

Understanding the demand and supply-side barriers and opportunities of accessing violence against women response services under COVID-19 in Albania

SVRI Forum 2022

September 19-23, 2022

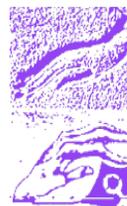
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Survivor of VAW
Photographer: Imrana Kapetanovic
IAMANEH Switzerland

Background

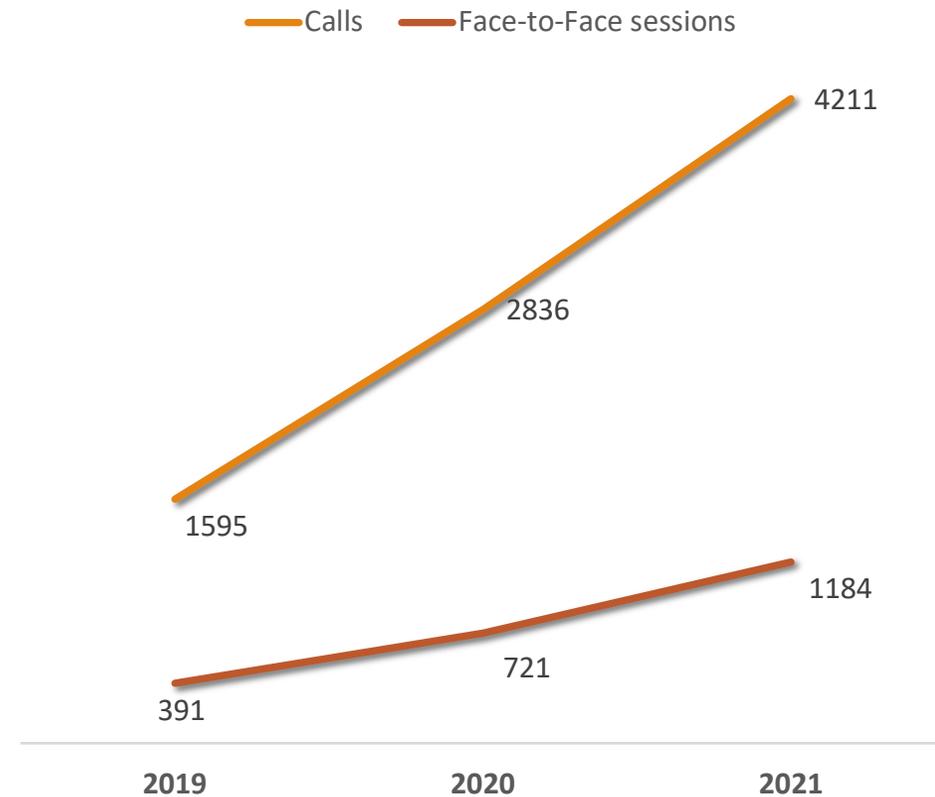


The COVID-19 pandemic highlighted **existing structural challenges** in the Albanian social and health protection system.

Women from minority communities, **faced multiple barriers** accessing the response system to VAW, resulting in negative health outcomes.

Lack of preparedness and resilience of the Albanian system to respond to an increased demand of VAW services.

Fig 1. Increased demand for VAW National Helpline, Albania





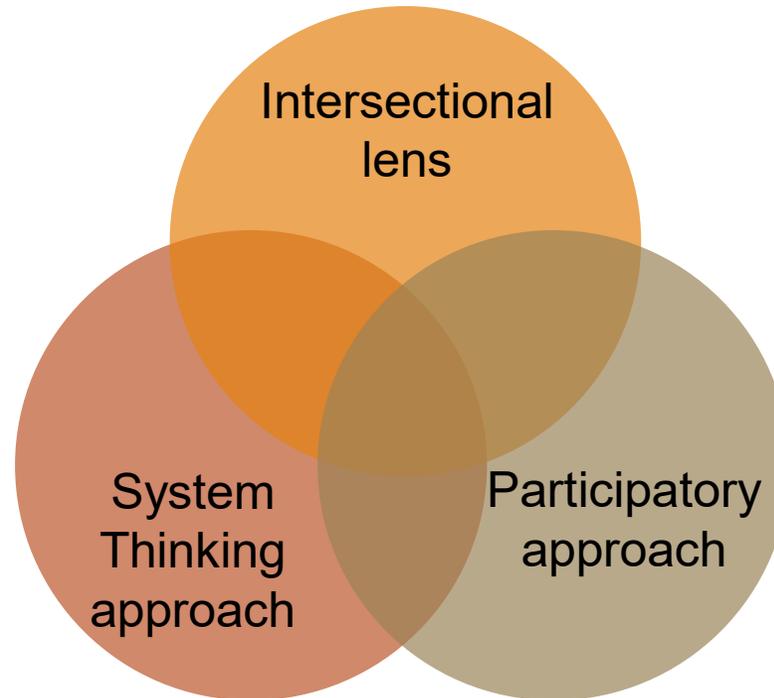
Study Objective

Identify the demand-supply side barriers and opportunities to access services for survivors of VAW in Tirana and Shkoder, Albania.

Particularly, what are the specific barriers and enablers that women from vulnerable communities, such as Roma and Egyptian women, women living in rural areas, and women with disabilities, elderly women, experience accessing those services.

A holistic approach to VAW

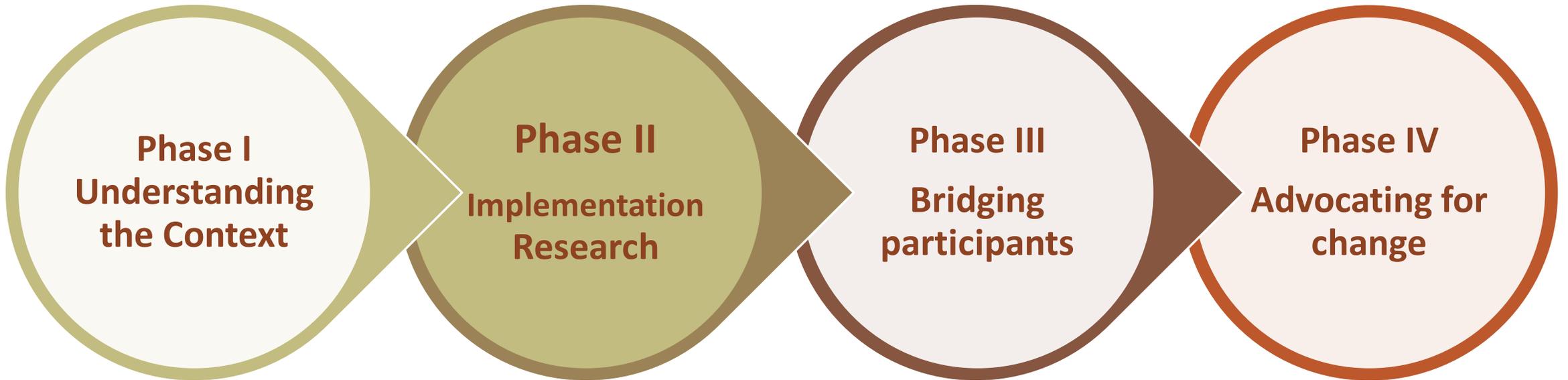
- Whose experiences were socially invisible.
- How intersections occurred within a context of connected system and structures of power.



- To work with, instead of against complexity in the system, and being aware of unintended consequences

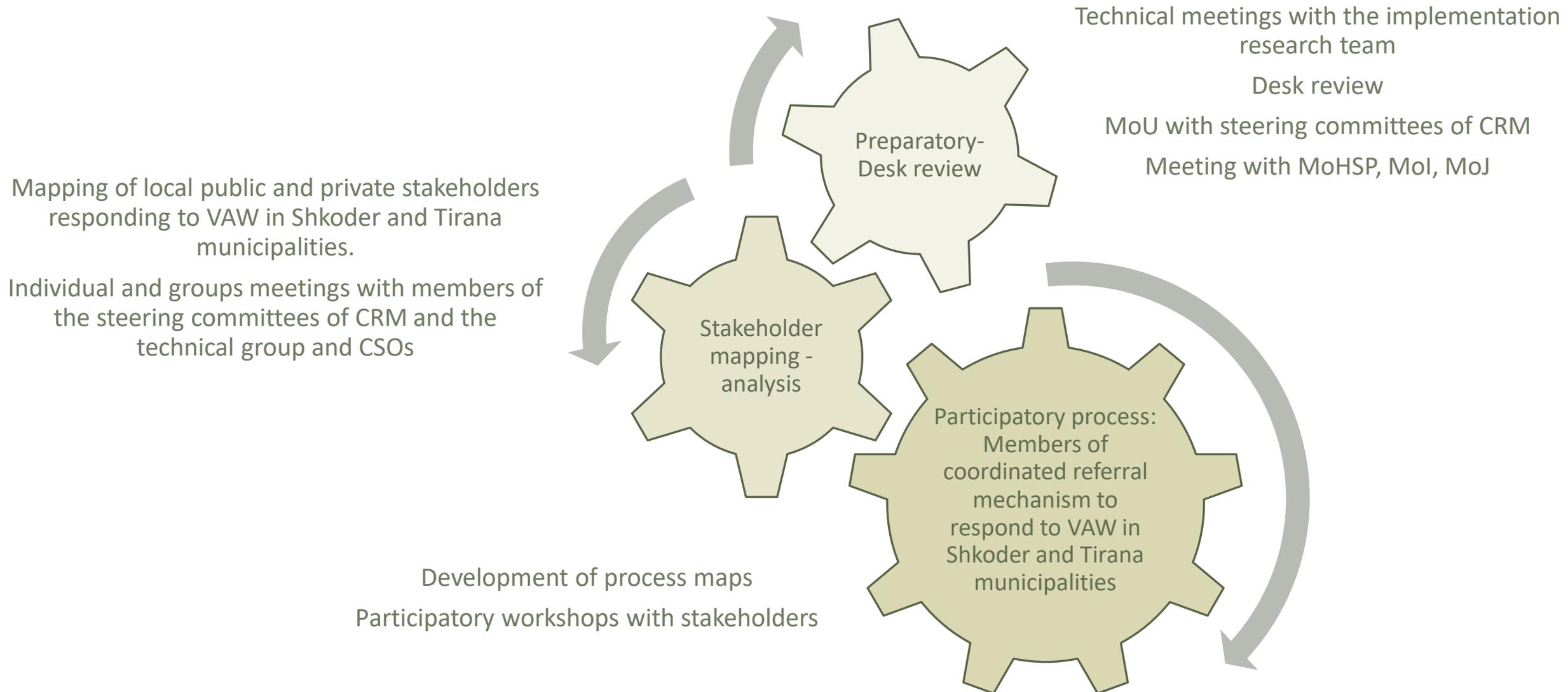
- Linkage between implementation and research
- Recognize diverse sources and sites of knowledge (diversity in the participants)

Methodology



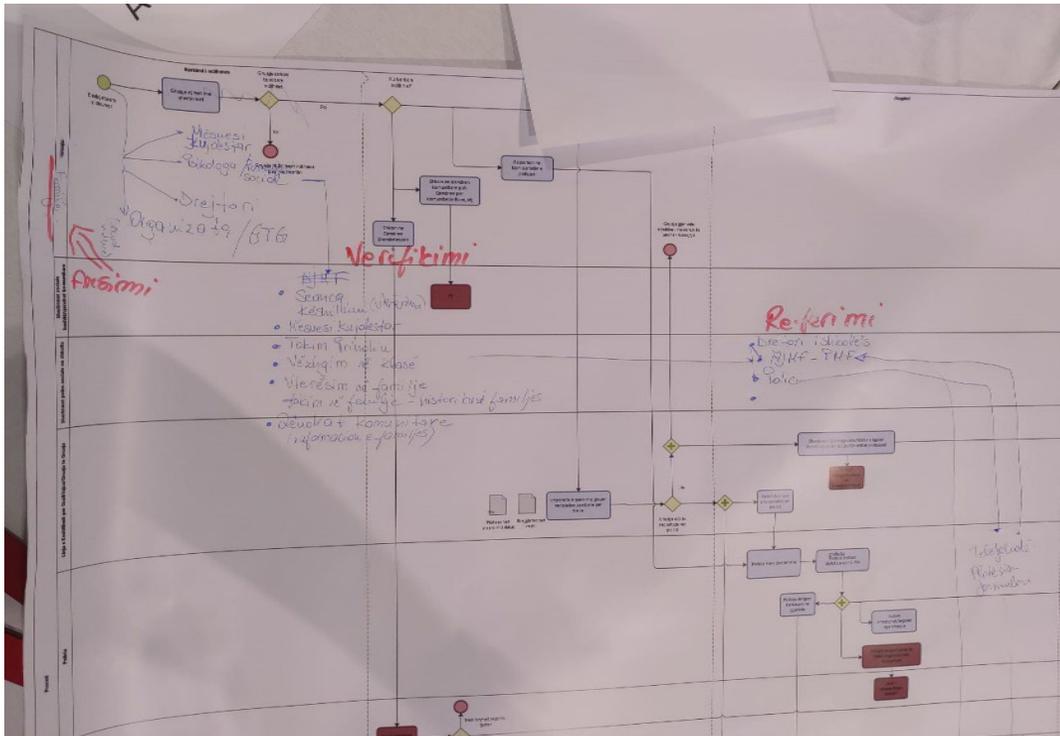
Timeline: January 2022- December 2023

Phase II. Implementation Research



Data collection

Phase II. Implementation Research



Pathway of a woman survivor of VAW through the referral system. Process map.



Key stakeholders discussing the bottlenecks in the detection system.

Findings



Structural barriers

- Stakeholders have **limited information about laws, protocols and their responsibilities**, resulting in a passive attitude and low response, particularly under COVID-19.
- **Fragmented referral system** reproduces inequities, which were exacerbated during the pandemic (e.g. different referral forms and databases across sectors.)
- **VAW services are not available** in rural areas, nor close to Roma communities; available services are not accessible to women with (dis)abilities.

“Even though, I have asked the head of police station to oblige the abuser to leave the house till the court’s decision is made, nothing has never happened”.

Police officer, Shkoder

Findings



Financial barriers

- **Limited financial resources** from central and local government to develop appropriate services and address survivors' needs.
- **Economic support** to women and children survivors of VAW is **not accessible immediately**: social housing and childcare programs are limited.

*“Seeking help is hindered by the large territoriality that a Health Center covers, by lack of transport for health personal, and the family doctors’ high consultation rate.” Medical doctor,
Tirana*

Findings



Cognitive and psychological barriers

- VAW is considered a **private family matter** and culturally acceptable in Albania.
- Staff from different sectors reported **fear** from the reaction of perpetrators and families.
- Members of CSOs reported **stereotypes, stigma, judgment and non-ethical language** when accompanying survivors to the health centre and the police, particularly Roma women.
- Women in rural areas, elderly women and Roma women had **neither adequate information on where to seek help nor the knowledge to use services online** (under COVID-19 and beyond).

“Most of community members, especially men, think that violence is a family issue and nobody should interfere in that, even the authorities. So, I can’t refer a case to other services as they quite easily can approach me personally”. Medical doctor, Shkoder

“I don’t ask a woman if she is experiencing violence in her intimate relationship, but even if I ask her she will respond “no”. Obstetrician gynecologist doctor, Tirana

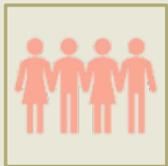
Opportunities



The monitoring of the system using the **cascade of care** provided a **greater understanding of the barriers** that women survivors of violence faced.



Engaging diverse stakeholders in a critical reflexive process, triggered **collaborations across sectors** and offered an opportunity to improve the efficiency of the entire system.



Participation of organizations that have a focus on and represent women from vulnerable groups emphasized **women's resilience and agency**.

Thank you!

Rebeca Revenga Becedas

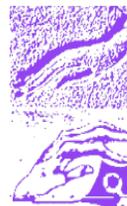
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