

**FOCUS ON**  
**GENDER**  
BOSNIA AND HERZEGOVINA

**Issue 03**

**Rapid Gender Assessment  
of COVID-19 in Bosnia and  
Herzegovina**



**COVID-19  
RESPONSE**



Sweden  
**Sverige**



**UN  
WOMEN**

This issue of Focus on Gender concentrates on the gender aspects of the COVID-19 pandemic in BiH, focusing on how women's and men's lives have been impacted and changed in the face of COVID-19, in order to understand the different dimensions of impact and support to women and men in coping with the unprecedented effects of the global pandemic.

As a part of the regional effort, UN Women conducted a Rapid Gender Assessment (RGA) survey in BiH seeking to identify the impacts of COVID-19 on the population and specific implications of the impact on gender inequalities. The survey was administered at two points in time – Wave 1 and Wave 2. Wave 1 was conducted in May 2020 to prepare for the COVID-19 recovery, and Wave 2 was conducted in July 2020 to monitor the ongoing impact of COVID-19 on the lives of women and men and further adjust the response. The RGA focused on impacts of COVID-19 on employment and livelihood resources, unpaid domestic and care work, and health care and social protection, exploring additional areas such as sources of information on COVID-19 and impact of COVID-19 on discrimination, prejudice, and domestic violence.

The Wave 1 questionnaire was administered to a sample of 1,407 adults between 7 and 15 May 2020, and the Wave 2 questionnaire was administered to a sample of 1,413 adults

between 13 and 31 July 2020. Both Wave 1 and 2 samples were stratified based upon region and type of settlement (town/village), as well as age and sex. The goal was to generate samples that would be representative of the population, in keeping with population parameters defined from the 2013 Census. The samples at Waves 1 and 2 included adults aged from 18 to 93 years, with an average age of 46.7 years. Respondents came from each of the regions of the country and included 48.3% men and 51.7% women in both Waves. In keeping with the pledge to ensure “no one will be left behind” this assessment set out to gather data on vulnerable and marginalized groups, including: long-term unemployed, persons living with disabilities, parents / guardians of persons living with disabilities, single parents, victims of gender-based violence and/or sexual violence, and lesbian, gay, bisexual, transgender and intersex (LGBTI) persons.

As a result, UN Women prepared and published two RGA reports including recommendations – the first report presents only data from Wave 1, while the second report presents merged data from Waves 1 and 2 to explore differences between women and men, changes over time, including demographic and geographic differences. Data from Waves 1 and 2 were also combined at times to understand the cumulative impacts of COVID-19 on women and men.

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# GENDER ASPECTS OF COVID-19 PANDEMIC

First reported in December 2019 in Wuhan Province, China, the coronavirus (COVID-19) is highly contagious and spreads through respiratory droplets. In BiH, the first confirmed case of infection was reported on 5 March 2020. On 11 March 2020, when the World Health Organization (WHO) declared the COVID-19 outbreak as a global pandemic, governments in the Western Balkans and Turkey began introducing measures in response to COVID-19 to contain the spread of COVID-19.<sup>1</sup>

In March 2020, with increasing numbers of COVID-19 infections and related deaths, authorities took measures to contain the pandemic by imposing various restrictions on businesses and citizens, including, but not limited to: closures of educational institutions and non-crucial business services; limitations on public services; gatherings; movements; curfews; and mandatory quarantine for the infected and international travellers. The social and economic impact of the crisis and measures were quickly becoming noticeable.

The COVID-19 pandemic has strongly impacted the health of populations, economies, and public services, including social services, working patterns and everyday life practices of people around the globe. The impact of the pandemic has deepened already profound gender gaps grounded in patriarchal structures and cultures. The burden of the COVID-19 crisis has been particularly placed on women:

- Compounded economic impacts are felt especially by women who generally earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. Women also have less access to social protections and are the majority of single-parent households. Women's capacity to absorb economic shocks is less than that of men.
- The health of women is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services. At the start of the pandemic, pregnant women were not getting the prenatal, perinatal, and postpartum health care they need.
- Unpaid care work has increased for women with children out-of-school, heightened care needs of older persons and overwhelmed

health services. Many women may end up putting the needs of their families above their own, which affects their mental health and physical well-being.

- Gender-based violence has increased exponentially as COVID-19 deepens economic and social stress for families, coupled with restricted movement and social isolation measures. At the start of the global pandemic, many women were forced to 'lockdown' at home with their abusers, at the same time that essential services to support survivors of gender-based violence were disrupted or made inaccessible.
- All these impacts have been further amplified in contexts of fragility, conflict and emergencies where social cohesion is already undermined, and institutional capacity and services are limited.

## COUNTRY CONTEXT

BiH has ratified international commitments on gender equality, including the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol, and the Council of Europe Convention on preventing and combating violence against women and domestic violence (known as the Istanbul Convention). To advance implementation of these international standards, BiH enacted the 2015 Framework Strategy for the Implementation of Istanbul Convention in Bosnia and Herzegovina for the period 2015-2018, the third Gender Action Plan of Bosnia and Herzegovina 2018-2022, and the third Action Plan for the implementation of the UN Security Council Resolution (UNSCR) 1325 "Women, Peace and Security" 2018-2022. Other frameworks that aim to promote gender equality include the Law on Gender Equality in BiH in 2003, which was amended in 2009, the 2016 Law on Providing Free Legal Aid and the National Action Plan to Counter Trafficking 2016-2019.

BiH has made significant efforts to harmonize its legal frameworks with international standards and commitments, yet they are still interpreted as gender-blind as most laws, including the Constitution, do not include

specific provisions on gender equality, nor do they actively promote gender equality in private and public life. The legal system in BiH remains challenging and continues to provide opportunities for gender-based discrimination due to the lack of harmonization of laws, their inconsistent implementation, as well as lack of effective monitoring.

Despite the complex government structure, gender institutions exist and function in both State and Entity governments to promote gender equality and women's empowerment; yet, they face difficulties in terms of implementation of the Law on Gender Equality in BiH, funding and access to gender-disaggregated data and gender analysis to inform the process of planning, reform and investment of resources.

Gender data gaps are evident in all aspects of life and one of the priorities in the next five years will be to develop unique methodologies for collecting data in priority areas according to the current Gender Action Plan.<sup>2</sup> Furthermore, BiH has not defined national indicators for monitoring progress towards the Sustainable Development Goals, thus there are no activities on strategic data collection for the SDG 5 on Gender Equality. The Agency for Statistics of BiH has reviewed the state of availability of data for SDG indicators, and out of the 14 indicators for the SDG 5 none are available in Bosnia and Herzegovina.<sup>3</sup>

This became obvious more than ever before in the context of the COVID-19 crisis, as the measures (including by-laws) taken by the BiH governments to alleviate the consequences on public health had a negative impact on gender equality.

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**Considering the COVID-19 global pandemic could reverse the limited progress and gains that have been made on gender equality and empowerment of women since the Beijing Platform for Action, UN Women is recommending ways to promote and ensure women's leadership and participation are at the heart of COVID-19 response and recovery plans.<sup>4</sup>**

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<sup>2</sup> Gender Equality Agency of Bosnia and Herzegovina. Progress report on the implementation of the Beijing Declaration and Platform for Action in BiH within the Beijing +25 process 2019. Pg. 68. <https://bit.ly/2lUrVSA>

<sup>3</sup> Ibid.

<sup>4</sup> Policy Brief: The Impact of COVID-19 on Women, UN Women, April 2020, p. 17. <https://bit.ly/36EGWkK>

## SOURCES OF INFORMATION ON COVID-19

The findings of RGA reflect that people are searching for more information on COVID-19 and updates related to COVID-19 are being publicised and shared on a regular basis, sometimes daily. However, incoming information may be confusing and lead to greater uncertainty. In addition, disinformation campaigns and falsehoods about COVID-19 are spreading on social media.

The RGA has shown that more than 1 out of 2 respondents received information on COVID-19 from television, newspaper or radio, and 1 out of 3 received information from internet and social media. Women (60%) were more likely than men (51%) to receive information from television, newspaper or radio, whereas men (41%) were more likely than women (31%) to receive information from internet and social media. Far fewer respondents (7%) received information from other sources, such as government websites, health centres/family doctors and phone. The Assessment has also found that respondents from rural areas (65%) were more likely than in urban areas (60%) to get information on COVID-19 from television, newspaper or radio, whereas persons in urban areas (33%) were more likely to get information from internet and social media.

Furthermore, older women are more likely to rely on television, newspaper or radio for information on COVID-19, whereas women aged 18-24 years (63%) and 25-34 years (62%) were more likely to use internet and social media as their main sources of information. As women age their reliance on internet and social media decreases.

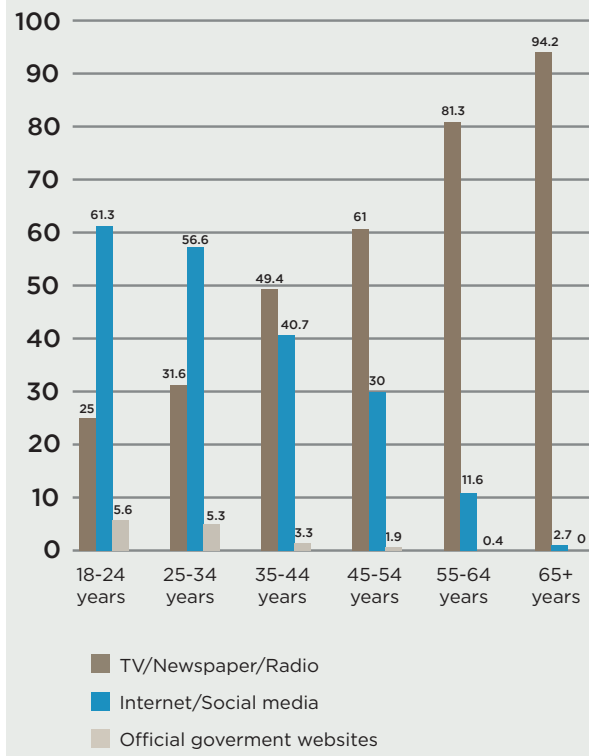
Education of women was another determinant when it comes to sources of information - women with no education or with only primary education (81%) were more likely to rely on television, newspaper or radio, and women with secondary (37%) or university education (48%) were more likely to rely on internet and social media. Women with university education were also more likely to get COVID-19 information from government websites (8%).

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**The proportion of respondents who reported the COVID-19 information they received was clear and helped them to prepare decreased from 60% in Wave 1 to 46% in Wave 2; whereas the proportion of respondents who reported the information they received was confusing/contradictory increased from 32% in Wave 1 to 45% in Wave 2.**

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**Chart 1: Women's sources of information on COVID-19, by age group (sum total of Waves 1 and 2)**



Steps should be taken to improve the usefulness and clarity of information on COVID-19 that is communicated via television, internet and social media, as these are the information sources that the public most often relies upon and that include the most confusing/contradictory information on COVID-19. These findings demonstrate that steps need to be taken to counter misleading and false information about COVID-19, and ensure that information and messaging communicated to the public is clear and timely.

## IMPACT OF COVID-19 ON EMPLOYMENT

Compounded economic impacts are felt especially by women who are more often not employed, and when employed are engaged in part-time, informal, and low-wage employment which offers limited social security, pension, and health insurance. In order to gain better understanding of the impact of COVID-19 on employment, RGA was used to explore status of respondents' employment prior to COVID-19.

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**It was revealed that only 41% of respondents were employed during a typical week prior to the spread of COVID-19 and that men (52%) were more likely than women (32%) to be employed.**

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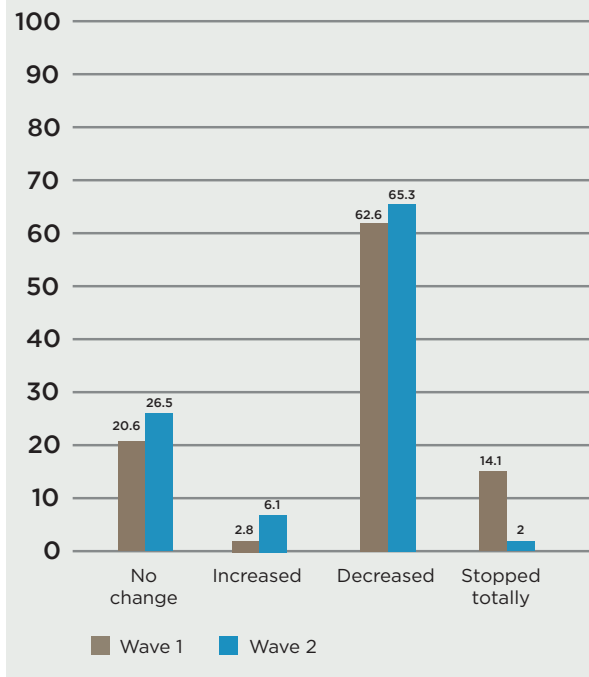
With the start of COVID-19 crisis, there was an increase in the proportion of respondents who took a leave from work, whether paid or unpaid, from 27% in Wave 1 to 35% in Wave 2. At the same time, the proportion of employees/wage workers who did not take a leave since the spread of COVID-19 decreased from 71% in Wave 1 to 64% in Wave 2. There were no significant gender differences when it came to being required to take a leave (with or without pay).

In Waves 1 and 2, the majority of employees/wage workers reported they used to work outside the home and are still going out for work, despite the spread of COVID-19. There was a decrease in the proportion of employees/wage workers who used to work outside the home but were now working from home (from 23% in Wave 1 to 15% in Wave 2). People were returning to the workplace with the relaxation of restrictive measures in June; however, some people are still teleworking. There was a significant decline from 27% in Wave 1 to 17% in Wave 2 in the proportion of women who used to work outside the home, but are now working from home, and an increase in the proportion of women who used to work outside the home and are still going out to work (from 69% in Wave 1 to 76% in Wave 2).

There was a decrease from 10% in Wave 1 to 6% in Wave 2 of respondents who lost their jobs since the spread of COVID-19, and a decrease from 35% in Wave 1 to 18% in Wave 2 of respondents who reported a decrease in the number of hours devoted to paid work. At the same time, there was an increase in the proportion of respondents who reported the number of hours devoted to paid work had not changed or has remained the same since the spread of COVID-19 (from 37% in Wave 1 to 68% in Wave 2).

Among respondents who were self-employed prior to the spread of COVID-19, there were no significant differences from Waves 1 to 2 in the proportion of those who reported their business decreased or was downsized. There was, however, a decline from 14% in Wave 1 to 2% in Wave 2 of those who reported their business completely stopped since the spread of COVID-19, coupled with an increase of self-employed who reported their business increased since the spread of COVID-19 (from 3% in Wave 1 to 6% in Wave 2). With the easing of restrictive measures, it appears that people are returning to work.

**Chart 2: Changes to one's business since the COVID-19 pandemic for Waves 1 and 2 (%)**



## IMPACT OF COVID-19 ON LIVELIHOOD RESOURCES

Among respondents who were employed prior to the spread of COVID-19, 31% reported if they could not work for at least two weeks because of COVID-19 they would likely continue to be paid their full salary, 41% would likely be paid a partial salary, and 18% would expect not to get paid. Men (36%) were more likely than women (24%) to get paid a full salary, whereas women were more likely to get paid a partial salary (44%).

The majority of respondents reported their income/earnings from a paid job remained the same in Wave 2 (68%), and there was decline in the proportion of respondents who reported a decrease in income/earnings from a paid job (from 32% in Wave 1 to 29% in Wave 2) and from one's own business (from 56% in Wave 1 to 42% in Wave 2) as a result of COVID-19. At the same time, there was an increase in the proportion of those who reported their income/earnings from their own business remained the same (from 40% in Wave 1 to 55% in Wave 2).

In Waves 1 and 2, men were more likely than women to have income/earnings from a paid job and from their own business/freelance work. In Wave 2, there was an increase in the

proportion of women who reported income/earnings from a paid job and their own business/freelance. Women and men were equally likely to receive income/earnings from farming; there were no significant changes from Waves 1 to 2 in that regard.

Among those who received an income from properties, investments and savings, in Wave 2, fewer respondents reported a decrease in income from properties, investments and savings as a result of COVID-19 (from 39% in Wave 1 to 21% in Wave 2).

## EXPECTED DIFFICULTIES IF COVID-19 RESTRICTIVE MEASURES CONTINUE

Respondents were asked what would happen to their financial situation if restrictive measures related to the spread of COVID-19 continued. In Waves 1 and 2, more than 1 in 2 respondents maintained it would be difficult for them to keep up with basic expenses and to pay rent and/or utilities. There was a decline in the proportion of respondents who reported they would have a difficult time paying rent and/or utilities (from 54.6% in Wave 1 to 50.2% in Wave 2). More than 1 out of 3 respondents reported they would have to ask for help from relatives and friends, and/or

take a loan if COVID-19 restrictive measures were to continue. In addition, 1 out of 4 respondents reported they would have to ask for help from local authorities and would have to stop seeking health services/assistance.

## IMPACT OF COVID-19 ON DOMESTIC AND CARE WORK

In the context of COVID-19, the increased demand for unpaid domestic and care work is deepening already existing gender inequalities in the division of unpaid labour. Both women and men reported an increase in the number of hours devoted to unpaid domestic and care work, including child-care and adult care work. However, with health systems overloaded and schools closed, a greater burden is placed on women to perform unpaid domestic and care work in the home and family.

In Wave 2, women and men continued to report an increase in the number of hours devoted to unpaid domestic and care work, including child and adult care since the spread of COVID-19. Women were more likely than men to report an increase in the number of hours devoted to unpaid domestic work (50% and 35% respectively) and child care



work (28% and 23% respectively); there were no gender differences related to increases in the number of hours devoted to adult care or care work in general.

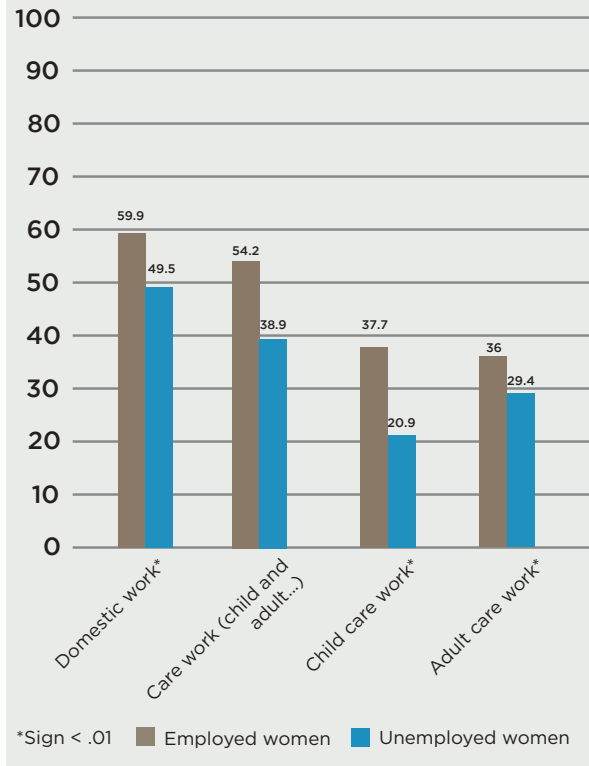
From Waves 1 to 2, fewer women and men reported an increase in the number of hours devoted to unpaid domestic work (a 16% decline for women and a 12% decline for men). More specifically, fewer women and men reported an increase in hours devoted to cleaning and maintaining their dwelling/surrounding, cooking and serving meals, shopping for family and/or household members, household management, and collecting water, firewood and/or fuel. Fewer women also reported an increase in hours devoted to pet care in Wave 2.

**The most notable gender difference was that women were more likely than men to report an increase in the number of hours devoted to cleaning and maintaining their dwelling and/or surroundings, cooking and serving meals, and shopping for family and/or household members and household management.**

Among respondents who had children (aged 0-17 years) living in their home, 71% in Wave 1 and 51% in Wave 2 reported that their children's school was cancelled, or school hours reduced as a result of COVID-19. In Wave 2, 42% of respondents also reported that their children's kindergarten or preschool classes were cancelled. Given these realities, it is not surprising that both women and men reported an increase in childcare work (from 30% in Wave 1 to 26% in Wave 2). In Wave 2, women were more likely than men to report a continued increase in the number of hours devoted to caring for children (28% and 23% respectively), particularly feeding, cleaning and physical care of children (21% and 15% respectively). There was a significant decrease in the proportion of women and men who reported an increase in the number of hours devoted to unpaid adult care work (from 37% in Wave 1 to 27% in Wave 2).

Women who were employed prior to the spread of COVID-19 reported a more significant increase in the number of hours devoted to unpaid domestic work (60%) and care work (54%) since the spread of COVID-19, compared to women who were not employed prior to the spread of COVID-19 (50% and 39% respectively). Employed women were more likely to report an increase in the number of hours devoted to unpaid child care (38%) and adult care work (36%), compared to women who were not employed (21% and 30% respectively).

**Chart 3: Women's increases in unpaid domestic and care work by employment for Waves 1 and 2**



Many of these women were continuing to work outside of the home or were teleworking at the same time that they were engaged in increased unpaid domestic and care work. More than 1 out of 3 respondents reported their partner or other family/household member was helping them more with household chores and/or caring for family since the spread of COVID-19.

## HEALTH IMPACTS OF COVID-19

Findings of the RGA demonstrate that women's health care needs are not being fully met during the pandemic, which is especially notable in the area of mental health protection considering that women were more likely to report their psychological, mental and emotional health was affected by COVID-19.

Nearly all respondents (92%) were covered by health insurance. Women and men who were not covered by health insurance were more likely to be unemployed, single, or living with a partner/cohabitating, and 18-34 years of age.

There was an increase in the proportion of respondents who experienced a physical illness as a result of COVID-19 (from 2% in Wave



1 to 4% in Wave 2), had a family/household member that had an illness (from 3% in Wave 1 to 5% in Wave 2), and had a family/household member die from COVID-19 (from 1% in Wave 1 to 3% in Wave 2). In addition, nearly 1 out of 3 or 32% of respondents reported their psychological, mental, and emotional health had been affected by COVID-19 (33% in Wave 1 and 31% in Wave 2). In Waves 1 and 2, women (35%) were more likely than men (29%) to report their psychological, mental, and emotional health was affected by COVID-19.

**Table 1: Physical and mental health as a result of COVID-19 for Waves 1 and 2 (%)**

As a result of COVID-19, did you (personally) experience any of the following?	Wave 1 N=1.407	Wave 2 N=1.413	Total N=2.820
Physical illness	1,9	3,5	2,7
Illness of a family/household member	3,0	5,3	4,1
Death of a family/household member	1,1	3,0	2,0
Psychological, mental, emotional health was affected	32,8	31,3	32,0

maternal health or family planning services since the spread of COVID-19. Among women who needed maternal health services, 42% faced difficulties accessing these services. Surprisingly, more women in Wave 2 (47%) reported facing difficulties accessing maternal health services than in Wave 1 (35%). In addition, 46% of women faced difficulties accessing family planning services. The proportion of women who faced difficulties accessing family planning services decreased from 54% in Wave 1 to 36% in Wave 2. These findings demonstrate that women's health care needs are not being fully met during the pandemic.

## SOCIAL WELFARE AND PROTECTION NEEDS

Women and men's social welfare and protection needs are also not being fully met during the pandemic. In Wave 2, only 4% of respondents received unemployment benefits and/or financial support from the government and/or local municipalities since the spread of COVID-19. There was an increase from 5% in Wave 1 to 8% in Wave 2 in the proportion of respondents who received in-kind support from the government and/or local authorities.

More specifically, 6% received supplies for prevention, 2% received food and less than 1% received personal hygiene supplies. In addition, only 3% of respondents received in-kind support from NGOs/CSOs or other non-profit organizations.

In Wave 2, respondents were also asked if they personally sought help as a result of the COVID-19 crisis. Among those who did, 5% took a loan and sought help from friends and/or families. It is notable that 8% of respondents sought help from only one of these sources and 1% sought help from both of these sources. There were no significant gender differences in seeking help from family and/or friends or local authorities or taking a loan.

It is notable that those who took a loan were more likely to be from urban areas (67%), married (50%), without children (79%), 25-34 years of age (39%), with a monthly household income of 1,001-2,000 BAM (38%), and did not take a leave from work (61%). Those who sought help from family and/or friend were more likely to be from urban areas (59%), married (39%) or single (35%), without children (83%), 25-34 years (45%), with no income (30%) or a monthly personal income of 501-900 BAM (33%), and a monthly household income of 501-1,000 BAM (35%). Those who sought help from family and/or friends were more likely to have not experienced a change in the number of hours devoted to paid work (50%) and either to have not taken a leave (44%) or to have received a full paid leave (35%).

**Respondents were asked about difficulties accessing basic services as a result of COVID-19. 41% of respondents faced difficulties accessing medical supplies, 27% faced difficulties accessing food products/supplies, 24% faced difficulties accessing health services/assistance and public transport. Although fewer in number, 18% of respondents faced difficulties buying food products, 11% faced difficulties accessing hygiene and sanitary products, 6% faced difficulties accessing social services/assistance for themselves and/or family members, 5% faced difficulties accessing water supplies and/or connecting to utilities, and 2% faced difficulties buying/renting an apartment/ house.**

There are very few significant gender differences as it relates to accessing basic services, supplies and products. The only

gender differences were that men were more likely than women to have a difficult time accessing social services and/or assistance (7% and 5% respectively) and renting or buying an apartment/house (3% and 2% respectively).

## IMPACT OF COVID-19 ON DISCRIMINATION

20% of respondents (18% in Wave 1 and 22% in Wave 2) felt that since the spread of COVID-19 there had been an increase in discrimination and/or prejudice in the country/area where they live. There were no differences in experiences of discrimination and prejudice since the spread of COVID-19 based upon gender, but among women, Bosniak women (25.0%) were more likely to feel there had been an increase in discrimination and/or prejudice in the country/area where they live after the spread of COVID-19, compared to Serb women (18.4%) and Croat women (17.2%). Persons who identified as LGBTI (55% of them) were 2.7 times more likely to report an increase in discrimination and/or prejudice in the country/area where they lived since the spread of COVID-19, compared to those who did not identify as LGBTI (20% of them).<sup>5</sup> In addition, persons who reported they

personally experienced or knew someone who experienced a rise in domestic violence since the spread of COVID-19 (55%) were nearly three times more likely to report they felt there was an increase in discrimination and/or prejudice in the country/area where they live, compared to respondents who did not experience or know someone who experienced a rise in domestic violence (19%).

## DOMESTIC VIOLENCE DURING COVID-19

During the pandemic, women have faced increased violence, particularly intimate partner and domestic violence, while confined at home due to imposed movement restrictions, mandatory quarantines and self-isolation. In Wave 2, only 2% of respondents personally experienced or knew someone who experienced a rise in domestic violence since the spread of COVID-19. Among those who experienced or knew someone who experienced domestic violence, 22% reported they/the person who experienced the violence sought support by accessing a hotline, psychological support and/or a police response. Among those who accessed support services during the pandemic, 44% reported they did not face difficulties accessing such services and 26% experienced difficulties.

<sup>5</sup> Only 11 persons self-identified as LGBTI.



# RECOMMENDATIONS FOR ACTION

Economic policies for both immediate response and long-term recovery need to be designed and implemented with a gender lens:

- Sectors where women are a large proportion of workers, and where supply chains have been disrupted, should have access to credit, loans, grants so they can retrain the female work force.
- Existing cash transfer programmes should focus on getting money directly into the hands of families and women affected by COVID-19.
- Introduce measures that can be implemented with low transaction costs.
- Introduce measures to alleviate the tax burden on women-owned/led businesses.
- The government should support unemployment benefits and income replacement measures to persons working in the gig economy.

## **In the medium term:**

Ensure that the population, including women and marginalized groups, have access to COVID-19 public health messages.

Protecting people experiencing homelessness during the pandemic and preventing others from losing their homes is important to ensuring the health, well-being and survival of the most vulnerable in society.

Attention needs to be given to the health and psycho-social needs and work environments of female essential workers should be the appropriate size for women.

Hotel rooms should be ensured for health workers providing critical care to COVID-19 patients.

Make provisions to ensure continuity of standard health services, especially for sexual and reproductive health care.

Promote staff retention in health care centres, through incentives.

Exempt unpaid family caregivers from lockdown restrictions and provide them with the support and personal protection equipment needed to do their domestic and care work safely.

Designating domestic violence shelters as essential services and increasing resources to them, and to CSOs on the frontline of response to violence against women.

Designate safe spaces for women where they can report violence/abuse without alerting their perpetrators.

It is important for national responses to include specific messaging to the public that justice and rule of law are not suspended during periods of confinement or lockdown as a result of COVID-19.

Ensure that all forms of violence against women, including domestic violence, are duly investigated and prosecuted.

Allocate adequate funding/financial support and technical equipment to CSOs running helplines for domestic violence survivors to ensure they work 24/7.

#### **In the long term:**

Develop a comprehensive strategy to eliminate discriminatory gender stereotypes concerning the roles and responsibilities of women and men in the family and society.

Prioritize investments in and access to basic accessible infrastructure and public services, including in rural and remote areas, informal settlements, and refugee camps by:

- Expanding children support for working parents where schools, child care centres and relief care services are closed.
- Ensuring access to sufficient and affordable water, sanitation and hygiene services for vulnerable groups of women.

Increase investments in services and programmes for rural women and girls, including health care, education and social protection.

It is important to facilitate the birth registration procedures, including by providing for free online birth registration of all children born in the territory of the state.

Increase support for improving professional capacities and the number of professional staff delivering support services to violence against women survivors.

Conduct online campaigns and specific communication relaying available services to women and girls who experience violence/abuse in times of crisis/post-crisis, and ways to access them.

Develop protocols and mechanisms that will allow for direct communication and cooperation in the provision of services to violence against women survivors with relevant local institutions.

Support women's economic position through development of skills to start small businesses by the provision of small grants and consultations, while simultaneously addressing their economic and property rights.

Ensure that interventions incorporate sex disaggregated data, a gender lens and specific targeting of women and girls.