



CONEX Balkan Project Rapid Gender Analysis Report

Western Balkan Region – Albania, Bosnia & Herzegovina,
Kosovo, Montenegro, North Macedonia, and Serbia

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Contents

Abbreviations.....	1
Executive Summary	2
Key findings.....	2
Key recommendations.....	3
Introduction	4
Preparation & Methodology	5
Findings and analysis.....	9
1. Gendered Division of Domestic Labor (Aspirations & Ambitions aspect included).....	9
2. Decision-Making within a Household	14
3. Access to Employment.....	15
4. Access to Public Spaces & Services	17
Conclusions	18
Recommendations	20
Annexes	22

Abbreviations

ADA	Austrian Development Agency
BiH	Bosnia and Herzegovina
CARE	Cooperative for Assistance and Relief Everywhere
CSO	Civil Society Organization
ER	Expected Result
FGD	Focus Group Discussion
GA	Gender Analysis
GBV	Gender Based Violence
GE	Gender Equality
GEF	Gender Equality Framework
GEWE	Gender Equality and Women's Empowerment
IDPs	Internally Displaced Persons
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability & Learning
NGO	Non-governmental Organization
PWD	Persons with Disabilities
RC	Red Cross
RGA	Rapid Gender Analysis
TOC	Theory of Change
WB	The World Bank

Executive Summary

CONEX is a regional project implemented in six Balkan countries designed to support the marginalized groups of people in the targeted communities that have suffered the most during the Covid-19 crisis, namely the **elderly, unemployed women, minorities, refugees, internally displaced persons (IDPs) and persons with disabilities** to transition from relief to recovery and onwards to development.

The **Rapid Gender Analysis (RGA)** has been conducted to provide essential information about gender issues and concerns that should be addressed and will not only be used to define concrete action points and possible adaptations of project design but also as a learning tool and advocacy platform with national NGO networks and local/national authorities. The RGA **objectives** are to:

- Assess the ways and the extent to which women and other vulnerable groups are affected by social and economic deprivation due to consequences of the COVID-19 crisis;
- Explore how the prevailing gender norms and roles relate to the project activities and objectives, in particular with regard to the access to information, ability to access services, employment and effects of gender based violence (GBV) and
- Increase the gender analysis and integration related capacities of project staff (gender-sensitization, RGA data collection training).

The RGA was conducted in the period May-October 2021 and consisted of three main segments facilitated by the CARE team: 1. Capacity building of partners on gender and how to conduct the RGA; 2. Coordination of data collection, analysis, and validation 3. RGA report writing.

In total, 28 implementing partners' staff members from nine organizations in 21 locations in six target countries organized and facilitated **53 events** (focus group discussions - FGDs and key informant interviews -KIIs) during which they directly talked to **195 persons** (66% female), **21% ethnic minority** (Roma and Ashkali), over **29%** persons from **rural areas** and **11% persons with disabilities** – PWD.

Particular attention was paid to discussing the **intersectionality** of gender with other diversities that this intervention is addressing. Therefore, the aspects of **age, disability, ethnicity** (minorities) and **urban/ rural** locations have been included into the equation when deciding about the content of the final tools as well as the skills and standards required for the data collection (principles of do no harm, inclusivity, and ethical issues). The following areas of inquiry were used as the basis for the data collection and analysis:

- Sexual/Gendered Division of Labor (Needs, Aspirations & Ambitions)
- Household Decision-Making
- Access to Employment
- Access to Public Spaces and Services

Key findings

- **Patriarchal norms, roles and behaviors** are still prevalent in the region, as is a strong division of 'male and female work/tasks'.
- **Domestic work done by women** and girls is not perceived as real work and is taken for granted as such.
- The pandemic and restrictions have **disproportionately affected vulnerable groups** at all levels (livelihoods, mental health, social contacts).
- The **availability of employment opportunities has worsened** during the pandemic, but interest in self-employment is high among both women and men.
- The **RGA development process was participatory and transparent**, and helped build partners' capacity to **incorporate gender perspectives** into programming.

In addition, questions related to the 'Aspirations for Oneself' areas of inquiry, as well questions on how Covid-19 affected the personal and professional lives of the participants as well as communities were integrated into the questions for small group discussions as well as the individual interviews.

Key recommendations

The following key actions are recommended to the CONEX team to guide future planning and project implementation to better integrate the diverse perspectives and needs of people of all genders, ages, physical and mental abilities, ethnic backgrounds, and geographic locations. One set of the recommendations applies to all partners and the project as a whole and the second relates more to specific result areas and partners:

- **'Be the change you want to see'**: Sensitize staff and build capacity to ensure that those who implement CONEX contribute to a more just and equal society by 'walking the talk'.
- **Ensure gender integration in the project cycle** and take into account the Do NO Harm principle.
- **Develop adequate complaint and feedback mechanisms** at the project and community level with implementing partners to build trust, encourage participation, and support transparency and accountability.
- **Train staff and apply where appropriate new methods and tools** (CARE's CSC method [Community Score Card](#); SAA tool [Social Analysis and Action](#) and the EMB approach([Engaging Men and Boys](#)).

For specific result areas:

- Make sure that within the **Cash & Voucher Assistance** transaction is transferred to the woman's bank account, as she is mainly responsible for daily expenses (ensure 'do no harm') and that for the **In-kind Assistance & Cash for Work & Medical Assistance** the different needs of the vulnerable ones (women/girls, boys/men, persons with disabilities, ethnic minorities, and the elderly) are prioritized. For the **home care, psycho-social assistance, and referrals to (public) services engage both** the service users (the vulnerable population) and service providers/relevant stakeholders as allies in the design, planning and implementation of activities.
- When it comes to **home-based care and soft skills to vocational training and business development and grant implementation**: a) strengthen not only women's knowledge, skills and abilities to carry out the planned tasks, but include activities aimed at **building self-confidence, self-esteem and ambition**; b) if deemed safe **challenge patriarchal gender roles and norms related to task sharing/household decisions** and sensitize them to placing women at the center of interventions to prevent possible exacerbation of domestic violence/GBV incidents due to changing power; c) **consider employing men** in jobs traditionally perceived 'female jobs' to become role models and allies and be part of the solution rather than a 'problem'.
- **Involve service providers/local authorities as allies**: Help them understand the different perspectives and needs, share findings and recommendations based on the assessment in a constructive and collaborative manner, and act as a facilitator by connecting them with communities/groups in need; when sharing knowledge and **organizing learning events** plan to ensure that target groups are adequately represented at all events on specific topics that affect their lives.

Introduction

Background information - About the CONEX Project

CONEX is a regional project, which is being implemented in six Balkan countries over a 24-month period (1 May 2021 through April 2023). With a combination of **humanitarian and long-term development** activities it has been designed to support target groups to transition from relief to recovery and onwards to development. The intervention intends to reach the marginalized groups of people in the targeted communities that have suffered the most during the Covid-19 crisis, namely the **elderly, unemployed women, minorities, refugees, internally displaced persons (IDPs) and persons with disabilities**. The key issues the intervention is addressing revolve around lack of food, medication and other essential supplies, deterioration of economic conditions as well as isolation and the lack of access to social services. The project does not only provide **immediate relief to the COVID-19 crisis**, but also lays the **foundations for longer-term benefits regarding the resilience to the pandemic**. This is being done through different sets of activities in the target communities that are intertwined and mutually reinforcing like for example: cash for work activities which will foster solidarity within local communities, home care support which will enable older persons to have better access to social services and medical care, and training and mentoring opportunities aimed at supporting long-term unemployed women to gain self-confidence and contribute to their family income. The intention is also to raise the awareness of relevant stakeholders on issues of discrimination and regarding the impact of the crisis on marginalized groups by advocating for measures to improve the current situation. As a result of these activities,

'The target groups will have improved their psychosocial wellbeing, be better equipped to cope with their economic situation and know where to look for social support both in their neighborhood and with public services.'

The **CONEX Consortium operates in six Western Balkan countries** under the lead of Caritas Austria: Caritas in Albania and Kosovo, Mother Teresa Society in Kosovo, Red Cross in Montenegro, and North Macedonia, and Diakonie with local partner Philanthropy in Central and Western Serbia. In Southern Serbia and Bosnia-Herzegovina (BiH) CARE is working through three local partners and two social enterprises: 'Nexus-Vranje', 'Otaharin' with 'Agroplan' and 'Buducnost (Future)' with 'Eco-Future'.

According to the numerous reports from the Balkan region and the project proposal, **the socio-economic situation in the region** was not perceived as optimistic and prosperous even before the pandemic when it comes to employment, access to services and equal rights. Nonetheless, the Covid-19 has only worsened the level of unemployment causing the target countries to dive into a deep recession. In late 2020, the [World Bank](#) estimated that in Albania, Kosovo, Montenegro, and Serbia the **pandemic related crisis** had pushed over 300.000 people into **poverty**. These problems are likely to increase the risk **for marginalized groups** in society such as older people and/or people with disabilities, minorities as well as rural and poorly educated women and girls of facing additional **discrimination and isolation**. This state of affairs was also confirmed by [CARE's assessment on the Covid-19 situation](#) conducted in late 2020 in Bosnia and Herzegovina, Montenegro, North Macedonia, and Serbia when all respondents reported the need for basic food items and a severe lack of soap, disinfectants, and masks. Looking at the economic and social impacts of COVID-19 on the region and the prospects for sustained recovery amid uncertainty, the World Bank emphasized in its latest issue (No. 19) of the [Regular Economic Report](#) from spring 2021 for the Western Balkans that:

'The pandemic halted a decade of progress in boosting incomes and reducing poverty in the countries of the region... Policy efforts in the region need to stay tightly focused on fighting the pandemic, limiting social damage, and nurturing recovery.'

All six CONEX countries are on the road to EU membership, four have candidate status and two are considered potential candidates. In addition to the socio-economic situation, it is important to note that all project countries have a far-reaching and comprehensive legal framework to combat discrimination and promote gender equality, but its implementation in practice is constantly challenged by prevailing patriarchal norms.

The Rapid Gender Analysis Purpose & Objectives

In line with **the Austrian Development Agency's (ADA) social and gender standards** and its **gender responsive approach** to the interventions it funds, the CONEX project's Rapid Gender Analysis¹ (RGA) has been conducted in all target countries in the inception phase in order to provide essential information about gender issues and concerns that should be addressed in CONEX programming. In this case, the data collected will not only be used to define concrete action points and possible adaptations of project design but also as a learning tool and advocacy platform with national NGO networks and local/national authorities.

The data gathered in the project design phase have shown a clear picture of how the COVID-19 crisis has exacerbated existing gender inequalities to the disadvantage of women. Hence, more than 60% of project participants (beneficiaries) are planned to be women. In that light, the RGA **objectives** are to:

- Assess the ways and the extent to which women and other vulnerable groups are affected by social and economic deprivation due to consequences of the COVID-19 crisis.
- Explore how the prevailing gender norms and roles relate to the project activities and objectives, in particular with regard to the access to information, ability to access services, employment and effects of gender based violence (GBV).
- Increase the gender analysis and integration related capacities of project staff (gender-sensitization, RGA data collection training).

Guided by CARE gender experts familiar with the thematic focus as well as the Balkan context, CARE's gender approach and tools were used for the partner staff training, data collection and the analysis to ensure all the activities are being assessed through a gender lens and the recommendations directed at the gender integration across the project cycle to the extent possible.

Preparation & Methodology

The CONEX project Rapid Gender Analysis was conducted in the period May-October 2021 and consisted of three main segments facilitated by the CARE team: 1. Capacity building of partners on gender and how to conduct the RGA; 2. Coordination of data collection, analysis, and validation 3. RGA report writing.

In the **preparation** phase, 25 selected representatives of the project implementing partners attended a two-day on-line **workshop** divided into four four-hour sessions (May). Since the workshops were highly participatory and interactive and contained a fair portion of small group discussions and exercises, dividing it into shorter sessions has ensured better attendance and more active engagement of the participants. While the first workshop was more generic and addressed the foundations of gender and gender equality, gender analysis and integration of gender into the programming, the second was

¹ A gender analysis is a study which seeks to identify how general or specific issues and contexts affect men, women, girls and boys differently in their life conditions.

specifically focused on the tools, approaches, and methodology for the upcoming gender analysis that the partner staff would themselves be using during the data collection phase.

These online encounters also included sharing of CARE tools² and testing them within the CONEX context. The participants are now familiar with [CARE's Gender Equality Framework -GEF](#) (page 7), according to which women and girls can realize their rights and people of all genders and at all life stages can live in gender equality if we simultaneously work at three levels: building agency, transforming structures, and developing relations. In practice, CARE always seeks to be three-dimensional and informed by context-specific power dynamics since the power imbalances are seen as the main cause of poverty and social injustice. We recommended the same approach to our partners as well. The CONEX partners were given the opportunity to expand their skills on how to assess the level of gender integration across the project cycle, from gender unaware to transformative. In addition, the areas of inquiry for the RGA have been discussed and agreed upon as well as the draft data collection tools developed. The **methodology** gathered a range of primary and secondary information to better understand gender roles and relations at the project start so that partners can take them into consideration during the implementation. After presenting the recommended tools and the core **areas of inquiry** according to [CARE's Good Practices Framework](#), the partner representatives managed to identify the most relevant thematic areas for the research/analysis and agreed on the three key methods of data collection as the most suitable ones for this assignment: Focus Group Discussions (**FGDs**), Key Informant Interviews (**KIIs**) and the **Secondary Data Review**.



CARE's Good Practices Framework

Particular attention was paid to discussing the **intersectionality** of gender with other diversities that this intervention is addressing. Therefore, the aspects of **age, disability, ethnicity** (minorities) and **urban/rural** locations have been included into the equation when deciding about the content of the final tools as well as the skills and standards required for the data collection (principles of do no harm, inclusivity, and ethical issues). Since not all of the partners are expected to implement the same type of activities nor are they targeting the same type of audiences, not all of them necessarily considered the same lines of inquiry. Hence, partners adapted their selection of areas of inquiry to best correspond to their audiences and areas of activity (for example, five partners specialize in elderly care and so included a line of inquiry which focused on relevant services such as home care visits to the elderly).

² CARE's Gender Marker Guidance and Vetting Form (as self-assessment tool): <https://insights.careinternational.org.uk/in-practice/care-gender-marker>

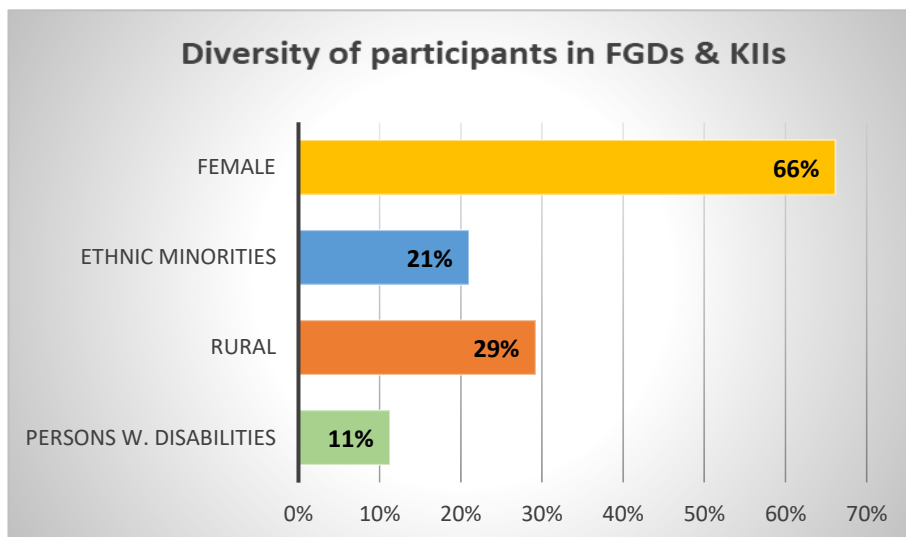
Partners shortlisted the following four key areas of inquiry:

1. Sexual/Gendered Division of Labor (Needs, Aspirations & Ambitions)
2. Household Decision-Making
3. Access to Employment
4. Access to Public Spaces and Services

In addition, questions related to the 'Aspirations for Oneself' areas of inquiry, as well questions on how Covid-19 affected the personal and professional lives of the participants as well as communities were integrated into the questions for small group discussions as well as the individual interviews.

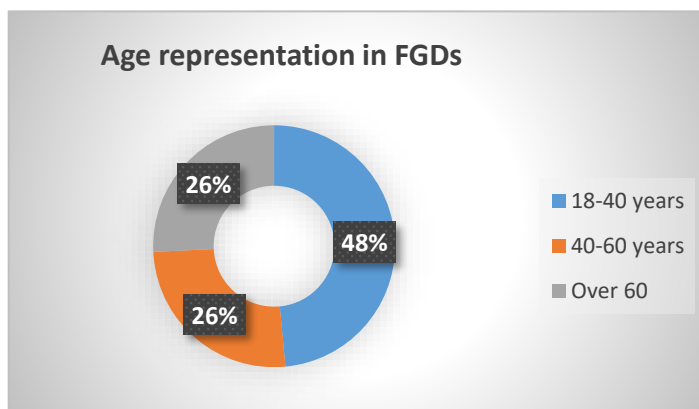
As far as the **division of duties** in this very segment is concerned, CARE was in charge of facilitating the discussions on the selection of the areas of inquiry and finalizing the developed draft tools based on the suggestions provided by the partners. The partners, on the other hand, were required to adjust the generic FGD and KII templates to their specific needs, translate them, train their enumerators, organize and conduct the interviews and the discussions, identify the most relevant secondary data resources for review (laws, policies, evaluations and reports, etc.) and finally, summarize the responses and submit the data to CARE in two forms: the consolidated data and the data sources templates.

In total, 28 implementing partners' **staff members** from **nine organizations** in **21 locations** in six target countries organized and facilitated **53 events** (focus group discussions - FGDs and key informant interviews -KIIs) during which they directly talked to **195 persons** (66% female), **21% ethnic minority** (Roma and Ashkali), over **29%** persons from **rural areas** and **11% persons with disabilities** - PWD (*Annex1: Primary Data Sources*). Here is an illustration of how the data collected reflect the diversity and intersectionality issues relevant to the CONEX project:



- **Focus Group Discussions:** 21 FGDs were held in 14 locations. In total 163 persons took part (105 F/58M); 22 of them (16.6%) were people with disabilities and 36 (22%) were minority participants - all representatives of the Roma and Ashkali communities. As far as the age groups are concerned, almost half of the participants were from the 18-40 age group and the other half was equally divided between the 40-60 and over 60 years of age groups. During the discussion, the participants were invited to share their opinions, beliefs, practices, and attitudes regarding the areas of inquiry related topics specific to their day-to-day lives in their communities: different needs and vulnerabilities of men, women, boys and girls, roles and responsibilities amongst them, the division of labor and the decision- making process in their households as well as the access to employment. They were also

invited to reflect on the changes connected to the pandemic and the effects it has had on them. The composition of the focus groups varied from one organization/country to the other, but the partners organized it based on their first-hand experience with the context and the target groups. Nine FGDs were held with women only (like unemployed women, Roma women etc.) seven with men only, (including Roma men, elderly men with a disability etc.) and five focus group discussions were held with mixed sex/gender groups, like the NGO community representatives in a certain location or caregivers for the elderly.



- **Key Informant Interviews** were held with 32 persons (24F/8 M), five Roma/Ashkali as minority representatives included. The intention was to speak to different people (*Annex2: List of the Interviewees*) who play a role and have unique insight into public service provision or functioning of the civil society to gather information about changes within the communities as a result of the pandemic in terms of available public services and support, and any current protection risks and concerns. The partners talked to a wide range of local government and civil society actors, mainly the heads/directors or deputies of the centers for social work, employment bureaus and/or public health centers, doctors/epidemiologists and nurses, protection officers of the municipal crisis centers in charge of coordinating the pandemic response, school psychologists and hotline counselors.
- **Secondary Data Review:** Partners identified and drew valuable information from 43 different resources to confirm, justify and expand on what has been collected on the relevant areas of inquiry and their specific topics of interest through other tools and methods. The main sources used were official government data from laws, policies, strategies and action plans (on national and regional/local levels) on poverty reduction, gender equality, social protection, minority rights, violence, health and employment. There was a significant number of international assessments and articles on the Covid-19 impact on the countries of the region as well as a few local CSO networks' special research reports (*Annex3: List of Secondary Literature*).
- The RGA had several **limitations** which include: the process of data collection turned out to last longer and be more challenging for the partners than expected. Namely, on the one hand, not all of the selected local government representatives and those of the relevant public institutions were available due to the summer holiday season and on the other, a couple of partners struggled with their own capacities for the same reason. In addition, none of the partners (apart from Nexus, Otaharin and Buducnost/Future) had conducted a gender analysis before and most had few to no experience in gender. A couple of partner representatives also pointed out language barriers when discussing technical issues related to gender and data collection. The first challenge was addressed by adjusting the timeline to the partners' requests and the second by having additional exchanges in the local language. It is evident that the official relevant statistics on the number and composition of the population in the targeted communities is either lacking or outdated. Partners might consider addressing this issue during the project baseline process, if feasible.

Findings and analysis

In this section, we present the findings from the data collected in FGDs, KIs and secondary literature review with regard to the four key areas of inquiry that were shortlisted by CONEX partners and that have been assessed in terms of specific needs for women, men, boys and girls as well as the marginalized and vulnerable community members, in particular the elderly, people with disabilities and ethnic minority members.

1. Gendered Division of Domestic Labor (Aspirations & Ambitions aspect included)

Roles and Responsibilities

The responses collected reiterate that patriarchal norms and behaviors still prevail in the region. The FGD participants report minor differences between rural, urban and minority (Roma/Ashkali) communities when it comes to the division of labor within a household. The majority agrees that there is still the traditional, typical female-male job division at play in most of the locations. This means that women bear the biggest burden with regular, everyday tasks from taking care of the entire family, namely children and the elderly, and household chores, such as preparing meals, washing, ironing, running errands, and gardening. In the rural areas they also tend to be responsible for feeding the livestock, milking cows, and preparing cheese or other homemade products. In most of the cases, men are those who are engaged in paid work and bring money home.

Domestic labor performed by women and girls is not perceived as real work and as such is taken for granted. While employed women claim that they work full double shifts, at work and at home, some unemployed women believe that if they were employed full time, their family members would take over some of the everyday household tasks and duties. Some female participants also mention that they became main caretakers when a child, a husband or the parents suffer from serious, long-term mental or physical health conditions. This is also corroborated by a psychologist from Kosovo who said that despite a few social changes in the family or community functioning, mostly women are still expected to support their families (or provide intensive care for relatives with specific needs) which negatively affects their access to employment and educational opportunities as well as social life.

Roles and responsibilities at home

There are more female than male household tasks. I would help my wife do the household chores when she is sick, for example.

The other day, while I was in my backyard hanging out the clothes to dry, my neighbor (she) approached me and started yelling that I should not be doing that since I am a man.

Male participant, Montenegro

Men usually work in the field or in formal employment (like in offices, service shops or factories). In urban areas, they are a bit more likely to share some of the household chores if their wives are also employed. At home, husbands typically do the repair work in and around the house, car maintenance, even vacuum or take out the garbage sometimes. They also report participating more in household task if their wives are sick. Only in a very small number of cases do respondents report an equal division of domestic labor between men and women in the household.

Girls' and boys' main task across the region is to attend school. It is more likely girls would help mothers and grandmothers with the house chores than boys. In rural areas, they both help more with everyday tasks than in the urban areas where they are more socializing or active on social media. Even when they grow up and leave home, working girls would visit more often or help the family financially.

Although a more equal division of duties has been reported by several FGDs with participants from the urban areas and as claimed, less conservative families, a strong division of 'female and male' work is still deeply rooted in Balkan societies.

Control over Resources & Property Ownership

In the Balkans, both the husband and the wife can own property, and most of the key stakeholders agreed that they usually make joint decisions about the family's resources. No significant changes were reported in this area during the pandemic. However, a few social workers explained that the power dynamics in many aspects of daily life might be somewhat different from what is promulgated:

'Even when decisions are made collectively, men's voice is slightly stronger due to prevailing traditional norms' and 'Men are 'louder' and more dominant and therefore have more power.'

To a lesser extent, and more relevant to rural and more conservative communities, the oldest male member of the household owns the property and gets to decide how the family budget is spent. In addition, in some Roma communities where more than one generation lives under one roof, mothers-in-law tend to play an important role in household and property decision-making.

Most significant Changes and Needs of Communities since Covid-19

The pandemic has affected the daily lives of the CONEX communities on multiple levels, socially, economically, and health-wise, just as it has in the rest of the world. In addition to the anxiety and fear of life-threatening infection and the **loss** of family members and friends to the pandemic, participants shared their **frustration** with the **lack** of financial security due to job loss or change in working conditions and the inability to plan for the longer term, pay off debts or mortgages. The lack of income forced many into reliance on inadequate and/or irregular financial support from the government. Furthermore, **isolation** and the **inability** to socialize and adhere to established, reassuring routines created additional pressures that unfortunately led to a lower quality of life and, in some cases, **deterioration** in mental health. Several participants mentioned that men often manifested their frustration through negative coping responses such as aggressive and violent behavior at home. One of the key stakeholders reports an apparent increase in incidents of gender-based violence in 2020 (40% in Pristina), some with fatal consequences for the women involved, as well as cases where family structures have broken down due to the exceptionally stressful circumstances.

On Covid-19 Prevention

I advise everyone to get vaccinated, and so reduce the virus circulation in the population and contribute faster to lifting of the restrictions. If vaccine sceptics continue resisting immunization and the prescribed measures, we'll have to deal with high morbidity and mortality rates for much longer.

Biljana Popovic, Medical Doctor, Public Health Institute, Vranje, Serbia

The pandemic **worsened** the already **dire living situation** of the elderly and persons with disabilities, as well as the Roma and Ashkali minority and the unemployed women, especially in rural areas. While the health concerns of the persons with disabilities were put more or less on hold due to the pandemic issue, this group of people was more affected by isolation and social distancing than the rest. They tended to be early retirees and on very low incomes/social assistance, and if they lived alone, they had no one to visit them or help them with daily tasks. Many confirm that they would not have survived without the help of the local and international civil society organizations and governance assistance program no matter how symbolic they were. As for the Roma and Ashkali, they are mainly employed in the informal or low-paid jobs that were terminated and they could not travel and find a job elsewhere. There was no adequate support system for the unemployed women who were expected to care for infected family members and

deal with increased cost of living (for example: transport challenges, non-prescription drugs). As the head of Social Welfare in Pristina said,

‘In any crisis, the most vulnerable communities are the first to pay the price, and the same happened with the recent Covid-19 pandemic.’

In Bosnia and Herzegovina, for example, the government didn’t create any specific measures or support programs to address the impact of Covid-19 in marginalized communities (Roma population, women victims of violence, women in rural areas, people with disabilities and similar groups). Therefore, in its [2020 Report CARE](#) invited the government to introduce concrete, supportive measures targeting vulnerable population groups in BiH in order to reduce the dependency of those groups on non-profit non-state actors such as local CSOs to sustain their basic needs.

Challenges in the Rural Areas

Both men and women need medical care, which is not available in our village, we have to go to the nearby town of Kraljevo.

There is also no public transportation. The roads are inadequate and the main bridge connecting the village to the surrounding communities was demolished in the June 2020 flood and is still not repaired.

There are no social services at all in the village. We do not have access to public water supply but use wells.

Female participant, Serbia

The **service providers** interviewed, such as social workers, psychologists, crisis center staff, doctors and nurses, and city government representatives, all describe a system reset, a reorganization that has taken place to best meet the demands of the crisis. They report **increased pressure and lack of capacity**. An enormous number of people needed their help due to financial and/or severe mental and physical problems, and at the same time they had to learn to adapt to changes in their own family dynamics (e.g. working from home and home-schooling). Although direct contact with people is crucial to their work, many were unable to do so and had to try to reach their beneficiaries in any way possible, such as by phone, Viber, and other online platforms. In Serbia, for example, the National Employment Service responded by securing additional health workers and

state assistance for employers by supporting the payment of minimum wages and benefits, thus stopping or at least delaying the dismissal of workers. In Pristina, the number of requests for basic food and non-food items as well as shelter is 20% higher than before the pandemic and the workload is more than four times higher (from a standard 50 cases per social worker to up to 230). UNDP Gender Equality Specialist in Skopje, North Macedonia, Zaklina Gestakovska Aleksovska, stressed that even in normal times when there is no pandemic, it takes an incredible seven years for a person to report an act of violence to the relevant authorities, and that it is therefore crucial to work intensively with different tools online and offline to overcome the hurdles in a meaningful way.

Overall, the following main **needs** were mentioned: Basic food items (food, hygiene kits, medical masks and disinfectants), adequate information/awareness campaigns about the pandemic, improved technical/mainly computer related skills and equipment/Internet access for both parents and school children (particularly relevant for minorities and rural communities), psychosocial support, home care assistance for the elderly and people with disabilities as well as hotlines for reporting cases of violence, and adequate shelter facilities and capacity. The unemployed men in the North Macedonia discussion

Provision of Services

Through its work in the field and in collaboration with volunteers from the Municipality of Vukosavlje, staff of the Center for Social Work visited elderly people who were unable to care for themselves and were also in a state of social distress. They jointly distributed food packages and obtained medication for them.

Dragana Katanic, Center for Social Work, Vukosavlje, BiH

believe that securing a job for at least one family member would be much more beneficial to the community as a whole than having people live on the government assistance program, which ranges between one-seventh and one-tenth of an average monthly salary. They also suggested the introduction of vouchers for school-age children as a possible way of providing targeted support, as well as the introduction of extracurricular classes for young people in high school on how to help people with various disabilities. This would on the one hand empower them and strengthen their capacity to act (increased agency: self-confidence, self-esteem, new skills) and on the other hand promote the culture of volunteering in society.

In terms of **gender roles and division of tasks**, according to [UN SDG](#) on Gender Equality, women already spend about three times as many hours as men in unpaid domestic and care work and bear additional household burdens during the pandemic. This also appears to be true in the Balkan context. However, according to Edona Shala and her [blog](#), there is some light at the end of the tunnel as to whether or not the pandemic will bring about a change in the division of household tasks

'It is certainly too early to say for sure how the pandemic will change the balance in the long run, but a series of new studies show that while women continue to do the bulk of housework, men are doing more than they did before the pandemic. And that can lead to a lasting change.'

Aspirations & Ambitions

In the focus group discussions, participants were asked to reflect on their personal lives and those of their communities and to express what they would change if they had the opportunity to do so, as well as what it would take to make those changes.

At the **personal level**, all FGD participants would like to improve their living conditions, have a permanent house and a job in order to be financially afloat and independent as well as ensure better future for their children in terms of education and employment opportunities. The responses varied slightly depending on the group composition, as described below. **Women** would like to:

- Take better care of themselves, including better health care, would not get married, but would travel more, live abroad, and do other types of jobs (female participants in a group in BiH, where more than half of the participants were GBV survivors, and which included minority and disabled women)
- Have the possibility of starting or finishing their education or being (re)trained to find a good job. They expressed a desire to be more involved in providing missing services in the village, both commercially, e.g. hairdressing, selling pharmaceutical products, milk processing, and publicly e.g. actively helping to solve communal problems (a group of unemployed working-age, women in Serbia). In North Macedonia women expressed a wish to be trained as paramedics, for example, and have a broader array of opportunities to be trained and work in different professions regardless of their age and work experience.
- Enjoy equal division of housework and a better life-work balance, as well as live in more progressive and liberal communities relative to prevailing traditional social norms (rural women in particular) and have their pension contributions covered and protected so that they can count on their pension check in the future.
- Unemployed women want to see themselves in the labor market, which requires good quality institutional facilities for the daily care of their family members (children with disabilities or elderly people with chronic illnesses).

While older **men** (from rural areas) expressed the need for better health care (more frequent visits by doctors but also specialized doctors' services provided closer to home), older people in general want access to better public services and emphasize the need for functional (nursing) homes and established programs providing regular home care services and support for people living alone. **People with disabilities** want to be treated as people with a wide range of different abilities and needs, to be perceived as part of a solution rather than a problem, and to be actively involved in decisions that affect their well-being. A group of professional **care workers** from Montenegro acknowledged that they needed more personal time to pursue their interests and ambitions and to take care of their well-being. They would welcome more opportunities to improve personal and professional skills (e.g. stress management, time management, communication and mediation, lifelong learning/training opportunities).

Younger people want good career and development prospects and **civil society organizations** working with vulnerable groups call for better representation of people with disabilities, older people and Roma and Ashkali women at community and institutional levels. They see changes in social legal frameworks, policies and action plans and their adequate implementation as crucial to improving the lives and well-being of vulnerable groups.

When it comes to what **changes** the participants would like to see **at the community level** and what would it take to make those changes happen, answers range from very specific actions to more universal reflections of human needs and desires. While some groups

Lack of Trust

There are measures and subsidies for the self-employed, and the government also pays social security contributions for employers if they hire a person over 45, but women do not trust the system. Even when there are positive measures, they are not sufficiently encouraged to use them.

Female participant, North Macedonia

focused on the need for more community spaces for the elderly and youth for sports activities and recreation, an improved health care system, and educational and employment opportunities, other groups thought about how life would be more beautiful if we were more connected, genuinely interested, engaged and aware of the diverse needs of others, less judgmental, and more inclusive.

Some participants see themselves contributing to the community life by being positive, kind, hardworking, and involved in community events organized by the church or other organizations, while others believe that they could not change anything in the current political context even if they tried. A few were unaware that they could participate in public life at all

(mostly voiced by representatives of ethnic minorities) but confirmed that they would do so if such an opportunity presented itself to them after learning more about how to effectively exercise their rights.

A couple of groups also spoke to their weak political engagement at all levels when it comes to tailoring improvements for different vulnerable groups, enabling access, and providing better services. If they could, many of them would introduce longer-term projects or institutionalize personal assistants for older people and people and children with physical and mental disabilities. Most participants are aware that more educated and employed people would make the life in the community easier and more comfortable, as would better infrastructure (from paved roads and sewage to internet access). In addition, more investment in agricultural value chains would improve the livelihoods of many communities in CONEX countries, but the process, as with all other efforts, should be transparent, participatory, and based on a bottom-up approach. Finally, building or strengthening trust in the system, which should be fair and non-discriminatory, would make a difference and encourage more people to participate.

An additional set of responses was collected from relevant stakeholders to learn from their direct experiences about the **specific health needs and services** for different vulnerable groups during the pandemic. In addition to the issues already addressed briefly in the previous sections, like postponed regular check-ups for people with chronic condition and oncology patients, or unavailability of specialists (like ophthalmologists, gynecologist or cardiologists, endocrinologists), surgeries had to be postponed as

well due to the reallocation of doctors to the Covid departments. One of the doctors from Vranje said that they worked under very difficult circumstances, 'We worked from 7 a.m. to midnight every day for 19 months, our primary health care unit was divided into two halves, one for the covid patients and the other for the rest, and our total workload increased by at least 30%.' Several medical and social workers reported an increase in alcohol consumption leading to aggressive behavior as well as a greater number of suicide attempts. Domestic violence was found to be on the rise, even doubling in some communities, with perpetrators being mainly intimate partners or close family members (husbands and fathers).

Personal Engagement

When I decide to do something, I want to see someone actually listening to me, not facing the wall in front of me and people who do not care about it.

Female participant, Montenegro

The Rapid [Social Impact Assessment of the COVID-19](#) outbreak in Montenegro describes that, on the one hand, the epidemic has exacerbated various risk factors such as anxiety and stress, coupled with economic pressures - leading to an increase in **gender-based violence**, resulting in increased reports and requests for support, while, on the other hand, there has been a decline in the multi-sectoral and multi-disciplinary response to victims during the lockdown.

2. Decision-Making within a Household

When asked who contributes to the household income and controls decision making, the majority of participants reported that both the husband and wife make decisions about the family budget, especially

Household Budget

My wife is in charge, she makes a shopping list, I sit on my bike and take care of all the tasks she assigns.

Roma male participant (72), BIH

Usually, it is the wives who decide how the family budget is spent, husbands are just under the impression that those decisions are up to them.

*Employed female participant,
Montenegro*

when both are employed and contribute to the household income. Some respondents claimed that wives are better at saving money and ensuring that it is spent wisely. Wives are the ones who mainly decide on daily household expenses such as food and hygiene items, clothes and school supplies for the children. They are the ones who also initiate the discussions in terms of immediate needs and priorities. Men/husbands have control over major purchases such as real estate, cars, machinery, livestock, home repairs and the like. In some cases, working children (both female and male) help parents financially when needed and in these situations they also have a say in decision making. Among the more traditional families, mainly from the rural agricultural areas, where the men are the owners of the farms, and among the families where the wives were housewives and never officially employed, the men are the head of the family and

responsible for all decisions. Decision-making practices regarding sexual and reproductive health and rights were only addressed in a few focus groups with Roma/Ashkali women, where it was said that in many families, men are still the ones who decide on contraceptive methods and the number of children.

As a social worker from Montenegro explained, when social assistance (financial support) is paid into the women's bank accounts, they decide for themselves how to spend it. But if the man/husband finds a job (informal), his salary is not spent on household needs. In most cases, he has the sole right to decide what to spend it on, while his wife always prioritizes the needs of the family, which she continues to pay for from the financial support of the center for social work.

3. Access to Employment

According to the World Bank 2020 document on the [Economic and Social Impact of Covid-19](#) on the Western Balkan labor markets, as the COVID-19 crisis began, the region had record-high employment, in 2019 it grew to a historical high of 45.6 percent for age groups 15+, up by 1.4 percentage points from 2018 (or 7.7 % higher than in 2008). However, due to the pandemic, the companies had to move quickly to defensive measures to cope with the falling operations: changes in working hours, temporary reductions in working time, forced leave, unpaid leave, and finally layoffs or even forced shutdowns. As a result, the measures to protect lives are adversely affecting labor markets to result in what's said to be unprecedented and broad-based. Applying the sectoral risk assessment to the labor force data the report suggests that:

'Around two thirds of workers likely to be affected are men, because more men than women are employed and because of the different professions they occupy most. It will be important to ensure that gender inequalities do not widen during and after the pandemic and that the gains in female accumulation of human capital, economic empowerment, and voice and agency painstakingly achieved in decades, are not reversed.'

The above issue of inequalities in relation to the pandemic was raised in the interviews with both representatives of key stakeholders and vulnerable target groups when discussing the **availability of employment opportunities** or starting their own business, both for women and men of different ages and ethnic backgrounds, people with disabilities, rural populations and young people. Many participants pointed out that people from these vulnerable groups already faced few opportunities before the pandemic. Nevertheless, all agreed that the outbreak of the pandemic has seriously affected the economy, especially private businesses - small, medium and informal - on which many families depend as their main source of income. Restaurants, hotels, coffee bars, non-essential retail, tourism, transportation and much of the manufacturing industry were shut down for quite a while. Particularly hard hit were the unprotected workers and the most vulnerable people working in informal occupations, such as the Roma/Ashkali, who mainly do manual work, lost their income-generating opportunities and could not earn anything for months, and unemployed women caring (informally) for people with disabilities or elderly people with chronic illnesses lost their jobs during the Covid 19 freeze because they did not receive

Work opportunity

I would be very happy if I had the opportunity to work as I did before I was married. If I could only get a little support, I would be very happy to work and provide for my family.

Female participant, Kosovo

Any job is better than no job at all

It is highly unacceptable for a man not to work, so we need to find some low-paid jobs. Sometimes it is selling second-hand goods, sometimes it is helping with manual work, but anything is better than just sitting at home.

Male participant, North Macedonia

support from anyone to care for family members with special needs. Some claimed that the agricultural sector is better off because farmers can work on their land and food is an important commodity. Therefore, sometimes the perception is different and also the figures show little or no change in unemployment rates due to seasonal jobs such as picking fruits, crops, etc. that require work for a very limited period of time. Women are more likely to do this type of work, but this is also a problem for those who are over 50, 'no one wants to accept them regardless of their experience'. Interestingly, some male groups members said that men aged 50+ are preferred by employers over younger ones as they are less likely to leave for a better job somewhere abroad,

have better skills, are more loyal and hardworking as they are often the sole family providers. Young people are perceived to be choosier when looking for a job because it is harder for them to adjust and they are usually not willing to work for a low salary.

The governmental and non-governmental organizations interviewed presented several interesting and successful projects that provide training and entrepreneurial opportunities, such as through the YourJob project in Albania, where many internships were offered, not only to young people in small communities, but also in nearby cities where employment opportunities are greater. However, many are not aware of what the local government or certain organizations offer through their projects and call for proper messaging in the form of tailored information/awareness raising campaigns using appropriate language to reach more people.

While some public service providers described how hard they try to engage their beneficiaries in public works or connect them to the labor market, but in return receive a wide range of different excuses, mainly that they are sick, hurt their backs, cannot carry heavy loads and the like, some others were really concerned about the low chances for minority (Roma) women to access the labor market due to the employment criteria at hand, which require people to have a college degree. This leaves them only with some low-paid seasonal jobs, claims the representative of Bijeljina Center for social work. According to the head of National Employment Service from Kragujevac in Serbia, their agency does its best to include in the available employment programs people from different social categories and provide support for self-employment, especially in the field of production and provision of professional services. Preference is given to single parents, victims of domestic violence, ex-prisoners, when both the husband and the wife are unemployed, people growing up in foster care, etc. They employ people with disabilities through public works and also provide various training and retraining opportunities.

Jobs for people with disability

In the municipality of Modrica, the cafeteria 'Sunce' (Sunshine) is registered with the framework of the Association of Parents with Mentally Handicapped Children, with the idea of creating the possibility of employing persons from vulnerable categories.

Spomenka Micic, Department of Economy & Social Affairs, Modica Municipality, BiH

In discussions about **interest in self-employment**, many participants expressed interest in jobs that would allow them to be self-sufficient and stay afloat financially, but at the same time feared that their current capacities would not be sufficient. Few indicated that they would not choose self-employment because

On Self-employment

I would love to work or start my own business. I have done a professional hairdressing course, and this is an area I really enjoy, but my worry is that I have three children and when I am working there is no one to look after them.

Female participant, Albania

I would like to be professionally trained as a plumber and [if] I had the opportunity, I would open a small business focusing on household repairs or plumbing

Male participant, Albania

the risks were too high. While some feel that such initiatives are more common among women and that they have more opportunities (such as producing food and handicraft items), some men said that they often feel discriminated against because women are the ones who get help and support more often, even if their ideas and project proposals are not as good, just because they are women. Some of the respondents believe that both women and men are equally capable of running a business, the others think that women have a higher interest in self-employment yet are concerned since registered (agricultural) enterprises are more often registered in the name of men/as head of the household.

For example, a group of unemployed men in Vranje considered their chances of finding employment to be minimal and were therefore very interested in self-employment because it would make them feel useful to the family and the community. However, they know nothing of subsidies that would cover everything needed to start a business. They also expressed concern about the lack of knowledge and skills needed to develop a business plan

and manage such an endeavor themselves. There is also a strong interest among women to start their

own business, but they expressed similar concerns and lack of knowledge as men. The women even indicated what kind of jobs they would do, such as medical services, elderly care, beautician and hairdresser and dressmaker/seamstress. According to the employment counsellor from Vranje, the Agency provides training for the unemployed in accordance with the Agency's National Strategy and Employment Program, including: Trainings on motivation, active job search, self-efficacy and the like.

A group of unemployed women in North Macedonia believe that there is an immense need for people to work as assistants to the elderly, assistants to people with disabilities, and assistants to people who have Alzheimer's disease. The families of people with disabilities are really suffering because both welfare and salaries are so low that they are stuck in the system. The Covid situation has only made it worse. Maybe new employment opportunities were created for online jobs, but it did not really do much for the rest. On top of that, a lot of capacity building training has been cancelled because of the pandemic.

In conversations held in Bosnia and Herzegovina about how the Roma feel about the idea of having their own business, some were not sure how open the majority population would be toward that, as many still see them as the ones who steal and make trouble. But things are changing, slowly but surely and as one of the participants put it: 'I am not sure how such a business would be accepted in the beginning, but I think it would be accepted in the end. After all, the Roma from the diaspora have shown us how to succeed in Germany too, so surely we could succeed here too.'

4. Access to Public Spaces & Services

Most of the participants agreed that, on the one hand, **access to** health and social care was more difficult due to restricted working hours and staff availability; information and advice was provided through telephone contact and service users were expected to submit their requests in writing. Older people and the illiterate among the clients could not do this without someone's help. The situation was even more complicated for the elderly and those who lived further away from the administrative center, as they had to rely on public transport or others, such as family members or neighbors, to drive them. In most places, there was no proper infrastructure for people with disabilities and the elderly to begin with, and this did not improve during the Covid 19 outbreak. There was no outreach by institutions towards the Roma community (it was mainly the staff and volunteers from Otaharin and Future in BIH or Nexus in Serbia who would visit and bring the basic food and hygiene packages).

The respondents claimed that they did not receive **home care/help** in any form during the pandemic and that no one visited them to offer such help, except for neighbors, nuns, relatives and the civil society organizations like Caritas and Mother Theresa. The older participants avoided going outside and called the paramedics when they were unwell. Families with adults or children with disabilities reported that the welfare money barely covers basic medical treatment, psychological counseling, or speech therapy anyways. Prejudice and discrimination have a negative impact on the social inclusion of the most vulnerable and this was no different during the pandemic.

When it comes to **raising concerns safely**, many do not know where to turn to complain about the lack of access to or the quality of a public service. A few who have tried to raise their concerns before faced rejection, procrastination and failure to resolve issues. Only those who are politically active and mingle more are aware of such mechanisms, or they would hear of possible solutions in more informal settings such as center for pensioners, social clubs, and cafes, even though the

Awareness about Home Visits

I have been told about home visits by our family doctor, but I personally have never used this service. The only one who visits our house is the neuropsychiatrist who checks and monitors the condition of my mentally handicapped son.

FGD female participant, Shkoder, Albania

latter are usually 'reserved' for men only since older women do not feel comfortable going alone. In rural areas, it would be the meetings of local councils that people would attend to address certain issue, but they do not take place regularly and were mostly abandoned completely during the pandemic. Again, Roma community mediators, volunteers and CSO staff would in most cases be the only sources of information for the Roma community and other vulnerable groups; they would provide help, even with issues outside of their job description or project activity (like filling out applications or requests for official assistance etc.).

All FGD participants agreed that **public services** were **limited** or did not meet people's basic needs, such as ensuring hygiene kits and protective equipment against the virus (masks, gloves, and disinfectants), not to mention the needs of the most vulnerable populations (people with disabilities and the elderly, especially home-based services for the elderly with chronic illnesses or day centers for children with disabilities). Throughout the pandemic, and especially during the lockdown, there were no visits from local or national authorities to check on them. For those children who did not perform well in online classes, additional support was required (learning support), which placed an additional financial burden on parents. Many people expressed a need for free professional psychosocial support, which was lacking during the pandemic, or was present in a limited space/to the limited groups (like online PSS that many either were not aware of or could not use due to the lack of internet access or IT know-how) and believe that it is not too late to introduce such support as the effects of Covid will not disappear soon. Again, respondents from rural areas expressed an urgent need for access to water, basic health care, postal services, social support and regular public transport lines with administrative centers.

In terms of **coping mechanisms** used, many said they would first try to cope on their own and then turn to family members, the church, neighbors, or NGOs for help. Some said that long phone calls helped a lot in coping, while others got creative in how they could socialize in the new circumstances. In Vranje, for

Coping with the pandemic

There are four flats on our floor and some days we would open doors and have coffee together.

FGD participant, Prizren, Kosovo

example, women came up with the idea of selling used clothes and an online market was set up, or a group of unemployed women started making masks and then selling them online to contribute to the family budget. Children would use their parents' phones for online classes (in cases where schools were unable to provide enough equipment) if the parents were able to pay for the Internet. Most boys and girls spent a lot of time online due to the online lessons and the inability to connect with peers in real life and some became addicted to the gadgets, phones,

computers and tablets. However, there were also cases of young people's activism, returning to nature, organizing outdoor activities to socialize in safe circumstances and in accordance with policies in place. Young people in rural areas became more involved in helping parents work in the fields.

Conclusions

The Rapid Gender Analysis confirms that the project was designed to be **gender sensitive**. As it is not gender specific, i.e. it does not specifically aim to challenge existing gender norms and relations but works with existing ones, the project allows the specific needs of people of all genders to be met in the most appropriate and proportionate way. Moreover, it takes fully into account other types of diversity, such as age and ableism, ethnicity, and rural/urban population, and how they intersect with gender. As this analysis is being conducted in the early stages, there are certain elements of the project that also have high gender responsive potential (see recommendations section) if strengthened or developed (e.g. both women and men expressed strong interest in opportunities for self-employment and identified the same gaps that should be addressed through capacity building - an aspect that the project already offers and can be further developed/adapted).

Furthermore, the analysis responds to the RGA specific objectives by presenting the specific, context and content related conclusions:

***Objective 1:** Assess the ways and the extent to which women and other vulnerable groups are affected by social and economic deprivation due to consequences of the COVID-19 crisis:*

- The **pandemic and the restrictions** introduced affected everyone's life at all levels (livelihood, mental state, social contacts), but the vulnerable groups (unemployed women and men, members of minorities, persons with disabilities and their family members, elderly people) were the most affected. They felt even more excluded, isolated and dependent on others. They suffered more than others from the overburdened health care system and the lack of specialized/focused medical help.
- Participants agreed on the **most important needs** during the pandemic, ranging from basic food supplies, hygiene kits, medical masks and disinfectants, adequate information/ awareness campaigns about the pandemic, better computer skills and internet access, to psychosocial support, home care assistance for the elderly and people with disabilities, and hotlines for reporting cases of violence and adequate shelter and capacity.
- Vulnerable groups had few employment opportunities even before the pandemic, but the situation worsened during the outbreak, seriously affecting the economy, especially private businesses - small, medium and informal - on which many families depend as their main source of income. There is high interest for **self-employment** since many participants see this as an opportunity to be self-sufficient and financially secure, but at the same time think that their current capacities would not be sufficient for a successful business enterprise.
- People mostly relied on their own natural survival and social skills as **coping mechanisms**. They have been able to rely on family members, neighbours, civil society organizations and the church. Some became creative in finding ways to maintain social contacts and stay healthy.
- The main **service providers** had to adapt to the new circumstances, from their homes or offices, without direct contact with their beneficiaries and via the telephone and the Internet, which was not the most appropriate way to communicate and solve problems for the needy population. They worked under pressure, with longer hours and with less available staff.
- **Public health and care services** were limited or absent during the pandemic. Regular home care/assistance visits ceased and **access** to health and social care was made difficult for people of all genders and backgrounds, particularly the older population and people with disabilities.

***Objective 2:** Explore how the prevailing gender norms and roles relate to the project activities and objectives, in particular with regard to the access to information, ability to access services, employment and effects of gender based violence (GBV).*

- Patriarchal **norms, roles** and behaviors, also manifested in a strong division of 'male and female work/tasks', are still prevalent in the region, with only minor differences between rural, urban and minority (Roma and Ashkali) communities. **Domestic labor performed by women and girls** is not perceived as real work and as such is taken for granted.
- Both men and women (husband and wife) can **own property** in the Balkans and generally make joint decisions on important matters. Women tend to be more responsible for day-to-day decisions related to the household and children, while men take the lead in decisions about the purchase of larger and more expensive items (such as real estate, machinery, cars). In the more traditional and rural communities, men/husbands are the main **decision-makers** as heads of households.

- In terms of **aspirations and ambitions**, all share a desire for better living conditions, a stable house and a job, to be financially afloat and independent, as well as to ensure a better future for their children in terms of education and employment opportunities. Responses vary slightly by gender, age, ability and ethnicity.
- During the pandemic, more cases of **gender/domestic violence against women and girls** were reported, perpetrated by intimate partners or close family members, as a reflection of frustrations due to job loss and financial problems, and increased alcohol consumption. At the same time, a very low capacity for providing timely and adequate psycho-social and other type of needed assistance was reported by the service providers.

***Objective 3:** Increase the gender analysis and integration related capacities of project staff (gender-sensitization, RGA data collection training).*

- The **process** of the RGA was well thought of and planned, and it enabled the team to get to know each other and learn more about the project activities in particular since not all of the partners are implementing the same type of activities with the target audiences and start thinking jointly about how to better integrate gender and other concerns of the vulnerable groups into the project cycle/implementation.
- The partners expressed their gratitude and satisfaction with the RGA process that was fully participatory and also enabled 25 selected partner representatives to **shape the process and learn** about the basic concept of gender equality and gender integration as well as the tools, approaches and methodology for the data collection that was conducted by them.
- In addition, the partners were engaged in **reviewing** the draft report, validating the data and providing input and suggestions on the content, structure and layout of the report thereby increasing the feeling of ownership and the potential for improved gender integration through understanding how to mainstream gender and other diversity aspects into project activities where feasible.
- Partners agreed to take part in the additional three three-hour sessions provided by CARE to discuss new approaches that might be applied, and thus the quality of the project implementation, impact and sustainability prospects increased. These will address the Social Analysis and Action and Community Score Card method and tools as well as the Engaging Men and Boys approach.

Recommendations

Based on the findings and the validation meeting held with all partner representatives, the following actions are recommended to the CONEX team to guide future planning and project implementation to better integrate the diverse perspectives and needs of people of all genders, ages, physical and mental abilities, ethnic backgrounds, and geographic locations. The recommendations are presented in two sections: While the first applies to all partners and the project as a whole, the second relates more to specific activities or result areas implemented by specific partners.

General Recommendations:

- **‘Be the change you want to see’** by starting with ourselves: Sensitize staff and build capacity to ensure that those who implement CONEX are aware of how their behavior and language reflect

the work they do, and that it is their job to contribute to a more just and equal society by 'walking the talk'.

- **Ensure gender integration in the project cycle:** apply internally the Gender Marker from CARE to assess the level of gender integration and ensure that all aspects of the project cycle are covered (from activities to participation to monitoring, evaluation and learning). Conduct a context/activity-specific risk assessment, taking into account the Do NO Harm principle, and take appropriate mitigation measures.
- **Develop adequate complaint and feedback mechanisms** at the project and community level with implementing partners and community representatives to build trust, encourage participation, and support transparency and accountability.
- **Develop appropriate materials to promote referral mechanisms** for GBV prevention and direct assistance, as well as information on key public services available in the project area. Train staff and volunteers to share information and raise awareness during their regular field activities.
- **Train staff and apply where appropriate new methods and tools** for a) better understanding between service providers/duty bearers and service users/rights holders for better access to and the quality of public services by using CARE's CSC method ([Community Score Card](#)); b) raising awareness of staff and participants on gender norms, roles and behaviours in an interactive way by applying the SAA tool ([Social Analysis and Action](#)) and c) exploring opportunities for increased engagement of men/boys as allies in making communities we work in more gender equitable, non-discriminatory and less prone to violence using the EMB approach([Engaging Men and Boys](#)).

Specific Recommendations:

Activities under Result 1: Provide humanitarian support to alleviate the immediate risk of poverty of the most marginalized population groups in each country.

- **Cash & Voucher Assistance (CVA):** If possible, make sure that the CVA transaction is transferred to the woman's bank account, as she is mainly responsible for daily expenses. In this case, special attention needs to be paid to the 'do no harm' component during the preparation phase to prevent possible cases of domestic/gender-based violence (both SAA and EMB would be suitable for community level workshops to raise awareness and sensitize the population, focusing on men/husbands before the actual implementation starts).
- **In-kind Assistance & Cash for Work & Medical Assistance:** Ensure that the selection of beneficiaries, as well as the type of assistance provided (purchase/content of the packages, health aid, medicines) reflects, as far as possible, the different needs of those in need (women/girls, boys/men, persons with disabilities, ethnic minorities, and the elderly). It is crucial to prepare staff and volunteers for gender equality and diversity inclusion (SAA workshops).
- **Home care, psycho-social assistance and referrals to (public) services:** Be mindful of the different needs of people in rural and urban areas and ensure that health and care services are not only discussed with service users (the vulnerable population) but also seek to involve service providers/relevant stakeholders as allies in the design, planning and implementation of activities. One of the problems related to access to services mentioned by participants from rural areas, such as the lack or irregularity of public transport, should be addressed in a participatory way to find a sustainable solution (the CSC method would be appropriate).

Activities under Result 2: Address underlying socioeconomic vulnerabilities which are exacerbated through the COVID-19 crisis, such as unemployment, gender based violence and unequal access to economic and employment opportunities.

Almost all activities under this outcome focus exclusively on women, from **home-based care and soft skills to vocational training and business development and grant implementation**. With this in mind, it is important to consider the following:

- In addition to building women's knowledge, skills and abilities to carry out the planned tasks, include activities to **build self-confidence, self-esteem and ambition**, as many female participants identified this aspect as lacking (SAA).
- Organize workshops and discussions with target communities, if deemed safe, to **challenge patriarchal gender roles and norms related to task sharing/household decisions** and sensitize them to placing women at the center of interventions to prevent possible exacerbation of domestic violence/GBV incidents due to changing power dynamics (SAA and EMB).
- Where appropriate, **consider employing unemployed men in jobs traditionally perceived 'female jobs'** such as home care, as many have stated that any job is better than no job at all (EMB training). In this way they could be perceived as role models and allies and be part of the solution rather than a 'problem'.

Activities under Result 3: Strengthen local capacities to support the most marginalised groups.

- **Build capacity, lobby:** Involve representatives of all target groups so that they have a voice in shaping the way they receive assistance (CSC).
- **Involve service providers/local authorities as allies:** Help them understand the different perspectives and needs, share findings and recommendations based on the assessment in a constructive and collaborative manner, and act as a facilitator by connecting them with communities/groups in need (CSC).
- **When sharing knowledge and organizing learning events:** plan to ensure that target groups are adequately represented at all events on specific topics that affect their lives (e.g. best coping mechanisms). Ensure that learning and sharing of good practice takes place at all levels.

Annexes

Annex 1_ Primary data sources: statistics and the composition of FGDs and KIIs

Annex 2_ List of the key informant interviewees

Annex 3_ List of secondary literature reviewed by each partner

Annex 4_ FGD Template

Annex 5_ KII Template

Annex 6_ CONEX Gender Marker

