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RESISTIRÉ

Reducing gendered inequalities
caused by COVID-19 policies

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Summary report on mapping cycle 3

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List of Acronyms

Abbreviation	Meaning
CEE	Central Eastern Europe (countries)
CSO	Civil Society Organisation
GIA	Gender impact assessment
GBV	Gender-based violence
NR	National Researcher

Summary

The aim of RESISTIRÉ is to understand the unequal impacts that the Covid-19 pandemic and its policy responses had on behavioural, social, and economic inequalities in 30 countries (the EU-27, (not including Malta) along with Iceland, Serbia, Turkey, and the UK) and to work towards individual and societal resilience. RESISTIRÉ does this by collecting and analysing policy data, quantitative data, and qualitative data, and by translating these into insights to be used for designing, devising, and piloting solutions for improved policies and social innovations that can be deployed by policymakers, stakeholders and actors in relevant policy domains. The project relies on an eleven-partner multidisciplinary and multisectoral European consortium and a well-established network of researchers in the 30 countries.

The aim of the present report is to identify and analyse initiatives carried out by civil society during the pandemic that proved effective in mitigating gender and other inequalities. Specifically, the analysis offers insights into practices and kinds of action that contribute to reversing the developments that deepen inequality. This is possible by learning from the strategies and promising practices that civil society organisations (CSOs) and vulnerable individuals have put in place to cope with the consequences of the pandemic, and how public authorities can support or hinder these efforts.

The empirical data for this analysis consists of, firstly, the mapping of 128 CSO initiatives representing promising practices of support provision to meet the needs of vulnerable people during the pandemic. Secondly, among the mapped initiatives, 31 were selected for further analysis through desk research and semi-structured interviews with representatives of these initiatives. The data were generated by 30 partners and national researchers representing each country considered by the project. The same interview script was used by all the researchers, and contained questions related to the development of the initiative, the actions taken, the attention to gender and diversity dimensions, the policy framework, etc.

The report identifies the following specific features and actions that enabled CSOs to navigate the pandemic challenges and to offer effective support to vulnerable people:

1. To respond quickly to the crisis situation, the CSOs used good improvisational skills: this ability was the product of the tension between experience and creativity, and the result of reflexivity within organisations and attention to volunteers and staff skills and autonomy.
2. Mutual trust was the backbone on which the CSOs' activities were built:
 - a. empathy and trust with users and beneficiaries, considered as agents of their own change, and supported through tailored responses that reflect the differences between people;
 - b. trust among the initiative's participants, with attention paid to the well-being of staff and/or volunteers and with the engagement of all actors in defining processes;
 - c. communication activities that build trust and awareness with the general public, mobilising people, creating solidarity, changing perspectives on vulnerabilities;

- d. mutual trust with other public and private organisations in order to create collaborations that allow the sharing of knowledge and resources.
3. A continuous process of networking:
 - a. connections built before the crisis proved to be fundamental for responding quickly to the crisis;
 - b. the mobilisation of volunteers and solidarity, as well as building on existent alliances between CSOs, was one of the main solutions for filling in the gaps left by the public authorities;
 - c. many CSOs underscored the attention they paid to providing support also to those in need who are usually 'hard to reach' and building connections with gatekeepers; consequently, taking these people into account was also important when monitoring an initiative's results;
 - d. A strong effort was observed to improve the ability of fundraising.
4. Attention to diversity and the use of an intersectional approach not only in relation to users but also within the CSOs themselves.

Institutional frameworks had a strong influence in these dynamics:

1. Less bureaucracy and resistance to change in the context of the pandemic crisis allowed many CSOs to test innovative solutions.
2. The pandemic showed how it is possible and necessary to increase funding from public authorities to CSOs.
3. Public authorities in many cases recognised the fundamental intermediary role that the CSOs performed during the pandemic by their greater predisposition to collaborate with them. However, there are also various cases where these collaborations were not possible or where the public authorities hindered the work of CSOs.

Based on the empirical mapping and on the analysis of the initiatives, key recommendations for decision-makers include:

1. To become sustainable both economically and over time, CSOs need to be able to count on secure, sufficient, and long-term forms of funding from public authorities that allow for long-term planning.
2. The need to change the framework from emergency intervention to prevention, with the introduction of policies that structurally address long-lasting issues such as poverty, housing, healthcare, etc.
3. When dealing with issues that impact gender and other inequalities, it is essential that CSOs that interact with the particular vulnerable groups participate in the policy-making processes in order to include first-hand experience of what is happening in the field.
4. If new policies creating restrictions on freedom of movement are needed in the future, the severity of their social consequences, including in the long-term, must be given greater consideration in their design process through specific impact assessments.
5. When taking the decision to close or suspend a public service (e.g. school), it is essential to consider the secondary and long-term consequences of such an action

(e.g. the decreased possibility of detecting domestic violence with online schooling).



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Introduction

This report represents one of the outputs of the third and final cycle of the RESISTIRÉ project and, specifically, of the activities of Work Package 2, which focused on mapping pandemic-related policies and civil society responses to mitigate the unequal impacts of the Covid-19 pandemic.

The aim of RESISTIRÉ is to understand the impacts that the Covid-19 pandemic and its policy responses had on behavioural, social, and economic inequalities in 30 countries (the EU-27 (not including Malta) along with Iceland, Serbia, Turkey, and the UK) and to work towards individual and societal resilience by providing insights and solutions. To meet these aims, RESISTIRÉ conducts policy analysis, quantitative analysis, and qualitative research activities with the aim of informing the design of innovative solutions. In this way, RESISTIRÉ is responding to the pandemic with co-created and inclusive strategies that address old and new inequality patterns in and across the domains set out in the EC Gender Equality Strategy 2020-2025.

RESISTIRÉ builds on an intersectional and gender+ theoretical approach (Verloo 2013). The project focuses on the intersection of specific domains of gender inequalities (work and the labour market, the economy, the gender pay and pension gaps, the gender care gap, gender-based violence, decision-making and politics, human and fundamental rights, and environmental justice) with selected inequality grounds (sex and/or gender, sexual orientation, ethnicity, nationality, class, age, religion/belief, disability, and gender identity). The overall methodology is based on a step-by-step process implemented in three cycles over 30 months (April 2021 - September 2023). All project activities are organised in the three cycles, feeding results into one another, including feedback loops between the cycles (see Figure 1). The project involves a eleven-partner multidisciplinary and multisectoral European consortium and a well-established network of researchers in 30 countries.

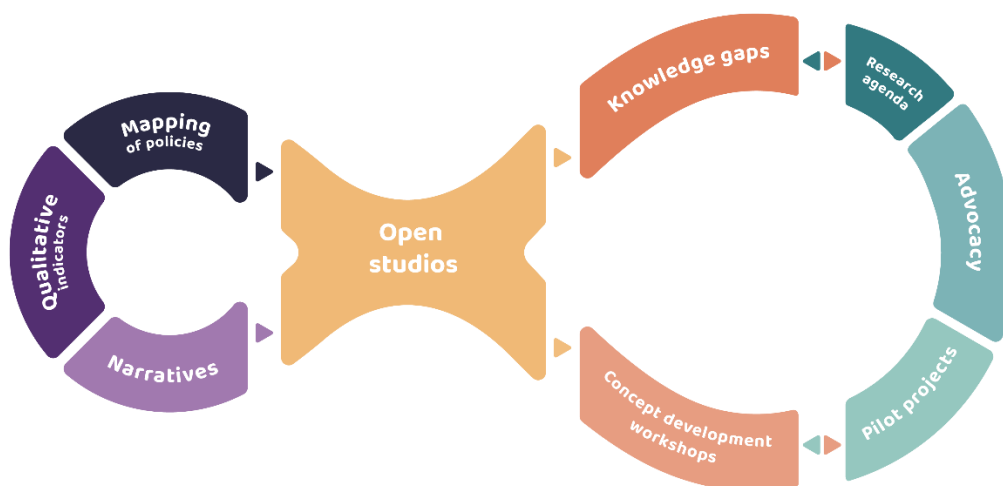


Figure 1 RESISTIRÉ methodological step-by-step three-cycle process

In the first two cycles of the project, we underscored how the COVID-19 and associated

public policies had consequences that were (and remain) highly gendered and related to sex, age, disability, ethnicity/race, migration status, religion, social class, and the intersections between these inequalities (Cibin et al. 2021; Cibin et al. 2022; Stovell et al. 2021; Stovell et al. 2022; Axelsson et al. 2021; Sandström et al. 2022). We observed that, in general, policies aimed at mitigating and recovering from the pandemic's health, economic, and social effects lacked gender mainstreaming and intersectional approaches (Cibin et al. 2021; Cibin et al. 2022). The findings showed how people in vulnerable groups were often overlooked and left behind (Axelsson et al. 2021) and how these groups have yet to experience a proper process of recovery (Sandström et al. 2022).

Building on these findings, the aim of the project's third cycle of analysis has been to better understand what practices and kinds of actions can contribute to reversing the developments that deepen inequality, to learn from the strategies and promising practices that civil society organisations (CSOs) and vulnerable individuals have put in place to cope with the consequences of the pandemic, and to discover how public policies can support them in these efforts. For this reason, Dina Georgis's concept of 'better stories' (2013), already present in the project's framework, is the main pillar of the third cycle's analysis. Georgis uses stories as a lens and a tool for social enquiry. Stories keep the personal and the political together (Altınay 2019) and provide an understanding of how political histories are written (Strid et al. 2022). Since 'there is always a better story than the story' (Georgis in Strid et al. 2022), this concept is not intended to identify best practices. However, it allows us to observe the different actions that have been possible within civil society to trigger change in situations of inequalities and vulnerabilities and that could be inspiring for public authorities as well as other CSOs.

While other Work Packages will focus on better stories discovered at the individual level and through the analysis of quantitative data, the focus of this Work Package is on better stories from civil society's initiatives. By civil society initiatives we mean all forms of bottom-up actions promoted, mainly, by formal and informal organisations in the sphere of civil society to mitigate the effects of the pandemic on gender+ inequalities and particularly on vulnerable groups. The main goal is to understand the evolution of these initiatives during the pandemic, the lessons learnt, the strategies for facing new challenges, and the influence of the institutional level on these dynamics.

Civil society organisations and the pandemic

The pandemic, especially its first phase, has been described as a 'breakdown in the social fabric' (Cozza et al. 2020, p. 191), a process that shook what was taken for granted in society and created a collective feeling of uncertainty and an erosion of trust (e.g. Abdalla et al. 2021). Civil society organisations played a key role in providing an immediate response to this situation (Tageo et al. 2021), engaging in activities aimed at repairing the damages to health, society, and the economy that were caused or exacerbated by the pandemic and pandemic-related policies. With civil society we refer '[...] to the space comprising organizations or organized individual actions that are not directed by the state and are not primarily profit-seeking but voluntary' (Cai et al. 2021, p. 111).

During the pandemic, the role of civil society proved to be fundamental for stimulating and increasing community resilience, which is defined as '[...] the ability of community members

to take meaningful, deliberate, collective action to remedy the effect of a problem, mitigate future events, and even grow from the crises' (Isetti et al. 2022, p. 2). In many cases, they managed to respond to the crisis faster than the public authorities (Pazderski et al. 2022), and there has been a general redefinition of the relationships that states and CSOs have (e.g. Dayson and Damm 2020). The prominent role of CSOs during the pandemic was observed not only in Europe but also in other places all over the world (e.g. Cai et al. 2021; Razavi et al. 2022).

At the same time, CSOs themselves had to face challenges that put their activities and survival at risk. Tagueo and colleagues (2021) cluster these issues into two groups: societal challenges, on the one hand, and organisational, economic, and political challenges, on the other. The first group includes: the interruption of essential services (including those related to health and care); the increase in the number of people in situations of socioeconomic vulnerability; the worsening conditions of people with different types of disabilities; the increased incidence of discrimination and gender-based violence; and the growth of problems related to digital inequalities. The second group relates more to internal dynamics within organisations and encompasses problems that suddenly arose in connection with the need to transition to teleworking, the increase in the demand for services (shelters, food, money, etc.), the need to provide accurate information in a capillary manner, and the reduction in donations (Tagueo et al. 2021). A report of the European Union Agency for Fundamental Rights (FRA 2021) described how, in addition to these challenges, human rights CSOs have also suffered an increase in threats and attacks, limitations on freedom of assembly, expression, and association, and limited involvement in the decision-making processes of public authorities. At the same time, the report also mentions some promising practices, with some authorities acknowledging the important role of CSOs by involving them in policy development and reducing the bureaucratic burden (ibid.).

Because of these challenges, many people involved in carrying out the CSOs' activities experienced mental problems and fatigue and were at risk of burnout. In addition, many CSOs were forced to suspend their activities, and in some cases they have not been able to restart them. This situation was observed particularly in smaller organisations, those based outside city centres, and those whose activities could not be carried out with aid of digital tools, etc. (Pazderski et al. 2022).

However, many new initiatives emerged with the pandemic, and many already existing organisations have been able to continue offering their services by reorganising their activities – for instance, by making increased use of digital tools or forging more connections with other organisations (Pazderski et al. 2022). In addition, we observed a strengthening of existing networks of solidarity and support together with the emergence of 'new circuits of care' (Razavi et al. 2022) that offered support to people in difficult situations.

In this report, we will consider the initiatives of those CSOs that were able to offer their services during the pandemic to mitigate inequalities on gender and other grounds and which can be considered promising practices or better stories. We present an analysis of the dynamics at work from the beginning of the pandemic to the present day, the processes of adaptation, the lessons learnt, and observations on how the actions for change promoted by CSOs interact with structural opportunities and constraints. In conclusion, we identify the main factors that allow such initiatives to enact better stories that can inspire decision makers, other CSOs, and stakeholders to find solutions to problems arising from pandemic

and other possible crises.

The report is structured as follows: the methodology; general information about the initiatives such as the domains and inequality grounds covered, their scope, and their evolution in time; the description of main themes, the actors involved, and how their interactions changed during the pandemic; a focus on gender composition and diversity among CSOs and users; an analysis of policy frameworks focusing on institutional constraints and support; a section containing the findings on the main lessons learnt by CSOs during the crisis; an analysis of the main features that the selected better stories have in common; the conclusion.

Scattered throughout the report are nine information boxes containing better stories told by interviewees and highlighting various aspects of the support work put in place by civil society during the pandemic to mitigate the inequalities that afflicted people in vulnerable situations.

At the end of the report, before the concluding section, there is an additional box with a special focus on some of the main outcomes of three workshops conducted with civil society representatives as part of the RESISTIRÉ project.



Methodology

National Researchers

Like in cycle 1 and 2 of this project (Cibin et al. 2021; 2022), 30 NRs representing EU-27 countries (minus Malta¹), along with Iceland, Serbia, Turkey, and the UK produced data for the analysis in cycle 3. Nine of the NRs are part of the project's partner teams, and the other 21 were identified through a network of professional connections among members of the consortium. Most of them are researchers and experts in gender studies and inequality studies and were involved in all three cycles and all three research WPs. In addition to the data produced for this report in Work Package 2, for Work Package 3 the NRs were also asked to focus on longitudinal studies, with the overall aim of looking for any signs of changes or trends that could indicate a situation of recovery since the beginning of the pandemic for specific vulnerable groups (Harroche et al. 2023). For Work Package 4 they were asked to collect the better stories of people in marginalised groups with a focus on what supports and what hinders their strategic agency (Sandström et al. 2023).

The focus of the mapping process

The NRs were asked to identify and describe in depth the promising practices/better stories of initiatives promoted by civil society (including those promoted in partnership with and/or funded by local authorities or private actors) to mitigate intersectional inequalities. These could be initiatives implemented by informal groups, NGOs, advocacy groups, and religious groups, but also digital communities created around mutual aid platforms. In particular, we were interested in promising practices related to Covid-19 and the pandemic that arose from civil society's capacity to create social innovations and to inspire local authorities as well as other CSOs to take actions to reduce inequalities.

The goal of this task is threefold:

- describe the evolution of these initiatives during the pandemic to better understand how civil society worked to mitigate inequalities among vulnerable groups and what they learned/how they adapted during the process;
- understand how formal and informal actors of civil society acted strategically to face new challenges and new/increased inequalities triggered by the crisis;
- Identify the influence that institutional constraints and/or support had on their activities.

We regard CSOs as endowed with 'bounded agency' (Mackay et al. 2010, p. 583), a concept at the heart of Feminist (New) Institutionalism (Mackay et al. 2010), in which '[s]trategic actors initiate change within a context of opportunities and constraints' (Ibid. p. 583) and where relations and institutions are gendered. Or, to use the intersectional approach (Verloo 2013) of this project, they are gendered+.

¹ Due to some issues that arose during data collection, this report does not include contributions from the Maltese NR.

Through this framework, we wanted to understand what capacities, competences, and capitals (social, symbolic, etc.) were acquired or strengthened by these actors during the Covid-19 pandemic that could be valorised beyond the course of the pandemic's duration and in particular during the current migration emergency and socioeconomic crises.

To this end, the suggested process for NRs to collect data in each country consisted of two steps: identifying and selecting promising practices and presenting a thick description of one selected practice.

Data collection and analysis

The identification and selection of better stories

First, the NRs identified relevant initiatives related to their countries. Initiatives could be identified among those mapped during the first cycle or they could be new.

We offered some examples and criteria for identifying a better story.

The examples of types of initiatives² that could be considered 'better stories' and that could support the NRs in the preliminary identification of relevant practices were:

- Initiatives that describe a successful collaboration between civil society and public institutions or other types of organisations (research institutions, local businesses, etc.);
- initiatives that describe a situation where civil society stood in for the absence of work by the public authorities;
- initiatives that describe a situation where civil society managed to address inequalities created by the policy framework.

In addition, we proposed criteria³ that could be considered in the selection of the promising practices:

- Effectiveness: There are indications that the initiatives are achieving some important results in mitigating inequalities.
- Transferability: The initiatives can be relocated elsewhere (i.e., the whole practice or most of its elements are transferable).
- Learning value/potential: The initiatives are good for learning how to think and act appropriately for the mitigation of inequalities in emergency situations.
- Innovativeness/novelty: The initiatives create new concepts or bring something unique to what already exists in its particular context, integrating existing knowledge and not re-inventing the wheel. The initiatives contain an element that stands out.
- Resilience: The initiatives can respond to resistance, adapt to changing conditions and environments, and survive in challenging times and/or when funding ends.
- Contribution to policymaking: The initiatives have contributed to improving the policy framework.
- Intersectionality: The initiatives address/involve multiple gender+ groups.

² In the task's guidelines we stressed that this list was non-exhaustive and the items in the list should not be considered mutually exclusive

³ We stressed that the initiatives did not need to match all the criteria

The initiatives could be either concluded or still running and had to have been in existence long enough to provide information describing their progress and influence in the relevant context. For each of the initiatives mapped (ultimately there were 128) the NRs were asked to provide a synthetic indication of the reasons for the choice of initiative, which they were to do also in connection with the examples and criteria listed above.

Analysis of the selected initiatives

Each of the NRs, in collaboration with the project partners, selected the most relevant better story among those identified for their country and contacted a representative of the initiatives for a semi-structured interview. The interview contained questions related to the development of the initiative, the impact, potential collaborations with public institutions or other organisations, the attention to gender and diversity dimensions, how the initiative adapted its functioning and activities during the pandemic period, the vulnerable people involved and how their needs changed during that period, the support and constraints coming from public institutions, etc.

Between 12 September and 14 October 2022, the NRs produced 31 grids covering initiatives from the 30 countries considered by the project (the NR from Germany produced 2 grids). All the data were analysed by means of a thematic analysis (Braun & Clarke 2006) using a combination of top-down and bottom-up approaches. To begin, the main author of this report created a codebook based on the main goals of the research described above and on desk research. The codebook was shared with the analysis group's team members (2 researchers) and was then discussed and edited as a group. Different countries were assigned to each member of the team to be coded using Atlas.ti software (version 9). Every coder was able to create new codes, which were then discussed in several online meetings. Finally, the authors of this report analysed the material by observing the relations between the top-down codes and themes in the documents and integrating them with the codes that emerged, bottom-up, from the analysis.

In addition, when possible, the main author analysed the closed questions from the grids by creating frequency tables and graphs to provide the most relevant contextual data on the mapped initiatives.

Finally, the descriptions of the reasons the NRs provided for the mapping of all 128 initiatives were analysed by the main author of the report using a thematic analysis, with the goal of collecting insights on the most important features that make a story a better story.

A note on language editing: Within this document there are many quotations taken from the grids produced by the NRs. In most cases we copied the quotation verbatim from the reports. We made only minor edits in places where, in our opinion, typos or mistakes could impede the correct understanding of the text. The need to obtain information from so many different researchers in different countries has resulted in a loss, in a small number of cases, of consistency in the use of certain terms (e.g. in some cases, man/male and woman/female are used interchangeably as if they denote the same concept). However, we decided to avoid modifying the NRs' original texts as much as possible so as to retain the authenticity of the quotation.

General overview

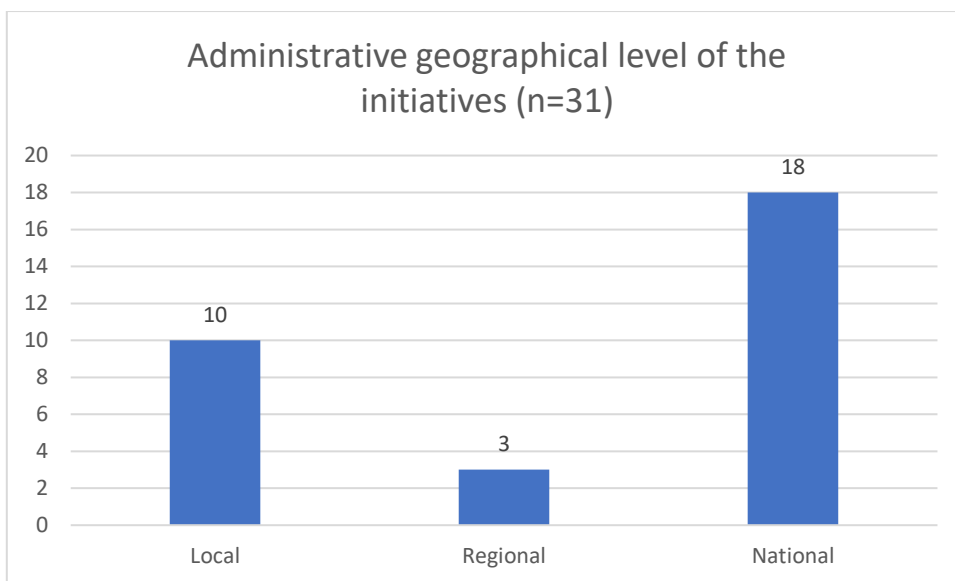


Figure 2 The distribution of different initiatives by administrative geographical level

Table 1 'Was this initiative also active before the pandemic?' (n=31)

Active before the pandemic	no. of initiatives
YES	16
NO	15

Figure 2 shows that the **majority** of the identified better stories concern activities on the **national level**, while **one in three** initiatives was implemented in a **local context**. **Three initiatives** had **regional coverage**. Table 1 indicates that **half of the initiatives were already existent** before the pandemic, while the **others emerged as a consequence** of the problems connected with Covid-19 and the associated socioeconomic crisis.

The main **domain** (Figure 3) on which about half of the initiatives focused is the protection of **human rights**, with different focuses such as: access to social and health services for vulnerable persons; humanitarian support; the right to asylum; freedom of movement; the right to a decent standard of living; the right to housing; the fight against poverty; shelters for endangered groups; support for persons with disabilities. Six initiatives fall under the **work and labour market domain**, four initiatives under the **gender care gap** domain, and four under the **gender-based violence domain**. The main domain of two initiatives is a focus on **human rights in education** and the main domain of one initiative is economics. Finally, no initiatives were identified as mainly focusing on either decision-making and politics, the

gender-pay gap, or the environmental justice domain.

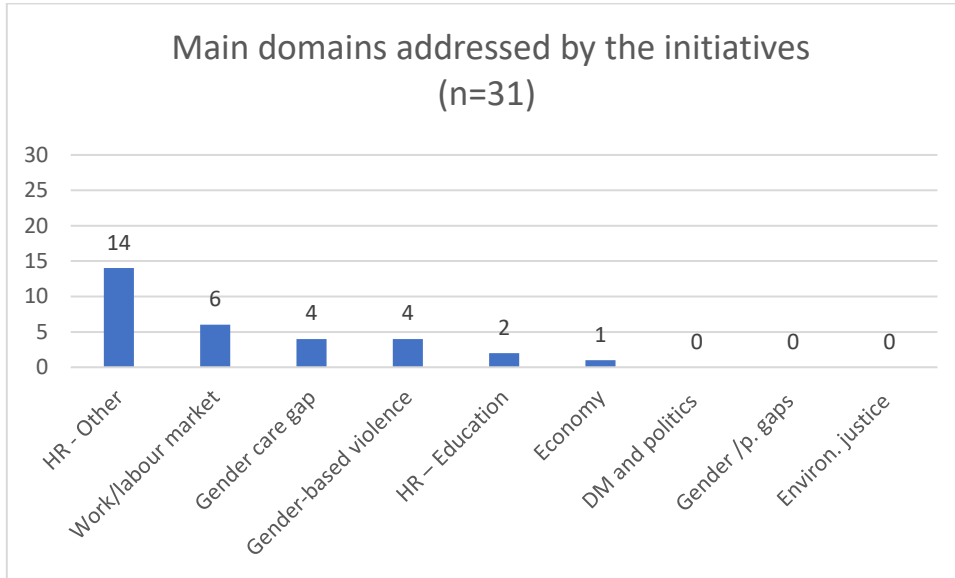


Figure 3 Main domain addressed by each initiative

Figure 4 combines the main domains of the initiatives with the **secondary domains** in which they have been categorised (in red). The theme of **human rights becomes even more prevalent** when the number of initiatives with this as their secondary domain is added to the numbers above, resulting in about two-thirds of the initiatives relating to this area. The domain of **work is also present in about one in three of the initiatives reported**, as are the domains of the **gender care gap and the right to education**. The domains of economics, decision making and politics, gender pay gaps, and environmental justice are present in some of the initiatives, although not as the main focus.



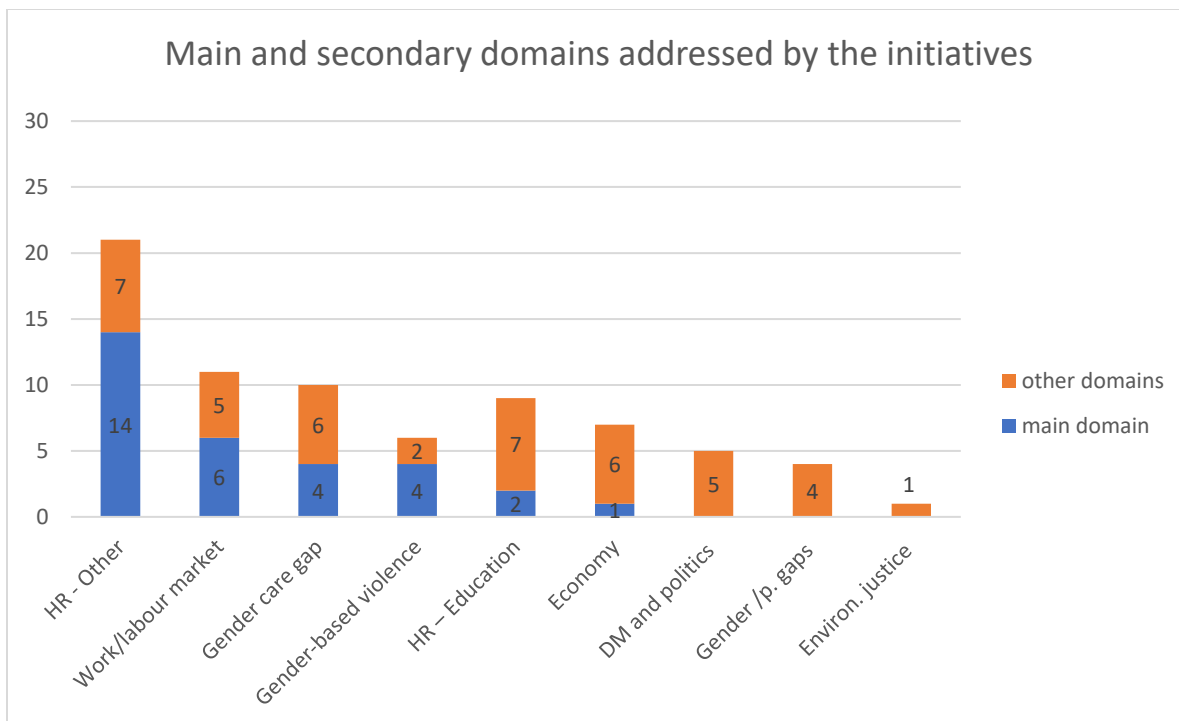


Figure 4 The main domain addressed by each initiative is in blue and the other domains addressed are in red

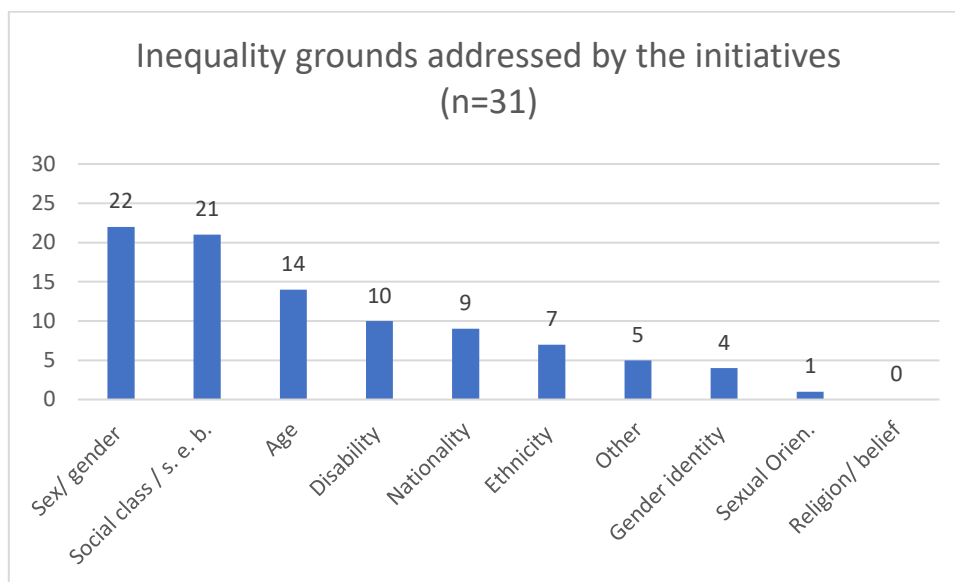


Figure 5 Inequality grounds addressed by the initiatives (multiple choice allowed)

Finally, Figure 5 shows that **more than two-thirds** of the initiatives address the **sex/gender inequality ground**, and similarly **more than two-thirds** address **social class and socioeconomic background**. About **half** of the initiatives deal with **age-related issues**, while **one in three** initiatives deal with **disability-related vulnerability**. Nine out of 31 initiatives deal with the inequality ground of **nationality** and seven with **ethnicity**. **Gender identity** appears

in only four initiatives, **sexual orientation** in one, and there are no initiatives dealing with **religion/belief**. Other inequality grounds specified as 'other' by the NRs and related to five initiatives concern sex workers, people with drug addictions, working parents with no childcare solution, people working in the cultural sector, and homeless people.

Table 2 shows the number of **initiatives** in which **each inequality ground is addressed together with another**, giving an overview of the **main types of intersections** considered by the initiatives. As we will see in more detail in the next sections, the **connection between sex/gender and socioeconomic background is evident**, insofar as more than half of the initiatives deal with these grounds at the same time. Several initiatives, in fact, deal with women in situations of poverty. The table shows how **age also interacts with these two grounds**, since in several cases the initiatives observed deal with the elderly (women and/or poor) or the young (women and/or poor). It should be stressed that in more than one out of four initiatives the ground of **nationality intersects with that of socioeconomic background**, highlighting the precarious condition of migrants. For a similar number of initiatives, the connection between **age and disability** is evident, insofar as young and especially elderly persons with disabilities needed more support during the pandemic.

Table 2 Number of initiatives in which there are intersections of inequality grounds

	Sex/ gender	Social class / socioeconomic background	Age	Disability	Nationality	Ethnicity	Religion/ belief	Sexual orientation	Gender identity	Other
Sex/ gender		16	10	5	6	4	0	1	3	3
Social class / socioeconomic background			10	7	9	6	0	0	1	2
Age				8	6	5	0	0	1	0
Disability					4	2	0	0	1	0
Nationality						4	0	0	1	2
Ethnicity							0	0	0	1
Religion/ belief								0	0	0
Sexual orientation									5	6
Gender identity										1
Other										

For a more detailed analysis regarding the topics of the initiatives and the vulnerable people involved, please refer to the specific sections below.

To summarise, most of the initiatives observed were implemented at the national level, and

there is a balance between the initiatives that originated during the pandemic and those that existed before. Human rights, labour, care, and education are the main domains covered, with a primary focus on inequalities related to sex/gender, socioeconomic background, age, disability, and nationality. In many of the initiatives observed, the intersections between these inequality grounds become evident in the case of older adults and young girls with economic problems and marginalisation, elderly persons with disabilities, migrants in precarious situations, etc.



Context – who and what

The main focuses addressed by the initiatives

Table 3 below provides a summary of the issues addressed by the initiatives analysed (for a more detailed description of the initiatives, please see the Appendix). A general thematic categorisation of the initiatives is also offered in the table, with the note that this is a simplification and several initiatives contain actions that could also refer to other categories. Even if the initiatives refer to different themes, most of them **are linked by issues related to isolation, poverty, and difficulty accessing public services or information**. One of the main themes concerned the need, especially during the initial stages of the pandemic, to provide **welcoming and safe shelters** for people in vulnerable groups, especially for **homeless people** (women) (Czech Republic, Slovenia, Spain), but also for **women and children** (Cyprus) or **LGBTQI people** (Portugal) in dangerous situations or forced to leave their family homes. In some cases, the specific nature of the situation made it possible to ease restrictions that are usually present in this type of service - for example, by allowing access also to **people addicted to psychotropic substances** or by removing barriers for **transgender people**. A specific programme existed to improve the digitisation of women's counselling centres, through funding for connectivity and new technologies (Germany 2).

Table 3 Summary of the initiatives' topics divided by category

Access to health and care services	
Belgium	Community health workers to support access to first-line healthcare in deprived neighbourhoods
Croatia	Education on medical issues and the feminist movement, psychological support in relation to conception and abortion
Denmark	Initiative to move the provision of the treatment for women substance abusers and in prostitution, bringing it directly to the places they frequent
Romania	Mapping and advocacy on the situation of abortion in the country
Hungary	Support and gynaecology clinic for homeless women
Shelters and support for people in danger	
Bulgaria	Awareness and fundraising campaign for centres working with victims of domestic violence
Slovenia	24-hour shelter and support for homeless people
Portugal	Shelters and support for LGBTQI+ youngsters
Spain	Hostel and socio-educational support for homeless women
Czech Rep.	Hotels turned into shelters for homeless people
Cyprus	Shelters for women and children in physical and emotional danger
Germany 2	Programme for the digitisation of women shelters and counselling centres (violence against women)

Social services for minorities and people on the margins	
Austria	Umbrella organisation to support immigrant care givers
Iceland	Social gathering to break social isolation of poor and vulnerable people
Ireland	Supporting parents and capacity building around parenting in disadvantaged areas
Poland	Fundraising and support for sex workers and migrants
Slovakia	Support to Roma families: information, education, and intermediation with public institutions
Sweden	Support (housing, social, employment) to asylum seekers unaccompanied minors who have turned 18
France	Support and guidance for transgender people
Support in getting resources	
Finland	Crowdfunding campaign for restaurants, artists and small business during the lockdown
Latvia	Mutual aid platform to coordinate volunteers
Turkey	Research on poverty situation, social monitoring, and provision of food and goods
UK	Distribution of goods for parents and children and creation of a space for socialisation
Support for children and youth education and care	
Italy	Initiatives to reduce the negative impacts of the pandemic on children and adolescents
Lithuania	Volunteer support for school children in need of additional help
Luxembourg	Childcare facilities for essential workers working in hospitals during the lockdown
Support for issues related to care for disability and elderly people	
Serbia	Supporting people with intellectual disabilities
Estonia	Information and lobbying for people with disabilities and their families
Netherland	Cultural events for elderly against isolation
Support for women against inequalities	
Germany 1	Hackathon for solutions for gender equality
Greece	Training to support women entrepreneurship

A second theme very much present in the interviews concerns the need to offer **access to information, counselling, and contexts for socialisation** to people who are minorities, especially migrants, who are often victims of discrimination or isolated from general attention. In this group we find an initiative aimed at creating support and unionisation for the rights of migrant care workers (Austria). Another organisation worked to provide housing, support, empowerment, and counselling to asylum seekers who were

unaccompanied minors but turned eighteen years old and, in this way, lost support from the state and became at risk of being moved to a different city or extradited (Sweden). Support for Roma people was provided in another initiative by volunteers who were helping them to obtain information about the pandemic and get access to public support services, and were providing education to Roma children when school lessons moved online (Slovakia). One association worked for the accompaniment and support for transgender people (France). The issue of poverty, as mentioned, connects most of the initiatives, but some of them focus specifically on **providing resources to people in socioeconomic hardship**. Among these initiatives are activities to collect and **distribute essential goods** and food to disadvantaged people or their children (Hungary; U.K.), the creation of **crowdfunds** to support the lack of economic income for sex workers (Poland), artists, or small businesses (Finland), **research and assistance activities** concerning situations of **poverty and respect for human rights** (Turkey). These initiatives also include **mutual aid platforms** to help people in isolated situations obtain **access to goods and services** (Latvia).

The issue of **access to healthcare services** occupies an important position. A very prominent theme is the **right to abortion**, and how the pandemic has been used in some countries to place additional obstacles to accessing a service to which people have a right but which was already difficult to access. Initiatives have offered support by involving trained volunteers to help pregnant women (Croatia), by **mapping the services offered** (or not) by hospitals (Romania), and by **promoting advocacy and information campaigns**. Other initiatives in the area of **sexual healthcare** have been analysed, in particular there are actions aimed at providing access to care for women in marginal situations. These include a gynaecological clinic for homeless (often traumatised) women (Hungary), and the possibility of offering treatment for sex workers with drug addictions no longer just in clinics (which are often considered unsafe and uncomfortable) but also directly in the places they frequent (Denmark). The possibility of **bringing healthcare and information to 'marginal' places** is also the focus of another initiative in which community health workers conduct outreach activities in deprived neighbourhoods of which they themselves are part (Belgium).

The issue of **care for disabled and elderly people** is the focus of some initiatives. One centre for supporting people with intellectual disabilities worked on the centre's internal organisation and service provision so that it could continue to assist its users even during the lockdown, partly through the increased empowerment of staff and users themselves, which had positive results (Serbia). Another organisation worked to make reliable information on the pandemic accessible also to people with disabilities, both through their own communication tools and advocacy activities (Estonia). Finally, one CSO organised outdoor concerts at elderly care homes to entertain users and workers of these institutions against loneliness and isolation (Netherlands)

Some initiatives focused on mitigating the impact that the pandemic and the different dynamics of change in the **education system and care** during the early periods (online, etc.) had on children from vulnerable families. One nationwide initiative provided devices to enable students to follow distance learning lessons and at the same time mobilised thousands of volunteers to provide online (and now hybrid) support to students and teachers (Italy). Similarly, another initiative relied on the work of volunteers to provide not only educational but also emotional support to students (Lithuania). In Luxembourg, childcare facilities managed by CSO were made available for use by essential workers

during the lockdown periods when normal childcare services were not available.

Other initiatives included a **hackathon** to develop gender equality solutions (Germany 1), **crowdfunding** activities to support counselling centres for women victims of gender-based violence (Bulgaria), **support and capacity building** activities for families living in disadvantaged areas (Ireland), and a **training course** to support women entrepreneurship (Greece)

Vulnerable people addressed

In many of the initiatives analysed, the main **beneficiaries** of the support are **women, and specifically women in very different situations**. Below is a list of the main characteristics of women targeted with support that are mentioned in the interviews. These characteristics are not exhaustive and often intersect with each other, but they offer a general picture of the different specific areas addressed by the initiatives analysed. They include:

- homeless women (with mental health issues, in the loop of exclusion; young and elderly; economically impacted by the pandemic);
- poor women;
- women living in rural areas;
- Roma women;
- migrant and racialised women (and their children);
- migrant women caregivers;
- single mothers;
- women victims of gender-based violence (and their children);
- pregnant women;
- new mothers;
- women in need of abortion;
- women with substance addictions;
- women with disabilities;
- women in precarious work conditions or unemployed.

Many of the initiatives are not limited to offering support only to women, however, and are aimed at the more general public. In general, **migrants and asylum seekers** are another important target. Since they were often forgotten by public support activities during the pandemic, the intervention of civil society became even more important (than it usually already was) for helping them to face old and new challenges. There are also initiatives that focus on **migrants with disabilities, unaccompanied asylum-seeking children and young people, people in poverty** or in **precarious labour situations**, etc. Some other initiatives aim to support families in **socioeconomic distress**, who, on the one hand, are dealing with **parents in situations of job instability** or total lack of income and, on the other, with their **children in need of emotional, educational, and protective support**. Initiatives aimed at issues relating to **disability** cover a range of different categories of people, such as **parents of children with a disability, single parents on disability pensions, people with intellectual disabilities, migrants and foreign nationals with disabilities, elderly persons with disabilities**. Other targets of the initiatives analysed include **LGBTQI youth, transgender people, seniors, people isolated during the lockdowns, homeless people, essential workers, Roma people,**

victims, and perpetrators of violence.

Main needs addressed

As already mentioned, many of the issues addressed by the initiatives concern the need to **access different types of health services**. Organisations in Romania and Croatia worked to offer guidance and support to women who had problems with obtaining **access to services related to abortion**, since restrictions on mobility and hospital access often resulted in these services being deemed non-essential. In Romania, this resulted also in the request to allow the anti-abortion pill to be used via telemedicine, since currently it is mandatory that the first dose be taken at a clinic. Needs related to **sexual and reproductive health** were also covered as part of the provision of gynaecological support for homeless women, as part of advocacy activities calling for mothers' partners being allowed to be present during childbirth, as part of support for transgender people to find solutions to hospitals' interruption of hormone supply and surgery (France). Vulnerable groups, such as people living in deprived neighbourhoods, found it difficult to **access primary care due to a lack of money and also information and trust** (e.g. Belgium and Poland). Women with substance abuse problems and in prostitution are described in the interviews as some of the most vulnerable categories during the pandemic, as they were forced to work also during the lockdown (Denmark). Sex workers (e.g. Poland) and homeless people (e.g. Czech Republic) often also **lacked protection devices against Covid-19**, such as masks, gel, etc. Segregated communities as Roma people were often **excluded by the access to test and vaccinations** (e.g. Slovakia).

Box 1 Better stories

Better stories - DEALING WITH EMOTIONS AND MENTAL ISSUES

The impact that the pandemic had on people's lives, including increasing situations of uncertainty and isolation, also had significant negative effects on the mental health of the most vulnerable. In several cases, civil society has played a crucial role in providing support to help address these problems.

Iceland (A social gathering to overcome the social isolation of poor and vulnerable people)

'A person came up to her when they were clearing up after the first [Initiative's name] and told her that they had saved her life. "And I was so shocked, because my only communication with that person was "good morning" - because I have a lot of communication with people that have the need for that. This person had not expressed interest in that type of communication. Then she explained to me that she has a social anxiety disorder and a lot of anxiety, so it saved her life to have the opportunity to go to the café, sit aside, and watch people from a distance, and fulfil her own social needs, and then just go before it became too overwhelming - because no one was demanding anything from her and she could choose how much she could participate. This chat was a revelation on how important the initiative was for many people.'" (Icelandic NR)

Lithuania (Volunteer support for school children in need of additional help)

'The first story is about a student who was very unmotivated, reluctant, often refused to do homework. When the volunteer eventually decided to engage on a more personal level, the girl shared that she felt very bad emotionally, had no one to talk to, that she was thinking about suicide. With the help of psychologists, the volunteer managed to establish an emotional connection with the student and her attitude changed completely [for the better].' (Lithuanian NR)

The pandemic was, for various reasons, strongly connected with a **need for proper housing**. First of all, the restrictions on movement did **not allow people to live and spend time on the streets**, so homeless people needed safe shelters 24/7. Second, many people **lost their accommodation** as an economic consequence of the crisis (e.g. sex workers in Poland, domestic workers in Spain). Third, the lockdown improved the possibilities for cases of domestic violence or intolerance and the **need for the victims to find safe accommodation** (e.g. LGBTQI in Portugal). The closure of the borders created situations in which foreign nationals and migrants had no places to go.

The increase in **poverty and the need for food, basic goods, and financial resources** were cross-cutting problems that afflicted different vulnerable people. Many people could not work during the lockdown or lost their jobs, in particular those working in precarious situations (e.g. Roma people in Slovakia) or those whose business had to close (e.g. Greece). In general, the initiatives observed underline an increase in the demand for food, medicines, and hygiene items, but also for money to pay the rent and the bills (e.g. Turkey, Slovakia, UK, Poland). People who were evicted and those who were victims of domestic abuse were forced to leave their homes with their children and needed money, equipment, food, and clothing (e.g. UK, Bulgaria). The increase in homelessness was underlined by the greater demand experienced by one CSO for **beds and nappies for children** (UK). The lack of income was also a problem for artists and restaurant owners (e.g. Finland). Some people also needed **digital devices** to work remotely and to enable children to follow online classes (e.g. Poland).

The different restrictions and new life conditions imposed by the pandemic created different needs in relation to **children's care and education**. As already noted, families with limited financial resources, time, and education were challenged by the widespread use of online educational systems. This change meant many people had to obtain **technological devices and Wi-Fi connections**. In addition, volunteers were often involved in **helping students** in these new activities and worked as **intermediaries with schools** (e.g. Ireland, Italy, Lithuania, Slovakia). In some cases, such activities helped to prevent students from dropping out of school or provided them with **psychological support** (e.g. Italy). In some cases, care services for students were also aimed at **enabling parents to manage a work-life balance**, especially in the case of essential workers (e.g. Luxembourg) or Roma families with many children and a heavy workload for women (Slovakia). Roma families also needed **solutions for the lack of free meals** that were usually offered to students at school. In the case of unaccompanied young migrants who reached the age of eighteen and therefore lost the right to certain types of state support (Sweden), it was necessary to find **accommodation, food, clothing, but also legal, psychological, and medical support** and socialisation opportunities.

In a situation of continuous uncertainty like the one created by the pandemic, many

vulnerable groups had an extreme need to **enter into a dialogue with a public institution** to find solutions to their problems and obtain reliable information. For this reason, many initiatives focused on activities of intermediation and communication between vulnerable people, such as deprived communities or migrants, and welfare offices, medical facilities, and school.

In many cases, there was also a need to **make the vulnerable people's voices heard** through activities of advocacy and representation. Sex workers, for instance, were not included on the list of vulnerable groups that could receive public support (Poland). Something similar happened to migrant caregivers in Austria, who lacked any form of help from either the country in which they were working or their home country.

Finally, many people needed to find ways to **overcome the situation of isolation** created by the pandemic policies. People from deprived neighbourhoods needed new places for socialisation. Grandparents were often segregated at home or into institutions (e.g. the Netherlands) and could not interact with their grandchildren. Transgender people were sometimes under stress because they were forced to live with relatives who could not accept them. People with problematic health conditions and the elderly had difficulty leaving their home due to the risk of contracting the virus.

How the pandemic influenced vulnerable people's needs

The **pandemic crisis and related policies** have **affected inequalities** related to the most vulnerable groups in different ways, sometimes functioning **as a trigger** and sometimes as an **amplifier** of previous situations, while in other cases **creating the conditions** for future problems. We cannot say that the pandemic crisis is the only cause of these problems, but in many cases it helped to **create fertile ground** for the emergence of certain dynamics in a more severe form. Building on this, we can divide the needs faced by vulnerable people during this period into four basic clusters.

The first category encompasses needs that were strongly **related to the contagion and to the various lockdowns** and that in many cases **abated once restrictions on movement ceased** (e.g. the need to collect food for the elderly in isolation; childcare and work-life balance when school were closed; access to non-essential healthcare services).

'Because of their poor digital skills, the elderly were often initially cut off from services, as well as information.' (Estonian interviewee)

Secondly, we find needs that relate more to **the socioeconomic crisis** linked to the pandemic, which contributed to the **creation of situations of poverty and marginality** even for families and individuals who were not previously in this situation, with negative consequences also for the future.

'At the beginning of the pandemic, the demands of families who were coming to [the CSO's centre] started to change, which was a clear sign of growing poverty and precarity. People dependent on daily (informal) income were telling us how they could not find any work for five days in a row and did not have food for their families. Responding to these needs, we initiated the [campaign's name] Campaign, first in our own network of volunteers and supporters, and then through social media.' (Turkish interviewee)

'There was this local café that was going to go bankrupt. With crowdfunding money, the café was able to continue. The place is important for many who live near the café, they sit there and work, many visit daily. [...] However, the café owner still has debts, so in that way it is not only a happy story.' (Finnish interviewee)

Thirdly, we observed needs and **issues that were already present** before the pandemic and that were amplified by the crisis (e.g. the invisibility of certain categories such as migrants, ethnic minorities, women, etc.).

'On the government level, they have implemented a lot of measures for particularly vulnerable groups in different ways during the pandemic, but this group [unaccompanied asylum-seeking minors who turned 18] has never even entered the conversation. It would have been easy to say: "that last clause [in The Swedish Upper Secondary School Act], that requires permanent employment for a permanent residence permit, it could be changed so that a temporary position, or an hourly contract, is enough". But they haven't even looked at this group.' (Swedish interviewee)

[talking about the impact of the pandemic on Roma women] *'We had families where their members spent some time separately, the children were at school, the wife at home, but the man was at work and suddenly they were all together inside a house. It created various stress situations. In one community we saw a rise in domestic violence, but also drinking increased among some women. These are things we are not able to solve professionally, but we know about them as we do the mapping of communities and we are trying to find ways for individual aid, but we do not have the tools to solve this on a community level, we were just mapping what was going on in communities...'* (Slovak interviewee)

Finally, various interviewees described the presence of needs and issues that arose with the pandemic and that will become **even more pronounced in the long term** (e.g. the lengthening of waiting lists for access to health services; the educational gap for those categories of students not supported during home schooling; mental issues).

'Although we have already forgotten the pandemic a little, to this day the representatives of the schools are telling us that the students returned to the classroom completely different after the pandemic, which is why we decided that we want to continue the initiative. It became particularly relevant in the spring, in February, when students from Ukraine started arriving in Lithuania due to the war. But in general, students have become different, they are more agitated, have more anxiety, fears, this contributes to their general well-being, as well as to their communication, interaction in the classroom, cooperation, for example, with friends, classmates, teachers, to learning outcomes and motivation to learn. So that emotional aspect is typical of all [children] groups we work with.' (Lithuanian interviewee)

'The pandemic has tremendously disturbed our work. We had to suspend our programmes of autonomy and empowerment to address the increase in the demand [related to support for LGBTQI+ young people].' (Portuguese interviewee)

As mentioned above, it is evident that the presented categorisation of how the pandemic influenced vulnerable people's needs was only intended to provide a summary picture of how the pandemic affected the situation of the most vulnerable people and how it has influenced their needs. The **reality is much more complex and the needs and problems much more intertwined**. At the same time, it should be emphasised again that in most cases, the **pandemic crisis and related policies were not the only cause** of the problems, they have only contributed to making already existing situations of inequality and discrimination more evident or magnified.

'The quarantine didn't necessarily make everything worse, it simply revealed what are basically systemic flaws. So, the important thing is not what was done during the quarantine, but what had not been done until then. We could waste time discussing whether the quarantine was implemented too early, whether children returned to schools too late or not, whether there was a lack of means for remote learning, but these are details. The important thing is that there are no educational support specialists, students are poorly prepared psychologically, they lack the knowledge and tools to deal with their emotions, have no one to turn to, no people they can trust in schools. And naturally, because of that, it was difficult to deal with emotions that emerged during the quarantine. In general, there is a lack of political will for the broader direction of education, what measures should be applied. And it is natural that then, for example, when it comes to our initiative, when there is no common political will and when there is no common direction and common agreement that this is what should be developed further, we struggle on our own trying to fill in the gaps that currently exist in the system.' (Lithuanian interviewee)

In many cases the crisis made evident those **problems and inequalities** that already existed in our societies **before the pandemic** and the lack of response and attention by public institutions to curb these problems, as highlighted by the previous extract.

Box 2 Better Stories

Better stories - PUTTING LIFE IN ORDER

Sometimes the solution to complicated situations and contingencies in life cannot just be the result of individual action, especially in a time of crisis. Community support, in this case, provides the tools to get back on one's feet.

Turkey (Research on the poverty situation, social monitoring, and the provision of food and goods):

'The story of Ali and Sultan: After they got married, since they could not afford rent every month, they turned a vacant tumbledown shed in the backyard of Ali's grandparents'

house into a home. After living in that house for two years, and two days after Sultan gave birth to their baby, the grandfather kicked them out of the house and told them to leave the yard. It was around March 2020, when the Corona pandemic had just started. Furthermore, Ali had been unemployed for two months as the recycling plant he had been working at had made him take mandatory unpaid leave. Even though he still appeared as an employee in his previous job, he hadn't been paid for two months. During that time, they met [Initiative's name]. The initiative provided them with support and they rented a place. Ali and Sultan were collecting paper with a cart, yet what they earned was not enough to pay rent and make a living. In the meantime, restrictions and curfews on the weekends led to a drop in their earnings even further. On the second and third months, they fell short with the rent; their bills were also lying around, all unpaid. They ended up getting into heavy debt. Eventually, they moved out of this house and built a shed in the yard of Ali's brother's rented house. Ali wanted to go back to work or start another job. Ali's friend was working at a supermarket as a motorcycle courier. His insurance and salary were being paid regularly and his salary was not a small amount either. Ali learned that he had to get a motorcycle licence to apply for a job like that, so he decided to take that licence and become a motorcycle courier. He registered in a driving course. He haggled the course fee of 1380 TL (approx. 70€) down to 1000 TL (50€) to be paid in 200 TL (10€) instalments. The exam fee was 130 TL (6.5€) and he borrowed it from the scrap dealer. He paid him back by collecting paper. He passed the exam. Yet he had to pay off his instalments and the tax they charge for the licence so as to receive his licence card. At that point, the [Initiative's name] helped him pay these instalments and relevant tax through one of their supporters. So, he finally got his licence and started working at a supermarket as a motorcycle courier and currently has a regular income. They finally got their life in order. They had their bank loan restructured and have been paying it in monthly instalments. In the meantime, the initiative also helped them receive advisory support on legal matters and budget management. Sultan, on the other hand, did not know how to read and write and she enrolled on a literacy course. Now, they are saving up money to be able to rent a house in case the landlord wants them to move out of the shed while also trying to pay off all their debts.' (Turkish NR)

Impact

During the interviews, the NRs asked the representatives of the initiatives if they could offer an **estimate of the number of people supported by the initiative** during the pandemic and so far. Among the reported initiatives we find **a wide range in the different numbers of people supported**. The difference is related to various factors such as the different type of service offered, geographical coverage, the ability to easily reach people in need of help, etc.

First there is the group of initiatives that claim to have helped **dozens of people**, such as the support to people with intellectual disabilities in Serbia (around 50 direct beneficiaries), the flats for LGBTQI+ people in Portugal (around 11), the shelter for homeless people in Slovenia (40), or the activities to support women's entrepreneurship (11).

The second group contains initiatives that had a direct impact on **hundreds of people**. In Bulgaria more than 800 people have benefited from the fundraising campaign to finance centres for women victims/survivors of gender-based violence. In Croatia around 160 people were supported with information and education regarding abortions. The

crowdfunding for businesses and artists in Finland supported approximately 500 people. Funds were provided to around 310 sex workers in Poland, and in the UK around 260 families were supported in 2020 and 2021. The volunteers in Lithuania helped around 520 students with troubles in education. The conversion of hotels/hostels into housing solutions for homeless people helped 300 people in Spain and 800 in the Czech Republic. The French initiative supported around 500 transgender people. In Germany, approximately 200 women participated in the hackathon to develop ideas against gender inequalities. Finally, there are initiatives in which **thousands of people** have benefited from the actions developed. In Iceland, the attendance list of the café that sought to overcome social isolation among people in poverty amounts to around 8000 people. Ten thousand people received support from community health workers in Belgium. Hundreds of families are reported to have benefited from the Irish initiative concerned with parenting in disadvantaged areas. The mutual aid platform in Latvia reached around 2000 people. In Slovakia around 4000 Roma people received support, while in Sweden the initiative helped around 1200 asylum seekers. The Turkish initiative reached around 15 000 people living in conditions of deep poverty, and the Italian one offered educational support to around 23 000 children and adolescents (including migrant children). In Cyprus, around 3000 women, children, and men received support in shelters.

Various initiatives also had indirect impacts. For instance, the Italian interviewee reported that around 230 000 people were reached through campaigns and online content. Similarly, the Bulgarian campaign reached around 5000 people, and around 2500 people were in contact with the French initiative through social media and a conference.

These numbers, although very different in magnitude and content, provide a picture of the huge number of lives that needed to be supported by civil society organisations during the pandemic. It is also worth mentioning that the numbers we cite here do not include the large number of volunteers who worked to offer the services described, nor those who were unable to take advantage of these services due to a lack of funds or knowledge or for other possible reasons.

The Danish interviewee also offered an interesting point for further reflection on the process of quantifying the impact of these initiatives:

'It's difficult to state a number. The initiative did not reach a high number of people, but [reached] women they had never had success reaching previously.'

(Danish interviewee).

Even if the number of women substance abusers and women in prostitution who received treatment outside the public centre is not high, the interviewee underlined how the initiative was equally successful because it managed to interact with people who were not usually involved in the process. In contexts such as the ones considered by this report, where vulnerable people are often invisible and not considered in the datafication process (Milan et al. 2021; Taylor et al. 2020), simply counting the number of people involved is an important but not a sufficient criterion for evaluating success.

Gender composition and diversity of users

When women are the majority by design

In around 18 of the initiatives mapped in this cycle, the **majority of users are women**, a situation that can be explained by the focus of this project on gender issues, but also by the fact that, as seen elsewhere (Cibin et al. 2021; Cibin et al. 2022; Stovell et al. 2021; Stovell et al. 2022; Axelsson et al. 2021; Sandström et al. 2022), the consequences of the pandemic affected women more severely than men. Some of the initiatives observed offer services that interest mostly women. This is the case of: **reproductive services** (Croatia, Hungary, and Romania), where women are the only users; the Danish initiative for **female sex workers** who are substance abusers; and the Austrian organisation supporting **migrant caregivers**. Women are also the majority of beneficiaries of initiatives against **domestic violence** (Bulgaria, Cyprus, Germany 2), and appear to be more represented in **care facilities for the elderly** as well (Netherlands). Interestingly, women were the majority of beneficiaries also of the Latvian initiative relating to a **mutual aid platform** (Latvia), and they are also disproportionately represented as beneficiaries of food banks, as they are the ones primarily responsible for obtaining food for their families: as the UK informant stated: *'Men only came to the service when accompanied by their female partners.'*

In some cases, women are **specifically targeted** by initiatives to address specific needs or mitigate existing inequalities, as in the case of the German hackathon (Germany 1).

Women are also specifically targeted in an initiative on **empowerment and work-life balance**, which benefited mostly young Greek women (aged 22-35) interested in entrepreneurship and living in big cities (Greece). Even in this case, it is argued that LGBTQ issues and intersections other than gender-age are not addressed.

The **childcare facilities** offered to essential workers employed in hospitals also targeted women: 'it was a request from feminist groups to lift the constraint on the participation of women in the labour market' (Luxembourg). Given that the care sector is highly feminised and some professions (e.g. cleaners) are made up mostly of women from low socioeconomic groups, it is, as the interviewee stated, women who largely benefitted from this.

When the initiatives do not target women specifically

Even **initiatives not targeting women** specifically ended up being mostly beneficial to them, but the Irish informant stressed that they developed programmes targeting fathers in order to involve them more.

'The initiative has always been focused on families holistically. Considering the nature of the programmes, the interviewee noted that the main beneficiaries from the beginning of the initiative were mothers. However, the initiative has been also actively engaging with fathers.' (Irish NR).

Some interviewees affirmed that they **did not consider the gender of their users at first**, but once the initiative was put in place, they realised gender was more relevant than they expected. In the following extracts it appears that women were the majority of users because of gender roles in the family. The Estonian initiative was lobbying for keeping face-to-face teaching open and realised that 'since caregiving is mostly shouldered by mothers, gender ended up being an important angle of the work'. Similar examples are the following:

'...as the pandemic work focused mostly on the education of children and health issues, mothers were often primarily communicators for families'. (Slovakian interviewee)

'Gender was not an issue considered in the design of the initiative. It rather emerged in the development of the initiative as a result of needs, since it is mostly single women...with children who are in urgent need of support.' (Turkish interviewee)

Conversely, **men** (boys) are more represented among **unaccompanied asylum-seeking youth/refugees**, whereas women (girls) are the minority (Sweden). In Iceland as well, gender representation changed in combination with the migrant background of beneficiaries and their distance from the given service:

'Participation in the [Initiative's name] was rather equal participation between men and women, but more men asylum seekers and refugees started to attend (in line with the gender composition of that group in Iceland). Today ... more Icelandic than people of foreign origin attend. She [informant] thinks it is the location - they moved and were more centrally located than now.' (Icelandic interviewee)

Taking care of minorities

Interviewees commented on the difficulties in **accommodating the needs of women when they are a minority in a male-dominated environment**, emphasising the need for dedicated spaces and programmes:

'The few girls they help had less interest in football and asked for other forms of activities (go for a coffee, go to the cinema, etc.) ... [Initiative's name] has a meeting place open four times a week but since the girls are such a clear minority, they do not always feel comfortable in that male-dominated environment. For that reason, they have set aside specific times only for girls. Housing is also an issue. Since there are so few girls, there is no communal living set aside for them. Instead, they have to find individual housing solutions with volunteer families.' (Swedish interviewee)

'[Initiative's name] really persisted on some beds being available exclusively for women and that proved to be very important. When the shelter [female-only] was opened only one woman came, but after a few days more women came and stayed at the shelter (approx. 5 or 6) and it became clear that the need for a dedicated space exists.' (Slovenian interviewee).

Interesting reflections were offered by the initiatives relating to shelters for **homeless people**. During the pandemic, some CSOs that traditionally provided mixed-gender shelters started to offer **women-only accommodations** (Czech Republic, Spain). However, the Czech interviewee underlined how this solution is not enough to guarantee inclusion, as gender-segregated spaces can create problems for trans and non-binary users. The Czech initiatives took advantage of the specific situation created by the pandemic to overcome

these obstacles, as showed in the next quote:

'Out of the six hotels established in March 2020, one was designated for homeless women only [...] However, with the rest of the hotels being mixed gender, trans and non-binary homeless people were included as well (asylum housing and emergency shelters are almost always gender-separated, and as such, trans and non-binary homeless people often have difficulties using these services)' (Czech interviewee).

Gender disparity is not reported in the case of one initiative for **people with disability** (Estonia). Instead, age seems to be more relevant, with 60% of beneficiaries being over the age of 63. Similarly, the Serbian CSO working with people with intellectual disabilities stated that they support '22 women and 14 men belonging to the youth and adult category and 7 boys and 7 girls who use the services of the therapy centre'. The French initiative supporting **transgender people** also reports equal numbers of persons assigned to female or male identity, although, 'the people we contact during outreach activities - sensitising professionals to the question, for example - tend to be more women than men'. Similarly, the Portuguese **shelter for LGBTQI** youth assisted 'young boys and girls [who are] gays, lesbians or T persons'. In Turkey as well, the CSO working on **poverty** reports having supported men and women equally.

To conclude, few interviewees commented that **gender was not considered in the design** of the initiative and was not detected as an issue during its **implementation** (Belgium, Finland, the Netherlands, and Lithuania), or said that it was **not possible to gather data** on gender (Italy).

Gender composition and diversity within the civil society organisations

Representatives of civil society organisations interviewed in this cycle were also asked how diverse their staff are and about the representation of men and women.

The majority of the interviewees stated that staff are **mostly composed of women** (Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Germany 1 and 2, Hungary, Iceland, Italy, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Romania, Serbia, Slovakia, Sweden, and Turkey). Some interviewees provided justifications for this: the interviewee from Luxembourg clarified that since their organisation offers **part-time contracts**, it draws more interest from women than men. In Serbia, the interviewee explained that the organisation started as an initiative of parents and **mothers were more involved** than fathers. In Austria, at an interest group targeting migrant domestic workers, women are the majority in the organisation, although men are also involved. Similarly, in the case of abortion in Croatia, the interviewee observed that women are the majority of volunteers, as users 'would not feel at ease if men were engaged' (Croatian interviewee).

It is important to stress how women are represented between managerial positions, staff, and volunteers. In some cases, women are taking the **lead in management** (Ireland, Italy, Slovakia) or are the leaders of the initiative (the Turkish initiative was founded by 7 women), whereas in other cases women are more represented among staff, but become fewer in number among managerial positions. In Spain, for example, women make up around 80%

of staff, the board of directors is equally made up of both genders, but top managerial positions are occupied by men. Similarly, in the Netherlands: all staff are female, but the board members are three men. In the case of the Czech Republic, management is male but cooperates with gender-diverse teams. In Latvia, women are significantly more present **among volunteers** and are equally represented with men among staff. Conversely, in Slovenia, men are more represented among volunteers, as they are former homeless persons who then become volunteers.

While interviewees were asked about gender, considerations about other grounds or characteristics emerged as well. For instance, **diversity in national and ethnic background** appears to be lacking, as many initiatives are led by national staff (Iceland, Ireland, Slovakia). As the following interviewees observed:

'...ethnicity is still an issue, we are always working on creating a more diverse team structure... Most of us are white, German, cis-women'. (German interviewee 1)

'All key members and trustees are white, middle-class women. Volunteers are more diverse in regards to their race and class, and are often individuals who were previously helped by the charity.' (UK interviewee)

In some cases, it was pointed out that **staff were more diverse** - for instance, in Bulgaria, where staff is composed of women at various intersections (LGBTQ+, victims of violence, women with a disability), and in Croatia, where all the volunteers are women but they differ in education, age, social status, and migrant background. The Italian initiative also reported a lack of educational diversity, as the majority of staff have a bachelor's degree (71%), a master's degree, or a doctorate (22%).

Different dynamics related to **age** were also observed: In some cases, older women are more represented (Germany 1) or there has been a change over time. In Lithuania, for example, the interviewee noted that there were more young people volunteering during the pandemic, but probably because of the return to school their participation dropped, and more working-age people are now engaging in volunteering. Students of social work and social pedagogy (mostly women) are also represented among volunteers (Slovenia).

Composition of staff is also inclusive of diverse **gender identities, sexualities, and backgrounds**. In Poland, staff include transgender people, queers, and migrants, while, the interviewee said, heterosexuals are the minority. Finally, in a few cases, men and women are **equally represented** (Finland). As for CSOs working with transgender people, the staff are made up of their transgender peers (equally male and female genders), but cis-experts are mostly female (France).

Religion plays a role in two of the initiatives mapped, as they are faith-based organisations (Sweden) where the majority of staff members are Catholic women (Germany 1).

Context – the policy framework

Institutional constraints

The answers provided by CSO representatives in the interviews include descriptions of the various ways in which the political framework relating to the pandemic – consisting of new regulations, communication campaigns, incentives, etc. – has in several cases contributed to making the lives of vulnerable people and the organisations supporting them more difficult. In this section, we will describe the main institutional constraints of this kind.

Box 3 Better stories

Better stories – CONTRASTING ETHNIC SEGREGATION

Lockdown policies have in some cases resulted in the further isolation of ethnic minorities such as Roma and Traveller people. Civil society action has been important to make these people visible and mitigate discrimination.

Ireland (Supporting parents and capacity building around parenting in disadvantaged areas)

'One programme mentioned in the interview included a collaboration with a library and with An Post Children's Book Ireland, through which they delivered books to children living on Traveller sites.' (Irish NR)

Slovakia (Support for Roma families: education, information and intermediation with public institution)

'There was an official policy to quarantine the whole Roma settlement in cases where positivity within the community reached a certain percentage. The settlement was guarded by the police and none of the community members could leave the premises. In one of the localities where the initiative operated, there was a threat of a settlement being quarantined. The initiative worked closely with a municipality and local public health office in order to prevent it. They persuaded the officials that the situation within the community is manageable and also urged the institutions to have a crisis plan in case of a quarantine in order to ensure a supply of food, water, and medicine to the settlement as well as to ensure the means of monitoring the health status of sick people in case their health severely deteriorates. These activities successfully prevented the quarantine of the settlement.' (Slovak NR)

Restrictions on movement

Lockdown policies have had a strong impact on increasing the socioeconomic hardships experienced by people in vulnerable groups. **Policies aimed at restricting people's ability to move** are the ones most often mentioned by interviewees. As already noted, for example, such policies have **forced many people to spend more time with family members and cohabitants**, leading to an increase in cases of family conflicts, hostile environments, domestic violence, and threats. In Slovakia, an **entire Roma camp** was quarantined and guarded by police in a policy that could be considered discriminatory (see Box 3). Migrants from Central and Eastern European (CEE) countries working as caregivers in Austria and

Germany were limited in their possibility of movement by **the closure of borders**. The restriction on movement also translated **into financial penalties** that in some case created a vicious circle when dealing with vulnerable people. Sex workers, for instance, were fined for continuing to work and at the same time had to raise more money through their work in order to pay their fines. The representative of an association working to support people with intellectual disabilities underlined how the restrictions on movement made it difficult for carers and users to accomplish their activities, with the **need for instance, to find some strategies to circumvent rules** in order to take a simple walk:

'For example, the restriction of movement for people using our service forced us to be creative in finding solutions. For instance, we thought we should have a person who would be a "walker". So we rotated among ourselves, which of us would walk with the users that day.' (Serbia)

The interviewee from the Dutch initiative dealing with elderly people locked in institutions was aware that **movement restriction policies were necessary** to safeguard their safety, but perhaps it would have been useful to think of **solutions that still allowed some kind of social interaction**.

Suspension of services

The restriction on movement and people gathering meant in many countries also the **closure of public services** such as day centres, public toilets, and public parks, **but also stores** on Sunday, public transportation, etc. This **situation had a significant impact on homeless people**, who were not able to find the same services elsewhere and that were often the target of stigmatisation by other people and reports to the authorities.

Another important area where policies were described as worsening the situation of vulnerable people is the one related to **education**. The **closure of schools** is described as a variable that contributed to the **increase in mental problems** among children and young people (Latvia), and to the **exclusion of migrants, children from low-income families, families with no assistance on childcare** (e.g. Sweden, Turkey, UK) from the education system. In addition, the **absence of children from school** made it more difficult to identify potential **child abuse and violence** (e.g. Cyprus) and complicated the **distribution of food** to children from low-income families.

In many countries, the attempt to focus specifically on taking care of those who contracted the virus was translated into the **temporary suspension of other healthcare services**. This situation not only had an immediate effect but created **consequences also in the long term**, with the creation of **long waiting lists** once the services were restored. The distance from these services and vulnerable people, already at risk of exclusion, increased. For instance, the Irish interviewee underlined how children were particularly impacted by the lack of face-to-face mental health support during the pandemic and by the long waiting list that they have to face now.

'We are going to feel the effects of lockdown for a very, very long time, on so many levels. There is good that comes out of it in relation to the community collaboration, as whole communities and schools, we're all linking and working

together, trying to figure out how best we can support each other. But we are still feeling the effects [of the lockdown] and we will for a long time, for a lot of reasons. For reasons around the lack of mental health supports [...] And there are also long waiting lists, which are even longer now. There are children [...] who missed out on the developmental milestones, they didn't have proper access to their Public Health Nurse, they missed out on their appointments. There are children born during the lockdown where the mum did not have a partner beside her, and it was a really traumatic birth. There are families that were really isolated and lost family members, and who did not have the support. And the list could go on and on.' (Irish interviewee)

People with disabilities in Estonia often 'lost access to **rehabilitation services**, physical therapy, treatment, as well as communication within their social network' (Estonian Interviewee). The access to services like **hormone therapy, fertility preservation, and surgery** was suspended for transgender people in France. In Romania, during the state of emergency all medical services and surgical interventions considered not essential were suspended. This situation created a **grey area in relation to abortion-on-demand**, with 'only 11% of Romanian hospitals to perform the procedure during the state of emergency. The situation was only officially clarified by a Ministerial directive at the end of April 2020, but there was no institutional control to ensure the access to the procedure was in fact opened' (Romanian interviewee). In Denmark, the **ban on gathering** resulted in drug-dependent sex workers **not being able to meet at the shelter that offers them support**, limiting their access to professionals, reducing dialogue with other people, and limiting access to services. The **closure of different activities and workplaces** due to the lockdown policies had a strong impact on vulnerable people, in particular all those relying on informal jobs. Many **young people** in Portugal, also among LGBTQI communities, **lost their jobs**. For many of them the unemployment potentially also meant them **losing their economic independence, and** in this way being more exposed to blackmailing and exploitation. The furlough in the UK forced many people 'who relied on taking on extra shifts, working on commission or on zero-hour contracts' to **rely on charity**. Access to food was also more difficult in Iceland, since **many foodbanks were forced to close** or decrease their operations. Online education was impossible for young migrants living in precarious living arrangements in Sweden.

Lack of institutional transparency and effective communication

Another category of public constraints for vulnerable people that emerged from the interviews relates to the **lack of transparency of some policies**. This phenomenon was described, for instance, as a result of ineffective or non-inclusive communication, the lack of control by public institutions on the eligibility of the recipients of support services, or the lack of clarity of the criteria used to give support. There are also situations where policies have offered short-term solutions that have, however, worsened the situation of people in the medium and long term. For instance, some policies aimed at mitigating economic problems, such as suspending utility payments or increasing credit card limits, offered only temporary solutions that then magnified the indebtedness of people in poverty when it came time to settle the accounts all at the same time. This situation is well described in the

quote below:

'Crisis management and social support systems during the pandemic remained inadequate. For instance, utility companies did not require people to pay the bills for three months, but then tried to charge all of them at once which drove families into further crisis. They directed and encouraged people to withdraw bank loans and increased the limits of credit cards, both of which ended up making individuals and families in deep poverty even more indebted. Yes, the state and municipalities provided some sort of food aid, but that is very limited, does not reach the target; and even if it reaches the target, the process is not followed up on afterwards.' (Turkish interviewee)

Some interviewees also underlined the **blindness of some policies aimed at offering support** during the pandemic. For instance, **sex workers** were not considered in the Polish measures against the crisis. The same happened to **Roma people** in Slovakia, who usually rely on informal occupations and cannot access any support. In the same way, **young non-accompanied migrants** who turned eighteen were forgotten and not helped during that period. The Polish and German interviewees also underlined how **migrants and women living in shelters** were often forgotten by the policies managing the vaccination processes.

'Specifically, there was a lack of regulations on the vaccination ordinance. Women in women's shelters were mostly not considered in the Corona regulations, even when it came to vaccinations. Especially in the beginning, when the vaccine was very scarce, these people were always forgotten. That was problematic. Women's shelters do not have as big a lobby as other social institutions.' (German 2 NR)

Box 4 Better stories

Better stories – DEALING WITH STRUCTURAL CONSTRAINTS

Often the awareness about certain rules and the interaction with public authorities can be difficult for some vulnerable people. In these cases, the mediation work of civil society proves to be crucial.

Austria (Umbrella organisation to support immigrant care givers)

'One example was the case of a woman who was told by the public office that she would have to pay back around 8000 EUR in child support. Here it is important, to keep in mind that most migrant caregivers earn less than 11 000 EUR a year, so 8000 EUR is almost a year's income. In this case, the office made actually a mistake and they issued a flawed notification. The [initiative's name] supported the care worker, so they did not have to return this 8000 EUR.' (Austrian NR)

Czech Republic (Hotels turned into shelters for homeless people)

'The evaluation of the initiative identified three main domains where it improved the lives of the clients: (a) reduction of the adverse effects of long-term homelessness (theft, addictions, and deterioration of health), (b) adoption of social and work-related habits, (c) recuperation space for clients who, apart from a place to live, do not need additional

support services. Compared to regular asylum housing, the initiative had very low barriers in terms of the rules in place (such as that strict abstinence or apparent and proactive cooperation with social workers was not required, the first objective was the housing in itself). Hence, the initiative was suitable for those who cannot or do not want to adhere to the strict regime on asylum housing and, as such, impacted a wider variety of homeless people. We had senior and disabled citizens who were able to move to municipality-owned apartments with regulated rent. We also had, for example, a businessman and his wife who were affected by the pandemic but had no other issues apart from that; they stayed for some time at the humanitarian hotel and then moved out once they managed to get back on their feet.’ (Czech interviewee)

Institutional support

Interventions by institutions, in many cases, made life even more difficult during the pandemic for various vulnerable people. At the same time, interviews with civil society representatives also highlight how **some policies helped to improve the situations** of the vulnerable people they work with. The Hungarian interviewee underlined how the municipality of the capital and the district started various initiatives to mitigate the effect of the crisis, such as **organising food distribution, allocating resources, offering support to the elderly and distributing masks**. The Italian interviewee stressed the strong effort at the governance level to create an **inclusive communication campaign about vaccination** that could include also less informed people as migrants.

In general, it can be said that somehow the pandemic activated some positive dynamics regarding the possibility of action by CSOs. First of all, the need to give immediate responses to the crisis created what the Danish interviewee called an ‘opening’, that is, a **window of opportunity** where it was possible to experiment with **innovative practices** that would not usually be allowed or would be hindered by bureaucracy and by resistance to change on the part of public institutions.

‘For many years, also before the pandemic, we requested alternative and more flexible treatment options for female substance abusers who are in need of substitution treatment, because we could see that the women could not meet the demands that the traditional health system had. So Covid-19 created an opening where we could pitch our idea, and suddenly everything became possible.’

(Danish interviewee)

‘In some contexts, at the local level, the bureaucracy was lightened, as in the case of the housing allowance. During the pandemic, the requirements were considerably simplified, and this was particularly beneficial for vulnerable groups.’

(Spanish Interview)

‘The pandemic was the starting point, the Minister said “we have to do something” because this group of people is already not finding their way easily to first-line care. Maybe it’s a good thing that the pandemic came about because the Minister provided a budget. But at the same time, it is always important to say that the pandemic was not necessary to launch such a project, but we were lucky that

this event triggered this initiative. The project will remain relevant even if we are one day free of this virus.’(Belgian interviewee)

At the same time, the crisis seems to have created the conditions for increased attention in the public sphere to issues of inequality. For instance, the German interviewee stressed how during the initial phase of the crisis, there was a significant **increase in the attention from the media and the general public** given to issues related to gender-based violence, which probably, in turn, could have had an influence on the policy process and on the participation of society actors.

‘It was the first time that violence against women has become that present in the media. At the beginning of the pandemic, we had more than 100 enquiries by journalists, which had never happened before. It is the first time that there is a law implemented in the coalition contract for women affected by violence. There has been this interest that we have never experienced before. Even companies offered their help to women's shelters.’(German interview).

Interviewees also reported some cases where public policies were designed to mitigate inequalities for particular vulnerable groups but relied on somewhat cumbersome procedures that create many obstacles. For instance, care workers in Austria had a hard time applying for a **hardship fund and a bonus** that had been designed for them. The union of caregivers had to ask for a modification to be made to the application process, since it was initially necessary for applicants to have an Austrian bank account and a tax number, but these are things that are not usually available for these specific migrant workers. In addition, the bonus was tied to a care worker being able to increase the duration of their work shift (which was usually 4 weeks) and in many regions the bonus could only be requested by the care worker's employer. In some cases, this process resulted in employers keeping the money or blackmailing the care worker. There were also cases of migrants leaving the country once they obtained the bonus. Another example comes from Finland where the government **provided restaurants and event organisers with funding opportunities** that, however, are described as not considering the pandemic situation. The applicants were supposed to use the funds for business development initiatives, a kind of investment that they did not need since they were in good condition before the crisis.

There are also examples of **policies that did not initially focus on supporting vulnerable people** but that were **turned into a solidarity bonus by civil society**. This is the case of a travel voucher offered by the government with the goal of injecting cash into the tourism sector. Since the voucher could also be transferred to other people, there were cases of individuals that gave it to people in need to buy gas.

Collaboration between public institutions and civil society organisations

We have just seen a policy framework of responses to the pandemic that often increased inequalities for some categories of people but also contained within it some good practices of help and support. To the latter we add a fact that emerged very strongly in the analysis that has to do with the **presence in most initiatives of some form of collaboration between**

public institutions and civil society.

Public funding

Many of the analysed CSO initiatives were **supported, directly or indirectly, by public funds**. In Iceland, the café aimed at overcoming social isolation among people in poverty benefited from a **municipal fund designed specifically for pandemic-related activities**. The initiative in Denmark to support drug-dependent sex workers was financed by **specific funds from the National Board of Social Services**. The Swedish organisation supporting young migrants used **funds from the Swedish Agency for Youth and Civil society** targeted at organisations working with vulnerable people during the pandemic. The Italian organisation supporting youth in education specifically asked and obtained **funds from the government to pay for summer camps and support families in need**. The initiative in the UK working for the donation of goods for children from low-income families received **specific pandemic-related funds from the city and district council**. The activities to mitigate educational inequalities in Lithuania were funded in the first period by the Ministry of Education, Sport and Science through a **policy aimed at mitigating the negative effects of remote learning**. In Spain the initiative that turned a hostel into a shelter for homeless women has been financed with **funds from a programme of the regional government**. Similarly, temporary shelter for women and children in a situation of physical and emotional danger received **specific funding from the Minister of Labour**. The Municipal Office of the City of Prague provided **complete funding for the initiative that turned some hotels into shelters** for homeless people. In Luxembourg, and temporary socio-educational care for the children of hospital staff was **completely financed by the state**. In Slovenia, the **Minister of Health donated sanitary materials** that were needed in a homeless shelter. The shelter in Cyprus was **supported by the Ministry of Health**, and the **Ministry of Transport provided free bus passes** for the residents in the shelter. The CSO that offers support and accommodation to LGBTQI people in Portugal is **partially financed by the national Commission for Citizenship and Gender Equality** and the **Municipality of Lisbon provided the flat at a very low cost**. In some cases, the CSOs received **funding also from the private sector**, as in the case of the Dutch initiative where an energy company contributed to financing an event.

Collaboration, sharing of information, material support, lobbying, etc.

The only initiatives where some form of collaboration with public authorities was not mentioned are those mapped in Bulgaria, Croatia, and Poland. In all the other cases contacts with different public institutions were described, with great differences among them. There are initiatives that carry out **activities in public schools** for educational, psychological, or anti-poverty support and food distribution (e.g. Turkey, Italy, Slovakia), or to organise lectures on such topics as discrimination (e.g. France). In Spain, a **public special psychiatric unit** collaborated with the shelter for homeless women, offering support especially to people with addictions, mental health issues, or stress. Very often the collaboration between the CSOs and the public authorities built on the capacity of the former to **provide relevant information from the field and act as intermediaries between vulnerable people and public services**. In Slovakia, for example, the social integration programme for Roma communities **collaborated with municipalities** and

local and regional health authorities to organise tests and information campaigns. The initiatives that created a homeless shelter in Slovenia was **always in contact with international embassies** to support foreign migrants. A gynaecology clinic for the homeless in Hungary was built and equipped by a CSO, but **it will be managed by a department of the local municipality**. The Danish and Swedish initiatives started a **dialogue with local healthcare services**, in particular those related to drug treatment. In general, various initiatives describe a **dialogue with social services and social workers**. In Latvia, the platform of volunteers working to help people to stay at home **referred to social services** 'to solve problems that volunteers could not solve' (Latvia interviews). In Cyprus, the association who takes care of women victims of violence described how the **cooperation with social services** started with some difficulties, which were probably related to diffidence and competition. However, the collaboration soon became very productive, especially once the different roles have been clearly assigned. The French CSO that assists transgender people is currently offering **consultancy to the Social Security administration** at a national level (Caisse Nationale d'Assurance Maladie) on the specific protocol for handling transitions.

Local municipalities are often mentioned as important sources of collaboration for the initiatives. This collaboration occurs in the form of **financial or material support** (e.g. Luxemburg, Iceland, UK, Italy), the provision of space (Slovenia, Portugal, Czech Republic), the **involvement of specific municipal agencies or social services** in the initiatives (e.g. Latvia, Slovakia), and **partnerships in the creation of events** (e.g. France).

In some of the initiatives concerning the provision of shelter to homeless women or to victims of violence (e.g. Slovenia, Spain, Cyprus), **cooperation with the police is also reported**. In the case of Spain, the support is described as 'only on certain matters and depending on the individual officer' (Spanish interview). In Slovenia the police occasionally visit the shelter to check that 'everything is in order' (Slovenian interview). In the case of Cyprus, closer cooperation is reported through participation in special units and joint training sessions. Finally, the representative of the Swedish initiative that supports young migrants describes fruitful cooperation with the border police.

Box 5 Better stories

Better stories - EQUAL ACCESS TO EDUCATION

The work of organisations and volunteers has been crucial in mitigating the impact that the closure of schools and the shift to online education has had on the right to education of students in vulnerable circumstances.

Ireland (Supporting parents and capacity building around parenting in disadvantaged areas)

'They also delivered activity packs to children from families who did not have proper access to computers or Wi-Fi and they also linked up with a local secondary school to deliver information packs for children transferring from the primary level during the lockdown' (Irish NR).

Italy (Initiatives to reduce the negative impacts of the pandemic on children and adolescents)

'A school in [Italian city] asked us for help to find two Indian sisters who were not

registered in the electronic register and were dropping out of school. Thanks to the involvement of the Indian community, the two sisters were found and brought back to school.’ (Italian interviewee)

Estonia (Information and lobbying for people with disabilities and their families)

‘It is impossible to say whether it was only our lobbying that led to this result, but after conducting a study among our community we were able to communicate to partners in the Ministry of Social Affairs that children with special needs need to receive face-to-face teaching even during the emergency measures. This rule was indeed changed and until the end of the pandemic schools were even prohibited from using distance learning with this group of students, and parents could inform the Ministry of Education and Research if they met with pressure from schools to cease face-to-face teaching and to transfer teaching online. Before this change, at the very beginning of the pandemic, families with special needs children had to cope on their own.’ (Estonian interviewee)

There are some cases where the relationship between initiatives and public authorities is mainly based on **lobbying and advocacy activities** by the former toward the latter. For instance, the Romanian initiative created some campaigns to convince the national health institutions of the problems of pregnancy termination during the pandemic. In Austria, representatives of the initiative to support migrant caregivers are sometimes involved in stakeholder meetings with public authorities or government officials to discuss relevant issues. In Turkey, a CSO succeeded in making the request for public support for people in poverty less complicated after a consultation with the local government. The lobbying activity for the rights of people with special needs and their families in Estonia was able to rely on the pre-existence of good relationships with the Ministry of Social affairs as well as other state bodies responsible for granting equal opportunities.

Structural support in crises that was missing during the pandemic

We have just seen several examples where the problems of the most vulnerable were addressed through public support and collaboration between public institutions and civil society. However, as we have seen, there are still many problems to be addressed and new solutions need to be found. For this reason, respondents were asked what policies and collaborations were missing and what would be necessary to prevent inequalities and problems experienced during the pandemic from recurring in other crisis situations.

The interviewees articulated a strong need to **increase funds for having free public services and to stop the process of their privatisation**. At the same time, the structural changes for reducing inequalities that the interviewees envisioned are **not only about stronger financial support** within the public service sectors, but are **also about rethinking some of the cultural paradigms that define the various frameworks**.

Healthcare and reproduction

Some representatives of CSOs underlined the need to give **access to free contraception and abortion-on-demand** (Romania, Croatia) and to **re-open counselling centres on reproductive health free-of-charge** for women (Croatia).

'In March 2020 many women were calling to alert us that the hospitals were turning them down. The private clinics were also denying the service or they were raising their prices to prohibitive sums, of up to 4500 RON [approximately 1000 EUR] for an abortion. This is when we opened the subject of pill-induced abortion by telemedicine. Two years after, nothing happened. [...] There are best practice models available in Germany, Moldova, implemented during the pandemic.'
(Romanian interviewee)

This topic is present also in the request to consider making the **abortion pill available as telemedicine**, i.e. the possibility of obtaining and taking even the first dose of the abortion pill outside hospital institutions, to increase access to this service in situations of crisis (Romania).

Another respondent stressed how the public healthcare system should **hire more specialists** (mental health, speech, and language therapy, etc.) in order to **reduce the waiting lists** that became unsustainable during the pandemic, in particular for poor people (Ireland).

Gender-based violence and discrimination

In the domain of gender-based violence, an interest in cultural change is evident in a proposal to introduce into Bulgarian law 'the term gender-based violence, as well as changes in the legal framework (protection from violence), plus a definition of violence in same-sex couples' (Bulgarian interview).

To combat the gender gap in work and the labour market, the Greek interviewee proposed stricter **non-discrimination rules and more transparency in the process of personnel recruitment**. In addition, the monitoring of those programmes promoting gender equality and diversity in business should not only be based on short-term quantitative criteria but also on long-term results.

The care, healthcare, and education of youth

Services for childcare as free of charge kindergartens are described as necessary to support children in difficult situations (Bulgaria, UK, Italy), especially in the most disadvantaged areas. All schoolchildren should have **access to free canteens, full-time education, and high-quality extracurricular activities** (Italy, UK).

Some CSOs' representatives stress the need to re-think the goals and objectives of the education system, devoting **more attention to socio-emotional and communication competences at school** (Lithuania), and introducing **education on reproductive health** (Croatia).

Finally, in a situation where more and more foreign nationals are present in schools, an **increase in the availability of teachers and assistants for foreign students** would be important (Lithuania).

The fight against poverty

In the interviews, various solutions have been listed to mitigate the growth in the number of people entering situations of poverty, such as the **introduction of universal basic income** (Poland), a **revision of the social security system** to increase the benefits in situations of poverty, and increasing **investments in working conditions** (Austria). The pandemic crisis has

also seriously affected women entrepreneurs for whom specific funds are necessary (Greece). A special **funding instrument for a situation of crisis** is another possibility that emerged from the interviews (Finland). A different proposal is the request for the **introduction of more education for families on the topic of food in relation to health and money**: UK poor families could improve their health and economic situation by avoiding buying pre-made food and relying on breastfeeding for their babies (UK). Finally, the Slovenian interviewee underlined how the problem of homelessness needs to be addressed through **housing policies and not by resorting to shelters** (Slovenia).

Support for civil society organisations

There are requests for funds to **improve the infrastructure for service-providers** (Bulgaria) and to **help the activities of CSOs** ('support the supporters', as the Finnish interviewee stated), while also focusing on **decreasing burnout levels**. It is stressed that the **allocation of funds through projects and for short-term periods has been an obstacle** for specific work that has to be done during the crisis situation.

[...] there is a need to move away from a project-based logic. For the moment, with the annual budget allocated, we do not know if the project will continue in 2023, which is bad for the [CSO's name] but also for the beneficiaries. Relationships of trust take time.' (Belgian interview)

In order to **motivate people to volunteer**, there is also a proposal to find some mechanisms that would allow time spent on initiatives to help people in need to be considered exempt from taxation (Bulgaria).

Changing paradigms in decision making

The interviews also revealed CSOs' proposals to rethink policies that affect the lives of the most vulnerable, not only in terms of changing their content, but also in terms of **rethinking decision-making processes**.

'If I was creating a policy, I would be on the ground working with people who are working [in this area] and I will be looking at systems that worked well. For example, working at how to really support that collaboration where every organisation has its role but [they] also need to work together. Looking at how to really build the relationships with those working on the ground, and working together with them.' (Irish interviewee)

'We need policies that are interconnected, that crosscuts all services, from employment to housing and health, because public allowances are for people, and people are not compartmentalised. Day-to-day life does not understand boxes.' (Spanish interviewee)

The two quotes above show that CSOs consider it fundamental that **the design of policies rely on the better stories of people working in the area** of vulnerability and on their **ability to collaborate with other organisations**. The need to put together different experiences and expertise is stressed also by the request of the Spanish interviewee to design **policies that**

could be able to consider different sectors. The respondents also underline the importance of increasing the possibilities for collaboration both between public services and CSOs and between CSOs, finding methods and tools that could allow the design of experience-based policies through the sharing of information and best practices and continuous dialogue with stakeholders. In particular, one respondent underlined the importance of building crisis response plans together with CSOs and focusing on different emergency situations (Slovakia).

Many interviewees stressed the need to improve the framework of specific policies with the goal of not forgetting the existence of vulnerable people such as migrants and undocumented people, people living in rural areas, sex workers, homeless, poor children, single mothers, large families, LGBTQI+ people, girls not in education, employment, or training.

'I would start with a holistic, preventive, empowering system and set of policies for the children. It would also be great to build a rigorous monitoring system for the households. I would reconsider and possibly revise the social support policies put in practice. I would particularly explore why some policies, although looking good on paper, do not work in practice. I would work more on urban policies and try to understand why there are certain stark differences and inequalities, sometimes, in two different streets of the same neighbourhood.' (Turkish interview)

The quote above is an example of the different requests from CSO representatives to find ways to better monitor the results of social service policies and actions, increase the attention to housing policies and to assistance for those involved, increase vigilance against violence in public spaces, and devote more attention to issues related to digital violence.

Box 6 Better stories

Better stories - CREATING THE CONDITIONS FOR A FRESH START

The work of CSOs often did not stop at mitigating acute problems but continued in the form of empowerment actions that offer tools to avoid falling back into the same dynamics.

Slovenia (24-hour shelter and support for homeless people)

'An elderly lady was on the streets for a long time and before the epidemic she was invited to the housing support programme but had some reservations. When she was at [name of the shelter] shelter she would really enjoy being there, she cooked for other residents, took care of them. The employees who also run the housing support programme worked with her very intensively and they gained her trust. She entered the programme, was living in the supported housing, was able to save money, and after the programme she applied for a flat from the Housing Fund of the Republic of Slovenia, her application was successful and now she lives in her own flat.' (Slovenian NR)

Spain (Hostel and socio-educational support for homeless women)

'Plenty of different stories could be told. A very positive story for us is that many women who needed support could benefit from this programme without living in the street. They came to our shelter and then found a job, accommodation, or applied for an allowance and could leave the shelter very fast. The educational side is very important: we help them so that they can interact with people in situation like work, fend for themselves. We had women who went back to study, one woman now is working in the hostel. Another who could rent an apartment, and she is not forced to accept whatever job to survive.'
(Spanish interviewee)



Lessons learnt during the pandemic

Interviewees were asked to reflect on what **lessons their organisations learnt during the pandemic that could be useful in dealing with new emergency situations**. From the responses collected, it is clear that an event as important as the pandemic has set in motion skills, changes, and reflections that affected the organisational sphere, from interactions with others to the use of tools, etc. Below we will offer an overview of these processes and dynamics.

The processes within the organisations

Many interviewees described how the sudden increase in the demand for support that they were dealing with, together with the need to respond quickly to the crisis, pushed the members of their organisations to **change their internal organisational processes** and to learn **how to improve their capacities to respond to emergency situations**.

'I think we did it very well. We were able to adapt very quickly to the circumstances and to the many changes that emerged during the pandemic. We learned that despite the fact that we also work under protocols and rules, we can be very flexible and flexibility is good.'(Spanish interview)

'The biggest positive contribution of the pandemic for us is that it helped us to expand our services and develop into a dynamic and flexible strategy, to adapt to the needs and problems at any given time.'(Cyprus interviewee)

'We have been able to adapt well to new challenges and adapt to meet the demands of the people we help. This has meant we have needed to broaden the services we offer and help parents as well as children to ensure their wellbeing.'
(UK interviewee)

Flexibility was a recurrent theme among the initiatives. One example comes from the UK initiatives and is related to the decision to shift to the **self-referral** system to access services during the pandemic. The initiative realised how many people could not easily access professionals' consultations, so they made this change, setting limits to ensure families eventually received proper professional support.

Flexibility also meant looking for ways to **circumvent the mobility restrictions** or get written authorisation to maintain outdoor activities (**France**). To ensure safety in the community centres, some social workers during the pandemic moved their activities into the families' houses, and later rearranged the spaces of the centres to organise one-to-one counselling sessions; they also delivered most activities (e.g. for children) outdoor (**Slovakia**).

One interesting point that emerges from various narratives is how this **ability to offer rapid responses to sudden changes** is described in **two different ways**. On one hand, it is the result of a certain amount of **creativity and innovation** in order to increase the organisation's ability **to be flexible and agile** and in this way to quickly respond to rapidly changing situations, as described in the previous quotations. On the other hand, some other interviewees stress

how **these improvisational skills should be trained** as part of previously defined **general and contingency plans**, and through the construction of a **solid network** with other public organisations, professionals, and CSOs, as the following quotations show:

'In order to respond adequately [to a new crisis], they would need to assess what kind of resources they have, how they can adapt their actions to the new crisis, what are the emergent needs of the people they support, and in what ways they can support them.' (Irish NR)

'The key is thinking in processes. Make processes work as quickly as possible. Do everything according to processes, not chaotically. The important thing is to create a process and then run them. You can adapt, you can also change according to the requirements of the situation, but it is important that there is a basis. It is more efficient.' (Latvian interview)

'The general recommendation is to have a consistent emergency plan in place for similar crises that all relevant authorities will rehearse well, which can be followed once a new crisis starts. The emergency/crisis management teams should not consist mainly of the military but shall also have people from the social service field.' (Czech interview)

The management of human resources in the civil society organisations

Civil society organisations had to deal with an unprecedented wave of new users and this forced them to reorganise internally, recruit new staff, train them, and adapt structures and procedures to improve efficiency (e.g. Cyprus, Croatia, Belgium).

Some organisations improved their skill in the **management of human resources and in the governance of the organisation**, as they had to deal with an increased number of people involved in their activities. In this dynamic, **the involvement of new volunteers** was indeed an important element in meeting the growing demand for help:

'more than 50 people were recruited in one week' (Luxembourg interviewee)

The need to rely on the support of volunteers prompted a rethinking of the **distribution of certain roles** within organisations, which in some cases meant the possibility to **overcome some prejudices** about the capacities to help of some less experienced groups:

'At [CSO name], we did not usually employ many volunteers, believing that an activity aimed at young people required specific professional skills. However, during the pandemic, we saw the possibility of involving university students in this initiative. Such a methodology proved to be particularly effective and beneficial also for the volunteers.' (Italian interviewee)

If, as we have seen, the contribution of volunteers has been very important during this period, the pandemic also seems to have provided an opportunity for many organisations (especially the larger and more structured ones) to **increase their internal dialogue and**

exchange of expertise:

'The initiative proved to be flexible and organised to operate in crisis situation. It proved to be beneficial that the organisation has an expertise in various areas such as social and community work as well as humanitarian and development aid. In the period of a crisis, these two departments, before working separately, cooperated and managed to combine the expertise and processes in order to respond flexibly and in time. This cooperation can be mobilised in a crisis, as the case of the Ukrainian refugee wave proved. While the humanitarian department was prompt to organise the first reaction to incoming refugees, the social inclusion programme followed by social and employment counselling and work on the integration of Ukrainians into Slovak society.' (Slovak interviewee)

Some of the interviewees described how during the pandemic the people involved in the initiatives developed **strategies to deal with increasing situations of stress and risk of burnout**. Some organisational improvements concern the way decisions are taken and the participation of employees and users in these processes. More bottom-up, participative organisational **styles** were implemented. For example, in the **Serbian** initiative, having regular meetings to **plan the shifts based on employees' needs** had a positive impact on the workload and the resilience of staff. This is exemplified in the next quotation where the Serbian interviewee compares the condition of their organisation's staff with the one of those working in public institutions:

'The shifts in the institutionalised accommodation for people with disabilities lasted up to 15 days: many employees were exhausted, and many left their jobs because they could no longer withstand the pressure. It has not happened to us, even though we also have 24-hours support for users who live independently.' (Serbian interviewee)

At the same time, some of the organisations considered are described as **accustomed to working in situations of crisis**, such as, for instance, the Swedish initiative to support migrant minors that was born to face another crisis in 2015 related to refugees. Similarly, the representative of the initiative in Cyprus helping women victims of violence stressed that they are ready to face new emergencies because they are 'used to a crisis' (Cypriot interviewee):

"We are ready because we are used to crises, but every case is different. Experience has shown us that flexibility is very important and we believe we will succeed". (Cypriot interviewee)

Digitalisation: from need to opportunity

Measures to contain the contagion in the early phases of the pandemic created a physical barrier for service providers **to reach out to their users**. Strengthening online services became a necessity, and most initiatives describe adaptations of this kind, like using video-

conferences (Portugal), moving their programmes to an online format (Greece) – with the necessary adaptations, like reducing the group size and developing online tip sheets (Ireland). The Serbian informant spoke about the efforts to maintain their services online, including music workshops and **creative workshops**.

In many cases, the possibility of **increasing the presence of digital processes** in the activities of organisations are described as an **improvement for their organisational and cultural skills**, that will help to offer quicker and more organised responses to new crises.

'By video we were able to give a training course to an association that was looking for a speaker on the theme of trans-identities. They contacted me at the last minute and I was able to attend' (French interviewee)

'Now, we are more systematic, more determined, and more institutionalised. For instance, since our work has been more digitalised with the development of a database with all the necessary data regarding the beneficiaries, we no longer have to spend too much time on the operation and delivery of in-kind support. Hence, we can spend more time on monitoring households and measuring the impact of our work, maintaining good relationships with individual donors (80% of the initiative's financial resources come from individual donors), and swiftly mobilising resources and channelling them to beneficiaries [...] We care more about the well-being of the employees; that is why we started carrying out activities to increase our well-being as well as to improve ourselves.' (Turkish interview)

Digitalisation has been described as **improving work processes** and the internal **sharing of information** among some organisations, **the possibility of keeping users in touch** with the initiatives and with other users, the possibility of **creating networks** that are 'resilient' (Estonian interview).

'We have invested a lot of effort in teaching our users new skills, such as using a mobile phone and online communication via zoom. Also, our creative workshops and occupational therapy were easily adapted to online conditions, and we believe we could organise them again more efficiently and faster. Our users have acquired new skills, but for many of them, the use of technology has helped them stay in touch with their families and communicate with each other.' (Serbian interview)

Technological adaptations proved to be key and are likely to continue after the crisis in combination with face-to-face activities. This German interviewee explains that **both methods** can be combined, based on each specific case:

'We will not completely return to where we were more than 2 years ago. Many accesses for some women have been improved, many benefits arose during that time. However, online counselling is not always the only method. For example, there is the possibility of a combination of face-to-face and online counselling.'

Counsellors can consider together with the client which counselling method is best for the particular combination.’(Germany 2 interviewee)

When service adaptation required digitalisation, there was nonetheless an effort to maintain a degree of face-to-face interaction with users **to ensure their trust and commitment:**

‘They delivered training packs to their beneficiaries’ houses with social distance. This was particularly important because, according to the interviewee, there is ‘a lot of trust involved in signing up to the parenting programme and even clicking the link online is not easy.’(Irish NR).

Organisations continue to value **hybrid formats** for their events, even after the pandemic, as a way to improve access and reach people beyond their usual range of action (Estonia). As stated by the German informant (Germany 1), digitalisation **opened up new opportunities**. The Greek interviewee said that they keep using digital methods ‘because they realised there is a demand for remote participation’.

For the Swedish initiative, though, maintaining **outdoor activities** was a priority, ‘partly to keep the youth active, partly to maintain social distance and avoid crowding indoors’.

Forcing NGOs to go online also increased the **staff’s digital literacy** (Estonia). At the same time, organisations detected the **need to improve digital skills** among their users, and put in place specific programmes to this end.

[...][Initiative’s name] brought to light the need to work on digital educational poverty (a programme in 100 schools on digital skills was activated in 2022). This is because [CSO’s name] realised very early on that although children use smartphones, they are unable to download an attachment to a text, to connect to a platform, to deal with certain technical aspects of the devices.’(Italian interviewee)

Similarly, the German initiative (Germany 1) made an effort to make the **digital tool easy to use** using Slack and Zoom:

‘We also communicated in metaphors, trying to make the digital space as real and physical as possible. Even a mid-80-year-old participated, which made us very happy.’(German 1 interviewee)

Technology also allowed **easier communication** with stakeholders, particularly at the national level, and made it possible to avoid the need for travel (France).

Sometimes it was the digital sphere that provided the initial impetus for initiatives that later developed into face-to-face activities: the Swedish initiative started out as a Facebook group to monitor the needs of homeless people, and turned into a network of initiatives supporting homeless people with basic needs such as food, clothes, and shoes, and support with homework.

Finally, we also assisted in a process of automatisisation of solidarity in Turkey, when a campaign to distribute food and goods was supported by **online codes for shopping**. Refillable grocery cards/grocery codes were sent to households in need that could be used

based on their needs. This adaptation allowed the initiative to support an increased number of people, 'adjust to changing needs in a faster and safer way, while reducing their operational burden, and enabling families to decide on how to meet their own needs' (Turkish informant).

Interactions outside the organisation

We have just seen that during the pandemic many CSOs strengthened their internal organisational processes, increased awareness of certain dynamics related to vulnerable groups, and increased skills and capacities that can be used in other emergency situations. Another important dynamic that this crisis set in motion was the **strengthening of interactions with actors outside the boundaries of the organisations** also through an increasing awareness of the importance of networking processes in dealing with complex situations.

'But it also helped us to get schools' cooperation more. If there was not effective collaboration before, teachers or directors realised that a community centre has reasonable activities and it can be of benefit. Before, not everybody shared this idea... The cooperation is better now. In one of the localities, we have a joint project with a school. It really helped to start intense collaboration so they were willing to carry out a project with us. It even meant the change in school regime so we are happy about it. They introduced a new project on career counselling based on our activities that keep children motivated to go to school and continue with their education. We are now in the middle of it.' (Slovak interviewee)

Different respondents stressed how during this period **collaboration with local and national institutions** was very extensive and important for the future. In other cases, some respondents emphasised how the **relationship-building work done beforehand by the organisation was crucial** in order to be considered as an authoritative actor in a sudden emergency situation, as exemplified by the excerpt below:

'We found that our pre-existing network and community was strong and able to respond to the crisis on both the local and national level, even if the state initially did not recognise people with disabilities as a group needing special attention and the local governments in some places left people to cope on their own. We could also see the value of our pre-existing strategic partnerships who, during the crisis, already viewed us as a trusted partner and thus responded to our needs better than to the needs to vulnerable groups that lacked such networks. We also learned to adapt and to maintain contacts within the networks that allow us to hope that we are better prepared for a potential new crisis.' (Estonian interviewee)

Together with the importance of working with public institutions, the interviewees also stressed how crucial **collaborations with other CSOs and with professionals** were, as they can offer different kinds of support to the people they were dealing with.

[Homeless people staying at the humanitarian hotels/hostels] were assigned a key worker mapping their needs. If they had any specific needs in the mental health field, addiction, domestic violence, or when there was an additional issue, the relevant service was contacted [by the social workers]. It worked pretty nicely - (...) actually, the health issues, which are a terrible problem in this sector, were handled pretty well because it was done by the voluntary organisation [name of a medical CSO]. When there were some needs in the mental health field, [CSOs focusing on mental health assistance] released some capacity. Even working with the Centre for Mental Health (which always has a problem when they have to work with someone who, for example, does not have a permanent residence in Prague, and their threshold can be pretty high) was somehow successful.’ (Czech interviewee)

‘We had good knowledge of the other managers within [the federation of social sector organisations’ name] but the crisis forced us to see each other more often, we had a common challenge and goal, this strengthened the links, we know each other better, the work is easier today.’ (Luxembourg interviewee)

These collaborations are beneficial not just for the CSOs and the users, since **the process of knowledge sharing covers all the actors involved**. This dynamic is exemplified by the next quotation relating to collaboration between a Dutch initiative working with elderly people confined in institutions and a local museum where the latter are forced by reality to question their usual practices:

‘For example, a museum had thought of offering a movie with a “walk” but people with dementia get very confused by that. This is also very interesting for a museum to discover; they hadn’t thought of that themselves.’ (Dutch interviewee)

The Bulgarian, Hungarian, and UK respondents also stressed how the pandemic’s constraints pushed their organisations to **improve their competence and skills in fundraising**.

‘We’re so much more organised, so much slicker. The pandemic has forced us to look for other forms of funding and make new connections with charities, organisations, and councillors that will be of great use to us in the future.’ (UK interviewee)

Finally, various respondents underlined how the pandemic helped to create the conditions for the **development of ‘solidarity systems’** (Turkish interviewee), with more people available to volunteer and organisations more skilled in attracting them.

Interactions with people in need

Some interviewees described how during the crisis their organisations had the possibility to find and test **new strategies to connect with people in need** and to **increase the level of trust** that specific communities have in the initiatives. In various interviews, there is an emphasis on the fact that many of the people benefiting from the services of these initiatives have

experienced or are experiencing very different situations of trauma and problems, and that they need to be **addressed not in a standardised manner** but through the creation of relationships of trust and situations that can make them **feel comfortable and welcome**.

'99.9% of homeless women are traumatised women who have had humiliating experiences with gynaecology. It's doubly, triply awful for them compared to the discomfort most women experience at gynaecological examinations anyway. So, we even chose the colours and furniture of the clinic to put them at ease.'

(Hungarian interviewee)

The accounts of some interviewees also highlight how it is not automatic that people in need turn to others for help. There were also cases where the availability of volunteers initially exceeded the low demand for help. As described in the next excerpts, even the **demand for help is in fact a process that must be supported** and not something that can be taken for granted.

'I think that when we started more structured outreach activities [during the pandemic], some of those who had been under the radar came into the light in a different way. Before the pandemic, some lived in our housing, but they are not required to come to the activities that typically gather people. People started showing up more regularly, we got more contact and a more reality-based relation with the youth we previously rarely met. I think it was good for them to be seen in that way because they could start working on other things, consequences on their lives, things that they didn't usually come to us and express.' (Swedish interviewee)

'The main thing was to develop the process as such, to encourage the involvement of volunteers. Next was the motivation to ask for help. There were 800 volunteers and 10 requests for help [per day]. We worked to normalise asking for help.' (Latvian interviewee)

The **ability to empathise with people** and to be able to discern their needs is the result of professionalism and experience in the field, but it can also be **influenced by specific individual skills and aptitudes** and particular circumstances. In the next quote, in fact, the Danish interviewee described how part of the success of their initiative dealing with sex workers with drug addictions was related to the presence of the right person at the right moment:

'An important element which explains the success of this initiative was also that it was the right doctor who became part of the initiative. Someone who understood drug users and their conditions; drugs and their effects; and who had an open and trusting attitude. The specific doctor looked at each woman individually. At the traditional treatment centres there is a procedure, and everyone must receive the same treatment, but now the doctor instead made a professional and individual, assessment based on conversations with each woman, so often they started up on different doses. It was an approach based on trust, and the women

felt the urge to, and wanted to, live up to this trust. The doctor experienced, among other things, examples of the women themselves saying: I just took a fix, so I don't need the full dose from you. They themselves know what they can tolerate and what they cannot tolerate, so several times the doctor ended up giving smaller doses than he had originally intended to, because there was this mutual trust, and this was a completely unique situation.' (Danish interviewee)

In the organisational processes of the CSO that were aimed at providing services, **users were also given more responsibility** - for example, in the **Swedish** case. Since many volunteers were 70+ (thus more vulnerable to the consequences of Covid-19), the initiative decided to involve youth themselves, giving them responsibility for tasks normally given to volunteers.

Box 7 Better stories

Better stories - HEALTHCARE AND TRUST

In order to offer support to people affected by trauma, it is essential to work on building relationships of trust, an activity well known to civil society working in the field.

Belgium (Community health workers supporting access to first-line healthcare in deprived neighbourhoods):

'Another example is about a young Eritrean woman that arrived in Brussels with the goal of reaching Sweden. She was sleeping in the street in an area where newcomers are staying. She was hiding and dressed to look like a boy. In fact, she was pregnant and the CHW therefore built up relationships of trust so that she could get the necessary support and meanwhile her transfer to Sweden where a sister lived was organised. She sent a message later on from Sweden to the CHW with a thank you and a picture of the baby born safely in Sweden.'

Tailoring the services to respond to the (new) crisis changes

Adaptations of services provided by CSOs include the **expansion of beneficiaries**, in terms of their number and profiles (Luxembourg, UK, Lithuania, Portugal, Spain) **and their geographical reach** (Poland), an **intensification** of existing activities (Italy), as well as the adoption of **diversified programmes** in order to respond to different needs emerging from the specific circumstances of the crisis (Cyprus).

As to the profiles of users, the Spanish initiative introduced new programmes to respond to the emergence of groups at risk of social exclusion during the pandemic, namely, **migrant youth**.

Examples of **emerging needs** included support with home-schooling and the delivery of basic goods. CSOs reorganised their activities in order to offer support in these and other fields, as the following quotes reveal:

'Due to the pressures surrounding finances and home-schooling, the [initiative's name] decided to raise the age of children they help from age five to age twelve. They produced home-schooling and activity packs, including items such as pens,

paper, and calculators, as many families did not even have these things, let alone laptops.’(UK interviewee)

‘The group started distributing food (put a carriage full of food outside their location) even though that is not their role (as members of [network against poverty’s name]). But they did it because they found the need, staying at home was a financial burden for many, for example, low-income people with children that had to feed them all day instead of just one meal.’(Icelandic NR)

The demand from service users experiencing isolation (especially mothers) led the UK initiative to rent an adjoining storage space and make it a **community space for families** to meet and chat with other families, with volunteers, and get information about other organisations that can provide them assistance.

Adaptations also followed needs and phases determined by the crisis. The Austrian initiative illustrated how their actions shifted **from crisis intervention** (which required delivering food packages to care workers in quarantine) **to public campaigns to raise awareness. Intensive lobbying** was required to avoid the disappearance of disabled rights from the agenda as a result of the health emergency (Estonia).

During the pandemic, hotels and other facilities were accustomed to hosting people in quarantine and homeless people. **Building on this idea**, after the lockdown, the Spanish initiative rented a **tourist hostel to offer accommodation where homeless women** are not segregated but share the space with tourists.

Successful initiatives born from the pandemic **became permanent**: the social café organised in **Iceland** to mitigate isolation, especially among the poorest population, continues to run weekdays. Another example is the idea of **outdoor concerts** for residents of elderly care facilities, which was then also used in other contexts:

[...] in the summer we had a concert tour around all kinds of properties of a housing cooperative [...].’(Dutch interviewee)

In some of the initiatives we mapped, the will to **shift from an emergency framework to more long-term responses**. This is the case of the **Italian** initiative that moved from online activities back to outdoor activities for children and the youth.

Experiences, skills and reflexivity

The pandemic provided an opportunity to some of the individuals and organisations to **increase their reflexivity** and to become more aware of their competencies, skills, and professionalism:

‘We realised that we are able to react very quickly, networking internally here at the [CSO name], mobilising resources where necessary. (...) We have reassured ourselves regarding our own professionalism.’(Luxembourg interviewee)

‘We are all subject to prejudices; we all have them, even those who do this work. However, it seems to me that the pandemic has helped us to better understand

inclusion and connect with our users. Also, to better see how many skills, knowledge, and hidden talents each of us has. (Serbian interviewee)

'This initiative makes me proud of myself. In the extreme circumstances of the lockdown and restrictions, I was creative enough to use channels of communication and share my ideas with many. Knowledge of how to use technology helped me create and develop the initiative. After a certain period, I realised that everything should not depend on me, and now we are continuously re-thinking, re-organising to be efficient and help as many women as possible. I believe in solidarity and this initiative proves that motivation and encouragement are paying back with wonderful accomplishments.' (Croatian interviewee)

We saw above that people working in many CSOs **increased their digital skills**, but this is not the only cultural capital that they managed to accumulate during the pandemic. **Experience, awareness, and know-how** are assets that various interviewees mentioned had increased in their organisations as a result of their work combating the pandemic.

'The organisation would be better prepared: awareness has increased; some technical intervention tools are ready; meetings and training now take place online by default.' (Italian interviewee)

Reinforcing training actions has also emerged as an important activity to remain updated with the dynamics of the crisis. For instance, in **Belgium** and the **UK**, specialised training on female genital mutilation and the detection of gender-based violence are promoted within the initiatives to improve the quality of their services.

'[Female genital mutilation] is a highly taboo subject and generally sexual and reproductive health is not at the forefront of their [community health workers] work, but it is important that they are aware of it.' (Belgian interviewee)

'To cope with the increase in clients suffering from domestic abuse during the pandemic, the charity applied for funding to train their volunteers on how to recognise the signs of domestic violence and how to refer them on to further services.' (UK NR)

In addition, the critical situation increased the possibilities for organizations, workers and volunteers to become **more aware of the different vulnerabilities** present in their societies, to become **more informed about issues concerning specific minorities** and the tools to support them, to **get trained on crisis management**. The Danish NR clearly described how this amount of experience could be re-used for another potential pandemic crisis:

'The interviewee strongly stresses that [CSO's name] is indeed much better prepared to effectively respond to potential health crisis situations than previously. Actually, they have already put some of the key lessons and capacities developed during Covid-19 to test when monkeypox first arrived in Denmark. When monkeypox arrived, they quickly approached the National Board of Health to create awareness of the fact that a potentially vulnerably group were

overlooked - i.e. women, with a substance abuse problem, working on the street as sex workers could be at a high risk of infection as well (not only gay men and men having sex with men). Thus, in case monkey pox turned out to be a critical disease like Covid-19 they were ready to create alternative, more creative and flexible solutions to address such a situation as well.' (Danish NR)

The experience described in the quotation is not the only experience of the **relocation of actions and activities performed during the pandemic crisis**. The interviewees from Bulgaria, the Czech Republic, Lithuania, Luxembourg, Romania, and Slovakia also reported on how lessons and capacities developed during the pandemic were tested in the context of **the recent arrival of Ukrainian refugees** in their countries. The **Bulgarian** informant reported that they adapted a new programme focusing on post-pandemic resilience to address the needs of Ukrainian refugees. In **Lithuania**, the organisation recruited older volunteers who speak Russian to help with the refugee crisis. In **Slovakia**, a prompt response to the arrival of Ukrainian refugees was possible because of the **cooperation between two internal departments** (social and community work, and humanitarian and development aid). Together, they were able to set up an integrated response: first aid to incoming refugees, a social inclusion programme, followed by social and employment counselling and work on the integration of Ukrainians into Slovak society.

Box 8 Better stories

Better stories – SOLIDARITY AND REPRODUCTIVE RIGHTS

In several countries, reproductive rights were suspended or significantly limited in the context of the pandemic. The work of some CSOs has been crucial in providing support, information, and advocacy.

Romania (Mapping and advocacy on the situation of abortion in the country):

'In the early weeks of the lockdown (March-April 2020) the organisation, together with other partner organisations, was successful in their public pleas requesting the Minister of Health to issue a ministerial order to explicitly grant abortion-seeking the emergency status that would have allowed the procedure to be legal during the state of emergency.' (Romanian NR)

Croatia (Education on medical issues and the feminist movement, psychological support in relation to conception and abortion):

'A Roma girl, only eighteen years old, was trafficked, victimised, and raped. She fled back to Croatia, and went to a public hospital asking for an abortion to be executed. They postponed exams, with the excuse of the pandemic, and finally told her that she could not have an abortion as she was more than ten weeks pregnant. She thought of committing a suicide, but then learned about the [Initiative's name] who organised transport to Amsterdam, arranged everything with the hospital, collected money, escorted her, and stayed with her during the whole procedure.' (Croatian NR)

The main features shared by the selected initiatives

As described in detail in the section on research methodology, in the first phase of the mapping exercise NRs were asked to identify four or more initiatives promoted by CSOs and representing promising practices, or 'better stories' (Georgis 2013), in an attempt to mitigate inequalities that arose or increased during the pandemic. By this way, 128 initiatives were identified (among these initiatives, 31 were then selected for the interviews that are at the centre of this report). For each of the 128 initiatives, the NRs described the features that make them a promising practice or better story, either by referring to criteria proposed in our guidelines or by offering a different justification. The following analysis of these descriptions aims to contribute to a better understanding of the different components of a promising practice that could be considered when trying to mitigate inequalities during crisis situations.

The main features based on the proposed criteria

As described above, NRs were given examples of types of initiatives that could be considered promising for the research objectives such as:

- a successful collaboration between civil society and public institutions or other types of organisations (research institutions, local businesses, etc.);
- a situation where civil society replaced the missing work of public authorities;
- a situation where civil society managed to face inequalities created by the policy framework.

We specified that this list of examples should be considered non-exhaustive and the items in the list should not be considered mutually exclusive. In addition, we proposed some criteria that could be considered in the mapping of promising practices (see the 'Methodology' section for a more detailed description of these criteria): Effectiveness; Transferability; Learning Value/Potential; Innovativeness/Novelty; Resilience; Contribution to Policymaking; Intersectionality.

Out of the 128 initiatives proposed by the NRs, 55 are explicitly described as potentially **transferable** to other contexts, both for the ease with which they can be reproduced or given the fact that they have actually already been transferred to other contexts.

'The web platform/map of initiatives has been successfully replicated also in different countries in Latin America.' (Spanish NR)

A similar number of initiatives (52) were considered promising for their effectiveness in supporting vulnerable people and mitigating inequalities. As reported in other sections of this report, among the various criteria mentioned when considering an initiative to be effective, the ability to create contexts in which users felt safe seems to be a very important

feature in the descriptions of NRs. The Danish interviewee, for instance, described how the idea of using an outreach approach for the treatment of drug addiction and for women sex workers was more effective than the previous approach because it created a situation of trust with the medical team. In addition, the analysis of the 31 interviews showed how the criterion of effectiveness is strongly entangled with many of the other criteria that we will find below. The initiative is considered effective by the NRs and the interviewees for the ability to take care of vulnerable people usually not considered by the institutions; the capacity to introduce issues related to inequalities into the public agenda; the flexibility to adapt the organisation, and the processes to respond to the different challenges emerging out of crisis situations; the ability to create knowledge from experiences in the field, etc.

A similar number of initiatives (50) were described as **filling an institutional gap**, meaning promoting actions that replaced the missing work of the public authorities or dealing with problems created by policies designed to respond to the pandemic.

'The initiative replaces the work of the public authorities, and can even be seen as tackling inequalities created by the policy framework (actions against Covid-19 that negatively affected the Roma community, such as the lockdown of Roma neighbourhoods).' (Bulgarian NR)

About one in four initiatives (31) were described as **resilient**, mostly for their ability to adapt to the changing conditions during the pandemic and for their sustainability in time. This feature is visible in the ability of different initiatives to adapt to **changing conditions that mainly occurred at three different moments**: at the **beginning of the pandemic** for those initiatives that were already existent and that needed to change to survive; **during the pandemic**, for those initiatives that worked to adapt to the various dynamics of the crisis and related policies; recently, when some initiatives took advantage of their activities **to respond to the new emergency** related to the war in Ukraine and the need to offer support to the migrants arriving from that country.

'Lastly, the City of Prague managed to initiate a similar initiative (renting hotels for people in need) during the refugee crisis during the Russian aggression in Ukraine.' (Czech interviewee)

A similar number of initiatives (31) were also chosen for their **innovativeness and novelty**, usually in relation to the use of approaches and methods that were not common in their contexts, and in some cases were made possible by the presence of fewer bureaucratic restrictions and less resistance to change from institutions. In many cases, the novelty of the initiative is related to the use of digital technologies.

'Important features of the initiative are that it is an innovative project, coordinated at the federal level, but allowing for a high level autonomy at the regional and local level (bottom-up approach). The profile of [name of the initiative] is varied but the criteria were to hire motivated people, close to the vulnerable groups, with good knowledge of the local neighbourhood and of various languages.' (Belgian NR)

Learning potential is a feature that was highlighted in a similar number of initiatives (29).

'The initiative provides a good example of how initiatives on gender equality in the labour market can be designed in periods of crisis, when such inequalities are exacerbated.' (Greek NR)

A similar number of initiatives (26) share **intersectionality** as one of the features that make them promising. Observing the interviews, we find that this feature is selected by the NRs and the interviewees to describe how an initiative targeted different kinds of vulnerabilities and groups with multiple vulnerabilities - for example:

'The Bulgarian Fund for Women consists only of women, but we represent a broad intersectional group (LGBTQ+, victims of violence, with disability).'
(Bulgarian interviewee)

'Intersectionality - focuses on groups with multiple vulnerabilities: socioeconomically disadvantaged children, currently - refugee children.'
(Lithuanian NR)

However, there is never an explicit reflection on how the intersection of different vulnerabilities create different levels of discrimination.

Box 9 Better stories

Better stories - THE IMPORTANCE OF SHARING KNOWLEDGE

The need to provide rapid responses during the pandemic created the conditions for increased collaboration among CSOs and between CSOs and the public authorities, which resulted in new opportunities to share knowledge and expertise.

Slovakia (Support for Roma families: information, education, and intermediation with public institution)

'The organisation also organised humanitarian aid in one quarantined settlement they do not work in, but the local authorities used the expertise of the organisation from organising humanitarian aid abroad.' (Slovak NR)

Czech Republic (Hotels into shelters for homeless people)

'When talking about some innovation or lesson learned, until then, there was no shared information about capacities, accommodation options, or services at all [among those working with the homeless community]. Here in Prague, the organisations that work with the target groups have been talking for like twenty years that it would be good if they had, for example, a unified database, but that is not happening. For a long time, that system worked along the lines that everyone does the best for their clients but does not disclose to others at all, or at least to a minimal extent, information regarding how many places they currently have [available]. (...) [M]ostly it depends on personal ties rather than system settings, and the municipality, as the one financing all these things, never demanded it from the providers. It was the first thing we did. It was straightforward, like one shared up-to-date Google document with information regarding which service has

capacities or which services are currently available. Then we made a Facebook group, where even these challenges were shared, and so it broke down, just like an information barrier (...). So it was quite a significant breakthrough.’ (Czech interviewee)

In some way connected with the above-mentioned features related to intersectionality and to filling in institutional gaps, some of the initiatives are considered promising because they **deal with neglected categories of people**, whose problems have been forgotten by policymakers, as exemplified in the next quotation:

‘The campaign targets a specific group of children that is at higher risk (in poorer neighbourhoods in Sofia). The initiative substitutes the work of the public authorities.’ (Bulgarian NR)

Other features present in the descriptions

If up to this point we have limited ourselves to observing how the criteria proposed to the NRs were associated or not with the various initiatives mapped, there are other features emerging from the descriptions of the CSO’s actions that help to define the reason for the identification of each initiative and consequently its being considered as promising. Several of these features were discussed in more detail through the interviews concerning the 31 selected initiatives. We therefore recommend consulting the section 'Lessons learned during the pandemic' for more information.

First of all, for many initiatives the NRs underline the importance of the **collaboration between CSOs and between CSOs and public authorities**:

‘The initiative involved public schools and the Ministry of Education, as well as the Department for Family Policies (Presidency of the Council of Ministers). In addition, together with other civil society organisations, [CSO’s name] organised activities to support and help families in accordance with several municipalities (such as Milan, Palermo, Bari, etc.).’ (Italian NR)

Another group of important features described by the NRs concerns the **involvement of the users of the initiatives in the design and management of the initiative itself and in the life of the communities** of which they are a part. Within this group, the NRs underline the importance of **bottom-up activities**, the experiences of the **self-organisation** of vulnerable people to deal with inequalities, the **engagement of stakeholders**, the importance of **proximity work** within vulnerable communities, the ability of some initiatives to **connect different groups**, to **mobilise people**, and to contribute to **influencing the agenda** of the public debate.

‘The association of sex workers was formed as a response to the Covid-19 measure. Contrary to other, previously already existing feminist initiatives, this one is formed by sex workers themselves to lobby for themselves and organise help for themselves. This is a really interesting case for self-organising, which contributes to policy making.’ (Austria NR)

[...] It develops proximity work also with the clients of paid sex and that brings valuable insights into the problems sex workers/prostitutes are daily exposed to.'
(Portuguese NR)

Some initiatives have been described as promising practices also on the basis of **features related to the dynamics of their functioning**. For instance, various initiatives have been praised for how they were **rapidly implemented** to respond to the pandemic, and how they were able to **support more and more people** and deal with bigger problems. **Flexibility** and the ability to be **need-oriented** are other important features described by the NRs. There are also some initiatives that were identified for the **simplicity of their operations**, their **attention to volunteers and employees** within the CSO, and their **ability to offer support to people locked at home**. Finally, the Dutch NR emphasised how the pandemic became a laboratory for **testing new management formats** in order to continue to offer services to users while guaranteeing **the initiative's sustainability**.

'The for-profit café, which already had community building and [was] building bridges between the different ethnic groups in the neighbourhood in their mission, transformed into a social enterprise after the pandemic, where they offer meals for reduced prices to those in need and starting a volunteering organisation that delivers the meals by bike. The Covid-19 pandemic inspired them for this initiative.' (Dutch NR)

NRs underline also the dimensions of **communication and advocacy** as features that contribute to making the initiatives 'promising practices' or 'better stories'. For instance, some initiatives are considered valuable because they **combine support** for vulnerable people **with advocacy activities**. The **ability to raise awareness** and solidarity among the communities is another mentioned feature belonging to this area, together with the ability to create good advertising campaigns to involve both users and volunteers, donors and public opinion.

'Although they did not succeed in changing the attitude of decision makers - they refuse to change the policy and start to cover transportation expenses - public corporations and small businesses recognised the importance of this activity, and support it continuously with significant donations. They are present in the public sphere and will continue to advocate for policy changes.' (Croatian NR)

Another important point emphasised by some NRs is the ability of some initiatives to **combine research activities with the proposal of practical solutions** to mitigate problems identified in the real world. This activity is particularly important because of the possibility for some CSOs to establish relationships of trust with, and have access to, people and contexts that public services cannot usually reach, thereby leading to the **identification of problems that would otherwise remain hidden**.

'The initiative closely connected the academic community and social work practitioners. In this way, students are introduced to the potential problems and

challenges faced by social workers working with victims of gender-based violence and solutions and clear instructions for dealing with crises. '(Serbian NR)

'The interest of this project is that, on the one hand, it accompanies people to existing healthcare structures and, on the other hand, it allows the detection of obstacles to access and the use of healthcare in order to reduce them and, if possible, to remove them.' (Belgian NR)

'The organisation lowers the thresholds to seeking care, they can access groups that may be reluctant to contact regular healthcare services, and this is an important function that is recognised by the state.' (Swedish NR)

Another strength emphasised by the NRs with regard to certain initiatives concerns their ability to produce **empowerment** among people who belong to vulnerable groups and to create the conditions for the development of **agency at the individual level**.

[...] It is an intergenerational programme that at the same time empowers the elderly and youngsters by giving them the opportunity to experience volunteering and social solidarity.' (Portuguese NR)

[...] It also connects two groups (senior citizens in need and active young scouts), providing matching and concrete guidelines, but leaving the cooperation to them after the initial phase. Such an approach enhances agency on an individual level [...].' (Czech NR)

Finally, one NR identified the use of an **integrated approach** ('different types of activities both online and in-person, innovative teaching methodologies, the involvement of young people who help and support younger children, and young people peer-education' (Italian NR)) as an important feature of the mapped initiative.

Box 10 Focus on 3 workshops with CSOs' representatives

Focus: 3 workshops with civil society organisations' representatives

Within the framework of RESISTIRÉ's research activities, Work Package 4, in collaboration with Work Package 2, organised **three workshops** on three themes under the title of **Better Stories of Inclusion** and three subtitles: **Poverty and Socioeconomic Inequalities; Healthcare for All, Tackling Isolation and Exclusion**. The participants were mainly representatives of CSOs, in many cases belonging to the initiatives covered by this report, but not just them.

The main aim of these workshops was to **look more closely at the better stories** of initiatives responding to the challenges posed by the Covid-19 pandemic in three

different areas. The discussions sought to **learn from the creative strategies** developed and implemented by different communities, associations, and civil society organisations from across Europe, working through some questions such as:

- What worked and what did not work?
- How can we imagine even better scenarios of responding to the pandemic challenges with regard to the mitigation of inequalities through collective action and organising?
- What can we do to design better and more inclusive ways of responding to the overlapping crises that shape our contemporary lives and ensure equal access to rights and services for all, as well as equal attention to all in research and organising?
- What lessons learned or strategies developed might help us tackle future crises?

While more information about the findings of the workshops will be provided in other reports that will be published in the next months, here we would like to propose **some general insights** that emerged from the various discussions.

Even if the initiatives and the workshops dealt with different domains of inequalities, there are several points in common between the main findings, some of which have already been mentioned in this report, but that are also worth stressing here. First of all, the discussions underscored the initiatives' **ability to offer rapid answers** to the issues that emerged during the pandemic. This was because CSOs were able to take advantage of their **organisational flexibility, creativity**, and, in some cases, even their **ingenuity**, which made it possible for them to **experiment with new approaches** that then led to positive outcomes. 'For example, one of the participants, a researcher representing a Bulgarian CSO with a focus on empowering marginalised groups, shared how changing from in-person workshops to home visits provided one-to-one support for young Roma women, leading to strong relationships being developed. This in turn has led to 75% of the young women staying connected to the organisation and remaining in education' (WS1 report). Some of the participants noted that the possibility to react quickly was also the **result of their previous experience** in the field and not just a sudden reaction to a problem.

Some participants stressed how during the pandemic **CSOs** evidently assumed the roles of **both educators and mediators**. Many of the initiatives relied on **bottom-up approaches**, in situations where crisis conditions allowed for the development of moments of **community building and solidarity**. Some initiatives devoted more attention to engaging **beneficiaries as active agents** of transformation. In addition, the creation of **connections between people** played a fundamental part in the better stories observed, with some of the CSOs being able to act as **bridges in the construction of solidarity networks**, especially with regard to the fight against poverty. These networks also involved **stronger collaborations with other organisations**.

Although the problem of digital inequalities was emphasised in various discussions, the pandemic breakthrough on the **use of digital technologies** in CSOs' activities was in many cases described as a **strong improvement**. This is evident in several dynamics:

- overcoming mobility-related barriers;
- overcoming geographical barriers;
- the possibility of staying more connected with users;
- more possibilities for advocacy and awareness creation;
- automatising and improvement of internal organisational processes;

- increasing participation and alliance building.

For instance, 'services and peer support groups became more accessible to more people living with HIV in Turkey. Previously these services were mainly accessible to those living in big cities'. (WS2 Report)

Trust and security are keywords that also emerged in the discussions during the workshops. Indeed, an emphasis was placed on the importance of **identifying gatekeepers** and **trusted sources** who can work as an interface with vulnerable persons, such as doctors, people living in the communities, etc. At the same time, it was highlighted that there is a need to create **conditions** for people who are often victims of trauma or at risk of being prosecuted by the law (e.g. migrants without residence permits) where they are able to **feel safe**. A Swedish CSO, for instance, 'was able to give undocumented migrants the Covid-19 vaccine at their centre where they already felt safe'. (WS1 Report) Various participants also underlined how the increased attention that their organisations devoted to **caring about their employees**, to hybrid work policies (and the creation of caring workspaces), to self-care, and to the **valorisation of the role of the volunteers was** of fundamental importance during the pandemic.

The greater presence of **funding** to combat the pandemic seems to have been an important ingredient for some of the better stories discussed during the workshops, with some of the participants stressing how this condition should be present also in normal times.

Some of the other lessons learned and discussed in the workshops relate to the importance of CSOs maintaining a **rights-based approach** also during the crisis: the attention of initiatives should not just focus on responding to the urgent needs that the crisis made more evident, as it is also important to **work on advocacy** and on the fight for structural change. For this reason, it is important for CSOs to find a **balance** between **service providing** and **advocacy work**. An important role here is also played by activities related to **communication** with users, other organisations, and the public sector. The important function of **storytelling** is emphasised as a tool for developing **solidarity** and for **mobilising volunteers**, but also for **changing perspectives** on issues and combating stereotypes and distortions of reality.

Some of the recommendations that emerged from the discussions relate to:

- the importance of a long-term view when decision makers are planning to deal with a crisis, focusing also on structural change;
- the need to build resilience among communities before a crisis takes place, moving from intervention/charity to prevention;
- the need to increase public funding to support CSOs and reduce the bureaucratic burden;
- the fact that vulnerable people are not all the same, and there is no one-size-fits-all solution to their problems, and that different levels of vulnerability have to be considered - from cases of extreme exclusion to people who would not normally be considered vulnerable (and remain invisible to service providers);
- the need to find strategies to involve the 'hard to reach groups' using the experience of the organisations on the ground and engaging gatekeepers;
- the importance to include diverse and intersectional voices in policy-making processes.



Conclusion

During the previous two cycles, the work carried out by Work Package 2 within the RESISTIRÉ project highlighted two critical dynamics regarding the role of CSOs in pandemic management (Cibin et al. 2021, 2022):

- 1) In a situation where the pandemic and its related policies exacerbated **gender and human rights inequalities** for specific groups of people, there was a **solid civil society contribution** to trying to **curb these inequalities** by taking care of even the most invisible members of society (Cibin et al. 2021);
- 2) The procedures for involving **civil society** in the **construction of recovery policies** (and specifically in the creation of National Recovery and Resilience plans) were often described by CSOs as **non-transparent, tokenistic in nature, or in fact absent** (Cibin et al. 2022).

In the third and final cycle, we focused on analysing those **CSO initiatives** that can be an **inspiration** both for **other organisations** in similar crisis situations and for **politicians and decision-makers** interested in gaining a better understanding of the complexity of gender and other inequalities from the point of view of those interacting directly with vulnerable people to support them.

The initiatives intervened in situations where the **pandemic and the related policy framework** were having a significant negative impact on the **living conditions** of people, some of whom were in a difficult situation already, and some of whom started to face issues as a result of the crisis. Among the initiatives analysed in this report, **many were designed in response to requests coming from women** in specific vulnerable positions (pregnant, victims of violence, migrants, etc.). In general, the people most in need of support belong to **groups with intersecting vulnerabilities** (sex/gender, nationality, ethnicity, age, etc.), but **low socioeconomic status** seems to be a shared constant. The pandemic and the lockdown policies not only **worsened the life situations of vulnerable people**, but the sudden modification, suspension, or closure of various services where support and information could be obtained also made the **possibility of recovery even more complicated for these people**. This situation will likely have **long-term consequences**, even for people who do not currently belong to a vulnerable group, as witnessed, for instance, by the current long waiting lists for access to mental health support services described by the Irish interviewee. We mapped and analysed 31 better stories of CSO initiatives that have been providing support for mitigating these inequalities from the beginning of the pandemic to the present. How have these initiatives succeeded in providing support to people in need while managing to respond to the various challenges the evolving pandemic crisis posed to the sustainability of their organisations? In the next section, we describe key **factors that contributed to making the initiatives better stories** of support against gender and other inequalities, focusing on the **agency** of the CSOs and on the **structural conditions**.

What makes the initiatives better stories: agency
Reflexivity between experience and innovation

In our better stories, CSOs have *learned to improvise*. With this capacity they made use of their own and other organisations' past **experiences in crisis situations** and in developing **organisational flexibility** to respond immediately to sudden changes. This means being able, on the one hand, to **follow an experience-based plot** on how to respond to such situations and, on the other, to **develop improvisational skills** that enable them to adapt to a new situation. These skills were often the result of **increased reflexivity** that led to a greater **recognition of competencies** within the organisations and, consequently, to the possibility of granting **more autonomy to staff, volunteers, and users**. This collective engagement led to the development of the **ability to act creatively and ingeniously** by providing **answers outside the box**.

The importance of trust

The concept of **trust** permeates our better stories. Trust is, first and foremost, the feeling that is created **between those who are offering support and the users/beneficiaries**. This trust is built through **empathy** and the ability to offer **equal but tailored responses to needs that differ from case to case**. Trust lies in seeing **people as agents of their own change** and, at the same time, offering the **tools to overcome situations of (usually structural) inequalities**. Trust is also nourished **with colleagues in the organisations**, when workers and volunteers contribute to defining processes, and there is a constant focus on their well-being. Trust is also built **with the general public** through **communication activities** that develop **awareness** around the issues at the centre of the initiatives, and that **mobilise** people and create **solidarity**. **Storytelling** and the spreading of 'counter narratives' (Georgis 2013; Lister 2021; Sandström 2023) are crucial in this process in order to make invisible stories visible, to make them known, to **change points of view** and to **fight stereotypes**. The better stories we identified manage to work on support activities while remembering the **importance of advocacy**, and they move **from crisis intervention to the creation of awareness**. Finally, these initiatives are also based on building relationships of **trust with other organisations**. They collaborate with **other civil society actors**, with whom they **share resources** and knowledge, and integrate different approaches to dealing with situations more structurally. Collaboration also takes place **with public authorities**, for whom the initiatives act **as intermediaries** between the people in need and the service providers. Our better stories are usually **financed for these services**.

Weaving relationships continuously

Some of the CSOs we identified described the importance of *learning how to be ready to collaborate* during a crisis. This was made possible by **building networks before the crisis** and, in this way, working on being considered reliable collaborators. However, there are also many **cases where our better stories did not have the support of the public authorities** and often had to work on **filling the gaps** left by these institutions or to solve problems caused by their policies concerning inequalities. The **sustainability** of these initiatives, from both an economic perspective and the perspective of remaining effective over time, was usually achieved through the **mobilisation of volunteers** and the **creation of solidarity**, which often found fertile ground in **networks of already existing alliances** and experience. Sometimes even the presence of the right people in the right place made a difference. Our better stories take care of people in need and make an effort to find and **involve those**

who are usually 'hard to reach' and often not considered by mainstream services. For this reason, when monitoring the results of these initiatives, they consider not just the big numbers but also the 'small ones' that often are hidden in the margins. The only solution for this is to **work in the field** and create relationships of **trust with gatekeepers and users**. Our better stories **took advantage of digitalisation processes** to increase **inclusion** among users, to **automatise some processes** and thereby leave more time for relationship-building, to create **solidarity networks**, and to **stay connected** with users. Finally, the better story has learned how to improve **fundraising** skills.

Diversity and inclusion

In some of the better stories identified **attention is paid to the diversity** of the people working in the initiatives, sometimes also through **the users who are involved in becoming staff or volunteers**. However, there is still **more work to be done in this area**. Although **women make up the majority involved** in a large proportion of initiatives, in many cases of **more structured organisations they mainly hold staff and volunteer positions**, leaving men with the managerial roles. At the same time, there still seems to be **little attention paid to national and ethnic background** among the cases analysed. Attention to diversity in relation to gender identities, sexualities, and other grounds is mostly represented in initiatives dealing specifically with these topics.

What makes the initiatives better stories: the structure

Most of the time, in the areas of our research creating a better story is not just the result of civil society's capacity to start a new or maintain a specific initiative. **Certain structural conditions at the institutional level proved to be crucial**. First and foremost, the **windows of opportunity** (Kingdon 1984) that were created during the pandemic at the **bureaucratic level** were crucial in that they allowed CSOs to experiment with **innovative solutions** and prevent resistance to change.

Most of the initiatives would not have become better stories without **funding** from national, regional, or local public authorities, most often made available to respond specifically to the pandemic.

In addition, **complementary state-civil society relations** (Dayson and Damm 2020) were formed in many instances, and most notably when CSOs were involved by the governments in decision-making, coordination, and activities related to public services. In the cases analysed, various **public institutions** demonstrated the **feasibility and effectiveness of collaborating on** and testing innovative solutions based on the experience of those working directly with vulnerable people. In situations of uncertainty, various **authorities started to recognise the critical intermediary role played by CSOs**. However, the initiatives' interactions with the public authorities are not always positive. For example, there are cases where initiatives have the support of local institutions but are held back at the national level, etc. It is often left to the **experience of CSOs** to be able to navigate these dynamics by **looking for those who can prove to be their best allies**.

How to make better stories sustainable

Despite much success, the better stories also encountered **problems interacting with the**

institutional framework. There are many cases in which CSOs have described their relationship with the public authorities as **supplementary** (Dayson and Damm 2020), i.e. providing services that public institutions did not care about, or **adversarial** (ibid.), i.e. when CSOs represent the interests of vulnerable groups and lobby the state for policies and actions that address specific inequalities.

In some cases, the **lack of public attention to issues pertaining to people with particular vulnerabilities** (e.g. migrants and women living in shelters who were often forgotten by vaccination policies, the lack of support for sex workers, etc.) invites further reflection on the **possible deployment of 'strategic ignorance' by some public authorities**, which means 'the mobilisation of the unknowns in a situation in order to command resources, deny liability in the aftermath of disaster, and to assert expert control in the face of both foreseeable and unpredictable outcomes' (McGoey 2012, p. 555). **Further research is necessary** to understand if there are cases among those described in this report in which the public authorities deliberately made strategic use of ignorance '[...] to preclude, obfuscate, or deflect knowledge from emerging' (ibid., p. 570) concerning inequalities and vulnerable people.

From the stories heard during the interviews and workshops, there emerged suggestions and recommendations for politicians and decision-makers:

- To become sustainable and develop resilience, **CSOs need to count on stable forms of funding from the public authorities.** The pandemic showed how civil society initiatives, if better funded, can help to mitigate inequalities among vulnerable groups. This solution to an emergency situation must be transformed into a **more stable condition for CSOs.**
- The financing system for the CSO initiatives must develop **tools to enable long-term planning and design** because, as one interviewee stated, '**relationships of trust take time**'.
- **Policies** are needed to **structurally address long-lasting issues** that the pandemic brought into the spotlight. The violation of human rights in situations of poverty and marginalisation, the precarious state of public healthcare services in many countries, the suspension of several sexual healthcare services and reproductive rights in some healthcare systems, are just some of the examples presented in this report.
- When setting up policies that impact the most **vulnerable**, it is **essential to involve those CSOs that interact with the particular vulnerable groups.** They can improve the process by providing **valuable input and better stories** based on their **first-hand experience.** In addition, these policies must **move beyond the emergency approach to become preventive** and based on **multi-sectoral** collaboration.
- **Restrictions on movement**, although necessary to mitigate the spread of the virus, had a powerful impact on the fabric of social relations and people's lives: future policies of this kind must be **designed to take more into consideration the severity of their social impact, including their impact in the long-term.**
- **Public services** (e.g. schools) do not satisfy just one goal (e.g. education) but are at the centre of an **ecosystem of other services** (e.g. the possibility of having a proper lunch, socialisation with peers, the detection of domestic violence, etc.) that are **critical for vulnerable people.** When making decisions about suspending or closing these services, it is essential to also **keep in mind these secondary consequences and**

the long-term ones.

In general, it is necessary to find ways of **transforming** what was a **window of opportunity** during the pandemic **into a permanent situation**. This analysis highlighted the importance of creating room for the experience and creativity of civil society by **minimising bureaucratic obstacles** and **encouraging an openness to change**. To this end, creating **coalitions formed by CSOs and public organisations** has emerged as an essential element for the effective management of complex issues affecting the most vulnerable.



References

- Abdalla, Salma M., Shaffi Fazaludeen Koya, Margaret Jamieson, Monica Verma, Victoria Haldane, Anne-Sophie Jung, Sudhvir Singh, Anders Nordström, Thoraya Obaid, Helena Legido-Quigley, and Christine McNab. 2021. "Investing in Trust and Community Resilience: Lessons from the Early Months of the First Digital Pandemic." *BMJ* 375:e067487. doi: [10.1136/bmj-2021-067487](https://doi.org/10.1136/bmj-2021-067487).
- Altınay, Ayşe Gül. 2019. "Undoing Academic Cultures of Militarism: Turkey and Beyond." *Current Anthropology* 60(S19): S15-25. doi: [10.1086/700182](https://doi.org/10.1086/700182).
- Axelsson, Tobias K., Callerstig, Anne-Charlott, Sandström, Lina, & Strid, Sofia. 2021. RESISTIRE D4.1 Qualitative indications of inequalities produced by COVID-19 and its policy responses. 1st cycle summary report. Zenodo. <https://doi.org/10.5281/zenodo.559581>
- Braun, Virginia, and Victoria Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3(2):77-101. doi: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa).
- Cai, Qihai, Aya Okada, Bok Gyo Jeong, and Sung-Ju Kim. 2021. "Civil Society Responses to the COVID-19 Pandemic: A Comparative Study of China, Japan, and South Korea." *China Review* 21(1):107-38.
- Cibin, R., Stöckelová, T., & Linková, M. 2021. RESISTIRE D2.1 - Summary Report mapping cycle 1. <https://doi.org/10.5281/zenodo.5361042>.
- Cibin, Roberto, Ghidoni, Elena, Aristegui-Fradua, Irache E., Marañon, Usue Beloki, Stöckelová, Tereza, & Linková, Marcela. 2022. RESISTIRE D2.2 Summary report on mapping cycle 2. Zenodo. <https://doi.org/10.5281/zenodo.6536060>
- Cozza, Michela, Silvia Gherardi, Valeria Graziano, Janet Johansson, Mathilde Mondon-Navazo, Annalisa Murgia, and Kim Trogal. 2021. "COVID-19 as a Breakdown in the Texture of Social Practices." *Gender, Work & Organization* 28(S1):190-208. doi: [10.1111/gwao.12524](https://doi.org/10.1111/gwao.12524).
- Dayson, Christopher, and Christopher Damm. 2020. "Re-Making State-Civil Society Relationships during the COVID 19 Pandemic? An English Perspective." *People, Place and Policy Online* 14(3):282-89. doi: [10.3351/ppp.2020.5796569834](https://doi.org/10.3351/ppp.2020.5796569834).
- FRA. 2021. *Protecting Civic Space in the EU*. European Union Agency for Fundamental Rights. <http://fra.europa.eu/en/publication/2021/civic-space-challenges>
- Georgis, D. 2013. *The Better Story: Queer Affects from the Middle East*. Albany: State University of New York Press.
- Harroche A., Still A., Tzanakou C., Federica Rossetti, Lorenzo Lionello, Rana Charafeddine

2023. RESISTIRE D3.3 Summary report on mapping quantitative indicators - cycle 3.

Isetti, Giulia, Linda Ghirardello, and Maximilian Walder. 2022. "Building Back Better: Fostering Community Resilient Dynamics beyond COVID-19." *Social Sciences* 11(9):397. doi: [10.3390/socsci11090397](https://doi.org/10.3390/socsci11090397).

Kerremans, A., & Denis, A. 2022. RESISTIRE D5.3 Report on Open Studios Cycle 2. Zenodo. <https://doi.org/10.5281/zenodo.6674171>

Kerremans, A. & Denis, A. 2022. RESISTIRE D6.2 Report on Solutions Cycle 2. Zenodo. <https://doi.org/10.5281/zenodo.6913328>

Kerremans, A., Živković, I., & Denis, A. 2021. RESISTIRE D5.2 Report on Open Studios Cycle 1. Zenodo. <https://doi.org/10.5281/zenodo.5616857>

Kingdon, J. 1984 *Agendas, alternatives and public policies* (New York: Harper Collins).

Lister, Ruth. 2021. *Poverty*. John Wiley & Sons.

Mackay, Fiona, Meryl Kenny, and Louise Chappell. 2010. "New Institutionalism Through a Gender Lens: Towards a Feminist Institutionalism?" *International Political Science Review* 31(5):573-88. doi: [10.1177/0192512110388788](https://doi.org/10.1177/0192512110388788).

Mcgoey, Linsey. 2012. "The Logic of Strategic Ignorance." *The British Journal of Sociology* 63:533-76. doi: [10.1111/j.1468-4446.2012.01424.x](https://doi.org/10.1111/j.1468-4446.2012.01424.x).

Milan, Stefania, Emiliano Treré, and Silvia Masiero, eds. 2021. *COVID-19 from the Margins: Pandemic Invisibilities, Policies and Resistance in the Datafied Society*.

Pazderski, Filip, Giada Negri, Chayma Khazzani, Ivana Rosenzweigova, Boglarka Szalma, Luben Panov, and Carlotta Besozzi. 2022. *The Implications of the COVID-19 Pandemic on Fundamental Rights and Civic Space*. The European Economic and Social Committee (EESC).

Razavi, Nasya S., Grace Adeniyi-Ogunyankin, Swagata Basu, Anindita Datta, Karen de Souza, Penn Tsz Ting Ip, Elsa Koleth, Joy Marcus, Faranak Miraftab, Beverley Mullings, Sylvester Nmormah, Bukola Odunola, Sonia Pardo Burgoa, and Linda Peake. 2022. "Everyday Urbanisms in the Pandemic City: A Feminist Comparative Study of the Gendered Experiences of Covid-19 in Southern Cities." *Social & Cultural Geography* 0(0):1-18. doi: [10.1080/14649365.2022.2104355](https://doi.org/10.1080/14649365.2022.2104355).

Sandström, L., Axelsson, T. K., Strid, S., Callerstig, A-C., Bobek, A., 2022. RESISTIRE D4.2 "Building back better"? Qualitative indications of inequalities produced by Covid-19 and its policy and societal responses. Second cycle summary report. <https://doi.org/10.5281/zenodo.6517795>

Sandström, L., Callerstig, A-C., Strid, S., Lionello, L., & Rosetti, F. 2023. D4.3 RESISTIRÉ

Summary Report on Qualitative Inequalities - Cycle 3.

Sandström, L., & Strid, S. 2022. RESISTIRE Agenda for Future Research - Cycle 2. Zenodo.
<https://doi.org/10.5281/zenodo.7043345>

Stovell, C., Rossetti, F., Lionello, L., Still, A. Charafeddine, R., Humbert, A. L., & Tzanakou, C. 2021. RESISTIRÉ D3.1: Summary report on mapping of quantitative indicators - cycle 1.
<https://doi.org/10.5281/zenodo.5541035>

Stovell, C., Lionello, L., Rossetti, F., Charafeddine, R., Nugent, S., Still, A., Tanwar, J., Tzanakou, C. 2022. RESISTIRÉ D3.2: Summary report on mapping of quantitative indicators - cycle 2.

Strid, Sofia, Colette Schrodi, and Roberto Cibin. 2022. "Better Stories for a Gender Equal and Fairer Social Recovery from Outbreaks: Learnings from the RESISTIRÉ Project." *Gender & Development* 30(1-2):265-81. doi: [10.1080/13552074.2022.2071992](https://doi.org/10.1080/13552074.2022.2071992).

Tageo, V., C. Dantas, A. Corsello, and L. Dias. 2021. *The Response of Civil Society Organisations to Face the COVID-19 Pandemic and the Consequent Restrictive Measures Adopted in Europe*. The European Economic and Social Committee (EESC).

Taylor, Linnet, Gargi Sharma, Aaron Martin, and Shazade Jameson, eds. 2020. *Data Justice and Covid-19: Global Perspectives*. London: Meatspace Press.

Verloo, Mieke. 2013. "Intersectional and Cross-Movement Politics and Policies: Reflections on Current Practices and Debates." *Signs: Journal of Women in Culture and Society* 38(4):893-915. doi: [10.1086/669572](https://doi.org/10.1086/669572).

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Appendix 1

Short descriptions of the CSOs' initiatives by country (as provided by the National Researchers and interviewees)

Country	1. Summarise the initiative
Austria	<p>This is an umbrella organisation that supports bottom-up, self-organised initiatives of caregivers. The umbrella organisation offers individual counselling for live-in caregivers, but its main responsibility is actually lobbying work and public relations activities. They are funded by donations (from supporters) and through project funding. Currently, they have two projects running: one project on establishing digital counselling and information videos in the language spoken by many migrant live-in caregivers. The second one in collaboration with another NGO titled [name of the project]; this project focuses on how to improve the working situation for live-in caregivers and their working rights. Most recently, the [name of this initiative] filed a legal case to fight bogus self-employment; they don't know yet if the court will indeed open a case.</p>
Belgium	<p>The objective is to improve access to first-line healthcare for vulnerable and isolated groups in deprived neighbourhoods through the outreach work of community health workers [CHW]. Around 50 full-time CHWs have been recruited to work in the country's main towns (in Wallonia, in specific deprived districts of cities). These CHWs are themselves members of these deprived communities or have an established relationship of trust with, or knowledge of, that community. The idea is that CHWs should be flexible to answer local needs and respond to specific difficulties. Important features of the initiative are that it is an innovative project coordinated at the federal level but grants a high level of autonomy at the regional and local level (bottom-up approach). The profiles of CHWs are varied but the criteria were to hire motivated people, close to the vulnerable groups, with good knowledge of the local neighbourhood and of various languages. The main role of CHWs is to reach out to the most vulnerable people to put them in contact and build bridges with first-line care services. They have, for example, provided information on vaccination and in some cases they have organised vaccinations with local partners. Health is understood as 'well-being' and partnerships are developed to ensure that first needs (e.g. a roof) are secure, as this is a precondition for people to start caring about their health.</p>
Bulgaria	<p>In 2021, we created [name of the initiative] as an awareness-raising and fundraising campaign to gather funding for crisis centres that</p>

	<p>work with victims of domestic violence. We created this initiative because there is a scarcity of crisis centres and they are severely underfunded by the state. In 2021, Covid-19 was less prevalent in the country, or society didn't recognise it as so urgent anymore, so people didn't see as much of a need to support crisis centres. We designed the initiative thus to give support to those who provide support to women victims.</p> <p>We decided to focus on the first-line organisations and to show how women are at the forefront of crises, especially when it comes to domestic violence, even in the context of the pandemic. This is a 2-in-1 initiative with a focus on the Covid-19 pandemic, but also showcases the faces of service providers. They are heroes but are absent from public attention, so the initiative also wanted to exemplify their everyday work and to show how they deal with emergencies like Covid-19. They are in a constant state of emergency, and then they had to deal with the pandemic crisis, too.</p> <p>The main features thus are: an awareness-raising campaign; fundraising campaign; campaign with a product (book) that is gifted to donors.</p>
Croatia	<p>The women's support network for abortion rights started as a project of the [name of the organisation] in 2020. Women in Croatia have faced obstacles in accessing termination of pregnancy on demand in public hospitals as the number of doctors who exercise the right to conscientious objection has grown continuously (more than 60% of all gynaecologists now). During the pandemic the problem became even bigger - restrictions were used as the justification for denying the right to abortion to many women. Even women with wanted pregnancies, but who learned in the second trimester about serious malformations of the foetus, faced denial. In September 2020 the coordinator developed a web page and invited women to join the initiative. The media and women responded immediately. At the end of the year, 150 women from Croatia and abroad expressed the wish to become volunteers. The main goal was to educate women in three fields: basic medical education on conception and abortion, psychological assistance, and basic knowledge about the feminist movement. Fifty women completed online training and started to help pregnant women. So far, as of the middle of July, 162 women have been supported by the [initiative's name]. Now they plan further education, enrolment, and growth.</p>

Cyprus	<p>The rationale and context of the [CSO's name] Shelters is to serve as a secure temporary hosting facility for women and their children who are at physical and emotional risk from people in their family environment. The shelters serve as more than just a shelter of need. All programmes aim to strengthen battered women so that they can freely identify their needs and make their own decision to break the cycle of violence. In order for women to stay in the shelter they have to participate in all the shelter's programmes.</p> <p>The shelters are run according to regulations for the better cohabitation of guests, the aim being to ensure a calm, secure, and pleasant environment for all. At the moment there are two shelters in Cyprus. People who enter the shelters are offered a room and may also use the common areas, after signing an agreement of residence.</p> <p>The stay can be arranged by calling a 1440 help line. The duration of the stay depends on the victims' individual needs.</p>
Czech Rep.	<p>The [initiative's name] initiative was a direct response of the [local public CSO's name] to the need to provide housing for homeless people during the pandemic, with a priority focus on the elderly and disabled/sick within the homeless community. The main reasons for the emergence of the initiative were: to reduce the risk of the spread of Covid-19 and other infectious diseases (TB, jaundice, scabies) in Prague due to the movement of homeless people in public spaces and on public transport. To protect the vulnerable group (homeless people are 15 times more at risk of dying from Covid-19), focusing especially on the elderly and disabled/with medical conditions through the provision of individual housing and support in the form of social and health services. And to support motivation and positive change in the social situation of people in hotels and look for long-term solutions to their situation. In March 2020, the municipality established six hotels that were then run in cooperation with CSOs regularly working with the homeless population - these CSOs then managed the facility and the support services (social and legal counselling, medical care, etc.).</p>

Denmark	<p>For many years, and even before the pandemic, we requested alternative and more flexible treatment options for female substance abusers in need of substitution treatment, because we could see that the women could not meet the demands that the traditional health system had. So Covid-19 created an opening where we could pitch our idea, and suddenly everything became possible. Most of the women have had many bad experiences with the traditional health system so they are reluctant to go to its substance treatment centres and they find it difficult to conform to the rules and regulations and meet the criteria for treatment. We know the women, we know where they are, they feel safe coming to us. By introducing this new initiative where doctors from the local substance treatment centre go out and meet the women, suddenly it became possible to reach a number of women that we had not previously been able to help. With the outreach work you end up using fewer resources, because the doctors at the treatment centres do not sit in vain waiting for a woman who fails to turn up for her appointment. Now they come out to where the women are, and this approach has opened up for a completely different, and much more successful, interaction with the women.</p>
Estonia	<p>[CSO's name] set out to ensure that information regarding Covid-19 and special measures reached and was accessible to people with disabilities. This was achieved through the existing network of organisations and local grassroots groups, social media, by organising web-based events and providing advice via telephone. For example, [CSO's name] requested the addition of sign-language interpreting and subtitles to the government and Health Board press conferences to ensure that people with disabilities could get the information as promptly as other members of society. We conducted a small study on how disabled people in our organisations were coping and were able to use the results to lobby the state to ease the lockdown measures and to grant special needs children access to face-to-face teaching and also to provide people with disabilities access to primary level services. Both aims were achieved, but it is hard to prove that it was our lobbying that was the primary reason. Nevertheless, it definitely played an important role, as people with disabilities had not received any special attention prior to our efforts.</p>
Finland	<p>[name of the organisation] launched a special campaign and related platform to help artists, event organisers, restaurant owners, and others in need, by providing them with a platform to sell more, and to gather crowdfunding. [name of the organisation] is a company that provides crowdfunding service, and this campaign was created as a separate page under the main service.</p>

	<p>Also, the aim of this initiative was not to make money for the company: all the profits created by the campaign were invested in advertising it.</p>
France	<p>[CSO's name] is a CSO that accompanies transgender people. It also lobbies and advocates and generally tries to give visibility to trans people. It was created in 2018 and is run by volunteers only (we don't yet have the resources to salary anyone). We are one of the best referenced associations in the south-east of France. Given the lack of services in rural areas, people come to us from further and further away. We created [CSO's name] because we noticed the lack of adapted support, the need for active people with a benevolent attitude, and the need for dialogue to raise awareness about trans-identity and gender issues. We have helped, at a low estimate, about 500 trans people. We also reach cis-gender people, at least 2000 people in all since the beginning, between social networks and awareness actions.</p>
Germany 1	<p>In March 2021 the [CSO's name] organised a Hackathon, financed by the Social Ministry of Bavaria.</p> <p>During this Hackathon, approx. 200 women developed solutions for different problems within a few days. The Hackathon took place from March 4-8 in 2021 with the aim of addressing the questions: How is the situation of equality in the time of Covid-19? How can we achieve more equality between women and men?</p> <p>Five main topics were addressed:</p> <ul style="list-style-type: none"> - equality in work, research, and education - equality in partnerships and education/pedagogy - equality in public spaces, in the media, and in language - equality in politics - equality in the church
Germany 2	<p>The project [project's name] was launched as a direct response to the pandemic in 2020. Until that year, very few women in counselling centres were equipped with sufficient technical and communication equipment; many centres lacked computers, cell phones, and Wi-Fi. There was also a lack of digital know-how within the staff.</p> <p>The project provided millions in federal funding to women's specialised counselling centres that applied to us - [Association's name] - and received a grant. In total, we were able to forward 2.7 million euros to about 700 institutions and a total of 800 projects were implemented with this to expand their digital services. The</p>

	<p>project duration was 2 years in total. The project ends at the end of December 2022, but applications can no longer be submitted. Applications for technical equipment or further training measures could be submitted until max. March 2022.</p>
Greece	<p>[Initiative's name] initiative aimed at promoting women's entrepreneurship and was organised in two pillars: (a) the Academy, which included seminars, mentoring sessions with [non-profit organisation focusing on professional empowerment of women and for equality at work], and LinkedIn Learning based on specific training paths with soft skills which enabled participants to develop their own ideas, and (b) Master classes, with specialists from abroad mostly from the technology sector. The first pillar was mostly focused on enabling women under the age of 35 to develop their own enterprise, and it was a departure from previous gender-based initiatives that [initiative's name] has implemented, because previously their initiatives focused on women under 29 and aimed at assisting them to integrate as employees into a group of companies that they represent.</p>
Hungary	<p>The main goal of the organisation is to strengthen solidarity in society and show how we can stand up for each other. We were set up 11 years ago, initially to respond to emergencies, such as the floods of that time. Then we started working with homeless people living on the streets.</p> <p>Originally, [CSO's name] was started as a way to raise awareness of the special situation of homeless women, and to collect things that homeless women couldn't afford to buy. We did this once or twice a year because it's the only way to get funding for such special things, because if we did it all the time it would run out quickly. You always have to do something surprising. You have to fundraise for something that amazes people. We've brought menstrual poverty into public consciousness, but there are now a lot of companies that give around Women's Day, for example.</p> <p>On 5 October 2022, the gynaecology clinic opened, where homeless women who receive care at the [homeless shelter's name] (homeless shelter) will be treated. I like to call this the gynaecology clinic for traumatised women. As much as 99.9 percent of homeless women are traumatised women who have had humiliating experiences with gynaecology. It is doubly, triply awful</p>

	<p>for them compared to the fact that most women are uncomfortable with gynaecological exams anyway. So we even chose the colours and furniture in the design of the clinic to put them at ease. However, this is a condition that the women who use the services of the clinic must be members of the [homeless shelter's name] homeless shelter, as they cannot come in from the street.</p>
Iceland	<p>The idea behind the [name of the initiative] came from the grassroots of the [name of the organisation]. They wanted to do something for the people who have children, who are not in any activities during the summer months, and for the elderly people. So [name of the organisation] applied for and got a grant from the City to establish a coffeehouse. The café was operated by [name of the organisation] for 8 weeks in the summer of 2020. People could come in for a coffee and snack without having to pay, and enjoy the company of other people. The aim of the project was to overcome social isolation in relation to Covid-19. So the target groups are the socially isolated, but more specifically because of poverty. At the café they had a 'give-away table' with products (such as food, clothes, and toys) donated by businesses, where people could take what they needed. The [name of the initiative] was the start of something big and on 4 July 2022 [name of the organisation] opened a 'family and multicultural centre' that is open on every weekday from 11am to 3pm. There people can meet, socialise, get food, coffee, take-away products, and clothes. It is a very cosy and welcoming place.</p>
Ireland	<p>The [name of the initiative] aims to improving outcomes for children and their families in three disadvantaged areas of South-West Dublin. The initiative works with the community, in particular with families who experience poverty and other types of disadvantages or exclusion. It is mainly focused on supporting parents and on capacity building around parenting. [name of the initiative] offers a number of high-quality, evidence-based programmes, and they are responsible for their development and the delivery. As part of their programmes, [name of the initiative] also provides capacity-building training for certain professionals working in the community, such as teachers, early services employees, or public health nurses. Their support programmes include parenting programmes as well as programmes focused on different groups of children, [...]. In addition, they also have a mental health network, which works with practitioners, as well as trauma informed learning network.</p>

Italy	<p>The initiative addresses the need to reduce the negative impacts of the pandemic on children and adolescents.</p> <p>With the closure of schools, there emerged a strong need to mitigate educational impoverishment and combat the risk of school drop-out. A variety of tools were deployed for this purpose. Educational support took the form of</p> <ul style="list-style-type: none"> - delivering tablets, connections, and teaching materials for children from 0 to 6 years old - providing support to teachers through the [name of the programme] programme - the online transfer of the activities of [name of the places] (educational centres on the territory) - the online transfer of the activities of [name of the places] (educational centres for unaccompanied minors) - the creation of a platform with teaching materials - study support through the contribution of a network of volunteers. <p>1500/2000 university students were mobilised, who, after a training course and with the guidance of professional operators, provided study support (individually or in small groups) to children and adolescents at risk of dropping out of school.</p> <p>In 2021, there were 1400 active volunteers, of whom 1100 were specially trained and 1800 young students helped.</p> <p>This activity continues to this day, both online and in-person, and the number of children and young people who are benefiting from this activity continues to increase.</p>
Latvia	<p>The basis of the volunteer movement [name of the initiative] are volunteers who provide help to fellow human beings in crisis. A coordination platform has been created to ensure the activities of the volunteers, the functionality of which is provided by the call centre, the website, and the mobile app. The people involved in ensuring the operation of the platform perform at least 8 hours of volunteer work per week in solidarity with the members of the volunteer movement. A Facebook group and a network of regional coordinators have been created to support volunteers - to inform, coordinate, and ensure activities. At the beginning of 2020, a hackathon of ideas for providing support was held. This initiative won third place, determining that an IT-based help process should be created. An application was created and specific processes were implemented. The task was to create processes that allow processing larger amounts of information. The main thing was to involve everyone who wanted to be involved. Volunteers could do what they could, there were options. Everyone was encouraged</p>

	<p>that they can help, that these jobs are mundane, that helping is mundane. The initiative emphasises this as a big success, because it is volunteer work that does not lead to burnout.</p>
Lithuania	<p>This is an initiative that is based on voluntary action - it recruits volunteers to help school children in need of additional help. It is active all over Lithuania and there are three main ways volunteers can provide help: remotely, face-to-face (when they come to school and meet with children in person), and hybrid, combining face-to-face and remote communication. Volunteers usually help children with their homework, through individual work during classes with special needs children, and helping children to learn Lithuanian if they are not good at it. In parallel to these activities emotional support is emphasised, especially after the pandemic. All volunteers go through psychological training at the Children Support Centre and also constantly receive mentoring support to ensure a flexible and smooth process. The cycle (that is repeated every semester) looks like this: the initiative receives information on the demand for volunteering from schools, it enrolls and registers volunteers, it pairs them with a suitable school, it provides mentorship, and it overlooks the whole process.</p>
Luxembourg	<p>During the second and third lockdown periods in Luxembourg (the interviewee did not remember the exact dates/period), it was clearly necessary to provide childcare facilities for essential workers working in hospitals. So the state asked the big facility managers [name of NGOs] and the main municipalities (Luxembourg, Esch-sur Alzette; etc.) to organise themselves and to set-up emergency structures for parents working in hospitals. So, the initiative is about establishing some emergency care facilities in the country's main towns using existing maisons relais and creches. The location of these emergency care facilities has been decided in common by the main CSOs operating the maisons relais. The criteria for choosing a location were: being accessible, so nearby main roads, near hospitals, near the borders, as workers are coming from bordering countries, ensure a good distribution in the country, infrastructures offering an important number of places. The structures operated from 6am to 11pm. All the [NGO name] personnel working in creches and maisons relais were mobilised to</p>

	<p>ensure the continuity of the service in these emergency care facilities as all the others were closed. In the beginning, doctors and nurses were the only ones concerned, and then it was extended to all professionals who had a key role in the smooth running of hospitals, such as cleaners, workers in logistics, etc. The list was updated at different times during the crisis.</p>
Netherland	<p>From March-September of 2020 [CSO's name] organised outdoor concerts at elderly care homes. More than 100 artists gave more than 250 concerts. The initiative was a corona initiative by a small local organisation that before the pandemic organised events that bring together generations through projects on music, dance, and art. The events are co-organised by cultural and art institutions, care institutions, and the target group (elderly) themselves. As all initiatives were halted suddenly because of the lockdown and the lockdown was particularly strict in elderly homes, [CSO's name] came up with the idea of giving concerts outside, so that the elderly could still enjoy activities through the window. It started as a local initiative, but became a national initiative, because [CSO's name] put out a call on social media (NL for each other) for those who were interested in participating in the initiative. There was an outburst of interest both from artists and care facilities. [CSO's name] subsequently appointed coordinators in each region who coordinated the communication and events between artists and care homes, and supported the coordinators with, for instance, techniques on how to organise.</p>
Poland	<p>The [name of the initiative] started on 26 March 2020 and was a response to information on the difficult situation of sex workers in and outside Warsaw city. We received information that sex businesses were being closed because of the general lockdown and that people working on the streets were being harassed by the police. The people we were in contact with informed us that due to the lockdown, their economic situation had worsened drastically. So, we decided to raise and collect this money via an online platform to support sex workers in meeting their basic needs, and buying medicines, food, and hygiene products. Moreover, due to border closures, the very high prices of tickets, and the short time to leave the country, we also supported migrants who were unable to return to their country of origin; mainly we wanted to meet their housing needs (access to housing and money for rent). We also</p>

	<p>provided them with money for laptops, internet cameras, and equipment necessary to perform work remotely. We also supported their children by providing funds to purchase the computer equipment necessary for online education. The initiative is still active. Today, we support refugees from Ukraine who came to Poland because of the war and who work sexually in Poland. Importantly, we transfer money to people's private accounts or give them money in their hands, but we do not assess these people on what those dollars were spent on. People in a particularly precarious situation may receive money twice. Every person who contacts us and has experience with sex work receives money. In addition to the economic fund, we have created a medical fund to provide people with access to healthcare services during the pandemic, especially to physicians, psychiatrists, dentists, gynaecologists, STI and Covid-19 testing, and vaccinations.</p>
Portugal	<p>The associations with LGBTI intervention in Portugal have received reports of situations of family violence over the years. LGBTI youth have more risk factors, such as school rejection and discrimination, a lack of parental support, and family violence, resulting in lower self-esteem and increased depression and isolation - leading to a higher propensity of LGBTI youth to be homeless or in foster care and to commit suicide.</p> <p>National reports indicate a very low number of requests for help from LGBTI young people being submitted to official institutions and a very significant number of negative evaluations of interventions by the young people who have asked for help. Very often the reason for not asking for help is the fear of secondary victimisation. [CSO's name] was created to address this need by opening a service of victim attendance specifically targeted for LGBTQI+ youth. It offers multidisciplinary support - physical, social, and psychological. [Initiative's name] was created to respond to situations for which there is no response at the national level. Thus, this initiative offers flats as a safe space to allow young people to overcome situations of risk or danger, such as young people in the situation of being expelled from home after revealing their sexual orientation or gender identity/expression. At the same time, we work on awareness raising and training for social responses in general.</p>
Romania	<p>The team of [CSO's name] sought to examine the impact of the Military Order No. 3/24.03.2020 on abortions on demand, which created a grey area on abortions, as it forbade all medical services and surgical interventions considered non-emergency. As there was no specific indication by the Ministry of Health addressed to hospitals regarding abortions-on-demand, these procedures were</p>

	<p>in fact suspended by many hospitals and cities, leaving only 11% of Romanian hospitals performing the procedure during the state of emergency. The situation was only officially clarified by a Ministerial directive at the end of April 2020, but there was no institutional control to ensure that the access to the procedure was in fact opened. [CSO name] initiated a survey among the hospitals with gynaecology wards resulting in a report with detailed data. The information was also made available in the form of an easy-to-use interactive map.</p>
Serbia	<p>The association [CSO's name] has existed since 2006. Their work is focused on the independent living of persons with intellectual disabilities. During the lockdown, they managed the smooth continuation of an independent living service for users of their services. The initiative [name of the initiative] was supported by the [name of a foundation]'s programme [name of the programme]. The project consists of three main areas: (1) to secure the continuation of the independent living service for persons with intellectual disabilities; (2) to continue occupational therapy work with users of the independent living service; (3) to preserve the mental and psychological health of users.</p> <p>During the state of emergency, users of the independent living facilities could not leave their apartments and had no direct contact with their parents, guardians, or friends. Therefore, the [CSO's name]'s team reorganised support for people with mental disabilities living in independent housing and provided additional activities to preserve users' and employees' psychological and physical well-being. To overcome the difficulties caused by isolation, the [CSO's name]'s team organised various workshops (fitness, music, and creative workshops). These were held through Internet applications for group chat. In addition to existing facilities for independent users, the [CSO's name] secured extra facilities for family members. The grant also ensured uninterrupted 24-hour support (transportation of personal assistants, engagement of a procurement person with the aim of regular supply of foodstuffs and medicines). The organisation also delivered 50 consumer vouchers, enabling members and their families to buy food products from local farms. That provided financial assistance to the entire community. The initiative was implemented in May and June 2020.</p>
Slovakia	<p>The organisation's social integration programme works in 5 marginalised Roma communities in which it operates community centres and provides social counselling. Its main focus is on education for children and adults, employment and financial counselling, and integration with majority community in particular</p>

	<p>localities as well as advocacy activities on national level. During the pandemic, the programme responded to actual needs of the communities and facilitated the limited access of communities' members to public institutions, health facilities, and schools due to the anti-pandemic measures. The initiative facilitated communication with these institutions and distributed school homework to children, and it provided Internet access in the community centres to those who were without it. It also provided information on changing anti-pandemic measures within the communities and co-organised testing and vaccination. In relation to the economic impact of the anti-pandemic measures on community members they also provided material help, such as food, water, medicine, hygienic products, and masks. It actively cooperated with local authorities in order to mitigate the health risks and prepared crisis plans. The crisis plan for the functioning of community centres in marginalised communities was adopted on a national level.</p>
Slovenia	<p>At the beginning of the epidemic, in March 2020, Slovenia went into a total lockdown, leaving homeless persons on the streets, with no clear strategy from relevant institutions for how to address this issue. The existent shelter did not accept new persons. [NGO's name] predicted the situation and prepared for it. A 24-hour shelter was opened in Ljubljana, which could accommodate up to about 28 persons at the time, with a dedicated room for homeless women. The space was provided by the Municipality of Ljubljana, which also covered all operational costs.</p> <p>The shelter was run by [NGO's name] in collaboration with different NGOs, with the support of volunteers and donations from businesses, the Ministry of Health and numerous individuals, who donated funds, food, bedding, towels, [...].</p> <p>The shelter closed at the end of May 2020, when society re-opened. Approximately 40 different persons stayed at the shelter, with another 40 or so not being able to stay there while the capacities were full. This means approximately 40 people stayed on the streets of Ljubljana at the time of the lockdown.</p> <p>The shelter provided not only a safe space, food, water, and basic medical care, it also encouraged some homeless persons to enter a housing support programme and resolve their housing problem. The fact that homeless persons stayed in the shelter 24/7 was crucial for gaining trust and encouraging them to enter the programme.</p> <p>The initiative was recognised as being very important and successful during the epidemic crisis by the Municipality of Ljubljana, as well as by the Ministry of Health.</p>

Spain	<p>The [programme's name] programme was launched after the lockdown to support people accommodated in emergency shelters in their process towards social integration. [CSO's name] focused on homeless women and provided housing in hostels, together with socio-educational support to assist women in their process of becoming autonomous again. In August 2021, the organisation decided to rent itself a hostel and launch a new project, where homeless women share the space with tourists. In the hostel, several activities for socialisation are proposed: a workshop on creative reading and writing; a workshop with a nurse (answering questions about health issues), and psycho-drama (role playing to work on conflicts). Leisure activities are also run by volunteers. Other services include legal counselling with a volunteer (especially on how to apply for residence permits/asylum, etc.). This initiative has proven particularly beneficial for homeless women, as it offers them a space to interact with people who see them as their equals, without being identified with their condition.</p>
Sweden	<p>Since 2016, [NGO's name] conducts activities in Gothenburg for asylum seekers who came as unaccompanied minors but who have turned 18 or been registered as 18 after arrival. The support includes providing housing solutions, a social context, sponsorship, internships and employment, homework help, summer school, legal/ psychosocial/medical counselling, and gift cards for food. When an asylum seeker turns 18, the responsibility shifts from the municipality to the Migration Agency and much of the support offered is withdrawn. Once 18 they are referred to an accommodation centre for adults, often in a different part of the country and they are forced to leave the home and school familiar to them. Many stay in Gothenburg instead and end up homeless. [NGO's name] supports these individuals as well as youths whose asylum claims were denied and who now live as undocumented with no support from public authorities. The pandemic increased the need for support as many were stuck in limbo with no right to stay but also nowhere to go as borders closed. Many unaccompanied youths are under severe pressure to finish secondary school as their continued stay depends on it (as specified by a law established in 2018) and online education was a challenge.</p>

Turkey	<p>In December 2019, [initiative's name] was established as part of [NGO's name] by a group of researchers, sociologists, psychologists, and journalists who had initially come together in a solidarity-based community centre, mainly for children in a lower-class, predominantly Roma neighbourhood. [Initiative's name] was founded as a research and reading group to investigate the deepening of poverty, to make its multidimensional nature visible, to develop a rights-based approach to poverty, and to monitor the human rights of the socioeconomically marginalised. The conditions of poverty exacerbated by the Covid-19 pandemic coupled with the economic downturn led the initiative to broaden its activities, mainly by providing food support for families who had no or limited access to food during the pandemic. With its effective advocacy work on poverty as a basic human-rights issue and widespread rights-based solidarity campaigns during the pandemic, it has become the most visible civil society initiative on poverty in Turkey. The [initiative's name] grew so much that it now has its own Twitter and Instagram account and is better known than the [association's name]. Current activities include (1) research and advocacy; (2) in-kind support via solidarity campaigns; (3) social work through neighbourhood and home visits to monitor the daily living conditions and needs and to facilitate social service support (from municipalities or public institutions). The database of the initiative currently has 1000 families, 200-300 are being monitored regularly, 60 of which are led by single women.</p>
UK	<p>The [CSO's name] is a small charity helping parents and children up to the age of twelve with equipment, clothing, food, and essentials such as nappies and wipes. The charity takes on referrals from health visitors, midwives, churches, schools, and social workers for those in need. During the pandemic they would get requests for specific lists of items and these items would then be sourced and gathered to be collected outside of a storage space. During the pandemic they also set up an adjoining community space where families could sit and have a cup of tea, chat with other families and volunteers, and get information about other organisations that can provide them with assistance.</p>

Appendix 2

Mapping Tools

Table 1 – Short list of relevant initiatives

- Name of the initiative:
- Short description (max 200 words):
- Website of the initiative:
- Main organisation that initiated/led the initiative (creator/leader):
- Other organisations that are a partner of the initiative:
- URL of the creator/leader:
- Email of the creator/leader:
- Has the initiative been mapped in the 1st cycle?:
- Timeline: When did the initiative start? Still ongoing?:
- Ranking:
- Reasons behind the assigned ranking, also considering how they match the criteria indicated in the Guidelines (max. 200 words):



Table 2 – General description of the selected better story

Country:		
1. Name of the initiative:		
2. Overall description of the initiative <i>(to be integrated/completed after the interview, if necessary)</i> Max 200 words		
3. Main creator/leader of the initiative: (please, specify the name of the CSO)		
4. Has the initiative already been mapped in cycle 1 of RESISTIRÉ?		
5. Geographical coverage of the initiative		
6. Website of the initiative		
7. Main domain addressed:		
8. Other domains addressed:	Gender-based violence	
	Work/labour market	
	Economy	
	Gender pay and pension gaps	
	Gender care gap	
	Decision-making and politics	
	Environmental justice	
	Human and fundamental rights - Education	
Human and fundamental rights - Other		
8.1. If Human and fundamental rights - Other, Please specify:		
9. Main inequality ground addressed:		
10. Other inequality grounds addressed	Sex and/or gender	
	Social class/socioeconomic background	
	Age	
	Disability	

	Nationality	
	Ethnicity	
	Religion/belief	
	Sexual Orientation	
	Gender identity	
	Other	
10.1. Space for comments		
11. Did/Does the creator/leader of the initiative from the civil society collaborate with public authorities (e.g., national or local public institutions, including also schools, hospitals, police, etc.)?		
<i>11.1. (If yes) Please describe briefly with whom and how (Max 100 words)</i>		
12. Did/Does the creator/leader of the initiative from the civil society collaborate with other civil society organisations or other types of organisations (research institutions, local businesses, etc.)?		
<i>12.1. (If yes) Please describe briefly with whom and how (Max 100 words)</i>		
13. How many people, approximately, have been impacted by this initiative so far? (please, specify the number)		

Table 3 - Interview with the CSO's representative

Information about the interviewee	
Country:	
Organisation:	
Position in organisation:	

Questions	Answers
1. Can you briefly summarise the main features of the initiative? <i>(Max. 200 words)</i>	
2. What is your role in the initiative? <i>(Max. 50 words)</i>	
3. Was this initiative also active before the pandemic?	
3.1. <i>If yes, since when and what were the main activities? (Max. 100 words)</i>	
4. Can you give us any information about the gender composition/diversity within your organisation? <i>(Max. 200 words)</i>	
5. Which vulnerable groups have benefited from this initiative? In your initiative, did you notice any specific category of people that was affected more than others by the crisis? <i>(Max. 200 words)</i>	

<p>6. What is the gender composition of your users/beneficiaries? Was gender an issue that you considered in the design of the initiative or that emerged during the development of the initiative? Please describe <i>(Max. 200 words)</i></p>	
<p>7. What needs have you tried to address with this initiative? Can you give us a brief summary of how the needs/situations of the vulnerable groups above changed from the beginning of the pandemic until now? <i>(Max. 200 words)</i></p>	
<p>8. <i>[when relevant]</i> Can you give us a brief summary of the main adaptations that your initiative has experienced from the beginning of the pandemic until now, explaining why and how these changes took place? <i>(Max. 200 words)</i></p>	
<p>9. Could you tell us one or two stories about how the activities of your initiative improved the situation of the supported groups of recipients? <i>(Max. 200 words)</i></p>	
<p>10. Could your initiative rely on the support of policies designed during the pandemic at national, regional or local level?</p>	
<p>10.1. <i>If yes, which ones and how? (Max. 200 words)</i></p>	



<p>11. <i>[Optional – In case it is needed to complete Table 2]</i> Did/Does any public authority (national or local public institutions, including also schools, hospitals, police, etc.) collaborate with you in this initiative?</p>	
<p>11.1. <i>If yes, which ones, why and how?</i> <i>(Max. 200 words)</i></p>	
<p>12. Have you noticed specific policy measures (lockdown and others) implemented during the pandemic that have significantly worsened or, on the contrary, improved the living conditions of the vulnerable groups you are/were working with?</p>	
<p>12.1. <i>If yes, which ones, and can you briefly describe their impact?</i> <i>(Max. 200 words)</i></p>	
<p>13. Imagine you are a decision maker: what policies would you design right now to prevent the inequalities addressed by this initiative from increasing further again? <i>(Max. 200 words)</i></p>	

<p><i>[in case the initiative is still active]</i></p>	
<p>14. If a new emergency with similar gravity and extent occurred tomorrow, would your organisation feel prepared to effectively respond? What are the key lessons and capacities developed during the Covid-19 pandemic management that you could mobilise in that case? <i>(Max. 200 words)</i></p>	

<p><i>[In the case that the initiative is no longer in operation]</i></p>	
<p>15. If possible, can you tell us what the main reasons are that led your organisation to end its activities? <i>(Max. 200 words)</i></p>	

