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

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A proposal for addressing the needs



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Finally, we extend our gratitude to the European Commission for its continuous support in addressing the needs of women and girls in the region.

## List of Acronyms

<b>CEDAW</b>	Convention on the Elimination of Discrimination against Women
<b>COVID-19</b>	Corona Virus Disease 2019
<b>EU</b>	European Union
<b>IC</b>	Istanbul Convention
<b>IOs</b>	International Organizations
<b>INGOs</b>	International Non-Governmental Organizations
<b>RCC</b>	Rape Crisis Center
<b>UN</b>	United Nations
<b>VAW</b>	Violence against Women
<b>VDS</b>	Victimology Society of Serbia
<b>WHO</b>	World Health Organization

# 1. Introduction

## BACKGROUND

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

1 UN Women Europe and Central Asia, Gender Equality matters in COVID-19 response, <https://eca.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response>.

2 UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises. For the European Union, this designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence. For UN Women, references to Kosovo shall be understood to be in the context of UN Security Council Resolution 1244 (1999).

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

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

## PURPOSE, SCOPE AND OBJECTIVES

This report, which is part of the rapid assessment "Impact of the COVID-19 pandemic on specialist services for victims and survivors of violence in the Western Balkans and Turkey: A proposal for addressing the needs," presents the situation regarding the delivery of specialized services in Serbia in the context of the COVID-19 pandemic to women exposed to violence, including those that are faced with multiple discrimination. The aim of this assessment is to understand the challenges service providers are facing in service delivery, their mitigation strategies and the emergence of innovative solutions and practices. The report also considers the challenges women face in accessing services in Serbia. 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 Serbia, nor a comprehensive evaluation of those services. Instead, this rapid assessment intends to provide information that can serve as a snapshot of the impact of the COVID-19 pandemic on a select group of organizations and their beneficiaries. While the report is far from comprehensive, it may provide useful insights to civil society organizations and donors on the gaps exposed by the pandemic and some options for addressing those gaps.

There are at least two crucial reasons for this intervention. Firstly, the pandemic has revealed that services are not well designed for crisis situations, particularly crises caused by infectious diseases, which have very different causes and consequences from emergency situations caused by natural or human-made disasters. Secondly, the pandemic

more clearly revealed weak spots in the system for prevention and protection, which can be better targeted with support. The pandemic crisis, as any other crisis, poses challenges, but also presents opportunities for innovation as organizations adjust services to fit the new reality; this innovation should be supported in order to develop more effective and better quality services.

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

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

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

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

## **METHODOLOGY**

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

As supplementary to this survey, the qualitative survey with beneficiaries of services was conducted through semi structured in-depth interviews. The beneficiaries were interviewed by qualified 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-19 infection cases in the Western Balkans and Turkey was 151,204, Serbia having 9,943 cases.

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



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

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 harassment Psychological Economic Child, early and forced marriage	Physical Sexual harassment Psychological Economic		Physical Sexual harassment Psychological Economic Forced abortion	Physical Sexual harassment Psychological	Physical Sexual harassment Psychological	Physical 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%

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

#### Challenges in service delivery and mitigation strategies

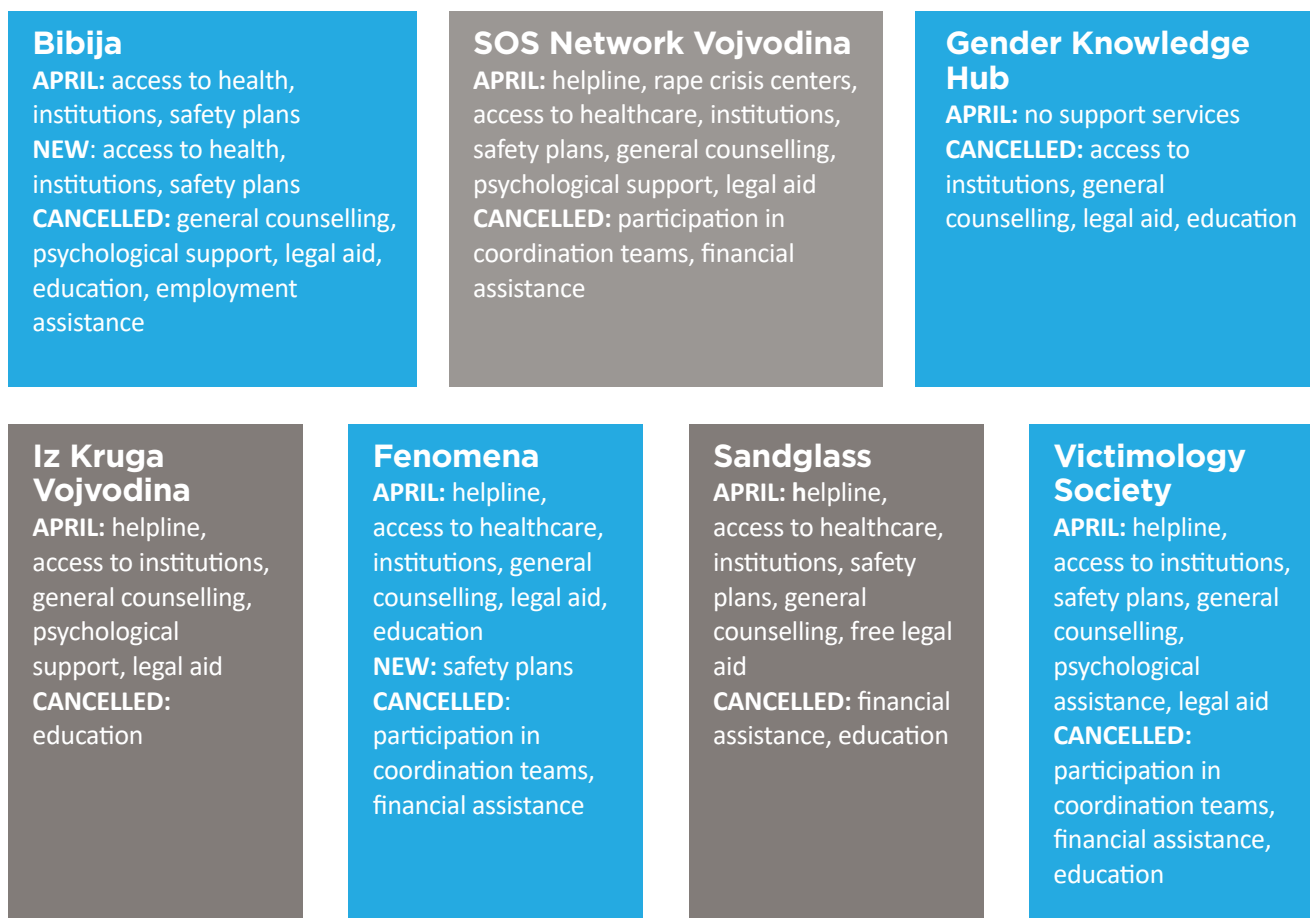
The organizations providing services have mostly succeeded in maintaining core services, though in different modes than before. All organizations reorganized service provision at least in some aspects. Only one organization (14%) fully cancelled services (Gender Knowledge Hub); prior to the crisis it 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
Education and training	1	14
Support to employment	-	-

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 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

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
<p><b>Bibija</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Access to healthcare</li> <li>3. Access to institutions</li> </ol>	<p><b>Bibija</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Access to healthcare</li> <li>3. Access to institutions</li> </ol>
<p><b>SOS Network Vojvodina</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Rape crisis centers</li> <li>3. Psychological support</li> </ol>	<p><b>SOS Network Vojvodina</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Rape crisis centers</li> <li>3. Financial support</li> </ol>
<p><b>Gender Knowledge Hub</b></p> <ol style="list-style-type: none"> <li>1. General Counselling</li> <li>2. Legal aid</li> <li>3. Access to institutions</li> </ol>	<p><b>Gender Knowledge Hub</b></p> <ol style="list-style-type: none"> <li>1. Employment</li> <li>2. Coordination teams</li> <li>3. General counselling</li> </ol>
<p><b>Iz Kruga Vojvodina</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Psychological support</li> <li>3. Legal aid</li> </ol>	<p><b>Iz Kruga Vojvodina</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Psychological support</li> <li>3. Legal aid</li> </ol>
<p><b>Fenomena</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Access to institutions</li> <li>3. Education</li> </ol>	<p><b>Fenomena</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Access to institutions</li> <li>3. Safety plans</li> </ol>
<p><b>Sandglass</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. General counselling</li> <li>3. Access to institutions</li> </ol>	<p><b>Sandglass</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. General counselling</li> <li>3. Safety plans</li> </ol>
<p><b>Victimology Society</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Shelter</li> <li>3. Rape crisis centers</li> </ol>	<p><b>Victimology Society</b></p> <ol style="list-style-type: none"> <li>1. Helpline</li> <li>2. Shelter</li> <li>3. Rape crisis centers</li> </ol>

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.



Key challenges	SOS Network Vojvodina	Iz kruga Vojvodina	Fenomena	Sandglass	Victimology Society	Mitigation strategies
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.

### CHALLENGES, MITIGATION AND INNOVATION

**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.

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.



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				✓	✓	✓

### 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.

**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.

## 4. 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.

## 5. Key recommendations for programming purposes

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

### Helpline

- 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.