

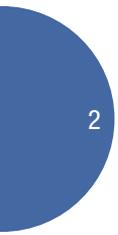


COVID-19

CRISIS RESPONSE: HUMAN RIGHTS AND GENDER ANALYSIS

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Acronyms and Abbreviations

ATM	Automated teller machine	LBTI	Lesbian, bisexual, trans, intersexual
ASW	Associations of social workers	LFS	Labour Force Survey
BDBiH	Brčko District of Bosnia and Herzegovina	MSME	Micro, small and medium enterprises
BiH	Bosnia and Herzegovina	NATO	North Atlantic Treaty Organization
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women	OSCE	Organization for Security and Co-operation in Europe
CSO	Civil society organization	OSCE RFoM	Representative on Freedom of the Media
ECHR	European Convention on Human Rights	PPS	Percentage points
FBiH	Federation of Bosnia and Herzegovina	PwD	Person with disabilities
GAP	Gender action plan	RS	Republika Srpska
GBV	Gender-based violence	SME	Small and medium-sized enterprises
HQ	Headquarters	SP	Social protection
HRBA	Human rights-based approach	SWC	Social welfare centre
ICCPR	International Covenant on Civil and Political Rights	UNDP	United Nations Development Program
ICESCR	International Covenant on Economic, Social and Cultural Rights	VAT	Value-added tax
ILO	International Labour Organization	WwD	Women with disabilities

Gender and Youth
Unit/Human Rights
Section Publication:
Covid-19 Crisis
Response:
A Gender and
Diversity Analysis

FOREWORD



COVID-19 has impacted the lives of each and every one of us. Regardless of where in the world we found ourselves during the outbreak of this virus, limitations on freedom have been implemented that would not have been imagined just months earlier.

Measures taken to tackle the pandemic have been felt by everyone. That notwithstanding, certain groups have been more impacted by restrictions than others. In Bosnia and Herzegovina (BiH),

it quickly became clear that the measures and their consequences - curfews, stopping public transport, unemployment, caring duties, just to name a few – disproportionately affected diverse groups of women and served to widen the gender gap. Frontline workers' and vulnerable persons' lives changed overnight, and the effects of “lockdowns” on unpaid care, housework, and on gender-based violence became evident.

Furthermore, some emergency legislation in BiH carried serious human rights concerns – concerns that have tested democracies across the world. In a situation as urgent as this, it is reasonable that certain freedoms are *temporarily* curtailed in the interest of bringing the disease under control. Yet, some measures went beyond this.

These are the reasons why the OSCE Mission to BiH produced this report. By examining the human-rights compliance of emergency legislation, and by highlighting the personal experiences of women during this pandemic, I hope that, should future restrictions be required, the relevant authorities take heed of what is noted in these pages.

This report does not aim to provide a statistical analysis or a comparison of the measures' impacts on different segments of the population. In writing this report, the Mission has given a voice to women who all too often go unheard. Also, we hope to raise awareness of the challenges vulnerable groups are facing in their everyday lives, and to discover more about the unintended consequences of the emergency measures.

This complex situation calls upon experts, practitioners, and academia to continue to collaborate, record, analyse, and learn from the experiences BiH is going through. I am proud that, in publishing this report, the OSCE Mission to BiH is playing a key role in increasing awareness of the importance of gender, diversity, and human rights in the official pandemic response.

Ambassador Kathleen Kavalec
Head of the OSCE Mission to BiH



SUMMARY

As COVID-19 hit Bosnia and Herzegovina (BiH), the governments' positive obligations to protect public health and to respect other individual human rights became conflicted. Measures and restrictions were introduced to slow the spread of the virus which in some cases violated human rights. In response to these concerns, the OSCE Mission to Bosnia and Herzegovina (the Mission) decided to analyse Bosnia and Herzegovina's crisis response through the lenses of gender and diversity.

This report examines whether gender and human rights were sufficiently taken into account in the development of the crisis response and looks into the negative consequences of certain measures on vulnerable communities. The report also discusses the impact of the crisis response on human rights and fundamental freedoms, the economic activity of citizens, and on rights to social protection.

In performing this research, the Mission engaged in a desk analysis of the human rights compliance and impacts of the measures and their communication, alongside a qualitative assessment of the impact of the measures on selected groups of women.

The research project, methodology and timeline

Chapter 1:

COVID-19 has brought the balance between governments' positive obligations to protect public health and respect for other individual human rights into conflict in countries across the world. Bosnia and Herzegovina is no exception.¹

BiH took swift measures to control the outbreak of COVID-19. However, as this report highlights, in some cases, the laws, decrees, and actions taken in response to the pandemic violated human rights or did not take the needs of women, minorities, and the vulnerable into account. This could be due to an insufficient understanding among decision-makers of human rights-based responses and the impact of such measures on minorities, women, and the disadvantaged, but also because of the emergency nature of these measures and their implementation, which in many cases occurred practically overnight. The measures directly affected topics central to human rights, such as freedom of movement and assembly, the economic activity of citizens, or the right to social protection. Many measures expanded the gender gap, as restrictions often disproportionately impacted women.

This report is not an assessment of the BiH authorities' overall response to the crisis. Also, the Mission does not claim that any negative effects of the measures taken were intended. In times of emergency, restrictions to rights and freedoms are possible under international law.² However, the authorities must ensure that measures are proportional, take into consideration the needs of vulnerable groups, and offset any disproportionate impacts.

What this report intends to examine is whether a gender and human rights approach was applied in the development and implementation of policies in terms to secure non-discriminatory and harmful impact of certain groups of the population. Additionally, where applicable, this report will provide an insight on the negative consequences of the actions implemented under the state of emergency or emergency situation which resulted in a disproportionate effect on women, especially on those in most vulnerable situations. Crucially, by reviewing the processes and policies implemented during the first months of the pandemic, it is possible to provide meaningful indications for how to improve the emergency response in the future.

In Chapter 1 the Report discusses methodology and the aim of the research. Chapter 2 assesses the institutional response, its applicability to human rights standards and its effectiveness in reaching all citizens. Chapter 3 offers a cross-cutting analysis by looking into several areas of concern for gender equality, and the pandemic response's impact on different groups of women. Finally, Chapter 4 provides conclusions and recommendations for each level of government with the aim to support the medium- to long-term response, and learn from this crisis to inform policy development in similar crisis situations.

¹ OSCE/ODIHR: OSCE Human Dimension Commitments and State Responses to the COVID-19 Pandemics available at https://www.osce.org/files/f/documents/e/c/457567_0.pdf (accessed on 23 August 2020)

² In times of emergency, states must meet their responsibilities to ensure the measures were necessary, proportional, limited in duration and clearly outlined in law and their responsibilities to protect fundamental freedoms and human rights. Please see OSCE/ODIHR report.

Methodology

This report is comprised of two distinct, yet interlinked, components:

- A desk analysis of the human rights compliance and the impacts of the measures and their communication; and
- A qualitative assessment of the impact of the measures on selected groups of women, highlighted by the Mission's research as being particularly affected by the pandemic response.

The **desk analysis** focused on measures issued at entity level (Federation of Bosnia and Herzegovina (FBiH) and Republika Srpska (RS)) and in two cantons of FBiH. The cantons selected were Sarajevo Canton, due to the existence of a Gender Action Plan and Zenica-Doboj Canton, due to the high number of infected persons at the time of writing.

The research analyses the measures specifically aimed at tackling COVID-19 and its consequences published in the Official Gazette(s) and other publicly available information from government sources (official webpages) from the declarations of state of emergency/state of disaster in BiH (17 March 2020) until the end of the data collection period on 14 May 2020. To assess these measures, the Mission's researchers employed the legal framework elaborated by the Venice Commission in the "Compilation of Venice Commission Opinions and Reports on States of Emergency".³ This report is valuable as it provides benchmarks against which the quality of emergency regulations can be assessed.

The normative framework used to compare the data gathered focusses on international standards contained in the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (and the BiH Country Report in 2017), the Istanbul Convention on preventing and combating violence against women and domestic violence (and the BiH Strategy for its implementation), the OSCE Ministerial Decision (MC) 4/18 on Preventing and Combating Violence Against Women and MC 10/11 on Promoting Equal Opportunity for Women in the Economic Sphere and local standards contained in the Gender Equality Law and the specific gender action plans, at state, entity, and cantonal level.

The qualitative assessment of the socio-economic impact of the measures adopted on the selected groups was carried out through interviews and focus group of CSOs and members of the target groups. In particular, semi-structured interviews were conducted with three groups of women in a situation of vulnerability: 10 interviews were conducted with Roma women⁴; 10 with women aged 65 or

³ European Commission for Democracy through Law (Venice Commission): Compilation of Venice Commission Opinions and Reports on States of Emergency available at [https://www.venice.coe.int/webforms/documents/?pdf=CDL-PI\(2020\)003-e](https://www.venice.coe.int/webforms/documents/?pdf=CDL-PI(2020)003-e). (accessed on 24 June 2020)

⁴ Cumulative and systematic discrimination against Roma constitute the root causes for social exclusion, high unemployment, low education enrolment and inadequate living conditions. Roma women face even bigger obstacles within their communities and in society.

more⁵, 14 with women living with disabilities⁶. The Mission also conducted two focus groups with female entrepreneurs, and semi-structured interviews with four service providers to women in a situation of vulnerability (Association of Social Workers, safehouses).

Abiding by measures imposed by BiH authorities and the OSCE's guidance and regulations, the researchers could not hold in-person meetings. Meeting online rather than in-person limited interaction between the interviewer/moderators and interviewees / focus group participants, but nonetheless allowed the Mission to obtain first-hand accounts of the issues encountered.

Participants were identified via snowball sampling (also known as chain-referral sampling): initially, the research team recruited interviewees among their connections. The first set of subjects helped to recruit additional subjects from their networks. This sampling technique is helpful to identify sufficient members of the target group(s) in a short time. The technique was appropriate given the restrictions imposed during the pandemic and ensured that the sample included women with diverse backgrounds and characteristics (geographic origin, women living in rural and urban areas, age, sexual orientation, and gender identity). It must, however, be highlighted that such sampling **does not** provide a representative sample. For this reason, the results of the analysis cannot be generalized to the entire population. This limitation is carefully reflected in the discussion of the results of the research (in particular in Chapter 4) and in the conclusions and recommendations.

The conclusion is followed by a set of recommendations linking the two elements of this paper, providing alternative measures that are both gender-positive and human rights compliant.

5 Lower pensions compared to men and the fact that persons over 65 were banned by the decisions in FBiH and RS from leaving their homes placed older women in a very vulnerable situation.

6 Women with disabilities have difficulties in accessing the job market, they lack representation in public and political life, and they are more at risk of violence. (http://www.myright.ba/uimages/Analysis20of20gender_based20violence20against20persons20with20disabilities20in20BiH.pdf)

Institutional
Response to the
COVID-19 pandemic
and the measures'
impact on the
enjoyment of
human rights

Chapter 2:

Owing to the complex structure of the country, the BiH governments' crisis response was not unified. The immediate response to pandemic was all but co-ordinated: measures were implemented in different parts of the country at different times, curfews introduced in different areas to different categories and covering different times of day, and attempts were made in some cantons to restrict inhabitants' mobility. This chapter analyses the measures from a human rights perspective and the impact of the approach taken in communicating these to citizens. In that regard, this report analyses the measures specifically designed to mitigate the spread of COVID-19 and addressing public health as published in the Official Gazette(s) and other publicly available information from government official sources (official webpages) from the official start of the pandemic until the end of the data collection period.

Co-ordination between the various levels of government in BiH was limited. The governments of the two entities - Republika Srpska and the Federation of BiH – and the autonomous Brčko District of Bosnia and Herzegovina (BD) retained most competencies to address the crisis. In the FBiH, the cantons put in place differing measures. “Crisis committees” were formed at entity and cantonal level.

Bosnia and Herzegovina		
State of disaster	Declared on 17 March 2020 (Official Gazette BiH, no. 18/2020)	
FBiH		
State of natural disaster	Declared on 16 March 2020 (Official Gazette of FBiH, no. 21/20)	Lifted on 29 May 2020 (Official Gazette of FBiH, no. 34/20)
State of epidemic	Declared on 13 July 2020 (Official Gazette of FBiH, no. 48/20)	
RS		
State of Emergency	Declared on 28 March 2020 (Official Gazette of RS, no. 31/2020)	Lifted on 21 May 2020 (Official Gazette of RS, no. 48/2020)
BD		
State of Natural Disaster	Declared on 13 March 2020 (Official Gazette of BD, no. XXI-12)	
State of Epidemic	Declared on 24 July 2020 (Official Gazette of BD, no. 30/2020)	

Contrary to the entities' constitutions, the BiH Constitution does not contain a provision allowing the proclamation of an emergency situation at the state level. However, the BiH Council of Ministers (BiH CoM) declared a state of natural disaster on the territory of BiH on 17 March 2020. This remains in place at the time of writing (July 2020).

In cases of urgency, the BiH legal framework allows the entities to declare a “state of emergency”. This entitles executive authorities to pass normative acts

without submitting them to the respective assemblies for approval. Republika Srpska declared a state of emergency on 28 March 2020 per Article 70 of the RS Constitution. Essentially, human rights could have been derogated or suspended in the RS after this was proclaimed. Importantly, this status allowed for the RS Government to promulgate decree-laws, an important example of which was the decree-law on the prohibition of inciting panic and disorder during the state of emergency, issued by the RS President on 6 April 2020, which could have seriously restricted freedom of expression. This decree-law was suspended on 16 April 2020 following the Mission's and OSCE Representative on Freedom of the Media (RFoM)'s timely intervention, and the Decree Law was not implemented as all the actions were annulled upon the decree's suspension. The state of emergency was abolished on 21 May 2020. The FBiH Government is authorized to introduce similar measures, as stipulated by Article 9 of the FBiH Constitution. However, the FBiH Government declared a state of natural disaster and other accidents per the FBiH Law on Protection and Rescue of People and Material Goods from Natural and Other Disasters, rather than a state of emergency, thus executive authorities were not in the condition to adopt decrees with legal force without the approval of the FBiH Parliament. The state of natural disaster and other accidents was declared on 17 March 2020 and lasted until 29 May 2020 when the FBiH Government terminated the state of natural disaster and other accidents as of 31 May 2020.

A) Who are the measures targeting? Who are they affecting?

In the wake of the crisis, authorities passed restrictive measures that applied to the whole population without taking into account their possible differing impacts on groups of the population. Ultimately, this means that the measures were blind to the needs of people in a situation of vulnerability and those who were already disadvantaged, disproportionately affecting some groups.

In some cases, the authorities' responses curtailed human rights beyond what could have been justified by the need to contain the pandemic. For instance, the complete prohibition on movement for persons over 65 years of age and, in the FBiH, under 18, was found to be a violation of the right of freedom of movement and declared unconstitutional by the BiH Constitutional Court (BiH CC) on 22 April 2020. As already mentioned, RS authorities passed a decree banning the spread of panic which punished "individuals and companies that spread panic and fake news through the media", and which was widely criticized as an excessive limitation on freedom of expression before it was revoked on 16 April 2020. The governments also neglected to put in place measures aimed to protect the vulnerable and particularly women, such as victims or potential victims of domestic violence (DV) and gender-based violence (GBV), victims or potential victims of trafficking in human beings (THB), and women working in the grey economy. Neither those providing support social services to some of

those groups, such as CSOs operating safe houses, or institutions providing social protection to the neediest, were consulted before the measures were issued.

Additionally, the measures lacked awareness of intersectionality⁷, meaning that they failed to see how overlapping categories of identity, such as gender and level of income, could result in the measures having negative side effects. This meant that decision-makers often failed to see how different categories of women were affected by the measures taken, furthering pre-existing gaps in society and failing to promote social cohesion. Had attention been paid to such intersecting identities – people who often happen to be more vulnerable than most in society – the negative side effects of the emergency measures could have been reduced.

Finally, the measures failed to utilize gender-sensitive language, making it difficult to avoid gender bias and to avoid being gender-blind to their potential consequences.

B) Who is taking the decisions? What is the composition of the crisis management task forces?

To ensure a response is women's rights compliant and adapted to their needs and experiences, it is essential that women meaningfully participate in the design and implementation of preparedness and response programmes, plans, and policies⁸.

The lack of adequate gender representation inside the bodies charged with the emergency response is one of the factors that influenced the lack of an appropriate gender-balanced approach. Despite recommendations issued by the BiH Agency for Gender Equality for the integration of a gender equality perspective in the fight against the COVID-19 pandemic, and despite the mandatory quota established by the BiH Gender Equality Law, women remained underrepresented in these bodies. For instance, of the nine members of the FBiH Civil Protection HQ, just two were women. In the RS Emergency Situations HQ, of the 18 members, just five were women⁹. Indeed, gender roles and stereotypes have remained in place in the management of this crisis. As a leading academic in this field, professor Sanela Bašić from Faculty of Political Sciences, University of Sarajevo observed that:

⁷ For the purpose of this report, we understand intersectionality as a “prism for seeing the way in which various forms of inequality often operate together and exacerbate each other” <https://www.unwomen.org/en/news/stories/2020/6/explainer-intersectional-feminism-what-it-means-and-why-it-matters>. (accessed on 22 July 2020)

⁸ GAPS UK (2020), Call to Action: Now and the Future COVID-19 and Gender Equality, Global Peace and Security, London

⁹ <https://www.vladars.net/sr-SP-Cyrl/Documents/Закључак%20о%20формирању%20сop.pdf>

“since civil protection is perceived to be part of the male domain, we can assume that the percentage of women in these decision-making bodies is negligible, and this pattern is reproduced also at the cantonal and local crisis HQ”¹⁰.

The lack of female representation in such bodies is even more striking considering their leading role in the response to the crisis. In BiH, women represent three-quarters of employees in social welfare centres and other social protection institutions, yet they were underrepresented in crucial decision-making processes.¹¹

Besides lacking a uniform approach, the entities and cantons often failed to clarify which measures were in force at any given time, generating confusion and endangering citizens’ safety. This was particularly problematic for disadvantaged groups who either had limited access to reliable information, or lacked the education level required to understand the often complex mix of laws, decrees, and recommendations.

C) Who is communicating the measures to the public and how are they doing so? Is the information reaching all citizens in BiH?

The Mission observed the varying capacities of the emergency situation HQs in a technical, organizational, and also visibility level. As various levels were issuing many different measures, and information was scattered across official gazettes, media outlets, and official webpages, many citizens experienced difficulties understanding their obligations.

Not all citizens are computer literate or have regular access to the internet. Issues in the communication of measures have been especially apparent among society’s most vulnerable who were less likely to receive government measures directly and were more likely to be dependent on the media or word-of-mouth. This was even an issue for those handling the day-to-day response to the pandemic, who sometimes reported being unsure of the official response as they received information from the media rather than through official channels, reinforcing deficiencies in the authorities’ communication. In this regard, the Institution of Human Rights Ombudsman of BiH (the Ombudsman Institution) on 13 April 2020 issued a recommendation that crisis headquarters at all levels

¹⁰ Bašić, Sanela (2020): Pandemija Covid Rodna Perspektiva, Friedrich Ebert Stiftung, Sarajevo <http://library.fes.de/pdf-files/bueros/sarajevo/16154.pdf> (access; 16 June 2020)

¹¹ CEDAW Sixth periodic report submitted by Bosnia and Herzegovina (2018) https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BIH/CEDAW_C_BIH_6_7313_E.pdf

take the necessary measures to ensure that decisions are announced in all public media and on their institutions' websites.¹² Such an approach is of utmost importance to prevent legal uncertainty and provide adequate information.

D) How has the enjoyment of human rights been impacted by these measures?

A pandemic belongs to the category of exceptions in emergency situations, and thus the entity and cantonal laws of reference regulate the legitimacy of actions and measures. Even if during an emergency certain human rights may be temporarily derogated and the division of powers altered, protective measures must never result in the suspension of certain rights.

Particularly important is that the principles of proportionality and constitutionality are respected. To assess proportionality, one must decide whether the aim of a measure is legitimate, whether it involves a blanket policy or allows for cases to be treated differently, whether an effective, less draconian option is available, and whether sufficient attention has been paid to the rights of those most impacted. It is clear that certain measures, including blanket bans on movement for over 65 and under 18 (in RS/FBiH and FBiH respectively), are blanket policies that do not necessarily justify such harsh measures, proverbially “using a sledgehammer to crack a nut”. As previously mentioned, many measures have had a disproportionate effect on vulnerable groups. The following issues could be the result of an insufficient understanding of human rights-based responses by the authorities, and/or of poor implementation.

When it comes to the expiry of the measures, the main reference is the fact that they will be ended when each one of them is taken down by a consequent decision announcing the end of that specific measure. According to the entity reference laws,¹³ measures issued within the state of emergency cannot last longer than the emergency itself, and thus they should be exceptional and temporary. At the time of writing (July 2020), the state of natural disaster and other accidents was not proclaimed to be over at BiH level even though most measures were progressively taken down, again in an inconsistent manner.

12 Preporuka u vezi s objavljivanjem odluka tokom vanrednog stanja/stanja nesreće https://www.ombudsmen.gov.ba/documents/obudsmen_doc2020041517591759bos.pdf

13 Zakon o zaštiti i spašavanju ljudi i materijalnih dobara od prirodnih i drugih nesreća (“Službene novine Federacije BiH”, br. 39/03, 22/06 i 43/10): <http://www.zjztk.ba/file/zakon-o-zastiti-i-spasavanju-fbih/39>
Zakon o zaštiti i spasavanju u vanrednim situacija Republike Srpske („Službeni glasnik RS“, broj: 121/12): <http://www.msb.gov.ba/PDF/ZAKON.ZIS.RS.pdf>

Zakon o zaštiti i spazavanju ljudi i materijalnih dobara od prirodnih i drugih nesreca u BDBiH <https://skupstinabd.ba/3-zakon/ba/Zakon%20o%20zas-titi%20i%20spasavanju%20ljudi%20i%20materijalnih%20dobara%20od%20prirodnih%20i%20drugih%20nesreca/001%2029-16%20Zakon%20o%20zastiti%20i%20spasavanju%20ljudi%20i%20mat%20dobara%20od%20prirodnih%20i%20drugih%20nesreca.pdf>

Freedom of movement

The pandemic response in BiH was marked by blanket bans on movement for certain age groups. Both entities in BiH imposed bans on anyone over 65 leaving their home: in FBiH, this also included children (under 18 years of age). Curfews were put in place in the FBiH, RS, and BD. Such bans on movement were difficult above all for disadvantaged groups. For victims of GBV who were effectively trapped in their homes, potentially with an abuser, and for those over 65, who were effectively under house arrest, this often created anxiety, loneliness, and placed many women at unjustifiable risk of violence.

On 22 April 2020, the BiH CC concluded that the blanket prohibitions of movement for persons younger than 18 years of age and over 65 in FBiH were a violation of the right to freedom of movement under Article II (3)(m) of the Constitution of Bosnia and Herzegovina and Article 2 of Protocol No. 4 to the European Convention for the Protection of Human Rights and Fundamental Freedoms.¹⁴ Furthermore, the decision emphasized that the possibility of introducing milder measures had not been considered. It also highlighted that the ban was not limited in time and did not oblige authorities to ensure via regular reviews that it would only remain in place as long as is necessary, as required by the European Convention.¹⁵ This could also have implications for the constitutionality and human-rights compliance of other, similar movement bans.

Freedom of expression

The RS's measures included a decree from 16 March 2020¹⁶ that stipulated fines from 100 to 9,000 BAM for individuals and companies that spread panic and "fake news" through the media or social networks. Similar measures were also adopted in BD and the Sarajevo municipality Stari Grad. The RS opposition, journalists' unions, and Transparency International saw this as an unjustifiable restriction on freedom of expression and opinion.¹⁷ The Association "BiH Journalists" also warned that the Government of FBiH, through its Ministry of Interior and cyber-crime units, had begun monitoring social networks and that five criminal proceedings had been instituted for spreading false information

¹⁴ Živanović, Miroslav, *Democracy and the state of emergency in Bosnia and Herzegovina*, available at: <https://europeanwesternbalkans.com/2020/04/29/democracy-and-the-state-of-emergency-in-bosnia-and-herzegovina/>

¹⁵ Case: *AP 1217/20 Lejla Džanić and A.B. vs the Order of the Federal Civil Protection No. 12-40-6-148-34 / 20* (b/h/s available here: http://www.ustavnisud.ba/dokumenti/_bs/AP-1217-20-1234093.pdf).

¹⁶ *Decree with legal force on the prohibition of causing panic and riots during a state of emergency* ("Official Gazette of the Republic of Srpska" number: 32/20)

¹⁷ *BH novinari: Zaustavite cenzuru informacija o Covidu-19 i institucionalnu represiju nad slobodom izražavanja*, available at: <https://bhnovinari.ba/bs/2020/04/07/bh-novinari-zaustavite-cenzuru-informacija-o-covidu-19-i-institucionalnu-represiju-nad-slobodom-izrazavanja/>.

and panic.¹⁸ Following warnings, including concerns of the OSCE RFOM in March 2020,¹⁹ the RS Government revoked the decree and all fines issued while it was in force were declared invalid.

In FBiH and Canton Sarajevo, censorship during daily press conferences was performed by obliging journalists to send any questions they may have before the conference, which resulted in questions being filtered.²⁰ The Institution of Human Rights Ombudsman of BiH issued a recommendation to the crisis staff (FBiH, Canton Sarajevo, and Herzegovina-Neretva Canton) to review the practice regarding the presence of journalists and media workers at press conferences to ensure their greater involvement, and to consider the possibility of using information technology.²¹

Protection of personal data

The initial responses to the pandemic saw several severe violations of the right to privacy. Some authorities published the personal information of all persons under compulsory self-isolation.²² Subsequently, the Personal Data Protection Agency in BiH's Decision of 24 March 2020 banned authorities from releasing information about individuals who tested positive for COVID-19 and on persons in (compulsory) isolation. The Agency justified this Decision by stating that publishing data of law-abiding persons could lead to their unjustifiable stigmatization and even place them at risk of violence.

18 Danijel Kovačević: *Bosnia Trying to Censor Information About Pandemic, Journals Say*, available at: <https://balkaninsight.com/2020/04/08/bosnia-trying-to-censor-information-about-pandemic-journalists-say/>

19 OSCE Media Freedom Representative Désir and Head of Mission to Bosnia and Herzegovina Kavalec concerned about measures against coronavirus “fake news”, available at: <https://www.osce.org/representative-on-freedom-of-media/449041>.

20 *BH Journalists: Public invitation to crisis staffs of the Federation of BiH and Sarajevo Canton*, available at: <https://bhnovinari.ba/en/2020/03/31/bh-journalists-public-invitation-to-crisis-staffs-of-the-federation-of-bih-and-sarajevo-canton/>.

21 Case: P-68/20 - Preispitivanje prakse Kriznih štabova u vezi s prisustvom novinara i medijskih radnika konferencijama za medije (available in b/h/s: https://www.ombudsmen.gov.ba/documents/ombudsmen_doc2020050614592038bos.pdf).

22 The Cantonal Civil Protection Headquarters of Canton 10 published the personal data of the persons to whom the order on isolation and self-isolation was issued (238 persons). Additionally, the Directorate for Inspection Affairs of Canton 10 published its “List of persons in isolation on March 21, 2020” which lists the Personal data of all persons who were ordered isolation and self-isolation containing names, surnames, year of birth, residence, country the person came from, date of commencement of isolation, telephone number. Similar practices were also seen Trebinje, Konjic, and Čelić.

Gender and
diversity analysis
of measures:
what is the impact
on specific groups
of women?

Chapter 3:

Qualitative data offers a unique perspective on policy outcomes as well as highlighting areas worthy of future research. This chapter contains a detailed analysis of the results of 48 interviews with women and organizations from across BiH in triangulation with the results of the desk research to identify the specific impacts the measures had on various groups.

Initial impressions of the issues faced by Roma women, women with disabilities (WwD), the elderly, female entrepreneurs, and those in rural areas will be outlined in four subchapters: violence against women and girls, access to social protection and healthcare, economic hardship and unpaid care work, and access to information.

3.1. Violence against women and girls

Violence against women and girls is prohibited in BiH by numerous national and international legal documents. The Gender Equality Law of BiH prohibits GBV and regulates the obligation of authorities to take action to eliminate GBV.²³ Laws on protection from domestic violence of FBiH²⁴, RS²⁵, and BD²⁶ regulate emergency protection measures, as well as other forms of protection, for instance, care for survivors of domestic violence in safehouses. The criminal codes of FBiH²⁷, RS²⁸, and BD²⁹ regulate protection against domestic violence, as well as other forms of violence such as sexual violence or trafficking in human beings³⁰. Additionally, the third BiH Gender Action Plan (GAP BiH) for 2018–2022³¹ also has a focus on preventing and combating GBV.

As mentioned, the measures issued to contain the spread of the pandemic in BiH included social isolation³², curfews, prohibitions on the movement of persons

23 Gender Equality Law of BiH, Official Gazette 16/03 and 102/09, article 6.

24 Law on protection from Domestic Violence of FBiH, Official Gazette of FBiH, 20/2013

25 Law on protection from Domestic Violence of RS, Official Gazette of RS, 102/2012, 108/2013, 82/2015 and 84/2019

26 Law on protection from Domestic Violence of BD, Official Gazette of BD, 7/2018

27 The Criminal Code of FBiH, Article 222, Official Gazette, 3/2003, 32/2003 - ispr., 37/2003, 54/2004, 61/2004, 30/2005, 53/2006, 55/2006, 8/2010, 47/2014, 22/2015, 40/2015 i 35/2018

28 The Criminal Code of RS, Article 190, Official Gazette, 64/2017 i 104/2018

29 The Criminal Code of BD, Article 218, Official Gazette of BD, 19/2020

30 The Orange Report 2019, Sarajevo Open Centre, 2019, available at: https://soc.ba/site/wp-content/uploads/2019/12/Orange-report-2016-2019_ENG_web.pdf, pg. 84 (accessed 13 June 2020)

31 Gender action plan of BiH, available at: https://arsbih.gov.ba/wp-content/uploads/2019/02/GAP-BIH-2018-2022_ENG.pdf, pg.10 (accessed 2 June 2020)

32 The Headquarter of Brčko District, Order on extending the isolation period from 14 to 28 days, available at: <http://www.vlada.bdcentral.net/content/DownloadAttachment?id=8533247c-1a32-48fb-ab23-b90df14f5b56&langTag=bs> (accessed on 19 June 2020).

under 18 (in FBiH) and over 65³³(in FBiH and RS), the suspension of public transport³⁴ as well as reduced working hours of Social Welfare Centres (SWCs).

According to the 2019 OSCE Survey on Well Being and Safety of Women in BiH, 48 per cent of women over 15 years of age have experienced some form of GBV, and in most cases the perpetrator was an intimate partner or family member.³⁵ Measures promoted by simple slogans such as “Stay at Home, Stay Safe”, whilst being valid for the population at large, did not take into account that home is not a safe place for everyone, especially not for survivors of domestic violence, who were obliged to stay in isolation with their abuser, placing them at unreasonable risk.

Emerging data suggests that since the outbreak of COVID-19, GBV and DV have increased around the world as security, health, and financial worries create tension accentuated by the confined living conditions of so-called lockdowns³⁶. The Association of Social Workers (ASW) expressed in an interview that cases of GBV and DV during the pandemic increased³⁷ and that GBV had different characteristics during the pandemic³⁸, but their limited capacities were stretched further by reduced working hours and other measures aimed to prevent the spread of COVID-19, alongside a rising caseload. Two representatives of safehouses (one from FBiH and another from RS) confirmed that they were not consulted before measures were adopted and that in some cases social isolation led to re-traumatization for survivors of domestic violence.³⁹ These circumstances increased the risk of GBV for women exposed to multiple marginalizations such as women with disabilities (WwD), Roma, those older than 65, LGBTI, and women living in rural areas. WwD were more exposed to GBV because they were essentially locked up yet dependent on their abuser.⁴⁰

Violence was also reported among social protection beneficiaries. There were cases where individuals were expelled from social protection institutions⁴¹ because they had broken the rules.

33 Federal Headquarter of Civil Protection, Order number: 12-40-6-148-34/20, available at: <http://www.fucz.gov.ba/wp-content/uploads/2020/04/12-40-6-148-34-20.pdf> (accessed on 19 June 2020).

34 Federal Headquarter of Civil Protection, Order number: 2-40-6-148-25/20, available at: <http://www.fucz.gov.ba/wp-content/uploads/2020/04/12-40-6-148-25-20.pdf> (accessed on 19 June 2020).

35 OSCE-led survey on violence against women: Bosnia and Herzegovina, 2019, <https://www.osce.org/secretariat/423470> (accessed on 2 June 2020).

36 COVID-19 and Ending Violence Against Women and Girls, UNWOMEN, 2019, available at: <https://www2.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>, pg. 3 (accessed on 11 June 2020).

37 Interviews: ASW1

38 Interviews: ASW1 ASW2

39 Interviews: CSO1 CSO2

40 Interviews: LG01, LG04

41 In this paper the term “social protection institutions” refers to institutionalized arrangements by which there is the social provision of resources to individuals and families for dealing with specific risks and needs.

“Not specific violent cases on the basis of gender. The violent cases were among men”⁴².

It is worth noting that even though women tend to be the primary victims of GBV, it can happen to men as well, especially to those who do not represent heteronormativity (i.e. the traditional gender roles) in society⁴³. It is important that ASWs recognize that GBV can happen not just against women but against men and among men as well.

During the state of emergency, safehouses continued to provide support. There are eight safehouses in BiH: in Banja Luka, Bijeljina, Bihać, Modriča, Mostar, Sarajevo, Tuzla, and Zenica. **During the restrictive measures, some lacked adequate space for isolation, meaning that they were unable to accept new admissions.**⁴⁴ The safehouse in Banja Luka was one such case. Furthermore, the Mission observed that during this period, there was no obligation for women and children entering a safehouse to get tested for COVID-19, causing the constant fear of becoming a source of COVID-19.⁴⁵ The SWCs operated in reduced capacities and redirected their activities to humanitarian help and support.⁴⁶

Representatives of the safehouses reported not receiving gender-sensitive instructions on how to implement emergency measures. During the pandemic, they had to implement the same instructions as all other institutions of social care⁴⁷. The safehouses in RS sent a request to the RS Ministry of Family, Youth and Sports for official guidance and protocols, but never received a response. The safehouse in Zenica had difficulties in providing support to GBV survivors because of the obligation to fill in the standard hygienic-sanitary questionnaire issued to all institutions of social protection before admission which required victims to reveal information about their case to persons not affiliated with the safehouse, before being admitted to it. This put victims off and caused a further burden in the already-stretched safehouses.⁴⁸ Safehouses did their best to implement emergency measures regarding disinfection, wearing gloves and masks, and maintaining physical distance, but in doing so reported using up

42 Interviews: ASW2

43 Gender Matters, Manual on Gender Based Violence Affecting Young People, COE, 2007, available at: http://www.eych.coe.int/gendermatters/chapter_2/1.html (accessed on 17 June 2020).

44 Uticaj pandemije COVID - 19 na rad sigurnih kuća u BiH, UN WOMEN, 2019, available at: <https://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/06/infografika%20-%20sigurne%20kue%20u%20bih%20i%20covid-19-min.pdf?la=en&vs=1237> (accessed on 11 June 2020).

45 Interviews: CSO2

46 Interviews: CSO1, CSO2

47 Interviews CSO1

48 Interviews: CSO1 CSO2

An instruction of the Civil Protection Headquarters stated that admission to institutions of social care, including safehouses, could not be possible before a hygienic-sanitary questionnaire is completed. The questionnaire was not gender sensitive, and was initially to be executed by external personnel. The procedure created difficulties and delays in providing help and support to GBV survivors. The safehouse contacted the Agency for Gender Equality, requesting that changes be made and proposing that the safehouse workers be able to fill in the questionnaire *on behalf of any new residents*.

their limited funding. The governments did not provide support or donations, not even the technical equipment for online schooling that was provided to other social protection institutions⁴⁹. During this period, safehouses also struggled with providing isolation space for newcomers, which they were required to provide yet not offered official support in doing so. Additionally, safehouses stated inadequate co-operation and communication among all institutions in the chain of support negatively affected the assistance provided to survivors of GBV.

Notably, the representative of the Banja Luka safehouse stated that the number of calls on the SOS phone line⁵⁰ decreased in the first few weeks of the state of emergency. After the measures were relaxed, the number of calls increased. This indicates that survivors of DV were afraid to report GBV during the strict “lockdown” measures “because of the constant control of the perpetrator”.⁵¹ On the other hand, the number of women using SOS phone lines to report GBV in Zenica-Doboj Canton increased, showing the complexity of the issue of GBV. In many cases, the police response in Zenica-Doboj Canton to reported cases of GBV was inadequate, with cases allegedly not being taken seriously. In some cases, police responded only after being called by the safehouse⁵². During this period, women also used platforms such as Facebook, Viber, WhatsApp, and email to report GBV and ask for psychological support.

ASW reported increased violence towards children within families and by children against their caregivers⁵³. Online school started without notice for children and their families. In some cases, the new family dynamics in “lockdown” created a negative atmosphere in which violent behaviours were deployed. This appears to particularly be the case in families that live in cramped conditions. Some Roma women the Mission spoke to reported having been victim of GBV during restrictions on movement⁵⁴. Violence also occurred among children, towards children and by children against their mothers⁵⁵. Roma women we interviewed often reported living in tough conditions with minimal living space (as little as 25 m² for up to 10 family members) with no toilet or access to running water. It is therefore unsurprising that some Roma interviewees expressed the difficulties of constantly being at home with their families including fights between children, and children becoming increasingly

49 Interviews: CSO1 CSO2

50 Foundation “United Women” Banja Luka has long-term experience in providing psychological support to female and child victims of violence through the SOS telephone number 1264. The number is available 24/7, for more information visit: <http://unitedwomenbl.org/sos-telefon-za-zrtve-nasilja-1264/?la=en> (access 27 June 2020)

51 Interviews: CSO2

52 Interviews: CSO1

53 Interviews: ASW1

54 Interviews: MB06 MB08

55 Interviews: MB08 MB06

aggressive towards each other and towards their parents or guardians.⁵⁶ Some of those interviewed expressed that they felt more stress and had more arguments with the extended family,⁵⁷ others felt fear and had arguments with the neighbours and with the CSOs' workers.⁵⁸ That said, not all Roma women the Mission spoke to had a negative experience: some expressed that their family grew closer as they had more time for each other, and that a positive dynamic ensued.⁵⁹

Some WwD are dependent on others' care to go about their daily routines. Due to an often difficult economic situation, family members would take their social benefits and spend them on food and other supplies, with nothing remaining for their specific needs.⁶⁰ Moreover, a large majority of WwD the Mission interviewed expressed they had either experienced GBV themselves, or they had acquaintances who were victims, indicating the potential that this group suffered especially harshly during the "lockdown".⁶¹ Some also reported experiencing psychological violence and neglect by their family members.⁶² Notably, some WwD became afraid after being sexually harassed online by supposed helpers who offered to assist by bringing food and medication to gain their trust, but would then prove to be exploiting the situation by trying to receive sexual favours.⁶³

Women older than 65 also experienced stress, panic attacks, and fear of the unknown because they were not able to leave their homes and were stigmatized as a risk group.⁶⁴ Such stigmatization was undoubtedly contributed to by blanket restrictions on the movement of elderly people across BiH, calling into question the proportionality of such measures.

56 Interviews: MB06

57 Interviews: MB1

58 Interviews: MB10

59 Interviews: MB03 MB07

60 Interviews: LG03

61 Interviews: LG02 LG04 LG06 LG07 LG09 LG10 LG11 LG12 LG13 LG14

62 Interviews: LG10

63 Interviews: LG02, LG03

64 Interviews: MZ4 MZ5 MZ09 MZ10

“The Corona(virus) showed everyone how we usually live - isolated, in lockdown, alone”⁶⁶

Women with disabilities were further marginalized during the pandemic.

The needs of persons who depend on the assistance of others in performing daily activities were not taken into account when developing emergency measures to limit the spread of the virus. The personal assistance system failed and made life even more difficult for WwD.

Safety was compromised by needs specific to certain types of disability (including the disinfection of large surface areas of the aids they use - such as wheelchair wheels that are close to the face and one must touch frequently; difficulties in understanding the situation and measures; using ATMs for blind people, communication for women with hearing impairment made worse by the wearing of masks, delivery of assistance and medicines without physical contact, the risk of letting strangers into the living space, etc.).

Levels of stress and fear increased for WwD. Concerns, however, were not limited to health but also the impact of any economic and social consequences. Some reported having been forced to give up their hard-won independent living, unwillingly returning to their families.

IN FOCUS: Women with disabilities

3.2. Access to social protection and healthcare

The right to social security or social protection is a central element of the International Covenant on Economic, Social and Cultural Rights (ICESCR).⁶⁶ The Covenant obliges state parties to progressively ensure the provision of sufficient healthcare, adequate housing, water and sanitation, food, among other things. Despite having signed the Covenant, in many cases, it appears that BiH has failed to provide these minimum standards to the women most in need during the initial response to the COVID-19 crisis, including those most at risk of social

⁶⁵ LG 10

⁶⁶ International Covenant on Economic, Social and Cultural Rights: <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

exclusion due to how their identities intersect.⁶⁷ None of the observed measures included a gender-sensitive approach nor took into consideration already identified risk groups of women when it comes to access to social protection.

The Mission's initial research suggests that BiH's social protection system was not ready for an emergency situation such as the COVID-19 pandemic.⁶⁸ The pandemic-induced reductions in working hours and limitations on field visits and personal contacts had a direct impact on beneficiaries, with the vulnerable being the most severely impacted. Further, the situation made it difficult for women and children to access social protection benefits and psychosocial support.⁶⁹ The measures given by the entity and cantonal crisis HQs did not take into consideration the specifics of the social protection system and the needs of both practitioners and beneficiaries. In many cases, experts in this field were not consulted before measures were issued.

Furthermore, in the development of emergency legislation and decrees, the entities and cantons do not appear to have taken the specific needs of vulnerable women into account. For example, it was reported that in a social protection institution for drug addicts more than 40 per cent of residents left the premises as they "were suffering from depression or became more aggressive" due to the lockdown measures.⁷⁰ The Mission's research suggests that, unsurprisingly, the most impacted were women who were dependent on the social protection system before the pandemic, mainly Roma and WwD.

Issues in the accessibility of information on the benefits one could be entitled to, and lacking transparency in the distribution of emergency social protection appear to have compounded these issues. Indeed, interviewees who claimed to have received emergency support packages of food and/or personal hygiene products reported issues in the selection of beneficiaries, which in some cases escalated to a source of conflict.⁷¹ This is an issue worthy of further examination. Interviewees also reported issues accessing SWCs, meaning that they did not always receive the benefits they were entitled to. Two interviewees, both of them Roma women, claimed not to be receiving child allowance as they believed that cantonal legislation did not provide for this⁷² (Central Bosnia Canton). However, according to the Law on Social Protection and its 2018 amendments, child benefit can be prescribed under certain circumstances, meaning they would have been entitled. This shows deficiencies in information sharing on the part of the authorities – this topic will be covered in more detail in section 4.4.

67 In this research the focus has been on Women with Disabilities, women older than 65, Roma women and female entrepreneurs.

68 MBM CSO1, MBM CSO2

69 *Idem*

70 MBM CSO2

71 MBM10

72 MBM 05, MBM 06

According to the Mission's findings, even before the COVID-19 crisis there was great dissatisfaction with the practices of SWCs among vulnerable groups. Of 730 Roma women interviewed by the Mission in 2019, one third claimed to be unsatisfied with the services provided by the SWCs and half said the centres denied their rights as they fail to understand their specific situations or their ethnic background, or because the centres are under-resourced. It is also clear that SWCs and social work professionals lack the resources, both human and material, to be able to process the vast number of requests they receive. Some families have lost their source of income due to the COVID-19 crisis.⁷³ Of the Roma women the Mission spoke to, most contacted SWCs, but in most cases they claimed not to have received any help.⁷⁴ Several Roma women reported having no access to water or sanitation⁷⁵, which would have been crucial to prevent the spread of the virus. Some interviewees reported living in crowded neighbourhoods with no access to services, with pharmacies and supermarkets being scarce.⁷⁶

It is worth noting that this crisis was also difficult for women living with disabilities, as some need the care of others to go about their daily lives. Physical distancing measures and limited public transportation meant that WwD saw their mobility and care significantly reduced, and needed to rely on family members to survive.⁷⁷ These examples reinforce the fact that, of the women interviewed, the vulnerable suffered most profoundly, and often did not receive the support they needed to see this difficult period through.

73 MBM 03

74 MBM 03, MBM 04, MBM 06, MBM 09, MBM 10

75 It is worth noting a positive practice from the Zenica-Doboj government as in their order -2 19.03.2020. they requested the need to ensure access to potable water for everyone.

76 MBM 05, MBM 06, MBM 08, MBM 09, MBM 10

77 LG04, LG06, LG07, LG09

“It is very difficult to protect yourself and your family against the virus when you live in 25 sq. metres without a bathroom.”

Roma women live on the margins of BiH society and suffer from widespread discrimination.⁷⁹

Even if not a homogenous group, many Roma women reside in dense neighbourhoods that lack access to basic utilities and live in cramped housing. Not having running water makes taking measures to protect against COVID-19 challenging, and small dwellings occupied by many family members make physical distancing impossible. Insufficient incomes make buying protective equipment, medication, or even food for several days (for instance, to sustain a family during a long curfew) unattainable.

Finally, it was reported some Roma women struggled to understand information from the authorities or to request help from the social protection institutions. Poor education levels served to exacerbate stress due to a lack of understanding in some cases.

IN FOCUS: Roma women

31

Access to Healthcare

The right to the enjoyment of the highest attainable standard of physical and mental healthcare is covered by the ICESR⁷⁹, as well as the need to create the conditions to assure access of all to medical services in the event of sickness. Additionally, as outlined in the CEDAW Concluding Observations on the Sixth Periodic Report of BiH⁸⁰, the country needs to apply “temporary special measures targeting women belonging to disadvantaged groups, such as Roma women, [...], older women and women with disabilities, including in political and public life as well as in the areas of education, employment and health”. However, the Mission’s preliminary research suggests that these groups suffered challenges

78 “The community that is perceived as most discriminated against was Roma, which 81 per cent of respondents found to be subjected to widespread discrimination. Roma women and children are exposed to multiple forms of discrimination”, OSCE Mission to BiH (2020), *Discrimination in BiH: Public Perceptions, Attitudes and Experiences*, Sarajevo.

79 Article 12, paragraph d.

80 CEDAW, Concluding Observations on the sixth periodic report on Bosnia and Herzegovina, available at: https://arsbih.gov.ba/wp-content/uploads/2019/11/CEDAW-C-BIH-Concluding-Observations-6_AsAdopted.pdf

in continuing with their treatments and in accessing medical institutions during the crisis. On a positive note, authorities ensured a certain level of safety by proclaiming access to healthcare to treat COVID-19 to be free of charge. This was invaluable for those lacking health insurance during this period.

Interviews with WwD and women older than 65⁸¹ suggested that these groups faced the most substantial difficulties in accessing healthcare, as their vulnerable positions were made all the more serious by belonging to the group at highest risk of COVID-19 complications. Interviewees belonging to these groups stated that official information was confusing, and that the usual process for getting the documentation needed for their treatments was not eased, meaning that they often spent many hours **“between the hospital and the health funds⁸² while not being allowed out of the house.”⁸³** The vulnerable women interviewed claimed that both their physical and mental health suffered as a consequence and that their stress levels were very high during this period.⁸⁴

Of all the interviewees, only among Roma women was a lack of health insurance reported.⁸⁵ According to Mission findings, from interviews with 730 Roma women in 2019, more than one in six did not have health insurance. Some Roma women expressed that the reason they did not have insurance through their unemployment status was that they missed the application deadline (to receive unemployment benefits, an application must be submitted within 30 days of dropping out of school or losing a job). Therefore, it is commendable that BiH authorities made clear that healthcare to treat the consequences of COVID-19 and testing for the virus would be free of charge for all. That said, some Roma women reported being unable to reach medical centres after public transport was stopped, as they were unable to afford to pay for a taxi.⁸⁶

81 LG 02, LG 04, LG 05, LG 06, LG 10, LG 11, LG 12, LG 13, LG 14, MZ 04, MZ 05, MZ 06, MZ 07, MZ 08, MZ 09

82 The healthcare system in BiH is characterized by extreme fragmentation. In terms of the organizational structure and management, the system operates through 13 separate sub-systems at entity, canton, and BD levels. Each system has at least one Ministry of Health, a Health Insurance Fund, and Public Health Institutes that are not always properly co-ordinated, unnecessarily increasing bureaucracy.

83 LG11

84 MZ 09, LG 09

85 MBM 03, MBM 06

86 MBM 03

“It was too much for me. Ageism and all the insults against older people just because of their age! And all the prejudice against older people, it was just too much.”

Measures which forbade those older than 65 from leaving their homes had a particular impact on the quality of vulnerable women’s lives. They reported feeling discriminated against and of being disrespected by the rest of society. This measure caused stress, a sense of fear, and loneliness as well as re-traumatization triggered by wartime memories. To meet their daily needs, interviewees reported being reliant on family members who brought them groceries and essential supplies.

Fears of interviewees that they would not be able to access their regular medical treatments materialized in some cases. Those who were able to access their therapy were able to reach their doctor by phone but remained reliant on family members to bring medication. Regular check-ups were rescheduled, which caused additional stress and fear among those suffering from poor health.

Women in rural areas reported difficulties getting their prescriptions at the local pharmacy, so their children or relatives had to source medication from further afield and bring it to them. The same women reported issues with technology, and a desire for education on how to use modern technologies to keep in touch with their loved ones during a period that, for many vulnerable elderly women, was spent in total isolation.

IN FOCUS: Women older than 65

3.3. Economic hardship and unpaid work

Women are at the epicentre of the social and economic impact of COVID-19. In contrast to recessions caused by the cyclical nature of economic activities that affect men more severely than women, the current crisis has more strongly impacted women. Not just in BiH, but worldwide, women tend to earn less, save less, hold less secure jobs, and are more often employed in the informal sector.⁸⁷ This subchapter illustrates the interviewees’ perceptions of the increase in unpaid work and care they had to provide during the state of emergency, their feelings about unpaid work, their coping mechanisms for combating stress

⁸⁷ Policy brief: *The impact of COVID-19 on women*. United Nations, 2020, available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406> (accessed on 8 June 2020).

and anxiety emanating from the double burden of working from home for those employed and caring for loved ones.

With the services sector being the hardest hit in BiH, women, who make up 66 per cent of service sector employees, have been disproportionately affected by the economic fallout. In single-parent households, the parent's gender has a significant impact on relative poverty, with female-headed households being more exposed to impoverishment and social exclusion⁸⁸. Single parents and the elderly have the lowest savings⁸⁹ and are less likely to be able to “buffer” the adverse effects of the pandemic. Furthermore, businesses owned by women have been more impacted than those owned by men. In this sub-chapter, we will explain how economic hardship and unpaid work have served to further entrench inequalities in the labour market and unequal access to opportunities for women starting a business. The pandemic as an emergency situation has further deepened prevailing gender inequalities and the issue of the feminization of poverty in BiH. Consequently, the Mission's research indicates that the capacity of vulnerable groups of women to absorb shocks caused by the economic downturn of COVID-19 is even less than that of men.

The UNDP Report *Economic Impact Assessment of COVID-19 in BiH*⁹⁰ showed that businesses owned by women declared significantly higher turnover drops from February to March 2020 on average than those owned by men. Similarly, businesses that predominantly employ female workers have been more adversely affected. That the pandemic will severely affect those working in precarious jobs, of whom the majority are women, serves to underline the seriousness of the situation being faced by many of the women the Mission's researchers spoke to.

A study by Fondacija 787⁹¹ investigating the effects of the pandemic on micro, small, and medium businesses in BiH revealed that micro businesses were the most affected by COVID-19. In a sample of 1364 entrepreneurs, businesses owned by women in FBiH and RS were more severely affected than those by men, with 68.4 per cent and 76.3 per cent of businesses being shut down respectively. These numbers reinforce the fact that the capacity of women in BiH to absorb shocks caused by the current economic downturn is less than that of men.

88 Šadić, S. et al. *Jednoroditeljske porodice - Mapiranje prava i potreba samostalnih roditelja/ki na području općine Centar Sarajevo*. Fondacija CURE, 2020, available at: http://www.fondacijacure.org/files/Jednoroditeljske_.pdf (accessed on 18 June 2020).

89 BHAS Aneka o potrošnji domaćinstava 2015, Thematic Bulletin 15, ISSN 1840-1066

90 *Economic Impact Assessment of COVID-19 in Bosnia and Herzegovina*. UNDP, 2020, available at: https://bosniaherzegovina.un.org/sites/default/files/2020-05/UNDP_COVID-19_Economic_Impact_Assessment_BiH_Report_2020-05-28.pdf (accessed on 7 June 2020).

91 *Kako kriza prouzrokovana virusom COVID-19 utiče na biznise i preduzetnike/ce u BiH? - Rezultati istraživanja*. Fondacija 787, 2020.; <https://fondacija787.ba/2020/04/14/rezultati-istrazivanja-kako-kriza-prouzrokovana-virusom-covid-19-utice-na-biznise-i-preduzetnike-ce-u-bih/> (accessed on 18 June 2020).

Women older than 65 reported that their pensions remain insufficient to cover their daily expenses, and therefore some reported being hired by CSOs or accounting agencies to cover this gap. They were supported to work remotely during the pandemic, thus maintaining their secondary sources of income.⁹² Whilst this is positive, the Mission does not expect this to be the case across the board.

Roma women, who often make up the most socially, economically, and politically marginalized group, face problems of extreme poverty, domestic violence, early marriage, and poor access to education.⁹³ From those interviewed, no change in economic status was noted, as they reported that their situations remained the same: **“trying to survive from day-to-day.”**⁹⁴

Upon closure of kindergartens, schools, and businesses, female entrepreneurs reported frequently working from home.⁹⁵ The female entrepreneurs the Mission spoke to consistently reported to be earning less due to cash flow issues or the shutdowns of their businesses.⁹⁶

Female owners of medium and large businesses in sectors that were not directly impacted by shutdowns (such as construction) continued working every day, albeit with significantly reduced activity. Female entrepreneurs in such sectors reported problems maintaining liquidity and cash flow, and in paying salaries - the greatest challenge during the pandemic. The pandemic also provided a source of stress and an emotional burden for those worried about their employees' livelihoods. The Mission's interviews highlighted that single mother business owners were particularly affected.⁹⁷

One of the measures that appears to have impacted women the hardest was the closure of kindergartens and schools, shifting responsibilities of care to households, and all too often to women. As defined by the ILO, care work includes looking after the needs of one or more other people, including care for children, the elderly, the disabled, and for whole families.⁹⁸ Before the pandemic, women were disproportionately burdened with unpaid work and care, spending on average 13 hours more on unpaid work per week than men.⁹⁹

⁹² Interviews: MZ05, MZ07, MZ08, MZ09, MZ10

⁹³ Roma Women in the Shadow of Their Identity, OSCE, 7 April 2017, <https://www.osce.org/stories/roma-women-in-the-shadow-of-their-identity> (accessed on 12 June 2020).

⁹⁴ Interview: MBM08

⁹⁵ Interviews: JK01, JK02, JK04, JK05, JK06, JK09

⁹⁶ Interviews: JK01, JK04, JK06, JK08, JK09, JK10

⁹⁷ Interviews: JK02, JK06, JK10

⁹⁸ Women and the Future of Work – Taking Care of the Caregivers, Decent Work for Domestic Workers, ILO, 2015: available at: https://www.ilo.org/wcmsp5/groups/public/—ed_protect/—protrav/—travail/documents/publication/wcms_351297.pdf (accessed on 28 June 2020).

⁹⁹ Beijing +25: The Fifth Review of the Implementation of the Beijing Platform for Action in the EU Member States, <https://eige.europa.eu/publications/beijing-25-fifth-review-implementation-beijing-platform-action-eu-member-states> (accessed on 12 June 2020).

In BiH, a significantly higher share of women are unpaid carers (6.8 per cent) than men (1.9 per cent).¹⁰⁰ The re-traditionalization of gender roles and persisting patriarchal patterns in BiH hamper the ability of women to balance careers and household responsibilities;¹⁰¹ an issue that the pandemic-induced reinforcement of women's "double burden" has brought to the fore. A 2016 study on intersecting inequalities in BiH¹⁰² showed that care obligations including caring for young children, persons with disabilities, the elderly, or chronically ill remain the most pressing causes of underemployment and poverty in BiH. In many cases this leads to persistent poverty for the women in question in later life, highlighting how the current issues caused by the pandemic cannot be discounted on the false basis that they are only short-term.

Upon the closure of schools and kindergartens,^{103,104} online schooling was promptly implemented. However, the governments in both entities missed an opportunity to address childcare, particularly for vulnerable groups of women, such as essential workers and those in the health sector, and single mothers who were left with no alternatives. Their position was reported as being especially difficult, highlighting that the response to the crisis did not take the needs of society's most vulnerable sufficiently into account.

All groups of interviewed women reported the additional household burden as being a significant factor in exhaustion or stress. Not only does the additional burden include childcare: many reported an increase due to the frequent disinfection of the household and groceries upon returning from the store – a role that appears to have been carried out practically exclusively by women.¹⁰⁵ Although all groups confirmed that other family members contributed to maintaining the household, women handled the majority of care-related and household chores. This claim was particularly supported by female entrepreneurs, women with disabilities, and Roma women,¹⁰⁶ and to a lesser extent by women older than 65.

100 *Anketa o radnoj snazi 2018. Agencija za statistiku Bosne i Hercegovine*, Sarajevo, 2019, available at: http://www.bhas.ba/tematskibilteni/LAB_00_2018_Y1_0_HR.pdf (accessed on 18 June 2020).

101 *Bosnia and Herzegovina: Gender Disparities in Endowments, Access to Economic Opportunities and Agency*. The World Bank, Agency for Statistics of Bosnia and Herzegovina, FBiH Institute for Statistics and RS Institute for Statistics, 2015, available at: <http://documents.worldbank.org/curated/en/754241467992483659/pdf/97640-ESW-P132666-and-P152786-Box385353B-PUBLIC-BiH-Gender-Disparities-in-Endowments.pdf> (accessed on 5 June 2020).

102 Malkić, A. and Hadžiristić, T. *Intersecting Inequalities in Social Protection in Bosnia and Herzegovina*. Analitika – Center for Social Research, 2016, available at: https://www.analitika.ba/sites/default/files/inequality_eng_-_izvjestaj_3003.pdf (accessed on 18 June 2020).

103 Naredba Kriznog stožera Federalnog ministarstva zdravstva od 12.03.2020: <https://covid19.fmoh.gov.ba/novost/11-naredba-kriznog-stozera-federalnog-ministarstva-zdravstva-od-12.03.2020>. (accessed on 19 June 2020).

104 Zaključak Republičkog štaba za vanredne situacije o organizovanju vaspitno-obrazovnog rada na daljinu: <https://www.vladars.net/sr-SP-Cyrl/Documents/Zakljucak%20o%20org%20vasp-obr%20rada%20na%20daljinu.pdf> (accessed on 19 June 2020).

105 Interviews: MZ04, MZ07

106 Interviews: JK01, JK03, JK04, JK05, JK08, LG02, LG03, LG04, LG05, LG10, LG11, LG14, MBM03, MBM06, MBM09, MBM10,

Many female entrepreneurs the Mission spoke to reported being overburdened with unpaid work at home, childcare, and supporting their offspring in online schooling. Balancing business obligations, unpaid household chores, and childcare had proven to be a great source of exhaustion, stress, and anxiety.¹⁰⁷ More vulnerable to the greater burden of care were mothers of preschool children and children in lower grades of primary school. Childcare was particularly challenging for interviewees in FBiH in the first month of the pandemic, as persons younger than 18 in FBiH were prohibited from leaving their homes.¹⁰⁸

In the majority of cases, interviewees reported having little or no time for themselves, experiencing increased levels of exhaustion and stress due to their children's distance learning arrangements and short deadlines for homework assignments.

Challenges women face in the labour market, combined with the already discussed double burden, left them exposed to social exclusion in the post-crisis period, as government containment measures and measures for economic recovery were often made without taking the needs of vulnerable groups of women into account. Apart from the economic hardship experienced by wide-ranging groups of women during the pandemic, the increased magnitude of housework and care at home was a substantial source of stress. This stress combined with fear for the health of their loved ones contributed to difficulties for many in maintaining their mental health, resulting in feelings of anxiety accompanied by chronic psychological and physical exhaustion.

107 Interviews: JK01, JK02, JK03, JK05, JK08

108 Naredba Federalnog štaba civilne zaštite od 20.03.2020: <http://fbihvlada.gov.ba/file/27naredba.pdf> (accessed on 19 June 2020).

“Government recovery measures for mitigating the economic consequences of the pandemic are nothing but alibi measures.”

The adverse economic effects of the pandemic were particularly difficult for micro and small businesses, and businesses in the services industry – companies which often provide for women’s livelihoods in BiH. Some interviewees expressed dissatisfaction with government recovery measures for mitigating the economic consequences¹¹⁰ of the pandemic, describing them as “alibi measures”, inadequate, untimely and insufficient.

Discouraged by recovery measures and a sensed lack of government interest in engaging with social partners such as *Poslovna žena - Regionalna asocijacija preduzetnica*¹¹¹ and *Glas malih biznisa*¹¹², many female entrepreneurs stated that they will not apply for government assistance, mainly because they do not believe such assistance will assist the recovery of their businesses. The main problems reported include the untimely government response in both entities and that lawmakers ignored recommendations from business associations, placing the survival of micro and small businesses at risk.

The female entrepreneurs the Mission spoke to agreed that recovery measures should have focussed on wage subsidies, for instance by covering 100 per cent of the minimum wage in directly affected sectors, alongside the deferral of VAT and customs duty payments. The obligation to pay social security contributions above the minimum wage is considered highly problematic as many micro and small businesses lack the financial capacity to do so.

IN FOCUS: Female entrepreneurs

109 Zakon o ublažavanju negativnih ekonomskih posljedica u FBiH: <http://www.fbihvlada.gov.ba/bosanski/zakoni/>

110 *Poslovna žena - Regionalna asocijacija preduzetnica* (eng. Business Woman - Regional association of women entrepreneurs) is a formal association, active since 2017. The main objective of this association is to serve as a platform for networking and promotion of female entrepreneurs, improving the visibility of businesses owned by women.

111 *Glas malih biznisa* (eng. Voice of Small Businesses) is an informal Facebook group gathering over 40000 entrepreneurs in BiH (from both the formal and informal sectors). The group was very active in the media during the pandemic, raising awareness on challenges MSMEs face and advocating for amendments to the so-called “Corona laws”.

3.4. Access to information

Freedom of access to information is an integral part of the right to freedom of expression as outlined in Article 10 of the European Convention on Human Rights (ECHR).¹¹² It is a central component of rule of law and good governance, providing for transparency and guaranteeing the availability of important information, as well as the right to disseminate it.

Despite guarantees in BiH's legislative framework and strategic gender equality documents (e.g. GAP¹¹³), access to information for men and women was unequal before the pandemic. In previous analyses, a lower level of access to information was noted in certain areas (EU and NATO issues, accessibility of information to persons with a disability),¹¹⁴ or among certain groups of women. Widespread low education levels make access to information difficult for many women in rural areas; in turn, this limited access can lead to gender-based discrimination and make it more difficult to enjoy certain rights;¹¹⁵ women from minority groups, like Roma and WwD, often lack information regarding assistance available and are thus the most marginalized.¹¹⁶ This subchapter analyses the Mission's preliminary findings on the scope of access to information during the state of emergency in BiH for women, especially those in a position of vulnerability.

As has been noted in each subchapter, none of the observed measures included a specific gendered approach, nor took into consideration already identified risk groups of women when it came to facilitating access to information. Even in cases where measures targeted specific groups, how the people in question would receive and understand the information necessary for the proper implementation of measures was not addressed by the authorities. Also, the further distribution of information was problematic due to two factors:

- 1: Differences in approach between local/entity-level authorities, including in crisis headquarters and local communities (*mjesne zajednice*);
- 2: Lack of consideration of the needs of vulnerable groups (elderly, WwD, Roma women, women in rural areas) and their existing limitations in access to information.

112 The rights referred to in the ECHR are directly applicable in BiH, in accordance with the constitutional framework.

113 *Gender Action Plan for 2018-2022*, p.35.

114 *Monitoring and Evaluation Support Activity (MEASURE-BiH), Gender Analysis report for Bosnia and Herzegovina*, USAID/Bosnia and Herzegovina, 2016. Available at: <http://www.measurebih.com/uimages/Edited20GA20Report20MEASURE-BiH.pdf> (accessed on 9 June 2020).

115 *Bosnia and Herzegovina: Gender Disparities in Endowments, Access to Economic Opportunities and Agency*, The World Bank, Agency for Statistics of Bosnia and Herzegovina, FBiH Institute for Statistics and RS Institute for Statistics, 2015, <http://documents.worldbank.org/curated/en/754241467992483659/pdf/97640-ESW-P132666-and-P152786-Box385353B-PUBLIC-BiH-Gender-Disparities-in-Endowments.pdf> (accessed on 5 June 2020), p.53, 36.

116 *OSCE-led survey on violence against women: Bosnia and Herzegovina*, 2019, <https://www.osce.org/secretariat/423470> (accessed on 1 June 2020), p.74.

UNICEF's *Rapid Assessment KAP – COVID-19 Response* showed that citizens at large had a relatively high self-assessment of their understanding of general information about COVID-19. This was even more the case among women aged 31 to 50 years. From data collected in interviews with 44 women in BiH, a pattern arose of women considering themselves obliged to have information on the pandemic and protective measures as they saw themselves as responsible for the safety of themselves and their families. When it came to household chores, all cleaning and disinfection measures were perceived as being their responsibility. This caused additional stress and fear among particularly vulnerable women (WwD, 65+ women, Roma women).

The most common source of information was television among all groups interviewed. Local media was especially well used as many women expressed interest in information about their region.¹¹⁷ Reliance on TV and word of mouth was notable among women from rural areas and Roma women. It is important to point out that not all women had access to the internet.¹¹⁸ Even among those using the internet, the official websites of government or crisis headquarters were used much less among those interviewed. The reasons given behind this include: **“not understanding”, “lack of trust since they were not health experts and did not understand our problems”, “lack of trust, they are being used for other political purposes”.**

A general observation from the majority of those interviewed is that they managed to receive enough information – in fact, in many cases women felt overloaded by too many sources, and contradictory information often led to confusion.¹¹⁹ Issues were cited in finding reliable sources,¹²⁰ and some interviewees decided to stop following social media and online information on COVID-19 due to a lack of trust.¹²¹ Women over 65, Roma women, and WwD emphasized that media content was **“aggressive”** and caused fear whilst building a stigma against high-risk groups of citizens.¹²² WwD and women aged over 65 felt additionally isolated by the repeated warnings of “risk groups” – interviewees stated that this made them feel victim to a hostile environment – **“The media information was unscrupulous, there was a constant attack on at-risk populations”.**¹²³

117 Interviews: LG01, LG09, LG14.

118 Many women pointed to having low incomes and not having the funds available to spend money on telephones, internet, etc.

119 Interviews: LG04, LG08, LG12, LG14.

120 According to a four-month monitoring programme (BIRN and SHARE Foundation), during the COVID-19 pandemic in Central and Southeastern Europe more than half of digital rights violations were related to propaganda, misinformation, untruths and unverified information, while women and citizens were quarantined. Particularly vulnerable groups were often exposed to insults, discrimination, and threats (see: <https://detektor.ba/2020/06/03/vise-od-150-slucajeva-krsenja-digitalnih-prava-tokom-pandemije-covid-19/>).

121 Interviews: MBM06, MZ09, LG11.

122 Interviews: JK09, MZ06, MZ07, MZ08, MBM02, MBM10, LG02, LG03, LG08.

123 Interviews: LG02, LG03, MZ06.

The misinterpretation of safety measures was evident among some Roma women. Some of those interviewed stayed in their homes with their families for three months or longer, believing that it was forbidden to even enter their own yards.¹²⁴ Women with impaired hearing and vision reported issues gaining information from the television or the internet.¹²⁵ It also transpired that information was not communicated adequately for WwD: seldom was information also provided in sign language, no subtitles followed voice information, the language and speed of informative messages on TV were unadjusted for this vulnerable segment of the population. Protective masks were seen as interfering with communication for those with hearing impairments. As stressed above, women in all groups felt the burden of responsibility for the safety of their families. This is one key reason why problems accessing information impacted women more strongly than men.¹²⁶

Despite the limited official response to such serious challenges: the lack of proper information; lack of understanding; lack of accessibility; stress and fear caused, such issues were recognized by specialized CSOs. For example, WwD reported that CSOs for PwD/WwD created Viber groups, organized informal gatherings online, and opened a phone line to provide information, which WwD subsequently considered as their most reliable news source. Such offerings also provided advice and supplied protective equipment, among other things.¹²⁷ A similar case was mentioned among Roma women as well, some of whom were contacted by a CSO with instructions on how to protect themselves and their families.¹²⁸ Whilst it is positive that CSOs were available to step in and carry out these important tasks, this does highlight severe shortfalls in the authorities' communication strategies which were not adapted to inform those most at-risk and in need.

The state of emergency/state of natural or other disaster deepened the pre-existing societal gaps in access to information, with authorities often relying on a one size fits all strategy for communicating crucial information. Care for marginalized groups being taken over by CSOs highlights a severe gap in the authorities' response to the pandemic, given that many of those interviewed would be considered as being at high risk from COVID-19 complications, yet did not receive official information adapted to their needs. The mistaken assumption of the universal availability of the internet or even television appears to have also played a role in the confusion reported by many interviewees. This also ignores the fact that many who had access to the internet and television became quickly overwhelmed by conflicting information, an issue that could have been tackled by strong and succinct official communications.

124 Interviews: MBM08, MBM03, MBM10.

125 Interviews: LG01, LG03.

126 Description from interview: "There is tension in the house, I constantly warned my son and husband to wash their hands, to undress outside, which caused additional nervousness in them and between us. They don't understand how scared I am".

127 Interviews: LG01, LG02, LG05, LG13; interview with IC Lotos's representative.

128 Interview MBM08.

Conclusion and recommendations

Chapter 4:

The measures that BiH took to stop the spread of COVID-19 led to negative side effects among certain groups of the population, due to characteristics such as gender, ethnicity, age, or because of a disability. In some cases they also impacted human rights and fundamental freedoms, the economic activity of citizens, and the rights of social protection, making pre-existing gender gaps more pronounced.

The main reason behind this is not a direct intention of the governments but more an insufficient understanding of human rights-based responses and the lack of a proper gender analysis, as well as a general lack of awareness on the need for more systemic inclusion of cross-cutting issues in the emergency response.

In light of the results above and to support the medium to long-term response, BiH authorities should take into account the following recommendations:

General recommendations

- As the participation of all sectors of society and the empowerment of those most at risk are key to ensuring sustainable inclusion and comprehensive policies, when appointing members to crisis management institutions, the entity and cantonal ministries and civil protection HQs must ensure that gender equality is ensured by involving women from diverse sectors of society.
- Responses to COVID-19 must take into consideration the intersecting forms of inequalities, discrimination, and marginalization that place particular groups at increased risk. Women, men, and gender non-conforming persons have different experiences and needs; minority groups face challenges arising from prejudice and stereotypes. Therefore, proper analysis of the specificities for such groups at risk of discrimination and exclusion should be taken into consideration when developing measures and strategic documents.
- In order to understand intersecting discrimination, the relevant institutions should conduct full data and gender/diversity analyses. This will ensure that future policies properly address pre-existing inequalities and contribute to reducing the gender gap.
- In line with the above, there is a need to ensure comprehensive and consistent gender-disaggregated data collection, encompassing sex/age-based statistics, but aiming to look into structural issues to determine inequalities.
- It is fundamental that state, entity and cantonal governments take into consideration gender-responsive budgeting, gender-disaggregated data

and gender impact assessments of policies and activities,¹²⁹ especially in developing a post-pandemic recovery programme.

- All levels of the executive need to increase civil society's participation in addressing the COVID-19 pandemic. They must encourage CSOs, local government, and international actors, including women-led and feminist organizations, to develop plans or measures by taking into account an intersectional approach in future crises and emergencies. Governments need to establish functional connections between local communities and CSOs dealing with the rights of Roma, WwDs, and pensioners, in order to establish who and how many people may need assistance, allowing the proper planning of assistance to vulnerable groups.
- Entity and cantonal ministries of internal affairs and law enforcement agencies should better protect journalists during such a crisis and allow them timely and full access to information of public interest. In addition, new legislation that can limit and/or be of detriment to freedom of expression, both online and offline, should not be adopted without taking relevant international legal standards for making such limitations into consideration.
- The Ombudsman Institution should monitor the implementation of recommendations issued during and in relation to the pandemic and continue to apply its less bureaucratic procedure in cases relating to measures imposed during the pandemic. The Institution could also assign a lawyer to follow human rights violations that might occur in a new wave of the pandemic and initiate *ex officio* investigations.
- The relevant gender institutional mechanisms should monitor the recommendations issued during and in relation to the pandemic to ensure that they are gender-sensitive and address the needs of all. The Agency for Gender Equality and entity gender centres could also assign personnel to collect data and track the situation in the field, and issue periodic reports and assessments on current needs, as well as to warn of problematic decisions or harmful practices.
- The entity governments should acknowledge the competencies of gender institutional mechanisms to ensure the gender sensitivity of measures. Governments should include Gender Institutional Mechanisms' representatives and their assessments in decision making.

Countering gender-based violence (GBV)

As observed in this research and many other reports both globally and locally, GBV has increased during the pandemic. Emergency measures were adopted without consulting experts from safehouses or other institutions of social protection. Under worsened circumstances, safehouses continued their work to provide help to survivors of GBV. They needed to use their already-reduced funds to implement the emergency measures. The co-operation among institutions in the chain of help, protection, and support to survivors of GBV was non-existent as most of those institutions claimed to be focused primarily on fighting the pandemic. In order to reverse this negative trend and to ensure the safety of those most at risk of GBV, domestic institutions should observe the following recommendations:

- Governments at the entity level must provide the necessary funds to safehouses operating on their territory. The governments should take responsibility for the financing of safehouses, and funding should be stable and provided promptly. This would help safehouses avoid being dependent on external donors.
- The governments of FBiH, BD, and RS must develop emergency measures taking into account a gender perspective, the knowledge and experience of the safehouses and other institutions of social care, and that of experts who work directly with vulnerable women. Gender-blind measures and “one size fits all” procedures made the care for survivors of GBV and other vulnerable groups of women much more difficult. The authorities should adopt gender-sensitive instructions, procedures, and protocols on how to function in times of emergency and how to implement emergency measures in safehouses and other social protection institutions.
- Ensure proper co-ordination between institutions in the chain of support to survivors of GBV and domestic violence (centres for social work, police, healthcare institutions) in times of crisis or emergency. The governments of FBiH, BD, and RS should guarantee the safety of women and girls in a future crisis, keeping in mind their specific situations when putting in force strict measures of social isolation or the suspension of public transport, as this endangered many women and girls during the initial pandemic response. Measures need to take into account the lack of economic resources of certain groups of the population to access social protection institutions or even the police.
- The relevant authorities in FBiH, BD, and RS, including governments and civil protection HQs, need to raise awareness of GBV and share information on the support available to survivors of GBV and domestic violence. Information should be shared in places that are accessible to all, such as supermarkets and pharmacies. The SOS line numbers should

be better promoted, providing survivors with a straightforward way of reporting domestic violence. Alternative ways to look for support should be developed such as apps, contact persons in pharmacies, etc. Organize additional educational activities for representatives of the institutions in the chain of help and support to survivors of GBV to prepare them for future emergency situations.

Social rights

Regarding the right to social security, a GAP BiH priority for 2018–2022 was to improve the situation vis-à-vis gender equality in social welfare,¹³⁰ but the situation remains bleak. Most social protection beneficiaries are women,¹³¹ yet women's pensions are significantly lower due to lesser contributions during their working lives, which are often interrupted by caring for relatives and children. The COVID-19 crisis has put the already-stretched social welfare system at risk of collapse and has shown a lack of preparedness for emergency situations. It has also highlighted a lack of awareness among social workers of the needs of various communities and how social benefits are being distributed and spent, potentially further increasing the gender gap and putting the already vulnerable in an even more precarious situation. To tackle this, BiH authorities should:

- Have in mind that, since gender inequality is a cause of poverty, effective social protection policies cannot be gender-neutral. Thus, the social protection ministries of FBiH, RS, BD, and the cantons should ensure that policies are designed taking into account women's needs and the unpaid work they do, especially in times of crisis.
- Legislators at entity/district and cantonal level must ensure that the BiH social protection system and its main actors (both duty bearers and rights holders) are included when developing a plan or protocol for the actuation of the social protection in emergency situations.
- Making women direct beneficiaries of social protection is not enough to promote and advance gender equality. While developing guidelines or rulebooks for dispensing social benefits in times of crisis, the working groups led by the social protection ministries should take that into account the fact that some of the conditionalities for receiving these benefits, such as compliance with certain rules (e.g. attending different

130 GAP BiH 1.6.6. "Providing support to programmes intended to multiple marginalized groups exposed to the risk of poverty and isolation, which are usually made of women, in order to support their inclusion in labour market and exercising of rights to social protection".

131 Malkić, A. and Hadžiristić, T. *Intersecting Inequalities in Social Protection in Bosnia and Herzegovina*. Analitika – Center for Social Research, 2016, available at: https://www.analitika.ba/sites/default/files/inequality_eng_-_izvjestaj_3003.pdf (accessed on 18 June 2020)

mandatory meetings or training sessions), could reduce vulnerable women's time for other productive activities, reducing their earning capacities.

- Consider the deficiencies in human and material resources of the BiH social protection system and implement more efficient budgeting of the limited resources available as the key to a successful human rights-based approach to social protection. The social protection ministries should also provide additional training and capacity building to social workers to help them understand the needs marginalized groups face to help them support the vulnerable more adequately.
- The ministries of social protection must ensure that protective equipment and a sufficient quantity of humanitarian aid is available to provide for the distribution of one-off assistance, social services, and continued proceedings of claims. Also, they should include social protection professionals in the work of the crisis management bodies to ensure the proper application of vulnerability criteria and the distribution of aid to the most vulnerable.
- The ministries of social protection should invest in strengthening the capacities of the SWC and municipal departments for social care to be able to react in times of crisis. The manual for SWCs in extraordinary situations¹³² could be used the basis for such improvements.

Access to healthcare

Regarding the right to healthcare, the challenges observed in accessing medical institutions and the fact that many therapies were discontinued during the COVID-19 crisis impacted both the physical and mental health of the women interviewed. This made pre-existing health conditions worse and increased the stress levels of those interviewed. Therefore, it is fundamental to take into consideration the following recommendations:

- FBiH, RS, BD, and cantonal ministries of health should invest in identifying and removing barriers to treatment for specific groups of the population that suffer from obstacles in accessing the healthcare institutions, such as women with disabilities. Additionally, they should ensure that healthcare information is adequately disseminated to all. The abovementioned ministries together with the health funds should work to ensure continued access to therapy and medicines during a crisis for those suffering from poor health, especially women with disabilities and women older than 65.

132 <https://fmrsp.gov.ba/?p=3827>

- The entity, district and cantonal ministries of health should consider that health mediators could play a key role in understanding the needs of vulnerable groups and the existing capacities of the healthcare system in BiH. Their role to ensure a permanent dialogue would be based on a participatory and empowering dynamic, which is key for sustainable results.

Unpaid care

As a result of restrictive measures imposed to prevent the rapid spread of COVID-19, kindergartens and schools were closed everywhere in BiH, thereby shifting responsibilities of care to households. Even before the pandemic women were disproportionately burdened with unpaid work and care duties. The increased magnitude of work and care at home was a source of stress which, combined with fear for the health of loved ones, contributed to hardships in maintaining the interviewees' mental health, resulting in anxiety and psychological and physical exhaustion.

Thus, to counter this situation and ensure a more equal distribution of such care duties, the relevant authorities should take into account the following recommendations:

- Relevant government bodies including the ministries of labour in both entities, cantonal ministries and the sector of commerce in BD should conduct large-scale studies on unpaid work and the role of women in the informal economy to raise awareness of the economic consequences of unpaid work in BiH. The results of these studies must inform evidence-based socio-economic reforms, which would take into account the double burden women face.
- Ministries of labour and social policy in FBiH and RS, relevant sectors within government in BD, and the gender centres in FBiH and RS should be proactive in initiating discussion on and raising awareness of gender roles and the division of labour in the private sphere to tackle discrimination emanating from unpaid work.
- Governments in FBiH, RS, and BD, cantonal governments and local authorities should provide financial support to single- and low-income parents to assist with childcare and care for the elderly. This would help to relieve the financial burden related to pandemic-induced economic hardship and the potential loss of jobs in the aftermath of COVID-19.
- Governments in FBiH, RS, and BD, cantonal governments and local authorities should ensure access to innovative, affordable, and accessible childcare and elderly care for essential workers and workers who cannot work remotely.

- Governments in FBiH, RS, and BD, through entity-level ministries of labour and social policy and cantonal ministries of labour, should advise and support employers to adapt working arrangements - regardless of contractual status - by introducing paid parental leave, paid sick leave, flexible working hours, and remote working in accordance with employees' health, needs, and childcare responsibilities.

Economic hardship

The rate of unemployment in BiH in 2018 was higher for women than for men, with only 3 of 10 women over 25 years of age reported as being economically active.¹³³ The gender employment gap of over 20 percentage points has not improved in recent years and remains twice as high as the EU average. The capacity of vulnerable women in BiH to absorb the economic shocks of COVID-19 is also less than that of men. Indeed, the limited participation of women in the segregated labour market could have a significant impact on the further impoverishment of the female population. Therefore, the following recommendations should be implemented,¹³⁴

- Bureaus of employment in FBiH, RS and BD should introduce gender-disaggregated data on unemployment. Entity-level ministries of commerce and entrepreneurship and cantonal ministries of commerce should track and disseminate data on businesses owned by women that are directly and indirectly impacted by the pandemic to inform gender-sensitive measures and policies.
- Governments of FBiH, RS, BD, and the cantons must ensure gender-sensitive measures are put in place for the economic recovery and social benefit schemes, with particular emphasis on intersectionalities that place vulnerable groups of women at higher risk of poverty.
- Governments of FBiH, RS, BD, and the cantons should expand access to government subsidy schemes to ease the negative impact of the pandemic and compensate for the temporary reduction in the numbers of hours worked in businesses affected by a temporary fall in demand or production.
- Considering the complex administrative structure of the state, it is of utmost importance that governments in FBiH, RS, BD, and the cantons provide transparent procedures and timely information related

133 ILO https://www.ilo.org/budapest/what-we-do/products/WCMS_625577/lang-en/index.htm (accessed on 21 July 2020).

134 Recommendations in line with ILO policy framework for coping with COVID-19 in the world of work: Pillar 1 - Stimulating the economy and employment (macro level), Pillar 2 - Supporting enterprises, jobs and incomes (meso level), Pillar 3 - Protecting workers in the workplace (micro level) and Pillar 4 - Relying on social dialogue for solutions (cross-sectional): https://www.ilo.org/global/topics/coronavirus/impacts-and-responses/WCMS_739047/lang-en/index.htm (accessed on 15 June 2020)

to government subsidies and recovery measures allowing women entrepreneurs in both formal and informal enterprises easy access to loans and grants to ensure the recovery of their businesses.

- Governments of FBiH, RS, BD, and the cantons must engage in dialogue with social partners such as unions, women's business associations, and associations of informal enterprises to learn about the challenges their members face in order to tailor and expand any relevant measures appropriately.

Granting access to information to everyone

The state of emergency further deepened differences in access to information by certain sectors of society in a situation where information was crucial for the safety of citizens. BiH authorities appear to have assumed the universal availability of the internet, technological devices, or television, although this is not the case for all in BiH. Several women interviewed did not have the resources to pay for electricity or devices to access the internet. In several cases, CSOs were the only organizations available to vulnerable groups that provided information on the crisis and subsequent measures.

To ensure that all individuals, especially the most marginalized (a big proportion of whom are women) have equal access to information and that the pre-existing challenges to that right are systematically addressed, the crisis headquarters (Republic Emergency Situations Headquarters, Federal Civil Protection Headquarters, cantonal civil protection offices) should:

- Ensure that safety and security measures are available for persons with disabilities, including, but not limited to: sign language, subtitling, using straightforward language to communicate measures and recommendations. Messages should be frequently repeated. Information should be accessible to persons with lower levels of education, those who are illiterate or who lack access to the internet.
- Verify that women are able to access information on how to respond to the virus. Information must be available across a variety of media and distributed directly through local communities (*mjesne zajednice*) to ensure access for all members of society.
- Make sure that the language used in promotion materials, advertisements, and press releases is carefully chosen not to create panic, stigmatization against, or fear among those most at risk of complications.
- Ensure that all measures and recommendations are available in one place and that this is clearly explained to all citizens to avoid any potential confusion.

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Annexes

Table of Measures
in
Focus for Analysis

Annex 1

Measure	GBV	Health and social protection and care	Economic recovery and livelihood	Life balance	Access to information	Human rights
Federation of Bosnia and Herzegovina (FBiH)						
Order number 12-40-6-148-34/20 ban on movement	×	×	×	×		×
Law on Mitigation of Negative Economic Consequences of FBiH	×	×	×	×	×	×
Order on organization of the manner of working of grocery stores Order on temporary suspension of services of hairdressing and beauty salons and playrooms Order on temporary suspension of provision of services in catering facilities http://www.fucz.gov.ba/naredbe-fscz-povodom-proglasenje-stanja-nesrece-uzrokovane-pojavom-koronavirusa-covid-19/			×	×		
Conclusion number: 403/2020 of FBiH Government regarding the activities of employers and workers in order to prevent coronavirus diseases (COVID 19), dated 16 March.		×		×		×
Order number: 12-40-6-148-13/20 issued to grocery stores - supermarkets, markets, bakeries, pharmacies, gas stations in the FBiH to organize their work in accordance with the currently registered working hours		×	×	×		
Order: 12-40-6 -148 10/20 on temporary suspension of services, cinemas, museums and more		×				
Order number: 12-40-6-148-47/20 on suspension of visits and exits of all migrants in all refugee reception centres, temporary reception centres and the asylum protection centre		×				×
Recommendation number: 12-40-6-148-48/20 Criminal law + public announcement of names						×
Order number: 12-40-6-148-41/20 22.03-telephone lines for health and psychological and social help	×	×				
Order number: 12-40-6-148-17/20 17.03-limitations FBiH social protection institutions		×				×
Order number: 12-40-6-148-69/20 refers to forced isolation of any person who does not act in accordance with the decision of the competent authority determining the measure of isolation		×				×

Order number: 12-40-6-148-102/20 refers to the Federal Administration of Civil Protection that should, within 48 hours, provide space in tents for the temporary stay of BiH citizens entering Bosnia and Herzegovina at border crossings		×				
Order number: 12-40-6-148-143/20, refers to prohibition of movement of persons over 65 years of age in the territory of the Federation of BiH, except on Mondays, Wednesdays and Fridays when movement is allowed for the period from 09:00 to 13:00 hrs. Persons over the age of 65 who are accommodated in social protection institutions are allowed to move in the prescribed period within the facility. Also, prohibition of movement is ordered to persons under the age of 18 in the territory of the Federation of BiH, except on Tuesdays, Thursdays and Saturdays when movement is allowed for the period from 14:00 to 20:00 hrs. Persons under the age of 18 who are accommodated in social protection institutions are allowed to move within the prescribed period within the facility.	×	×		×		×
Order number: 12-40-6-148-25/20 refers to suspension of public scheduled and non-scheduled transport of passengers in road and rail transport modes in the FBiH. Registered taxi transport of passengers is allowed – provided they respect hygienic and epidemiological measures, which include usage of the minimum protective equipment for drivers (masks, gloves, goggles) and mandatory disinfection after each service rendered.	×	×	×			
Order number: 12-40-6-148-40/20 refers to prohibition of movement and lingering in open space of more than one person at a distance of less than 1.5 meters in the FBiH. Taxi drivers in the Federation of BiH are ordered to transport only one person in cars, provided that the person sits in the seat behind the driver in compliance with hygienic - epidemiological measures which include minimum protective equipment (mask and gloves) for both the passenger and the driver.		×				
FBiH Banking Agency: Moratorium on repayment for all citizens whose incomes are reduced or not paid at all http://www.fbihvlada.gov.ba/bosanski/aktuelno_v2.php?akt_id=8493			×			

Measure	GBV	Health and social protection and care	Economic recovery and livelihood	Life balance	Access to information	Human rights
Republika Srpska (RS)						
Conclusion on the mandatory implementation of measures to respond to the occurrence of diseases caused by coronavirus	×	×	×	×		
Conclusion on restriction and prohibition of movement on the territory of Republika Srpska + Conclusion on prohibition of movement during Easter days	×	×	×	×	×	×
Conclusion on permission of movement of persons over 65 years of age and older	×	×	×			×
Conclusion - Decision on prohibition of causing of panic and disorder during the emergency situation in the territory of Republika Srpska						×
Conclusion on the restriction of gatherings in religious buildings						×
Conclusion on suspension of public transport in road traffic + Conclusion on resolving the issue of freight road traffic + Conclusion on suspension of public transport of persons in road traffic	×	×	×			×
Conclusion on payment of funds to the special purpose account - Solidarity Fund		×				
Conclusion on the need of passing a decision on temporary suspension of payment of tax liabilities Decree law on tax measures for mitigation of economic consequences caused by the COVID-19			×			
Conclusion on liability of passing a Decision on Temporary Measures related to the three-month moratorium on repayment of principal and interest for funds invested through Funds managed by the Investment - Development Bank			×			
Conclusion on organization of distant learning		×		×		×
Conclusion on distribution of pensions for March 2020		×	×			
Conclusion on distribution of donation		×				×
Conclusion on distribution of Red Cross funds		×				×

Conclusion on allocation of financial assistance to public kitchens						
Conclusion on allocation of financial assistance to citizens' associations that within their work have a public kitchen for the most vulnerable citizens		×				×
Conclusion on restriction and prohibition of movement on the territory of Republika Srpska						
Conclusion on permission to movement for persons over 65 years of age and older	×	×	×	×		×
Conclusion on restriction and prohibition of movement on the territory of Republika Srpska						
Conclusion on restriction and prohibition of movement on the territory of Republika Srpska						
Conclusion on implementation of community protection measures against coronavirus		×		×		×
Conclusion on payment of one-off financial assistance to police officers		×				
Certificate on free movement for the purposes of performing the work related duties			×			
Conclusion on postponement of rent and concession fee payment for the use of agricultural land owned by Republika Srpska			×			
Decision on temporary measures to micro-credit organizations for mitigation of the negative economic consequences caused by COVID-19			×			
Conclusion on mandatory implementation of response measures to occurrences of diseases caused by new coronavirus in RS in connection with the work of health care institutions - pharmacies		×				
Conclusion on prohibition of entry of foreign citizens into BiH						
+ Conclusion on obligatory conduct of bodies and institutions in controlling of persons to whom house isolation has been determined						×
+ Conclusion on implementation and organization of measures of mandatory quarantine						

Measure	GBV	Health and social protection and care	Economic recovery and livelihood	Life balance	Access to information	Human rights
Brčko District of Bosnia and Herzegovina (BD)						
Coronavirus Order	×	×	×	×	×	×
Order by commander of the emergency staff, City Mayor	×	×	×	×	×	×
The decision relating to restoring of prices to the previous level		×				×
Change of order on working hours	×		×	×	×	×
Order on procedure of engagement of volunteer organizations, groups, citizens and individuals in providing the assistance to population	×	×			×	×
Order, procedure on the measure of self-isolation (imposition of measure, duration of self-isolation, supervision during self-isolation and ending of self-isolation)	×	×	×	×	×	×
Order on extending the isolation period from 14 to 28 days	×	×	×	×	×	×
Order on prohibition of public expression and transmission of false information regarding coronavirus					×	×
Order on prohibition of movement	×	×	×	×		×

Measure	GBV	Health and social protection and care	Economic recovery and livelihood	Life balance	Access to information	Human rights
Zenica-Doboj Canton						
Programme of spending of budgetary funds for 2020 - subsidies to private companies and entrepreneurs-ESCROW + Public call for collection of applications for the approval and allocation of funds for subsidizing 50 percent of the minimum net salary for March 2020.		×	×		×	
Order of the ministry of health crisis staff of Zenica-Doboj Canton on monitoring the new coronavirus	×	×	×	×	×	×
Order of the Crisis Staff of the Ministry of Health regarding specialist-consultative examinations and suspension of classes	×	×		×	×	
Recommendations for employers and workers to prevent diseases caused by coronavirus - COVID-19		×	×	×	×	
INSTRUCTIONS ON ORGANIZATION OF CONSULTATIVE TEACHING WITH THE APPLICATION OF INFORMATION AND COMMUNICATION TECHNOLOGIES				×	×	
ORDER OF THE CANTONAL HEADQUARTER OF THE CIVIL PROTECTION OF THE ZENICA-DOBOJ CANTON -2 19.03.2020.pdf - on regular supplying of drinking water		×				×
CANTONAL HEADQUARTERS OF CIVIL PROTECTION: UNTIL FRIDAY SERVICES AT THE COUNTERS TO BE PROVIDED ONLY TO PENSIONERS, PSYCHOLOGICAL SUPPORT FOR CITIZENS, HEALTHCARE PROFESSIONALS AND VOLUNTEERS IS ORGANIZED	×	×				

Measure	GBV	Health and social protection and care	Economic recovery and livelihood	Life balance	Access to information	Human rights
Canton Sarajevo						
Law on Mitigation of Negative Economic Consequences and Savings in Sarajevo Canton	×	×	×	×	×	×
Order to institutions in the field of social protection in Sarajevo Canton	×	×				
Order changing the Order for the delivery of medicines to persons over 65 years of age + Order for delivery of medicines to persons older than 65 who live alone and who do not have close relatives + Order instructing municipal staffs of Civil Protection to make lists of persons over 65 years of age		×			×	×
Order of Civil Protection of the Sarajevo Canton (KUCZ) for the accommodation of persons violating measure of isolation in the Students' Dormitory Bjelave					×	×
Order for temporary suspension of work of shops in Shopping Malls, except for grocery stores and pharmacies			×	×		

List of interviews (Bibliography)

Annex 2

List of interviews: Women

Code	Group	Date of interview	Place of residence of the interviewee	Age
LG01	Women with disabilities	25.05.2020	Tuzla	54
LG02	Women with disabilities	25.05.2020	Tuzla	58
LG03	Women with disabilities	26.05.2020	Bijeljina	49
LG04	Women with disabilities	26.05.2020	Banja Luka	33
LG05	Women with disabilities	27.05.2020	Banovići	40
LG06	Women with disabilities	27.05.2020	Živinice	42
LG07	Women with disabilities	27.05.2020	Tešanj	44
LG08	Women with disabilities	27.05.2020	Donja Višća (kolektivni centar)	28
LG09	Women with disabilities	28.05.2020	Trebinje	29
LG10	Women with disabilities	28.05.2020	Bosansko Petrovo Selo (FBiH)	32
LG11	Women with disabilities	29.05.2020	Sarajevo	67
LG12	Women with disabilities	29.05.2020	Sarajevo	36
LG13	Women with disabilities	29.05.2020	Kolimer	29
LG14	Women with disabilities	30.05.2020	Doboj	66
MZ01	Women over 65	25.05.2020	Sarajevo	69
MZ02	Women over 65	26.05.2020	Hrenovica (Pale/Prača)	76
MZ03	Women over 65	26.05.2020	Prporista (Pale/Prača)	66
MZ04	Women over 65	27.05.2020	Sarajevo	82
MZ05	Women over 65	27.05.2020	Mostar	71
MZ06	Women over 65	27.05.2020	Banja Luka	83
MZ07	Women over 65	28.05.2020	Zenica	65

Code	Group	Date of interview	Place of residence of the interviewee	Age
MZ08	Women over 65	29.05.2020	Tuzla	68
MZ09	Women over 65	29.05.2020	Zenica	69
MZ10	Women over 65	01.06.2020	Banja Luka	73
MBM01	Roma Women	28.05.2020	Vogošća (urban)	29
MBM02	Roma women	28.05.2020	Visoko (urban)	55
MBM03	Roma Women	01.06.2020	Malo Čajno (rural)	32
MBM04	Roma Women	01.06.2020	Visoko (rural)	35
MBM05	Roma Women	01.06.2020	Bugojno (rural)	57
MBM06	Roma Women	02.06.2020	Bugojno (rural)	32
MBM07	Roma Women	02.06.2020	Kakanj (urban)	28
MBM08	Roma Women	03.06.2020	Bijeljina (rural)	30
MBM09	Roma Women	03.06.2020	Bijeljina (urban)	61
MBM10	Roma Women	03.06.2020	Bijeljina (rural)	37
JK1	Businesswomen	27.05.2020	Sarajevo (urban)	42
JK2	Businesswomen	27.05.2020	Banja Luka (urban)	40
JK3	Businesswomen	27.05.2020	Sarajevo (urban)	45
JK4	Businesswomen	27.05.2020	Sarajevo (urban)	45
JK5	Businesswomen	27.05.2020	Zenica (urban)	38
JK6	Businesswomen	03.06.2020	Sarajevo (urban)	41
JK7	Businesswomen	03.06.2020	Zenica (urban)	35
JK8	Businesswomen	03.06.2020	Sarajevo (urban)	39
JK9	Businesswomen	03.06.2020	Sarajevo (urban)	46
JK10	Businesswomen	03.06.2020	Zenica (urban)	50
JK1	Businesswomen	27.05.2020	Sarajevo (urban)	42

List of interviews: **Civil society organizations**

CSO	Date of interview	Place
Udružene žene	02.06.2020	Banja Luka, Republika Srpska
Medica Zenica	02.06.2020	Zenica, Federation of BiH
Informativni centar za osobe sa invaliditetom „Lotos”	29.05.2020	Tuzla, Federation of BiH

List of interviews: **Association of Social Workers**

Name of interviewee	Organization	Date of interview	Place
Mirnes Telalović	Association of Social Workers ZE-DO + ASW FBiH	02.06.2020	Zenica
Sanela Bekić	Association of Social workers SA	03.06.2020	Sarajevo

Interview Guidelines

one example

Annex 3

Women with disabilities - interview guidelines

Background and everyday life

1. How old are you? Where do you live (rural or urban area)? Where do you live (apartment or a house)? How many rooms are in the house/ apartment? If you live in an apartment building, is there an elevator, if yes were you able to use it during the pandemic? Who do you live with (husband, partner, other family member)? Do you have children and if so, how many? How old are they?
2. How do you deal with the epidemic and emergency / measures taken? Were there measures that had a special impact on you and your daily needs, if yes, which measures? Do you know how to protect yourself? Are you taking any measures (disinfection, wearing mask, gloves)? If not, for what reason? */// not customized for her needs, not available to buy, not able to buy*
3. What has changed the most in your life? Do you have a personal assistant who helps you meet your daily needs and has anything changed in that regard? How and with whom do you communicate?
4. Do you use public transportation? What kind of public transportation? What do you use the public transportation for (go to work, to meet your daily needs, get your kids to school, etc)?
5. How do you organize your household? Is it the same as before the pandemic or has anything changed? Who does what? Is it the same or has something changed?

6. What are your sources of income? Has something changed as a result of the state of emergency? Have you lost any income? Are you employed? If you are employed, were you able to work from home, or were you obliged to go to work? To what extent has the financial situation changed for you and your family during the pandemic? Do you have problems with providing for the needs of your family (e.g. food, hygiene, bills, school supplies for children)?
7. If your kids are of school age do you manage to work with them and follow the material? Any difficulties in this regard? Do you have available resources to follow the material such as computers and access to the internet?
8. Do you have access to clean water and sanitation products?

Social Protection

9. Do you receive any social protection benefit (financial aid and other material support; incentives for welfare and work, homecare allowance, support to children and youth with difficulties in development, providing accommodation in social protection institutions, social and other forms of professional support, providing alternative and foster family, home care, disability allowance, orthopaedic accessories, day care, one-time financial assistance, regular financial assistance, exceptional financial assistance, soup kitchen, counselling, custody care and monitoring, children protection rights, health insurance, other-please indicate, etc.) has anything changed in that regard?
10. During the pandemic have you received help (food packages or hygiene packages) from the municipality or CSOs?
11. Have you reached out to someone for help during an emergency? If so, to whom did you approach and for what type of assistance? Do you know who to contact?

Health Insurance/Health Care

12. Do you have health insurance? On which basis (employment, unemployment status, as a benefit)? Has this changed during the pandemic?
13. Have you had any health problems? Are you undergoing any therapy? Is the therapy unchanged?

14. Have you been to the doctor's office? Any difficulties in this regard? Were you able to access the gynaecologist or midwife if you needed them? Were you able to get contraception if you needed it? Any difficulties in this regard?
15. Has the access to medical/therapeutically/social services change? Do you use a pool or a medical spa for rehabilitation and therapy, has anything changed in that regard?

Experience with GBV

16. Has anything changed in family dynamics and communication? Is it the same or has something changed? What changed? How does your husband/partner/other family members handle this situation? Do you have time to rest? Do you feel stressed? What is the factor that contributes the most to the stress level you are experiencing? Are other family members stressed? How does that stress manifest itself? Are your family members contributing to the stress and if so, how?

Access to information

17. How did you get information regarding the situation with regards to COVID-19? Do you use the internet and social networks? Some apps etc? Are you informed about the virus, the epidemic, the measures being taken and how?

