



COVID-19 IPPF Innovation and best practice: Responding to gendered violence in a pandemic

One in three women worldwide experience physical or sexual violence during their lives, usually by an intimate partner or family member. Since the outbreak of COVID-19, emerging data and reports from those on the front lines have shown that all sexual and gender-based violence (SGBV), particularly domestic violence, has intensified. UN Women defines SGBV the shadow pandemic, which must be tackled collectively and globally.

“Despite the COVID-19 situation and the inability to travel from to Belgrade, SRH Serbia provided me with a free consultation with their psychologist during a lockdown, because of the psychological torture that I suffered from my now ex-husband. I am grateful for their full support which I get even today, one year from my first call when I decided to leave my husband and start over in my 40s.”

Grocka municipality, client, 40 years old

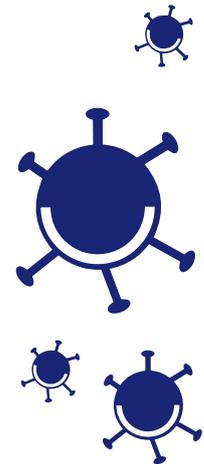
As COVID-19 cases continue to strain health services, essential services, such as domestic violence shelters and helplines, have reached capacity. More must be done to prioritize addressing violence against women and girls in COVID-19 response and recovery efforts. Responding to the pandemic is about rectifying long-standing inequalities and building a resilient world in everyone’s interest, with women and girls at the centre of recovery.

The initial findings of IPPF’s COVID-19 impact survey March 2020 indicated that high numbers of women and girls in Serbia were experiencing violence, and closures of critical community and sexual and reproductive health (SRH) services were increasing their needs for urgent protective care. IPPF Member Association, Serbian Association for Sexual and Reproductive Health and Rights (SRH Serbia), responded by expanding their gender-based violence support for women and girls needing specialised healthcare and protection.

This Learning Brief highlights adaptations and innovations through SRH Serbia’s plan for enhanced management of SGBV in response to the pandemic.

COVID-19 impact

In Serbia, a State of Emergency was declared in March 2020, leading to immediate restrictions and confinement. Economic hardship, increased childcare duties and multiple generations living in one home increased the likelihood of women and girls experiencing violence¹. Women accessing emergency psycho-social assistance (hotlines) increased by 30 per cent during the time (UN Women, 2020). Levels of violence increased; from January to August 2020, 16 women were murdered due to domestic violence, with four cases in May alone². For SRH Serbia, the strict quarantine measures reduced face-to-face services, but with SGBV incidents escalating and women's lives at risk, they acted fast to expand their essential healthcare services online.



Enhancing services in the pandemic

Lockdown measures ran for ten weeks, which resulted in limited access to health and social services. Many public health facilities became part of the government's COVID-19 response, leading to reduced services for SGBV survivors. SRH Serbia adapted their SGBV services quickly to a virtual setting by the end of March 2020. In response to the new waves of COVID-19 in July and August-October, SRH Serbia enhanced their activities, recognizing the difficulties for women to report cases of SGBV as they would have to stay with the abuser in confinement. Once lockdown was over, more cases were reported and SRH Serbia scaled up their tele-counselling and online drop-in spaces and other suitable platforms.

The specialized SGBV services provided by SRH Serbia through the online drop-in covered psycho-social, legal support and referral and SRH-related care. Many survivors reported their struggles to access assistance from state institutions and get information on services and protection during the curfew, and had difficulty accessing safehouses. Survivors often lacked privacy and called SRH Serbia in the early morning or late at night.



Protecting women with dignity

Demands for services and specialised care via SRH Serbia's online drop-in function increased, and extra staff were hired - a psychologist and gynaecologist to provide the online consultations. SRH Serbia created a safe online space for women and girls through Facebook chats and video calls, and SMS and email communication. Services also expanded to reach women and girls in rural areas without internet access and not supported by state systems due to inadequate legislation. SRH Serbia worked with partner organizations through weekly field visits for home-based support in Pirot, Kragujevac, Krusevac, Nis, Zajecar, Belgrade and all rural areas. These teams provide condoms and basic SRH educational information working under COVID-19 protection measures.

SRH Serbia saw the immediate impact of their services, reaching women and girls needing urgent care. Services saw a 43 per cent increase in the first two months after lockdown through the online drop-in spaces. Twenty civil society organizations, including SRH Serbia, received over 3,000 calls (SOS hotline, Facebook, and emails) and provided almost 6,000 services to 2,300 women in April–June 2020 alone. SRH Serbia field workers and consultants reported a 92 per cent increase in SGBV consultation services compared to 2019.

Key challenges

- SRH Serbia shifted immediately to online work, but extra consultants had to be engaged to meet the high demands for services.
- The availability of internet networks in rural areas is limited. SRH Serbia would use SMS alerts for women to contact SGBV consultants but were not always successful. The partner organizations would then reach women and girls by providing field visits respecting all COVID-19 measures.

Lessons

- The COVID-19 pandemic is helping direct much-needed attention to SGBV, especially the hidden epidemic of intimate partner violence.
- The government should ensure women and girls affected by SGBV are able to access organisations providing the complete package of SGBV protection that includes both essential SRHR and social services.

Next steps

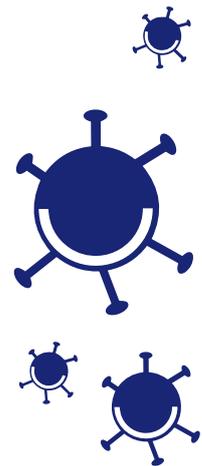
- SRH Serbia continues to provide free SGBV consultation services so more women can access them when they need.
- A new Telehealth platform is being developed and integrated into SRH Serbia's website, including a virtual Youth Counselling Centre. The platform will offer services from doctors, gynaecologists, and consultants to provide online consultations.
- SRH Serbia can expand access to these platforms (Online Drop-in and Telehealth) to reach clients in rural areas. These online services, besides consultation, will provide education (online educational texts, e-learning courses, videos) to reach people in new ways.
- SRH Serbia is also training young volunteers to provide virtual counselling, education, and information services to their peers.

Recommendations for SRH services, governments, and civil society organizations (CSOs)

- SRH service provision must include innovative approaches to prevent and respond to SGBV and other health needs arising during pandemics, such as online consultations, support and counselling, digital self-assessment via smartphone applications, information hotlines, and remote provision of medications and contraceptive commodities. Services must be expanded to provide a holistic continuum of care and protection with access to safe spaces, shelters, and essential housing alongside psycho-social support for those at risk experiencing SGBV.
- Governments should put women's safety first and protect them if at risk of violence. National emergency preparedness plans must include access to essential SRH services with SGBV care and prevention that is resourced and available when needed. Strong referral mechanisms and services must protect survivors in lockdown without alerting their abusers and provide options to access alternative housing and shelters when needed. All SGBV services must focus on innovative approaches to increase access safely and include self-care protocols and SRH related telehealth interventions and online resources.
- Governments and other service implementers, including CSOs, must collect sex, age, and disability disaggregated data to understand the differential impacts, barriers and risks faced by different groups within an affected population and take appropriate action to ensure better SGBV care and protection.
- CSOs must continue to advocate for increased funding to organizations that support SGBV survivors and must call for the police and judicial systems to protect women in crisis and beyond.

“Women and girls were suffering in the pandemic. National systems like health and protection just shut overnight if it was not COVID-related. For SRH Serbia gender-based violence was the greatest issue for us in society to tackle. We moved fast by switching our care to online. Providing safe spaces meant that we could give women the flexibility they needed and felt most comfortable. We have learned so much and will expand to integrate our services where possible online and offline.”

Dragana Stojanovic
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Endnotes

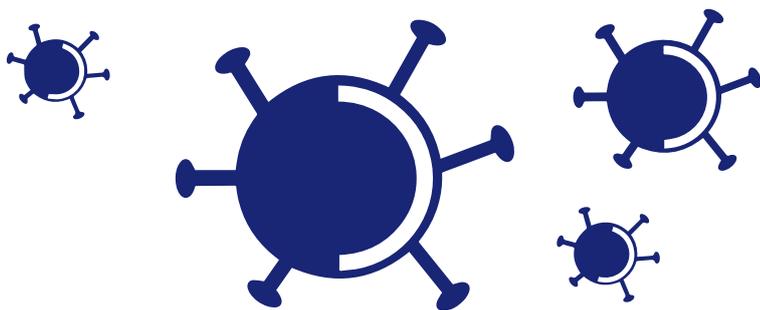
- [1] UN Serbia COVID-19 Socio-Economic Impact Assessment-Serbia (Sept 2020) [accessed March 16 2021] online [COVID-19 Socio-Economic Impact Assessment | United Nations in Serbia](#)
- [2] N1 news (Serbian) April 2020 [accessed March 16 2021 (online) 16 women killed in domestic violence in Serbia this year] <https://rs.n1info.com/vesti/a632163-zene-ubijene-u-porodicnom-nasilju-u-srbiji-2020/>

IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: [COVID-19 Survey Results | IPPF \(ippf-covid19.org\)](#)

IPPF COVID-19 Impact survey 2 June 2020: [COVID-19 Round 2 Survey Results | IPPF \(ippf-covid19.org\)](#)

IPPF COVID-19 Impact survey 3 November 2020: [COVID-19 Round 3 Survey Results | IPPF \(ippf-covid19.org\)](#)



About SRH Serbia

The Serbian Association for Sexual and Reproductive Health and Rights (SRH Serbia/SRHS) was founded in 2002. It aims to improve the sexual and reproductive health (SRH) status of young people through advocacy and the practical delivery of services.



Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

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Image 1: Serbia/ IPPF/ Proudfoot
Image 2: Serbia/ SRH Serbia
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