility and availability in times of crisis/post-crisis;
- Conduct traditional media and online campaigns about the rights of women (including the most vulnerable ones) in times of crisis/post-crisis. The campaign should target the eradication of increasing patriarchal discourse that occurred during the crisis, along with keeping the government at all levels accountable to provide non-interrupted services for preventing and adequately reacting to violence against women in line with international standards.





# Annex 1: Country reports

## ALBANIA

### Perception of impact of the COVID-19 pandemic on implementing partners

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

After the outbreak of the COVID-19 pandemic, two organizations experienced changes in staff. HRDC decreased its number of permanently employed staff by four persons

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

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

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

Table 1: Profile of implementing partners

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

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

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

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

## Needs and challenges caused by the COVID-19 pandemic

### Challenges in service delivery and mitigation strategies

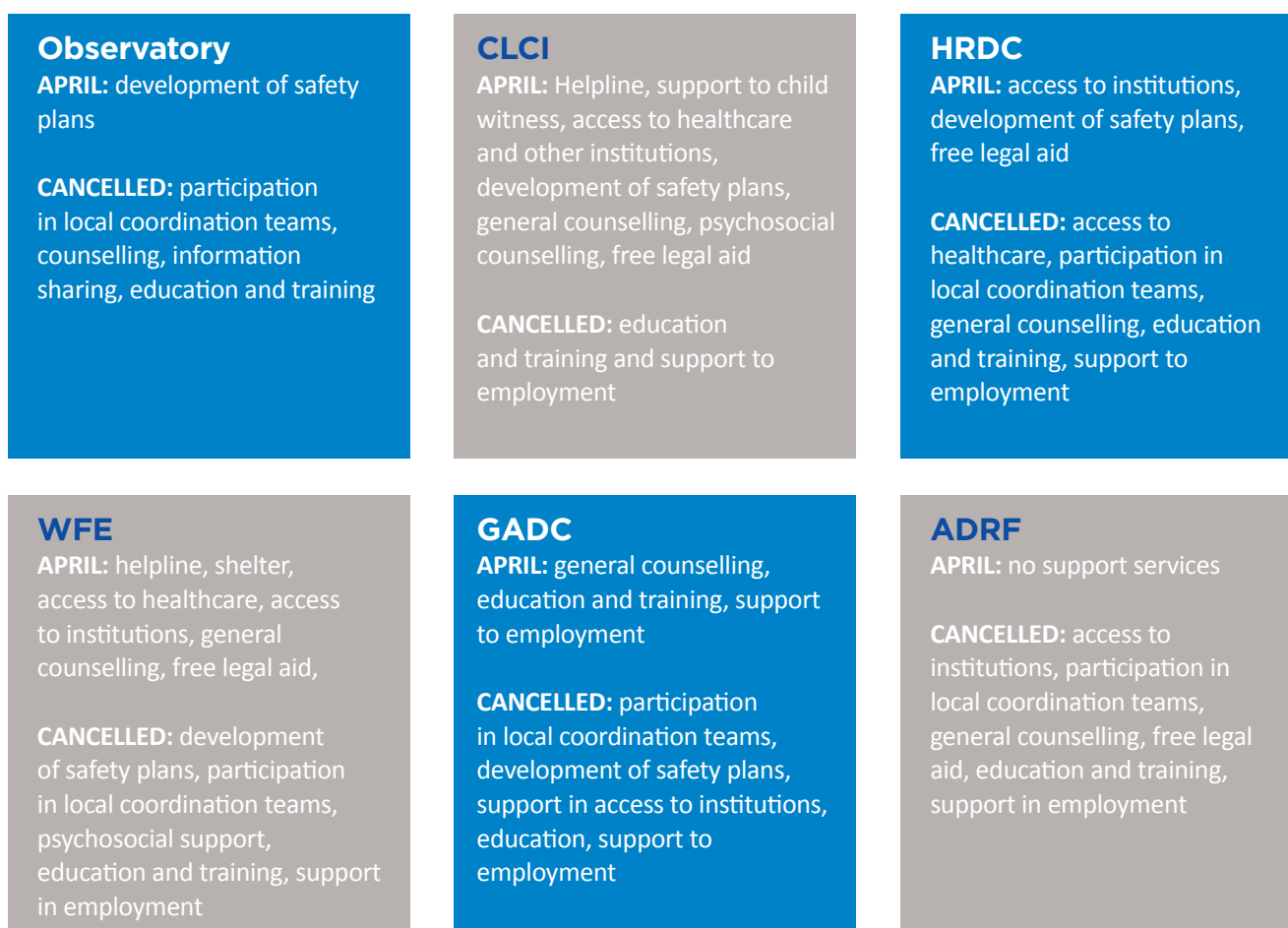
Services provided by most organizations in April 2020 include assistance in accessing other institutions, development of individual safety plans, free legal aid support, general counselling and information sharing as well as education and training (Table 2).

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

Table 2: Services provided in April 2020

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

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



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

Chart 3 below presents the perception of priorities in February and April 2020 for each organization, while Table 3 summarizes perception of priorities for those two months for

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

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

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

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

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

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

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

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

## Helpline services

Helpline services have been provided by CLCI since 1996 and WFE since 1999. The services are comprehensive, including information sharing, consultations, psychosocial and legal support, and referral to specialized services. The content of the services has not changed due to the COVID-19 crisis, but the delivery method has (Table 4). This service has shifted to being offered from experts' homes. On a positive note,

even before the outbreak of the COVID-19 crisis, this service was offered through alternative channels, such as e-mail, online chat or mobile applications. Therefore, the organizations already had the know-how to respond to the new situation. These existing practices have enabled them to easily adjust and keep the helpline operational.

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

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

Legend:  Provided  Not provided

Organizations providing helpline services identified various challenges they are facing in regard to the helpline service and other similar services since the outbreak of the pandemic (Table 5 below). Although the main challenges are common for both organizations providing helpline services, there are differences caused partly by

the immediate local context and strategies used by the organizations. While both CLCI and WFE face challenges in cooperating with other institutions offering protection to survivors, WFE has mitigated these challenges by enhancing cooperation with local government institutions in order to provide more effective protection.

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

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

**LESSONS LEARNT AND NEEDS FOR SUPPORT**

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

**WFE**

'We are working hard so that we do not have many fluctuations and that the impact on the beneficiaries is equally functional, fulfilling and positive. The Woman Forum Elbasan has not cut off connections and contacts with survivors of domestic violence and has been offering counselling through the telephone numbers of all the staff that provide services. On social networks, WFE shares almost daily social and legal information for survivors of domestic violence, including children who are equally affected by all kinds of forms of violence and abuse, as well as sexual violence within the family. WFE encourages all violence survivors to contact the published phone numbers. Every day WFE has had cases of phone calls from women and girls not only to provide psychological service, but also legal counselling. It is positive that after the closure of the court between 10 -25 March 2020, the court has started working on cases of IPO/PO and urgent family matters. Services for survivors of violence have been

offered on a daily basis by the specialist staff of WFE who have strived to alleviate the burden of women and girls. When their needs have been beyond the reach of the services offered by WFE, we have collaborated with relevant local institutions through phone calls and official requests to assist WFE beneficiaries, survivors of violence. WFE has extended its cooperation with Municipalities where the survivors of violence reside and with the State Social Services to help women equipped with IPO/PO to be provided with economic assistance. WFE has made requests that some of the beneficiaries facing these difficult times with scarce economic resources to be provided with food packages. A list with names was issued and sent to the Municipality of Elbasan. Also, many other interventions were performed by volunteer citizens and from potential donors to positively impact the life of women and girl survivors of violence and meet their needs in this extraordinary isolation and social distancing period.'



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

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

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

- Resources to develop an online platform ‘Ask lawyer for free,’ where it would be possible to publish questions and answers respecting confidentiality of personal data (CLCI);

- More lawyers specialized in online counselling;
- Training for staff for emergency situations;
- Cooperation with local radio and TV stations to have dedicated programmes to bring attention to violence against women (VAW) and available support services on a regular basis for the duration of the crisis.

## Shelters

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

### CHALLENGES, MITIGATION AND INNOVATION

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

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

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

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

Legend  Provided  Not provided

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

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

**LESSONS LEARNT AND NEEDS FOR SUPPORT**

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

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

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

**Free legal aid as standalone service**

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

**CHALLENGES, MITIGATION AND INNOVATION**

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

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

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

Key challenges	CLCI	HRDC	WFE	ADRF	Mitigation strategies
Insufficient space for accommodating victims		✓			Organization identified the challenge but did not propose any mitigation strategy.
Difficulties in provision of food, clothes, hygiene for beneficiaries		✓			Referring to municipalities and social services for assistance.
Cooperation with justice system in support to beneficiaries	✓	✓		✓	Direct communication with judges. The referral is done by phone, e-mail and other communication channels.
Cooperation with social protection system in support to beneficiaries	✓	✓		✓	Using online communication with social protection system. All organizations emphasized good cooperation with social protection system.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✓	✓		✓	Communication with local coordinators at municipality level.

### LESSONS LEARNT AND NEED FOR SUPPORT

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

The organizations reported the following needs:

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

### Support to child witnesses

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

### CHALLENGES, MITIGATION AND INNOVATION

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

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

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

**LESSONS LEARNT AND NEED FOR SUPPORT**

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

For more effective service, CLCI needs:

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

### Assistance in accessing healthcare and other institutions

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

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

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

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

The needs indicated by organizations include:

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

## Situation among beneficiary groups and challenges in access to services

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

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

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

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

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

**Rural women** are in a similar situation, and due to the cancellation of public transport, they cannot reach cities

where services are located. Organizations try to reach them by phone, social media and through cooperation with local institutions.

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

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

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

## Challenges related to other VAW activities

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

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

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

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

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

The needs identified by the organizations to overcome these challenges include:

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

## Key recommendations for programming purposes

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

### Helpline

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

**Shelter**

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

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

- Create protocols that will allow direct communication and cooperation in the provision of services with relevant local institutions (police, health and social care institutions) and enable women's organizations' participation in the work of local multisectoral teams during reduced work hours and remote work;
- Develop information/awareness campaign on available protection services, targeting especially women from vulnerable groups;
- Develop training for service providers on new technologies and platforms to connect services to women;

- Conduct and disseminate a mapping of services at the local level, including contact information and other relevant information on how to access the services;
- Organization of advocacy/lobbying activities at local and central level on addressing VAW and continuing services during crisis/pandemic;
- Provide training to healthcare professionals on connection between VAW, burn-out and support to healthcare professionals dealing with the COVID-19 pandemic;
- Support local GBV coordinators in keeping regular communication with survivors and including local administrators in identifying VAW;
- Use screens in public spaces to broadcast educational video content.

**Free legal aid**

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

**Support to child witness**

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

**Crosscutting issues**

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

## BOSNIA AND HERZEGOVINA

### 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
<b>Geographical scope</b>	State-wide and cross-border	Inter-regional	State-wide	State-wide	State-wide and cross-border
<b>Permanently employed</b>	15	20	5	11	5
<b>Temporarily employed</b>	0	0	4	1	2
<b>Volunteers</b>	10	0	0	7	20
<b>Change in personnel February - April 2020</b>	No change	-2 Temporary employed -10 volunteers	No change	No change	-3 temporary -4 volunteers
<b>Key activities other than services</b>	Campaigns, Advocacy, Research Capacity building	Campaigns, Advocacy, Research	Campaigns, Advocacy, Research	Campaigns, Advocacy, Research	Campaigns, Advocacy, Research
<b>Types of violence</b>	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
<b>Organization premises</b>	Own property + premises without rent (local gov.)	Own property	Own property	Rented	Between 1-3 months
<b>Resilience – how long they are able to sustain</b>	Up to 6 months	Less than one month	More than a year	A year	Between 1-3 months
<b>Main sources of funding</b>	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%

## Needs and challenges caused by the COVID-19 pandemic

### Challenges in service delivery and mitigation strategies

Services provided by most organizations in April 2020 include 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
<b>United Women</b> 4. Shelter 5. Free legal aid 6. Helpline	<b>United Women</b> 5. Helpline 6. Shelter 7. Free legal aid
<b>Vive Zene</b> 4. Shelter 5. Psychosocial counselling 6. Helpline	<b>Vive Zene</b> 4. Shelter 5. Helpline 6. Psychosocial counselling
<b>Lara Bijeljina</b> 4. Shelter 5. Helpline 6. General Counselling	<b>Lara Bijeljina</b> 4. Shelter 5. Helpline 6. Psychosocial counselling
<b>Better Future</b> 4. Access to healthcare 5. Access to other institutions 6. General counselling	<b>Better Future</b> 4. Financial and in-kind assistance 5. General counselling 6. Access to other institutions
<b>CWR</b> 4. Free legal aid 5. Access to other institutions 6. Education and training	<b>CWR</b> 4. Helpline 5. Psychosocial counselling 6. 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

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						
Psychosocial support						
Legal support						
Development of safety plans						
Assistance in communication with other institutions						
Short term financial or in-kind assistance for women in shelter						

Legend:  Provided  Not provided

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

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 UWB, 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 psychosocial support services**

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.

## 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.

## 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.

## KOSOVO

## Perception of impact of the COVID-19 pandemic on implementing partners

Five organizations participated in the survey in Kosovo: AKTIV, Kosovo Gender Study Center (KGSC), Kosovo Women Network (KWN), Network of Roma, Ashkali and Egyptian Women Organizations of Kosovo (NRAEWOK) and Safe House. Implementing organizations differ in size in terms of number of employees. While KWN has no permanently employed staff, AKTIV has 17 permanently employees. NRAEWOK and AKTIV have the largest number of volunteers with 20 volunteers each. Gender structure of employees is also different between organizations. AKTIV has the highest share of men among employees (59% among permanently employed staff and 50% among temporarily employed).

NRAEWOK volunteers are majority men (60%), while among AKTIV, men volunteers represent 40%. In other organizations, the participation of men among employed staff and volunteers is sporadic. A reduction of human resources did not occur within organizations except NRAEWOK, which has withdrawn 9 temporary contracts between February and April 2020. All organizations rent premises, except Safe House which owns property. The organizations are moderately resilient to crisis, as they can on average remain active with current operations for up to 6 months. KWN shows the highest resilience and can continue current operations for over a year.

**Table 1: Profile of implementing partners**

	Safe House	AKTIV	NRAEWOK	KWN	KGSC
<b>Geographical scope</b>	Regional	National	National	National	National
<b>Permanently employed</b>	9	17	7	0	6
<b>Temporarily employed</b>	0	2	2	0	3
<b>Volunteers</b>	0	20	20	0	7
<b>Change in personnel February - April 2020</b>	No change	No change	-9 temporary employed	No change	No change
<b>Key activities other than services</b>	Advocacy campaign	Advocacy campaign	Campaign Research	Advocacy campaign Research	Advocacy campaign research
<b>Organization premises</b>	Own property	Rented	Rented	Rented	Rented
<b>Resilience – how long they are able to sustain</b>	Up to 6 months	Up to 6 months	Up to 6 months	More than a year	Up to 6 months
<b>Main sources of funding</b>	60% national budget, 30% INGOs, 10% commercial activity	5% national budget, 33% IOs, 62% INGOs	100% INGOs	20% national budget, 20% IOs, 20% INGOs, 20% business sector	100% IOs

In addition to providing services to women victims of violence, organizations are engaged in campaigning, awareness raising, research and advocacy activities. Organizations are mainly funded by international organizations, NGOs, foundations, while significant portion of funding comes from national budgets and a smaller portion from business sector or from their own commercial activities.

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



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

### Challenges in service delivery and mitigation strategies

Changes in service delivery vary greatly between organizations. One organization (AKTIV) succeeded in providing numerous services without any changes since the outbreak of the pandemic, whereas one organization (KGSC) cancelled all service delivery. Other organizations

reduced the number of their services: Safe House managed to maintain a larger number of core services, KWN cancelled two out of four of its services, and NRAWEOK managed to maintain only one service (Chart 2). NRAEWOK introduced new service/activity – assisting women in access to other institutions, which was not performed prior to pandemic.

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



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.

Chart 3 presents the perception of priorities in February and April 2020 for each organization, while Table 2 summarizes the perception of priorities for those two months for the entire group of organizations. It is noticeable that the participation in coordination teams and general counselling are perceived as one of the top priorities among most of organizations. Three out of

five organizations prioritized these two services (60%), followed by support in access to institutions prioritized for two organizations out of 5 (40%). Some services are not prioritized as highly as before, such as education and training. Counterintuitively, specialized services (particularly helpline and shelter) are not perceived as priorities by a majority of organizations.

**Table 2: Perception of priority services for women victims of VAW in February and April 2020**

Services	Organizations that pointed to the service as one of the three priority services			
	February 2020		April 2020	
	N	%	N	%
Helpline	2	40	1	20
Shelter	-	-	1	20
Rape crisis centers	-	-	-	-
Support to child witness	-	-	-	-
Support in access to healthcare	-	-	1	20
Support in access to institutions for support	2	40	2	40
Development of safety plans	1	20	-	-
Participation in coordination teams	2	40	3	60
Specialized programs for perpetrators	-	-	-	-
General counselling	3	60	3	60
Psychosocial counselling	1	20	1	20
Free legal aid	1	20	1	20
Financial support	-	-	-	-
Housing	-	-	-	-
Education and training	2	40	1	20
Support to employment	-	-	-	-

It can be noted that only one organization (NRAEWOK) did not change priorities after the outbreak of the pandemic (Chart 3). The concerned organization provided the following reason: although priorities remain the same, the activities related to education and training are postponed until the post-pandemic period. The organization's work is mainly focused on training and advocacy campaigns that require presence in the field and in-person meetings. Therefore, all activities that require travel and meetings are postponed. Meanwhile, they transferred their work from field to office, from face-to-face to online communication using e-mail, Skype and phone calls to coordinate meetings with all network assembly members.

KWN introduced new activities including regularly checking with shelters to verify their access to proper health safety equipment and distributing health safety equipment if needed with the support of UNDP or Kosovo Force.<sup>5</sup> The organization also conducted social media campaigns to provide information about available resources for women and how they can reach help if needed.

5. <https://shape.nato.int/ongoingoperations/nato-mission-in-kosovo-kfor->

**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
<b>Safe House</b> 7. Helpline 8. Safety plans 9. Psychosocial counselling	<b>Safe House</b> 8. Shelter 9. Access to healthcare 10. Psychosocial counselling
<b>AKTIV</b> 7. Participation in local coordination 8. General counselling 9. Psychosocial counselling	<b>AKTIV</b> 7. General counselling 8. Participation in local coordination 9. Assistance in access to institutions
<b>NRAEWOK</b> 7. Assistance in access to institutions 8. Helpline 9. Education and training	<b>NRAEWOK</b> 7. Assistance in access to institutions 8. Helpline 9. Education and training
<b>KWN</b> 7. General counselling 8. Participation in local coordination 9. Research	<b>KWN</b> 7. Participation in local coordination 8. General counselling 9. Research
<b>Kosovo Gender Study Center</b> 7. General counselling 8. Education and training 9. Free legal aid	<b>Kosovo Gender Study Center</b> 7. General counselling 8. Free legal aid 9. Participation in local coordination

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

Only Safe House provides helpline services (since 2000). Services are provided the same way as before the outbreak of the pandemic. Table 3 indicates that the organization was already using digital forms of communication for helpline services prior to the pandemic, including e-mail, online chat or mobile application chat. The service is still provided from

the office, so it continues to function regularly, in the same way as before pandemic. However, the fact that services are provided in the same way as before the pandemic does not mean that the organization has not encountered various challenges in service delivery during the pandemic. These challenges include health risks and limited mobility of staff and beneficiaries.

**Table 3: Changes in content and method of helpline service**

Content of the helpline	February	April
Information sharing, consultations	Provided	Provided
Psychosocial support	Provided	Provided
Legal support	Not provided	Not provided
Referral to specialized services	Provided	Provided
Method of service delivery		
Through phone from the office	Provided	Provided
Through phone from the home of staff	Not provided	Not provided
Through e-mail	Provided	Provided
Through online chat	Provided	Provided
Through mobile application chat	Provided	Provided

Legend: ■ Provided ■ Not provided

**Table 4: Challenges and mitigation strategies related to helpline**

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Health safety measures application
Health risks of beneficiaries	Health safety measures application
The ability to provide necessary funds for regular service delivery	Funds are provided so far, but there is a risk it will not suffice as the situation is expected to worsen regarding the increase number of victims.
The access of victims of VAW to services due to the lack of transport	Availability of the police 24/7
The access of victims of VAW to services due to the lack of information	Information sharing with DV victims (through social media and television). The organization also produced posters and leaflets with clear messages on how to report the cases of VAW.
The access of victims of VAW to services due to the curfew	The accessibility of services for victims if the police is contacted
The access of victims of VAW to services due to the firmer control of perpetrator	No mitigation strategy was indicated although the organization reported that it often occurred.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	No mitigation strategy was indicated although the organization reported that it often occurred.

**LESSONS LEARNT AND NEEDS FOR SUPPORT**

The organization indicated that they managed to adjust the helpline successfully to the new circumstances.

In order to maintain effective services, the organization needs:

- Support to staff; however, the organization did not indicate precisely which kind of support is sought;
- Support to organize a campaign to increase awareness among potential beneficiaries on how to approach support services, particularly among women in rural areas.

**Shelter**

Safe House is the only organization providing shelter services (since 1999).

**CHALLENGES, MITIGATION AND INNOVATION**

Services are provided the same way as before the outbreak of COVID-19 (Table 5). Since the outbreak of the pandemic, the organization included accommodation of women and children victims of violence, psychosocial support, development of safety plans and assistance to access other relevant institutions for protection.

**Table 5: Changes in content of shelter services**

Content of the helpline	February	April
Accommodation for women and children	Provided	Provided
Psychosocial support	Provided	Provided
Legal support	Not provided	Not provided
Development of safety plans	Provided	Provided
Assistance in communication with other institutions	Provided	Provided
Short term financial or in kind assistance for women in shelter	Not provided	Not provided

Legend: ■ Provided ■ Not provided

Although services are provided in the same way as before the pandemic, the organization had to address different challenges in order to keep delivering those services. Challenges included health risks and concerns related to allocation of funds and supplies in case the situation extends. Mitigation strategies included applying health safety measures and cooperation with police to transport victims to shelters since public transportation are not running. The organization did not encounter any challenges

regarding cooperation with other institutions. The biggest challenge was related to the supplies needed for staff and beneficiaries, explained by the increased number of women in the shelter during the last weeks, which might increase further judging by increased number of calls the organization receives. Another important challenge concerns the respect of hygiene measures and social distancing measures introduced by the government in the situation where several women and provider staff inhabit the same house.

**Table 6: Challenges and mitigation strategies related to shelter services**

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Health safety measures application
Health risks of beneficiaries	Health safety measures application
The ability to provide necessary funds for regular service delivery	Funds are provided so far, but there is a risk it will not suffice as the situation is expected to worsen regarding the increase number of victims.
The access of victims of VAW to services due to the lack of transport	Transportation of victims to shelters by the police.
The access of victims of VAW to services due to the lack of information	Information sharing with DV victims (through social media and television). The organization also produced posters and leaflets with clear messages on how to report the cases of VAW.
The access of victims of VAW to services due to the firmer control of perpetrator	No mitigation strategy was indicated although the organization reported that it often occurred.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	No mitigation strategy was indicated although the organization reported that it often occurred.
Difficulties in provision of food, clothes, hygiene for employees	The organization will look for additional support in providing adequate supplies.
Difficulties in provision of food, clothes, hygiene for beneficiaries	The organization will look for additional support in providing adequate supplies.

### LESSONS LEARNT AND NEEDS FOR SUPPORT

The number of victims looking for assistance has increased, and the organization, despite its long experience, has encountered difficulties to adjust to the new circumstances.

The organization will need:

- Additional supplies of clothing, food and hygiene products to cope with the increased number of beneficiaries. These additional supplies could be directly supplied to the shelter, possibly in cooperation with humanitarian aid organizations
- Specific equipment for health safety measures, such as masks, gloves and sanitizers for consultants and beneficiaries. Although the quantitative survey did not explore in depth how the new health safety procedures were applied in the shelter, it is clear that specific protocols to protect from COVID should be developed for shelters, in addition to the regular measures defining the practices of maintenance, hygiene and health protection in safe houses.
- Additional staff due to the increased number of beneficiaries.

### Free legal aid as standalone service

Prior to the COVID-19 pandemic, two organizations provided this form of support: AKTIV and KGSC. Since KGSC stopped delivering this service after the pandemic outbreak, only AKTIV has been providing this service during the pandemic.

### CHALLENGES, MITIGATION AND INNOVATION

In response to the questionnaire, AKTIV replied that it did not adjust its services to the current situation as there was no particular need to adjust them. However, the organization recognized different challenges brought by the pandemic (Table 7). These challenges include new health safety risks, availability of funds, difficulties for victims to access to services due to the lack of information or movement restrictions, cooperation with justice system and referrals to other institutions in the system for protection. The organization did not propose any other mitigation strategy, except the introduction of health protection measures in response to the challenges related to the health risks of staff and beneficiaries.

**Table 7: Challenges and mitigation strategies related to free legal aid**

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Health safety measures application
Health risks of beneficiaries	Health safety measures application
The ability to provide necessary funds for regular service delivery	Organization noted that this is a constant problem not only related to COVID-19 pandemic
The access of victims of VAW to services due to the lack of information	No mitigation strategy was indicated although the organization recognized this issue as challenging
The access of victims of VAW to services due to the curfew	No mitigation strategy was indicated although the organization recognized this issue as challenging
Cooperation with justice system in support to beneficiaries	Organization indicated that institutions currently preoccupied with struggle against COVID-19 but did not propose any mitigation strategy
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	Organization indicated that institutions currently preoccupied with struggle against COVID-19 but did not propose any mitigation strategy

**LESSONS LEARNT AND NEED FOR SUPPORT**

In order to more effectively deliver services during crises, the organization will need:

- Financial support;
- Better coordination with other institutions.

**Assistance in accessing healthcare and other institutions**

Assistance in accessing healthcare is provided only by Safe House as a service within their shelter. The support in access to other institutions is currently provided by AKTIV and KWN, both of which reported challenges.

The organizations reported that women have less access to the police as they are locked at home with their perpetrators. Women have to choose between the risk of violence and the risk of getting sick when they seek police assistance. Another issue raised is the reluctance of the police to intervene as the officers could be afraid of getting sick, particularly in the areas with high prevalence of COVID-19 infection. Besides, all the attention of the police and other institutions is now focused on the fight against the pandemic.

Challenges were also identified concerning the functioning of social protection institutions. Social workers refuse to go to shelters to provide social protection support or psychosocial counselling as they did before the pandemic. The access of victims to social protection is currently interrupted.

There are also challenges in access to healthcare coming from both sides: women are reluctant to seek healthcare assistance in case of violence because of fear of infection and capacities of health institutions responding to COVID-19 are stretched. Services to women victims of violence are not systematically provided as they are not perceived as life threatening cases. In this regard, KWN is advocating for better access of women victims of violence to healthcare during the COVID-19 crisis.

Having in mind challenges indicated by organizations, it is needed to:

- Open a direct communication channel with relevant institutions (police, healthcare and social care institutions);
- Establish protocols to enable cooperation in service provision with relevant local institutions;
- Establish protocols to enable cooperation and women's organizations' participation in the work of local emergency headquarters, also to influence the creation of local measures to meet special needs of women during emergencies.

### General counselling, information sharing

Organizations reported that during the crisis, when all attention is focused on the fight against the COVID-19 pandemic and the availability of services from public institutions and companies is reduced, there is sometimes a misunderstanding among women thinking that support services for women victims of violence are no longer available. All organizations have disseminated information indicating that services are still available and have advised women how to access them in specific pandemic related regimes.

### CHALLENGES, MITIGATION AND INNOVATION

KWN has invested efforts to inform women about the availability of services. The organization has also invested efforts to set in place policies and new channels of information that are more appropriate and accessible in the context of restricted movement, firmer control of perpetrator and lack of access to digital technologies.

**Table 8: Challenges and mitigation strategies related to general counselling, information sharing**

Key challenges	Mitigation strategies
Health risks of beneficiaries	Proper access to health safety equipment, food and other necessities for beneficiaries is made sure
The access of victims of VAW to services due to the lack of transport	The operability of taxi services and the possibility to be driven to shelters by police were communicated to potential beneficiaries
The access of victims of VAW to services due to the lack of information	The availability of support services for women was communicated to them through social media and traditional media
The access of victims of VAW to services due to the curfew	Women were informed that curfew does not apply to them if want to escape the home
The access of victims of VAW to services due to the firmer control of perpetrator	Policies were set up to establish grocery stores and pharmacies as places where women who experience violence can report and seek assistance
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	Policies were set up to establish grocery stores and pharmacies as places where women who experience violence can report and seek assistance
Cooperation with social protection system in support to beneficiaries	The establishment of closer communication with social protection services was attempted to see how they can help in this situation

### LESSONS LEARNT AND NEED FOR SUPPORT

The response to the COVID-19 pandemic has drained institutional resources, although more appropriate governmental and institutional engagement are needed to provide more effective services. Organizations providing services to victims of violence need stronger governmental support in this situation. In order for all stakeholders engaged in the support system to work more effectively, policies defining the protections of women from violence in emergency situations are needed.

Even though the gender-based violence against women and domestic violence referral mechanisms are operational in Kosovo, NRAEWOK warns that women from Roma, Ashkali and Egyptian communities lack information and are hesitant to report cases. The current circumstances affect their well-being to a greater extent by exposing them to different types of violence. Therefore, NRAEWOK empowers and motivates activists and volunteers by keeping them informed on the

availability of relevant institutions and providing them with information on how they can assist victims during the pandemic.

In order to provide more effective services of informing, counselling and referring to women, organizations will need:

- Closer cooperation with institutions from the system for protection;
- New policies defining system and procedures of protection of women from violence in emergency situations but specifically those that are caused by contagious disease;
- New forms of outreach to women from marginalized groups and new entry points for reporting violence that are more appropriate for pandemic situations in which healthcare institutions, social protection institutions and even police cannot be the first direct entry point. These new entry points can include persons of trust in groceries and pharmacies. However, the development of such networks requires human and financial resources.



## Situation among beneficiary groups and challenges in access to services

Organizations did not notice any change in the forms of violence women have reported experiencing. Only one organization reported a change in terms of an increase in reported violence.

**Table 9: Groups of women to which organizations deliver services**

Key challenges	Safe House	AKTIV	NRAWEOK	KWN	KGSC
Elderly women	✓			✓	✓
Roma women	✓		✓	✓	✓
Women from rural and remote areas	✓	✓	✓	✓	✓
Women with disabilities	✓		✓	✓	
LGBTI	✓			✓	✓
Sex workers				✓	
Women not belonging to any of the above groups	✓	✓	✓	✓	✓

**Elderly women** are completely isolated due to the government measures. They are isolated in the house with their abusers, and they lack information on how to reach services. They are controlled in case they want to reach out. Shelters provide assistance to these women in line with their rules and regulations. Organizations have tried to reach these women through social media and traditional media campaigns, especially KWN, which works directly with this target group.

**Roma women** normally living in isolated communities became even more isolated due to the restricted movement measures. They encounter problems in meeting their basic and essential needs and face more obstacles in access to institutions during the COVID-19 pandemic than usual. NRAEWOK has tried to reach them through their activists and to inform them about services available to protect them from violence. KWN has informed them through social media and traditional media campaigns and supported the organizations working directly with this group of women.

**Rural women** also face obstacles due to the movement restrictions and cancellation of public transport. They lack possibilities to report violence in-person. Organizations have tried to reach these women through activists, social media, traditional media and organizations of rural women.

**Women with disabilities** are approached in the same ways as Roma and rural women, through activists, social and traditional media and organizations working with women with disabilities. No organization from the group of implementing partners is working specifically with women with disabilities.

In order to provide better outreach to these groups of women, organizations need:

- Support in obtaining health safety equipment that can be delivered to beneficiaries when services are directly delivered by the organizations;
- Financial support to enhance the networks of activists and volunteers due to the increased demand for support services;
- Capacity building in providing support services during the emergency crisis;
- Establishment of online collaboration between different stakeholders providing support in order to provide better coordinated action and effective referrals;
- Establishment of a network of support out of official support services, through networks of groceries and pharmacies where women can approach and ask for assistance;
- To increase the digital skills of staff providing services as well as the capacities of beneficiaries to use digital channels for communication that is more appropriate for this situation.

## Challenges related to other VAW activities

In addition to providing services to women victims of violence, organizations conduct other activities, such as campaigning and awareness raising, research and advocacy. During these last three months, the main advocacy topics were related to gender-based and domestic violence (Safe House); the establishment of functional coordination mechanisms (AKTIV); media and reporting on VAW (AKTIV); early marriages among Roma, Ashkali and Egyptian communities in Kosovo (NRAEWOK); services alignment in support to victims of violence against women with Istanbul Convention (KWN); and more effective institutional response to gender-based violence (KGSC).

Two organizations are currently conducting research, one on UN Resolution 1325 and how it relates to women's peace processes (KWN) and the other one on the perceptions of gender-based violence among Kosovo citizens. However, advocacy and research activities have been reduced due to the pandemic situation. Many activities are postponed, while some very specific advocacy activities have been implemented, particularly regarding obtaining additional resources to adjust the services to the situation. Organizations are communicating with donors and requesting budget reallocations in order to respond to new challenges. Communication has been transferred mainly to online platforms that restrict broader consultations with network members and outreach to key governmental stakeholders.

## Key recommendations for programming purposes

Evidence regarding challenges and needs of organizations provides facts that could be used for programming purposes. Based on that evidence, the following recommendations are proposed.

### Helpline

- Ensure technical equipment that enables more efficient service delivery in accordance with IC standards;
- Enable financial support for improving professional capacities and number of professional staff engaged in service provision 24/7;
- Conduct online campaign relaying available services in times of crisis/post-crisis, accessible to women with disabilities.

### Shelter

- Increase support for improving professional capacities in shelters and number of professional staff engaged in service provision;
- Ensure shelters provide assistance for women from marginalized groups;
- Ensure health safety equipment and product for staff and beneficiaries;
- Create protocols for referral of shelters to humanitarian aid organizations when needed for the provision of food, clothing, and other necessities for their beneficiaries;
- Include health safety and humanitarian aid aspects in the development of safety plans.

### Free legal aid as standalone service

- Enable support for improving professional capacities and the number of professional staff, lawyers engaged in service provision;
- Establish a web-based platform for legal counselling, support hiring lawyers and make the service also accessible to women with disabilities.

### Assistance in accessing healthcare and other institutions

- Develop protocols and mechanisms 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;
- Develop 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.

### Empowerment of survivors of violence

- Support women's survivor's reintegration and economic position through development of skills to start small business by the provision of small grants and consultations while simultaneously addressing their economic and property rights.

### Crosscutting issues

- Increase the resources of organizations for improving their 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;
- Establish a network of support apart from official support services through networks of groceries and pharmacies where women can ask for assistance.

## MONTENEGRO

### 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
<b>Geographical scope</b>	Local	Regional	National	Regional	National	National	National	National	Local
<b>Permanently employed</b>	3	0	6	0	10	7	5	0	2
<b>Temporarily employed</b>	0	0	2	0	3	7	5	6	0
<b>Volunteers</b>	3	6	5	4	0	20	7	12	10
<b>Change in personnel February - April 2020</b>	no change	no change	no change	-2 permanent -6 temporary -4 volunteers	-2 temporary	no change	no change	-2 permanent	-4 temporary
<b>Key activities other than services</b>	Campaign	Advocacy	Advocacy Campaign Research	Advocacy Campaign Research	Advocacy Campaign Research	Advocacy Campaign Research	Advocacy Campaign Research	Advocacy Campaign Research	Advocacy Campaign Research
<b>Types of violence</b>	Physical, Sexual, Sexual harassment, Psychological	Physical, Psychological, Economic	Physical Sexual Sexual harassment Psychological Economic	Physical Sexual Sexual harassment Psychological 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
<b>Organization premises</b>	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%

## 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
Support to employment	-	-

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**

<p><b>SOS Plav</b>  <b>APRIL:</b> 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</p>	<p><b>Integrity</b>  <b>APRIL:</b> assistance in accessing healthcare, other institutions, development of safety plans, participation in local coordination, general counselling  <b>NEW:</b> helpline, assistance in accessing healthcare  <b>CANCELLED:</b> programmes for perpetrators, education, assistance in employment</p>	<p><b>SOS Podgorica</b>  <b>APRIL:</b> helpline, support to child witness, assistance in accessing healthcare, other institutions, development of safety plans, general counselling, psychosocial counselling, free legal aid  <b>CANCELLED:</b> participation in local coordination, education</p>
<p><b>Ksena</b>  <b>APRIL:</b> helpline, support to child witness, assistance in access to healthcare, other institutions, general counselling, psychosocial counselling, free legal aid  <b>NEW:</b> financial and in-kind assistance  <b>CANCELLED:</b> participation in local coordination teams, education, assistance in employment</p>	<p><b>SOS Niksic</b>  <b>APRIL:</b> helpline, shelter, assistance in access to other institutions, development of safety plans, general counselling, psychosocial support, free legal aid  <b>CANCELLED:</b> participation in local coordination teams, education, assistance in finding employment</p>	<p><b>CRI</b>  <b>APRIL:</b> helpline, assistance in access to other institutions, development of safety plans, participation in local coordination, general counselling, psychosocial support, free legal aid, education  <b>CANCELLED:</b> assistance in accessing healthcare, assistance in employment</p>
<p><b>WSH</b>  <b>APRIL:</b> helpline, shelter, support to child witness, assistance in access to healthcare, other institutions, general counselling, psychosocial counselling, free legal aid  <b>CANCELLED:</b> education</p>	<p><b>MWL</b>  <b>APRIL:</b> helpline, general counselling, psychosocial counselling, free legal aid  <b>CANCELLED:</b> assistance in access to other institutions, development of safety plans, participation in local coordination, education</p>	<p><b>IKE</b>  <b>APRIL:</b> assistance in access to other institutions, development of safety plans, participation in local coordination, general counselling, psychosocial support, free legal aid  <b>CANCELLED:</b> education, assistance in employment</p>

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
<b>WSH</b> 1. Helpline 2. Shelter 3. Free legal aid7787	<b>WSH</b> 1. Helpline 2. Shelter 3. Financial and in-kind assistance
<b>MWL</b> 1. Helpline 2. Psychosocial counselling 3. General counselling	<b>MWL</b> 1. Helpline 2. Psychosocial counselling 3. General counselling
<b>IKRE</b> 1. Shelter 2. Psychosocial counselling 3. Assistance in employment	<b>IKRE</b> 1. Helpline 2. Rape crisis centers 3. Psychosocial counselling
<b>SOS Plav</b> 10. Helpline 11. Shelter 12. Rape crisis center	<b>SOS Plav</b> 12. Helpline 13. Shelter 14. Rape crisis center
<b>Integrity</b> 10. Shelter 11. Support in accessing healthcare 12. Development of safety plans	<b>Integrity</b> 10. Shelter 11. Assistance in access to healthcare 12. Psychosocial counselling
<b>SOS Podgorica</b> 10. Psychosocial counselling 11. Access to other institutions 12. Free legal aid	<b>SOS Podgorica</b> 10. Helpline 11. Psychosocial counselling 12. Free legal aid
<b>Ksena</b> 10. Psychosocial counselling 11. Support to child witness 12. Access to other institutions	<b>Ksena</b> 10. Helpline 11. Psychosocial counselling 12. Support to child witness
<b>SOS Niksic</b> 10. Helpline 11. Shelter 12. Access to other institutions	<b>SOS Niksic</b> 10. Helpline 11. Shelter 12. Access to other institutions
<b>CRI</b> 1. Access to other institutions 2. Access to healthcare 3. Psychosocial counselling	<b>CRI</b> 1. Access to other institutions 2. Access to healthcare 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, Ksenia, SOS Niksic, CRI and WSH. While SOS Niksic, SOS Podgorica and WSH are licensed providers of specialized services, SOS Plav, Ksenia 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 Ksenia, 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 (Ksenia, 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		Ksenia		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														
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 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 “Ana” 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)

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				

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, Ksenia, 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 list:

- 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, Ksenia, 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 list:

- 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.

### 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.

## 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 accordance 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 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 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.

## NORTH MACEDONIA

### Perception of impact of the COVID-19 pandemic on implementing partners

Five organizations participated in the survey in North Macedonia: Health Education and Research Association (HERA), Helsinki Committee for Human Rights of Republic of Macedonia (MHC), Women against Violence Europe Network (WAVE Network), Macedonian Young Lawyers Association (MYLA) and National Roma Centrum (NRC). The Educational Humanitarian Organization (ECHO) contributed with a brief report on the situation and needs for support, as during the survey the organization's time was committed to deal with a difficult case of violence against a girl that attracted the attention of the whole country. Their inputs are included in the sections on needs and recommendations.

The organizations participating in the survey are relatively big within the frame of civil society organizations, except NRC, which employs eight persons permanently and temporary. Other organizations employ ten or more persons, and HERA engages over 60 volunteers in addition to its 25 employees. After the outbreak of the COVID-19 pandemic, MHC decreased its personnel by two temporary employees and 10 volunteers, and NRC reduced number of temporary employed persons by two. Other organizations

report no change in staff configuration. In addition to providing services to women exposed to violence, organizations conduct advocacy, awareness raising and research activities. For some of the organizations, such as WAVE, these activities are of primary importance while others are primarily service providers, which combine other activities together with services. Although MHC and WAVE declared that they do not support direct services, during the later stages of the survey they revealed certain forms of support that allow them to be analyzed together with service providers.

All organizations except HERA work from rented premises. Organizations have relatively diversified funds, coming from local or national governments and at the same time from international donors. This diversification is possibly the reason why organizations reported quite solid resilience to crisis, indicating that they would be able to maintain activities for around one year if crisis were to continue (though two organizations did not provide estimation) (Table1).

**Table 1: Profile of implementing partners**

	HERA	MHC	WAVE	MYLA	NRC
<b>Geographical scope</b>	National	Local	European	National	Regional
<b>Permanently employed</b>	21	19	10	9	5
<b>Temporarily employed</b>	4	8	0	16	3
<b>Volunteers</b>	61	0	0	0	3
<b>Change in personnel February - April 2020</b>	No change	-2 temporary -10 volunteers	no change	No change	-2 temporary
<b>Key activities other than services</b>	Campaigns Advocacy	Campaigns Advocacy Capacity building	Campaigns Advocacy Capacity building	Campaigns Research	Campaigns Advocacy Research
<b>Types of violence for which support is provided</b>	Physical Sexual harassment Psychological Economic Stalking	No support services	No support services	Physical Sexual including rape Sexual harassment Psychological Economic	Physical Psychological Economic Child and forced marriages
<b>Organization premises</b>	Own property + rented premises	Rented	Rented	Rented	Rented

<b>Resilience – how long they are able to sustain</b>	–	More than a year	More than a year	A year	–
<b>Main sources of funding</b>	8% local budget 25% national budget 18% IOs 45% INGOs 1% private business 2% commercial activity 1% membership fees	5% national budget 35% IOs 60% INGOs	5% local budget 5% national budget 80% IOs 10% membership fees	83% IOs 16% INGOs	29% IOs 68% INGOs 3% other

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

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

<b>Measures in response to COVID-19 crisis that have impacted organizations (N, %)</b>		
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	3/5	60%
Mobility restriction for certain groups, such as older population, children up to age 18	3/5	60%
Cancellation of public transport in the city/community excluding taxi	2/5	40%
Cancellation of intercity public transport, excluding taxi	1/5	20%
Special work regime of health institutions which allows only admission of urgent medical cases	3/5	60%
Quarantine for persons who were in contact with infected persons but do not have symptoms	2/5	40%
Self-isolation for persons who are infected and with mild symptoms	2/5	40%
Self-isolation upon return from trips abroad	2/5	40%
Forced hospitalization of all those infected, regardless the gravity of sickness and symptoms	0/5	0%
Shorter working hours of shops, supermarkets, pharmacies, banks	1/5	20%
Closure of all shops that do not sell food, medicaments, hygiene products, child supplies, and similar.	1/5	20%
Closure of all direct, face-to-face services in public administration and transfer to mail or phone.	2/5	40%
Postponement of all court proceedings except those that cannot be postponed, such as emergency VAW measures	2/5	40%
Closure of cities/municipalities (ban to leave or enter city/municipality)	2/5	40%

## Needs and challenges caused by COVID-19 crisis

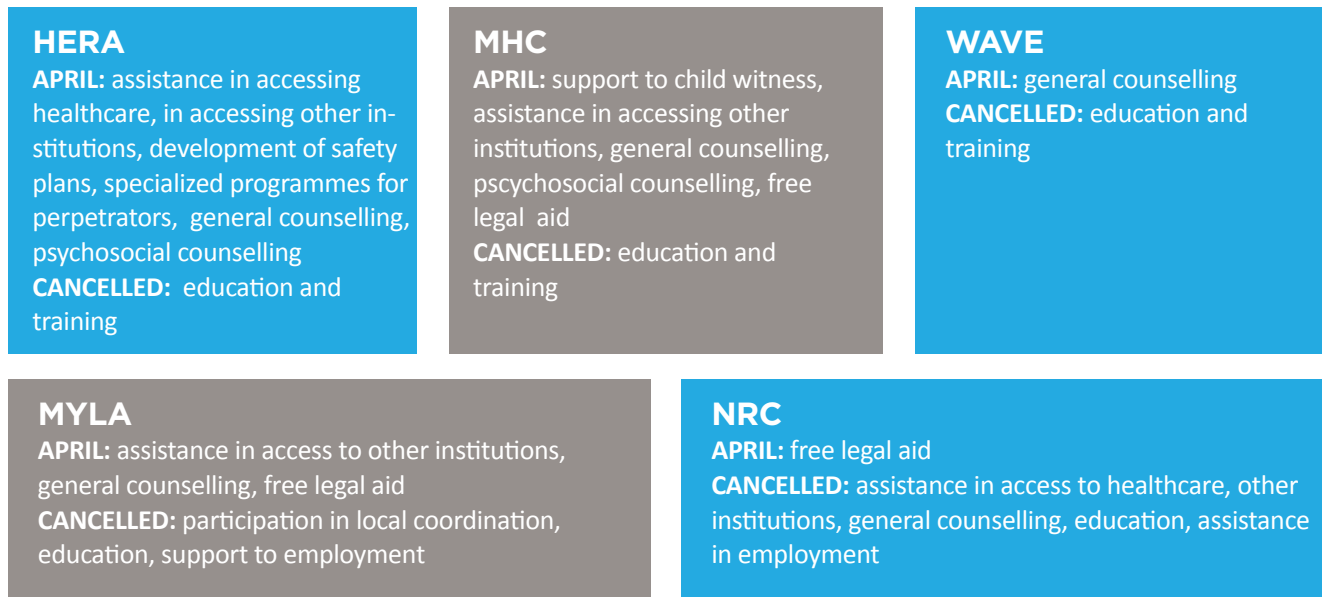
### Challenges in service delivery and mitigation strategies

The services that have been provided by most organizations in April 2020 include general counselling, assistance in access to other institutions and free legal aid (Table 2).

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

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

Within the shifting context of the COVID-19 pandemic and government measures taken in response, all organizations have reorganized the services they provide. The activities cancelled after the outbreak most often include education and training, participation in local coordination, and support to employment. Changes in services for each organization are presented in Chart 2.

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

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 mitigation strategies to address the current challenges. As noted in Table 3, changes in priorities

are not prominent. Organizations continuously highly prioritize general counselling and free legal aid. After the outbreak of the COVID-19 pandemic, a slightly higher importance has been given to support in access to other institutions in comparison to the pre-pandemic period (Table 3).

**Table 3: Perception of priority services for women victims of violence against women (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	1	20	-	-
Shelter	2	40	2	40
Rape crisis centers	1	20	1	20
Support to child witness	-	-	-	-
Support in access to healthcare	-	-	-	-
Support in access to institutions for support	2	40	3	60
Development of safety plans	-	-	1	20
Participation in coordination teams	1	20	-	-
Specialized programs for perpetrators	-	-	-	-
General counselling	3	60	3	60
Psychosocial counselling	1	20	1	20
Free legal aid	3	60	3	60
Financial support	-	-	-	-
Housing	-	-	-	-
Education and training	1	20	1	20
Support to employment	-	-	-	-

Data presented in the next chart shows the perception of priority services among organizations in February and April 2020. Three out of five organizations have changed their priorities (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
<b>HERA</b> 13. Psychosocial counselling 14. Access to other institutions 15. Shelter	<b>HERA</b> 15. Psychosocial counselling 16. Access to other institutions 17. Shelter
<b>MHC</b> 13. Free legal aid 14. General counselling 15. Access to other institutions	<b>MHC</b> 13. Free legal aid 14. General counselling 15. Access to other institutions
<b>AVE</b> 13. Helpline 14. Shelter 15. Rape crisis centers	<b>WAVE</b> 13. Shelter 14. Rape crisis centers 15. Development of safety plans
<b>MYLA</b> 14. Free legal aid 15. General counselling 16. Participation in local coordination	<b>MYLA</b> 13. Free legal aid 14. Education and training 15. General counselling
<b>NRC</b> 13. Free legal aid 14. General counselling 15. Education and training	<b>NRC</b> 13. Free legal aid 14. General counselling 15. Access to other institutions

WAVE reported changes in priorities in terms of supporting network members to adapt to the new situation and share information among women's support services on how to better adjust to the needs of survivors of violence.

MYLA reported that their priorities had changed as they could not go to the field anymore. MYLA works with migrants and have had to stop on-site work in refugee camps. The access to marginalized groups to which legal counselling is usually provided is now more difficult. MYLA adjusted to the new situation by focusing more on online education of young lawyers. The organization also provides free legal aid online and in person, for emergency situations only.

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

### Helpline services

Helpline services are provided only by HERA within their service for gender-based violence specialized counselling center.



**CHALLENGES, MITIGATION AND INNOVATION**

The content of the services has not changed since COVID-19 pandemic outbreak. The helpline provides information and consultations for beneficiaries, psychosocial and legal support and referral to specialized services. The service

was provided prior to the pandemic as well through phone communication from the office/home of consultants, e-mail, and online chat. The service is provided through the Facebook page of First Family Center, the specialized service for GBV.

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

Content of the helpline	February	April
Information sharing, consultations	Provided	Provided
Psychosocial support	Provided	Provided
Legal support	Provided	Not provided
Referral to specialized services	Provided	Provided
Method of service delivery		
Through phone from the office	Provided	Provided
Through phone from the home of staff	Provided	Not provided
Through e-mail	Provided	Provided
Through online chat	Provided	Provided
Through mobile application chat	Not provided	Not provided

Legend:  Provided  Not provided

Representatives of HERA indicated two main challenges the organization is currently facing in relation to the provision of the helpline service: on one hand, difficulties in the access of beneficiaries to the service due to the curfew, and on the other hand, the firmer control of perpetrator. In response to the first challenge, organization provides helpline services

by redirecting calls to the mobile phone of consultants who work from home. Regarding the second challenge, the organization responded by advising beneficiaries to use the phone for consultations when they are out of the home and out of reach of the perpetrator (Table 5).

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

Key challenges	Mitigation strategies
The access of victims of VAW to services due to the curfew	Redirecting of the telephone line to a mobile phone and provision of service from consultants' home
The access of victims of VAW to services due to the firmer control of perpetrator	Advising beneficiaries to use phone when they are out of home

HERA has contacted most of its beneficiaries from the specialized counselling center to inform them about the option to receive online psychological support.

The organization did not indicate any need for support in relation to this service.

**Psychosocial counselling as standalone service**

Psychosocial counselling as a standalone service is provided by HERA.

**CHALLENGES, MITIGATION AND INNOVATION**

The organization faces more challenges related to this service than in the case of the helpline. These challenges include the health risks of staff and beneficiaries, the difficulties women face in accessing service due to reduced mobility, the firmer control of perpetrator, lack of information and inadequate communication channels. In addition, beneficiaries suffer from less effective cooperation with the judiciary system, social protection services, police and other institutions. The mitigation strategies undertaken are diverse, but the lack of successful mitigation strategies can be noted in regard to referral and cooperation with other institutions in the system for protection.

**Table 6: Challenges and mitigation strategies related to psychosocial support services**

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Special protocol for scheduling, receiving and offering delivering services to beneficiaries in order to ensure safety
Health risks of beneficiaries	Special protocol for scheduling, receiving and offering delivering services to beneficiaries in order to ensure safety
The access of victims of VAW to services due to the lack of transport	For beneficiaries from remote communities, service is provided only by phone or online.
The access of victims of VAW to services due to the lack of information	Massive promotion of the service through pharmacies, markets, social media.
The access of victims of VAW to services due to the curfew	Service is delivered online and by phone.
The access of victims of VAW to services due to the firmer control of perpetrator	Advising beneficiaries to use phone when they are out of home.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	When phone is not available, use social media, e-mail. Raising awareness through media among citizens to report violence.
Cooperation with justice system in support to beneficiaries	Courts no longer refer perpetrators to the organization, which is important for reducing violence. No mitigation strategy.
Cooperation with social protection system in support to beneficiaries	Lower activity of social protection institutions is mitigated with partial success through direct phone contacts.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	No mitigation strategy.

### LESSONS LEARNT AND NEEDS FOR SUPPORT

The service is adjusted well to the situation according to the assessment of HERA's representative. Communication between psychotherapists/counsellors and beneficiaries has taken place regularly online and by phone, though at a somewhat reduced volume by 20%. At the beginning of April, the organization organized a massive promotion of the service to inform women about the availability of this kind of support in new forms. Out of necessity, the organization learnt that digital platforms and online tools are very useful for this kind of services. Although they offered the service in this format before COVID-19 outbreak, it was on a much smaller scale. The organization reports a desire to continue providing this service online in the future, explaining that it may be very appropriate for women from distant locations. Nevertheless, the organization's representative expressed concerns about the sustainability of the service; due to the crisis, local and national budgets could withdraw their support.

Therefore, the organization would need:

- Regular financial support to provide service continuously.

### Free legal aid as standalone service

Free legal aid as a standalone service is provided by MHC, MYLA and NRC.

### 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 the 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 reduced to emergency cases such as immediate protection orders, while other cases related to VAW and domestic violence (DV) are postponed. In response to the health safety risks, organizations transferred this service mainly to phone or online channels. This also mitigated challenges related to the reduced mobility of beneficiaries. However, the problem remains in regard to cooperation with the judiciary as their work regime is significantly reduced. The organizations use different strategies, such as phone or e-mail communication. They continue to send the legal documentation, but this does not essentially increase the effectiveness of judiciary work on VAW and DV cases.

**Table 7: Challenges and mitigation strategies related to free legal aid**

Key challenges	MHC	MYLA	NRC	Mitigation strategies
Health problems and health risks of organization staff	✓	✓	✓	Service is mainly transferred to phone and online communication. When necessary to provide service in person health, safety measures are applied.
Health risks of beneficiaries	✓	✓	✓	Service is mainly transferred to phone and online communication. When necessary to provide service in person, health safety measures are applied.
The ability to provide necessary funds for regular service delivery		✓	✓	Funds are ensured, but organizations are looking for new donors.
The access of victims of VAW to services due to the lack of transport		✓	✓	Service is provided by telephone, online. When needed, organizations have been cooperating with other VAW service providers who can transport beneficiaries.
The access of victims of VAW to services due to the lack of information	✓	✓	✓	Informing citizens on availability of service through social media, posters in hospitals, police stations, social welfare centers, webinars, information on website of organizations.
The access of victims of VAW to services due to the curfew		✓	✓	Service is provided online and by phone.
The access of victims of VAW to services due to the firmer control of perpetrator	✓	✓	✓	Recommending beneficiaries to use alternative communication channels than phone, communicating through neighbours when appropriate.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✓	✓	✓	Using communication channels that beneficiaries initially used considering that as the most convenient way of communication with each beneficiary.
Cooperation with justice system in support to beneficiaries	✓	✓	✓	Providing written documentation for court cases of DV despite the lockdown. Sending documents by post or e-mail.
Cooperation with social protection system in support to beneficiaries		✓	✓	Communicating by phone or e-mail.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✓	✓	✓	Communicating by phone or e-mail.

**LESSONS LEARNT AND NEED FOR SUPPORT**

Like in the case of psychosocial support, organizations learnt through this experience the value of providing free legal aid through phone, online applications or platforms. The organizations learnt that it is not necessary to adjust the service in emergency situation, but that the adjustment should be properly followed by information sharing, promotion of the new modalities of services among citizens, and also awareness raising on the importance of reporting violence.

In order to provide effective free legal aid during the pandemic and afterwards, the organizations need:

- To produce more diverse materials with information on the service that can be distributed online, through traditional and social media;
- To find new ways to reach women from communities that do not have access to digital technologies and channels of communication;
- Training of staff on how to provide online services;

- To create safe and discrete local networks for women to report violence and find new locations where women can look for help, such as pharmacies;
- Improved coordination with judiciary institutions within the emergency situation;
- Online legal aid distance learning programmes for professionals in the system for protection.

**Programmes for perpetrators**

HERA has been providing programmes for perpetrators.

**CHALLENGES, MITIGATION AND INNOVATION**

The challenges in providing specialized programmes for perpetrators include health risks of staff and beneficiaries and difficulties in cooperation with the justice system, social protection and other institutions in the system for protection. HERA implements new protocols in order to address challenges related to health risks, but no mitigation strategy has been presented to address challenges related to cooperation with the judiciary and other institutions in the system for protection (Table 8).

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

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Service is delivered according to a new protocol for scheduling, receiving and offering services to perpetrators to ensure the safety of employees and users.
Health risks of beneficiaries	New protocol is applied, according to which group treatments have been cancelled, individual work with perpetrators is transferred mainly to phone communication, but it can be done in person if needed, respecting health protection protocols.
Cooperation with justice system in support to beneficiaries	Courts do not refer perpetrators due to the reduced work regime. No mitigation strategy.
Cooperation with social protection system in support to beneficiaries	Centers for social welfare do not refer perpetrators due to the reduced work regime. No mitigation strategy.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	No mitigation strategy.

**LESSONS LEARNT AND NEED FOR SUPPORT**

The most needed form of support is:

- Continuous financing of the service, particularly in the circumstances when local budgets are reduced. Donor support in funding human resources specially trained to work with perpetrators are key to this service.

**Assistance in accessing healthcare and other institutions**

Support in access to healthcare has been provided by NRC only, while support in access to other institutions is provided by HERA, MYLA and NRC.

Organizations did not report any change in the way police operate in cases of GBV and DV against women during the COVID-19 pandemic. However, changes are noted regarding the work of social protection institutions. Organizations

noticed that they operate with a reduced workload given the fact that social workers do not do field visits to detect and prevent VAW since the COVID-19 pandemic outbreak. Some organizations report the lack of responsiveness of centers for social welfare on their helpline services. The consequences of these changes are the insufficient protection of women from violence and a decrease of women's trust in protection institutions.

Organizations also reported exceptionally low effectiveness in the work of public prosecution and courts. Courts work only on emergency protective measures, a very important aspect of protection, but other cases of VAW and DV are not processed, putting women in difficult situations. The overall functionality of the system for protection is undermined,

and women remain unprotected. Furthermore, it is foreseen that the problem will remain after emergency measures are lifted, as courts will be overwhelmed by the cases previously postponed.

## Situation among beneficiary groups and challenges in access to services

Organizations provide support to diverse marginalized groups of women: elderly, Roma, minorities, refugee women, women with disabilities, LGBTI women and sex workers (Table 9). Organizations perceive specific challenges related to working with these groups of women and try to address them in new ways within the pandemic context.

**Table 9: Groups of women to which organizations deliver services**

Key challenges	HERA	MHC	WAVE	MYLA	NRC
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. They also face more difficulties to reach services due to restricted movement. The organizations try to disseminate information about the availability of services through public institutions, and through informal communication networks in local communities since the majority of women from this group do not use digital technologies or social media.

**Roma women** are also more difficult to reach because they live in isolated communities, but organizations use mobile teams to reach the ones in need. They also share information on available services through informal communication networks in these communities.

In regard to support provided to refugee women, new strategies are employed as organizations cannot deliver support on-site in refugee camps as it was done before the pandemic. They provide online counselling, and information about available services is posted in the refugee camps.

Organizations monitor the situation with the help of authorities supervising the camps.

### Women with disabilities are also supported online.

In order to more effectively reach women from the abovementioned groups, organizations list:

- Development of crisis referral plans to be applied among all institutions and organizations engaged in the protection of women from VAW that will address the specific obstacles of women from different marginalized groups in accessing services;
- Organization of mobile teams of counsellors to go to communities of marginalized women, since they do not have access to digital information;
- Financial support for publishing flyers and brochures to disseminate the information about available services to women from groups that have obstacles in using digital technologies and internet.

## Challenges related to other VAW activities

During the pandemic situation, 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 put in the function of informing women about available services, as well as informing citizens on the need to react and report when they witness violence. One organization indicated that the staff is overwhelmed with inquiries from media and international organizations to describe the situation, which uses a lot of their time.

All education and training activities that require direct contact are postponed and only some webinars are held by organizations. However, organizations learnt that online learning is particularly effective for some groups, such as lawyers. This experience should be used to organize more online learning content for professionals even after the pandemic situation. One of the priorities of campaigning is to inform the public through online media about the high risk of DV during the crisis and how and where to report violence.

WAVE pointed to the increased need of member organizations to obtain advice and information on some new practices and solutions that could be applied in delivering services within pandemic context. This is one of the most prominent needs of organizations, to learn and adapt. In response to these needs, WAVE organized three webinars enabling organizations to exchange experiences directly.

Organizations were very active in advocating for legal changes, improvement of services and better access to services of women from different social groups, but now the advocacy activities are less prioritized unless they are more directly linked to the adjustment and improvement of service provision. Research activities are mainly postponed as they often require face-to-face contact and access to data that are produced by other institutions which are not working in full capacity.

## 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.

### Free legal aid as standalone service

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

### Assistance in access to healthcare and other institutions

- To 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 enable women's organizations' participation in the work of local multisectoral teams during reduced working hours and remote work during the COVID-19 response measures.

### Crosscutting issues

- Support in 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;
- Increased capacities of staff to work with women from different vulnerable groups, such as women/girls with disabilities, and other women with specific needs;
- Online campaign about the rights of women, availability of services and obligation of all citizens to report violence, alerting them to increased risks during isolation.

## SERBIA

## Perception of impact of the COVID-19 pandemic on implementing partners

Seven organizations participated in the survey in Serbia: Victimology Society of Serbia (VDS), Fenomena Association, Association of Women Sandglass (henceforth Sandglass), SOS Network Vojvodina, Iz Kruga – Vojvodina, Gender Knowledge Hub and Bibija Roma Women’s Centre. Implementing organizations are small organizations in terms of number of employed persons, which is typical of women’s rights organizations in Serbia. They rely on a small number of

permanently and temporarily employed staff and engage a significant amount of volunteer work. The impact of the COVID-19 pandemic on the personnel structure of organizations has not yet affected permanent staff, but there has been a moderate reduction of temporarily employed persons and a significant reduction of volunteers. Employees and volunteers are almost all women, apart from two male volunteers in two organizations.

**Table 1: Profile of implementing partners**

	Bibija	SOS Network Vojvodina	Gender Knowledge Hub	Iz Kruga Vojvodina	Fenomena	Sandglass	Victimology Society
<b>Geographical scope</b>	Local	Regional	Local	National	Local, national, cross border	Local, national, cross border	National
<b>Permanently employed</b>	3	6	0	4	0	4	1
<b>Temporarily employed</b>	10	10	0	6	5	1	6
<b>Volunteers</b>	2	50	13	3	5	8	5
<b>Types of violence for which protection support is provided</b>	Physical Sexual Sexual harassment Psychological Economic Child, early and forced marriage	Physical Sexual Sexual harassment Psychological Economic		Physical Sexual Sexual harassment Psychological Economic Forced abortion	Physical Sexual Sexual harassment Psychological	Physical Sexual harassment Psychological	Physical Sexual Sexual harassment Psychological Economic
<b>Key activities other than services</b>	Advocacy campaign	Advocacy campaign Research	Advocacy campaign Research Training	Advocacy campaign Research Training	Advocacy campaign Research	Advocacy campaign Research Training	Advocacy campaign Research Training
<b>Change in personnel February - April 2020</b>	no change	-4 temporary -20 volunteers	-2 volunteers	-1 temporary -3 volunteers	-2 temporary -5 volunteers	-2 volunteers	No change
<b>Organization premises</b>	Rented	Rented	In premises of volunteers	Rented	Rented	Rented	Rented
<b>Resilience – how long they are able to sustain</b>	1-3 months	1-3 months	Up to 6 months	More than a year	1-3 months	A year	Up to 6 months
<b>Main sources of funding</b>	100% INGOs	100% IOs, bilateral	90% INGOs, 10% members fees	4% local budget 43% IOs 37% INGOs 16% Other	95% INGOs 5% commercial activity	90% IINGOs 10% members fees	70% IOs 20% INGOs 5% commercial activity 5% members fees

In addition to providing services to women victims of violence, organizations engage in campaigning, awareness raising, research and advocacy activities. There are differences in the resilience of organizations in the face of sudden crisis. 3 organizations (43%) can endure this situation for up to 3 months, 2 (33%) can endure up to 6 months, 1 organization (14%) can endure up to 1 year, and 1 (14%) can endure more than a year (Table 1). All organizations except one (86%) operate in rented premises. The organizations are mainly funded by international organizations, NGOs and foundations, and a very small portion of their funds comes from local budgets, membership fees or commercial activities. Although a reliable conclusion cannot be drawn from this small group of organizations, it can be noted that organizations with more diversified funding show higher resilience.

The COVID-19 pandemic and measures taken in response have had profound impact on the work of organizations (Chart 1). Response measures with the greatest impact on service provider organizations include measures related to the restriction of mobility of citizens, such as curfew, ban of movement of people older than 65 years and more and cancellation of public transport. In addition, measures related to the work of public institutions have been highly impactful, such as new work regimes within the healthcare system that prioritize COVID-19 infection cases, the closure of public administration and public institution services and the postponement of court proceedings.

**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	7/7	80%
Work transferred to home when possible; strict health measures for those who still have to go to the workplace	7/7	60%
Closure of kindergartens, schools	5/7	60%
Mobility restriction for certain groups, such as older population, children up to age 18	6/7	60%
Cancellation of public transport in the city/community excluding taxi	6/7	40%
Cancellation of intercity public transport, excluding taxi	5/7	20%
Special work regime of health institutions which allows only admission of urgent medical cases	6/7	60%
Quarantine for persons who were in contact with infected persons but do not have symptoms	3/7	40%
Self-isolation for persons who are infected and with mild symptoms	3/7	40%
Self-isolation upon return from trips abroad	2/7	40%
Forced hospitalization of all those infected, regardless the gravity of sickness and symptoms	2/7	0%
Shorter working hours of shops, supermarkets, pharmacies, banks	5/7	20%
Closure of all shops that do not sell food, medicaments, hygiene products, child supplies, and similar.	2/7	20%
Closure of all direct, face-to-face services in public administration and transfer to mail or phone.	2/7	40%
Postponement of all court proceedings except those that cannot be postponed, such as emergency VAW measures	4/7	40%



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

### Challenges in service delivery and mitigation strategies

The organizations providing services have mostly succeeded in maintaining core services, though in different modes than before. All organizations reorganized service provision at least in some aspects. Only one organization (14%) fully cancelled services (Gender Knowledge Hub); prior to the crisis it provided support in access to institutions, general counselling and legal aid. Two organizations (33%) introduced new services (Bibija and Fenomena). These new services include support in access to healthcare, institutions in the system for protection, and the development of safety

plans. The most significant reduction of activity (aside from Gender Knowledge Hub, which ceased support services) is recorded with Bibija Roma Women's network, which ceased general counselling, psychological support, legal aid, education and assistance in employment. Bibija's activities are now fully focused on health assistance and safety plans. The activities that are currently suspended by the majority of organizations in this group include participation in coordination teams, financial aid to women victims of violence and support in the form of education and training for women who have experienced violence.

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

Services	N	%
Helpline	5	71
Shelter	-	-
Rape crisis or sexual violence referral centres	1	14
Support to child witness	-	-
Assistance in accessing healthcare	4	57
Assistance in accessing other institutions	6	86
Development of safety plans	5	71
Participation in local coordination teams	-	-
Specialized programs for perpetrators	-	-
General counselling, information sharing	5	71
Psychosocial counselling	3	43
Free legal aid	5	71
Financial and in-kind assistance	1	14
Housing	-	-
Education and training	1	20
Support to employment	-	-

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

<p><b>Bibija</b>  <b>APRIL:</b> access to health, institutions, safety plans  <b>NEW:</b> access to health, institutions, safety plans  <b>CANCELLED:</b> general counselling, psychological support, legal aid, education, employment assistance</p>	<p><b>SOS Network Vojvodina</b>  <b>APRIL:</b> Helpline, Rape crisis centers, access to healthcare, institutions, safety plans, general counselling, psychological support, legal aid  <b>CANCELLED:</b> participation in coordination teams, financial assistance</p>	<p><b>Gender Knowledge Hub</b>  <b>APRIL:</b> no support services  <b>CANCELLED:</b> access to institutions, general counselling, legal aid, education</p>	
<p><b>Iz Kruga Vojvodina</b>  <b>APRIL:</b> helpline, access to institutions, general counselling, psychological support, legal aid  <b>CANCELLED:</b> education</p>	<p><b>Fenomena</b>  <b>APRIL:</b> APRIL: helpline, access to healthcare, institutions, general counselling, legal aid, education  <b>NEW:</b> safety plans</p>	<p><b>Sandglass</b>  <b>APRIL:</b> Helpline, access to healthcare, institutions, safety plans, general counselling, free legal aid  <b>CANCELLED:</b> financial assistance, education</p>	<p><b>Victimology Society</b>  <b>APRIL:</b> helpline, access to institutions, safety plans, general counselling, psychological assistance, legal aid  <b>CANCELLED:</b> participation in coordination teams, financial assistance, education</p>

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.

Chart 3 presents the perception of priorities in February and April 2020 for each organization, while Table 3 summarizes the perception of priorities for those two months for the entire group of organizations. It is noticeable that the helpline is one of the services most highly prioritized by

majority of organizations. In February as well as April, 6 out of 7 organizations (86%) ranked this service as first priority. Aside from the helpline, organizations have very diverse opinions on priorities. It can be also noted that support in access to institutions and legal aid are less prioritized during the COVID-19 crisis, which can be linked to the changed work regime of public institutions, including the judiciary. At the same time, organizations give more importance than before to financial support to victims, employment support, participation in coordination teams and development of individual safety plans for victims.

**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	6	86	6	86
Support in access to healthcare	1	14	1	14
Support in access to institutions for support	4	57	2	29
Rape crisis centers	2	29	2	29
Psychological support	2	29	1	14
General counselling	2	29	2	29
Legal aid	2	29	1	14
Education	1	14	0	0
Shelter	1	14	1	14
Financial support	0	0	1	14
Support to employment	0	0	1	14
Participation in coordination teams	0	0	1	14
Development of safety plans	0	0	2	29
Housing	-	-	-	-
Education and training	1	20	1	20
Support to employment	-	-	-	-

According to the experience of organizations, since the COVID-19 pandemic and government measures in response, women who prior to crisis were beneficiaries of psychosocial support started to ask about the possibility of receiving financial support, as well as humanitarian aid (food, clothing, medication). They testified that their economic situation is worsening, which significantly contributes to an increase of violence in the family and exposes them to increased psychological pressure from their partner or other family members. Women were aware that deprivation increases the violence they suffer.

The organization that recognized the increased importance of support to employment explained that due to the COVID-19 crisis, institutions that implemented employment measures specifically targeting women victims of violence will be weaker. Therefore, NGOs providing support to victims of violence should take a more decisive role in providing this form of support.

Two organizations (28%) indicated the increased importance of individual safety planning in the context of isolation in homes together with perpetrators, and particularly when women with disabilities are in question.

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

Perception of priorities in February and April 2020	
FEBRUARY 2020	APRIL 2020
<b>Bibija</b> 16. Helpline 17. Access to healthcare 18. Access to institutions	<b>Bibija</b> 19. Helpline 20. Access to healthcare 21. Access to institutions
<b>SOS Network Vojvodina</b> 16. Helpline 17. Rape crisis centers 18. Psychological support	<b>SOS Network Vojvodina</b> 17. Helpline 18. Rape crisis centers 19. Financial support
<b>Gender Knowledge Hub</b> 16. General Counselling 17. Legal aid 18. Access to institutions	<b>Gender Knowledge Hub</b> 16. Employment 17. Coordination teams 18. General counselling
<b>Iz Kruga Vojvodina</b> 17. Helpline 18. Psychological support 19. Legal aid	<b>Iz Kruga Vojvodina</b> 16. Helpline 17. Psychological support 18. Legal aid
<b>Fenomena</b> 16. Helpline 17. Access to institutions 18. Education	<b>Fenomena</b> 16. Helpline 17. Access to institutions 18. Safety plans
<b>Sandglass</b> 1. Helpline 2. General counselling 3. Access to institutions	<b>Sandglass</b> 1. Helpline 2. General counselling 3. Safety plans
<b>Victimology Society</b> 1. Helpline 2. Shelter 3. Rape crisis centers	<b>Victimology Society</b> 1. Helpline 2. Shelter 3. Rape crisis centers

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

Organizations that provide helpline services are Sandglass and SOS Network Vojvodina (since 2009), Iz Kruga - Vojvodina (since 2010), Fenomena (since 2006) and VSD (since 2003). No organization has cancelled this service since the pandemic outbreak.

As can be seen from Table 4, the content of the helpline services has not changed significantly. Only one organization cancelled legal aid through the helpline, while two

organizations cancelled the provision of psychosocial service by telephone. All organizations generally maintained the same scope of service while the mode of service has changed. There is no information regarding numbers of calls during the crisis period. All organizations shortened their office hours on special telephone numbers (0800 servers), while at the same time all organizations began to provide this service from advisers' homes via mobile phones. Also, one organization began providing online chat services. Organizations have started using various online applications such as Skype or Facebook chat to communicate with users, which has certainly had a positive impact but also carries potential risks due to limited security standards of given communication channels. Although all organizations provide this service by email, only one organization uses mobile applications for this purpose.

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

Content of the helpline	SOS Network Vojvodina		Iz kruga Vojvodina		Fenomena		Sandglass		Victimology Society	
	Feb	April	Feb	April	Feb	April	Feb	April	Feb	April
Information sharing, consultations										
Psychosocial support										
Legal support										
Referral to specialized services										
<b>Method of service delivery</b>										
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

### CHALLENGES, MITIGATION AND INNOVATION

There are numerous challenges related to this service delivery. Among 5 organizations providing this service, 2 (40%) indicated health risks of staff and beneficiaries as one of the key challenges, 3 (60%) indicated challenges related to the ability to provide necessary funds for regular service delivery, 2 (40%) indicated difficulties related to the access of victims to the service due to the lack of transport or due to the curfew, and all (100%) of organizations indicated challenges related to access of victims to the

service due to the firmer control of perpetrator, as well as difficulties in relation to the communication with other institutions engaged in the system of protection. Difficulties in access to the service due to the lack of information was recognized by 4 organizations (80%), and the same number of organizations pointed to the challenges related to the referral to the healthcare system and cooperation with social protection and the justice system. One organization (20%) indicated problems related to the supervision of consultants as they now work from home.

Strategies used to mitigate these challenges are also diverse (presented in Table 5). In general, organizations shifted the service to homes of consultants working on the helpline, while face-to-face communication was very limited and only applied in cases when there was a high level of risk and need to personally escort a woman to another service. Organizations rely more on volunteer work, use private resources (mobile phones, internet), and try to reach

beneficiaries directly or via web-posted information or social networks in order to provide information on which support is available in the changed situation. For women from marginalized groups who do not have access to digital technologies, other channels of communications are used, and they are referred to trusted persons in their local communities.

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

Key challenges	SOS Network Vojvodina	Iz kruga Vojvodina	Fenomena	Sandglass	Victimology Society	Mitigation strategies
Health problems and health risks of organization staff	✓			✓		Staff working from home, no face-to-face contact with beneficiaries
Health risks of beneficiaries	✓			✓		Information sharing on the protection measures with beneficiaries, calling beneficiaries with no access to internet to inform about the health risks and the protection measures
The ability to provide necessary funds for regular service delivery		✓	✓		✓	Financial resources are reallocated from other activities whenever possible, relying on volunteers
The access of victims of VAW to services due to the lack of transport	✓			✓		One organization offers to provide transport to women in need
The access of victims of VAW to services due to the lack of information	✓	✓	✓	✓	✓	One organization launched a short term online sponsored campaign, others use social networks, web sites
The access of victims of VAW to services due to the curfew				✓	✓	Informing women on the procedures in case of violence during the curfew, particularly if there is no internet.
The access of victims of VAW to services due to the firmer control of perpetrator	✓	✓	✓	✓	✓	Informing women how to seek for support while the perpetrator is at home, launching chatting service, sending mail to beneficiaries encouraging them to call in case of need.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✓	✓	✓		✓	Approaching persons of trust among rural women, the problem remains with women with no access to internet.

Difficulties in provision of food, clothes, hygiene for beneficiaries	✓			✓	✓	From personal resources, stopped to provide this assistance at present.
Referral to healthcare centres	✓		✓	✓	✓	Escorting women with highest risk, centers for support to victims of sexual violence are in the healthcare institutions and available to all women in need.
Cooperation with justice system in support to beneficiaries	✓		✓	✓	✓	Escorting women at highest risk to institutions.
Cooperation with social protection system in support to beneficiaries		✓	✓	✓	✓	Using official list of contacts of MLEVSA, with limited success. Escorting women with the highest risk to the institutions, contacting by phone.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✓	✓	✓	✓	✓	Escorting women with the highest risk to institutions, contacting by phone.
Supervision of service providers is more difficult now					✓	No mitigation strategy

Although the organizations manage to maintain this service, it is important to note that changing the mode of delivery brought new challenges. As emphasized by one of the service providers, the helpline was free of charge, in line with Istanbul Convention provisions (Article 24). However, since work is transferred to the home of helpline consultants, calls directed to helpline (0800 servers) are redirected to mobile phones of the consultants, which is not free of charge. This is not in line with Istanbul Convention standards. Another challenge is linked to the setting in which service is provided. The consultants do not always have an optimal situation in their own households for the service delivery, as in many cases they are sharing the households with other family members; women in need also might face various challenges to talk openly as they might be surrounded by other family members, including the perpetrator. To overcome this problem, one CSO decided to keep an office open for a few hours each day to provide assistance within the organization's premises, being perceived as a safe space for victims.

#### LESSONS LEARNT AND NEEDS FOR SUPPORT

Organizations realized that it is very important to have ethical and safety protocols for emergency situations, as

well as skills and guidance on how to deliver helpline service via alternative channels of communication (i.e. chats). The protocols for evidencing cases should also be adjusted to these new forms of service delivery. The new methods of service delivery might not be appropriate for women from marginalized groups, such as Roma, rural women, or women limited in use of digital technology and communication due to digital illiteracy, lack of equipment or disability.

In order to provide more effective service in new circumstances, the organizations need:

- Support in staff engagement to provide helpline service continuously in line with the Istanbul Convention and health and safety standards;
- Enable a direct communication channel with relevant institutions and online participation in the multisectoral meetings at the local level;
- Provision of safety equipment for office staff and for keeping the office space safe and in line with health standards;
- Online/mobile application that allows communication with standards of safety and anonymity;
- Technical equipment that enables more efficient service delivery in accordance with Istanbul Convention standards;

- Protocols that regulate a new form of communication via chat/e-mails in accordance with Istanbul Convention standards;
- New formats of data collection and information sharing (databases);
- Improved and adjusted technical capacities for enabling online services for women with disabilities;
- Protocols for referral to humanitarian aid organizations for women in need.

### Rape crisis or sexual violence referral centers

Only one organization is providing the service of rape crisis or sexual violence center. The service was established in

2016 in Autonomous Province of Vojvodina to provide comprehensive support to women victims of sexual violence, and it includes:

- Direct healthcare support;
- Assistance during medical procedures;
- Immediate psychosocial support;
- Long term psychosocial support;
- Psychosocial support during preparations for forensic investigation;
- Information sharing and counselling;
- Assistance during court proceedings.

In April 2020 the service was functional, but without the assistance provided during court proceedings.

**Table 6: Challenges and mitigation strategies for rape crisis or sexual violence centers**

Key challenges	Mitigation strategies
Health problems and health risks of organization staff	Consultants working in the centers for victims of sexual violence have protective equipment similar to other healthcare workers, considering the service is operating within the healthcare centers, and in case of infection they should be adequately supported.
Health risks of beneficiaries	As women survivors of SV enter the centres directly, it is important to establish the procedure of testing on COVID-19 to decrease the risk of the infection transmission.
The ability to provide necessary funds for regular service delivery	Service was underfunded prior to the COVID-19 crisis. There is a great need for dedicated resources for additional personnel remuneration and the basic tools for forensic examinations.
The access of victims of VAW to services due to the lack of transport	The service is geographically limited, only in three cities in Vojvodina: Kikinda, Zrenjanin and Novi Sad. Since the abolition of public transport, the organization is providing transport of beneficiaries, however with extremely limited resources, thus regulating the transport issue for beneficiaries is essential.
The access of victims of VAW to services due to the lack of information	Dissemination of flyers with information about the service, and all forms of support provided during the COVID-19 crisis. Flyers will be distributed to the police, centers for social welfare, prosecution, in shops, gas stations, healthcare institutions, pharmacies, through NGOs, in the entire territory of Vojvodina, also to reach out to women in rural areas.
The access of victims of VAW to services due to the curfew	In case of sexual violence during curfew all victims have access. The agreement with the police on how to act in such cases, along with the mobility of the victims has been ensured.
The access of victims of VAW to services due to the firmer control of perpetrator	Establishing new channels of communication, messaging, and alternative web sites not directly linked to the service site, so the perpetrator cannot clearly identify who the victim contacted for support. This also contributes to community mobilization, strengthening solidarity and increased awareness that violence must not be tolerated.



The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	Encouraging women to find trusted persons to report violence on their behalf or contact the service providers or institutions.
Cooperation with justice system in support to beneficiaries	Phone and mail communication with the prosecution and the courts.
Cooperation with social protection system in support to beneficiaries	Direct communication with the centers for social welfare.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	Information about the work of the teams for coordination should be available during the COVID-19 crisis, and participation of the NGOs ensured through new channels of communication, video links, Zoom, Skype or other applications.

### CHALLENGES, MITIGATION AND INNOVATION

From the first day since martial law was declared, centers for victims of sexual violence (CVSV) adjusted their work to the new situation. The organization contacted all health institutions/hospitals where the centers operate and prepared the new procedure-related protocol to define new procedures in CVSV and hospitals in the case of sexual violence during crises. The consultants are immediately available in a situation of an emergency or if new case of sexual violence is reported. CVSV premises are isolated, without direct contact with other premises of hospitals, so both the consultants and the beneficiaries are protected from the spread of any infection.

### LESSONS LEARNT AND NEED FOR SUPPORT

The COVID-19 pandemic revealed the importance of fostering cooperation between primary health centers and the CVSV that operate within the secondary level health centers. General practitioners and gynecologists working in the primary healthcare centers are the front-line responders to women exposed to sexual violence, particularly in the situation of limited opportunities to receive information or directly access geographically distant specialized centers. Also, alternative forms of transport are needed in situations of limited mobility or limited access to personal or public transport, particularly from rural and remote areas.

There is need for:

- Resources to organize transfer of beneficiaries and outreach in rural isolated areas due to the lack of public transport;
- Protocols for rape centers' communication and cooperation with primary health centers and gynecological ambulances to allow direct referral of victims of sexual violence to the rape crisis center (RCC);
- Protocols to ensure mandatory testing of RCC users for infectious and other sexually transmitted diseases as soon as they arrive at the hospital and RCC;
- Various medical equipment and accessories, including rape-kits (forensic tools for evidencing sexual violence), other forensic equipment, equipment for keeping medical documentation, and digital devices for evidencing cases and storing data;
- Hygienic products and necessary toilet and personal accessories for women who, due to injuries and forensic examinations, have to stay overnight in the RCC or cannot return home and have no place for immediate relocation;
- To ensure an alternative safe space for victims to stay in the case the capacities at RCC are full;
- Safety equipment for consultants and medical staff working in the RCC;
- Financial compensation for CVSV counselling staff, 24/7 service in line with the Istanbul Convention (afternoon and night work, weekends and holidays);
- Various types of informative material.

### Psychosocial counselling as standalone service

This service is provided by four organizations: Victimology Society of Serbia, SOS Network Vojvodina, Iz Kruga – Vojvodina and Bibija Roma Women’s Centre. One organization ceased to provide this service during the martial law (Bibija) as it could not cope with challenges (see Table 7).

#### CHALLENGES, MITIGATION AND INNOVATION

Under the new conditions, some organizations have redeployed this service to the helpline or continued to provide it as a standalone service, but through other/new

channels of communication - by telephone or other forms of digital communication. The new way of providing the service raises the question of the adequacy of the service in accordance to Istanbul Convention standards (Article 20), which recommends for the service to be provided in direct contact with the women in need only if the women in need personally seeks assistance, without intermediary in any sense with full protection, which is difficult to satisfy by online psychological support service (telephone calls and email communication leave a trail easy for perpetrators to follow). Thus, the organizations rate these adjustments as partially successful.

**Table 7: Challenges and mitigation strategies for psychosocial counselling**

Key challenges	SOS Network Vojvodina	Iz kruga Vojvodina	Bibija	Victimology Society	Mitigation strategies
Health problems and health risks of organization staff			✓		Staff working from home, with no face-to-face contact with beneficiaries, support provided online or by phone.
Health risks of beneficiaries			✓		Service is provided online or by phone communication
The ability to provide necessary funds for regular service delivery	✓		✓	✓	Service is transferred to helpline, and temporarily cancelled as standalone face-to-face service.
The access of victims of VAW to services due to the lack of transport	✓		✓	✓	One organization offers to provide transport for women, while another provides support via Skype.
The access of victims of VAW to services due to the lack of information		✓	✓	✓	Information about the new regime of service delivery (remote instead of face-to-face) is shared through social media and is available at the organization’s web sites.
The access of victims of VAW to services due to the curfew	✓		✓	✓	Since service is transferred to phone and online communication it can be provided also during the curfew.
The access of victims of VAW to services due to the firmer control of perpetrator	✓	✓	✓	✓	Providing psychological advice through digital messages, e-mails, but also through public information, sending public messages that violence is not acceptable and that organizations do provide support services during the state of emergency by applying the safest and most appropriate way of communication together with beneficiaries.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✓	✓	✓	✓	There are duty rosters organized in some organizations so there is always one psychologist in the office in case women access the service provider directly. Preserving the counselling centre as a safe space with minimum staff.

Difficulties in provision of food, clothes, hygiene for beneficiaries	✓		✓	✓	One organization reported increased need for psychological support. They have duty shifts in their offices, but there is lack of humanitarian aid. The connection with humanitarian organizations, such as Red Cross, is weak.
Referral to healthcare centres			✓	✓	Escorting women at highest risk, centers for support to victims of sexual violence are within the healthcare institutions and available to all women in need.
Cooperation with justice system in support to beneficiaries	✓	✓	✓	✓	Escorting women at highest risk to institutions.
Cooperation with social protection system in support to beneficiaries	✓	✓	✓	✓	Using personal contacts to contact the centers for social welfare staff. Referring beneficiaries to CSWs and vice versa.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✓	✓	✓	✓	Escorting women with the highest risk to institutions.

#### LESSONS LEARNT AND NEED FOR SUPPORT

Organizations realized the importance of preparedness for acting in emergency situations, particularly in order to reach the most vulnerable groups of women in a timely manner. Since organizations' resources were not sufficient nor adequate for this situation, staff have been using their own private resources, which is not sustainable.

Although the transfer of the service to phone/online consultations was important for fast adjustment of the service, it is also important to think about service standards and adequacy. At least a separate phone line should be dedicated for psychological counselling in order to provide adequate time for consultations and avoid blocking the helpline or other phones (including the private phones). These phone lines should be used only by psychologists for the purpose of psychological support.

*'When this service is in question, it has been always important that client and psychologist meet in a safe space. This is very important for beneficiaries. They need routine, they have to trust to professionals working with them. They only share some things in face-to-face communication. But now, the dynamics of communication have changed. Women talk significantly less, they talk from an inappropriate environment, they are afraid that someone in the house will hear what they say, they do not have enough time to speak, but at the same time, they do not give up on the conversation. This tells us how important this service is. This tells us that it is possible to deliver this service even in an emergency situation. And this tells us that women's needs in such situations even increase. When the emergency situation finishes, it will be needed to provide more resources to this service as it can be expected that women will have increased needs for psychosocial support.'*

*Psychological support service provider*

In order to provide effective service in this situation, organizations would need:

- To ensure permanent staff for psychological support that can work from the office with all safety standards respected and in line with Istanbul Convention standards. Some proposals calculate at least 3 psychologists in 8-hour shifts to allow for 24/7 service;
- Safety equipment for the consultants;
- Safety equipment for the offices of the CSOs to ensure adequate service in line with health standards;
- New protocols that regulate a new form of communication via chat/e-mails in accordance with Istanbul Convention standards;
- Technical equipment and internet connection for online psychological support;
- Protocols for referral of beneficiaries to humanitarian aid organizations for the provision of food, clothing, and other necessities;
- New protocols for cases requiring face-to-face consultations, including the health safety standards;
- Video material for promoting services.

### Free legal aid as standalone service

There are four organizations that provide this service: Fenomena Association, Iz Kruga – Vojvodina, Gender Knowledge Hub and Bibija Roma Women’s Centre.

### CHALLENGES, MITIGATION AND INNOVATION

All organizations except one (Gender Knowledge Hub claimed it was not needed to adjust this service) have adjusted the service from the face-to-face to online or phone communication. Legal aid is provided in some cases pro bono to a limited scope, and beneficiaries are escorted to the institutions or personal connections are used to provide access of beneficiaries to the judiciary and other institutions. Organizations evaluated the adjustment as partially successful.

**Table 8: Challenges and mitigation strategies for legal aid**

Key challenges	Fenomena	Iz kruga Vojvodina	Gender Knowledge Hub	Bibija	Mitigation strategies
Health problems and health risks of organization staff				✓	Staff working from home, strictly applying the health protection measures.
Health risks of beneficiaries			✓	✓	Avoiding face-to-face contact with beneficiaries, applying health protection measures, advocating for hygiene and health protection packages to Roma women and their access to healthcare.
The ability to provide necessary funds for regular service delivery	✓		✓	✓	Service is provided pro bono in limited capacity, relying on volunteers.
The access of victims of VAW to services due to the lack of transport			✓	✓	Providing service online, by phone.
The access of victims of VAW to services due to the lack of information	✓	✓	✓	✓	Limited online sponsored campaign, information about new modes of work on website, social networks, opening call center for legal advice.
The access of victims of VAW to services due to the curfew				✓	Since the service is transferred to phone and online communication it can be provided also during the curfew.

The access of victims of VAW to services due to the firmer control of perpetrator	✓	✓	✓	✓	Providing online advice.
The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	✓	✓	✓	✓	Using chat instead of phone.
Difficulties in provision of food, clothes, hygiene for offices, employees				✓	Working from home.
Difficulties in provision of food, clothes, hygiene for beneficiaries				✓	Advocating with donors to provide this type of support.
Referral to healthcare centres				✓	Provision of information to women about the rights in current circumstances.
Cooperation with justice system in support to beneficiaries	✓	✓	✓	✓	The helpline consultant accompanies the beneficiary to the justice institution, using personal contacts to alert the professionals from the justice system.
Cooperation with social protection system in support to beneficiaries		✓	✓	✓	Using personal contacts with centers for social welfare staff.
Cooperation with police + judiciary + other existing referral system in support to beneficiaries	✓	✓	✓	✓	The helpline consultant accompanies the beneficiary to the institution, using personal contacts to alert the representatives of the institutions.

### LESSONS LEARNT AND NEED FOR SUPPORT

The need to transfer the service to online channels revealed the importance of digital literacy of the organization personnel and volunteers.

- Development of a digital literacy among organizations providing services;
- Additional volunteers trained in using online platforms for communication are needed;
- Funds to engage full time lawyer;
- Equipment (laptops, computers) for online consultations and internet connection;
- Promotional material.

### Assistance in accessing healthcare or providing healthcare

Two organizations have been providing this service: Association Fenomena and Bibija Roma Women's Center. This service faces severe challenges due to the overstressed healthcare system during the epidemic. Fenomena's helpline staff are at the disposal of women to escort them to healthcare institutions, but they report a lack of proper health safety equipment. Bibija adjusted the healthcare support to beneficiaries, shifting the attention from reproductive healthcare, which was previously in focus, to health advice related to the COVID-19 pandemic, prevention and procedures in case of symptoms. The service is provided via phone, as Bibija's target group (Roma women) do not have access to digital technologies. Both organizations consider the adjustment of service as only partly successful.

**CHALLENGES, MITIGATION AND INNOVATION****Table 9: Challenges and mitigation strategies for assistance in accessing or providing health care**

Key challenges	Fenomena	Bibija	Mitigation strategies
Health problems and health risks of organization staff		✓	Staff working from home, strictly applying health protection measures.
Health risks of beneficiaries	✓	✓	Advocating for hygiene and health protection packages to Roma women and their access to healthcare.
The ability to provide necessary funds for regular service delivery	✓	✓	Relying on volunteering work.
The access of victims of VAW to services due to the lack of transport		✓	Providing service online, by phone.
Referral to healthcare centres	✓	✓	Mitigation strategies are very limited as healthcare institutions are focused to the COVID-19 patients and patients who are in life threatening danger. Organizations perceive that only the government could change these practice and rules.

**LESSONS LEARNT AND NEED FOR SUPPORT**

In a pandemic situation when access to health is limited to the COVID-19 patients and other emergency patients, organizations realized that government does not recognize victims of violence as priority and in need of emergency healthcare. It is of utmost importance that government treats women victims of violence as patients at severe risk and adapts the health protocols during the pandemic to allow for such treatment. Moreover, the status of women victims of violence as high-risk patients should be maintained after the pandemic ends.

In the case of women living in Roma substandard settlements, it is of utmost importance to provide sanitation measures that will enable them to follow preventive measures.

In order to provide the most effective assistance in accessing healthcare, organizations need:

- Support in advocacy towards the government in order to recognize the priority status of women victims of violence;
- Open and direct communication channels with relevant institutions and online participation in the multisectoral meetings at local levels;
- Support in data collection and analysis of impact of the measures at local level with the aim to improve the availability of healthcare services and accessibility of institutions for protection during the crisis, particularly for marginalized groups;
- To establish protocols of referral of beneficiaries to humanitarian aid organizations for the provision of food, clothing, and other necessities;

- Support to advocacy for prioritization of life conditions in informal settlements in future Roma inclusion plans, since the pandemic situation revealed the lack of resources to follow health safety protocols in the settlements;
- Increase of digital skills of population living in informal settlements, but also among the staff of the organizations providing this service.

**Assistance in accessing other institutions**

Five organizations have been providing these services: Fenomena, Sandglass, SOS Network Vojvodina, Iz Kruga – Vojvodina and Bibija Roma Women’s Center.

Organizations perceive changes in the work of institutions. It is harder to reach police, and extremely difficult to participate in the sessions for developing individual safety plans. The work of the police is not transparent. Women complain to the organizations that it is hard to reach the police, and even when the police come to intervene, their behavior is not appropriate, often blaming the women. Since all attention is now directed towards the pandemic and healthcare system, institutions do not perform in satisfactory ways. Contrary to this predominant impression, in several cases it was easier to reach out to the police in local communities during the pandemic, most likely because fewer people were contacting the police and phone lines were not as busy as usual.

A similar situation is reported related to the accessibility of social protection services. Organization reported that their beneficiaries have problems to reach out to the officials

from centers for social welfare. Only in situations where the organization's staff have good personal contact with the individual employees of the centers for social welfare, the intervention is likely to be completed.

Public prosecutor's offices, representing the focal points of the local coordination teams, are less active. They do not organize the meetings of the groups for coordination and cooperation in preventing violence against women that should be held twice a month, therefore the individual security plans are rarely developed. The courts organize only urgent hearings during the state of emergency.

The consequences of such functioning of institutions is undermined rights of women victims of violence; they feel that they are unprotected, left alone, and their trust in institutions is decreasing. The impact is visible on organizations as well. They are not able to refer the beneficiaries effectively to the institutions, nor provide adequate protection in situations requiring the intervention of other institutions.

In order to achieve more effective assistance in accessing system institution, organizations need:

- Direct communication channels with relevant institutions and online participation in the multisectoral meetings on local level;

- 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.

### Assistance in education and training

Support to women victims of violence in education and training has been provided by two organizations: Association Fenomena and Bibija Roma Women's Center. While Bibija temporarily cancelled or postponed educational activities, Fenomena has been trying to adapt the service to the new circumstances by providing online trainings. They are exploring the possibility of delivering online trainings for trainers and introducing new ways of trainings for self-help groups. In order to do so, they are exploring the willingness of beneficiaries and NGOs to work online and identifying appropriate software to organize the training, which might be costly.

### Situation among beneficiary groups and challenges in access to services

Organizations did not notice any change in the forms of violence women have reported to them. Only one organization reported a change in reporting violence.

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

Key challenges	Bibija	SOS Network Vojvodina	Iz kruga Vojvodina	Fenomena	Sandglass	Victimology Society
Elderly women		✓			✓	✓
Roma women	✓	✓			✓	
Women from rural and remote areas		✓			✓	
Women with disabilities		✓	✓		✓	
Women not belonging to any of previous groups				✓	✓	✓

**Elderly women** are now completely isolated due to the government measures. They cannot go out so their risk of experiencing violence and neglect is extremely high. The organizations did not introduce any specific strategies to increase outreach towards this groups of women. It is, however, noted that it is important to find an appropriate way to communicate with them. It should be kept in mind this group of women has no high digital literacy skills nor equipment needed for online consultations. Some organizations tried to identify the situations elderly women

are facing by talking to their relatives, but no specific actions have been organized so far. One organization delivers aid occasionally to elderly women that are in the need for support.

**Roma women** who live in isolated communities are even more isolated due to movement restriction measures. They live in deprivation and face obstacles in accessing institutions even in regular circumstances, and particularly now when institutions' work is restricted. Bibija is particularly focused

on outreach to this group of women. For this purpose, the call center has been established to disseminate information; also, social networks are commonly used. However, the accessibility of digital information is very restricted for this group of women due to digital illiteracy.

**Rural women** face obstacles due to the movement restriction and cancellation of public transportation. They lack possibilities to report violence personally. Many rural women do not possess mobile phones, particularly elderly women, so they are prevented from reporting violence. Some organizations have visited their beneficiaries since the epidemic started.

**Women with disabilities** did not have proper access to support services even prior to the crisis because there were no adequate technical options for reporting violence for women with sensory disabilities. This is particularly emphasized now, as services are transferred online or by phone. Even organizations that are able to provide appropriate communication with these women now work from home and often the appropriate equipment is not available.

## Challenges related to other VAW activities

In addition to providing services to women victims of violence, organizations conduct other activities, such as campaigning and awareness raising, research and advocacy. The main advocacy topics during the last three months were related to media and reporting on VAW, and recently about reporting on violence in regards to increased risks during isolation; more effective work of institutions, with requests to adapt working protocols to the new circumstances and respond adequately to the needs of women experiencing violence; and establishing more effective regular communication with NGOs providing services. Advocacy activities also targeted local self-governments, requiring allocation of funds from the local budgets to protection of women from VAW. Some organizations proposed to the government measures for adjusting the system of protection during the pandemic and martial law. Part of advocacy activities was directed to the removal of physical and other barriers in access to services for women with disabilities experiencing violence. Femicide was also important topic of advocacy.

The research portfolio of organizations includes research on sexual violence (VDS), desk research on worldwide good practices in protection of women from VAW during the COVID-19 pandemic, prevalence of violence among multiply discriminated groups of women, as well as

research on femicide. There are plans to conduct research on the response of institutions to VAW in Serbia during the COVID-19 pandemic (Fenomena), as well as to conduct research on the needs and priorities for protection from VAW of women in local communities in Kosovo and Serbia (Sandglass) and how women with disabilities live during pandemic (Iz Kruga – Vojvodina).

Organizations reported challenges related to other types of activities, such as:

- Lack time and funding to adjust activities to the new context;
- Inability to organize some activities in an online setting, such as organization of the self-support groups as an important way of learning from exchange of experience;
- Some groups of women are not reachable by digital media, such as Roma, rural women, and women from other marginalized groups, thus it is difficult to work with them in a situation when majority of activities are transferred online;
- Gender equality issues, including violence against women, are currently marginalized and not perceived in public discourse as priority;
- Representatives of the government at different levels and institutions in the system for protection from VAW are not accessible, it is hard to reach them;
- Particular difficulties for women from marginalized groups to access services due to movement restrictions, lack of information, digital gap that prevents them from being well informed and accessing services that are transferred from face-to-face to online modes;
- Difficulties to conduct research or some other programme activities without face-to-face interviews;
- Lack of possibility for field research and data collection from marginalized communities, which are not available on internet and social media.

### New solutions to challenges:

- Social media and networks of organizations are used as channels for campaigning;
- Technical equipment is needed by all organizations: laptops, smart phones, communication applications, solid internet connections, etc.;
- Digital skills of staff should be improved in order to enable them to properly use applications for online communications and to instruct beneficiaries how to use them in order to access services;
- Funding for campaigning during the COVID-19 crisis;
- More volunteers and paid professionals to deliver specialized services, such as psychological support, legal aid, etc.;
- Cooperation with the media in order to inform women



about risks from VAW during isolation and opportunities to access support services that are adjusted to the new circumstances;

- To adapt protocols of institutions for the protection of women from VAW in line with new situation including improved regular communication with CSOs service providers;
- To advocate with the government to include women's organizations in planning measures in response to the COVID-19 pandemic;
- Support to electronic libraries for research;
- It is important that the organizations have some contingency funds in order to be able to allocate them when needed in emergency situations. This is something that donors should introduce in their granting schemes. At least 10% of total grants should be allowed to allocate for contingency for unforeseen costs;
- To bring back the institutional grants. The resilience of organizations is severely undermined by full project-based funding.

## 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

- Develop an online/mobile SOS helpline application that allows communication with safety and anonymity standards, also accessible to women with disabilities;
- Develop and apply protocols that regulate a new form of communication via chat/e-mail in accordance with IC standards;
- Provide education and training to improve staff knowledge and digital skills to enable staff to properly use online communication applications and to instruct users how to use digital communication channels to access services, with specific focus to instruct women with disabilities;
- Ensure non-interrupted SOS helpline service for women with disabilities in line with the IC and health safety standards 24/7;
- Improve and adjust technical capacities for enabling online services for women with disabilities;
- Establish a direct communication channel with relevant institutions and online participation in the multisectoral meetings at the local level.

### Rape Crisis Centers

- Support non-interrupted services by providing rape-kits and other material (forensic tools for evidencing sexual violence);
- Enable secured and facilitated transfers of victims to rape crises centers (RCC) in line with health safety standards, and for consultants to provide urgent assistance to victims in the field when needed;
- Ensure safety equipment for consultants and medical staff working in the RCCs, 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 RCC users for infectious and other sexually transmitted diseases soon they arrive at RCC;
- Develop protocols for RCC communication and cooperation with primary health centers, gynecological ambulances, to allow direct referral of victims of sexual violence to the RCC;
- Provide education and training for all staff to work in an emergency situation/function in crises;
- Support improvement of the organizational capacities of RCC in service provision;
- Ensure that all services in RCC 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 a crisis situation, inclusive of health safety standards;
- Adjust technical equipment and internet connection for providing alternative online psychological support;
- Provide education and training to improve staff knowledge and digital skills to enable staff to properly use online communication applications and to instruct users how to use digital communication channels to access services, with specific focus to instruct women with disabilities;
- Improve and adjust technical capacities for enabling online services for women with disabilities;
- Establish a direct communication channel with relevant institutions and online participation in the multisectoral meetings at the local level.

**Free legal aid as standalone service**

- Support improvement of professional capacities/number of professional staff engaged in service provision;
- Establish a web-based platform for legal counselling and support the engagement of lawyers, making the platform also accessible to women with disabilities.

**Assistance in accessing healthcare or providing healthcare**

- Establish direct communication channels with relevant institutions and online participation in the multisectoral meetings at local level;
- Support data collection and analysis of impact of measures at local level with the aim to improve the availability of healthcare and accessibility of institutions for protection during crises, particularly in relation to women from marginalized groups;
- Develop protocols of referral of beneficiaries to humanitarian aid organizations for provision of food, clothing, and other necessities;
- Increase digital skills of populations living in informal settlements, but also among staff of the organization providing the services online.

**Assistance in access to other institutions**

- Develop protocols to allow direct communication and cooperation in the provision of services with relevant local institutions (police, health and social care institutions) to enable women's organizations' participation in the work of local multisectoral teams and local Emergency Headquarters to influence the creation of local measures to meet the specific needs of women during the emergencies.

**Assistance in education and training**

- Develop an online educational learning platform, also accessible to women with disabilities.
- Crosscutting issues
- Develop protocols for referral to humanitarian aid organizations for provision of food, clothing, and other necessities to prioritize the needs of women in situation of violence;
- Support organizations through institutional grants instead project based funding, or a combination of both, to allow organizations to have contingency funds to adjust to crisis situations and be more resilient;
- Support general and specialized services providers supporting women with disabilities to ensure accessibility and availability in times of crises/post-crises;
- Conduct traditional media and online campaigns about the rights of women (including the most vulnerable ones) in times of crises/post-crises. The campaign should target the eradication of increasing patriarchal discourse that occurred during the crises, along with keeping the governments at all levels accountable to provide non-interrupted services for preventing and adequately reacting to violence against women in line with international standards.

## TURKEY

### Perception of impact of the COVID-19 pandemic on implementing partners

Three organizations participated in the survey in Turkey: Mother and Child Foundation (AÇEV), Flying Broom Women's Communication and Research Association (shortened as Flying Broom as from now) and Foundation for Women's Solidarity (FWS).

AÇEV is a large and national-wide organization with over 150 permanently and temporary employed persons, and over 1300 volunteers. Flying Broom and FWS are small, regional and local organizations. Flying Broom decreased its number of employees and volunteers since the outbreak

of the COVID-19 pandemic, while FWS and AÇEV did not experience any change in human resources. All organizations conduct awareness raising and campaigning activities, advocacy and research. They operate in rented premises and AÇEV and FWS have demonstrated good level of resilience, as they would be able to maintain operations around a year, while Flying Broom could resist to maintain activities from one up to three months. Flying Broom and FWS are dominantly financed by international organizations, while AÇEV has more diversified funds, with significant reliance on private business sector (Table 1).

**Table 1: Profile of implementing partners**

	AÇEV	Flying Broom	FWS
<b>Geographical scope</b>	National	Inter-regional	Local
<b>Permanently employed</b>	76	2	4
<b>Temporarily employed</b>	75	0	1
<b>Volunteers</b>	1314	4	5
<b>Change in personnel February - April 2020</b>	No change	-2 temporary employed -10 volunteers	No change
<b>Key activities other than services</b>	Campaigns Advocacy Research	Campaigns Advocacy Research	Campaigns Advocacy Research
<b>Types of violence for which support is provided</b>	Psychological Child and Early and Forced Marriages	No support services	Physical Sexual violence Sexual harassment Psychological Economic Stalking
<b>Organization premises</b>	Rented	Rented	Rented
<b>Resilience – how long they are able to sustain</b>	A year	Between 1-3 months	A year
<b>Main sources of funding</b>	39% IOs 2% INGOs 46% private business sector 1% commercial activity of organization 1% membership fees 11% other	93% IOs 5% INGOs 2% membership fees	86% IOs 3% INGOs 10% Membership fees 1% other

The COVID-19 pandemic and measures implemented as a response have impacted the work of organizations, especially mobility restriction, staff transfer from work to home, public transportation cancellation, closure of face-to-face public services and postponement of court proceedings (Chart 1).

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

<b>Measures in response to the COVID-19 crisis that have impacted organizations (N, %)</b>		
Curfew, restriction of movement of all citizens	1/3	80%
Work transferred to home when possible; strict health measures for those who still have to go to the workplace	2/3	60%
Closure of kindergartens, schools	1/3	60%
Mobility restriction for certain groups, such as older population, children up to age 18	1/3	60%
Cancellation of public transport in the city/community excluding taxi	1/3	40%
Cancellation of intercity public transport, excluding taxi	1/3	20%
Closure of all direct, face-to-face services in public administration and transfer to mail or phone.	2/3	60%
Postponement of all court proceedings except those that cannot be postponed, such as emergency VAW measures	1/3	40%
Closure of cities/municipalities (ban to leave or enter city/municipality)	1/3	40%

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

### Challenges in service delivery and mitigation strategies

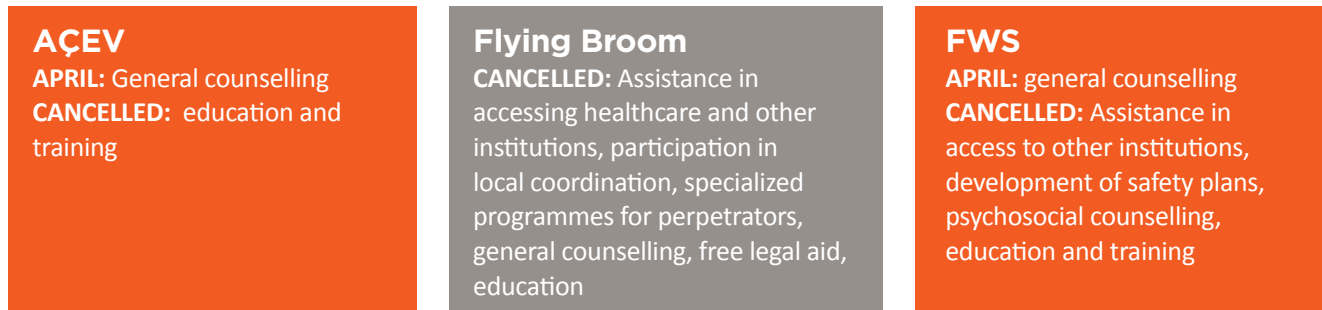
Organizations providing services are strongly impacted by the COVID-19 pandemic and have aborted all their activities excepting general counselling, information sharing, and assistance in access to other institutions (Table 2).

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

<b>Services</b>	<b>N</b>	<b>%</b>
Helpline	-	-
Shelter	-	-
Rape crisis or sexual violence referral centres	-	-
Support to child witness	-	-
Assistance in accessing healthcare	-	-
Assistance in accessing other institutions	2	66
Development of safety plans	-	-
Participation in local coordination teams	-	-
Specialized programs for perpetrators	-	-
General counselling, information sharing	2	66
Psychosocial counselling	-	-
Free legal aid	-	-
Financial and in-kind assistance	-	-
Housing	-	-
Education and training	-	-
Support to employment	-	-

FWS's counselling services for Turkish women can continue until March 2021 while counselling to Syrian women will close at the end of April 2020, as the project ends and the new application was not accepted.

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



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).

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

Services	Organizations that pointed to the service as one of the three priority services			
	February 2020		April 2020	
	N	%	N	%
Helpline	-	-	2	66
Shelter	1	33	1	33
Rape crisis centers	-	-	1	33
Support to child witness	-	-	-	-
Support in access to healthcare	-	-	1	33
Support in access to institutions for support	-	-	-	-
Development of safety plans	1	33	-	-
Participation in coordination teams	-	-	-	-
Specialized programs for perpetrators	-	-	-	-
General counselling	1	33	1	33
Psychosocial counselling	1	33	-	-
Free legal aid	1	33	-	-
Financial support	-	-	1	33
Housing	-	-	-	-
Education and training	2	66	1	33
Support to employment	1	33	-	-

Data presented in the next chart show perception of priority services among organizations in February and April 2020. All organizations have changed priorities (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
<b>AÇEV</b> 19. Education and training 20. General counselling 21. Shelter	<b>AÇEV</b> 22. Education and training 23. General counselling 24. Advocacy and support for local initiatives on involved fatherhood
<b>Flying Broom</b> 19. Education and training 20. Support to employment 21. Development of safety plans	<b>Flying Broom</b> 20. Assistance in access to healthcare 21. Helpline 22. Rape and sexual violence centers
<b>FWS</b> 19. Shelter 20. Free legal aid 21. Psychosocial counselling	<b>FWS</b> 19. Shelter 20. Helpline 21. Financial and in-kind assistance

### General counselling and assistance in accessing other institutions

FWS indicated that psychosocial counselling service is aborted during the pandemic, however, the organization still receives requests for assistance through phone calls and e-mail. These requests are usually related to urgent needs to obtain certain information, however, there is no more psychosocial counselling service even online or by phone. As FWS indicated, it was not able to effectively adjust to the current situation.

The same challenges are mentioned by other two organizations. Restrictive measures in response to the pandemic prevent them to deliver face-to-face support, and transfer to phone and online services was only marginally implemented. Organizations have looked for alternative funds that would enable them to develop new working modes relying more on online methods.

Organizations reported that during the pandemic their work is more focused on urgent cases and emergency support than to the comprehensive protection and empowerment of women. They indicated also work changes within different institutions. Police does not prioritize VAW cases but it is more focused

on the monitoring measures in response to pandemics. Organizations have reported that women calling police to obtain a protection from violence, often cannot reach them through phone and in some cases, women going to police are denied support. FWS has invested efforts in informing women that police have the same responsibility to protect them in cases of violence during the COVID-19 pandemic.

Women contacting organizations complain that they could not get medical support in cases of violence because healthcare institutions are now mainly restricted to COVID-19 and emergency cases. In addition, women are afraid that they might get infected in hospitals, so they restrain from looking medical assistance in cases of injuries caused by domestic violence.

Some women were refused to enter to public prosecutor's office with the explanation that they put everybody in danger by coming to the office to file a complaint related to the violence they experienced.

Organizations have tried to obtain a full picture on available and open services to correctly inform women. Organizations have difficulties to refer women to shelters as they are often full.

## Situation among beneficiary groups and challenges in access to services

Organizations work with both women from general population and with refugee women. Although organizations are not specifically focused to any particular vulnerable groups of women, except women from Syrian refugee population, women from different marginalized groups access their services. Organizations monitor and analyze the current situation and try to provide the most appropriate advice.

**Table 4: Groups of women to which organizations deliver services**

Target groups	ACEV	Flying Broom	FWS
Refugees	✓	✓	✓
Women from general population	✓	✓	✓

As organizations have reported, Syrian women need complex forms of support, including lawyers, social workers, that work together with supporting organizations. Due to the pandemic, communication with other institutions and refugee women is only possible online, or by phone. Furthermore, the referrals are currently disrupted. Organizations addressed this challenge by posting information on their websites bilingually in Turkish and Arabic.

Organizations also try to use more mobile applications for communication, such as WhatsApp and similar applications, but this practice is not very common.

In order to assist women from different groups, organizations need:

- Secure funding to continue operations;
- Adapt all services to refugee women;
- Develop crisis referral plans that will be applied among all institutions and organizations engaged in protection of women from WAW.

## Challenges related to other VAW activities

Educational programs and training were very highly prioritized activities for all three organizations. Having in mind difficulties to implement such activities in the pandemic context, the organizations expressed strong need to increase capacities to transfer at least part of education activities to online platforms and distance learning. However, this cannot solve the problem entirely as many of their target groups do not meet requirements for such learning due to the lack of ICT technology, internet and skills.

Organizations were very active in advocacy activities. Their main targets were public and private sector, parents and educators, general public. The advocacy was focused on prevention of early, child and forced marriages, gender equality, involved fatherhood and the implementation of the Istanbul Convention. The advocacy activities are postponed and reduced during the pandemic situation. The contact with local communities in which advocacy is implemented is now interrupted. Organizations also experienced cuts in funding which prevents more dynamic advocacy engagement.

Similar situation is also in the area of research. The research activities are now postponed or interrupted due to the social distancing measures and isolation.

## 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, following recommendations are proposed.

### General counselling and 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 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;
- Increase capacities of staff to work with women from different vulnerable groups, such as girls with disabilities, and other women with specific needs;
- Conceive and implement online campaigns on women's rights, availability of services and obligation of all citizens to report violence, and on alerting on increased risks during isolation;
- Provide financial support that can compensate for interrupted core funding and individual donations;
- To reestablish cooperation with public, private and civil society partners to be able to find innovative ways to implement activities in new environment;
- Support for wider social media campaign and awareness raising on importance of combating VAW and available support services during the emergency.



# Annex 2:

## Data collection instruments

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### Questionnaire for organizations

**The Impact of COVID 19 pandemic on VAW services in Western Balkans and Turkey**

**Questionnaire for UN Women partner organizations delivering services in support to women victims of Violence**

Dear implementing partners, UN Women is aware that the situation caused by COVID-19 pandemic and measures taken in response to it pose new challenges to your efforts to provide adequate services to women experiencing violence, as well as other activities contributing to the VAW prevention and elimination. In order to learn more precisely about these challenges, your mitigation strategies and support needed in order to deliver services more effectively and in line with Istanbul Convention standards, UN Women is launching online survey.

It is important to note that only one questionnaire should be completed by the organization. In order to provide the most accurate insights it is recommended to complete the questionnaire with contributions from the team members. However, only one questionnaire will be taken per organization and only the questionnaire that is completed from the e-mail address to which the invitation to participate in the survey was sent. Please, feel free to complete the questionnaire in your native language if that will allow you to better express your opinions, experiences and ideas.

Having in mind that context, profiles of organizations, challenges and their mitigation strategies are specific as well as that support should be most accordingly tailored to the need of individual organizations, this is not anonymous survey. The identity and individual organizational data should be precisely and honestly disclosed in order to enable the best understanding of the situation by the UN Women and the most appropriate tailored support strategies. We appreciate your patience and effort to provide as many details as it will help us to address the new situation in the best way.

The online questionnaire survey can be found below:

It is important to note that only one questionnaire should be completed by the organization. In order to provide the most accurate insights it is recommended to complete the questionnaire with contributions from the team members. However, only one questionnaire will be taken per organization and only the questionnaire that is completed from the e-mail address to which the invitation to participate in the survey was sent. Please, feel free to complete the questionnaire in your native language if that will allow you to better express your opinions, experiences and ideas.

Having in mind that context, profiles of organizations, challenges and their mitigation strategies are specific as well as that support should be most accordingly tailored to the need of individual organizations, this is not anonymous survey. The identity and individual organizational data should be precisely and honestly disclosed in order to enable the best understanding of the situation by the UN Women and the most appropriate tailored support strategies. We appreciate your patience and effort to provide as many details as it will help us to address the new situation in the best way.

#### Modul A: Basic information about the organization

1. Country:
2. City:
3. Name of the organization:
4. Name and position of person who filled the questionnaire:
5. Please, indicate what is the geographical scope of your operation?
  1. Local (city or municipality where organization has the office)
  2. Regional – includes the region, a number of municipalities and/or cities belonging to a single region within the country
  3. Inter-regional (includes several regions within the country)
  4. National wide – operates at the level of whole country
  5. Other, please, specify \_\_\_\_\_
6. Please indicate the number of employees and volunteers in your organization before COVID-19 pandemic and now

Status	Pre-COVID 19 situation (February 2020)			Presently (April 2020)		
	Total	Male	Female	Total	Male	Female

1. Permanently employed						
2. Temporarily employed						
3. Volunteers						
4. Interns						

7. How does your organization operate? (please take into account all premises, including where certain services are delivered and check all that is adequate):
1. In premises of its property
  2. Premises rented
  3. Using premises without paying rent, provided by local self-government or other stakeholders
  4. Something else, please specify \_\_\_\_\_

8. Taking into consideration the current needs and funding availability and prospects, how long would your organization be able to continue the provision of services?
1. Less than one month
  2. Between 1-3 months
  3. Up to 6 months
  4. A year
  5. More than one year
  6. Other, please specify \_\_\_\_\_

9. What are the sources of funding of the organization (please, take into account all organization activities, not only VAW services)? Please check all that is relevant and identify share of organizational budget from different sources in total budget of the organization during 02/2019-02/2020:

	Source	% - not amounts- in total annual budget for 2019
1.	Local public budget	
2.	National state budget	
3.	International and bilateral organizations donors	
4.	International NGOs, CSOs, Foundations or other charity	
5.	Private/business sector	
6.	Public companies	
7.	Commercial activity of the organization	
8.	Membership fees/donations	
9.	Other, please specify	
10.	Total	100%

10. Later on, we will ask you in detail about services you provide for women victims of VAW, but here, please, indicate which kind of other roles/activities your organization performs in addition to these services? (check all that applies)
1. Advocacy for advancement of women's rights, protection

2. Awareness raising, campaigning, activities aiming at changing attitudes, norms, behaviours
3. Research and analysis
4. Other, please, specify \_\_\_\_\_

### Modul B: COVID-19 situation in the country and context in which organization operates

11. Please, indicate which measures in response to COVID-19 situation apply to your country and particularly in immediate community (check all that is applicable) and indicate if the measure impacts your service delivery to VAW victims:

	Measure	It applies in my community, but it does not impact VAW services	It applies in my community and it impacts on VAW services we provide	It is not applied in our community
1.	Curfew, restriction of movement of all citizens			
2.	Work transferred to homes whenever possible, for those who still have to go to the workplace, strict health measures should be applied, such as restricted number of people in the premises, wearing masks, gloves, etc.)			
3.	Closure of kindergartens, schools			
4.	Mobility restriction for certain groups, such as older population, children up to age of 18			
5.	Cancelation of public transport in the city/community excluding taxi			
6.	Cancelation of intercity public transport excluding taxi			
7.	Special work regime of health institutions which allows only admission of urgent medical cases			
8.	Quarantine for persons who were in contact with infected persons but do not have symptoms			
9.	Self-isolation for persons who are infected and with mild symptoms			
10.	Self – isolation upon return from the trip abroad			
11.	Forced hospitalization of all infected, regardless the gravity of sickness and symptoms			

12.	Shorter working hours of shops, supermarkets, pharmacies, banks			
13.	Closure of all shops which do not sell food and medicaments, hygiene, child supplies, pet supplies, construction and sanitation equipment.			
14.	Closure of all direct, face-to-face services in public administration and local, regional/entity and central/state levels, transfer of these services to the extent possible to mail or phone exclusively.			
15.	Postponement of all court proceedings except those that cannot be postponed, such as emergency measures in VAW cases, decisions on placing persons in psychiatric clinics.			
16.	Closure of cities/municipalities (ban to leave or enter city/municipality)			
17.	Else, please specify			
18.	Else, please specify			

### Modul C: Challenges to service delivery

Please indicate which services you were delivering prior to the pandemic (concluding with February 2020), and which services you are providing now. Please, check accordingly for each service and service component for both periods:

	Type of service	Prior to the proclamation of the COVID-19 epidemic in the country	Now (April 2020)
<b>12. Specialized support services</b>			
1.	Helpline (including phone, online or mobile application support)	1	2
2.	Shelter	1	2
3.	Rape crisis or sexual violence referral centres	1	2
4.	Support for child witnesses	1	2
5.	Assistance in accessing health care or providing health care	1	2
6.	Assistance in accessing other institutions (police, social protection system, justice)	1	2
7.	Development of safety plans	1	2

8.	Participation in local coordination teams, case conferences, or similar referral mechanisms	1	2
9.	Specialized programs for perpetrators	1	2
<b>13. General support services</b>			
1.	General counselling, information sharing/access to information/campaigning	1	2
2.	Psychosocial counselling	1	2
3.	Free legal aid	1	2
4.	Financial and in-kind assistance	1	2
5.	Housing	1	2
6.	Education and training	1	2
7.	Assistance in finding employment	1	2

14. Please indicate which were the three priority services prior to COVID-19 period, ranked in order of importance, with 1 most important and 3 least important:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

15. Please indicate which are the three priority services now (April 2020), with 1 most important and 3 least important:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

16. If priorities have changed, please, explain why?

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Now, we will ask you for each service to provide more detailed information. Please answer regarding the services you performed immediately before COVID-19 pandemic as well as in regard to services you are performing now.

### Helpline services

17. Since which year your organization has been providing this service?

18. Do you still provide this service?

1. No
2. Yes

**NO:**

19. Is interruption of service related to COVID-19?

1. NO (skip to next service)
2. Yes → (go to 20)

20. Please explain, how COVID-19 influenced interruption of service?

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21. Would you like to continue, to renew this service?

1. NO (skip to next service)
2. Yes → (go to 22)

22. How would you like to provide this service?

1. In the same way as previously
  2. Differently than before, please elaborate, what would be different?
- 

23. What do you need, which kind of support in order to renew that service?

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**YES:**

24. Please indicate what exactly this service entailed prior to COVID-19 pandemic and what entails now. Please add components that are missing and which your organization is providing through this service.

	Content of support	Prior to COVID - 19	Now (April 2020)
1.	Consultations, information sharing		
2.	Psychosocial support		
3.	Legal support		
4.	Referral to specialized services in local community, region or at national level		
5.	Other, please specify _____		
6.	Other, please specify _____		
7.	Other, please specify _____		

25. Please, indicate how have you provided these forms of support prior to COVID-19 pandemic and how do you provide them now?

	Mode of helpline support	Prior to COVID - 19	Now (April 2020)
1.	Through phone from the office		
2.	Through phone from the home		
3.	Through e-mail		
4.	Through online chat		
5.	Through mobile app chat		
6.	Other, please specify _____		
7.	Other, please specify _____		

26. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you

face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	



27. All in all, what would you say, did you adjust this service to the COVID – 19 situation?
  1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_ (go to 30)
  2. We did not adjust this service (go to 28)
28. Why you did not manage to adjust these services?
  1. We did not want to, there was no need to adjust the service
  2. We couldn't, we were missing \_\_\_\_\_
29. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 31)
30. Do you consider this adjustment as successful, effective?
  1. Yes, fully
  2. Yes, partly
  3. No, it is not effective
31. What should be done to have effective service now?
32. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?
33. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?
34. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

## Shelter

35. Since which year your organization has been providing this service?
36. Do you still provide this service?
  1. No
  2. Yes

### NO:

37. Is interruption of service related to COVID-19?
  1. NO (skip to next service)
  2. Yes (go to 38)
38. Please explain, how COVID-19 influenced interruption of service? \_\_\_\_\_
39. Would you like to continue, to renew this service?

1. NO (skip to next service)
  2. Yes → (go to 40)
40. How would you like to provide this service?
1. In the same way as previously
  2. Differently than before, please elaborate, what would be different?

41. What do you need, which kind of support in order to renew that service?

**YES:**

42. Please indicate what exactly this service entailed prior to COVID-19 pandemic and what entails now. Please add components that are missing and which your organization is providing through this service.

	Content of support	Prior to COVID - 19	Now (April 2020)
1.	Aaccommodation for women and children		
2.	Psychosocial support for women in shelter		
3.	Legal assistance for women in shelter		
4.	Development of individual safety plan		
5.	Assistance in communication with other institutions		
6.	Short term financial or in-kind assistance for women in shelter or to those that leave shelter		
7.	Other, please specify _____		
8.	Other, please specify _____		
9.	Other, please specify _____		

43. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	

4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

44. All in all, what would you say, did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_ (go to 47 )
2. We did not adjust this service (go to 45)

45. Why you did not manage to adjust these services?

3. We did not want to, there was no need to adjust the service
4. We couldn't, we were missing \_\_\_\_\_

46. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 48)

47. Do you consider this adjustment as successful, effective?

4. Yes, fully
5. Yes, partly

6. No, it is not effective

48. What should be done to have effective service now?

49. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?

50. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?

51. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

### Rape crisis or sexual violence referral centres

52. Since which year your organization has been providing this service?

53. Do you still provide this service?

1. No
2. Yes

#### NO:

54. Is interruption of service related to COVID-19?

1. NO (skip to next service)
2. Yes → (go to 55)

55. Please explain, how COVID-19 influenced interruption of service?

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56. Would you like to continue, to renew this service?

1. NO (skip to next service)
2. Yes → (go to 57)

57. How would you like to provide this service?

1. In the same way as previously
  2. Differently than before, please elaborate, what would be different?
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58. What do you need, which kind of support in order to renew that service?

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#### YES:

59. Please indicate what exactly this service entailed prior to COVID-19 pandemic and what entails now. Please add components that are missing and which your organization is providing through this service.

Content of support	Prior to COVID - 19	Now (April 2020)
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1.	Immediate psychosocial support		
2.	Long term psychosocial support		
3.	Information sharing		
4.	Direct health care support		
5.	Psychosocial support during preparations for forensic investigation		
6.	Assistance during medical procedures		
7.	Assistance during court proceedings		
8.	Other, please specify _____		
9.	Other, please specify _____		
10.	Other, please specify _____		

60. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	

11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

61. All in all, what would you say, did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation):  
\_\_\_\_\_ (go to 64 )
2. We did not adjust this service (go to 62)

62. Why you did not manage to adjust these services?

1. We did not want to, there was no need to adjust the service
2. We couldn't, we were missing \_\_\_\_\_

63. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 65)

64. Do you consider this adjustment as successful, effective?

1. Yes, fully
2. Yes, partly
3. No, it is not effective

65. What should be done to have effective service now? \_\_\_\_\_

66. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_

67. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_

68. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

**Psychosocial counselling as standalone service, only if not provided as part of other services (helplines or shelters)**

69. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing	YES	NO	

	referral system in support to beneficiaries		
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70. All in all, what would you say, did you adjust this service to the COVID – 19 situation?
1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_  
(go to 73 )
  2. We did not adjust this service (go to 71)
71. Why you did not manage to adjust these services?
1. We did not want to, there was no need to adjust the service
  2. We couldn't, we were missing \_\_\_\_\_
72. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 74)
73. Do you consider this adjustment as successful, effective?
1. Yes, fully
  2. Yes, partly
  3. No, it is not effective
74. What should be done to have effective service now? \_\_\_\_\_
75. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_
76. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_
77. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

**Free legal aid as standalone service, only if not provided as part of other services (helplines or shelters)**

78. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?	How do you mitigate this challenge? What is your response strategy to this challenge?



1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

79. All in all, what would you say, did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation):  
\_\_\_\_\_ (go to 82 )
2. We did not adjust this service (go to 80)

80. Why you did not manage to adjust these services?
1. We did not want to, there was no need to adjust the service
  2. We couldn't, we were missing \_\_\_\_\_
81. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 83)
82. Do you consider this adjustment as successful, effective?
1. Yes, fully
  2. Yes, partly
  3. No, it is not effective
83. What should be done to have effective service now? \_\_\_\_\_
84. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_
85. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_
86. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

## Support to child witnesses

87. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	

4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

88. All in all, what would you say, did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_ (go to 91 )
2. We did not adjust this service (go to 89)

89. Why you did not manage to adjust these services?

1. We did not want to, there was no need to adjust the service
2. We couldn't, we were missing \_\_\_\_\_

90. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 92)

91. Do you consider this adjustment as successful, effective?

1. Yes, fully
2. Yes, partly
3. No, it is not effective

92. What should be done to have effective service now? \_\_\_\_\_

93. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_

94. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_

95. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

## Programs for perpetrators

96. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	

6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

97. All in all, what would you say, did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation):\_\_\_\_\_ (go to 100 )
2. We did not adjust this service (go to 98)

98. Why you did not manage to adjust these services?

1. We did not want to, there was no need to adjust the service
2. We couldn't, we were missing \_\_\_\_\_

99. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 101)

100. Do you consider this adjustment as successful, effective?

1. Yes, fully

- 2. Yes, partly
- 3. No, it is not effective

101. What should be done to have effective service now? \_\_\_\_\_

102. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_

103. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_

104. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

### Assistance in accessing health care or providing health care

105. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	

8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

106. All in all, what would you say, did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation):\_\_\_\_\_ (go to 109 )
2. We did not adjust this service (go to 107)

107. Why you did not manage to adjust these services?

1. We did not want to, there was no need to adjust the service
2. We couldn't, we were missing \_\_\_\_\_

108. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 110)

109. Do you consider this adjustment as successful, effective?

1. Yes, fully
2. Yes, partly
3. No, it is not effective

110. What should be done to have effective service now?\_\_\_\_\_

111. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?

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112. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?

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113. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

### **Assistance in accessing other institutions (police, social protection system, justice)**

114. In changed context the institutions responsible for prevention and protection of women from VAW might change patterns of operation. In the following questions we will ask you to explain what has changed in work of institutions that you perceive in your practice of service delivery to VAW victims.

115. Did you notice the difference in how police work with VAW cases in comparison to pre-COVID-19 situation?

1. No →( go to 120)
2. Yes – please elaborate →(go to 116)

116. what is different? \_\_\_\_\_

117. why is different? \_\_\_\_\_

118. what are the consequences of the difference for women victims of violence? \_\_\_\_\_

119. how this impacts work of your organization? \_\_\_\_\_

120. Did you notice the difference in how social protection system works with VAW cases in comparison to pre-COVID-19 situation?

1. No →( go to 125)
2. Yes – please elaborate →(go to 121)

121. what is different? \_\_\_\_\_

122. why is different? \_\_\_\_\_

123. what are the consequences of the difference for women victims of violence? \_\_\_\_\_

124. how this impacts work of your organization? \_\_\_\_\_



125. Did you notice the difference in how health care sectors works with VAW cases in comparison to pre-COVID-19 situation?

1. No → ( go to 130)
2. Yes – please elaborate → ( go to 126)

126. what is different? \_\_\_\_\_

127. why is different? \_\_\_\_\_

128. what are the consequences of the difference for women victims of violence? \_\_\_\_\_

129. how this impacts work of your organization? \_\_\_\_\_

130. Did you notice the difference in how public prosecutor works with VAW cases in comparison to pre-COVID-19 situation?

1. No → ( go to 135)
2. Yes – please elaborate → ( go to 131)

131. what is different? \_\_\_\_\_

132. why is different? \_\_\_\_\_

133. what are the consequences of the difference for women victims of violence? \_\_\_\_\_

134. how this impacts work of your organization? \_\_\_\_\_

135. Did you notice the difference in how courts work with VAW cases in comparison to pre-COVID-19 situation?

1. No → ( go to 140)
2. Yes – please elaborate → ( go to 136)

136. what is different? \_\_\_\_\_

137. why is different? \_\_\_\_\_

138. what are the consequences of the difference for women victims of violence? \_\_\_\_\_

139. how this impacts work of your organization? \_\_\_\_\_

140. How this impacts the participation of your organization in multi-sectoral coordination mechanisms meetings?

141. How this impacts the development of individual safety plans?

## Assistance in financial and in-kind assistance

142. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

143. All in all, what would you say, did you adjust this service to the COVID – 19 situation?
1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_  
→(go to 137 )
  2. We did not adjust this service →(go to 135)
144. Why you did not manage to adjust these services?
1. We did not want to, there was no need to adjust the service
  2. We couldn't, we were missing \_\_\_\_\_
145. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? →(go to 138)
146. Do you consider this adjustment as successful, effective?
1. Yes, fully
  2. Yes, partly
  3. No, it is not effective
147. What should be done to have effective service now? \_\_\_\_\_
148. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_
149. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_
150. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

## Assistance in Housing

151. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?	How do you mitigate this challenge? What is your
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143. All in all, what would you say, did you adjust this service to the COVID – 19 situation?
1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_  
→(go to 137 )
  2. We did not adjust this service →(go to 135)
144. Why you did not manage to adjust these services?
1. We did not want to, there was no need to adjust the service
  2. We couldn't, we were missing \_\_\_\_\_
145. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? →(go to 138)
146. Do you consider this adjustment as successful, effective?
1. Yes, fully
  2. Yes, partly
  3. No, it is not effective
147. What should be done to have effective service now? \_\_\_\_\_
148. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_
149. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_
150. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

## Assistance in Housing

151. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?	How do you mitigate this challenge? What is your
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				response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

152. All in all, what would you say, did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation):\_\_\_\_\_ (go to 155 )

2. We did not adjust this service (go to 153)

153. Why you did not manage to adjust these services?

1. We did not want to, there was no need to adjust the service

2. We couldn't, we were missing \_\_\_\_\_

154. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 156)

155. Do you consider this adjustment as successful, effective?

1. Yes, fully

2. Yes, partly

3. No, it is not effective

156. What should be done to have effective service now? \_\_\_\_\_

157. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_

158. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_

159. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

## Assistance in education and training

160. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

Aspect	Do you face this challenge?	How do you mitigate this challenge? What is your
--------	-----------------------------	--

				response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	
3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

161. All in all, what would you say, how did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_  
(go to 164 )
  2. We did not adjust this service (go to 162)
162. Why you did not manage to adjust these services?
1. We did not want to, there was no need to adjust the service
  2. We couldn't, we were missing \_\_\_\_\_
163. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 165)
164. Do you consider this adjustment as successful, effective?
1. Yes, fully
  2. Yes, partly
  3. No, it is not effective
165. What should be done to have effective service now? \_\_\_\_\_
166. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_
167. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_
168. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

## Assistance in finding employment

169. What are the key challenges your organization is facing in relation to the delivery of this service due to the COVID-19 situation, please check all that applies and feel free to add those that you face and we did not anticipate them. Also, please, indicate which strategies you used to mitigate these challenges.

	Aspect	Do you face this challenge?		How do you mitigate this challenge? What is your response strategy to this challenge?
1.	Health problems and health risks of organization staff	YES	NO	
2.	Health risks of beneficiaries	YES	NO	



3.	The ability to provide necessary funds for regular service delivery	YES	NO	
4.	The access of victims of VAW to services due to the lack of transport	YES	NO	
5.	The access of victims of VAW to services due to the lack of information	YES	NO	
6.	The access of victims of VAW to services due to the curfew	YES	NO	
7.	The access of victims of VAW to services due to the firmer control of perpetrator	YES	NO	
8.	The access of victims of VAW to services due to the inadequate communication channels (i.e. cannot use phone)	YES	NO	
9.	Insufficient space for accommodating victims	YES	NO	
10.	Difficulties in provision of food, clothes, hygiene for offices, employees	YES	NO	
11.	Difficulties in provision of food, clothes, hygiene for beneficiaries	YES	NO	
12.	Referral to health care centres	YES	NO	
13.	Cooperation with justice system in support to beneficiaries	YES	NO	
14.	Cooperation with social protection system in support to beneficiaries	YES	NO	
15.	Cooperation with police + judiciary + other existing referral system in support to beneficiaries	YES	NO	

170. All in all, what would you say, how did you adjust this service to the COVID – 19 situation?

1. Yes, we adjusted service in the following way (please describe what is different, what do you different now in delivery of this service in comparison to pre COVID-19 situation): \_\_\_\_\_  
(go to 173 )
2. We did not adjust this service (go to 171)

171. Why you did not manage to adjust these services?

1. We did not want to, there was no need to adjust the service

2. We couldn't, we were missing \_\_\_\_\_

172. Which kind of support would you need to be able to adjust this service to the present situation marked by COVID – 19 risks and measures? (go to 174)

173. Do you consider this adjustment as successful, effective?

1. Yes, fully
2. Yes, partly
3. No, it is not effective

174. What should be done to have effective service now? \_\_\_\_\_

175. Which kind of support do you need in order to fully adjust and deliver effective service of helpline during COVID- 19 situation?  
\_\_\_\_\_

176. Do you think some of the lessons learned from this experience can help you to innovate this service and provide it in new way also after the COVID – 19 pandemics?  
\_\_\_\_\_

177. What would you need, which kind of support to establish this innovative service after the COVID – 19 pandemics?

#### Modul D: Other activities of the organization related to VAW

**If you reported that your organization is conducting awareness raising, campaigning activities, please let us know what are the key challenges your organization is facing in this area of work.**

169. Which are main challenges your organization is facing in current COVID – 19 situation and how you address them, what are the mitigation strategies?

170. Which kind of support would be needed in order to effectively address these challenges and achieve planned objectives?

**If you reported that your organization is conducting advocacy activities, please let us know what are the key challenges your organization is facing in this area of work.**

171. Who are your main advocacy targets in last 3 months and what are the key advocacy topics?

172. Which are main challenges your organization is facing in current COVID – 19 situation and how you address them, what are the mitigation strategies?

173. Which kind of support would be needed in order to effectively address these challenges and achieve planned objectives?

**If you reported that your organization is conducting research activities, please let us know what are the key challenges your organization is facing in this area of work.**

174. What is the focus of your current research(es)?

175. Which are main challenges your organization is facing in current COVID – 19 situation and how you address them, what are the mitigation strategies?

176. Which kind of support would be needed in order to effectively address these challenges and achieve planned objectives?

**Modul E: Situation among beneficiary groups and access to services**

177. Please indicate for which forms of violence you provide support to victims (check all that is applicable)

1. Physical
2. Sexual violence – including rape
3. Sexual harassment
4. Psychological – verbal and emotional
5. Psychological – controlling
6. Psychological – threats, including blackmailing with children
7. Economic violence and neglect
8. Stalking
9. Child and Early Forced marriages
10. Female Genital mutilation
11. Forced abortion and forced sterilisation
12. Other, please specify \_\_\_\_\_

178. Did you notice change in types of violence women are reporting to your organization since COVID – 19 pandemics?

1. NO
2. Yes – please elaborate, for which forms reporting to your organization has increased, or decreased, or have some forms changed in other ways?

179. Please indicate who are your beneficiaries and which specific problems your organization is facing in providing services to marginalized women that are the consequence of the COVID -19 situation. Also, please, indicate how do you try to address these obstacles and challenges in outreach and service provision to these groups.

	Women from social groups	Do you provide service to this group?	New challenges	Mitigation strategies

1	older women	YES	NO		
2	Roma women	YES	NO		
3	Refugees	YES	NO		
4	Women from remote rural areas	YES	NO		
5	women with disabilities	YES	NO		
6	women from ethnic minorities	YES	NO		
7	LGBT women	YES	NO		
8	Sex workers	YES	NO		
9	Women not belonging any of previous groups	YES	NO		
10	Other, please specify	YES	NO		

180. What would your organization need, which kind of support to more effectively address challenges in outreach and provision of adequate support to women victims of violence from marginalized groups in these circumstances?

#### Modul F: Advancing services in the future: lessons learnt and innovation

181. Is there any innovative service, way of service delivery, content or channel that you discovered adjusting to the COVID – 19 situation and that you find as possible new mode of service that should be maintained or further developed after the pandemic period (some examples are Mask 19 or hosting survivors in hotels)?

1. New service content: \_\_\_\_\_

2. New service mode of delivery (channel, method): \_\_\_\_\_

182. What would be needed for your organization to establish that as new type of service or mode of service delivery?

**Thank you for your cooperation 😊**