

Impact of Covid-19 on Gender-based Violence Refugee and Migrant Response

A brief review of how UNICEF's 'Action against Gender-based Violence affecting Refugee and Migrant women and children in Bulgaria, Greece, Italy and Serbia' programme has responded to COVID-19

Introduction

This review looks at the impact of COVID-19 on UNICEF's sub-regional gender-based violence (GBV) programme supporting migrants and refugees in Europe and how the programme has responded and adapted. It has been informed primarily by key informant interviews with UNICEF staff and partners in Bulgaria, Greece, Italy and Serbia, as well as a brief scan of sup-

plemental programme literature.¹ It focuses on reports from those on the frontline about the challenges of COVID-19 to UNICEF's GBV programme, adaptations that were made, and emerging learning and positive practices. The first part of this review looks at the overall sub-regional response and impact of COVID-19; the second part comprises four in focus country-case studies.

Regional Refugee and Migrant Response to GBV

Throughout the pandemic high numbers of refugees and migrants have continued to risk their lives to get to Europe, making dangerous journeys from the Middle East, North Africa, West and East Africa, as well as South Asia. They are often escaping a life of violence and persecution at home, hoping to find safety, protection and better opportunities for themselves and their families in Europe.² It is estimated that between January and December 2020, 94,800 refugees and migrants arrived in Europe through Italy, Greece, Spain and Bulgaria, with 35,730 arriving between October and December. It is estimated that in Serbia 24,250 new refugees and migrants arrived in 2020.³ Most countries reported decreases in arrivals during the first half of 2020 due to the COVID-19 pandemic and lockdowns, while numbers increased again in the second half of the year. 18.5% of all new arrivals between January and December 2020 were children (17,500), bringing the total estimated number of refugee and migrant children in Italy, Greece and other Southern Europe receiving countries to nearly 60,000.⁴ An estimated 12,000 of these are unaccompanied and separated children (UASC).⁵

Refugee and migrant women and girls have been exposed to high levels of GBV risks throughout every stage of their journey. According to various sources, nearly all women and girls who have arrived in Italy have experienced GBV, in-

cluding sexual violence, domestic violence, child marriage, female genital mutilation and trafficking.⁶ Once in Europe, many refugee and migrant women and girls live in sub-standard conditions, overcrowding, and with limited access to water and sanitation facilities, health care and other basic services.⁷ These conditions contribute to further risks of GBV even after arrival in Europe. Unaccompanied and separated girls are at particular risk of sexual exploitation or sexual abuse.⁸

UNICEF's GBV programme provides lifesaving GBV prevention and response services to refugee and migrant GBV survivors and at-risk individuals. This includes providing capacity development support across a range of partners and stakeholders, including frontline workers, to help them respond more effectively to the needs and priorities of GBV survivors and at-risk refugee and migrant women and girls. The programme also crucially carries out work to strengthen the enabling environment through public and institutional advocacy for policy reform and changes in social norms. The programme, funded by the Bureau of Population, Refugees and Migration (BPRM), is currently in its third year of implementation in Bulgaria, Greece and Serbia and its second year in Italy. During the pandemic, UNICEF and its partners responded quickly to the emerging crisis, working together to assess GBV risks and adapt GBV service provision in coordination with service providers and institutions.

GBV Risks and Vulnerabilities During the Pandemic

The rapid spread of COVID-19 in the region and public health measures taken by governments to contain and mitigate the outbreak, including lockdowns, curfews, movement and travel restrictions, have severely impacted the health and wellbeing of refugees and migrants, in the short and long term. Border closures and travel bans have severely restricted the mobility of refugees and migrants, many of whom were left stranded at borders.⁹

COVID-19 has exposed and exacerbated gender inequalities, nowhere more evident than the increased risks of GBV against women and girls, including refugees and migrants.¹⁰ Whilst comprehensive data on the prevalence of GBV against refugee and migrant women and girls during the pandemic is not available, many organisations who support GBV survivors, including UNICEF partners in Europe who deliver GBV services through its GBV programme, have seen an increase in demand for their services.¹¹ All partners who took part in this review expressed concerns about the increased risks of intimate partner violence (IPV) against refugee and migrant women and girls, as well as other forms of violence, including sexual violence and sexual exploitation. This mirrors global warnings about the ‘[shadow pandemic](#)’ of an increase in all forms of GBV against women and girls in the context of COVID-19.¹²

The pandemic has also increased other GBV risk factors and vulnerabilities for refugee and migrant women and girls in Europe, including exacerbating economic drivers of GBV. Job losses, reduced wages, and reduced access to informal employment have impacted individual and household incomes, leading to increased economic insecurity and homelessness across Europe. A recent report by the GBV AoR Helpdesk found that this is increasing refugee and migrant women’s and girls’ risk of sexual exploitation and abuse, linked

to increased difficulties in finding and keeping safe accommodation.¹³ It also found evidence that rising economic insecurity is increasing the risk of trafficking faced by women and girls in refugee and migrant communities.¹⁴

In this climate of increased risk, access to supportive programmes is even more difficult. **GBV and sexual and reproductive health (SRH) referrals for new arrivals have been reduced** due to limited access to asylum procedures in some cases.¹⁵ A lack of adequate and timely information about COVID-19 and changes to asylum processes, as well as confinement conditions, have resulted in refugee and migrant communities feeling more isolated, particularly women and girls, making it harder for them to seek help. During lockdown periods in Serbia and Greece, the reception centres were closed, with very limited movement allowed in and out. In Serbia, the centres were guarded by the military which could further discourage women from reporting violence.

COVID-19 and the exacerbated risk factors to GBV, as well as challenges in accessing care and support, are likely to have a disproportionate impact on refugee and migrant women and girls who experience multiple and intersecting forms of discrimination. UNICEF and its partners in Bulgaria, Greece, Italy and Serbia have highlighted the following categories of women and girls as most at risk of GBV during the pandemic: adolescent girls; women and girls with disabilities; women and girls with mental health problems; unaccompanied and separated girls; women and girls with low levels of digital literacy and who lack access to mobile phones and the internet, which has been observed particularly among older women; and undocumented women and girls. These women and girls already often face additional barriers to accessing GBV services, which has worsened during the pandemic.

Adapting GBV Service Delivery During the Pandemic

UNICEF and its partners experienced a range of challenges in delivering GBV services at different stages of the pandemic. In response they developed a number of strategies to continue service provision, depending on the severity of restrictions, type of GBV service provided, and their level of familiarity with remote modalities. In many cases, lockdowns and other restrictive measures in Bulgaria, Greece, Italy and Serbia resulted in UNICEF partners **either closing safe spaces or limiting in-person activities and transitioning quickly to remote service provision.**¹⁶ However, despite the restrictions, some partners in all four countries were able to **continue some in-person services**, in many cases because partners were also delivering permitted ‘essential services’ such as food distribution and healthcare. In spite of the challenges they encountered, all partners found ways to maintain contact with clients.

In responding to the pandemic and adapting services, UNICEF and its partners have applied a survivor-centred approach and implemented the GBV guiding principles at all times. Their COVID-19 response has been guided by the need to ensure that GBV survivors access appropriate, accessible and good quality services, that those who engage directly with survivors treat them with dignity and respect, and to ensure the safety, confidentiality and privacy of GBV survi-

vors during both in-person and remote service delivery. When engaging with clients, partners were careful to safely plan their support to them at a time when they could speak safely and confidentially, as many women and girls were confined at home or in centres with their abusers. For example, Centro Penc, with the support of UNICEF, developed a protocol with specific provisions and areas of interventions for the Women and Girls Safe Space, based on existing COVID-19 risks and governmental restrictions.

UNICEF and its partners were already experienced in responding to challenges related to GBV service delivery, such as adapting to shifting patterns of movement among refugees and migrants, which helped many partners respond quickly to the COVID-19 crisis. For example, in Greece, UNICEF partner Melissa had already decided to bring participants to its offices in Athens rather than try to provide support in the reception centres, which were often difficult to enter, an experience it was able to build on during the pandemic. Similarly, partners in Serbia have a lot of experience in dealing with changes in patterns of movement because Serbia is primarily a transit country, thus helping them adapt quickly during the pandemic. In spite of this, and being experienced with risk management and preparedness, the scale, speed and public health nature of the emergency was unexpected.

I. Transitioning to Remote Service Provision

With UNICEF's support, all partners were able to adapt their GBV services to integrate aspects of remote support. In some cases, partners transitioned fully to remote modalities, using phones and online platforms, and in other cases partners combined elements of in-person and remote support. Partners had differing levels of knowledge and confidence in using remote modalities and technology for GBV service delivery, which affected the extent to which they could integrate remote support and the amount of support they needed from UNICEF. Notably, existing infrastructure proved to be an advantage when shifting to remote models of service delivery, as has been observed elsewhere in the world.¹⁷ In Italy, for example, UNICEF's online platform [U-report on the Move](#), which was already in use pre-pandemic, was vital in swiftly providing information and activities tailored to these challenging times. Most partners, however, needed technical support from UNICEF in making this transition and overcoming immediate challenges due to limited experience in providing remote GBV support pre-pandemic. This included additional training for staff on the use of online platforms, training on how hotlines operate and introducing new procedures and protocols.

The remote support partners have provided (and continue to provide) is varied. It includes: setting up dedicated telephone numbers and helplines (for GBV and also health and COVID-19-related information); creating social media groups on WhatsApp, Viber and Facebook; setting up YouTube channels; organising online social activities where refugee and migrant women and girls can interact; and, in the absence of physical safe spaces, creating types of digital safe spaces where women and girls can come together to discuss their concerns, access information on GBV, COVID-19 and stress management, and speak to doctors and psychologists. Several partners provided online literacy and skills training to women and girls to increase their capacity to use digital devices and help them engage with remote support, making good use of time between the first and second waves.

Across the sub-region refugee and migrant women and girls have unequal access to mobile phones and the internet. Partners consulted with their clients on the best remote modalities to use. Some partners already had information on which digital platforms women and girls were already using. In some cases, partners undertook assessments of who had access to mobile phones, other digital devices and stable internet connection, enabling them to target their activities to those most at risk of digital exclusion. Some partners worked to overcome this exclusion by providing tablets, data bundles and SIM cards to help more refugee and migrant women and girls access remote support. Other partners worked with women and girls who already had access to technologies to share information to others in the community about the availability of GBV services.

Partners highlighted both benefits and drawbacks to remote GBV service provision. A number of partners reported that they were able to reach more women and girls at risk of GBV due to remote modalities. For example, Info Park in Serbia used to work primarily in person in Belgrade and now, because of their shift to remote support, they serve women and girls in other parts of the country. A number of partners reported that their success in shifting to remote support was due to well-established trust that they already had with refugee and migrant communities pre-pandemic, helping clients feel comfortable in continuing to receive support remotely. However, the majority of partners expressed **concerns about trust and relation-**

ship-building through remote means, particularly when engaging with new clients and new arrivals, which can impact disclosure by clients and in turn affect the ability of the provider to meet survivors' needs. Similar concerns about the impact of remote modalities on service quality were also raised in an earlier study in the region at the start of the pandemic.¹⁸

II. Continuing In-person Services

Throughout the pandemic, a number of UNICEF partners in Bulgaria, Greece, Italy and Serbia have been able to maintain some of their critical in-person activities, even during lockdown periods, often because they were also delivering permitted 'essential services' in their country and therefore allowed to travel and/or have access to reception centres and other locations (see below examples where partners have integrated GBV information into wider packages of support). In Italy, for example, Intersos continued its outreach activities through mobile teams in informal settlements and squats, and in Serbia Info Park continued its outreach activities with people on the move in Belgrade. Also in Serbia, the Adventist Development and Relief Agency (ADRA) stepped in to provide translation in GBV cases inside the reception centres as interpreters had left, helping them with their outreach and letting women and girls know about the remote support available. Implementing safety protocols allowed some partners to keep their premises open, for example by limiting the number of clients that could come to the safe space. In Bulgaria, Council of Refugee Women in Bulgaria and Mission Wings continued the provision of in-person services and Mission Wings opened an office in Harmanli to be able to continue working with beneficiaries, as their access to state centers was restricted. In Greece, however, continuation of some in-person activities was more difficult due to very limited access to the reception centres.



Communicating GBV Risks and Community Engagement

I. Integrating Information and Support on GBV into Wider Packages of Support

From the start of the COVID-19 pandemic, refugees and migrants, particularly new arrivals and people outside of reception centres, have had challenges in accessing critical information about the virus, how to keep themselves and others safe from infection, and how to access support if they experience violence; information that is accessible and available in languages that they understand. Refugees and migrants have also been in need of food and basic necessities, including personal protective equipment (PPE), as many Civil Society Organisations (CSOs) pulled out of the reception and asylum centres and government support services were interrupted.

UNICEF partners stepped in to provide information on COVID-19 and hygiene support to fill basic gaps, by integrating this support into their in-person and remote GBV support. In Bulgaria, Greece, Italy and Serbia UNICEF partners **distributed dignity and hygiene kits** inside reception centres and as part of their outreach activities. This not only facilitated continued in-person contact with refugee and migrant women and girls, but also created an entry point to share GBV information with them because they included both COVID and GBV information in the kits. In Italy, partners scaled up an approach to **integrating health and GBV service delivery** to meet basic health needs and more effectively reach those at risk of GBV.

Partners shared information on GBV risks alongside COVID-19 specific information in a variety of different ways, both in-person (through leaflets, posters and flyers) and online (through podcasts, social media groups etc). They also shared information on COVID-19 and GBV in multiple languages. The way in

which partners shared information was directly informed by feedback from clients on their needs (see below).

II. Building on Pre-Existing Relationships within Communities

In adapting their programmes, all UNICEF partners drew on relationships they already had with long-term clients to help them set up and maintain online groups and reach new women and girls, including those who were hardest to access, such as women without mobile phones or internet connection, or new arrivals. Continuity of contact was a priority for all partners and partners often engaged long-term clients as a link to the wider community, working with them as community outreach leaders, focal points, health promoters and ambassadors. This helped partners reach new refugee and migrant women and girls and spread the word about available services.

III. Consulting, Listening and Responding to Feedback from Survivors

UNICEF partners consulted, listened and responded to feedback from clients in adapting their services, helping them understand changing GBV risks, key concerns and priorities of women and girls, and how to reach new clients. In some cases, partners engaged with clients more frequently during the pandemic than they had before, seeking feedback on adaptations and making changes as needed. For example, in Serbia partners shared information on COVID-19 and GBV in audio as well as written form, following feedback from illiterate women about challenges accessing written information. In Greece partners developed relevant podcasts and Solidarity Now developed an app to address the needs of older women. In Italy partners used short videos and live chats to address the specific needs of survivors, following feedback from clients.



Stakeholder Coordination and Partnerships

UNICEF and its partners highlighted opportunities and challenges coordinating with stakeholders during the pandemic. Some country offices and partners found it easier to engage with other CSOs and government agencies due to the online nature of meetings and were able to establish new partnerships. Others pointed to difficulties in building and maintaining trust with stakeholders online, including reception centres. In the early days of the pandemic, there was a lot of confusion in coordinating with stakeholders, as procedures were not always in place or stakeholders were still familiarising themselves with national Infection, Prevention and Control (IPC) measures.

Technical guidance and support

With this immediate extension and expansion, the sub-regional programme, coordinated by UNICEF Europe and Central Asia Office (ECARO), focused on providing further technical guidance and support, so that country offices and partners could quickly respond and adapt GBV services in a coordinated manner and in a way that fostered collaboration. This included organising an in-depth learning series on GBV in emergencies with a specific focus on the impact of COVID-19 on refugee and migrant populations and GBV support. The training was attended by 21 participants from 5 countries, including Bosnia Herzegovina, expanding technical support and sharing emerging evidence (for example from the [GBV AoR Helpdesk review of emerging impacts of the crisis on women and girls](#)) to countries outside the programme. This training included country specific action plans to help participants apply learning into practice.

In addition, UNICEF regionally and nationally:

- Updated the programme's existing **multi-country results framework and data collection tools** to reflect programme adaptations and ensure a standard approach to service quality.
- Shared **global and regional guidance and tools** on the intersections of COVID-19 and GBV with programme countries through regular monthly coordination meetings, remote monitoring sessions, and ad hoc technical discussions, amongst other things.
- Supported **coordination and collaboration among programme countries** through joint technical work at the sub-regional level. For example, producing a dedicated curriculum for Linguistic and Cultural Mediators on GBV which integrated COVID-19 considerations during development and implementation.
- Helped partners **develop protocols and train staff** on how to provide remote support to GBV survivors.

Throughout the pandemic UNICEF regionally and nationally worked in partnership with its partners, providing them with technical support and training to help them adapt their GBV services. The multi-country feature of the programme allowed for quick and robust technical coordination on programme adaptations by following the [global guidance from UNICEF](#), and led to the extension of the programme for nine months to meet additional COVID-19 related needs. This was the result of strong collaboration and coordination among programme countries in gathering information on the needs and gaps in the sub-region, and the close communication with donor BPRM, without losing sight of the overall programme priorities.

Key Content of UNICEF's GBV in Emergencies Regional Learning Series: session on COVID and GBV in European Refugee and Migrant Crisis

- Sharing emerging data and reports on the impact of COVID-19 on refugee and migrant women and girls.
- Contextualising GBV guidance on how to support survivors during lockdowns, including how to transition to remote GBV support.
- How to integrate GBV prevention and risk mitigation strategies into the COVID-19 response of other actors.





Country Focus: Bulgaria

Context

A total of **3,487 irregular migrants were detained in 2020** by the Bulgarian authorities. **This marks 59,7 % increase compared to the same period in 2019 (2,184).**¹⁹ Bulgaria is primarily considered a transit country; however, as a direct effect of COVID-19, more refugees and migrants are staying in Bulgaria. As of 31 December 2020, **a total of 3,525 people applied for international protection in 2020**, mainly from Afghanistan, Syria and Iraq.²⁰ The numbers in 2020 show the first increase in the number of asylum-seekers since the start of the steady downward trend **observed since 2015. Out of all asylum-seekers in 2020, 1,125 were children aged 0-17 years (32% of all applicants), of whom 799 (over 70%) were UASC.**²¹

COVID-19 Challenges to Service Delivery

UNICEF partners in Bulgaria have seen **an increase in demand for support**, with increased reports of GBV cases and an increase in the severity and complexity of cases. There are higher numbers of serious psychiatric cases, as well more requests for material support such as food, and money for rent and medical costs, following job losses during the pandemic. Staff have required additional support to cope with increased workloads; some have left their positions due to burnout. **Partners have also had to change the methods they use to reach refugees and migrants** as in-person contact is more difficult or no longer possible; CSOs and service providers have experienced restricted access to state registration and reception centres. **Lack of digital skills, equipment and/or internet connection in the asylum-centres hindered the use of digital technology by UNICEF partners to support remote service delivery.** In-person service provision has continued as the primary source of support, but **additional safety precautions can present obstacles to survivors' accessing timely care and support.** For example, women and children moving into the crisis centre are only accepted if they have a negative COVID-19 test, which delays the provision of urgent care and accommodation. Support organisations have kept their offices open, however, under the new COVID-19 rules, fewer refugees and migrants are able to travel to access support and there are limitations on the number of people who can enter the buildings, meaning that one person may represent an entire family. Curfews, requirements to carry documents authorising travel and potential fines for non-compliance (including not wearing masks) have also made it more difficult to meet in person. The pandemic has also exacerbated some existing service delivery issues, including difficulties meeting with local authorities and coordinating with the health system, which is now under increased stress.

UNICEF and partners working together in Bulgaria

UNICEF and partners have **worked together to adapt GBV services** in response to the pandemic. UNICEF provided partners with up-to-date information and **good practice on adapting to COVID-19 and risk management** from across the world. Partners have been supported to develop COVID-19 protocols and update their **organisational policies and processes.** UNICEF also provided additional support to frontline and social workers in dealing with their own levels of **stress.**

"We renegotiated budget lines to respond to needs of the people in the field and adjusted initial plans in terms of financing, which was very important. We also got technical support when had to adjust target groups and thank UNICEF sincerely for that. They are part of our achievement." -UNICEF partner, Bulgaria.

Adapting GBV Services: Emerging Good Practice

UNICEF and its partners worked together to adapt GBV service delivery in Bulgaria during the pandemic. **Emerging good practice from the adaptations includes:**

- Mission Wings Foundation and the Council of Refugee Women in Bulgaria delivered a combination of **in-person and remote community awareness sessions** on both COVID-19 and GBV support and prevention services available.
- UNICEF supported the state authorities for internet connection to be made available in reception centres. Partners provided **training for clients on how to use digital technologies including Zoom to access support.**
- The Council of Refugee Women launched a new **phone consultation channel** in Arabic and Farsi and created a **Facebook group** to provide direct support to refugees and migrants and share information related to COVID-19 with a wide audience without the risk of meeting in person.
- **Interpreters and cultural mediators** were engaged to share information on GBV and COVID-19 and answer questions in an accessible way.
- Partners **used platforms such as Viber to allow women and girls to discreetly access support** even when they were confined at home with perpetrators.
- Animus and the Council of Refugee Women provided **guidance to its staff on how to conduct meetings and 1:1 support sessions with clients on sensitive topics online**, including consent, survivor protection, data protection and privacy.
- The Council of Refugee Women **conducted a needs assessment, bought tablets and organised a donations campaign for second-hand devices so that children could study online.** This also provided a communications channel for women and girls to report violence.
- Partners **provided PPE for staff as well as refugees and migrants.** Partners also supported refugees and migrants to access COVID-19 tests.



Country Focus: Greece

UNICEF and partners working together in Greece

UNICEF has **supported partners** to continue providing **lifesaving GBV services** to refugee and migrant women and girls in Greece during the COVID-19 crisis, **adapting to a new context and challenges**. For example, UNICEF's partners have provided **shelter and safe spaces** for women and girls, provided **mental health and psychosocial support** to GBV survivors, and provided **GBV case management**.

"It's the whole package of support [that is most helpful] – UNICEF has been a close ally in past three years...One of our staff followed one of UNICEF's 5 week training on GBV and it was very helpful to have a better view of situation, and also to share with our partners and organisations we're following – we are facing the same difficulties and challenges." -UNICEF partner, Greece.

Context

In 2020, **over 15,500 migrants and refugees arrived in Greece, 23.4% of whom were women and 35.8% children.**²² By the end of 2020, over 44,000 refugee and migrant children, including 4,027 UASC, remained in Greece.²³ It is estimated that 44% of all refugee and migrant children in the country are girls.²⁴ Refugee and migrant women and girls are at risk of multiple forms of GBV inside Greece's refugee camps as well as in the host community, including IPV, rape, sexual harassment, physical assault and sexual exploitation.²⁵ COVID-19 has exacerbated these GBV risks. The fire at Moria Reception and Identification Centre (RIC) in September further exacerbated the vulnerabilities of migrants and refugees.

COVID-19 Challenges to Service Delivery

COVID-19 has presented multiple challenges for UNICEF and its partners in delivering GBV services in Greece. During the first lockdown, people were not allowed to leave camp sites, causing high levels of stress and triggering GBV inside the camps, and disrupting the operations of GBV service providers. GBV services were already particularly limited on the Greek islands. Government restrictions on travel and gatherings have forced **GBV service providers to temporarily close facilities and in-person operations, further limiting women's and girls' access to critical services**. While a number of service providers transitioned to remote ways of working, many **refugee and migrant women did not have access to mobile phones** (as these are typically controlled by male family members) and **women had low digital literacy**, restricting their access to remote support. It became particularly **challenging for partners to reach women and girls with whom they had no prior contact, affecting their ability to support or take on new clients**. The disruption of GBV services during COVID-19 had an impact on referral systems which became more reliant on personal connections between service providers rather than following established systems.

Adapting GBV Services: Emerging Good Practice

UNICEF and its partners worked together to adapt GBV service delivery in Greece during the pandemic. **Emerging good practice from the adaptations includes:**

- During the lead up to the first lockdown, UNICEF partners **consulted with women** on how they would prefer to stay in touch and communicate during lockdown.
- Partners **systematically gathered information** on which women had access to mobile phones, tablets or other digital devices, and what their preferred means of communication were. Melissa **provided tablets and data bundles to women** at risk of GBV, to be able to stay in regular contact with them.

- Partners **trained refugee and migrant women and girls in digital literacy and skills** and supported them to create emails and set up messaging apps.
- Melissa and Solidarity Now both **created digital 'safe spaces'** for women and girls. Melissa created online platforms for women and girls to share stories and concerns and socially interact during lockdown.
- Partners **responded to feedback** from refugee and migrant women and girls and adapted their activities and services accordingly. For example, Solidarity Now recognised that many older women were not comfortable using Facebook (which was the original site of their safe spaces), leading them to **develop a specific app that accommodated older women's priorities and needs**.
- Partners supported women to **establish informal support systems within their camp communities**, especially crucial when service providers' presence there was limited. Solidarity Now identified active women from their safe spaces to serve as a link between the organisation and women in the community.
- Partners **adapted in-person activities to follow government guidelines** on social distancing and gatherings. For example, in the periods between lockdowns, Melissa provided mental health sessions to smaller groups of 6-8 women at a time, while also continuing to run online classes.
- Partners continued to handle emergency cases and open GBV cases through **in-person support and home visits** and came up with new ways of staying in touch with women. For example, Solidarity Now launched a weekly magazine for women that was distributed door-to-door in the camps. This provided an opportunity for staff to **follow up on open cases of GBV** without targeting certain households.
- The General Secretariat for Family Policy and Gender Equality (GSFPG) **developed operational guidance for safe shelters during COVID-19** in collaboration with UNICEF. Critically, this came at an early stage of the crisis when there was a lot of fear around keeping shelters open.
- GSFPG **translated guidelines on teleworking case management and data protection into Greek**.



Country Focus: Italy

Context

In 2020, **over 34,000 refugees and migrants arrived in Italy** after risking their lives crossing the Mediterranean, an increase of 198% compared to 2019.²⁶ **Approximately 6% of new sea arrivals in 2020 were women.**²⁷ As of December there were nearly 80,000 asylum seekers and refugees in Italy's reception system, including 7,080 **UASC.**²⁸ By November, women and girls accounted for 20.8% of all asylum applicants in Italy and girls made up 44.6% of minor asylum applicants, **3.6% of whom were girls.**²⁹ By the time they reach Italy, refugee and migrant women and girls have already experienced high levels of GBV and are at increased risk of experiencing further GBV, including sexual exploitation due to trafficking.³⁰ There is significant regional variation in access to quality GBV services due to a fragmented system in Italy.³¹

COVID-19 Challenges to Service Delivery

UNICEF and its partners in Italy experienced a range of challenges in their GBV service delivery at different stages of the pandemic. This included **closing physical spaces and limiting in-person activities, particularly group activities, during lockdown periods.** Whilst partners transitioned quickly to remote or semi-remote support, allowing for continued case management, they found it **more difficult to build new relationships of trust** with women and young people online, particularly adolescent girls. It was also challenging to coordinate relationships with reception centres online. Women's and girls' **unequal access to mobile phones and the internet contributed to digital isolation**, as well as the physical isolation that migrant and refugees faced being confined to reception centres or their homes. Confinement meant there were often limited **private places** for GBV survivors to talk freely, even if they did have access to phones. Partners reported that in some cases, when lockdown restrictions were eased in May, **unaccompanied and separated girls in reception centres were still unable to access counselling support** as staff were reluctant to let them leave due to safety concerns. Some state-funded GBV services did not resume fully until several months later or were delayed. There were also **limited referrals for case management support** due to the disruption of other services.

Adapting GBV Services: Emerging Good Practice

UNICEF and its partners worked together to adapt GBV service delivery in Italy during the pandemic. **Emerging good practice from the adaptations includes:**

- **Young people were consulted and engaged through UNICEF's online platform U-report on the Move which**

UNICEF and partners working together in Italy

UNICEF and partners have **worked together to adapt GBV services** in response to the pandemic. UNICEF provided support to partners by **adapting, translating and sharing** key global resources and material on GBV and COVID-19. UNICEF and partners also continued to provide **remote psychological support** to GBV survivors and individuals at risks, applying the GBV minimum standards.

"We feel UNICEF is close to us and they helped us to implement changes every time the situation changed." -UNICEF partner, Italy.

increasingly included GBV related content. U-report launched Stay Home, with U-Report,³² a calendar of online social activities, and organised **live chats with psychologists and doctors** to give information on COVID-19 and stress management, with messages on how to access GBV support.

- **Remote personalised information was increasingly provided to U-reporters.** ARCI signposted U-reporters to other services and provided remote counselling.
- **UNICEF and partners integrated GBV into health service delivery.** The provision of health screenings, distribution of hygiene items, as well as information on COVID-19, was used as an entry point to reach those at risk of GBV by Intersos and MdM.
- Intersos **strengthened its in-person outreach** through mobile teams in transit areas, informal settlements and squats. With UNICEF's support it adapted its activities to respond to immediate health and GBV needs and provided emergency shelter, case management, and basic necessities.
- **Community engagement and consultation with women and girls was central.** Partners **quickly shifted to remote modalities to provide psychosocial support (PSS).** MdM activated a hotline number to provide remote counselling and psychological first aid (PFA). Centro Penc, which provides case management and individual PSS, transitioned to remote support.
- **Capacity development continued through remote modalities.** For example, Centro Penc worked with cultural mediators to strengthen their capacity to support GBV survivors, with UNICEF's support. MdM continued its capacity building programme on GBV remotely.
- UNICEF and partners continued to ensure that **GBV minimum standards in remote service delivery** were in place to ensure the safety and confidentiality of survivors.
- **Inter-agency coordination was strengthened. The Italian version of the GBV pocket guide was launched in partnership between UNICEF, IOM and UNHCR** to help frontline workers and responders provide support to GBV survivors and individuals at risk.³³ A practical tip-sheet with specific considerations on GBV and COVID-19 was also launched.



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Country Focus: Serbia

Context

In 2020, there were 24,250 new refugee and migrant arrivals in Serbia, around 17% of whom were children.³⁴ There has been a steady increase in the number of new arrivals in Serbia since summer 2019, intensifying further after the lockdown ended in the second part of 2020. Serbia is a country of transit for refugees and migrants, who mostly reside in governmental reception centres.³⁵ In April 2020, 9,100 refugees and migrants were housed in the reception centres³⁶, an increase of 200% compared to last summer.³⁷ There has been an increase in anti-migrant sentiments in 2020 and attempts to harass migrants and refugees.³⁸ Research carried out in 2019 by UNICEF partner the Adventist Development and Relief Agency (ADRA) found that refugee and migrant women and girls in Serbia are at high risk of GBV, including physical and sexual violence, often from intimate partners.³⁹ The national response to COVID-19 - including the state of emergency declared on 15 March and resulting lockdowns, curfews and travel restrictions - has increased these GBV risks because women and girls have been confined in reception centres for long periods of time. The army and police have been deployed to guard the centres, creating a hostile environment for women and girls who need support.

COVID-19 Challenges to Service Delivery

UNICEF and its partners experienced a range of challenges in their GBV service delivery at different stages of the pandemic. This included **closing physical safe spaces and limiting in-person activities during lockdown periods**. Throughout the pandemic UNICEF partners noticed an increase in the number of **unaccompanied and separated girls** in Serbia, as well as **more women travelling alone or with their children**, which increases their GBV risks and vulnerabilities, including their risk of trafficking and sexual exploitation. Whilst UNICEF's partners transitioned quickly to remote support, many refugee and migrant women and girls in Serbia do not have access to phones and reception centres do not always have stable internet connection. Some partners reported that it has also been **more difficult for illiterate and older refugee and migrant women in Serbia** to access remote GBV services. There have been some difficulties in tailoring the new remote modalities to some women and girls in particular, such as illiterate and older refugee and migrant women.

Adapting GBV Services: Emerging Good Practice

UNICEF and its partners worked together to adapt GBV service delivery in Serbia during the pandemic. **Emerging good practice from the adaptations includes:**

- Throughout the pandemic Info Park **continued its in-person outreach activities** with refugees and migrants on the

UNICEF and partners working together in Serbia

UNICEF and partners have **worked together to adapt GBV services** in response to the pandemic. For example, UNICEF regularly provided partners in Serbia with data on the number of women in the reception centres and compared this with the number of women they had on their social media groups to help them understand their reach. UNICEF also organised **knowledge exchanges** and **remote trainings** on COVID-19 and GBV.

“What was most beneficial for us was the tone UNICEF set – we want to continue, let us know what you will change, how you will adapt and how will you do this.” -UNICEF partner, Serbia.

move in Belgrade, including new arrivals, and in the camps in the south of Serbia.

- ADRA and Info Park **transitioned quickly to providing remote GBV support** to keep in touch with existing clients and reach new women. Both partners **set up GBV telephone helplines** for women and girls across the country. Within two weeks of the lockdown in Serbia, ADRA **established two online groups** (one in Arabic and one in Persian) where they shared information on COVID-19 and mental health. Info Park **set up Viber communities** where they also shared COVID-19 information and directly responded to questions from their GBV helpline.
- Whilst ADRA had to stop its in-person psychosocial support (PSS) activities during the lockdown, ADRA interpreters went into the centres to **provide interpretation support** for primarily health related services, including GBV cases, to replace interpreters who had left because of the pandemic. Through these interpreters, ADRA was able to maintain contact with existing clients and reach new women and girls.
- Info Park and ADRA **distributed dignity kits** in the reception centres. Items in the kits included hygiene products, information on COVID-19 and GBV, and contact information for further support, including their helpline number and what happens when a survivor discloses a GBV incident on the phone.
- Info Park and ADRA also **deployed long-term clients as community outreach leaders**, to share information about the availability of services to new survivors, especially those without access to phones.
- As well as sharing information in written form, Info Park and ADRA also **shared information in audio form** to reach illiterate women and girls, in direct response to feedback from clients.
- Info Park organised training for their staff from a **local feminist organisation** with experience running a GBV helpline. ADRA **trained their staff on how to provide psychological support on the phone**.
- UNICEF continued to play a crucial role in **coordinating the Child Protection (CP) Working Group** in Serbia, to analyse and update GBV and CP referral pathways impacted by the pandemic, share technical guidance and facilitate adaptation of CP and GBV services in the sector.

Conclusion

The COVID-19 pandemic and the measures taken to contain and mitigate the outbreak have contributed to an increase in GBV risks against refugee and migrant women and girls. Increased economic insecurity and difficulties accessing GBV and SRH care and support have further disadvantaged refugee and migrant communities, particularly women and girls. UNICEF and its partners in Bulgaria, Greece, Italy and Serbia have responded quickly to the emerging crisis, working together to assess and communicate GBV risks and adapt GBV service provision in coordination with service providers and institutions. Partners have listened and responded to refugee and migrant women and girls to help them tailor programme adaptations to meet their needs. With the support of UNICEF, partners in all countries were able to transition quickly to some level of remote service delivery, and many combined both in-person and remote support. Partners were creative in developing a variety of online and digital strategies to maintain contact with existing clients and reach new ones, for example setting up social media groups and online social activities. Crucially, a number of partners have been able to maintain their critical in-person activities, often because they were also delivering permitted 'essential services' in their country. This review had found that UNICEF and its partners have stepped in to fill a gap in the provision of COVID-19 information and basic necessities as CSOs' services were constrained, and government services were interrupted. In responding to the crisis, there has been a deliberate strategy of integrating GBV information into a wider package of support, including providing both GBV and COVID-19 information in multiple formats and languages and the distribution of dignity and hygiene kits. In engaging with refugee and migrant communities, partners have successfully built on existing relationships with long-term clients to raise awareness about their new remote modalities, the support that is available and to reach new clients.

Key Considerations

Throughout the pandemic, UNICEF has worked closely with its partners, providing technical advice and support, fostering coordination and collaboration across programme countries. The following highlights some key considerations for UNICEF for future programme learning and adaptations for GBV programming, based on the common lessons learnt from this review:

- Continue to support partners to effectively integrate remote support into GBV services. UNICEF has supported partners to adapt their GBV services quickly to include elements of remote support, helping them overcome significant barriers (infrastructure, cost, skills etc). Partners want to enhance some aspects of remote delivery throughout the pandemic (for example, diversify digital content to meet the needs of specific women and girls, support on digital skills for women and girls) and maintain elements of remote delivery further into the future.
- Continue to use multiple strategies/modalities for engaging GBV survivors during the pandemic and into recovery, incorporating elements of both in-person and remote service delivery. The transition to remote service delivery (for example through the establishment of hotlines, phone based GBV support and online groups) has been important in helping UNICEF and its partners maintain contact with existing clients and reach new survivors, however this cannot replace critical in-person support. Further work is needed to expand GBV services to those who cannot access remote support.
- Support partners to re-open physical safe spaces and resume in-person activities when it is safe to do so and in line with national guidelines and IPC measures. Despite the benefits of remote modalities, partners emphasised the importance of in-person activities in building and maintaining trust and relationships with GBV survivors, particularly new clients and new arrivals. In particular, it will be important to prioritise outreach to women and girls at increased risk of GBV and those who have been further marginalised during the pandemic, including adolescent girls. To ensure partners can continue to provide and/or resume in-person activities they need appropriate support to do so (e.g. PPE).
- Maintain a community-based approach and high levels of community engagement in further programme adaptations, learning lessons from successful strategies of integrating GBV into wider packages of support for refugee and migrant communities (for example GBV and health integration).
- Planning for an emergency and how to keep survivors safe. Programme countries have learnt a lot about how to respond in an emergency situation and can use this knowledge to be better prepared for a future crisis. In addition, refugee and migrant women and girls face difficulties in accessing GBV support during periods of confinement, making it important to update safety planning processes with survivors.
- Continue to support survivor and staff mental health and psycho-social support and wellbeing. Refugee and migrant communities have experienced increased levels of isolation, anxiety and stress during the pandemic, which UNICEF and partners have responded to in adapting GBV services. UNICEF and partner staff have also experienced significant stress and anxiety themselves during this period and UNICEF has provided guidance and tools, an important area of support for the future.
- As well as direct GBV service provision, continue capacity development support to frontline workers and continue advocacy for policy reform and social norm change to create a more positive enabling environment for the programme to operate, including during COVID-19 recovery.

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Endnotes

- ¹ The interviews were carried out in November 2020 by Social Development Direct and UNICEF ECARO.
- ² UNICEF. *Refugee and Migrant Crisis in Europe: Humanitarian Situation Report #31 (January – March 2019)*. March 2019.
- ³ UNHCR Serbia Update December 2020.
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ Supra note 2.
- ⁷ UNICEF. *Refugee and Migrant Response in Europe Situation Report # 35 (January-March 2020)*. May 2020.
- ⁸ Council of Europe. *Protecting the rights of migrant, refugee and asylum-seeking women and girls*. 2017.
- ⁹ Supra note 3.
- ¹⁰ UNICEF. *Child Protection Learning Brief #1*. August 2020; Erskine, D. *Double Jeopardy: The European Refugee and Migrant Crisis and COVID-19: Insights into the Emerging Impacts on Women and Girls*. GBVAoR Helpdesk. Undated.
- ¹¹ For example, in Greece the General Secretariat for Family Policy and Gender Equality (GSFPG), which collects data on people requesting support, has seen an increase in demand for GBV support during the pandemic. In Italy, an analysis of calls to the national anti-violence and stalking helpline showed an increase in demand during the pandemic. Information provided by UNICEF and partners as part of this review.
- ¹² For further information about the ‘shadow pandemic’ of violence against women during COVID-19 see <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>.
- ¹³ Erskine, D. *Double Jeopardy: The European Refugee and Migrant Crisis and COVID-19: Insights into the Emerging Impacts on Women and Girls*. GBVAoR Helpdesk. Undated.
- ¹⁴ Ibid.
- ¹⁵ Ibid.
- ¹⁶ Supra note 10 (UNICEF, 2020).
- ¹⁷ Ibid.
- ¹⁸ Supra note 13.
- ¹⁹ Ministry of Interior, Migration Statistics, December 2020. Available at: https://www.mvr.bg/docs/default-source/planiraneotchetnost/spravka_29-12-2020_internet.pdf?sfvrsn=addbdb27_2. Information for this case study was provided and translated by UNICEF Bulgaria.
- ²⁰ Supra note 3.
- ²¹ Ibid.
- ²² UNHCR. *Mediterranean Situation: Greece*. Refugee Situations Operational Portal. Available at: <https://data2.unhcr.org/en/situations/mediterranean/location/5179> [Accessed 4 February 2021].
- ²³ Supra note 3.
- ²⁴ UNICEF estimate based on secondary data analysis, September 2020. This analysis is based on UNHCR estimates as of 31 October 2020 of those who arrived and remained in Greece since the 2015 – 2016 flow.
- ²⁵ Cone, D. *Seeking Asylum in Greece: Women and unaccompanied children struggle to survive, Field Report*. Refugees International. February 2020.
- ²⁶ UNHCR. *Italy Weekly Snapshot – 31 January 2021*. Refugee Situations Operational Portal. Available at: <https://data2.unhcr.org/en/documents/details/84561> [Accessed 4 February 2021]; Supra note 3.
- ²⁷ Ibid UNHCR.
- ²⁸ Supra note 3.
- ²⁹ Ibid.
- ³⁰ UNICEF. *Gender-based Violence Programme. Italy – Refugee and Migrant Response*. November 2019.
- ³¹ Ibid.
- ³² Further information about U-Report on the Move and U-reporters are mobilizing to fight COVID-19 is available at <https://www.unicef.org/eca/stories/u-reporters-mobilize-fight-covid-19>.
- ³³ The GBV pocket guide is a resource for humanitarian practitioners on how to support survivors of gender-based violence who disclose in a context where there is no gender-based violence actor (including a referral pathway or GBV focal point) available in the area.
- ³⁴ Supra note 3.
- ³⁵ UNICEF. *Gender-based Violence Programme. Serbia – Refugee and Migrant Response*. November 2019.
- ³⁶ Supra note 3.
- ³⁷ This analysis was provided by UNICEF Serbia and is taken from consecutive UNHCR Serbia monthly updates for the period August 2019 to March 2020.
- ³⁸ Supra note 3.
- ³⁹ ADRA. *Room for Women and Girls: Female Voices from Refugees and Migrants in Serbia*. 2019.