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**EVALUATING THE CHALLENGES
AND INSTITUTIONAL RESPONSES
TO GENDER-BASED VIOLENCE
IN PRIMARY HEALTHCARE
SERVICES IN ALBANIA**



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01 INTRODUCTION

Gender Equality (GE) and the Fight Against Gender-Based Violence (GBV) are essential for building an inclusive society. In Albania, the legal framework provides clear guidelines and specific obligations for the protection and promotion of these rights. However, challenges remain in translating these legal commitments into concrete actions, particularly within the primary healthcare sector. This assessment report examines these challenges by focusing on the role of Primary Healthcare Centers (PHCs) and the experiences of healthcare professionals, who are vital in implementing policies related to gender equality and GBV.

PHCs often serve as the first point of contact for women and girls who have experienced violence, making them crucial in addressing GBV.

Nonetheless, the effectiveness of these centers in enforcing gender equality and GBV legislation is affected by various structural, legal, and cultural barriers.

Women's civil society organizations and other groups, including those representing marginalized communities such as Roma and LGBTIQ+ individuals, emphasize that healthcare providers frequently lack the necessary training, resources, and institutional support to respond effectively to cases of violence.

Additionally, challenges such as low reporting rates, inconsistent practices among healthcare professionals, and insufficient knowledge of legal obligations highlight the need for a focused assessment of compliance with the legal framework related to gender equality and GBV, as well as accountability within the health sector.

The main objective of this study is to evaluate how primary healthcare centers and healthcare professionals in Albania implement legislation and policies concerning gender equality and GBV. The study aims to identify key challenges, gaps, and barriers in the implementation of these policies, focusing on professional capabilities, institutional resources, reporting practices, and adherence to the legal framework. Furthermore, this study seeks to provide practical recommendations to improve the healthcare system, enhance the management of GBV cases, and strengthen accountability within the sector.

In summary, this assessment aims to thoroughly examine the challenges related to the implementation of gender equality and GBV legislation within Albania's primary healthcare system. By exploring the sector's response to GBV cases, the study intends to identify systemic issues and opportunities to improve compliance and accountability, thereby reinforcing the health sector's role in supporting survivors and promoting gender equality.



RESEARCH QUESTIONS


1. What are the barriers that limit the systematic reporting and recording of gender-based violence (GBV) cases by primary health care professionals? This question aims to identify both internal and external factors that affect the willingness and capacity of health care professionals to report GBV cases. By highlighting these factors, the study seeks to provide concrete recommendations for improving reporting mechanisms and support for survivors within health care institutions.

2. How have cases of gender-based violence been handled by primary health care professionals over the years? Analyzing the practices and approaches taken over time in addressing GBV cases in primary health care centers helps identify existing gaps in staff training, available resources, and institutional support. This question also seeks to determine whether there have been improvements or changes in the health system's approach to this issue, highlighting both progresses made and areas that require further development.

3. What are the legal obligations of health care professionals regarding the reporting of gender-based violence cases under current legislation? Understanding and interpreting these obligations provide a crucial basis for assessing professionals' compliance with the legal framework while identifying the challenges they face in implementing it. By analyzing current knowledge and reporting practices, the study aims to propose concrete measures to enhance adherence to legislation related to gender equality and the prevention of gender-based violence.

This study report serves as an important tool for understanding and addressing the existing gaps in the health sector's response to gender-based violence in Albania. Through an in-depth analysis of current practices, legal compliance, and obstacles affecting effective policy implementation, the report provides actionable recommendations to improve service quality and strengthen accountability mechanisms in handling GBV cases.

The findings aim to equip policymakers, health institutions, and civil society organizations with evidence-based insights to advocate for a more responsible, inclusive, and legally compliant health sector that aligns with Albania's commitments to gender equality and violence prevention.



EXECUTIVE SUMMARY

Primary health care centers often serve as the first point of contact for women and girls experiencing violence, making them crucial in identifying, preventing, and addressing cases of gender-based violence (GBV). Their role is essential in providing early support and ensuring referrals to relevant protection and assistance services. This study aims to analyze how primary health care services in Albania respond to cases of GBV and to identify the challenges that hamper a coordinated, effective, and sustainable response within the health sector.

The analysis is conducted in a context where Albania has made significant national and international commitments to combat gender-based violence and promote gender equality. This includes the ratification of the Istanbul Convention and the implementation of the National Strategy for Gender Equality. However, the practical implementation of these commitments faces several challenges, such as: inadequate infrastructure in health centers, insufficient training of medical staff to address GBV cases, limited inter-institutional cooperation and coordination, and unclear understanding of the legal and ethical obligations of health professionals.

The study addresses several key questions, including:

- ◆ What are the main barriers that make it difficult for health professionals to report and systematically document cases of violence?
- ◆ How have GBV cases traditionally been managed in primary health care, and what changes have been observed over time?
- ◆ What are the legal obligations of health professionals, and how well are they known and implemented in daily practice?
- ◆ Through an analysis of health professionals' experiences and the current situation on the ground, this report seeks to provide practical recommendations for strengthening institutional capacities, enhancing coordination among key actors, and improving the health sector's response to gender-based violence in line with national and international standards.

Methodology

This study utilized a combination of quantitative and qualitative research methods to gather comprehensive information about the knowledge, attitudes, and experiences of primary health care professionals in addressing cases of gender-based violence (GBV).

The research was conducted in six municipalities: Tirana, Elbasan, Korça, Fier, Lezha, and Kukës. A survey was administered to 289 health professionals—including doctors, nurses, psychologists, and social workers—working in both urban and rural areas. The survey aimed to assess their knowledge,

practical experience, and perceptions regarding their institutions' roles in the prevention and management of GBV cases.

For the qualitative component, 27 semi-structured interviews were conducted with primary health care professionals, along with 12 interviews with institutional actors and representatives from civil society organizations involved in the implementation of policies and services aimed at protecting individuals from violence. These interviews helped identify practical challenges, institutional gaps, and concrete experiences related to existing referral mechanisms.

Additionally, an online questionnaire was distributed to 943 citizens from the general public to evaluate their perceptions, experiences, and challenges in reporting GBV cases to health institutions.

Key Findings

Knowledge and Training on Gender-Based Violence

Most primary health care professionals reported having a good understanding of the various forms of domestic violence; however, only 68% felt adequately prepared to assess and manage GBV cases. This lack of confidence was particularly noticeable among younger professionals with less experience, as well as those working in rural areas.

Approximately 60% of professionals indicated that they had participated in GBV-related training, but the perceived effectiveness of this training varied: only half of the participants considered the sessions to be “very useful.” This indicates a clear need for more in-depth, profession-specific, and context-sensitive training. In addition to case identification, there was a significant gap in training related to providing emotional support, understanding legal obligations, and collaborating with other stakeholders within the National Referral Mechanism (NRM).

Reporting and Case Management by Healthcare Professionals

A considerable number of healthcare professionals surveyed indicated that they have either not encountered cases of gender-based violence (GBV) or have experienced them infrequently. This does not necessarily mean that such cases are absent; rather, it reflects challenges in identification, documentation, and reporting. Only 17.8% of respondents indicated that they had identified cases of violence in the past year.

Several factors contribute to the lack of reporting. A considerable number of victims are unwilling to make their experiences public (35.4%). Additionally, professionals face concerns such as maintaining confidentiality (20%), an institutional culture that discourages reporting (19%), and a lack of trust in the system's effectiveness (15.1%).

Standardized documentation tools for case management are only partially

utilized: 37% of professionals use the case registration form, and even fewer apply the risk assessment form (24%) or Standard Operating Procedures (SOPs) (18%). Furthermore, one out of four professionals indicate that they do not use any such documents.

Perceptions and Challenges from the General Public

According to participants from the general public, GBV continues to be perceived as a serious and widespread issue. However, only 34% view the healthcare sector as a key factor in addressing cases of violence. Moreover, the level of trust in healthcare institutions remains low: over 61% do not feel safe reporting violence, and only 43% believe that healthcare professionals maintain confidentiality.

Fear of exposure, revenge, and social stigma are the most common reasons preventing citizens from reporting cases of violence. To overcome these challenges, participants suggested awareness campaigns, greater privacy during consultations, and improved access to mental health services.

Cultural and Institutional Barriers

The study's findings indicate that social norms and the pressure to maintain the family's reputation are significant barriers for women experiencing gender-based violence, especially in rural and small communities. Healthcare professionals have observed that the fear of judgment and social stigma directly influence victims' decisions to avoid seeking help. These societal attitudes contribute to the concealment of violence, often making it invisible and hindering professionals' ability to intervene.

Another institutional barrier is the lack of trust victims have in public institutions. Women often hesitate to report incidents due to previous negative experiences, the lack of an effective response, or the belief that the system does not provide adequate protection. Fear of retaliation, a sense of insecurity, and the absence of real support mechanisms frequently lead many women to remain silent.

Additionally, a culture of non-intervention, the lack of internal reporting mechanisms, and an institutional environment that discourages the disclosure of violence were identified as factors that undermine accountability and the system's ability to provide a reliable, coordinated response.

Lack of Clarity in Protocols, Roles, and Responsibilities

The study highlights the lack of clarity in protocols and guiding documents for managing gender-based violence cases within the healthcare system, which acts as a structural barrier. While documents such as the National Guideline on Domestic Violence and the Standard Operating Procedures (SOPs) exist, they are outdated, difficult to implement, and often not tailored to the realities of work in primary healthcare centers.

As a result, psychosocial staff frequently rely on their personal initiative to cope with the absence of practical tools and standardized instructions. This reliance reflects their dedication but also reveals institutional gaps that undermine the quality and consistency of services. Another significant concern is the lack of regular and practical training programs, which often miss interactive components such as simulations and case discussions. Consequently, many professionals feel unprepared to handle sensitive and complex situations, increasing the risk of retraumatizing victims or intervening inappropriately. This persistent challenge includes insufficient knowledge regarding emotional support for victims, legal obligations for reporting, and skills for managing complex cases. Current training sessions tend to be overly general and fail to address the specific needs of frontline professionals, particularly those working in rural or culturally conservative contexts.

Additionally, the absence of dedicated and confidential spaces for consultations presents another barrier, impacting both the quality of interventions and the motivation of healthcare professionals. Coupled with high workloads, this situation limits the ability to follow up on cases effectively and contributes to emotional fatigue among staff.

Finally, communication among members of the Case Management Referral Mechanism (MRM) remains weak and largely informal. The reliance on unstructured channels such as phone calls or personal messages creates uncertainty, disrupts case follow-up, and results in a lack of clear institutional accountability—ultimately jeopardizing the safety of survivors and eroding trust in the system.

Main Recommendations

For the Ministry of Health and Social Protection:

- ◆ Develop and adopt clear, concise, and practical protocols for managing cases of gender-based violence (GBV), specifically tailored to the primary healthcare level.
- ◆ Review and update existing GBV guidelines and instructions to better align with the daily needs and realities faced by healthcare professionals.
- ◆ Implement a national plan for mandatory, ongoing training for all categories of professionals (doctors, nurses, psychologists, social workers), incorporating real-life scenarios, simulations, and information on legal aspects and inter-institutional cooperation.
- ◆ Create a joint training module with other actors of the Coordinated Referral Mechanism (CRM) to strengthen intersectoral cooperation and clarify institutional roles.
- ◆ Prepare and distribute a practical digital package that includes the entire legal and regulatory framework on GBV, ensuring it is easily accessible to healthcare professionals.
- ◆ Establish a national registry of healthcare professionals trained in GBV case management, which can be utilized for monitoring and planning purposes.

For Regional and Local Health Directorates

- ◆ Ensure adequate infrastructure in every healthcare center, including dedicated and confidential spaces for consulting GBV survivors.
- ◆ Establish regular internal communication practices to inform and update staff about the legal framework and policies concerning GBV.
- ◆ Create internal support systems for professionals, including supervision, case discussions, and referral mechanisms for complex cases.
- ◆ Strengthen local cooperation with other CRM actors through direct and effective communication channels.

For Higher Education and Professional Training Institutions

- ◆ Integrate and/or update academic and postgraduate modules on GBV, addressing clinical management, legal obligations, and inter-institutional coordination.
- ◆ Develop tailored training materials based on professional roles (doctors, nurses, psychologists, social workers) that align with their specific responsibilities in case management.

For Primary Healthcare Centers and Local Health Institutions

- ◆ Implement standardized forms for the assessment, documentation, and referral of GBV cases to ensure a traceable and consistent process.
- ◆ Ensure confidentiality and privacy through dedicated spaces and adherence to high professional ethics.
- ◆ Designate a responsible focal point in each healthcare center to coordinate GBV cases and maintain communication with CRM actors.

For Support Institutions and Non-Governmental Organizations

- ◆ Collaborate with healthcare services in organizing awareness-raising campaigns, particularly in rural areas, to promote the important role of healthcare professionals in supporting survivors.
- ◆ Support the continuous professional development of healthcare staff through training and mentorship, especially in areas with limited access to resources.
- ◆ Establish cooperation networks with public institutions to facilitate referrals and improve access to support services such as shelters, psychological counseling, and legal aid.

Recommendations

The recommendations presented here are based on an analysis of study findings that reflect the experiences and perceptions of primary healthcare professionals and the general public regarding institutional responses to gender-based violence (GBV). The aim is to provide clear and practical guidance for responsible institutions to enhance the health sector's role in preventing, identifying, and referring GBV cases. These recommendations emphasize the need for integrated interventions across policymaking, capacity building for professionals, and mechanisms for intersectoral cooperation, ultimately improving institutional responses and increasing the accessibility and credibility of public services.

Recommendations for the Ministry of Health and Social Protection

1. **Development of a Protocol for GBV Case Management:** Create and adopt a clear, practical, and operational protocol for managing GBV cases within the health system. This protocol should be simple and applicable for all healthcare professionals, tailored to different service levels (primary care centers, regional hospitals, or specialized institutions). The objective is to ensure a unified, coordinated, and legally compliant response, facilitating effective protection and care for survivors.
2. **National Training Plan:** Implement a national plan for continuous and mandatory training for all healthcare professionals, including doctors, nurses, psychologists, and social workers. This training should enhance their ability to address GBV cases, focusing on early identification of violence indicators, providing sensitive and trauma-informed support to survivors, understanding legal reporting obligations, and developing effective cooperation skills with other institutional actors.
3. **National Registry for Trained Professionals:** Create and maintain a national registry of healthcare professionals trained in managing GBV and domestic violence cases. This registry should contain information on training participation, module content, and duration. It will help assess existing capacities, plan new training interventions, and ensure the continuity and quality of national training programs.
4. **Interactive Training Modules:** Design and implement an interactive, practice-oriented training module for healthcare professionals that includes real-life scenarios, role-playing exercises, and concrete examples of GBV case management. This module should specifically address methods of cooperation among actors within the Coordinated Referral Mechanism (CRM), ensuring that professionals clearly understand their roles and improve inter-institutional coordination when handling cases. Enhancing monitoring and reporting systems in healthcare institutions by providing more technical support, increasing human resources, and regularly assessing protocol implementation.
5. **Digital Resource Package:** Prepare and disseminate a practical digital package that compiles the entire legal and regulatory framework on GBV. This resource should be organized in a simple

and accessible format, enabling healthcare professionals at the primary level to effectively use it and ensure harmonized actions in line with legal obligations.

6. 6. Performance Indicators for Monitoring and Evaluation: Include specific performance indicators within the healthcare monitoring and evaluation system, linked to the identification, treatment, and referral of GBV cases. These indicators should be clear, measurable, and regularly reported, and they should form part of institutional and professional performance assessments. The Ministry of Health and Social Protection, in cooperation with the Institute of Public Health and local structures, should lead the process of designing, integrating, and monitoring these indicators to strengthen accountability and promote a more structured and sustainable response to GBV.
7. 7. Functional Protocols in Healthcare Centers: Establish and implement dedicated functional protocols in each healthcare center to clarify and structure the roles of social workers and psychologists in managing GBV cases. These protocols should define their responsibilities, including psychosocial assessments, case follow-up, cooperation, and information exchange with CRM actors, as well as providing emotional and psychological support according to survivors' needs. Their implementation will ensure clearer, more structured, and effective roles for these professionals within the health system, improving service quality and survivor safety.
8. 8. Practical Tools for Psychologists and Social Workers: Develop and apply practical tools specifically for psychologists and social workers in healthcare services. These tools should include context-specific manuals that provide clear guidance on conducting psychosocial assessments, communicating ethically and sensitively with survivors, referring cases through institutional networks, and maintaining documentation in accordance with confidentiality standards. The development of these instruments aims to enhance professionalism and standardize the approach of these professionals in managing GBV cases.

**Recommendations
for Regional and Local
Health Directorates**

1. 1. Ensure the provision of basic physical infrastructure: Ensure that all health centers provide adequate physical infrastructure by creating dedicated and confidential spaces where healthcare professionals can conduct consultations with survivors of gender-based violence (GBV). These spaces are essential for ensuring safety, privacy, and dignity, which promote open and trustworthy communication and support the delivery of sensitive, survivor-centered care.
2. 2. Establish and institutionalize regular internal practices: Establish and institutionalize regular internal practices within all health institutions to keep staff informed and updated on changes in legislation and public policies related to gender-based violence. These updates should be clear, accessible, and systematically

- distributed through internal communication channels to raise awareness and improve the professional response to GBV cases.
3. Develop an internal support system within health institutions: Develop an internal support system within health institutions that includes structured mechanisms for case referral and professional supervision for healthcare workers handling GBV cases. This system should facilitate case discussions, professional reflection, and emotional support for staff managing complex situations, thereby improving service quality and safeguarding the well-being of healthcare professionals facing high emotional and ethical pressures.
 4. Establish and operationalize direct communication channels: Establish direct communication channels between health centers and other participants in the Coordinated Referral Mechanism (CRM) at the local level, such as local anti-violence coordinators, social services staff, and police structures. This initiative aims to strengthen inter-institutional cooperation, facilitate information exchange, and ensure a rapid, coordinated, and comprehensive response to GBV survivors.

**Recommendations
for Higher Education
(universities and
university colleges)
and Professional
Training Institutions**

1. Integrate or update specialized modules on gender-based violence (GBV). Integrate and update specialized modules on gender-based violence (GBV) within undergraduate and postgraduate programs for healthcare professionals, including family medicine and nursing curricula. These modules should provide both foundational knowledge and practical skills for identifying, managing, and referring GBV cases. Additionally, they should address the legal, ethical, and collaborative aspects of handling these cases. The goal is to ensure that new professionals are well-prepared to actively and responsibly support survivors of gender-based violence.
2. Develop and disseminate tailored training materials. Furthermore, develop and disseminate training materials tailored to the specific roles of each professional group, including doctors, nurses, psychologists, and social workers. This approach will equip each category with the necessary knowledge and skills aligned with their responsibilities in managing GBV cases. By differentiating the content based on professional roles, we aim to enhance the effectiveness of interventions and foster interdisciplinary cooperation in supporting survivors.

**Recommendations
for Health Centers
and Healthcare
Professionals**

1. Implementation of standardized forms: Implement standardized forms for identifying, documenting, and following up on cases of gender-based violence (GBV) in all primary healthcare units. These forms should include a risk assessment form, medical documentation of visits and cataloged injuries, and referral forms for additional support services. Utilizing standardized tools ensures a unified, documented, and traceable process for case

management, thereby strengthening institutional accountability and protecting survivors.

2. Ensuring the respect of confidentiality and privacy principles: Ensure that confidentiality and privacy principles are respected when handling GBV cases. This can be achieved by establishing appropriate and dedicated consultation spaces within healthcare facilities and reinforcing professional ethics standards among all staff members. These measures are crucial for building survivors' trust in the services and creating a supportive and safe environment for them to share their experiences.
3. Appointment and empowerment of a designated focal point for GBV cases: Appoint a dedicated focal point for GBV cases at each health center. This individual will be responsible for identifying, documenting, and following up on cases, as well as coordinating communication and collaboration with other actors involved in the Coordinated Referral Mechanism at the local level, including the local GBV coordinator, social services, and law enforcement. This initiative aims to enhance institutional accountability and improve the effectiveness of the intersectoral response to GBV cases.

**Recommendations
for Supporting
Institutions and
NGOs**

1. Develop awareness campaigns in partnership with healthcare institutions, especially targeting rural areas, to educate the public about the roles of doctors, nurses, psychologists, and social workers in identifying, supporting, and referring cases of gender-based violence (GBV). These campaigns should aim to enhance community trust in healthcare services by clearly conveying the supportive and professional roles of healthcare providers in protecting and empowering survivors.
2. Support the ongoing professional development of healthcare professionals through additional training and mentoring programs, focusing particularly on remote, isolated, or resource-limited areas. These programs should ensure that healthcare providers have updated knowledge and practical tools for handling cases of gender-based violence, thereby strengthening local capacities and reducing inequalities in access to information and professional skills across the country.
3. Create and establish networks that facilitate collaboration between public institutions and civil society organizations to improve survivors' access to integrated support services. These networks should ensure structured and ongoing interactions to provide immediate and long-term assistance, including emergency shelter, psychological counseling, free legal aid, and other services that promote the safety and rehabilitation of survivors.

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