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REPORT

COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic

Gender Rapid Assessment as of 15 May 2020



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ABBREVIATIONS

CCA	Crisis Center Association
ARV	Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
WHO	World Health Organization
SMS GKR	State Migration Service under the Government of the Kyrgyz Republic
ICT	Information and Communication Technologies
CCWSV	Crisis centers for women survivors of violence
LBT	Lesbians, bisexuals, trans-women
PwD	People with disabilities
MoI KR	Ministry of Interior of the Kyrgyz Republic
SMB	Small and medium size businesses
MoLSD KR	Ministry of Labor and Social Development of the Kyrgyz Republic
MoES KR	Ministry of Emergency Situations of the Kyrgyz Republic
VAT	Value added tax
NSC KR	National Statistical Committee of the Kyrgyz Republic
RLAs	Regulatory legal acts
GRA	Gender Rapid Assessment
CSOs	Civil society organizations
PAAs	Public associations
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
FAP	Feldsher-midwife station
CA	Region consisting of five post-soviet states: the Republic of Kazakhstan, the Kyrgyz Republic, the Republic of Tajikistan, Turkmenistan, and the Republic of Uzbekistan
SoE	State of Emergency
ES	Emergency Situation
UNFPA	United Nations Population Fund

INTRODUCTION

On 11 March 2020, the World Health Organization declared a global pandemic due to the rapid spread of the novel COVID-19 virus, which was first reported in Wuhan (China) in December 2019.

In Central Asia, the first two cases of COVID-19, both of which were nationals of the Republic of Kazakhstan who arrived from the Federal Republic of Germany, were reported on 13 March 2020.

In the Kyrgyz Republic, the first case was reported on 18 March 2020 after a Kyrgyz national had returned from the Saudi Arabia.

According to the Ministry of Health of the Kyrgyz Republic, a total of 1,111 COVID-19 cases were reported in the Kyrgyz Republic as of 15 May 2020. Out of them, 745 have recovered and 14 have deceased.

What makes the Kyrgyz Republic different from many other countries is that early in the outbreak major cities had low levels of COVID-19 infection. In particular, on 9 April 2020, there were 36 confirmed cases in Bishkek, the capital, and 36 cases in Osh, the country's second largest city. Since the start of the outbreak, the largest number of cases has been reported in Osh and Jalal-Abad regions (from 98 and 86 cases on 9 April 2020 to 182 and 153 cases on 15 May 2020 in Osh and Jalalabad, respectively), which is explained by how the virus entered the country.

The reason is that the virus was brought to Kyrgyzstan by a group of Islamic pilgrims returning home from the so-called "small Hajj" (umra). Neither government bodies nor the Spiritual Administration of the Muslims of Kyrgyzstan regulate the pilgrimage process as it is organized by travel agencies on a commercial basis. Upon return, pilgrims usually meet with many people and these public gatherings helped the virus spread. This fact caused fierce disputes across the country, with Islamophobic calls and demands to strengthen control over faith-based organizations.

In Naryn region, the infection was also spread by the pilgrims, with the rates of transmission among local population being very high (from 97 cases in early May to 163 cases on May 15), though this region is mostly mountainous and underpopulated.

Since early May, the number of confirmed cases in Bishkek and Osh cities has been increasing rapidly, reaching 302 cases in Bishkek and 118 in Osh as of May 15. Bishkek has the highest incidence rate. A total of 156 cases have been registered in Chui region, 24 cases in Batken region, and 13 in Issyk-Kul region. The only region where COVID-19 has not been reported yet is Talas region. Among the infected, 13.5 percent (155 cases) are children under 15 years of age, 2.3 percent are children from 16 to 19 years old, 32.8 percent are young people aged 20 to 35 years, 32.9 percent are people aged 35 to 55 years, and 13.9 percent are people aged 55 years and over. Unexpectedly, in Kyrgyzstan the majority of cases are young people of working age, not the elderly. Nevertheless, as of 15 May 2020, the majority of the deceased from the coronavirus were older persons aged 60 years and over (3 above 80 years old, 3 in the 70-79 age range, 4 in the 61-69 age range, 3 in the 53-57 age range, and 1 person was 45 years old). The average age of death is 67.6 years.

Out of all cases reported in Kyrgyzstan as of 15 May 2020, 581 were women (52.3%) and 530 were men (47.7%). In Kyrgyzstan, gender-disaggregated data on coronavirus is published on a daily basis¹.

On 16 March 2020, all preschools, schools and higher educational institutions were closed as a lockdown measure. The emergency situation (ES) with a curfew was declared for the period from 24 March to 11 May 2020. All public transport and taxi services were suspended and all public catering, trade and service businesses were closed (the majority of businesses and organizations, except for food stores and pharmacies, switched to remote work).

The UN Women Regional Office for Europe and Central Asia initiated a gender rapid assessment (GRA) of COVID-19 impacts as part of the Women Count program for gender statistics improvement. Recommendations were also provided by the Regional Office of the United National Population Fund.

NGO Social Technology Agency conducted the gender rapid assessment from 23 April to 15 May 2020 in partnership with the international research company SIAR Research & Consulting and a number of NGOs, including the Crisis Center Association, Women's Forum 'Kurak', Women's Entrepreneurship Initiative, Resource Center for Elderly, Open Line and AIDS Foundation East-West in the Kyrgyz Republic, and with financial support from the Swiss Agency for Development and Cooperation (SDC), European Union and United Nations joint Spotlight Initiative² and UNFPA.

The views expressed herein can in no way be taken to reflect the official opinion of the Swiss Agency for Development and Cooperation, the European Union and the United Nations.

The gender rapid assessment is part of the efforts made by the Kyrgyz Republic to implement its international human rights commitments, including the Convention on Elimination of All Forms of Discrimination against Women, Beijing Platform for Action, UN SC Resolution 1325 "Women, Peace and Security", and Sustainable Development Goals 2030. All these documents contain the commitment to account for specific needs of women and girls in crisis situations.

It is clear that the pandemic has differently impacted women and men around the globe, restricting their economic empowerment and deepening gender inequality and gender-based violence. This is first of all due to the loss of income sources, including among women entrepreneurs who traditionally work in service industries, higher risks for women

¹ <https://covid.kg/>

² EU and UN in partnership with the Government of the Kyrgyz Republic have launched a multi-year country programme under the global Spotlight Initiative on eliminating all forms of violence against women and girls. The programme's vision is to create an environment where all women and girls in Kyrgyzstan live a life free of violence and harmful practices, including child marriage and *ala kachuu*. The programme comprises a set of integrated interventions in the areas of policies and legislation, strengthening institutions, prevention of violence, provision of services to survivors of violence, collecting quality data, and supporting women's movement and civil society. The programme is implemented by five UN agencies (UN Women, UNFPA, UNDP, UNICEF and UNODC).

working in healthcare, social protection and education systems, and increased domestic workloads as a result of self-isolation.

In Kyrgyzstan, this situation has its own specifics due to the country's geographic location and economic dependence on the neighboring countries related to high labor outmigration. The results of GRA in Kyrgyzstan show that women, particularly from vulnerable groups facing multiple discrimination, have suffered more from the crisis than men.

GRA findings and recommendations should be used to assist the Government of the Kyrgyz Republic, civil society groups and international development partners in their efforts to mainstream gender in COVID-19 response measures and reduce negative impacts of the pandemic on women and girls.

1. GENDER RAPID ASSESSMENT METHODOLOGY

The following theoretical approaches were used in this gender rapid assessment (GRA):

Human rights-based approach. In any crisis situation it is important that all people, including women, girls and vulnerable groups, have access to fundamental public services and humanitarian aid. This approach helps understand whether services are provided without discrimination by gender, age, disability or any other basis. It is also important to evaluate the engagement of various social groups in all mechanisms of decision-making in crisis situations and hear their opinions. This approach was also used to assess the emergency response capacity of government agencies at the national, regional and local levels.

Gender analysis was used to understand what opportunities and resources women and men have in terms of access to resources, to evaluate how lockdown restrictions have impacted their economic status and employment, and to study how new technologies can be used for adaptation to changing living conditions and distribution of unpaid domestic work and reproductive burden of child care and education. The assessment identified gender power gaps in all agencies, organizations and management processes related to crisis response and in roles of women and men.

The gender rapid assessment covers the following:

- **Policy-making:** assessment of decisions made by government agencies to contain the infection and support people and businesses in the economically challenging time at both national and local levels (legislative work) from a gender mainstreaming standpoint. It is also important to evaluate the availability of gender-disaggregated data showing the number of infected, hospitalized, recovered and deceased people.
- **Access:** assessment of how women's and men's roles changed during the crisis; gender-based assessment of access to information, key public services, humanitarian aid, resources, business support loans, innovative technologies and knowledge, and emergency assistance in case of domestic violence, including cultural norms and forms of gender-based discrimination affecting women and men in the emergency situation.
- **Leadership:** assessment of gender composition and women's and men's roles in government agencies and organizations fighting the COVID-19 outbreak and participation of the national gender machinery and women organizations in this process.

Thus, the gender assessment covers both structural and organizational levels.

The following methods were used in GRA:

- **Desk review.** This method was used to review policy frameworks reflected in resolutions and legislation regulating COVID-19 response measures and secondary data such as statistics provided by the Republican COVID-19 Headquarters and the Ministry of Health of the Kyrgyz Republic.

- **Sample survey was used as the survey method.** Data was collected through questionnaires. The UN Women Regional Office for Europe and Central Asia developed the main set of questions as part of the Women Count program³ for gender statistics improvement. After discussions with UN Women and UNFPA in the Kyrgyz Republic, some additional questions were designed and added to the questionnaire to address country-specific issues.
- **Telephone survey** was conducted by the international research company SIAR Research & Consulting using the Computer Assisted Telephone Interviewing (CATI) technology. A total of 1,000 respondents were interviewed across the country.

Region	Number of interviews	%
Bishkek	174	17.4
Osh	49	4.9
Batken region	79	7.9
Jalal-Abad region	186	18.6
Issyk-Kul region	77	7.7
Naryn region	43	4.3
Osh region	201	20.1
Talas region	38	3.8
Chui region	153	15.3
Total	1,000	100

A total of 486 women and 514 men were interviewed.

Age groups: 479 respondents aged 18-37, 454 respondents aged 35-64 and 67 respondents aged 65 and over years old.

354 respondents were from urban areas and 646 were from rural areas.

The sample is representative of the actual population.

- **Online questionnaire in a Google Form format.** The “snowball” technique was used with data collected from partner organizations through a dedicated online questionnaire with completion guidelines for group facilitators. The survey aimed to assess the status and hear the opinions of vulnerable groups. Online questionnaire respondents included:

Older persons	130
Women living with HIV	151
Women survivors of violence and current service beneficiaries of the Crisis Center Association	114
Women entrepreneurs	177
Ethnic minorities	391
Total	963

³ <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters#response>

Since the online questionnaire was in open access, anyone could answer it. A total of 1,002 respondents participated, including 847 women and 155 men. However, this report focuses on the opinions of vulnerable groups listed above. The number of people in the sample who identified themselves as vulnerable was 572. The table above shows a larger number because some respondents can be, for example, both ethnic minority women and women living with HIV.

Region	Number of questionnaires	%
Bishkek	257	25.6
Osh	215	21.5
Batken region	66	6.6
Jalal-Abad region	57	5.7
Issyk-Kul region	101	10.1
Naryn region	20	2.0
Osh region	157	15.6
Talas region	40	4.0
Chui region	89	8.9
Total	1,002	100

Semi-structured interviews were conducted with the staff of government agencies participating in the COVID-19 response, international development partners, experts from business and NGO sectors, and gender experts. The objective was to conduct SWOT analysis for rapid mapping of institutions and civil society organizations / public associations that provide services and support to women and girls in the lockdown situation, particularly in cases of gender-based violence, at both national and local levels.

The gender rapid assessment was conducted in three phases:

Preparatory phase. The phase consisted of desk review of secondary data, evidence and statistics, as well as questionnaire translation and adaptation to country-specific needs, online questionnaire design (including completion guidelines), and CATI sample selection. This phase was implemented from 10 to 23 April 2020.

Primary data collection was conducted from 23 and 30 April 2020.

Data analysis and reporting. All collected data was processed and analyzed with key findings and recommendations provided in this report. This phase was implemented from 1 to 15 May 2020.

2. GENDER ANALYSIS OF DEMOGRAPHIC SITUATION IN THE KYRGYZ REPUBLIC IN THE COVID-19 CONTEXT

2.1. Demographic situation

In Kyrgyzstan, there are more women than men, especially in older age groups. As of 1 January 2019, there were 3,219,866 women in Kyrgyzstan, compared to 3,169,634 men, i.e. 984 men per 1,000 women. The percentage is 50.4 percent for women and 49.6 percent for men. The prevalence of women begins around the age of 40 and there are almost twice as many women as men in the age group of 80 and over. This imbalance is explained first of all by different age-specific mortality rates for men and women. The gender ratio varies across the country. The proportion of women is higher in urban areas (52.4%), while in rural areas, where birth rates are higher, the situation is the opposite, with men slightly outnumbering women (50.7%). It also varies from region to region: the highest proportion of women is in Bishkek (53.2%) and the lowest one is in Batken and Naryn regions (49.1%).⁴

There are more older women than men in the country, so potentially they suffer more from coronavirus.

The SARS-CoV-2-19 virus may infect people of any age. However, today's data show that two groups of people are at a higher risk of getting severe cases of COVID-19. These are older people and people with pre-existing health conditions⁵.

In Kyrgyzstan, two thirds of population aged 65 and above are women. According to the National Statistical Committee of the Kyrgyz Republic, in 2019 the share of women of retirement age (65 and over) was 70 percent as compared to 30 percent of men. In early 2019, the majority of population above the working age were women (349,400 women against 149,700 men) as women live longer than men. In addition, women retire five years earlier than men. To illustrate, in early 2019, the proportion of women above the working age was 10.9 percent as compared to 4.7 percent of men. The gender gap in older age groups increases sharply with age: there are 1.9 times more women in the long-living group (over 80 years old). The highest percentage of women aged 65 and above is in Bishkek (73.3%), Osh (70.8%) and Issyk-Kul region (70.7%), while the lowest is in Batken region (67.4%)⁶.

The higher proportion of aged women is explained by lower life expectancy of men.

In 2018, life expectancy at birth was 75.6 years for women and 67.4 years for men. So, there is still an 8-year gender gap in the average life expectancy. This life expectancy gap is explained by different age-specific death rates: mortality rates among men are 1.5-1.6

⁴ Men and women of the Kyrgyz Republic. – B., 2019. – PP. 21-23. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

⁵ Report of the World Health Organization, - https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_8

⁶ Women and Men of the Kyrgyz Republic. – B., 2019. – PP. 17-21. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

times higher than among women. Women have a 90 percent chance of reaching the retirement age as compared to over 70 percent for men. Modern 60-year-old women can expect to live another 20 years while men can look forward to about 15 years.⁷

2.2 Socioeconomic situation

In Kyrgyzstan, women have lower employment rates and a lower wage and pension share⁸ and depend more on social assistance as compared to men, so they have less opportunities to make savings and thus are more vulnerable in the economic crisis caused by coronavirus.

Employment rates among working-age women are lower as compared to working-age men. In Kyrgyzstan, employment and labor force participation rates among working-age women are lower than among men. Over the past years, the participation of working-age population in labor force⁹ declined from 71.8 percent in 2009 to 66.6 percent in 2018. In terms of gender, the men's labor force participation rate remains stable at over 80 percent (81.2% in 2018), while women's rate has not exceeded 60.6 percent since 2009, decreasing to 51.4 percent in 2018¹⁰.

Men's employment rates are higher than women's in all age groups, but are most noticeably higher in the 20-39 age group. This is the age when most women leave work due to childbirth. The gender employment gap decreases in the 45-54 age group as women of this age usually have grown-up children and are able to return back to work.

Among officially unemployed, the percentage of women has decreased significantly. This has been a consistent trend in the past years, but the situation worsened greatly in 2018, with increasingly less women registering as unemployed and the number of men growing two times.

More than half of unemployed young people from 16 to 29 years old are women (54.2%); most of them have no work experience. The reason for such disproportion is that employers are often reluctant to hire women of this age due to high probability of their pregnancy and related social responsibilities, such as various maternity benefits, paid maternity leaves, and employee retention.

Employment in the informal sector prevails in Kyrgyzstan. Over 70 percent of employed individuals aged 15 and above work informally, and this rate has remained stable for a relatively long period of time (70.8% in 2018, including 76.9% of employed men and 61.0% of employed women). Considering that the majority of population lives in rural areas, the proportion of rural population employed in the informal sector is 2.1 times higher than in urban areas (1,145,300 and 541,600, respectively). Ongoing structural changes demonstrate that informally employed individuals tend to move out from agriculture to

⁷ Women and Men of the Kyrgyz Republic. – B., 2019. – P. 24. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

⁸ Women and Men of the Kyrgyz Republic. – B., 2019. – P. 41-72. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

⁹ From 16 to 58 years for women and from 16 to 63 years for men.

¹⁰ Employment and Unemployment. Results of Integrated Survey of Household Budgets and Labor Force in 2018. – B., 2019. P. 15-31- <http://www.stat.kg/ru/publications/zanyatost-i-bezrobotica-itogi-integrirovannogo-vyborochnogo-obsledovaniya-byudzhetrov-domashnih-hozyajstv-i-rabochej-sily-v-2013g/>

non-agricultural sectors of the economy. In 2013, informal employment in non-agricultural sectors was 55 percent of total informal employment, but in 2018 it increased to 73%, mostly due to people moving to service industries¹¹.

In Kyrgyzstan, there is persistent vertical and horizontal gender segregation in various sectors of the economy. Women workers are employed in lower-paid sectors (horizontal gender segregation in the labor market) and in middle and junior positions with lower wages and limited opportunities for decision-making (vertical gender segregation). In Kyrgyzstan, *vertical gender segregation* is expressed in underrepresentation of women in senior positions. There are significantly less women in management positions in business as compared to men (27.4% and 72.6%, respectively)¹².

The data of the National Statistical Committee of the Kyrgyz Republic suggests that this disparity is a result of both lower economic activity and employment status of women—women are more likely to be in contractual employment while the share of self-employed women and women employers/business owners is lower as compared to that of men¹³.

Women usually work in the public sector where wages are much lower, which leads to *horizontal gender segregation*. The distribution of men's and women's employment across sectors is uneven. The majority of employed women work in such areas as real estate transactions (93.2%); healthcare and social work (84.1%); education (78.7%); and hotels and restaurants (59.4%). In addition, the majority of employers (66.9%) are men, while the majority of unpaid family workers (71%) are women¹⁴.

Frontline health and social workers are usually women. The coronavirus pandemic poses especially high risks to frontline healthcare and social workers, most of whom are women. In 2018, there were 97,800 healthcare and social workers in the country, including 81,400 women (or 83%)¹⁵.

Men are usually employed in the private sector where wages are higher. In particular, as of early 2019, the majority of men worked in construction (96.9%), transport (95.5%), mining (95.6%) and energy (90.1%) sectors¹⁶. These are the sectors with the highest wages, e.g. the average salary in the energy sector is 30,819 soms (2.5 times more than women's average monthly wage and 1.9 times higher than the average monthly wage in the country) and average salary in the transport sector is 23,037 soms (1.8 times higher than women's average monthly wage). For comparison, the average

¹¹ Employment and Unemployment. Results of Integrated Survey of Household Budgets and Labor Force in 2018. – B., 2019. - <http://www.stat.kg/ru/publications/zanyatost-i-bezrobotica-itogi-integrirovannogo-vyborochnogo-obsledovaniya-byudzhetrov-domashnih-hozyajstv-i-rabochej-sily-v-2013g/>

¹² Women and Men of the Kyrgyz Republic. – B., 2019. – P. 62. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

¹³ Employment and Unemployment. Results of Integrated Survey of Household Budgets and Labor Force in 2018. – B., 2019. - <http://www.stat.kg/ru/publications/zanyatost-i-bezrobotica-itogi-integrirovannogo-vyborochnogo-obsledovaniya-byudzhetrov-domashnih-hozyajstv-i-rabochej-sily-v-2013g/>

¹⁴ In 2015, based on data from *Women and Men of the Kyrgyz Republic*, 2011-2015

¹⁵ Women and Men of the Kyrgyz Republic. – B., 2019. – PP. 49-50 - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

¹⁶ Women and Men of the Kyrgyz Republic. – B., 2019. – PP. 51-52. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

monthly wage in such feminized sectors as healthcare and social care is 20,313 soms only, which is 1.6 times lower than the average wage in the country¹⁷.

In addition, gender pay gaps are observed in all sectors of the economy. Men's wages are more than one-quarter higher than women's. In 2018, men's average monthly wage was 17,500 soms, which is 1.3 times higher than that of women (12,500 soms)

Elderly women are more marginalized and economically unprotected than elderly men. The gender pay gap leads to a gap in pension benefits. In the last five years, the percentage of pensioners in the country has been around 11 percent. Out of them, 65 percent are women and 35 percent are men. Considering that there are much more women pensioners, women tend to depend more on state pension and social security policies. In the past five years, the gender gap in average monthly pension benefits has decreased by 4.2 percent. In 2014, the women's average monthly pension was 92.7 percent of the men's average monthly pension, and in 2018 it increased to 98.6 percent.

There are almost twice as many women as men in the age group of 65 years and over, as every second 60-year-old woman is already a widow while the percentage of widowers in this age group is 14.6 percent only. Due to higher mortality rates among men, many older women are destined to live alone. It is almost impossible for a single elderly woman to find a partner. According to the 2015 NSC data, widowed and divorced men married twice as often as women did¹⁸.

Men and women in rural areas live on average 5 years less than in urban areas. Life expectancy depends strongly on social and living conditions, which are significantly worse and harder in villages. This fact requires close attention, considering that about 66 percent of population live in rural areas and most of them are women. Although Kyrgyzstan shows high private housing rates (about 90%), 12 percent of single elderly people live in rented accommodations. One third of households with elderly people do not have immediate access to drinking water, especially in Naryn, Osh and Batken regions. Only 28 percent of population have access to hot water supply, including only 11 percent in rural areas. The percentage of households with bathrooms and internal toilets is similarly low. In rural areas, 17.4 percent of households are not able to heat their homes to comfortable temperature, which leads to health problems due to development or exacerbation of chronic health conditions¹⁹.

Pension is the only source of income for every fourth household (especially in rural areas). The household income level in most regions, except for Bishkek, Chui and Issyk-Kul regions, is below the subsistence level. Urban residents rely on social assistance, while rural residents use financial support and assistance in the form of medications, prostheses and other auxiliary medical devices²⁰.

¹⁷ Women and Men of the Kyrgyz Republic. – B., 2019. – P. 191. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

¹⁸ Elderly in the Kyrgyz Republic: Statistical Survey Report. - Bishkek, NSC KR, 2017. - <http://www.stat.kg/media/publicationarchive/f008a6e0-09e4-4e0f-b8b1-b1462869ba73.pdf>

¹⁹ Ibid – P. 40-41.

²⁰ Ibid – P. 12.

In general, all older persons, both working and not working, take on childcare responsibilities, especially care for sick children (90% are working older persons), which can lead to job loss in the pre-retirement and retirement age. Working respondents may ultimately lose their jobs, which will affect the size of their pension benefits and financial status. Twenty five percent of older persons over the age of 75 provide care for their grandchildren who live with them 5 days a week while their parents are at work. Older persons over 70 years old look after their grandchildren who do not live with them three times a week on average²¹.

Many pensioners in Kyrgyzstan have to work as their pensions are not enough for living. The data of the Ministry of Labor and Social Development of the Kyrgyz Republic shows that every fourth retired national does not have proper nutrition and every third senior citizen cannot afford medical care due to the lack of money²². Only 30% of pensioners have pensions above the subsistence level.

According to the special report of the Ombudsman of the Kyrgyz Republic “Stereotypes and Discrimination of Older Persons in the Kyrgyz Republic” (2017), a survey showed that 74 percent of respondents said they faced age discrimination in employment, 58 percent faced age discrimination in the workplace, and 73 percent faced age discrimination in termination of employment²³.

Women tend to depend more on social support and social services than men, constituting the majority of low-income citizens who apply for social benefits. Women are the main recipients of social benefits and monthly assistance for low-income families. In 2018, benefits were paid to 365,000 people, including 188,000 women²⁴, usually from female-headed households.

Women shoulder the main burden of unpaid work. Regular time budget surveys by the National Statistical Committee of the Kyrgyz Republic show that women spend slightly less time on paid work than men. But together with unpaid work, women work significantly more hours as compared to men. Women spend 3.6 times more time on unpaid domestic work and 2 times more on childcare.

Migrants are a vulnerable group. Kyrgyzstan has been facing outmigration almost since the day of its independence. The number of labor migrants in early 2019 was 860,000, including about 640,000 migrants working in the Russian Federation. The main reason for outmigration of labor is the lack of decent employment opportunities. Labor outmigration rates in the Kyrgyz Republic remain stable at around 50,000 people per year.

Based on the estimates of the State Migration Service, 65 percent of labor migrants are men, but the proportion of women migrants has been growing recently. Since 2014, the number of women among internal (interregional) migrants has been significantly greater

²¹ Ibid – P. 50.

²² <https://kloop.kg/blog/2018/07/23/rabota-posle-50-ti-slozhno-najti-i-legko-poteryat-a-polnotsenno-zhit-na-pensiyu-nevozmozhno/>

²³ Special Report. Stereotypes and Discrimination of Older Persons in the Kyrgyz Republic 2017. Ombudsman Institute. 2018.

²⁴ Men and Women of the Kyrgyz Republic. – B., 2019. – P. 81. - <http://www.stat.kg/ru/publications/sbornik-zhenshiny-i-muzhchiny-kyrgyzskoj-respubliki/>

than that of men. In 2018, there were almost twice as many internal migrant women as men. The highest outmigration rates are in regions with high poverty levels, such as Jalalabad or Batken regions. Women's participation in the internal labor market is considered to be a "pushing" factor: the share of economically active women has decreased during this period of time²⁵, impacting immediately the proportion of low-income women, which has been increasing in the past years. In 2018, the share of low-income women was higher than that of men.

Women with disabilities have limited access to medical and social services. As of the end of 2018, the number of persons with disabilities in Kyrgyzstan reached 10,700 (among adults). Out of officially registered persons with disabilities, 43 percent are women. Only one third of them have jobs while the others need employment. In the lockdown situation, women and men with disabilities experience economic difficulties with purchasing medicines and food. During self-isolation, women with disabilities have faced additional burden and challenges due to limited access to reproductive health care. It is mostly women who care for children and other family members with disabilities. As a result of lockdown with children staying home, workloads of women, including women with disabilities, have grown.

According to MoLSD KR, the number of children with disabilities aged 0-18 has increased in the past decade. To illustrate, in 2008, the number of children with disabilities was about 20,000 but in 2018 it increased to around 30,000. In most cases, it is women who care for children with disabilities. In 2018, with the aim of providing better living conditions, the Kyrgyz Government passed a decree introducing a new service for children with disabilities called "personal assistant"²⁶. The personal assistant is seen as an important social instrument to promote the empowerment, independence and engagement of children with disabilities and reduce unemployment in their families. Since January 2019, over 6,500 children have been using personal assistant services. The government provides a monthly assistance of 4,900 soms to pay for these services.

2.3. Political representation

Women have less decision-making power in COVID-19 response strategies and less opportunities to communicate their needs and challenges due to women's underrepresentation at all government levels. Women's participation in the decision-making process remains relatively low, not reaching the 30 percent level recommended by the UN Economic and Social Council. In particular, as of March 2020, women's representation was less than 17 percent in the parliament, 9 percent in the Government (2 women out of 22 government members), 20 percent in city councils, and 10 percent in ayil keneshes (village councils). Among heads of local self-governments and local councils, only 5 and 4 percent were women, respectively²⁷.

²⁵ Women and Men of the Kyrgyz Republic, 2013-2018. NSC KR, Bishkek-2018, P. 44

²⁶ Resolution No. 556 of the Government of the Kyrgyz Republic of 23 November 2018

²⁷ Central Election Commission and Referendums of the Kyrgyz Republic. -

<https://shailoo.gov.kg/ru/news/2863/>

Gender gaps are also observed in political and special positions in public and municipal administrations, with men outnumbering women by almost 7 times and 1.6 times, respectively. The situation is most critical with political positions in municipalities: out of 513 positions, only 20 (or 3.8%) are held by women²⁸.

2.4. COVID-19 impacts on women and men in Kyrgyzstan

For the purpose of this survey it is important to understand the wider context—how the pandemic and government’s response measures impact women and men and especially vulnerable groups in the country.

The emergency situation has most affected informal workers and self-employed individuals who have lost jobs and income. Most women work in social entrepreneurship, light and beauty industries, trade, tourism, services, catering, and other areas that provide services to society. These are the sectors that are usually highly sensitive to purchasing power risks. As hired employees in companies and organizations, women usually work in junior and middle positions.

Women’s entrepreneurship. The spread of coronavirus, lockdown and instability of the national currency have knocked down the women’s entrepreneurial movement in the country. Women entrepreneurs are particularly vulnerable because female businesses are concentrated mostly in the beauty and trade industries. This is why women entrepreneurs are one of the groups whose problems and needs require particular attention.

Pandemic’s impact on women in families, increased workloads as caretakers, loss of daily income, problems with finding new ways to provide for children in the absence of other earners, and problems with repaying social housing loans.

Migrants. According to the State Migration Service under the Government of the Kyrgyz Republic, over 750,000 Kyrgyz nationals are currently abroad. Every fourth household in the country has one or more family members who are labor migrants. When the borders were closed, about 5,000 Kyrgyz nationals got stuck in other countries and could not return home. These migrants and their families (especially with children left behind in the countries of origin) are yet another vulnerable group. The reasons include the expiry of residence permits in countries of destination and reduced or suspended activities of employee organizations and firms due to lockdown. The loss of earnings, fear of contracting the virus and staying abroad far from the loved ones and families make migrants vulnerable. Understandably, migrants in unregulated situations, persons looking for shelter, and victims of forced labor and trafficking may be particularly susceptible to COVID-19 as their environments or workplaces may pose risks to their health due to the lack of proper protection against the virus.

Healthcare workers. Physicians, nurses, unlicensed assistive personnel and other health workers are most prone to infection despite their protective clothes and masks

²⁸ Statistical data on the number and composition of public and municipal servants of the Kyrgyz Republic as of 31 December 2019: State Personnel Service of the Kyrgyz Republic. - <https://mkk.gov.kg/contents/view/id/87/pid/4>

(quantity and quality of which turned out to be totally insufficient early in the outbreak). Healthcare workers also have the most severe forms of the disease. In particular, as of April 9, there were 32 infected medical workers in Kyrgyzstan. As of May 10, the total number of infected healthcare workers reached 232, 176 of whom recovered. Twelve people deceased, one of them was the head of the Family Doctors Group at the Family Medicine Center No. 3.

Although Kyrgyzstan has some positive experience in providing gender-disaggregated data (in particular, the country provides gender-disaggregated daily statistics on the number of infected cases), it has no such data on infected, recovered, hospitalized and deceased healthcare workers. Special attention should be given to the needs of older women who continue to work in the healthcare sector despite the double risk of infection.

Another vulnerable group is **social workers**, most of whom are women. In the lockdown situation, they have to keep providing social support to vulnerable groups. They do not only collect and compile data, but also provide direct assistance, which poses a risk to their own health and health of their families.

The closure of schools and other educational institutions for quarantine became an additional burden for **school and university teachers**. They were forced to promptly switch to online teaching aids without any training or capacity building support. Psychological stress, the need to provide for children (considering that the majority of teachers are low-income workers whose households are often associated with such a phenomenon as “poverty of public servants”) and increased domestic workloads are worsened by demands to perform work for which they have no skills, knowledge or even basic technical equipment.

The situation with family (domestic) violence has worsened since the start of the COVID-19 outbreak and introduction of the state of emergency. According to the Ministry of Interior of the Kyrgyz Republic, from January to March 2020, law enforcement agencies of Kyrgyzstan registered 2,319 reports of domestic violence. For comparison, this is 65 percent more than in the same period of 2019. Ninety five percent of victims are women aged 21 to 50 years.

Reported cases of domestic violence (DV) in 2019 and 2020 (January to March²⁹)

	2019	2020	%
Domestic violence cases	1,404	2,319	Increase of 65.1%
<i>including:</i>			
Physical	953	1,425	Increase of 49.5%
Psychological	382	799	Increase of 109.2%
Sexual	2	5	
Economic	0	0	
Neglect	67	90	Increase of 34.3%

²⁹ According to the Head Department of Information Technologies of the Ministry of Interior of the Kyrgyz Republic

Protective orders issued	1,347	2,319	Increase of 72.1%
Criminal charges filed	214	105	Increase of 49.0%

From 25 March to 15 May 2020, a total of 325 cases of domestic violence were reported in areas where the state of emergency was declared, including:

Locality	Number of reported cases
Bishkek	274
Osh	9
Kara-Suu District	14
Nookat District	6
Djalal-Abad	5
Suzak District	8
Naryn	6
At-Bashi District	3
Total:	325

According to ACC, most cases remain latent because:

- Women refuse medical examination due to the fear of infection;
- They refuse to report DV cases to law enforcement agencies because they think the police will not take protective measures and they again will be left alone with their abusers for an indefinite period of time;
- Due to self-isolation, women cannot go to their relatives and become economically dependent on their husbands, cannot afford to pay rent, etc.
- Suspended police and court work makes the situation worse for victims of violence as law enforcement agencies cannot provide immediate legal support or go to a crime scene.

What makes the situation worse is that support providers, such as civil society organizations and crisis centers for victims of violence, are also experiencing hard times. Helpline workloads are growing, as is the length of consultations (some lasting from 30 minutes to 4 hours), while support providers have limited capacity to help due to quarantine restrictions.

Older women are vulnerable as one of the high-risk groups because they are likely to have severe chronic health conditions and need essential medicines that have risen in price everywhere. In addition, older women constitute the largest group of poor population, having no adequate pensions for decent living, cash savings or food supplies. They need special attention in the emergency context, so they are one of the main focus groups of this report.

Rural women. The majority of rural women cannot work remotely, especially those who live in mountainous and remote areas. Online platforms and mobile consultations are ineffective for women from rural and remote areas, as most of them do not have personal

computers (PCs), tablets or mobile phones (smartphones), any ICT skills or even knowledge of how to use them. The pandemic coincided with the spring farm season as due to climate specifics March and April are the most active farming months in most regions of Kyrgyzstan. As a result of the lockdown, rural communities had no access to bank loans, seed pools and fuel. The planting season failure suggests a decline in agricultural production during the year, which will increase poverty in regions. This will lead to higher workloads for women and growth of all forms of violence.

Women with disabilities and mothers of children with disabilities. These women are usually dependent on other family members. They need additional resources because they need medicines and care products. Such families usually live in poverty and have no sustainable sources of income.

People living with HIV and families of children living with HIV

HIV infection rates remain high in Kyrgyzstan. The total number of registered HIV cases in the Kyrgyz Republic as of 31 December 2019 was 9,135, out of whom 2,049 have deceased. Over the past 5 years, the total number of officially registered HIV cases has almost doubled, from 4,819 in 2013. The HIV incidence rate was 9.8 cases per 100,000 population in 2015, increasing to 12.3 cases as of 31 December 2019. In 2013 the number of newly registered HIV cases was 478, while in 2018 and 2019 it was 820 and 788, respectively. The number of women with HIV infection has been increasing in the past years, reaching 43 percent of total population living with HIV in 2019³⁰.

The coronavirus pandemic increased the vulnerability of people living with HIV as they are in high-risk COVID-19 groups. Many had problems with access to ARV therapy, which is vital for suppressing the HIV virus in the body. Access to viral load monitoring and CD-4 testing as well as other medical examinations and treatment was also limited. In self-isolation, many women with HIV experienced stress, anxiety and fear and suffered from domestic violence. They need additional medicines and high-calorie nutrition. Such families usually live in poverty and have no sustainable sources of income. Most of them need grocery and hygiene supplies. It is important to monitor whether they have access to antiretroviral and other medications and online help groups. This group of women was given special attention during interviews.

Women from ethnic minorities. There are over a hundred of different ethnic groups in Kyrgyzstan; they account for about a quarter of total population. Some are dispersed in large cities but many live compactly, mainly in Osh, Jalalabad and Batken regions. For the most part, they live in closed communities, where women have many children, practice traditional lifestyles and do not participate in the labor market. They are under much greater pressure of traditional and religious factors as compared to other women and often suffer from multiple discrimination. This is why it was particularly important to hear their opinions on how the pandemic has impacted their everyday life. In this research, they are considered as a special vulnerable group.

Teenagers, including girls

³⁰ According to the Republican AIDS Center

There has been an increase in suicide rates among teenagers. Since March 16 (when schools were closed), 9 teenagers have committed suicide, including 3 girls and 6 boys. The reason is that they cannot cope with self-isolation in families and experience stress from communicating with parents who were not used to communicating with children. Many children are from families where parents are labor migrants who leave their children in care of older or distant relatives who may not be able to see signs of depression³¹. These children need special attention and targeted preventive efforts, including help with coping with psychological stress and depression.

³¹ According to the data collected by NGO Leader under the “Sen Zhalgiz Emessin” (“You Are Not Alone”) project aimed at providing support to teenagers in difficult situations.

3. INSTITUTIONAL CAPACITY OF CENTRAL AND LOCAL AUTHORITIES IN COVID-19 RESPONSE

Over 160 laws and regulations were adopted at both central and local levels to provide a legal framework for the COVID-19 response measures in the Kyrgyz Republic.

Legislation	Number
Legislation enacted by the Jogorku Kenesh (Parliament) of the Kyrgyz Republic	3
Resolutions of central government agencies	71
including:	
- Decrees of the President of the Kyrgyz Republic	7
- Decrees of the Jogorku Kenesh of the Kyrgyz Republic	3
- Decrees/directives of the Government of the Kyrgyz Republic	29
- Orders/directives of ministries and agencies of the Kyrgyz Republic	32
Resolutions of local governments	90
TOTAL:	164

COVID-19 containment measures were introduced in the Kyrgyz Republic through the enactment of a range of laws and regulations by the Jogorku Kenesh of the Kyrgyz Republic, Government of the Kyrgyz Republic, ministries, and Commandant's Offices of cities and rayons (districts) with confirmed cases of coronavirus infection.

The Security Council of the Kyrgyz Republic recommended the Government, plenipotentiary government representatives in regions, and mayors of Bishkek and Osh cities to take response measures. In accordance with Article 18 of the constitutional Law of the Kyrgyz Republic "On the Government of the Kyrgyz Republic", the Government established the Coronavirus Headquarters to prevent the spread of the infection and mitigate its impacts³². On 22 March 2020, the Government declared an emergency situation in the country for a period of one month³³.

As a result of the growing spread of the coronavirus infection in the Kyrgyz Republic, particularly in Bishkek, Osh, Jalal-Abad and Naryn cities and in a number of districts with confirmed cases, the President of the Kyrgyz Republic declared a state of emergency and established Commandant's Offices³⁴.

According to Article 29 of the Kyrgyz Law "On State Guarantees of Equal Rights and Equal Opportunities for Men and Women"³⁵, all draft laws and regulations are subject

³² Directive No. 171 of the Government of the Kyrgyz Republic of 20 March 2020 <http://cbd.minjust.gov.kg/act/view/ru-ru/218024>

³³ Directive No. 93-p of the Government of the Kyrgyz Republic 22 March 2020 <https://www.gov.kg/ru/npa/s/2347>

³⁴ Decrees of the President of the Kyrgyz Republic of 24 March 2020, No. 57: <http://cbd.minjust.gov.kg/act/view/ru-ru/430164>; of 24 March 2020, No. 56: <http://cbd.minjust.gov.kg/act/view/ru-ru/430162>; of 24 March 2020, No. 55: <http://cbd.minjust.gov.kg/act/view/ru-ru/430160> of 14 April 2020, No. 72: <http://cbd.minjust.gov.kg/act/view/ru-ru/430166>

³⁵ Of 4 August 2008, No. 184 <http://cbd.minjust.gov.kg/act/view/ru-ru/202398>

gender assessment to prevent potential violations of gender equality and empowerment principles.

The analysis of regulations adopted to respond to the pandemic shows that while there is no direct discrimination against women in the majority of regulations, they neither take into account specific women's needs in connection with the pandemic and related restrictions.

3.1. Gender analysis of legislation enacted by the Jogorku Kenesh

The Jogorku Kenesh of the Kyrgyz Republic enacted three laws, including:

- Law of the Kyrgyz Republic “On Amending Some of the Regulations of the Kyrgyz Republic (Criminal Code, Code on Minor Offences and Code on Offences)”

The objective was to bring existing codes in line with the Law of the Kyrgyz Republic “On the State of Emergency”. Amendments were made to the Criminal Code of the Kyrgyz Republic to increase penalties for violations of sanitary and epidemiological requirements (Article 280); to the Code of the Kyrgyz Republic “On Minor Offences” to increase penalties for violations of emergency situation (Article 1191) and quarantine requirements (Article 1271); and to the Code of the Kyrgyz Republic “On Offences” to introduce liability for selling medicines at higher prices during the emergency situation and the state of emergency (Article 491), non-compliance with curfew requirements (terms and conditions) (Article 821), violation of law and public order during the emergency situation and the state of emergency (Article 822), and food overpricing (Article 218). A new concept of “public disaster” was included in all three codes.

- Law “On Amending the Law of the Kyrgyz Republic “On Public Procurement””

Amendments were made to Article 4 (incentives for domestic suppliers (contractors)) and Article 21 (procurement through direct contracts) of the Law of the Kyrgyz Republic “On Public Procurement” to support domestic producers and ensure public procurement during the emergency situation and the state of emergency.

- Law “On Ratification of the Financing Agreement between the Kyrgyz Republic and the International Development Association (Emergency COVID-19 Project) Signed on 7 April 2020 in Bishkek”

Under this Agreement, the World Bank will provide financing of USD 12.150 million, including USD 6.075 million as a grant and USD 6.075 million as a credit.

All three bills passed expert reviews, including gender assessment, as required under the Jogorku Kenesh Regulations. The expert review reports contain a standard wording that the enactment of the laws will not entail any negative legal, human rights, gender, environmental or other implications, but do not account for specific needs of women, older persons and other vulnerable groups.

Among other legislation enacted by the Jogorku Kenesh of the Kyrgyz Republic, noteworthy is Resolution No. 3659-VI “On Response to Negative Socioeconomic Effects of

Currency Inflation and Spread of the COVID-19 Coronavirus Infection”³⁶. This is the only document that address vulnerable and high-risk groups and instructs the Government of the Kyrgyz Republic to do the following:

- “consider increasing the number of full-time social workers and raising their wages to ensure support for older and single persons and other vulnerable groups;
- consider paying wage mark-ups to frontline health workers combatting the COVID-19 coronavirus infection for extra-duty work with people on observation during the emergency period;
- provide staff of law enforcement agencies, community service centres and the State Registration Service as well as other individuals working in direct contact with population with personal protective equipment;
- provide medical and healthcare workers with pathogen coats and other personal protective equipment to protect from and prevent the spread of the COVID-19 coronavirus infection (including for working with people on observation and in quarantine);
- create conditions for staff with kids of the kindergarten age and persons aged 60 and over with chronic health conditions for remote work from home on a part-time schedule.”

The escalating problem of domestic violence, which got worse during the lockdown, forced women members of the Parliament to enhance their efforts and consolidation with the women’s movement. The draft Law of the Kyrgyz Republic “On Amending the Criminal Procedure Code of the Kyrgyz Republic” was passed in three readings. The key change is that domestic violence is now considered an exceptional instance where a person suspected of misconduct can be detained for up to 48 hours (Part 3, Article 504 of the Criminal Procedure Code).

3.2. Gender analysis of legislation enacted by central authorities

Over 70 resolutions adopted by central authorities to restrict the spread of the COVID-19 infection were analyzed as part of this study. These resolutions include such legislation as:

- Decrees of the President of the Kyrgyz Republic;
- Decrees/Directives of the Government of the Kyrgyz Republic.

The review of these regulations and their implications shows that the proposed restrictive measures do not address the needs of vulnerable groups, affecting single mothers and parents (who have to go to work leaving their children at home unattended), persons with disabilities, small business owners, most of whom are women, persons with special medical/healthcare needs (transport problems), and victims of domestic and gender-based violence (limited access to crisis centers, no possibility to go to relatives).

³⁶ Resolution No. 3659-VI of the Jogorku Kenesh of the Kyrgyz Republic of 1 April 2020: <http://www.kenesh.kg/ru/article/show/6647/ot-1-aprelya-2020-goda-3659-vi-o-merah-po-sokrashteniyu-negativnih-sotsialno-ekonomicheskikh-posledstviy-v-svyazi-s-valyutnoy-inflyatsiy-i-rasprostraneniem-koronavirusnoy-infektsii-covid-19>

In addition, the COVID-19 outbreak revealed new vulnerable groups—social workers who provide social assistance to population and postal workers who deliver mails and pensions. However, unlike healthcare workers, they are not paid any extra for their work. Thus, the review identified significant gaps in legislation aimed at equality of rights and opportunities for all due to insufficient attention to the negative sides of their regulator impact.

In developing a step-by-step economic recovery strategy, the Government of the Kyrgyz Republic focused mostly on “male” sectors, such as the energy sector, chemical and oil and gas industries, machine and equipment building, mining, ferrous and non-ferrous metallurgy, building material manufacturing, construction, and transport maintenance and repair. Beauty industry is also on the list, but only hair cutting, coloring and styling by appointment are permitted.

3.3. Gender analysis of resolutions adopted by local authorities to prevent the COVID-19 spread

This review covered 90 resolutions adopted by local authorities to restrict the spread of the COVID-19 infection. These resolutions included orders, directives and resolutions of Commandant’s Offices established in cities and districts where the state of emergency was declared, including:

- Bishkek city;
- Osh city, Nookat and Kara-Su districts of Osh region;
- Jalal-Abad city and Suzak district of Jalalabad region;
- Naryn city and At-Bashy district of Naryn region.

Resolutions on the prevention of the COVID-19 infection address pregnant women and older persons as high-risk groups, but do not propose any particular measures to account for specific needs of these vulnerable groups.

Only two orders of the Bishkek Commandant’s Office address the needs of vulnerable groups:

- Order “On Operations of the Bishkek Commandant’s Office During the State of Emergency Due to the Coronavirus Infection”³⁷ instructing Deputy Commandant, Bishkek City Mayor A.E. Surakmatov, to “take measures to support socially vulnerable groups in Bishkek”.
- Order “On Adopting Additional Healthcare Measures in Bishkek City”³⁸ instructing the City Health Department of Bishkek City Mayor’s Office to “ensure close cooperation between healthcare providers in Bishkek and social workers, municipal ad-

³⁷ Of 27 March 2020, No. 8.; <http://cbd.minjust.gov.kg/act/view/ru-ru/200424>

³⁸ Of 15 April 2020, No. 38.; <http://cbd.minjust.gov.kg/act/view/ru-ru/200502>

ministrations of city districts and municipal territorial departments to support socially vulnerable groups and persons in disadvantaged situations due to the lockdown”.

3.4. Gender composition of COVID-19 response agencies

Engaging women from various social groups in decision-making processes is undeniably essential for making right choices and ensuring equal access to resources and services to cope with the impacts of COVID-19 spread in Kyrgyzstan. However, women facing multiple forms of discrimination, including women with disabilities, are extremely underrepresented in the decision-making process and thus are not able to communicate their needs and challenges in connection with the coronavirus outbreak.

Gender composition of the COVID-19 Headquarters established to counter the spread and mitigate impacts of the coronavirus infection in the Kyrgyz Republic, its Secretariat and working groups shows gender gaps, with men significantly outnumbering women.

Gender composition of the COVID-19 Headquarters, its Secretariat and working groups³⁹

Organization	Total staff	Women	Men
Headquarters for Countering Coronavirus in the Kyrgyz Republic	30	6	24
Headquarters' Secretariat	4	1	3
Expert Advisory Group	6	4	2
Epidemiological Rapid Assessment and Response Team	4	2	2
Diagnostic and Treatment Group	4	2	2
Monitoring and Impact Analysis Group	3	2	1
Communication and Training Group	5	4	1
Financial and Technical Support Group	5	4	1
Total:	61	25	36

Management teams of Commandant's Offices established in Bishkek city, Jalalabad city and Suzak district of Jalalabad region, Osh city and Nookat and Kara-Suu districts of Osh region, Naryn city and At-Bashy district of Naryn region after declaration of the state of emergency consist almost entirely of men. All commandants are men; out of 20 deputy commandments, only one is a woman (in Bishkek).

Gender composition of Commandant's Offices

Commandant's Office	Total staff	Women	Men
Bishkek city ⁴⁰	7	1	6
Jalal-Abad city ⁴¹	21	0	21

³⁹ http://med.kg/images/koronavirus/prikaz_52_31012020.pdf

⁴⁰ <http://cbd.minjust.gov.kg/act/view/ru-ru/200431>

⁴¹ <http://cbd.minjust.gov.kg/act/view/ru-ru/200445>

Osh city ⁴²	5	0	5
Naryn city ⁴³	7	0	7

However, there are more women in humanitarian aid commissions. For example, the commission distributing humanitarian aid from the State Reserve Fund under the Government of the Kyrgyz Republic among socially vulnerable groups in Osh city consists of 6 women and 15 men.

The Ministry of Labor and Social Development of the Kyrgyz Republic (MoLSD KR) is a government agency responsible for gender policy implementation in Kyrgyzstan. However, its representatives were included neither in the COVID-19 Headquarters⁴⁴ nor in the Republican Headquarters for economic interventions to minimize impacts from external shocks and boost economic growth⁴⁵. MoLSD was included only in the commission distributing voluntary financial assistance from organizations and individuals and humanitarian aid⁴⁶.

Neither did the above emergency response centers and commissions include any representatives of gender/women NGOs, thus providing no opportunity for gender mainstreaming in their decision-making processes.

⁴² <http://cbd.minjust.gov.kg/act/view/ru-ru/200458>

⁴³ <http://cbd.minjust.gov.kg/act/view/ru-ru/200487>

⁴⁴ Order No. 171 of the Prime-Minister of the Kyrgyz Republic of 20 March 20 2020.

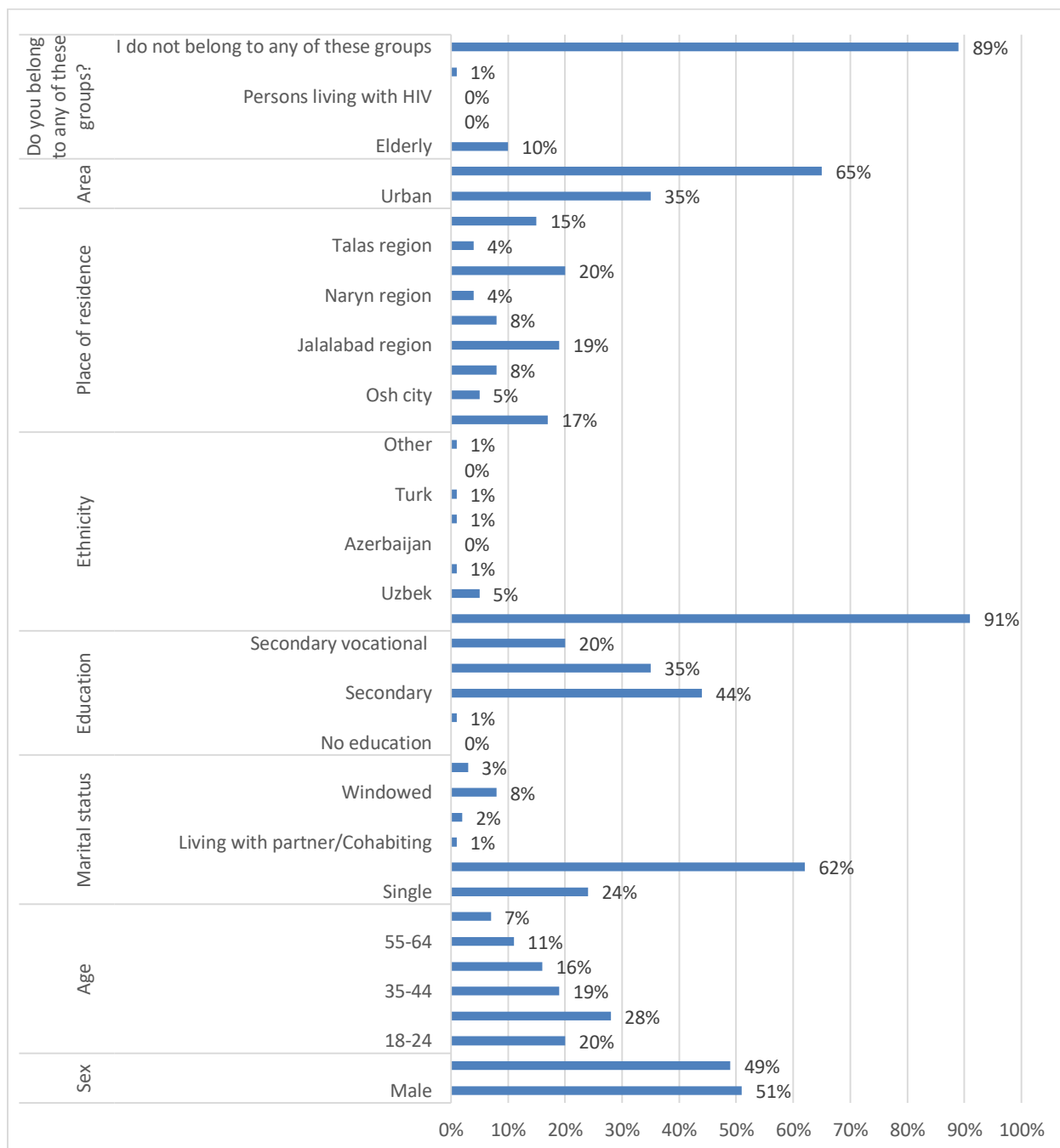
⁴⁵ Directive No. 136 of the Prime-Minister of the Kyrgyz Republic of 5 March 2020 (as amended by Directive No. 170 of the Prime-Minister KR of 18 March 2020)

⁴⁶ Directive No. 112 of the Prime-Minister of the Kyrgyz Republic of 28 March 2020

4. TELEPHONE SURVEY AND ONLINE QUESTIONNAIRE FINDINGS

4.1. Respondents

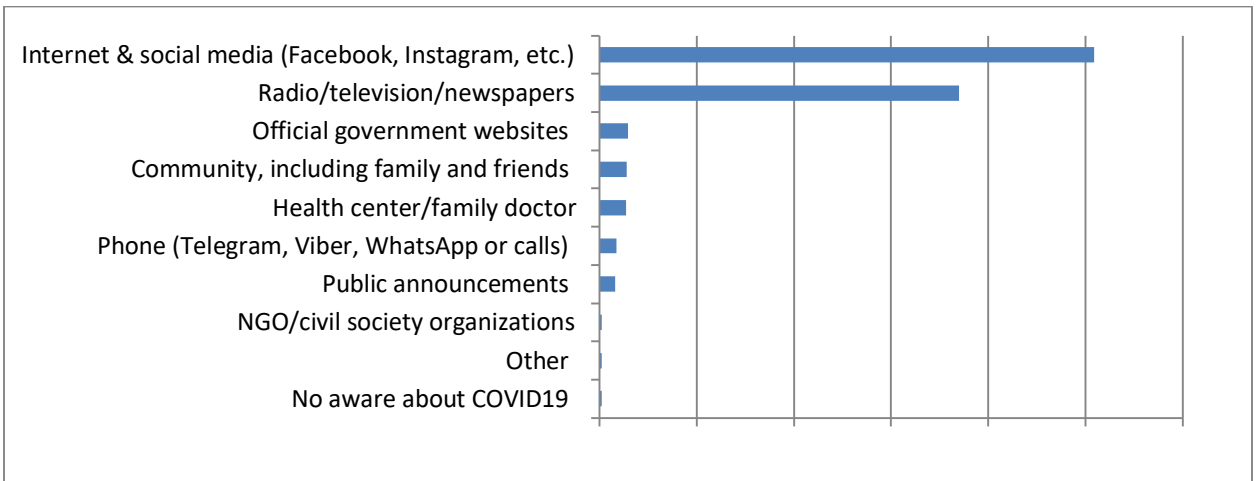
The CATI survey sample is representative of the actual population (according to the NSC KR): 51 percent of women and 49 percent of men, 65 percent from rural areas and 35 percent from urban areas. The main age group (28%) is from 25 to 34 years old.



4.2. COVID-19 awareness

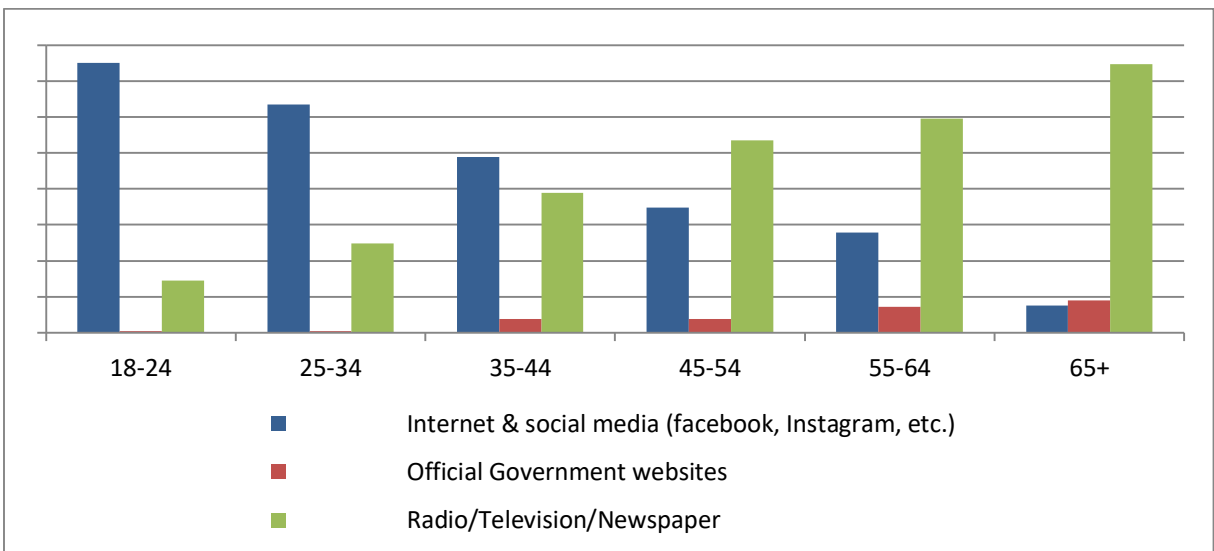
The two main sources of COVID-19 information for respondents were Internet and social media (51%) and mass media (radio, television and newspapers) (37%).

Main sources of COVID-19 information (risks, preventative guidelines, coping strategies), %



The diagram below shows how information sources vary depending on the age of respondents: the youngest age group uses Internet mostly (75%) while the oldest age group relies on mass media (same percent).

Main sources of COVID-19 information (risks, preventative guidelines, coping strategies) by age

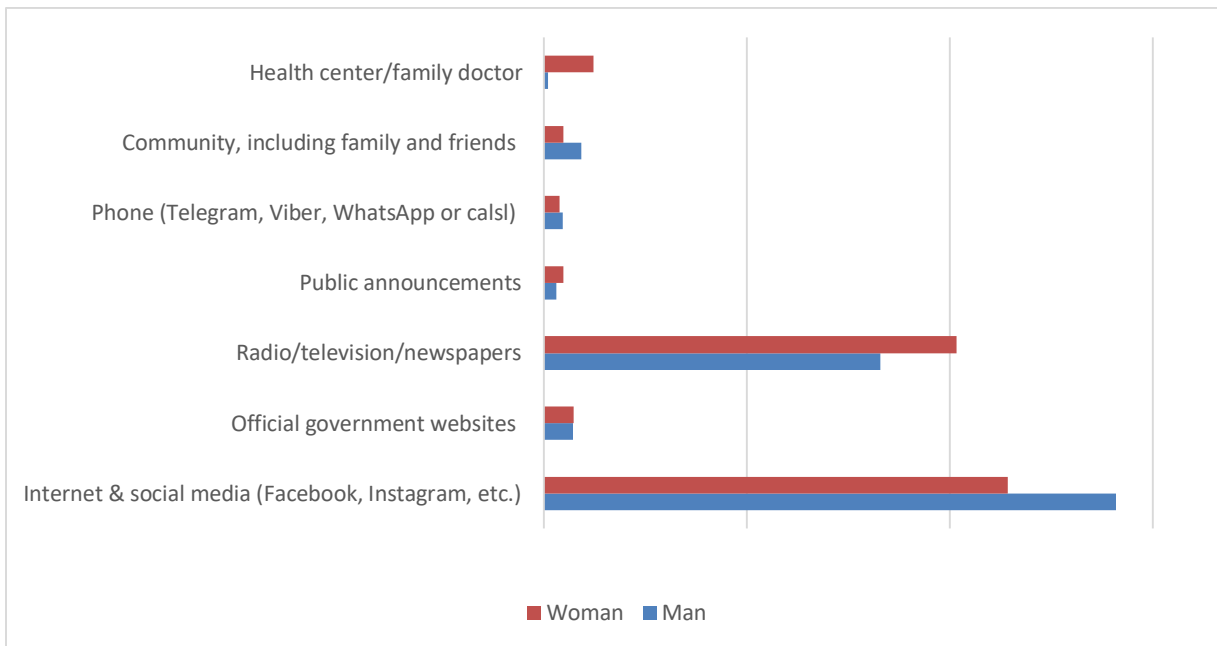


Internet is the main source of information for both urban and rural populations.

The survey shows that the choice of COVID-19 information sources correlates directly with educational background and age. Women with tertiary and vocational education use Internet and social media as the main sources of information (53%). For women with secondary or primary education, the main sources of COVID-19 information are radio and television (40%). At the same time, regardless of the education level, women tend not to use other information channels, such as NGOs and government agencies.

Young women from 18 to 44 years old consider Internet and social media as the main source of COVID-19 information. The younger generation adapts to innovations and integrates into digital environment faster than the older generation, which is less flexible to new trends. Women under the age of 34 trust social media more, while women above 44 rely on radio and television.

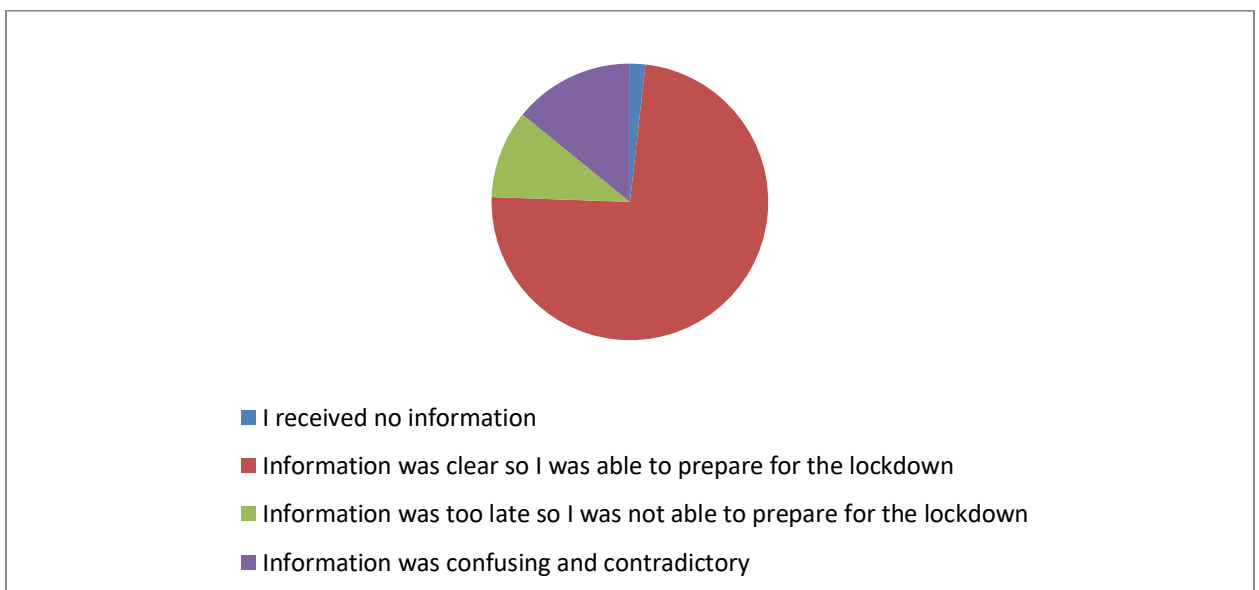
Main source of COVID-19 information (risks, preventative guidelines, coping strategies) by gender



Women rely on radio/television/newspapers as main sources of information slightly more often than men, but Internet remains their key source of data. About 5 percent of women receive information from health centers/family doctors, while men usually do not go to doctors.

The majority of respondents (74%) said the information was clear and they were able to prepare for the lockdown. Bishkek has the highest percentage of respondents who considered the information contradictory or confusing (35%).

How would you rate the information you received?



There are some differences by gender: there are slightly more women who said they had no time to prepare for the lockdown because the information was too late (12.8% of

women against 7.6% of men). The table below provides response details with a breakdown in %.

	There was no information	The information was clear, so I was able to prepare for the lockdown	The information was too late and I had no time to prepare for the lockdown	The information was contradictory and confusing
Men	1.9	76.4	7.6	14.0
Women	1.8	71.2	12.8	14.2

The comparison of answers given by women with different educational backgrounds shows how much awareness and preparedness levels correlate with education. This is directly related to persistent gender segregation in the education sector, where the share of women with technical education is not growing, remaining at the level when access to Internet and global educational platforms was limited.

Educational background also defines how women use information to prepare for self-isolation. Higher education helps women find information promptly and take necessary measures to prepare for the lockdown, thus reducing losses from the lockdown period. When education is secondary only, women are more vulnerable to risks, in particular to COVID-19 pandemic risks.

Analysis of **RESPONSES OF VULNERABLE GROUPS** collected through the online questionnaire using the “snowball” technique reveals some significant differences as compared to the main group of respondents. Not all responses were analyzed; focus was made on responses that were very different from the opinions collected through the CATI survey.

The exception is **older persons**. Based on the total number of responses and CATI survey results, the main channels of information for older persons are radio / television / newspapers, followed by phone with Internet being the least popular choice.

Older persons (N = 130), %⁴⁷

	Information was available so I was able to prepare	Information was clear so I was able to prepare for the lockdown	Information was too late so I had no time to prepare for the lockdown	Information was contradictory and confusing	Did not receive any information	Was not able to prepare	Was able to prepare
Internet & social media (Facebook, Instagram, etc.)	30.7	42.3	0	11.5	15.4	26.9	73.1
Radio / television / newspapers	20.9	31.3	28.3	5.9	13.4	47.7	52.2

⁴⁷ The tables show three most popular information channels of each vulnerable group based on their responses.

Phone (Telegram, Viber, WhatsApp, or calls)	25.0	0	58.3	0	16.6	75.0	25.0
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Still, the share of older persons who said they had information and were able to prepare for the lockdown is relatively high.

Women survivors of violence said their main source of information was telephone, followed by radio and TV, with Internet being the last option. Having these three channels of information, they still said the information was too late and they had no time to prepare for the lockdown. The number of women survivors who provided this response is very high even as compared to the older persons' responses.

Women survivors of violence (N=114), %

	Information was available so I was able to prepare	Information was clear so I was able to prepare for the lockdown	Information was too late so I had no time to prepare for the lockdown	Information was contradictory and confusing	Did not receive any information	Was not able to prepare	Was able to prepare
Internet & social media (Facebook, Instagram, etc.)	17.8	10.2	22.4	4.1	10.2	36.7	28.0
Radio / television / newspapers	21.4	7.1	42.8	14.3	14.3	71.4	28.5
Phone (Telegram, Viber, WhatsApp, or calls)	3.4	13.8	48.2	27.6	6.9	82.7	17.2

For example, only 3.5 percent of women survivors said they were able to prepare for the lockdown thanks to timely receipt of information by phone; 13.8 percent said the information was clear so they were able to prepare for the lockdown; 27.5 percent said the information was contradictory; and 48.3 percent said the information was too late so they were not able to prepare for the lockdown. Similar responses were provided for television and radio.

Women living with HIV said their key source of information was "community, including family and friends" (58.3%), followed by "radio / television / newspapers" (52.9%). This is largely due to high levels of social stigma that forces such women to live in closed communities and trust their close environment only.

While the majority of respondents think they received information on time and were able to prepare for the lockdown, most responses about being unable to prepare come from this vulnerable group.

Women living with HIV (N=151), %

	Information was available so I was able to prepare	Information was clear so I was able to prepare for the lockdown	Information was too late so I had no time to prepare for the lockdown	Information was contradictory and confusing	Did not receive any information	Was not able to prepare	Was able to prepare
Internet & social media (Facebook, Instagram, etc.)	0	33.3	52.9	13.7	0	66.3	33.3
Radio / television / newspapers	14.2	0	35.7	50	0	85.7	14.2
Phone (Telegram, Viber, WhatsApp, or calls)	0	0	58.3	41.6	0	100	0

Ethnic minorities said their main sources of information were official government websites. Most respondents from this group said they were able to prepare for the lockdown.

Ethnic minorities (N=391), %

	Information was available so I was able to prepare	Information was clear so I was able to prepare for the lockdown	Information was too late so I had no time to prepare for the lockdown	Information was contradictory and confusing	Did not receive any information	Was not able to prepare	Was able to prepare
Internet & social media (Facebook, Instagram, etc.)	22.3	35.5	16.5	17.3	8.2	42.1	57.8
Radio / television / newspapers	27.2	54.5	0	18.2	0	18.2	81.8
Phone (Telegram, Viber, WhatsApp, or calls)	13.7	15.7	25.0	0	8.3	33.3	66.6

It is noteworthy that none of vulnerable groups (except for ethnic minorities) chose official government websites, public announcements and information from healthcare centers/family doctors and NGOs/CSOs as significant channels of information.

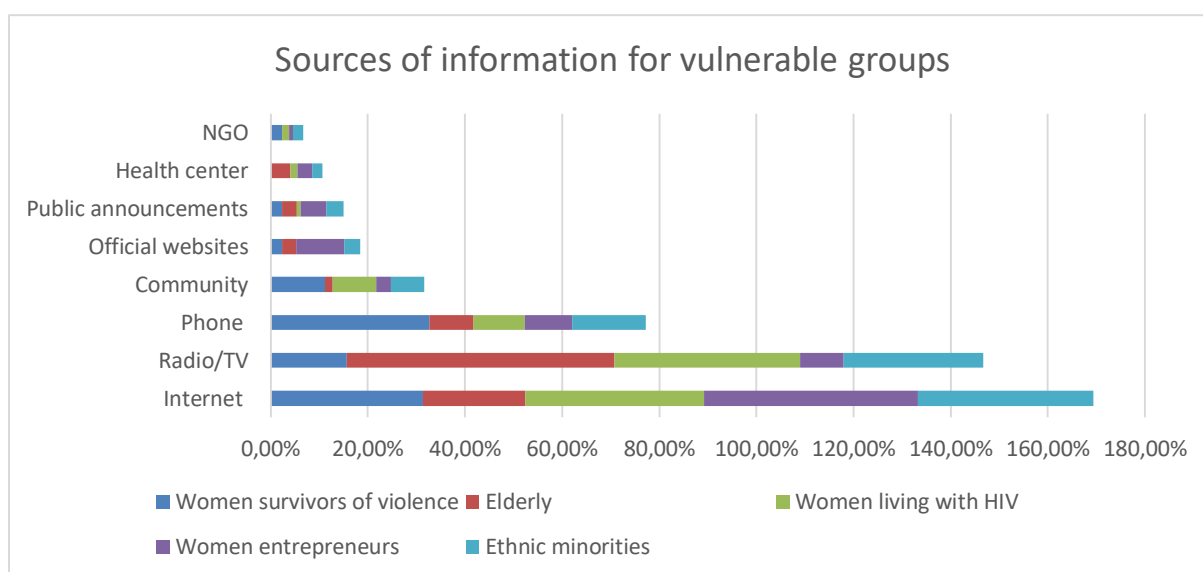
Women entrepreneurs are an exception. They comprise a special group in the survey sample as they are not a vulnerable group. Based on their responses, they tend to trust official government websites more. This is the group that said they were able to prepare effectively for the changing situation.

Women entrepreneurs (N=177), %

	Information was available so I was able to prepare	Information was clear so I was able to prepare for the lockdown	Information was too late so I had no time to prepare for the lockdown	Information was contradictory and confusing	Did not receive any information	Was not able to prepare	Was able to prepare
Internet & social media (Facebook, Instagram, etc.)	42.3	26.9	11.1%	11.5	7.6	30.7	69.2
Radio / television / newspapers	84.6	15.4	0	0	0	0	100
Phone (Telegram, Viber, WhatsApp, or calls)	76.9	7.6	7.6	7.6	0	15.3	84.6

So, having chosen one channel of information as a key one, only older persons, women entrepreneurs and partially ethnic minorities were able to prepare for the lockdown.

The other vulnerable groups were not able to be prepare for the quarantine, because they thought the information was either confusing or too late or because they received no information via this particular channel.



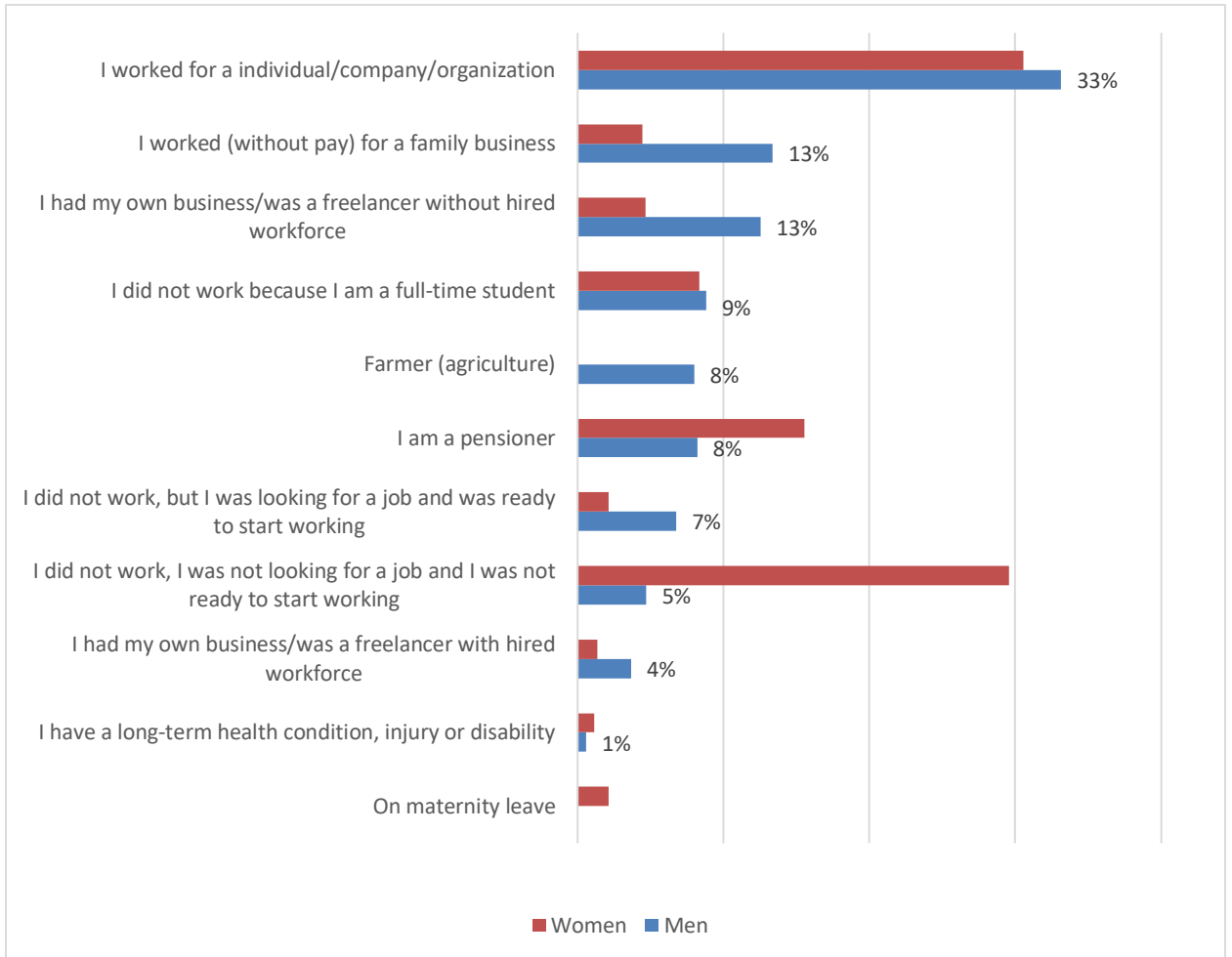
4.3. Employment and income sources

Before the lockdown, 32% of respondents were employed, 17.5% did not work, 8.5% had own businesses without hired workforce, and 2.5% of respondents had businesses with hired workforce.

Before the pandemic, one third of interviewed women were employed as hired workers (30.5%), with the number of employed men being about the same (33.1%). The proportion of unemployed women was much higher (29.6% of women against 4.7% of unemployed

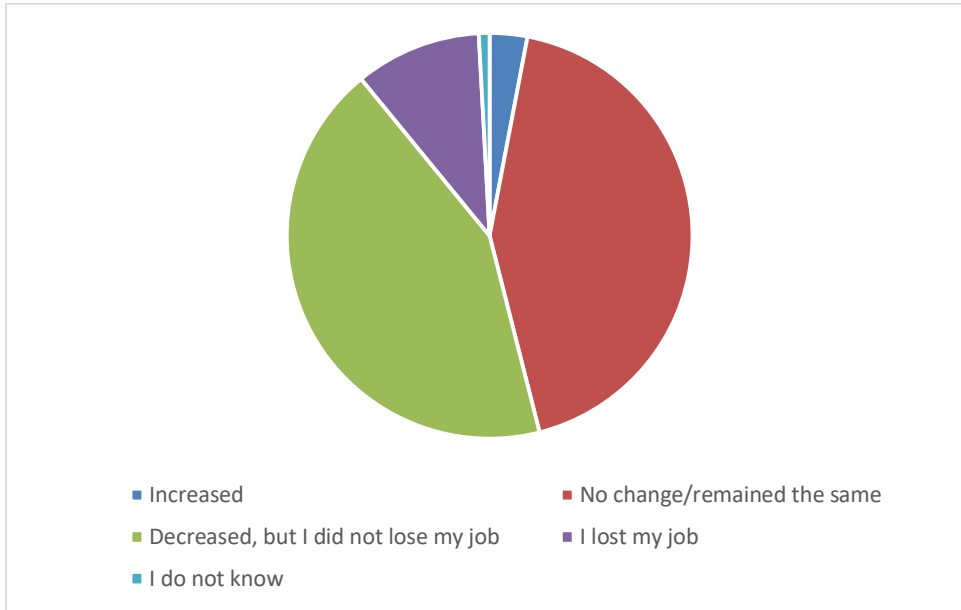
men). 15.6 percent of women were retired; the percentage of retired men was 2 times less (8.2%). Only 1.4 percent of women had own businesses with hired workforce as compared to 3.7 percent of men (2 times more). The share of women and men owning businesses without hired workforce (individual entrepreneurs, freelancers) was 4.7 and 12.6 percent, respectively.

How would you best describe your employment status during a normal week prior to the spread of COVID-19?



Among employees and business owners with hired workforce, the number of working hours either decreased without job loss or remained unchanged (43% in both groups). Ten percent of respondents lost their jobs. This applies equally to both men and women.

Has the number of paid working hours changed since the COVID19 outbreak, in %?



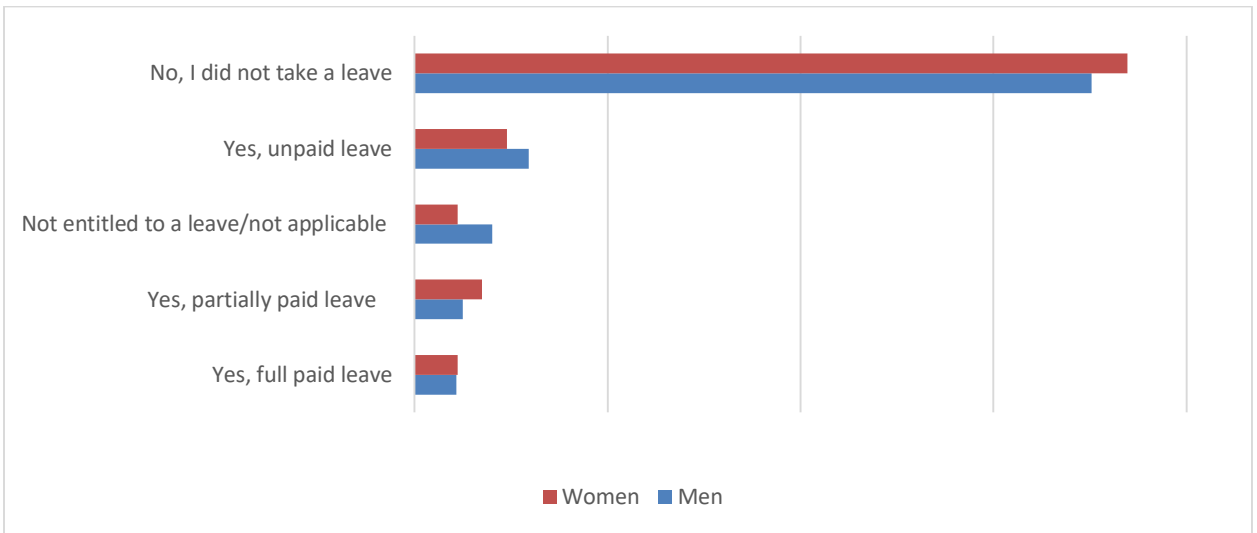
Out of all women employed on paid job or having own businesses (188 respondents), 10 percent (18 respondents) lost their jobs, including 7 percent of employees and 3 percent of business owners. Out of women who lost their jobs, 83 percent live in urban areas and 17 percent live in rural areas. The proportion of women who lost their jobs in the age of 45-54 is 33 percent (6 respondents).

Among employed respondents, the majority (72%) did not take leave due to the COVID-19 crisis. There are no big differences by gender, but there are still slightly more women in this category. The percentage of men who took unpaid leave is slightly higher than that of women (11.8% and 9.6%, respectively).

Out of women who took unpaid leave (15 respondents), 60 percent live in rural areas and 40 percent live in urban areas. The distribution by age is uneven. Along with the loss of income due to taking the leave, half of women also experienced a decline in earnings from other sources.

The overwhelming majority of men (71%) and women (83%) said their employers pay pension and social insurance contributions.

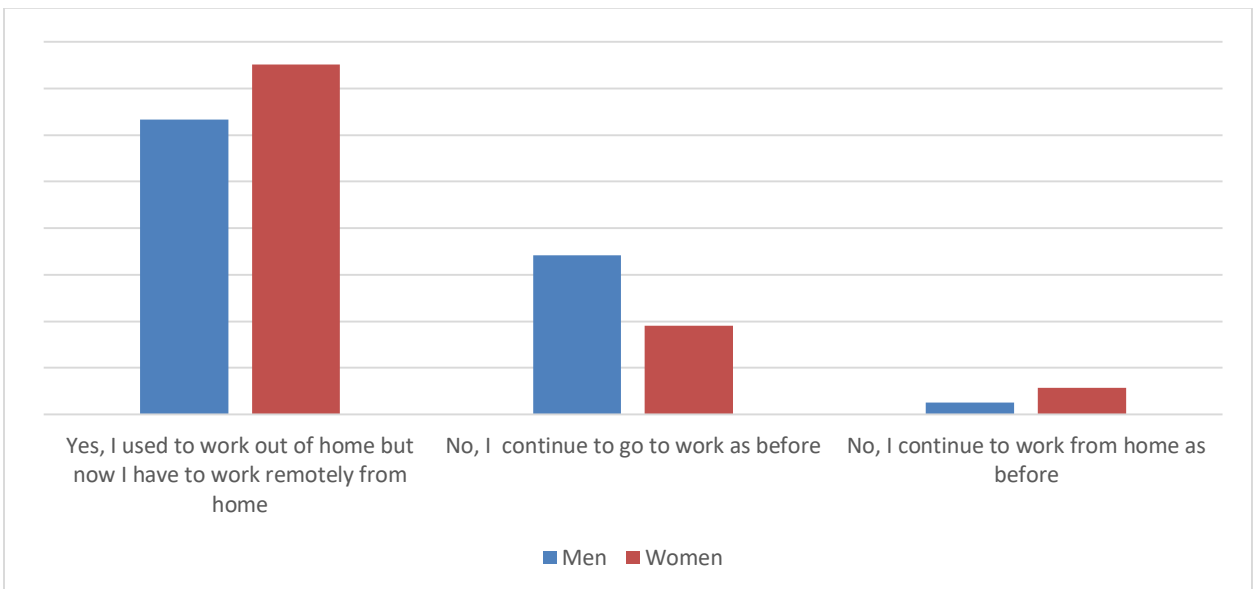
Have you had to take a leave after the COVID19 outbreak, in %?



63.4 percent of men and 75.2 percent of women switched to remote work and 34.2 percent of men and 19.1 percent of women continued to go to work. There are also 2 times more women among those who worked from home before the pandemic. That is, women in Kyrgyzstan adapted to new conditions better than men and some of them were able to work remotely.

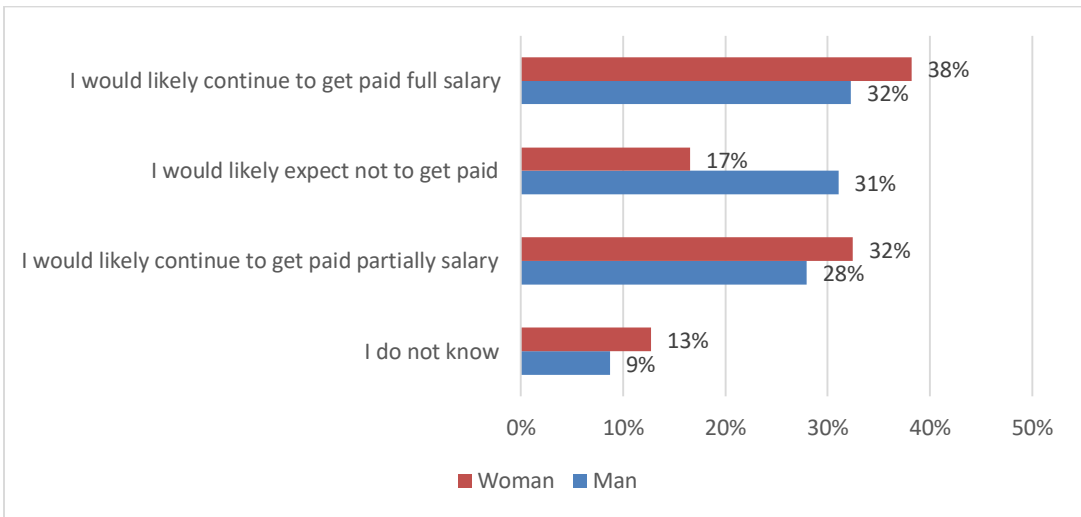
Out of 118 women working remotely, the majority are women aged 25-34 (35%) and 35-44 (24%); 66 percent live in urban areas and 44 percent live in rural areas; 28 percent have no children, 60 percent have 1 to 3 kids, and 12 percent have up to 6 children.

Has your normal workplace changed after the COVID-19 outbreak?



In answering the question about changes in their earnings in case of potential loss of work for at least two weeks due to COVID-19, the respondents said the following:

If you could work for at least two weeks because of COVID-19, how do you think your income would change?

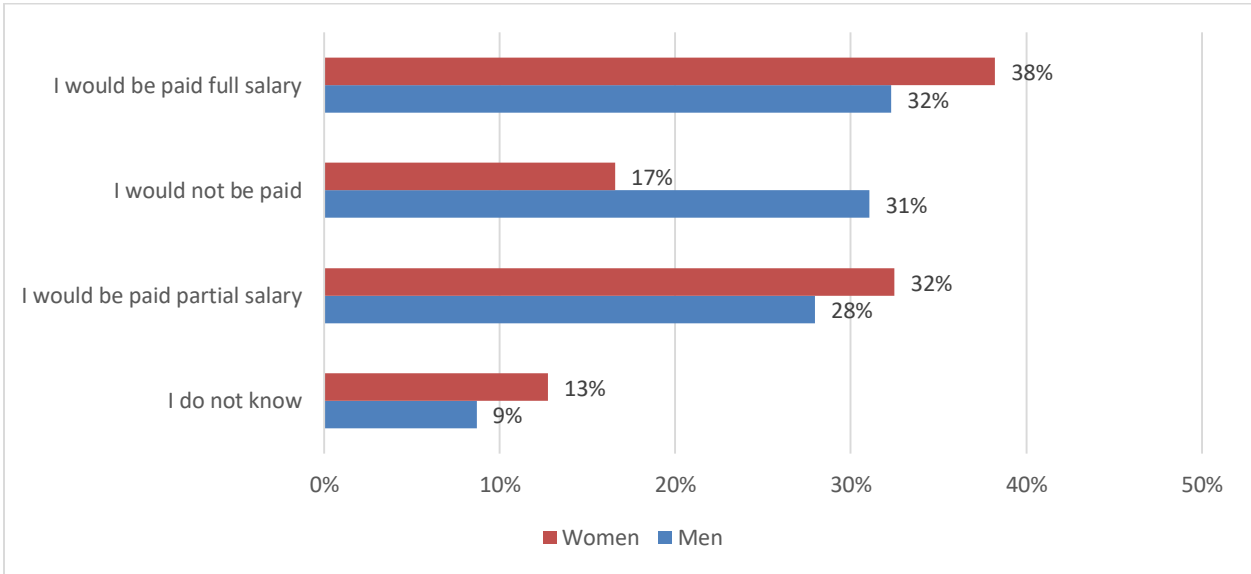


There are more women among the respondents who said they do not know what will happen to their earnings, as well as among those who hope they will be paid partially or in full. There are 2 times more men than women among those who think they will not be paid. It turns out that both women and men are vulnerable in this situation, which means economic instability for their families.

Among individual entrepreneurs and self-employed respondents, 73 percent of men and 55 percent of women said their businesses were not registered. This group of respondents suffered most from the measures taken to combat the pandemic.

The COVID-19 outbreak strongly affected respondents' businesses in almost half of all cases (47%); 13 percent of businesses were forced to close. There are more men than women who said COVID-19 impacted their business, but there are more women whose businesses closed during the outbreak.

How has the COVID-19 outbreak impacted your business, in %?



Among the respondents who said their earnings did not change after the lockdown restrictions, the majority are men who have paid jobs (30.9% as compared to 23.9% of

women), own businesses (21.6% as compared to 7.8% of women) and investments in real estate or savings (13% against 1.9% of women).

For women, only pensions and social payments remained unchanged.

Among men, the percentage of income loss due to COVID-19 is the greatest in agriculture (32.7%), own/family businesses (23.7%) and paid employment (21%).

Women lost earnings mostly from the remittances of migrants (22% of women as compared to 13% of men) and income from own/family businesses (18.5%).

How has COVID-19 impacted your earnings/sources of income, in %?

		Increased	No change	Decreased	Not an income source
Income from farming	Men	1.4	24.1	32.7	41.8
	Women	0.2	29.8	16.9	53.1
Income from own/family business or freelance activity	Men	0.2	21.6	23.7	54.5
	Women	0.2	7.8	18.5	73.5
Income from a paid job	Men		30.9	21.0	48.1
	Women	0.2	23.9	15.6	60.3
Income from investments in real estate or savings	Men		13.0	5.3	81.7
	Women		1.9	1.9	96.1
Pensions and other social payments	Men	0.2	25.9	1.2	72.6
	Women		30.2		69.8
Farming, animal husbandry or fishing	Men	0.6	22.8	23.7	52.9
	Women		13.2	11.3	75.5
Support from people abroad (migrants)	Men	0.2	14.6	13.4	71.8
	Women	0.2	2.9	22.0	74.9
Support from family/friends in the country (money, food, etc.)	Men	0.4	21.6	12.6	65.4
	Women	1.0	13.0	11.9	74.1
Government support	Men	1.4	17.9	2.5	78.2
	Women	0.6	8.2	0.4	90.9
Support/charity from NGOs or other organizations	Men	0.6	13.2	1.9	84.4
	Women		2.9	0.2	96.9

A small percentage of respondents faced a decrease in government support and support/charity from philanthropists, but it is interesting that there are more men who think so than women.

Main sources of income for men and women, in %

	Women		Men	
	Source of income	Only source of income	Source of income	Only source of income

Income from farming	47	4	58	2
Income from own/family business or freelance activity	26	3	45	5
Income from a paid job	40	11	52	11
Income from investments in real estate or savings	4	0	18	0
Pensions and other social payments	30	4	27	2
Farming, animal husbandry or fishing	25	1	47	0
Support from people abroad (migrants)	25	2	28	0
Support from family/friends in the country (money, food, etc.)	26	4	35	2
Government support	9	0	22	0
Support/charity from NGOs or other organizations	3	0	16	0

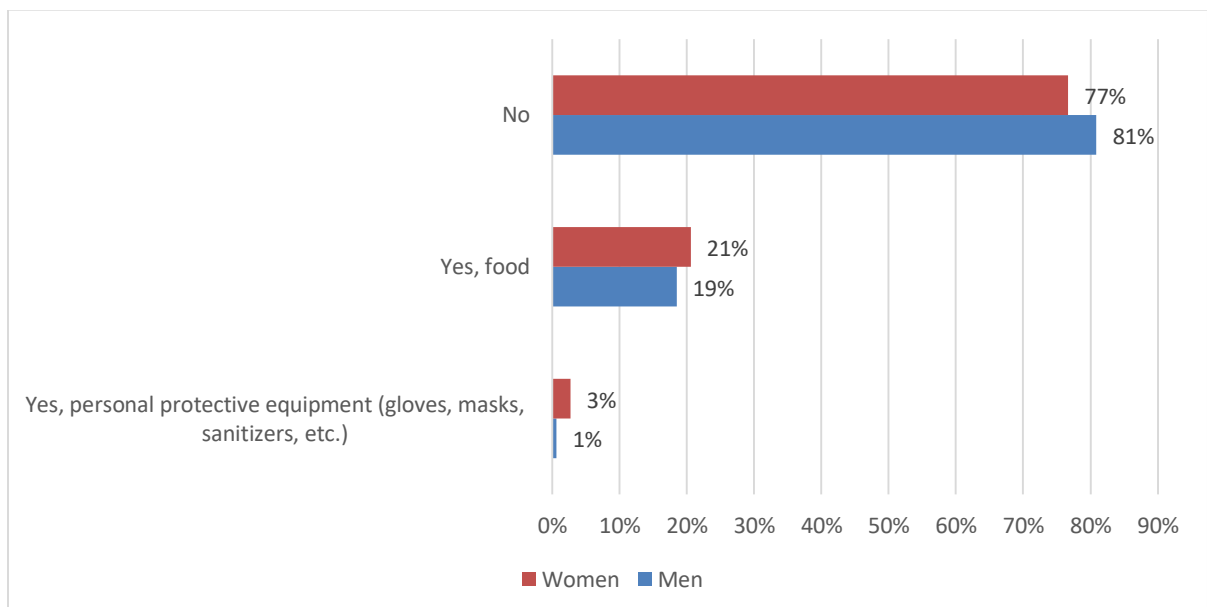
The majority of respondents, both men and women, said their only source of income was paid job. There are more women who responded that their main and only source of income is pension. Men outnumber women in all other response categories.

Ninety three percent of rural families with children and elderly said their income from remittances decreased. In urban areas, this percentage is lower, making 64 percent.

Only 6 percent of men and 8 percent of women receive unemployment benefits and/or other financial support from government and/or local municipalities.

The overwhelming majority of respondents (79%) have not received any in-kind support from government and/or local municipalities after the spread of COVID-19, 20 percent have received food and 2 percent have received personal protective equipment.

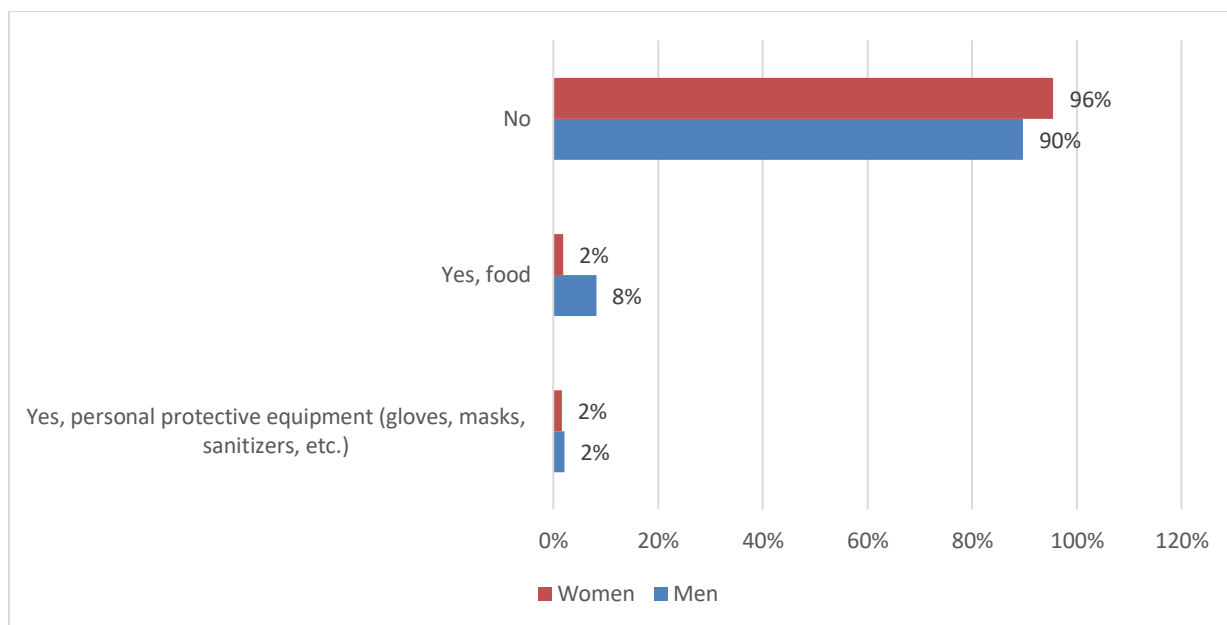
Have you received any in-kind support from government and/or local municipalities since the COVID19 outbreak, in %?



There are slightly more women than men who said they received help.

Only 5 percent of respondents said they received food and 2 percent said they received personal protective equipment NGOs/CSOs. There is a difference in the share of respondents who received food: 8.2 percent of men and 1.9 percent of women.

Have you received any in-kind support from non-government/civil society organizations, in %?



RESPONSES OF VULNERABLE GROUPS

In the main group of respondents, the overwhelming majority of men (71%) and women (83%) said their employers pay pension/social insurance contributions.

However, the situation is slightly different in vulnerable groups. Answering the question “Does your employer pay pension/social insurance contributions on your behalf?”, 53.3 percent of respondents from vulnerable groups said “Yes”, 29.1 percent said “No” and 17.5 percent chose “I don’t know”. This means that vulnerable groups are less protected in terms of pension and social insurance.

The responses of vulnerable groups can complete the picture of how their earnings changed as a result of restrictions imposed to fight the pandemic.

For these groups, it is important to analyze their responses about changes in income, as a very small percentage of respondents from these groups chose the options “increased” and “no change”.

How has COVID-19 impacted your personal earnings/sources of income, in %?

	Older persons	Women survivors of violence	Women living with HIV	Ethnic minorities	Women entrepreneurs
Income from farming	10.9	9.1	7.9	8.9	10.6
Income from own/family business or freelance activity	6.8	10.5	5.3	16.4	29.8

Income from a paid job	8.2	15.4	30.7	18.6	11.5
Income from investments in real estate or savings	0	0	0	2.8	3.9
Pensions and other social payments	1.4	2.8	3.5	4.1	4.8
Farming, animal husbandry or fishing	9.6	8.4	2.6	4.7	6.1
Support from people abroad (migrants)	30.1	17.5	26.3	17.3	11.2
Support from family/friends in the country (money, food, etc.)	17.8	25.2	22.8	18.1	9.9
Government support	8.2	6.3	0	3.9	6.4
Support/charity from NGOs or other organizations	6.9	4.9	0.8	5.0	5.8

The COVID-19 outbreak has most impacted those respondents whose main income is from:

- Paid employment: 30.7 percent of women living with HIV, 18.6 percent of ethnic minorities, and 15.4 percent of women survivors of violence;
- Money from people living abroad presumably migrant remittances: 30.1 percent of pensioners, 26.3 percent of women living with HIV, and 17.5 percent of women survivors of violence;
- Support from family/friends living in the country: 25 percent of women survivors of violence, 22.8 percent of women living with HIV, and 18.1 percent of ethnic minorities.

It is particularly noteworthy that although both government and NGOs/CSOs were providing assistance to vulnerable groups as part of the COVID-19 response, many respondents said the share of government and charity support in their income decreased.

Out of those who think government support has decreased, 8.2 percent are older persons, 6.3% percent of women survivors of violence and 6.4 percent of women entrepreneurs. For comparison, only 0.4 percent of women from the main group of respondents chose this answer.

Among respondents who believe that assistance from charity organizations and NGOs/CSOs has decreased, 6.9 percent are older persons, 5 percent are ethnic minorities, 4.9 percent of women survivors of violence, and 5.8 percent of women entrepreneurs. The share of women from the main group of respondents who chose this answer is 0.2 percent only.

Given the importance of this question, the responses were analyzed with regard to the number of children in households, with particular focus on large families.

How has COVID-19 impacted your earnings/sources of income, in %?

	Families with 1-3 children	Families with 4 or more children
Income from farming	11.9	14.1
Income from own/family business or freelance activity	21.1	23.9
Income from a paid job	18.9	18.4
Income from investments in real estate or savings	2.6	2.2
Pensions and other social payments	5.1	5.4
Farming, animal husbandry or fishing	6.8	9.7
Support from people abroad (migrants)	18.5	23.9
Support from family/friends in the country (money, food, etc.)	15.1	25.0
Government support	6.0	13.0
Support/charity from NGOs or other organizations	5.3	10.9

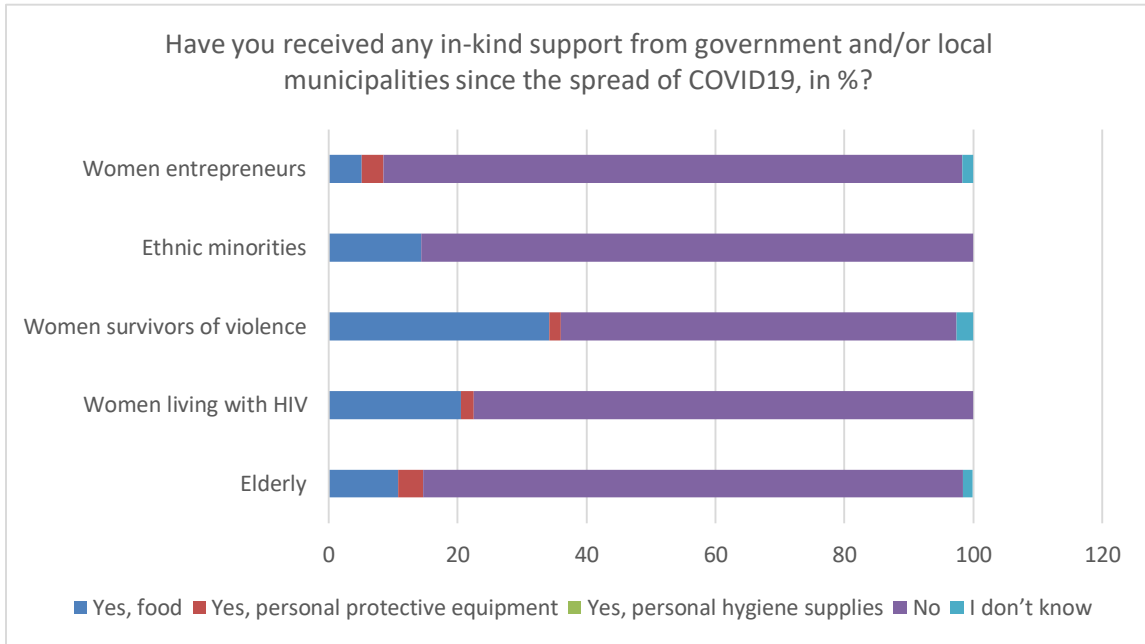
The responses show that large families suffered more from the lockdown measures. This is particularly noticeable in terms of loss of income from migrant remittances and reduced support from relatives and friends. The decline in government support and charity also was more tangible for these households.

While in the main group of respondents there are 6 percent of men and 8 percent of women who receive unemployment benefits and/or other financial support from government and/or local municipalities, the share of beneficiaries in the vulnerable groups is 9.7 percent.

Answering the question about government support, women survivors of violence and women living with HIV and about the same share of older persons and ethnic minorities said they received food.

Percentage of vulnerable citizens who received support from government and/or local municipalities, in %

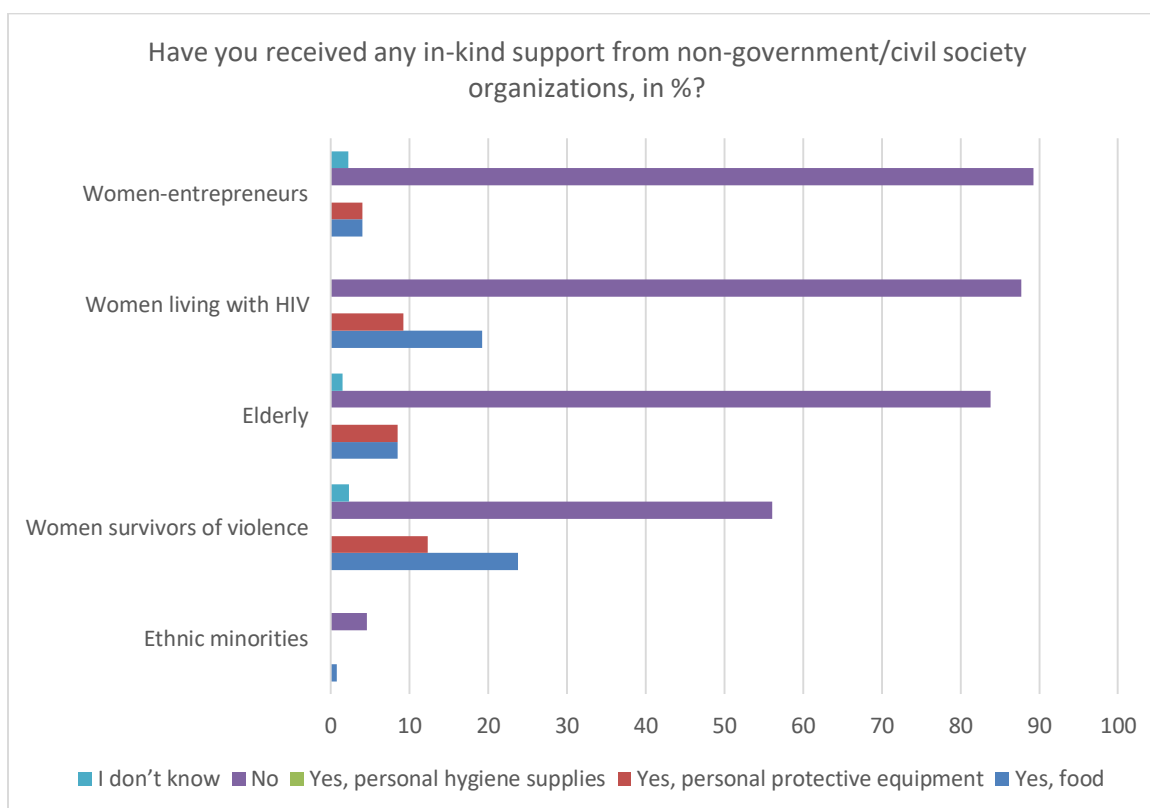
	Yes, food	Yes, personal protective equipment	Yes, hygienic supplies	No	I don't know
Older persons	10.8	3.8	0.0	83.8	1.5
Women living with HIV	20.5	2.0	0.0	77.5	0.0
Women survivors of violence	34.2	1.8	0.0	61.4	2.6
Ethnic minorities	14.3	0.0	0.0	85.7	0.0
Women entrepreneurs	5.1	3.4	0.0	89.8	1.7



The percentage of ethnic minorities among those who received support from NGOs/CSOs is much lower.

Percentage of vulnerable citizens who received support from NGOs/CSOS, in %

	Yes, food	Yes, personal protective equipment	Yes, hygienic supplies	No	I don't know
Older persons	8.5	8.5	0	83.8	1.5
Women living with HIV	19.2	9.2	0	87.7	0
Women survivors of violence	23.8	12.3	0	56.1	2.3
Ethnic minorities	0.8	0	0	4.6	0
Women entrepreneurs	4	4	0	89.3	2.2



4.4. Access to basic resources and services in the SoE and SE context

Currently, 38 percent of men and 30 percent of women do not have medical insurance, so nearly every third person is vulnerable from this perspective and may choose not to seek medical help, including about coronavirus.

The majority of respondents (79%) said that if COVID-19 related restrictions continue, they would have problems with covering basic expenses. More than half of respondents would seek help from their friends and relatives, 31 percent would seek help from local authorities and 19 percent said they would get a loan.

How do you think your financial situation will change if the COVID-19 lockdown continues, in %?

		Yes	No
Will be difficult to meet basic expenses (food, hygiene products, etc.)	Men	78.6	21.4
	Women	80.0	20.0
Will be difficult to pay rent and utilities	Men	67.9	32.1
	Women	61.5	38.5
Will not be able to pay for health services/medical help	Men	61.5	38.5
	Women	69.3	30.7
Will have to seek help from relatives and friends	Men	55.8	44.2
	Women	47.7	52.3
Will have to seek help from local authorities	Men	31.9	68.1
	Women	30.0	70.0
Will have to get a loan	Men	20.0	80.0

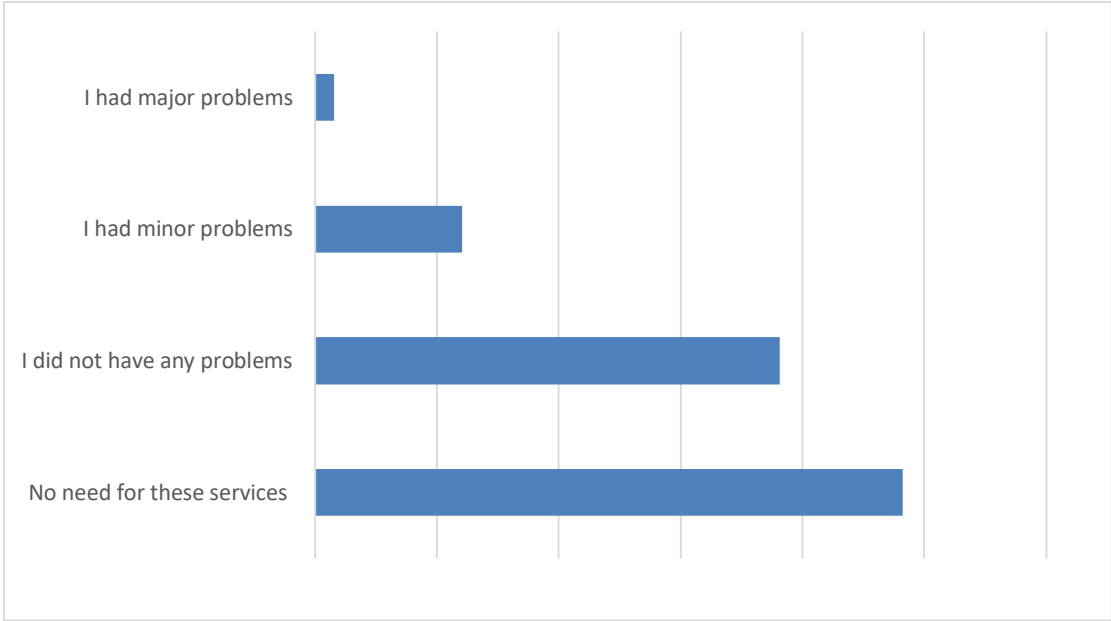
	Women	17.7	82.3
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When analyzed by gender, the responses show that women tend to choose cutting down basic expenses and not seeing doctors as their key survival strategy in case of lockdown extension. As compared to women, men are more likely to seek help from friends and relatives or local authorities and more willing to take out a loan.

The responses to this question show that most vulnerable are families with 3 or more children, both in urban and rural areas. Ninety percent of rural households with 3 or more children said it would be difficult for them to meet even basic expenses. Sixty eight (68) percent of both rural and urban households with more than 3 children will have problems with paying rent and utilities. Seventy nine (79) percent of rural and 70 percent of urban households will stop using healthcare services.

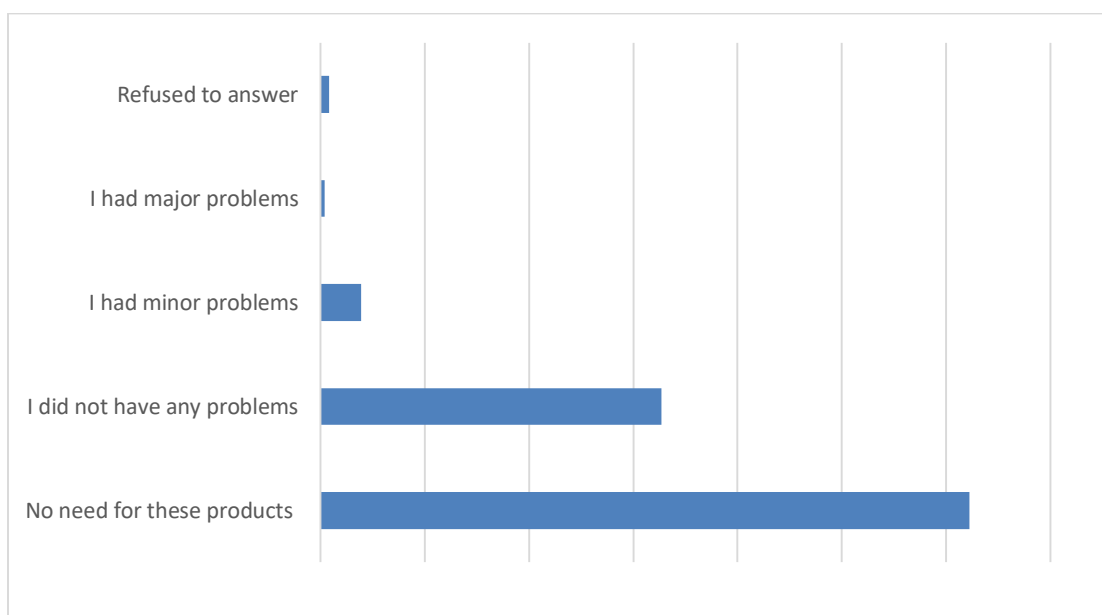
Twelve (12) percent of respondents said they had some problems with access to gynecological and obstetric care after the spread of COVID-19, while 1.6 percent said they had serious problems with access to these services. However, the majority of women respondents said they did not need such services.

Have you personally experienced any problems with access to sexual and reproductive health services since the COVID-19 outbreak, in %?



When asked about access to contraceptives, less than 1 percent of women respondents said they had serious problems and 3.9 percent said they had minor problems.

Have you personally experienced any problems with access to contraceptives since the spread of COVID-19, in %?



The analysis of responses to this question shows that a very large number of respondents chose the options “no need in sexual and reproductive health services” (48.2%) and “no need in contraceptives” (62.3%).

In analysis of responses to this question, of primary importance is the age of women respondents. The prevalence of the “no need” answer in all age groups should be of great concern to government agencies and civil society organizations working in the reproductive health and family planning areas.

It is understood that women from the 45-54, 55-64 and 65+ age groups are likely to give this answer. However, the high percentage of women of fertile age who also chose this answer is indicative of disturbing trends. On the one hand, this could be due to their poor knowledge of family planning. On the other hand, this could be the result of growing traditionalistic and religious views where women do not take responsibility for reproductive issues, but tend to rely on chance or providence.

Have you personally experienced any problems with access to sexual and reproductive health services since the spread of COVID-19, in %?

Gynecological and obstetric care						
		I do not need these services	I had no problems	I had minor problems	I had major problems	Total
Age	18-24	55.1	33.7	8.2	3.1	100.0
	25-34	46.0	33.8	18.7	1.4	100.0
	35-44	37.9	43.2	15.8	3.2	100.0
	45-54	49.4	40.7	9.9		100.0
	55-64	47.5	47.5	4.9		100.0
	65+	62.5	32.5	5.0		100.0
Total		48.2	38.1	12.1	1.6	100.0

Contraceptives						
		I do not need these products	I had no problems	I had minor problems	I had major problems	Refused to answer
Age	18-24	77.6	19.4	2.0	1.0	
	25-34	60.4	32.4	6.5	0.7	
	35-44	41.1	48.4	8.4		2.1
	45-54	65.4	32.1	1.2		1.2
	55-64	59.0	39.3			1.6
	65+	80.0	20.0			
Total		62.3	32.7	3.9	0.4	0.8

Twenty one (21) percent of respondents experienced stress, anxiety or psychological / mental / emotional issues due to the COVID-19 outbreak. Sixty one (61) percent of respondents with children of school age mentioned reduced school hours or closure of schools. There are more women (40.1%) than men (28%) who mentioned this, which correlates with the responses that women bear most of responsibilities associated with helping children in remote learning.

Have you personally experienced any of the following due to the COVID-19 outbreak, in %?

		Yes	No
1. Physical illness	Men	2.5	97.5
	Women	5.3	94.7
2. Illness of a family/household member	Men	5.3	94.7
	Women	4.7	95.3
3. Death of a family/household member	Men	0.8	99.2
	Women	0.4	99.6
4. Psychological/mental/emotional issues (e.g. stress, anxiety, etc.)	Men	20.8	79.2
	Women	21.6	78.4
5. Internal migration/moving to another part of the country	Men	1.4	98.6
	Women	1.4	98.6
6. Recent return from abroad	Men	1.0	99.0
	Women	0.2	99.8
7. Reduced school hours or closure of schools	Men	28.0	25.9
	Women	40.1	17.9

The COVID-19 outbreak caused problems with access to the following services:

Have you personally experienced any problems with access to any of the following due to the COVID-19 outbreak, in %?

		Minor problems	Major problems	No problems	No need
Food supplies	Men	46.7	11.3	42.0	

	Women	54.7	14.2	31.1	
Personal protective equipment (masks, gloves, etc.)	Men	51.0	6.0	32.5	10.5
	Women	56.6	8.9	23.7	10.7
Healthcare/medical assistance for myself and/or family members	Men	38.1	3.3	33.5	25.1
	Women	49.8	6.8	18.3	25.1
Hygiene and sanitary products (soap, water filters, hygienic kits)	Men	44.7	1.9	46.9	6.6
	Women	50.4	5.4	38.7	5.4
Public transport	Men	22.6	19.3	23.9	34.2
	Women	24.3	32.7	14.0	29.0
Water supply	Men	3.9	0.2	95.9	
	Women	15.8	4.1	80.2	
Social services/assistance for myself and/or family members	Men	24.9	2.5	34.8	37.9
	Women	30.9	4.5	20.0	44.6

The most sensitive problem for respondents was the ban of public transport, particularly for women (32.7%) while much less men experienced inconveniences (19.3%). The reason is that many men have own cars while women (especially those working in the public sector and caring for separately living older relatives) had to walk long distances on foot.

Answers to this question show that women experienced "major problems" and "minor problems" more often than men did. They also had limited access to basic resources. Women had more problems with purchasing food supplies (54.7% and 14.2%) as compared to men (46.7% and 11.3%, respectively). In all cases as per the answer options given above, women also faced more problems with access to other essential resources, such as medicines and personal protective equipment, healthcare services, hygienic and sanitary products, water supply and social services.

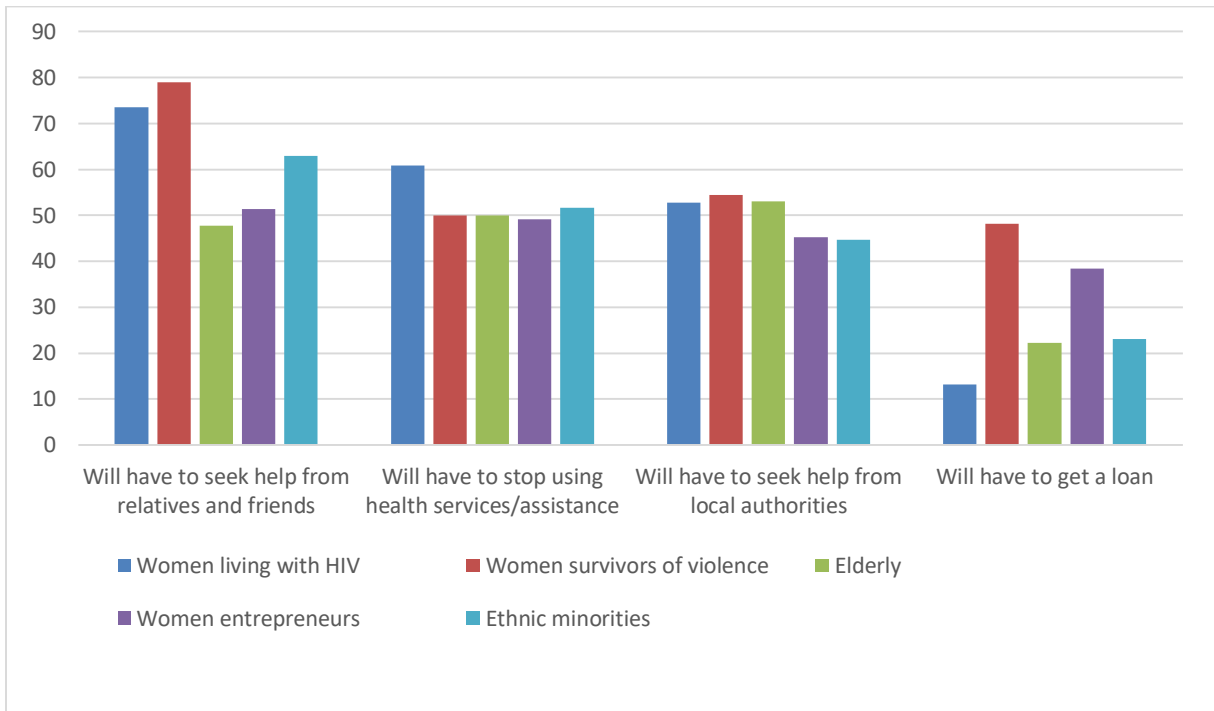
RESPONSES OF VULNERABLE GROUPS

When asked about survival strategies in case of COVID-19 lockdown extension, respondents from vulnerable groups answered similarly to women from the main group of respondents.

More than half of older persons and women survivors of violence would have to seek help from authorities and stop using healthcare services. Women living with HIV, women survivors of violence (9%) and women entrepreneurs would seek help from relatives.

The least popular answer was "will have to get a loan". The only exception were women entrepreneurs who were ready to get a loan.

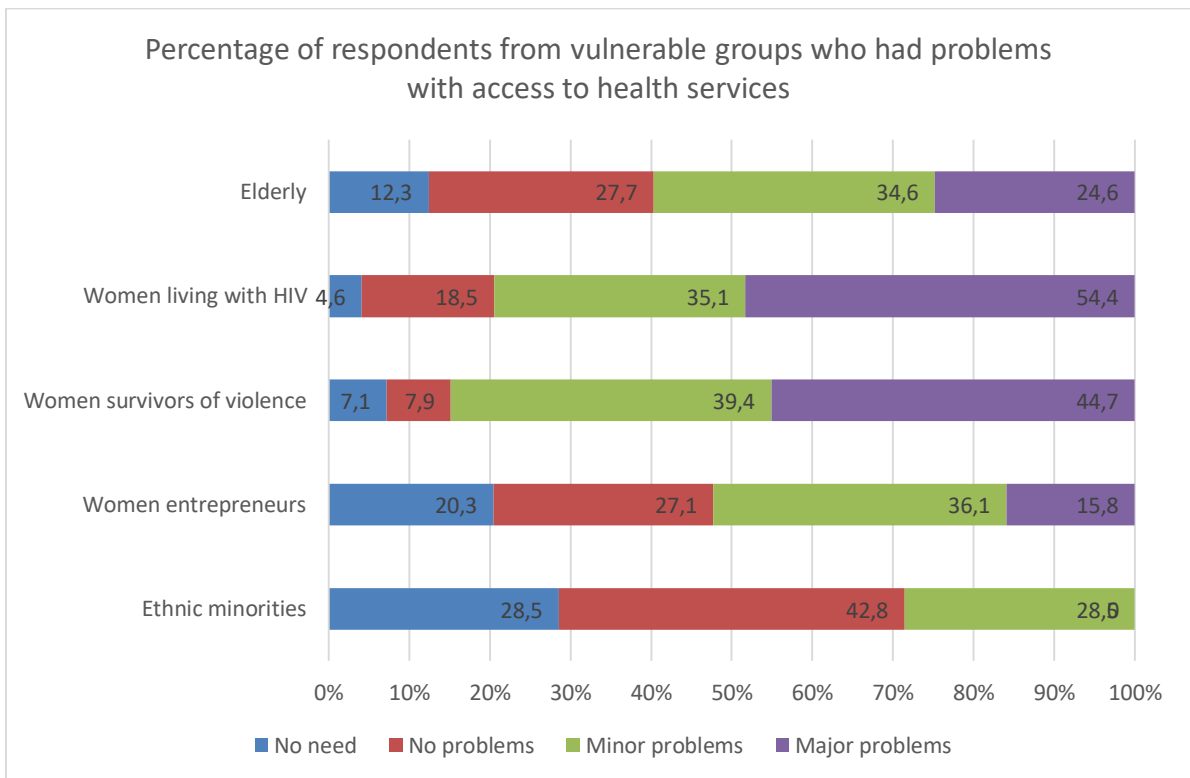
Strategies selected by vulnerable groups in case of lockdown extension, in %



The greatest problem anticipated by vulnerable groups in case of lockdown extension is the lack of access to healthcare services. This is particularly important for people living with HIV.

Have you personally experienced problems with access to any of the following [3. access to healthcare services/medical assistance for myself and/or family members], in %?

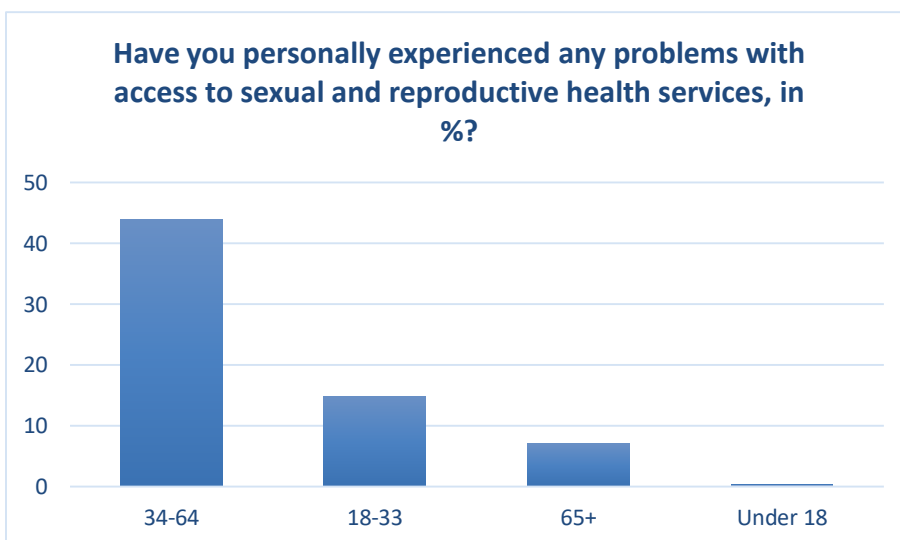
	No need	No problems	Minor problems	Major problems
Elderly	12.3	27.7	34.6	24.6
Women living with HIV	4.6	18.5	35.1	54.4
Women survivors of violence	7.1	7.9	39.4	44.7
Women entrepreneurs	20.3	27.1	36.1	15.8
Ethnic minorities	28.5	42.8	28.5	0



There are women in the age groups of 18-33 and 34-64 who said they had problems with access to sexual and reproductive health services:

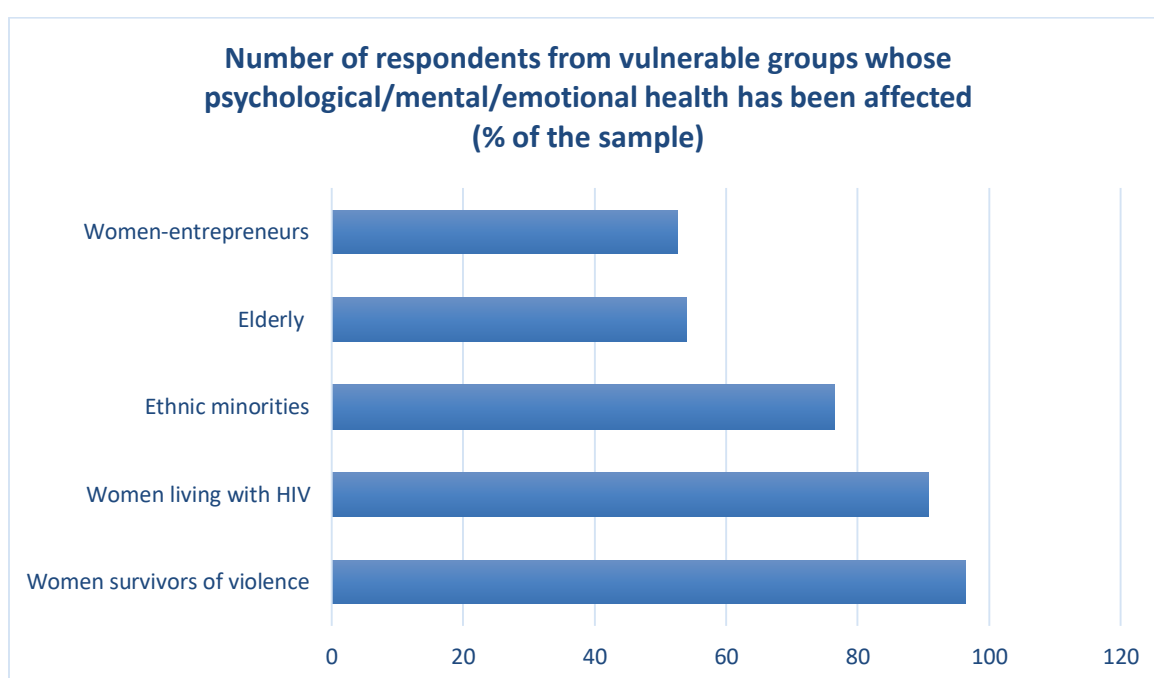
Have you personally experienced any problems with access to sexual and reproductive health services, by age, number and %?

Age groups	Number	% of the total number
Under 18	2	0.2
18-33	126	14.8
34-64	372	43.9
65+	60	7.1



In response to the question about COVID-19 related implications for emotional and mental health, 21.6 percent of respondents from the main group said their emotion and mental health has worsened. In vulnerable groups, this percentage is many times higher.

Vulnerable group	Number of respondents	Experienced psychological/mental/emotional distress, in %
Women survivors of violence	114	96.6
Women living with HIV	151	90.7
Ethnic minorities	391	76.5
Elderly	130	53.9
Women entrepreneurs	177	52.2



Responses of vulnerable groups about access to key services were analyzed with a breakdown into “minor problems” and “major problems”.

Have you personally experienced any problems with access to services due to the COVID-19 outbreak, in %?

	Elderly		Women survivors of violence		Women living with HIV		Ethnic minorities		Women entrepreneurs	
	Minor	Major	Minor	Major	Minor	Major	Minor	Major	Minor	Major
Food supply	48.5	19.2	38.6	53.5	40.4	49.0	47.3	29.9	48.0	15.3
Personal protective equipment (masks, gloves, etc.)	46.9	29.2	41.2	54.4	60.0	38.4	52.7	31.2	45.2	15.8
Healthcare/medical assistance for myself and/or family members	34.6	24.6	39.5	44.7	35.1	42.1	40.4	27.6	36.2	15.8

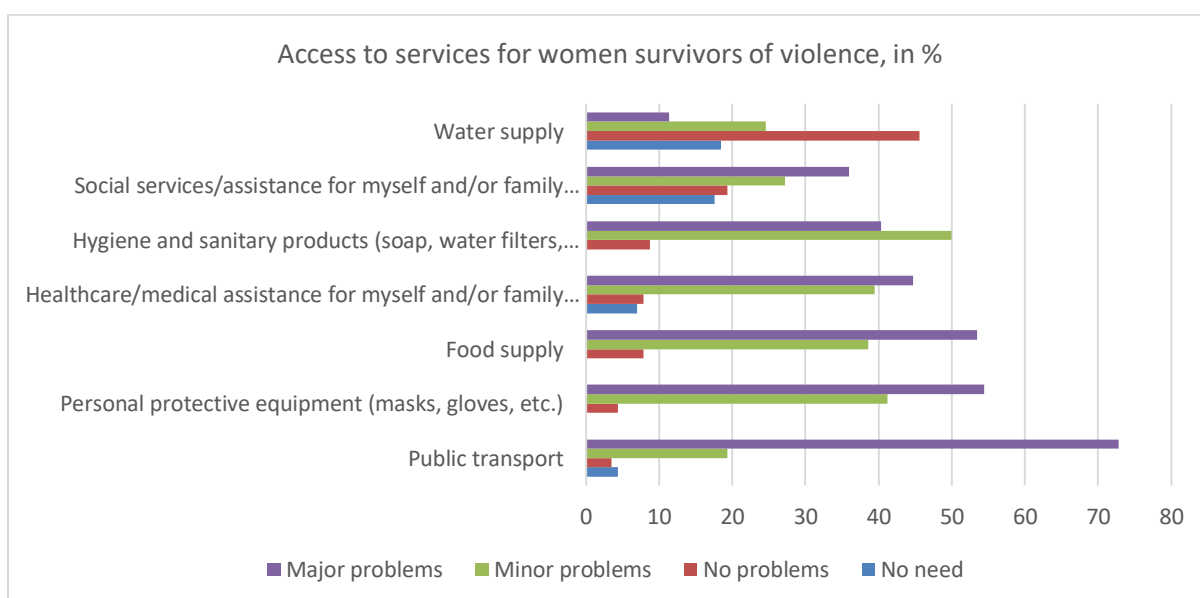
Hygiene and sanitary products (soap, water filters, hygienic kits)	34.6	22.3	50.0	40.4	45.7	34.4	39.6	26.3	35.0	9.6
Public transport	20.0	51.5	19.3	72.8	6.0	91.4	15.6	69.3	18.1	41.8
Water supply	30.8	3.1	24.6	11.4	19.2	1.3	24.6	5.1	21.5	7.9
Social services/assistance for myself and/or family members	30.0	23.0	27.2	36.0	31.8	46.4	29.7	30.2	28.2	14.7

Almost all vulnerable groups show a significantly higher percentage of answers indicating problems as compared to the main group of respondents. For example, only 32.7 percent of respondents from the main group said they experienced significant problems due to the ban of public transport, while in vulnerable groups this percentage is several times higher: 91.4 percent of women living with HIV, 72.8 percent of women survivors of violence and 69.3 percent of ethnic minorities.

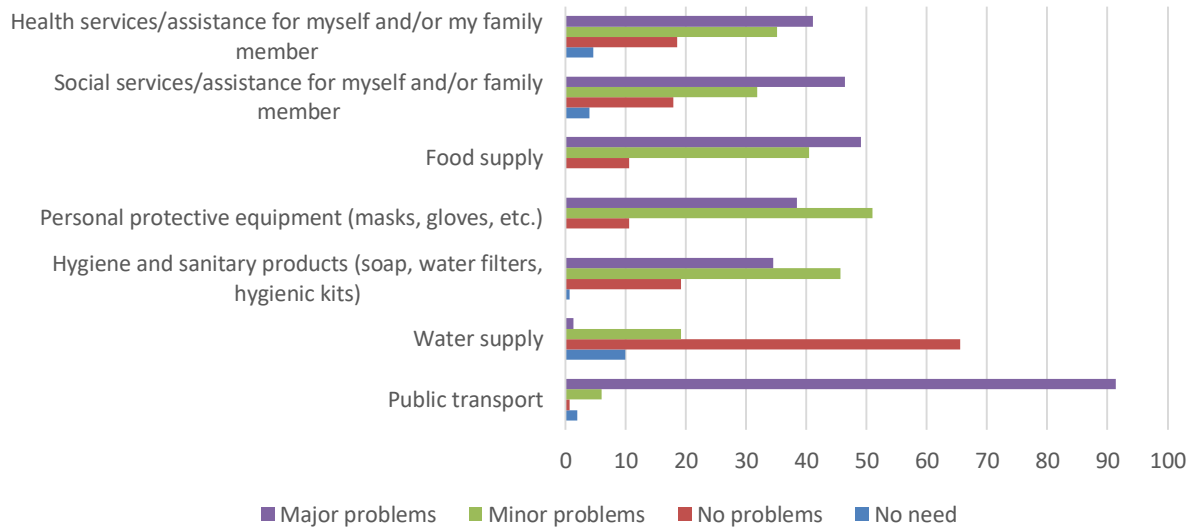
What strikes the eye first is that the majority of respondents from the main group chose the “minor problems” option with not so many indicating “major problems”, while vulnerable groups do not demonstrate any significant difference between these two answers. An expected exception is women entrepreneurs.

In all cases as per the answer options given above, vulnerable women also had more problems with access to other essential resources, such as food suppliers, medicines and personal protective equipment, healthcare, hygienic and sanitary products, and social assistance.

The situation is particularly alarming for women survivors of violence and women living with HIV.



Access to services for women living with HIV



4.5. Distribution of gender roles and domestic workloads

The COVID-19 outbreak increased the number of hours spent by women on cleaning (68%), cooking and serving meals (67%), and playing with, talking and reading to children (59%). As for men, they started to spend more time on cleaning (35%) and shopping (30%).

Has the number of hours spent on the following activities changed after the COVID-19 outbreak, in %?

Activity		I do not usually do it	Increased	Unchanged	Decreased
1. Cooking and serving meals	Men	60.9	8.2	29.8	1.0
	Women	4.3	66.5	27.0	2.1
2. Home cleaning and maintenance (outside and inside the house; clothing repair)	Men	21.8	35.2	41.4	1.6
	Women	4.7	67.7	27.4	.2
3. Household management (e.g. paying bills)	Men	12.3	23.5	59.1	5.1
	Women	8.6	46.3	42.0	3.1
4. Shopping for family/family member	Men	7.8	29.6	42.8	19.8
	Women	5.4	53.5	25.1	16.0
5. Water delivery/fuel gathering	Men	28.8	14.2	56.6	.4
	Women	30.9	30.7	36.6	1.8
6. Playing with, talking and reading to children	Men	31.7	28.2	34.8	5.3
	Women	19.1	58.9	20.0	1.9
7. Education and training of children	Men	37.4	28.2	32.7	1.6
	Women	19.8	55.4	23.2	1.6
8. Childcare, including feeding, washing and physical care	Men	50.8	12.8	34.4	2.1
	Women	22.8	51.8	24.5	1.0
9. Helping older/sick/disabled adults with medical care, feeding, washing and physical care	Men	53.7	9.9	33.1	3.3
	Women	60.5	12.8	25.5	1.2
10. Emotional support for adult family members	Men	36.2	14.8	46.7	2.3
	Women	44.9	18.3	35.0	1.8
11. Pet care	Men	35.4	15.2	46.5	2.9
	Women	45.7	13.0	30.4	10.9

Since the start of the COVID-19 outbreak, women respondents have been spending more time on cooking and serving meals (41%), while men have been spending more time on home maintenance (42%). It is interesting that the more children a man has, the less time he spends on cleaning. For example, childless men spent 50 percent time more on home cleaning as compared to men with 1-2 children (42.1%) and men with 3 or more children (35%). The reason appears to be that household workloads in large families are distributed between children.

The analysis of answers to this question from the employment perspective shows a significant increase in the most time-consuming household activities for respondents who before the lockdown worked for unpaid family businesses, had own businesses without hired workforce or were freelancers or unemployed. For example, contrary to expectations, cooking workloads increased not for those with permanent workplace (64%), but for those who worked for a family business (91%), had own business (83%) or were unemployed (82%).

A possible explanation is that working women continued to spend time on paid work even during the lockdown. Some of them continued to go to work, as most public and municipal organizations in the social care sector (where most employees are women) continued to work. These are healthcare and social workers. Workloads of education workers increased greatly as compared to normal as they had to learn new technologies to provide online learning to their students and participate in Skype and Zoom meetings and conferences.

Those who were forced to close own or family businesses started to spend more time on household activities of all kinds.

In terms of age, workloads increased for young women aged 18 to 45. Sixty one (61) percent of cooking activity fell on the shoulders of the youngest women from 18 to 24 years old.

It is not unexpected that domestic workloads grow if there are children or elderly persons. For example, out of those who reported an increase in cooking activity, 53.5 percent were women without children, 67.3 percent were women with one or two children, 72.4 percent were women with three or more children, and 61.7 percent were women who live together with elderly relatives. For comparison, the share of men who responded similarly is 13.4 percent, 7 percent, 6.3 percent and 8 percent, respectively.

What household activities have you started to spend more time on since the COVID-19 outbreak, in %?

Activity	Men	Women
1. Cooking and serving meals	1.9	41.4
2. Home cleaning and maintenance (including outside and inside the house, clothing repair)	41.6	14.4
3. Household management (e.g. paying bills)	20.8	2.9
4. Shopping for family/family member	12.8	5.6
5. Water delivery/fuel gathering	5.6	.2
6. Playing with, talking and reading to children	5.8	9.1
7. Education and training of children	3.1	7.8
8. Childcare, including feeding, washing and physical care	0.2	14.6
9. Helping older/sick/disabled adults, including medical care, feeding, washing and physical care	0.6	1.4
10. Emotional support for adult family members	1.2	1.8
11. Pet care	6.6	0.8

Almost half of respondents said their partners started to help more with housework and family care; 57 percent of respondents said they received help from other household members.

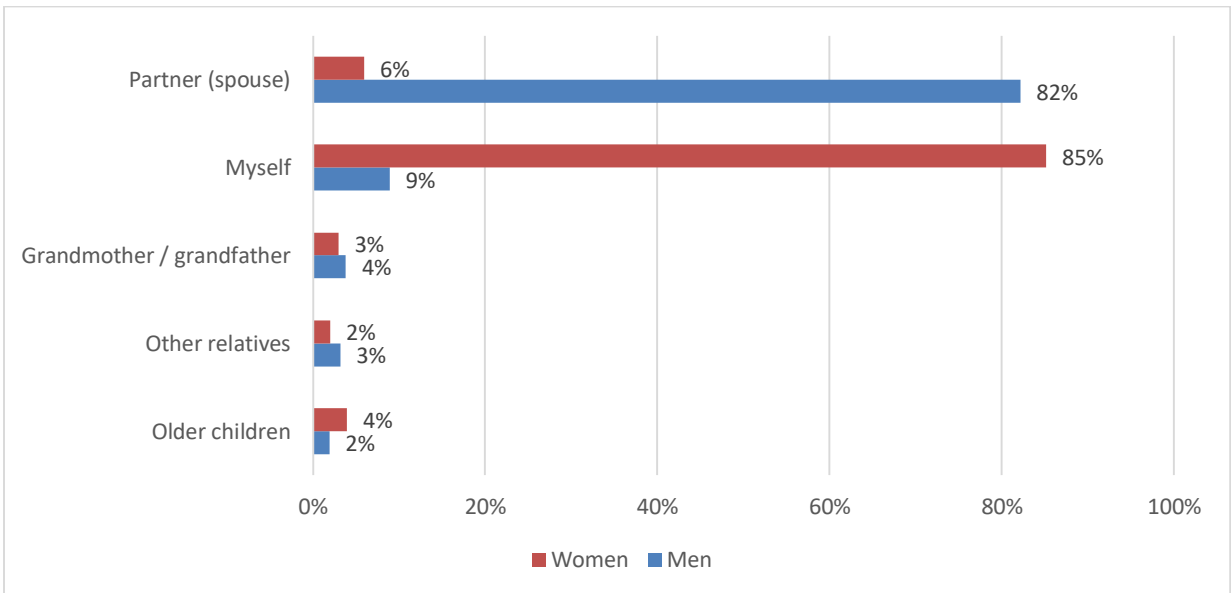
At the same time, 35.6 percent of women said that their partners did not help them as compared to 15 percent of men.

Have roles and responsibilities in your household changed since the COVID-19 outbreak, in %?

		Yes	No	Not applicable
1. My partner (he/she) helps me more with housework and/or family care	Men	53.5	15.0	31.5
	Women	39.1	35.6	25.3
2. My daughter(s) help(s) me more with housework and/or family care	Men	20.0	38.3	41.8
	Women	35.0	37.0	28.0
3. My son(s) help(s) me more with housework and/or family care	Men	29.4	32.9	37.7
	Women	33.3	39.1	27.6
4. Other family/household members help me more with housework and/or family care	Men	54.3	24.5	21.2
	Women	59.7	25.7	14.6
5. Hired a domestic worker/babysitter/nurse	Men	2.7	47.1	50.2
	Women	0.6	37.0	62.5
6. Our domestic worker/babysitter/nurse works more hours	Men	1.0	38.3	60.7
	Women	0.4	24.5	75.1
7. Our domestic worker/babysitter/nurse no longer works with us	Men	1.2	37.7	61.1
	Women	0.6	23.3	76.1
8. I am on my own, no one can help me with housework and/or family care	Men	6.8	60.9	32.3
	Women	11.3	58.8	30.0

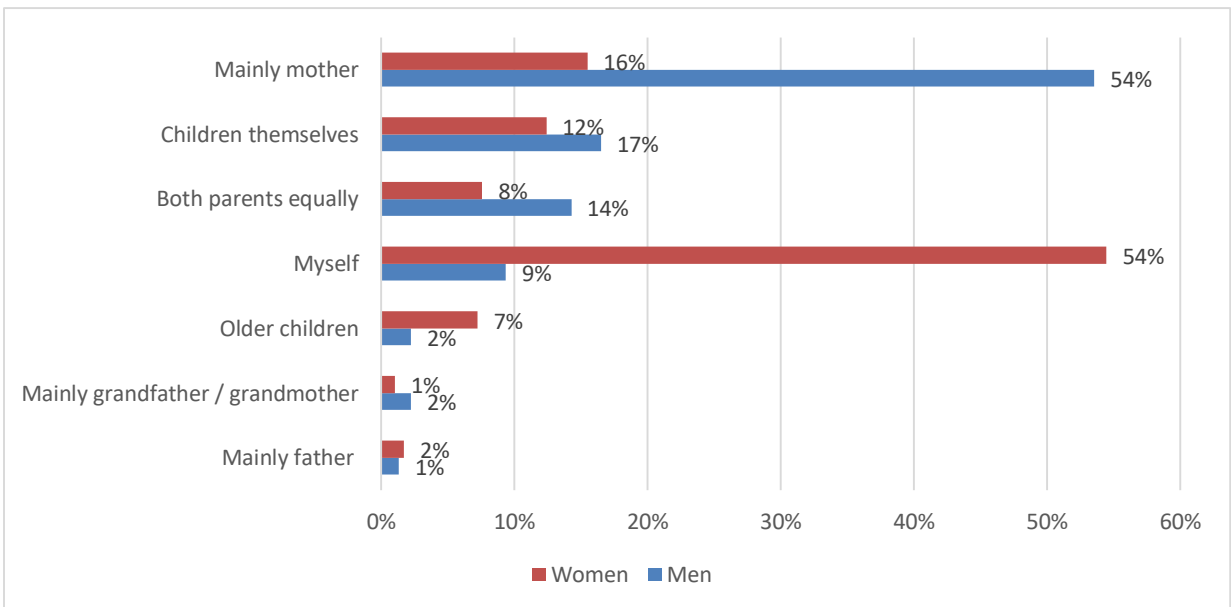
It is mainly women who started to spend more time on caring for children of preschool age after the closure of preschools due to the COVID-19 quarantine.

If you have any children of preschool age, who takes care of them during the COVID-19 quarantine in pre-school facilities?



Mothers of children under 10 years old are most involved in remote learning due to quarantine, according to 53.6 percent of men and 54.5 percent of women. Only in 11 percent of cases, both parents participate in this process, with twice as many men (14.3%) thinking so as women (7.6%).

Who of your family members is most involved in remote learning of children under 10 years old during quarantine, in %?



RESPONSES OF VULNERABLE GROUPS

There is a common trend in responses of women from vulnerable groups about lockdown impacts on domestic and childcare workloads—their workloads increased much greater as compared to women from the main group of respondents.

For example, women respondents from the CATI survey group said that on average they started to spend 41.4 percent more time on cooking and serving meals and 14.6 percent more time on childcare, including feeding, washing and physical activities. The table below shows that, according to women from vulnerable groups, their workloads increased

several times, particularly for women survivors of violence, women living with HIV and ethnic minorities.

What household activities have you started to spend more time on since the COVID-19 outbreak, in %?

Activity	Older persons	Women survivors of violence	Women living with HIV	Ethnic minorities
1. Cooking and serving meals	29.4	75.9	54.8	83.3
2. Home cleaning and maintenance (including outside and inside the house, clothing repair)	29.4	64.5	72.2	50.0
3. Household management (e.g. paying bills)	11.0	15.9	7.8	0
4. Shopping for family/family member	16.5	42.5	14.8	16.6
5. Water delivery/fuel gathering	7.3	6.2	1.7	0
6. Playing with, talking and reading to children	28.4	71.7	58.1	33.3
7. Education and training of children	24.7	78.6	65.2	50.0
8. Childcare, including feeding, washing and physical care	20.2	69.9	62.6	50.0
9. Helping older/sick/disabled adults	10.1	38.5	33.9	33.3
10. Emotional support for adult family members	39.5	67.2	57.2	66.7
11. Pet care	11.9	23.0	19.1	15.7

The specific nature of the issue makes it important to focus on working women. If their domestic workloads have increased, combining unpaid domestic work with paid work is more burdensome as compared to non-working women. In all cases as per the answer options given above, the increase in workloads was reported by the majority of working women.

Share of working women who reported increased workloads

Activity	Number of women who reported increased workloads	Working women	% of working women out of all women who reported increased workloads
1. Cooking and serving meals	503	303	60.2
2. Home cleaning and maintenance (outside and inside the house; clothing repair)	496	303	61.1
3. Household management (e.g. paying bills)	184	133	72.3
4. Shopping for family/family member	293	203	69.3
5. Water delivery/fuel gathering	97	76	78.4
6. Playing with, talking and reading to children	486	281	57.8
7. Education and training of children	485	272	56.1
8. Childcare, including feeding, washing and physical care	459	268	58.4

9. Helping older/sick/disabled adults	257	158	61.5
10. Emotional support for adult family members	457	254	55.6
11. Pet care	182	120	65.9

4.6. Growth of gender-based violence during the COVID-19 crisis

Nine-point-five (9.5) percent of respondents (including 9% of men and 10% of women) reported an increase in different forms of discrimination and preconception after the introduction of COVID-19 lockdown restrictions in their region / in the county.

Thirty two (32) percent of respondents (including 29% of men and 34% of women) said they heard about an increase in domestic (family) violence or experienced it themselves. The number of urban respondents who chose this answer is 2 times higher than in rural areas.

Half of men (54%) and 41 percent of women said they knew where to seek help in case of someone experiencing domestic violence, such as hotlines, psychological support, and Ministry of Interior's phone numbers. Women from urban areas are slightly better informed; on average, 52 percent of them knew where to seek help and support as compared to 35 percent of women from rural areas. In rural areas, best informed are women aged 18-24 years (25%) while in urban areas these are women over 50 years old (32%).

However, 33 percent of women and 30 percent of men said they would not seek help if they experienced or witnessed domestic violence. The fact that one third of respondents does not want to seek help may indicate that people do not anticipate any real help in case of domestic violence.

During quarantine, 9 percent of respondents called hotlines for help and support, with the share of women (12.5%) being 2 times higher than that of men (5.8%).

It should be noted that such hotlines as 111 and 112 were set up in previous years. For example, the *Helpline for Children 111* under the MoLSD KR has been operating since 10 September 2015. Its main purpose is to protect children's rights and provide psychological support to children, teenagers and their parents.

A single telephone emergency system, *System 112*, was launched by MoES KR in 2014 after testing in 2012. In 2019, as part of digitalization and modernization efforts, MoES also developed and launched a mobile app *112 Kyrgyzstan* for Android and iOS.

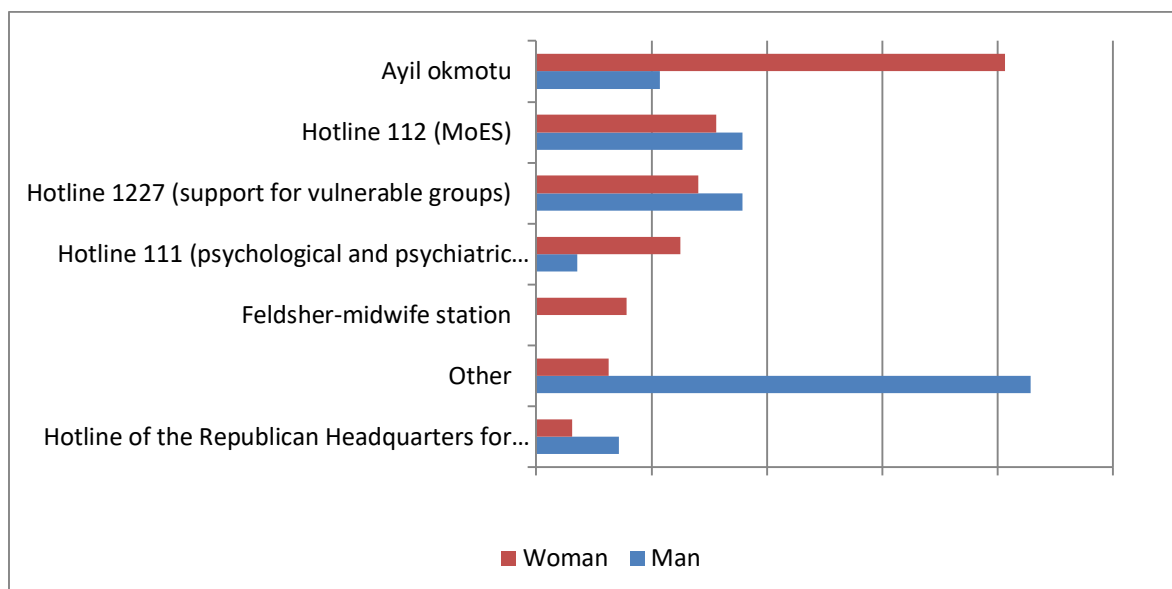
These hotlines have gained some work experience by now, including how to respond to calls about violence against women and children and domestic violence. They had effective work algorithms they could use in the COVID-19 related state of emergency context. In addition, a number of new hotlines were set up to cope with the lockdown situation, including:

- Call Center 1227 (Help Center for low-income people, persons with disabilities and socially vulnerable groups);
- Hotline 1312 and WhatsApp numbers of Commandant's Offices in Bishkek, Osh, Jalalabad and other areas where the state of emergency was declared;

- Hotlines of the Ministry of Health, Bishkek Mayor's Office, etc.

Men call government hotlines more (hotlines of the Republican Headquarters, Help Center for vulnerable groups and Ministry of Emergency Situations) while women are more likely to contact ayil okmotus, feldsher-midwife stations and hotline 111, where callers can talk to psychologists and psychiatrists. In other words, women tend to seek psychological counselling, while men choose to seek practical help.

What numbers did you call?



RESPONSES OF VULNERABLE GROUPS

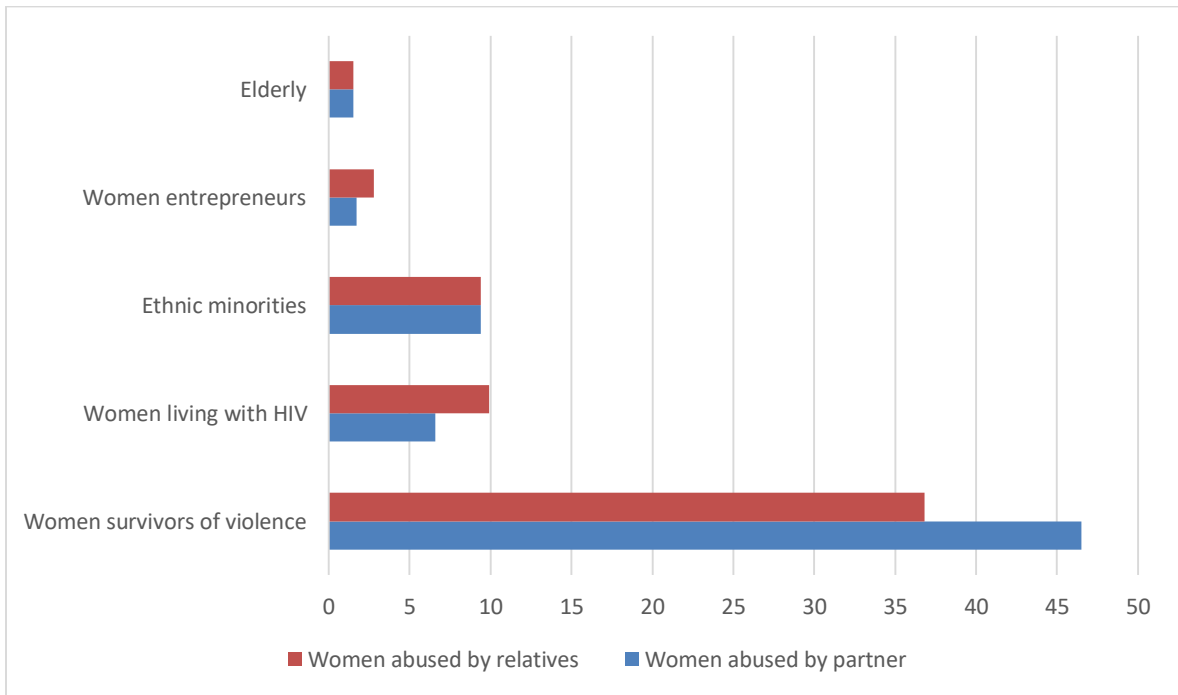
Answer options to the question “What from the list below have impacted your safety during the lockdown?” included “partner violence” and “violence from family members”.

It turned out that all vulnerable groups faced such violence, including older women and women entrepreneurs. The table below shows the number of cases, not percentage.

	Women abused by partners	Women abused by relatives
Elderly	2	2
Women living with HIV	10	15
women survivors of violence	53	42
Women entrepreneurs	3	5
Ethnic minorities	37	37
Refused to answer	0	1

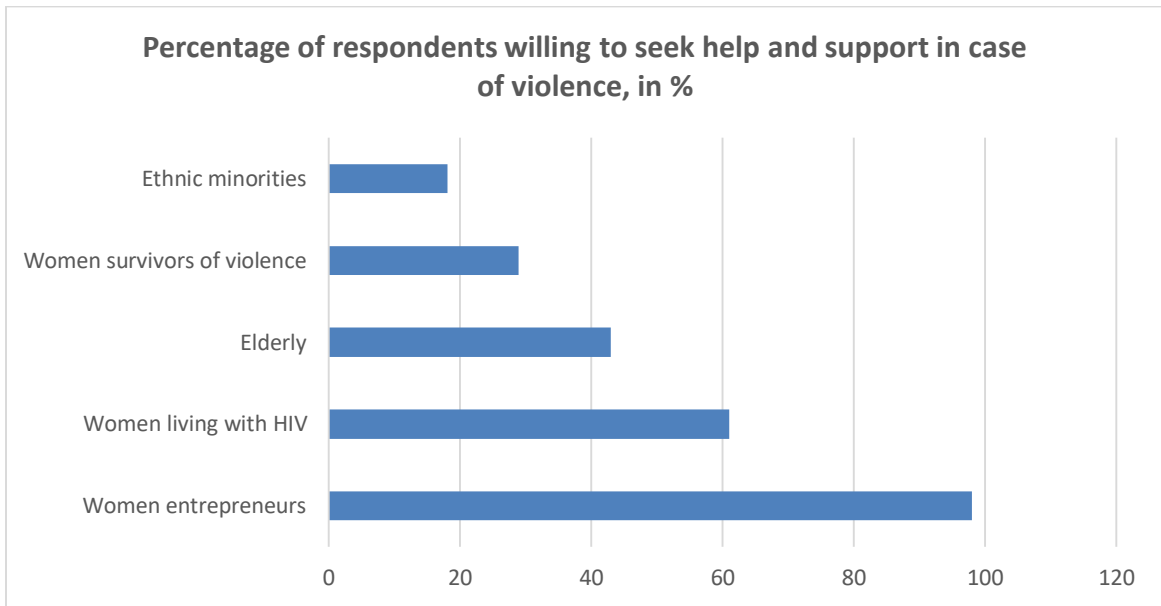
The share of women who experienced violence is expectedly much higher in the group of women survivors of violence who used services of the Crisis Centers Association. The percentage of women survivors of violence both from partners and family members is particularly high among ethnic minority women.

Share of respondents from vulnerable groups who experienced violence from their partners and family members (based on answers to the question “What from the list below have impacted your safety during the lockdown?”)



	Women abused by partners, %	Women abused by relatives, %
Elderly	1.5	1.5
Women living with HIV	6.6	9.9
Women survivors of violence	46.5	36.8
Women entrepreneurs	1.7	2.8
Ethnic minorities	9.4	9.4

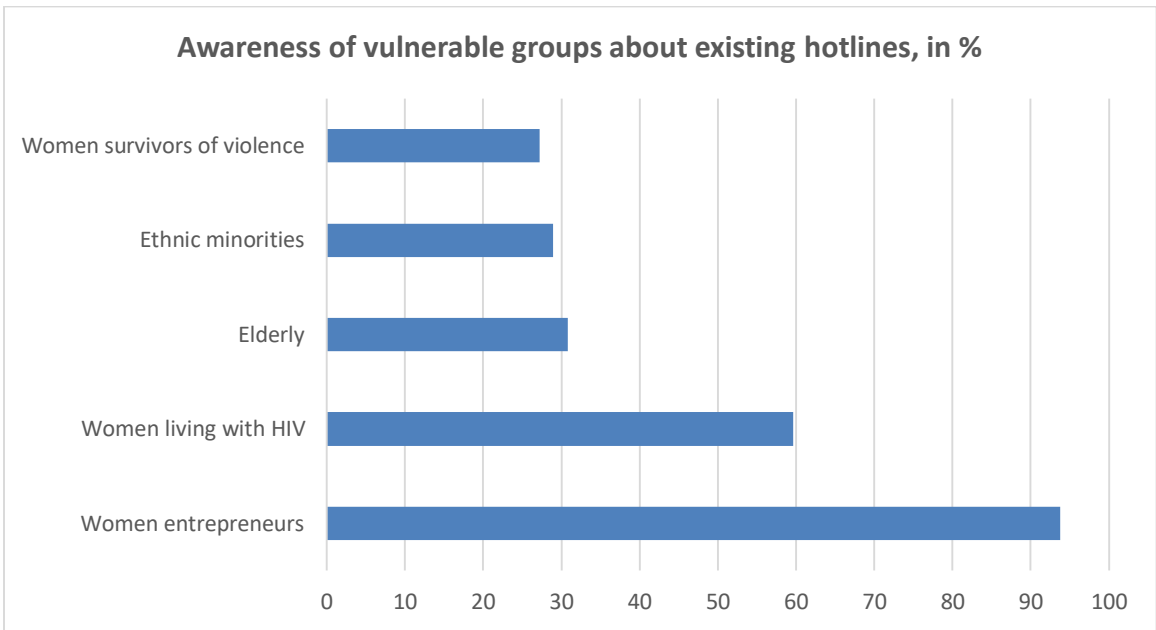
However, answers to the question “Will you seek help and support if you experience or witness domestic violence?” show an inverse trend. Women from vulnerable groups who faced violence are less willing to seek help and support. While almost all women entrepreneurs said they would seek help, women survivors of violence and ethnic minority women are less willing to do so. This is explained by education levels of respondents. Stigma and social condemnation, particularly in closed communities, are another constraining factor that prevents women from seeking help.



Percentage of respondents willing to seek help and support in case of violence	%
Older women	43.0
Women living with HIV	61.0
Women survivors of violence	28.9
Women entrepreneurs	98.0
Ethnic minorities	18.1

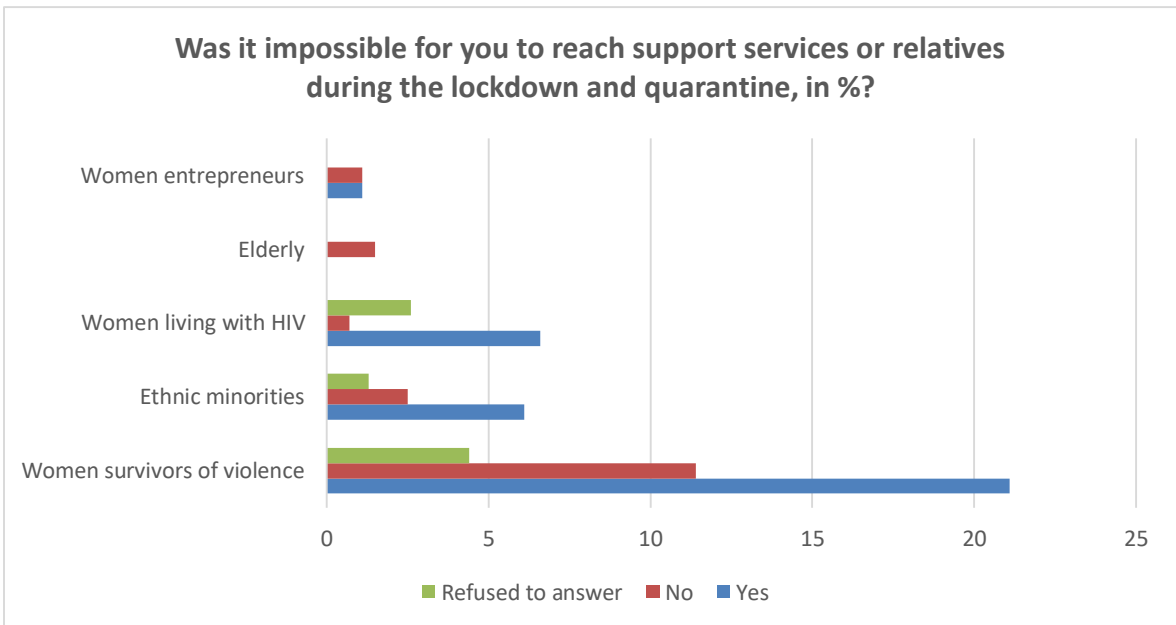
The analysis of answers from vulnerable groups to the question if they are aware about COVID-19 support hotlines shows high awareness levels among women entrepreneurs and women living with HIV.

Awareness of existing hotlines	%
Older women	30.8
Women living with HIV	59.6
Women survivors of violence	27.2
Women entrepreneurs	93.8
Ethnic minorities	28.9



The analysis of answers given by vulnerable groups to the question about their awareness of hotlines reveals a correlation between the answers and education levels of respondents. Respondents with higher education are more aware of hotlines.

The next set of questions concerns the availability of help in case of domestic violence. Respondents were asked if they had an opportunity to leave their abuser and get help from organizations supporting women survivors of violence or turn to relatives.



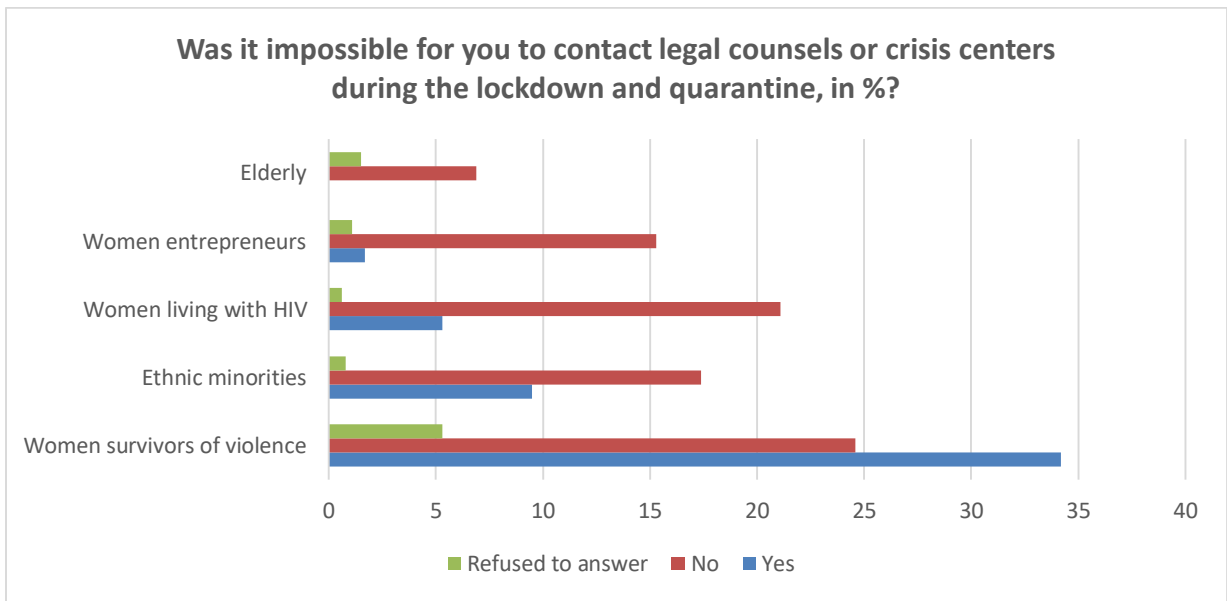
Almost all groups of respondents said they had problems with seeking help.

Inability to reach support services or relatives, in %

Abused women	Yes	No	Refused to answer
Older women	0	1.5	0

Women living with HIV	6.6	0.7	2.6
Women survivors of violence	21.1	11.4	4.4
Women entrepreneurs	1.1	1.1	0
Ethnic minorities	6.1	2.5	1.3

Only women survivors of violence responded they were not able to contact crisis centers or legal counsels. All other groups of respondents did not face such a problem.



There can be only one explanation for this. Clients of the Crisis Centers Association know about crisis centers and understand that in order to get help they need to get to the shelter first. Other vulnerable groups do not have clear understanding of how crisis centers work and do not know what these organizations are for. Accordingly, in a situation of violence, they do not realize the need for such support providers and thus either responded they had no problems or refused to answer.

Inability to contact legal counsels or crisis centers, in %

Abused women	Yes	No	Refuse to answer
Elderly	0	6.9	1.5
Women living with HIV	5.3	21.1	0.6
Women survivors of violence	34.2	24.6	5.3
Women entrepreneurs	1.7	15.3	1.1
Ethnic minorities	9.5	17.4	0.8

CONCLUSIONS

The survey results show that the COVID-19 pandemic has negatively impacted both women and men in the Kyrgyz Republic, having particularly increased the burden on women. Self-isolation, economic crisis, strict travel restrictions, overloaded healthcare and social systems, and distant learning for all children and students at nearly all levels of education have increased the loads on all groups of population. The survey findings demonstrate that women, especially from vulnerable groups, have suffered the most.

The CATI and online questionnaire survey results revealed some differences in the awareness of different groups of population about COVID-19 related risks. Women tend to rely on traditional mass media slightly more than men, but their major source of information is still Internet. Women are likely to get information from healthcare institutions and family doctors while men do not go to doctors until they really need it. Seventy four (74) percent of respondents were satisfied with the information and said they were able to prepare for the lockdown and self-isolation. At the same time, there are more women who said the information was too late and they had no time to prepare for the lockdown.

Ten (10) percent of respondents (both men and women) lost their jobs as a result of imposed restrictions and faced severe financial problems.

It is noteworthy that 75 percent of women working as hired employees switched to remote work. The percentage of men who did so is 63 only. Thirty four (34) percent of men and 19 percent of women continued to go to work. There are twice as many women among those who continued to work from home as before the pandemic. That is, in Kyrgyzstan, women managed to adapt to some extent to new conditions and some of them could work remotely.

Seventy three (73) percent of men and 55 percent of women among entrepreneurs and self-employed said their businesses were not registered. This group of respondents suffered the most from the pandemic response impacts. The COVID-19 outbreak has significantly impacted the businesses of respondents in half of cases (47%), with 13 percent of businesses closed during the lockdown. There are more men who said their business suffered from COVID-19 as compared to women.

As of today, 62 percent of men and 70 percent of women have health insurance. By contrast, only 6 percent of men and 8 percent of women receive unemployment benefits and/or other financial support from government and/or local municipalities. Out of vulnerable groups, there are slightly more respondents (9.7%) who receive such support.

The majority of respondents (79%) did not receive any in-kind support from the government and/or the local municipalities after the COVID-19 outbreak, 20 percent received food and only 2 percent received personal protective equipment.

Only 5 and 2 percent of respondents received food and personal protective equipment, respectively, from NGOs and civil society and non-profit organizations. There is a difference between the percentage of men and women who received food assistance: 8 and 2 percent, respectively.

The most significant decline in income due to the COVID-19 outbreak was experienced by men who work in the agricultural sector, have own businesses or are employed as

hired workforce. Women faced a decrease in remittances from abroad (migrant remittances) and in income from family/own businesses. These “holes” in the family budget were particularly significant for vulnerable groups and families with many children.

The burden associated with domestic work and family care increased sharply for women and girls. Women started to spend more time on cleaning, cooking and serving meals, and playing with, talking and reading to children. Men spent more time on cleaning outside the house and shopping. While 35.6 percent of women said their partners did not help them at all, the share of men who chose this answer is 15 percent only.

As a result of the COVID-19 outbreak, 21 percent of respondents experienced stress, anxiety or psychological/mental/emotional health issues. Sixty one (61) percent of respondents with children of school age noted that schools were closed for quarantine. There are more women (40.1%) than men (28%) who think it is important, which correlates with the answers that the main responsibility for helping children with remote learning lies on mothers.

The biggest problem for respondents, particularly women (32.7%), was the ban of public transport, though much less men (19.3%) experienced inconveniences. The percentage of respondents who said it was a problem is significantly higher among older persons, persons living with HIV and other vulnerable groups.

Women, especially from vulnerable groups, suffered more from the restrictions imposed to reduce the spread of COVID-19. They said they had problems with access to such essential resources as food supplies, medicines and personal protective equipment, healthcare, hygienic kits, water supply and social services.

The extent of violence against women and girls in self-isolation has yet to be assessed, but its impacts are likely to be long-term ones. Based on official data, violence levels increased by 65 percent compared to the same period last year. Fifty four (54) percent of men and 41 percent of women said they knew where to seek help and support in case of domestic violence. However, 33 percent of women and 30 percent of men said they would seek for such help. During the lockdown, only 9 percent of respondents called hotlines to get help and support, with the share of women being twice as higher (12.5%) as that of men (5.8%).

A large number of respondents said they did not need sexual and reproductive health services (48.2%) or contraceptives (62.3%). It should be noted that an alarmingly high percentage of women of fertile age chose this answer. This is direct evidence of women’s lack of knowledge about family planning.

There are traditionally more women among frontline healthcare workers, some of them got infected while at work. However, the COVID-19 Headquarters does not provide gender-disaggregated statistics on infection cases among healthcare workers.

Measures taken by the government to respond COVID-19 did not account for vulnerable groups, being aimed mostly at infected patients and population in general. However, it is obvious that both the composition and nature of vulnerable groups is changing in the COVID-19 context.

The assessment revealed gender power gaps in all government agencies, organizations and management processes related to the crisis response and in roles played by women and men.

There are also gender gaps in the composition of agencies and working groups established both at the national and municipal levels. They do not include any representatives of women organizations or women activists. Women NGO's, women activists and volunteers played an active role in public awareness raising, provision of support in cases of violence and distribution of humanitarian aid. However, there is still a room for improvement in overall coordination and cooperation with government agencies in emergency situations.

RECOMMENDATIONS

Recommendations for government agencies

- Clear gender-inclusive guidelines and standard operating procedures should be developed for all government agencies involved in the emergency response process.
- All government agencies involved in the COVID-19 response should collect and provide gender-disaggregated data. In Kyrgyzstan, gender-disaggregated statistics is provided only on the total number of infection cases. There is no official gender-disaggregated data on the number of hospitalized, recovered and diseased cases, as well as there is no such data on the number of infected healthcare workers.
- Business support measures should be revised to include gender analysis components to cover support measures for working women and women entrepreneurs. There is no data on the number of women and men who were granted tax holidays or deferment of corporate, social and value added taxes for small and medium sized businesses.
- Considering the long break in operations of retail, entertainment, trade and business centers, all SMB tenants should be granted a deferment of rent payments and exempt from rent indexation based on the market currency rate.
- Micro- and small-sized businesses, social entrepreneurs and civil society organizations addressing important social issues should be provided with grant support.
- Special focus should be made on rural women and women from remote areas who use modern ICT in their work. The spring farm season failure and limited access to loans, seed pools and fuel are expected to increase poverty, which means measures should be taken to support rural producers and ensure food security.
- A special survey should be undertaken to investigate COVID-19 impacts on the income of households dependent on migrant remittances.
- It is important to account for specific features and interests of vulnerable groups in

all national emergency response planning and implementation processes, to improve the vulnerability assessment system, and to have reliable databases with clear assessment criteria for vulnerable groups.

- It is also important to recognize and account for women's diversity, needs and contexts in all policies and measures.
- In future, more attention should be paid to healthcare development, medical science and health workers. After the COVID-19 pandemic goes down, medical and social workers should receive medical treatment, monetary compensations, psychological assistance and health resort therapy as may be necessary.
- It is important to continue developing digital education technologies with a particular focus on education of girls and women to increase their adaptability to the rapidly changing environment.
- School and university teachers should be assisted in building their long-term and high-quality online teaching capacity and increasing their access to ICT.
- During the state of emergency or emergency situation, all emergency response centers, commandant's offices and related expert and working groups, as well as humanitarian aid commissions should be formed in accordance with gender balance requirements as per legislation of the Kyrgyz Republic with no more than 70 percent of positions for one gender, and include representatives of civil society organizations that work with different vulnerable groups. All these actors should also include representatives of the government agency on gender policy (MoSLD) for gender mainstreaming at the institutional level.
- Formal mechanisms should be used to ensure meaningful engagement of NGOs/CSOs in response planning and implementation, humanitarian aid distribution in emergency situations, including women organizations and organizations supporting victims of gender-based violence.
- A special response protocol should be urgently developed and approved for law enforcement agencies and other ministries and departments to deal with domestic violence in the lockdown context. Support services for survivors of gender-based and domestic violence should be on the list of basic services provided during the lockdown. Reported cases of violence and response measures taken by law enforcement agencies should be included in daily reports on COVID-19 commandants and municipalities provide to communities.
- Bishkek Mayor's Office should be supported in their efforts to form mobile domestic violence response teams (consisting of a police officer, a medical worker and a psychologist). It is also important to consider creating such teams in other cities with high levels of violence.
- Psychological online consultations during the COVID-19 crisis should be better coordinated (as part of multisectoral response to gender-based violence) to increase performance of hotlines (112, 118, 1227 and 111) and provide high quality online support to victims and survivors of domestic violence.

- The government should pay attention to and support crisis centers for survivors of violence that provide 24-hour hotline services and shelters (remuneration, training, capacity building, equipment, security, etc.).
- Immediate action should be taken to monitor families with registered perpetrators of violence and strengthen penalties for violence during the emergency situation.
- The government should ensure high quality pre-trial / trial procedures for all gender-based violence cases.
- Public outreach campaigns should be launched to increase public awareness and promote well-balanced relations in families and society and reduce violence, including information on where to seek help, what penalties for domestic violence are, and where to get support services.

Recommendations for local authorities and self-governments

- Clear guidelines and standard operating procedures should be developed for gender mainstreaming in all response activities of local authorities and self-government bodies during the emergency situation and the state of emergency.
- All local authorities involved in the COVID-19 response should collect and provide gender-disaggregated data.
- Considering the existing shortcomings in registration of vulnerable citizens and households facing difficult times as a result of the COVID-19 crisis, it is important to revise and improve the vulnerability assessment system and have accurate databases for each region or area.
- During the state of emergency or emergency situation, all emergency response centers, commandant's offices and related expert and working groups, as well as humanitarian aid commissions should be formed in accordance with gender balance requirements as per legislation of the Kyrgyz Republic with no more than 70 percent of positions for one gender.
- Local authorities should actively engage civil society organizations, including women organizations and organizations supporting victims / survivors of gender-based violence, in humanitarian aid distribution during emergency situations and the state of emergency.

Recommendations for civil society organizations

- CSOs should use all available opportunities to participate in and monitor response activities during the COVID-19 pandemic, including for more targeted assistance and better accountability and transparency of central government, local authorities and self-government bodies.
- CSOs participate in COVID-19 response measures by sharing information with and supporting vulnerable groups (distribution of humanitarian aid, online services for victims of gender-based violence, etc.). It is important to improve coordination mechanisms and increase performance.

- CSO's conduct awareness raising campaigns, particularly online, reaching some of the vulnerable groups that lack government attention, but these efforts should be strengthened.
- It is important to ensure that the ongoing reorientation of external development assistance provided by the United Nations and other international development partners will not prevent countries from performing their human rights commitments, including gender equality commitments.
- Priority areas for immediate support include targeted assistance, expert psychological assistance for certain vulnerable groups (HIV+, teenagers at risk, persons with disabilities, older persons, ethnic minority women, etc.) and supplies for persons needing contact treatment (insulin treatment, antiretroviral therapy, etc.)

Recommendations for international organizations

- The United Nations and international development actors / partners are encouraged to assist NGOs/CSOs in their capacity building and closer engagement in emergency response and implementation of specific measures.
- To increase the preparedness of governments and communities to emergency response, it is important to improve and increase flexibility (for simplification purposes) and efficiency of own internal procedures.
- International partners should not support any emergency response and anti-crisis plans proposed by governments until they pass gender assessment.

ANNEXES

Survey: COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic

“Thank you for agreeing to fill in this questionnaire. The rapid spread of Covid-19 (coronavirus pandemic) has taken the world off guard. We, experts of UN Women (United Nations Entity for Gender Equality and the Empowerment of Women), want to understand how the changing situation impacts the livelihoods of women and men. We need this to support the government and international development partners in their efforts to mainstream gender in the COVID-19 response measures. Completing this questionnaire should take no longer than 15 minutes. All your responses will be kept strictly confidential. Thank you for your time and insights.”

Demographic data

Q1. Gender (MANDATORY)

[Please select one answer]

1. Male
2. Female
3. Other

Q2. How old are you? (MANDATORY)

[Please specify your age]

(open question)

__ __ [YEARS]

Q6. Where do you live?

A. Region_____

B 6. a. B. Area:

1. Urban
2. Rural

Main sources of information

Q8. What is your main source of information about COVID19 (risks, preventative guidelines, coping strategies)? (MANDATORY)

[Please select one answer]

1. Internet & social media (Facebook, Instagram, etc.)
2. Official government websites
3. Radio/television/newspapers
4. Public announcements

5. Phone (Telegram, Viber, WhatsApp or calls)
6. Community, including family and friends
7. Health center/family doctor
8. NGO/civil society organization
9. Other
10. Not aware of COVID19 **GO TO Q 9**

Q8.1 How would you rate the information you received?

[Please select one answer]

1. I did not receive any information
2. Information was clear so I was able to prepare for the lockdown
3. Information was too late so I was not able to prepare for the lockdown
4. Information was confusing and contradictory

Employment and income sources

Q9. How would you best describe your employment status during a normal week before the COVID-19 outbreak?

[Please select one answer]

1. I worked for an individual/company/organization **GO TO Q 9.1**
2. I had my own business/was a freelancer with hired workforce **GO TO Q 9.1**
3. I had my own business/ was a freelancer without hired workforce **GO TO Q 9.1**
4. I worked (without pay) for a family business **GO TO Q10**
5. I did not work, did not look for a job and was not able to work **GO TO Q10**
6. I did not work, but I was looking for a job and was ready to start working **GO TO Q10**
7. I am a pensioner **GO TO Q10**
8. I did not work because I am a full-time student **GO TO Q10**
9. I have a long-term health condition, injury or disability **GO TO Q10**
10. Other, please specify _____ **GO TO Q10**

Q 9.1 Has the number of your paid working hours changed since the COVID19 outbreak?

[Please select one answer]

1. Increased
2. Not changed/remained the same
3. Decreased, but I did not lose my job
4. I lost my job **GO TO Q10**
999. I do not know

[NEXT QUESTIONS (9.2-9.4) ARE ONLY FOR THOSE WHO CHOSE ANSWER 1 FOR Q9]

Q 9.2 Have you had to take a leave after the COVID19 outbreak?

[Please select one answer]

1. Yes, full-paid leave
2. Yes, partially paid leave
3. Yes, unpaid leave
4. No, I did not take a leave
5. Not entitled to a leave/not applicable
999. I do not know

Q 9.3. Does your employer pay pension/social insurance contributions on your behalf?

[Please select one answer]

1. Yes
2. No
999. I do not know.

Q 9.4 Has your normal workplace changed after the COVID-19 outbreak?

[Please select one answer]

1. Yes, I used to go to work but now I have to work remotely from home
2. No, I continue to go to work as before
3. No, I work from home as before

Q9.5 If you could not work for at least two weeks because of COVID-19, how do you think your income would change?

[Please select one answer]

1. I would be paid full salary
2. I would be paid partial salary
3. I would not be paid
999. I do not know

[THE NEXT QUESTION IS ONLY FOR THOSE WHO CHOSE ANSWER 2 OR 3 FOR Q9] – entrepreneurs and self-employed

Q 9.6 Is your business formally registered?

[Please select one answer]

1. Yes
2. No
999. I don't know

Q 9.7 How has the COVID-19 outbreak impacted your business?

[Please select one answer]

1. No changes
2. Significant changes
3. Insignificant changes
4. Had to close
999. I do not know

[NEXT QUESTIONS ARE FOR ALL RESPONDENTS]

Q10 Do you have any health insurance?

[Please select one answer]

1. I have health insurance
2. I do not have health insurance
999. I do not know

Q 11 Have you received employment benefits and/or any other financial support from government and/or local municipalities since the COVID19 outbreak?

[Please select one answer]

1. Yes
2. No
999. I do not know

Q 12 Have you received any in-kind support (medicines, healthcare products, food, clothes, shoes, etc.) from government and/or local municipalities since the COVID19 outbreak? (Multiple answers are possible)

1. Yes, food
2. Yes, personal protective equipment (gloves, masks, sanitizers, etc.)
3. Yes, personal hygiene kits (feminine hygiene supplies, baby diapers, etc.)
4. No
999. I do not know

Q 12.1 Have you received any in-kind support from non-government/civil society organizations? (Multiple answers are possible)

1. Yes, food
2. Yes, personal protective equipment (gloves, masks, sanitizers, etc.)
3. Yes, personal hygiene kits (feminine hygiene supplies, baby diapers, etc.)
4. No
999. I do not know

Q13. How has COVID-19 impacted your personal earnings/sources of income?

	Please check <input type="checkbox"/> the appropriate box			
	Increased	No change	Decreased	Not a source of income
1. Income from farming				
2. Income from own/family business or freelance activity				
3. Income from a paid job				
4. Income from investments in real estate or savings				
5. Pensions and other social payments				
6. Farming, animal husbandry or fishing				

7. Support from people abroad (migrants)				
8. Support from family/friends in the country (money, food, etc.)				
9. Government support				
10. Support/charity from NGOs or other organizations				

Distribution of domestic workloads

Q14. Has the number of hours spent on the following activities changed after the COVID-19 outbreak?

	Please mark <input type="checkbox"/> appropriate box			
	I do not usually do it	Increased	Unchanged	Decreased
1. Cooking and serving meals				
2. Home cleaning and maintenance (including cloth repair)				
3. Household management (e.g. paying bills)				
4. Household shopping				
5. Water/fuel supply				
6. Playing with, talking and reading to children				
7. Education and training of children				
8. Childcare, including feeding, washing and physical care				
9. Helping older/sick/disabled adults, including medical care, feeding, washing and physical care				
10. Emotional support for adult family members				
11. Pet care				

Q15. What household activities have you started to spend more time on since the COVID-19 outbreak?

[Please select one answer]

1. Cooking and serving meals

2. Home cleaning and maintenance (including outside and inside the house, clothing repair)
3. Household management (e.g. paying bills)
4. Shopping for family/family member
5. Water delivery/fuel gathering
6. Playing with, talking and reading to children
7. Education and training of children
8. Childcare, including feeding, washing and physical care
9. Helping older/sick/disabled adults, including medical care, feeding, washing and physical care
10. Emotional support for adult family members
11. Pet care

Q16. Have any household roles or responsibilities changed since the COVID-19 outbreak?

	Please check <input type="checkbox"/> the appropriate box		
	Yes	No	Not applicable
1. My partner (he/she) helps me more with housework and/or family care			
2. My daughter(s) help(s) me more with housework and/or family care			
3. My son(s) help(s) me more with housework and/or family care			
4. Other family/household members help me more with housework and/or family care			
5. Hired a domestic worker/babysitter/nurse			
6. Our domestic worker/babysitter/nurse works more hours			
7. Our domestic worker/babysitter/nurse no longer works with us			
8. I am on my own, no one can help me with housework and/or family care			

U1. If you have any children of preschool age, who takes care of them during the COVID-19 quarantine in pre-school facilities? [Please select one answer]

1. Myself
2. Partner (spouse)
4. Ex-partner (if you are divorced or do not live together)
5. Grandmothers / grandfathers
6. Hired help (babysitters)
7. Neighbors
8. Older children
9. Other relatives
10. No children of pre-school age

U2. Who of your family members is most involved in remote learning of children under 10 years old during the quarantine? [Please select one answer]

1. I do not have children of school age
2. Myself
3. Mainly mother
4. Mainly father
5. Both parents equally
6. Mainly grandfather / grandmother
7. Older children
8. Hired help (teachers, caregivers)
9. Children themselves

Access to basic services and safety

Q17. Have you personally experienced any of the following due to the COVID-19 outbreak?

	Please check <input checked="" type="checkbox"/> the appropriate box		
	Yes	No	Not applicable
1. Physical illness			
2. Illness of a family/household member			
3. Death of a family/household member			
4. Psychological/mental/emotional health issues (e.g. stress, anxiety, etc.)			
5. Internal migration/moving to another part of the country			
6. Recent return from abroad			
7. Reduced school hours or closure of schools			

Q18. Have you personally experienced any problems with access to any of the following due to the COVID-19 outbreak?

	Please check <input checked="" type="checkbox"/> the appropriate box			
	Minor problems	Major problems	No problems	No need
1. Food supplies				X
2. Personal protective equipment (masks, gloves, etc.)				X
3. Health/medical care for myself and/or family members				

4. Hygiene and sanitary products (soap, water filters, hygienic kits)				X
5. Public transport				
6. Water supply				X
7. Social services/assistance for myself and/or family members				

Q19. How do you think your financial situation will change if the COVID-19 lockdown continues?

	Please check ✓ the appropriate box	
	Yes	No
1. Will be difficult to meet basic expenses (food, hygiene products, etc.)		
2. Will be difficult to pay rent and utilities		
3. Will not be able to pay for health services/medical help		
4. Will have to seek help from relatives and friends		
5. Will have to seek help from local authorities		
6. Will have to get a loan		

Q20. Have you noticed an increase in any forms of discrimination or preconception in the country/area you live in since the COVID-19 outbreak?

- 1. Yes
- 2. No
- 999. I do not know
- 998. Refuse to answer

Q21. Have you noticed/heard about an increase in domestic violence since the COVID-19 outbreak?

- 1. Yes
- 2. No
- 999. I do not know
- 998. Refuse to answer

Q21.1 Do you know where to seek help and support in case someone is experiencing domestic violence, such as hotlines, psychological support and police phone numbers?

[Please select one answer]

- 1. Yes

- 2. No
- 999. I do not know
- 998. Refuse to answer

Q21.2. Will you seek help and support in case you experience domestic violence or become a witness of domestic violence?

[Please select one answer]

- 1. Yes
- 2. No
- 999. I do not know
- 998. Refuse to answer

U3. Q21.3. Did you call any hotlines to get help and support during the lockdown, for example, psychological or humanitarian assistance, or to receive information?

- 1. Yes
- 2. No
- 998. Refuse to answer

U4. If yes, what hotlines did you call? [Multiple answers are possible]

- 1. Hotline 111
- 2. Hotline 112
- 3. Hotline 1227
- 4. Republican COVID-19 Headquarters Hotline
- 5. Other

Q21.a. What from the list below have impacted your safety during the lockdown?

	Please check ✓ the appropriate box		
	Yes	No	Refuse to answer
1. My partner often beats me			
2. My relatives scold at and beat me			
3. I could not reach protective services or relatives			
4. I could not reach counsels or crisis centers			
5. Alcohol abuse by and aggressive behavior of partner/relatives			
6. My relatives condemn me for being infected with coronavirus			

[NEXT QUESTIONS ARE FOR WOMEN ONLY]

Q22. Have you personally experienced any problems with access to sexual and reproductive health services and contraceptives since the COVID-19 outbreak?

[Please select one answer]

- a) Gynecological and obstetric services
 - 1. I do not need such services
 - 2. I have not faced any problems
 - 3. I have faced minor problems
 - 4. I have faced major problems
 - 998. Refuse to answer

- b) Contraceptives
 - 1. I do not need such products
 - 2. I have not faced any problems
 - 3. I have faced minor problems
 - 4. I have faced major problems
 - 998. Refuse to answer

PERSONAL DATA

Q3. What is your marital status? (MANDATORY)

[Please select one answer]

- 1. Single
- 2. Married
- 3. Civil marriage / cohabitation
- 4. Married but separated (migration, study, training, etc.)
- 5. Widower / widow
- 6. Divorced

Q4. What is your education level? (MANDATORY)

[Please select one answer]

- 1. No education
- 2. Primary
- 3. Secondary
- 4. Tertiary
- 5. Secondary vocational

Q5. Your ethnicity **ADDITIONAL QUESTION**

Q7. How many people in your household including you?

[Please select one ANSWER]

If you live alone, please press 1 and indicate 0 in all next columns. If, for example, you have two children under 17 years old and a grandmother who live with you (two adults in total), please write this number in the appropriate row and indicate 0 in the "I live alone" column. In row 5 (What is the total number of your household members?), please write the total number of people living with you.

Total: _____

1. I live alone
1. Number of children aged 1 to 17 years old
2. Number of adults aged 18 to 64 years old
3. Number of older persons aged 65+

Q7.1 Additional question: Do you belong to any of the following groups?

[Multiple answers are possible]

1. Elderly
2. Survivors of violence
3. People living with HIV
4. Women entrepreneurs
5. I do not belong to any of these groups
6. Refuse to answer

Q23. Are you...- ONLY FOR ONLINE MOBILE PHONE SURVEY

[Please select one answer]

1. The registered owner of this mobile phone
2. One of the users of someone else's phone

THANK YOU! If you want to learn survey results that will be available in a few weeks, please check: <https://data.unwomen.org/>

STAY SAFE!