

UNDERSTANDING THE IMPACT OF
COVID-19
AT THE LOCAL LEVEL IN
BOSNIA AND HERZEGOVINA



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1. EXECUTIVE SUMMARY

Assessment of the impact and effect of the global COVID-19 pandemic is ongoing all over the world, including Bosnia and Herzegovina. These preliminary research on the gendered impacts of COVID-19, so far, is showing particular effects on women and highlights areas for continued research as we move through and beyond the crisis. Impact Assessment results, first of all, demonstrate that the statistical sample provided (more than 50% of all LGs in BiH) and relevance of the quantitative and qualitative aspects of the questionnaire (including appropriateness of the respondents), methodologically allowed identification of the main lessons that have emerged from COVID-19 emergency approach and to define the recommendations for similar support in the future. Thus, the recommendations within This Impact Assessment Report, as well as produced Policy Recommendations and Policy/Programme brief can be seen as relevant, appropriate, verifiable and useful. The gendered impact of COVID-19 is evident in following six broad areas:

1. Increased risks and evidence of gender-based violence in the context of the pandemic and its responses at the local level;
2. Unemployment, economic and livelihood impacts for the poor and rural women and girls;
3. Unequal access to health and education services for all and both boys and girls;
4. Unequal distribution of care and domestic work;
5. Women voices are less included to inform a gender-targeted response; this is particularly the case for those most “left behind” and
6. Policy response mechanisms did not incorporate gender analytical data or gender-responsive plans.

Related to the interventions that would support and eventually mitigate some of the above defined consequences after COVID-19, most of the respondents are concerned on the four main concerns: uncertainty and obscurity, unemployment, high risk of pandemic long-

term / “new wave” of COVID-19 pandemic and lack of vaccine. Yet, the lack of gender disaggregated data makes any effective comparison difficult even do, infection and/or fatalities alone do not showcase the ways in which women and men are vulnerable to the immediate risks of epidemics, or how they experience the longer-term threats and consequences whatsoever. More importantly, socially prescribed cultural norms, attitudes, and practices in relation to gender play a critical role in understanding at least some of the individual impacts that these kind of situations affect women and man. As far as immediate interventions are concerned, they can be seen as diversified but the coordinated effort of all levels of government was lacking and most of the respondents consider that local immediate the measures/interventions for COVID-19 did not take into consideration the needs of women. Significant number of respondents do not understand the main challenges women are facing during crisis periods, which demonstrate that the main preconditions in understanding individual needs (and consequently individual approach) for long-term interventions sustainability is a challenge for itself.

Economic consequences will most affect self-employed and women-owned medium business in the private sector. The respondents consider that unemployment will increase, that decrease of income by the municipality and consequently decrease of local budgets, will result in closure of small and medium size businesses as well as the decrease in salaries for those that will stay in work. These negative consequences will affect similarly both women and men in economic aspect, but the potential social negative consequences for women, are much more likely to happen than for men. As far as categories of population of a highest risk when it comes to COVID-19 pandemic, most affected categories of women are those previously recorded, but also victims of gender-based violence, women with disabilities, homeless, all mainly in urban areas, have the most social risks related to the COVID-19 pandemic. These risks include increased vulnerability to several consequences in social wellbeing, psychosocial instability and

increase in number of gender-based violence occurrence. It can be verified that women are often the main caregivers in their homes, communities, and health facilities, which puts them at an increased risk of contracting COVID-19. Not consistently, women had and have little say in the policy measures put in place to address the crisis interventions, both short and long-term, since most of the respondents consider that local immediate measures/interventions for COVID-19 did not take into consideration the needs of women, including fact that none of the municipalities pay special attention to needs of women and men respectively during COVID-19 pandemic. Early evidences related to job loss and the impacts of COVID-19 at the local level suggest that women are facing increased socio-economic insecurity, where almost all respondents consider that the COVID-19 lockdown is disproportionately impacting women, as existing gender inequalities are exacerbating gender-based disparities between women, men, girls and boys. Economic hardship, coupled with more time spent at home due to social distancing and isolation measures, is placing individuals at risk of domestic violence. There is a concern that victims of domestic violence may and did not receive much-needed support during COVID-19 pandemic with essential services disrupted (such as reduced public transportation, lack of the personal protection equipment, curfew), including risk that individuals are unable to make calls to helplines while in the same space as an abusive partner. More than 95% respondents stated that cooking and serving meals, leaning, repair and household management, shopping for the family, taking care of elderly and taking care of children (teaching, playing, care) is significantly increased for women than men in BiH, that could lead to heighten feelings of stress and limit women's overall economic opportunities (socio-economic consequence). As a long-term consequence, women's psychological well-being might be affected more adversely than men's from financial and emotional stress, combined with physical violence. Above challenges can be seen from another potential point of view. Namely, there is good opportunity to strive changing gender and workplace norms in BiH. In other words, during the COVID-19 crisis, some employers are encouraging or requiring employees to work from home, especially in the public sector. Having this in mind, increased workplace flexibility and greater involvement of men in care and domestic work are hypothesised to

be among the potential effects of the COVID-19 crisis. These effects would have important impacts on gender equality hence flexible work practices could contribute to more sharing of care and domestic work and further support women's increased labour force participation.

Recommendations for interventions that would support the municipalities to better respond to the post emergency needs are to:

- Support the municipalities and cities in implementation of
 1. material support for the projects at the local level, especially from the higher levels of government,
 2. interventions with donations / financial support to the individuals affected by COVID-19,
 3. direct material and financial support to the private sector employees,
 4. continue implementation of the international organisations and donor community, financing and support to the agricultural producers, especially female-led households,
 5. short-term Interventions in credits moratoriums,
 6. reduce of local administrative burden and taxes,
 7. support to the health care system (equipment and services), especially for women,
 8. support in designing and expanding social protection projects and programmes,
 9. psychological support at the local level, with special focus on women,
 10. consistency and continuity in the strengthening of the civil protection, especially investments in equipment and capacity building of Civil Protection staff,
 11. strongly developed and implemented campaign of the tourism potential in BiH,
 12. coordinated approach in support from the government and international organisations,
 13. development of alternative public sources of funding.

➤ Implement recommendations provided in Impact Assessment Report section Recommendations to the Government(s) and Policy Makers i.e.

1. policy makers need to incorporate a gender analysis into the development of COVID-19 policies and as the pandemic unfolds,
2. there is urgent need for sex-disaggregated data to fully understand how women and men are affected by the virus,
3. collect gender disaggregated data during the pandemic,
4. clearly communicate and strengthen resources, frameworks, and laws related to assisting victims of violence,
5. ensure that women and vulnerable groups have access to necessary health resources,
6. make visible the responsibilities of care work and provide support for childcare,
7. support women in pursuing economic opportunities and small and medium enterprises,
8. consult women on the response and ensure their representation in planning and responding to the pandemic,
9. ensure and support girls' access to education,
10. promote flexible working and family-friendly policies in the workplace and gender-balanced healthcare and social protection workforce and
11. targeted support to women at the local level.

➤ Implement recommendations provided in Impact Assessment Report section Recommendations to the Donor Community and UN Women BiH on adapting current programmes and implementing new remote approaches to ensure addressing the immediate and medium impacts of the outbreak.

In the name of conclusion of Impact Assessment, it can be noted that all of us are only learning the small portion of the socio-economic implications of COVID-19 socio-economic health crisis as it unfolds for both women and men in BiH. In order to address any gendered effects, one must take into account the fact that the short-term implications may differ from the long-term. There may be forces working in both directions, reducing versus increasing gender inequality. Therefore, flexible policy tools to address women's concerns as the effects of the health crisis evolve over time is a must, not the policy option. In other words, this Impact Assessment Report is a contribution to the understanding and monitoring of the emerging data and options ("noting areas"), but more research may be required to fully understand the impact of COVID-19 on local levels in BiH.

2. INTRODUCTION

UN Women, grounded in the vision of equality enshrined in the Charter of the United Nations, works for the elimination of discrimination and violence against women and girls; the empowerment of women; and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security. Many UN Member States in the region, including Bosnia and Herzegovina, have imposed partial or total lockdowns, quarantine measures and school closures, straining the medical, economic and social system with the soaring number of infected people and deaths due to COVID-19. The social and economic impact of the crisis and the measures are already felt, while unofficial assessments of the immediate and long-term effects pointed considerable impact, but no official assessment has been made so far. As noted by UN Women¹, there is a marked lack of research on the implications of public emergencies on different groups, especially women and girls.

Authorities at all levels have taken measures to contain the pandemic by imposing various restrictions on businesses and citizens including, but not limited to, closures of educational premises and non-crucial business services, limitations on public services, gatherings and movement, including curfews and mandatory quarantine for the infected and international travellers. The social and economic impact of the crisis and the measures are already noticeable, while unofficial assessments of the immediate and long-term effects point to considerable impact.

In BiH, access constraints and poor health and sanitation infrastructure are obstacles to disease prevention and treatment under the best of circumstances; when coupled with

gender inequality and, in some cases, personal insecurity, public health responses become immeasurably more complex. Related to this, in a state of emergency, especially at the local level, there is a profound shock to the society and economy, and the impact on women and men, particularly the most excluded and vulnerable groups, is different both in scope and severity. At the local level in BiH, each socio-economic context is different, and each population within a context is also different—their needs and capabilities will vary as a result of circumstance and their unique identities.

Having in mind UN Women's mandate (GA resolution 64/289)², UN Women BiH decided to perform Impact Assessment of COVID-19 at the local level in BiH, with the main objective to understand how the changing situation is affecting women and men differently and how local communities are addressing it in BiH. In that sense, the idea behind the assessment is to use the findings of the assessment as a basis for designing gender responsive interventions to support municipalities during and after the emergency period and see the opportunities to adapt some of the interventions to better respond to the needs of the groups at highest socio-economic risk. The main tasks were to assess and understand how the COVID-19 pandemic affecting women and men differently and how local communities are addressing it that is to serve as a basis for designing gender responsive interventions to support local governments and see the opportunities to adapt some of the interventions to better respond to the needs of the groups at highest socio-economic risk.

¹ United Nations, Policy Brief: The Impact of COVID-19 on Women, April 2020

² UN Women's mandate is to lead, coordinate and promote accountability of the UN system to deliver on gender equality and the empowerment of women with the primary objective of enhancing country-level coherence, ensuring coordinated interventions and securing positive impacts on the lives of women and girls, including those living in rural areas

3. DESCRIPTION OF THE METHODOLOGY

In order to understand how the changing situation with COVID-19 pandemic is affecting women and men differently and how local communities are addressing it in BiH, UN Women BiH developed a questionnaire (Form of questionnaire is provided as Annex 1 to this Impact Assessment Report), consisting of 23 structured and open questions, that could provide an insight of local self-governance representatives related to the COVID-19 pandemic impact on women and men. Main sections of the questionnaire are designed to reflect on socio-economic impact of COVID-19, immediate interventions at local level, possible consequences after COVID-19 and general concerns and suggestions of municipalities/cities (including general data of respondents). The context of the issues that both women and men (especially girls and their parents) are facing with, especially from the point of view of unemployment, economic and livelihood impacts, education, health, safety/protection and gender-based violence, was a part of the questionnaire. More importantly, the respondents had a chance to reflect on their opinion (to provide more detailed answer) on most of the questions related to their personal concerns and suggestions related to the interventions during and after the emergency period. In this way, the opportunities to adapt some of the interventions to better respond to the needs of the groups at highest socio-economic risk can be designed in fully relevant manner, which is an Impact Assessment objective.

Following the design, UN Women BiH shared questionnaire (and instructions) with representatives of the local self-governance administrations³ (further LGs-local governments) working on response to the crisis caused by COVID-19. In total, 34 units of local self-governance from Republika Srpska⁴ and 40 from Federation of Bosnia and

Herzegovina⁵ and Brčko District - responded to a questionnaire (total of 75 questionnaires), which represents more than 50% of all units of local self-governance in BiH. It should be noted that total of 83 representatives⁶ specifically responded to the questionnaire, out of which, 55 are women and 28 men. Most of the respondents are Head of Departments/Units for the Social and/or Civil Protection or are employed (institutionally speaking) within the Mayor's office. For the purpose of assessment conclusion, it can be stated that 83 representatives from 75 LGs fully responded to the assessment.

Methodically speaking, the UN Women developed an approach that directly reflects questionnaires to be analyzed using quantitative and qualitative assessment. Quantitative assessment, deductive in nature, provided potential to generalize results of the questionnaires, while qualitative was more focused on arbitrary numeric values or labels such as high, medium, and low to assign a relative value. It is important to note that UN Women performed follow-up with the LG representatives in order to clarify provided inputs, especially related to the domestic violence data and using local public funds for immediate assistance to the citizens during COVID-19 pandemic. The qualitative section of the questionnaire provided an potential to understand the extent to which any of the interventions are planned and likely to continue after "emergency lockdown" and whether any post-support prerequisites for sustainability are in place or are being put in place and the concrete measures undertaken to date to ensure sustainability of the support

Novi Grad, Novo Goražde, Osmaci, Oštra Luka, Petrovac, Prijedor, Rogatica, Teslić, Trebinje, Trnovo, Vlasenica and Zvornik.

⁵ Banovići, Bihać, Bosanska Krupa, Bosanski Petrovac, Bosansko Grahovo, Breza, Bugojno, Busovača, Čapljina, Doboj Istok, Doboj Jug, Dobretići, Domaljevac Šamac, Foča-Ustikolina, Fojnica, Goražde, Gračanica, Grude, Ilidža, Jablanica, Kalesija, Kladanj, Kreševo, Kupres, Livno, Maglaj, Novi Travnik, Novo Sarajevo, Odžak, Olovo, Pale-Prača, Ravno, Sapna, Tešanj, Travnik, Trnovo, Tuzla, Zavidovići, Žepče and Živinice.

⁶ In 8 municipalities/cities, the questionnaire was answered by two different persons.

³ Local self-governance administrations refer to the units of local self-governance in FBiH and RS, namely, municipalities and cities.

⁴ Berkovići, Bijeljina, Bratunac, Čajniče, Derventa, Foča, Gacko, Gradiška, Han Pijesak, Istočna Ilidža, Istočno Sarajevo, Jezero, Kneževac, Kotor Varoš, Kozarska Dubica, Laktaši, Ljubinje, Lopare, Milići, Modriča, Mrkonjić Grad, Nevesinje,

from LGs. Also, the Impact Assessment questionnaire reflected on the key factors that require attention in order to improve prospects of sustainability of potential interventions in local government level, including replication of the approach in those LGs that were not part of the assessment process directly. Efforts to understand and analyze “changes” caused by the COVID-19 pandemic at the local levels, directly or indirectly, intended or unintended were part of the questionnaire as well. All previously said gave valuable inputs for examination of the extent to which local governments interventions affected the women and man, which would serve as an input for recommendations for interventions that would support the LGs to better respond to the post emergency needs, which is the key objective of the Impact Assessment of COVID-19 at the local level in BiH.

More specifically, the Impact Assessment Report answers the following questions set through the questionnaire:

1. Which categories of population are at highest risk when it comes to COVID-19 pandemic?
2. What immediate interventions have been undertaken at local level?
3. What will be the consequences after COVID-19 and which categories they will affect?
4. What municipalities representatives’ suggestions/recommendations for interventions that would support the municipalities to better respond to the post emergency needs?

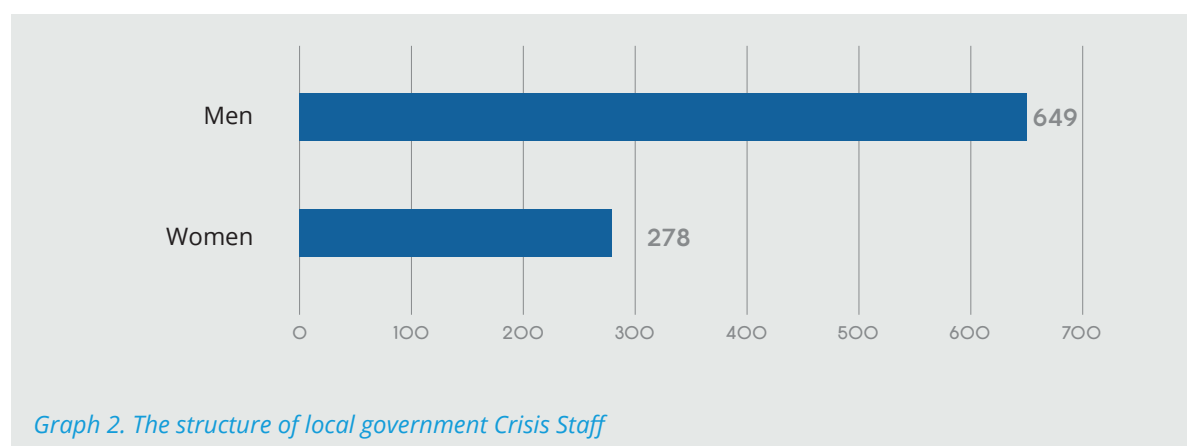
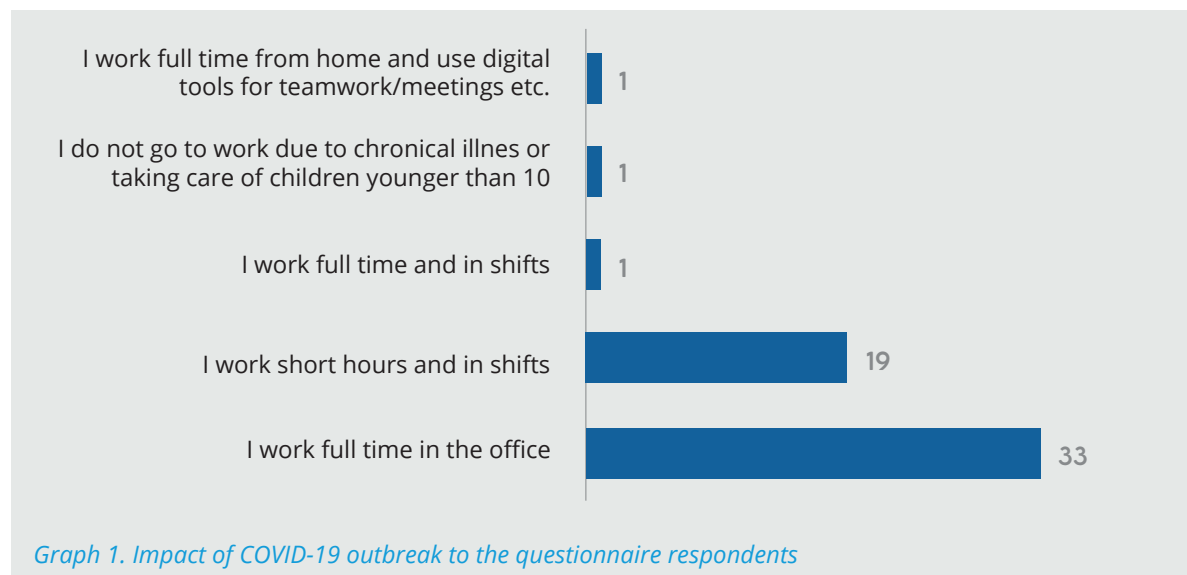
Having in mind the statistical sample provided (more than 50% of all LGs in BiH) and relevance of the quantitative and qualitative aspects of the questionnaire (including appropriateness of the respondents), it can be methodologically concluded that it is possible to identify the main lessons that have emerged from COVID-19 emergency approach and define the recommendations for similar support in the future. Thus, the recommendations within This Impact Assessment Report, as well as produced Policy Recommendations and Policy/ Programme brief can be seen as relevant, appropriate, verifiable and useful.

4. SITUATIONAL ANALYSIS

The first set of general data gave an overview of the COVID-19 impact on the respondent's situation related to their professional obligations during the pandemic. Namely, when asked how the COVID-19 outbreak impacted their job in particular, most of the respondents noted that they have worked full time in the office as presented in the Graph 1. Most of these respondents were part of the local government Crisis Staff as well, which further demonstrates the relevance of respondents toward subject of the assessment.⁷ It has been noted that each local self-governance established a local Crisis Staff, whose main role was to define and monitor implementation of measures from the higher

levels of government and to perform "localized" actions and / or interventions. Out of 927 local Crisis Staff (average 13 persons per one local self-government unit), 29% are women and 71% men.

Graph 1 demonstrates that average of 3,7 women and 8,6 men per locality participated in the key decision-making body during the COVID-19 pandemic. Therefore, the decision making process and influence potential for gender-based decisions was limited and did not respond to the equal participation of women and men in decision-making processes, with particular emphasis on political participation and leadership.



⁷ Even this question was not part of the original questionnaire, the Consultant revised several lists of Crisis Committee and noted inclusion of the respondents in the lists.

4.1. SOCIO-ECONOMIC IMPACT OF COVID-19

Assessment of the socio-economic impact of COVID-19 on the categories of population at highest risk of being marginalized, shows that the lack of information and uncertainty in general during the pandemic resulted in the fact that significant percentage of respondents (26 of 77, which is 31,7%) perceive the COVID-19 outbreak will have a medium impact on the socio-economic status of the citizens in municipality/city, as presented on Graph 3.

On the other side, more than 62,2% of the respondents see the COVID-19 outbreak on the socio-economic status with large impact, which, in combination with other relevant inputs from the assessment, demonstrate the relevance of potential socio-economic interventions at the local level primarily.

Graph 4 shows the results of respondent's opinion on COVID-19 outbreak on the socio-economic status, where more than 70 respondents consider that pandemic will equally impact women and man.

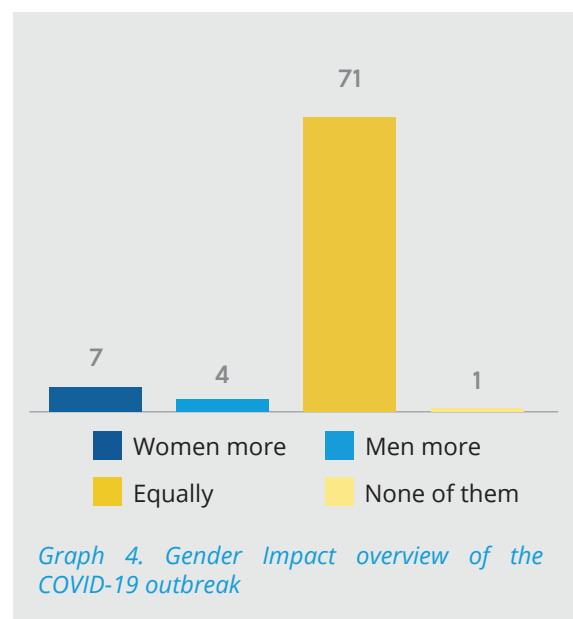
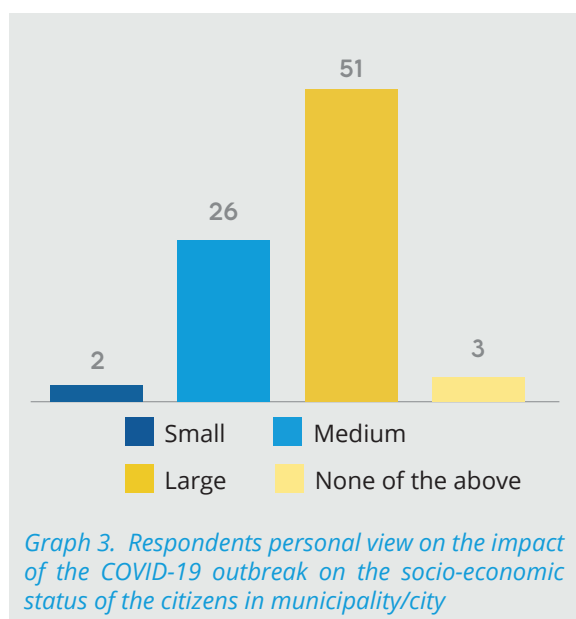
The results above are based on the question that is generally specified, not by sector or socio-economic arena, but it is rather based on the general opinion. The more relevant input can be seen through the following analysis in the economic sector, more particular employment.

As noted in Graph 5, the respondents consider that the highest economic risk due to COVID-19

outbreak for women is for those that are self-employed (average score 4,27), and small and medium business owners (average score 4,15), while all others are below average score of 4 (high economic risk). The respondents consider that the economic risks are the lowest for civil society sector and media employees. The results for analysis of economic impact for men are almost the same, which is consistent answer to the responses related to the impact of the COVID-19 pandemic on women and man equally.

Looking from the perspective of sector employed, the respondents consider that women in the private sector will be most negatively affected within tourism/hospitality/catering services (with average score of 4,63) and daycare services/private educational institutions (with score of 4,16), while other sectors are bit less assessed with highest economic impact. However, none of the average score is below 3,2 (where 3 should be understand as medium impact), except for the IT/Telecommunications/energy, which is understandable from the standpoint of sectors that were not impacted in a large manner in comparison to others.

When discussing public sector, the respondents consider that women employees will be negatively impacted in all four offered sectors, with predominant opinion that women employed in social sector will be most affected. Similarly, to previously said, the health care, education and public administration economic risks for women is seen similarly (from 3,09 to 3,43 respectively). Therefore, based on the inputs provided, there should be no special

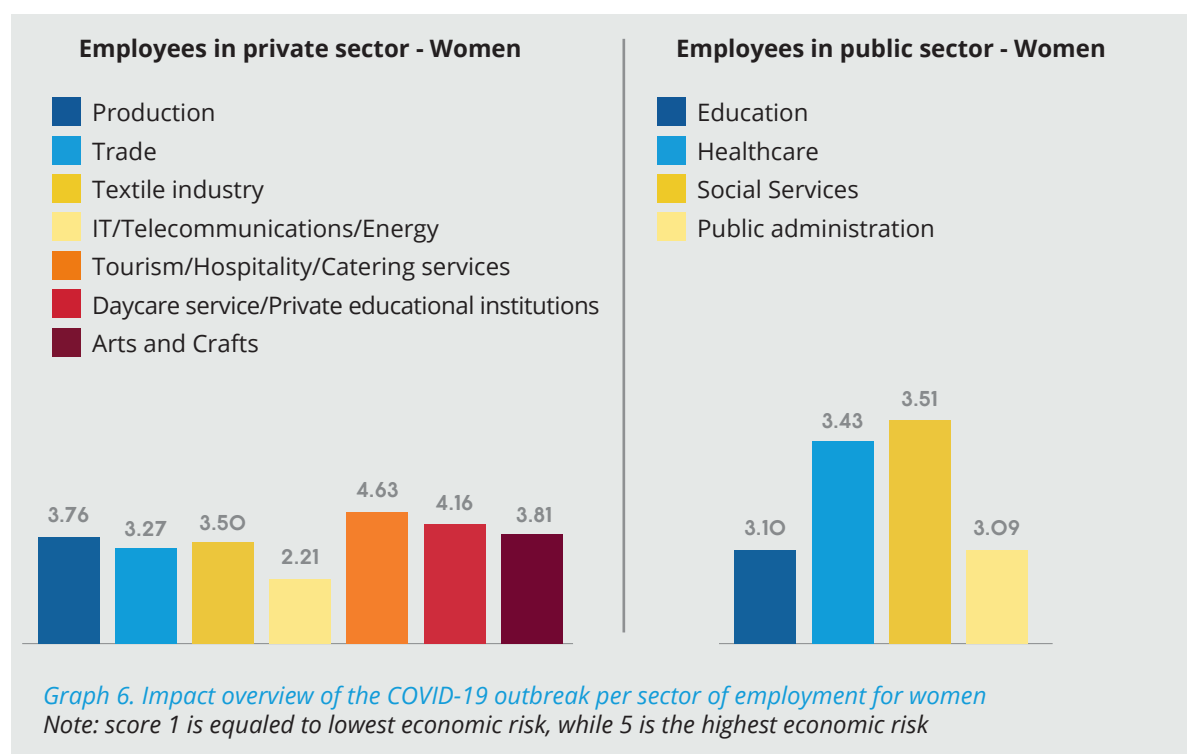
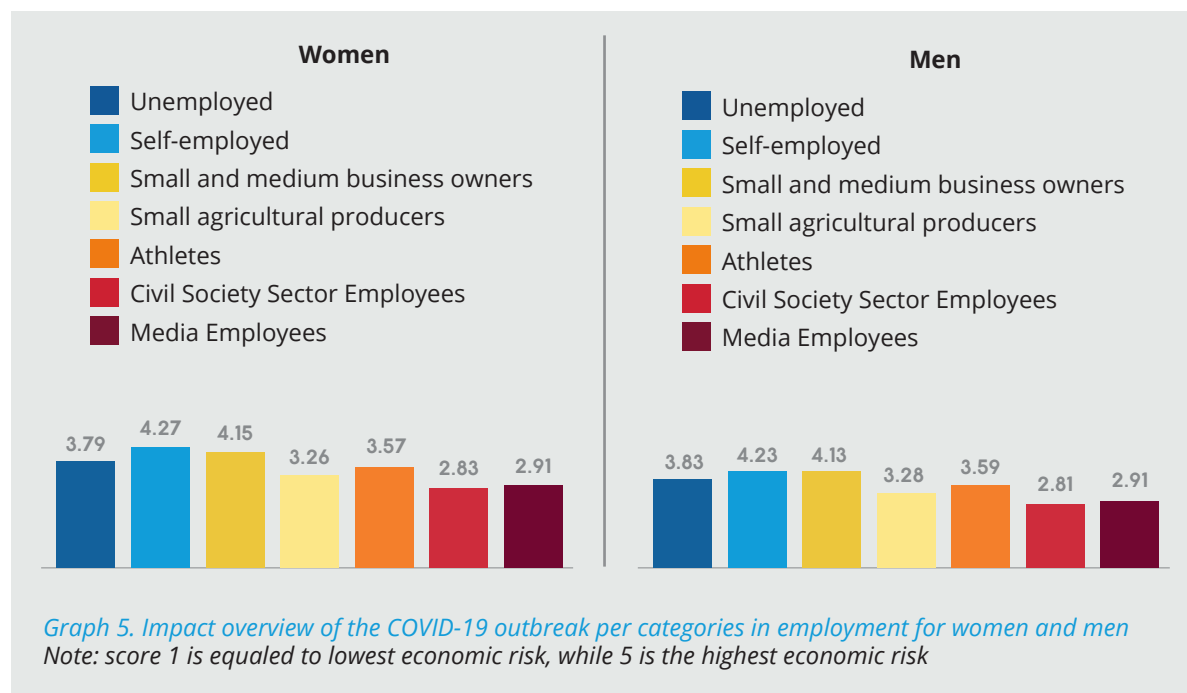


difference in approach toward support of women within private and/or public sector, however, it should not be disregarded that the questionnaires were responded by the public sector representatives.

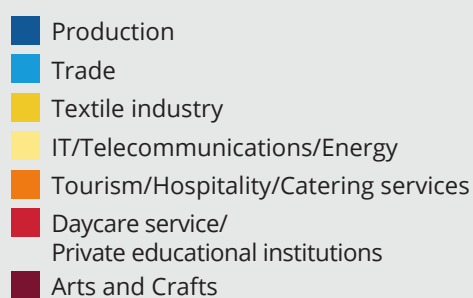
As presented in the Graph 7 above, impact overview of the COVID-19 outbreak per sector of employment for men is seen bit different from women. Respondents consider that men in tourism/hospitality/catering services (with average score of 4,7) will be even

more negatively affected than women. The opinion that men in daycare services/private educational institutions (with score of 4,03) will be also strongly negatively impacted, is also appropriate, even, the number of men employed in daycare services/private educational institutions is significantly lower than women.

When social risks per categories due to COVID-19 outbreak are analyzed, it can be noted that respondents consider elderly have



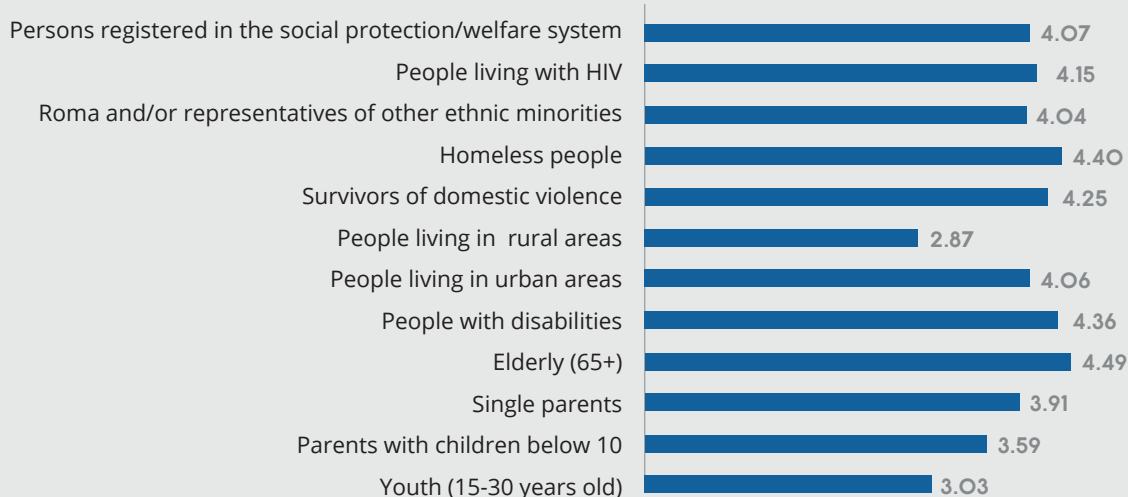
Employees in private sector - Men



Graph 7. Impact overview of the COVID-19 outbreak per sector of employment for men

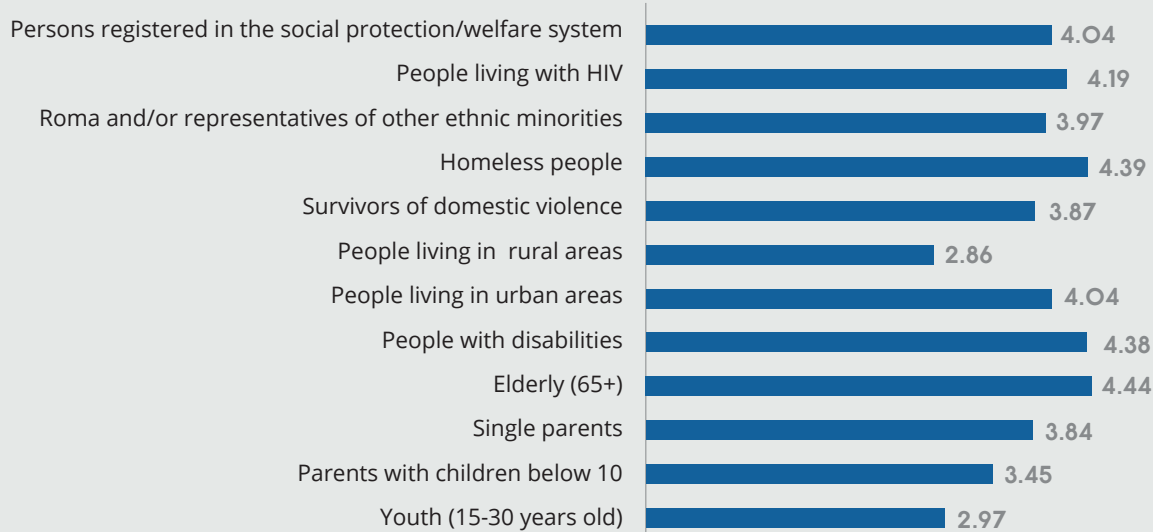
the most social risks (average score 4,49), which is expected answer, having in mind health sector - mortality rate of COVID-19 in general.

Noting in Graph 8, the respondents consider that women with disabilities (average 4,36), homeless (average 4,40), survivors of domestic violence (average 4,25), mainly in urban areas, have the most social risks related to the COVID-19 pandemic. This result is complementary to all previously noted that respondents consider elderly men have the most social risks as well, followed by similar results as for the social risks for women. It is very interesting to note that respondents consider both young (15-30 years old) women and men and those women and man living in rural areas as the categories that are not above



Graph 8. Categories with the highest social risk due to COVID-19 outbreak - WOMEN

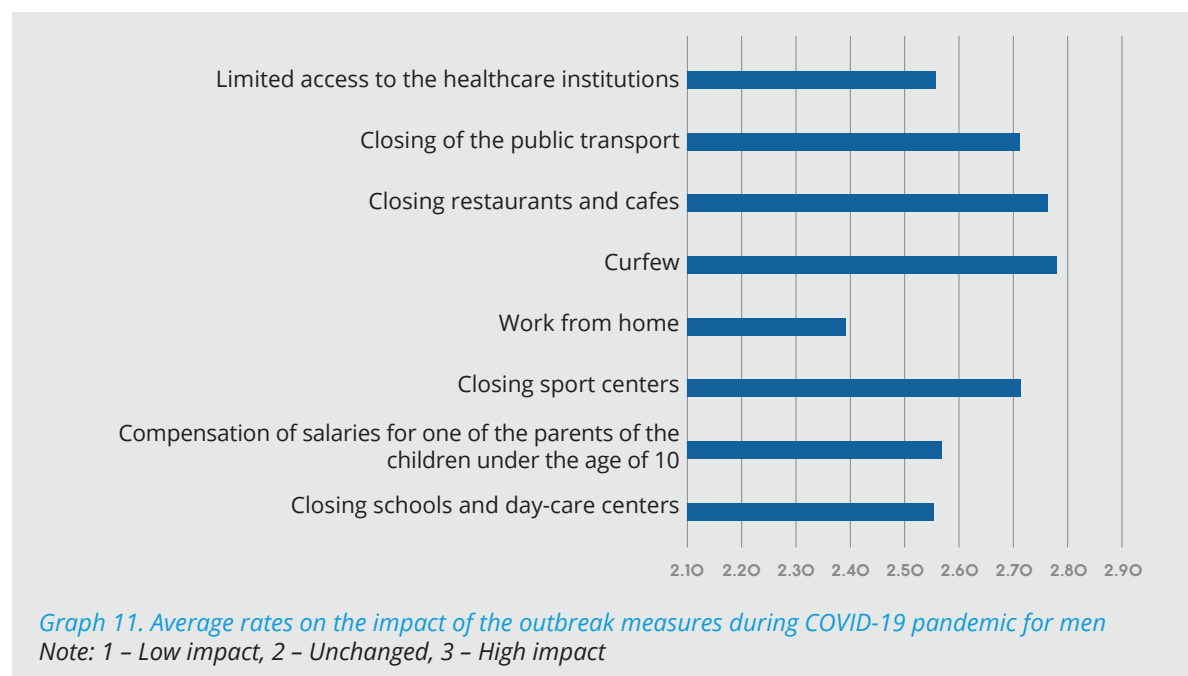
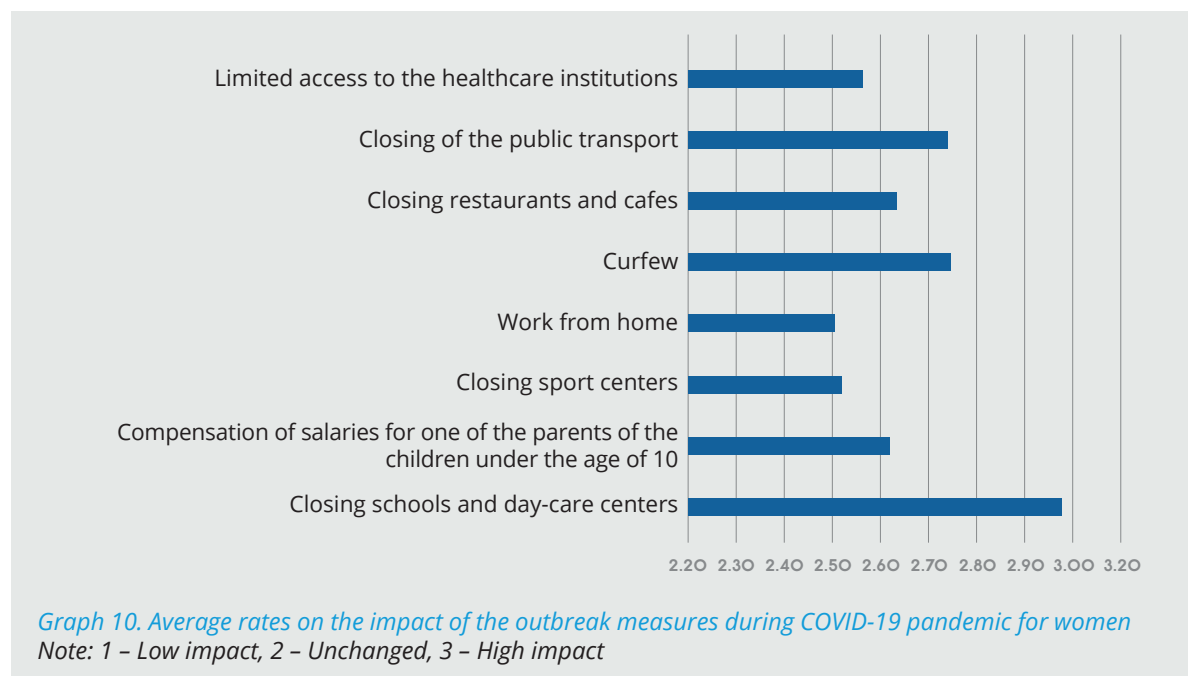
Note: 1 - Lowest social risk, 5 - Highest social risk



Graph 9. Categories with the highest social risk due to COVID-19 outbreak - MEN

average score 3 of social risk due to COVID-19 outbreak. The respondents consider young (15-30 years old) women and men and those women and men living in rural areas as the categories with less social risks in comparison to elderly, single parents or women and men living in urban areas.

Complementary to above presented, the following two Graphs (10 and 11) present the impact of the introduced COVID-19 infection risk mitigation measures on women and men at the local levels.

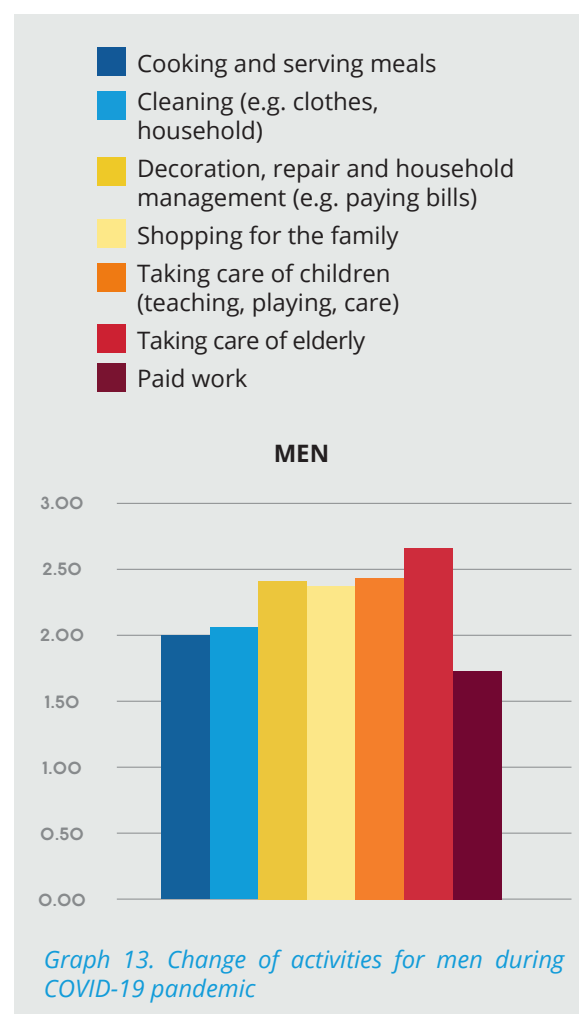
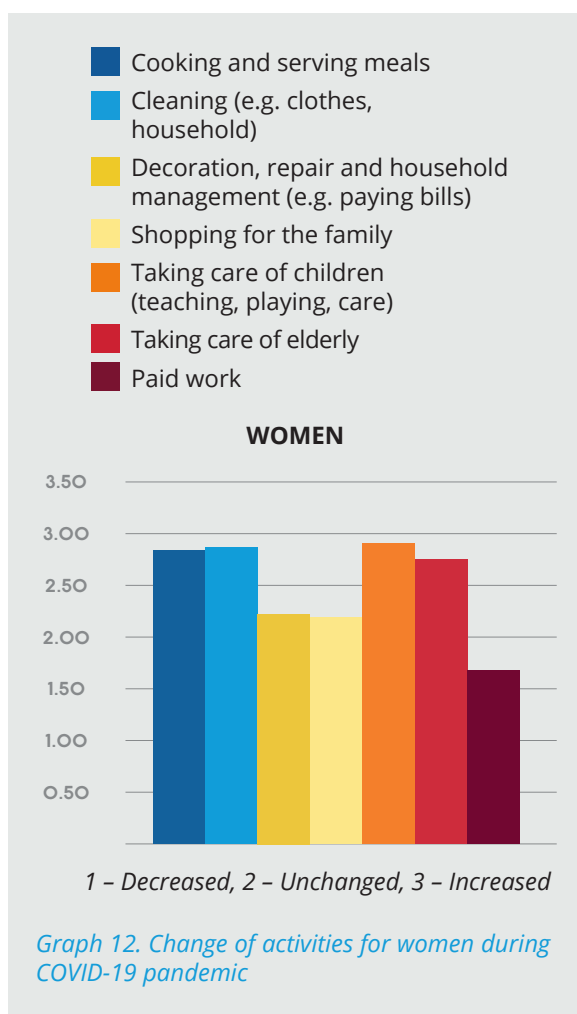


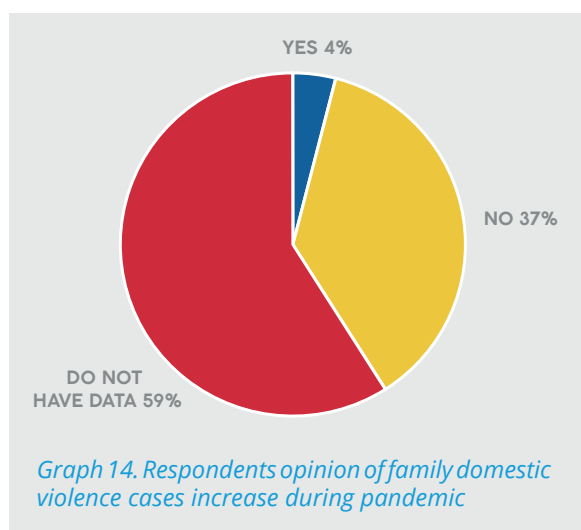
From the above graphs, it can be noted that respondents consider that the measure of closing schools and day-care centers at local levels more negatively impacted women (2,98) than men (2,56). Working from home also more negatively impacted women (average 2,51) than men (average 2,39). In addition, respondents consider that the measures of closing sport centers and closing restaurants and cafes impacted more men (average 2,71 and 2,76 respectively), than women (2,52 and 2,63 respectively). It is interesting to note that the respondents consider measures of curfew, closing of the public transport and limited access to the health care institutions similarly impacted both women and man (from 2,56 to 2,71 respectively).

Even the opinions above do not affect overall impression on the socio-economic impact of COVID-19 pandemic to both women and men, additional information on the time spent for certain activities changes for women and men that happened can provide us with additional inputs. As seen on the Graphs 12 and 13, the activities performed during COVID-19 pandemic in comparison to pre-COVID-19 period has significantly changed and became more challenging for women than men.

More specifically, more than 95% respondents consider that cooking and serving meals, leaning (e.g. clothes, household), decoration, repair and household management, shopping for the family, taking care of elderly and taking care of children (teaching, playing, care) is significantly increased during the pandemic of COVID-19 (from shopping for the family with average of 2,19 to taking care of children (teaching, playing, care) with 2,9 or cleaning at 2,86. On the other side, change of activities for men during COVID-19 pandemic has been increased for activities of taking care of elderly, with minor increase of activities related to the decoration, repair and household management, shopping for the family and taking care of children (maximum average of 2,41).

Comparing two above presented results, it is visible that women's daily activities were significantly changed by the COVID-19 situation, which in turn, increased their vulnerability to several other consequences in socio-economic wellbeing. One of those can be seen in the gender-based violence (re: family and/or domestic violence), which, unfortunately, is hard to estimate in comparison to the pre-COVID-19 period.



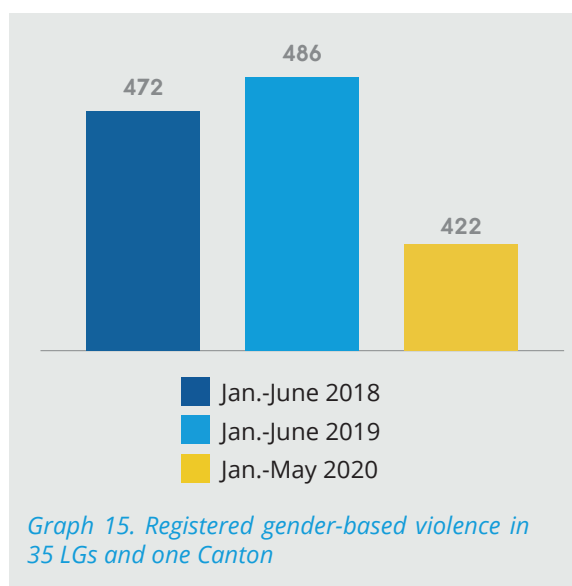


When asked about the opinion of respondents whether there was an increase of family domestic violence cases and / or gender-based violence reported, more than 59% of the respondents noted that they do not possess data. On the other side, 4% respondents consider the number is higher in comparison to period before pandemic and breakout due to the pandemic, while 37% thinks there is no increase in the domestic violence cases and / or gender based violence reported. However, the percentage of 59% respondents not having data on this important socio-economic element of women and families wellbeing demonstrate that the close monitoring of local domestic violence cases and / or gender based violence is largely lacking during COVID-19 pandemic, and most probably, even afterwards.

With the aim to obtain more appropriate information on this aspect, additional efforts were made to obtain additional information from the relevant actors at the local level, but the responses were also partial, which confirms the statement above. Namely, official statistics obtained from 35 LGs⁸ and one Canton (representing around 25% of all local self-governments in BiH), show no increase in the reported number of domestic violence cases and / or gender based violence in comparison to the same period in previous two years.

The limitations related to the response of the relevant actors (local police) during pandemic on other priorities (civil protection,

⁸ Oštra Luka, Fojnica, Laktaši, Osmaci, Domaljevac Šamac, Olovo, Kneževo, Kupres, Zvornik, Kotor Varoš, Derventa, Trebinje, Doboj Istok, Doboj Jug, Zavidovići, Tešanj, Bosanska Krupa, Goražde, Sapna, Jablanica, Kalesija, Petrovo, Istočno Sarajevo, Bihać, Bosanski Petrovac, Cazin, Sanski Most, Ključ, Velika Kladuša, Bužim, Travnik, Novo Sarajevo, Gračanica, City of Tuzla, and Tuzla Canton.

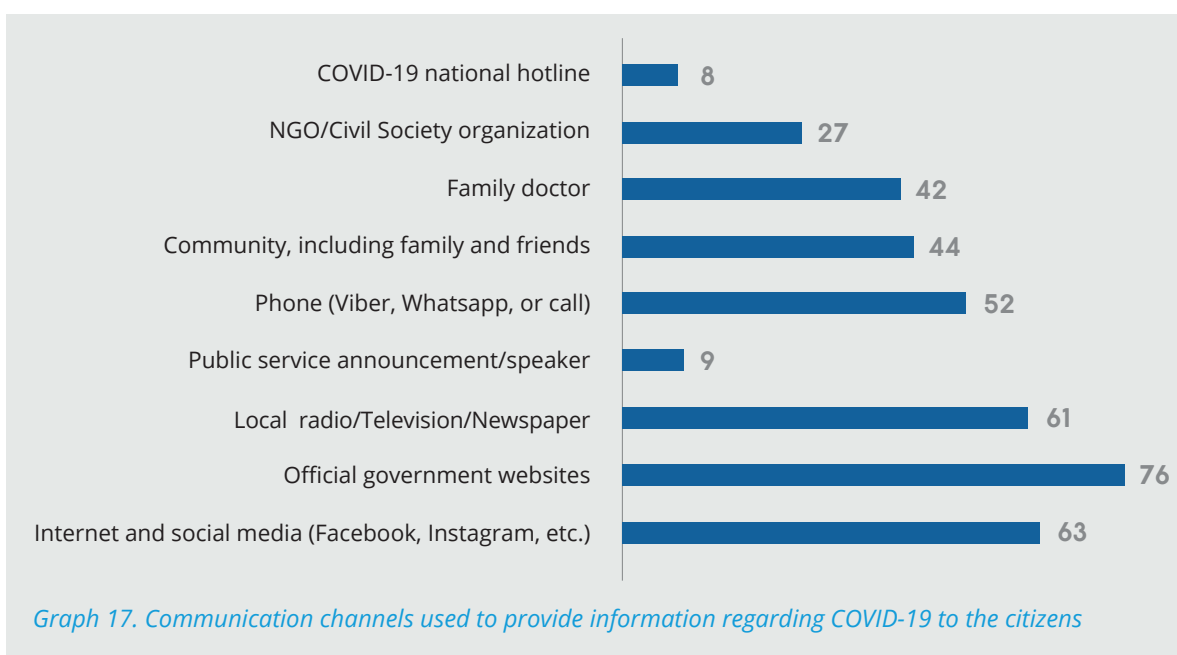
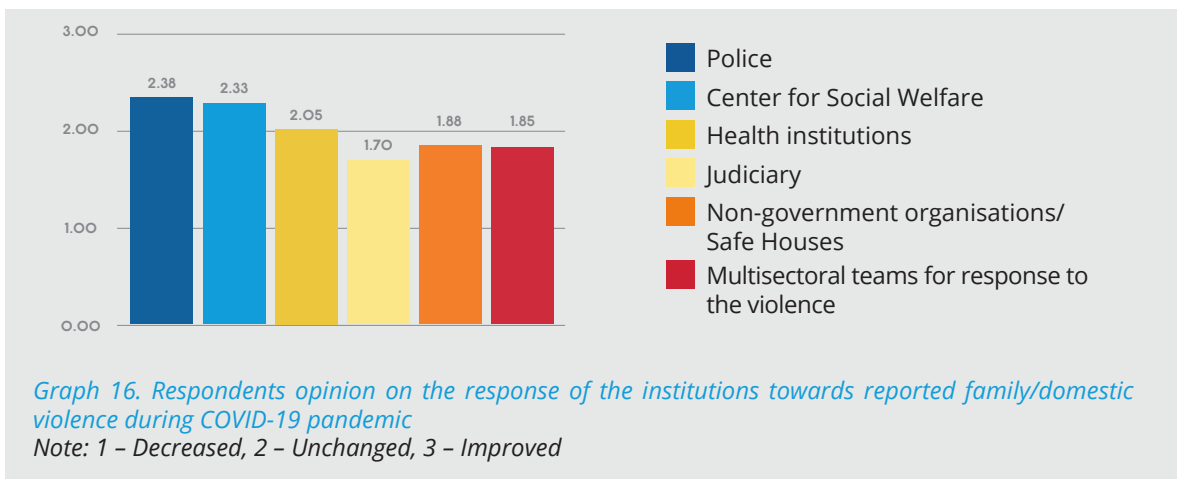


implementation of curfew, public safety, lack of staff, etc.), as well as data availability (data available for first 4 months of 2020), raises serious doubt in the correctness of the official data. Additionally, the data does not cover indications - but rather reported and confirmed cases, which does not mean that the violence is not present. Actually, there are serious indications that the family-based violence, economic and emotional abuse was significantly increased during COVID-19 pandemic, which was confirmed by the opinion of several respondents during post-questionnaire semi-structured follow-up interviews. Relevant interviews confirmed unofficial testimonials that reporting number is not officially increased due to the overall opinion that the relevant actors are too busy to react on these issues. Therefore, the results of the changes in activities above presented also confirm the necessity of closer monitoring and attention toward this issue.

Finally, the above noted can be confirmed by the following results of the assessment related concretely to the response of the institutions towards reported family/domestic violence during COVID-19 pandemic.

Namely, most of the respondents consider that the response of the local non-governmental organisations/Safe houses and multi-sectoral teams towards reported family/domestic violence during COVID-19 pandemic decreased, while they consider that the police and Center for Social Welfare improved their responses.

The above presented opinion is complementary to the opinion of respondents related to the



needs during COVID-19 pandemic. Namely, when asked “What are the most needed three elements toward supporting institutions to improvement effective response toward domestic violence during pandemic?”, most of the respondents noted that the regular communication among relevant actors (59 respondents) and more field workers to provide rapid response (47 respondents) are key two elements to improve effective response toward domestic violence during COVID-19 pandemic. 21,8% of the respondents consider that above presented two elements should be also contributed by protective equipment, 20% proposes to have placement for abusers and special protocol for dealing with domestic violence during COVID-19 pandemic, which all in turn would reduce domestic violence during pandemic. Actually, when analyzing the responses, this set of activities would be needed to be implemented in any particular moment at the local level, not only during the pandemic or other natural disaster.

4.2. IMMEDIATE INTERVENTIONS AT LOCAL LEVEL

As far as immediate interventions at local level are concerned, it can generally be noted that the local self-governance provided rapid interventions at the local level in a very similar manner. Namely, starting from the communication with citizens, there are no differentiated approaches taken in general.

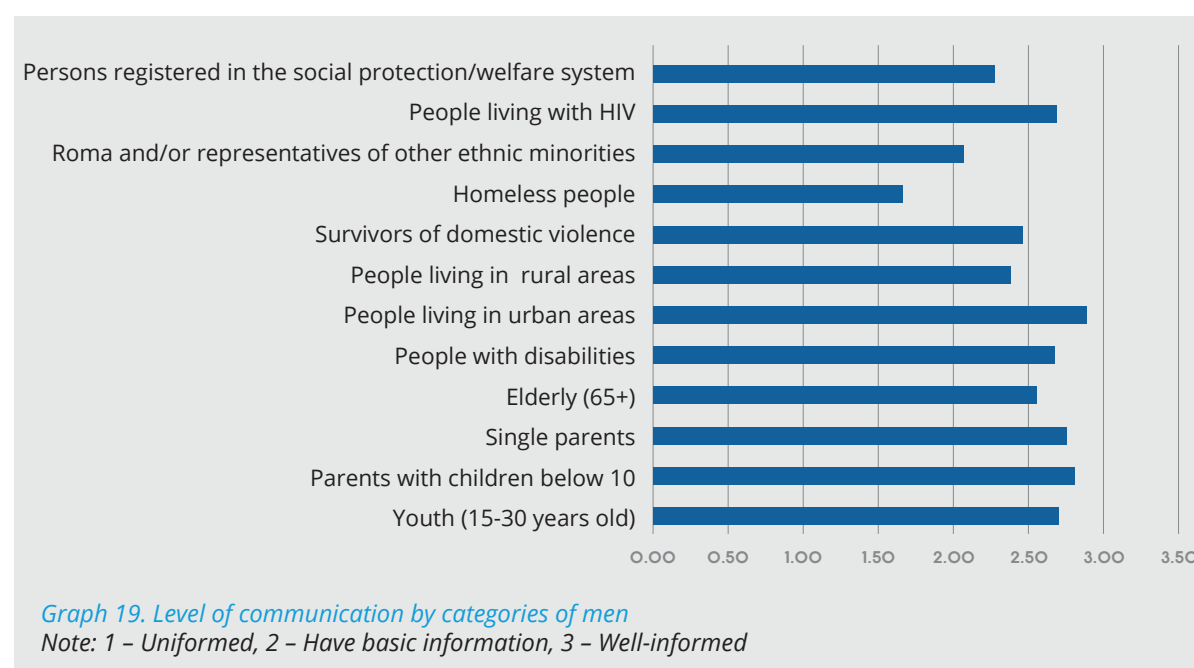
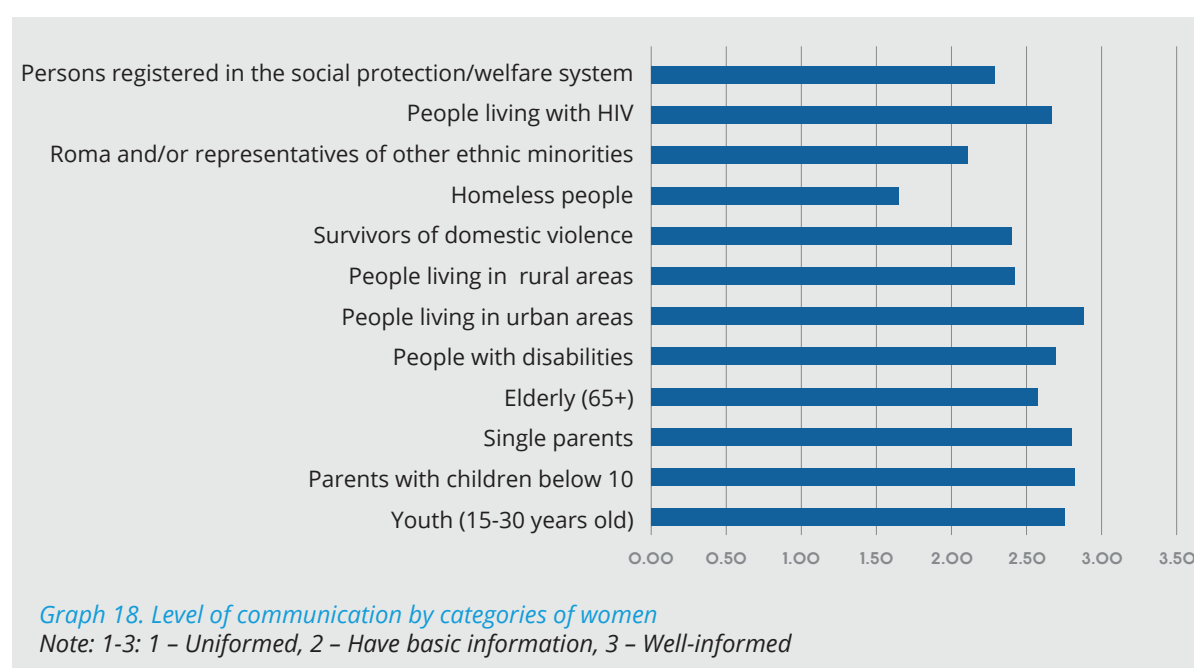
As noted in the Graph 17, most of the municipalities and cities used official government websites, social networks and local radio/TV stations to provide information regarding COVID-19 to the citizens. However, other tools have been also used as well, but the coordinated efforts of all levels of government was lacking, which is visible from the opinion

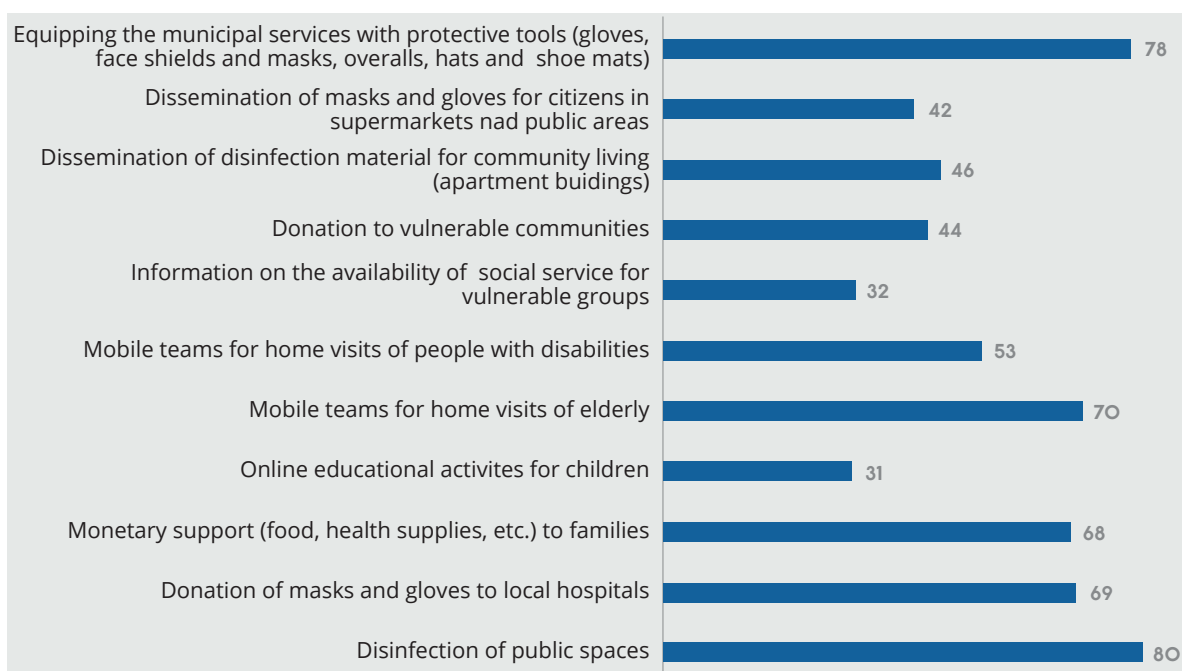
of the respondents toward use of national hotline for information. In addition, depending from other variables (urban vs rural) related to the individual local self-governance, it can be noted that those local governments with more rural population increasingly used community and health workers to communicate with citizens while more urbanized localities used mostly local radio, social networks and other internet-based communication.

The results of the questionnaire related to the opinion of respondents on level of information

recipience are complementary to above noted, as presented by categories of population provided below in Graph 18 for women and Graph 19 for men.

When comparing information provision, the respondents consider that women and men are equally informed about COVID-19, with specific note that those well – informed are: People living in urban areas (average 2,88 for women and 2,91 for men), Parents with children below 10 years old (average 2,81 for women and 2,81 for men), youth (average





Graph 20. Type of interventions undertaken so far in response to COVID-19

2,74 for women and 2,71 for men), while the less informed (have basic information) are homeless people (1,66 for men and 1,65 for women), Roma and/or representatives of other ethnic minorities (2,09 for women and 2,07 for men respectively) as well as persons registered in the social protection/welfare system⁹ (2,28 for both women and men).

When discussing the interventions, the municipalities/cities have undertaken so far in response to COVID-19, they can be seen as diversified and similar to most of them. Namely, as seen in Graph 20 below, most of the local self-governance units (more than half of them), performed:

1. disinfection of public spaces (80 LGs),
2. equipping the municipal public services with protective tools (gloves, face shields and masks, overalls, hats and shoe mats) (78 LGs),
3. established mobile teams for home visits of elderly (70 LGs m),
4. donation of masks and gloves to local hospitals (69 LGs) and
5. provided monetary support (food, health supplies, etc.) to families.

It can be noted that most of the respondents consider that local immediate measures/interventions for COVID-19 did not take into consideration the needs of women (66% of respondents), while 33% think that the women needs are taken into special consideration. However, few of the interviewed noted that there are “no special women needs” – thus can be concluded that they have not understood the question - but rather noted that the interventions were same to both gender. In other words, the lack of understanding for specific need of some group of population is one of the main issues noted from the questionnaires. While most of the local self-governments did provide certain immediate assistance, none of them is specifically designed and / or implemented to address main issues defined under relevant local and / or entity/national (even international) documents related to the gender equality and did not pay special attention to needs of women and men respectively.

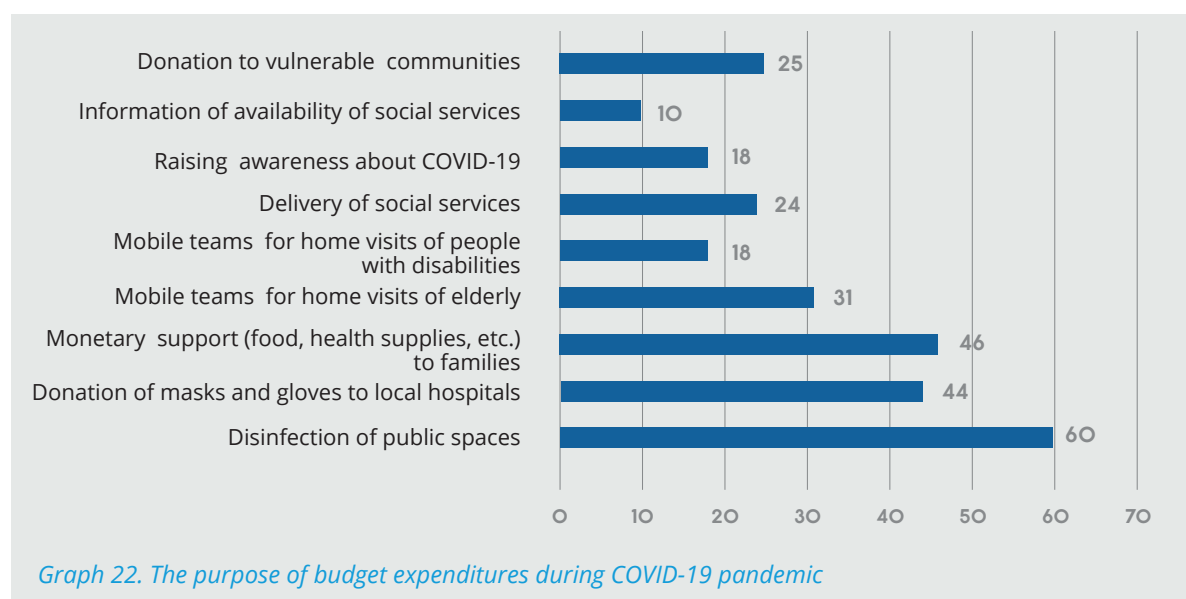
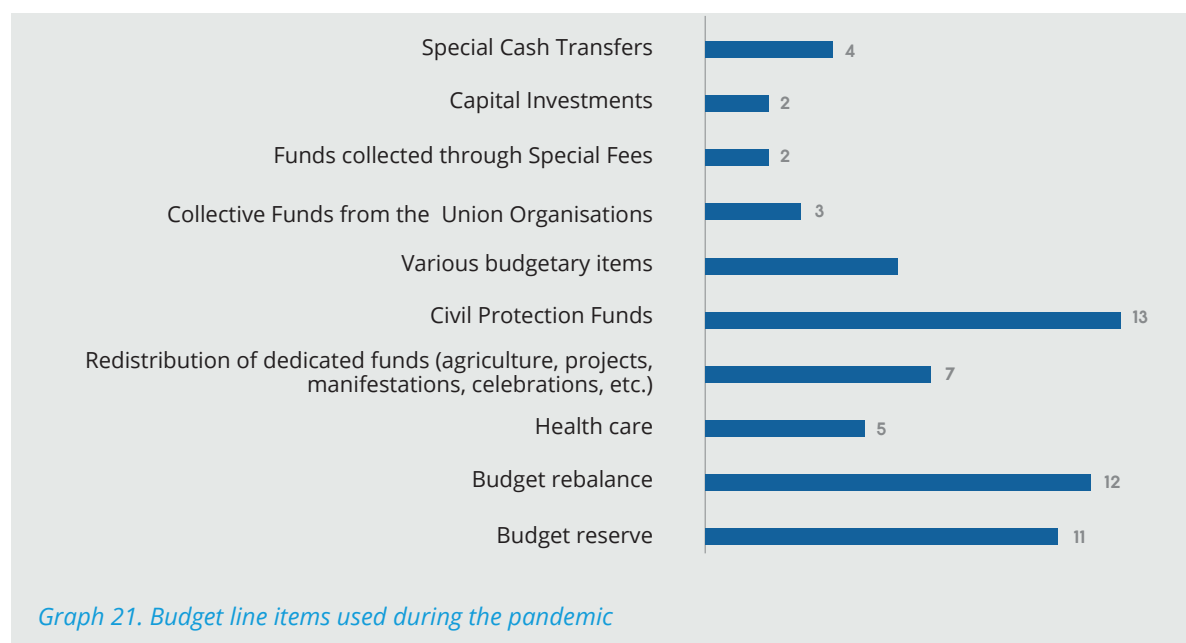
The budget used for such assistance and immediate support was separately used. Namely, 78% of the respondents noted that the municipalities/cities dedicated a separate budget line items (21% is not sure) to respond to the COVID-19 emergency. Analyzing the sources of used budget expenditures, it can be noted that most of local budgeting funds were used from civil protection funds (13 municipalities/cities), budget rebalance (12

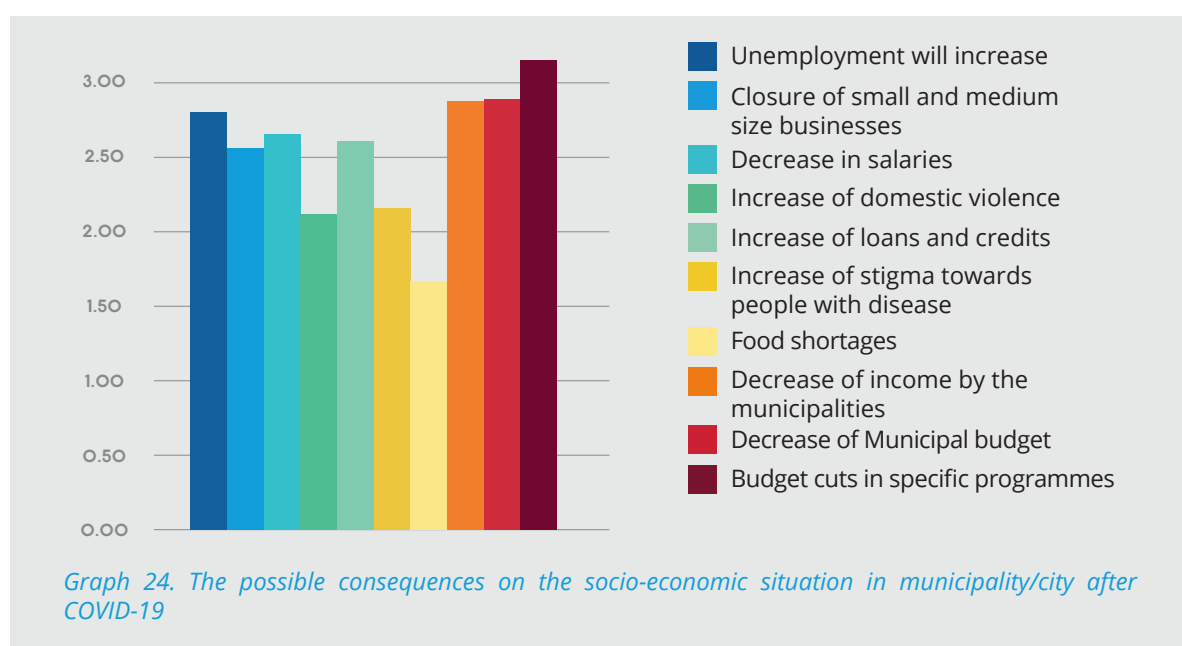
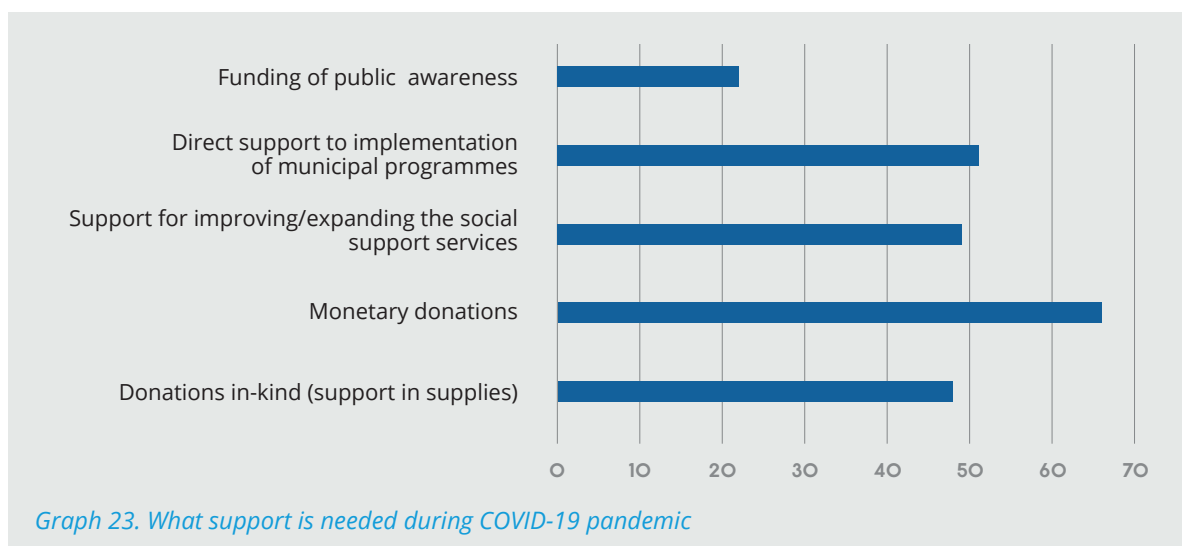
⁹ Refers to the marginalized population that is directly affected by the COVID-19 pandemic, have lack of approach to the Center for Social Welfare and no income

municipalities/cities) and budget reserve (11 municipalities/cities) – but, on the other side, it is challenging to note that other socio-economically important activities were reduced and/or even cut – off (such as cultural and/or sport events, various budgetary items, etc). This input may be a consequence of lack of direct financial support for local challenges from other levels of government, that have more jurisdictions over health care, education policy and social welfare in general. Among other reasons, LGs stated lack of financial support from the higher levels of government in both entities as main reasons for provision of additional local services during COVID-19 pandemic (especially in those LGs that belong to “underdeveloped” ones).

Nevertheless, the reasons for using different or rebalanced budget line items at the local levels demonstrate that the needs and challenges defined under Graph 21 above are fully relevant to the purposes of used funds.

Namely, most of the dedicated funds at the local level were spent on Disinfection of public spaces in 60 cases, direct cash support (food, health supplies, etc.) to families in 46 cases, donation of masks and gloves to local hospitals in 4 cases, while the least funds were dedicated to information on availability of social services, raising awareness about COVID-19 and delivery of social services.





When asked on the necessary support that is needed during COVID-19 pandemic, the respondents answers were consistent with the previously noted, as presented in Graph 23.

Namely, beside immediate investment in the above presented interventions, the respondents noted that the local needs during COVID-19 pandemic (and still in effect) are mainly related to the need of monetary donations (27% of respondents), donations in kind (support in supplies noted by 20,3% respondents), support for improving/expanding the social support services (20,7 respondents) and direct support to implementation of municipal/city programmes / projects (21,6%).

4.3. POSSIBLE CONSEQUENCES AFTER COVID-19

The third important section of the assessment was dedicated to the possible consequences on the situation in the municipalities/cities after COVID-19, where respondents provided their opinion on the socio-economic impact per categories of population, their age and socio-economic status, with particular focus on both women and man. The main conclusion, as presented in the Graph 24 is that most of the respondents consider economic challenges as the one that are most probably likely to happen (while ranking them from 1-4 – where 1 is Unlikely, 2 Even Chance, 3 Probable and 4 – Highly likely).

	Women	Men	
Youth (15-30 years old)	2.71	2.69	0.02
Parents with children below 10	3.00	2.89	0.11
Single parents	3.29	3.16	0.12
Elderly (65+)	3.18	3.16	0.02
People with disabilities	3.13	3.18	-0.05
People living in urban areas	3.27	3.24	0.03
People living in rural areas	2.56	2.53	0.03
Survivors of domestic violence	3.10	2.90	0.20
Homeless people	3.14	3.15	0.00
Roma and/or representatives of other ethnic minorities	3.00	3.00	0.00
People living with HIV	3.03	3.04	-0.02
Persons registered in social protection/welfare system	3.17	3.21	-0.04

Table 1. Mostly affected by the possible consequences after COVID-19

Note: 1 – Unlikely, 2 – Even Chance, 3 – Probable, 4 – Highly likely

In other words, the respondents noted that budget cuts in specific programmes will almost highly likely to happen (with average score of 3,17), while most of other economic-related consequences, are between 2,50 and 3,00 in average. More concretely, the respondents consider that unemployment will increase (2,8 average), decrease of income by the municipality (2.89 average), decrease of municipal budget (2.90 average), closure of small and medium size businesses (2,56 in average) and consequently, that the decrease in salaries for those that will stay in work will happen (average 2,67 in average).

Looking at these opinions from the perspective of both women and men, from the table 1 below it can be noted that respondents think that both women and men will be approximately similarly affected by the economic consequences after COVID-19.

On the other side, none of the presented women and men categories are not rated below score 3, which represent most probable scenario of the economic consequences after COVID-19. In other words, it can be expected that, according to the opinion of more than 80 local government representatives, that men with disabilities and those men registered in social protection/welfare system will be more affected than women, while survivors of domestic violence, women with children below 10 and single women parents will be more negatively affected than men.

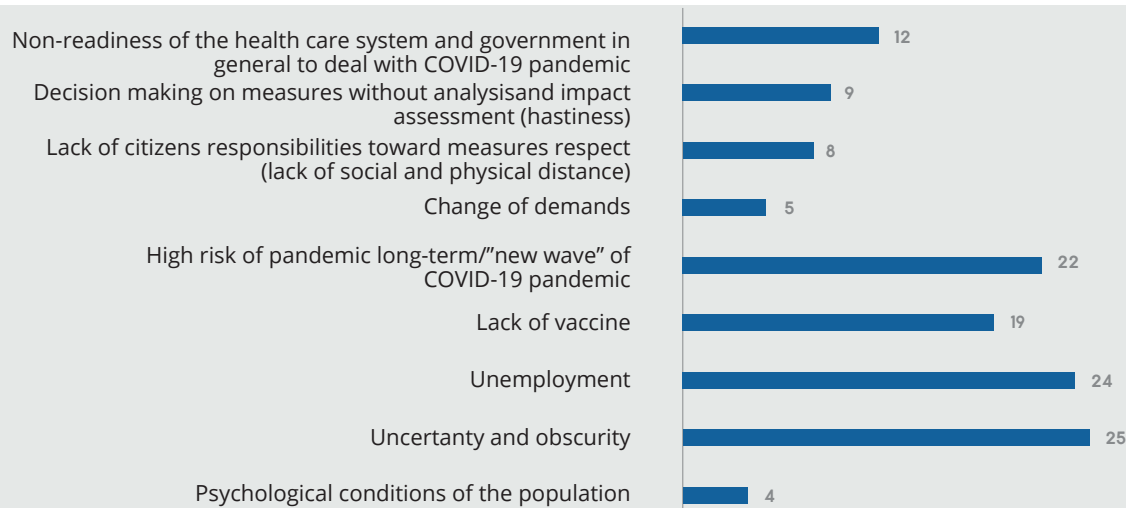
4.4. GENERAL CONCERNS AND SUGGESTIONS OF MUNICIPALITIES/CITIES

Looking more generally on the concerns of the respondents, the opinions of the municipal and cities representatives are consistent with the experience and lessons learned from the period of lockdown / breakout due to the COVID-19 pandemic. It must be noted that the responses were based on “open question” i.e. each interviewed person could write the answers in their own words – however, all answers are structured in nine (9) main concerns, as presented in Graph 25.

Namely, most of the respondents are concerned on the four main factors:

1. uncertainty and obscurity,
2. unemployment,
3. high risk of pandemic long-term / “new wave” of COVID-19 pandemic,
4. lack of vaccine.

Not less important, concerns related to the non-readiness of the health care system and government in general to deal with COVID-19 pandemic, decision making on measures without analysis and impact assessment (hastiness), lack of citizen's responsibilities toward measures respect (lack of social and physical distance), as well as psychological conditions of the population.



Graph 25. Greatest concerns in terms of COVID-19 crises for the future

Suggestion/recommendation for interventions	# of LGs
Material support for the projects at the local level, especially from the higher levels of government	32
Support to the health care system (equipment and services), especially for women	30
Interventions with donations / financial support to the individuals affected by COVID-19	28
Support in designing and expanding social protection projects and programmes	25
Consistency and continuity in the strengthening of the civil protection, especially investments in equipment and capacity building of Civil Protection staff	24
Direct material and financial support to the private sector employees	22
Strongly developed and implemented campaign of the tourism potential in BiH	21
Psychological support at the local level, with special focus on women	18
Continue implementation of the international organisations and donor community	18
Coordinated approach in support from the government and international organisation	18
Financing and support to the agricultural producers, especially female-led households	16
Short-term Interventions in credits moratoriums	16
Development of alternative public sources of funding	12
Reduce of local administrative burden and taxes	11
More efficient and effective organisation of public spending	10
Opening of the Public Works with aim to increase employment	3

Table 2. Suggestions/recommendations for interventions that would support the municipalities to better respond to the post emergency needs

In order to address above defined challenges and concerns, the municipalities and cities suggested various suggestions/recommendations for interventions that would support the municipalities to better respond to the post emergency needs – as presented in the Table 2.

Beside above noted, the municipalities and/or cities had various recommendations and/or suggestions that are more “system change” related, but should be noted as well. These are (grouped by the jurisdiction):

➤ **Change of the Law on procedure on indirect taxation and appropriate funds**

distribution toward less developed local self-governance units,

- **Development and investment in Solidarity Funds for development and economic recovery of tourism at the local level,**
- **Development of International / Donor Community funds for support of recovery of less-development local self-governance units,**
- **Stimulation of banking sector for reduce interest rates for new business loans and**
- **Implementation of global media campaigns for solidarity in case of emergencies.**

5. KEY ASSESSMENT FINDINGS AND CONCLUSIONS

The worst health crisis of a generation and decade is challenging localities in BiH (and world-wide). BiH localities seem to be extremely concerned about how COVID-19 will affect the most vulnerable populations. The situation is even challenging since the infrastructure and healthcare provisions reductions made the pandemic harder to control. Additionally, it can be mostly verified that the pandemic deepened pre-existing inequalities, exposing vulnerabilities in gender equality and equity, social, political and economic systems which are in turn amplifying the impacts of the pandemic. Assessment of the impact at the local level demonstrate that this challenge is visible across almost every sphere, from health to the economy, security to social protection, noting that the „impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex and lack of general misunderstanding of the particular needs that women and girls have in lockdown situations “. On the other side, for many interviewed (more than 20) localities, it can be noted that they **do not understand the main challenge women are facing during crisis periods, which demonstrate that the main preconditions in understanding individual needs (and consequently individual approach) for long-term interventions sustainability is a challenge for itself.**

From the health perspective, consequences of the COVID-19 are primarily seen through the lens of those infected by COVID-19 in BiH, while some of the reports (official reports of the Ministries of Health in both entities) so far demonstrate that the infection and mortality rate is higher for man than women. The reasons are potentially diverse, from the sex-based immunological or gendered differences, to the way of infection prevention and overall responsibility for personal wellbeing. However, **the lack of gender disaggregated data makes any effective comparison difficult even do, infection and/or fatalities alone do not showcase the ways in which women and men are vulnerable to the immediate risks of**

epidemics, or how they experience the longer-term threats and consequences whatsoever. More importantly, socially prescribed cultural norms, attitudes, and practices in relation to gender play a critical role in understanding at least some of the individual impacts that these kind of situations affect women and man.

It can be verified (even from the assessment results and official economic statistics) that **women are often the main caregivers in their homes, communities, and health facilities, which puts them at an increased risk of contracting COVID-19.** In BiH in general, very high percentage of women (estimated at more than 70%) workers are in the health and social sectors, which were most affected by the pandemic. Also, it is well known that women also make up the majority of service staff at healthcare facilities (such as cleaners, caterers and laundry workers), pharmacists, medical practitioners, midwives, nurses, social and welfare professionals, and medical laboratory scientists – **women of BiH in their professional life play(ed) crucial role in the outbreak and afterwards!** A predominantly feminised healthcare workforce means that women are on the front-line of the COVID-19 crisis, increasing their exposure and potentially their family members to the Corona COVID-19 virus. Although so many women were, and are working on the COVID-19 frontlines, women had and have little say in the policy measures put in place to address the crisis interventions – confirmed through the level of participation of women in the local Crisis Staff (BHS – “Krizni štabovi”), whose participation is significantly lower than man.

Economically speaking, the COVID-19 pandemic posed the most serious threat to the BiH since the global financial crisis back in 2008. Several policy measures to limit the human and economic cost of the pandemic have been announced when the immediate challenge for the government is to prevent further COVID-19 infections, reinforce medical care, and

counteract the negative economic effects of the containment measures. Beside the fact that the Impact Assessment demonstrated high risk and fear of employment loss, the World Bank¹⁰ estimations confirm that, unemployment, already high, is expected to increase as a result of COVID, especially for women. Early evidence related to job loss and impacts on certain sectors of the economy suggest that women may be more affected and face economic insecurity due to COVID-19. Gender segregation in certain sectors and positions of employment, women's over-representation in more precarious employment, and the under-representation of women in positions of leadership may be contributing factors. However, the labor market still suffers from high structural unemployment, and the falling unemployment rate partly reflects the country's aging and shrinking workforce. Job creation has been minimal, and COVID-19 now threatens loss of a significant share of existing jobs, especially in the service industry – where most labour force are women. In other words, what started as a shock to the health sector has quickly become an economic crisis that has engendered both women and men, with higher socio-economic risks for women.

Socially speaking, due to social distancing measures and / or forced isolation, more people are required to stay at home. In addition, working from home arrangements means that, for many, the home is now the workplace, in addition to other activities, as noted in the assessment situational analysis. This increase in time spent at home is placing individuals at risk of domestic violence. Monitoring of the potential increases in online bullying, with more people at home and online, is also important. From the post-questionnaire interviews, it can be indicated that there is a concern that victims of domestic violence may and did not receive much-needed support during COVID-19 with essential services disrupted, and individuals unable to make calls to helplines while in the same space as an abusive partner. Of course, this is not a case only for BiH, it is the case all over the world - as UNFPA noted: „As the COVID-19 pandemic rages on, the number of women unable to access family planning, facing unintended pregnancies, gender-based violence and other harmful practices could skyrocket by millions of cases in the months ahead”¹¹. The ongoing impact of COVID-19 may

be another link to increased domestic violence since there is often an increase in domestic violence during times of economic hardship. In addition, the impacts of COVID-19 affected the capacity of local women's organisations, which typically provide support at the individual and institutional level to survivors of violence, such as Safe Houses, as noted in the results of the assessment situational analysis. Finally, summarizing the increased activities „at home” of women in comparison to men as concluded previously, could lead to heightened feelings of stress and limit women's overall economic opportunities (socio-economic consequence). Thus, early evidences related to job loss and the impacts of COVID-19 suggest that women are facing increased socio-economic insecurity. In other words, economic hardship, coupled with more time spent at home due to social distancing and isolation measures, is placing individuals at risk of domestic violence. As a long-term consequence, women's psychological well-being might be affected more adversely than men's from financial and emotional stress, combined with physical violence.

However, above challenges can be seen from another potential point of view. Namely, there is good opportunity to strive changing gender and workplace norms in BiH. In other words, during the COVID-19 crisis, some employers are encouraging or requiring employees to work from home, especially in the public sector. Having this in mind, increased workplace flexibility and greater involvement of men in care and domestic work are hypothesized to be among the potential effects of the COVID-19 crisis. These effects would have important impacts on gender equality hence flexible work practices could contribute to more sharing of care and domestic work and further support women's increased labour force participation. In other words, there is a potential that BiH employers may become more aware of the need for flexible working arrangements as employees balance childcare and work commitments during the COVID-19 pandemic, which could be a strong shift from current social and cultural norms.

Localizing the Impact Assessment results, first of all, it should be concluded that the relevance of respondents that participated in the assessment is high, since the most of the interviewed are relevant actors within local self-

¹⁰ The Economic and Social Impact of COVID-19, The Country Notes, Western Balkans Regular Economic Report, No.17, Spring 2020, p. 14

¹¹ April 28th 2020, UNFPA's Global COVID-19 Response

Plan available at <https://www.unfpa.org/resources/coronavirus-disease-COVID-19-pandemic-unfpa-global-response-plan#>

government units in BiH. Thus, the responses can be seen as objective and can serve to understand how the changing situation is affecting women and men differently and how local communities are addressing it in BiH (which is a main objective of assessment). On the other side, established 75 local Crisis Staff team, whose main role was to define and monitor implementation of measures from the higher levels of government and to perform "localized" actions and / or interventions, did not equally considered roles of both women and man during the COVID-19 pandemic (consisted of 29% women and 71% men).

5.1. WHICH CATEGORIES OF POPULATION ARE AT HIGHEST RISK WHEN IT COMES TO COVID-19 PANDEMIC?

When discussing the socio-economic impact of COVID-19 and categories of population at highest risk (such as youth, women, Roma minorities), it is visible that the lack of information and uncertainty (in general) during the pandemic, resulted in the fact that significant percentage of respondents (31,7%) have view that the impact of the on the socio-economic status of the citizens in municipality/ city will have medium impact. Moreover, 96% of interviewed consider that pandemic equally impact women and man at the local level. The respondents consider that the highest economic risk due to COVID-19 outbreak for women is for those that are self-employed and small and medium business owners, while all others do not have high economic risks associated. Looking from the perspective of sector employed, the respondents consider that women in the private sector will be most negatively affected within tourism/hospitality/ catering services and daycare services/private educational institutions, while other sectors are bit less assessed with highest economic impact. Similarly, to previously said, economic risks for women in public sector employment (health care, education and public administration) is seen similarly. When social risks per categories of population due to COVID-19 outbreak are analysed, it can be noted that respondents consider elderly have the most social risks, which is expected answer, having in mind mortality rate of COVID-19, from the health

perspective. The respondents consider that women with disabilities, homeless, survivors of domestic violence, mainly in urban areas, have the most social risks related to the COVID-19 pandemic. Finally, it can be noted that respondents consider that the measure of closing schools and day-care centers at local levels significantly more negatively impacted women than men. Working from home also more negatively impacted women than men – as presented in the Situational Analysis section.

The most relevant element of assessment related to the categories of population at highest risks is seen in the data available on the activities during COVID-19 pandemic (in comparison to pre-COVID-19 period) which has significantly changed and became more challenging for women than man. More specifically, more than 95% respondents consider that cooking and serving meals, leaning (e.g. clothes, household), decoration, repair and household management, shopping for the family, taking care of elderly and taking care of children (teaching, playing, care) is significantly increased during the pandemic of COVID-19 (from shopping for the family to taking care of children (teaching, playing, care) appropriately. Thus, it is visible that women daily activities were significantly impacted by the COVID-19 impact, which in turn, increased their vulnerability to several other consequences in socio-economic wellbeing.

One of these can be seen in the gender based violence (re: family and/or domestic violence), which, unfortunately, is hard to estimate in comparison to the period with no breakout. Even 37% respondents consider there is no increase in the domestic violence cases and / or gender based violence reported, the percentage of 59% respondents not having data on this important socio-economic element of women and families wellbeing demonstrate that the close monitoring of local domestic violence cases and / or gender-based violence is largely lacking during COVID-19 pandemic, and most probably, even afterwards. Nevertheless, most of the respondents consider that the response of the local non-governmental organisations/safe houses and multi-sectoral teams towards reported family/ domestic violence during COVID-19 pandemic decreased, while they consider that the police and Center for Social Welfares respectively improved their responses.

Summarizing the section, it can be noted that economic consequences will most affect self-employed and women-owned medium business in the private sector. This is because women-owned businesses are generally operating with less capital and relying more on self-financing. As far as categories of population of a highest risk when it comes to COVID-19 pandemic, most affected categories of women are those previously recorded, but also victims of gender-based violence, women with disabilities, homeless, all mainly in urban areas, have the most social risks related to the COVID-19 pandemic. These risks include increased vulnerability to several consequences in social wellbeing, psychosocial instability and increase in number of gender-based violence occurrence. The gendered impact of COVID-19 is evident in following six broad areas:

1. Increased risks and evidence of gender-based violence in the context of the pandemic and its responses at the local level;
2. Unemployment, economic and livelihood impacts for the poor and rural women and girls;
3. Unequal access to health and education services for all and both boys and girls;
4. Unequal distribution of care and domestic work;
5. Women voices are less included to inform a gender-targeted response; this is particularly the case for those most “left behind”;
6. Policy response mechanisms did not incorporate gender analytical data or gender-responsive plans.

5.2. WHAT IMMEDIATE INTERVENTIONS HAVE BEEN UNDERTAKEN AT LOCAL LEVEL?

As far as immediate interventions are concerned, most of the municipalities and cities used official government websites, social networks and local radio/TV stations to provide information regarding COVID-19 to the

citizens. Local governments with more rural population increasingly used community and health workers to communicate with citizens while more urbanized localities used mostly local radio, social networks and other internet-based communication. When discussing the interventions the municipalities/cities have undertaken so far in response to COVID-19, they can be seen as diversified (disinfection of public spaces, equipping the municipal public services with protective tools, mobile teams for home visits of elderly, donation of masks and gloves to local hospitals and provided monetary support to families) but the coordinated effort of all levels of government was lacking.

It can be noted that most of the respondents consider that local immediate measures/interventions for COVID-19 did not take into consideration the needs of women. In other words, none of them is specifically designed and / or implemented to address main issues defined under relevant local and / or entity/national (even international) documents related to the gender equality and did not pay special attention to needs of women and man respectively. Analyzing the sources of used budget expenditures, it can be noted that most of local budgeting funds were used from civil protection funds (13 municipalities/cities), budget rebalance (12 municipalities/cities) and budget reserve (11 municipalities/cities) – but, on the other side, it is challenging to note that other socio-economically important activities were reduced and/or even cut – off (such as cultural and/or sport events, various budgetary items, etc). Most of the dedicated funds at the local levels were spent on disinfection of public spaces, monetary support (food, health supplies, etc.) to families, donation of masks and gloves to local hospitals, while the least funds were dedicated to information on availability of social services, raising awareness about COVID-19 and delivery of social services. Beside immediate investment in the above presented interventions, the respondents noted that the local needs during COVID-19 pandemic (and still in effect) are mainly related to the need of monetary donations, donations in kind (support in supplies), support for improving/expanding the social support services and direct support to implementation of municipal/city programmes / projects.

5.3. WHAT WILL BE THE CONSEQUENCES AFTER COVID-19 AND WHICH CATEGORIES THEY WILL AFFECT?

The main finding of the section is that most of the respondents consider economic challenges as the one that are most probably likely to happen after COVID-19. Namely, the local budget cuts in specific programmes will almost highly likely to happen, while most of other economic-related consequences are most likely to happen. More concretely, the respondents consider that unemployment will increase, that decrease of income by the municipality and consequently decrease of local budgets, will result in closure of small and medium size businesses as well as the decrease in salaries for those that will stay in work. These negative consequences will affect similarly both women and men in economic aspect, but the potential social negative consequences for women, are much more likely to happen than for men. From the categories perspective, it can be expected that, according to the opinion of more than 80 local government representatives, that men with disabilities and those men registered in social protection/welfare system will be more affected than women, while survivors of domestic violence, women with children below 10 and single women parents will be more negatively affected than men.

5.4. WHAT ARE MUNICIPALITIES REPRESENTATIVES' SUGGESTIONS/ RECOMMENDATIONS FOR INTERVENTIONS THAT WOULD SUPPORT THE MUNICIPALITIES TO BETTER RESPOND TO THE POST EMERGENCY NEEDS?

Summarizing the assessment related to the interventions that would support and eventually mitigate some of the above defined consequences after COVID-19, most of the respondents are concerned on the four main concerns: uncertainty and obscurity, unemployment, high risk of pandemic long-term / "new wave" of COVID-19 pandemic and lack of vaccine. Looking from the perspective of jurisdiction, the suggestions/ recommendations for interventions that would support the municipalities to better respond to the post emergency needs can be considered as appropriate, relevant, effective and potentially efficient on impact – level are presented in the chart below.¹²

Economic	Social	Other
<ul style="list-style-type: none"> Material support for the projects at the local level, especially from the higher levels of government Interventions with donations / financial support to the individuals affected by COVID-19 Direct material and financial support to the private sector employees Continue implementation of the international organisations and donor community Financing and support to the agricultural producers, especially female-led households Short-term Interventions in credits moratoriums Reduce of local administrative burden and taxes Economic 	<ul style="list-style-type: none"> Support to the health care system (equipment and services), especially for women Support in designing and expanding social protection projects and programmes Psychological support at the local level, with special focus on women 	<ul style="list-style-type: none"> Consistency and continuity in the strengthening of the civil protection, especially investments in equipment and capacity building of Civil Protection staff Strongly development and implemented campaign of the tourism potential in BiH Coordinated approach in support from the government and international organisations Development of alternative public sources of funding More efficient and effective organisation of public spending Opening of the Public Works with aim to increase employment

¹² Listed in order of preference and values toward better responding to the COVID-19 post emergency needs.

6. IMPACT ASSESSMENT RECOMMENDATIONS

Following the set of assessment findings and overall conclusions, the Impact Assessment provides a number of recommendations for the COVID-19 responses at the local level, including on sex- and age-disaggregated data collection; social and gender norms analysis; engagement of women, adolescent girls and all marginalised groups in leadership and decision-making roles in preparedness and response efforts; and gender-sensitive support to frontline women workers. In that sense, following recommendations should be made:

6.1. RECOMMENDATIONS TO THE GOVERNMENT(S) AND POLICY MAKERS

Continuously collect sex-disaggregated data and undertake in-depth data gendered impact analysis of COVID-19

Whilst lifesaving, the COVID-19 lockdown is disproportionately impacting women as existing gender inequalities are exacerbating gender-based disparities between women, men, girls and boys in terms of access to information, employment, resources to cope with the pandemic, and its socio-economic impact. As noted in the previous section of Key Findings and Conclusions, it should be examined what is the impact of COVID-19 on pre-existing structural social and economic vulnerabilities of women, girls and diverse gender groups, and the challenges faced by these groups in accessing information and health, education, protection and gender-based violence services, as well as support for livelihoods in more depth than this Impact Assessment covered. In other words, in both short and long-term, policy makers need to incorporate a gender analysis into the development of COVID-19 policies and as the pandemic unfolds, so there is urgent need for sex-disaggregated data to fully understand how women and men are affected by the COVID-19. Understanding the impact

of lockdowns on women and girls could lead to the development and implementation of other effective policy measures. Similarly, assessing the gendered aspects of minimising disruptions and maintaining supply chains for essential items is likely to lead to better outcomes for all, men and women. To mitigate and understand the gendered impacts of the COVID-19 crisis, both immediately and over the long-term, the following measures should be proposed:

- collect gender disaggregated data,
- clearly communicate and strengthen resources, frameworks, and laws related to assisting victims of violence,
- ensure that women and vulnerable groups have access to necessary health resources,
- make visible the responsibilities of care work and provide support for childcare,
- support women in pursuing economic opportunities and small and medium enterprises,
- consult women on the response and ensure their representation in planning and responding to the pandemic,
- ensure and support girls' access to education,
- promote flexible working and family-friendly policies in the workplace,
- promote a more gender-balanced healthcare and social protection workforce.

This recommendation might be applicable as recommendation to international organisations as well.

Targeted support to women at the local level

Unconditional cash transfers to women are expected to improve the financial and intra-household status of female beneficiaries, as well as their psychosocial well-being. Governments should, therefore, target beneficiaries under as many schemes as possible to ensure maximum reach. Support measures in response to COVID-19 need to go beyond workers who hold formal sector jobs and include informal, part-time and seasonal

workers, most of whom are women. This is particularly necessary in female-dominated spheres such as the hospitality, food and tourism sectors. This support can also be implemented using Recommendations from municipalities representatives' for interventions that would support the municipalities to better respond to the post emergency needs.

Risk for girls are lot higher, than for boys

COVID-19 outbreaks increased girls' and young women's duties caring for elderly and ill family members, as well as for siblings who are out of school. Girls, especially those from marginalised communities and with disabilities, may be particularly affected by the secondary impacts of the outbreak. Therefore, governments must ensure education response plans are gender and age responsive, sensitive and to reflect the lived realities of girls, especially children with disabilities and other marginalised children throughout the life cycle of education.

On the other side, economic and social stress on families due to the outbreak can put children, and in particular girls, at greater risk of exploitation, child labour and gender-based violence. Quarantine measures should be accompanied by support for affected households. Governments must include measures to address gender-based violence (GBV) and child protection in COVID-19 response and recovery plans and ensure that plans are gender and age responsive and multi-sectoral. The measures include designating safe spaces for women where they can report abuse without alerting perpetrators, e.g. in stores or pharmacies, moving services online and/or stepping up advocacy and awareness campaigns, including targeting men at home.

As the lockdowns are easing down, creating accessible information portals on job availability would help both men and women match with potential employers, especially in rural areas. More than ever, technology is going to be at the core of our "new normal" and bridging the digital gap will increase girls' and women's chances of accessing education and jobs. Additionally, one of the interventions in the short-term should be raising awareness of the crisis and the child protection risks of lockdown including sexual and gender-based violence via different channels (TV, internet, radio, posters etc.) and providing

targeted support to vulnerable households. On the other side, from the social protection approach, it is visible that will clear system of referral for children in need of special support, including psychosocial counselling is mandatory. This should be a short and long-term intervention, where localities should be supported to identify and support vulnerable children, e.g. children without family, children with health problems and children living or working on the streets. Supplemented, remote case management where access is not available to ensure children are receiving social service support, and providing training to communities and youth groups on child protection and child safeguarding is one of the intervention that can be considered as well.

Monitor the incidence of domestic violence and gender-based violence

As UN Women reports, if not tackled, domestic violence will become a shadow pandemic that will also add to the economic impact of COVID-19. The increase in violence against women must be dealt urgently with measures embedded in economic support and stimulus packages that meet the gravity and scale of the challenge and reflect the needs of women who face multiple forms of discrimination. Municipalities must provide support to specialized services and uphold the standards set by the Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention, 2011).

6.2. RECOMMENDATIONS FOR INTERNATIONAL ORGANISATIONS

In case that the second "line" of COVID-19 pandemic happens, the focus of the donor community, including UN Women BiH should be on adapting current programmes and implementing new remote approaches to ensure addressing the immediate and medium impacts of the outbreak. In other words, women and girls suffer most during emergencies, so the relevant actors should strive to ensure their needs are addressed and „not left behind“. The response should be tailored towards the most vulnerable

communities (rural local self-governments, those without developed health care system, etc) in the following sectors:

- Water, Sanitation and Hygiene (such as installing handwashing facilities, distributing hygiene and menstrual kits sharing age-appropriate, gender-aware health and hygiene information),
- Supporting local governments (such as providing disinfectant to sanitise public spaces and provide direct grant support for local investments in procurement of medical equipment) in encouragement to maintain essential services for adolescent girls and young women, such as sexual and reproductive health services, and maternal, newborn and child health services as well as provide support to local health authorities and training community health workers.
- In the arena of education, support can be provided in training teachers and key workers on the prevention/control of COVID-19 and empowering parents, caregivers and the wider community to support the learning, development and wellbeing of children when schools close including providing different teaching aids to households to be used as a model and to initiate parents to prepare their own teaching aids for their children in as well as supporting radio teaching.
- If possible, essential activities, like household-feeding programmes which support vulnerable groups including children with disabilities, should be continued and/or started.

In the name of Impact Assessment conclusion, it can be noted that all of us only learning the small portion of the socio-economic implications of this health crisis as it unfolds for both women and men. In order to address any gendered effects, one must take into account the fact that the short-term implications may differ from the long-term. There may be forces working in both directions, reducing versus increasing gender inequality. Therefore, flexible policy tools to address women's concerns as the effects of the health crisis evolve over time is a must, not the policy option.

ANNEX 1 - QUESTIONNAIRE

Mapping the impact of COVID-19 on the socio-economic situation of women at local level

The COVID-19 pandemic has affected Bosnia and Herzegovina, as many other countries globally, bringing not only health risks but also many socio-economic risks and consequences. In a state of emergency, there is a profound shock to our society and economy, and the impact on women and men, particularly the most excluded and vulnerable groups, is different both in scope and severity. As frontline responders, health professionals, community volunteers, transport and logistics managers, women are making critical contributions to address the outbreak every day. The majority of caregivers, at home and in our communities, are also women. Additionally, they are at increased risk of infection and loss of livelihood, and existing trends point to less access to sexual and reproductive health and rise in domestic violence during crisis.

The scope of this questionnaire is to identify the non-health risks for women at local level with focus on the most excluded related to the outbreak of COVID-19. The findings of the assessment will serve as a basis for designing gender responsive interventions to support municipalities during and after the emergency period and see the opportunities to adapt some of the interventions to better respond to the needs of the groups at highest socio-economic risk.

The questionnaire is indented relevant representatives from the municipal administration working on municipal response to the crisis caused by COVID-19.

Completing this survey should take no more than 20 minutes. All responses will be kept strictly confidential.

I. General data

Position/function

Gender:

Male

Female

Q1. How did COVID-19 outbreak impact your job in particular? (Tick only one)

- ☐ I work full time in the office
- ☐ I work short hours and in shifts
- ☐ I work full time and in shifts
- ☐ I do not go to work due to chronically illness or taking care of children younger than 10
- ☐ I work full time from home and use digital tools for teamwork/meetings etc.

Other (Please add): _____

Q2. Did your municipality establish Crisis Committee as a response to the COVID-19 pandemic?

- ☐ YES
- ☐ NO

Q3. If Yes, what is the gender structure of the members?

- ☐ Women
- ☐ Men

I. SOCIO-ECONOMIC IMPACT OF COVID-19: Categories at highest risk

What is your personal view on the impact of the COVID-19 outbreak on the socio-economic status of the citizens in your municipality? (Tick only one)

- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ None of the above

Do you think that the outbreak of COVID-19 pandemic affects?

- ☐ Women more
- ☐ Men more
- ☐ Equally
- ☐ None of them

In your opinion, which of the categories in the list below, in your municipality, are at the highest economic risk due to COVID-19 outbreak? (rank them from 1-5: 1 – Lowest economic risk, 5 – Highest economic risk)

Women

- ☐ Unemployed
- ☐ Self-employed
- ☐ Small and medium business owners
- ☐ Small agricultural producers
- ☐ Athletes
- ☐ Civil Society Sector Employees
- ☐ Media employees

Employees in private sector

- a. Production
- b. Trade
- c. Textile industry
- d. IT/Telecommunications/Energy
- e. Tourism/Hospitality/Catering services
- f. Daycare services/Private educational institutions
- g. Arts and crafts

Employees in public sector

- a. Education
- b. Healthcare
- c. Social Services
- d. Public Administration

Men

- ☐ Unemployed
- ☐ Self-employed
- ☐ Small and medium business owners
- ☐ Small agricultural producers

- ☐ Athletes
- ☐ Civil Society Sector Employees
- ☐ Media employees

Employees in private sector

- a. Production
- b. Trade
- c. Textile industry
- d. IT/Telecommunications/Energy
- e. Tourism/Hospitality/Catering services
- f. Daycare services/Private educational institutions
- g. Arts and crafts

Employees in public sector

- a. Education
- b. Healthcare
- c. Social Services
- d. Public Administration

Q5. In your opinion, which of the categories in the list below are at the highest social risk due to COVID-19 outbreak? (rank them from 1-5: 1 – Lowest social risk, 5 – Highest social risk)

WOMEN

- ☐ Youth (15-30 years old)
- ☐ Parents with children below 10
- ☐ Single parents
- ☐ Elderly (65+)
- ☐ People with disabilities
- ☐ People living in urban areas
- ☐ People living in rural areas
- ☐ Survivors of domestic violence
- ☐ Homeless people
- ☐ Roma and/or representatives of other ethnic minorities
- ☐ People living with HIV
- ☐ Persons registered in the social protection/welfare system

Men

- ☐ Youth (15-30 years old)
- ☐ Parents with children below 10
- ☐ Single parents
- ☐ Elderly (65+)
- ☐ People with disabilities
- ☐ People living in urban areas
- ☐ People living in rural areas
- ☐ Survivors of domestic violence
- ☐ Homeless people
- ☐ Roma and/or representatives of other ethnic minorities
- ☐ People living with HIV
- ☐ Persons registered in the social protection/welfare system

Q6. In your opinion, rate the impact of the below listed measures on women and men? (rank them from 1-3: 1 – Low impact, 2 – Unchanged, 3 – High impact)

Women

- ☐ Closing schools and day-care centers
- ☐ Compensation of salaries for one of the parents of children under the age of 10
- ☐ Closing sport centers
- ☐ Work from home
- ☐ Curfew
- ☐ Closing restaurants and cafes
- ☐ Closing of the public transporto
- ☐ Limited access to the health care institutions

Men

- ☐ Closing schools and day-care centers
- ☐ Compensation of salaries for one of the parents of children under the age of 10
- ☐ Closing sport centers
- ☐ Work from home
- ☐ Curfew
- ☐ Closing restaurants and cafes
- ☐ Closing of the public transport
- ☐ Limited access to the health care institutions

Q7. In your opinion, how did the time spent for the following activities change for women and men? (rank them from 1-3:1 – Decreased, 2 – Unchanged, 3 – Increased)

Women

- ☐ Cooking and serving meals
- ☐ Cleaning (e.g. clothes, household)
- ☐ Decoration, repair and household management (e.g. paying bills)
- ☐ Shopping for the family
- ☐ Taking care of children (teaching, playing, care)
- ☐ Taking care of elderly
- ☐ Paid work

Men

- ☐ Cooking and serving meals
- ☐ Cleaning (e.g. clothes, household)
- ☐ Decoration, repair and household management (e.g. paying bills)
- ☐ Shopping for the family
- ☐ Taking care of children (teaching, playing, care)
- ☐ Taking care of elderly
- ☐ Paid work

Did you municipality have increase of family domestic violence cases?

- ☐ YES
- ☐ NO
- ☐ Do not have data

If yes, how do you estimate the response of the institutions towards reported family/domestic violence during COVID-19 pandemic (rank them from 1-3:1 – Decreased, 2 – Unchanged, 3 – Improved)

Police _____
Center for Social Welfare _____

Health Institutions _____
Judiciary _____
Non-government organisations/Safe Houses _____
Multisectoral teams for response to the violence _____

P12. What are the most needed three elements toward supporting institutions to improvement of effective response toward domestic violence during pandemic?

- ☐ Protective equipment
- ☐ More field workers to provide rapid response
- ☐ Regular communication among relevant actors
- ☐ Safe House placement
- ☐ Placement for abusers
- ☐ Special protocol for dealing with domestic violence during COVID-19 pandemic
- ☐ Other

I. IMMEDIATE INTERVENTIONS AT LOCAL LEVEL

Q8. What communication channels is your municipality using to provide information regarding COVID-19 (risks, recommended prevention actions, recommended coping strategies, etc.) to the citizens?

- ☐ Internet & social media (facebook, Instagram, etc.)
- ☐ Official Government websites
- ☐ Local Radio/Television/Newspaper
- ☐ Public service announcement/speaker
- ☐ Phone (viber, whatsapp, or call)
- ☐ Community, including family and friends
- ☐ Family doctor
- ☐ NGO/Civil Society organization
- ☐ COVID-19 national hotline
- ☐ Other _____
- ☐ None of the above

Q9. In your opinion, how well the citizens are informed regarding COVID-19? (rank them from 1-3: 1 – Uniformed, 2 – Have basic information, 3 – Well-informed)

Women

- ☐ Youth (15-30 years old)
- ☐ Parents with children below 10
- ☐ Single parents
- ☐ Elderly (65+)
- ☐ People with disabilities
- ☐ People living in urban areas
- ☐ People living in rural areas
- ☐ Survivors of domestic violence
- ☐ Homeless people
- ☐ Roma and/or representatives of other ethnic minorities
- ☐ People living with HIV
- ☐ Persons registered in the social protection/welfare system

Men

- ☐ Youth (15-30 years old)
- ☐ Parents with children below 10

- ☐ Single parents
- ☐ Elderly (65+)
- ☐ People with disabilities
- ☐ People living in urban areas
- ☐ People living in rural areas
- ☐ Survivors of domestic violence
- ☐ Homeless people
- ☐ Roma and/or representatives of other ethnic minorities
- ☐ People living with HIV
- ☐ Persons registered in the social protection/welfare system

Q10. What kind of interventions the municipality has undertaken so far in response to COVID-19? (Tick all that apply)

- ☐ Disinfection of public spaces
- ☐ Donation of masks and gloves to local hospitals
- ☐ Monetary support (food, health supplies, etc.) to families
- ☐ On-line educational activities for children
- ☐ Mobile teams for home visits of elderly
- ☐ Mobile teams for home visits of people with disabilities
- ☐ Information on the availability of social services for vulnerable groups
- ☐ Donations to vulnerable communities
- ☐ Dissemination of disinfection material for community living (apartment buildings)
- ☐ Dissemination of masks and gloves for citizens in supermarkets and public areas;
- ☐ Equipping the municipal public services with protective tools (gloves, face shields and masks, overalls, hats and shoe mats)

Q11. Do you think that the measures/interventions of COVID-19 take into consideration the needs of women?

- ☐ YES
- ☐ NO

Q12. Has your municipality dedicated a separate budget to respond to the COVID-19 emergency? (If yes, please specify from which budget line)

- ☐ YES
- ☐ NO

What was it mostly spent on?

- ☐ Disinfection of public spaces
- ☐ Donation of masks and gloves to local hospitals
- ☐ Monetary support (food, health supplies, etc.) to families
- ☐ Mobile teams for home visits of elderly
- ☐ Mobile teams for home visits of people with disabilities
- ☐ Delivery of social services
- ☐ Raising awareness about COVID-19
- ☐ Information on availability of social services
- ☐ Donation to vulnerable communities

Q14. In your opinion, what support your municipality needs during COVID-19 pandemic? Donations in-kind (support in supplies)

- ☐ Monetary donations
- ☐ Support for improving/expanding the social support services
- ☐ Direct support to implementation of municipal programmes
- ☐ Funding of public awareness campaigns

Other: _____

POSSIBLE CONSEQUENCES AFTER COVID-19

Q17. In your opinion, what are the possible consequences on the socio-economic situation in your municipality after COVID-19? (rank them from 1-4: 1 – Unlikely, 2 – Even Chance, 3 – Probable, 4 – Highly likely)

- ☐ Unemployment will increase
- ☐ Closure of small and medium size businesses
- ☐ Decrease in salaries
- ☐ Increase of domestic violence
- ☐ Increase of loans and credits
- ☐ Increase of stigma towards people with disease
- ☐ Food shortages
- ☐ Decrease of income by the municipality
- ☐ Decrease of Municipal budget
- ☐ Budget cuts in specific programmes

Q18. In your opinion who will be mostly affected by the possible consequences in your municipality after COVID-19? (rank them from 1-4: 1 – Unlikely, 2 – Even Chance, 3 – Probable, 4 – Highly likely)

Women

- ☐ Youth (15-30 years old)
- ☐ Parents with children below 10
- ☐ Single parents
- ☐ Elderly (65+)
- ☐ People with disabilities
- ☐ People living in urban areas
- ☐ People living in rural areas
- ☐ Survivors of domestic violence
- ☐ Homeless people
- ☐ Roma and/or representatives of other ethnic minorities
- ☐ People living with HIV
- ☐ Persons registered in social protection/welfare system

Men

- ☐ Youth (15-30 years old)
- ☐ Parents with children below 10
- ☐ Single parents
- ☐ Elderly (65+)
- ☐ People with disabilities
- ☐ People living in urban areas
- ☐ People living in rural areas
- ☐ Survivors of domestic violence
- Homeless people
- Roma and/or representatives of other ethnic minorities
- People living with HIV
- Persons registered in social protection/welfare system

Q 19. What is your greatest concern in terms of COVID-19 crises?

Q 20. What are your suggestions/recommendations for interventions that would support the municipalities to better respond to the post emergency needs? (Please list three)

ANNEX 2 - LIST OF MUNICIPALITIES AND CITIES THAT PARTICIPATED IN THE IMPACT ASSESSMENT

Republika Srpska

1. Berkovići
2. Bijeljina
3. Bratunac
4. Čajniče
5. Derventa
6. Foča
7. Gacko
8. Gradiška
9. Han Pijesak
10. Istočna Ilidža
11. Istočno Sarajevo
12. Jezero
13. Kneževo
14. Kotor Varoš
15. Kozarska Dubica
16. Laktaši
17. Ljubinje
18. Lopare
19. Milići
20. Modriča
21. Mrkonjić Grad
22. Nevesinje
23. Novi Grad
24. Novo Goražde
25. Osmaci
26. Oštra Luka
27. Petrovac
28. Prijedor
29. Rogatica
30. Teslić
31. Trebinje
32. Trnovo
33. Vlasenica
34. Zvornik.

Federation of Bosnia and Herzegovina

35. Banovići
36. Bihać

37. Bosanska Krupa
38. Bosanski Petrovac
39. Bosansko Grahovo
40. Breza
41. Bugojno
42. Busovača
43. Čapljina
44. Doboj Istok
45. Doboj Jug
46. Dobretići
47. Domaljevac Šamac
48. Foča-Ustikolina
49. Fojnica
50. Goražde
51. Gračanica
52. Grude
53. Ilidža
54. Jablanica
55. Kalesija
56. Kladanj
57. Kreševo
58. Kupres
59. Livno
60. Maglaj
61. Novi Travnik
62. Novo Sarajevo
63. Odžak
64. Olovo
65. Pale-Prača
66. Ravno
67. Sapna
68. Tešanj
69. Travnik
70. Trnovo
71. Tuzla
72. Zavidovići
73. Žepče
74. Živinice

75. Brčko District of Bosnia and Herzegovina

