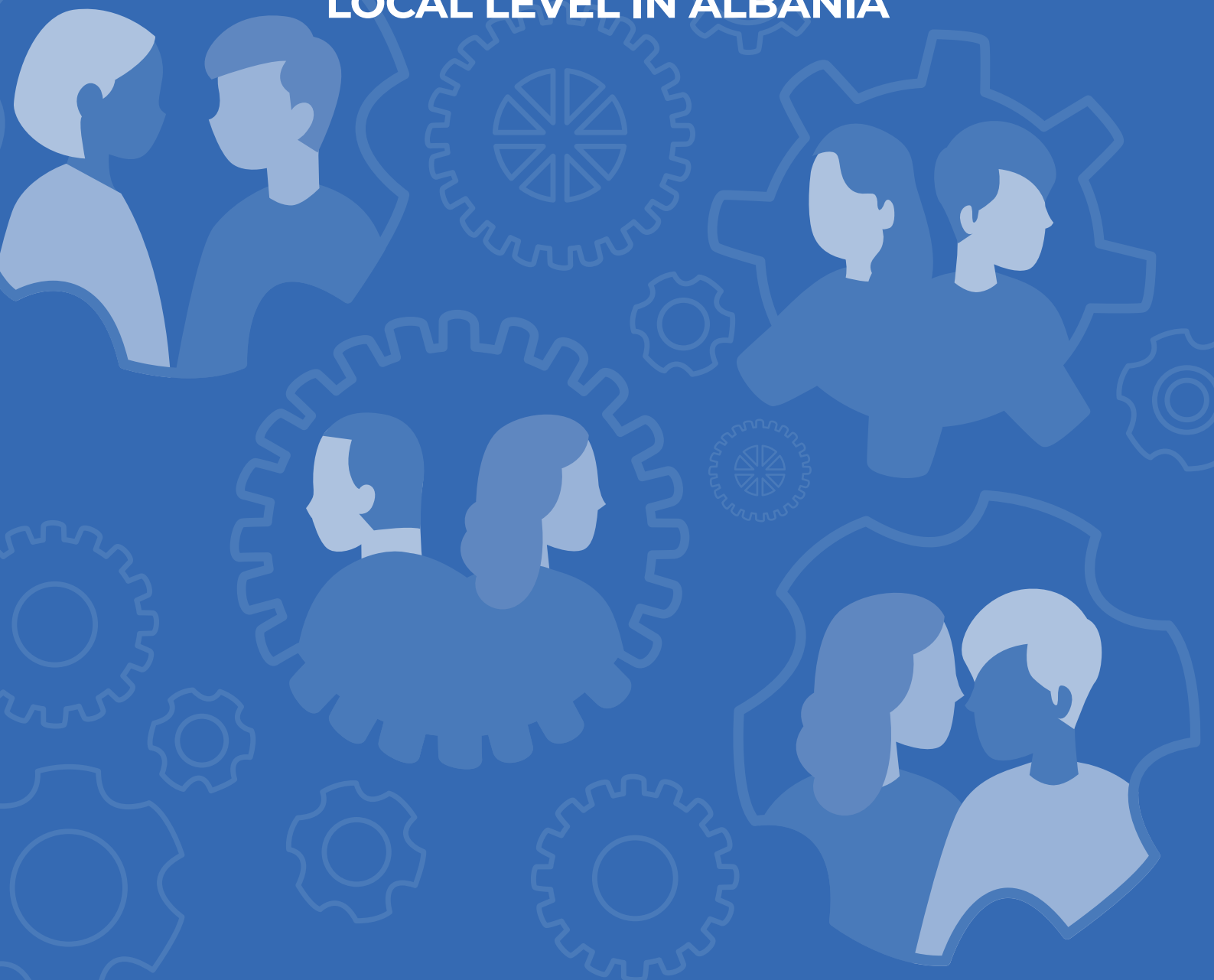


FINAL REPORT

ANALYSIS OF THE FUNCTIONING OF THE COORDINATED REFERRAL MECHANISM OF CASES OF DOMESTIC VIOLENCE AT THE LOCAL LEVEL IN ALBANIA



This report is commissioned by the Ministry of Health and Social Protection in partnership with UNDP Albania, in the framework of the UN Joint Program “Ending Violence against Women in Albania” funded by Government of Sweden and implemented by UNDP, UN Women and UNFPA.

Opinions and views expressed in the report do not necessarily reflect those of the United Nations Development Program (UNDP), United Nations (UN) and their donor.



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December 2019

List of Acronyms

ASPA	Albanian School of Public Administration
AWMPs	Alliance of Women Members of Parliament
AU	Administrative Unit
CoM	Council of Ministers
CoE	Council of Europe
CCR	Coordinated Community Response
CEMT	Center for Evaluation, Management and Training
CLCI	Center for Legal Civic Initiative
CLMB	Counseling Line for Men and Boys
CLWG	Counseling Line for Women and Girls
CRM	Coordinated Referral Mechanism
CSO	Civil Society Organization
CP	Child Protection
CPU	Child Protection Unit
DV	Domestic Violence
DOPA	Department of Public Administration
DCM	Decision of Council of Ministers
EA	Economic Aid
EPO	Emergency Protection Order
EU	European Union
EVAWIA	Ending of Violence Against Women in Albania
GADC	Gender Alliance for Development Center
GBV	Gender Based Violence
GE	Gender Equality
GEE	Gender Equality Employee
GoA	Government of Albania
GRB	Gender Responsive Budgeting
JP	Joint Programme
KI	Key Informant

LCDV	Local Coordinator for Domestic Violence
LGU	Local Government Unit
MESWY	Ministry of Education, Youth and Sports
MOLSAEO	Ministry of Labor, Social Affairs and Equal Opportunities
MSWY	Ministry of Social Welfare and Youth
MoHSP	Ministry of Health and Social Protection
MTT	Multidisciplinary Technical Team
MoFE	Ministry of Finance and Economy
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoU	Memorandum of Understanding
MP	Member of Parliament
NPO	Not for Profit Organization
NaGBVaT	Network Against Gender Based Violence and Trafficking
NSGE	National Strategy on Gender Equality
PMEPO	Preliminary Measures of the Emergency Protection Order
PBNS-VAWGs	Population based National Survey on Violence against Women and Girls
PO	Protection Order
PoCSD	UN's Programme of Cooperation for Sustainable Development
RED	Regional Education Directorate
REO	Regional Employment Office
REVALB	Recording Violence in Albania
SC	Steering Committee
SDGs	Sustainable Development Goals
Sida	Swedish International Development Agency
SDV	Survivor of Domestic Violence
TAR	Territorial Administrative Reform
TOR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UNDP	United Nations Development Program
UNTF	UN Trust Fund
VAWG	Violence against Women and Girls

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EXECUTIVE SUMMARY

1. Background

Albania has made progress in the two last decades in respecting and promoting gender equality and addressing domestic violence (DV), gender-based violence (GBV) and violence against women (VAW) through improving national legislation and policies and aligning them to international human rights standards. Nevertheless, violence against women continues to be a serious concern which was reaffirmed by the most recent data provided by the third Population based National Survey on Violence against Women and Girls (PBNS- VAWGs) in 2018 conducted by INSTAT where one in two (52.9%) Albanian women have experienced one or more forms of violence (intimate partner violence, dating violence, non-partner violence, sexual harassment, stalking) during their lifetime.

MoHSP in partnership with UNDP commissioned in May 2019 the analysis of Coordinated Referral Mechanism (CRM) of domestic violence cases¹ as the main mechanism at local level to address DV-GBV-VAWG established in 40 municipalities with the support of UN, UNDP, other donors, CSOs or municipalities' own initiative.

2. Main Findings

CRMs are formally established in 40 (64%) out of 61 municipalities in Albania. The first 10 CRMs were established during 2007 – 2013 by Network Against Gender Based Violence and Trafficking (NaGBVaT)² in close consultation with MoHSP (former MOLSAEO). This effort contributed also to:

1. The Decision of the Council of Ministers (DCM) nr. 334/2011 that codified the process for establishing the CRMs and
2. The development of a national online data collection system for Domestic Violence (DV) cases.

As of 2009, UNDP built upon NaGBVaT's experience and in partnership MOHSP (former MOLSAEO) and local government units developed the national platform for the establishment of the coordinated community response against DV at the local level and work continued for the establishment of CRMs in 21 municipalities. The CRMs in the remaining 9 municipalities were established through the support of different CSOs funded by various donors³.

CRMs are formally
established in
(64%)
40
out of 61
municipalities in
Albania.

1. This analysis is prepared by Elida Metaj, team leader and Elvana Gadeshi expert, contracted by UNDP

2. NaGBVaT comprised of "Refleksione" association, the Gender Alliance for Development Center (GADC), the Counseling Line for Women and Girls (CLWG), the Center for Legal and Civic Initiative (CLCI) and the Shelter for Battered Women in partnership with the Center for Evaluation, Management, and Training (CEMT) supported by UN Trust Fund to End Violence against Women (UNTF).

3. ADA, USAID, American Embassy, Sida, IAMANEH, SCPA

It is assessed that CRMs are functional in 35 municipalities with varying degree of effectiveness, partially functional in two municipalities (Kolonja and Cërrik) and non-functional in three municipalities (Kurbin, Librazhd, Puka).

CRM as defined in DCM 334/2011 is composed of three inter-linked structures:

1. Steering Committees (SC) representing relevant institutions at local level led by mayor of LGU,
2. Multidisciplinary Technical Teams (MTT), whose members are appointed by SCs and are technical representatives of SC member institutions and
3. Local Coordinator for Domestic Violence (LCDV) which in most of the cases is an added function to Gender Equality Employee (GEE) rather than a dedicated function as provided by DCM 334/201, who leads and coordinates the work and services of MTTs to refer and respond to cases of domestic violence at local level.

Each CRM has its own individuality and has developed its own profile based on local context, support from the mayor and senior municipal management, financial resources, capacity retention, service providers on site and inter-institutional cooperation, yet they do share a number of common elements:

1. *SCs' role is mostly limited in nominating their representatives in MTTs. Its oversight role on MTTs' performance, inter-institutional cooperation, coordination and information sharing as well as understanding of the importance of the integrated multi-sectorial approach in addressing effectively the DV and the more so in preventing DV is weak. SCs are assessed as the weakest link in the CRM architecture and the mayors need to play an active role to push SCs to take over their role and become more cooperative at local level;*
2. MTTs function with varying degrees of effectiveness and efficiency across the municipalities in coordinating, communicating and cooperating among its members to identify, refer and respond to cases of domestic violence. Currently, only 11 municipalities (28%) conduct regular monthly meetings of MTTs in addition to MTT ad-hoc meetings for emergency cases, 24 municipalities call a meeting on ad hoc basis according to referred cases and 5 municipalities have a non-functional or weak MTT. Efforts have been made in several large and mid-size municipalities (Tirana, Elbasan, Korca, Lushnje, Shkodra, Saranda) to include Social Administrators as MTT members and strengthen their capacities in identifying and referring cases of DV in rural areas. Large municipalities such as Tirana with 24 Administrative Units and three neighbourhoods and serving a high number of citizens (one third of country's population) are short of budgets and lack dedicated and specialized staff in AUs to address domestic violence.

Most MTTs rely on a core nucleus of MTT members (LCDV & GEE, police, CSOs and health center) that is key in effective referral and response to survivors of domestic violence particularly in emergency cases.

MTT members are trained in DV legal framework, but they are subject to frequent changes (particularly prosecutor, court, bailiff, employment, health) leading to temporary disruptions in the functioning of MTTs and calling for continuous trainings of MTT members. MTTs with stable members (particularly core members such as LCDV and GEE, police, CSOs, health and court) are more effective in providing real time response to reported cases of domestic violence.

3. LCDV & GEEs have become the driving force of MTT and CRM functioning and it is assessed that in the last years their position and profile has strengthened. Twenty-three (59%) out of 40 municipalities have incorporated it as a full-time position in their organogram whereas in the rest of municipalities it is a part-time position with additional functions (economic aid, child protection, education and culture). It is a fully funded position by municipal budgets in all municipalities. Only the municipality of Tirana has kept the LCDV position separate from GEE and with a clearly defined role focusing on DV.

Donors in close partnership with MOHSP (former MOLSAEO), where UNDP has been a key actor, have provided technical assistance in building the capacities of LCDV & GEEs to carry out their function adequately, yet retention of trained LCDV & GEEs has not been equal across municipalities. 17 (42%) out of 40 municipalities have LCDV & GEEs in their position for three years, four other municipalities have lost qualified and long-term serving staff in the last year and seven municipalities have the LCDV and GEE for less than a year. The average time in this position is 2 years.

MTTs and CRMs are functioning better in most of the municipalities where LCDV & GEEs have been stable for a long time (at least 5 years) and in some cases since the establishment of CRM and holding a full-time position.

LCDVs & GEEs is the link that functions better in CRM architecture vis a vis SCs and MTTs yet it needs continuous support from the municipality leadership, development partners and MoHSP to further enhance their capacities. Moreover, LCDV should be a full-time dedicated position to DV to carry out adequately its role and separated from GEE position, where the latter should also be full-time position to enable each of them to properly carry out their assigned functions.

4. Typology and availability of multi-disciplinary services for survivors of domestic violence (SDVs) at local level continues to be limited and underfunded, although there are noted efforts by several municipalities to improve availability of services on site regarding emergency shelters, housing and women's economic empowerment.

The most challenging service is the provision of emergency shelter and medium to long term housing. Temporary shelter (24-72 hours) is provided only in 11 (18%) out of 61 municipalities through emergency centers for survivors of domestic violence either managed by municipalities (5) or by CSOs (8).

Economic support is awarded to all SDVs with protection orders/emergency protection orders (POs/EPOs), whereas some good practices are established in medium and long-term rehabilitation and re-integration services in social housing programs at local level (Tirane, Elbasan, Mirdite, Bulqize, Patos, Diber, Vlore, Klos, Mallakaster, Korce) and economic empowerment (Tirane, Sarande, Roskovec, Korce, Fier, Permet, Diber, Tropoje).

The Counselling Line for Women and Girls (CLWG) operates the national hotline 116 -117 for victims of DV-GBV-VAW and provides 24/7 counseling services, legal assistance, and referrals to other services for survivors' safety and protection.

Specialized services are largely missing at local level for persons with mental health problems, survivors of sexual violence, counselling services for men and boys as perpetrators of DV, people with disabilities, elderly people, people dependent on alcohol and drugs.

Preliminary progress is made in i) establishing the first state-run center “Lilium” by end of 2018⁴ for providing integrated services for survivors of sexual violence in Tirana, ii) providing counselling services to men and boys perpetrators of DV since 2012 by the Counselling Line of Men and Boys (CLMB) in Tirana⁵, and the Office for Boys and Men in Shkodra established in 2014 and two similar services are in the process of being established by two CSOs: Vatra in Vlora and Other Vision in Elbasan, iii) upon the entry into force of the new law of free legal aid, provision of free legal aid has been available in six District Courts of Lezha, Durrës, Tirana, Fier, Shkodër and Peshkopi⁶ in addition to free legal aid services throughout Albania provided by women’s rights’ CSOs⁷.

Overall, limited progress is made in establishing selected services for SDVs in a number of municipalities, whereas full packages of comprehensive services for SDVs at local level are lacking on-site.

5. REVALB is currently used by 26 (66%) out of 40 municipalities creating data gaps in consistent monitoring and analysis of the DV phenomenon at local and national level.
6. MOHSP is the responsible institution in charge of issues related to gender equality, including DV-GBV-VAWG and to oversee the process of CRMs establishment and functioning at local level. MoHSP has supported CRM functionality through improved legal framework on GE and DV and its alignment with international standards as well as coordination with various donors for strengthening the capacities of LCDVs & GEEs.

Overall, it is assessed that progress is made in the establishment and functioning of CRMs, yet there is a long way to make them fully functional and provide on-site comprehensive multi-disciplinary services. Addressing domestic violence requires long-term commitment, human and financial resources, capacities as well as keeping it on the agenda of central and local governments and international donors to further progress in preventing and eradicating it.

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4. With the leadership of the MoHSP, supported by UNDP Albania, in the framework of the UN Joint Program “Ending Violence against Women” implemented by UNDP, UN Women and UNFPA funded by Government of Sweden and UNDP Seoul Policy Centre for Global Development Partnerships.

5. Established by CLWG.

6. With the support of UNDP Albania funded by UNDP and UK Embassy.

7. Financially supported by various donors such as Sida, Open Society Foundation for Albania, Norwegian Embassy, American Embassy, Austrian Development Agency, IAMANEH, etc.

3. Lessons Learnt

- Legal framework related to measures against domestic violence including CRM is not sufficient in addressing domestic violence if it is not accompanied with the political will of the leadership and senior management of municipalities to commit municipal funding to enable its implementation. A number of municipalities (Tirana, Elbasan, Durres, Korca, Shkodra, Bulqiza) have started to incorporate elements of gender responsive budgeting (GRB) to domestic violence and GE in the recent years marking progress in the implementation of the legal framework.
- Consolidation of LCDV position and separating it from the GEE position along with staff retention is key in CRM functioning. The municipalities of Tirana, Korca, Shkodra, Elbasan, Durres, Vlora, Fier, Pogradec, Permet, Lushnje, Klos, Roskovec, Gjirokaster, Sarande that have consolidated LCDVs position and have retained staff for a longer period (over three years) demonstrate a better functioning of CRM mechanism.
- REVALB features if used effectively by MTT members enable monitoring, understanding of DV cases and situation at local and national level and adoption of necessary measures to address it. The municipalities of Korca, Vlora, Tirana provide a good example how REVALB features can be used effectively to capture the situation on domestic violence at local level and address it effectively.
- Intra-institutional cooperation and availability of services on site facilitates re-integration of SDVs. It is important that MTT members coordinate their services on site to maximize their contribution to social and economic reintegration of SDVs.
- Protection against domestic violence is a long-term process, which requires long-term commitment, resources and coordination of national government and local government authorities, CSOs and donors. Experience in the last ten years of support by development partners/donor community to set up the CRMs at local level and their functioning, provides proof that the system needs not only time, but also resources (human and financial), political will and multi-stakeholder coordination and monitoring to make it functional.
- Prevention costs less than DV case management. Advocacy and awareness raising campaigns at central and local level with well-targeted messages against DV-GBV and VAWG for a diversity of target groups has proven to be a key effective strategy in changing communities' attitudes, behaviors and beliefs that tolerate GBV-VAWG, challenging and combating gender stereotypes, promoting positive images of women and girls, preventing men and women, boys and girls from becoming SDVs or perpetrators and informing public at large and SDVs on available services to address the problem.

4. Recommendations

4.1. Strengthening of the institutional framework to address DV-GBV-VAW and enhancing the implementation of legal and policy frameworks for preventing and combating DV-GBV-VAW at central and local level

4.1.1 At central level efforts should focus on strengthening MOHSP 's coordination, oversight, and monitoring role on implementation of legal and policy framework on GE-GBV-VAWG, CRMs functioning, data collection and reporting on DV-GBV-VAWG.

4.1.2 At local level efforts should focus in strengthening the role of municipalities and relevant local structures in implementation of DV-GBV- VAWG legislation particularly in:

1. expanding the CRM model in 61 municipalities and consolidate existing ones;
2. strengthening capacities of SCs, MTTs, LCDVs & GEEs through continuous trainings on DV case management, intra-institutional cooperation, coordination and communication in case identification, referral and treatment, updating on legal amendments on recent DV law and REVALB data collection and sharing. It is of paramount importance to consolidate the cooperation, coordination and communication between the LCDV and police for risk assessment, and safety plan for domestic violence survivors, between the Bailiff's Office and police on execution of POs/EPOs, between the Court, Probation Service and qualified service providers for rehabilitation services for boys and men perpetrators;
3. nominating dedicated and specialized staff to address domestic violence in municipalities and AUs, particularly in large municipalities and AUs with high incidence of DV cases;
4. developing a full package of comprehensive services for SDVs and budgeting for such services by applying GRB as a tool for allocating more funds for services responsive to their short and long term needs and ensuring their rehabilitation and social and economic re-integration in society (emergency centers, 24 hours phone help line, free counselling services, social housing, women's economic empowerment, setting up rehabilitation programs for boys and men perpetrators and services for vulnerable groups such as persons with disabilities, LGBTI or persons with mental health problems). This is an immediate need to be addressed particularly by large municipalities with a high incidence of DV-GBV-VAWG. Municipalities which have set up and are running emergency centers should adopt all necessary measures to ensure that services in the emergency centers are delivered in compliance with national and international standards. Moreover, they should explore opportunities for optimizing the efficiency of their use to enable access to services to SDVs from other municipalities within the same "qark/region" by designing a "cost sharing" plan with the neighboring municipalities.
5. Municipalities should advocate for more funds for social services (social fund, social housing schemes) for vulnerable groups including SDVs with central government institutions (MoHSP and MoFE).



Municipalities should advocate for more funds for social services (social fund, social housing schemes) for vulnerable groups including SDVs with central government institutions (MoHSP and MoFE).

4.2 Improvement of REVALB data collection system with relevant supporting tools to reflect recent changes in DV law, administrative territories following TAR, synchronization of data with other institutions (MOI, MOJ, Probation Service) and strengthen data collection capacities of LCDV & GEE and Social Administrators.

4.3 Advocacy, awareness raising and enhanced knowledge on DV-GBV-VAWG and CRMs' services targeting public institutions, communities particularly vulnerable ones, young boys and men and professionals dealing with DV-GBV-VAWG (police, health centers, schools, employment offices and media) to prevent and address it.

1

INTRODUCTION



1.1 Overview of Legal, Policy and Institutional Framework on Gender Equality, Domestic Violence (DV), Gender Based Violence (GBV) and Violence Against Women and Girls (VAWG)

Albania has made important progress in establishing relevant legal, policy and institutional frameworks for achieving gender equality and is a signatory to several binding international treaties which guarantee the equality of men and women and prohibit gender-based discrimination such as United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)⁸, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic violence (Istanbul Convention)⁹, Agenda 2030 on Sustainable Development Goals (SDGs)¹⁰ where SDG 5 targets gender equality.

Albania was granted the candidate status for EU membership in June 2014 and has undertaken and partly implemented a series of reforms that are significant steps in the EU accession process. Gender equality is also a key requirement for EU acquis and the Government of Albania has improved continuously its legal framework on gender equality aligning it with international standards.

1.1.1 Legal and Policy Framework

A series of laws and sublegal acts, policies and action plans¹¹ with a specific focus on gender equality have been adopted in several areas which include

1. Law No. 9970/2008 on Gender Equality (2008),
2. Law No. 9669/2006 “On measures against violence in family relations”, which sets out legal measures for prevention and reduction of DV, amended in 2008, 2010¹² and in 2018¹³ to provide for immediate protection for women and girls and other members of the family, who experience violence and supported with three sub-legal acts¹⁴ one of which defined standards for service provision in the **first rape** crisis center in Albania for sexual assault “Lilium” Centre located in Tirana established in December 2018,

8. Parliament of Albania ratified CEDAW in 1993 and its optional protocol in 2003

9. Parliament of Albania ratified Istanbul Convention in 2013

10. Resolution on SDGs was adopted in 2015

11. This is not an exhaustive list of legal acts and policies in the GE and GBV area, but the focus here is more on advancement of women rights, including violence against women and girls.

12. Amendments in 2010 provided for establishment of a national center for services of social care for victims of DV, protection of victim's personal data and coordination of referral mechanism to support and rehabilitate victims of DV.

13. Amendments in 2018 improved legal definitions of domestic violence in line with the Istanbul Convention and CEDAW and strengthened the protective and procedural measures for a more effective response to domestic violence by providing the mechanism of issuing the Order of Precautionary Measures of Immediate Protection.

14. Joint Instruction, No. 866, dtd 20.12.2018, “On the Procedures and Risk Assessment Model for Domestic Violence Cases”; Joint Instruction No. 912, dtd 27.12.2018, “On the procedures and Model for Issuing the Preliminary Measures of Emergency Protection Order” as well

3. Decision of Council of Ministers (DCM) No. 334/2011 “On the establishment of the national referral mechanism for the treatment of domestic violence cases and its way of functioning”, (iv) amendments in Criminal Code 2012 and 2013¹⁵ and Criminal Procedural Code 2017¹⁶, (v) introduction of gender quotas¹⁷ in Electoral Code in 2012 and 2015, (vi) inclusion of gender equality as a core principle of the Law on Organic Budget in 2016 and the Law “On Local Government Finances” in 2017 to pave the way for Gender Responsive Budgeting (GRB) in annual and mid-term budgetary processes at central and local level, (vii) Law No. 121/2016 “On Social Care Services in the Republic of Albania” which sets out the provision of specialized services for abused, raped or trafficked women and girls, as well as sheltering service for pregnant women and girls or single parent with children aged up to 1 year, (viii) adoption of Free Legal Aid in 2018¹⁸, (ix) Law on Social Housing in 2018 which strengthens the protection of the right to housing of the most vulnerable members including victims of domestic violence, Law No.15/2019 “On Employment Promotion” which provides for employment programs for disadvantaged groups¹⁹ including victims of gender-based violence and victims of domestic violence.

The main strategy guiding actions to achieve gender equality in Albania is the Third National Strategy on Gender Equality (NSGE)²⁰ and its Action Plan 2016-2020, where its third strategic objective targets the reduction of gender-based violence and domestic violence. Its vision is “A society which holds gender equality as a prerequisite for sustainable development and aims at zero tolerance towards gender-based violence and domestic violence”. Other important policy documents addressing gender equality and domestic violence are the National Action Plan for Albania for the Involvement of Men and Boys as Partners with Women and Girls for GE and the Prevention of GBV&DV 2014 - 2019,²¹ the National Action Plan for Women’s Entrepreneurship 2014-2020 and the National Action Plan 2018–2020 for the Implementation of United Nations Security Council Resolution 1325 “On Women, Peace and Security”. Local Gender Action Plans are developed in compliance with the European Charter for Equality of Women and Men at local life and approved by the municipal councils in five municipalities in the country (Tirana, Durrës, Shkodra, Elbasan and Korça).

1.1.2 Institutional framework

as the Instruction of the Minister of Health and Social Protection No. 816, dtd 27.11.2018, “On approval of Service Provision Standards and Functioning of Crisis Management Centers for Sexual Violence Cases”

15. DV and some forms of GB-VAW (marital rape, sexual harassment, violent sexual relations with minors, stalking, violation of protection order, trafficking with adults and minors) are defined a criminal offense and harsher sanctions are provided against perpetrators; marital rape is now a separate criminal offense; it is considered an aggravation if a criminal offense is committed against a victim who

16. Legal provisions are introduced to provide for special procedural rights for the juvenile victim, the sexually abused victim and the victim of trafficking in human beings.

17. 30% gender quota in national elections in 2012 and 50% gender quota in local elections in 2015

18. It defines the special categories of free legal aid beneficiaries including victims of domestic violence, sexually abused victims and victims of trafficking in human beings at any stage of criminal proceedings.

19. victims of trafficking / potential victims of trafficking; mothers aged under 18.

20. It was preceded by NSGE-GBV&DV 2011-2015,

21. The plan is partially implemented and some of its key activities are included in the NAP of NSGE 2016-2020.

The Parliament is the highest policy making body in the country which in recent years has strengthened its oversight role in the area of GE, GBV-VAW. In 2018 the Parliamentary Subcommittee on Gender Equality and Prevention of Violence against Women was set up²² and operational as part of the Commission on Labor, Social Affairs and Health and both parliamentary structures cooperate with Alliance of Women MPs (AWMP)²³ to promote gender equality, gender mainstreaming and support measures to address GE-GBV-VAW. In December 2017 the Parliament adopted the Resolution on “Condemning the Violence Against Women and Girls and Enhancing the Effectiveness of Legal Mechanism for its Prevention” addressing all forms of violence against women in accordance with the Istanbul Convention.

The highest-level inter-institutional advisory body for issues related to GE is the National Council on Gender Equality (NCGE)²⁴ established in 2009 and composed of nine deputy ministers and three CSO representatives and chaired by the Minister of Health and Social Protection.

The Ministry of Health and Social Protection (MOHSP) is the lead ministry in charge of designing and monitoring policies that promote GE, gender mainstreaming, reduce GBV and DV and enhance social inclusion. The Ministry exercises its mandate on policy development on GE, GBV-DV and gender mainstreaming through the General Directorate of Policies and Development of Health and Social Protection, and more specifically, the Sector for Policies and Strategies on Social Inclusion and Gender Equality. MoHSP is the key institution of the national mechanism on gender equality and monitors the process of appointment and capacity building of Gender Equality Employees at central and local level. In 2011, MoHSP²⁵ established the National Centre for Victims of Domestic Violence in Tirana with UNDP's support, which is funded by the state budget.

The Deputy Prime Minister was appointed²⁶ in 2018 as the National Coordinator for Gender Equality and authorized to strengthen the national gender equality mechanism at the central level and to undertake a coordinating role.

Other important Ministries with a key role in promoting GE and addressing GBV-VAWG are

1. Ministry of Justice (MoJ) for codifying and harmonizing legislation in general, including aspects related to GE and GBV-VAWG,
2. Ministry of Interior (MoI) where State Police is key in ensuring a secure community environment and addresses among others GBV-VAWG,
3. Ministry of Finance and Economy (MoFE) for mainstreaming GRB in budgetary processes and allocating budgets at central and local government institutions for social inclusion programs (social protection, social housing, employment programs) and the Ministry of Education, Sports and Youth (MEYS) for education on human rights, GE and raising awareness against GBV-VAWG and DV in education system.

22. Decision No. 113/2017 “On the Establishment of the Standing Parliamentary Subcommittee on Gender Equality and Prevention of Violence against Women”

23. AWMP is established in 2013

24. NCGE provides opinions and recommendations on legal and sublegal gender-related acts, discusses reports on monitoring gender equality implementation and GBV, provides recommendations to central and local institutions on GE and combating GBV and DV.

25. MOLASEO at that time

26. Order no. 32/2018 by the Prime Minister

In
2011

MoHSP established the National Centre for Victims of Domestic Violence in Tirana with UNDP's support, which is funded by the state budget.

Gender Equality Employees (GEEs) at the central level (line ministries) and the local level (municipalities) are a core element of the national gender machinery. According to Law No 9970/2008 “On Gender Equality in Society”, GEEs occupy full-time positions within the public administration (line ministries and municipalities) with a focus on mainstreaming gender equality into policy, planning, budgeting, and monitoring processes at central and local level. Currently, 11 out of 19-line ministries have appointed GEEs/Gender Focal Points and 60 out of 61 municipalities have appointed GEEs²⁷. The latter are assigned a multi-functional role in municipalities covering the duties and responsibilities of the Local Coordinator against Domestic Violence (LCDV) and also perform numerous additional tasks related to social services (child protection, economic aid, persons with disabilities and minorities).

Despite progress in establishing the institutional, legal and policy framework to address GE, GREVIO Report in 2017 highlights that legal and institutional response in Albania is mainly focused on domestic violence, whereas other forms of violence²⁸, although criminalized, have not received adequate attention in terms of prevention and civil protection measures and the country needs to work towards the further strengthening of [institutional] mechanisms.

1.1.3 Overview of DV-GBV and VAWG in Albania

62%

of children reported having experienced at least one form of psychological violence during their lifetime.

Violence against women and girls (VAWG) continues to be a serious concern²⁹ and remains one of the most pervasive forms of violence in Albania. Data provided by INSTAT in 2013 showed that more than half of Albanian women (59.4%)¹³⁰ of age 15–49 years have experienced at least one form of domestic violence in their lifetime and nearly 62 % of children reported having experienced at least one form of psychological violence during their lifetime. Other forms of domestic violence included child (girl) forced marriage with a prevalence of 27.2% particularly among Roma girls under the age of 18. Several studies³¹ in the last years conducted in 5 municipalities³² highlighted exposure and risk to sexual harassment, sexual violence and other types of gender-based violence in public spaces in Albania.

The 2016 Scoping Study “On Sexual Harassment and Sexual Violence against Women and Girls in Urban Public Spaces” found that in the three major neighborhoods

27. National Review for the Implementation of the Beijing Platform for Action , Beijing+25, 2019

28. Sexual violence, sexual harassment and forced child marriage

29. EU Progress Report 2017, 2018 and 2019

30. INSTAT (2013), Domestic violence in Albania, National Population –Based Survey

31. 1. Scoping Study “On Sexual Harassment and Sexual Violence against Women and Girls in Urban Public Spaces” UN Women and Observatory for Children’s Rights, 2016;

2. Sexual Harassment and Other Forms of Gender Based Violence in Urban Spaces, Tirana ,Durrës and Fier, IDRA Research and Consulting and UN Women, 2018 at <https://www.un.org.al/publications/sexual-harassment-and-other-forms-gender-based-violence-urban-public-spaces-albania>

3. Sexual Harassment and Other Forms of Gender Based Violence in Urban Spaces, Korca and Shkodra”, IDRA Research and Consulting and UN Women, 2019 at http://www2.unwomen.org/-/media/field%20office%20albania/attachments/publications/2018/05/english_web.pdf?la=en&vs=355

32. Tirana Municipality (3 neighborhoods in 2016 and 2 others in 2018), Durrës Municipality (2018), Fier Municipality, Korca Municipality and Shkodra Municipality (2019)

researched in Albania's capital, Tirana, 32% of the total female respondents and 40% of the total male respondents think that sexual harassment happens everywhere; 24% of participating women and girls and 28% of participating men and boys think that women and girls are subject to sexual violence incidents within their neighborhoods. Another study conducted in 2019 on "Sexual Harassment and Other Forms of Gender Based Violence in Urban Spaces" targeting Korca, Shkodra and Fier municipalities revealed that women and girls in selected public places of targeted municipalities face numerous forms of sexual harassment especially verbal ones³³ and 38% of respondents reported to have been at risk of or exposed to sexual harassment or violence before or after the age of 15.

The most recent data provided by the third Population based National Survey on Violence against Women and Girls (PBNS- VAWGs) in 2018 conducted by INSTAT³⁴ reaffirmed the high prevalence of violence against women in Albania: one in two (52.9%) Albanian women have experienced one or more forms of violence (intimate partner violence, dating violence, non-partner violence, sexual harassment, stalking) during their life time, 47% of surveyed women have experienced intimate partners domestic violence during their life time. For the first time, the PBNS- VAWGs 2018 revealed baseline figures for four other forms of violence: 65.8% of women experienced dating violence during their life-time. 18.1% of women experienced sexual harassment during their life time; 18.2% of women experienced non-partner violence and 12.6% of women have experienced stalking during their lifetime. It also provides data on the acceptance of violence against women among men and women in Albania. Findings revealed that 1 in 2 women believe violence between a husband and wife is a private matter, 46.5% of women believe that a woman should tolerate some violence to keep her family together and 26.1% of women believe a woman should be ashamed or embarrassed to talk to anyone if she is raped. All surveyed women, said that domestic, sexual violence and harassment, and stalking are major concerns for the Albanian society. 83 % believe that it is key for the country to have laws that protect women and girls from violence in marriage/families and 81.9% believe that it is necessary to have in place legislation that protects them from sexual assault and rape.

1 in 2
(52.9%)
Albanian women have experienced one or more forms of violence (intimate partner violence, dating violence, non-partner violence, sexual harassment, stalking) during their life time;

The Government of Albania (GoA) has been assisted in its efforts to develop and implement a comprehensive policy framework to address GE and domestic violence by several development partners in the last two decades where support provided by Swedish government has been of paramount importance. In particular the United Nations (UN) has been and continues to be the main supporter to address gender equality, gender-based violence and violence against women and girls (GBV—VAWG) in the last decade with substantial funding coming also from the Sida³⁵. EU has also provided funding to UN to implement the regional project on "Ending Violence against Women in Western Balkans and Turkey: Implementing Norms, changing minds" in supporting civil society organizations to play an active role to tackle VAWG.

UN's Programme of Cooperation for Sustainable Development (PoCSD) 2017-2021 in partnership with the GoA addresses GB-VAW under output 2.5 aiming to achieve an institutional and behavioral change in preventing and responding to GB-VAW, thereby contributing to freeing women and girls from all forms of GB-VAW and

33. 60% whistling, honking from car or calling names, 55% staring, 53% commenting on appearances/making sexual comments

34. The third 2018 population based national survey on violence against women and girls (NVAWGS) conducted by INSTAT supported by UNDP and UN Women and financial contribution through the Government of Australia in the framework of the regional gender statistics and SDG project "Women Count" and the Government of Sweden in the framework of the UN Joint Program on Ending Violence against Women in Albania. <http://www.al.undp.org/content/albania/en/home/library/poverty/national-population-survey--violence-against-women-and-girls-in-.html>

35. Sida-funded programs respectively on GE (2012-2017) and EVAWIA 2019-2021

from the threat of such violence. In the frame of the UN Joint Programme “Ending violence against women in Albania (UN JP EVAWIA)” 2019-2021³⁶ the expected results will focus on:

1. a strengthened normative and accountability framework related to GBV-VAWG;
2. improved institutional practices, services and coordination for survivors of GBV-VAWG; and
3. challenging norms pertaining to GBV-VAWG at the state, community and individual levels.

MOHSP in partnership with UNDP has contributed in setting up 21³⁷ out of 40 formally established Coordinated Referral Mechanisms³⁸ (CRMs) nationwide mandated at local level to respond to and provide adequate support to survivors of domestic violence (SDVs), counselling and rehabilitation services to DV perpetrators and hold the latter accountable for their actions. While CRMs are established in more than 60% of municipalities (40 out of 61 municipalities), efforts need to be stepped up to establish them nationwide and consolidate the existing ones. MOHSP in cooperation with UNDP in the framework of UNDP Country Programme 2017-2021 highlights support for CRM expansion in all municipalities and UNDP is providing support in establishing 15 new CRMs and consolidating a considerable number of existing CRMs in the upcoming 3 years (2019-2021)³⁹.

In 2015, MOHSP in partnership with UNDP conducted a thorough analysis⁴⁰ of various CRM mechanisms supported in the past by the UN and other partners/donors, aiming at comparing and evaluating their actual functioning on the ground, which served as a guidance document to plan its interventions during the period 2015-2018. The analysis underlined the progress made in establishment and functioning of CRMs in 27 municipalities until 2015 and highlighted the key role played by the Gender Equality Employees assigned also the role of the Local Coordinator for Domestic Violence (LCDV) in some municipalities to make CRMs functional by leading and coordinating Multidisciplinary Technical Teams (MTTS) to ensure provision of basic emergency services in view of limited network of multi-disciplinary services for victims of domestic violence at local level. The analysis recommended establishment of CRMs in all municipalities in Albania and strengthening the existing CRMs through

1. improved inter-institutional and multi-agency cooperation to better implement relevant legislation,
2. allocation of resources for continuous capacity building, adequate staffing, public awareness and provision of a comprehensive package of services to victims of domestic violence to ensure their safety, protection and long-term

36. UN Joint Programme „Ending Violence against Women in Albania“ (UN JP EVAWIA) is led by UNDP, and financially supported by the Government of Sweden and implemented by UNDP, UN Women and UNFPA

37. Bulqize, Diber, Durres, Fier, Gjirokaster, Himare, Kamez, Kavaje, Klos, Kolonje, Korce, Kruje, Mallakaster, Mat, Patos, Permet, Prrenjas, Roskovec, Sarande, Tepelene, Tirane

38. In the past they were referred as Coordinated Community Response (CCR) mechanism and in this document they are referred as the Coordinated Referral Mechanism (CRM) of Cases of Domestic Violence as defined in the Council of Ministers Decision no. 334/2011 on “Establishment and Procedures of the Coordination and Referral Mechanism of Domestic Violence Cases”, as well as in the last changes of LDV in 2018

39. The establishment of new CRMs and consolidation of existing ones will be supported by UNDP in the framework of the UN JP EVAWIA in close cooperation with MOHSP.

40. Metaj, E. (2015). “Analysis of the Functioning of the Coordinated Community Response to Domestic Violence at the Local Level in Albania”, UNDP, Albania at <http://www.al.undp.org/content/albania/en/home/library/poverty/functioning-of-the-coordination-mechanism-for-referral-and-treat/>

- rehabilitation and integration in mainstream society,
3. capitalizing on experiences and lessons learnt from existing CRMs to respond to domestic violence in the framework of Territorial Administrative Reform (TAR) to improve accessibility, quality and timely delivery of services for victims of domestic violence.

The 2018 EU Report for Albania also acknowledges the high prevalence of violence against women in Albania and recommends that efforts should be stepped up to address violence against women through cross-sectorial and local coordination mechanisms, provide more services to women and improve their access to justice. In addition, EU Progress Report 2019 on Albania reiterates the need to further improve institutional mechanisms for protecting victims of domestic violence, guaranteeing gender equality and providing minimum health and social services, especially at the local level.

In order to tailor its further support with concrete actions in the frame of the UN Joint Programme UN JP EVAWIA⁴¹ during the period 2019-2021, MOHSP in partnership with UNDP commissioned a thorough analysis of the functioning of all established CRMs at the local level.

1.2 Purpose and Scope of Assessment

Terms of Reference (TORs) of the assignment defined the scope of assessment, which focuses on providing an independent view on:

1. Analyzing and assessing the functioning of local CRMs
2. Identifying progress to date, good practices, lessons learnt, challenges and recommendations to address CRMs challenges.

The assessment is carried out to inform MoHSP, municipalities, UNDP, UN agencies and other stakeholders on CRMs implementation and functioning at local level, to assess progress to date and identify future needs and support measures.

⁴¹ UN Joint Program “Ending Violence against Women” 2019-2021 is funded by Government of Sweden, coordinated by UNDP and implemented by UNDP, UN Women and UNFPA.

2 ASSESSMENT FRAMEWORK



2.1 Assessment Approach and Methodology

In conducting the assessment, a consultative, inclusive and human rights-based approach was adopted by actively engaging and seeking high quality participation and inputs from key relevant actors and partners involved as members of CRMs and oversight of CRMs.

A list of key stakeholders made up of the following categories was identified:

- central government authorities MoHSP, Sector for Policies and Strategies on Social Inclusion and Gender Equality;
- UNDP staff;
- local government authorities (LCDVs, social service administrators and other relevant staff);
- CRMs' members (police, court, prosecutor, regional social services directorate, regional employment directorate, regional health directorate, regional education directorate, health centers, bailiff office, prefecture, CSOs, Social Administrators);
- CSOs and religious institutions providing services for victims of domestic violence;
- beneficiaries of CRMs services;

The assessment covered all 40 CRMs established until May 2019 in Albania and efforts were made to reach out a balanced representation of identified stakeholders.

2.2 Methods of Data Collection and Analysis

In order to ensure accuracy and quality of assessment, findings and conclusions and enable triangulation of data, a mixed-methods approach for data collection was utilized through the following methods:

- a. **desk study:** review of international instruments, national legislation and policies, literature, particularly from previous similar exercises conducted nationally and internationally, along with other documents provided by UNDP program management including.
- b. **Monitoring Report on NSGE and Action Plan 2016-2020 by MoHSP**, the Monitoring Reports on the Implementation of the Objective No.3 of the NSGE 2016-2020 in 6 municipalities of Tirana, Durres, Elbasan, Korce, Shkoder and Vlora ⁴². Desk review included also an analysis of the data currently generated from REVALB system, which is an on-line tracking system for domestic violence cases treated through a multi-disciplinary approach and level of performance of CRMs at the local level.

42 The monitoring reports for 2017 and 2018 are produced by GADC & AWEN under the EU/UN Women regional programme "Ending Violence against Women: Implementing norms, changing minds."

- c. **face to face semi-structured key informant interviews** were conducted with the following identified categories of stakeholders: 40 LCDVs and/or GEEs (39F, 1M), 20 CRM members (20 F), 8 CSOs⁴³ (service providers), 4 survivors⁴⁴ of DV based on guiding questionnaires for identified stakeholders' categories. (Annex 1).
- d. **semi-structured questionnaires** for identified stakeholders (LCDVs and GE staff and CRM members) were designed and distributed prior to field visits. 262 CRM members (229F, 33M) completed the questionnaires and 36⁴⁵ out of 40 LCDVs and/or GEEs (92%). focus group discussions with identified stakeholders: 31 focus group discussions were conducted where the 355 CRM members (283F, 72M) were available based on a list of Guiding Questions. (Annex 1)
- e. **field visits and on-site observations:** categories of identified stakeholders were visited, interviewed and observed on site in 40 municipalities to obtain necessary information and evidence for data analysis. Five on site visits were also conducted in 5 emergency centers⁴⁶.

The methodology was consulted with MoHSP and UNDP staff, UNDP DV-GBV-VAWG consultants as well as and was pilot tested in two municipalities (Shijak and Kavaje – 1st week of May, 2019) prior to finalization.

The assessment took place during the period 3-31 May 2019⁴⁷ and the consultants were introduced by MoHSP to LCDV and GEEs to provide support in the data collection at local level.

2.3 Risks and Limitations

The following potential risks and limitations were identified that could undermine the reliability and validity of the evaluation results:

1. Access to key informants and stakeholders hindered by their unavailability during the time of the scheduled data collection phase;
2. Time was considered a constraint given the diversity of stakeholders, the considerable number of LGUs with established CRMs and the proximity with expected local elections in June 2019. Efforts were made to complete data collection before May 31, 2019 just before the expected start of the electoral campaign;
3. Assessment draws on the opinions of governmental representatives at central and local level, CRM members and their opinions are subject to bias when people are asked to assess their performance. To address this issue, the consultants relied on multiple sources of information and requested evidence to support the opinions expressed by the consulted stakeholders;

43. Me Woman – Pogradec, Counselling Center for Women and Social Services - Kukes, Murialdo- Fier, Forum of Woman – Elbasan, Center for Human Rights and Democracy – Tropoje, "Mary Ward Loreto" Foundation- Tropoje, Vatra – Vlore, Agrita – Vizion – Diber

44. Interviewed survivors i were from Kukes, Diber, Fier, Klos

45. Three municipalities did not complete the questionnaire: Finiq, Himara and Korca

46. Diber, Pogradec, Roskovec, Prrenjas and Kolonje

47. Municipality of Cerrik is assessed in October 2019

4. Turnover of CRM members particularly of senior LCDVs & GEEs in well-established CRMs (Korca, Shkodra, Berat, Roskovec) and other CRMs affected quality of data as newly appointed staff lacked the capacity and knowledge to provide adequate and quality information on CRM performance and achievements over the last years;
5. Data collected through REVALB system is limited only in recording EPOs/POs and in providing some generic information mostly on SDVs, which constitute around 25% of required data by REVALB. 75% of other required data by REVALB are not collected and recorded in the web-based system;
6. UNDP consultants on DV-GBV-VAWG, who were involved in the past in the establishment of some of CRMs, were consulted only in the methodology design and peer review of the draft report, but not in the data collection phase to ensure a more independent assessment process

75%

of other required data by REVALB are not collected and recorded in the web-based system;

3 MAIN FINDINGS



3.1 Overview of CRM

DCM No. 334/2011 defines that CRM at local level is composed of the following structures (Diagram 1 - CRM Hierarchy):

Steering Committee (SC) representing relevant institutions at local level led by mayor of municipality is an ad hoc coordination structure responsible for i) identifying domestic violence issues and implementation of the law no. 9669/2006 “On measures against violence in family relations”, as amended, in the territory of municipalities and submitting proposals to relevant state authorities in addressing them, ii)) evaluating MTT's performance based on the information and periodic reports on case by case basis as well as making decisions to improve its functioning, iii) approving in principle cooperation agreements between state institutions to implement the law no. 9669/2006 “On measures against violence in family relations”, iv) organizing joint interdisciplinary trainings of their subordinate staff dealing with domestic violence issues, and ensuring that citizens are familiar with the functions of the Steering Committee and other technical structures of the network as well as how to contact them, iv) approving the regulations and procedures on functioning of MTT, v) reporting quarterly to MOHSP on domestic violence issues along with proposals for concrete support and vi) nominating the multi-disciplinary technical team, with technical representatives of the institutions represented in this committee.

Multidisciplinary Technical Team (MTT), whose members are appointed by SC and are technical representatives of SC member institutions and provide services and support to survivors of domestic violence (SDVs) in compliance with their respective mandate. MTT is responsible for i) following up the cases of domestic violence, addressing and meeting the needs SDVs, while ensuring their referral to appropriate services, ii) coordinating and supervising the service delivery, iii) case management, iv) forwarding data on concrete cases to the head of the MTT; v) monitoring and reporting to the SC on coordination of the activities of responsible state authorities at the local level and referral cases of the domestic violence cases ensuring the confidentiality of SDVs' personal data.

Local Coordinator for Domestic Violence (LCDV) leads coordinates the work and services of MTT to refer and respond to cases of domestic violence at local level, initiates, organizes and coordinates MTT meetings, informs SC on MTT's performance and coordinates the activities of local institutions and referral of domestic violence cases. (More info on Box 1).

CRM is a multidisciplinary team of community professionals who have institutional responsibility to respond and address the various needs of SDVs adopting the victims centered approach. They have also the responsibility to avail of legal measures to hold the perpetrators accountable for their actions including legal prosecution as well as providing rehabilitation services for them. Each member of the team plays a key role in the overall community response to the crime of domestic violence.

CRMs are formally established in 40 out of 61 municipalities in Albania as of May 2019 following the approval of DV law No. 9669/2006 “On measures against violence in family relation” and amended in 2008, 2010 and 2018 in compliance with Istanbul Convention,

NSGE-GBV&DV 2011-2015, 2016-2020 and DCM Decision No. 334/2011, “On the establishment and functioning of the national referral mechanism for the treatment

of cases of domestic violence” based on the national strategic platform⁴⁸ on CRM establishment developed in 2009 to support the operationalization of the relevant legislation.

The process of CRMs’ establishment and functioning started in 2007. The Network Against GBV and Trafficking⁴⁹ in close consultation with MoHSP (former MOLSAEO) and UN Women (former UNIFEM)⁵⁰ introduced the model of CCRs in 10 municipalities⁵¹ during 2007-2013. MoHSP in partnership with UN agencies, particularly UNDP, as of 2009 supported establishment of CCRs in 21 municipalities⁵². Other donors such as ADA⁵³, USAID⁵⁴, American Embassy, Sida-funded CSOs under AWEN umbrella,

IAMANEH and SCPA also supported CCR establishment in other municipalities, which is an ongoing process. While the process of CRM establishment is standard and in compliance with the legal framework, each CRM has developed its own profile regarding its level of effectiveness and reflecting the level of support from the municipality management and municipal council, absorption and internalization capacity of donor support, retention of built capacities on addressing DV, intra-institutional cooperation at local level, presence of service providers for SDVs on site and community awareness to report DV cases, on-site absence of several CRM members in some municipalities (judiciary and forensic institutions are located in the main municipality of the region) which render the collaboration and coordination among CRM members quite challenging.

3.2 Functioning of the CRM mechanisms

Each CRM consists of three inter-related structural links:

1. Steering Committee,
2. Multi-Disciplinary Technical Team and
3. Local Coordinator on Domestic Violence and their functioning is assessed based on the following criteria:
 - a. **Structural criteria:** establishment of CRM structures at local level namely SC, MTT and LCDV, structure stability (frequency of staff turnover), on-site presence and service provision structures for SDVs and perpetrators at local level (run by municipalities, CSOs or other actors such as religious/philanthropic institutions);
 - b. **Process criteria:** signing and renewal of MoUs, case management protocols and service standards, number of cases managed, documentation of meetings and cases, frequency of SC and MTT meetings as provided by DCM No. 334/2011, data

48. The national strategic platform was designed in 2009 based on results achieved by UNTF project implemented by members of NaGBVaT in 5 municipalities (Shkodra, Rreshen, Berat, Pogradec and Vlora) during 2007-2009 and the assessment made for this purpose in several other municipalities (Korca, Kukes, Durres and Kamza) where the model was replicated by UNDP in Korca, Durres and Kamza and UNICEF in Kukes.

49. The Network Against GBV and Trafficking consists of these CSOs: Refleksione Association, the Gender Alliance for Development Center (GADC), the Counseling Line for Women and Girls (CLWG), the Center for Civic Legal Initiative (CCLI), and the Shelter for Battered Women

50. Financially supported by UN Trust Fund (UNTF) to End Violence Against Women.

51. Shkoder, Puke, Tirana – District 6, Lezhe, Elbasan, Pogradec, Vlore, Berat, Manez, Rreshen

52. Funded by the Government of Sweden.

53. Equity in Governance Project

54. World Learning

collection and sharing among MTT members and use of REVALB, assessment of CRMs' performance by SC and MoHSP, capacity building of CRM members on DV legal literacy, case management and data collection including REVALB and coordination of data collection, typology of services provided for SDVs at local level, inter- and intra-institutional cooperation;

- c. budgets allocated by municipalities to address DV-GBV-VAWG;
- d. (perceived and self-declared) assessment of CRM members on CRM functioning;

Based on the above criteria, it is assessed that CRMs are functional in 35 out of 40 municipalities where they are formally established, weak/partially functional in two

municipalities (Kolonje and Cerrik)⁵⁵ and non-functional in 3 municipalities (Puke, Kurbin and Librazhd).

3.2.1 Functioning of the Steering Committee (SC)

DCM No. 334/2011 provides the legal basis for the establishment of SC which is formalized through the signing of Memorandum of Understanding (MoU) of the relevant state and non-state actors and institutions⁵⁶ at local level and the mayor, where roles and responsibilities of each party are clearly defined in DCM and reflected in MoU.

The process of MoU signing and its updating is facilitated by the municipality and is chaired by the mayor. 37⁵⁷ out of 40 municipalities involved in this assessment have used MoU model in compliance with the changes provided by DCM No. 334/2011. The signing of MoU was preceded by a series of lobbying and consultation meetings⁵⁸ with heads of relevant institutions to explain the relevant legislation related to CRM, need for MoU, the role of the municipality as the responsible institution to lead it and the legal obligations of respective institutions to cooperate and respond to DV in a multi-sectorial and integrated approach.

37
out of
40
municipalities
involved in this
assessment have
used MoU model
in compliance
with the changes
provided by DCM
No. 334/2011.

55. CRMs in the municipalities of Kolonja and Cerrik report to have addressed cases of DV, yet their functioning is assessed weak on the following grounds.

1. CRM in Kolonja is formally established in 2015 with UNDP support and LCDV has changed three times since then and currently holds the position of CP; there is lack of service provision structures on site for SDVs and perpetrators; the frequency of MTT meetings is low and ad-hoc and there is missing the documentation of MTT meetings, case management and data collection through REVALB and inter-agency cooperation and no budget is allocated to address DV-GBV-VAW.

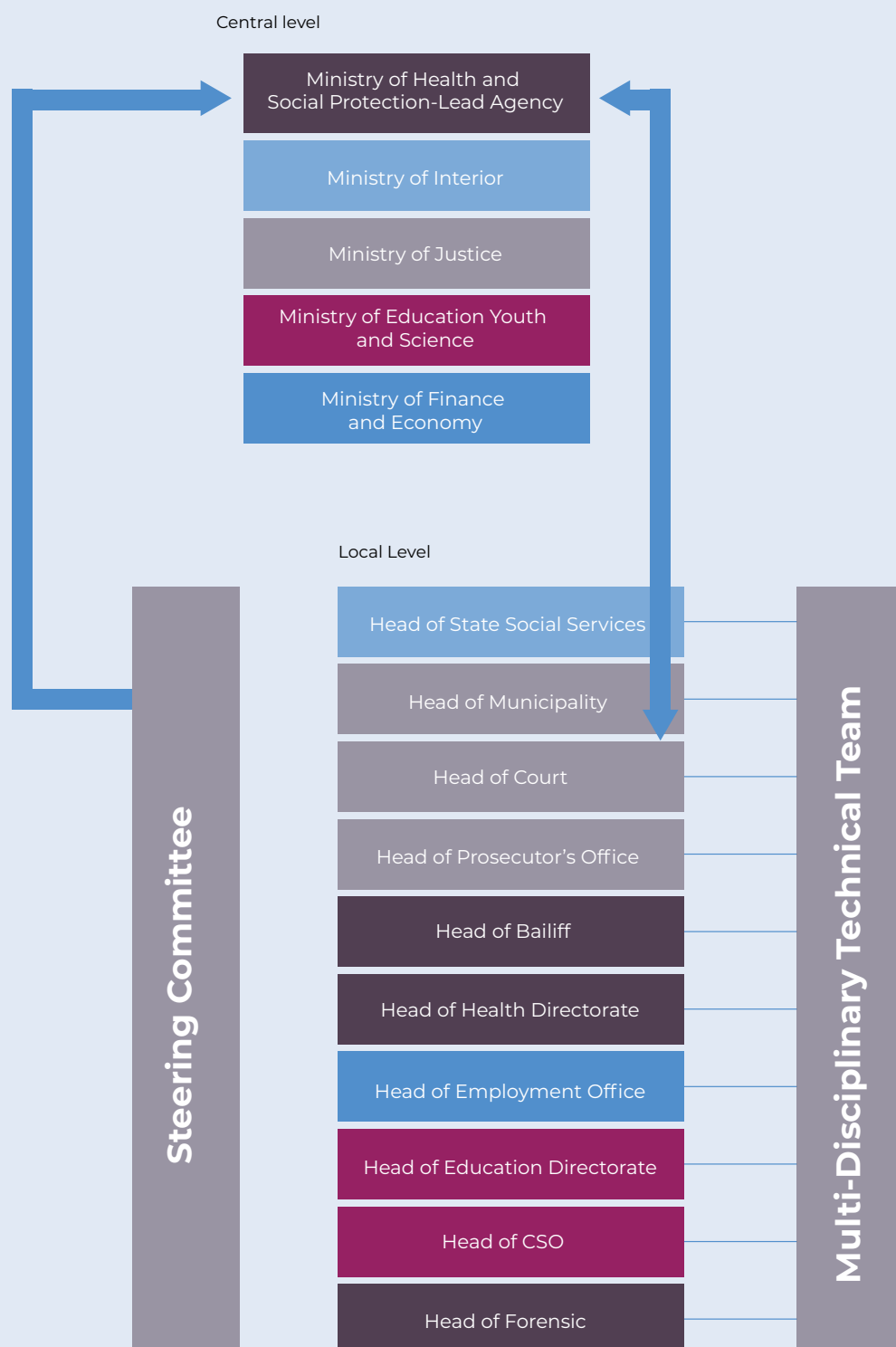
1. CRM in Cerrik is established in April 2016 by CLWG with IAMANEH support. LCDV. Although supported by CLWG for 8 months, the position of the local LCDV was not integrated in the municipality organogram. The Cerrik municipality lacks i) service provision structures on site for SDVs and perpetrators, ii) documentation of MTT meetings, case management and data collection through REVALB and inter-agency cooperation and no budget is allocated to address DV-GBV-VAW. Currently, there is only the GEE employee in the structure of the municipality and no LCDV position or assigned function to GEE.

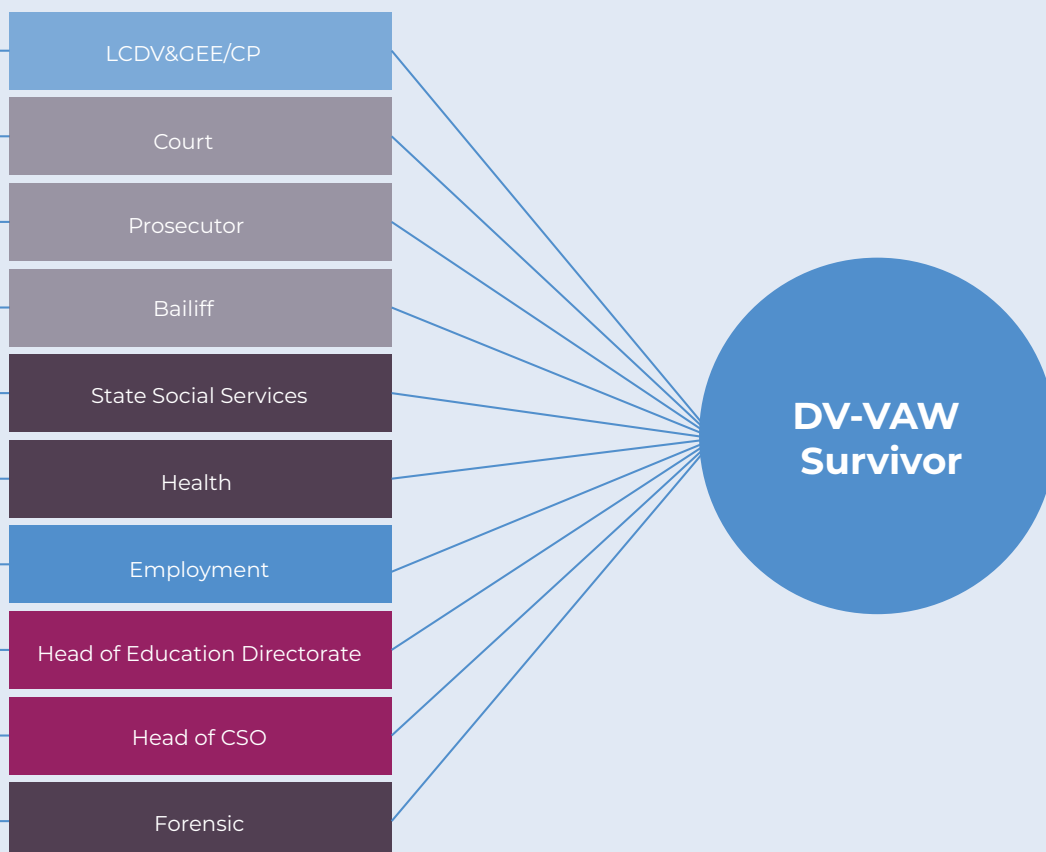
56. State Police, Court, Prosecutor's office, Bailiff's Office, Attorneys; Office, Education Directorate, Health Directorate, Social Services, Prefecture, Employment Directorate, CSO providing DV services, Shelters at local/regional level, Faith-based organizations

57. Municipalities of Librazhd and Kurbin reported that have not a signed MoU

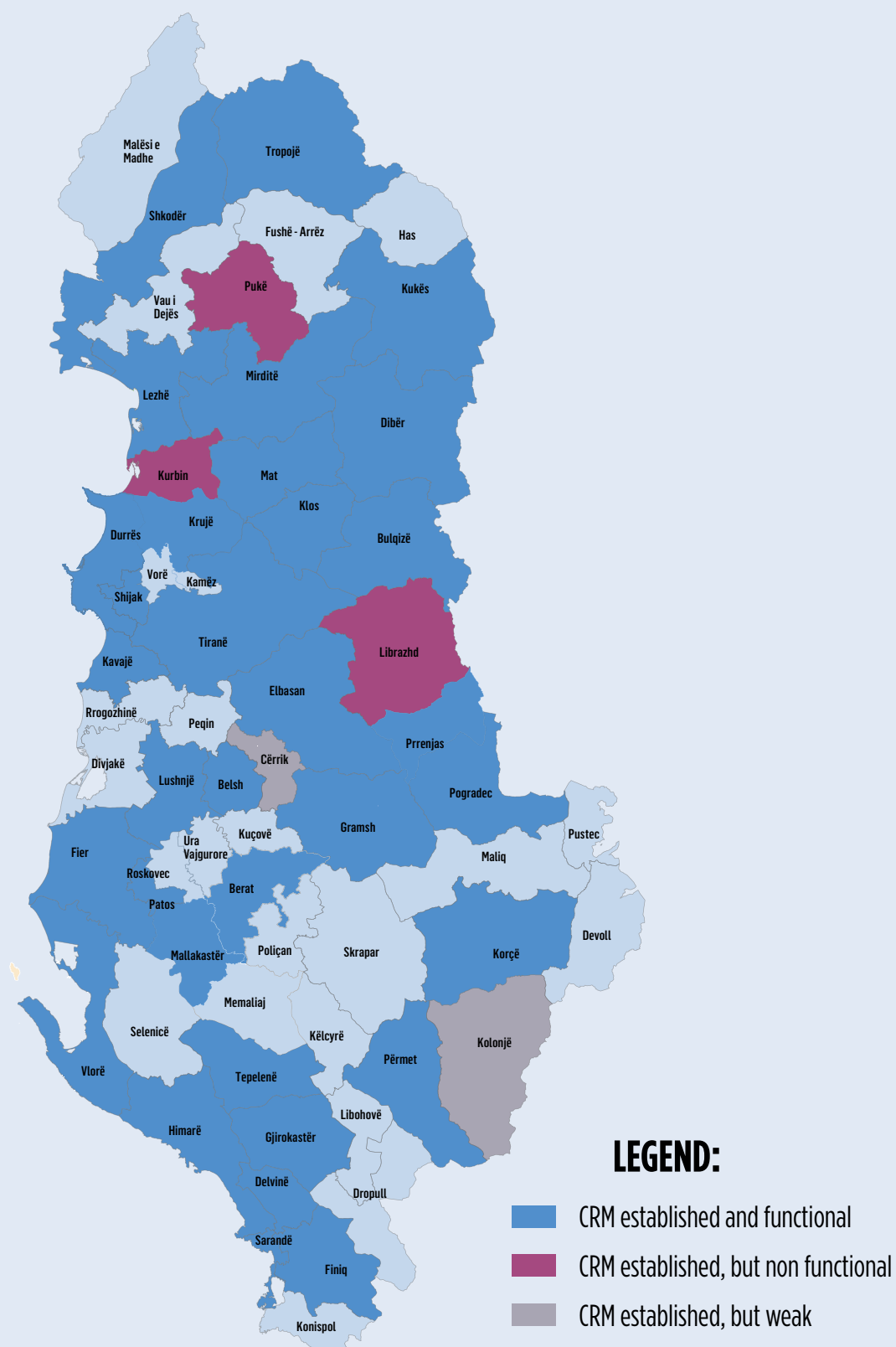
58. Lobbying and consultation meetings were mostly supported by development partners in municipalities they provided technical assistance to establish CRMs in close cooperation with LCDV and GEEs.

Diagram 1: CRM Hierarchy





Tabele 1: Map of CRMs in Albania



Most of SCs formally operate on the basis of original (old) MoUs. Only 9 municipalities⁵⁹ have renewed their MoUs where new local institutions and CSO members are included as well.

SCs are assessed as the weakest link in the CRM architecture. Most of SCs have been convened only once since their establishment, except for 3 municipalities⁶⁰ which report that SCs are convened up to 4 times (quarterly) a year as required by the law. In general, SC's role is perceived passive in

1. sharing information with their staff about the MoU with the municipality and other institutions/organizations which are members of CRM,
2. in identifying problems and addressing them properly,
3. in timely appointing and replacing their representative in Multidisciplinary Technical Team (MTT) in case of staff turnover,
4. in conducting monitoring and assessment of the work of MTT,
5. attending periodic meetings organized by the mayor and reporting quarterly to the respective ministry on CRM functioning at local level.

SCs are required by DCM No. 334/2011 to report quarterly to MoHSP, but do not fulfill this obligation. Only municipalities (LCDVs) report on annual basis on CRM functioning to MoHSP as well as on ad hoc basis upon request of MoHSP.

In general, the heads of institutions, members of the SC, lack a deep understanding of the law on domestic violence and moreover of recent amendments to the law on DV. More importantly they demonstrate lack of general understanding of DV as a serious crime and human rights violation which requires an integrated multi-sectorial approach in dealing effectively with each DV case and the more so in preventing DV cases in local communities through a zero-tolerance philosophy. In some special cases, the heads of institutions such as prosecutor's, bailiff's office and even mayors lack the will to continue supporting the functioning of a CRM set up by their predecessors⁶¹.

The role of Steering Committee is considered "anemic" and mostly limited in nominating MTT members. None of municipalities report that SCs have assessed the MTT's work. A more active role of mayors with support of LCDVs is needed to push SCs to take over their role and become more active and cooperative at local level. More efforts need to be invested in improving intra-institutional communication and cooperation between SC, MTT and LCDV.

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59 Elbasan, Shkoder, Kukes, Tropoje, Mat,Korce, Lushnje, Tirane, Permet

60 Elbasan, Permet and Tepelene (No data was provided for Korca Municipality)

61 CRM in Puka municipality was established in 2010 with the support of the UN Trust Fund project. The support ended in 2013 and the CRM including SC and MTT operated under the MoU signed between all the institutions defined by the law, as well as the local coordinator performing the functions set out in the Domestic Violence law. With the support of the project, an office with appropriate standards for the interviews of DV survivors was set up. With the end of the support, in 2014 the CRM stopped functioning. Two local coordinators who worked during the project were removed from that position and furthermore they were not appointed in other positions within the municipality. Following the local elections in 2015, the new mayor did not have in his priorities the issues related to domestic violence and gender equality.

Box 1. Korca Municipality includes Social Administrators in MTT

The municipality of Korca is assessed to have a well-functioning CRM in place and is showcased as a best practice at national. Following the implementation of TAR in its territory, it has extended the membership to MTT to Social Administrators who cover rural Administrative Units. In addition, each AU has set up a mini-technical team to identify DV cases in rural communities and refer them to MTT for a multi-disciplinary case management and treatment. According to the 2018 Monitoring Report on the Implementation of Gender Equality Strategy 2016-2020 and its Action Plan 13 cases were identified and referred by the mini-technical teams of the Administrative Units at the MTT meetings contributing to a better functioning of MTT and geographical coverage of its municipal territory with services.

Social Administrators participate in each MTT meeting, contribute in identifying cases in their administrative units, refer the DV case to the LCDV, collect data through the unique data collection form, and forward them to the LCDV to record them in REVALB system. Social Administrators also play an active role in raising community's awareness on DV and in reporting it.

Despite the progress so far, there is still a need to strengthen their role as coordinators of the mini-technical teams at the Administrative Units level. This will require more on-the-job trainings in case management issues to capacitate them in case management and data collection and not limiting their role only in case identification and referral.

3.2.2 Functioning of Multi-Disciplinary Technical Teams (MTTs)

3.2.2.1 Composition of MTTs

MTTs are composed of members nominated by representative institutions in SC, child protection (CP) specialist, LCDV, CSOs and even faith-based organizations' representatives⁶² providing services to SDVs if they operate in the area, lawyers, psychologists providing legal and psycho-emotional support to SDVs.

Following the territorial reform, where the administrative area under the management of the municipalities has more than doubled, the responsibility for the identification and referral of domestic violence cases in peri urban and rural areas is assigned to the Social Administrators, who are also MTT members in some municipalities. In the most of assessed municipalities, Social Administrators are mainly in charge of administrative issues including economic aid and most of them are not trained in domestic violence cases, DV law, standards and methods of identification and referral of DV cases. They are merely informed of these responsibilities, which are not included in their job descriptions. Most of them have a background in economics or finances and not social work which limits the fulfillment of the above duties and responsibilities.

62. Shkodra, Lezha, Gramsh

Continuous capacity building is needed for MTT members to ensure understanding of their role and function in MTT as provided by legal framework, DV law and its recent amendments and sublegal acts (2018), case management procedures and MTT functioning.

Nevertheless, there are good examples of inclusion of Social Administrators in MTTs and their involvement and capacity building in DV case identification and referral in a number of municipalities (Tirana, Elbasan, Korca, Lushnje, Shkodra, Saranda). According to the 2018 Monitoring Report on the Implementation of Gender Equality Strategy,¹³ cases are referred by the mini-technical teams in AUs in MTT meetings in Korca.

It is reported that frequent changes on bi-monthly, semi-annual and annual basis occur in MTT members particularly members representing police, employment office and health institutions as well as justice system, which affects to some extent regular attendance of the MTT meetings, institutional memory, consistency and effectiveness in response to DV cases by the referred institutions and capacity retention at institutional level.

On the other hand, LCDVs have to update the new comers in MTTs on their role, function and legal framework on DV, which adds to their workload. The MTTs operating in municipalities of Elbasan, Tirana, Korca and Vlora are the ones with the most stable MTT members contributing to their well-functioning.

Overall, it is assessed that MTT members are informed on their institutional role and function in MTT, but their role and responsibilities are not included in their job descriptions. Most of them are trained on legal framework and case management by development partners/donors, CSOs and they engage in providing requested services for referred cases, but frequent staff turnover creates temporary disruptions in the functioning of MTTs and calls for continuous trainings. Continuous capacity building is needed for MTT members to ensure understanding of their role and function in MTT as provided by legal framework, DV law and its recent amendments and sublegal acts (2018), case management procedures and MTT functioning.

3.2.2.2 Operation of MTTs

It is assessed that MTTs function with varying degrees of effectiveness and efficiency across the municipalities.

The MTT's functioning followed established procedures: periodic monthly/bimonthly meetings of MTTs according to law requirements, set-up of case management system, documentation of meetings such as list of participants, minutes, agenda etc. With the phasing-out of donors/development partners' assistance, the established practices are not strictly followed.

According to the 2018 Monitoring Report on the Implementation of Gender Equality Strategy

13

cases are referred by the mini-technical teams in AUs in MTT meetings in Korca.

out of
40
municipalities
assessed, only
28%
conduct regularly
monthly meetings
of MTTs in addition
to MTT ad-hoc
meetings for
emergency cases,
24 municipalities
call a meeting
on ad hoc basis
according to
referred cases and
5 municipalities
have a non-
functional or weak
MTT.

Currently, out of 40 municipalities assessed, only 11 municipalities (28%)⁶³ conduct regularly monthly meetings of MTTs in addition to MTT ad-hoc meetings for emergency cases, 24 municipalities call a meeting on ad hoc basis according to referred cases and 5 municipalities have a non-functional⁶⁴ or weak⁶⁵ MTT.

While there is lacking a standard national protocol on DV case management, only Tirana municipality has developed a case management protocol⁶⁶ and Standard Operating Procedures, Kamza municipality has already in place Standard Operating Procedures on Protection from Domestic Violence and Shkodra municipality has established a case management protocol.

LCDVs & GEEs and some MTTs⁶⁷ use a protocol for case management which consists mainly of a form of data collection for case referral, individual plan, a filing system of referred cases and documentation of meetings, although the latter is not systematic across municipalities (minutes of meetings, agenda, list of participants).

Cases of domestic violence reported at the receiving institution are managed and referred to the respective institutions of MTT based on the specific needs of the SDVs. Data from the questionnaires and interviews provide evidence that the case management has its own challenges since each case has its own typology of problems: some of MTT members change often posing communication and coordination problems, availability and range of services on site is limited where the most challenging is housing and employment, SDVs lack family support, are unemployed, have children and lack education to find employment.

The municipalities⁶⁸ that demonstrate stable MTT members, particularly core members (LCDV & GEE, police, specialized CSOs, court) provide real time response to reported cases of domestic violence.

Lastly, the CP position is recently strengthened and, in some municipalities, it is a full-time position on its own and in others it is a function attached to LCDV & GEE. The recent changes in legal framework⁶⁹ on child protection define the national mechanism (State Agency for Child's Right and Protection) for child protection and structures (Interdisciplinary Technical Group and Child protection Employee at local level) for the prevention and response to child's rights violations and protection measures to respond to cases of domestic violence. Municipalities are required by law to assign a child protection employee in territorial units with more than 3,000 children. In addition, the law provides for administrative sanctions for designated state structures in the Interdisciplinary Technical Group (ITG) for non-compliance with its legal provisions for service provision to children protection. Moreover, the latest DCM No. 353/2018 "On Rules for Functioning of ITG for Child Protection in municipalities and AUs" provides that CP employee reports the cases of weak cooperation by the ITG members to State Agency for Child's Right and Protection for enforcing the administrative sanctions provided in the Law No18/2017 "On Child's Rights and Protection".

63. Tirane, Elbasan, Durres, Korce, Pogradec, Roskovec, Kukes, Permet, Vlore, Prrrenjas, Bulqize,

64. Puke, Librazhd, Kurbi

65. Kolonje, Cerrik

66. With the support of UNDP in 2012

67. Korca, Elbasan, Klos, Tropoje, Pogradec, Fier, Prrrenjas

68. Tirane, Elbasan, Korce, Vlore, Durres

69. Law Nr. 18/2017 "On Child's Rights and Protection", Chapter VII, Administrative Sanctions

The State Agency for Child's Right and Protection has increased its oversight role and the accountability of CP employee through compulsory quarterly standardized reporting and has organized trainings targeting not only CP employees, but also ITG members to improve effectiveness and cohesiveness of ITG's work.

In most of municipalities, MTT members are almost the same as those of Interdisciplinary Technical Group (ITG) for children's case management and the meetings of the latter are regularly organized. This has created the impression⁷⁰ that the frequency of meetings and the dynamics of discussions is mostly within ITG meetings when LCDV & GEE shares also the function of CP employee. On the other hand, as reported by CSO proactive in DV case management, when the CPU and LCDV & GEE's position is shared by the same person, especially in large scale municipalities, the workload of the designated employee (LCDV & GEE and CP) is a very concerning issue that affects the overall case management efficiency.

3.2.2.3 Inter-institutional cooperation

Data from questionnaires, interviews and focus group discussions with MTT members provide evidence that effectiveness of inter-institutional cooperation, communication and coordination varies among MTT members in referring and responding to cases of domestic violence, identifying needs of SDVs and providing the required services to them, in case management, data and information sharing.

The cooperation, coordination and communication are assessed effective with the police as the first entry point of most of reported domestic violence cases who coordinate with the LCDV & GEE to refer the SDVs to needed services, which is of high importance for SDVs' safety.

It is to be noted that cooperation, coordination and communication with local CSOs as service providers continues to rate quite high as they provide and facilitate a range of support services to SDVs (psycho-emotional counselling, legal assistance, emergency shelter and housing, food packages), which in most of the cases, the municipalities lack funding to provide services.

Experienced CSOs⁷¹ including also those that provide services for SDVs are mostly located and operate in large urban areas creating service gaps in remote municipalities or remote areas within the municipality. Yet it is to be noted that most of services provided by CSOs are donor-funded posing a threat to sustainability and availability of the services in the future.

In addition, interviews and focus groups confirm that in most of municipalities there is a core nucleus of active MTT members that is key in effective referral and response to victims of domestic violence particularly in emergency cases (LCDV & GEE, police, specialized CSOs in domestic violence services and court), who identify and coordinate promptly provision of necessary services and actions depending on the case.

In nearly 95% of municipalities, referral and assistance of SDVs to the service providers are conducted institutionally, although in smaller municipalities it is reported that personal contacts of MTT members facilitate the process faster. The role of LCDV & GEE and police

In nearly
95%

f municipalities,
referral and
assistance of
SDVs to the
service providers
are conducted
institutionally

70. Opinions provided by LCDVs of municipalities of Klos, Shijak, Mallakaster, Patos, Kurbin, Bulqize

71. Annex 7 provides a list of experienced CSOs as service providers for DV-GBV-VAWG

is key in sharing information with other CRM members in real time, assessing the DV case and identifying necessary services and coordinate responsive service provision.

In almost all municipalities, there is reported a lack of cooperation by health institutions (particularly hospitals and health centers) in referring cases of domestic violence. Although they are very close to community particularly women and children, their role in identifying and referring them to MTT is very limited in most cases. This is due to a combination of factors:

1. limited awareness of their responsibilities under the law, especially with the new changes to report DV,
2. limited knowledge and capacity to identify the DV cases,
3. fear for their safety to report the DV cases and
4. SDVs unwillingness to disclose to health care staff the real cause of physical injury and considering DV a private issue.

There are a few municipalities such Shkodra and Elbasan and Kamza where local CSOs⁷² are working closely with health centers particularly in rural areas to identify, report and refer DV cases to MTTs through them.

Other MTT members representing prosecutor's office, court, bailiff's, probation's offices and forensic are reported to be less cooperative in MTTs in attending the meetings and slow in sharing information and updates on cases and executing the court's decision particularly for children's alimony. This is related to their limited understanding of the law on domestic violence and its recent amendments, lack of general understanding of DV as a serious crime and human rights violation, which requires an integrated multi-sectorial approach in addressing it effectively and continuous staff turnover of their representatives in CRM creating gaps of institutional information and follow-up.

Box 2: Medical Staff in Health Centers in the Municipality of Kamza Report Cases of Domestic Violence

154 medical staff in the health centers of the municipality of Kamza (health centers in Kamza, Bathore, Paskuqan, Valias, Babrru and Zall Herr) were trained by the Human Rights in Democracy Centre on

1. *identifying all forms of violence against women,*
2. *completing medical reports on SDVs,*
3. *the existing available services for SDVs and*
4. *the legal obligations provided by the Law "On Measures Against Violence in Family Relations" and its latest amendments.*

As a result of capacity building activities, the Health Center of Kamza has issued 11 (eleven) special medical reports for survivors of domestic violence, which are crucial to obtain protection orders for SDVs establishing thus a good practice be followed from other medical institutions (health centers and hospitals) in Albania.

3.2.3 Functioning of Local Coordinator of Domestic Violence

3.2.3.1 Consolidation of LCDV & GEE position in the municipality organogram

It is assessed that the last four years mark a consolidation of the position of LCDV & GEE in the organogram of the municipalities as well as strengthening of their profile of relevant expertise, knowledge and contacts in addressing and coordinating response to DV at local level.

23⁷³ (59%) out of 40 municipalities have incorporated as a full-time the position of LCDV & GEE in their organogram whereas in the rest of municipalities it is a part-time position where the nominated person oversees other functions (economic aid, child protection, education and culture) and it is fully funded by municipal budgets. The municipality of Lezha has nominated two full-time LCDVs & GEEs dedicated to DV, whereas the municipality of Tirana has kept the LCDV position separate from GEE and with clearly defined role focusing on DV.

In most of the municipalities, LCDV & GEE is part of the Department of Social Services/ Social Inclusion which also includes Economic Aid (EA), CP, social housing and in several cases part of Department which also includes social issues such as education and culture. This has enabled a good and timely coordination within the department to provide needed services for SDVs (economic aid, child protection, social housing, free admission in public kindergartens and enrollment in schools for the children of SDVs). While in most of municipalities the position of LCDV & GEE is covered by one person, recently two municipalities respectively in Durres⁷⁴ and Lezha have two LCDV & GEE in their organogram dedicated to DV.

23
out of 40

municipalities
have incorporated
as a full-time the
position of LCDV
& GEE in their
organogram

73. Tirane, Elbasan, Durres, Berat, Permet, Kruje, Lezhe, Delvine, Gjirokaster, Gramsh, Prrenjas, Roskovec, Mallakaster, Fier, Pogradec, Kukes, Kavaje, Tropoje, Mat, Klos, Diber, Bulqize, Korce

74. The second LCDV in Durres municipality shares her time between Durres municipality and AU of Sukth

3.2.3.2 Profile and role of LCDV & GEE

Most of LCDVs & GEE have relevant education in law, social sciences (social work, psychology), but also other degrees such as economics, communication, teacher or even lab technician. Despite the variety in their professional background, almost all of them have attended trainings on DV case management, national and international legal framework on DV provided mostly by development partners or CSOs and in the last years also by ASPA. In addition, more than 50% of them have been mentored and coached by UNDP and other donors/partners in cooperation with MoHSP and former MoLSAEO/MoSWY, including CSOs on CRM functioning contributing in strengthening their capacities for DV cases management.

Kutia 3: Profili dhe funksionet e KVDHF+NBGJ-së

Shumica e KVDHF+NBGJ-ve kanë një profil të përbashkët: ata kanë formim akademik në juridik, punë sociale, psikologji, ekonomi, janë trajnuar nga partnerë të ndryshëm për zhvillim dhe OSHC për menaxhimin e rasteve dhe kuadrin ligjor për dhunën në familje dhe kryejnë funksionet e mëposhtme:

1. ndihmojnë të mbijetuarat e DHF të njohin të drejtat e tyre dhe i mbështesin ato me procedurat për UMPMM / UMM / UM,
2. thërrasin ETN për menaxhimin e rasteve,
3. hartojnë një plan individual së bashku me ETN për mbështetje dhe shërbime për të mbijetuarat e DHF,
4. veprojnë si një ndërmjetës për të lidhur të mbijetuarat e DHF me shërbimet e nevojshme dhe për të siguruar që shërbimet ofrohen,
5. monitorojnë respektimin e UM nga palët dhe bëjnë vizita te familjet,
6. sigurojnë që dokumentet për menaxhimin e rasteve të përditësohen dhe arkivojnë kopjet e UMPMM / UMM / UM në sistem,
7. mbledhin, regjistrojnë dhe përditësojnë të dhënat në sistemin online REVALB për rastet e DHF-së,
8. raportojnë çdo vit në MSHMS,
9. ndihmojnë dhe marrin pjesë në vlerësimin e rrezikut të rastit të raportuar për DHF së bashku me policinë, sipas ndryshimeve të fundit ligjore në vitin 2018.

While efforts to build the capacities of LCDVs & GEEs date back since 2007 and have been continuous over the last decade by various development partners, where UNDP⁷⁵ has been a key actor, retention of trained LCDV & GEEs is not equal across the municipalities due to various factors:

1. political changes in the leadership of municipalities following local elections quite often lead to staff turnover including LCDV & GEE due to low awareness of the leadership of the municipalities on the legal requirements to establish CRM and understanding of the specific role and function of LCDV & GEE in CRM functioning;
2. municipalities face financial constraints to retain LCDV & GEE and integrate them in the municipal organogram where it was formerly supported by development partners/donors leading to loss of local capacity and knowledge on DV case management and disruption of CRM functioning;
3. staff burnout due to work load who decide to pursue other career paths;

75. UNDP has been continuously providing support for LGUs and local coordinators in terms of capacity building related to CRM functioning, financial reporting and REVALB system.

LCDVs & GEEs have been stable in this position for at least 3 years in 17 (55%) out of 40 municipalities⁷⁶, whereas four other municipalities have lost qualified and long-term serving staff in the last year⁷⁷. In the other municipalities the average time in this position is two years and, in some cases, assigned the additional function of CP and Economic Aid. There are seven municipalities where the LCDV & GEE is in this position for less than a year and assigned other tasks (CPU and EA)⁷⁸. For more information refer to Annex 5.

It is assessed that MTT and CRM is functioning better in most of the municipalities⁷⁹ where LCDVs & GEEs have been stable for a long time (at least 5 years) and in some cases since the establishment of CRM and holding a full-time position. Good performance of MTT and CRMs is also noted in municipalities⁸⁰ where LCDVs & GEEs have been stable in this position for at least three years.

Stability in this position, continuous support by the senior management of the municipality and various development partners, and their personal motivation and understanding of their function have contributed to their professional development and strengthening institutional capacities in addressing DV. This is acknowledged by MTT members as key in the functioning of CRM given also the high turnover of MTT members over time. The role of LCDV & GEE is assessed vital and central for the coordination of MTT services to respond to cases of DV, reporting and training of new comers in MTT.

There are several CRMs that have been established at least 5 years ago such as Kukes (2014), Gramsh (2011) and Shijak (2012), but have been dormant due to lack of support by the leadership of municipality and interventions are undertaken by development partners to revitalize them.

LCDV & GEE's role is of paramount importance in all the municipalities, but the more so in the ones⁸¹ that lack on-site service for SDVs as they play a leading role to provide in-person counselling services and coordinate the services which are missing on site by mobilizing local resources (school psychologists, legal department in the municipality, private lawyers on volunteer or pro-bono basis).

LCDVs & GEEs with a consolidated profile and position demonstrate knowledge, expertise, experience and contacts built over the years to coordinate and facilitate a range of services for SDVs (psycho-social counselling, legal counselling, referral to health services, safe accommodation in the territory of municipality or outside it in cases of PMEPO/ EPO/PO, support for economic aid subsistence, employment referral, etc.). Networking among LCDVs & GEEs and CSOs for service provision is key in ensuring access to services on site or outside the territory of the municipality including local and national shelters, counseling centers as well as CSOs dealing with human rights, women's rights or children's rights to find alternative solutions.

LCDVs & GEEs

have been stable in this position for at least 3 years in

17

55%) out of 40 municipalities, whereas four other municipalities have lost qualified and long-term serving staff in the last year

76. Tirane, Durres, Ebasan, Permet, Lushje, Prrenjas, Fier, Mallakaster, Vlore, Kukes

77. Shkoder, Berat, Roskovec and Korce

78. Berat, Belsh, Finiq, Roskovec, Mat, Kavaje, Mirdite

79. Tirane, Elbasan, Durres, Vlore, Fier, Lushnje, Permet, Korce and Shkoder and Berat, although in Korca and Vlora in the last months the position of LCDV and GEE is vacant, whereas in Berat a new LDV is appointed.

80. Bulqiza and Saranda

81. Lezhe, Belsh, Gramsh, Permet, Delvine, Berat, Lushnje, Finiq, Bulqize, Himare, Klos, Kruje, Shijak, Kavaje, Mat, Mirdite, Roskovec, Mallakaster, Patos, Fier, Gjirokaster

LCDVs & GEEs have been active in contributing in development of Social Care Plans and Local Action Plan on GE and requesting budget allocation for DV, which in most cases has not been accounted by municipalities management.

LCDVs & GEEs in partnership with MTT members particularly representatives of RED, police and CSOs, have been quite active in promoting CRM mechanism through public awareness campaigns, its functions and services in community enhancing its visibility, credibility and accessibility at local level.

LCDVs & GEEs have been active in contributing in development of Social Care Plans and Local Action Plan on GE and requesting budget allocation for DV, which in most cases has not been accounted by municipalities management. Nevertheless, the municipalities of Tirana, Shkodra, Korca, Elbasan and Durres supported by UN Women, approved in 2018 a three-year Local Gender Action Plan in line with EU Charter for GE and domestic violence activities are part of such plans.

LCDV & GEE's role, capacities, visibility and presence in the community over the years are strengthened and it has become a strong reference point at local level for the identification, referral and treatment of DV cases as well as is the driving force for the functioning of CRM.

So far, the LCDVs & GEEs is the link that functions better in CRM architecture vis a vis SCs and MTTs yet it needs continuous support from the municipality leadership, development partners and MoHSP to further enhance their capacities and it should be a full-time dedicated position to DV (and separated from GEE, which should also be a full time position dedicated to gender equality) to carry out adequately its role with support from Social Administrators.

3.3 Typology and availability of services for SDVs at local level

Overall, it is assessed that the typology and availability of services for SDVs at local level continues to be limited, underfunded, and understaffed, although there are noted efforts by several municipalities to improve availability of services on site regarding emergency shelters, housing and women's economic empowerment.

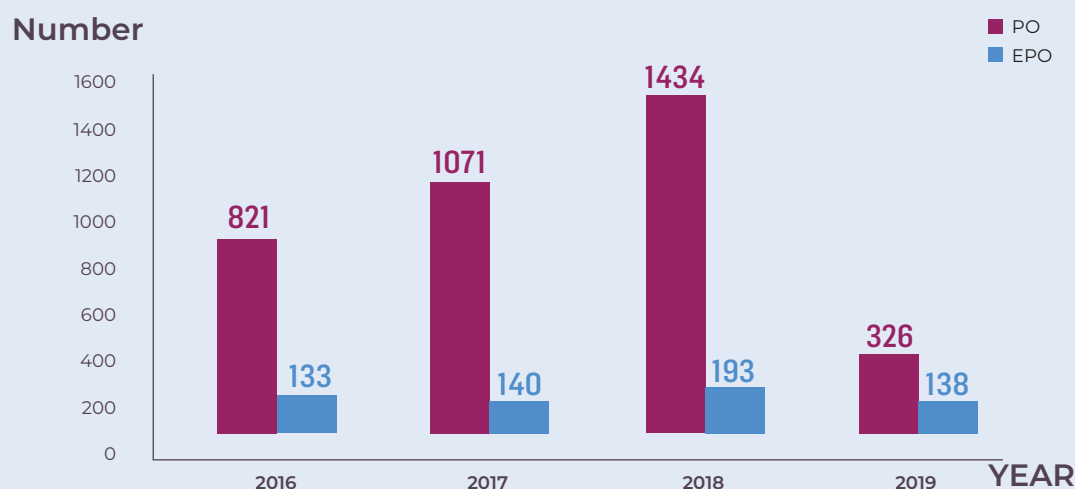
3.3.1 Provision of emergency services

The most frequent services available on site are emergency services provided by local resources such as LCDV & GEE in partnership with MTT members and local CSOs and relate to information on the SDVs' rights and assistance for PMEPO/EPO/PO, protection and transportation to a safe place, emergency shelter, psychological and emotional counselling, legal assistance, health services, emergency packages. In cases where the survivors are accompanied by children, through coordination with the CP employee, child protection services are provided as well: psychological assistance, payment for day care and kindergarten, clothing and school supplies.

As it is noted in the graph below the number of cases provided with POs/EPOs and supported with services at local level has increased over the last years putting a strain on MTTs which have limited resources on ground. Disaggregated data at municipality level for the period 2016-2019 are provided in Annex 6.

The most challenging service identified at local level is the provision of emergency shelter and medium to long term housing. Temporary shelter (24-72 hours) is provid-

Grafiku 1: Prireja UM/UMM 2016 - 2019



Note: Data for 2019 refer to the period January-May 2019

Source: Municipalities, May 2019

ed only in 11⁸² (18%) out of 61 municipalities through emergency centers for survivors of domestic violence either managed by municipalities⁸³ (5) or by CSOs⁸⁴ (8).

In the last four years the emergency centers have been set up as a joint initiative of the municipality (Permet, Pogradec, Roskovec, Saranda, Diber) and UNDP where the latter has rehabilitated municipal premises which are taken over and managed by the municipality or in partnership between the municipality and local CSO⁸⁵ (Shkodra) or run by CSOs (Tirana⁸⁶, Korca⁸⁷, Dibra⁸⁸, Vlora⁸⁹ and Elbasan⁹⁰) supported by various donors.

In order to overcome the challenge of emergency sheltering, some municipalities have identified alternative solutions.

Service provision in the emergency shelters run by the municipalities is the responsibility of municipalities and depends heavily on the coordination role of LCDV & GEE and well-functioning of the integrated and multi-disciplinary services of all CRM members according to the specificity of each case.

82. Permet, Pogradec, Roskovec, Sarande, Diber, Korce, Elbasan (2), Tiranë (3), Shkoder, Vlore, Berat

83. Permet, Pogradec, Roskovec, Sarande, Diber

84. Korce, Elbasan (2), Tiranë (3), Vlore, Berat

85. Woman to Woman with the support by IAMANEH, Switzerland

86. Shelter for Battered Women in Tirana supported by IAMANEH, Switzerland

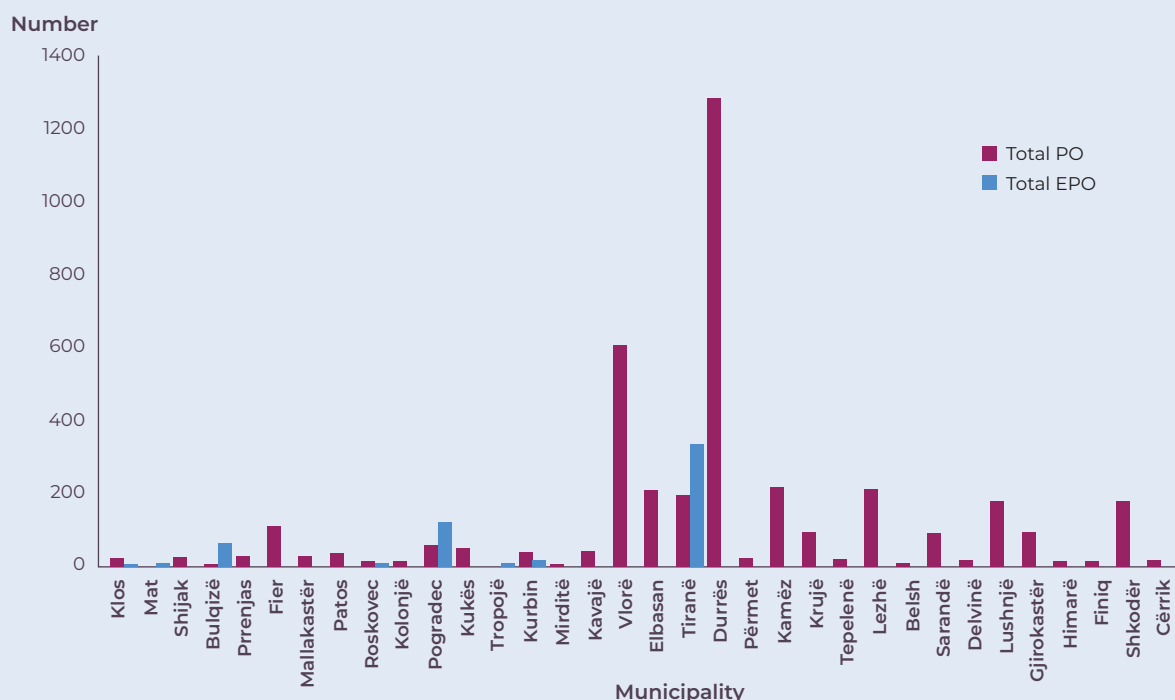
87. Established with support of KENEDI foundation and Jesus Christ for the Balkan

88. Established with support of World Vision and Agritra Vision in close partnership with Diber municipality.

89. Vatra in Vlora is an anti-trafficking shelter but emergency sheltering is offered very often to DV survivors by Vatra, when the case is in immediate need for provisional sheltering, despite the fact that DV cases are not the direct target group of the organization.

90. Women's Forum and Tjeter Vizion/Another Vision in Elbasan

Grafiku 2: Prirja UM/UMM 2016 - 2019



Source: Municipalities, May 2019

So far, the emergency centers have succeeded to provide emergency services and have also relied on external emergency psycho-emotional and legal counselling services provided by local CSOs mostly funded by donors or on pro-bono basis and there is the need that municipalities should plan budgets for provision of emergency services.

Draft standards for the operation and services in the emergency centers are prepared by MoHSP with the support of UNDP and other state and non-state actors and consulted with relevant stakeholders and are pending approval. This will ensure institutionalization of such specialized support services and setting up a monitoring system for quality services to SDVs.

Despite efforts made at local level by municipalities and CSOs to provide emergency shelter and services on site or in the neighboring areas, the service provision is mainly limited to accommodation, safety, information on SDVs' rights, food package and health support. Other services such as psychological counselling, emotional support, legal counselling are either provided by CSOs or LCDVs & GEEs, the latter not being always specialized to deal with cases in shelter or are total lacking in the areas where no CSOs operate leaving SDVs on their own, feeling isolated and decide not to stay there and return to the perpetrator after 24 hours.

Quite often the emergency centers run by municipalities refuse to shelter SDVs beyond their administrative territory due to financial costs, except for the emergency

Box 4: Alternative Solutions as Emergency Centers at Local Level

1. *The municipality of Patos has recently invested in reconstructing two apartments in a social housing unit to serve as emergency centers for SDVs in this municipality;*
2. *The municipality of Mirdita has set up a social housing where 2 cases of DV were accommodated at the time of assessment;*
3. *The municipality of Fier collaborates with Fier Regional Hospital to set up at its premises an emergency center for survivors of domestic violence (women and children);*
4. *The Municipality of Durres piloted the experience of renting an apartment to be used for emergency shelter during the first project supported from UNDP (2012);*
5. *The municipality of Lezha cooperates with the hospital to accommodate emergency cases;*
6. *Several other municipalities such as Vlora, Prrenjas and Bulqiza being aware on the need for such service have included establishment of emergency centers in their social care plans;*
7. *Two other municipalities of Berat and Lushnja are considering to rehabilitate municipal owned facilities as emergency centers;*

centers in Dibra, which accommodates cases from the neighboring areas (Bulqize municipality) or Korca which has accommodated cases from Devoll.

As of 2016, the Counselling Line for Women and Girls operates the national hotline 116-117 for victims of DV-GBV-VAW. It provides 24/7 counseling services, legal assistance, and referrals to other services for survivors' safety and protection. A free telephone helpline number 08009888 operates in Tirana and Durres Municipalities⁹¹.

3.3.2 Provision of medium to long term services and reintegration services

Positive practices for providing medium and long -term housing through social housing⁹² and rent bonus⁹³ programs are established in a number of municipalities, although the needs are higher than the provided services.

The municipality of Tirana has awarded rent bonus to 13 SDVs during the period 2016-2018 which makes up 4% of the allocated budget and all SDV applicants have benefited it. The municipality of Elbasan has supported 8 SDVs with rent bonus in 2018. It is noted that municipalities do not keep disaggregated data for the beneficiaries of the social housing and rent bonus programs as they are included under the broad

As of 2016,
the Counselling
Line for Women
and Girls operates
the national
hotline
116-117
for victims of DV-
GBV-VAW.

⁹¹ Managed by the Community Development Center "Today for the Future"

⁹² Municipalities of Tirana, Elbasan, Mirdita, Tropoja, Bulqiza, Patos.

⁹³ Diber, Vlore, Klos, Mallakaster, Korce, Elbasan and Tirana

The municipality of Tirana has awarded rent bonus to 13 SDVs during the period 2016-2018 which makes up

4%

of the allocated budget and all SDV applicants have benefited it.

category of vulnerable groups. The main challenge is the relatively long procedures from the application to the approval of the social housing programs which take a few months creating gaps in service provision.

As per the DCM No. 955/2016, the SDVs with PO/EPO is entitled to benefit economic support in the amount of 3,000 ALL for the validity period of PO/EPO. This financial support should also be provided when the SDV is beneficiary of economic aid on low income grounds. Nevertheless, SDVs do not simultaneously benefit both payments provided by law due to low awareness of EA employee on this provision and consequently as a result of improper law enforcement, the SDV is forced to choose only one of the financial aid benefits, which is quite low to meet their basic needs.

The municipalities of Pogradec and Mallakaster⁹⁴ have used 6% of their budget for extending economic aid support to SDVs following PO/EPO's expiry.

CRMs make efforts to provide reintegration services to SDVs particularly with focus on vocational training and employment. While access to free vocational training course is easy due to good cooperation with Regional Employment Offices (REOs), employment of SDVs continues to be a challenge despite efforts and coordination among REOs, LCDVs & GEEs/municipalities and local businesses. Quite often SDVs refuse employment opportunities offered by local businesses preferring the economic aid assistance which is smaller in monetary value, but certain and allows them to stay at home and take care of children. In addition, lack of accessible public services such as safe public transportation, day care centers, kindergartens and schools nearby home discourage SDVs to take up employment opportunities.

Most of municipalities lack financial incentives for economic empowerment of vulnerable women where SDVs can be a beneficiary category, yet there are a number of municipalities that have introduced positive measures to encourage directly and indirectly (self) employment of SDVs' and employment of vulnerable women at local level.

There are also a few positive models encountered mainly in municipalities where local organizations provide vocational training services to facilitate employment of vulnerable women including SDVs.

Employment of SDVs in rural area is more difficult due to lack of opportunities and self-employment in agriculture where land is owned by the husband or men of the family.

94. Municipality of Mallakaster has supported 11 SDVs

Box 5: Support Measures for Re-integration of SDVs at Local Level

1. *The municipality of Tirana provides as of 2017 through the project “Women’s Empowerment and Promotion of Entrepreneurship” a start up grant scheme to support women’s economic empowerment and entrepreneurship providing grants in the amount of 280,000-420,000 ALL for feasible business plans reaching out vulnerable women (heads of households, SDVs, women with disabilities or women from ethnic minorities);*
2. *The municipality of Saranda has supported in 2017-2018 vulnerable women’s economic empowerment including SDVs through business idea competition through a start-up grant scheme in partnership with UNDP providing around 4,000 USD to each winning business ideas mainly in the handicraft sector;*
3. *The municipality of Roskovec in 2018 has supported implementation of 11 business ideas of women entrepreneurs to expand existing businesses to provide employment to vulnerable women and plans to develop into a social business a UNDP-ReLOAD funded project on branded organic soap into a social business providing employment opportunities to at least 15 vulnerable women trained by the project;*
4. *CRM in Shkodra, Korca and Elbasan have established good cooperation practices with Regional Employments Office to facilitate SDVs’ employment in local businesses;*
5. *The municipalities of Permet and Peshkopia have supported vulnerable’s women participation in local trade fairs and also in Tirana;*
6. *The municipality of Prrerjas has employed two survivors of domestic violence in the services sector in this institution;*
7. *The municipality of Gjirokastra provides free public transportation for SDVs within its administrative territory and has waived the fees for accessing day care centers and kindergartens for SDVs’ children;*
8. *The municipality of Shkodra has opened 1 new day care center and two new kindergartens and plans to open two more day care centers and two more kindergartens in 2019;*

95. Approved by municipal council in 2017. Budget in 7,700,000 ALL in 2017 and 11,000,000 in 2019

Box 6: Local Service Providers Offer Vocational Training to Facilitate (Self) Employment

1. *Murialdo” Center in Fier Municipality provides vocational training courses to SDVs for preparing sweets products and facilitates the opening of a sweets shop following completion of the course;*
2. *Mary Ward Loreto Foundation in Tropoja provides vocational training courses for women’s economic empowerment including SDVs in enhancing their skills in crafts production and supports them in selling their handicrafts to generate income in the Valbona valley, which is a tourist attraction in northern Albania.*

3.3.3 Specialized services for SDVs

Specialized services for the management and treatment of SDVs are largely missing at local level for people with mental health problems, survivors of sexual violence, counselling services for men and boys as perpetrators of DV, people with disabilities, elderly people, people dependent on alcohol, drugs etc.

There is only one shelter in Tirana which is for the entire LGBTI community and not simply for LGBTI as victims of domestic abuse. The most recent evaluation report⁹⁶ provides evidence of a total lack of support services for women survivors of domestic violence from vulnerable groups such as women with disabilities, Roma and Egyptians, LGBTI which could enable their social and economic integration and independent life.

All municipalities report lack of specialized services for the management and treatment of SDVs that are suffering or are diagnosed with mental health problems. The main challenge continues to be sheltering and treatment of SDVs and perpetrators of DV who suffer from mental health problems, who are quite often accommodated and treated temporarily in local hospitals and then released due to lack of specialized center on site or in the country ending up again in the vicious cycle of DV or becoming potential victims of trafficking in some cases.

Progress is noted with regard to integrated services for survivors of sexual violence and men and boys as perpetrators of DV. Recently as of December 2018 there is established the first state-run piloted center “LILIUM”⁹⁷ with relevant operational standards and procedures and for providing specialized multi-sectorial services to survivors of sexual violence and awareness raised on its services at central and local level actors. Services to survivors of sexual violence⁹⁸ are also provided by Vatra Center in Vlora, which as of 2015 is partially funded by MoHSP.

None of municipalities provides counselling and rehabilitation services for men and boys as perpetrators of domestic violence. These services are provided by CSOs⁹⁹ in the municipalities of Tirana and Shkodra and two similar services are in the process of being established by two other CSOs¹⁰⁰ in the municipalities of Vlora and Elbasan. The CSOs’ staff are trained and certified by IAMANEH a Swiss-based organization to provide counselling services to men and boys perpetrators.

Counselling Line for Men and Boys (CLMB) has signed a cooperation agreement of a national scope with Probation Service and General Directorate of Prisons on working with perpetrators that come through probation office or inside penitentiary system. The Office for Men and Boys in Shkodra has established good cooperation with Court and Probation Service to refer perpetrators for rehabilitation services which works quite effectively.

96. Evaluation Report on Violence against Women and Girls from Vulnerable Groups - An Overview on Violence Phenomenon on Women and Girls from Roma Community, LGBTI and Women and Girls with Disabilities in the Municipalities of Elbasan, Vlore, Tirane and Shkoder, E. Zyba, B. Cani, M. Veizi, Xh. Karaj, UN Women, 2018

97. In December 2018, under the MoHSP leadership the Center was established at the hospital setting, with UNDP support, offering 24/7, one-stop emergency socio-medical support to all victims of sexual violence irrespective of age, gender or sexual orientation. Till October 2019, there are 35 sexual violence survivors that are successfully treated and referred to specialized support services for medium and long term rehabilitation and reintegration.

98. 28% of supported cases are survivors of sexual violence

99. CLMB in Tirana and the Office for Men and Boys in Shkodra (Woman to Woman in Shkoder).

100. Vatra in Vlora and Other Vision in Elbasan

The awareness of the police as the institution which prepares and submits the requests for protection orders need to be strengthened aiming to include in the request the measures for the obligatory treatment of perpetrators. The level of information of MTTs on the existing programs and services for perpetrators and their location need to be improved aiming to be concrete in the requests for protection orders submitted to the courts in different municipalities, which will enable the judges to issue the measure of ordering the perpetrator to attend a rehabilitation program.

While most of women rights' CSOs¹⁰¹ provide free legal aid services and counselling to SDVs, in the last years, the CSOs¹⁰² specialized in legal aid provision have provided free primary and secondary legal aid services to vulnerable groups of the population in six pilot centers set up in the district courts in Lezha, Durrës, Tirana and Fier, Shkoder and Diber¹⁰³. Most beneficiaries of these services are women, SDVs, women heads of households, women with disabilities, Roma/Egyptian women and elderly women. The CRMs in these municipalities report cooperation with these centers in Lezha, Durrës, Shkodra, Fier and Diber to assist SDVs with legal counselling, representation in court for divorce and child custody.

Overall, there is noted some limited progress in the last years in provision of selected services to SDVs, while CRMs mechanism need to develop comprehensive service packages to address the inter-related social issues of poverty, economic dependence, safety, housing, lack of employment skills, legal and psycho-social counselling and other issues that affect the SDVs and their family members dependent on them at local level.

3.4 Functioning of REVALB- data collection system on DV

DCM No. 344/2011 defines concrete obligations and duties for the responsible institutions in data collection, reporting and referral of domestic violence cases. In 2015, the Ministry of Social Welfare and Youth (now MoHSP) launched REVALB, which is a nationwide web-based data collection system¹⁰⁴.

REVALB features record, track and monitor cases treated through a multi-disciplinary approach by CRM ensuring that every reported case is properly managed and treated. Data are fed into the system by LCDVs & GEEs in each municipality in DV case treatment, data collection, recording and monitoring. REVALB is safe and respects privacy and confidentiality of SDVs and is highly dependent on quality of data collected at local level and frequency of data feeding into the system.

DCM 344/2011

defines concrete obligations and duties for the responsible institutions in data collection, reporting and referral of domestic violence cases.

101. Vatra Center in Vlora covering also Fier, Berat, Gjirokaster, Sarandë, Gruaja tek Gruaja (Shkoder), Une Gruaja (Pogradec), Forumi Gruas Elbasan.

102. ADRF, CLCI, TLAS

103. Supported by UNDP Albania with funds from UNDP and UK Embassy.

104. REVALB system was supported by UNDP based on preliminary designs by the Center for Evaluation, Management, and Training (CEMT), partner of the Network against Gender-based Violence and Trafficking.

It is assessed that REVALB is currently used by 26¹⁰⁵ (65%) out of 40 municipalities, which shows that the system is not used systematically in all municipalities to enable consistent monitoring of the DV phenomenon and provide a data basis for analyses especially in the periods between national surveys on DV-GBV-VAWG.

The dynamics of data collection through the REVALB system varies over time and across municipalities. The municipalities with a stable LCDV & GEE since 2015 when REVALB became operational demonstrate steadiness in data collection, whereas the ones where LCDV & GEE position has been subject to staff turnover have data gaps over time.

REVALB is centrally managed by MoHSP staff and UNDP has provided continuous support to MoHSP staff and relevant GE sector staff to increase their professional capacities on how to use the system for DV cases monitoring, analysis, reporting, maintaining and updating the system and exercising their oversight role over LCDVs & GEEs.

3143

is the total number of domestic violence cases reported until August 2019 in the system since its operational launching in 2015.

3,143¹⁰⁶ is the total number of domestic violence cases reported until August 2019 in the system since its operational launching in 2015. The online tracking system provides data also on perpetrators and on follow-up steps on DV cases to the last referral institution. The data produced by the system indicate that there is a high level of referral and treatment of domestic violence cases by the municipality to other institutions, part of the CRM. This is noted mainly in the municipalities of Elbasan, Korca, Pogradec Tirana and Vlora.

LCDVs and GEEs should also record data on the cooperation agreements signed between institutions at the local level which as prescribed in the law constitute the basis of the CRM. This data helps create a clear overview of the municipalities that have set up this mechanism and those that do not have it yet in place. At present, 17¹⁰⁷ out of 40 assessed municipalities (or 21¹⁰⁸ out of 61 municipalities) have recorded this data including name of local institutions that have signed the agreement with the respective municipality including also non-governmental organizations committed to coordinate their actions in referring and managing domestic violence cases.

REVALB avails of various template reports that can be used by LCDV & GEEs to generate analysis on DV trends in their municipalities, SDVs statistics and assess MTT performance, but these system features, which are the same for all municipalities, are not used by them, except for Korca municipality, where the LCDV & GEE¹⁰⁹ has used them effectively for DV reporting, analysis and statistics purposes.

A very limited amount of data mainly related to POs /EPOs are reflected in REVALB system and data are lacking on DV cases which are not supported by courts with POs/ EPOs. Most of municipalities, police and health institutions do not report DV cases

105. Tirane, Durres, Korce, Vlore, Fier, Shkoder, Kurbin, Kukes, Klos, Pogradec, Lezhe, Gjirokaster, Gramsh, Bulqize, Lushnje, Patos, Permet, Finiq, Kruje, Belsh, Berat, Sarande, Mallakaster, Mirdite, Roskovec, Shijak.

106. Year 2015-545 cases; Year 2016 – 862 cases; Year 2017 – 593 cases; Year 2018- 874 cases – Year 2019 (January-May) – 269 cases. All cases reflected in REVALB are those with PO/EPO only.

107. Klos, Bulqize, Elbasan, Gjirokaster, Gramsh, Himare, Korce, Rokovec, Prrenjas, Sarande, Shijak, Tepelene, Tirane, Vlore, Diber, Kamez, Finiq

108. Klos, Bulqize, Elbasan, Gjirokaster, Gramsh, Himare, Korce, Rokovec, Prrenjas, Sarande, Shijak, Tepelene, Tirane, Vlore, Diber, Kamez, Finiq, Vau I Dejes, Pustec, Libohov, Konispol,

109. See Box 13 for more information

which withdraw the charges at the police station or do not want to be identified as a DV case by the health institutions.

The limited data reflected in the system are not shared with MTT members and other actors (in compliance with the legal requirements on personal data protection) to update them on the situation of domestic violence in their municipality. Social Administrators (except for Korça municipality) are not involved in the data collection process for domestic violence cases.

Some LCDVs & GEEs find REVALB not very user-friendly and emphasized the need to improve the web-based application particularly with a module reflecting territorial changes effected following TAR and the most recent amendments in 2018 in the legal framework on DV Law 9669/2011 (amended with law 47/2018).

The unique REVALB data collection form is not used by most of LCDVs & GEEs, who are not aware of its existence, through which they should contribute with data into REVALB system to track CRM's performance. There is a difficulty in collecting data regarding any aspect of the services offered by MTT members.

REVALB system is not systematically used to capture the DV situation in the country and how it is supported with services due to several reasons:

1. staff trained in REVALB use is subject to continuous change leading to loss of capacities and the need to build capacities anew;
2. REVALB is not a priority of LCDVs and GEEs who due to their work load lack time to collect data from MTT members, regularly update the system and generate reports from the system to share with MTT members;
3. lack of MTT members' knowledge about the existence of the REVALB system and the contribution that each of them should provide in terms of data collection and reporting,
4. lack of an adequate and efficient monitoring system at the MoHSP.

3.5 Role of MoHSP in addressing GE, DV-GBV-VAWG

MOHSP is the responsible ministry in charge of issues related to gender equality, including DV-GBV-VAW. DCM No. 508, /2017 on "Defining of the state responsibility scope of the Ministry of Health and Social Protection" states that this ministry is responsible to: e) develop policies to address gender-based violence, child abuse, women and other gender issues, gender equality, protection of children's rights, non-discrimination based on sexual orientation, disability, ethnicity and minority." Law no. 9970/2008, "On Gender Equality in Society" and Law no. 9669/2006, "On measures against violence in family relations" task MoHSP with the implementation of actions related to GE and GBV.

This ministry is the key institution of the national mechanism on gender equality operational at central level and monitoring the process of appointment and capacity building of Gender Equality Employees at central and local level. The General Directorate of Policies and Development of Health and Social Protection, and more specifically, the Sector for Policies and Strategies on Social Inclusion and Gender

Equality are the units in MoHSP that carry out duties related to design, monitoring and evaluation of policies for gender equality, including DV-GBV-VAWG and gender mainstreaming.

So far, MoHSP (former MOLSAEO and MLSWY) has been active in

1. drafting relevant laws and policies on GE, DV-GBV-VAWG and pushing forward their alignment with international standards,
2. coordinating capacity building of gender equality mechanism at central and local level to implement the relevant legal framework in partnership with development partners,
3. partnering with donors and civil society organizations to guide the process of CRM establishment and organizing public awareness raising activities on GE-GBV-VAWG.

Box 7: Internal organization and gender responsive budgeting facilitates services to SDVs in Tirana municipality

The municipality of Tirana has set up the Sector of Social Inclusion and GE as the sector in charge of addressing GE and the domestic violence where the LCDV and head of sector serving also as GE Inspector are focused on DV and have been in these positions for over 6 years. It is part of the Department of Social Inclusion where there are also included the sectors of Child Protection and Social Protection, Social Housing and Economic Aid. This internal structure facilitates coordination of services across sectors for SDVs,

The municipality of Tirana has been supported by UNDP during the period 2012-2013 to establish CRM which is strengthened over years. It has established a case management protocol to address DV in 2012 and in 2018 has approved the Standard Operating Procedures which define the role and responsibilities of the relevant institutions in charge of SDVs' protection through identification, referral, protection, rehabilitation and re integration.

The municipality of Tirana endorsed in 2017 the European Charter on Equality and in 2018 the municipal council endorsed the Local Action Plan on GE 2018-2020 and Social Care Plan which both address domestic violence. This strategic focus on GE and DV has been accompanied with budget allocations as well. In 2018, the budget allocated for addressing DV constituted 0.2% of the total municipal budget and included:

1. 474,000 ALL for the Counselling Line of Women and Girls which is a CSO and a recent CRM member;
2. 2,253,000 ALL for payment of Economic Aid for SDVs provided with PO;
3. 918,800 ALL annual salary of LVDV;
4. 43,000,000 ALL housing bonus where there are also SDVs beneficiaries
5. 11,000,000 ALL for the project "Women's Economic Empowerment and Promotion of Entrepreneurship" where there are also SDVs beneficiaries

MoHSP is the key institution at central level to oversee the process of CRMs establishment at local level, establish standards of service provision for SDVs and monitor the quality of services provided to SDVs and perpetrators and overall CRM functioning, promote inter-institutional and cross-sectorial cooperation at central and local level to address GE-GBV-VAWG.

The main connecting link with the CRM is the LCDVs & GEEs who report annually to MoHSP and provide data on DV-GBV-VAWG through REVALB.¹¹⁰

3.6 Lessons learnt and Good Practices

3.6.1 Legal framework related to measures against domestic violence including CRM is not sufficient in addressing domestic violence if it is not accompanied with the political will of the leadership and senior management of municipalities to commit municipal funding to enable its implementation.

While legal framework on domestic violence and CRM is under continuous improvement, the same cannot be said on the financial commitments to enable

Box 8: Municipality of Elbasan supports measures to address DV

The municipality of Elbasan established in 2010 the CRM in the framework of the project “Developing a sustainable response against DV at local level”. In 2012, the MoU was signed for CRM establishment with the relevant institutions in compliance with the law 9669/2006 and refreshed in 2016. The support by UN Trust Fund ended in 2013, but the municipality continued its work for strengthening the CRM by:

- 1. integrating the position of LCDV & GEE in the organogram of the municipality and allocating budget for this position. The current LCDV & GEE is in this position for 5 years;*
- 2. budget allocation for Economic Aid for the SDVs provided with PO;*
- 3. allocation of 2,000,000 ALLs in 2018 for procurement of services for SDVs, which was not delivered due to complex public procurement procedures;*
- 4. subsidizing the payment for day care and kindergarten for children of SDVs*
- 5. budget allocation for public awareness campaigns;*

The municipality of Elbasan endorsed in 2017 the European Charter on Equality and in 2018 the municipal council approved the Local Action Plan on GE 2018-2020.

In addition, the municipality of Elbasan has developed a Social Plan 2015-2020, Social Inclusion Plan 2016-2020 and Social Protection Plan 2016-2020 where GE and DV are addressed.

¹¹⁰. Supported by the Network against Gender Based Violence and Trafficking, funded by UNTF.

its implementation. Although UNTF and UNDP have provided a holistic model to address DV in terms of structure, human resources and budgets, the model has not been fully incorporated at local level particularly in terms of budgets. Apart from the salary of LCDV & GEE, most of municipalities do not allocate a budget for domestic violence (procurement of services, social housing, women's economic empowerment initiatives including SDVs, awareness raising campaigns).

There are a number of municipalities which have started to incorporate elements of responsive budgeting to domestic violence and GE in the recent years such as Tirana, Elbasan, Durres, Korca, Shkodra, Bulqiza.

Box 9: Municipality of Shkodra revitalizes CRM and diversifies its services to SDVs

The municipality of Shkodra set up CRM in 2008. LCDV and GEE was in this position for 10 years until January 2019. The position is still vacant and is covered by two specialists of the Sector on Strategic Planning, Standards and Monitoring of Social Services.

*Following the TAR implementation in 2015, the municipality of Shkodra covers a territory that is 50 times larger and its population doubled. It consists of 11 AUs: 1 urban area (city of Shkodra) and 10 AUs which used to be former communes. As the new AUs were mostly located in remote areas with poor accessible infrastructure and lacked social services, the municipality of Shkodra engaged as of 2016 in setting up the **network of community-based services through the community centers "For the Family"** to bring and provide services closer to the community. Currently there are operational 12 community centers: 7 in urban area and 5 in AUs. The community centers provide information and counselling services for families and child protection, economic empowerment, parenting counselling, community empowerment and re-integration, family support for child's education needs and school re-integration, services to families in difficult economic situation and vulnerable to domestic violence, services to SDVs based on their specific needs. The centers are staffed by a psychologist and social worker who also deal with domestic violence cases and regularly conduct visits to families to assess and monitor identified cases. The annual budget for the community centers was 6,448,000 ALL in 2017 and 8,658,000 ALL in 2018.*

The Social Administrators cooperate closely with the staff of community centers "For the Family" to identify cases with social-economic problems and DV. They have also been involved by the municipality in training activities to build their capacities in DV issues.

*CRM in the municipality of Shkodra in partnership with the CSOs "Gruata tek Gruaja" and Office for Boys and Men provides **counselling and rehabilitation services for the perpetrators** of domestic violence as of 2014 and it is one of the municipalities where cooperation with Probation Service is quite good. In 2015, the municipality of Shkodra in partnership with the CSO 'Gruaja tek Gruaja-Woman to Woman' set up the **emergency center** for survivors of GBV, which is the only 48 hours residential center in northern Albania.*

*The municipality of Shkodra signed the **European Charter for Equality** in 2017 formally*

111. Supported by the Network against Gender Based Violence and Trafficking, funded by UNTF.

committing to the principle of equality between men and women and has prepared and approved by the municipal council the **Local Action Plan on Gender Equality** in 2018 aiming to address a range of areas related to gender equality: gender based discrimination, gender stereotypes, equal participation in public decision-making, access to quality public services responding to women's and men's needs and gender mainstreaming in local development plan. The municipality has also approved the **Social Plan** in 2018 which plans measures for the CRM functioning.

In 2017, the municipality of Shkodra revitalized CRM functioning by approving the **protocol for case management and renewing the MoU** with relevant responsible public institutions and CSOs operating in its territory for addressing domestic violence and its coordination role was improved. MoU was renewed and signed in 2017 with the heads of these institutions: Municipality, Police Directorate, District Court, District Prosecutor's Office, Bailiff's Office, Probation Service, Prefecture, Regional Education Directorate, Regional Health Directorate, Regional Directorate of National Employment Service, Regional Directorate of Vocational Training, Social Service Directorate, CSOs: "Gruaja te Gruaja", "Hapat e Lehte" and Office for Boys and Men.

Following MoU renewal, the role of municipality increased in CRM functioning and gave a new impetus to inter-institutional cooperation among the CRM members particularly with police, probation service, court and CSOs in coordinating their efforts to respond to domestic violence cases.

The municipality of Shkodra is also engaged in gender sensitive budgeting. As of 2017 it has allocated from its own financial sources an annual budget line in the amount of 300,000 ALL for CRM functioning and domestic violence issues in the mid-term budgets 2017-2019, 2018-2020, 2019-2021 under the budgetary program Housing and Social Services (P.10) amounting to 0.65 % of the total municipal budget which supports mainly CRM coordination meetings and awareness raising and prevention activities in addition to the salary of LCDV and GEE bringing the total amount to 1,100,000 ALL.

The MTB 2018-2020 has allocated a budget line in the amount of 200,000 ALL for the implementation of the European Charter for Equality of Women and Men at local level.

Box 10: Municipality of Durres budgets for procurement of DV services

The municipality of Durres has set up CRM in 2009. LCDV & GEE has been in this position for at least 8 years and in the last years is assigned also with the task of Head of Mayor's Cabinet and a new LCDV & GEE is hired sharing the time between the municipality of Durres and AU Sukth.

The municipality of Durres has signed the **European Charter for Equality** in 2017 formally committing to the principle of equality between men and women and the municipal council approved the **Local Action Plan on Gender Equality** in 2018.

It is the first municipality in the country which provides on site three services for SDVs through procuring services of the Community Development Center "Today for the Future" since 2014 namely:

1. free legal counselling,
2. psychological counselling and

112. Supported by UNDP with funds from the Government of Sweden.

3. free 24 hours helpline 0800 9888 advertised in two main CCR member institutions: Police and District Court.

In addition, it has established good cooperation with the Association Women with Social Problems” for SDVs’ case identification, referral and treatment as well as the Free Legal Aid Service Center established with UNDP support for legal counselling and legal assistance for SDVs with EPO/PO and representation in the court during the period 2017-2018.

Box 11: Municipality of Bulqiza commits budget to provide basic services for SDVs

The municipality of Bulqiza is a small, remote municipality situated in Diber region, one of the poorest regions in north-east of Albania. It established CRM in 2017 and has made commendable efforts in taking actions to strengthen the Office for Gender Equality and Domestic Violence and the role of LCDV &GEE and address the issue of DV in its territory.

Although a small municipality with limited financial resources, it has allocated in 2019 annual budget 240,000 ALL that is currently used to provide basic services to survivors of domestic violence, covering their emergency needs for food, clothing, shelter, safe transportation, financial support for SDVs with emergency protection orders (or protection orders), as well as coordination with other members of the Referral Mechanism for a more professional and effective treatment.

In addition, each SDV with a PO issued by the court is provided with a food aid package in the amount of 50,000 ALL. Once the court issues the PO for SDV, the LCDV & GEE, a dedicated social worker in this municipality, conducts social, economic and risk assessment and determine services needed for SDVs. The municipality also offers rental allowances for SDVs who have to leave the perpetrator’s apartment.

The municipality faces challenges in its work to address DV where the most significant are the lack of an emergency center and lack of CSOs, women’s rights associations that provide services for SDVs.

113. Supported by UNDP with funds from the Government of Sweden

3.6.2 Consolidation of LCDV and GEE position and staff retention is key in CRM functioning

The municipalities¹¹⁴ that have consolidated LCDV &GEE’s position and have retained staff for a longer period (over three years) demonstrate that staff stability and sustainability is key in the strengthening and better functioning of CRM mechanism. The continuous capacity building the staff has received over the years and hands-on

114. Tirana, Korca, Shkodra, Elbasan, Durrës, Vlora, Fier, Pogradec, Permet, Lushnje, Klos, Roskovec, Gjirokaster, Sarandë

Kutia 12: Bashkia e Elbasanit mbështetet në një bërthamë të anëtarëve të MKR-së dhe Sistemit të Gatishmërisë për një përgjigje të shpejtë ndaj DHF

KVDHF+ NBGJ në bashkinë e Elbasanit është në këtë pozicion prej më shumë se 5 vitesh dhe ka krijuar një praktikë standarde për funksionimin e MKR-së. Takimet e ETN-ve zhvillohen rregullisht çdo muaj dhe mbledhjet e KD-së katër herë në vit. Për më tepër, është krijuar struktura e posaçme për veprim efektiv dhe të përgjegjshëm ndaj DHF.

KVDHF+NBGJ në bashkinë e Elbasanit mbështetet në një bërthamë të anëtarëve të MKR për përgjigje të menjëhershme ndaj DHF e cila përbëhet nga KVDHF+ NBGJ, Oficeri i Policimit të Zonës, përfaqësuesi i shërbimit shëndetësor dhe OSHC që ofrojnë shërbime të specializuara si strehëza, këshillim psiko-emocionale dhe juridik.

Bashkia e Elbasanit është bashkia e parë në Shqipëri që krijon sistemin e gatishmërisë së MKR-së me një urdhër të lëshuar nga kryetari për të përmirësuar efektivitetin e MKR-së. Ky sistem lehtëson ofrimin e shërbimeve për raste emergjente 24 orë në ditë. Sistemi përbëhet nga specialistë të Drejtorisë së Kujdesit Social dhe Shërbimeve Komunitare në bazë të rotacionit, të cilët janë në gatishmëri sipas një programi të dakordësuar dhe numrat e tyre të telefonit janë në dispozicion për anëtarët e tjerë të MKR-së. Programi u shpërndahet Drejtorisë së Policisë së qarkut të Elbasanit, Gjykatës së Rrethit Gjyqësor Elbasan dhe Agjencisë Shtetërore për Mbrojtjen e të Drejtave të Fëmijëve. Çdo Njësi Administrative ka caktuar Punonjës Social si person kontakti për referimin dhe identifikimin e rasteve të DHF.

mentoring, the accumulated experience and contacts and the expertise that they have developed has contributed in strengthening not only their profile and capacities, but also the capacities of CRM members in DV response and CRM credibility. Moreover, they have developed mechanisms for rapid coordinated response to DV.

3.6.3 Situation analysis on domestic violence is important in understanding trends and timely responding to DV

It is important that municipalities, SCs and MTTs and LCDVs & GEEs conduct annual situation analysis on a regular basis to obtain a comprehensive overview on women's position at local level (women's participation in local decision-making, women's employment and entrepreneurship, women's access to public services, domestic violence).

In addition, it is important to collect data¹¹⁵ systematically and share them with relevant institutions to understand trends in domestic violence and respond with concrete measures to address it effectively.

115. Data on total number of SDVs for a certain period of time with specific information on gender, age structure, family status, employment status, level of education of SDVs and perpetrators; Geographical distribution of SDVs ; Number of persons with disabilities or immigrants who are survivors of DV; Repeated cases of DV; Level of Referral of SDVs by MTT Member Institutions; Types of services provided by MTT member institutions for each specific case of SDV etc.

Box 13: Vlora municipality improves inter-institutional cooperation to timely respond to domestic violence.

CRM in Municipality of Vlora was established in 2007. It was one of the first pilot municipalities, while the MoU was signed in 2011. Over the years it has developed a practical way on how to coordinate their actions to provide timely services to SDVs.

In the last years, it conducted a situation analysis on trends in domestic violence reporting and drew the conclusion that the highest percentage of cases of violence sought help first to the police station. It was decided to share a detailed list of contact details of all members of MTT with every police station to facilitate rapid response and coordination of actions and services to SDVs.

116. Supported by the Network against Gender Based Violence and Trafficking, funded by UNTF

Box 14: Municipality of Korca trains Social Administrators in data collection for REVALB

The CRM in the municipality of Korca was established in 2009 and the former-LCDV & GEE was in this position full time for over 10 years until end of 2018. As a result of her dedication to work, support provided by the municipality, the cooperation she established with MoHSP and other development partners, CRM in Korca has become a best practice at national level to showcase inter-institutional cooperation among MTT and SC members not only in DV identification, referral and treatment, but above all also in data collection, data sharing and data analysis to obtain a comprehensive picture of DV in its territory including rural areas in Administrative Units (AUs).

The former LCDV & GEE trained and constantly instructed the Social Administrator in Voskopoja AU on REVALB data collection forms for all cases identified in the villages under the Voskopoja Administrative Unit. Every month, the Social Administrator hand-delivered to LCDV & GEE the filled-out data collection forms, and then the data were uploaded into REVALB system by LCDV & GEE. "To my knowledge, the data collection form is completed by every member of MTT. At each meeting of the technical group, LCDV & GEE shared with MTT members the statistics reports generated by REVALB system and we were informed about the services provided by each MTT' member, period of time of service delivery and discussed what should have been done better based on the difficulties encountered. In this way, all members of MTT knew very well the situation on domestic violence in Korça Municipality, as well as the problems faced in referring, treatment and reintegration of DV survivors"

117. Supported by UNDP with funds from the Government of Sweden.

118. Interview with Social Administrator in AU Voskopoja, Korca municipality

Box 15: Inter-institutional coordination and cooperation leads to social and economic re-integration of SDVs in Fier municipality

D.M. born and resident in Fier has been reported as a DV survivor at the Gender Equality & Domestic Violence Unit in Fier Municipality in January 2018. Actually, D.M. is divorced and lives with her 7-year-old daughter in the apartment of her parents, who recently passed away. The case management by the multidisciplinary technical group concluded that “D.M. is a DV survivor, who has been systematically abused by her ex-husband during the married life, a situation that is repeated even after the divorce”.

The survivor was married at a young age and moved to Italy where her former husband had been living for years. “The beginning of married life was very good, but after a while the livelihood became difficult” The former husband began to become violent, to drink alcohol and often neglect family responsibilities. After facing these difficulties, DM returned to Albania where she faced the loss of both parents. But even in Albania, although they did not live together, the former husband blackmailed her with their daughter. Under these conditions, D.M. filed a complaint with Fier Regional Police Directorate which addressed it to the Municipality of Fier in order to benefit from the services. Specifically, Fier Municipality filed a lawsuit for EPO (decision which was issued on 15.02.2018), and submitted it in the Court. Meanwhile, the Child Protection Unit followed the case of her underaged daughter M.Xh. With the support of Fier municipality, the daughter started to attend, for one year free of charge the public kindergarten.

The Social Center “Murialdo” member of Fier MTT offered D.M, a professional training course for 3 months delivered by an Italian professional in the preparation of sweets in the framework of the project “Legality, involvement and awareness are the ingredients for a better society”. This project is the first model implemented in Albania with the incomes generated as a result of Albanian mafia confiscated properties.

The direct beneficiaries of the project are DV survivors, whether or not supported with PO/ EPO. Immediately after the completion of the professional training program, D.M and some other DV survivors have been employed in “KeBuono”, a Social Candy shop. Also, thanks to this project, additional support was provided to the SDV's daughter who attends the Social Candy's Shop premises by engaging in various psycho-social activities, animations, paintings with the children of other DV survivors and children in surrounding areas after completing the school process. D. M. says that she feels very happy that an excellent opportunity was offered to her and expresses the wish that in the near future she will open her own candy shop, thanks to the new professional capacities she recently acquired.

119. Interview with Social Administrator in AU Voskopoja, Korca municipality

3.6.4 REVALB features if used effectively by MMT members enable monitoring and understanding of DV cases and situation at local and national level¹¹⁹

It is assessed that REVALB is currently used by 26¹²⁰ municipalities. Although REVALB system is not used systematically by LCDVs & GEEs and almost not at all by MTTs, the municipalities of Korca, Vlora, Tirana provide a good example how its features can be used effectively to capture the situation on domestic violence at local level.

120. Berat, Bulqize, Durrës, Elbasan, Fier, Finiq, Gjirokastrë, Gramsh, Kavajë, Klos, Korce, Krujë, Kucovë, Kukës, Kurbin, Lezhë, Lushnjë, Patos, Permet, Pogradec, Roskovec, Sarandë, Shijak, Tiranë, Vlorë. and Divjaka, which was not on the list of assessed municipalities

3.6.5 Inter-institutional cooperation and availability of services on site facilitates re-integration of SDVs

It is important that MTT members coordinate their services on site to maximize their contribution to social and economic reintegration of SDVs.

3.6.6 Protection against domestic violence is a long-term process, which requires long-term commitment, resources and coordination of national government and local government authorities, CSOs and donors. Experience in the last ten years of support by development partners/donor community to set up the CRMs at local level and their functioning, provides proof that the system needs not only time, but also resources (human and financial), political will and multi-stakeholder coordination and monitoring to make it functional.

While a number of CRMs have continued to function and even strengthened over the years due to taking over the CRM ownership by municipalities, the political will of the mayors (Tirana, Shkodra, Elbasan, Roskovec, Patos, Klos, Bulqize, Tropoje, Vlore, Fier, Pogradec, Korce, Durres, Gjirokaster) and the coordinated partnership with CSOs as service providers, the other CRMs set up in Kamez, Gramsh, Kurbin, Puke, Shijak show that it is a trial and error process and have needed an “external push” to make them active again.

Political and social efforts as well as initiatives to address domestic violence on medium or long-term basis through Social care Plans, Local Action plans on GE, are not enough if not accompanied with adequate budgeting, data collection, monitoring and evaluation of services, capacity building of actors and public awareness and education on adverse impact of domestic violence.

3.6.7 Prevention costs less than DV case management

Advocacy and awareness raising campaigns at central and local level with well-targeted messages against DV-GBV and VAWG targeting a diversity of target groups (community at large, rural communities, youth in high schools and universities, vulnerable groups such as unemployed women, elderly people, persons with disabilities, men and boys, professionals dealing with DV including police, health care workers, teachers, media, religious communities) organized by MOHSP, CSOs, and CRMs with the support of the development partners (UNDP, UN Women, UNFPA) have proven to be a key effective strategy contributing to

1. changing communities' attitudes, behaviors and beliefs that tolerate GBV-VAWG and consider it a private matter,

2. challenging and combating gender stereotypes and promoting positive images of women and girls,
3. preventing men and women, boys and girls from becoming SDVs or perpetrators, and
4. informing public at large and SDVs on available services to address the problem.

Advocacy and awareness raising campaigns organized jointly by CRM members at local level in schools or with community members including AUs has brought CRM members closer to community and increased their visibility, accessibility and presence on ground.

Organization of systematic advocacy and awareness campaigns since 2015 has borne its fruits as there is increased the number of reported cases of DV each year (9-10%)¹²¹.

3.7 Challenges

3.7.1 Weak implementation of relevant legislation on domestic violence by several “links” of CRM mechanism members and weak inter-institutional cooperation

CRM members representing judicial system (prosecutor’s office, court and bailiff), health centers and forensic experts are reported as the weakest links in CRM mechanism. The judicial system institutions do not attend regularly MTT meetings, share on time data and information on DV cases affecting quality of case management and adequate execution of the court decisions particularly by the bailiff’s office.

Health centers as a service closer to community and particularly women and children are not at the front line of early identification of DV cases and the number of reported cases by them is quite low across the country.

Health centers
as a service closer to community and particularly women and children are not at the front line of early identification of DV cases and the number of reported cases by them is quite low across the country.

3.7.2 Frequent changes in members of CRM mechanism

It is reported a frequent turnover in the members of CRM at three levels

1. representatives of relevant institutions in SC,
2. representatives of relevant institutions in MTT and
3. LCDVs & GEEs. The most affected are MTTs where there is reported a frequent turnover in the representatives of the police, health care and employment. This affects loss of built capacities, quality of cooperation and coordination and case management and translates into additional efforts for the specialist of LCDV & GEE to establish contacts with the newly appointed staff, training on CRM functioning, DV legislation and awareness raising of their functions and responsibilities in CRM. In the last year, it was noted also changes in the position of LCDV & GEE especially in municipalities where it was consolidated (Shkodra, Berat, Korca) creating challenges in the functioning of CRM.

121. <http://www.al.undp.org/content/albania/en/home/library/poverty/national-population-survey--violence-against-women-and-girls-in-.html>

3.7.3 Lack of multi-disciplinary services on site vis a vis diversity of cases of domestic violence at local, regional and national level

The CRM members report a diversity of cases of domestic violence which are difficult to manage due to limited availability of basic services, rehabilitation and reintegration services as well as specialized services not only at local level, but also at regional and national level. Access to the most basic services particularly related to safety and protection (shelter and housing) is not available in all municipalities throughout Albania, or even where it exists it has limited capacity and availability. The lack of these services (shelter and housing) along with the lack of employment opportunities are the most challenging as they lead the survivors of domestic violence to return to the perpetrator and withdraw the complaint.

3.7.4 Early identification of cases of domestic violence and referral to services

The early identification of cases of domestic violence continues to remain a challenge. Most of the cases are reported when the conflict has deteriorated. The lack of specialized staff (social worker) in Administrative Units, poor communication between LCDVs & GEEs and Social Administrators, the low awareness and cooperation of health centers and school staff in urban areas and particularly remote areas and lack of information of community how to deal with such cases affect early identification of cases of DV.

3.7.5 Lack of adequate infrastructure

While the bigger municipalities, have adequate office infrastructure, the peri urban and remote ones lack work facilities such as computers and internet. In addition, all of them have logistics issues to travel to remote areas for case identification or awareness raising campaigns. Almost all of them do not have a 24-hour help phone line to report the DV cases, except for Tirana and Durrës. As of March 2019, MoHSP has started to support¹²² the operation of the national hotline 116 117 run by CLWG, which is free of charge and has a national coverage along with National Police Line 129 and Tirana Police Line 112.

3.7.6 Lack of funding for addressing DV at local level

All municipalities budget for the position of LCDV & GEE, but almost all of them, with very few exceptions, do not allocate funding for addressing the domestic violence at local level namely:

1. procurement for provision of specialized services from non-public service providers (mainly CSOs),
2. women's economic empowerment and
3. community awareness raising on DV. Most of the specialized services (psycho-emotional counselling, legal counselling, emergency shelter and even housing and employment mediation) provided to SDVs as well as community awareness raising on DV are provided for free by the CSOs which are donor-funded or on voluntary basis.

122. MOHSP covers 10% of the national hotline operational costs.

At central level, activities for capacity building of LVDV & GEEs on case management, updating on amended legal framework on DV and awareness raising campaigns on DV at national level “16 days of activism” are mostly delivered in partnership with development partners/donors and CSOs.

3.7.7 Lack of systematic data collection on domestic violence

Systematic and harmonized data collection on GBV-VAWG-DV through REVALB is yet to become an established practice in Albania. The turnover of LCDVs & GEEs at local level has disrupted use of REVALB and data collection. Newly appointed staff in the LCDV & GEE position need capacity building on using the system as well as use of protocols and procedures regulating the sharing of personal data between different members of the referral mechanism need to be adhered to.

3.7.9 AUs lack capacities and resources to identify and report DV cases

Following the TAR implementation, the newly set up 61 municipalities as of 2015 cover larger territories, which are managed by AUs. Peripheral or rural AUs are managed mostly by one person (Social Administrator), whose work focuses on economic aid and administrative issues rather than (social) services delivery. Almost all AUs lack staff with social work background to deal with DV and they are responsible for large territories which they have difficulties to cover. Amendments in the DV law in 2018 assign the Social Administrators with specific duties on addressing DV at local level.

Following the TAR implementation

61

municipalities as of 2015 cover larger territories, which are managed by AUs.

3.7.10 Bureaucracy for obtaining relevant documents

SDVs quite often following the reporting of the case, withdraw due to complicated procedures for obtaining documents for Economic Aid (support) and social housing. There should be a less time-consuming procedure for the documentation given the psycho-emotional condition of the SDVs and limited resources they have (time and money) to go to different offices to obtain the required documents.

3.7.11 Social norms and mentality that violence is a private and not a public issue

Social acceptance of violence against women as “normality”, the subordinate position of women in society and family, prejudice and bias in justifying are the main barriers for reporting and denouncing DV. A recent survey by INSTAT¹²³ revealed that

123. <http://www.al.undp.org/content/albania/en/home/library/poverty/national-population-survey--violence-against-women-and-girls-in-.html>

1 out of 2
women
(52,2%)

aged 18-74
maintained that
all or most people
in community
believe that
violence between
a husband and
a wife is private
matter and the
others should not
intervene and

1 out of 2 women (52.2%) aged 18-74 maintained that all or most people in community believe that violence between a husband and a wife is private matter and the others should not intervene and 46.5% maintained that women should tolerate some violence to keep the family together.

46,5%

maintained that
women should
tolerate some
violence to
keep the family
together.

3.7.12 Need to streamline public procurement procedures for services for SDVs

While there are several municipalities (Tirana, Durres, Elbasan, Shkodra, Korca) at local level which allocate resources to procure services from qualified CSOs for SDVs, most of municipalities do not succeed to follow the public procurement procedures to purchase services due to their complexity. In addition, even when they manage to procure (Durres), their costing is below the market value for the legal and counselling services limiting the impact and range of services that can be procured.

3.8 Recommendations

3.8.1 Strengthening of the institutional framework to address DV-GBV-VAWG and enhancing the implementation of legal and policy frameworks for preventing and combating DV-GBV-VAWG at central and local level

3.8.1.1 At central level efforts should focus on enhancing MoHSP's and GE & GBV sector's role in:

- supporting integration of gender equality principles and standards in national and local policies, programs, budgets (GRB), implementation, and monitoring to
- enable prevention and combating of DV-GBV-VAWG;
- promoting inter-institutional coordination and cooperation at central and local level on implementation of legal and policy framework on GE-GBV-VAWG and DV;
- supporting establishment, consolidation, oversight and monitoring of CRMs and LCDVs & GEEs at local level and ensure CRMs' functioning;
- establish standards and protocols in service provision at local level for survivors of DV-GBV-VAW along with relevant monitoring system;
- improve monitoring and accountability of CRMs in data collection through REVALB and periodic reporting standardizing report formats, frequency of reporting and lines of communication (so far reports are submitted annually by LCDVs & GEEs and no quarterly reports are submitted by SCs);
- improving capacities in REVALB data management and data analysis to track the DV-GBV-VAWG situation at local and national level;
- committing annual budgets for the implementation of planned activities in NSGE 2016-2020 and Action Plan and its evaluation;

- cooperating and coordinating
 1. with donors and ASPA for unifying capacity building interventions targeting LCDVs & GEEs and MTT members in implementing DV-GBV-VAWG legal framework validated with credits and recognized by their respective institutions,
 2. with senior LCDVs & GEEs to capitalize on their experience and set up a knowledge management network/on-line platform where issues are discussed, opinions are exchanged and support and guidance is provided to new LCDVs & GEEs;
- monitoring implementation of DV-GBV-VAWG legislation, identifying system deficiencies (bureaucracy, rigidity of procedures) and addressing them through improved legal framework and capacity building for its proper implementation (e.g. procurement of services from non-public actors/CSOs, streamlining of documentation for accessing services such as EA, social housing, national shelter);
- advocating with the incoming local administrations following June 2019 local elections to retain LCDV & GEE staff as an important factor in institutional memory in addressing DV-GBV-VAWG, CRM functioning and make it full-time position where it is part time;
advocating with DOPA to promote staff retention policies for members of MTT including LCDVs & GEEs at least for four years to address capacity loss due to staff turnover on political grounds;
- making compulsory through an amendment to DCM NO 334/2011 that SC appoints two staff members in MTT (one key and the other as back up) to ensure information sharing and case follow up at institutional level, coherence in service provision and avoiding communication, coordination and cooperation gaps if the nominated staff leaves.

3.8.1.2 At local level efforts should focus in strengthening the role of municipalities and relevant local structures in implementation of DV-GBV-VAWG legislation particularly in:

- expanding the CRM model in 61 municipalities while already established in 40 and operational in 35 municipalities in Albania based on lessons learnt and best practices from existing CRMs in terms of resources, procedures and consolidated practices. It is important that the CRM establishment process is led by the local governments (mayors) and adjusted to the local context based on available resources and capacities;
- consolidation of existing CRMs in its three components: SC, MTT and LCDV:
 1. re-activation of SC's role through renewal of MoUs to reflect institutional changes and dynamics at local level, convening them periodically and regularly as provided in the law and take over its responsibility to hold MTT members accountable and assess periodically MTT's performance. The role of the mayors in reactivating SC is key particularly following June 2019 local elections in (re) establishing contacts with SC members and convening SC, renewing MoUs and raising awareness on SC's role. SC members should appoint at least two representatives (one as back up) of their institutions in MTT to ensure continuity of representation and institutional memory and include their role in addressing DV in their job descriptions.

2. strengthening of MTTs' role and capacities. Given the high turnover of MTT members including LCDVs & GEEs, there is the need to provide continuous training to MTT members including Social Administrators in dealing with domestic violence and building sustainable knowledge and skills on domestic violence issues. It is recommended hands-on regional trainings to MTTs' members as a team rather than trainings based on typology of institutions to encourage networking, interaction, inter-institutional cooperation and learning and above all a unified understanding of the institutional responsibilities of dealing with DV and its associated social risks. MTTs need to be supported with continuous practical trainings on implementation of legal framework and its amendments (risk assessment, individual plans), early identification of DV cases, case management, standardization of procedures and protocols for DV case management, documentation of meetings, inter-institutional cooperation, study tours in municipalities with functional CRMs and good practices to showcase (Elbasan, Korca, Tirana, Shkodra, Roskovec, Bulqiza) providing opportunities to learn by example, share experiences and establish an inter- and intra-regional cooperation and network. The role, duties and responsibilities of each MTT member including the Social Administrators should be clearly defined in their job descriptions by the respective institutions and should not be an add-on task assigned to them verbally.
3. strengthening the LCDV & GEE's role by providing continuous trainings, networking and additional qualified human resources (preferably social workers) in municipalities (social service department) An induction package needs to be developed and available to new LCDVs & GEEs on their function, role and legal framework on DV along with capacity building in case management, coordination and procedures. Senior LCDVs & GEEs can also serve as resource persons for training newly appointed LCDVs & GEEs, establishment of new CRMs and setting up a ToT for providing roll-on trainings to new LCDVs & GEEs and new MTT members;
4. strengthening the role of AUs in identifying, referring and treating cases of domestic violence through the appointment of specialists of domestic violence (preferably social workers) in AUs located particularly in large municipalities with a high incidence of domestic violence and an extended number of AUs. This is an emerging need particularly for the municipality of Tirana which has 24 AUs and three neighborhoods serving one third of country's population. The appointment of domestic violence specialists in each AU or covering two AUs depending on the number of inhabitants would be a key factor in successfully identifying, treating and referring all cases of domestic violence, collecting data on a case-by-case basis, addressing the needs and concerns of SDVs and would certainly have a positive impact on CRM strengthening and functioning;
5. increasing municipal budgets to improve the range of services for SDVs at local level through implementation of GRB which is mandatory as of 2017 at local level by matching planned interventions in local development plans/ social care plans/local plans for GE with budget allocations for development of comprehensive package of services for SDVs to respond to their short and long term needs and ensuring their rehabilitation and social and economic re-integration in society (emergency centers, 24 hours phone help line, free counselling services, social housing, women's economic empowerment,

setting up rehabilitation programs for boys and men perpetrators and services for vulnerable groups such as persons with disabilities, LGBTI or persons with mental health problems). This is an immediate need to be addressed particularly by large municipalities with a high incidence of DV-GBV-VAWG.

Municipalities running emergency centers should explore opportunities for optimizing the efficiency on their use to enable access to services to SDVs from other municipalities within the same “qark/region”. In order to facilitate this, the municipality can draft a MoU and a clear “cost sharing” plan with other neighboring municipalities. Municipalities should advocate with central government institutions (MoHSP and MoFE) for more funds for social services (social fund, social housing schemes) for vulnerable groups including SDVs.

- improving inter and intra-institutional cooperation and coordination among MTT members particularly those who have a weaker role in CRM: judicial system including public and private bailiffs, health, education and employment to pledge their commitment to the common goal of eradicating violence against women. It is of paramount importance to consolidate the cooperation, coordination and communication between i) the LCDV & GEE and police for risk assessment, safety plan, ii) between the police and bailiff's office on POs/EPOs' execution, iii) the Court, Probation Service and qualified service providers for rehabilitation services for boys and men perpetrators.

3.8.2 Improvement of REVALB data collection system with relevant supporting tools

- upgrading of REVALB features (unified data collection form, reporting features in compliance with MoHSP statistics requirements, customized reports for municipalities) to improve the information flow, monitoring and reporting on DV-GBV-VAW at local and national level in compliance with the latest amendments in the Law No 9669/2011 “On Measures against domestic violence in family relations” and territorial changes effected under Territorial Administrative Reform. In order to facilitate DV data sharing on important indicators with the public, a dashboard linked to REVALB system can be designed as an information management tool to visualize and track key performance indicators, and other key data relevant to DV in Albania. The dashboard can include features to mix and match text, graphics, infographics and simplify complex data sets to provide its users, MoHSP and public at large an overview of DV situation in the country. It is important that capacity building is provided to MoHSP team and MTT members on using REVALB and effectively using its features on statistical analysis and reporting on DV-VAW.
- strengthening the capacities of MTT members including social administrators on REVALB and data collection on domestic violence even though they are not the main users of the REVALB system. Collection of data on the ground by all local actors that provide services is the most challenging and at the same time instrumental to enhance

understanding of the data importance to track the level of services provided to SDVs, analyze the performance of each MTT member and take corrective measures to improve MTT's performance. A real time data feeding web-based integrated system will allow for a more effective monitoring of CRM functioning and will contribute to increasing the responsibility of each MTT member for data collection. For this purpose, ongoing capacity building and mentoring of LCDVs including as well other MTT members and Social Administrators on data collection and use of REVALB is important. This can be through regional and municipal trainings with representatives of municipalities, MTT members including social administrators and MoHSP staff to define their distinctive roles in the protocol of data collection, use of unified DV data collection form and data entry in the REVALB system.

In addition, on the job training can be conducted with LCDVs & GEEs on updating, maintaining and using the electronic data system in order oversee the data entry on domestic violence cases and the production of system-generated reports of local and national relevance. LCDVs should also play a better coordinating role with each member of the MTT for timely provision of data and insertion in REVALB. LCDV & GEE should disseminate monthly, quarterly and annual reports generated by REVALB to SCs and MTTs ensuring SDVs' personal data protection. These reports should contain information on the cases for the procedures followed, the measures taken and the problems encountered, which may require action by SC members.

- synchronization of relevant DV-GBV-VAWG data across relevant public central and local authorities' online systems to address data discrepancy. Synchronization of data needs to be realized across all relevant state actors such as MoJ, High Council of Justice, Courts, Prosecutor's Office, Probation Service, Police, MoHSP since all these institutions have their own data collection systems. There is the need to review the existing online systems and associated requested information and documentation in order to ensure consistency and quality in data collection, data synchronization and production in real time of data reports.

3.8.3 Advocacy, awareness raising and enhanced knowledge on DV-GBV-VAWG and CRMs' services

Advocacy, awareness raising and knowledge enhancement on DV-GBV-VAWG should be systematic and supported with funding by central and local government and coordinated with donors and civil society organizations throughout the year and should target:

- central level and local level in raising awareness and knowledge on DV-GBV-VAWG legal framework and its recent amendments and the respective institutional roles. Following the local elections in June 2019 it is imperative that MoHSP advocates with the new leadership in municipalities on their legal obligation in addressing DV-GBV-VAWG and in establishing, leading and supporting the CRMs. This carries particular importance given that more than 40% of local administration will be new particularly in municipalities formerly run by the opposition which might be

exposed to staff turnover based on past experiences;

- professionals at central and local level (police, health care providers, judges, bailiffs, social workers, teachers, religious institutions, media) dealing with domestic violence and other forms of VAWG;
- public at large on human rights and various forms of VAWG making particular efforts to reach out remote areas and vulnerable groups (rural men and women, men and women with disabilities, Roma and Egyptian men and women, elderly men and women, young boys and girls) who face difficulties to access mainstream information through modern information technology;
- youth in schools to prevent gender-based violence against girls, forced marriage and enhance education on sexual and reproductive health rights.

It is important that innovative and creative tools such as street theatre, flash mobs, fairs, thematic art competitions, sports activities are used to convey the message that DV-GBV-VAWG is not a private matter, but a public matter with high social and economic costs which should be addressed with zero tolerance.



ANNEX

DATA COLLECTION TOOLS

Attached as separate files in Albanian:

- Questionnaire for Local Coordinator for GE and DV
- Questionnaire for CRM members
- Questionnaire for NGOs
- Questionnaire for Survivors of DV
- Guiding Questions for Focus Groups

ANNEX

2

WORK PLAN

Tasks	Ditët	Kohëzgjatja	Përgjegjësia	Vendndodhja
Faza e fillimit				
Takimet e para		Week 3 April 2019		Tirana
Shqyrtimi i dokumentacionit dhe kërkesa për dokumente shtesë		Week 3 April 2019	Consultants	Tirana
Zhvillimi i draft raportit fillestar dhe i planit të punës		Week 3 April 2019	Consultants	Tirana
Rishikimi i draftit fillestar, marrja e feedback-ut, finalizimi i metodologjisë së mbledhjes së të dhënave dhe testimi i saj		Week 4+ Week 5 April 2019	Consultants+ UNDP+MoHSP	Tirana
Produkti: Dorëzimi i raportit përfundimtar fillestar		30 April 2019	Consultants	
Faza e mbledhjes së të dhënave				
Takime/Intervista/Grupe fokusi me grupe të identifikuar të interesit dhe takime në terren me NJVV-të e përzgjedhura	30 ditë	Week 1 - Week 4 May 2019	Consultants	Identified LGUs
Analiza e të dhënave dhe faza e raportimit				
Data analysis and development of evaluation report		Week 1-Week 4 June 2019	Consultants	Tirana
Deliverable: Submission of first draft of evaluation report		15 July 2019	Consultants	Tirana
Report review and feedback from UNDP and MoHSP		Week 4 July 2019	UNDP+ MoHSP	Tirana
Preparation and presentation of main findings		Week 4 July 2019	Consultants	Tirana
Incorporation of comments from UNDP and MoHSP		Week 1-4, August 2019	Consultants	Tirana
Deliverable: Submission of final evaluation report		Week 1, September, 2019	Consultants	Tirana

ANNEX 2A

TRAVEL SCHEDULE

BASHKIA ELIDA METAJ		Maj 2019											
		Java 1	4	5	Java 2	11	12	Java 3	18	19	Java 4	25	26
1	Tiranë												
2	Durrës												
3	Kamëz												
4	Krujë												
5	Elbasan												
6	Belsh												
7	Gramsh												
8	Lezhë												
9	Shkodër												
10	Lushnje												
11	Berat												
12	Tepelenë												
13	Përmet												
14	Gjirokastër												
15	Delvinë												
16	Sarandë												
17	Himarë												
18	Finiq												

BASHKIA ELVANA GADESHI		Maj 2019												
		Java 1	4	5	Java 2	11	12	Java 3	18	19	Java 4	25	26	Java 5
1	Bulqizë													
2	Dibër													
3	Klos													
4	Mat													
5	Shijak													
6	Librazhd													
7	Prrenjas													
8	Fier													
9	Mallakastër													
10	Patos													
11	Roskovec													
12	Kolonjë													
13	Korçë													
14	Pogradec													
15	Kukës													
16	Tropojë													
17	Kurbin													
18	Mirditë													
19	Pukë													
20	Kavajë													
21	Vlorë													
22	Cërrik	October 29, 2019												

ANNEX 3

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List of Consulted Stakeholders at Local Level

Nr.	Name/Surname	Institution	Job position	Gender	
Municipality of Pogradec				F	M
1	Valentina Veshollari	Municipality	Specialist for Minorities	x	
2	Arbi Basho	Municipality	Social Administrator		x
3	Etleva Memia	Municipality/CPU	Specialist	x	
4	Rozalina Cela	Social Service Directory	Specialist	x	
5	Mariglen Gjuzi	Social Service Directory	Specialist		x
6	Leonard Dervishllori	Police Institute	Domestic Violence Specialist		x
7	Reshit Collaku	Police Institute	Community Specialist		x
8	Ernold Meha	Health Care Institute	Specialist		x
9	Eleni Jajcari	Local NGO " Une Gruaja"	Executive Director	x	
10	Olgerta Danelli	Local NGO " Une Gruaja"	Lawyer	x	
11	Silvana Bozda	Health Care Center	Mjeke familjeje	x	
12	Luiza Treste	Employment office	Specialist	x	
13	Arta Balliu	Municipality	Coordinator/ Domestic Violence	x	
14	Adriana Adhami	Municipality	Vice Mayor	x	
15	Albana Berberi	Municipality	Specialist	x	
Municipality of Fier					
1	Natasha Sollaku	Municipality	Local coordinator	x	
2	Edmond Mile	Administration Unit /Qender	Social Service specialist		x
3	Albert Levra	Regional Directorate of Social Services	Specialist		x
4	Alma Avdulaj	Administration Unit CakranNjesia Cakran	Social Administrator	x	
5	Enkelejda Allkanjari	Employementnt Office	Specialiste	x	
6	Elisa Vela	Employementnt Office	Psychologiest	x	
7	Marjeta Dyrmishi	Municipality	Social Administrator	x	
8	Imelda Tosha	Administration Unit Fier	Social Administrator	x	
9	Raimonda Mehmeli	Municipality	Social Administrator	x	
10	Ingrida Bida	Orthodox Curch	Coordinator	x	
11	Merita Pove	Employement office	Specialist	x	
12	Athina Çëra	Employement office	Specialist	x	
13	Odeta Rulla	Employement office	Specialist	x	
14	Elri Daka	Murialdo Center	Social worker		x
15	Jora Dylgjeri	Municipality	Social worker	x	
16	Enkeleda Balo	Regional Hospital Fier	Social worker	x	
17	Florida Tare	Municipality	Social Administrator	x	
18	Skerdi Kalloshi	Municipality	Specialist		x

Municipality of Mallakaster					
1	Jonida Llaka	Municipality	Specialist	x	
2	Marinela Rrapaj	Administration Unit / Fratar	Specialist	x	
3	Suyana Qerbaj	Employment office	Specialist	x	
4	Edlira Lamaj	Municipality	Pshycologist	x	
5	Hatie Asllanaj	Municipality	Specialist	x	
6	Hekuran Reshkaj	Prefecture Office	Specialist		x
7	Blerta Hibraimi	Education office	Social Worker	x	
8	Besmira Malosi	Health center	Nurse	x	
9	Pëllumb Larma	Social Service Directory	Specialist		x
Municipality of Vlorë					
1	Xhensila Murati	VATRA center	Social worker	x	
2	Florina Hajrulla	Health care center	Psycologist	x	
3	Eno Koleka	Social Service Directory	Specialist		x
4	Silvana Ngresi	Employment office	Specialist	x	
5	Gjinovefa Xhorri	Employment office	Specialist	x	
6	Rezarta Andoni	Municipality	Domestic Violence coordinator	x	
7	Irena Hasa	Municipality	Head of social service department	x	
Municipality of Prenjas					
1	Sonila Karaj	Municipality	Specialist	x	
2	Nertila Toli	Local NGO "Woman Forum" Elbasan	Project Manager	x	
3	Soela Kurti	Local NGO "Woman Forum" Elbasan	Lawyer	x	
4	Elvira Kryeziu	Municipality	Economic Aid Specialist	x	
5	Redina Allko	Administration Unit Rajce	Economic Aid Specialist	x	
6	Sonila	Administration Unit Rajce	Economic Aid Specialist	x	
7	Denisa Gega	Municipality	Economic Aid Specialist	x	
8	Juliana Kllogjri	Municipality	Head of Social Services	x	
9	Pranvera Bashka	Municipality	Economic Aid Specialist	x	
10	Mirela Dashi	Municipality	Domestic Violence coordinator	x	
Municipality Roskovec					
1	Eralda Duraj	Municipality	Education specialist	x	
2	Sidorela Sakaj	Municipality	Child Protection specialist	x	
3	Irma Gishti	Health Care center	Doctor	x	
4	Arjan Çepele	Police Institution	Specialist		x

5	Nertila Pelivani	Municipality	Domestic Violence Coordinator	x	
Municipality of Patos					
1	Alba Gollosi	Municipality	Gender Equity Specialist	x	
2	Anisa Shpata	Health Care Patos	Nurse	x	
3	Miranda Matohitaj	Employment office	Specialist	x	
4	Valmira Rakipaj	Local OJF " Zhani Ciko"	Psychologist	x	
5	Irma Papingu	Social Service Directory	Specialist	x	
6	Xhemil Myrtaj	Administration Unit Ruzhdie	Specialist		x
7	Gramoz Capdo	Administration Unit Zharrez	Specialist		x
8	Albert Lema	Social Service Directory	Specialist		x
9	Albana Hyseni	Local OJF " Zhani Ciko"	Social Worker	x	
10	Gena Mane	Prosecution Office	Prosecutor		x
11	Asllan Budaj	Police Institution	Specialist		x
Municipality of Librazhd					
1	Ismet Hasa	Municipality	Human resource specialist		
2	Rexhep Shako	Municipality	Social Service specialist		
3	Andri Çota	Municipality	Vice Mayor		
4	Arjan Çala	Local NGO " Another Vision" Elbasan	Project manager		
Municipality of Korçë					
1	Elenica Toresha	Municipality	Specialist	x	
2	Ira Akrobati	Administration Unit Voskop	Social Administrator	x	
3	Irena Bozda	Social Service Directory	Social Worker	x	
4	Zhulina Zhapa	Social Service Directory	Social Worker	x	
5	Liza Zidheri	Administration Unit Drenove	Social Administrator	x	
6	Bruna Ravolli	Administration Unit Bulgarec	Social Administrator	x	
7	Denisa Bregu	Administration Unit Mollaj	Social Administrator	x	
8	Dhurata Mehmeti	Employemnt office	Specialist	x	
9	Mamica Shishi	Municipality	Specialist	x	
Municipality of Kolonjë					
1	Anjeza Konini	Municipality	Child Protection specialist	x	
Municipality of Bulqize					
1	Ramazan Novaku	Prefecure Diber	Specialist		x
2	Shkëlqim Gjoka	Police Institution	Specialist		x
3	Arlinda Gjoni	Employment office	Specialist	x	
4	Jetmira Doda	Employment office	Specialist	x	
5	Haxhi Pulja	Municipality, social service department	Specialist		x

6	Besmira Tuma	Municipality, social service department	Specialist	x	
7	Eriselda Hoxha	Municipality, social service department	Specialist	x	
Municipality of Diber					
1	Arjana Reçi Bulku	Social Service Directory, Diber	Psychologist	x	
2	Klevis Saikurti	Municipality	Specialist		x
3	Sabedin	Education Directory Diber	Specialist		x
4	Lulëzime Lusha	Regional Hospital	Psychologist	x	
5	Jona Cani	Municipality , Child Protection Unit	Psychologist	x	
6	Migena Veseli	Regional Hospital	Social Worker	x	
7	Verdi Shehu	Local NGO Observatori Fiber	Regional Expert		x
8	Vilma Bardulla	Municipality	Social Service specialist	x	
9	Valbona Kaloçi	Municipality	Specialist for people with disabilities	x	
10	Ardita Shehu	Municipality	Specialist	x	
11	Gëzime Lazimi	Local OJF Agrita	Specialist	x	
12	Bukurie Begu	Local OJF Agrita	Specialist	x	
13	Majlinda Hoxha	World Vizion	Specialist	x	
14	Florina Jela	Municipality	Specialist	x	
15	Algert Shyka	Employment office	Specialist		x
16	Albana Shulku	Municipality	Specialist	x	
Municipality of Klos					
1	Shaban Diska	Employment office , Mat	Specialist		x
2	Ervis Brahalilaj	Municipality of Mat	Social Worker		x
3	Hamza Kuka	Administration Unit . Suç	Economic Aid Specialist		x
4	Nazime Elezi	High School Klos	Psikologjist	x	
5	Valmira Mati	Municipality	Economic Aid Specialist	x	
6	Dhurim Buzhiqi	Municipality	Social Administrator		x
7	Eriol Sula	Court , Mat	IT and Public Outreach Specialist	x	
8	Bashkim Doka	Health Center	Nurse		x
9	Mehmet Limani	Municipality	Social Service Directory		x
10	Lumturie Ceka	Municipality	Gender Equity Specialist	x	
Municipality of Mat					
1	Isabela Hoxha	Burrel Social Service Department	Psychologist	x	
2	Gjyste Leku			x	
3	Miranda Lala	Health Center	Nurse	x	
4	Albana Ndreu	Municipality	Specialist	x	
5	Elson Reçi	Prefecture Diber	Monitoring Specialist		x

6	Hasan Hidri	Police Institution	Community Specialist		x
7	Shaban Diçka	Local Employment office	Service Program Specialist		x
8	Klaudia Kdoi	Municipality	Gender Equity Specialist	x	
9	Nezir Osmani	Municipality	Social Administrator		x
10	Mëhill Brika	Municipality			x
11	Dorontina Doda	Municipality	Sp. NE	x	
12	Eriot Sula	Court , Mat	IT and Public Outreach Specialist		x
13	Ortenca Salaj	Municipality	Child Protection specialist	x	
14	Teuta Karaj	Education office	Specialist	x	
Municipality of Puke					
1	Anjeza Doda	Municipality	Social worker for people with disabilities	x	
2	Eliona Mehaj	Municipality	Child Protection specialist	x	
3	Elsa Kolgjokaj	Local NGO	Psychologist	x	
Municipality of Shijak					
1	Irena Çyrlaj	Municipality	Social Administrator	x	
2	Atalanta Balliu	Municipality	Head of service department	x	
3	Daniela Deda	Municipality	Social Administrator	x	
4	Merita Kodra	Administration Unit Xhafzotaj	Social Administrator	x	
5	Ndriçim Shika	Police , Shijak	Community Specialist		x
6	Bledar Dervishi	Administration Unit Maminas	Social Administrator		x
7	Silvana Marku	Administration Unit Xhafzotaj	Local coordinator	x	
Municipality of Tropoje					
1	Valjana Boshnjaku	Local NGO	Domestic Violence specialist	x	
2	Ardita Dushaj	Local NGO	Domestic Violence specialist	x	
3	Majlinda Shiqerukaj		Psychologist	x	
4	Rudina Memia	Kidengarden		x	
5	Rezarta Metaliaj	Public Health Directorate Tropoje	Specialist	x	
6	Gjerovica Osmaj			x	
7	Akonde Peplokaj	Administration Unit, Fierze		x	
8	Shkurta Gjahaj	Municipality	Economic Aid Specialist	x	
9	PJ Jahanazi	Peace Corps	Volunteer		x
10	Lulzime Gjyriqi			x	
11	Vjollca Vahaj	Local Employment office Tropoje		x	
12	Klodiana Doçaj	Education Office Tropoje		x	

13	Miranda Gjyriqi	Social Service Directorate Tropoje		x	
14	Kujtim Buçpapaj	Administration Unit Bujan	Administrator		x
15	Avni Ymeraj	Administration Unit Markgjegjaj	Administrator		x
16	Aurela Prozlani	Administration Unit Tropoje	Administrator	x	
17	Drita Gjeçaj	Municipality	Head of sector of people with disabilities	x	
Municipality of Kavaje					
1	Ermir Nasifi	Administration Unit Helmas	Economic Aid Specialist		x
2	Jugen Dobja	Local Employment office	Specialist		x
3	Sajmir Kazazi	Police , Kavaje	Specialist for Domestic Violence		x
4	Hamid Bregu	Municipality	Economic Aid Specialist		x
5	Besjana Llulla	Municipality	Gender Equity Specialist	x	
6	Adrian Malaj	Municipality	Legal Directorate		x
7	Denada Gorani	Municipality	Gender Equity Specialist	x	
8	Margusa Casa	Municipality	Specialist	x	
9	Genci Gjylsheni	Municipality	Vice Mayor		x
10	Sonila Sula	Municipality	Social service department, Head	x	
11	Erla Veliu	Health care unit Kavaja	Head of Health Care	x	
Municipality of Kukes					
1	Vera Istrefaj	Local NGO	Lawyer	x	
2	Brusilda Bilali	Regional Directorate of Social Services, Kukes	Specialist	x	
3	Elsa Murataj	Municipality	Social worker	x	
4	Dornela Voka	Health care institute, Kukes	Specialist	x	
5	Hyrije Gjana	Municipality	Domestic Violence specialist	x	
6	Dashurie Hoxha	Local employment office, Kukes	Psychologist	x	
7	Manjola Elezi	DSHP Kukes	Psychologist	x	
8	Teuta Lengu	Education Directorate Kukes	Specialist	x	
Municipality of Kurbin					
1	Petrit Xheluli	Administration unit Mamuras	Specialist		x
2	Gjeline Stafa	Administration unit Fushe Kuqe	Specialist	x	
3	Kristjana Nezha	Municipality	Child Protection specialist	x	
4	Llesh Ndoci	Municipality	Director of social services		x
5	Vilma Kola	Municipality	Head of sector of people with disabilities	x	
6	Pashk Zefi	Education office Kurbin	Specialist		x

BMunicipality of Mirdite					
1	Preng Kaçori			x	x
2	Shkelqim Prendi	Municipality	Director ASHSAK		x
3	Valbona Beleshi	Education office Mirdite	Specialist	x	
4	Majlinda Dona	High School Mirdite	Psychologist	x	
5	Mira Keqa	Caritas Rreshen	Social worker	x	
6	Nertila Beqiri	Municipality	Specialist	x	
7	Arselojda Pepkolaj	Municipality	Coordinator	x	
Municipality of Cerrik					
1	Marsida Broshka	Administration Unit Mollas	Specialist	x	
2	Brunilda Kurti	Administration Unit Shales	Specialist	x	
3	Edije Jonca	Municipality	Advisor	x	
4	Alketa Binjaku	Municipality	Director	x	
5	Nderim Dylli	Institucioni i Policisë	Community Specialist		x
6	Adriatik Belshi	Helth Center Shales	Doctor		x
7	Ornela Mehmeti	Municipality	Economic Aid Specialist	x	
8	Klareita Isufaj	Municipality	Youth Inspector	x	
9	Gentjan Xhaja	Municipality	Specialist for minorities		x
10	Arjana Lici	Local Education Office	Security Officer	x	
11	Blerina Musaj	Local Education Office	Security Officer	x	
12	Arsjola Hyseni	Local Education Office	Security Officer	x	
13	Eva Nikolla	Social services dep. Elbasan	Social worker	x	
14	Eglantina Braka	Municipality	Child Protection specialist	x	
15	Edvina Plavo	Administration Unit Gostime	Economic Aid Specialist	x	
16	Kristina Qypi	Elbasan Prefecture	Service Specialist	x	
	Totali 1			166	56
Municipality of Kamez					
1	Esmeralda Troci	Municipality	Specialist for Child Protection Local Coordinator for DV	x	
2	Eranda Bego	Municipality	Specialist for Psycho-social Service	x	
3	Elsa Kera	100 Vjetori School	Specialist for Psycho-social Service	x	
4	Borjana Korini	I. Rugova School	Coordinator in the Center Huma Rights in Democracy	x	
5	Rrahamn Sokoli	Municipality	Head of Economic Aid		x
6	Jorida Gjini	AU Bathore, Kamez	Specialist in the State Social Service Regional Directorate	x	
7	Lusita Shypi	Tirane	Specialist for domestic violence and child protection Police Station	x	

Municipality of Kruja					
1	Manjola Pistolja	Municipality	Specialist for GE and DV	x	
2	Ernida Tagani	Municipality	Specialist for Child Protection	x	
3	Anisa Topalli	Municipality	Coordination Specialist	x	
4	Mirela Vata	AU	Nurse	x	
5	Blerta Goga	Municipality	Specialist for Disabilities at municipality	x	
6	Petrit Hoxha	Police	Police Officer		x
7	Sabije Seleri	Hospital	Deputy Director	x	
8	Ermira Ilubani	REO	Specialist at the Employment Office	x	
9	Arbina Halili	Health Center	Nurse	x	
Municipality of Tirana					
1	Aida Shehu	Municipality	Head of GE, DV and LGBT, Tirana municipality	x	
2	Nadire Myrtaj	Municipality	Specialist for GE and DV	x	
3	Rudina Basha	Regional Health Authority	Specialist	x	
4	Esmeralda Hoxha	CSO	Project Coordinator	x	
5	Dorina Sada	Representative of Bailiff's Office	Lawyer	x	
6	Lindita Cakani	Prosecutor	Lawyer	x	
7	Alba Nikolla	District Court	Lawyer	x	
8	Olen Dashi	Counselling Line for Women and Girls/Men and Boys	Counsellor		x
9	Migena Mollanji	Community Development Center "Sot per te Ardhen"	Social Worker	x	
10	Eleni Pistoli	State Social Service Regional Directorate	Specialist	x	
11	Hurma Brahollari	Police Station No 3	Police Officer	x	
Municipality of Durres					
1	Aurora Hyka	Municipality	GE Officer	x	
2	Ana Pashnjari	Municipality	GE officer and LC for DV	x	
3	Rezarta Agolli	Association of Women with Social Problems	Lawyer	x	
4	Meme Xhaferaj	Municipality	Director of Social Services	x	
5	Etleva Miri	Police Station	Police Officer,	x	
6	Aida Cikalleshi	Community Development Center "Sot per te Ardhen"	Coordinator	x	
7	Erisilda Shpata	AWEN	Monitor	x	
8	Gilberta Kastrati	Regional Employment Office	Specialist	x	
9	Iva Kujofsa	Regional Employment Office	Specialist	x	
Municipality of Elbasan					
1	Marsida Sejdini	Municipality	LCDV and GEE	x	

2	Kristina Qypi	Prefect's office	Specialist	x	
3	Sonial Muzhaqi	World Vision	Project Officer	x	
4	Alketa Binjaku	Municipality	Specialist at Department of Social Services	x	
5	Danjela Shuli	Community Center	Specialist	x	
6	Elsa Jano	DRSHKP	Specialist	x	
7	Merita Tirana	Bailiff's Office	Lawyer	x	
8	Vjollaca Gjura	Women's Center	Project Officer	x	
9	Bukurija Obloja	A2B Albania	Project Officer	x	
10	Rajmonda Sharra	Police Station	Police Officer	x	
11	Fatbardha Menolla	Police Station	Police Officer	x	
12	Xhelian Sefer	Prosecutors Office	Lawyer		x
13	Leoks Sukniqi	Court's Office	Court's Office		x
14	Sonila Luzi	CSO	Psychologist	x	
Municipality of Belsh					
1	Entela Dervishi	Municipality	LCDV, GEE and EA	x	
2	Dhurata Cabija	High School	Deputy Director	x	
3	Esmerald Goci	Health Center	Nurse	x	
4	Djana Paja	Health Center	Nurse	x	
5	Rozeta Hysa	Health Center	Nurse	x	
Municipality of Gramsh					
1	Ludjana Elezi	Municipality	LCDV and GEE	x	
2	Ariola Kishta	Public Health Directorate	Specialist	x	
3	Valentina Kume	Health Center	Specialist	x	
4	Fatmir Shtylla	Prefect's Office	Deputy-Prefect		x
5	Vjollca Kasmi	REO	Specialist	x	
6	Ermal Ballolli	RED	Specialist		x
7	Neshat Nasufi	Police Directorate	Police Officer		x
8	Bukurie Latifi	Hospital	Doctor	x	
9	Mira Berisha	Catholic Church	Representative		
Municipality of Lushnja					
1	Juliana Pirra	Municipality	LCDV and GEE	x	
2	Laureta Xhafa	Municipality	Social Worker	x	
3	Anila Cala	Municipality	Social Services Specialist	x	
4	Besiana Mile	Public Health Directorate	Specialist	x	
5	Vala Akulli	REO	Employment Office Specialist	x	
6	Elsa Kupasi	AU	EA and PWDs Specialist	x	
7	Esteri Veizi	Municipality	PWDs Specialist	x	

8	Evisona Pepa	AU	EA and PWDs Inspector	x	
9	Teuta Bozo	AU Kolonje	EA and PWDs Inspector	x	
10	Anila Beqiri	AU Bubullime	EA and PWDs Inspector	x	
11	Erald Gjyla	AU Golez	EA and PWDs Inspector	x	
12	Erkida Staka	AU Dushk	EA and PWDs Inspector	x	
13	Redona Greca	Region 5	EA and PWDs Inspector	x	
14	Brikena Lito	Bailiff's Office	Lawyer	x	
15	Valbona Myzeqari	Municipality	CP Specialist	x	
16	Teuta Kuca	High School	School Social Worker	x	
17	Lediana Ndoni	High School	School Psychologist	x	
18	Loise Haruni	Municipality	Social Worker	x	
19	Elton Buni	Police Station	Police Officer		x
20	Luiza Pononi	AU	EA and PWDs, Social Administrator	x	
21	Anxhela Korreshi	AU	Field Social Worker	x	
22	Bashkim Myftari	Ballagat AU	EA and PWDs Inspector		x
23	Saida Tushe	Municipality	Housing Specialist	x	
24	Suela Shari	AU Krutje	Social Administrator	x	
25	Asimela Troka	AU	EA and PWDs Inspector	x	
26	Alfonc Kosheri	AU Karbunar	EA and PWDs Inspector		x
27	Natasha Mebelli	Region 2	EA and PWDs Inspector	x	
28	Eda Bushi	AU Alikaj	EA and PWDs Inspector	x	
Municipality of Berat					
1	Artemisa Frasheri	Municipality	LCDV, GEE and CP	x	
2	Pirro Xheblati	Municipality	Head of Social Services		x
3	Valbona Qafa	Police Sattion	Police Officer	x	
Municipality of Permet					
1	Arjana Papanao	Municipality	LCDV AND GEE	x	
2	Lico Stefanidhi	Hiospital	Doctor		x
3	Diana Dervishi	Court	Chancellor	x	
4	Silvana Pani	Prosecutor's Office	Prosecutor	x	
5	Haxhire Dhamo	Health Center	Nurse	x	
6	Majlinda Jani	Health Center	Nurse	x	
Municipality of Tepelena					
1	Arta Shahu	Municipality	LCDV, GEE	x	
2	Moliana Dervishi	Municipality	Inspector	x	
3	Alma Goga	Public Health Directorate	Specilaist	x	
4	Valbona cela	Municipality	Municipal Council Secretary	x	
5	Suela Selimi	Hospital	l Director	x	

Municipality of Gjirokastra					
	Erkson Osmani	Municipality	LCDV and GEE		x
Municipality of Saranda					
1	Emanuela Cetri	Municipality	LCDV, GEE and CP	x	
2	Anial Pikuli	Municipality	Social Administrator	x	
3	Entela Gjoni	Jona Association	Director "Jona" Association	x	
Municipality of Finiq					
1	Katerina Thodhori	Municipality	Head of SS Sector, LCDV, GEE	x	
Municipality of Delvina					
1	Dorina Myftar	Municipality	LVDV GEE	x	
2	Marjeta Niko	R Hospital	Doctor	x	
3	Mikela Qendro	Municipality	EA Specialist	x	
4	Ilirjan Ziu	Police Station	Police Officer		x
Municipality of Himara					
1	Antoneta Bollano	Municipality	LCDV and GEE	x	
2	Blerina Balo	Municipality	Director of Social Services	x	
3	Ela Gjikhuri	Health Center	Nurse	x	
4	Xhevdet Qepi	Police Station	Police Officer		x
Municipality of Lezha					
1	Suada Nekaj	Municipality	GEE	x	
2	Deasara Marky	Municipality	LCDV and GEE	x	
3	Alma Shyti	REO	Coordinator Employment Office	x	
4	Marie Zefi	SSHPS	Social Worker	x	
5	Aferdiata Gjoni,	Mary Ward Loretto Foundation	Social Worker	x	
6	Enka Leka	Municipality	LCDV	x	
7	Marta Fetjo	Municipality Social Services Department	Social Worker	x	
Municipality of Shkodra					
1	Lorena Bardeli	Municipality	Social Services Specialist	x	
2	Azra Hallunaj	Municipality	Specialist	x	
3	Flujela Zoga	Prefect's Office	Specialist	x	
4	Atila Uligaj	Woman to Woman	Administrator	x	
5	Leonora Asllani	Vocational Training Directorate	Specialist	x	
6	Stela Niklekaj	AU	Psychologist	x	
7	Suela Domnoni	ZVAP	Psychologist	x	
Total 2				117	16
GRAND TOTAL			355	283	72

ANNEX

5

Consolidated Information on LVDVs

Nr.	Municipality	Position	Education	Duration in this position	Part time/Full time
1	Bulqizë	DV and CPU Specialist	Social Worker	2.5 years	Full time
2	Dibër	DV and GE Specialist	Lawyer	3 years	Full time
3	Klos	CPU, DV and GE Specialist	Social Worker	3 years	Full time
4	Mat	DV and GE Specialist	Psychologist	< 1 year	Full time
5	Shijak	CPU, DV and GE Specialist	Teacher	3 years	Part-time (covers also administrative issues of municipality)
6	Librazhd	No information provided			
7	Prrenjas	Domestic Violence, Gender Equity	Psychologist	> 3 years	Part time
8	Fier	DV and GE Specialist	Social Worker	7 years	Full time
9	Mallakastër	CPU, Social Protection, DV and GE Specialist	Social Worker	5 years	Full time
10	Patos	CPU, DV and GE Specialist, Social Worker	Psychologist	2 years	Full time
11	Roskovec	Local Coordinator for DV	Psychologist	< 1 year	Full time
12	Kolonje	CPU specialist	Logopedist	<2 years	Part time
13	Korce	No information was provided. The previous LCDV and GEE left recently municipality of Korca. She worked full-time for about 10 years in this position.			
14	Pogradec	Local Coordinator for DV	No info provided	4 years	Full time
15	Kukës	DV and GE specialist	Psychologist	7 years (3 first years as DV focal point)	Full time

16	Tropojë	DV and GE specialist	Social Worker	1 year	Full time
17	Kurbin	DV Coordinator and CPU specialist	Social worker	4 years	Part time
18	Mirditë	CPU , LCDV and GE Specialist	Teacher	3 years	Full time (covers also administrative issues of Municipality)
19	Pukë	Social Worker	Social Worker	2 years	Part time
20	Kavajë	GE and social issues specialist	Social worker	<1 year	Full Time
21	Vlorë	DV and GE Specialist	No info provided	9 years	Full time
22	Elbasan	DV and GE Specialist	Social Worker	5 years	Full-time
23	Tirana	LC for DV	Social Worker	6 years	Full-Time
24	Durres	DV and GE Specialist	Lawyer	8 years	Full-Time
25	Permet	DV and GE Specialist	Lawyer	8 years	Full-Time
26	Kamez	Specialist for Child protection, GE and LC for DV	Political Science	2 years	Part-Time
27	Kruje	LC for DV	Economist	Less than 1 year	Full-Time
28	Tepelene	Director of Education, Culture, Social Care (Child Protection, GE and DV)	Teacher	3 years	Part-Time
29	Lezhe	DV and GE Specialist	Social Worker	3 years	Full-Time
30	Belsh	Inspector of Economic Aid and LC for DV	Lab Technician	10 months	Part-Time
31	Berat	Specialist for Child Protection, GE and DV	Sociologist	3 months	Full-Time
32	Sarande	Social Worker for Protection of Women's and Children's Rights	Psychologist	11 years 3 years as LCDV and GEE	Part-Time

33	Delvine	DV and GE Specialist	Social Sciences	3 years	Full-Time
34	Lushnje	LC and GE	Social Worker	5 years	Full-Time
35	Gjirokaster	DV and GE Specialist	Accounting /Social Work	3 years	Full-Time
36	Himare	Specialist for Education, GE and DV	Communication	2 years	Part-Time
37	Finiq	Head of Office for Economic Aid, Social protection and Housing	Lawyer	7 months	Part-Time
38	Gramsh	Specialist for Child Protection, GE and DV	Psychologist	2.5 years	Full-Time
39	Shkoder	Vacant Position Currently the position is covered by two specialists in the strategic planning, standards and monitoring sector for social services	Previous LCDV and GEE worked full-time for about ten years		Full Time
40	Cerrik	Specialist on Gender Equality and Employment Policies	Social Worker	7 years	Full- time

ANNEX 6

OVERVIEW OF POS/EPOS SUPPORTED WITH SERVICES AT LOCAL LEVEL

Number of POs/ EPOs supported with services at local level	Municipality	2016		2017		2018		2019		Totali	
		UM	UMM	UM	UMM	UM	UMM	UM	UMM	Total POs	Total EPOs
1	Klos	0		8	0	3	0	0	1	11	1
2	Mat								3	0	3
3	Shijak					10		4		14	0
4	Bulqize	1	5		19		12	1	11	2	47
5	Prrenjas									18	0
6	Fier									100	
7	Mallakastër	1		2		15				18	0
8	Patos	3		6		14		7		30	0
9	Roskovec					6	4			6	4
10	Kolonje					8				8	0
11	Pogradec	5	31	8	42	14	45	20	10	47	128
12	Kukës	15		7		14		4		40	0
13	Tropojë						5			0	5
14	Kurbin	7	3	13	3	13	8			33	14
15	Mirditë					3				3	0
16	Kavajë					23		12		35	0
17	Vlorë	139		205		221		44		609	0
18	Elbasan	43		51		76		37	69	207	
19	Tirana	45	94	38	76	86	119	24	44	193	333
20	Durres	393		414		391		90		1288	
21	Permet	7		7		5		2		21	
22	Kamez					214				214	
23	Kruje	12		26		32		18		88	
24	Tepelene	6		5		5		0		16	
25	Lezhe	41		61		103				205	
26	Belsh							2		2	
27	Sarande	25		30		20		10		85	
28	Delvine	2		3		3				8	
29	Lushnje	46		64		45		17		172	
30	Gjirokaster	24		30		28		9		91	
31	Himare	3		4		3				10	
32	Finiq	3		4		3		0		10	
33	Shkoder			80		73		21		174	
34	Cerrik			5		3		4		12	
	Totali	821	133	1071	140	1434	193	326	138		

A large, light blue, stylized number '7' logo that serves as a background element for the text.

ANNEX

CSO SERVICE PROVIDERS FOR DV-GBV-VAWG

Municipality	Name of CSOs
Tirana	Counselling Line for Women and Girls
	Counselling Line for Men and Boys
	Shelter for Women and Girls
	Community Development Center "Sot per te Ardhmen"
	Center for Legal Civic Initiatives
	Center for Human Rights in Democracy
Durrës	Community Development Center "Sot per te Ardhmen"
	Association of Women with Social Problems
	World Vision
Elbasan	Women's Forum Elbasan
	Other Vision
Fier	Social Center "Murialdo"
Korce	Kennedy Foundation
	Jesus Christ for the Balkans
Lezhe	Mary Ward Loretto Foundation
Vlore	Vatra Center
Shkoder	Woman to Woman
	Light Steps
Sarande	Jona
	Lidia Foundation
Diber	World Vision
	Agrita Vision
	Observatory Diber
Pogradec	Me Woman
Prrenjas	Women's Forum Elbasan
	Other Vision
Roskovec	Woman, Community, Environment
Tropoje	Center for Human Rights in Democracy
	Mary Ward Loretto Foundation
Kukes	Women's Counselling and Social Service Center Kukes

