

# SUMMARY: GENDER ANALYSIS OF COVID-19 RESPONSE IN THE REPUBLIC OF SERBIA

Before and after the declaration of the state of emergency, the Government of the Republic of Serbia adopted a set of measures in response to the epidemic. Some of these measures are epidemiological, while others are economic and social, adopted with the aim of reducing the negative effects of the epidemic and epidemiological measures.

The gender analysis of the adopted measures covered: the legal framework for managing the epidemic and declaring the state of emergency, considering the position of vulnerable groups and adopted measures - social protection services that were available, unavailable and the consequences of changes for women and men; the situation of women exposed to gender-based and domestic violence and the forms of protection available to them; the economic consequences of the state of emergency and the

epidemic, as well as the economic measures that have been adopted or announced; informing citizens from the aspect of the availability of information, situation of journalists and freedom of the media and representation of gender stereotypes in the media.

The adopted measures were considered from the point of view of possible effects on gender equality, from gender negative to gender transformative measures.

The second part of the analysis presents empirical data from qualitative research based on in-depth interviews with 84 interlocutors: women over 65, women entrepreneurs, Roma women and women with disabilities, as illustrations and testimonies of everyday life at the micro level from which the conclusions were drawn with recommendations for measures that were most useful and those that were lacking.

## **The collected empirical data indicate key aspects of the response to the epidemic from a gender perspective:**

- ➔ *The declaration of the state of emergency* is disputable from the constitutional and legal point of view. The legal basis for declaring the state of emergency is disputable. The state of emergency was declared by invoking the Constitution and referring to “public danger that threatens the survival of the state or its citizens”, instead of invoking the laws that regulate the “protection of the population against infectious diseases”. The Decision on Declaring the State of Emergency was adopted five days before declaring the epidemic of the infectious disease COVID-19. It is disputable why the National Assembly was excluded from deciding on declaring the state of emergency and adopting the measures during the state of emergency, why the National Assembly did not meet even though there were no obstacles to it, and the Constitution explicitly stipulates that in case of declaring the state of emergency it shall convene without any special call for assembly. The proposal for declaring the state of emergency was not submitted by an authorised proposer. The Decision on Declaring the State of Emergency and the Decision on Lifting the State of Emergency do not contain any explanation. The Decision on Declaring the State of Emergency as well as the Government Decree on Measures during the State of Emergency were not submitted to the National Assembly for verification within 48 hours as prescribed by the Constitution, etc.
- ➔ *Assessment of regulations on measures taken during the state of emergency:* Regulations are not gender sensitive. Measures related to vulnerable groups are rare. Some were subsequently adopted at the initiative of civil society organisations (CSOs), and on the recommendation of the Protector of Citizens and the Commissioner for Protection of

Equality. The high frequency of regulatory changes undermines legal certainty. Citizens are confused and do not have the necessary information about their rights and restrictions on rights. There were numerous legal gaps in the regulations, i.e. decision-makers did not take into account the needs of vulnerable categories of citizens in the process of adopting the measures, due to which the regulations were subsequently amended immediately after their adoption. Several decisions were hasty, including those referring to the restriction of human rights, and therefore were repealed after only a day or two. Restrictions on human rights (e.g. freedom of movement) are not regulated by an appropriate regulation, and the legislators acted beyond their constitutional and legal powers; restrictions on some human rights, including absolute rights (e.g. the right to a fair trial), were subsequently regulated only after the application of measures (retroactive effect of regulations). In regulating and applying measures and imposing sanctions for their violations, unequal treatment of citizens and discrimination based on some of their personal characteristics are noticeable.

- ➔ Strategic documents (strategies and action plans) on actions in the circumstances of pandemics or epidemics, as well as on the protection of the population against infectious diseases, do not exist or have been adopted several years ago. Emergency action plans and strategies should be gender sensitive and include measures for people with different types of disabilities.
- ➔ Dissemination of information on the measures adopted by local authorities is uneven, especially in smaller local self-governments and villages. Referring to the information on various websites is not enough for many citizens, especially for the elderly, because the Internet is not available to them, they do not have a computer, do not know how to use it, etc.
- ➔ Dissemination of information about the epidemic and the measures was marked by restrictions on media freedoms, the arrest of a journalist, examples of misogyny and gender stereotypes in the media space, to which there were not enough official reactions. Communication plans and community involvement in the response to the epidemic need to be developed, at the local level, which would include measures to involve vulnerable groups.
- ➔ All data on the numbers of infected, deceased, hospitalised, recovered people need to be collected, processed and reported disaggregated by sex, as well as data on beneficiaries of assistance and support through pandemic response measures.
- ➔ Lack of targeted measures, at least at the state level, for vulnerable groups and special challenges for people living alone and over 65, people living alone with children under 12, Roma men and women, especially those living in informal settlements, persons with disabilities, including children with disabilities and developmental challenges, families of children and persons with disabilities due to the lack of services, migrants and asylum seekers, and the homeless.
- ➔ Roma women are in most cases the beneficiaries of social assistance, while men work informally; caring for children is predominantly the role and obligation of mothers. Roma women were in a particularly disadvantaged position, not only because of living in informal settlements, but also because of the lack of sources of income from informal work and increased obligations related to children's education, which was difficult for Roma

children due to the lack of technical and other conditions. Financial support was most needed and assistance through social welfare centres did not reach all Roma families. There was not enough information and not enough was done to ensure the application of protection measures in Roma settlements.

- ➔ For women older than 65, the restriction of freedom, the lack of activity and possibility to move were expectedly the biggest challenges, which could be a trigger for health-related and other problems, while the services of volunteers, which were often mentioned, were unavailable.
- ➔ Information on COVID-19 virus was not sufficiently available to PWDs in the Republic of Serbia, although sign language interpreters and the “read to me” option were available on some of the government websites, but not on the official pandemic information site. Many weaknesses of the healthcare system have come to the fore in the epidemic and it is important to solve them permanently. It is necessary, through various methods, to ensure that information reaches every person with disability, as well as that protective equipment is more quickly and easily accessible to people with disabilities. A network of institutional support needs to be provided also in case of an epidemic.
- ➔ Since the beginning of the state of emergency, women’s organisations have pointed out the particularly difficult and insecure position of women facing the situation of violence. Although this topic was on the agenda of the institutions (the Coordination Body for Gender Equality, the Ministry of Interior), additional and adapted solutions for safe reporting of violence in the situation of restricted movement were not created.
- ➔ The economic consequences of the epidemic and the state of emergency especially affected entrepreneurs and (self-) employed individuals in certain sectors whose activity was prohibited or disabled, informally employed individuals and single parents. Most women entrepreneurs get out of the state of emergency in debt, having managed to survive thanks to savings or borrowings from friends and relatives. Although a significant slowdown in the first two weeks of the state of emergency was beneficial for the quality of life of overworked and extremely busy women entrepreneurs, the financial problems came to the fore after that.
- ➔ Economic measures were adopted very quickly and provided support to economic operators with the aim of preserving liquidity, and most of them were actually aimed at retaining jobs. Although the measures were applicable to micro-enterprises, the self-employed and entrepreneurs, differences in the size of enterprises and activities, some of which were affected more and some less, were not sufficiently taken into account, while gender analysis and gender assessment of measures were completely absent in the process of their creation. Although the envisaged support covered also women-owned businesses, it is not enough to protect them from negative consequences, and it is necessary to provide additional measures for the growth and development of women’s business, such as loans or support in expanding to online business. Payment of VAT upon collection and exemption from taxes and contributions (incurred during the state of emergency) would be important measures and relief for women entrepreneurs.

- ➔ In general, the biggest change for women was the increased amount of unpaid work, along with working from home or in positions with the highest risk, such as in the health or supply sector. All unavailable services were provided by women who also performed additional work on the application of protection measures, hygiene maintenance, etc.
- ➔ Women also make up the majority of those who were most exposed or whose position changed the most due to the epidemic. The epidemic highlighted, sharpened and intensified the existing inequalities and pointed out the true meaning of the term “vulnerability”. The most disadvantaged are those who are usually not visible in the system, the poor, the unemployed or informally employed who belong to vulnerable groups, with the majority of them being women. The state measures were not sufficiently aimed at supporting these categories of population or recognising the existing inequalities.
- ➔ Full salaries were not provided for the health workers who were in quarantine, in self-isolation or on sick leave due to COVID-19, and a 10% salary supplement was not available to them. At the same time, the salaries of nurses, who have borne the greatest burden of the epidemic, are the lowest, which means that this supplement of 10% is the lowest for them.
- ➔ Civil society organisations played a key role in providing direct support and assistance, as well as drawing attention to key issues that emerged during the state of emergency, such as the situation of Roma men and women in informal settlements, the inability of women to report violence safely, the situation of persons with disabilities, etc. At the same time, CSOs, even the licenced ones, were not sufficiently involved in the provision of services.
- ➔ Neither CSOs nor members of vulnerable groups participated in the work of crisis response teams, the decision-making process or the creation of services and measures, and a gender perspective was lacking. The crisis response team should include representatives of associations of persons with disabilities and other vulnerable groups, as well as experts who are well acquainted with this field.

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## Gender Analysis of COVID-19 Response in the Republic of Serbia

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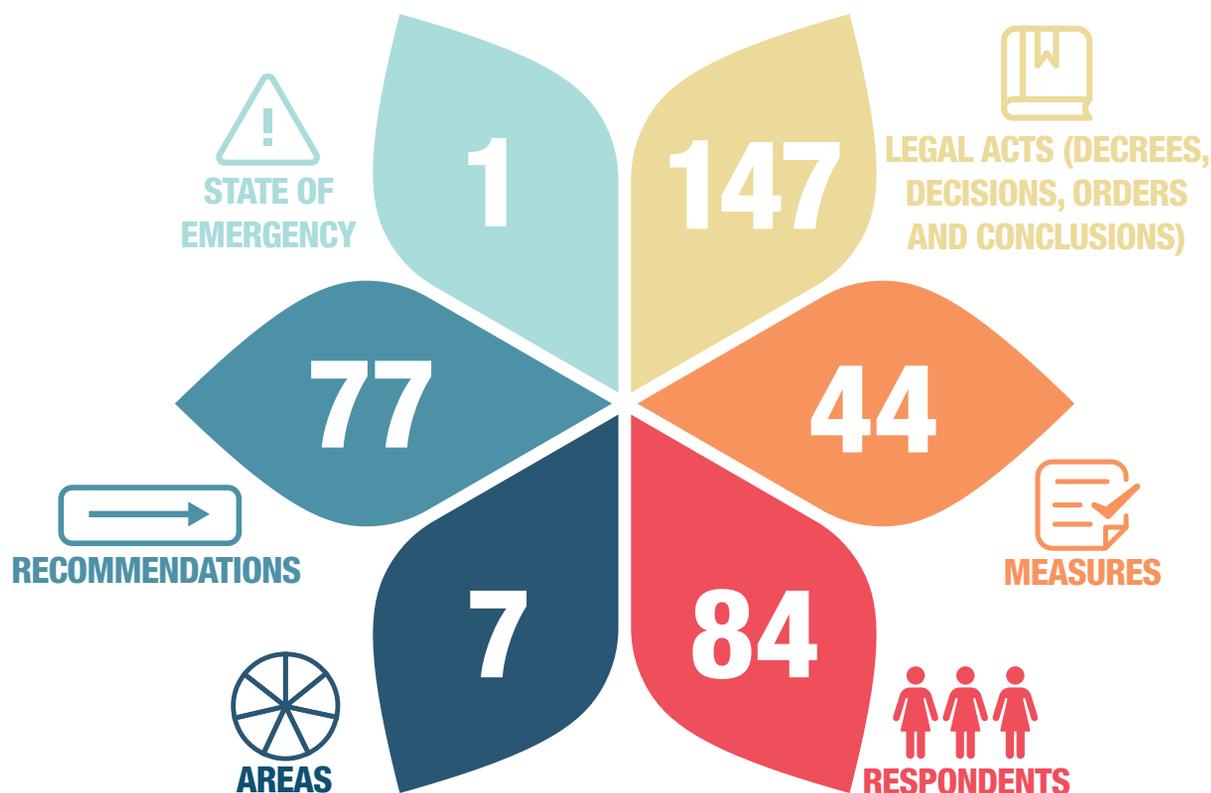
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All terms used in the text in the masculine grammatical gender include both the masculine and feminine genders of the persons to whom they refer.

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# GENDER ANALYSIS IN FIGURES



## WHAT WAS NOT DONE AND SHOULD HAVE BEEN DONE



There was no provision of home help and care to the elderly and people with disabilities living alone who needed such help.



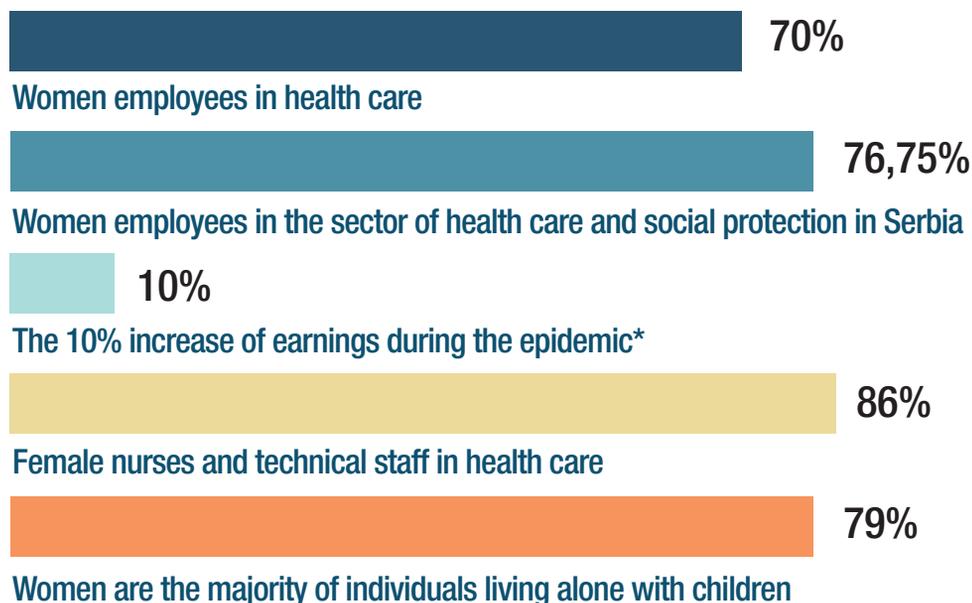
The care of children under the age of 12 was not appropriately regulated in situations where a single parent was employed or where both parents were employed.



The competent authorities did not establish partnerships with civil society organisations, including specialized women's organisations that provided assistance and support to women victims of violence, thus failing to use their resources, knowledge and experience in creating and implementing measures to help and support vulnerable social groups.

# GENDER ANALYSIS IN FIGURES

## DIRECT IMPACT ON WOMEN



Women normally spend 4.5 hours on unpaid work, mainly on preparing food. During the pandemic, this time increased, while the number of hours needed for paid work did not decrease.

Globally, women make up 70% of employees in health care<sup>1</sup>, while in Serbia, 76.75% of employees in the sector of health care and social protection are women.

\*The 10% increase of earnings during the epidemic will be most felt by those who have the highest salaries in the health care sector, among whom are NOT women.

86% of nurses and technical staff in health care are women.

Women are the majority of individuals living alone with children (79%), and there was no satisfactory and clear solution for working from home for parents.

# GENDER ANALYSIS IN FIGURES

## ROMA WOMEN

The biggest challenges for Roma women are poverty (increased due to lack of income from informal work) and inappropriate conditions for educating children at home.

Mothers are in charge of maintaining hygiene, preparing food, caring for children and their school obligations.



"We don't have electricity and it's a problem for homework with children."



"There are those who cannot maintain hygiene, who do not have a bathroom; if she is a mother, she will take more care of her children."



"They are very busy, they help collect recyclable waste materials, women who are market workers are not beneficiaries of social assistance. Now they cannot earn a few dinars. It's just hard, especially for those who have children. They do not focus on being safe at all, their priority is to be able to feed those children."



"It was hard for us before, but now that we can't find any work and everything has stopped, it's even harder, and we didn't have any help."



# GENDER ANALYSIS IN FIGURES

## IMPACT OF MEASURES ON UNPAID DOMESTIC WORK PERFORMED BY WOMEN

### CHILD CARE AND SCHOOL OBLIGATIONS



Kindergartens and schools were closed, and grandparents who often take care of children when children do not go to kindergarten were forbidden to move, and taking care of children posed a health risk to the elderly. Radio Television of Serbia (RTS), in cooperation with e-government, organised online classes and television classes for all grades of primary and secondary schools. This measure was prepared and implemented in a very short time, allowing pupils to continue with their daily routine, make progress in knowledge, not miss classes, receive marks and complete the started grades. School obligations, especially for younger children, required a great involvement of parents.

### CARING FOR ELDERLY FAMILY MEMBERS



Caring for elderly family members, shopping, cooking, etc. Due to the movement ban for persons older than 65, the scope of obligations for younger family members has increased.

### COOKING AND PREPARING FOOD



Women spend most of the time during the day on cooking, according to the Time Use Survey<sup>2</sup>. Meals are not available for children in schools and kindergartens, and household members spend more time at home. Going to restaurants and food deliveries are limited, as are shopping possibilities.

### HYGIENE



One of the key measures for the prevention of the transmission of the infectious disease COVID-19 is enhanced hygiene, primarily hand hygiene, but also hygiene of clothes and shoes, households in terms of disinfection of entrance and passage rooms, etc. Maintaining home hygiene is also an activity performed mainly by women.

### CARE FOR CHILDREN WITH DISABILITIES OR DEVELOPMENTAL CHALLENGES AND/OR DEPENDENT ADULT HOUSEHOLD MEMBERS



According to the RSO, 80% of people who left work to care for children or other household members are women. Caring for household members who are permanently or temporarily unable to meet their needs independently is often the responsibility of women. Bearing in mind that day care centres, even where the service was available, stopped working, a greater burden of care fell on household members, most often mothers.