

UN WOMEN SERIES

Women at the forefront of
COVID-19 response in Europe
and Central Asia



THE IMPACT OF COVID-19 ON WOMEN'S AND MEN'S LIVES AND LIVELIHOODS IN EUROPE AND CENTRAL ASIA:

Preliminary Results from a Rapid Gender Assessment

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Produced by UN Women Regional Office for Europe and Central Asia

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ACRONYMS AND ABBREVIATIONS

BiH	Bosnia and Herzegovina
ECA	Europe and Central Asia
NGO	Non-governmental organization
OECD	Organisation for Economic Co-operation and Development
RGA	Rapid Gender Assessment
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence against women
WHO	World Health Organization

INTRODUCTION

In response to the novel coronavirus (COVID-19) pandemic and the relatively limited data available, the UN Women Regional Office for Europe and Central Asia developed a rapid survey, through the Making Every Woman and Girl Count global programme, to assess the gendered impacts of COVID-19 on women and men.

The Rapid Gender Assessment (RGA) survey was rolled out between April and May 2020 in 16 countries/territories across the region. This report draws on RGA data collected in 10 countries/territories in the region: Albania, Azerbaijan, Bosnia and Herzegovina (BiH), Georgia, Kazakhstan, Kosovo¹, Kyrgyzstan, North Macedonia, the Republic of Moldova and Turkey. The sample size varies from 1,000 to 2,000 respondents depending on country population size. A more comprehensive RGA analysis encompassing data from all 16 ECA countries/territories will follow. The RGA survey findings are intended to be used by countries/territories to inform, guide and support response planning and address the gendered impact of the pandemic. Furthermore, it is intended to serve as a baseline assessment for faster and more gender-sensitive interventions if future outbreaks occur.

Customized for the regional context, the RGA survey identified a minimum set of variables to be

collected in the 16 countries/territories, covering demographics, employment and livelihoods, time spent on household activities, access to basic goods and services, and women's safety, in order to understand the pandemic from a gender perspective. Data collection was done primarily through telephone interviews. In a few countries/territories, rural households were reached through computer-assisted telephone interviews, and online surveys were used for urban households. The sampling was based on lists of registered mobile and landline phone users in the target countries/territories. The sample size draws results at an aggregate level for each country/territory and ensures representativeness by sex and main age groups (18–34, 35–64 and 65+). This information, along with other profile information on respondents, is available in the Annexes.

UN Women would like to express its gratitude to the United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA), UN Resident Coordinators and other partners for supporting the RGA in several countries/territories across the region. Data collection at the country/territory level was also made possible through the generous support of the Governments of Canada, Norway, Sweden, Switzerland, and the European Union.

¹ All references to Kosovo should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

SUMMARY

The RGA emphasizes that the COVID-19 outbreak is having adverse effects across the Europe and Central Asia (ECA) region, impacting women and men in varied ways based on gender, age and location, among other factors. It is important to note that the RGA survey data measures *the relative change in daily lives since the onset of COVID-19 and some of the key findings are:*

Most women found traditional media channels clear and helpful for accessing information on the pandemic. Overall, 75 per cent of women and men felt well-informed about the pandemic and believed that the information received was clear and helpful. For over half of women, the primary source of information has been traditional media channels, such as television, radio and newspapers, followed by 37 per cent of women who relied on the Internet and social media platforms. More young women and men followed COVID-19-related developments on the Internet and social media. Young people were more confused than older people about COVID-19-related information and often found it contradictory.

Women's economic security has been hit hard, impacting employment and income. Women from all walks of life and age groups have been affected by employment loss, income loss and a reduction in paid working hours. Over 15 per cent of women respondents said they lost their jobs and another 41 per cent were facing reduced paid working hours. Many women have taken unpaid leave and many more are now working from home due to social distancing measures. Nonetheless, the data shows that among all groups of employed women, self-employed women suffered the worst consequences, as around 70 per cent faced reductions in paid working hours or job losses. While women have suffered less than men in terms of job losses, they have suffered much more in terms of changed working arrangements, and reductions in paid hours of work. As the pandemic's consequences are global, women and families who are dependent on remittances are now more disadvantaged, as remittances have decreased.

Few women and men received in-kind assistance from governments, and even less from non-governmental organizations (NGOs). The number of women and men receiving government support in terms of food and personal protection supplies was well below 10 per cent in all countries/territories, excluding Kyrgyzstan and Turkey, where it was slightly over 20 per cent, and Georgia at 11 per cent. In some countries, such as Turkey and Moldova, NGO support in terms of food and personal protection supplies reached around 6 per cent; in all other countries/territories, such assistance was around 2 per cent. It is evident that NGOs are operating with limited capacity and should be further empowered to provide women with food and supplies (including essential feminine hygiene supplies) in the context of confinements and mobility restrictions.

As women's economic security is shaken, their share of unpaid care and domestic work has increased. Data on unpaid domestic and care work were measured through a household burden index – which is the average number of household domestic and care activities for which respondents reported increases in time spent since the COVID-19 outbreak. They reveal increases in time dedicated to chores, expressed as 3.2 activities per women compared to 2.3 activities per man. Not surprisingly, married women scored 3.6 and women with children scored 4.1. The main reasons were more time spent playing with and teaching children (as schools were closed) and attending more often to elderly care. This means that the status quo regarding women's unpaid domestic and care workload has increased. Younger women aged 18–34 reported significantly higher increases in both care and domestic work than older women,

and over half of all women reported more time spent on cleaning, cooking and home maintenance. Men have been assisting with care and domestic work, but the burden is disproportionately placed on women, with men performing 'easier' tasks, such as household financial management and shopping.

Where women have been receiving help from partners and children, they are actually providing much more time and care in return.

Approximately half of women said they received some respite from their husbands/partners, sons and daughters, and other family members. However, in some countries/territories, women are helping men by up to 30 percentage points more than men are helping women with household chores and care activities, compared to pre-pandemic times. This is a clear case of entrenched gendered stereotypes that create a situation where women are disproportionately burdened with household responsibilities.

There are reported needs, but the real challenge women face is accessing health services, while most also lack health coverage.

Curfews, lockdowns and the closure or limited operations of service providers have collectively crippled people's mobility and, consequently, their access to services. Where women in general indicated a moderate need for services, they reported a significantly higher inability to access vital services, such as health services, gynaecological services, contraceptives, hygiene products and medical supplies for personal protection. Over half of all women respondents reported difficulty accessing health/medical supplies and gynaecological services. Access to such services is key to ensuring that the sexual, reproductive and psychological health of women is maintained. As most women are responsible for cooking, cleaning, serving and feeding, their health affects the entire household. In Kosovo, Azerbaijan and Kazakhstan, 60–80 per cent of women and men were not covered by any type of health insurance. Given the way the pandemic has limited the availability of finances, privatized medical care has become more unaffordable in these countries/territories.

Women, especially from Central Asia, stated they would not be able to seek health services if restrictive measures continue.

The survey revealed that 38 per cent of women would stop seeking basic health services if restrictive measures continued, a deeply troubling situation in Central Asia, where three out of every five women reported a higher risk of not being able to access health services. Besides restricted access, the situation is exacerbated by monetary constraints, due to employment loss and reduction in paid working hours. The challenges caused by the financial downturn and mobility restrictions are further aggravated by health facility closures and difficulty accessing them due to curfews.

More women than men expressed fear that they would not be able to buy food or pay bills.

In 7 out of 10 countries/territories, women reported greater difficulties paying for basic expenses than men, with the highest reported in Kazakhstan, at a 7-percentage-point difference. Employment loss and reduction in paid working hours has left women financially vulnerable and unable to cover basic expenses. The proportion of women (60 per cent) who reported that it will be difficult to maintain basic expenses, such as food supplies or paying for rent and utilities, was alarming. In all countries/territories, women living with children reported graver concerns than women without children. Women from Kyrgyzstan, Georgia and Turkey were also among those most likely to report an employment and income downturn, and understandably women from these countries/territories were also more likely to fear challenges in covering basic needs if restrictive measures endured.

Access to food has been more of a challenge for older men while access to water has been more of a challenge for women.

Overall, access to food products was not a major concern, as over 60 per cent reported 'no difficulty'. For those reporting inconvenience in accessing food products, this was largely due to limitations caused by the closure of food markets and limited opening hours of stores. It was also because in countries/territories such as Turkey, people of certain age groups – over 65 and under 20 – were not allowed

to leave the house on certain days of the week, and sometimes for 48–72 hours under mandatory curfews. Older men (aged 55+) were considerably disadvantaged compared to older women regarding access to food products. This is because older women are more likely to be part of extended households or live with adult children, where the responsibility for buying food falls on younger household members.

The overwhelming majority of respondents reported having access to water supplies. However, in some countries, such as Kyrgyzstan, the situation is alarming, where 12 per cent of respondents overall reported ‘major/some difficulty’ in accessing water, and women reported difficulty at 16 percentage points higher than men. It is important to remember that water is a gendered domain, and in rural settings women are generally responsible for fetching water for the whole household, a situation that seems to have further worsened under COVID-19 and one that is critical to address, given the hygiene measures required to contain the pandemic.

A considerable number of women and men reported having felt/heard of increases in domestic violence and discrimination. The survey data also gauged perceived increases in discrimination and domestic violence based on the respondent’s personal experiences and understanding of safety. Whereas most data was not alarming concerning increases in discrimination, 10–18 per cent of respondents from Turkey, Azerbaijan and BiH indicated that they believed discrimination or prejudice was increasing. There is a 3-percentage-point difference between women and men in the number of

reported increases in discrimination and prejudice during the COVID-19 outbreak. Results for domestic violence were mixed, but over 15 per cent of women respondents from Kyrgyzstan, Georgia, Kazakhstan and Turkey perceived having felt/heard of an increase in domestic violence.

A large number of both women and men either refused to talk about the issue or, when asked, said they did not know if discrimination and domestic violence had increased.

In countries/territories where respondents felt discrimination and violence had increased, 7–13 per cent of women and men refused to answer or said ‘I don’t know’ to the question. Slight differences in women’s and men’s reporting on ‘I don’t know’ or ‘refuse to answer’ are evident in some countries/territories. Societal norms and stereotypes, such as maintaining silence to preserve honour and not believing in cooperating with authorities (such as the police), are significant factors here.

The majority of women did not know where to seek help in cases of domestic violence, and much less so than men.

When asked if they knew where to seek help if someone was experiencing domestic violence, the responses were alarming for three reasons. First, 45 per cent of men and women in Kyrgyzstan, and 28–38 per cent in Azerbaijan, Kosovo and Albania did not know where to seek help if there was an incident of domestic violence. Second, the data indicated a clear gendered difference, where women were 7–10 percentage points more likely than men not to know where to seek help. Finally, older people were more likely not to know where to seek assistance than younger people in the same countries/territories.

GENERAL CONTEXT

The RGA survey data collected in April and May 2020 are better understood in the national context of when restrictive measures were imposed and the nature of these restrictive measures. This would enable understanding of how long-lasting some effects might be and what kind of intermittent programmes are needed to offset them. All the data in this section was drawn from reports produced by the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD). All figures reflect the timeframe of when the RGA surveys were conducted in the 10 ECA in the 10 ECA countries/territories under review.

In the **Western Balkans**, North Macedonia has had the highest number of infections and deaths at 3,164 and 131 (respectively), followed by BiH at 2,493 and 152, Albania at 1,136 and 33, and Kosovo at 1,064 and 30. States of emergency and lockdowns were initiated across the Western Balkans between 20 and 31 March 2020. On 24 March, Albania declared a 'State of Natural Disaster' to last until 23 June, and shortly after that, curfews and mobility restrictions began. In BiH, curfews started on 21 March. Meanwhile, Kosovo exercised containment measures between 12 March and 4 May, with a Kosovo-wide curfew enforced as of 31 March. North Macedonia declared a national state of emergency on 18 March with curfews throughout the country starting on 23 March.

Depending on the country/territory, the mobility of people was regulated based on their age group or whether they were allowed to exit the house at certain times of the day and on certain days. For example, in BiH and North Macedonia, human movement and gatherings were forbidden from 8 p.m. until 5 a.m. In Kosovo, people could only leave for 90 minutes per day and only on certain days based on their national identification numbers. North Macedonia still imposes sporadic 24–48-hour periods of containment and prohibits domestic travel between 4 p.m. and 5 a.m. BiH had on-and-off curfews and mobility restrictions of varying intensity in urban/rural areas. All countries/territories will open their land borders soon, except North Macedonia, where the situation is still critical. Stores carrying essential supplies, such as food and medicine, were not completely shut down in any of the countries/territories throughout April and May 2020; however, their hours of operation

were limited, and access was blocked in some cases, due to curfews.

In all countries/territories of the Western Balkans, schools and universities were closed until 31 May, with the expectation of an imminent opening of some kindergartens and day-care facilities in BiH, Albania and Kosovo – which provided women with some respite from domestic and care work. As of 31 May, public transportation, children's playgrounds, mass gatherings, malls, indoor activities, conferences and so on continued to be closed/not allowed or regulated for compliance with safety regulations. This suggests that for many women and men, access to essential commodities and services may still be hindered, especially for women accessing personal hygiene and care products and services. However, the situation is improving across the region, with businesses, restaurants and civil services starting to resume, given required measures to maintain physical distancing are in place. In North Macedonia, where some businesses resumed operations, a new surge in cases prompted lockdowns in Skopje and the towns of Kumanovo, Tetovo and Štip, forcing the curfew to remain in place until at least 14 June. This means that the situation for people across the Balkans is still unpredictable in terms of resuming employment and normal livelihoods.

In **Central Asia**, Kazakhstan saw a large number of infections and deaths, at 10,858 and 38 (respectively). The figures in Kyrgyzstan stood at 1,748 and 16 as of 31 May. Kazakhstan declared a state of emergency on 16 March, quarantining major cities like Nur-Sultan and Almaty until 11

May. Kyrgyzstan recorded its first cases in mid-March and later declared a state of emergency on 22 March, bringing Bishkek and much of the south under curfew orders. In both countries, public transportation halted in all major cities and most businesses and educational institutes were temporarily shut down to curb the spread. Borders were sealed and large gatherings and congregational prayers were banned, while educational facilities are expected to remain closed until September 2020 in both countries, unless otherwise specified. In Kazakhstan, the economy slowly reopened at the beginning of May, while Kyrgyzstan is only now softening its restrictions, including initiating a three-stage reopening of economic activity in May. In Kyrgyzstan, some businesses were allowed to reopen on 11 May, including cleaning and financial services, lawyers, property and tourism agencies, as well as some non-food retailers. This means that the situation is slowly normalizing, and financial activities and livelihoods will continue in a limited fashion.

Turkey, with 163,103 cases and 4,515 deaths as of 31 May, has been the hardest hit by coronavirus. Turkey did not officially declare a state of emergency but saw its first official case on 10 March, with rapid proliferation in cases thereafter. On 21 March, a total curfew of persons aged over 65 years was enforced, and it was extended to persons under 20 years of age on 3 April. A mandatory curfew of 8 days from 16 to 26 May severely affected the movement of people and the operations of many small and micro-businesses and self-employed people. Turkey has regulated the movement of people by age groups and at certain times of the day. However, confinement measures in Turkey softened over May, enabling shopping malls, barber shops and hair salons to reopen, while following strict social distancing and safety protocols.

In **Eastern Europe**, the Republic of Moldova had the highest number of cases and deaths at 8,098 and 294 (respectively), followed by Azerbaijan at 5,246 and 61, and Georgia at 783 and 12. The Republic of Moldova declared a two-month state of emergency on 17 March, a day

before the first coronavirus death was recorded in the country, until 15 May. Georgia initiated a state of emergency on 21 March, while adopting significant social distancing measures until 22 May. Azerbaijan introduced restrictive measures under the auspices of 'special quarantine' on 24 March, to last until 31 May. Given their regional proximity with Iran, Azerbaijan and Georgia were quick to initiate swift restrictions on intraregional mobility. In all three states the schools, universities and employment centres were shut down, there were bans on large gatherings, and malls, restaurants and other public venues were closed over the months of April and May. Public transport, albeit with variations based on location, has been restricted to limit the spread of the virus.

As of 31 May, in the Republic of Moldova, educational institutions remain closed while businesses, such as malls and restaurants, operate at a limited capacity. Face masks are mandatory in all enclosed public spaces, which can further restrict the movement of people, given the limited personal protection supplies in the country. Georgia maintained movement restrictions with the closure of educational establishments and shops, excluding grocery stores and pharmacies, along with curfews until the end of May. Nevertheless, May saw a softening of restrictions on the movement of vehicles and construction/repair centres. In Azerbaijan, all restrictive measures, including the closure of schools and transportation limitations, stayed in place until 31 May. Azerbaijan took the extra step of fully confining the population aged over 65 years to their homes.

In all countries/territories, additional restrictions can be imposed or lifted depending on the situation, with little to no notice, which makes it hard for people to sustain their livelihoods. In general terms, respondents from all countries faced similar challenges, and challenges that were unique to their sex, gender, age and location. These challenges have been economic, social, physical, psychological and gendered in nature, as direct and indirect consequences of the novel coronavirus.

SURVEY RESULTS

MAIN CHANNELS FOR ACQUIRING INFORMATION ABOUT COVID-19

The provision of accurate and timely information becomes ever more important during crisis periods, such as the ongoing coronavirus pandemic. Informing the population about the health risks posed by COVID-19 and preventive measures to be taken to protect themselves and their families is of the utmost importance for mitigating the spread and reducing the likelihood of infection, and so that informed decisions can be made for protecting one's health.

Women's main sources of information were traditional sources, closely followed by social media.

The survey revealed that over half of women relied more on 'traditional' media (51 per cent) – radio, television and newspapers – while 37 per cent relied more on the Internet and social media. Government websites, public service announcements, the community, health centres and NGOs played minor roles in informing women about the coronavirus situation (Figure 1).

However, there are significant differences across subregions and countries/territories,

when women's and men's information intake is compared; Central Asian countries heavily relied on the Internet and social media as their main source of information (52 per cent), while countries in Eastern Europe (29 per cent) and Turkey (28 per cent) were least reliant on the Internet and relied on conventional means of information sharing, such as television and print media (Figure 2). Government websites and phone apps only played a moderate role in acquiring information on COVID-19 in Turkey (11 per cent) and Kazakhstan (8 per cent).

Figure 1. Main sources of information on COVID-19, by sex (%)

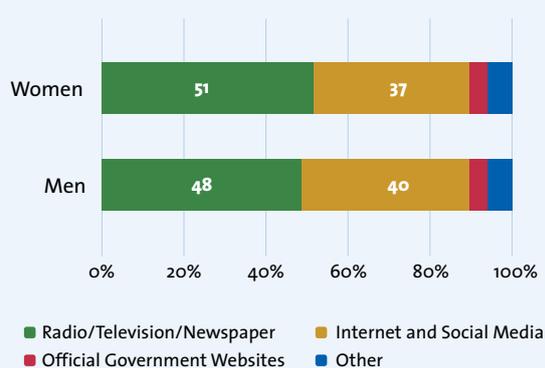
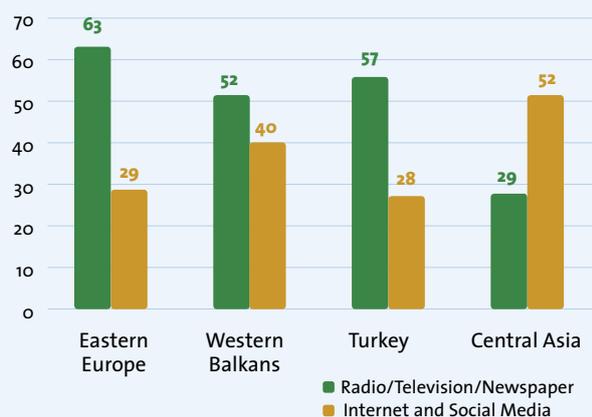


Figure 2. Proportion of respondents relying on two main sources of information on COVID-19, by subregions (%)



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

In Kosovo, Kazakhstan and Kyrgyzstan, women and men overwhelmingly used the Internet and social media as their primary sources of information on COVID-19 (65, 53 and 51 per cent, respectively). To some extent, this can be attributed to the higher proportion of individuals who use the Internet in everyday life (at least 80 per cent each for people in Kosovo and Kazakhstan).² However, Kyrgyzstan is an exceptional case, where only 38 per cent of the population uses the Internet. On the other hand, some countries with high levels of Internet consumption (where at least two-thirds of the population uses the Internet) such as Georgia, Turkey and Azerbaijan, reported relatively low reliance on the Internet (one in every four persons) as a source of COVID-19 information (Figure 3).

Regardless of the country's/territory's level of Internet penetration, in the majority of countries/territories across the region, men more frequently relied on the Internet to get information on COVID-19, with the exception of Albania, Turkey and Georgia (Figure 3). In Kyrgyzstan and Kosovo, which have the highest share of the population relying on the Internet, women were significantly less likely to have access to the Internet and social media, and the gender gap widened to 10 percentage points and 6 percentage points respectively. In 7 out of 10 countries/territories, women relied more on traditional media, whereas women and men almost equally relied on Internet and social media in Turkey and Kazakhstan. This means that, overall, women, slightly more than men, relied on traditional media sources such as television, radio and newspapers for updates on COVID-19.

Figure 3. Main sources of information on COVID-19 by sex and country/territory (%)

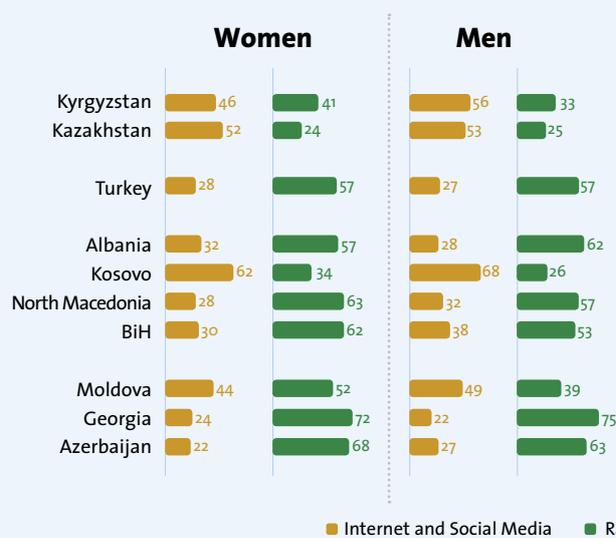
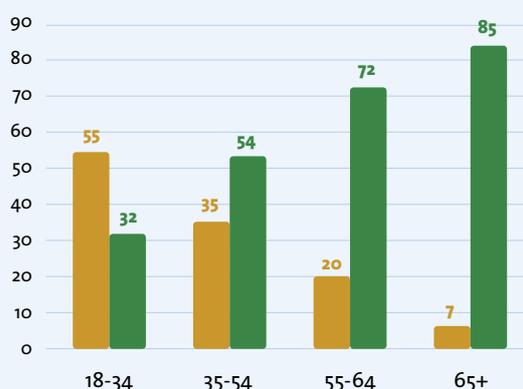


Figure 4. Proportion of women using the top two sources of information, by age group (%)



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

As expected, young women and men, aged up to 34 years, mainly used the Internet to keep themselves informed on COVID-19, while older populations relied on conventional means of information sharing, such as television and print media (Figure 4). Thus, communication and advocacy strategies

in a crisis and post-crisis situation should consider the needs and habits of different users of social and traditional media. Reducing digital gender gaps could be beneficial in ensuring women's preparedness for, and mitigation of, possible risk during a crisis situation.

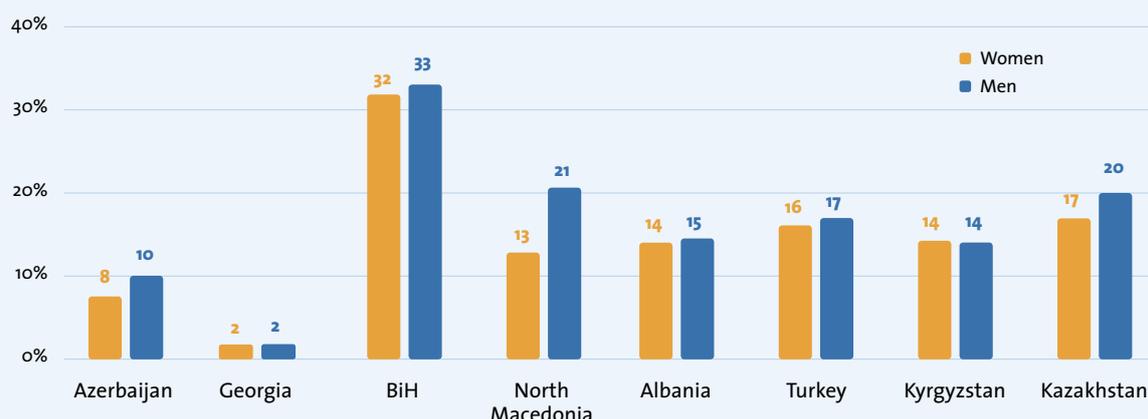
² <https://www.itu.int/en/ITU-D/Statistics/Pages/stat/default>.

Overall, women and men feel well-informed about COVID-19.³ Both women and men (three in every four) reported having access to clear information that helped them prepare for COVID-19. Seven per cent reported that the information was clear, however, it came too late for them to prepare or equip themselves for safety. On average, 15 per cent of the population mentioned that the information received was confusing or contradictory, and this reporting was higher among younger respondents, given their simultaneous exposure to multiple sources of information relating to COVID-19.

As women play an important role in promoting hygiene routines within the household and

caring for family members, their access to reliable sources of information on COVID-19 is particularly important. Figure 5 shows that in eight countries, with the exception of Kyrgyzstan, slightly more men reported accessing coronavirus-related information that was confusing or contradictory – with the largest gaps observed between women and men in Azerbaijan, Kazakhstan and North Macedonia (from 2 to 7 percentage points). Among women, those who most often reported receiving unclear and inaccurate information were in BiH (33 per cent), whereas women in Georgia were the least likely to have found information on the coronavirus to be unclear (only 2 per cent of women).

Figure 5. Proportion of respondents who reported receiving contradictory information on COVID-19, by sex (%)



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

The population across all age groups received clear information. With the exception of younger people, who found information on COVID-19 more contradictory and/or confusing than older people, there is no significant difference between women and men, and across other age groups, in how well they felt informed. In general, within most countries/territories women of all age groups felt better informed about the coronavirus situation.

However, in Turkey and Kyrgyzstan, women aged 35–54 and 55–64 felt less clearly informed than men. At 3.7 per cent in Turkey and 8.6 per cent in Kyrgyzstan, the largest gap was observed between women and men aged 55–64 years. Regardless of sex and age, Georgia is the only country with a high level of satisfaction with information provided; only 3 per cent of people reported dissatisfaction. Georgia also had the highest proportion of respondents who relied on traditional media sources.

³ The question on the quality of information received was not included for the Republic of Moldova and Kosovo; hence, this analysis excludes them.

ECONOMIC CHALLENGES OF THE OUTBREAK

Post-outbreak employment and working arrangements

The closure of non-essential businesses has had an immediate impact on the economic situation in the region. Overall, across the region, 16 per cent of the population lost their jobs during the spread of COVID-19 and 42 per cent suffered a decline in paid working hours. For 5 per cent of the population, working hours increased during this period. Of these, most are women front-line workers, such as doctors, nurses and care providers. It is also the case that women disproportionately work in insecure (informal) labour settings, and disruptions, including movement restrictions, can seriously impede their ability to make a living and meet their families' basic needs. This pattern has been seen in other crises, and was repeated in this one.

Women and men are not equally impacted by job losses at the country/territory level. In most of the countries/territories, men faced a greater risk of unemployment than women, partly due to the large proportion of men employed in construction, manufacturing and other sectors where it is difficult to maintain social distancing

and hygiene practices. Nevertheless, in 3 out of 10 countries /territories, women reported a higher share of job losses than men, namely in Kazakhstan (26 per cent for women and 22 per cent for men), Turkey (19 and 14 per cent) and BiH (13 and 8 per cent). Kazakhstan, along with Georgia and Turkey, are countries with the highest levels of job losses in the region (Figure 6).

Figure 6. Proportion of respondents who reported loss of jobs, by sex

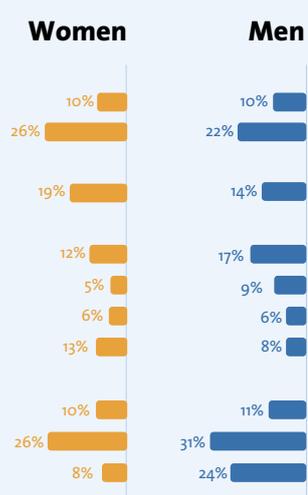
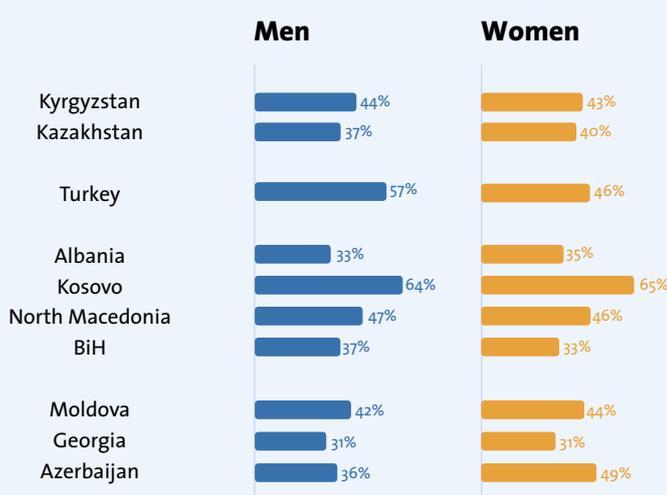


Figure 7. Proportion of respondents who reported a decrease in working hours, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Over 40 per cent of women did less paid work during the outbreak period.

A decrease in the paid working hours of women was observed across all subregions and countries/territories. The most affected were women from Kosovo, but the highest gender gap was observed in Azerbaijan with a difference of 13 percentage points. Overall, in half of the countries/territories, women were hit harder than men and the share of women who had to reduce their working hours ranged from 31 per cent in Georgia to 65 per cent in Kosovo (Figure 7). Given that women's participation in the labour market was lower than men's pre-crisis, the loss of jobs and reduction in paid work hours is likely to further exacerbate gender inequalities across the region, and more so in these countries/territories.

Loss of paid work hours affected more young women in the 18–34 age group. In 6 out of 10 countries/territories, younger women (18–34 years) were more likely to report decreases in working hours (but without losing their jobs) compared to women of other age groups. The share of these women varied from 33 per cent in

Albania and Georgia to 61 per cent in Kosovo. This is understandable, as most women in this age group and up to the age of 55 make up the 'active working age' group (25–54). At the same time, the economic situation of women aged 35–54 years in four countries was even more affected, and data shows the highest gender gaps were observed in Turkey (3 per cent) and in North Macedonia, Kazakhstan and Kyrgyzstan (5 per cent).

Among women, self-employed women were the worst hit.

The outbreak has particularly impacted self-employed women, as 25 per cent lost their jobs (compared to 21 per cent of self-employed men) and another 49 per cent saw reduced working hours (versus 53 per cent among men). Reduced working hours or job losses have particularly affected self-employed women in Kazakhstan (81 per cent), Azerbaijan (80 per cent), Turkey (82 per cent), Kosovo (78 per cent) and Kyrgyzstan (77 per cent). Kyrgyzstan has the highest gender gap (by 20 percentage points) and accordingly women live with higher risk of job losses (Figures 8–9).

Figure 8. Changes in working hours by employment status and sex

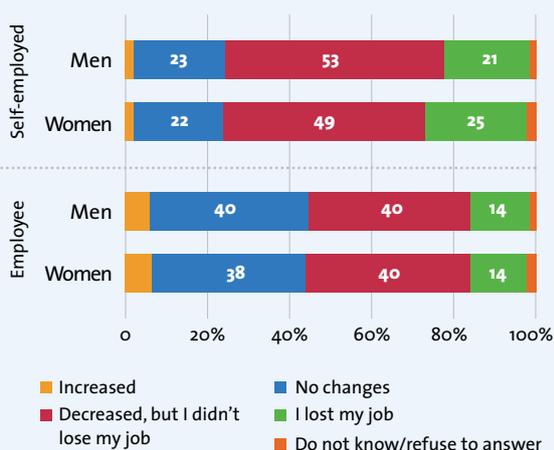
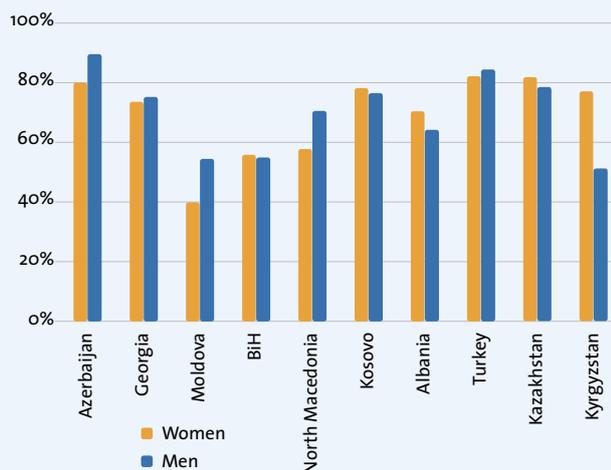


Figure 9. Proportion of self-employed who lost their job or worked fewer hours, by sex

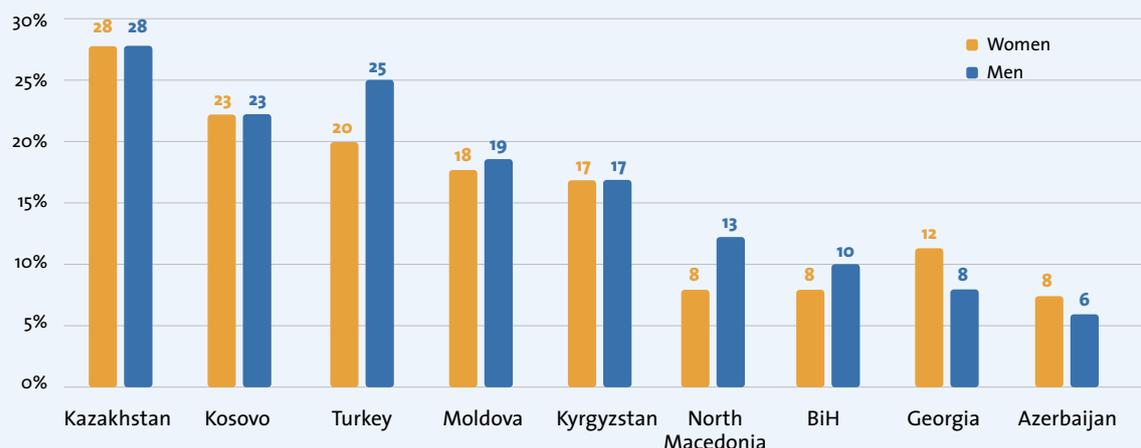


Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

One in ten employed women have been forced to take unpaid leave.⁴ Across the region, unpaid leave was imposed on almost 10 per cent of women, whereas only 6 per cent took partially paid leave. In Georgia, more women were forced to take on full or partially unpaid leave, at

12 per cent compared to 8 per cent of men (Figure 10). As a result, women working in low-income jobs are more at risk of becoming unemployed and, consequently, of falling into poverty if no measures are taken to subsidize their loss in income.

Figure 10. Proportion of respondents who took unpaid leave during outbreak period, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Switching to new working arrangements

Nearly half of women and a quarter of men are now working from home.⁵

As a result of confinement measures, many institutions and businesses adopted a work-from-home or telecommuting approach. The survey shows that during the outbreak, across the region, 44 per cent of women who previously worked outside the home have been working from home in numbers significantly higher than men, for whom 28 per cent have switched to new working

arrangements (Figure 11). This is partially due to the specificity of the labour markets and partially because highly feminized sectors have seen closures, such as schools and day-care centres. This differs significantly in each country/territory. In Kyrgyzstan, three-quarters of women work from home, while in North Macedonia, BiH and Turkey, the proportions are much lower, at 35, 34 and 18 per cent respectively (Figure 12).

⁴ The question on leave was not included in Albania.

⁵ The question on the working arrangements was modified in the Republic of Moldova.

Figure 11. Changes in working arrangements, by sex

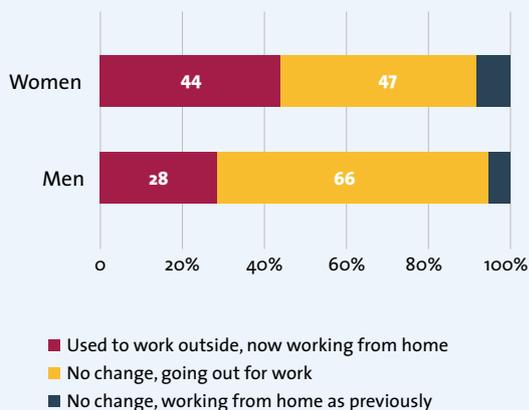
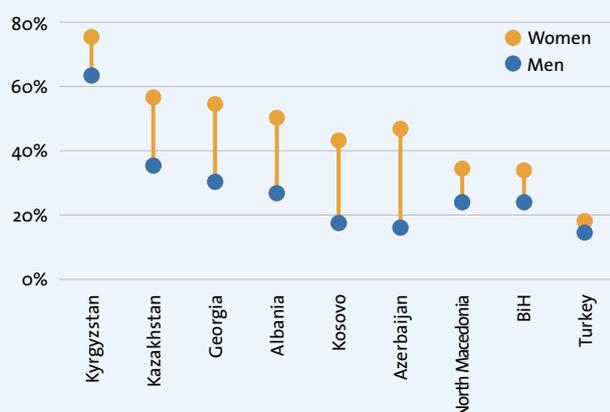


Figure 12. Proportion of employed respondents who switched to working from home, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

The high share of women working from home can be partially attributed to existing gender segregation in the labour market, and more particularly to the fact that highly feminized sectors such as education, public administration and social work have completely or partially switched to remote working arrangements. Data from Albania and Kosovo⁵ show that at least 35 per cent of women working from home are employed in the education sector, while 10 per cent worked in other public sectors, such

as local administration and social services. However, almost 28 per cent of women who have been working remotely were employed in less female-dominated sectors, such as finance and accounting, information technology and entertainment. This may be an indication of a change in the business culture in some sectors of the labour market, towards promoting remote work to optimize commuting and introducing more flexibility in working arrangements.

Loss of livelihood resources

The coronavirus outbreak will have major consequences for the wealth of women, including depletion of their spending power. The survey registered that the biggest losses in income for women and men are those generated from family businesses (66 per cent), farming (42 per cent) and remittances (40 per cent). The loss of income from these sources will primarily affect the economic security of women in countries/territories where the population is heavily reliant on them. RGA data shows that the proportion of women relying on income from farming ranges from 8 per cent in North Macedonia to 47 per cent in Kyrgyzstan, while the share receiving income from family businesses varies from 3 per cent in North Macedonia to 29 per cent in Kosovo and Kazakhstan.

In Kosovo, women and families are also deeply dependent on remittances. In 7 out of 10 countries/territories, women reported a one-third loss of income from farming, with the most affected being women from Albania (63 per cent) and Turkey (51 per cent). From all countries/territories, women whose incomes came from family businesses reported a decrease of up to 60 per cent in income, and in this category the greatest reduction (82–86 per cent) was recorded in Azerbaijan and Albania. This is a direct result of temporary closure of non-essential businesses, due to mandatory curfews, quarantines and the severe reduction in time allowed for business operations.

Women have been harder hit by a loss of remittances. In 4 out of 10 countries/territories, remittances are one of the main income sources for women. The highest reliance on such cash transfers was found among women from the countries/territories of Kyrgyzstan, the Republic of Moldova, Kosovo, Albania and Georgia, ranging from a low of 17 per cent in Georgia to a high of

27 per cent in Kyrgyzstan. However, this income source has impacted women; the highest gap being in Kyrgyzstan, where twice as many women as men reported a decrease in remittances (88 versus 47 per cent). Women from Albania and Azerbaijan also experienced significant reductions in remittances, by 74, 52 and 41 per cent, respectively (Figure 13).

Figure 13. Proportion of respondents with decreased remittances, by sex

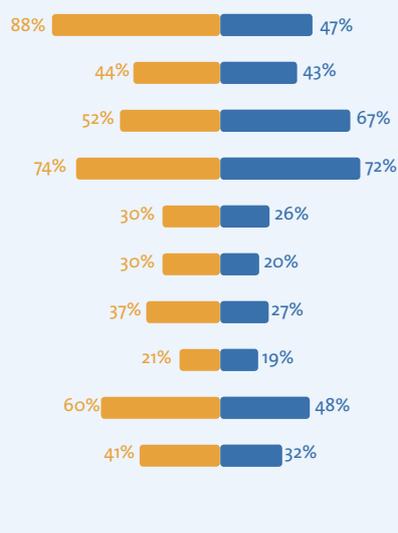
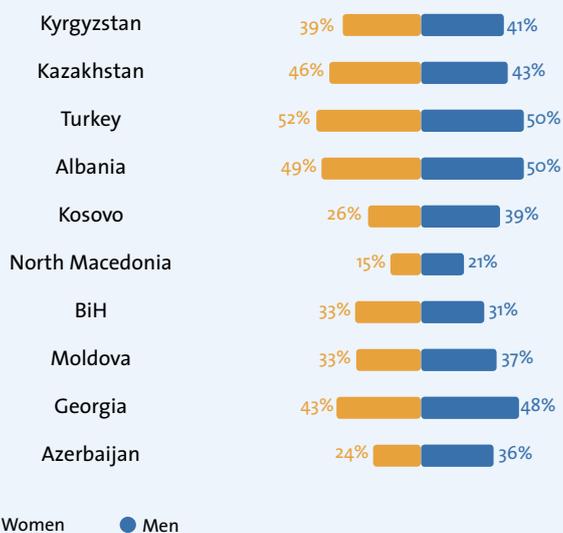


Figure 14. Proportion of respondents with decreased earnings, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020.
 Note: The figure displays the decreases in individual resources among people who said they have used the resource in question.

Women’s individual earnings have been also affected by the outbreak. With the exception of Kazakhstan and Turkey, women have been exposed to a lower risk of losing income from earnings than men. The data shows that women from North Macedonia (15 per cent), Azerbaijan (24 per cent), Kosovo (26 per cent) and the Republic of Moldova (33 per cent) are less affected by salary reductions, while the most affected were women from Turkey, Albania and Kazakhstan (Figure 14). In the latter case, the impact of reduced income from earnings could be severe and long-lasting given that the share of women relying on earnings from paid jobs is high, ranging from 30 per cent in Turkey to 64 per cent in Kazakhstan.

In most countries/territories, women received in-kind support from governments, albeit in a very limited

capacity. The assistance includes vital commodities, such as food, personal protective supplies (such as gloves, masks and sanitizers) and personal hygiene products (such as menstrual supplies and nappies). There is no significant gendered difference between women and men, who reported receiving almost equal amounts of government in-kind support. However, there are some variations among countries/territories. The highest level of government support was registered in Turkey, Kyrgyzstan and Georgia, where 23, 21 and 11 per cent of people respectively received in-kind assistance during the lockdown period (Figure 15). In all other countries/territories, government support was well below 10 per cent. The problem was more severe in Kosovo and North Macedonia, where government support was around 1 per cent.

Figure 15. The proportion of respondents who reported receiving in-kind government support



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Support from NGOs⁶ was very low in 6 out of 10 countries/territories, reaching less than 5 per cent of the population.

Overall, NGO in-kind assistance varies from around 6 per cent in countries such as the Republic of Moldova, Turkey, Kyrgyzstan and Kazakhstan, to about 2 per cent in Azerbaijan, Georgia, Albania and North Macedonia. It should be noted that in Turkey, NGO involvement with

women is much higher than in other countries/territories, and a relatively high share of women received in-kind assistance (6 per cent, compared to 4 per cent for men); this might partly be explained by the high number of refugee women and girls in Turkey. On the contrary, in Kyrgyzstan, men received 6 percentage points more assistance from NGOs, while women received 4 percentage points more government support.

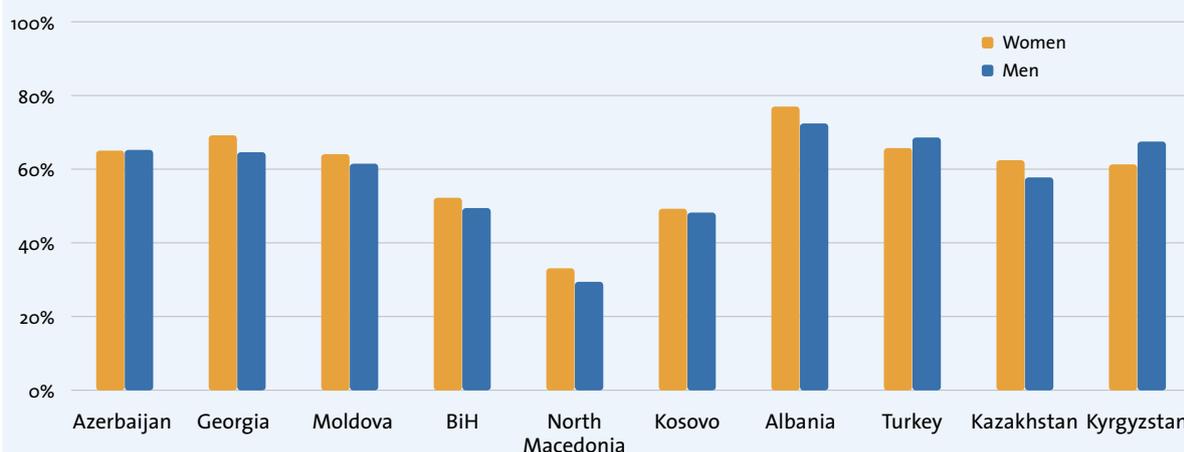
⁶ In-kind support such as food, supplies for prevention (gloves, masks, sanitizer, etc.) and personal hygiene supplies.

FINANCIAL EXPECTATIONS

Across the region, more women than men are anticipating having difficulty paying rent and utilities if restrictive measures continue. The pandemic has brought not only fear, emotional stress and loss of income, but also uncertainty and financial insecurity in sustaining basic daily needs in the near future. With the exceptions of Turkey and Kyrgyzstan, women tend to be slightly more affected than men. Women from Albania, Georgia

and North Macedonia are more concerned by the financial implications for livelihoods, as they expect to face greater challenges in meeting basic expenses. In these countries, the proportion of women who reported expecting difficulties in paying rent and utilities is higher than that of men; in Albania (77 and 72 per cent), in Georgia (70 and 65 per cent) and North Macedonia (33 and 29 per cent) (Figure 16).

Figure 16. Proportion of respondents expecting difficulties in paying rent and utilities, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Furthermore, economic insecurity will particularly impact unemployed and self-employed women and men, of whom two-thirds expect to face difficulties in covering basic expenses and paying for rent and utilities. However, employed women are likely to be affected more than employed men, and in 7 out of 10 countries/territories women reported higher levels of expected difficulties in paying rent and utilities. These challenges will particularly be faced by women in Albania, Georgia and the Republic of Moldova. Interestingly, in Turkey and Kyrgyzstan, men said they expected to face greater difficulty in meeting basic expenses. This can be attributed to sociocultural norms in these countries, under

which men are responsible for generating income for the households.

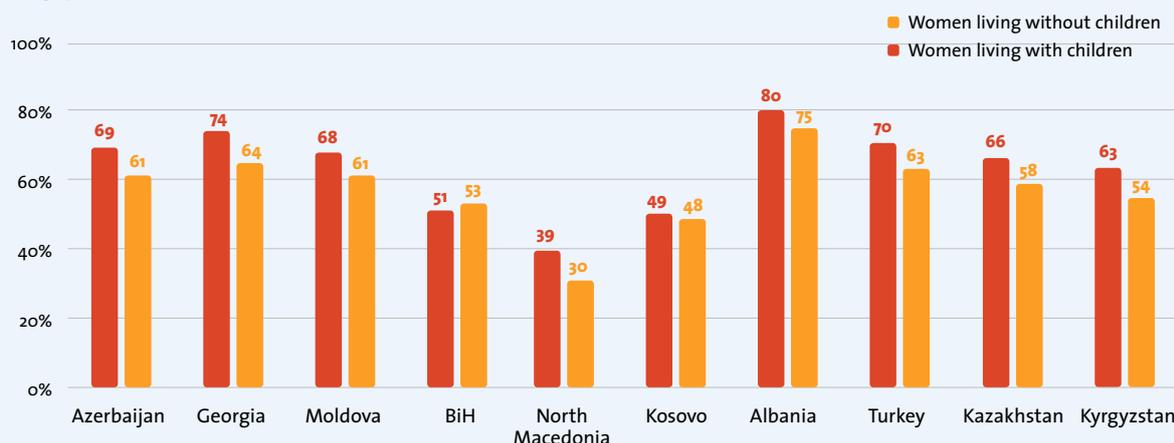
Among women, those living with children anticipate more difficulties in paying rent and utilities than women living without children. Women and men

with children are significantly more concerned about financial constraints resulting from COVID-19. Across the region, the share of women living with children who anticipate facing difficulty paying rent ranged from 39 per cent in North Macedonia to 74 per cent in Georgia and up to 80 per cent in Albania. In North Macedonia and Georgia, women living with children were 10

per cent more likely to report difficulties in paying for rent than women living without children (Figure 17). The countries/territories with the longest period of restrictive measures imposed during the outbreak period are also the ones with

the highest decrease in earnings from paid jobs. Therefore, the longer the restrictions remain in place, the higher the chances that both women and men will be unable to meet basic expenses.

Figure 17. Proportion of women expecting difficulties in paying rent, by presence of children



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Household safety nets remain an important coping strategy for women.

In 5 out of 10 countries/territories women relied more than men on support from family and relatives to mitigate the negative impact of the coronavirus outbreak. This is particularly the case in Albania (61 per cent of women to 56 per cent of men), Georgia (42 versus 39 per cent) and North Macedonia (21 per cent versus 18 per cent), where more women reported relying on family support as a potential coping strategy. Furthermore, women will have to ask for support from local authorities if restrictive measures continue, but the role of these authorities and people's trust in them differ

significantly across the region. Women from Turkey (58 per cent), Albania (58 per cent), Kosovo (47 per cent) and Azerbaijan (46 per cent) will rely more on possible support from local authorities, while women in the Republic of Moldova, BiH, and North Macedonia have lower expectations, with 28, 26 and 13 per cent respectively relying on local authority support. The lower expectations of government and local support in countries such as BiH and North Macedonia was anticipated given that RGA survey data found actual government support in these countries, along with Albania, was below 5 per cent.

UNPAID DOMESTIC AND CARE WORK

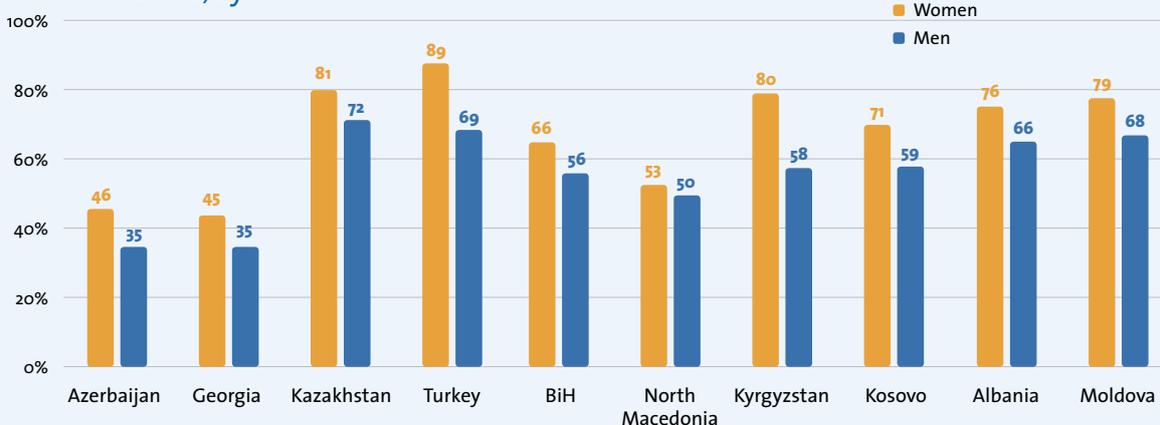
Unpaid domestic work

More women than men reported doing more household chores since the spread of COVID-19. On average, 70 per cent of women spent more time on at least one unpaid domestic work (UDW) activity⁷, which is significantly higher than for men (59 per cent). Across the region the situation is similar, but in some parts, the outbreak has placed an immense burden on women. Turkey, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Albania have seen the highest increases in time devoted to unpaid domestic work, with around four in five women experiencing an increase in at least one household chore (Figure 18.1). With the exception of Georgia and North Macedonia, the gender discrepancy in increased unpaid domestic work is on average 10 percentage points, with a wider gap of up to 20 percentage points in Turkey and Kyrgyzstan.

Gender discrepancies become more evident as the number of reported unpaid domestic activities increase. The intensity of domestic work performed by women

and men varies significantly if the number of activities is counted, which points to differences in gender roles and gender expectations. Overall, every second woman reported an increase in at least two unpaid domestic work activities compared to only every third man. Turkey, Kyrgyzstan, Kosovo, Albania and Kazakhstan had the highest share of women involved in at least two unpaid domestic work activities, but also the highest gender gaps, from 15 percentage points in Albania and Kosovo up to 26 percentage points in Turkey (Figure 18.2). The most drastic situation can be observed in Kyrgyzstan, where there is a disproportionate burden on women, regardless of the number of counted activities, and 80 per cent of women reported increased time spent on at least one unpaid domestic chore, 70 per cent on at least two activities and 55 per cent on at least three, while men reported much less involvement in household chores, with increases of 58, 35 and 20 per cent for each progressive number of activities (Figures 18.2–18.4). This means that as the number of unpaid domestic activities increases in the household, men's involvement in them decreases.

Figure 18.1 Proportion of respondents spending more time on at least one unpaid domestic chore, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

⁷These activities include cooking, cleaning, household management, shopping, collecting water/firewood and caring for domestic animals.

Figure 18.2 Proportion of respondents spending more time on at least two unpaid domestic chores, by sex

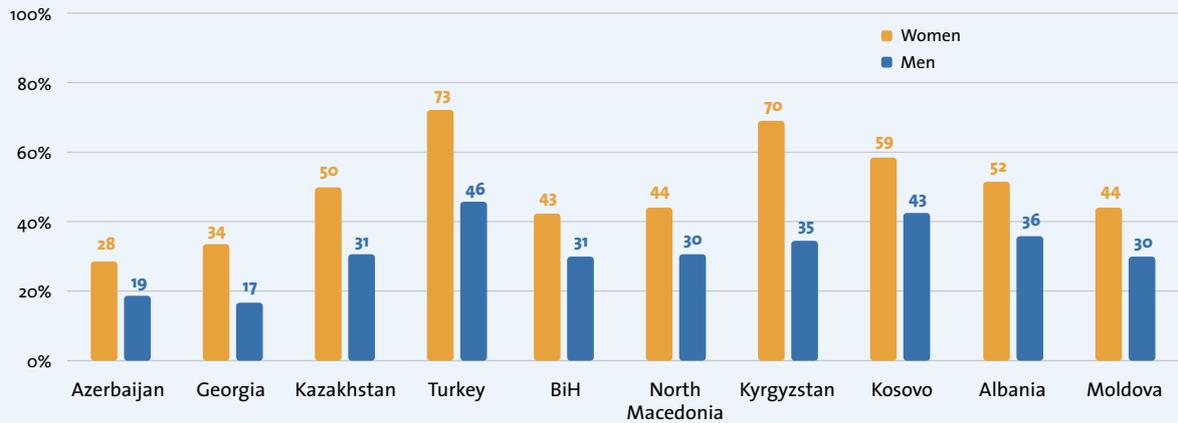


Figure 18.3 Proportion of respondents spending more time on at least three unpaid domestic chores, by sex

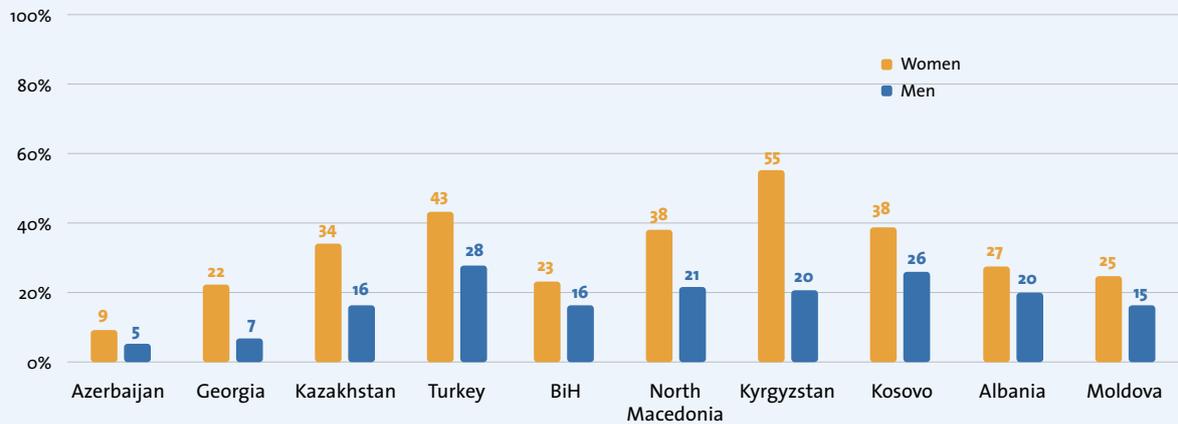
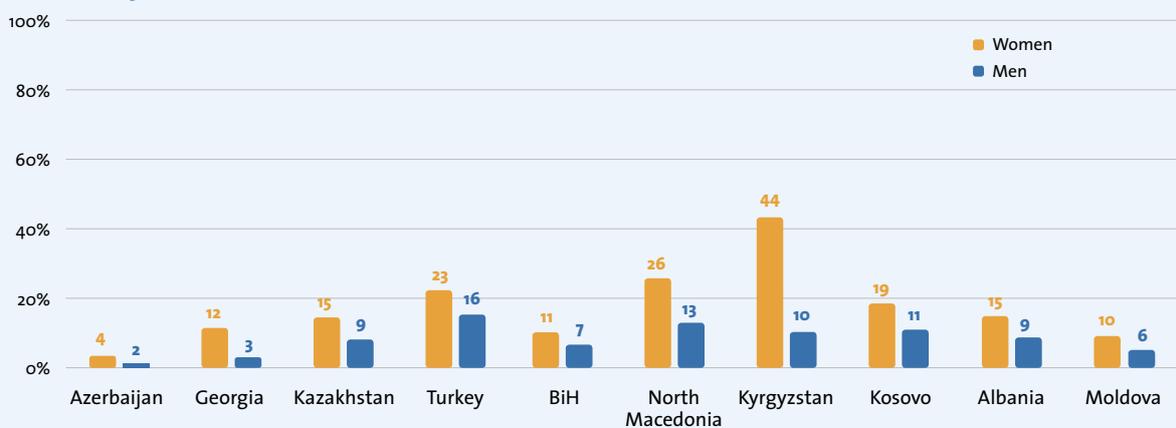


Figure 18.4 Proportion of respondents spending more time on at least four unpaid domestic chores, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

More women than men – almost three times higher – reported spending more time cooking and serving meals. Forty-three per cent of women reported spending more time cooking and serving meals during the ongoing pandemic. This was reported very differently for men, among whom only 16 per cent reported an increase in cooking and serving meals. Increases in these specific activities are particularly high in three places – Kyrgyzstan, Turkey and Kosovo – where over half of women spent more time cooking and serving meals during the outbreak period (67, 60 and 56 per cent respectively). Additionally, data shows that 12 per cent of women spent more time collecting water, firewood or fuel. The increase in time spent collecting water, firewood, and fuel is highest in Kyrgyzstan (31 per cent), while relatively low in Georgia and two countries in the Western Balkans: North Macedonia (5 per cent) and BiH (6 per cent).

Over half of the women surveyed spent more time on cleaning and household maintenance, compared to less than one-third of men. Fifty-three per cent of women reported now spending more time cleaning and maintaining their dwellings and their surroundings. This includes washing clothes and other household chores. For men, 31 per cent were spending more time on cleaning and household maintenance. One in four women were spending more time managing the household, compared to one in five men. The increase in household management for women is particularly high in two countries: 46 per cent in Kyrgyzstan and 50 per cent in North Macedonia. In Kyrgyzstan, the increase in time spent on shopping is again highest, at 54 per cent, followed by Turkey at 41 per cent.

Unpaid care work

More women than men reported increases in time spent on unpaid care work throughout the region. As a result of lockdown measures, women and men – whether employees or self-employed – faced childcare and schooling obligations, as schools and day-care centres were closed. The survey shows that in 6 out of 10 countries/territories, women and girls have taken on a larger share of additional care responsibilities and around 60 per cent of women reported increased time spent on at least one care activity for children and/or elderly family members. Kyrgyzstan, Kazakhstan, Kosovo and Albania had the highest share of

women spending more time on care, but also the greatest gender gaps. Specifically, in Kosovo and Albania, the gender gap is 10 percentage points, in Kazakhstan it is 16 percentage points and in Kyrgyzstan up to 25 percentage points (Figure 19.1). As with unpaid domestic work, gender discrepancies become more evident as the number of reported care activities increase, but the gap does not widen so much, indicating higher involvement of men in care work than in domestic work. On average, 38 per cent of women reported an increase in at least two care activities, while men reported 29 per cent, with some minor variances by country/territory (Figure 19.2).

Figure 19.1 Proportion of respondents spending more time on at least one unpaid care activity, by sex

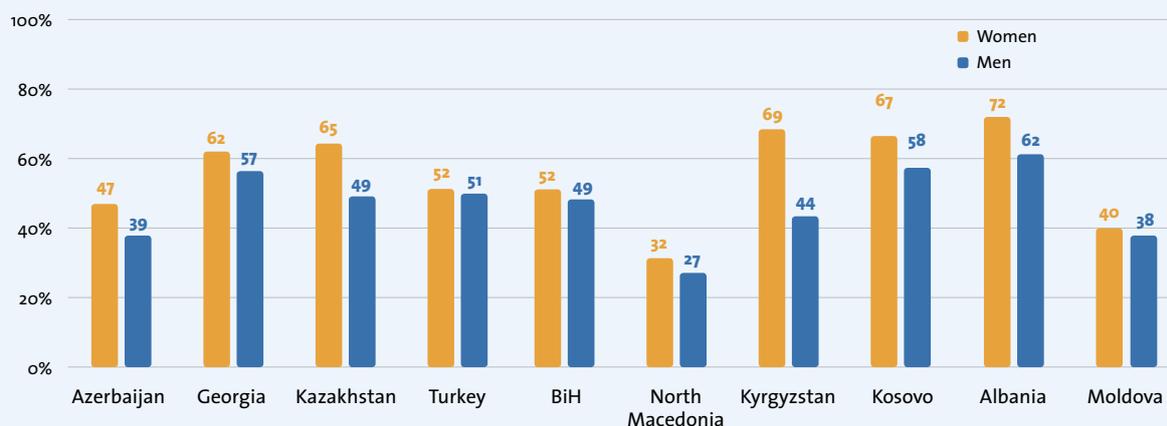
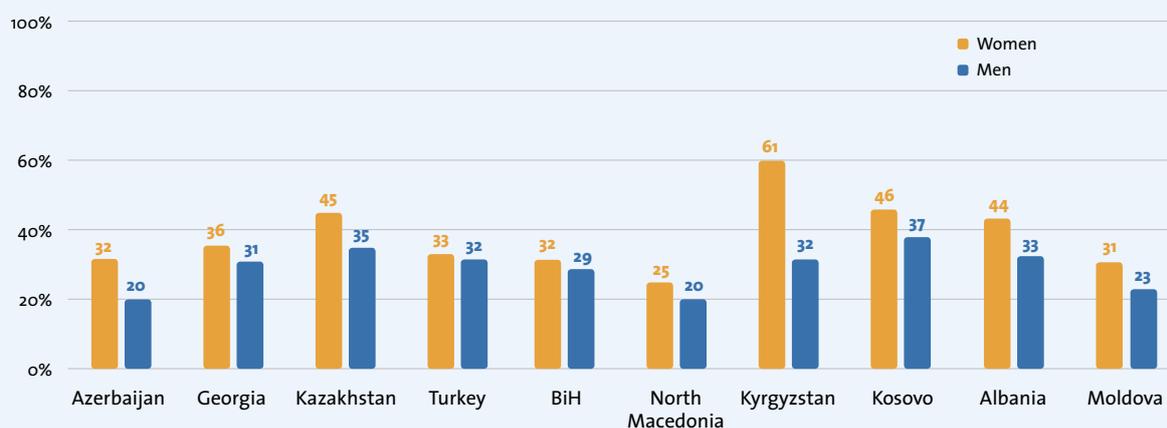


Figure 19.2 Proportion of respondents spending more time on at least two unpaid care activities, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Women have taken up more care activities while men have become more involved in playing with and instructing children.

In 4 of the 10 countries – Azerbaijan, Georgia, BiH and Turkey – women and men reported almost the same increases in time spent playing and talking with children. In North Macedonia and Kyrgyzstan, more women reported spending addition time on these activities. In fact, these countries had the largest gender gaps, with 12 and 24 percent more women than

men, respectively, reporting an increase in their time. Once time for instructing and teaching is considered, only in Azerbaijan and Georgia do men seem to take up these activities equally with women (Figure 20). As in other countries/ territories, the proportion of women reporting an increased burden of homeschooling varies, from around 50 per cent in North Macedonia, Turkey and BiH to 70 per cent in Kyrgyzstan and Albania (Figure 21).

Figure 20. Proportion of respondents spending increased time on instructing and teaching children, by sex

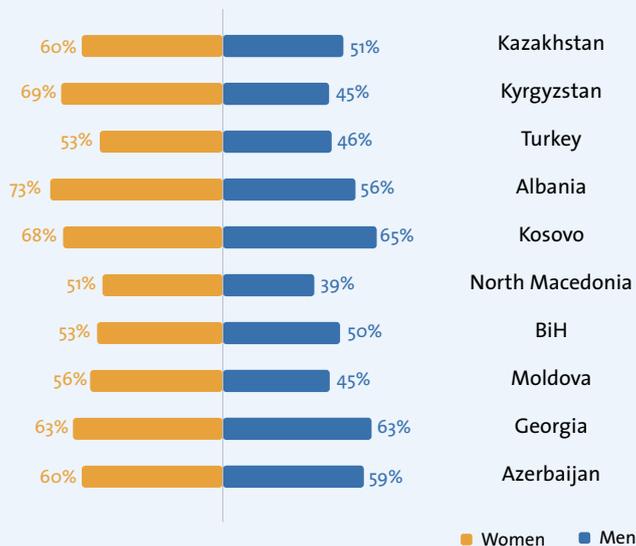
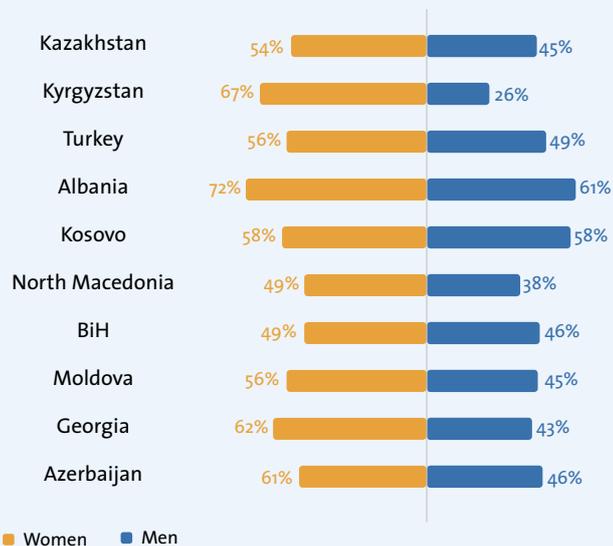


Figure 21. Proportion of respondents spending increased time on caring for children, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Gender disparities become more evident when considering time spent caring for children.

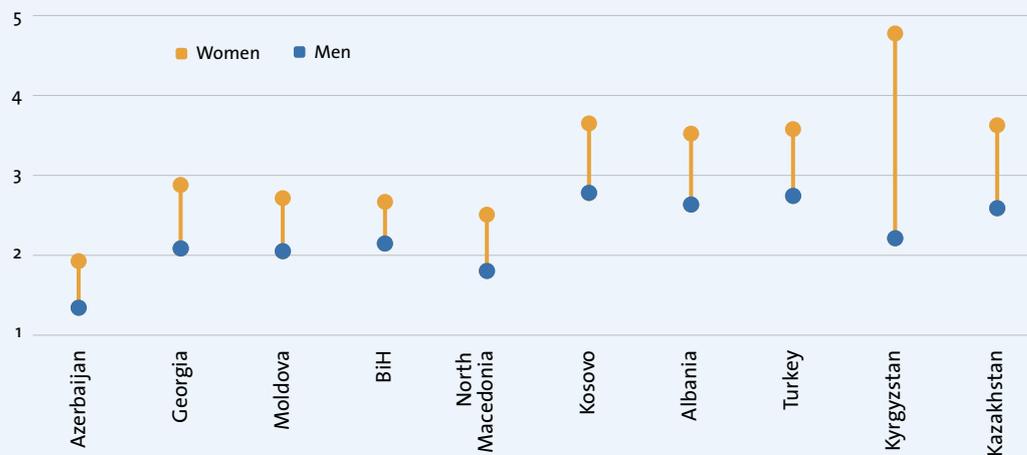
In all countries/territories, half of women reported an increase in time spent caring for children, including feeding, cleaning and physical care. The highest burden was reported by women in Georgia (62 per cent, compared to 43 per cent for men) and Albania (72 versus 61 per cent), with both countries with early school closures; as well as Kyrgyzstan (67 and 26 per cent), where care is perceived mainly as a woman’s responsibility.

Women’s household burden increased during the COVID-19 crisis.

The burden index⁸ indicates the number of household activities for which women (or men) reported increases in time spent during the COVID-19 outbreak. On average, women reported an increase in time spent on at least three household chores – 3.2 activities per woman, compared to 2.3 activities per man. With a 4.8 score for women, Kyrgyzstan has the highest score of the 10 countries/territories and the highest gender gap – on average, women reported increased time spent on three more activities than men. A second group scored high as well; Kosovo, Kazakhstan, Turkey and Albania all scored around 3.5 activities per woman compared to 2.7 activities per man (Figure 22).

⁸ The index ranges from 0 to 11, where 0 represents no increase in any household tasks, and 11 corresponds to an increase in all tasks.

Figure 22. Unpaid domestic and care work burden index, by sex

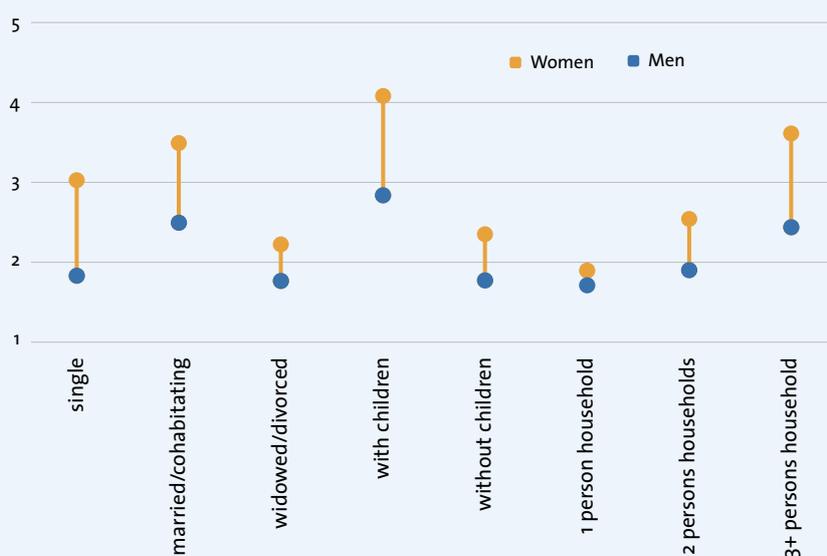


Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Married women and women with children have taken up the burden of unpaid domestic work. The data reveals a higher burden for married women, with a score of 3.6 on the household burden index. They are followed by single women, with a score of 3.0, while widowed or divorced women scored the

lowest, at 2.2. Furthermore, women with children scored significantly higher on the household burden index than women without children (respectively 4.1 and 2.3). Similarly, women in households with three or more people scored higher than women in households with one or two persons (Figure 23).

Figure 23. Unpaid domestic work and care burden index, by household type and sex

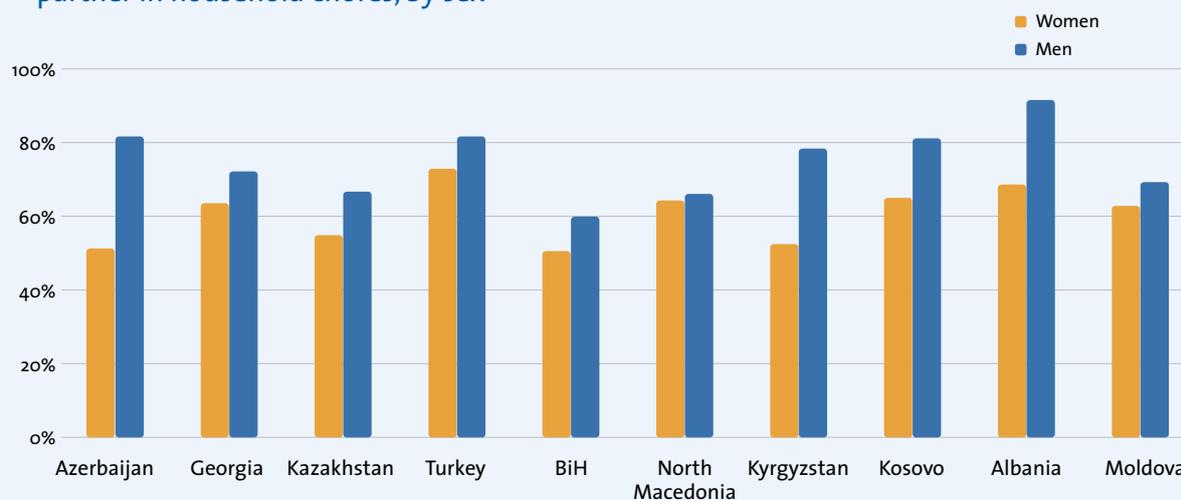


Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Women help their husbands/partners much more often with repetitive daily activities than men help their wives/partners. Women from across the region reported higher involvement in assisting their partners with household chores and/or caring for family members than men. In Albania, Kosovo, Kyrgyzstan and Azerbaijan, there was a difference

of up to 30 percentage points between partners helping one another. North Macedonia is the only country where men and women reported almost equal participation in household chores, followed by the Republic of Moldova where men were more likely to report receiving help, but only by 6 percentage points.

Figure 24. Proportion of respondents who declared higher engagement from partner in household chores, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Data for married women and men shows similar trends, with the highest gender gaps observed in Azerbaijan, Kyrgyzstan and Kosovo. The share of married women who helped their husbands/partners was 29 percentage points higher in Azerbaijan, and 21 percentage points higher in Kyrgyzstan and Albania (Figure 24). By a slight margin, married women with children reported receiving more help from their partners than married women and men without children. This finding speaks to the entrenched gender stereotypes and expectations that women have

the primary responsibility for unpaid domestic and care work in the household.

Sixty-six per cent of women reported that other household members, such as parents and in-laws, also helped them with domestic and care work. Usually, such help in care work is given by sisters, mothers and mothers-in-law. All considered, the COVID-19 global crisis has made starkly visible the fact that the world’s formal economies and the maintenance of our daily lives are built on the invisible and unpaid labour of women and girls.

ACCESS TO BASIC SERVICES

Access to medical supplies and health services

Access to personal protective equipment has been a problem for women throughout the region. The greatest difficulty was reported by women from 5 of 10 countries/territories, with particularly high gender gaps observed in Kyrgyzstan (73 per cent for women and 64 per cent for men), Albania (55 versus 48 per cent), Kosovo (58 versus 53 per cent), Turkey (70 versus 67 per cent) and Georgia (53 versus 46 per cent). Almost no difference is seen in reporting between women and men in Kazakhstan (75 per cent), Azerbaijan (47 per cent) and the Republic of

Moldova (40 per cent) (Figure 25). In Central Asian countries, women seem to face major difficulties accessing medical supplies that are essential for the protection of all family members. This is a result of increased demand in the health sector, physical limitations in reaching these products, due to shop closures and curfews, and panic shopping in the initial stages of the pandemic, among other reasons. Consequently, these challenges have led to high reporting throughout the region of difficulty accessing medical supplies for personal protection, such as masks and gloves.

Figure 25. Proportion of respondents with difficulties accessing medical supplies, by sex

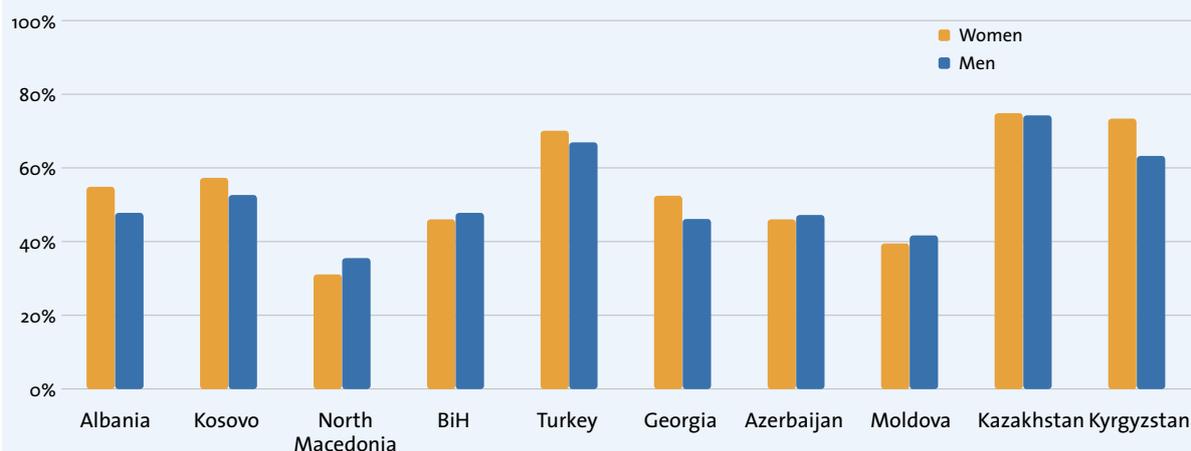
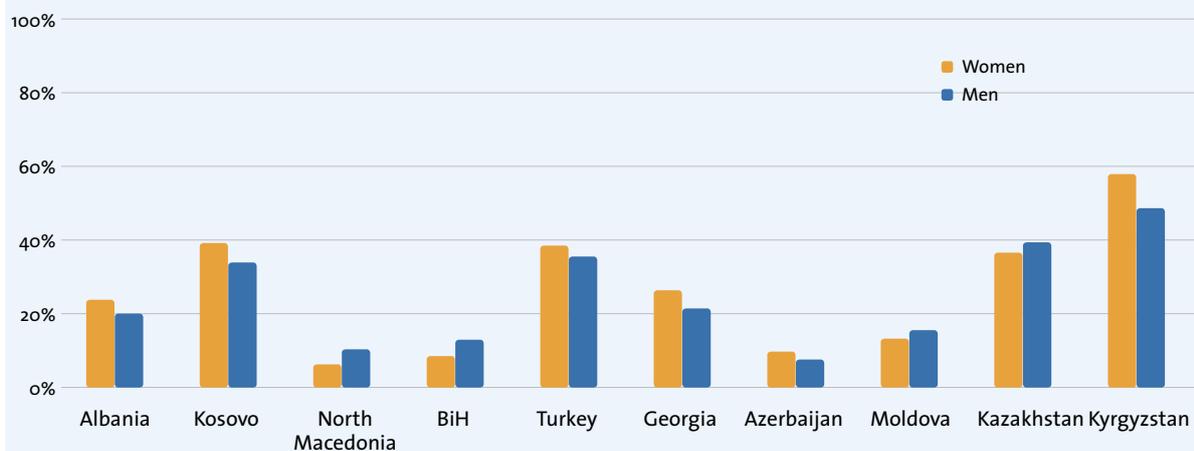


Figure 26. Proportion of respondents with difficulties accessing hygiene products, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

In more than half the countries/territories, women faced greater difficulty accessing hygiene products than men. The survey data reveals a difficulty accessing hygiene products across the ECA region; however, the highest limitation was reported by women from Kyrgyzstan (59 per cent of women versus 50 per cent of men), Turkey (39 versus 36 per cent), Kosovo (41 versus 35 per cent) and Georgia (27 versus 22 per cent). Coupled with the difficulty of acquiring medical supplies and personal protective equipment, a lack of hygiene products might seriously hamper the health outcomes of women and their families. It should be noted that it is vital that female hygiene products be accessible at all times, and governments should ensure their availability by any means possible (Figure 26).

In most of the region, women faced greater difficulties in accessing health services than men. According to the survey data, access to basic health services during the pandemic was also compromised to a certain extent by rapid increases in the demand for health services. Almost half of respondents mentioned major or some difficulties in seeking health services during the outbreak period. With the exception of North Macedonia, BiH and Kazakhstan, there was visible inequality in access to health services for women in all other countries/territories (Figure 27). Although this problem may have existed previously, the closure of medical facilities (such as clinics and personal practitioner arrangements) due to COVID-19 social distancing requirements, has exacerbated the situation.

Figure 27. Proportion of respondents with difficulties accessing health services, by sex

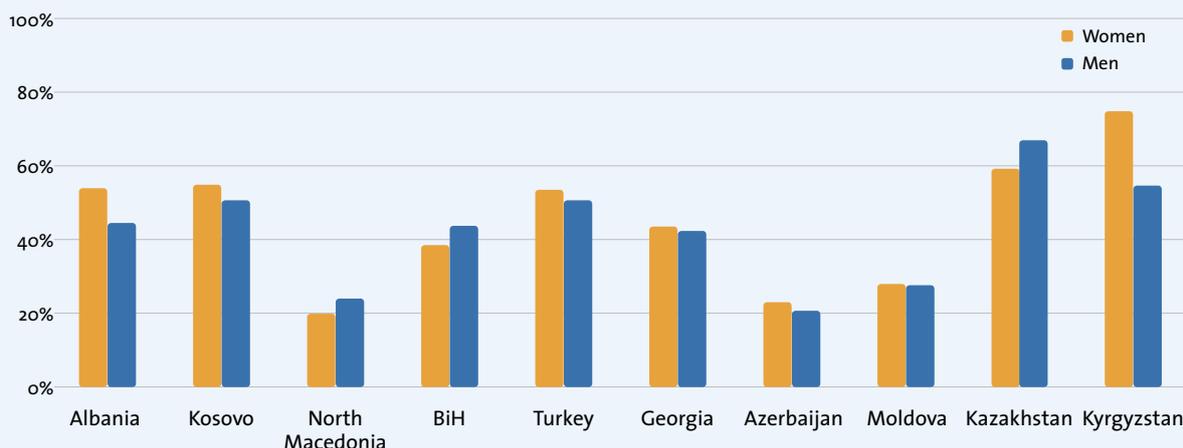
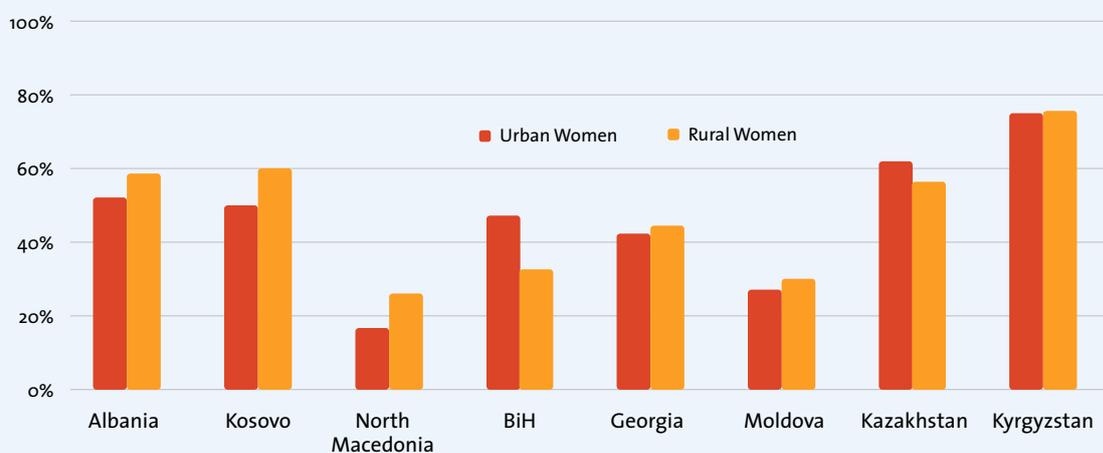


Figure 28. Proportion of women with difficulties accessing health services, by residence area



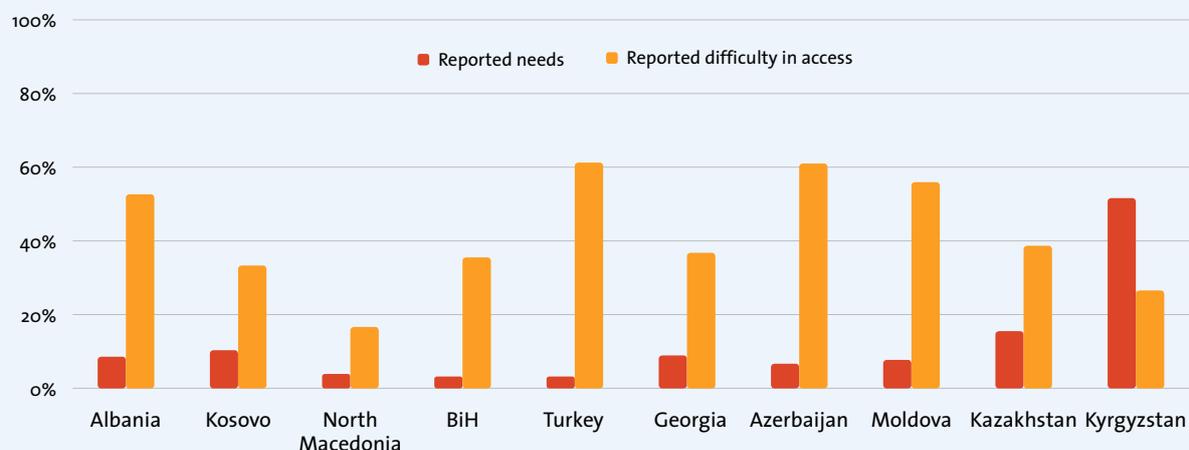
Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

With the exception of Kazakhstan and Bosnia and Herzegovina, women in rural areas faced more difficulty accessing health services. At the same time, women from Kyrgyzstan were the most exposed to a high risk of not getting the health assistance that they and their family members needed, regardless of whether they lived in urban or rural areas (76 per cent) (Figure 28).

Women’s access to basic health services is at risk. Limited access to health services, along with reported decreases in income sources due to coronavirus (which will be compounded if restrictive measures continue), could stop nearly 38 per cent of women from seeking basic health services. The outlook for access to health services is particularly troubling in Kyrgyzstan and Kazakhstan, where three-fifths of women will have to stop accessing health services or assistance if containment measures are not lifted.

In 4 out of 10 countries/territories, at least half of women in need of family planning services reported major difficulties in accessing these services. The survey shows that access to essential sexual and reproductive health services has become more difficult due to travel restrictions and lockdown periods. Across the region, about 8 per cent of women experienced some difficulties accessing gynaecological and obstetric care services. More than half of the surveyed women who reported a need for sexual and reproductive health services in Albania, the Republic of Moldova, Turkey and Azerbaijan, reported difficulty in accessing such services (Figure 29). Accessing these services is crucial for preventing worsening women’s sexual and reproductive health, which coupled with higher psychological and emotional stress, may negatively affect women’s future health outcomes.

Figure 29. Proportion of women reporting a need for and difficulty accessing sexual and reproductive health services



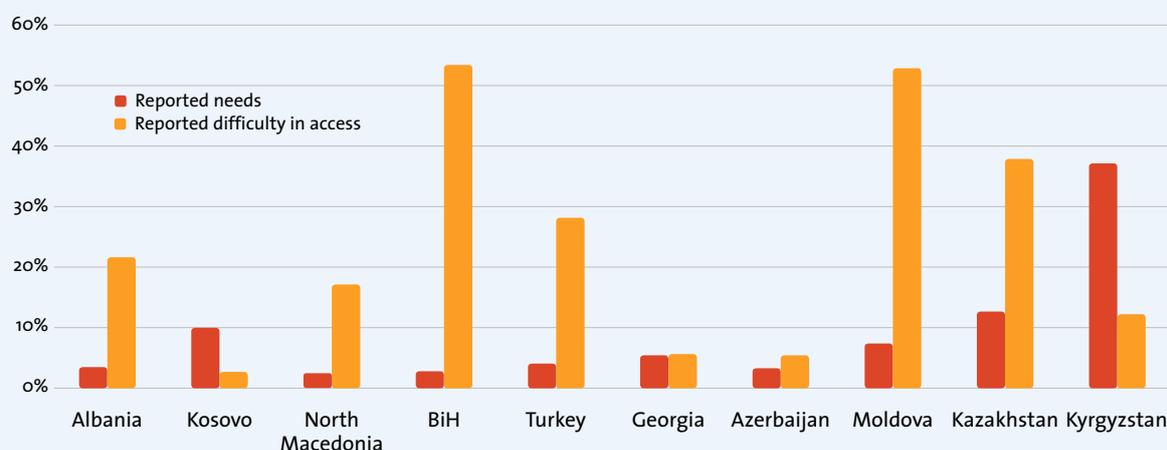
Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Women in countries/territories with higher demand for contraceptives faced less challenges in accessing these services than women in countries/territories with lower demand.

Data shows a moderate need for contraceptives in all countries/territories. However, women from Kyrgyzstan reported a higher need, at 37 per cent, compared to 15 per cent of women from Kazakhstan and 10 per cent of Kosovan women. In some countries – such as Albania, the Republic of Moldova, and BiH – the proportion of women who reported the need for contraceptives was very low, but the

share of those reporting difficulty in accessing contraceptives was rather high. There was an opposite trend in Kyrgyzstan and Kosovo, where data shows higher demand and less difficulty in accessing contraceptives. For instance, 37 per cent of women in Kyrgyzstan said they had ‘a need’ and only 12 per cent said they faced difficulty accessing what they needed (Figure 30). Overstretched health services often divert resources away from the services women need, including pre- and postnatal health care and contraceptives. This exacerbates the lack of access to sexual and reproductive health services.

Figure 30. Proportion of women reporting a need for and difficulty accessing contraceptives



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

With the exception of Kosovo, throughout the region women were more likely than men to hold or have access to health insurance.

Women and men should have equal access to health insurance. This is especially crucial for women, in light of their unpaid responsibilities, including household chores and taking care of both young and elderly dependents. Nevertheless, health insurance coverage varies significantly across the region. In Kosovo and Azerbaijan, for example, only up to 30 per cent of the population are covered by health insurance and citizens are not required

to have health insurance policies (Figures 31.1–31.2). In some countries/territories, there is significant variance between the proportion of women and men holding health insurance. For example, in Kosovo men are 6 percentage points more likely to have access to health insurance; while in Albania and the Republic of Moldova and Kyrgyzstan, women are more likely to have health insurance, higher by 8 percentage points. Therefore, in these countries/territories it may be more challenging for people to access health care, given the pandemic’s impact on employment loss and wage decreases.

Figure 31.1 Men covered by health insurance

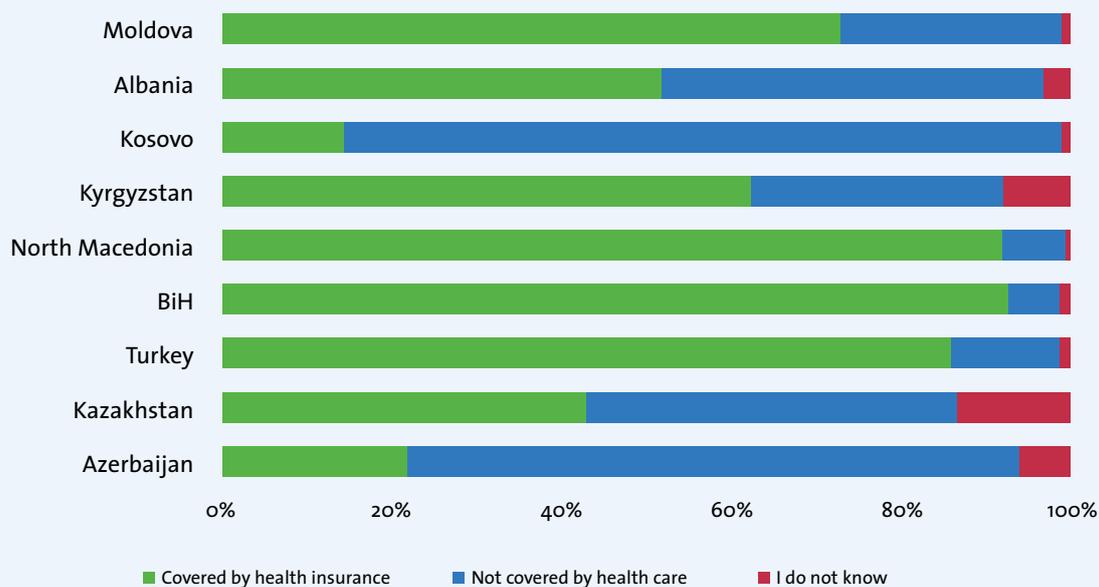
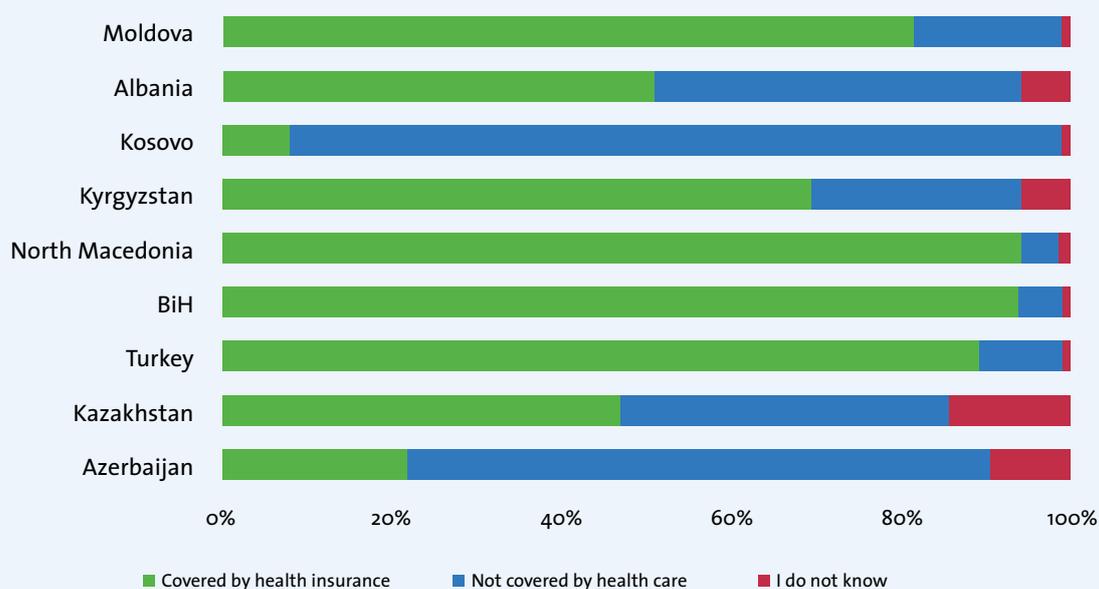


Figure 31.2 Women covered by health insurance



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

In most countries/territories, health insurance coverage increases with the person’s age, with those aged 65+ insured at a higher rate than those aged 18–34 years and 35–64 years. This is predictable, as older people have either public or

private insurance or a combination of the two. Thus, older people, most of whom are elderly women, are not disproportionately expected to secure financial resources to access medical assistance.

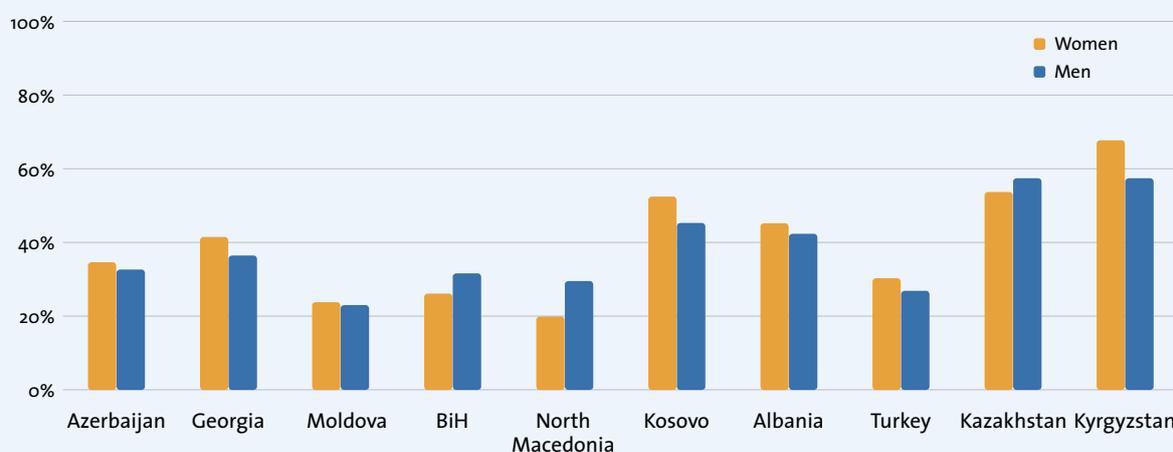
Access to food supplies

In 4 of the 10 countries/territories, women more frequently reported difficulties accessing food supplies.

Reassuringly, access to food has not been greatly affected by the pandemic for most of the population. Access to food products and supplies has not been reported as a major difficulty in most countries/territories and most probably any difficulties are not due to food shortages,

but rather to mobility restrictions and the early closure of grocery shops and food markets. Significant discrepancies between women and men in difficulty were registered in Kyrgyzstan (69 per cent for women and 58 per cent for men), Kosovo (53 versus 46 per cent), and Georgia (43 versus 37 per cent). This can partially be attributed to stricter and longer lockdowns and curfews in these countries/territories (Figure 32).

Figure 32. Proportion of respondents who faced difficulties in accessing food supplies, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

Data collected on difficulty in accessing food supplies, when disaggregated by age groups and marital status, highlights an analogous trend. Understandably, elderly respondents reported facing more difficulty than younger respondents, and those with widowed/divorced status faced more difficulty accessing food supplies than single or married/cohabiting people. Overall, widowed/

divorced women and elderly women face less risk of food insecurity; one reason for this is that these women are more likely to be living in extended households, or in single-mother households with adult children. This eases access to food products and supplies for older and widowed women, who rely on younger generations to provide these vital commodities.

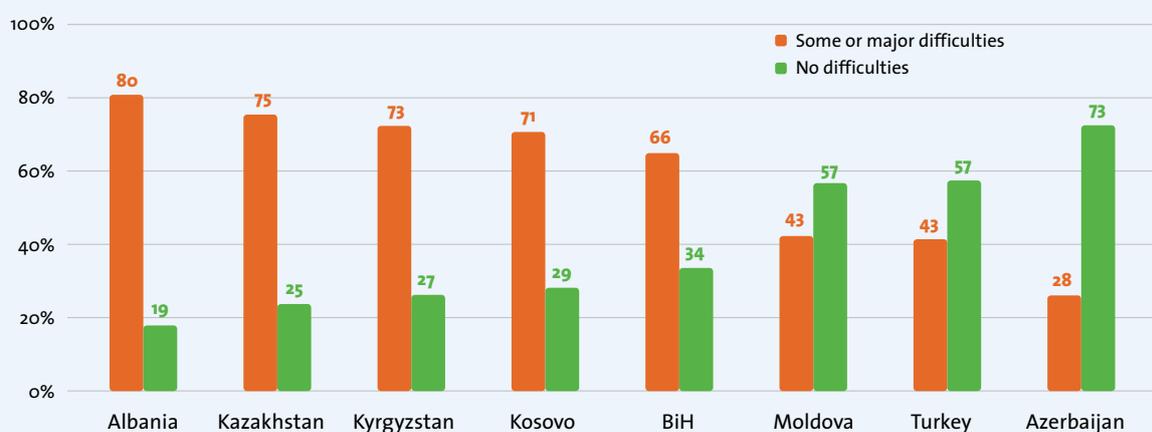
Access to public transportation and water

Five of the 10 countries/territories reported more difficulties accessing public transportation.

All countries/territories have imposed mobility restrictions, lockdowns and curfews, and have controlled entry/exit to certain places with a variance in both duration and intensity. It is expected, therefore, that changes in access to public transportation would be different across countries/territories, and the data does not reveal any clear pattern. Respondents in Albania,

Kazakhstan, Kyrgyzstan, Kosovo, and BiH have more often reported major/some difficulties in accessing public transportation. In other countries/territories, respondents more frequently reported no difficulty in accessing public transport (Figure 33). This is a direct result of how governments have approached the COVID-19 situation in terms of containment, the severity of the pandemic in the country/territory, and the availability of personal transportation, such as cars.

Figure 33. Level of difficulties accessing public transportation, by country/territory



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

More men than women reported a need for public transport.

Given the pandemic's nature, staying at home has become the temporary norm and this has reduced the need for public transportation to facilitate people getting to work and education. On average, more men than women reported a need for public transport, with a difference of up to 13 percentage points in Azerbaijan, followed by a 5-percentage-point difference in BiH. Among other factors, this relates to the fact that more women now work from home than men and that schools are now closed, restricting most women to staying at home and supervising children (unpaid care work). On the other hand, men in Kyrgyzstan and Kosovo were 4–5 percentage points more likely to report no need for transportation, which may point to a loss in informal jobs.

On average, one in three women faced difficulty accessing public transport.

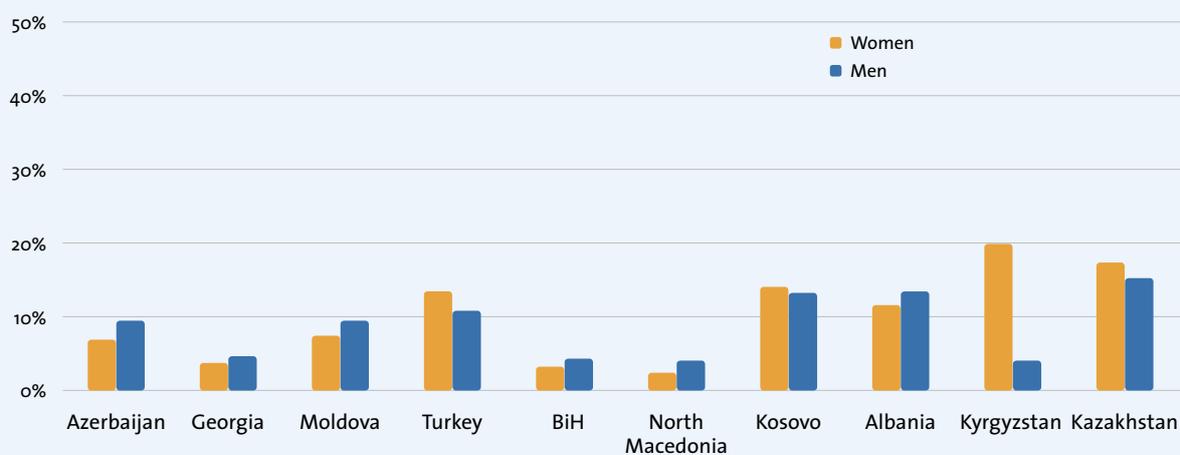
The overall situation in access to public transport seems less problematic, as the survey data shows that 72 per cent of men and 69 per cent of women indicated no difficulty in accessing public transport. However, women from Kyrgyzstan reported greater difficulty in accessing public transport, by 12 percentage points more than men. In most other countries/territories, men reported more difficulty than women in accessing public transport. One reason for this is because most women are at home, and therefore their primary need for public transportation, such as travel to work and taking children to school or to medical appointments, are not relevant.

There is also no visible urban/rural divide concerning difficulties in accessing public transport, beside the fact that urban areas in Kazakhstan and Kyrgyzstan and rural areas in Kosovo and Albania reported more difficulties than their respective counterparts. In countries/territories that have reported major/some difficulty accessing public transport, this might have an adverse effect on commodities, such as access to food and medical supplies. The four countries/territories with the most difficulty in accessing public transportation are the same countries/territories with the highest proportions experiencing difficulties in accessing food.

Women from Kyrgyzstan and Kazakhstan reported more difficulty in accessing water.

RGA survey data indicates that the overwhelming majority of the population across the ECA region has easy access to water supplies despite mobility restrictions. Nevertheless, the situation is worst in Kyrgyzstan, followed by Kazakhstan, Kosovo, Albania and Turkey, where over 10 per cent of individuals reported 'major/some difficulty' in accessing water supplies. Looking at the data further disaggregated by sex, the findings are alarming in Kyrgyzstan, where women are at a much higher disadvantage in accessing water supplies than men, at 20 per cent compared to 4 per cent (Figure 34). This may be due to limited access to public water supplies and also a result of social norms, under which women are generally responsible for supplying water to the household, particularly in rural areas.

Figure 34. Proportion of respondents who reported difficulties in accessing water supplies, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

With these difficulties in mind, it is essential to maintain access to water supply where it had previously not been a problem and to take swift action on water supply strategies and relief programmes where there is an acute problem,

such as in rural areas. Water supplies must be ensured given that handwashing is considered the most important preventive measure to curb COVID-19 spread and infection.

EXPERIENCES WITH PERSONAL SAFETY

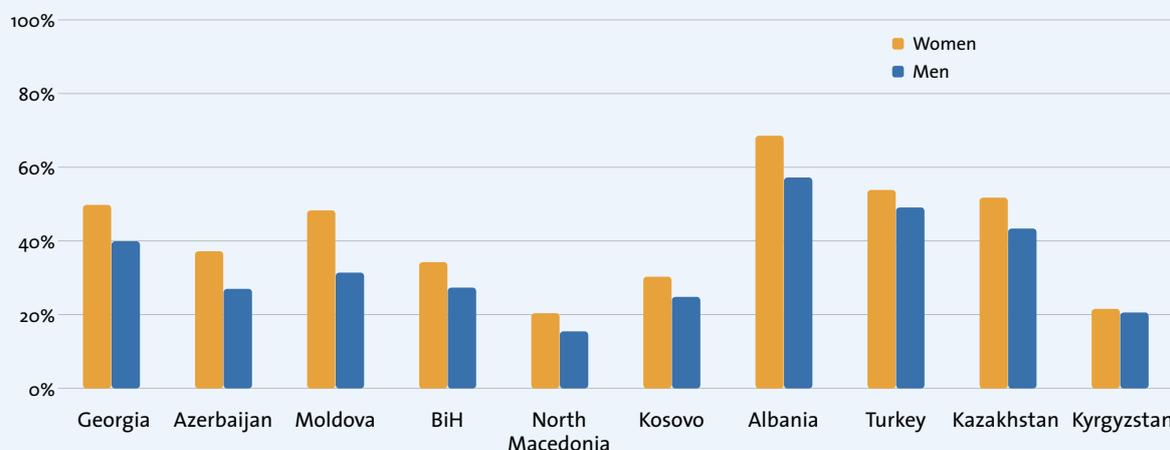
Observations from previous crises reveal that levels of domestic violence and sexual exploitation, which are already endemic in all societies, spike when households are placed under the increased strains that come from security, health and financial worries, and cramped and confined living conditions. As ‘social distancing’ is one of the recommended strategies for containing the virus, this isolation will likely increase the risk of violence against women (VAW), as it may be used to isolate victims from their families and social networks, as a part of emotional/psychological violence and controlling behaviour.

The COVID-19 crisis is disproportionately affecting women’s mental and emotional health.

The most probable reason is the increased burden of unpaid domestic and care work for women, compounded by the potential loss of jobs and related financial distress. However, other observable effects, such as deaths or illness of loved ones and being forced to spend more time with abusive partners are other

probable reasons. The survey data shows that women’s psychological and mental health is being affected at higher rates than that of men. Notably, women from Albania (69 per cent), Kazakhstan (52 per cent), Turkey (54 per cent) and the Republic of Moldova (49 per cent) have experienced higher rates of psychological distress than men, but also than women from other countries/territories (Figure 35).

Figure 35. Proportion of respondents who reported emotional stress since the spread of COVID-19, by sex



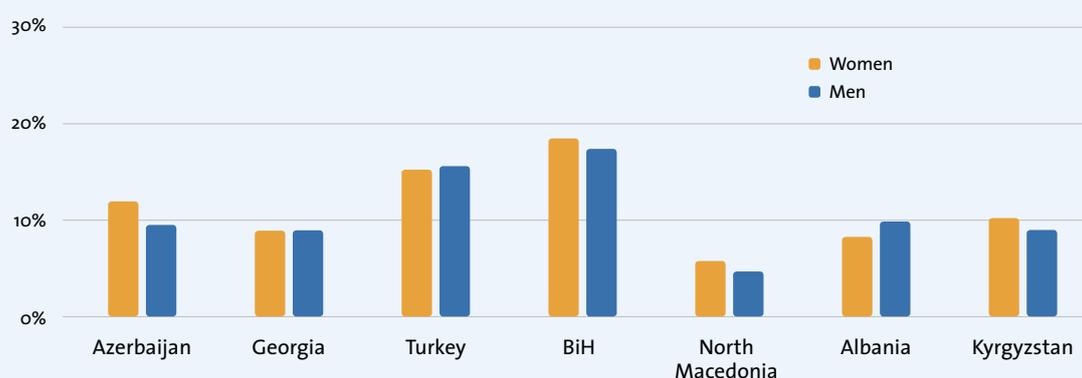
Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

In all countries/territories, urban women were more likely to report feeling discrimination than rural women.

The survey data suggests that there has been an increase in discrimination during the coronavirus crisis. The proportion of the population who reported an increase in discrimination ranged from 5 per cent in North Macedonia to 18 per cent in BiH. The highest proportions of women

reporting feeling an increase in discrimination and prejudice were in BiH and Turkey, at 18 per cent and 15 per cent respectively. This is followed by 12 per cent of women in Azerbaijan and 10 per cent in Kyrgyzstan (Figure 36). Overall, urban women were more likely to report feeling increased discrimination than rural women across the ECA region, with the highest difference observed in BiH (3 percentage points).

Figure 36. Proportion of respondents who reported increased discrimination or prejudice since the spread of COVID-19, by sex



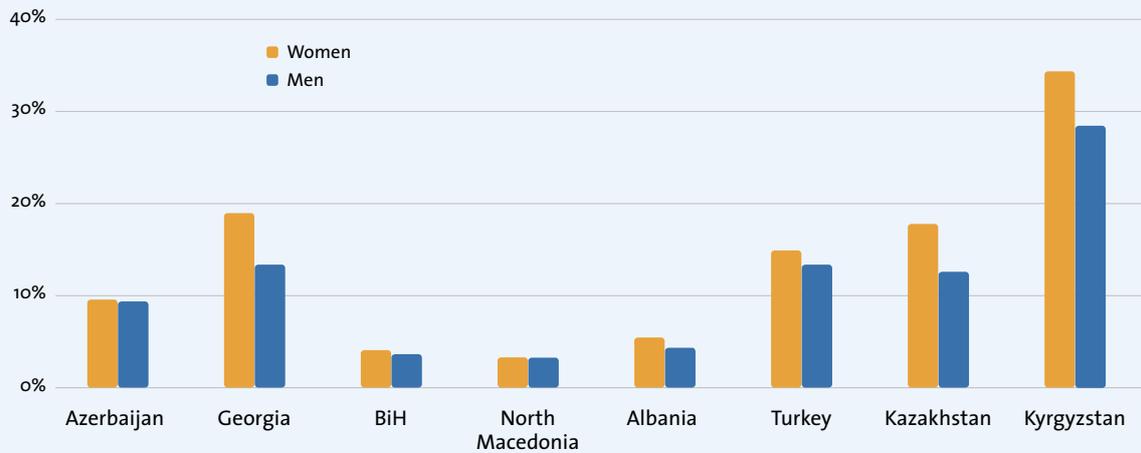
Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

In some countries (BiH, Turkey and Kyrgyzstan), between 8 per cent and 13 per cent of respondents, both women and men, refused to state if they felt an increase in discrimination or prejudice. An ‘I don’t know/refuse’ response implies one of two things – on the one hand, it can be an implicit yes and the respondent does not want to openly admit it, or the respondent is in a situation where they cannot adequately respond to the question. On the other hand, this might be due to societal norms and stereotypes that include maintaining silence on discrimination that may occur within and/or outside the household, and not cooperating with authorities, such as the police.

Stress, situational uncertainty, employment loss, and poor emotional and mental health associated with the lockdown measures may stimulate or worsen violence behind closed doors.

The survey data shows that women are more likely to report higher levels of perceived increases in domestic violence in all countries/territories. Overall, the situation is alarming in Kyrgyzstan (34 per cent), Kazakhstan (18 per cent), Georgia (19 per cent) and Turkey (15 per cent), where considerable proportions of the population have felt/heard of increases in domestic violence since the pandemic’s spread, and women were more likely than men to report such an increase (Figure 37). For women to report slightly higher than men may be expected given that COVID-19 has further confined them within their households, where instances of abusive behaviour from spouses/partners may have increased.

Figure 37. Proportion of respondents who felt/heard of domestic violence being experienced, by sex



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

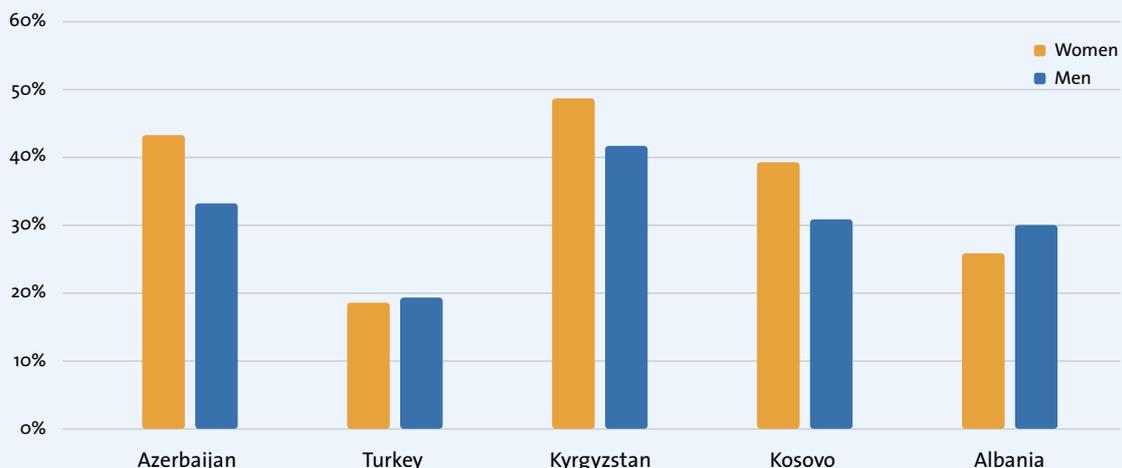
In addition, the proportion of respondents who refused to answer also varied between 7 and 10 per cent for both women and men. It is true that women may choose to keep silent, believing it to be the better option for their family, personal groups, social circle or community in general. Given these circumstances, the actual scale of increase in domestic violence might be greater.

A high proportion of women did not know where to seek help if someone

was experiencing domestic violence.⁹

In Azerbaijan, Kyrgyzstan and Kosovo, there were clear gender differences in responses, with women more frequently than men reporting not knowing where to seek help, 43 and 33 per cent respectively in Azerbaijan, 49 and 42 per cent in Kyrgyzstan, and 39 and 31 per cent in Kosovo (Figure 38). In both Azerbaijan and Kyrgyzstan, a considerable proportion of people also reported ‘I don’t know’ on where to seek help if there is an incident of domestic violence.

Figure 38. Proportion of respondents who did not know where to seek support in cases of domestic violence, by sex



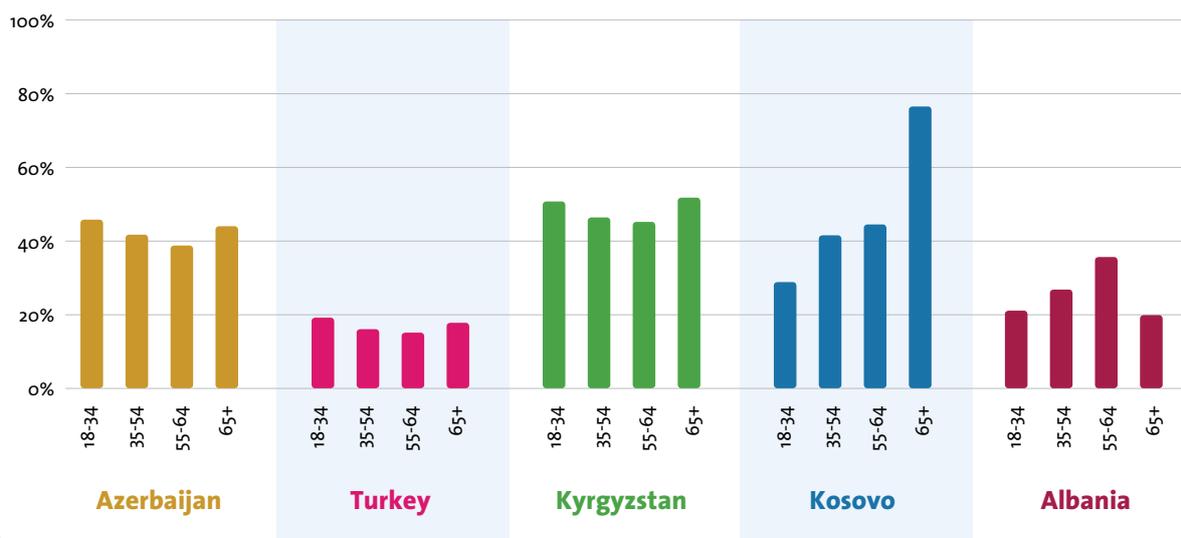
Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

⁹ Azerbaijan, Kyrgyzstan, Kosovo, Albania and Turkey. The remaining countries did not provide this data as it was not included in the questionnaire.

Among women and men, the level of knowledge of where to report violence or to seek help fell with age. Younger women and men and those of active working age were more likely than older people to know where to report incidents of domestic violence. Regardless of age, women and

men from Kosovo, Albania and Turkey were more informed about where to seek support if they experienced domestic violence (Figure 39). Again, the data indicated that, overall, women are less aware of VAW service providers in all countries than men.

Figure 39. Proportion of women who did not know where to seek support in cases of domestic violence, by age group



Source: UN Women Rapid Gender Assessment Survey on the Impacts of COVID-19, April–May 2020

From both women and men, the answer ‘I don’t know’ should be also taken into consideration, as in some countries, such as Azerbaijan, it accounts for 10 per cent of the population. It is worrying that women appear to be significantly disadvantaged compared to men in terms of their

knowledge of where to report domestic violence, and this is an area where immediate intervention is needed to ensure that women and their young dependents are not further affected in the situation they currently find themselves in.

CONCLUSIONS

The analysis presented in this report reveals that women and men are suffering from a multitude of problems due to COVID-19. The UN Women RGA survey data supports the initial supposition that COVID-19 has increased vulnerabilities in society and has had a greater impact on women and girls in vulnerable domestic and economic situations.

Emergency financial assistance packages and economic support programmes have recently been initiated in all ten countries/territories covered in this report to address and mitigate the effects of the pandemic, including providing salary support for both employed and self-employed people, subsidizing contributions to employers and employees, providing support for firm liquidity and direct monetary assistance for small- and medium-sized enterprises, and targeting the poorest and most vulnerable households and individuals with direct injections

of monetary assistance. It should be noted that at the time the surveys were conducted – between April and May 2020 – these packages and programmes were only just being announced and approved. There is a high possibility that at this time, the monetary assistance from these programmes had not reached their intended recipients. Therefore, a second RGA over the coming months will seek to address the effectiveness of these government-led responses and their intended mandates.

Governments, along with civil society and other stakeholders, can devise better strategic responses and recovery efforts by taking into consideration relevant data and gender analyses to ensure that the needs of different groups of the population are taken into consideration, making sure to leave no one behind.

ALBANIA

The impact of COVID-19 on women's and men's lives and livelihoods

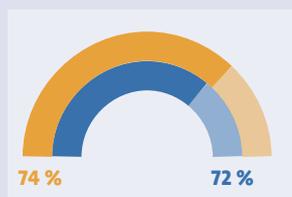
WHY A RAPID GENDER ASSESSMENT?

The Government of Albania introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 10 March and 31 May. In response to the pandemic and the relatively limited data available, UN Women Albania, with support from the government of Sweden and Joint SDG Fund, conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,300 respondents (18+ years), was conducted through telephone interviews between 13 March and 26 April 2020.

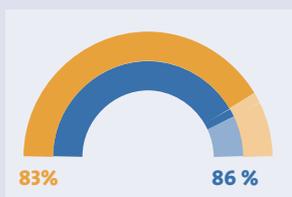


The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

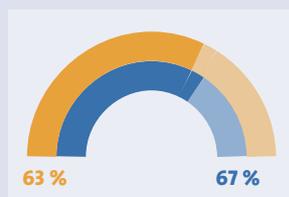
The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



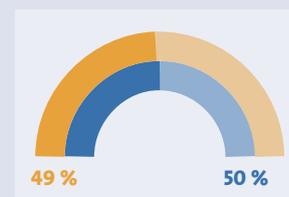
REMITTANCES



INCOME FROM FAMILY BUSINESSES



INCOME FROM FARMING



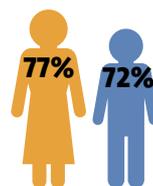
INCOME FROM PAID WORK

WOMEN MEN

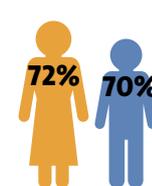


Women faced more limitations than men when trying to access food (46% vs. 43%)

due to market closures and the reduced opening hours of stores.



PAYING FOR RENT AND UTILITIES



KEEPING UP WITH BASIC EXPENSES (food, hygiene products etc.)

More women than men anticipate difficulties paying essential outgoings if restrictive measures continue.



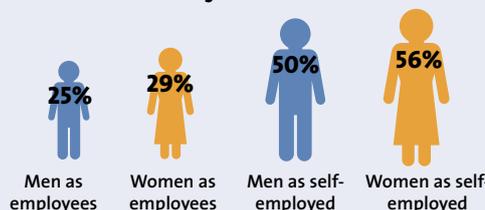
Women and men were not equally hit by job losses and reductions in paid working hours:

17% of men lost their jobs compared to 12% of women

33% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed women and men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (51%) than men (27%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



72% of women reported increased time spent on unpaid care work

76% of women reported increased time spent on unpaid domestic work



62% of men reported increased time spent on unpaid care work

66% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

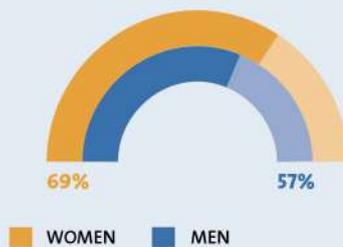
- 27% of women reported increased time spent on at least three unpaid domestic activities
- 20% of men reported increased time spent on at least three unpaid domestic activities



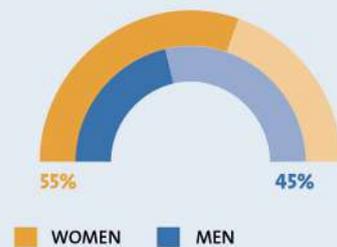
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



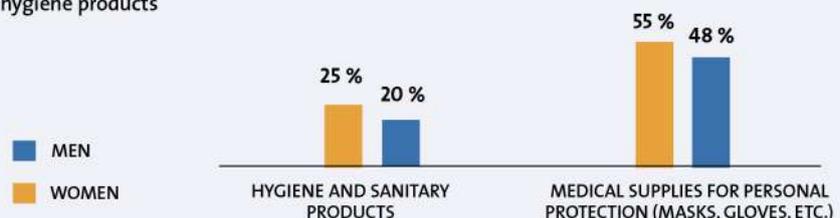
Women experienced more challenges seeking health services.



Every second person experienced some challenges in accessing medical supplies for personal protection.

Women faced greater difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



AZERBAIJAN

The impact of COVID-19 on women's and men's lives and livelihoods

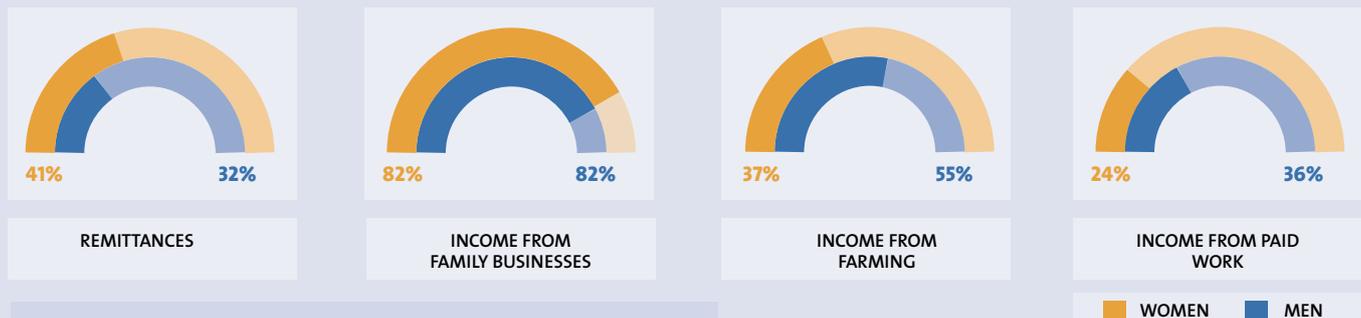
WHY A RAPID GENDER ASSESSMENT?

The Government of Azerbaijan introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 24 March and 31 May. In response to the pandemic and the relatively limited data available, **UN Women and UNFPA Azerbaijan, with support from the European Union**, conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,512 respondents (18+years), was conducted through computer-assisted telephone interviews between 26 April and 3 May 2020.



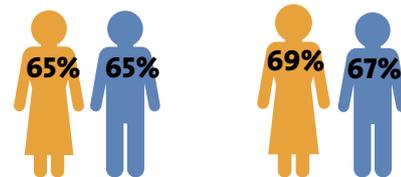
The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



Women faced more limitations than men when trying to access food (35% vs. 33%)

due to market closures and the reduced opening hours of stores.



Women and men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were not equally hit by job losses and reductions in paid working hours:

24% of men lost their jobs compared to 8% of women

40% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed women and men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (47%) than men (16%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



47% of women reported increased time spent on unpaid care work

46% of women reported increased time spent on unpaid domestic work



39% of men reported increased time spent on unpaid care work

35% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

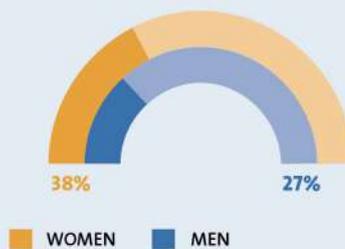
- 9% of women reported increased time spent on at least three unpaid domestic activities
- 5% of men reported increased time spent on at least three unpaid domestic activities



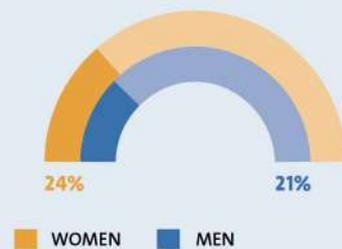
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



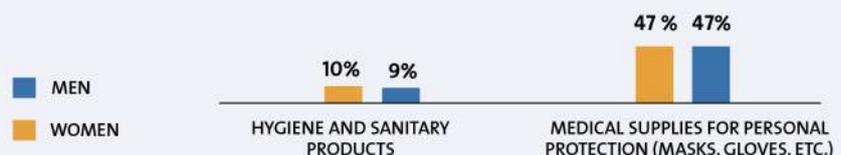
Women experienced more challenges seeking health services.



Every second person experienced some challenges in accessing medical supplies for personal protection.

Women and men faced the same challenges in accessing hygiene products and medical supplies for personal protection.

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



BOSNIA AND HERZEGOVINA

The impact of COVID-19 on women's and men's lives and livelihoods

WHY A RAPID GENDER ASSESSMENT?

The Government of Bosnia and Herzegovina introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 21 March and 31 May. In response to the pandemic and the relatively limited data available, UN Women Bosnia and Herzegovina conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,407 respondents (18+ years), was conducted through web and computer-assisted telephone interviews between 7 and 15 May 2020.



The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



Men faced more limitations than women when trying to access food (32% vs. 27%)

due to market closures and the reduced opening hours of stores.



Women and men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were not equally hit by job losses and reductions in paid working hours:

8% of men lost their jobs compared to 13% of women

35% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (34%) than men (24%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



52% of women reported increased time spent on unpaid care work

66% of women reported increased time spent on unpaid domestic work



49% of men reported increased time spent on unpaid care work

56% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

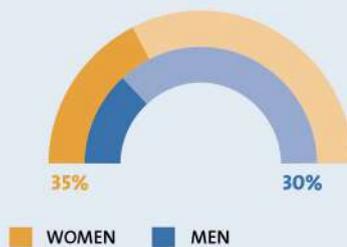
- 23% of women reported increased time spent on at least three unpaid domestic activities
- 16% of men reported increased time spent on at least three unpaid domestic activities



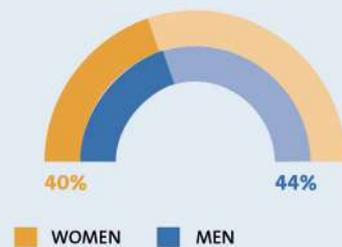
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



Men experienced more challenges seeking health services.



Every second person experienced some challenges in accessing medical supplies for personal protection.

Men faced greater difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



GEORGIA

The impact of COVID-19 on women's and men's lives and livelihoods

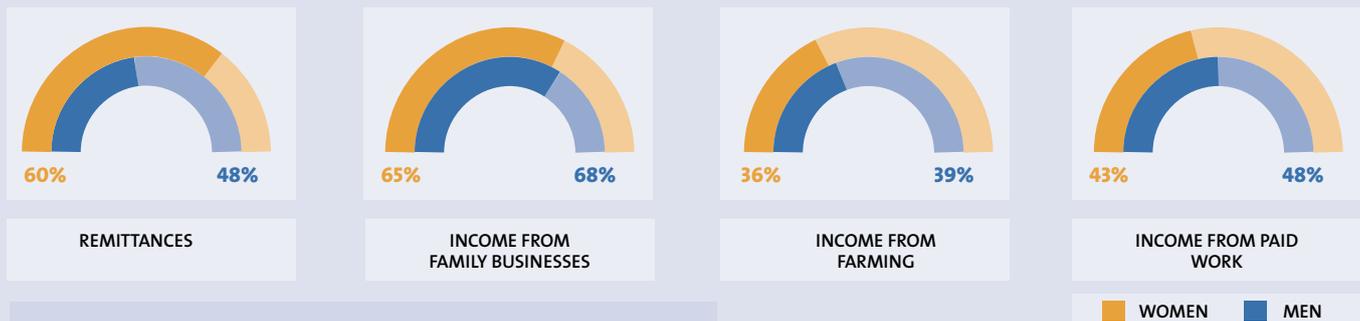
WHY A RAPID GENDER ASSESSMENT?

The Government of Georgia introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 24 March and 22 May. In response to the pandemic and the relatively limited data available, UN Women Georgia, with support from Norway and Joint SDG Fund, conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,069 respondents (18+ years), was conducted through computer-assisted telephone interviews between 4 and 8 May 2020.



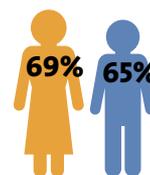
The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.

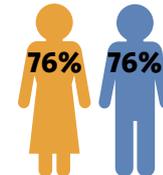


Women faced more limitations than men when trying to access food (43% vs. 37%)

due to market closures and the reduced opening hours of stores.



PAYING FOR RENT AND UTILITIES



KEEPING UP WITH BASIC EXPENSES (food, hygiene products etc.)

Women and men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were not equally hit by job losses and reductions in paid working hours:

31% of men lost their jobs compared to 26% of women

31% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Employed women and self-employed men were the most affected by lockdown measures.



Men as employees



Women as employees



Men as self-employed



Women as self-employed

The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (54%) than men (30%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



62% of women reported increased time spent on unpaid care work

45% of women reported increased time spent on unpaid domestic work



57% of men reported increased time spent on unpaid care work

35% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

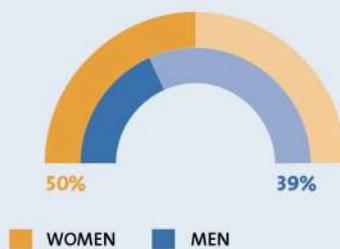
- 22% of women reported increased time spent on at least three unpaid domestic activities
- 7% of men reported increased time spent on at least three unpaid domestic activities



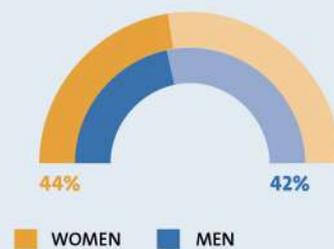
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



Women and men experienced challenges seeking health services.



Every second person experienced some challenges in accessing medical supplies for personal protection.

Women faced greater difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



KAZAKHSTAN

The impact of COVID-19 on women's and men's lives and livelihoods

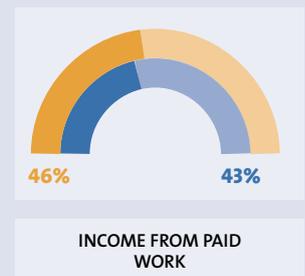
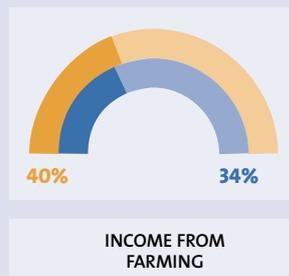
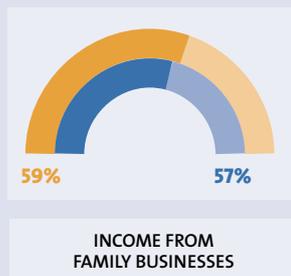
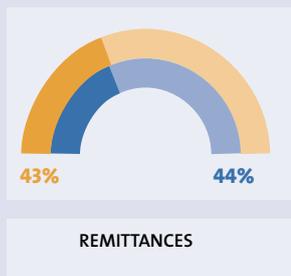
WHY A RAPID GENDER ASSESSMENT?

The Government of Kazakhstan introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 16 March and 11 May. In response to the pandemic and the relatively limited data available, **UN Women Kazakhstan** and **UNFPA Kazakhstan** conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 2,202 respondents (18+ years), was conducted through online platforms and computer-assisted telephone interviews between 25 April and 3 May 2020.



The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.

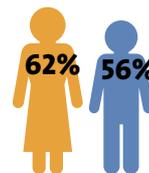


■ WOMEN ■ MEN

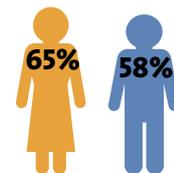


Men faced more limitations than women when trying to access food (58% vs. 54%)

due to market closures and the reduced opening hours of stores.



PAYING FOR RENT AND UTILITIES



KEEPING UP WITH BASIC EXPENSES (food, hygiene products etc.)

More women than men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were not equally hit by job losses and reductions in paid working hours:

22% of men lost their jobs compared to 26% of women

37% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed women and men were the most affected by lockdown measures.



Men as employees



Women as employees



Men as self-employed



Women as self-employed

The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (56%) than men (35%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



65% of women reported increased time spent on unpaid care work

81% of women reported increased time spent on unpaid domestic work



49% of men reported increased time spent on unpaid care work

72% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

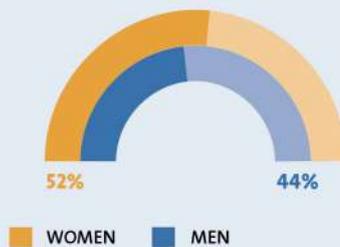
- 34% of women reported increased time spent on at least three unpaid domestic activities
- 16% of men reported increased time spent on at least three unpaid domestic activities



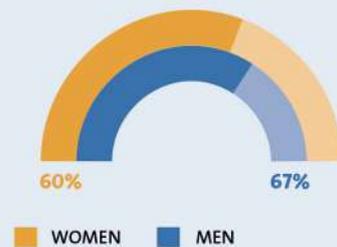
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



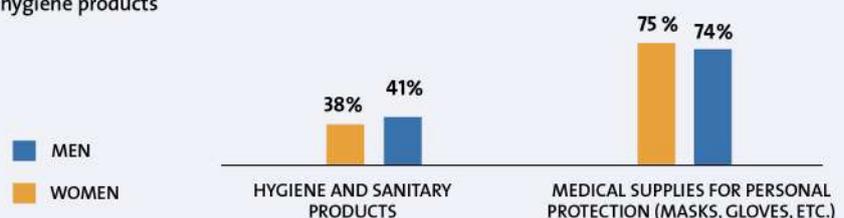
Men experienced more challenges seeking health services.



75% of the respondents experienced some challenges in accessing medical supplies for personal protection.

Men faced greater difficulties in accessing hygiene products and no gender difference on medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



KOSOVO¹

The impact of COVID-19 on women's and men's lives and livelihoods

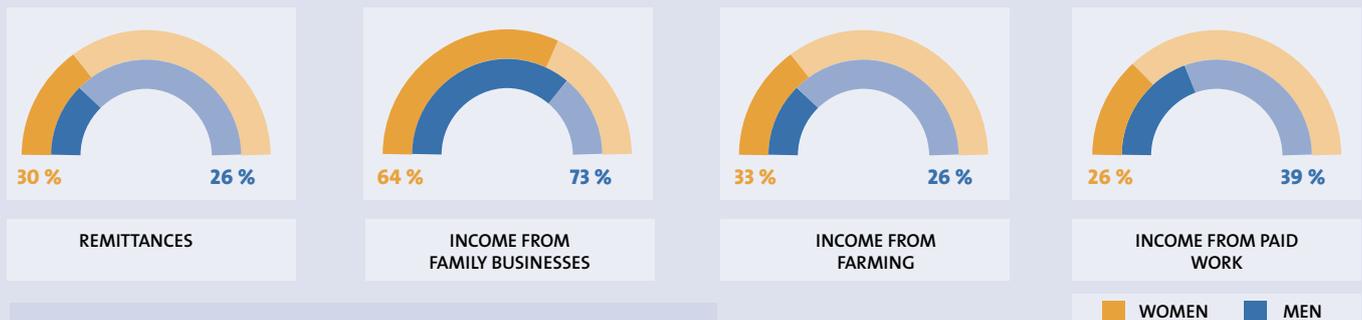
WHY A RAPID GENDER ASSESSMENT?

Kosovo introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 12 March and 31 May. In response to the pandemic and the relatively limited data available, **UN Women Kosovo with UNDP and UNFPA Kosovo** conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,412 respondents (18+years), was conducted through computer-assisted telephone interviews between 30 April and 9 May 2020.



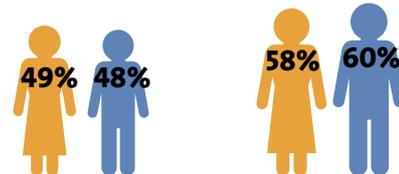
The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



Women faced more limitations than men when trying to access food (53% vs. 46%)

due to market closures and the reduced opening hours of stores.



Women and men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were not equally hit by job losses and reductions in paid working hours:

9% of men lost their jobs compared to 5% of women

62% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed women and men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours

¹ References to Kosovo shall be understood to be in the context of UN Security Council Resolution 1244 (1999).



More women than men switched to home-based working

More women (42%) than men (19%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



67% of women reported increased time spent on unpaid care work

71% of women reported increased time spent on unpaid domestic work



58% of men reported increased time spent on unpaid care work

59% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

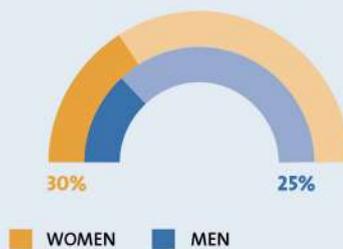
- 38% of women reported increased time spent on at least three unpaid domestic activities
- 26% of men reported increased time spent on at least three unpaid domestic activities



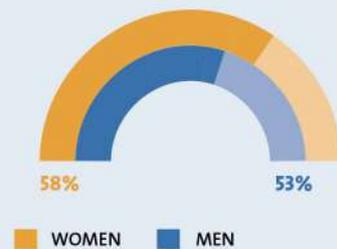
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



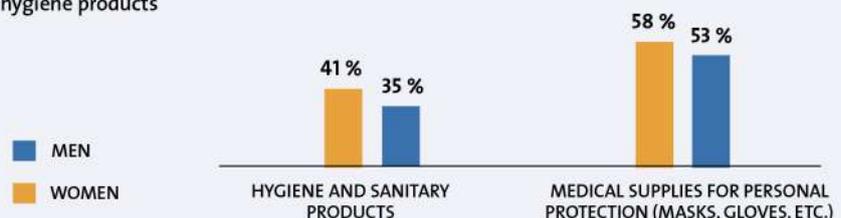
Women experienced more challenges seeking health services.



Every second person experienced some challenges in accessing medical supplies for personal protection.

Women faced greater difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



KYRGYZTAN

The impact of COVID-19 on women's and men's lives and livelihoods

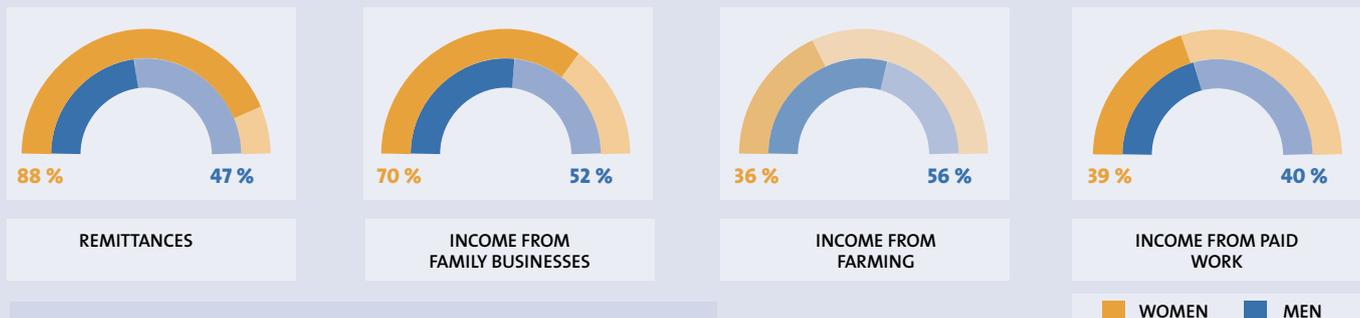
WHY A RAPID GENDER ASSESSMENT?

The Government of Kyrgyzstan introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 22 March and 11 May. In response to the pandemic and the relatively limited data available, **UN Women, with support from the government of Switzerland, the European Union and UN Joint Spotlight Initiative and UNFPA**, conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,000 respondents (18+ years), was conducted through computer-assisted telephone interviews between 23 April and 15 May 2020.



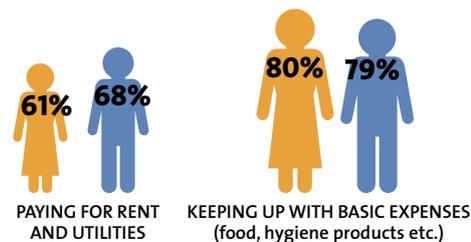
The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



Women faced more limitations than men when trying to access food (69% vs. 58%)

due to market closures and the reduced opening hours of stores.



Women and men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were not equally hit by job losses and reductions in paid working hours:

9.6% of women lost their jobs compared to 10.4% of men

43% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed women and employed men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (75%) than men (63%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



69% of women reported increased time spent on unpaid care work

80% of women reported increased time spent on unpaid domestic work

44% of men reported increased time spent on unpaid care work

58% of men reported increased time spent on unpaid domestic work



As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

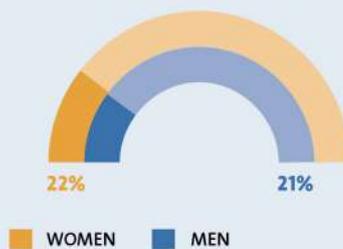
- 55% of women reported increased time spent on at least three unpaid domestic activities
- 20% of men reported increased time spent on at least three unpaid domestic activities



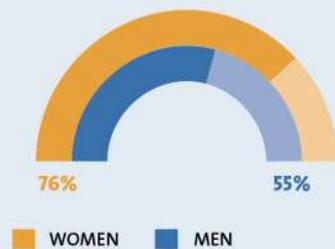
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's and men's psychological and mental health was affected.



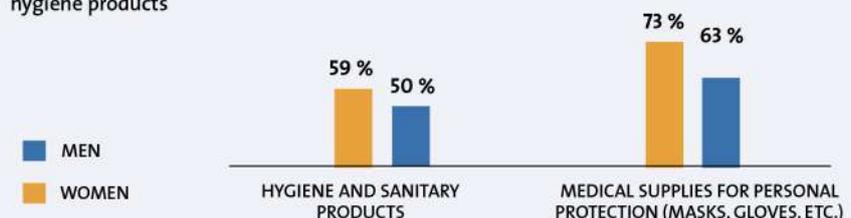
Women experienced more challenges seeking health services.



65% of the population experienced some challenges in accessing medical supplies for personal protection.

Women faced greater difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



REPUBLIC OF MOLDOVA

The impact of COVID-19 on women's and men's lives and livelihoods

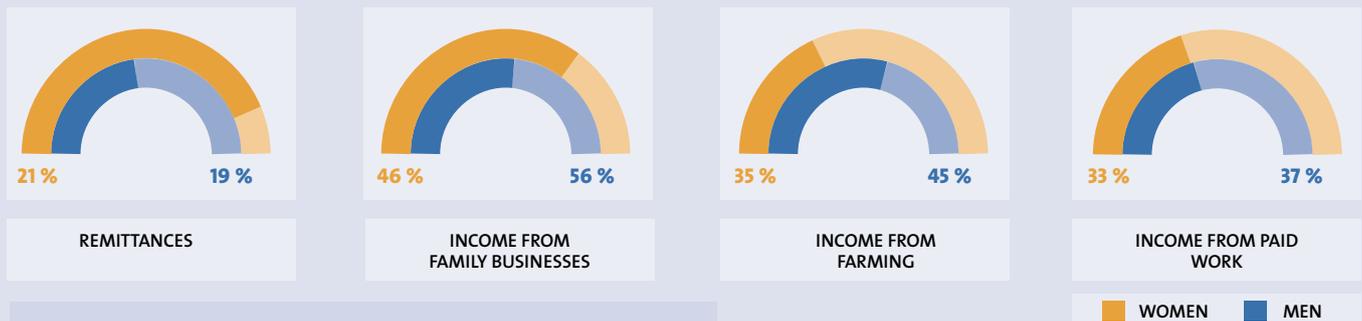
WHY A RAPID GENDER ASSESSMENT?

The Government of Moldova introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 17 March and 15 May. In response to the pandemic and the relatively limited data available, UN Women Moldova, with support from the government of Sweden, conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,003 respondents (18+ years), was conducted through computer-assisted telephone interviews between 13 and 26 April 2020.



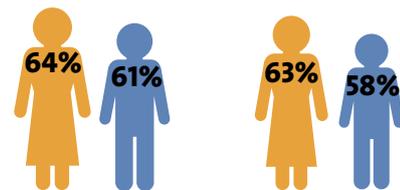
The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



Women and men faced the same limitations when trying to access food (23%-24%)

due to market closures and the reduced opening hours of stores.



More women than men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were not equally hit by job losses and reductions in paid working hours:

10% of women lost their jobs compared to 11% of men

40% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Employed women and men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (27%) than men (14%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



40% of women reported increased time spent on unpaid care work

79% of women reported increased time spent on unpaid domestic work



38% of men reported increased time spent on unpaid care work

68% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

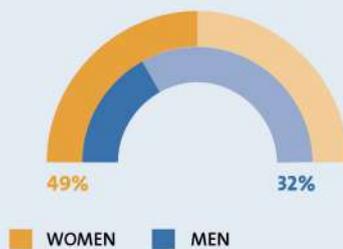
- 25% of women reported increased time spent on at least three unpaid domestic activities
- 15% of men reported increased time spent on at least three unpaid domestic activities



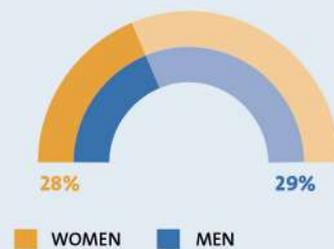
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



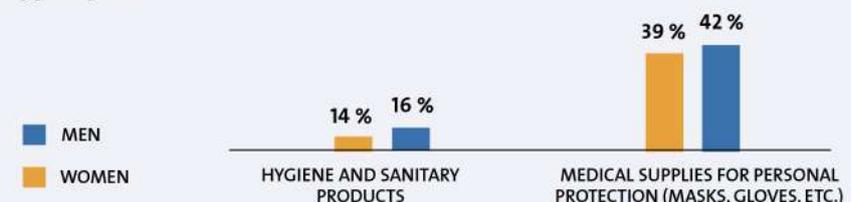
Both women and men experienced challenges seeking health services.



40% of the population experienced some challenges in accessing medical supplies for personal protection.

Women and men faced almost the same difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



NORTH MACEDONIA

The impact of COVID-19 on women's and men's lives and livelihoods

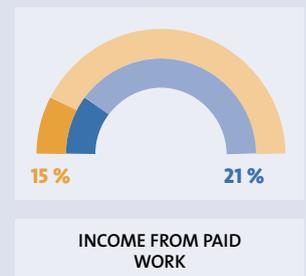
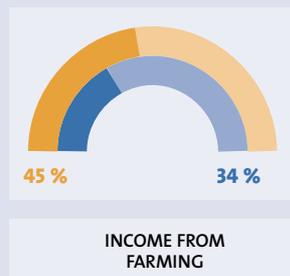
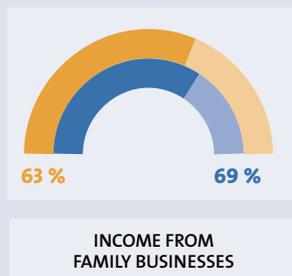
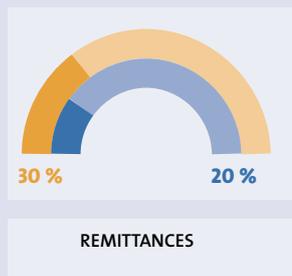
WHY A RAPID GENDER ASSESSMENT?

The Government of North Macedonia introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 18 March and 31 May. In response to the pandemic and the relatively limited data available, UN Women North Macedonia, with support from governments of Sweden and Switzerland, conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,500 respondents (18+ years), was conducted through computer-assisted telephone interviews between 8 and 20 May 2020.



The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



WOMEN MEN

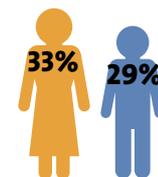


Men faced more limitations than women when trying to access food (30% vs. 20%)

due to market closures and the reduced opening hours of stores.



PAYING FOR RENT AND UTILITIES



KEEPING UP WITH BASIC EXPENSES (food, hygiene products etc.)

More women than men anticipate difficulties paying essential outgoings if restrictive measures continue.



Women and men were almost equally hit by job losses and reductions in paid working hours:

5.9% of women lost their jobs compared to 6% of men

46% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (35%) than men (23%) worked from home instead of their usual place of work during the outbreak.

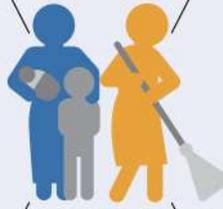


As women's economic security was shaken, their share of unpaid care and domestic work increased



32% of women reported increased time spent on unpaid care work

53% of women reported increased time spent on unpaid domestic work



27% of men reported increased time spent on unpaid care work

50% of men reported increased time spent on unpaid domestic work

As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

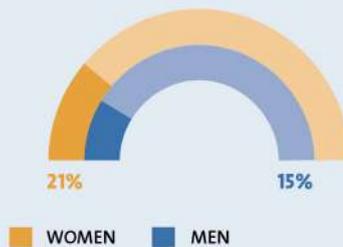
- 38% of women reported increased time spent on at least three unpaid domestic activities
- 21% of men reported increased time spent on at least three unpaid domestic activities



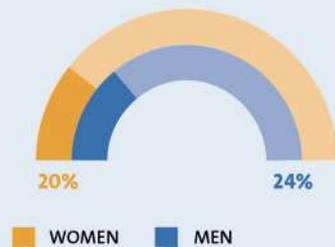
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



Men experienced more challenges seeking health services.



34% of the population experienced some challenges in accessing medical supplies for personal protection.

Men faced greater difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



TURKEY

The impact of COVID-19 on women's and men's lives and livelihoods

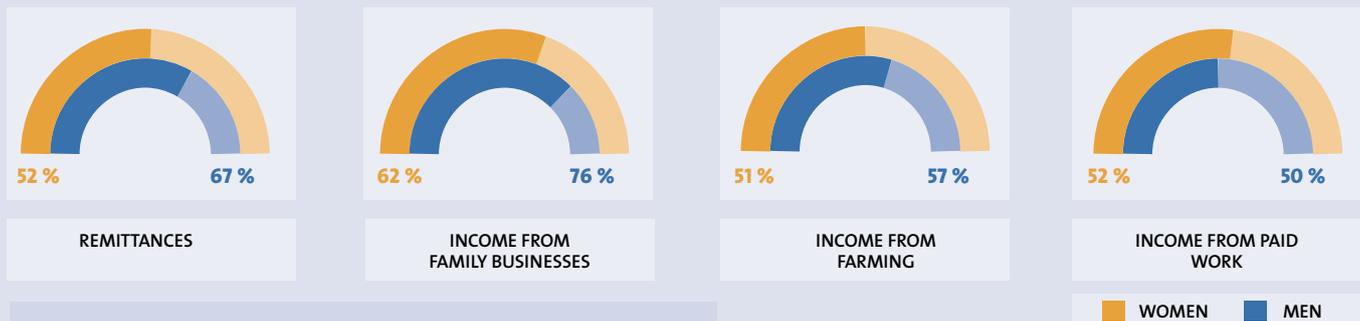
WHY A RAPID GENDER ASSESSMENT?

The Government of Turkey introduced various restrictive measures to stop the spread of the COVID-19 pandemic, including a lockdown period between 21 March and 31 May. In response to the pandemic and the relatively limited data available, UN Women Turkey, with support from the government of Sweden, conducted a nationwide survey to assess the social and economic impact of COVID-19 on women's and men's lives and livelihoods. The data collection, which covered 1,508 respondents (15+years), was conducted through computer-assisted telephone interviews between 19 and 25 April 2020.



The coronavirus outbreak will have major consequences for the wealth of women, including the depletion of their spending power

The biggest losses in income for women and men were those generated from remittances, family businesses and farming.



Women faced more limitations than men when trying to access food (31% vs. 27%)

due to market closures and the reduced opening hours of stores.



Women and men anticipate difficulties paying essential outgoings if restrictive measures continue.



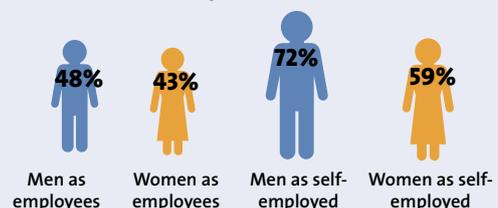
Women and men were not equally hit by job losses and reductions in paid working hours:

19% of women lost their jobs compared to 14% of men

53% of the population faced a decrease in paid work hours, but they were still employed during the outbreak period



Self-employed women and men were the most affected by lockdown measures.



The proportion of workers who reduced their working hours



More women than men switched to home-based working

More women (18%) than men (14%) worked from home instead of their usual place of work during the outbreak.



As women's economic security was shaken, their share of unpaid care and domestic work increased



52% of women reported increased time spent on unpaid care work

89% of women reported increased time spent on unpaid domestic work

51% of men reported increased time spent on unpaid care work

69% of men reported increased time spent on unpaid domestic work



As a result of school and day-care closures, women and men spent more time playing with and teaching children

Gender discrepancies became more evident as the number of reported unpaid domestic activities increased:

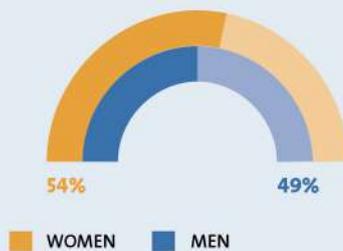
- 43% of women reported increased time spent on at least three unpaid domestic activities
- 28% of men reported increased time spent on at least three unpaid domestic activities



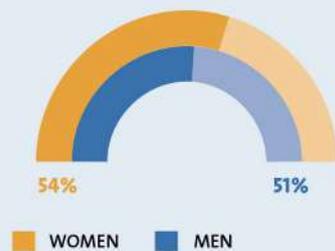
Respondents faced greater difficulties in accessing health services and personal protective equipment, which may negatively affect women's and men's future health



Women's psychological and mental health was more affected.



Women experienced more challenges seeking health services.



69% of the population experienced some challenges in accessing medical supplies for personal protection.

Women faced greater difficulties in accessing hygiene products and medical supplies for personal protection

Proportion of the population that experienced difficulties in accessing medical supplies and hygiene products



ANNEXES

ANNEX 1. Description of main restrictive measures during the outbreak period of COVID-19 (March–May 2020).

Country/territory	Lockdown period (start–end)	Curfew/mobility restrictions	Potential lifting of restrictions (start)	Remain closed
Albania	10 March–31 May	Curfews and mobility restrictions imposed. Limited operations of vital services allowed. Stance softened during mid-May.	June: Opened land borders, softened curfew allowing business to operate to a limited extent.	Schools, universities, large gatherings, limited public transportation.
Azerbaijan	24 March–31 May	Limited curfews based on location. Mandatory confinement of citizens over 65 years of age. Limited operations of vital services allowed.	June: Softened curfew allowing business to operate to a limited extent. Quarantine will last until 1 August. Strict measures imposed as of 21 June given the increase in the numbers of infected persons and deaths. Possibility of curfew extension to 19 July.	Schools, universities, large gatherings, limited public transportation.
Bosnia and Herzegovina	21 March–29 May	Time-regulated curfews (8 p.m. to 5 a.m.). Closure of non-essential businesses. Limited operations of vital services allowed.	June: State of Emergency in FBiH and RS terminated on 20 and 29 May respectively, the BiH CoM decision on State of Natural or other Disaster remains in place. Limited opening of land borders, air travel resumed, curfews lifted across the entire territory of BiH, movement of all population categories allowed, business allowed to operate.	Schools, universities, large gatherings.

Country/ territory	Lockdown period (start–end)	Curfew/ mobility restrictions	Potential lifting of restrictions (start)	Remain closed
Georgia	21 March– 22 May	Curfew from 9 p.m. to 6 a.m. A lockdown of the areas of outbreak. Movement restricted in and out of large cities.	June: Free movement inside the country. Curfews, lockdowns annulled, businesses operate if they meet safety and sanitary measures.	Schools, universities, large gatherings.
Kazakhstan	16 March– 11 May	Curfew softened and some businesses opened mid-May. Limited operations of vital services allowed.	June: Opened land borders, softened curfew.	Educational/religious institutions, public transport, mass gatherings, businesses.
Kosovo	13 March– 25 May	Citizen mobility first allowed in two curfew shifts. From 15 April citizens allowed outside for 90 mins per day. Limited operations of vital services allowed.	June: Opened land borders, softened curfew allowing business to operate to a limited extent, public and private institutions operate with limited staff.	Schools, universities, large gatherings.
Kyrgyzstan	22 March– mid-May	Curfew softened and some businesses opened mid-May. Limited operations of vital services allowed.	June: Opened land borders, softened curfew.	Educational/religious institutions, public transport, mass gatherings, businesses.
Republic of Moldova	17 March– 15 May	Limited curfews, depending on location. Limited operations of vital services allowed.	June: Opened land borders, softened curfew allowing business to operate to a limited extent.	Schools, universities, large gatherings, limited public transportation.
North Macedonia	23 March– 31 May	Time-regulated curfews (8 p.m. to 5 a.m.). Sporadic 24–48-hour curfews (few 80-hour lockdowns in specific cities). Limited operations of vital services allowed.	June: Sporadic curfews still in place. Land borders opened as of 26 June. Curfew allowing business to operate to a limited extent.	Schools, universities, large gatherings, limited public transportation.

Country/ territory	Lockdown period (start–end)	Curfew/ mobility restrictions	Potential lifting of restrictions (start)	Remain closed
Turkey	21 March – 31 May	Mandatory curfew of citizens over 65 and under the age of 20 and for all ages during weekends and national/religious holidays. Limited operations of vital services allowed. Restriction for entry/exit by land, air and sea in 31 provinces.	June: Opened majority of the land borders, curfews softened.	Educational institutions, mass gatherings including art and sport organizations, restricted or closed business operations in specific sectors (restaurants, cafés, bars, malls, hotels, hairdressers etc.).

Note: All data in this table and in the ‘general context’ section are drawn from reports produced by the WHO and the OECD. All figures are current as of 31 May 2020, in line with the timeframe when the RGA surveys were conducted in the 10 ECA countries/territories.

ANNEX 2. Data collection methodology of the Rapid Gender Assessments

Country/territory	Data collection period (start–end)	Data collection method	Sample design	Sample size
Albania	17–25 April	Computer-assisted telephone interview	Simple random sample with quota control	1,300
Azerbaijan	26 April–3 May	Computer-assisted telephone interview	Simple random sample with quota control	1,512
Bosnia and Herzegovina	1–15 May	Computer-assisted telephone interview and computer assisted web interview	Simple random sample with quota control	1,407
Georgia	4–8 May	Computer-assisted telephone interview	Simple random sample using Random-Digit-Dialling method	1,069
Kazakhstan	25 April–3 May	Computer-assisted telephone interview and computer assisted web interview	Quota sampling	2,202
Kosovo	30 April–9 May	Computer-assisted telephone interview	Simple random sample with quota control	1,412
Kyrgyzstan	25 April–1 May	Computer-assisted telephone interview and online survey	Quota sampling	1,000
Moldova	13–26 April	Computer-assisted telephone interview	Simple random sample with quota control	1,003
North Macedonia	8–20 May	Computer-assisted telephone interview	Simple random sample with quota control	1,500
Turkey	19–25 April	Computer-assisted telephone interview	Simple random sample with quota control	1,508

ANNEX 3. Profile of the respondents to the RGA survey

	Total	Sex		Age group			
		Women	Men	18–34	35–54	55–64	65+
Albania	100.0%	50.3%	49.7%	38.4%	36.6%	20.0%	5.0%
Azerbaijan	100.0%	51.4%	48.6%	34.9%	37.8%	16.9%	10.4%
Bosnia and Herzegovina	100.0%	53.5%	46.5%	27.4%	33.1%	20.0%	19.5%
Georgia	100.0%	53.5%	46.5%	28.3%	36.9%	19.1%	15.7%
Kazakhstan	100.0%	52.7%	47.3%	38.8%	36.4%	14.9%	9.9%
Kosovo	100.0%	49.9%	50.1%	44.1%	36.4%	10.1%	9.4%
Kyrgyzstan	100.0%	51.4%	48.6%	48.0%	34.2%	11.1%	6.7%
Republic of Moldova	100.0%	55.6%	44.4%	30.8%	33.2%	20.7%	15.3%
North Macedonia	100.0%	50.3%	49.7%	34.1%	37.1%	14.5%	14.3%
Turkey	100.0%	50.3%	49.7%	42.2%	38.5%	15.0%	4.3%

ANNEX 4. Distribution of respondents by marital status and educational attainment

	Total	Marital status			Highest educational attainment			
		Single	Married/ cohabiting	Widowed/ divorced	No primary	Primary	Secondary	Higher
Albania	100.0%	26.8%	69.0%	4.2%	1.2%	25.2%	40.6%	33.0%
Azerbaijan	100.0%	16.8%	73.3%	9.9%	.1%	3.9%	69.4%	26.6%
Bosnia and Herzegovina	100.0%	24.6%	61.0%	14.4%	3.8%	19.1%	60.4%	16.7%
Georgia	100.0%	22.4%	65.8%	11.8%	.2%	3.4%	52.3%	44.1%
Kazakhstan	100.0%	23.8%	60.9%	15.3%	.5%	1.0%	56.8%	41.7%
Kosovo	100.0%	31.7%	63.5%	4.8%	1.5%	21.0%	47.1%	30.4%
Kyrgyzstan	100.0%	26.3%	62.7%	11.0%	0.0%	.8%	63.8%	35.4%
Republic of Moldova	100.0%	14.2%	70.1%	15.7%	0.0%	11.3%	55.6%	33.0%
North Macedonia	100.0%	28.3%	62.2%	9.5%	2.1%	12.7%	58.7%	26.5%
Turkey	100.0%	34.9%	57.5%	7.6%	2.5%	37.1%	39.3%	21.1%

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