Kosovo Women's Network

Serving, Protecting and Promoting the Rights of Women and Girls

Addressing COVID-19 from a Gender Perspective

Recommendations to the Government of Kosovo

The COVID-19 pandemic continues to spread rapidly and unpredictably on a global scale. Developing countries and countries in humanitarian crisis that have no proper economic and health infrastructure will suffer the most.[1] History shows that in such pandemics, social inequality, particularly gender inequality, is even more pronounced. It is important that measures taken against the pandemic are gender-sensitive and that the positioning of different groups in society and the economy are considered, avoiding further deterioration of the situation, especially for marginalized groups. The economic crisis may worsen and deepen gender and social inequality, but measures taken in response to the pandemic and crisis may worsen inequalities if such measures are gender neutral. States are confronting the Coronavirus through emergency measures, but these do not always consider the different needs of women and men.[2] This is also the case regarding the measures taken so far by the government of the Republic of Kosovo.

Actual situation

On March 11, 2020, the government of the Republic of Kosovo decided to take preventive measures to protect against Coronavirus COVID-19.[3] The following day, the government approved the decision to establish a Special Commission for the Prevention of the Spread of Coronavirus COVID-19 in Kosovo, including few women among the institutional representatives.[4] Measures taken by the government to combat the pandemic consist of, inter alia, restriction of movement for all citizens, suspension of all inter-city public transport in Kosovo, increase or doubling of the amount of social and pension assistance for some

[1] Duncan, Maru, World Economic Forum (2020) 'Coronavirus is coming for the world's poor. Here are six ways to help'.

[2] Wenham C., Smith J., Morgan R. (2020) 'We are not aware of any gender analysis of the outbreak by global health institutions or governments in affected countries or in preparedness phases'. COVID-19: *the gendered impacts of the outbreak*. Source: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext.

[3] Source: https://kryeministri-ks.net/aprovohen-masat-parandaluese-ne-funksion-te-mbrojtjes-nga-corona-virus-covid-19/, 2020.

[4] The Government of Kosovo has established a Special Commission for Prevention of Coronavirus, March 2020. Source: https://kryeministri-ks.net/qeveria-e-kosoves-ka-themeluar-komisionin-e-posacem-per-parandalimin-e-corona-virusit/.

categories,[5] private sector support,[6] and support for workers exposed to infection during fieldwork.[7]

An inter-institutional group for incident management has been created and a national response plan has been activated.[8] These measures have not taken into consideration the gender implications of the situation created by COVID-19, and those that are expected to be created. Given that Kosovo was one of the last countries affected by this virus, it had more opportunities to predict the minimum social and economic risks, particularly risks for women and girls. However, the Kosovo Women's Network (KWN) has found no evidence that the government has conducted any gender impact assessment, regardless of the fact that the Government of Kosovo, under the Law on Gender Equality, should conduct *ex ante* gender impact assessments to inform all policies and actions, towards preventing and eliminating gender discrimination.[9]

Worldwide, isolation measures already have resulted in a threefold increase in reports of domestic violence.[10] In cases of isolation and financial difficulties, resulting from the closure of economic activities, domestic violence is expected to increase in Kosovo as well.[11] Isolation will trap women in their homes with their abusers; meanwhile, their access to assistance is hindered by limited functioning of institutions.[12] Although Kosovo shelters that provide support to persons suffering violence currently report that they are managing the situation well,[13] they may not have necessary capacities and funds to cope with an influx of victims in the upcoming months or appropriate sanitary means. An additional challenge is the lack of access to adequate psychological treatment for victims of domestic violence due to isolation measures, and the non-functioning of centres for social work. According to shelter representatives, social workers will not assist victims inside shelters for fear of infection.

As a result of the temporary closure of many economic activities, women and single mothers who bear the burden of care responsibilities, including housework, are more exposed to risks of rights violation, especially by the private sector. Women employed in this sector often work in the informal economy. They are more vulnerable to financial, emotional and physical exposure to the virus without appropriate preventive measures, given that 30% of women in

[5] Office of the Prime Minister of Kosovo, Decision: Emergency Fiscal Package approved, March 2020. Source: https://kryeministri-ks.net/wp-content/uploads/2020/03/Vendimi-i-Qeverisë-nga-Mbledhja-e-19.pdf.
[6] Preventive measures against Corona Virus COVID-19, March 2020. Source: https://kryeministri-ks.net/aprovohen-masat-parandaluese-ne-funksion-te-mbrojtjes-nga-corona-virus-covid-19/
[7] Office of the Prime Minister of Kosovo, Decision: Emergency Fiscal Package approved, March 2020.
[8] Ministry of Internal Affairs, decision. Source: https://mpb.rks-gov.net/Documents/Vendimi%20112%20per%20PRK%20(3).pdf.
[9] Law on Gender Equality, Article 5, Paragraph 1.
[10] 'In China, police reports show domestic violence has tripled during the epidemic. There is also some evidence that authorities have converted women's shelters into homeless shelters. In Italy, similar concerns have been raised about rising levels of domestic violence'. Fraser E. (2020). *Impact of COVID-19 Pandemic on Violence against Women and Girls*. Source: https://www.svri.org/sites/default/files/vawg-helpdesk-284-covid-19-and-vawg.pdf.
[11] The Security and Gender Group calls for the prevention of domestic violence in time of pandemic, March 2020. Source: https://womensnetwork.org/sq/grupi-per-siguri-dhe-barazi-gjinore-ben-thirrje-per-parandalimine-dhunes-ne-familje-ne-kohe-te-pandemise-covid19/?fbclid=IwAR0RtQFSWCKhOWFi2iqROPI6wTfiL1jl6TEQtUO9RuMUAGPlon0lNcQnsE.
[12] European Institute for Gender Equality (EIGE) (March 2020). *Coronavirus puts women in the frontline*. Source: https://eige.europa.eu/news/coronavirus-puts-women-frontline.
[13] KWN correspondence with shelter representatives.

this sector work without a contract[14] and cannot benefit from social security. Self-employed women in family businesses,[15] as well as professions in which women are over-represented, such as nursing, pharmacy, health and social work activities,[16] and sales services[17] are exposed to similar risks. Since these have been deemed 'essential' sectors, women tend to be exposed to greater risks than men as they are overrepresented in these sectors. Reportedly, they also suffer from long working hours without extra pay.[18]

Even under normal conditions, the responsibilities of child and elderly care usually fall on women,[19] due to traditional social stereotypes related to care. With the closure of schools and jobs, the burden of women's unpaid work has increased.[20] Although men, particularly the elderly, are statistically more likely to suffer fatalities than women from COVID-19,[21] the overwhelming burden of care exposes women and girls to other consequences.[22] For single mothers, such a situation will be more difficult due to the closure of kindergartens. A necessary measure would be providing public care services to families where one parent is employed in essential sectors for combating the pandemic, such as the health sector.

Even though the doubling of social assistance for certain categories facing extreme poverty is envisaged,[23] social assistance rates have historically failed to meet the costs of basic needs identified in the consumer price index. Amid the pandemic needs and costs have increased, rendering social assistance quite meagre for meeting basic needs. Moreover, while men comprise the majority of people registered to receive social assistance (60%) on behalf of their families, more family members reliant on social assistance are women (60-65%).[24] Their inability to directly access social assistance may limit their access to basic sanitary and hygienic needs, depending on how such expenditures are divided within the family.

Women comprise 70% of health system workers worldwide.[25] Although Kosovo lacks statistics regarding the gender pay gap in this sector, globally the average gender gap in the health

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[14] Riinvest, 'Women in the Workforce', p. 9. Source: https://www.riinvestinstitute.org/En/publications/249/women-in-the-workforce/.
[15] Kosovo Agency for Statistics (KAS) (2019), Labour Force Survey, p. 16.
[16] In the Kosovo Nursing Chamber, 9,873 women and 2,321 men are licensed, while in Chamber of Pharmacists 1,072 women and 400 men are licensed. KAS (2018). *Health Statistics*. Source: https://ask.rks-gov.net/media/5111/statistikat-e-shendetesise-2018.pdf.
[17] 'Almost half of women employed were: professionals, technicians and from professions related to them (40.3%), 22.6 % in services and sales and 11.7% were in elementary occupations.' KAS (2019), *Labour Force Survey*, p. 20.
[18] EIGE, 2020.
[19] 'Males spend, on average, 400% more time on employment than females (3.9 hours and 0.9 hours, respectively). In contrast, women spend 300% more time on household and family care than men (7.1 hours and 2.3 hours, respectively). Source: https://millenniumkosovo.org/wp-content/uploads/2018/11/MCC-Kosovo-Labor-Force-and-Time-Use-Study-Final-Research-Report-1.pdf?fbclid=IwAR2orggGM905tV_nUWsLYP5flu0Dks7cxAii5Qvq_FwPuk9yei46q8ErNPE.
[20] Ibid.
[21] Begley, "*WHO is Getting Sick*".
[22] Care International, *The Gender Implications of Covid-19 outbreaks in development and humanitarian settings*, 2020. Source: https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf.
[23] Emergency fiscal package of the government of the Republic of Kosovo, March 2020. Source: https://mf.rks-gov.net/page.aspx?id=1,2,851.
[24] Kosovo Women's Network (KWN), *Budgeting for Social Welfare: A Gender+ Analysis of Gender Responsive Budgeting at the Ministry of Labour and Social Welfare in Kosovo 2016-2018*. Source: https://womensnetwork.org/wp-content/uploads/2018/10/20151203094304881.pdf.
[25] Gender in Humanitarian Action (GiHA) (2020) 'The COVID-19 Outbreak and Gender'. Source: https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145.

system is 28%.[26] Women working in the health system are twice as vulnerable to the pandemic situation; beyond exposure to the virus, they also are at greater risk of non-fulfilment of their financial, hygienic and psychological needs.

Although the government ensured the arrival of about 7,000 tests to test patients who may have COVID-19,[27] no plan for mass distribution of home tests for testing the entire population has been made public. Distribution of these limited number of tests should consider potential inequalities in access, which exists among diverse men and women; persons living in the rural areas, with different abilities and of minority ethnic groups may lack access.

Also, the government reallocated €10 million for the implementation of the COVID-19 Action Plan.[28] According to the Law on Gender Equality, an *ex ante* gender impact analysis, as well as gender responsive budgeting should be used to inform the drafting and implementation of this plan. Reallocations of budget lines in the Law 07/L-001 on Budget for 2020 must be done based on the different needs of diverse women and men, identified through gender analysis.

Integrating a gender perspective in the measures taken by the government in response to the health and economic crisis is important since the burden of providing social services shifts from the public domain (state), to the private one (household). Also, due to isolation, decreases in access to supplies, decreased economic activities, a decline in production and in demand of some products, as citizens attempt to save, the burden of the crisis and its recovery largely falls on the household, as a remedial economic agent. Again, the main responsibility of unpaid care work falls on women due to traditional gender roles and social norms.

The Special Commission for Prevention of the Spread of COVID-19 and that of the Inter-institutional Group for Incident Management in Kosovo involves minimal participation of women. Moreover, few women leaders are seen in the media and in public pronouncements; only men seem to be addressing the situation in Kosovo from a gender-neutral perspective. The unequal representation of women in decision-making processes can contribute to the creation of gender-blind policies.[29] The omission of women in designing policies that affect women themselves in epidemic situations means that the needs of women may not be identified and addressed.[30]

Appropriate gender impact analysis could identify the different needs of women and men during this outbreak and the various effects of COVID-19, which would inform long-term and short-term public policies related to the economy, healthcare services, and social issues.

The Kosovo Women's Network calls on the government to implement the following recommendations:

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[26] WHO (2019). *Gender equity in the health work force: Analysis of 104 countries*.
[27] *Koha* (2020) 'About 7,000 coronavirus tests arrive in Kosovo'. Source: https://www.koha.net/arberi/215047/rreth-7-000-teste-per-koronavirus-arrijne-ne-kosove/?fbclid=IwAR0A8yIZ1pIiAiQ8uM48gFkcH5w-WMW1SqjC0n8vxTtQDoy_U7Ld7m-AB30.
[28] Kosovo government allocated 10 million euro in fight against coronavirus, March 2020. Source: https://www.aa.com.tr/sq/ballkani/qeveria-e-kosovës-ndau-10-milionë-euro-kundër-koronavirusit/1761222.
[29] WHO. 'Despite the WHO Executive Board recognizing the need to include women in decision making for outbreak preparedness and response, there is inadequate women's representation in national and global COVID-19 policy spaces'. Executive Board EB146/Conf/17: *strengthening preparedness for health emergencies; implementation of International Health Regulations,* IHR (2005). World Health Organization, Geneva, 2020.
[30] Harman S, Ebola (2016). 'Gender and conspicuously invisible women in global health governance'. *Third World Quart.*

To the Government of Kosovo

- Urgently conduct a comprehensive gender analysis to inform and guide further government measures. State strategic plans and preventive measures against COVID-19 should be based on gender analysis, including an *ex ante* gender impact assessment, in accordance with the Law on Gender Equality and international legislation. It should take into account gender roles, the unequal share of care responsibilities among women and men and other issues resulting from the latter. Gender impact assessment would ensure that the following preventive and mitigation measures will address the burden of women's unpaid work and their increased risk of exposure to gender-based violence. Indeed, gender impact assessment is required as part of the Regulatory Impact Analysis (RIA), which the government must apply whenever any new regulatory framework is proposed, drafted or evaluated.[31] It can support the appropriate integration of a gender perspective in new laws, policies, and programs, including related to COVID-19.
- Include more women in drafting programs and policies related to COVID-19 and in proposing short-term and long-term measures, especially related to social, economic, and health issues, including protection from gender-based violence. The inclusion of more women in decision-making positions, particularly from the health system, can contribute to better address of the needs of diverse women and girls. Such a practice is in line with UN Security Council Resolution 1325, concerning the participation of women in decision-making processes.[32]

To the Ministry of Economy, Employment, Trade, Industry, Entrepreneurship and Strategic Investments and the Ministry of Health

- Include special measures and ongoing efforts within medium-term measures to identify rights violations related to the informal economy, address the needs of women in this sector, and to ensure women have access to and benefit from private sector financial support schemes.
- Address the burden of women's unpaid labour through special measures related to the delivery of social assistance, psychosocial services, and medical-hygienic services.
- Ensure the Labour Inspectorate monitors and addresses violations of labour rights in the private sector, particularly in essential services, where women are over-represented. This includes addressing prolonged working hours without extra pay.
- Ensure recognition of unpaid care work as part of the economic system, as specified in Article 18 of the Law on Gender Equality,[33] especially during the formulation and implementation of macroeconomic policies and measures in response to the pandemic. This can be done by modifying the leave of absence and by encouraging the latter to be split between both parents, or by enabling women to benefit from public provisions for children and elderly care. Such practice should be applied especially in the essential sectors, where work is ongoing and children or the elderly are at risk of being left without adequate care.

[31] Agency for Gender Equality (2019). *Manual on Gender Equality Impact* Assessment. Source: https://abgj.rks-gov.net/assets/cms/uploads/files/Publikimet%20ABGJ/Manuali%20p%C3%ABr%20Vler%C3%ABsimin%20e%20Ndikimit%20t%C3%AB%20Barazis%C3%AB%20Gjinore.pdf.
[32] UN Security Council Resolution 1325 (2000) [S/RES/1325 (2000)].
[33] 'Subjects referred to in paragraph 1 of this Article benefit from community services, employment and work policies and vocational training based on the legislation in force.' Law on Gender Equality, Article 12, 2015.

- Collect regularly gender-disaggregated data to understand better how women and men are affected differently by the virus, not only in terms of infection, but also economically, in shared care responsibilities, and in relation to domestic violence. Such information should be used by relevant ministries and municipalities when implementing the national response plan.
- Prior consultation with organizations that have expertise in gender equality issues is crucial, and as such, is recommended as part of the nation response plan.[34]
- Integrate the needs of nurses and physicians in strategic plans related to COVID-19. Ensure that nurses and women physicians, as well as women in other occupations in the health system, have their essential hygienic and sanitary needs met, including the provision of menstrual products and hygienic wipes where lacking. Ensure that they are sufficiently equipped to maintain personal hygiene and to be protected while serving on the front lines of health services.

Recommendations for the Inter-institutional Response to Gender-Based Violence

- Prioritize services for preventing and responding to gender-based violence, including domestic violence, amid the COVID-19 pandemic, including sufficient funding to cover any extra costs for civil society organisations, shelters and day care centres that serve persons suffering from gender-based violence. Ensure that these centres have sufficient medical, hygienic and sanitary means. Ensure access to psychological treatment, even virtually.
- Develop a protocol for the treatment of women who cannot be admitted to such centres as a result of infection, including safe quarantine and access to testing.
- Specify measures to be taken related to gender-based violence, including ensuring continued work of Victim Advocates and policy preparedness in emergency treatment of violence cases. Inform they public about the work of these institutions and where they can access support.
- Ensure that health workers have gender-sensitive responses to gender-based violence, which may be associated with or worsened by the pandemic. First responders should be trained to know who needs extra care or who should be brought to treatment centres.

To the Ministry of Finance

- Review the mid-term budget using best principles of gender responsive budgeting, and drawing from the findings of gender impact assessments, as provided by the Law on Gender Equality. Consider the different needs of diverse women and men.

To the European Union

- Ensure that all European Union (EU) funds are programmed and distributed based on *ex ante* gender impact assessments and involving gender mainstreaming; all programmes also should take into account the principles of gender responsive budgeting.

[34] 'NGOs cooperate with first respondents, both levels of the government, other agencies and organizations that offer aid services for life support, reduce physical and emotional pain and promote recovery of disaster victims when assistance is not available from other sources.' National Response Plan, 2010. Source: https://ame.rks-gov.net/Portals/0/Files/Plani%20Reagimit%20Kombetar_14_01_11.pdf.

- Ensure mid-term programming includes special measures to attend to the social and economic protection of women, as a marginalized group, as initially stated in the EU declaration on planning and distributing these funds.[35]

[35] European Commission (2020). *EU mobilises immediate support for its Western Balkan partners to tackle coronavirus*. Source: https://ec.europa.eu/commission/presscorner/detail/en/ip_20_561.