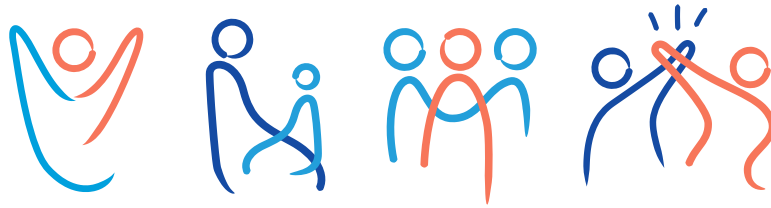




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**TOGETHER AGAINST
GENDER STEREOTYPES AND
GENDER-BASED VIOLENCE**
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**RAPID GENDER ASSESSMENT
OF THE IMPACT OF
COVID-19 ON THE LIVES OF
WOMEN AND MEN IN AZERBAIJAN**

BAKU-2020

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This report presents the findings of a rapid gender assessment of how the COVID-19 pandemic has affected the socio-economic security and sources of livelihood of women and men in Azerbaijan.

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The views expressed in this report are those of the authors and do not necessarily represent those of the European Union, UNFPA or UN Women.

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ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVID-19	Coronavirus disease 2019
CSO	Civil Society Organization
DV	Domestic Violence
GBV	Gender Based Violence
HH	Household
ICT	Information and Communication Technologies
NGO	Non-Governmental Organization
RGA	Rapid Gender Assessment
SDGs	Sustainable Development Goals
SPSS	Statistical Package for the Social Sciences
SRH	Sexual and Reproductive Health
SSC	State Statistical Committee
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment Women
WHO	World Health Organization

EXECUTIVE SUMMARY

The recent outbreak of COVID-19 and increasing number of infections and fatalities have forced the government of Azerbaijan to impose a series of restrictive measures, putting the country's existing medical, economic and social systems under strain.

The UNFPA Country Office commissioned a rapid assessment to understand the different dimensions of how the pandemic has affected the lives of women and men in Azerbaijan. The survey was conducted with support from a local organisation, the Centre for Social Research, within the framework of a joint regional project which is implemented by UNFPA and UN Women and aims to combat gender stereotypes in the region. The survey received 1,512 responses, with an almost equal division between women (48.6 per cent) and men (51.4 per cent) as survey participants.

The findings of the assessment indicate that COVID-19 has had a major impact on the socio-economic security and sources of livelihoods for women and men in Azerbaijan and that the government should pay particular attention to the gender responsiveness of the relief and recovery measures that it puts in place to alleviate the negative consequences of the pandemic.

Main findings: The main sources of information for women and men have been traditional sources, followed by the internet and social media.

The population has mainly relied on traditional media outlets, including television, radio, and newspapers, as their main sources of information regarding COVID-19, with an insignificant gender disparity observed.

While women slightly outnumber men regarding the use of television (67.7 per cent of women and 63.3 per cent of men), the proportion of men receiving information mainly from the internet and social media is higher (27.2 per cent compared to 22.4 per cent of women). The share of internet and social media use decreases with age for both sex groups.

Women and men felt well informed about the information they received regarding COVID-19.

The majority of survey respondents regarded information received from television channels as more helpful compared to information received from the internet and social media (93.3 per cent versus 86.4 per cent).

The effect of COVID-19 on employment and livelihood resources of women and men has been profound.

Whereas more men lost their jobs, women have been the most affected by a reduction in paid working hours.

Men were the most affected regarding loss of jobs across almost all major age groups with younger men (37.5 per cent of those aged 18-34 years) hit the hardest. Out of 18 per cent of the respondents who lost their jobs, men outnumbered women by three to one (23.8 per cent versus 8.3 per cent). A significant proportion of both women and men stated that the number of hours they devoted to paid work decreased, with the number of women affected outnumbering the number of men by 13 percentage points. 42.6 per cent of women and 34.2 per cent of men experienced a decrease in working hours in the villages, while these indicators were higher for cities (50.8 per cent of women and 37.4 per cent of men) and towns (51.4 per cent of women and 26.7 per cent of men).

Many women were forced to work from home during the pandemic outbreak.

More than half of male respondents (57.3 per cent) continued to work outside their home, while women constituted the majority of those whose work arrangements changed to home-based following the outbreak of the pandemic.

Women constituted the majority of those who were able to take time off while receiving full pay (42.6 per cent versus 16.9 per cent); however, they also outnumbered men (50.3 per cent to 23.1 per cent) in the total number of respondents who were sent on leave without pay. This is highly likely to be because women are predominantly employed in sectors that have been shut down due to the introduction of the restrictive measures and lockdown, including the educational sector and service provision, among others.

The employers of approximately 10 per cent of female and male survey respondents do not pay pension contributions on their behalf.

It is highly likely that these respondents have been employed in the informal sector, and therefore are left out of structural pension arrangements and related social security measures in case of job loss. The proportion of women in informal employment slightly outnumbers that of men.

Men whose source of income came from their own businesses were hit hard by COVID-19. The proportion of women who own and operate businesses is almost negligible, however, a larger proportion of these businesses had to cease operations.

Men constituted the majority among respondents who own businesses. Some 14.8 per cent of men and only 2.6 per cent of women respondents were involved in business activity. Male respondents seem to demonstrate better outcomes regarding official registration of their business enterprises (52.6 per cent versus 26.7 per cent). Although both women and men business owners were affected, men outnumbered women concerning downsizing their business enterprises, while women constituted the majority among the respondents whose businesses stopped completely, at 60 per cent.

There are significant gender disparities regarding the loss of income from different sources, with women being the most affected by a loss of remittances, while men were hit worst by a loss of income from paid work and farming.

The spread of the COVID-19 infection dealt the hardest blow to income from own/family

businesses (82.2 per cent), farming (47.2 per cent) remittances (36.3 per cent) and paid work (30.7 per cent). The disaggregation of this data by sex shows that men were most affected regarding a reduction of income from paid work (by 11 percentage points) and farming (by 18 percentage points), while women were hit the hardest by a loss of remittances (by 9.8 percentage points).

The predominant majority of both women and men respondents received no support from either the government, local municipalities, or non-profit organizations to alleviate the negative impact of COVID-19 on incomes.

The total number of recipients of in-kind aid from the government was only 6.7 per cent (5.2 per cent food, 1.2 per cent prophylactic means, 0.7 per cent personal hygiene products, respectively). The number of recipients of aid from non-governmental organizations is even lower, at 1.4 per cent. The most common type of assistance from either source of support was food assistance. Although gender disparities are relatively insignificant, men slightly outnumbered women in this regard.

An almost equal proportion of women and men fear that they will not be able to pay for basic expenses and rent if the pandemic continues.

The vast majority of respondents in the sample believed that financial constraints are likely to affect their earning capacity to purchase food and personal hygiene items (67 per cent of men and 69 per cent of women), as well as to meet the expenses incurred by the use of dwelling premises and utilities (64.9 per cent of men and 65.1 per cent of women) if the pandemic continues.

Women are disproportionately burdened by an unequal distribution of household chores.

The disproportionate burden of unpaid domestic work on women has significantly increased during the COVID-19 outbreak.

The share of women spending more time on domestic chores outnumbers that of men (62.9 per cent versus 55.8 per cent). The predominant majority of women working from home (86.4 per cent) also experienced an increase regarding the burden of household chores.

Gender disparities become more evident as the number of reported unpaid domestic activities increase.

Almost every second woman reported an increase in at least one unpaid domestic chore compared to only every third man. An analysis of the data on time spent on two and more domestic chores shows that where an increase in the number of household chores is observed, there is a decrease in the number of activities men perform. Thus, 9 per cent of women and 5 per cent of men reported increased time spent on at least three unpaid domestic activities.

There are stark differences in the number of women and men doing the most time-consuming household chores.

Although some male respondents (40.7 per cent) reported an increase in time spent playing with children (40.7 per cent), shopping (16.2 per cent), and household management (24.7 per cent), the vast majority of an increase in time spent on household chores fell to women; cooking and serving meals (29.9 per cent), cleaning and maintaining own dwellings (33.9 per cent), and caring for children (44.8 per cent) have all disproportionately increased.

Women constitute the majority of those who manage the household on their own without the support of other family members.

While 81 per cent of men and 51.3 per cent of women said that their spouses helped them more with household chores since the pandemic outbreak, more women than men managed household on their own (44.1 per cent of women versus 30.5 per cent of men). As expected, single and widowed men are the ones managing a household on their own, while the number of men in a partnership who engage in household chores is much lower than that of married women. Interestingly, women managing a household on their own dominate across all major age groups, with significant gender differences observed for the age groups of 35-44 years and 45-54 years (31.2 and 25 per cent in the age group of 18-34, 55 and 32 per cent in the age group of 35-44 years, 55 and 30.6 per cent in the age group of 45-54 years, and 44.9 and 36.5 per cent of those aged 55+ years).

Women received some help from close family members, and more so from sons.

41 per cent of all respondents stated that other family members helped them more with household chores and/or caring for family since the pandemic outbreak, and only a small gender disparity was noticed (42.4 per cent of men, 39.4 per cent of women). Alongside this, the share of women and men stating that their sons provide more help with household chores (27.3 per cent of women and 24.1 per cent of men) outnumbers the number of respondents who receive more help from their daughters (19.4 per cent of women and 19.6 per cent of men).

Women and men were impacted differently regarding access to basic health services and safety.

Men have faced more difficulties in accessing personal protective supplies than women.

Only 13.8 per cent of the respondents said that they did not need access to these supplies, while almost half of both women and men respondents experienced no difficulties accessing them. A third of both women and men interviewed noted some difficulties. The majority of those who stated no need for access to medical supplies for personal protection were people in the age group of 55+ years (37 per cent for men and 39.4 per cent for women).

Women's mental and emotional health seems to have been disproportionately affected by the pandemic.

Women constitute the majority of the 32.3 per cent of those whose mental and emotional health has been adversely affected (37.5 per cent of women and 26.9 per cent of men). The sex and age disaggregation of data obtained shows that women constituted the majority of those affected across all major age groups.

Women's access to health services may be at risk with the outbreak of the pandemic.

Women constitute the majority of those who claimed that they did not need medical care during the pandemic (62.4 per cent versus 47.8 per cent). The underdeveloped system of health insurance in the country and the limited economic resources of women are highly likely to be responsible for these figures, as the costs of medical services are to be paid by the population out of pocket. The share of those covered by any health insurance plan is very small. While 22 per cent of women and men were covered by health insurance, many (72.2 per cent men and 69 per cent women) remain outside the insurance scheme. Taking into account the impact of COVID-19 on the economic resources and income of both women and men, these people are even less likely to access health services given the out of pocket expenses to be incurred.

Access to sexual and reproductive health and contraceptives.

The overwhelming majority of women reported no need for gynaecological and obstetric care.

The vast majority of women of reproductive age (91 per cent out of 710 women) said that they did not need gynaecological and obstetric care. These findings coincide with the information on women's use of healthcare services, demonstrating that women lack awareness of the benefits of family planning, and also lack the finances to access these services given the costs. The data shows that only 6.8 per cent of women applied for gynaecological services during the pandemic outbreak.

Although the proportion of women who felt no need for contraceptives was very high, the vast majority of those with a reported need experienced major difficulties in access.

A similar picture is observed with the use of contraceptives by women during the spread of COVID-19. About 91 per cent of female interviewees of reproductive age said that they did not need contraceptives. However, out of those who reported a need for contraceptives, 6.3 per cent experienced major difficulties.

It's highly likely that these difficulties are the result of overstretched health services where resources have been diverted to address the impact of COVID-19.

Discrimination and Domestic Violence

Women were more likely to report feeling discriminated against.

10.6 per cent of interviewees reported that they felt an increase in some form of discrimination following the spread of COVID-19. A gendered disaggregation reveals a small disparity in this regard (11.7 per cent women versus 9.4 per cent men). Women seem to slightly outnumber men across almost all age groups. Women from urban settlements were more likely to report feeling an increase in discrimination as compared to men (7.3 and 4.4 per cent).

The reduction in household incomes and the negative impact on psychological health and well-being caused by the COVID-19 related restrictive measures/lockdown are likely to have triggered an escalation of intra-family tensions and violence.

9.5 per cent of all survey respondents (9.4 per cent of men and 9.7 per cent of women) said that they felt or heard about an increase in domestic violence since the spread of COVID-19. The sex and age disaggregation of this data reveals no significant disparities. The vast majority of the respondents who reported having felt an increase in domestic violence (83 per cent) believe that women suffered the most.

A high proportion of women did not know where to seek help if someone was experiencing domestic violence.

There are major gender differences in the number of women and men who lack information about available domestic violence protection mechanisms (43.4 per cent of women and 33.5 per cent of men). A large proportion of women have also reported "I do not know" in response to the question of where to seek help if violence happens.

The finding that women have a relatively lower level of awareness of the information on available support services is alarming, especially given the COVID-19 related restrictions and lockdown, and therefore this is one of the major areas where urgent intervention is needed.

People aged over 65 years old were more unaware compared to respondents aged 18-64 years.

The low levels of awareness by people over the age of 65 (41.1 per cent versus 51.7 per cent of respondents aged 18-64) and the lack of places they can refer to may force people of this age to tolerate violence perpetrated against them.

At the same time, people over the age of 65 tend to have a relatively low level of social activity, mainly because they are of retirement age, and their ability to use the internet and other ICTs is relatively low, which also limits their access to information and support resources.

INTRODUCTION

The recent outbreak of COVID-19, which has been declared a pandemic by WHO, and the growing number of infections and fatalities, have forced many countries to introduce a series of restrictive measures, including partial or total lockdowns. This has put existing medical, economic and social systems under strain. Globally, evidence suggests that in addition to public health related implications, COVID-19 is highly likely to deepen pre-existing inequalities and expose vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic. The situation of women warrants particular consideration in this regard. The outbreak is expected to severely impact the situation in Azerbaijan, especially given the level of persistent development challenges which were already impeding the achievement of gender equality.

The first case of COVID-19 infection in Azerbaijan was registered on 28 February 2020. According to official sources, 488,852 tests have been administered overall up until 01 July 2020. The total number of infections equates to 18,112, with 7,831 people being in the active stage of disease. The number of recoveries has been recorded as 10,061, while 220 people have lost their lives.¹ The gender disaggregation of the available data indicates that women constitute the majority of those infected at 54 per cent. People in the age groups of 50-59 (21 per cent), 30-39 (18 per cent) and 60-69 (16 per cent) appear to be the most affected by COVID-19 infection.²

An overview of the historic changes that have occurred over recent years in Azerbaijan reveals some impressive accomplishments regarding efforts towards formal gender equality. Legally, the equal rights of women and men are embedded in the Constitution of Azerbaijan, and women's rights in the private and public domain are protected on a legislative basis. Recent changes mean that Azerbaijani women and men have longer life expectancies, are literate, have at least nine years of schooling, marry at an older age, have less children, are part of a nuclear as opposed to an extended patriarchal family, and have nearly equal chances of living in urban or rural areas. A significant proportion of Azerbaijani women are engaged in economic activity outside of the household and earning an income.³

Nevertheless, gender inequality remains an important determinant which influences the organisation and functioning of both family and societal life in Azerbaijan. In reality, the access women have to resources (economic, cultural, information and social) is significantly restricted compared to men. The level of female participation in decision-making processes in personal, public and political fields is also lower compared to men. A commonly accepted division of family responsibilities continues to confine women to the private realm by valuing women primarily for their reproductive function.⁴

1-Cabinet of Ministers data on COVID-19 in Azerbaijan. Available at: <https://cabmin.gov.az/az/category/10/> (last accessed 06.07.2020)

2-Ibid

3-UNFPA/UNDP (2015) Population Situation Analysis: beyond the demographic transition in Azerbaijan. Baku, Azerbaijan

4- UNFPA/SCFWCA (2018) Gender equality and gender relations in Azerbaijan: current trends and opportunities. Findings from the Men and Gender Equality Survey (IMAGES). Baku, Azerbaijan

Given the above-mentioned considerations, as well as the available global evidence regarding the disproportionate impact of the pandemic on women, the UNFPA Country Office in Azerbaijan teamed up with UN Women to conduct a rapid assessment to understand the different dimensions of how the pandemic has affected the lives of women and men. The survey was administered with support from a local NGO, the Centre for Social Research, within the framework of a joint Regional Programme which is implemented by UNFPA and UN Women, and aims to combat gender stereotypes in the region.

The survey seeks to explore how the temporary measures and/or lockdown have affected the economic security and sources of livelihood of the population, with a specific emphasis on the different experiences and coping strategies of women and men. The study findings are expected to produce information and data which will support initial response planning to address the gendered impact of the pandemic in the country. Furthermore, it is hoped that the study will provide further evidence for gender-responsive recovery efforts, in line with the country's obligations under the CEDAW Convention, the Beijing Platform of Action, and the 2030 SDGs.

RESEARCH METHODOLOGY

Geographical coverage and sampling design

The survey covered 1,512 respondents across Absheron (including the capital city of Baku), Ganja-Gazakh, Shaki-Zagatala, Lankaran, Upper Karabakh, Aran, Guba-Khachmaz and Daghlig Shirvan economic regions, excluding the exclave of Nakhchivan and the occupied territories.

Stratified random sampling was employed in order to select respondents for the survey, to ensure the representativeness of data by gender and age groups. The data on population and landline numbers was derived from the official database of the State Statistical Committee of the Republic of Azerbaijan. The first stage of the sampling involved the identification of geographical settlements per economic region. In order to reduce selection bias and draw reliable results, the survey would be administered via landline phones. This would ensure that those without mobile phone registration, which may include women, rural settlers, etc. would have an equal chance of participation in the survey. Following this, a total of 15,120 landline phone numbers were selected randomly, which was ten times the target number of respondents per settlement to be reached by the survey. The data collectors then attempted to contact every third number in the list of the corresponding cluster of the general pool. If a phone call went unanswered, the next third number in the list was attempted and so on.

The sampling plan was guided by considerations of representativeness of age and gender groups by socio-economic regions of the country. Overall, the share of women and men constituted 48.6% and 51.4%, respectively. The survey has a confidence interval of 95%, and a 2.5% margin of error.

Questionnaire design and structure

The questionnaire was designed by UN Women and UNFPA Regional Offices for Eastern Europe and Central Asia. The questions were developed with the aim of soliciting swift and relevant information on how the COVID-19 pandemic has affected welfare and employment status, as well as daily routine, delegation of household responsibilities, and the accessibility and safety of sexual and reproductive health services for women respondents.

The questionnaire constituted a structured data collection tool, and included a series of closed questions on the following thematic areas:

• Demographics

this includes questions on sex, age, marital status, education, and the number and age of respondents.

• Economic status:

this includes questions on i) main sources of income, ii) economic status and consequences of the pandemic on working arrangements and the number of hours of paid work; iii) earnings after a period of not working for at least two weeks (e.g., whether they got full salary, partial salary or none); and iv) households' resources, among others.

• Sources of information on COVID-19:

this includes questions on access to and sources of information and an assessment of the quality of information (clarity, timeliness, usefulness).

• Access to basic services and safety:

this includes questions on the consequences of COVID-19 with regards to i) access to basic services (e.g., illness, death of a household member, psychological health, access to medical care, household water source, children's schooling/education) and ii) access to basic needs (food, female hygiene, public transport) and iii) access to social protection services and support.

- **Unpaid care and domestic work:**

this includes the distribution of time spent on specific activities and questions on changes in the roles and responsibilities within the household.

- **Coping mechanisms:**

this includes questions on how the individual and/or household will cover essential expenses as a result of COVID-19 (e.g., saving on food, stop seeking health services/assistance; help from relatives or local authorities).

The questionnaire was adapted to the local context following pre-tests with 20 women and men respondents, representing all age and sex groups.

The survey was conducted during the period of 26 April - 3 May 2020, with phone calls made between 10:00am and 9:00pm. On average, each questionnaire took approximately 12 minutes to complete, with the longest interviews lasting 15 minutes.

Ethical principles

Compliance with ethical principles was ensured throughout the survey period. Every respondent was given comprehensive information about the purpose, rules/procedures of the survey and the interviewing agency. The respondents were also informed of the voluntary nature of participation in the survey, including the option of discontinuing the interview at any time and/or avoiding answering questions they found inappropriate. The respondents were also able to choose a convenient time to conduct the interview.

The confidentiality of respondents was ensured at all stages of the interviewing process. Respondents were assured that their personal identity related information would be treated as strictly confidential and no information related to their personal identity would be disclosed to third parties. Such an approach has ensured a high degree of reliability of the information collected.

Study administration team

A total of 14 interviewers and two coordinators were engaged in the survey administration. Given the sensitive nature of some of the questions and the specifics of the local context, female interviewers were engaged. All of the interviewers attended two rounds of training sessions, which covered the purpose of the survey and a comprehensive examination of the questionnaire, and also included practical workshops, such as a mock presentation of how a survey should be conducted.

Data processing and analysis

All information was accumulated in a data pool upon completion of the survey, which was then processed and analysed using SPSS (Statistical Package for the Social Sciences) software. A chi-square (χ^2) statistic was applied to establish the statistical relationship among variables and to compare variables across a range of different socio-demographic groups.⁵

⁵Note: Due to the adjustment (flooring and/or ceiling) of shares, the sum total in diagrams might not total up to 100 per cent

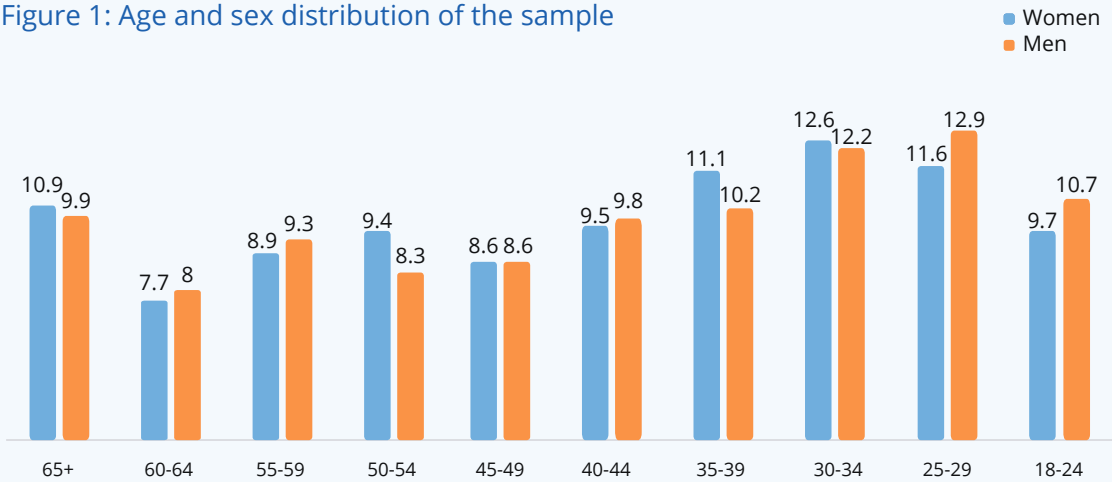
THE DEMOGRAPHIC PROFILE OF RESPONDENTS

Information regarding the demographic profiles of the sample has enabled the study team to conduct analysis by comparing data across multiple characteristics, in order to determine the factors that have influenced the respondents' opinions regarding the impact of COVID-19, with due attention to the consideration of gender relation dynamics. As noted elsewhere in this report, the survey managed to reach 1,512 respondents, which included 777 women (51.4 per cent) and 735 men (48.6 per cent). The mean age of women and men was almost the same (43.2 for men and 43.6 for women).

Analysis of the data regarding the marital status of the sample reveals no major disparities, with 73.7 per cent of men and 72.5 per cent of women being married at the time of the survey. 9.8 per cent of women and 22.9 per cent of men were single. Further analysis of this data by age group reveals that only 5.1 per cent of men with a partner were between the ages of 18 and 24, whereas the corresponding share of women was eight times higher (41.1 per cent). This confirms that girls still continue to get married at a younger age.

The share of those with academic degrees constituted 29.9 per cent for male respondents and 23.4 per cent for female respondents. While, no significant disparities were observed between the numbers of women and men who completed secondary education, there were more women who received vocational education (22.3 per cent compared to 16.1 per cent male respondents) which is an equivalent of post-secondary education. The number of respondents who had reached higher educational levels was prevalent in urban locations, with men outnumbering women (39.4 per cent for men and 30.6 per cent for women).

Figure 1: Age and sex distribution of the sample



The study findings highlight an almost five-fold difference in the number of widowed women (12.9 per cent) compared to men (2.2 per cent). Such a glaring contrast is also observed between the relative numbers of divorced women (4.1 per cent) and men (0.1 per cent).

All but 2.4 per cent of respondents lived with family members of different ages. Of the respondents that lived alone, there were more women (3.1 per cent) compared to men (1.6 per cent). The number of couples/spouses that lived with children (48.4 per cent) and without (51.6 per cent) was almost equal. The sampling plan also aimed to ensure representativeness of age and sex groups by major socio-economic regions of the country, as presented in the figure below.

Figure 2: Educational attainment of the sample

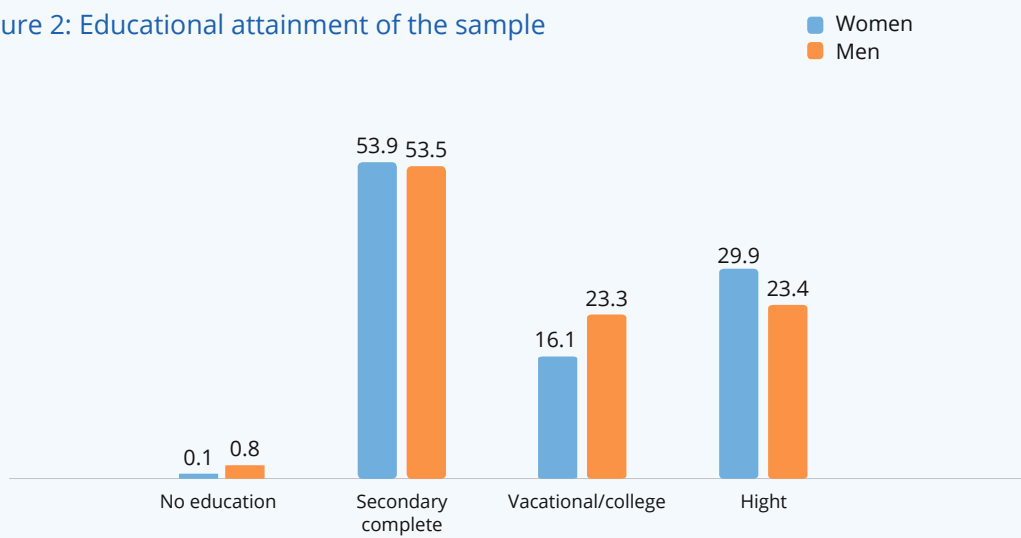
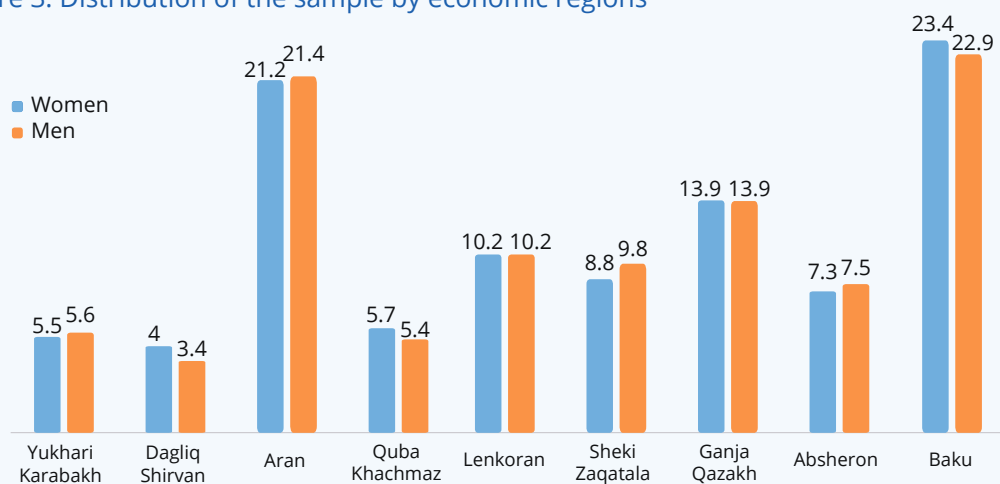


Figure 3: Distribution of the sample by economic regions



RAPID GENDER ASSESSMENT: MAIN FINDINGS

MAIN SOURCES FOR ACCESSING COVID-19 RELATED INFORMATION

The availability and accessibility of information regarding any disease/illness is one of the essential prerequisites for effectively preventing the spread of the disease by using self-protection measures. At the start of a pandemic outbreak, people are usually ignorant of the real scale of the problem and reject personal responsibility for the consequences of their actions, which can further aggravate the situation. Therefore, this study aimed, inter alia, to analyse the major information consumption patterns by women and men regarding awareness and prevention of COVID-19 via different channels, including television and social media. This information can be used by the Government of Azerbaijan to provide tailored solutions to the specific needs and expectations of the target population.

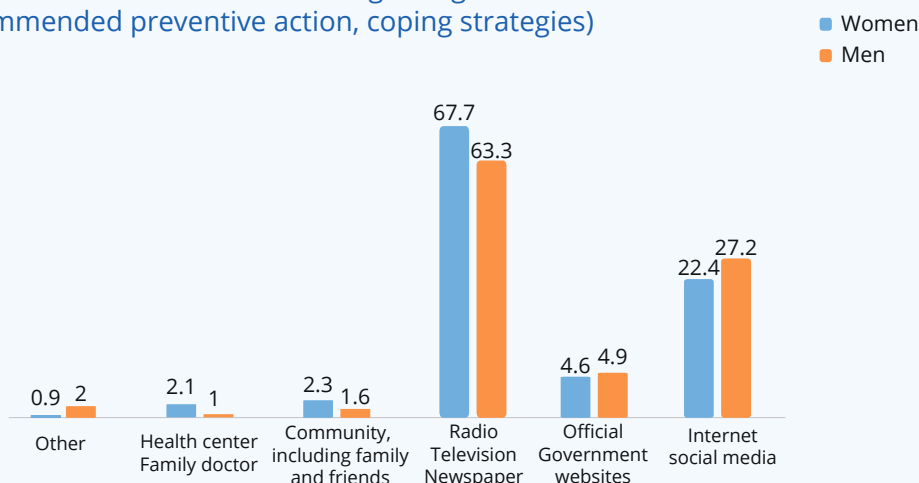
Following a rise in COVID-19 cases, the Government of Azerbaijan embarked on a nationwide campaign to provide the population with pandemic related information and protection and safety measures. The Operational Headquarters under the Cabinet of Ministers have been providing regular updates to the population on the situation with COVID-19 and the Government’s response actions.⁶

In addition, an official website has been developed and launched in the country to ensure that the population has easy access to pandemic related information and prevention measures and mechanisms.⁷

The main sources of information for women and men were traditional sources, followed by the internet and social media.

RGA data shows that the overwhelming majority of the respondents (99.7 per cent) seem to have had access to information about COVID-19. However, major disparities have been observed regarding the use of different information sources by the population. RGA data indicates that television channels were the primary sources of information about COVID-19, followed by the internet and social media. While women slightly outnumber men regarding use of television channels, radio and newspapers (67.7 per cent of women and 63.3 per cent of men), the share of men receiving information mainly from the internet/social media is higher by 5 percentage points (27.2 per cent compared to 22.4 per cent of women).

Figure 4: Main sources of information regarding COVID-19 (risks, recommended preventive action, coping strategies)



6- Regular updates are provided to the population through the separate section of the website of the Cabinet of Ministers dedicated to the operations of the COVID-19 Operational Headquarters <https://cabmin.gov.az/az/category/10/>

7- The website compiles information on COVID-19 pandemic in Azerbaijan, the data on the number of infections, recoveries and fatal outcomes, disease symptoms, guidelines for self-protection, etc.: <https://koronavirusinfo.az/az>

Although no major gender disparities have been revealed regarding the educational status of both women and men who rely on the internet as their main source of information (those with a completed secondary education or higher education constitute the majority for both groups - about 40 per cent), the number of single female respondents getting information/news on COVID-19 from internet sources was more than two times higher than that of married female respondents (48.7 and 21 per cent respectively).

Further analysis of the data collected demonstrates that the number of internet and social media users decreases with age for both women and men.

In other words, those in the older age groups, particularly people over the age of 65, constitute the majority of respondents who have been getting information/news on COVID-19 from TV, radio channels and newspapers, while internet and social media audiences mainly consist of the younger generations.

There also appears to be a regional disparity in how people utilise various information sources. Both women and men from urban areas constitute the majority among those who rely on the internet/social media as their major sources of information on COVID-19. This could be linked to the lack of internet accessibility in a number of rural districts of Azerbaijan, as already reported by several media sources.⁸ It should also be added that official government websites also seem to be relied upon extensively by the population, especially in urban areas.

Table 1: Main sources of information by sex, age and type of residence

	Men						Women					
	Residence area			Age group			Residence area			Age group		
	City	Small town	Village	18-34	35-54	55+	City	Small town	Village	18-34	35-54	55+
Internet & social media (Facebook, Instagram, etc.)	32.4%	32.5%	18.5%	44.7%	21.8%	11.5%	27.5%	25%	14.4%	36.5%	21.7%	6.1%
Official government websites ⁹	6%	5.2%	3.3%	4.9%	5.2%	4.5%	4.8%	7.3%	3.5%	6.8%	4.0%	2.8%
Radio/Television Newspaper	57.2%	55.8%	73.8%	43.6%	69.4%	81.0%	62.4%	59.4%	77.9%	52.1%	68.3%	86.0%
Public service announcement speaker	0.8%	2.6%	0.4%	0.8%	1.1%	0.5%	0.3%	0.0%	0.4%	0.0%	0.7%	0.0%
Phone (telegram, Viber WhatsApp, or call)	0.5%	1.3%	0.7%	1.5%	0.4%	0.0%	0.5%	0.0%	1.1%	0.4%	0.7%	0.9%
Community, including family and friends	1.3%	1.3%	2.2%	2.7%	0.7%	1.5%	2.0%	3.1%	2.5%	1.5%	2.7%	2.8%
Health center Family doctor	1.0%	1.3%	0.7%	1.5%	0.7%	0.5%	2.5%	5.2%	0.4%	2.7%	2.0%	1.4%
Do not know about COVID19	0.8%	0.0%	0.4%	0.4%	0.7%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Women and men felt well informed about the information they received regarding COVID-19.

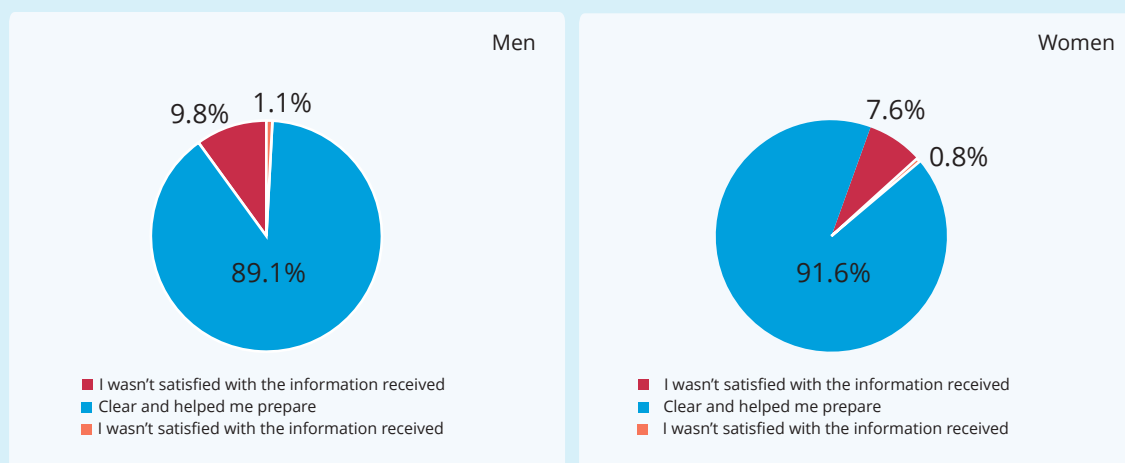
The vast majority of both women and men (89.1 per cent) considered the news/information they received from different sources regarding COVID-19 prevention measures to be clear and helpful. It is also possible to observe a link between the information sources and their perceived usefulness.

Respondents regarded information received from television channels as slightly more useful than that which they received from the internet and social media (93.3 per cent versus 86.4 per cent). Close to 10 per cent of men and 8 per cent of women seemed to be dissatisfied with the information they received. Respondents in the middle age groups (35-44 and 45-54 years) were more displeased with the information concerned, compared to their peers from younger and older age groups (18-34, 55-64, and 65+). No significant gender disparities were observed in these figures (see, Figure 5).

8- "These villages lack not only internet, but even landline phones" (2020) <https://news.milli.az/society/846849.html> (last accessed 01.07.2020)

9- See footnotes 6 and 7

Figure 5: How would you rate the information received?



IMPACT OF THE PANDEMIC ON EMPLOYMENT AND LIVELIHOOD RESOURCES OF WOMEN AND MEN

Women's participation in the labour market has always been an issue of concern in Azerbaijan, with 62.9 per cent of women participating in the labour market compared to 69.5 per cent for men. The gender pay gap is also significant - in 2018 the average monthly wages of women represented 53.8 per cent of the average monthly wages of men.¹⁰ Existing educational disparities across the field were also responsible for persistent horizontal and vertical segregation faced by women in the labour market. Women's work has mainly been concentrated in low-wage sectors, deemed suitable for the 'female nature', such as education, health and social services. This has in part been due to women's apparent willingness to accept substandard employment conditions, low paid formal jobs, or informal employment to ensure that their jobs are not in conflict with their family responsibilities.¹¹ Hence, one of the main objectives of this study was to also look at how the temporary measures/lock-down have affected economic security and sources of livelihood and how the experiences of women and men have differed in this regard.

Pre- vs post-outbreak employment arrangements

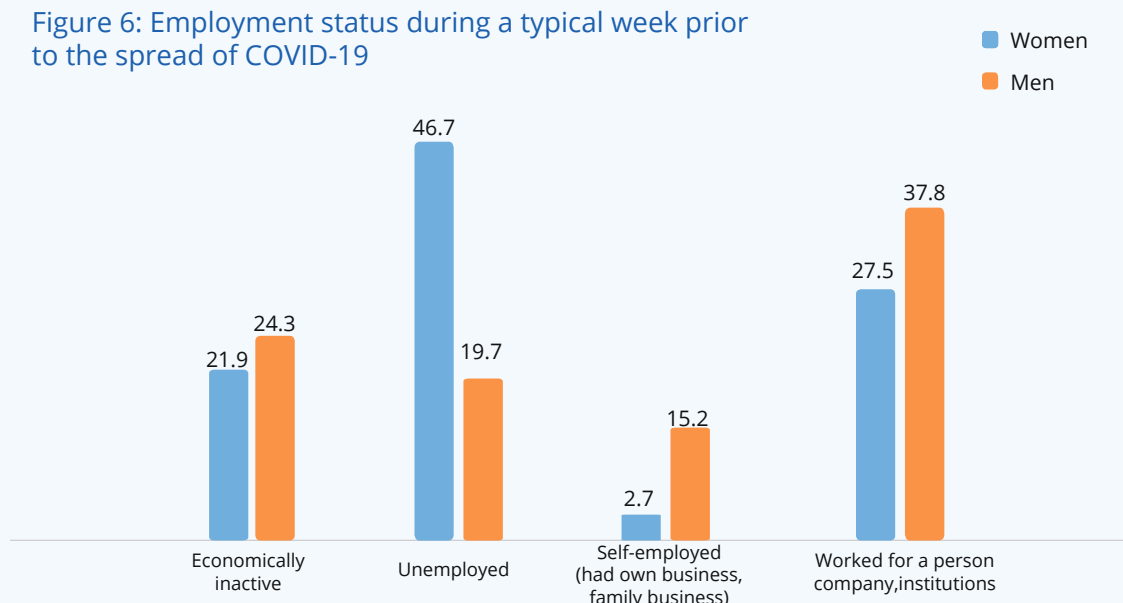
Men constituted the majority of those engaged in paid work prior to the outbreak of the pandemic.

The RGA data shows that one third of the respondents (32.5 per cent) were employed in either the private or public sectors prior to the pandemic outbreak, and that the share of employed men surpassed that of women by 10 percentage points (37.8 per cent versus 27.5 per cent). Respondents from large cities and towns constituted the majority of those working for organisations/companies (36.6 per cent in cities, 43.4 per cent in towns, 23.6 per cent in villages). The sex disaggregation of data shows that men made up the majority of the employed and self-employed population before the outbreak, while the share of unemployed women was more than two times higher.

Further analysis of RGA data shows that almost half of the women who were unemployed were in the younger age group of 18-34 (47.9 per cent of all unemployed women) which is highly likely to be attributable to childbearing and related household responsibilities. For those employed, the number of men in the youngest age group of 18-34 correspondingly surpasses that of women (39.6 per cent and 23.8 per cent).

10- SSC (2019) Labor Market, Statistical Yearbook. Baku, Azerbaijan
 11- UNDP/UNFPA (2018) Women in the Private Sector in Azerbaijan: Opportunities and challenges Gender assessment report. Baku, Azerbaijan;
 UNFPA/UNDP (2015) Population Situation Analysis: beyond the demographic transition in Azerbaijan. Baku, Azerbaijan

Figure 6: Employment status during a typical week prior to the spread of COVID-19



These findings confirm that the economic standing of women was less favourable prior to the outbreak, and that the onset of the COVID-19 crisis is likely to have further aggravated their financial well-being, and therefore limiting inter alia their access to healthcare and other essential services.

More men than women actively sought employment, which hints at the disproportionate burden of women’s household responsibilities.

12.1 per cent of respondents (7.7 per cent of women and 16.7 per cent of men) stated that they could work and were in search of jobs. The share of job-seeking men significantly outnumbered women across all types of residences, which confirms the assumption that the burden of household chores, as well as care for children and the elderly care, hold women back from engaging in income generating activities. Moreover, there is a significant difference in the percentages of job-seeking women by age group. Half of women aged between 18-34 years old were looking for jobs prior to outbreak of pandemic, while this figure decreases with age.

Whereas more men lost their jobs, women were the most affected by a reduction in paid working hours.

RGA data shows that the pandemic led to major changes which impacted the earning ability of the population. Among the 17.9 per cent of respondents who lost their job, men outnumbered women almost three-fold (23.8 per cent versus 8.3 per cent). Men were the most affected regarding loss of jobs across almost all major age groups, and men from the younger age groups were hit the hardest. Apart from in sectors where arrangements to work from home were introduced as part of the policies to reduce the spread of COVID-19, many employers also had to decrease regular working hours. A significant share of both women and men stated that the number of hours they devoted to paid work decreased, with women significantly outnumbering men in this regard with a difference of 13 percentage points.

Figure 7: Proportion of jobseekers prior to pandemic outbreak by sex and type of residence

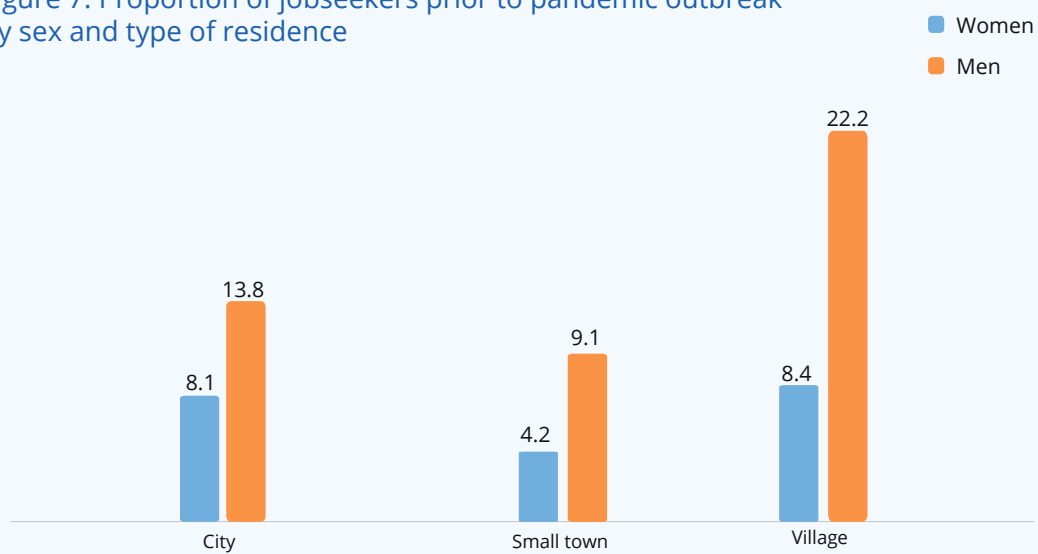


Figure 8: Proportion of job seeking respondents by sex and age group

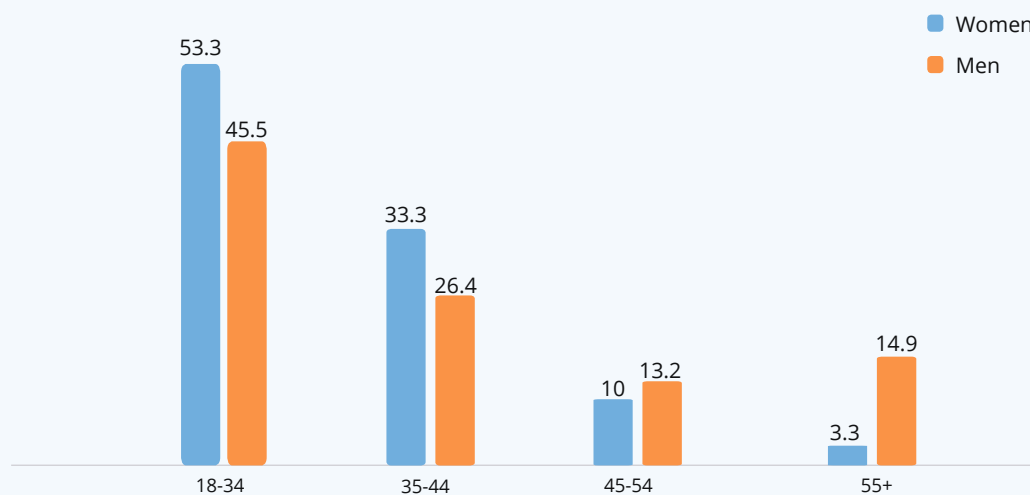
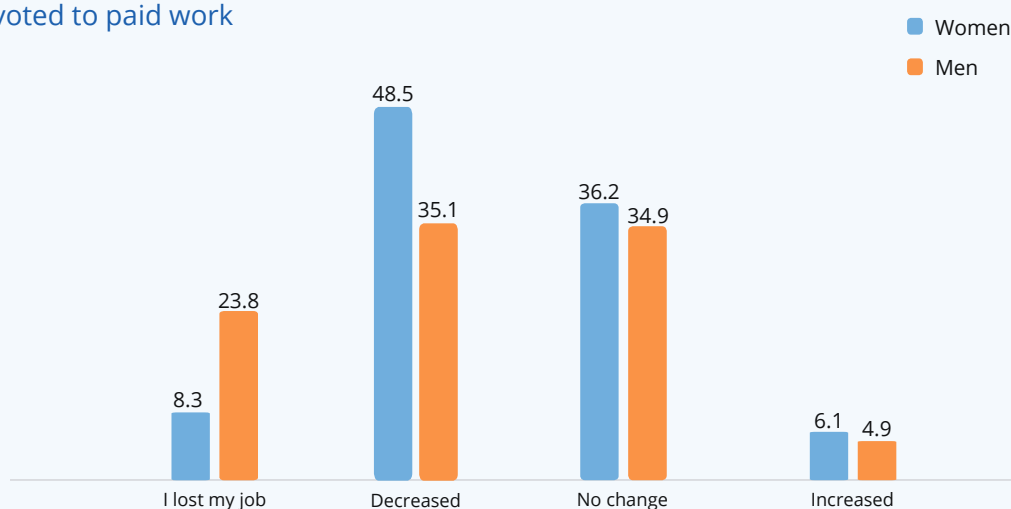


Figure 9: Employment loss and changes in number of hours devoted to paid work



The age disaggregation of data shows no major gender disparities regarding the share of women affected by a decrease in hours, while loss of job has mainly affected women in the younger age groups.

Since women's participation in the labour market prior to the pandemic outbreak was lower compared to that of men, such a reduction in paid working hours is highly likely to affect women's economic prospects further in the long run.

Table 2: Employment loss, and changes in the number of hours devoted to paid work, by sex and age groups

		18-34	34-44	45-54	55+	Total
Decreased	Women	50%	42%	49.1%	54.9%	48.5%
	Men	33.8%	43.6%	30%	31.3%	35.1%
Lost job	Women	11.1%	14.5%	5.5%	0%	8.3%
	Men	23.2%	26.6%	31.4%	12.5%	23.8%

The share of respondents who experienced a decrease in working hours was higher in urban settlements, with women constituting the majority of those affected.

Thus, 42.6 per cent of women and 34.2 per cent of men experienced a decrease in working hours in the villages, while these indicators were higher for people who live in cities (50.8 per cent of women and 37.4 per cent of men) and towns (51.4 per cent of women and 26.7 per cent of men).

Such regional disparities are most probably attributable to the relatively stricter restriction measures that were introduced in the large cities, while the remaining parts of the country were assessed as having a relatively lower risk of infection spread during the first few months of the pandemic outbreak.

Table 3: Change in the number of hours devoted to paid work, by sex and type of residence

		Increased	No change It is the same	Decreased, but I didn't lose my job	I lost my job	I don't know
City	Women	4.3%	35.5%	37.4%	21.3%	1.4%
	Men	33.8%	43.6%	30%	31.3%	0%
Small town	Women	10.8%	32.4%	51.4%	5.4%	0%
	Men	6.7%	44.4%	26.7%	20.0%	2.2%
Village	Women	2.9%	44.1%	42.6%	7.4%	2.9%
	Men	5.3%	29.8%	34.2%	29.8%	0.9%

Changing working arrangements

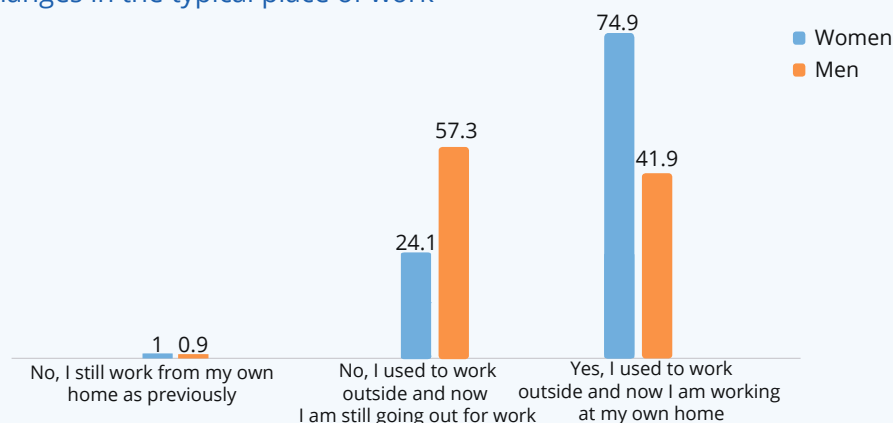
The vast majority of women were forced to work from home during the pandemic outbreak.

To curb the prevalence of COVID-19, some workplaces were temporarily closed, but staff continued to operate using different means of communication, such as telecommuting. A review of the data reveals significant gender disparities in this regard.

Thus, while the majority of men (57.3 per cent) continued to go to work outside their home, women constituted the majority of those who had to work from home following the pandemic outbreak (74.9 per cent).

The age and sex disaggregation of data shows that women across all major age groups constitute the absolute majority of those affected by a change to their usual place of work, which has in turn forced them to assume additional household responsibilities.

Figure 10: Changes in the typical place of work



More women than men took fully paid leave from work, but they also surpassed men in being forced to take unpaid leave.

The findings indicate that only 23.1 per cent of respondents seemed to be ineligible for leave, while 29 per cent of the respondents went on leave with full pay. 40 per cent of the sample did not take any leave.

The data disaggregation by sex shows that women constituted the majority of those who had to take leave with full pay (42.6 per cent vs 16.9 per cent); however, women also outnumbered men (50.3 per cent to 23.1 per cent) out of the total number of respondents (4.3 per cent) who were sent on leave without pay.

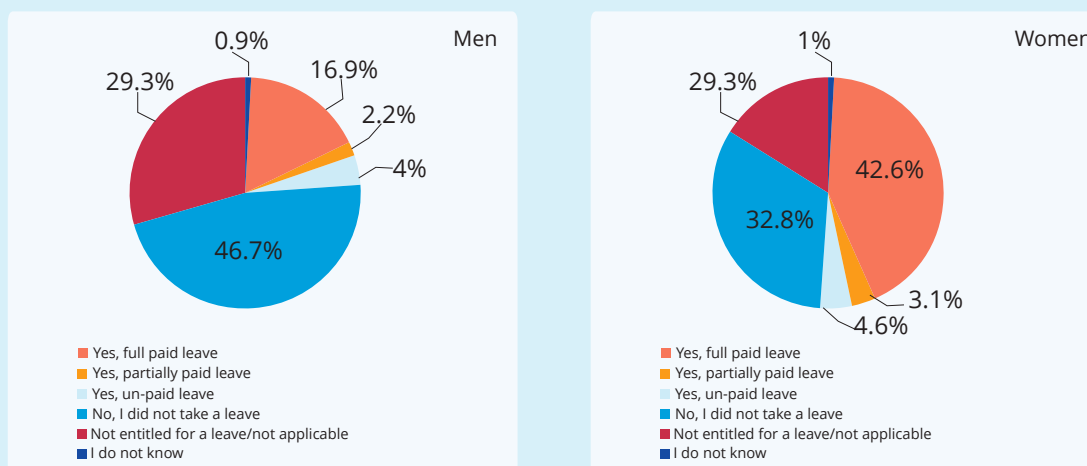
Table 4: Changes in the typical place of work, by sex and age group

		18-34	35-44	45-54	55+	TOTAL
I used to work outside and now I'm working from home	Men	44.2%	44.2%	30%	44.8%	41.8%
	Women	70.2%	80%	73.3%	75%	74.9%
I used to work outside and now I'm still going out for work	Men	54.7%	53.8%	70%	55.3%	57.3%
	Women	29.8%	20%	24.4%	22.9%	24.1%
I still work from my home as previously	Men	1.2%	1.9%	0%	0%	0.9%
	Women	0%	0%	2.2%	2.1%	1%

This is highly likely to be attributable to women being predominantly employed in sectors that have been shut down due to the introduction of restrictive measures and lockdown, such as the educational sector and service provision, among others.

This is an alarming finding, given the future economic outlook for women employed in low-income jobs and there being a much higher risk of women becoming unemployed and poor during the pandemic outbreak.

Figure 11: Since the spread of COVID-19, have you been imposed to take a leave of absence from work?



Impact on pensions and unemployment benefits

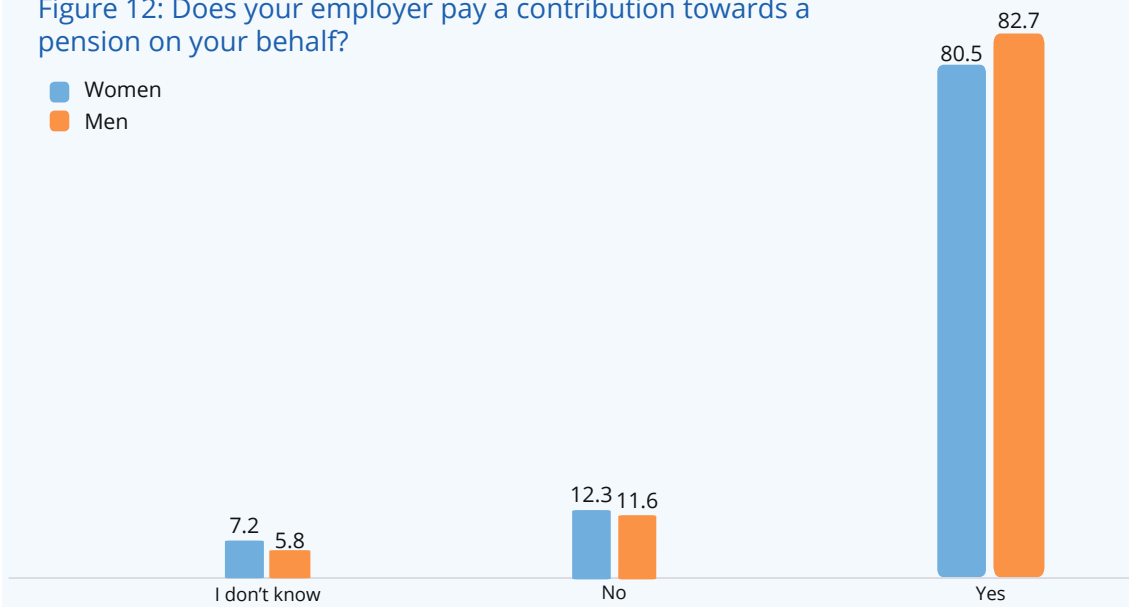
Over 10 per cent of women and men do not receive employer pension contributions.

The findings of the study indicate that 81.7 per cent of the employed respondents do enjoy social insurance contributions that are paid by their employers, with no significant gendered differences observed (82.7 per cent women versus 80.5 per cent men).

However, it is of concern that the employers of approximately 10 per cent of the respondents from both sex groups do not pay pension contributions on their behalf. Out of these respondents, men in the age group of 18-34 years appear to constitute the majority (42.3 per cent), while for women the highest figure was for the 35-44 age group (37.5 per cent). A small proportion of both women and men also seem to have no information on this. It's highly likely that these women and men who are left out of structural pension arrangements are working in informal sectors and thus are more vulnerable to the pushbacks of the pandemic in terms of reduced income and access to essential services.

Figure 12: Does your employer pay a contribution towards a pension on your behalf?

■ Women
■ Men



Women are slightly outnumbered by men as being in receipt of unemployment benefits.

It is interesting to observe that more men than women, by a difference by 3 percentage points, stated that they have received unemployment benefits since the spread of COVID-19. Both women and men in the youngest age group (18-34 years) are the main recipients of unemployment benefits (11.4 per cent and 19.3 per cent, respectively) and there is a major gender gap observed. This echoes another finding of this study that men have been most affected by a loss of job since the pandemic outbreak.

Impact on business activities

The proportion of women who own and operate businesses was almost negligible.

The share of respondents in the sample who own businesses is quite low. Only 8.5 per cent of all respondents (129 persons) were involved in any business activity. 1.2 per cent of this population group employed additional labour, while the remaining 7.3 per cent were self-employed business persons. The sex disaggregation of this data shows that men constitute the predominant majority: 14.8 per cent of the male sample and only 2.6 per cent of the female sample were engaged in any business activity and these were mainly the women from the 35-44 (41.2 per cent) and 45-54 (29.4 per cent) age groups.

Figure 13: Unemployment benefits since the spread of COVID-19

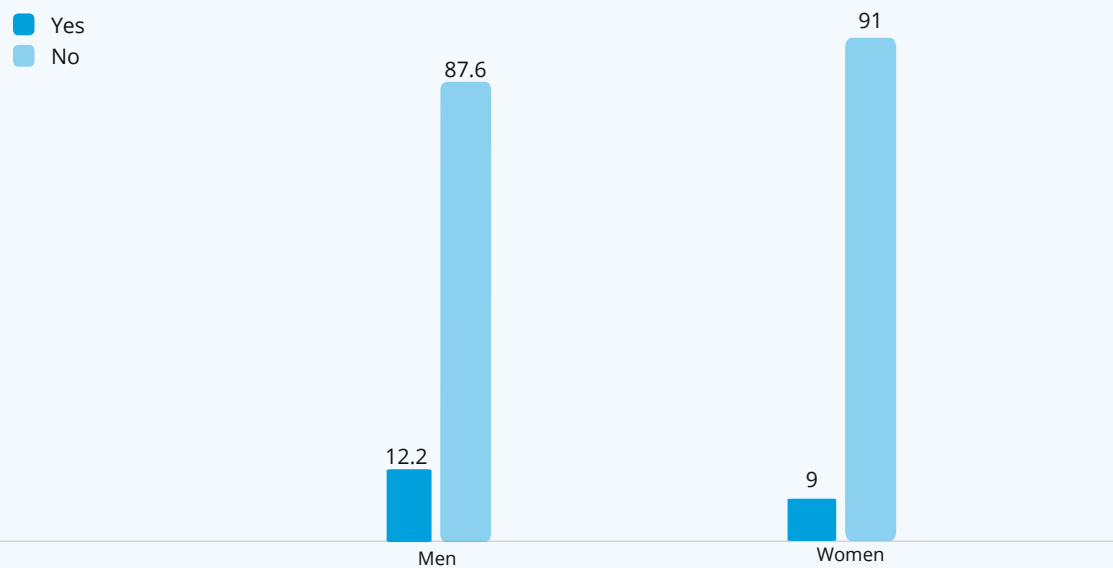


Table 5: Distribution of business owners by sex and type of residence

		I had my own business/Freelancer and I employed other people	I had my own business/Freelancer, but I did not employ other people
City	Men	2.3%	12.5%
	Women	0.5%	2.0%
Small town	Men	1.3%	5.2%
	Women	1.0%	1.0%
Village	Men	1.8%	15.3%
	Women	0%	2.8%

Male respondents also seem to demonstrate better outcomes regarding the official registration of their business enterprises (52.6 per cent vs 26.7 per cent). This corresponds with the findings from another study which indicate that women are apprehensive of the additional costs that are likely to be incurred during the registration process.¹² The reduction of financial income caused by COVID-19 is likely to further aggravate the prospects for women's business enterprises, both in terms of ensuring continuity of operations and registering as a legal entity.

Despite the negligible proportion of women who own and operate businesses, these women were hit worse by the COVID-19 pandemic than men.

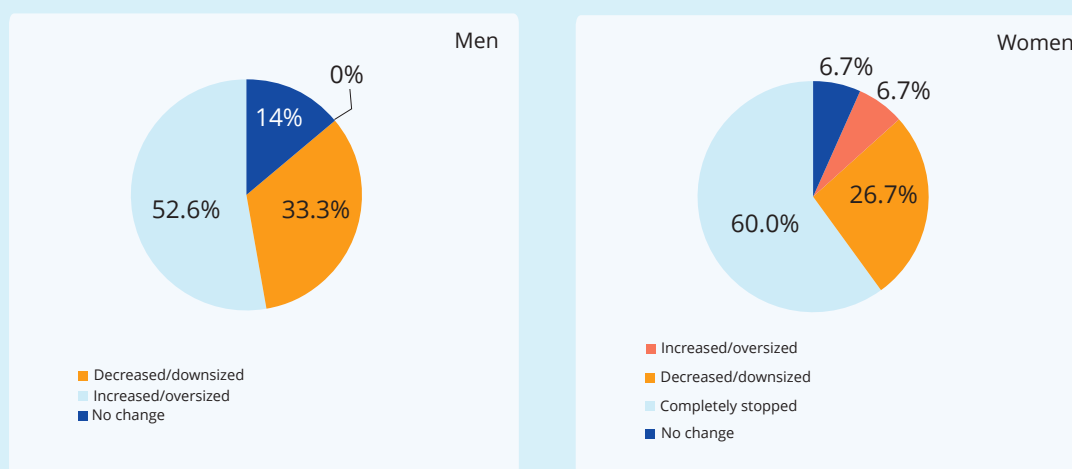
Although both women and men owned businesses were affected, women were hit the most. RGA data shows that men outnumbered women regarding downsizing their business enterprises, while women constituted the majority among the respondents whose businesses were severely affected and had to cease their operations. This is highly likely to have been caused by the strict quarantine measures that enforced the closure of non-essential business enterprises as well as a serious reduction in operating hours.

Loss of livelihood resources

There are significant gender disparities regarding the loss of income from different sources, with women being the most affected by a loss of remittances, and men being hit worst by a loss of income from paid work and farming.

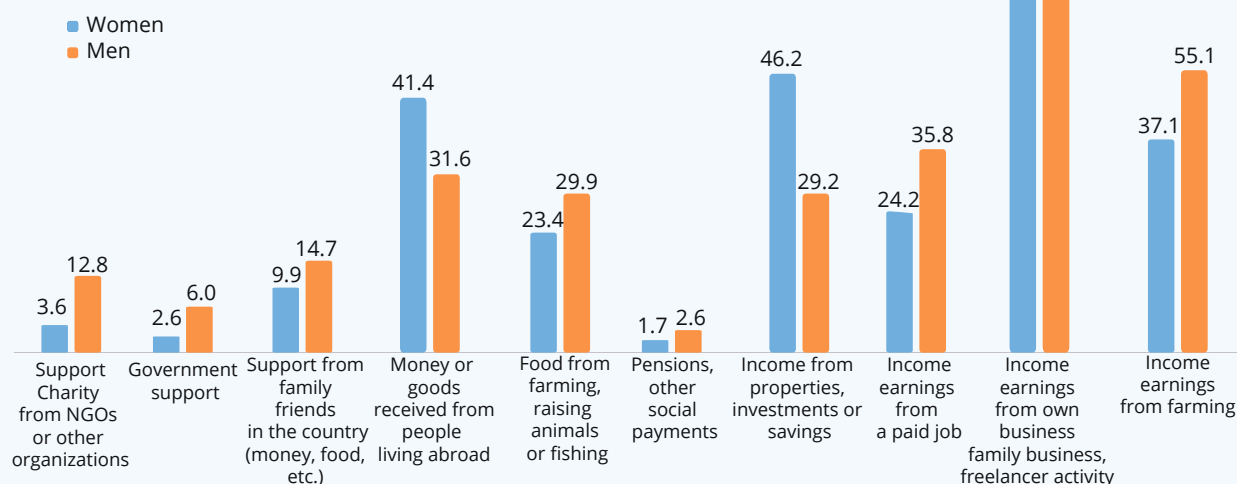
Overall, the spread of the COVID-19 infection led to the biggest decreases in income from own/family businesses (82.2 per cent), farming (47.2 per cent), remittances (36.3 per cent) and paid work (30.7 per cent). The disaggregation of this data by sex shows that men were the most affected regarding a reduction of income from paid work (by 11 percentage points) and farming (by 18 percentage points), while women were hit the hardest by a loss of remittances (by 9.8 percentage points). For remittances, women in the older age brackets seem to have been the most affected, with more than half of the affected women being from the age groups 45-54 and 55+ years old (60 per cent and 53.3 per cent respectively). At the same time, both women and men experienced the greatest reduction in income from family businesses (slightly more than 82 per cent) which is highly likely to be a direct consequence of the limitations imposed on the operations and opening hours of non-essential business enterprises.

Figure 14: Impact of COVID-19 on business



12- GIZ Azerbaijan (2016) Women Entrepreneurship Policy Assessment And Women Entrepreneurs Stakeholder Survey. Available at: https://psd-tvet.de/wp/wp-content/uploads/AZ_GIZ-Women-Entrepreneurship.pdf (Accessed on 25.07.2020)

Figure 15: Decrease in income from a range of personal resources



The number of women and men who received in-kind support from either the Government or NGOs is very low.

RGA data shows that the vast majority of the sample received no in-kind support from either the Government, local municipalities or non-profit organizations. Over 92 per cent of men and 94 per cent of women respondents said that they did not receive any in-kind support from the Government and/or local municipalities, and over 98 per cent of respondents claimed to have received no in-kind support from NGOs.

The total number of recipients of in-kind aid from the Government was only 6.7 per cent (5.2 per cent food, 1.2 per cent prophylactic means, and 0.7 per cent personal hygiene products). The number of recipients of aid from non-governmental organizations is even lower at 1.4 per cent. The most common type of assistance from either source of support was food assistance. Although gender disparities are relatively insignificant, men slightly outnumber women in this regard. These findings confirm that the NGOs operating in the country have limited financial capacities to intervene and offer assistance to vulnerable population groups during times of crisis.

Table 6: In-kind support from the Government

		Yes, food	Yes, supplies for prevention	Yes, personal hygiene supplies	No
Men	18-34	5.3%	1.5%	0.8%	92.4%
	34-44	8.2%	0.0%	0.7%	91.2%
	45-54	5.6%	2.4%	0.0%	92.7%
	55+	6.0%	3.5%	0.5%	91.5%
	Total	6.1%	1.9%	0.5%	92.0%
Women	18-34	4.9%	0.8%	0.4%	93.9%
	34-44	2.5%	0.6%	1.9%	95.6%
	45-54	2.1%	0.0%	1.4%	96.4%
	55+	6.1%	0.5%	0.0%	93.5%
	Total	4.2%	0.5%	0.8%	94.6%

Table 7: In-kind support from NGOs or other non-profit organizations

		Yes, food	Yes, supplies for prevention	No
Men	18-34	1.5%	0.0%	98.5%
	34-44	0.7%	0.0%	99.3%
	45-54	2.4%	0.8%	96.8%
	55+	1.5%	0.0%	98.5%
	Total	1.5%	0.1%	98.4%
Women	18-34	2.3%	0.0%	97.7%
	34-44	0.6%	0.0%	99.4%
	45-54	0.0%	0.0%	100%
	55+	0.9%	0.5%	98.6%
	Total	1.2%	0.1%	98.7%

Perception of future financial outlooks if the pandemic continues

The share of men being sceptical about their future financial outlook if the pandemic continues is almost twice as high as that of women. There is a statistically significant difference in the proportion of women and men who believe that they would continue to be paid their full salary if the pandemic continues, with women being more optimistic. And this echoes another finding of this survey regarding men being most affected by loss of jobs (23.8 per cent versus 8.3 per cent). Men from across almost all age groups were most affected by loss of jobs compared to women (37.5 per cent of men aged 18-34 years, 28.4 per cent of men aged 35-44 years and 25 per cent of men aged 45-54 years), which could explain perceptions among men with regards to the potential impact to incomes if the pandemic continues.

An almost equal proportion of women and men fear that they will not be able to pay for basic expenses and rent.

RGA data shows that the spread of the COVID-19 pandemic has affected the economic standing and livelihood resources of the population. The vast majority of respondents in the sample believed that financial constraints are likely to affect their earning capacity to purchase food and personal hygiene items (69 per cent of women and 67 per cent of men), as well as to meet the expenses incurred by the use of dwelling premises and utilities (65.1 per cent of women and 64.9 per cent of men) if the pandemic continues. The number of both women and men relying on help from local authorities significantly outnumbers those relying on informal networks of relatives and friends. And men outnumber women in both cases.

Figure 16: Perception of the likely impact of COVID-19 on earnings if the pandemic continues

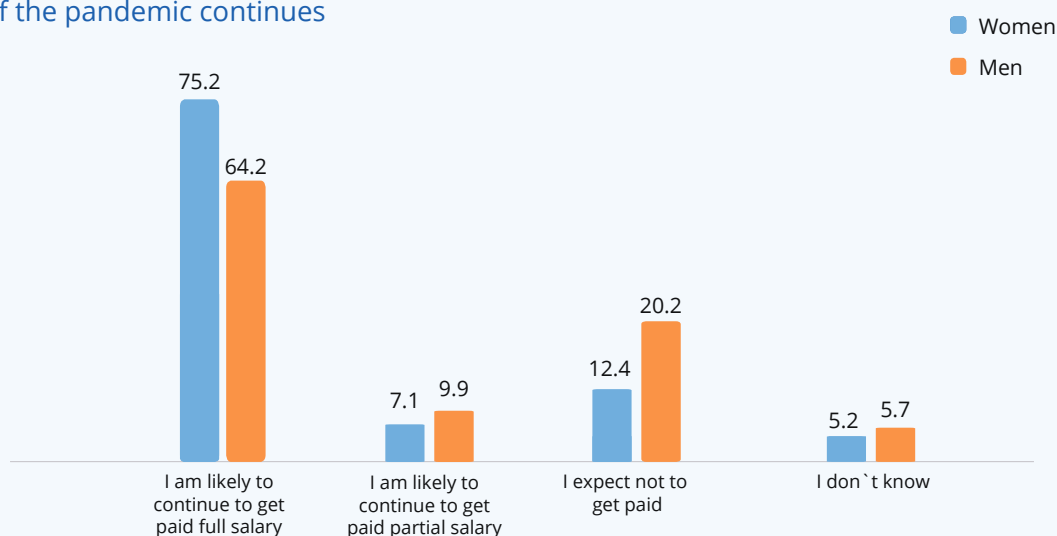


Table 8: Perceptions of the likely impact of COVID-19 on earnings if the pandemic continues, by sex and age group

		18-34	35-44	45-54	55+
I am likely to continue to get paid full salary	Men	64.2%	55.1%	68.8%	71.4%
	Women	75.0%	79.7%	69.2%	76.5%
I am likely to continue to get paid partial salary	Men	10.1%	15.9%	12.5%	0.0%
	Women	8.3%	5.1%	11.5%	3.9%
I expect not to get paid	Men	20.2%	21.7%	14.6%	23.2%
	Women	10.4%	10.2%	17.3%	11.8%
I don't know	Men	5.5%	7.2%	4.2%	5.4%
	Women	6.3%	5.1%	1.9%	7.8%

Table 9: Perception of women and men of their future financial outlook if the pandemic continues, by sex and age groups

		18-34	35-44	45-54	55+	TOTAL
Would be difficult to keep up with basic expenses	Men	69.2%	74.4%	76.4%	58.9%	68.7%
	Women	69.7%	72.8%	69.4%	58.5%	67.2%
Would be difficult to pay for rent and utilities	Men	65.0%	70.0%	70.7%	57.9%	65.1%
	Women	66.3%	70.1%	69.4%	56.5%	64.9%
Will have to stop seeking health services and assistance	Men	47.5%	56.3%	59.3%	50.0%	52.1%
	Women	43.9%	59.2%	50.8%	51.0%	50.1%
Will have to ask for help from relatives and friends	Men	35.0%	34.4%	36.4%	27.6%	33.1%
	Women	40.5%	42.9%	36.3%	28.5%	37.0%
Will have to ask for help from local authorities	Men	48.7%	52.5%	46.4%	36.0%	45.6%
	Women	56.4%	54.4%	50.0%	39.0%	50.2%
Will have to take a loan	Men	21.7%	25.6%	30.0%	14.0%	21.9%
	Women	33.7%	22.4%	24.2%	10.5%	23.5%

DISTRIBUTION OF HOUSEHOLD CHORES

The available evidence suggests that in Azerbaijan, women continue to bear the burden of most of the household chores, with little support from their male partners/-family members. The findings of the recent IMAGES research reveal that women may have been expected, and taught by their mothers, to clean, cook, do the laundry, and take care of their younger brothers and sisters. This might have served a dual purpose whereby their mothers gained assistance in completing day-to-day household tasks, as well as transmitting the skills that their daughters might need in their future roles as mothers and wives. These gendered notions of the domestic role of women might explain why 94 percent of women reported that they participated in one or more of four domestic tasks (preparing food, cleaning the house, washing clothes, and cleaning the bathroom or toilet) as children, compared to only 54 percent of men.¹³

The current study also aimed to explore how the COVID-19 pandemic and the related restrictions and rearrangements has affected the roles and responsibilities within households.

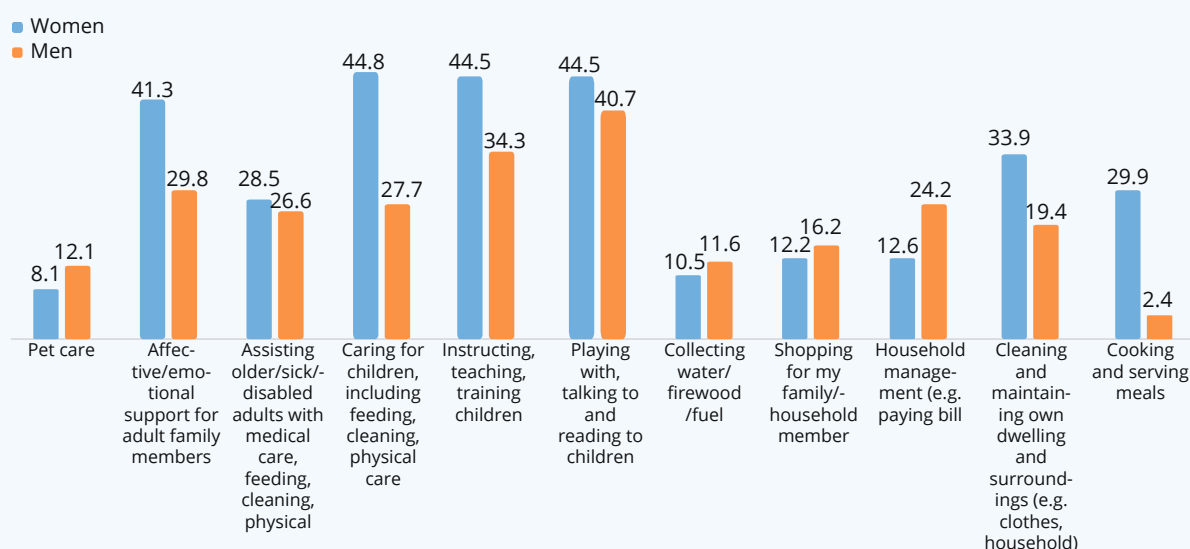
The analysis presented above has already revealed that the vast majority of the changes that have occurred during this period have reinforced traditional gender roles, with men as the breadwinners and women as the main persons responsible for the majority of household chores.

Unpaid domestic and care work

The disproportionate burden of unpaid domestic work on women has significantly increased during COVID-19.

The confinement of women to their homes has resulted in them spending more time on household chores. The share of women spending more time on domestic chores outnumbers that of men (62.9 per cent and 55.8 per cent). The predominant majority (86.4 per cent) of women working from home also experienced an increased burden of all household chores. While an increase in time spent on all household chores has been observed for both sex groups, the amount of time women have spent on cooking and serving meals, cleaning and maintaining own dwellings, and caring for children has disproportionately increased.

Figure 17: Increase in the number of hours devoted to household chores



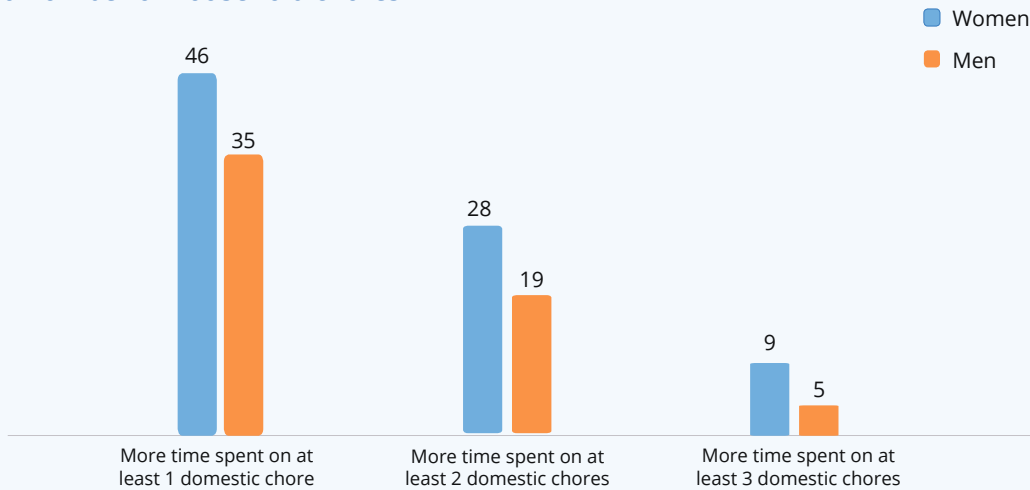
13- UNFPA/SCFWCA (2018) Gender equality and gender relations in Azerbaijan: current trends and opportunities. Findings from the Men and Gender Equality Survey (IMAGES). Baku, Azerbaijan

The gender disparities become more evident as the number of reported unpaid domestic activities increases.

Almost every second woman reported an increase in at least one unpaid domestic chore compared to only every third man.

An analysis of the data on time spent on two or more domestic chores shows that where an increase in the number of household chores is observed, there is a decrease in the number of activities men perform. Thus, 9 per cent of women and 5 per cent of men report increased time spent on at least three unpaid domestic activities.

Figure 18: Proportion of respondents spending more time on a number of household chores

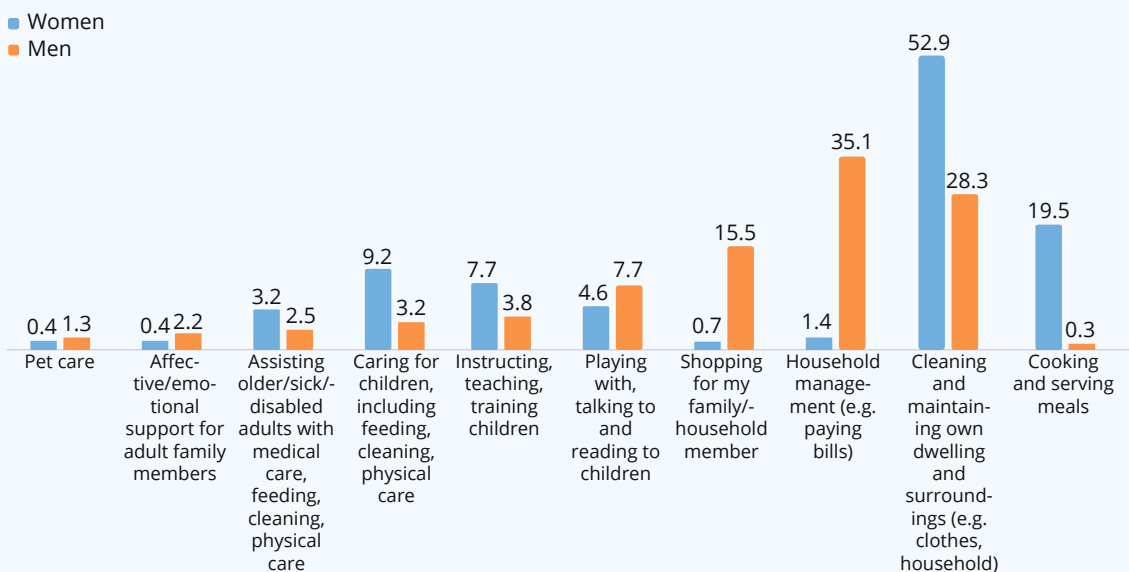


There are stark differences in the number of women and men doing the most time consuming household chores.

Although male respondents reported an increase in time spent playing with children (40.7 per cent), shopping (16.2 per cent),

and household management (24.7 per cent), the burden of the vast majority of the household chores, especially cooking, cleaning, and childcare, still fell on women.

Figure 19: Since the spread of COVID-19 on which activity do you spend the most time?



These findings suggest that the traditional division of labour in the household has not been affected, even when both partners are spending more time at home due to the pandemic. The disparities in the share of women and men doing different household chores persist, and the burden of unpaid domestic and care work, which was disproportionate before COVID-19, has worsened in the case of women. While being forced to work from home, women have also taken on additional routine and repetitive responsibilities.

It should also be highlighted that the introduction of early school closures and the subsequent requirement for home schooling has led to an additional burden being placed on parents to spend more time helping children to do their schoolwork, as well as playing with and taking care of them during the whole day. According to RGA data, women outnumber men on this indicator as well (44.5 per cent and 40.7 per cent). While men have seen a greater change in the time spent on certain activities, this has been in a limited capacity and on what could be considered easier tasks, such as taking the dog for a walk, shopping, and financial household management.

Table 10: As a result of COVID-19, has the number of hours devoted to the following activities changed?

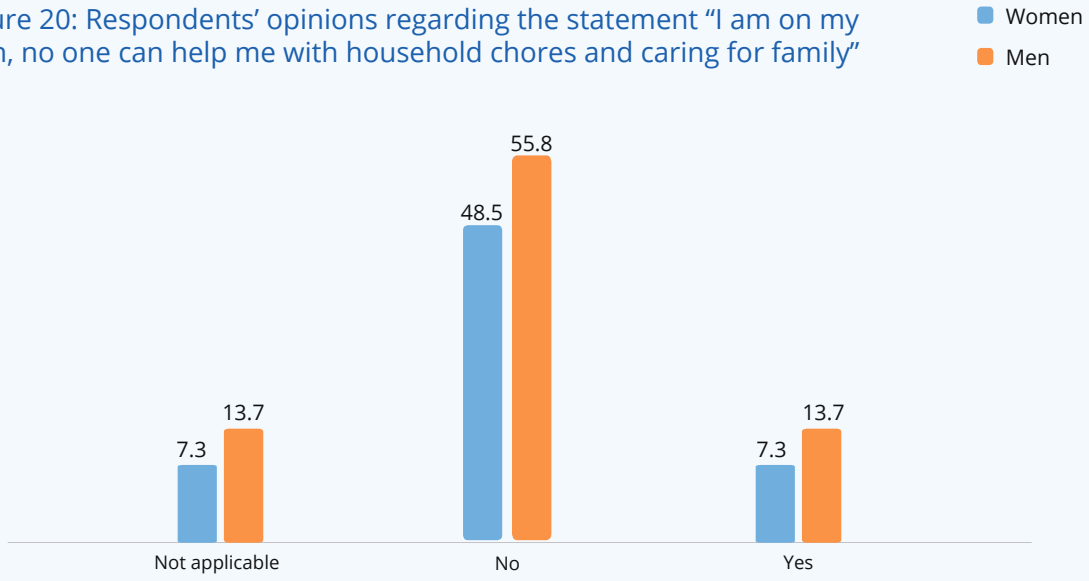
	I do not usually do it		Increased		Unchanged		Decreased	
	Men	Women	Men	Women	Men	Women	Men	Women
Cooking and serving meals	86.3%	5.9%	2.4%	29.9%	8.3%	58.4%	3.0%	5.8%
Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)	48.1%	6.3%	19.4%	33.9%	29.1%	57.2%	3.5%	2.6%
Household management (e.g. paying bills)	12.0%	41.7%	24.7%	12.6%	53.9%	39.9%	9.5%	5.7%
Shopping for my family/household member	13.2%	43.4%	16.2%	12.2%	49.1%	25.5%	21.6%	18.9%
Collecting water/firewood/fuel	29.5%	46.9%	11.6%	10.5%	47.3%	30.8%	11.6%	11.9%
Playing with, talking to and reading to children	19.9%	10.9%	40.7%	44.5%	34.5%	39.8%	4.9%	4.7%
Instructing, teaching, training children	42.3%	25.9%	34.3%	44.5%	20.0%	23.1%	3.4%	6.5%
Caring for children, including feeding, cleaning, physical care	41.3%	12.9%	27.7%	44.8%	27.5%	39.8%	3.5%	2.6%
Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care	33.9%	17.2%	26.6%	28.5%	36.0%	50.2%	3.5%	4.1%
Affective/emotional support for adult family members	16.6%	12.3%	29.8%	41.3%	50.0%	41.6%	3.6%	4.7%
Pet care	36.0%	24.9%	12.1%	8.1%	48.5%	60.8%	3.3%	6.2%

Women constitute the majority of those who manage the household on their own without the support of other family members.

37.5 per cent of respondents manage the household without support of other family members. While 81 per cent of male respondents and 51.3 per cent of female respondents said that their spouses helped them

more with household chores, women more commonly manage the household on their own (44.1 per cent of women versus 30.5 per cent of men). Further disaggregation of this data by age and marital status reveals interesting dynamics.

Figure 20: Respondents' opinions regarding the statement "I am on my own, no one can help me with household chores and caring for family"



Almost half of both married and widowed/divorced women manage the household on their own (46.4 per cent and 50 per cent). Interestingly, women managing the household on their own dominate across all major age groups with a significant gender difference observed for the age groups of 35-44 years (55 and 32 per cent); 45-54 years (55 and 30.6 per cent); and, 55+ years (44.9 and 36.5 per cent). As expected, single and widowed men also manage their household on their own, while men in a partnership take little part in the implementation of these duties, given the traditional expectations in terms of the gendered division of household responsibilities in families.

At the same time widowed men managing the household on their own outnumber widowed women, which could be explained by the fact that these women usually reside with extended family members and therefore tend to get help from them in the majority of cases. This data confirms that little change has occurred regarding the dynamics of gender relations and household responsibilities, even during the pandemic.

Figure 21: Marital status of respondents managing household chores on their own

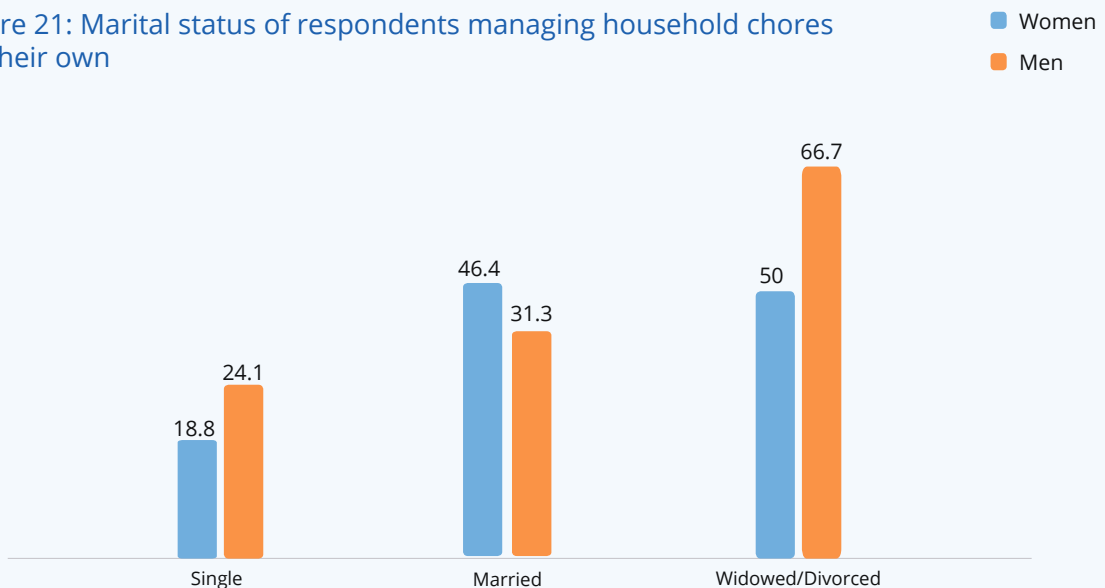
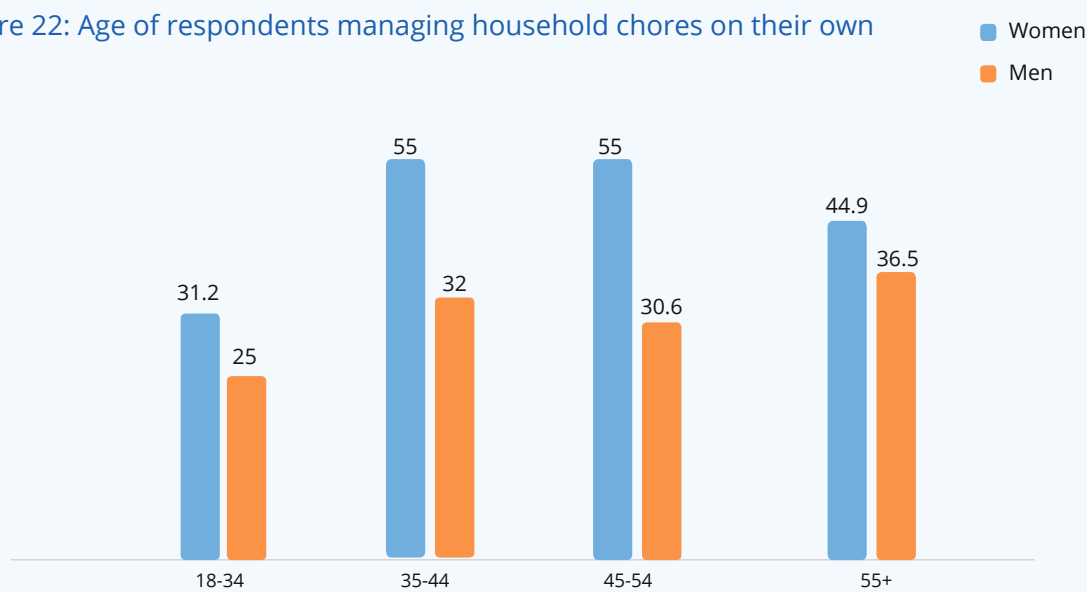


Figure 22: Age of respondents managing household chores on their own



Women received some help from close family members, and more so from sons.

41 per cent of all respondents stated that other family members helped them more with household chores and/or caring for family since the pandemic outbreak, and only a small gender disparity was noticed (39.4 per cent of women and 42.4 per cent of men). Alongside this, the share of women and men stating that their sons provide more help with household chores (27.3 per cent of women and 24.1 per cent of men) outnumbers the number of respondents who receive more help from their daughters (19.4 per cent of women and 19.6 per cent of men).

ACCESS TO BASIC SERVICES

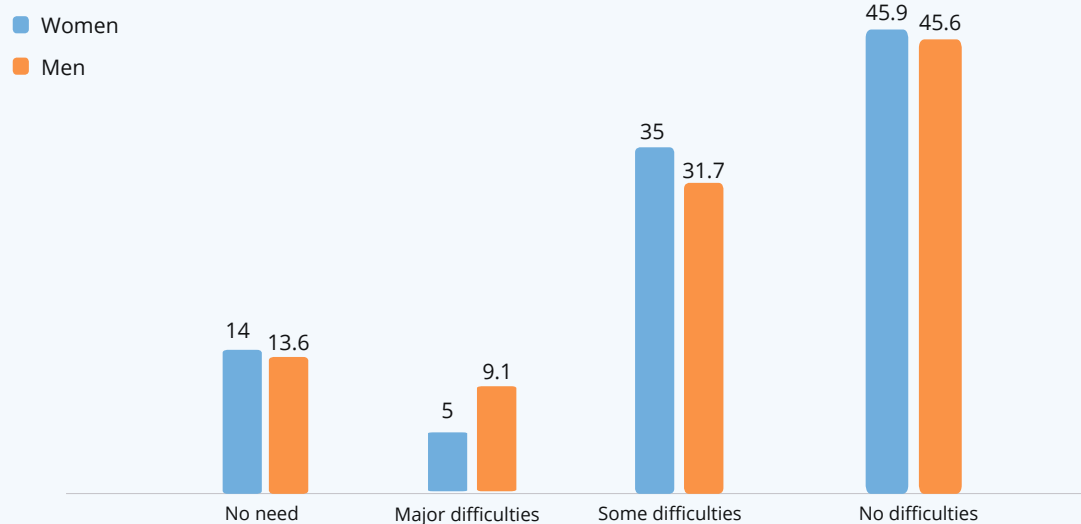
The outbreak of the COVID-19 pandemic and the related restrictive measures and lockdown on movement and travel within the country imposed by the Government, as well as the closure of borders with other countries, has caused a certain degree of uncertainty among the population regarding access to healthcare, food, and (personal) protective equipment.

Access to medical supplies and health services

Men have faced more difficulties in accessing personal protective supplies than women.

The rapid spread of the COVID-19 pandemic has urged people to pay more attention to personal protective supplies. In addition, continuous public awareness campaigns and recommendations on the use of protective equipment have increased demand. Only 13.8 per cent of the respondents said they did not need access to these kind of supplies, while almost half of both women and men respondents experienced no difficulties accessing these supplies. However a third of both women and men interviewed noted some difficulties, while the share of men that have faced major difficulties is almost twice as high as that of women in the sample.

Figure 23: Access to medical supplies for personal protection

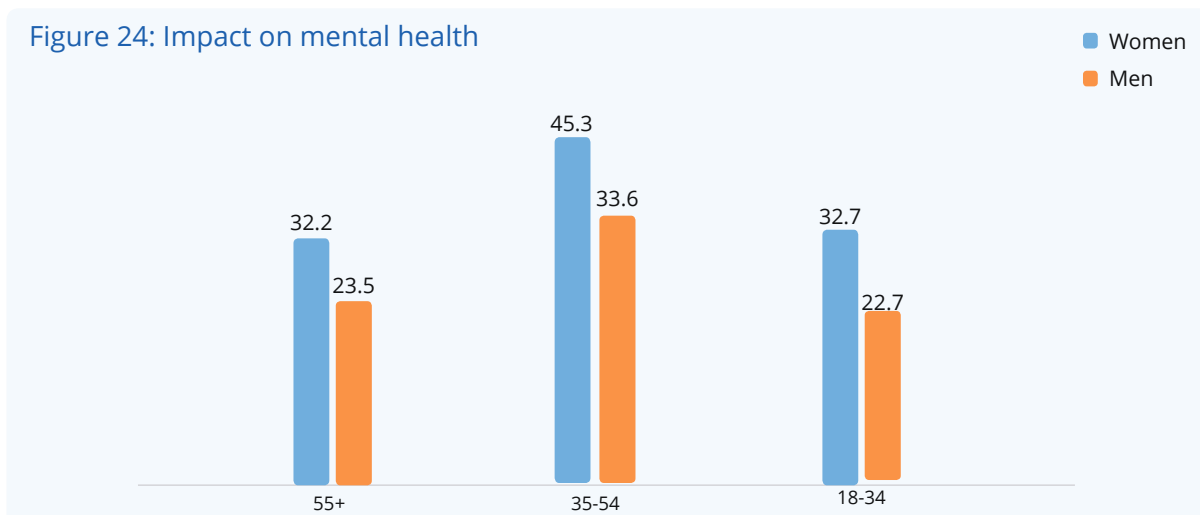


Further data analysis of those who stated no need for access to medical supplies for personal protection shows that those in the age group of 55+ years constitute the majority for both men (37 per cent) and women (39.4 per cent). It is highly likely that older persons had little need for protection supplies, given the restrictions on people over the age of 65 years being able to leave the home, as well as being more reliant on family members to access essentials. A difference was also observed across economic regions in relation to the number of respondents stating that they had no need for access to protective supplies, which may be partly explained by relatively less restrictions being introduced in the villages (15.8 per cent of women and 17.1 per cent of men in the villages, 12.5 per cent of women and 10.4 per cent of men in the small towns, and 13.1 per cent of women and 11.7 per cent of men in the cities).

Women’s mental and emotional health seems to have been disproportionately affected by the pandemic

As expected, the pandemic seems to have had a major effect on the psychological well-being of the population. Women constitute the majority of the 32.3 per cent of those whose mental and emotional health has been adversely affected (26.9 per cent men and 37.5 per cent women). The sex disaggregation of data obtained shows that women constituted the majority of those affected across all major age groups. Of particular concern is the respondents in the age group of 35-44 years old. This is because this is an active working age group and many women of this age have a lot of responsibilities, including financial obligations to the household, young children and elderly parents / in-laws. For these reasons, women and men in this age group are likely to be more stressed.

Figure 24: Impact on mental health



Women's access to health services may be at risk with the outbreak of the pandemic.

The data obtained from the sample shows that women constitute the majority of those who claimed that they didn't need medical care during the pandemic (62.4 per cent versus 47.8 per cent). The underdeveloped system of health insurance in the country and women's limited economic resources are highly likely to be responsible for these figures, as the costs of medical services are usually paid out of pocket. The share of those covered by any health insurance plan is very small. Taking into account the impact of COVID-19 on the economic resources and income of both men and women, people without health insurance are even less likely to access health services given the out of pocket expenses to be incurred.

A mandatory health insurance scheme was introduced in Azerbaijan only recently¹⁴ and the survey confirmed that the share of those covered by any health insurance is very small. While 22 per cent of women and men are covered by health insurance, many (72.2 per cent men and 69 per cent women) remain outside the insurance system.

Men seem to slightly outnumber women regarding challenges faced while accessing health services.

Of those respondents who did apply for medical care during the pandemic outbreak, no major gender disparities were found among those who reported that they faced some difficulties in terms of access, while the share of men experiencing major difficulties slightly outnumbers that of women.

Figure 25: Health insurance coverage

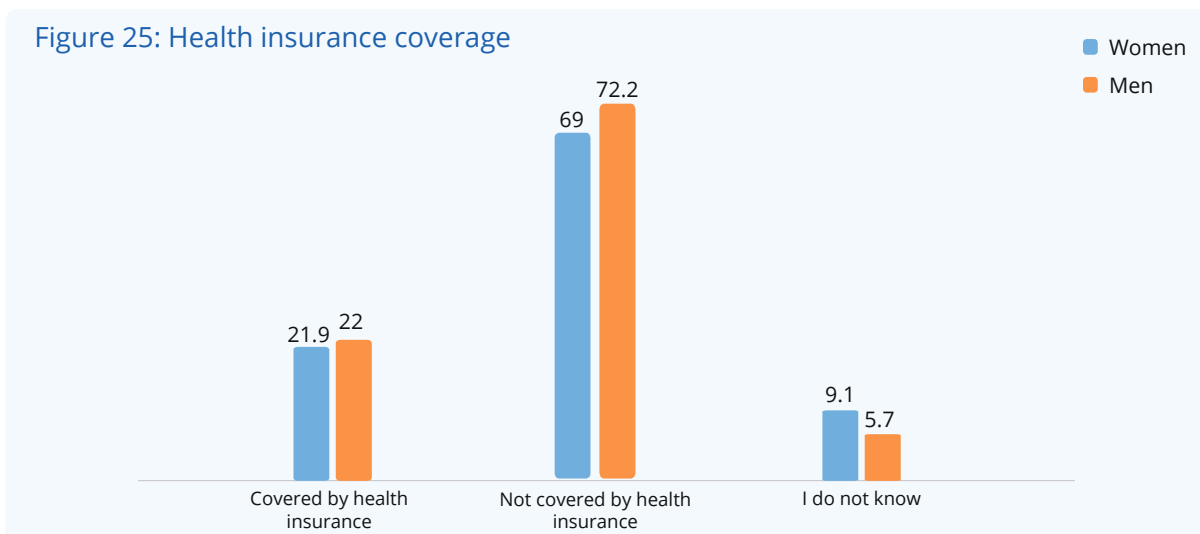
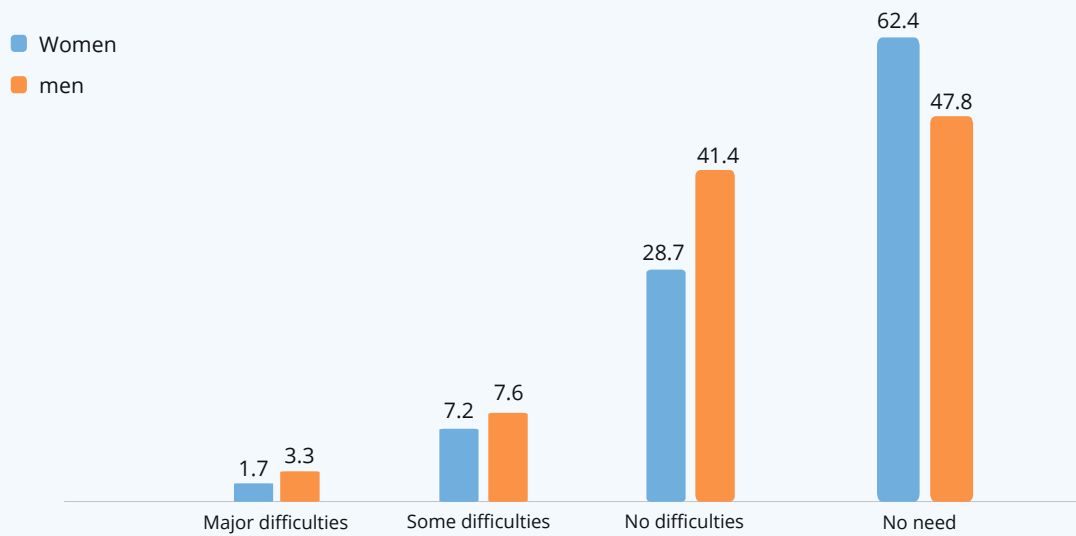


Figure 26: Difficulties accessing health services

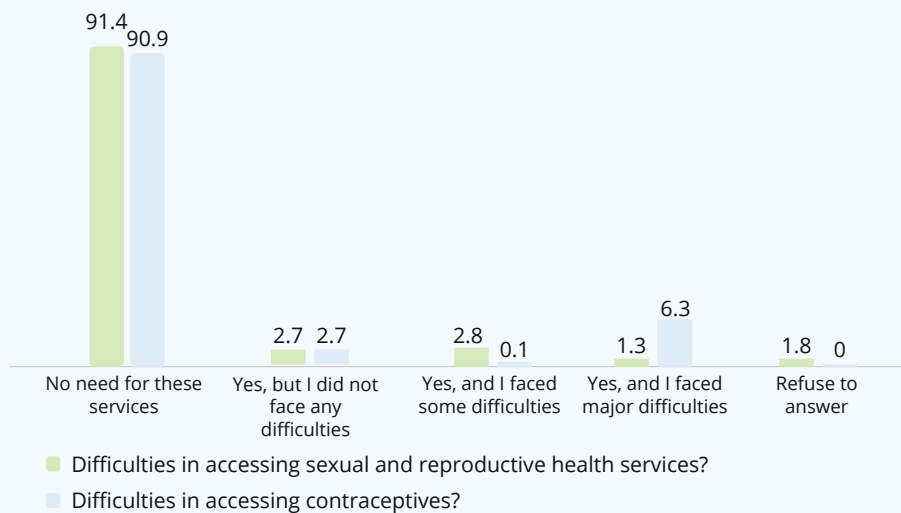


The overwhelming majority of women reported no need for gynaecological and obstetric care.

The RGA data confirms that the vast majority of women of reproductive age (91 per cent out of 710 women) said that they did not need gynaecological and obstetric care. These findings coincide with the information on women's use of healthcare services, e.g., due to being hit by reduced economic resources and income following the pandemic outbreak, women are less likely to use reproductive health services given the out of pocket expenses they will incur.

The data shows that only 6.8 per cent of women applied for gynaecological services during the outbreak. Ensuring the continuity, availability and affordability of these services at times of crisis is of utmost importance given the future health outcomes for women in light of the negative impact of COVID-19 on their psychological well-being.

Figure 27: Difficulties in accessing sexual and reproductive health services and contraception



Although the proportion of women who felt no need for contraceptives was very high, the vast majority of those with a reported need experienced major difficulties in access.

The available data shows that the use of modern methods of contraception in Azerbaijan remained unchanged at 14 per cent among currently married women.¹⁵ This is well below the rate in other former Soviet countries and Turkey. Both qualitative and quantitative evidence shows that a lack of access to scientific and medically accurate information (as well as misinformation from peer and family groups) perpetuates common myths about contraception and its impact on health.¹⁶ A similar picture is observed regarding the use of contraceptives by women during the spread of COVID-19. About 91 per cent of female interviewees of reproductive age said that they did not need contraceptives. However, out of those who reported a need for contraceptives, 6.3 per cent experienced major difficulties. It's highly likely that these difficulties are the result of overstretched health services where resources have been diverted to address the impact of COVID-19 on health.

It should also be highlighted that the small share of the women confirming that they could access contraceptives doesn't allow the study team to draw reliable conclusions as regards to continuous use as well as availability and accessibility of family planning services. It's highly likely that women felt uncomfortable responding to these sensitive questions via a phone survey.

Access to food supplies

Although access to food supplies was not reported to be a major difficulty, women seem to slightly outnumber men regarding experiencing some difficulties, while more men complained of facing major difficulties.

The RGA data indicates that the significant majority of respondents (61.9 per cent) did not face any problems getting access to/buying food products, while 7.9 per cent experienced great difficulties and 23.7 per cent experienced some difficulties.

Overall, women faced some difficulties more frequently (25.5 per cent and 21.8 per cent) while men complained more of major difficulties (9.1 per cent and 6.7 per cent) which could well be related to the common expectation that men have responsibility for household food stock, especially in times of acute crises. It should also be noted that the difficulties in accessing food are highly likely to be related more to the consequences of the restrictive measures introduced following the outbreak of COVID-19 (restrictions on movement of people as well as early closures of grocery outlets) rather than the availability of food supplies per se.

Women and men from younger age groups seem to have faced more difficulties accessing food compared to those aged 65 and above.

Further disaggregation of RGA data by age groups reveals some disparities. Over 32 per cent of female and male respondents from the age group of 18-64 years complain more of the difficulties accessing food compared to 24.7 per cent of the respondents aged 65 years and above. Despite a ban on the residents of Azerbaijan over 65 years old going out during the lockdown, the majority of people in this age group did not face major difficulties in getting access to food (66.5 per cent), personal protective medical supplies (51.9 per cent), sanitation and hygienic supplies (74.7 per cent), and social services (46.8 per cent) with no significant sex differentials observed. This is highly likely to be attributed to elderly support services that have been introduced since the beginning of the pandemic outbreak by national and local authorities. Moreover, elderly people are also more likely to benefit from support from younger extended family members.

15-UNFPA (2015) Assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights in the Republic of Azerbaijan. Baku, Azerbaijan

16-UNFPA/SCFWCA (2018) Gender equality and gender relations in Azerbaijan: current trends and opportunities. Findings from the Men and Gender Equality Survey (IMAGES). Baku, Azerbaijan

Access to public transportation and water

Women seem to be less affected in terms of need for public transportation.

On average, the number of women reporting no need for public transportation surpasses the number of men by 13 percentage points (61.4 per cent versus 48.3 per cent of male respondents). This finding echoes another finding of this study that women formed the majority of those who were forced to work from home and thus had less need for public transportation.

The impact of the pandemic on access to water supplies seems to be negligible.

The predominant majority of both women and men seem to have no problems with access to water supplies despite the lockdown measures introduced (86.4 per cent and 85.3 per cent). The data shows that those who experienced difficulties with access to water are from rural districts of the Aran region which has been experiencing major issues related to the management of water resources from the Kura river during the last couple of years.

DISCRIMINATION AND DOMESTIC VIOLENCE

Perception of risk of discrimination triggered by the pandemic outbreak

Women were more likely to report feeling discriminated against.

10.6 per cent of interviewees reported that they felt an increase in some form of discrimination following the spread of COVID-19 and the sex distribution of the data reveals a small gender disparity in this regard (11.7 per cent women versus 9.4 per cent men). Women seem to slightly outnumber men across almost all age groups (10.6 and 9.1 per cent of 18-34 age group, 13.8 and 12.9 per cent of 35-44 age group, 17.1 and 8.1 per cent of 45-54 age group, 10.1 and 7.9 per cent of 55-64 age group) with the exception of the older age group of 65+ where the reverse trend is observed (4.7 per cent and 8.2 per cent).

Disaggregation of data by type of settlement shows that women from urban settlements were more likely to report feeling an increase of discrimination as compared to the rest of respondents. This could be explained by the fact that women residing in urban settlements are more educated, have better access to information and resources on discrimination and its different manifestations.

Figure 28: Respondents' report on perceived increase of any form of discrimination

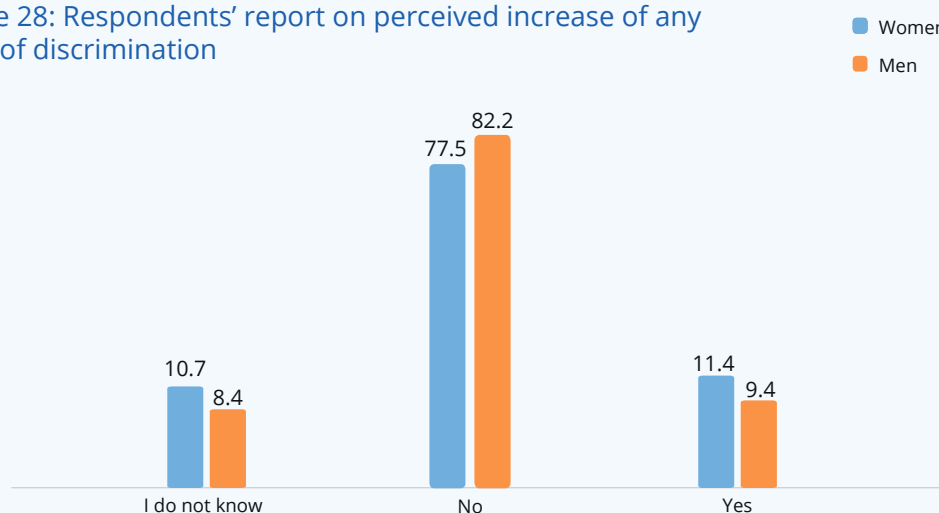


Table 11: Respondents' reports on perceived increase of any form of discrimination, by sex and type of residence

		Urban	Rural	Total
Yes	Men	6.0%	3.4%	9.4%
	Women	7.3%	4.4%	11.7%
No	Men	51.6%	30.6%	82.1%
	Women	48.3%	29.5%	77.5%
I do not know	Men	5.0%	3.4%	8.4%
	Women	7.5%	3.2%	10.7%

It should also be noted that more women than men (almost 11 per cent versus 8 per cent) refrained from answering this question, by stating that they had no information on this. The reluctance to disclose information relating to discrimination could be multi-fold. First and foremost, this could be related to women feeling insecure about responding to such sensitive questions via a phone-administered survey. In addition to this, it is also likely that being raised in a particular socio-cultural context may mean that many women fail to acknowledge certain discriminatory attitudes/practices as discrimination per se.

Perception of risk of domestic violence triggered by the pandemic

Approximately one in three men (32.5 per cent) report perpetrating and a similar proportion of women (32.1 per cent) report experiencing physical violence in their lifetime in Azerbaijan.¹⁷ The available evidence suggests that women and girls are not only exposed to high risks of violence, but they also have fewer options and less resources to escape abusive relationships and seek justice.¹⁸

Despite the fact that the law on the prevention of domestic violence was adopted back in 2010, the national referral mechanism for preventing and addressing gender based violence is still not in place. Underdeveloped multi-sectoral cooperation and coordination frameworks, plus the lack of institutional capacities to prevent/respond to GBV leaves hundreds of women vulnerable to abuse, especially those who have been married at an early age, and/or are affected by conflict and migration, a lack of education or financial resources. Given the abovementioned and reports from local civil society actors, as well as global evidence on the increase of GBV following the confinement of women to their homes,¹⁹ the survey sought to also explore if the population felt there had been an increase of domestic violence since the spread of COVID-19 and the subsequent restrictions imposed by the government.

17- UNFPA/SCFWCA (2018) Gender equality and gender relations in Azerbaijan: current trends and opportunities. Findings from the Men and Gender Equality Survey (IMAGES). Baku, Azerbaijan

18- UNFPA/SCFWCA (2018) The economic cost of violence against women in Azerbaijan, unpublished draft

19- UNFPA (2020) Coronavirus Disease (COVID-19) Preparedness and Response - UNFPA Technical Briefs. Available at: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response-UNFPA_Interim_Technical_Briefs_Gender_Equality_and_GBV_23_March_2020.pdf (son baxej tarixi - 07.07.2020)

The reduction in household incomes and the negative impact on psychological health and well-being caused by the COVID-19 related restrictive measures/lockdown are likely to have triggered an escalation of intra-family tensions and violence.

According to RGA data, 9.5 per cent of all survey respondents (9.4 per cent of men and 9.7 per cent of women) said that they felt or heard about an increase of domestic violence since the spread of COVID-19. The sex and age disaggregation of RGA data reveals no significant gender disparities. While no major sex disparities are revealed across the types of residence too, men from urban settings seem to be more prone to admit having heard of domestic violence since the pandemic outbreak (7.5 per cent of urban men and 5.1 per cent of rural men).

The vast majority of the respondents who reported having felt an increase in domestic violence (83 per cent) believe that women are the ones who suffer most and no significant disparities were observed regarding sex differentials. Alongside this, about 7 per cent of respondents who answered, "I don't know" substantiated it in the following way: "We don't know much about what is happening around us because we don't go out of the house given the pandemic related restrictions." It is interesting to note that the older population groups constitute the majority in this regard, which is understandable since people aged 65+ years have not been allowed to leave their homes during the strict quarantine measures.

It is noteworthy that the information regarding the population's perception of an increase of violence should be treated with caution, as there is a certain degree of response bias regarding posing a direct question on domestic violence via phone-administered interviews. The findings of another survey held by the Centre for Social Studies found that almost one in four women (27.1 per cent) reported that the quarantine has had a negative effect on family relationships (22.5 per cent of men).²⁰ These findings indicate that the negative impact of COVID-19 on household income and the psychological well-being of women and men is highly likely to trigger intra family conflicts and violence during the quarantine period and beyond.

Table 12: Have you felt/heard about an increase of domestic violence since the spread of COVID-19?

		18-34	35-44	45-54	55-64	65+	TOTAL
Yes	Men	8.3%	12.2%	11.3%	7.9%	6.8%	9.4%
	Women	10.6%	10.6%	9.3%	7.0%	9.4%	9.7%
No	Men	88.3%	77.6%	81.5%	83.5%	78.1%	83.1%
	Women	84.8%	81.9%	83.6%	82.9%	80.0%	83.1%
I do not know	Men	3.4%	10.2%	7.3%	7.9%	12.3%	7.1%
	Women	4.6%	7.5%	7.1%	10.1%	10.6%	7.2%

20- Centre for Social Research (2020)
The Government's anti-crisis policy while combating COVID-19. Unpublished draft

Recourse to domestic violence protection measures

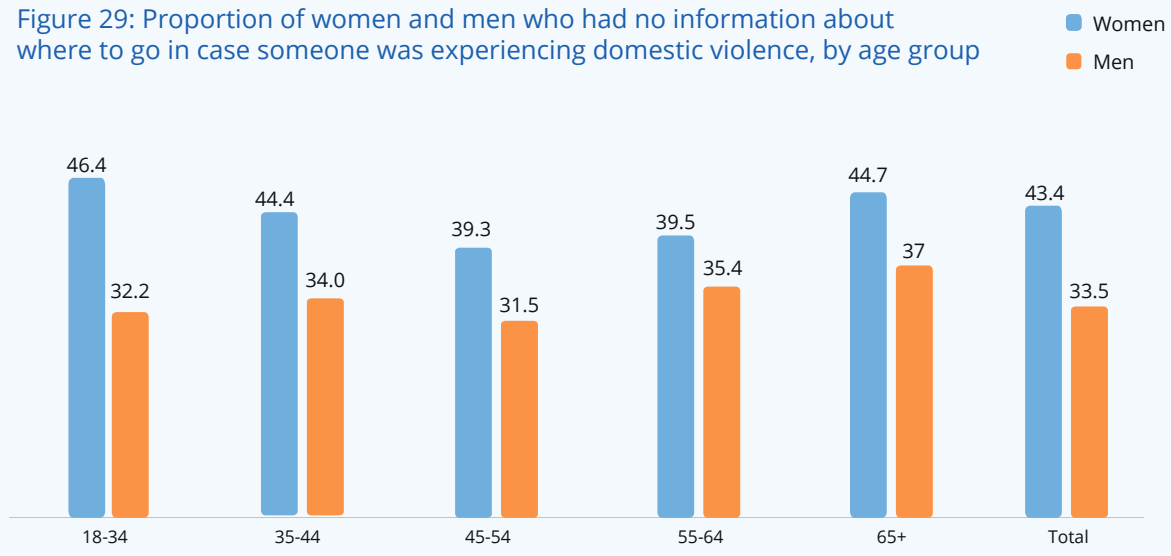
A high proportion of women did not know where to seek help in case someone was experiencing domestic violence.

Despite the fact that the Law of the Republic of Azerbaijan on the Prevention of Domestic Violence was adopted back in 2010, there seems to be lack of awareness of the related protection measures among the population. There are major gender differences in the number of women and men who lack information about available domestic violence protection mechanisms (43.4 per cent of women compared to 33.5 per cent of men). A large proportion of women also reported “I do not know” in response to the question on where to seek help if violence occurs. The finding that women have a relatively lower level of awareness of the information on available support services is alarming, especially given the COVID-19 related restrictions and lockdown, and therefore this is one of the major areas where urgent intervention is needed.

People aged over 65 years old were more unaware compared to respondents aged 18-64 years.

The low level of awareness by people over the age of 65 years (41.1 per cent versus 51.7 per cent of respondents aged 18-64 years) and the lack of a place they can refer to in case of violence against them, may force them to tolerate it. At the same time, people over the age of 65 years tend to have a relatively low level of social activity, mainly because they are retired, and their ability to use the internet and other ICTs is relatively low, which also limits their access to information and support resources.t

Figure 29: Proportion of women and men who had no information about where to go in case someone was experiencing domestic violence, by age group



CONCLUSIONS AND RECOMMENDATIONS

In addition to the already devastating effects of COVID-19, the findings of the Rapid Gender Assessment on the impact of COVID-19 indicate that lockdown measures and restrictions imposed by the Government to curb the spread of the disease have had a series of negative consequences on the population, with a clear gendered differential in most cases. Of particular concern are the findings that women seem to have been disproportionately affected in terms of access to economic resources, an increased burden of household chores and care work, health outcomes, as well as in relation to access to domestic violence protection mechanisms. It is very likely that the pandemic will constitute a considerable setback to policies of gender equality and lead to a rollback in gains made on the gender front by reinforcing a traditional gender divide across a range of sectors in the country.

Hence, it is crucial that policies and protection schemes introduced by the Government to address the short, middle and long-term consequences of the pandemic are gender responsive and geared towards eliminating women's vulnerability, by putting women at the centre of recovery and response efforts. As such, a set of recommendations have been developed for the attention of the Government, United Nations agencies, international development actors, and civil society actors among others:

- The Government should use findings from this assessment to inform the development and implementation of its COVID-19 response and recovery plans, with particular attention to the gendered differentials between women and men. Special attention should be paid to ensure women's leadership and meaningful participation in all planning and decision-making processes – including in the operations of the Operational Headquarters on COVID-19 Prevention, established under the auspices of the Cabinet of Ministers.
- Government must prioritize dissemination of information and news updates on COVID-19 via sources that are used most by the population, which is mainly through television. Alongside this, measures should be put in place to promote ICT literacy and use of ICT technologies among women and older population groups.
- Government must collect sex-disaggregated data, particularly in areas most affected by COVID-19, and subsequently use this information to inform the crisis response and recovery plans at all levels.
- Robust gender and intersectional analysis should be applied to any and all economic policy responses and financial schemes introduced to reduce the economic hardships faced by the population. Economic safety and support nets should be established, with attention to the informal sectors of employment. As the majority of businesses that ceased to operate completely are owned by women, additional support measures should be ensured to keep women-owned businesses afloat.
- Special measures should be considered in maintaining women's employment, given the disproportionate impact of the crisis on working arrangements and the increased burden on women of housework and child and/or elderly care. Furthermore, any solution should encompass gender equitable flexible working arrangements for both women and men in an attempt to shorten the gendered disproportion in unpaid domestic and care work.

- Although some of the measures and policy responses introduced in this regard (more women sent on leave, etc.) present a risk of reinforcing existing gender stereotypes, men seem to have demonstrated an increased participation in some domestic chores, albeit in limited ways. This should be taken as a chance to rewrite traditional narratives and demonstrate that women and men must take shared responsibility for household chores and childcare, by enforcing gender equitable flexible working arrangements and paid parental leave for both fathers and mothers.
- Since women seem to be disproportionately affected regarding mental health outcomes, respective support services should be made available, accessible and affordable. Information on services should be widely disseminated.
- The health insurance scheme currently being introduced in Azerbaijan should include provisions for sexual and reproductive health as part of the overall health benefit package to foster equitable access to family planning and other critical SRH services.
- Given the low awareness levels of the population in general, and that of women and older people in particular, in relation to how to report cases of domestic violence; special measures should be taken to ensure dissemination of information regarding the GBV protection mechanisms that are available.
- The Government must ensure that it promotes the coordination of inter-agency referral systems to ensure the continuity of services including, inter alia, promptly endorsing the National Action Plan on GBV Prevention and Response, currently pending approval, which is likely to boost the expansion of available protection and refuge facilities. Additional entry points to connect GBV survivors with the services they need should also be identified.
- The restrictions on the population's movement should be informed by the needs of GBV survivors seeking refuge and protection. Last, but not least, the Government should act promptly to launch a single 24/7 national helpline for the GBV survivors.

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ANNEX 1: SURVEY QUESTIONNAIRE

“Thank you for agreeing to fill out this survey. The rapid spread of COVID-19 has taken the world by surprise and we, at UNFPA and UN Women, want to understand how the changing situation is affecting women and men in order to support efforts to ensure that gender perspectives are properly addressed in COVID-19 preparedness and response efforts. Completing this survey should take no more than 15 minutes. All responses will be kept strictly confidential. Thank you for agreeing to provide your time and insights”

DEMOGRAPHIC CHARACTERISTICS

Q1. Sex

[Please select one, then NEXT]

1. Male
2. Female
3. Others

Q2. How old are you?

[Please inset your age in years]

__ [YEARS]

Q3. What is your marital status?

[Please select one, then NEXT]

1. Single
2. Married
3. Living with partner/Cohabiting
4. Married but separated
5. Widowed
6. Divorced

Q4. What is the highest level of education that you have completed?

[Please select one, then NEXT]

1. No education
2. Primary
3. Complete secondary
4. University or equivalent
5. Incomplete secondary
6. College

Q6. Where are you living/residence area?

[Roll down menu] NEXT

Q7. How many people live with you?

[Please select one, then NEXT]

0. I live alone
1. Number of children 0-17
2. Number of adults 18-64
3. Number of elderly 65+

MAIN SOURCE OF INFORMATION

Q8. What is your main source of information regarding COVID19 (risks, recommended preventive action, coping strategies)?

[Please select one, then NEXT]

1. Internet & social media (Facebook, Instagram, etc.)
2. Official Government websites
3. Radio/Television/Newspaper
4. Public service announcement/speaker
5. Phone (telegram, viber, whatsapp, or call)
6. Community, including family and friends
7. Health center/Family doctor
8. NGO/Civil Society organization
9. Other
10. Do not know about COVID19 GO TO Q 9

Q8.1 How would you rate the information you received?

[Please select one, then NEXT]

1. I did not receive any information
2. Clear and helped me prepare
3. Clear, but it came too late for me to prepare
4. Confusing/contradictory

EMPLOYMENT AND LIVELIHOOD RESOURCES

Q9. How would you best describe your employment status during a typical week prior to the spread of COVID-19?

[Please select one]

1. I worked for a person/company/institutions GO TO Q 9.1
2. I had my own business/Freelancer and I employed other people GO TO Q 9.1
3. I had my own business/Freelancer, but I did not employ other people GO TO Q 9.1
4. I helped (without pay) in a family business GO TO Q10
5. I did not work and I was not looking for a job and I was not available to work GO TO Q10
6. I did not work, but I am looking for a job and I am available to start working GO TO Q10
7. I am retired, pensioner GO TO Q10
8. I did not work because I am studying full time GO TO Q10
9. I have a long-term health condition, injury, disability GO TO Q10
10. Other, specify _____ GO TO Q10

Q 9.1. Since the spread of COVID19, has the number of hours devoted to paid work changed?

[Please select one]

1. Increased
2. No change/It is the same
3. Decreased, but I didn't lose my job
4. I lost my job GO TO Q10
5. I do not know

Q 9.2 Since the spread of COVID19, have you been imposed to take a leave of absence from work?

[Please select one]

1. Yes, full paid leave
2. Yes, partially paid leave
3. Yes, un-paid leave
4. No, I did not take any leave
5. Not entitled to leave/not applicable
6. I do not know

Q 9.3. Does your employer pay contributions toward a pension on your behalf?

[Please select one, then NEXT]

1. Yes
2. No
3. I do not know.

Q 9.4 Since the spread of COVID-19, are there any changes in your typical place of work?

[Please select one]

1. Yes, I used to work outside and now I am working in my own home
2. No, I used to work outside and now I am still going out for work
3. No, I still work from my own home as previously

Q9.5 If you could not work for at least two weeks because of the coronavirus what would most likely happen to your earnings?

[Please select one, then NEXT]

1. I am likely to continue to get paid full salary
2. I am likely to continue to get paid partial salary
3. I expect not to get paid
4. I do not know

Q 9.6 Is your business formally registered?

[Please select one, then NEXT]

1. Yes
2. No
4. I don't know

Q 9.7 How is your business affected after the spread of COVID-19?

[Please select one]

1. No change
2. Increased/oversized
3. Decreased/downsized
4. Stopped totally
5. I don't know

Q10 Are you currently covered by any form of health insurance or health plan?

[Please select one, then NEXT]

1. Covered by health insurance
2. Not covered by health insurance
3. I don't know

Q 11 Do you receive any unemployment benefits and/or any financial support from the Government, local municipalities since the spread of COVID19?

[Please select one, then NEXT]

1. Yes
2. No
3. I do not know

Q 12 Do you receive any in-kind support from the Government and /or local municipalities since the spread of COVID19? (multiple response)

1. Yes, food
2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
4. No
5. I do not know

Q 12.1 Do you receive any in-kind support from Non-Governmental/civil society organization or other non-profit organizations? (multiple response)

1. Yes, food
2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
4. No
5. I do not know

Q13. As a result of COVID19, how have the following personal resources been affected?

	Please mark ✓ appropriate box			
	Increased	No change	Decreased	Not an income source
1. Income/earnings from farming				
2. Income/earnings from own business/family business, freelancer activity				
3. Income/earnings from a paid job				
4. Income from properties, investments or savings				
5. Pensions, other social payments				
6. Food from farming, raising animals or fishing				
7. Money or goods received from people living abroad				
8. Support from family/friends in the country (money, food, etc.)				
9. Government support				
10.Support/Charity from NGOs or other organizations				

DISTRIBUTION OF HOUSEHOLD CHORES

Q14. As a result of COVID19, has the number of hours devoted to the following activities changed?

	Please mark ✓ appropriate box			
	I do not usually do it	Increased	Unchanged	Decreased
1. Cooking and serving meals				
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)				
3. Household management (e.g. paying bills)				
4. Shopping for my family/household member				
5. Collecting water/firewood/fuel				
6. Playing with, talking to and reading to children				
7. Instructing, teaching, training children				
8. Caring for children, including feeding, cleaning, physical care				
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care				
10. Affective/emotional support for adult family members				
11. Pet care				

Q15. Since the spread of COVID19, on which activity do you spend the most time?

[Please select one, then NEXT]

1. Cooking and serving meals
2. 2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)
3. Household management (e.g. paying bills)
4. Shopping for my family/household member
5. Collecting water/firewood/fuel
6. Playing with, talking to and reading to children
7. Instructing, teaching, training children
8. Caring for children, including feeding, cleaning, physical care
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care
10. Affective/emotional support for adult family members
11. Pet care

Q16. Since the spread of COVID19 have roles and responsibilities within the household been affected? (MANDATORY)

	Please mark ✓ appropriate box		
	Yes	No	Not applicable
1. My partner helps me more with household chores and/or caring for family			
2. My daughter(s) helps me more with household chores and/or caring for family			
3. My son(s) helps me more with household chores and/or caring for family			
4. Other family/household members help me more with household chores and/or caring for family			
5. Hired a domestic worker/babysitter / nurse			
6. Domestic worker/babysitter/nurse works longer hours with us			
7. Domestic worker/babysitter/nurse no longer works with us			
8. I am on my own, no one can longer help me with household chores and caring for family			

Q17. As a result of COVID19, did you (personally) experience any of the following:

	Please mark ✓ appropriate box		
	Yes	No	Not applicable
1. Physical illness			
2. Illness of a family/household member			
3. Death of a family/household member			
4. Psychological/Mental/Emotional health was affected (e.g. stress, anxiety, etc.)			
5. Migrated/moved to different geographical area within the same country			
6. Recently returned from abroad			
7. Children's school was cancelled or reduced			

Q18 As a result of COVID19, did you (personally) experience difficulties in accessing basic services:

	Please mark ✓ appropriate box			
	Major difficulties	Some difficulties	No	No need
1. Food products/supply				
2. Medical supplies for personal protection (masks, gloves, etc.)				
3. Health services/assistance for myself and/or my family member				
4. Hygiene and sanitary products (soap, water treatment tabs, menstrual products)				
5. Public transport				
6. Water supply				
7. Social services/assistance for myself and/or family member				

Q19. If restrictive measures related to spread of COVID-19 continue, what would most likely to happen to your financial situation?

	Please mark ✓ appropriate box	
	Yes	No
1. Would be difficult to keep up with basic expenses (food, hygiene products, etc.)		
2. Would be difficult to pay for renting and utilities		
3. Will have to stop seeking health services/assistance		
4. Will have to ask help from relatives and friends		
5. Will have to ask help from the local authorities		
6. Will have to take a loan		

Q20. Have you felt an increase of any form of discrimination, prejudice in the country/area you live after the spread of COVID-19?

1. Yes
2. No
3. I do not know
4. Refuse to answer

Q21. Have you felt/heard about an increase of domestic violence since the spread of COVID-19?

1. Yes
2. No
3. I do not know
4. Refuse to answer

Q21a. If yes, pls specify who was the violence directed at?

1. Women
2. Men
3. Children
4. Elderly
5. Persons with disabilities
6. Other
7. I do not know 998. Refuse to answer

Q21.1 Do you know where to seek help and support in case of someone experiencing domestic violence such as hotlines, psychological and police support?

[Please select one, then NEXT]

1. Yes
2. No
3. I do not know
4. Refuse to answer

[NEXT QUESTIONS ASKED ONLY FOR WOMEN]

Q22. Since the spread of COVID19, did you personally experience difficulties in accessing the following sexual and reproductive health services and contraceptives:

[Please select one, then NEXT]

- a) Gynaecological and obstetric care services for myself
 1. No need for these services
 2. Yes, but I did not face any difficulties
 3. Yes, and I faced some difficulties
 4. Yes, and I faced major difficulties
 5. Refuse to answer
- b) Contraceptives
 1. No need for these products
 2. Yes, but I did not face any difficulties
 3. Yes, and I faced some difficulties
 4. Yes, and I faced major difficulties
 5. Refuse to answer

END: THANK YOU! If you would like to know the results of the survey in a few weeks, please check:

<https://data.unwomen.org/>



**TOGETHER AGAINST
GENDER STEREOTYPES AND
GENDER-BASED VIOLENCE**
#eu4genderequality

**RAPID GENDER ASSESSMENT
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