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RESISTIRÉ

Reducing gendered inequalities
caused by COVID-19 policies

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Summary report on mapping cycle 1

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List of Acronyms

Abbreviation	Meaning
CSO	Civil Society Organisation
GBV	Gender-based violence
IPV	Intimate Partner Violence
NR	National Researcher
NR_[Country abbreviation]	Identifier of specific National Researchers (e.g., NR_CZ refer to the National researcher that mapped the situation in the Czech Republic)

Summary

This report analyses the first cycle of the mapping of COVID-19 policies and societal responses at the national and regional level and the responses from civil society. The aim of the report is to describe and analyse the gender dimensions and impacts of policies and societal responses implemented in Europe in the course of and in relation to the COVID-19 pandemic, with a view to informing the work in WP 3 and 4 and feeding debates in the first cycle of Open Studios.

In line with the theoretical conceptualisation of the Resistiré project, the report builds on an intersectional approach (Hankivsky et al., 2014) and its theoretical framework focuses on specific domains of gender inequalities³ (gender-based violence, work and the labour market, the economy, the gender pay and pension gap, the gender care gap, decision-making and politics, environmental justice, human and fundamental rights), and specific vulnerability grounds (sex and/or gender, sexual orientation, ethnicity, race, nationality, class, age, religion/belief, disability).

The primary data for the report were generated by 29 national researchers (NRs) contracted to map policies and societal responses in the EU27 countries (excluding Estonia and Malta⁴) along with Iceland, the UK, Serbia, and Turkey, from 15 May to 30 June 2021. The NRs produced country reports and special grids, which served as the empirical material for a thematic analysis carried out by a team of project researchers.

In an article on the COVID-19 pandemic published in *Nature* in July 2020, Wenham and colleagues (2020) stressed how, to that time, 'only 16 countries have reported new or amended social-protection measures that make reference to women' (p. 197). The evidence from 29 European countries presented in this report shows that the situation has improved a little, but not substantially. As the majority of the national reports underline, most of the policies that were introduced to manage the pandemic did not take into account aspects related to gender inequalities and other intersecting vulnerability grounds, such as gender identity, nationality, age, etc. This lack was especially pronounced in but not limited to the first phase of the pandemic.

Among the eight domains mentioned above, the one in which a discussion and measures considering gender aspects have been most pronounced is the area of **gender-based violence (GBV)**. In many countries, lockdown policies and the economic crisis have resulted in an increase in GBV. Many countries have responded with policies to raise awareness, strengthen remote support tools, and provide funds to organisations running services and shelters. At the same time, in several countries there is no policy on this topic, or in other cases policymakers have only made statements without taking

³ These domains are based on the EC Gender Equality Strategy (2020-25) and on the Beijing Platform for Action

⁴ Due to some issues that arose during data collection, this report does not include contributions from the Estonian and Maltese NRs. Hopefully, the situation in these countries will be considered in the next project cycles.

any concrete action.

Another key area of intervention during the pandemic concerns **work and access to income**. To combat the spread of infection, public authorities placed constraints on or stopped many forms of economic activity. This created problems for many people and had a much stronger impact on individuals and communities with different pre-existing vulnerabilities. In many countries, measures were gradually introduced to mitigate the effects of workplace closures, the need to stay at home, and rising unemployment, and such measures included: income support and compensation; job retention programmes; more flexible approaches to the organisation of work; increased use of remote working, increased use of unemployment income, etc. However, such measures have often targeted particular sectors and segments of the population, the more 'regular' ones, leaving specific groups of people and, in particular, women in a difficult position.

The **gender care gap** is a domain that is inseparable from that of work. Measures to contain the virus and the need to re-organise work and the labour market have had enormous effects on care activities and unpaid work. A key issue to emerge was the management of children and their education, since kindergartens, schools, and other services were closed in most countries. Public authorities found solutions through the extension of parental leave, care allowances, and the reduction of working hours. While in some cases there has been a greater sensitivity to the need to support more affected groups, such as single mothers and people with disabilities, most of these measures have been gender blind and have failed to address intersecting inequalities. The result has been the reinforcement of gender divisions of labour and an increased burden of unpaid care work on women. Also, in these cases, the criteria for accessing incentives and benefits have often penalised specific groups, such as the self-employed, people with atypical work contracts, and informal workers, who often are migrant workers. In many cases, the measures were heteronormative and referred mainly to fathers and mothers.

The need to legislate on issues such as the movement of people, the closure of schools and services for education, and the management of health-care services had substantial implications for the enactment and protection of **human and fundamental rights**. Public authorities in several countries have introduced measures to facilitate students' access to digital education, provide shelter for the homeless and other vulnerable groups, and mitigate restrictions on access to health services. Fears that a lack of immigrant labour could stop access to essential goods and care services for citizens led some governments to temporarily lift some restrictions on (usually strict) immigration policies. However, these measures were mainly short-term exceptions and did not address inequalities from a structural point of view. We observed that the pandemic policies impacted the human rights of various categories of people in many ways. In some countries, asylum seekers and migrants, especially those living in camps, were often discriminated against and denied access to essential services. Many women were denied fundamental birthing rights, such as to be accompanied by their partners. The

fact that the Hungarian government approved a constitutional amendment during the state of emergency that effectively restricted the rights of LGBTQI+ communities is an extreme case of how public authorities were able to misuse the pandemic situation in the human rights domain.

COVID-related policies have often been supplemented with as well as counteracted by initiatives introduced by civil society organisations to combat these inequalities. Some groups have focused on collecting and analysing data to shed light on inequalities, while others have concentrated on awareness-raising and protest campaigns relating to the rights of different vulnerable groups. The forms of these initiatives have ranged from offering concrete support through the distribution of essential goods and providing shelter to creating mutual aid platforms to help meet the demand for and supply of goods and services. Many materials with information were produced and distributed to people in need whom official information channels often do not reach. Civil society organisations have also offered health and psychological assistance to people in need. An analysis of the national reports and of the diversity of the policies that were mapped shows that the priority for policymakers, especially during the first phase of the pandemic, was to balance the protection of public health with maintaining economic production. In several cases, the national researchers pointed out that policies were underpinned by an implicit representation of society as cisgender and made up of 'traditional' and 'regular' families (where people have citizenship and standard employment contracts) with two parents and one or two children. In this layout and within the mapped policies, women were regarded as primarily responsible for unpaid care activities but also for performing essential jobs such as healthcare workers, domestic workers, cashiers etc.

Highlights:

1. Despite the fact that gender mainstreaming has been adopted as an approach in EU policymaking for over two decades, we continue to see that policies are in fact largely not mainstreamed at the national level;
2. In the domain of GBV, we recommend strengthening the collaboration between public authorities and CSOs. In addition, it is necessary to increase the efforts of the public authorities to collect and process specific data on this phenomenon and to prevent the actions of perpetrators. Systemic measures are also needed to tackle GBV, such as addressing women's unemployment, working on the regularisation of immigrants, and fighting against the discrimination of LGBTQI* communities.
3. Although the pandemic has made the difficulties of care work more evident, little has been done to prevent the burden of this work falling mainly on women. We recommend that policymakers stop considering the gender care gap separately from efforts to reduce inequalities in the domain of work. Policies should moreover not just focus on so-called 'traditional' family models, on citizenship criteria, and on the existence of standard employment contracts. We have seen that this necessarily results in the exclusion of large segments of European

societies.

4. The pandemic has highlighted how inequalities affect different categories of people in different ways. The activities of CSOs targeting specific groups of people are for public authorities an excellent example of the need to adopt intersectional approaches when addressing these dynamics.
5. It is crucial to reduce the technology gap among people in an era when digital technology is becoming the primary means of communication between people and public institutions.
6. Further research is needed to understand how the gender composition of decision-makers and scientific and technical committees has affected the gender sensitivity of the policies that have been adopted.



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Introduction

This report represents Deliverable 2.1 of the Resistiré project. Its objective is to provide a comprehensive picture of how policies to manage the pandemic have interacted with gender inequalities and specific vulnerability grounds. At the same time, this analysis also aims to shed light on how civil society responded in order to mitigate inequalities in this situation. The report builds on the theoretical framework of the Resistiré project, which works with eight specific domains of gender inequalities: gender-based violence, work and the labour market, the economy, the gender pay and pension gap, the gender care gap, decision-making and politics, environmental justice, and human and fundamental rights. At the same time, using an intersectional approach, it also considers specific vulnerability grounds: sex and/or gender, sexual orientation, ethnicity, race, nationality, class, age, religion/belief, disability.

The data for the present analysis were generated by 29 National Researchers (NR), representing EU27 countries (except Estonia and Malta), along with Iceland, the UK, Serbia, and Turkey, who were contracted to map the situation in their countries. They were asked to deliver three types of input. The first is a mapping of policies in their countries that specifically addressed the relationship between the pandemic and relevant inequalities, describing each measure by providing answers in a special grid (see Appendix 2). The second is a mapping of societal initiatives related to these issues, again mapping each response in a grid (see Appendix 3). Finally, the writing of a report that provides an overview of the impact of the pandemic and related policies on relevant inequalities in different countries (using a template – see Appendix 1).

The NRs were asked to describe the policy actions undertaken using the grids and the report template. At the same time, they were asked to identify what has not been done, what has been omitted or is missing from the policies, what gaps societal actors have worked to fill in the place of public action, and which actors have been involved in the process and which ones excluded.

In this report, we analyse the data and describe them according to a specific structure. First, in the 'General Overview' section, the main characteristics of the policies and societal responses are described. We provide basic statistics and their geographical scope, focusing mainly on how domains of inequality and vulnerability grounds are represented in the evidence provided by the NRs. This section includes reflections on the policy process and most notably an analysis of the gender composition of decision-makers and expert committees, along with observations about the involvement of inequality experts and stakeholders in decision-making processes.

In the 'Policies and societal initiatives in the main domains' section, we focus on the content of the policies and societal responses. Based on the initial analysis and conceptual and policy considerations, we decided to focus in this report on four main domains: GBV; work and the labour market; the gender care gap; and human and

fundamental rights. In this first cycle, these are the domains in which it was possible, given the richness of the data provided, to produce more specific reflections on the relationship between the pandemic, policies, gender issues, and vulnerable groups. Each of these domains is analysed in depth both in relation to the domain-relevant policies and with respect to how civil society engaged in these areas. We believe this constitutes the most valuable and productive input for the first policy cycle of the Resistiré project. Throughout this section we include 23 boxes that contain descriptions of some of the societal initiatives identified in the different countries. These initiatives have been chosen using these main criteria: innovative and promising action; proposing initiatives representative of different domains and countries; initiatives supporting different types of vulnerability; initiatives that are transferable and reproduced in other contexts. For each initiative, a short description is offered, together with data on the promoters and targets.

Methodology

As noted above, the data for the analysis here were generated by 29 NRs, representing EU27 countries (minus Estonia and Malta), along with Iceland, the UK, Serbia, and Turkey. Nine of the NRs are part of the project's partner teams, while the other 20 were identified through a network of professional connections among members of the consortium. Most of them are researchers and experts in gender studies and inequality studies. In addition to the data produced for this report, the NRs were also asked, for Work Package 3, to collect information on the existence of Rapid Assessment Surveys and other relevant datasets in their country relating to the topics the project deals with, and, for Work Package 4, to interview experts on the topic and people in precarious and vulnerable groups. These activities will be repeated for three cycles over the course of the project's duration.

In terms of the process and outputs, the NRs were requested to map the situation in their countries and submit three types of input. Once the NRs identified policies that focus explicitly on the domains and target groups of our concern, they were asked to complete a **'policy grid'** to provide additional information on their design, implementation, monitoring, evaluation, and the omissions from a gender+ perspective. In these grids, they were asked to include only those policies that can be linked to a specific searchable document. Then the NRs were asked to identify the civil society responses in their countries that addressed both the pandemic and related policies and to describe these responses in a dedicated **'societal initiatives grid'**. Both grids contain a series of closed and open-ended questions. They are focused on understanding the content of policies and societal initiatives, the actors involved, the various types of processes at work, the types of inequalities involved, etc. (see Appendix 2 and 3 for details). In addition, the NRs were given a **'Country Reporting Template'** to provide a report on a general picture of national and subnational COVID-19 policies in their countries and the

responses from civil society (see Appendix 1).

Between 15 May and 30 June, the NRs produced 298 policy grids, 277 societal initiatives grids, and 29 country reports. All the data were analysed by means of a thematic analysis (Braun & Clarke, 2006) and using a combination of top-down and bottom-up approaches. Initially, the main author of this report created a codebook based on findings obtained by means of desk research. The codebook (containing codes and groups of codes related to inequality domains, grounds, kind of policies, issues, vulnerable groups, etc.) was shared with the analysis group's team members (4 researchers) and was then discussed and edited together. Different grids and reports were assigned to every member of the team to be coded using Atlas.ti software (version 9). Every coder was able to create new codes, which were then discussed in several online meetings. Finally, the main author of this report analysed the material by observing the relations between the top-down codes and themes in the documents and integrating them with the codes that emerged, bottom-up, from the analysis.

In addition, when possible, we analysed the closed questions from the grids by creating frequency tables and graphs to provide the most relevant contextual data on the mapped policies and societal initiatives.

Note: within this document there are many quotations taken from the national reports and grids produced by the NRs. In most of the cases we copied the quotation verbatim from the reports. We have only made minor edits in places where, in our opinion, typos or mistakes could impede the correct understanding of the text. The need to obtain reports from so many different researchers belonging to different countries has resulted in the loss, in a small number of cases, of consistency in the use of certain terms (e.g., in some cases, man/male and woman/female are used interchangeably as if they are the same thing). However, we decided to avoid modifying the NRs' original texts as much as possible.

The text of the various 'Societal Initiative Box' that you will find throughout this report is also copied verbatim from the NRs' 'societal initiatives grids'. In some cases, these quotations have been cut and adapted to make the boxes concise and short without losing any of the initial meaning in the NRs' documents.

General overview

Basic information on the identified policies

As Figure 1 shows, the policies identified by the NRs refer primarily to the 'work/labour market' domain. In fact, one in two of all the policies analysed (49%) was indicated as relating to this area of inequality. At the same time, slightly less than a half (43%) of the mapped policies relate to the 'human and fundamental rights' domain.⁵ Both the 'economy' and 'gender care gap' domains accounted for just over a fifth of the policies analysed. A smaller share of policies is in the 'GBV' domain (16% of the total policies) and 'Pay/pension gap' domain (12% of all policies), while policies related to the 'Environmental justice' and 'Decision-making and politics' domains are almost completely absent (both 2% of the total, i.e., about seven policies per domain). It is important to note that policies could be recorded as referring to more than one domain.

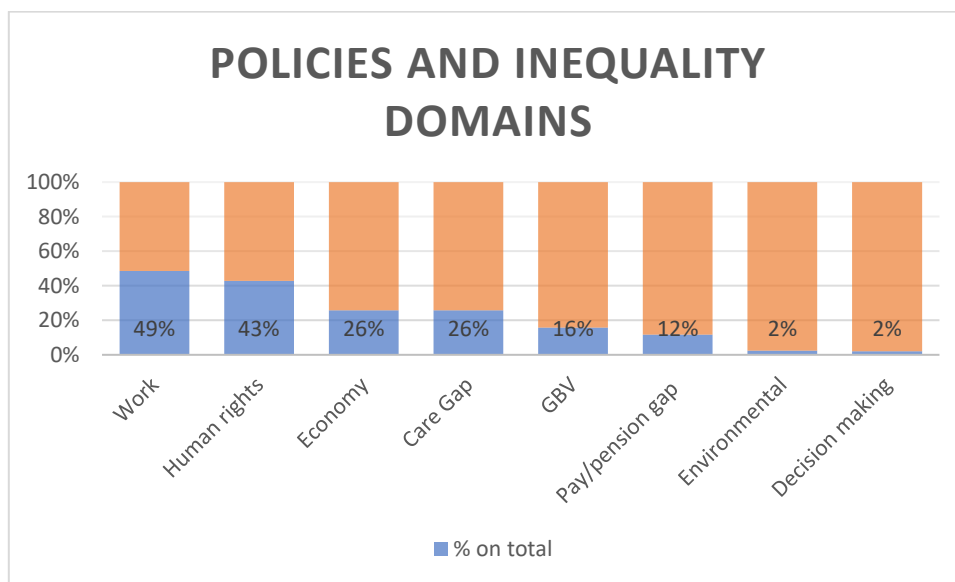


Figure 1 Percentage of grids identified in the individual policy domains (N= 298)

Table 1 shows the percentage of policies (of the total) reported as referring to at least two different domains at the same time. What is immediately evident is that one in five policies (19%) identified by the NRs simultaneously addressed both the work and

⁵ This is a broad domain that include areas as non-discrimination; dignity; justice and equality; work and education; access to health; privacy and data protection, access to digital technologies. Within RESISTIRÉ, the areas of health and education have been particularly considered.

economic domains, and about 16% addressed both labour and gender care gap issues.

Table 1 Percentage of policies belonging to two domains (% of the total, N=298)

	GBV	Work	Economy	Pay and pension gaps	Care gap	Decisions	Environment	Human rights
GBV		2%	2%	1%	3%	1%	0%	8%
Work			19%	6%	16%	1%	1%	12%
Economy				2%	5%	1%	0%	8%
Pay and pension gaps					5%	1%	0%	2%
Care gap						0%	0%	7%
Decisions							0%	1%
Environment								2%
Human rights								

Figure 2 shows the different inequality grounds that intersect with gender in the mapped policies. We found that the most frequent grounds are age and class, which are both present in more than eighty policies out of the total (28% and 27%, respectively). This is followed by disability (24%), nationality (14%), gender identity (10%), and ethnicity (10%). In Table 2 we show the percentage of policies that address (at least) two different grounds at the same time. We discovered that 13% of the policies concern class and age, 10% class and disability, and 12% age and disability. It should be noted that a policy reported by the NRs as relating to more than one ground does not automatically mean it is intersectional in its conception; in some cases, the reason is simply that some wide-ranging policies contain several provisions regulating different and distinct issues.

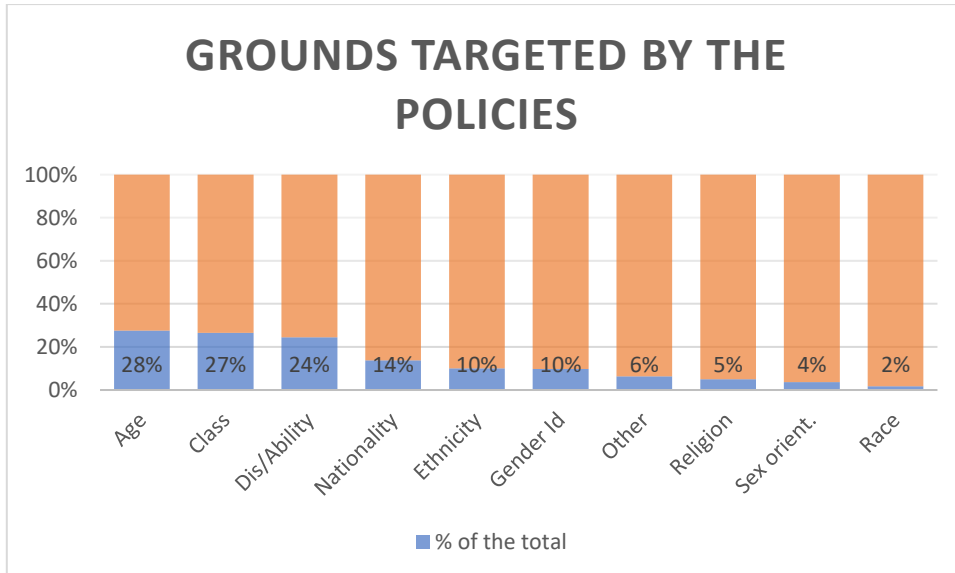


Figure 2 Percentage of policies identified that address specific inequality grounds (N= 298)

Table 2 Table 1 Percentage of policies that address two grounds at the same time (% of the total, N=298)

	Sexual orientation	Ethnicity	Race	Nationality	Class	Age	Religion	Disability	Other grounds
Gender id	3%	3%	1%	3%	5%	5%	2%	0%	0%
Sexual orientation		1%	1%	1%	2%	2%	1%	2%	0%
Ethnicity			1%	4%	6%	6%	2%	5%	1%
Race				1%	1%	1%	0%	1%	0%
Nationality					6%	6%	1%	5%	2%
Class						13%	2%	10%	2%
Age							4%	12%	3%
Religion								2%	0%
Disability									3%

Most of the policies identified by the NRs applied to a national context, as shown in Figure 3. Only one in ten of the mapped measures applied to just a sub-national context (regional, municipal).

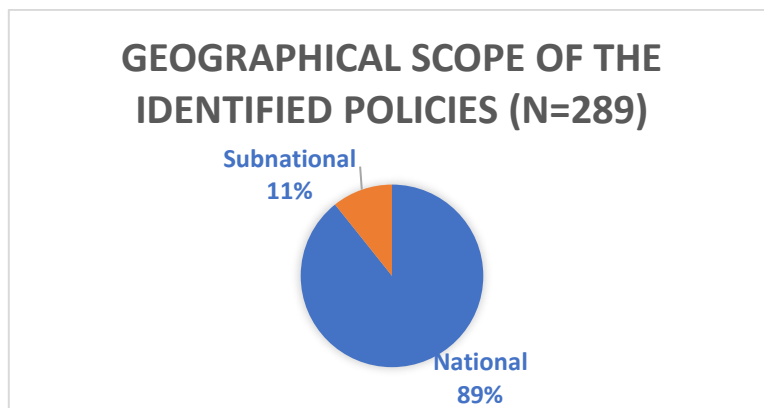


Figure 3 Geographical scope of the identified policies

Basic information on the identified societal initiatives

Figure 4 shows that 66% of the societal initiatives mapped by the NRs are connected with the domain of human and fundamental rights. Approximately one in three societal initiatives is also connected to the domain of GBV and a similar percentage applies to the domain of work and the labour Market, while 66 (24% of the total) initiatives related to the gender care gap, 43 (16%) to the economy, and 27 (10%) to the pay and pension gap domain. Not many initiatives were indicated as linked to the decision-making and environmental justice domains, which accounted for just 5% and 4%, respectively, of the total initiatives mapped.

Comparing Figure 4 with Figure 1 we can see that one of the most important differences concerns the priority given to the different domains by policymakers and civil society. The civil society responses mapped by the NRs concerned first of all the domain of human rights, with two-thirds of the initiatives reported as belonging to this domain. As we will see in the next sections, this was done first of all by offering different kinds of basic support to more vulnerable groups. This domain is also reflected in the policies indicated, but to a lesser extent (43%). It should also be noted that the GBV domain is present in only 16% of policies, while it is somewhat more common in civil society initiatives (29%).

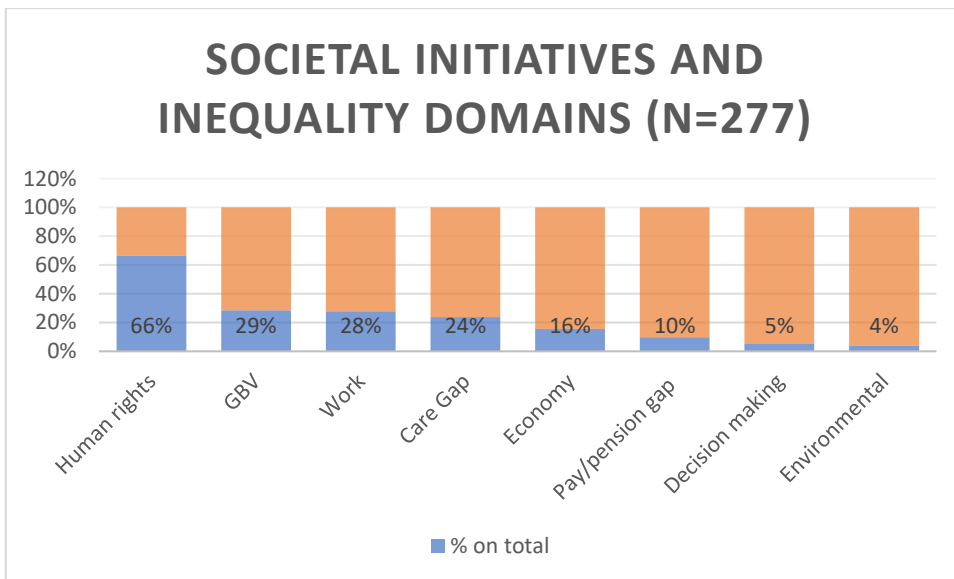


Figure 4 Percentage of societal initiatives addressing each inequality domain (N=277)

The NRs were asked to indicate if the societal initiatives target further inequality grounds in addition to those relating to gender, as shown in Figure 5. We found that the most frequent ground is class, which is present in about half of the mapped initiatives (47%). This is followed by ethnicity (36%), age (35%), and nationality (32%).

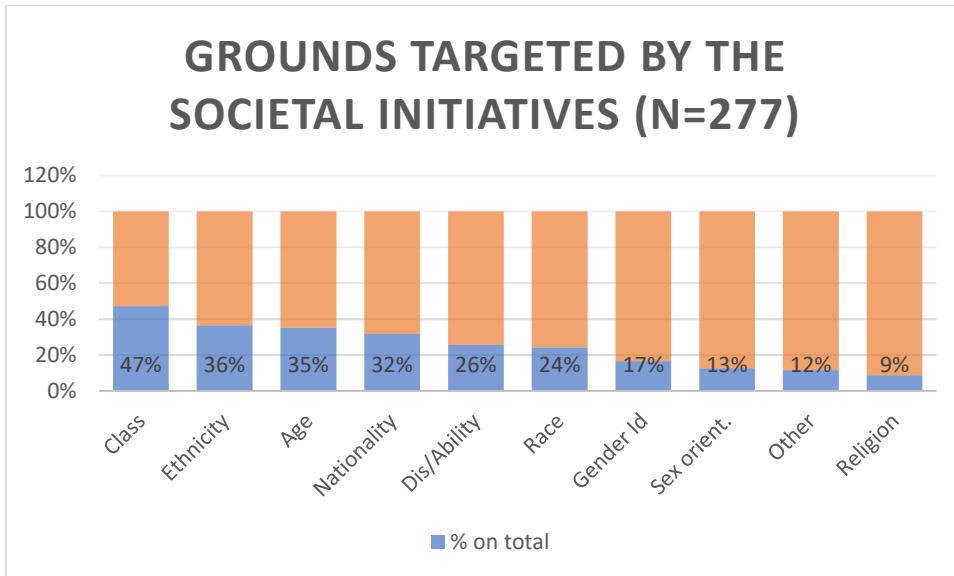


Figure 5 Percentage of societal initiatives addressing each inequality ground (N=277)

The main obstacles to the inclusive accessibility of measures

We identified three main obstacles that people, and especially the most vulnerable groups, encountered when trying to access the services that were made available in different countries to mitigate the adverse effects of the pandemic.

The first is linked to the fact that the **increasing use of digital technologies** for providing and obtaining information excludes those with limited digital skills and technological resources. For instance, in Cyprus 'since a COVID-19 vaccination appointment is booked through the [National Health System] GESY portal, people who are not eligible to register or who have not registered at the GESY could not get an appointment easily' (NR_CY). This could be an even bigger problem for people living in rural and isolated areas, where there is limited technological infrastructure. For instance, in Hungary 'rural organisations are in a worse position than those in Budapest and do not even expect to receive support in the future. In the case of these CSOs, complete or partial cessation due to the epidemic was more common. Their most common problems were a lack of Internet and IT tools' (NR_HU).

The second obstacle was a **language barrier**. An example of this was provided by the Swedish NR, who reported: 'when some public actors and private contractors translated Swedish texts, they did not use professional translators. One consequence of this was that public actors, with some of their contractors, translated Swedish information regarding COVID-19 into Arabic and Somali with incomprehensible language' (NR_SE). The third issue is the presence, in several cases, of **complicated procedures and heavy bureaucracy** attached to the process of applying for certain services, to the disadvantage of less-educated people or, again, people with limited language skills.

When it came to regularising undocumented immigrants in Italy, for instance, the Ministry of the Interior's official data indicated that '207,542 regularisation requests were received from employers [...] According to monitoring data released in March 2021, only a limited number of residence permits - 1,481 - had been issued owing to administrative and bureaucratic issues at the immigration offices' (NR_IT).



The policy processes

The composition of decision-makers and advisory committees

A lack of representation of women

Most of the pandemic-related measures identified in the national reports were created at the level of the national government (with some exceptions observed in countries with a more federal system), sometimes with the support of expert committees created ad hoc to deal with the emergency. Initial analysis showed that in many countries the relevant decision-making positions were mainly held by men, as the following examples show:

- In Poland, 'it should be noted that the main executive and advisory bodies responsible for policy design are male-dominated. This is due to the fact that in the Polish Sejm women are a minority and in 2019 accounted for 28.7% of all its members (Rzecznik Praw Obywatelskich, 2020, p. 33). The same is true for advisory bodies that were established for the time of the epidemic like the Medical Advice Council (5 out of 15 members are women), Government Crisis Management Team (the core group consists of men only); or the COVID-19 Epidemic Monitoring and Forecasting Team (among its 12 members, 2 men are the team leaders, and the gender of the other members is not known as they are described as representatives of respective ministries, statistical offices, and health centres) (see Serwis Rzeczypospolitej Polskiej, 2020c, 2020d and 2020e)' (NR_PL).
- In Italy, '100% of the first Technical Scientific Committee to tackle the crisis were male, the President of the Civil Protection Department was a man, as were the heads of both the Italian National Health Service and the Ministry of Health. In response to this, in May 2020 the Minister for Equal Opportunities introduced a "female" task force called "Women for a New Renaissance". However, this committee never had an active role in making crucial decisions for the country' (NR_IT).
- In Latvia, 'the main actors involved in COVID-19 policy design are predominantly male. The Prime Minister, the Minister of Finance, the Minister of the Economy are all men. The Minister of Health used to be a woman, but she was fired from government at the beginning of January 2021 for failing to manage COVID-19 vaccination process. She was replaced by a male minister. The Minister of Welfare also used to be female but was replaced by a male minister in June 2021 due to the redistribution of power in the ruling coalition. There was and still is a distribution of ministries based on traditional notions of gender roles. Health,

welfare, and education were led by female ministers, reaffirming that care is something women do better and is something innately feminine. The main experts on matters related to COVID-19 infections (the Chief Specialist in Infectious Diseases of the Ministry of Health, the Director of the Infectious Diseases Risk Analysis and Prevention Department of the Centre for Disease Prevention and Control) are both male. At the moment, women are more represented on the level of state secretaries – the Ministry of Finance and the Ministry of Health are run by female state secretaries’ (NR_LV).

- In Greece, ‘policies reflected the fact that the main actors and stakeholders involved in COVID-19 policymaking, the executive, and governmental advisors, chief hygienists, and similar advisory bodies were male-dominated. An exception to this was the public announcement that one of the Prime Minister’s chief financial advisors was a gay man married to a male partner, but this did not translate into an actual policy change, as gay marriage is still prohibited in Greece’ (NR_GR).
- In Bulgaria, ‘regarding the advisory committee that was formed to lead the COVID-19 measures in the country, the gender composition was predominantly male. The National Operational Headquarters to fight COVID-19 created in February 2020 was composed of seven men. In March 2020, a Medical Council to advise the Council of Ministers was also formed. It consisted of 5 women and 9 men. Both the National Operational Headquarters and the Medical Council had only an advisory function, with decisions being taken ultimately by the government and by respective ministries. Nevertheless, the fully male National Operational Headquarters had large exposure, with briefings held on national TV twice a day. In contrast, the Medical Council did not have such exposure (NR_BG).
- In the Czech Republic, an initiative promoted by a CSO ‘emphasised that women were absent in the decision-making process during the pandemic, as there has been an overwhelming predominance of male experts and politicians involved in designing the anti-pandemic measures and policies’ (NR_CZ).
- In Ireland, ‘according to the Central Statistics Office (CSO 2019), men significantly outnumbered women in all national decision-making structures in Ireland in 2018. About a quarter (26.7%) of Government Ministers and 15.8% of Ministers of State were female. Just over one in five (22.2%) of TDs⁶ were female while 30% of the membership of the Seanad (Senate) were female. Furthermore, in the 2020 general election, the proportion of female TDs did not change significantly, with 22.7% of elected TDs being female’ (NR_IE).
- In Romania, ‘the participation of women in decision-making and politics is also absent from Romania’s portfolio of policies with a gender impact. The gender balance at the level of central public administration was particularly low in the

⁶ Teachta Dálas, Members of the Irish Parliament

cabinet that governed through most of the pandemic period, with only 1 female minister (the Minister of Labour and Social Protection) holding office out of a total of 21 ministerial portfolios between September 2020 and April 2021, when the Minister of Health was dismissed and replaced with a female minister' (NR_RO).

- In Spain, '[a] study on the composition of the expert taskforce and advisory bodies in Spain shows that women are generally underrepresented, both at the state and at the regional level. At the state level, the committee created to manage the COVID-19 crisis had a 42.9% female composition. Regionally, there are notorious differences among regions. In Catalonia, for example, 7 out of 8 (87.5%) members of the expert committee were women, while in Canary Islands only 2 out of 13 were women experts (15.4%) (Bacigalupe et al., 2021). Generally, most expert taskforces and advisory bodies have a majority male representation. In the political sphere, women have also had less visibility than men. Thus, there was a male Minister of Health for the first year of the pandemic, later replaced by a woman Health Minister as of January 2021. At the regional level, women were also slightly underrepresented, with 47% of female health ministers (in 8 out of 17 regions)' (NR_ES).
- In the UK, 'criticisms have been made about the gender composition of SAGE [the UK Government's COVID-19 Scientific Advisory Group on Emergencies]. Across the 73 meetings analysed by Wenham and Herten-Crabb (2021), the average proportion of women experts in attendance was 32.8%. This did increase gradually over the course of 2020, but did not rise above 44%' (NR_UK).

Some exceptions

Exceptions regarding the gender balance in which there was a greater female presence were also identified in the national reports, such as:

- In Austria, 'the government that came into power during the second coronavirus lockdown has the same numbers of women and men in terms of ministers and secretaries of state' (NR_AT).
- 'Regarding the composition of the main executive, Belgium has had two federal governments during the course of the pandemic. The first one was a caretaker government, which was given a mandate to be able to respond adequately to the COVID-19 crisis on 17 March. The head of this government was Sophie Wilmès, the first female prime minister in Belgium's history (albeit in a caretaker capacity). The federal health minister at the time was a woman as well, Maggie de Block. Four out of thirteen ministers were women ('Regering-Wilmès II', n.d.). [...] the second government, formed in October 2020, has a cabinet composed of 10 men and 10 women. This is the first time in Belgian history that the cabinet is equally made up of men and women. One of the women, Petra de Sutter, is the first transgender minister in Europe ('Regering De Croo', n.d.)' (NR_BE)
- In Finland, the 'government consisted of women at the time. Prime Minister Sanna

Marin had just begun in her position in December 2019 as the third woman prime minister in Finland and one of the youngest prime ministers ever. Her face became familiar to all Finns during the pandemic. Also, of 19 ministers in her government, 12 were women' (NR_FI).

- In Iceland, 'the health authorities that designed and represented the COVID containment measures included two women (the Minister of Health and the Director of Health) and two men (the Chief Epidemiologist and the Chief Superintended of the Department of Civil Protection and Emergency Management). The economic response measures were most often represented by the prime minister (woman), the finance minister (man) and the minister of transport and local government (man). Other ministers presented the measures relevant to their policy area, but in total five women and six men are ministers in the Icelandic government. The action team on violence included two women, the national commissioner of the Icelandic police and a former minister of social affairs (retired from politics)' (NR_IS).
- In Turkey, 'the Coronavirus Scientific Advisory Board was formed by the government on 10 January 2020. Today it is composed of 38 members, 16 of them women, including university professors and medical experts, as well as legal advisers. The board has had a consultative capacity and has put forward non-binding recommendations regarding the restrictions and measures to be taken against the spread of COVID-19' (NR_TK).
- In Ireland, 'despite the large number of male state actors involved in the policy response, a key actor for much of the pandemic was the Minister of Social Protection and Minister for Rural and Community Development, Heather Humphreys, who is female, and a member of Fine Gael. She is a senior minister in the Irish Government whose department was heavily involved in a number of the mapped policies (COVID-19 Pandemic Unemployment Payment, Enhanced Illness Benefit for COVID-19, Employment Wage Subsidy Scheme, Rent Supplements, Short-Time Work Support)' (NR_IE).
- In Lithuania, '[a]fter the parliamentary election on 11 October 2020 the situation changed dramatically and the current government is the most gender-balanced in Eastern Europe (Sytas, 2020). Both the Prime Minister and the Speaker of the Parliament are women as well (Jegelevicius, 2020). The composition of the government's Expert Advisory Council, created to consult on pandemic management, changes but remains gender-balanced' (NR_LT).
- In Slovenia, 'ordinances were adopted by the government, following the expert opinion of the expert group (later named advisory group) at the Ministry of Health, which was formed in April 2020 and the whole time the leaders of the group were women. It can be stated that the group is relatively gender-balanced, although this is to some extent only an assumption, while members of the group changed often' (NR_SI).

Among the NRs' evaluations, evidence of a possible correlation between the gender composition of decision-makers and the gender sensitivity of policies are mixed. For instance:

- 'In Latvia a correlation between the sex/gender of the policymaker and the gender sensitivity of policy has not been proven' (NR_LV).
- In Lithuania, '[t]he effect of the government's gender composition appears to be relevant when considering policies directed at women. In April 2020, information emerged about the situations of expecting mothers, who receive a somewhat lower maternity and childcare allowance due to being furloughed and lost work income. One member of the Parliament (an opposition MP) registered an amendment to the Act on Social Insurance for Sickness and Maternity that would make it possible to exclude the furlough period from calculations of the maternity and childcare leave allowances. There was little public attention to the issue and the amendment was not approved by the Parliament, with some MPs stating that the loss to family income would be insignificant and no exceptions should be made that could burden the state budget. The measure was approved only after the election of 2020 and the change of the government [which became more gender-balanced]' (NR_LT).
- In the UK, '[c]riticisms have been made about the gender composition of SAGE [the UK Government's COVID-19 Scientific Advisory Group on Emergencies]. Across the 73 meetings analysed by Wenham and Herten-Crabb (2021), the average proportion of women experts in attendance was 32.8%. This did increase gradually over the course of 2020, but did not rise above 44%. However, Wenham and Herten-Crabb (2021) do not find that representation of women on the advisory board was associated with increased consideration of gender issues. The authors therefore argue that a specific gender advisor should be included in SAGE, following the introduction of an advisor in black, Asian and minority ethnic inequalities in June 2020' (NR_UK).

The reflections listed here do not offer any pattern from which to determine whether the composition of decision-makers and their committees may have influenced the presence or absence of gender-sensitive policies. This is an interesting issue to be analysed in more depth in the next research cycle. In addition, it will be interesting to observe whether a more significant presence of women within governments has had any influence on the composition of their scientific and technical committees.

The involvement of inequality experts and stakeholders

First of all, an important fact that emerged from the analysis of the policies mapped by the NRs is that out of a total of 298 policies identified, only seven of them were found to have undergone the Gender Impact Assessment. In addition, we found only a few countries where public authorities could refer to advisory boards and experts for advice on the impact of the pandemic on gender inequalities and other inequality grounds. For

instance, in Belgium, 'the Council for Equal Opportunities between Men and Women, an advisory body founded by the federal government, has produced advice - albeit limited - regarding the specific impact on inequalities that COVID-19 and the policies intended to combat it have had (Instituut voor de gelijkheid van mannen en vrouwen, 2020), while the Brussels Committee for Equality between Women and Men released an extensive report on the impacts of COVID-19 on gender inequalities (Brusselse Raad voor Gelijkheid tussen Vrouwen en Mannen, 2021). Whether this report was used as a guide for policymaking is unknown' (NR_BE). In Denmark, 'the Department for Gender Equality (in Danish: Ligestillingsafdelingen) has provided counselling to all the relevant ministries during the pandemic as this department is responsible for all government activities in the field of gender equality, and for coordinating the equality work of other ministers, who are themselves responsible for gender equality within their areas' (NR_DK).

In some cases, we registered situations where governments started a dialogue with sub-national authorities or representatives of social groups. For instance:

- In Austria '[o]ften, regional governors were consulted before measures were announced (especially regarding lockdown and curfews). The government, furthermore, consulted the "Social Partners" (employee representatives: Chamber of Workers, Trade Unions, employer representatives: Chamber of Economy, Federation of Austrian Industries)' (NR_AT).
- In Denmark, 'the Minister for the Social and the Elderly for long periods during the pandemic held monthly meetings with civil society organisations and [...] the chairwoman and co-chairwoman of the Council for Ethnic Minorities participated in several meetings with the Minister of Foreign Affairs and Integration, the Minister of Health, and various other relevant authorities as well as NGOs during the pandemic' (NR_DK).
- In Slovakia, 'some particular measures have been consulted on with relevant stakeholders, e.g. some measures targeting social services with the umbrella organisation or pandemic measures in marginalised Roma communities after strong expert and media opposition to initial quarantining practice. Nevertheless, the relevant stakeholders were often consulted only after the measure had been adopted and proved to be inefficient' (NR_SK).
- In Sweden, we observed strong interaction between public authorities, NGOs, and civil society. For instance, in relation to GBV 'the Association for municipalities and regions (SKR) began a review of the situation linked to COVID-19. Early contact was made with municipal sheltered housing in the metropolitan municipalities to get an idea of the situation and their preparedness. To better understand the situation on the ground, SKR initiated contact with SKR's women's peace network, the social manager network, and the network for development leaders for women's peace within the regional collaboration and support structures, RSS. Contact was also made with the police authority in Stockholm and the Finnish Shelter Services' (NR_SE).

- In Ireland, the government and women's NGOs worked side-by-side on a national awareness campaign about the continuity of GBV services.

Despite the above cases, a lack of engagement by policymakers with experts on inequalities and representatives of civil society and vulnerable groups was found in the reports analysed. A common pattern across the analysed countries is that the emergency and the need to provide rapid responses have in many cases hampered governments' ability to consult experts or representatives of various groups. Sometimes governments began listening to the voices of these people only in the later stages of the pandemic, often as a result of pressure from protest campaigns. For instance, in the Czech Republic 'the gender+ dimension was often brought into the policy-related discussion (and public discourse surrounding the pandemic in general) by gender equality experts, sociologists, economists, etc., and NGOs. Together, they presented an important voice pointing to the ways the implemented policies had either overlooked or enhanced existing gender+ inequalities. As the pandemic progressed, some of the arguments, perspectives, and recommendations were adopted by the government's advisory bodies and reflected in the policies issued later during the pandemic. Policies that were amended following public debate were for example Care Allowance or Extraordinary Immediate Cash Assistance (Covid portál, 2021)' (NR_CZ).



Policies and societal initiatives in the main domains

The reports by NRs showed that the design of policies to respond to the pandemic in Europe in many cases lacked a gender+ sensitivity, even if some exceptions are present. For instance, the following are just few examples of statements found in most of the reports:

- 'The policies usually avoided gendered distinctions and language. There was no gender+ framework, and gender mainstreaming has been absent.' (NR_BE)
- 'At the moment, a gender perspective in the COVID-19 pandemic policies is non-existent apart from the issue of gender-based violence.' (NR_HR)
- 'Although gender+ inequalities have regularly been part of the public discourse related to the pandemic (e.g. in public debates, media representations, etc.), gender+ inequalities have not been addressed explicitly in the majority of the general COVID-19 related policies.' (NR_DK)
- 'Gender+ inequalities have tended not to be explicitly addressed, although policies have been introduced to support parents, carers, women requiring an early abortion and people experiencing homelessness.' (NR_UK)

In the next section we will describe this situation in more detail by observing four domains of gender inequality: gender-based violence, work and the labour market, the gender care gap, and human and fundamental rights. The focus will be on both the policies and the societal responses.

Gender-based violence (GBV)

The Policies

Context

As indicated in existing literature (e.g. EUCoR, 2020; Arenas-Arroyo et al., 2020; EIGE, 2021; Donà 2021; Holmes et al., 2020; Rosser et al., 2021) one of the effects of the pandemic was a potential increase in GBV cases. This is also partly confirmed by our mapping. For instance:

- In France 'a strong increase in poverty (including hunger) (CNLE, 2021) and in domestic violence was soon observed after lockdown' (NR_FR).
- In Serbia, 'the domestic abuse and violence against LGBT people living with their parents increased' (NR_SER).
- In Germany, 'according to women's shelters and regional police departments, the number of women calling for help, seeking shelter, or with escape intentions

increased strongly after the first lockdown in spring 2020 (Dürnberg, 2021)' (NR_GER).

- In the Czech Republic, 'while the official numbers from the relevant authorities do not show an increase in reported cases, ongoing research on the issue of domestic and gender-based violence as well as the numbers provided by NGOs offering legal, social, and psychological support to victims suggest that the number of cases and also their intensity increased significantly (Nyklová, Moree, 2021). NGOs across the Czech Republic estimate that demand for services increased by 30-40% during the first wave of the pandemic (spring 2020). During the second wave of the pandemic (fall 2020), the demand increased by as much as 50% compared to 2019 (Ibid)' (NR_CZ).
- In an assessment of the Swedish Gender Equality Authority, 'some municipalities state that the levels of men's violence against women increased, while other [municipalities] state that the levels are the same as the year before'⁷ (NR_SE). In addition, Unizon, an umbrella organisation of women's NGOs, notes that the 'number of support contacts has increased significantly, many more women have applied for support and also testified to more serious violence and that the violence has escalated. Women who had not previously been abused have become so during the pandemic. Even children have reported an increased fear of their fathers, as they have been at home much more. Violence has also increased for them. Statistics show that the rape of children increased by 16 percent between 2019 and 2020 (Source: e-mail correspondence with a representative of Unizon)' (NR_SE).
- In Italy, data reports show that the number of valid calls and online chats to the GBV helpline 'increased considerably compared to the same time in the previous year (+71.7%), from 13,424 to 23,071 between March and October 2020. The growth in the number of requests for help via chat tripled from 829 to 3,347 messages. Calls for information on Anti-Violence Centres also increased (+65.7%) (ISTAT, 2020)' (NR_IT).
- in Poland, 'lockdowns and quarantine measures took a great toll on trans communities. Self-isolation and social distancing have forced many community members to shelter with abusive or unsupportive relatives. This particularly affected trans children and youth. Staying at new accommodation has also led to situations of bullying, blackmailing, physical, and psychological violence' (NR_PL).

GBV has become a greater presence in the public debate in some of the countries examined, mainly due to the lobbying work of CSOs and researchers, who have been able to provide more evidence on the topic. In some cases, as we will see with Croatia,

⁷ <https://www.jamstalldhetsmyndigheten.se/aktuellt/coronapandemin-i-ett-jamstalldhetsperspektiv>

this has resulted in the implementation of measures to mitigate the problems involved. Many NRs pointed to GBV as one of the few domains where gender-sensitive policies could be identified in their countries.

Box Societal Initiative 1

<p>Country: Ireland (NR_IE)</p>
<p>Name of the Initiative: Information Resources on Safety and Barring Orders for Traveller Women Experiencing Domestic Violence</p>
<p>Target: Traveller and Roma women in Ireland</p>
<p>Description: The legal system is of little use to people who are highly disempowered, such as Traveller and Roma women. These are women who have reading difficulties and/or very little education. They also belong to a community who don't trust or who fear the police (Gardai). Furthermore, Traveller and Roma women do not trust the state system, so they fear that if they call the police, their children could be taken into care by the state. This initiative consists of an information pack that includes a barring and safety order leaflet, with or without audio, and a barring and safety order animation. It has been developed by Traveller women for Traveller women and the audio animation provides very clear information in the language that they use, so that it is easy for them to understand. The aim of this initiative was to close the inequalities gap between women Travellers and the settled community in access to rights. While directed mainly at Traveller and Roma women, it also takes an intersectional approach.</p>
<p>URL: https://www.paveepoint.ie/new-information-resources-highlight-needs-of-traveller-women-experiencing-domestic-violence/</p>
<p>Organiser: Pavee Point Traveller and Roma Centre (a government-funded NGO based in Dublin that was formed to improve the human rights of Irish Travellers) in collaboration with other Travellers' rights groups throughout Ireland</p>

The main measures adopted

Where present, policies adopted within the GBV domain focused on three main issues

such as **raising awareness**, creating or strengthening **helplines or digital counselling services**, and **providing funds to organisations** managing services and shelters.

With regard to **raising awareness**, various campaigns to make victim support services more visible are reported. For instance:

- In Germany, ‘psychological and structural support services for women have noticeably increased, especially in the form of print-media such as posters, billboards, or advertisements’ (NR_GER).
- In Ireland, through the national campaign ‘Still Here’, the government and women’s NGOs aimed at reassuring survivors about the continuity of services (NR_IE).
- In the Czech Republic, during the pandemic, ‘the Government Commissioner for Human Rights alongside NGO representatives held a press conference providing information for the media and the public regarding available support services’ and subsequently organised ‘an online conference on the same topic focusing on the lack of available capacities at the asylum facilities for victims of GBV (Government of the Czech Republic, 2020b)’ (NR_CZ).
- In Italy, ‘the Department for Family and Equal Opportunities implemented an awareness campaign on radio, television, and social media, titled “Libera Puoi”, to encourage the use of the toll-free number 1522, a helpline specifically created to mitigate issues concerning violence against women and stalking’ (NR_IT).
- In Latvia, guidelines for providing services for victims of domestic violence have been published. Similar activities have also been identified in Poland and Romania.

Another quite common practice has been to strengthen the presence of **helplines or other remote support** and counselling services through the use of digital technologies.

For example:

- In Croatia, responding to a public campaign to stop violence during the pandemic, ‘the Prime Minister opened a 24/7 hotline for victims and witnesses of criminal acts and victims of violence’ (NR_HR).
- In France, an already existing helpline for women victims of all forms of violence was further developed (the access time was extended and the listeners were equipped to do telework), and other reporting methods were added (a website,⁸ an app for LGBT couples called Flag!, a text alert line 114, a chat run by a CSO) (NR_FR).
- In Romania, the Agency for Equal Opportunities adapted ‘the Helpline for victims of domestic violence and gender violence, an already existing instrument, to address the pandemic conditions’. To the information usually provided they added ‘information regarding the national safety measures required by the state

⁸ arretonslesviolences.gouv.fr

of emergency or information for Romanian women work migrants in countries affected by COVID-19 or counselling regarding working from home' (NR_RO).

In some countries, **funds were allocated to support organisations** (often CSOs) in improving services, increasing the presence of shelters, and adapting existing structures to changes related to the pandemic (an increase in demand, the following of restrictions, support for medical devices etc.), for example in Belgium, Croatia, Denmark, Romania, and Germany. In some cases, such as France, hotel rooms were used as shelters for victims. The Swedish National Board of Health and Welfare distributed 'funds to organisations that work with children in vulnerable situations, women exposed to violence, children and LGBTQI people as well as against violence in close relationships, including honour-related violence and oppression (Statsbidrag, 2021)' (NR_SE). Furthermore, in this country the Parliament has allocated funds to specific counties and agencies to finance gender equality measures, such as 'the establishment of a national sector-wide competence centre against honour-related violence and oppression'; 'activities to prevent and combat honour-related violence and oppression, child marriage, forced marriage, and female genital mutilation'; 'mapping municipalities' efforts to help victims of violence with or without children to arrange permanent housing' (NR_SE) etc. In Croatia, the prime minister signed 20 contracts with shelters and counselling centres securing them one year of financial support.

Box Societal Initiative 2

<p>Country: Serbia (NR_SER)</p>
<p>Name of the Initiative: Guidelines for Social Workers Working with Women and Children Victims of Gender-based Violence during the COVID-19 Pandemic</p>
<p>Target: Social care workers explicitly but implicitly victims of gender-based violence</p>
<p>Description: Various restrictions imposed on citizens to prevent the spread of the COVID-19 virus also required adapting social workers' practices through innovative solutions. In addition to teleworking, which poses a particular challenge for social workers, others problems that trigger gender-based violence against women are also identified. These are, for example, forced contact between victims and perpetrators during curfew, women's feelings of being in 'captivity' and their inability to leave a violent relationship, changing family dynamics, challenges related to the gender roles of women and men, a greater presence of children at home and the organisation of responsibilities around children, the financial impact of the crisis on the family, the use of infection and the</p>

pandemics to increase or achieve control over a partner, etc.
URL: https://www.fpn.bg.ac.rs/wp-content/uploads/Preporuke-za-postupanje-CSR-u-situacijama-nasilja-prema-%C5%BEenama-tokom-COVID-19.pdf
Organiser: FPN KonekTaS, established at the Faculty of Political Science, University of Belgrade

Several national governments (e.g. United Kingdom, Spain, and the Czech Republic) defined measures aimed at **softening restrictions for services and for victims**, so that greater freedom of movement and continuity of services was possible despite the lockdown. In Iceland, the debate about GBV and violence against children was one of the factors that pushed the government to keep elementary schools, kindergartens, and day-cares open during the most restrictive periods (NR_IS). The policies against GBV in this country included financing **services to support the perpetrators** (e.g. support measures and educational material). In Romania, the National Agency for Equal Opportunities between Women and Men has been planning 'to cooperate with the National Agency for the Occupation of the Workforce to introduce **unemployment counselling for victims of domestic violence** that is sensitive to the labour market dynamic generated by COVID-19' (NR_RO). In Spain, even though this was not related to the pandemic, a **Minimum Universal Income** scheme was adopted in May 2020 (RDL 20/2020), which also establishes **more flexible requirements** for victims of GBV and trafficking. In Portugal, a **law to regularise the status of undocumented foreign nationals** during the pandemic (Order 3863-B/2020 of 27 March 2020) helped sex workers and victims of human trafficking to obtain access to essential services. At the same time, some difficulty in reaching these people through this mechanism has been reported (NR_PT).

The absence of policies

The countries in which our national researchers explicitly underlined the **absence of measures** aimed at supporting the issues connected to GBV during the pandemic are Finland, Bulgaria, and Lithuania.

In Greece, the National Researcher underlined that, 'although the debate about GBV is still at the top of the agenda, there has been very little progress in policymaking. [...] Although several politicians have expressed their commitment to fighting GBV, there were no concrete policies to support this commitment, apart from some media campaigns. [The fact that] the website that the Ministry of Labour and Social Protection created for the *Me-Too* campaign is still under construction illustrates the lack of substantial changes in the policy framework' (NR_GR).

In Hungary, a brand-new Family Law Expert working group 'discussed the necessary measures in relation to domestic violence during the state of danger' (NR_HU), and the

resulting family and child protection protocol was adopted by the police during the quarantine. At the same time, it must be noted that the Hungarian Parliament adopted, on 5 May 2020, 'a political declaration (Vejkey et al., 2020) against the ratification of the Istanbul Convention' (NR_HU). The reason the ruling party gave for this was that 'while it agrees with the substance of the treaty, all legal guarantees to protect women from domestic violence are already contained in Hungarian law' (NR_HU). Orbán and his party also refused to consider references to 'gender' and to obligations to receive refugees persecuted over sexual orientation or gender" (NR_HU) contained in the Istanbul Convention.

In the Czech Republic, on 28 June 2021, 'the Government Council for Equality of Women and Men approved quality standards for specialised social services for victims of domestic and gender-based violence. The Council recommended that these standards become mandatory for organisations applying for state and EU funding. However, the recommendations need to be first turned into policy by the government in order to be legally binding, which has not (yet) happened' (NR_CZ). Also for this reason, 'the GBV domain remains one of the most pressing gaps in the country as there have not been sufficient policies adopted to tackle the worsened situation' (NR_CZ).

Box Societal Initiative 3

Country: United Kingdom (NR_UK)
Name of the Initiative: Tackling Move-On Together during COVID 19
Target: Survivors of domestic abuse
Description: This is an initiative to bring the housing sector and refuges together to get survivors who are ready for move on right now into a safe home. Some housing providers are advising that they have several homes that are currently empty as the usual nominations and lettings procedures were paused during the early part of the coronavirus pandemic. They want to ensure they are playing their part in providing homes for people who are particularly vulnerable, including survivors of domestic abuse. This group will also be working together to ensure they can provide sustainable move on from refuges over the long term. In the short term, they are asking housing providers, local authorities, and refuges to work together, to coordinate need for move on accommodation with the availability of suitable homes.
URL:

https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5ef45269c4cf400a7fc18310/1593070187878/Standing+Together_Housing+Providers++Refuges_FINAL_1.pdf

Organiser:

Domestic Abuse Housing Alliance (DA-HA), Women's Aid Federation of England, National Housing Federation and the Chartered Institute of Housing.

Issues

In the NRs' reports, we identified various issues that public authorities had to address in relation to the effects of the pandemic on the services provided to the victims of GBV. One of these is the difficulty in **reconciling continuity and quality of services** in the face of new health and movement regulations, together with the increasing demands for help and decreasing resources, both human and financial.

For instance, in Slovakia, 'contrary to a wide public debate on gender-based violence, the policies related to this area have been rather scattered. Although the Ministry of Labour, Social Affairs and Family has regularly published guidelines and regulations for social service providers, they were rather general and focused on services for seniors and the disabled as they were considered to be particularly at risk. No regulation has been GBV-specific. As a result, strict requirements for senior residential services applied also to shelters for IPV survivors. For instance, in the first wave, strict hygienic measures were introduced for access to social services including shelters. Women surviving violence who had an urgent need for accommodation were required to spend 14 days in quarantine before entering a shelter or had to test negative for COVID-19. However, free-of-charge testing was only accessible for health reasons or for those who had been in contact with an infected person. While commercial testing was available, many violence survivors could not afford the cost for them and their children. In April 2020, the government introduced the requirement that regional self-governments provide quarantine places for persons in need of residential social services including survivors of intimate partner violence (IPV). Nevertheless, the implementation varied across regions and only in a few regions were specialised quarantine places for IPV survivors established. Women were reluctant to use general quarantine places as they did not correspond to their needs and the needs of their children. As a result, the accessibility of shelters for women surviving violence was seriously reduced during the first wave (Ocnasova, 2021). The situation was remedied with the introduction of free-of-charge testing in November 2020' (NR_SK).

The **increased use of digital services** should also be examined since it entails a significant risk of excluding people who have limited access to the internet and other relevant forms of IT. Also, the need to rely on digital technologies heightens the risk of victims being tracked by perpetrators and increases the possibility of online chats and messages being accessed.

Few of the measures observed pay specific attention to the **needs of specific groups of people**; often these measures are based just on announcements without specific action plans. For instance:

- In Spain, 'Act No. 1/2021, 'Urgent measures for the protection of and assistance to victims of gender-based violence', explicitly refers to disability as an intersectional dimension and makes other general references to intersectionality, without any concrete specification, as 'ethnicity, socio-economic level, age, migrant status, functional diversity, disability, dependency, place of residence and any other situation that amounts to such discrimination' (Chapter 1, Art. 1) (NR_ES). At the same time, 'there is no concrete provision to address the specific difficulties of women with a migrant background [and] lacking a regular residence permit and the specific difficulties they might face in accessing these services (especially to avoid the risk of expulsion after attempting to report violence). In addition, there is no explicit reference to the socio-economic factor, to homeless women, to women in prostitution, and to older women' (NR_ES).
- In Germany, two subnational measures related to GBV have been addressed: a call by the Federal State 'Baden-Württemberg' to fund innovative projects against domestic and sexual violence and the support programme 'Preventing and Combating Violence against Women and Domestic Violence' introduced by the Federal State Hessen. The two measures do not 'distinguish between the direction or type of domestic violence or between individuals with different gender identities, who may be exposed to more implicit, subtle, or even more severe forms of abuse, violence, or danger, both physical and psychological. It remains unclear whether the policies and campaigns also target young men suffering in their home and family environment, who are the target of physical violence or other threats' (NR_GER).
- In Turkey, 'the only public policy related to GBV introduced during the pandemic period was offering multi-lingual services through a mobile app developed by the Directorate of Security Services to report GBV, which is underpinned by several assumptions (e.g. literacy and digital literacy) and has some limitations (e.g. the exclusion of politically and legally discriminated groups, such as Kurdish-speaking ethnic minorities and undocumented migrant groups, see also PG 1)' (NR_TR).
- In Portugal, the National Researcher has underlined how the GBV policies adopted there do not consider an intersectional approach.
- In Luxemburg, undocumented workers are an important issue, 'as illustrated by the recent case of a Brazilian undocumented woman who made a complaint against her violent and exploitative employer and is now obliged to leave the country' (NR_LU).

Societal Initiatives

The monitored societal initiatives included, first of all, activities aimed at creating **awareness** in society about the risks of an increase in GBV, domestic violence, and intimate partner violence during the pandemic and about services to counteract them. These initiatives took the form, for instance, of television advertisements promoted by the Association for the Prevention and Handling of Violence in the Family (SPAVO) in Cyprus, or the publishing of a vinyl record containing 11 narratives about perpetrators of domestic violence against their female partners from the Bulgarian Fund for Women (with the involvement of artists and volunteers). In some cases, the awareness campaigns are connected also to fundraising initiatives.

Box Societal Initiative 4

Country: Czech Republic (NR_CZ)
Name of the Initiative: Support (Food & Clothes) for Single Parents
Target: Lone parents, mainly single mothers and their children
Description: At the beginning of the pandemic, the initiative's organiser started a crowdfunding campaign to provide single parents and their families with food assistance (spring 2020 - ongoing). In spring 2021, the organiser followed up with a clothes-oriented collection to collect, sort, and distribute clothes, shoes, books, and other items to single parents and their children in several Czech cities. Single parents (the majority of them single mothers) are one of the most socially and economically disadvantaged groups in the Czech Republic. They are at risk of falling below the poverty line and have little to no savings and/or safety net, and they have been hit especially hard by the pandemic. Many single mothers have experienced GBV, and due to their precarious economic situation (unstable position in the labour market) and care-related responsibilities, they found themselves in an extremely vulnerable position and at risk of economic and social exclusion.
URL: 1. Crowdfunding for food assistance https://www.znesnaze21.cz/sbirka/nakup-pro-rodinu-samozivitelky 2. Clothes collection www.satnik.org
Organiser:

Nora Fridrichová, journalist and philanthropist

CSOs involved in working with GBV victims also often had to **adapt their services** to the rules imposed by the pandemic. In Italy, for example, a network of Anti-Violence Centres and Home Shelters (Di.Re network) had to, among other things, reduce face-to-face activities, equip the centres and staff with masks and hygienic products, guarantee support and assistance (psychological, legal, etc.) to women by phone, e-mail, chat, while being careful to ensure the safety of the interviews and anonymity (NR_IT). There are numerous initiatives by various CSOs aimed at **strengthening remote counselling systems**, such as helplines, chats, and online platforms with information on services and guidelines. An interesting initiative is that of the Turkish Federation of Women's Associations and the Hacı Ömer Sabancı Foundation in Turkey aimed at collecting old smartphones and giving them to potential victims of violence. This allows them to seek help through a special app that provides more security than a phone call. On the other side, the non-profit organisation Kvinnojouren (Women's Shelter) in the town of Enköping, in Sweden, decided to join the 'stroller walks' organised by a day-care organisation in order to give women a chance to request help in a less controlled situation.

Various organisations, sometimes with the support of state funding, had to **increase their shelter capacity** for victims of violence. For instance, in Denmark, during the first and second lockdown the Danish government gave money to the LOKK association 'to set up extra rooms in shelters to cope with the increased need during the pandemic (in total 100 new permanent rooms were established). Each region was allocated a potential number of rooms, which corresponds to an increase of 16 percent over their normal pre-COVID capacity (LOKK 2020 Annual Report)' (NR_DK). In Croatia, the Solidarna Foundation 'has met an urgent need for financial assistance unavailable elsewhere for 17 women and their 33 children from 13 different towns, filling the gap in funding for urgent needs such as apartment rent for 3 months, food, purchase of kitchen or bathroom appliances, legal costs (lawyers' fees)' (NR_HR). In the United Kingdom, the Domestic Abuse Housing Alliance (DA-HA), the Women's Aid Federation of England, the National Housing Federation, and the Chartered Institute of Housing have been working to 'bring the housing sector and refuges together to get survivors who are ready for move on right now into a safe home' (NR_UK).

Box Societal Initiative 5

Country: Latvia
Name of the Initiative: Video and Online Lessons for Young People about Sexual and Reproductive Health
Target:

Teenagers and adolescents (parents and schoolteachers)
<p>Description:</p> <p>In order to help answer the youth's current questions about sexual and reproductive health during the declared state of emergency and related restrictions, the association 'Papardes zieds' developed educational videos and online classes. Educational materials focus on providing information about changes in the body at puberty and emotional and physical health and safety, including the development of respectful, safe, and responsible relationships. This too helps to prevent GBV. The initiative offers a series of online videos and online classes. Its target group are teens and adolescents.</p>
<p>URL:</p> <p>https://www.papardeszieds.lv/covid-19-ierobezojumu-laika-biedriba-papardes-zieds-piedava-jauniesiem-izglitojosus-video-un-tiessaistes-nodarbibas/</p>
<p>Organiser:</p> <p>'Papardes zieds' Association</p>

Some organisations, like SPRAVO in Cyprus, offer intervention programmes to provide **help to the whole family**, including victims and perpetrators of domestic violence, through the support of a team of clinical, forensic psychologists, and social workers (NR_CY). The Patent Association, in Hungary, works with a team of lawyers, psychologists, and social workers to consider the legal, psychological, and social needs of the woman victim (NR_HU).

The activity of CSOs within this domain has also focused on **knowledge production**. In Romania, the Association for Gender Liberty and Equality (A.L.E.G.), a feminist organisation, launched a guide for journalists, presenting 'basic principles and best practices for responsible reporting on domestic violence' (NR_RO). In Poland, a document prepared by the Equal Treatment Council provides information on where to find help during the pandemic crisis to different vulnerable groups including victims of domestic violence. In Serbia, a group of volunteers from the Faculty of Political Science (FPN), KonekTaS, created guidelines to support social workers in dealing with the new challenges brought about by the pandemic. In Italy, Save the Children produced guidelines to operators working with families to help them detect dangerous situations for women and children as soon as possible and help women and children escape these situations. Some NGOs and researchers, for instance in the Czech Republic and in Turkey, also worked on the **collection and production of data** about GBV issues that the public authorities were not able to provide.

Attention has also been drawn to **specific vulnerable groups**. For instance, in Greece,

the NGO DIOTIMA, with the support of the International Rescue Committee, has been providing support, information, and protection to migrants, asylum seekers, and refugees living in camps and to victims and potential victims of GBV. The same NGO organised an information campaign, funded by the British Council, to raise awareness about violence against women and LGBTQ persons of different ages, races, nationalities, social classes, and sexual orientations (DIOTIMA, 2020). In Ireland, the NGO Pavee Point Traveller and Roma Centre, in collaboration with other Traveller rights groups, created an information pack on safety and barring orders for Traveller women experiencing domestic violence. In the same country, the AkiDwA organisation set up a webinar on Female Genital Mutilation (FGM) and the law in the time of COVID-19.

Box Societal Initiative 6

Country: France (NR_FR)
Name of the Initiative: LGBTQI+ Support
Target: LGBTQI+ people
Description: During the pandemic, a network of CSOs who support LGBTQI+ people extended their usual activity. As for domestic violence, reports decreased during the lock-down, but this was apparently due to the difficulty of calling for help. In particular, difficulties among young people locked in with their families were reported. The network includes different CSOs, such as the historic HIV actors Aides and Act-up and local groups (including ones in the overseas territories), along with specialised NGOs like Le Refuge, who provide shelter for young people who have to leave home. A CSO set up in 2001 by gay and lesbian police officers, joined by judiciary personnel, has created an app called Flag! that has played an important support role.
URL: https://www.inter-lgbt.org/urgence-covid-19/
Organiser: A network of CSOs

<p>Country: Italy (NR_IT)</p>
<p>Name of the Initiative: 'Not Alone' programme</p>
<p>Target: Children and young people, vulnerable families, new mothers, and unaccompanied foreign minors.</p>
<p>Description: 'Not Alone' is an integrated programme that was implemented by Save the Children in response to the COVID-19 pandemic. It aims to provide support (material, psychological, social, educational, etc.) to children and young people living in vulnerable families and in situations of hardship (including, therefore, for example, unaccompanied foreign minors). The programme provides (among other things):</p> <ul style="list-style-type: none"> - food kits to families - support for new and expectant mothers helping them with necessities for newborns; - guidelines for operators in the field so that they can detect dangerous situations for women and children (e.g., domestic violence) as soon as possible and facilitate their escape.
<p>URL: https://www.savethechildren.it/emergenze/emergenza-coronavirus-italia</p>
<p>Organiser: Save the Children Italy</p>

Work and the labour market

The Policies

Context

From the analysis of the national reports, we observed that the policies related to the work and labour market domain concerned two main issues: first of all, the need to **support the maintenance of jobs and the income** of people forced to stop working, and second, the **management of unemployment** and the need to find strategies to

help people to **re-enter the labour market** after the acute phase of the pandemic. We found that in most of these measures, some categories of people and some specific issues were not considered. First of all, the **exclusion**, in various cases, of **atypical and informal workers and so-called 'non-regular'** people from support measures. Second, the **lack of resources invested in staff working in health and care facilities**, where the majority of staff are women, and who were found to be overburdened during the pandemic. Finally, insufficient **support for reconciling the demands of care, domestic labour, and work** in the light of the school closures and the increase in teleworking.

The data available for some countries show how the pandemic affected men and women in the labour market in different ways.

- In Austria, data (Statistik Austria, 2021) indicate that the 'overall gendered composition of the labour market seems to remain as unequal as it was before the pandemic, meaning the gender inequality neither increased nor decreased on the short run. In the long run, however, the additional work pressure women had to endure, due to the increase in unpaid care work (Derndorfer et al., 2021), may result in a widening of the gender gap when it comes to leadership roles or wages' (NR_AT).
- In Spain, at the end of 2020, "the female unemployment rate had doubled; of the 3 million unemployed, 2 million were women (data from Gestha⁹)" (NR_ES).
- In Slovakia 'the unemployment rate started to grow in March 2020, reaching 8.4% in December (Doliak, 2021a). Annual unemployment has grown by 15% in comparison to 2019 (Statistical Office, 2021). The unemployment rate continued to grow till April 2021, when it reached 8.6% (Doliak, 2021b). The most affected sectors have been the service sector and the leisure, arts, and entertainment sector (Hrivnak and Kerekes, 2021) that are the sectors with high employment of women' (NR_SK).
- The Swedish labour market is 'gender-segregated, the corona pandemic has hit men and women differently. Men have to a greater extent lost their jobs in male-dominated industries that have been hit hard by redundancies. More women than men have kept their jobs, but have lost their income because they have been at home more to care for sick children¹⁰' (NR_SE).
- In Denmark, initially 'there appeared to be an over-representation of women, young people, and ethnic minority employees who lost their jobs. However, in the later phases of the crisis, the picture changed. As the crisis took hold the typical characteristics of those who lost their jobs were: male, lower educated, and aged 30-59 years old (Technological Institute 2020, Lund 2020). A rise in unemployment has been seen especially among men working in construction and industry (Council of Europe 2020)' (NR_DK).

⁹ Trade union of technicians from the Finance Ministry. Data retrieved from <https://www.gestha.es/index.php?seccion=actualidad&num=817>

¹⁰ <https://www.jamstalldhetsmyndigheten.se/aktuellt/coronapandemin-i-ett-jamstalldhetsperspektiv>

- In France, women 'have been more impacted financially than men (Lambert et al., 2020). They are somewhat over-represented among the 11% of the population who declare that their work conditions had worsened (55%) and they less often have an office space in their home than men do (among executives, 29% of the women but 47% of the men) [...] The Women's Foundation (Fondation des femmes, 2021) has estimated that out of the 35 billion euros of the French recovery plan, only 7 go to specifically feminine job areas'(NR_FR) The main areas targeted by the national recovery plan, digital and environmental, are, however, mainly male-dominated.

Box Societal Initiative 8

Country: Austria (NR_AT)
Name of the Initiative: Sex im Notstand - Helfen ist sexy, Spendenaktion (Sex in a State of Emergency - Help Is Sexy, Fundraising)
Target: Sex workers (and in particular, migrant women, single mothers, people affected by poverty or in debt, people suffering from addiction, homeless or houseless people)
Description: As self-employed persons, sex workers in Austria can apply for money from the Hardship Fund, but often fail to meet access criteria (such as having an Austrian bank account or proof of income). Due to this difficult situation, the pressure to work illegally increases. Therefore, the Berufsvertretung Sexarbeit (BSÖ) was founded, which uses the Sophie counselling centre as its association headquarters. Funds collected through the fundraising campaign 'Helping Is Sexy' are distributed nationwide by the association. The funds are to reach sex workers in the form of shopping vouchers, for example.
URL: https://www.berufsvertretung-sexarbeit.at/sex-im-notstand-helfen-ist-sexy
Organiser: Berufsvertretung Sexarbeit Österreich was founded by sex worker and activist Shiva Prugger in response to the situation of sex workers during the pandemic.

The content

The pandemic forced many people to remain isolated in their homes with the consequence that they could not carry out their normal work activities. To manage this situation, a series of measures related to the domain of work and the labour market have

been issued in the different countries. As we will see, it is challenging to separate this domain from the economy and gender care gap domains. Among these measures, gender inequalities and other inequalities have seldom been considered. Most of the time, initiatives on these topics have been taken just to fix problems emerging as the externalities of measures designed to support the economic system. The pandemic has not been used as a springboard to address inequality in a more systemic and long-term way.

In all the countries, the main policies have focused on **employment and income support**. These issues have been tackled in different ways: incentives to flexible work, funds aimed at income compensation and support, sometimes a layoff freeze.

In many cases, and when possible, workers have been allowed to do their **work from home**. In some countries and some small local administrations, this situation has also resulted in measures to encourage digitisation. In cases where working from home was not possible, some governments designed policies to reduce working hours or make them more flexible. In many cases, measures to reconcile work and care were also observed, which we will discuss more specifically in the section on the gender care gap.

We observed various forms of **income compensation** or support for people who had to suspend work or reduce their hours. Examples of these measures can be self-isolation payments, 100% wage payments for absence related to COVID-19 sickness, the payment of wages for workers of closed activities, etc. Other forms of support have been devised for the **unemployed**, such as the COVID-19 Pandemic Unemployment Payment in Ireland, and for specific types of contracts, such as fixed-term and permanent seasonal contracts, like in Spain. We also found examples of these types of support at the subnational level. For example, in Latvia, to support people not covered by the national income support benefits, '[m]unicipalities provided financial support [...] targeted to people whose income fell as a result of COVID-19 but who did not receive a downtime benefit for various reasons (policy: Binding Regulations of the Līvāni District Council No. 5 Regarding benefits in a crisis situation due to the spread of COVID-19)' (NR_LV). In some countries, we can also find **benefits targeting specific sectors**. In Serbia, for example, 'key social assistance workers who were forced to take a temporary absence from work due to a COVID-19 confirmed illness or self-isolation received 100% of their wages during their inability to work' (NR_SER). In Greece, the government has given 'temporary benefits to workers in sectors such as culture, the arts, entertainment, and leisure, which have been particularly hard hit' (NR_GR). Workers in the 'self-employment' category often did not have access to general workers' benefits. In some cases, they were, therefore, the subject of specific measures - for example, in the Netherlands the government designed 'a benefit for self-employed workers, who do not earn the minimum wage due to the COVID crisis and are provided with money as much as social benefits' (NR_NL).

Country: Hungary (NR_HU)
Name of the Initiative: Tips for Employers - calling employers' attention to certain important phenomena and ways of addressing them
Target: different minority groups: LMBTQ people, disabled people, the Roma
Description: This is a collaborative project put together by different Hungarian non-profit organisations to show, together, the impact the pandemic is having on different minority groups. They have prepared a report incorporating expert opinions, data, and specific tips for employers. They are disseminating the final report jointly: they are sharing it with the more than one thousand employers that belong to the OPEN Community, and they are making it available for all.
URL: https://nyitottakvagyunk.hu/wp-content/uploads/2020/07/Covid-19-What-can-employers-do.pdf
Organiser: The Háttér Society provides assistance supporting the acceptance of LGBTQI persons; Amnesty Hungary works to promote gender equality; the Salva Vita Foundation supports persons with disabilities; and the Bagázs Association works to advance the acceptance of the Roma.

There are not many measures that focus specifically on **gender issues** in this domain. Yet the National Researchers were able to identify some such measures in a few countries. For example, the Italian government has allocated an 'incentive valid for 2021 and 2022, which aims to promote the reintegration of unemployed women into the labour market. It is a measure that states a 100% contribution exemption, up to 6,000 EUR yearly, for employers who hire women within the abovementioned two-year period' (NR_IT). In Northern Ireland, the government funded a 'free part-time training programme to encourage women who are returning to work into the Tech sector' (NR_UK). In Slovakia, since November 2020, 'if a mother returned to the labour market but her income was lower than the parental benefit, the social insurance company adjusted the difference' (NR_SK). At the subnational level, the City of Vienna provides 10 million EUR for two programmes aimed at supporting women re-entering the labour market, especially through training for a new profession.

On the other side, we also observed the risk that measures aimed at **combatting**

unemployment and supporting people in returning to work, could aggravate inequalities, especially if the measures lack a gender-sensitive lens, and focus, for example, on male-dominated sectors. For instance, this is the case of two initiatives in Iceland ‘such as the “back to work” initiative and the investment initiative (Government of Iceland, March 2020). Both initiatives create jobs first and foremost for men, that is 85-90% of all the jobs (Government of Iceland, n.d.-b). However, the initiative “Let’s get to work” that was introduced in March 2021 (Government of Iceland, March 2021) is more likely to create jobs for diverse groups of job seekers, as it opens opportunities for all types of companies and businesses to seek employees with the support from the government – hence not only in male-dominated sectors, such as construction and road maintenance. Moreover, it gives the job seeker opportunities to contact desirable employees that relates to their interests and background’ (NR_IS).

In Luxembourg, ‘the Minister for Gender Equality, Taina Bofferding, signed a cooperation agreement with a research institute to study, together with other issues, “the impact of the crisis on women and men on unemployment and financial resources, the use of telework by women and men”’ (NR_LU).

Other measures addressed women indirectly, for instance, through policies to reconcile work with care activities, as was the case in Spain more generally and in the Czech Republic for women employed in the health-care system (Pospíšilová, 2021). In Slovenia, a special bonus was introduced for medical personnel. This ‘had a very gender-specific impact, since the medical profession as a whole is extremely feminised, according to the Health Statistical Yearbook 2019, prepared by the National Institute of Public Health’ (NR_SI). In some cases, such as in the Netherlands, bonuses have been given to staff employed in health-care facilities (mainly female staff) and subjected to high workloads. The need to take gender issues into account in the labour domain is also mentioned in more general policy documents. The Hungarian ‘Recovery and Resilience Plan, for example, mentioned the gender employment gap and addressed the reconciliation of work and family life by planning the development of the day-care system’ (NR_HU). The Slovak ‘Gender Equality Strategy and Action Plan were prepared during the pandemic and recognized the impact of the pandemic on various aspects of gender equality such as work-life balance and the labour market and poverty’ (NR_SK).

Box Societal Initiative 10

Country: Spain
Name of the Initiative: Yo no las dejo solas (I do not leave them alone)
Target: Migrant women
Description:

The campaign ‘Yo no las dejas solas’ (‘I do not leave them alone’) called for crowdfunding, with the aim of providing financial support to domestic workers that had lost their jobs in the Basque region due to the COVID-19, and who could not access unemployment benefits because they do not have a contract or because they have an irregular status as migrants. A total of 270 donations were made, and a sum of 22,740 EUR was collected and distributed among 136 migrant women, mainly to help them pay rent. The crowdfunding aim had been set at 13,000 EUR, so that target was exceeded. In addition, the campaign also demanded a political solution to the situation.

URL:

<https://www.youtube.com/watch?v=h4ZHzyQvlsI&t=88s>

Organiser:

Associations of migrant women working as domestic workers.

Issues, Silences, and the Absence of Policies

As we saw above, some of the occupational categories most affected by the pandemic are **nurses, care workers**, etc., which are usually populated mainly by women. The work of these people was reorganised entirely and intensified during the pandemic. Different NRs noted that the pandemic had highlighted the problem of a shortage of caregivers in several countries and the difficult work conditions of caregivers. The impact of the pandemic on this sector was very strong. For instance, as a representative of a Swedish union said, ‘there is a large accumulated care debt, which means that the situation will continue to be under pressure. It is also a fact that staff did not get a holiday last year and that the holiday they get this year is far from sufficient for a recovery after a year and a half of work under in many cases a completely unreasonable workload’ (NR_SE). In addition, in Sweden ‘many in the service sector and health care sector have hourly employment, which would affect their pensions and ability to pay current bills’.¹¹ (NR_SE). In Turkey, health-care workers have been ‘subjected to increasingly strict work regulations (e.g. not permitted vacations, resignation). There are reports of increasing suicide among health-care workers in this period’ (NR_TR). In Slovakia, the debate about this category of workers ‘pointed to the exhaustion and burnout of women working in these sectors as they were required to work by law and were significantly overloaded. For example, during the first months of 2021, approximately the same number of nurses has retired as in the whole of 2018, and analysts warn that the trend will continue (Katuska, 2021)’ (NR_SK). As stated above, the main policies aimed at supporting these categories that we were able to observe in some countries (e.g. France, Slovenia,

¹¹ <https://www.delmos.se/kunskap/artikelseerie-segregation-och-covid-19/okad-ojamlikhet-i-boendet-i-sparen-av-coronapandemin/>

Romania) involved just providing some bonus on top of their salaries. In Austria, live-in care workers - mainly migrant workers from Eastern European countries - could not travel due to travel restrictions. This situation widened the care gap, but it did not improve the working conditions of care workers (NR_AT).

Box Societal Initiative 11

Country: Turkey
Name of the Initiative: Queerwaves
Target: Queer Nightlife Workers in Istanbul
Description: With the 'Support for Queer Nightlife Workers' campaign, Queerwaves has aimed to meet the basic needs of queer nightlife workers, who have needed urgent support to survive during the lockdown. With the measures that were imposed to combat the spread of the pandemic, like the cancellation of nightlife events and the closure of all venues, they have been at risk of slipping further into deep poverty. Given this unprecedented situation, Queerwaves has urgently called on the queer community who are financially more secure to support those in need. As of May 2021, the campaign had reached 151 donors and 5,673 EUR had been raised in total. As reported in April 2021, a total of 53,200 TRY (4,480 EUR) were donated and distributed to 12 people, including bar staff, DJs, performers. Donations were given to these people a total of 7 times between April 2020 and February 2021
URL: https://queerwaves.com

In various cases, **informal caregivers and domestic workers** have been (at least initially) excluded from measures aimed at mitigating the socio-economic effects of the pandemic, as observed, for instance, in Italy, Spain, and Turkey. 'In 2019, the number of domestic workers with a regular contract registered in Italy was 848,983 (88.7% of whom were women) (Osservatorio DOMINA, 2020). This represents only a percentage of real number of domestic workers, since another estimated 690,000 undocumented migrants in Italy are thought to be currently working within the sector. The sector includes work as housekeepers, babysitters, assistants to non-self-sufficient people/elderly with disabilities, assistance to minors with disabilities, and agricultural workers. Over 70% of those employed in the domestic sector are migrants' (NR_IT). During the first period of

the strict lockdown, ‘domestic workers with irregular contracts could not legally and safely travel to the households or farms at which they worked’ (NR_IT). Following pressure from public opinion, the government provided an allowance of 500 EUR for the months of April and May 2020. Undocumented migrants were able to obtain a temporary residence permit while also presenting the employer with a sponsorship option. In Spain, some measures to improve the conditions of domestic workers were introduced at the regional level. In Czech Republic, ‘as experts on the position of migrant workers point out, migrant women working in the care domain (especially in-house 24/7 care) or other types of often informally organised sub-fields of the labour market ended up in an extremely vulnerable position due to the pandemic (Heřmanová 2020). However, their specific vulnerability and precarious position were not reflected in any of the analysed policies and measures’ (NR_CZ). In Ireland, the Employment Wage Subsidy Scheme ‘over-privileges “business” forms of work and explicitly excludes some workers, such as domestic workers, childminders, housekeepers. This negatively affects women who are over-represented in these areas, and also implies that these types of labour are somehow less valuable, thereby undermining the women who work in these sectors and further compounding inequalities’ (NR_IE).

Those **people in precarious employment, informal employment, or the self-employed** have often been excluded from those measures aimed at income and employment support. In Austria, ‘[m]igrant care workers and sex workers were initially excluded from some of the measures, even though their status as self-employed should make them eligible. This changed to some extent over time’ (NR_AT). Sex workers were also excluded from the policy debate in Portugal. In Turkey, ‘LGBTI+ labourers in entertainment and sex work sector found themselves stuck between loss of income and taking serious health risks by continuing to work’ (NR_TR). In Serbia, ‘with the termination of all social services, Roma women were in a particularly disadvantaged position, living in informal settlements and lacking the sources of income from informal work’ (NR_SER).

Box Societal Initiative 12

<p>Country: Netherlands (NR_NL)</p>
<p>Name of the Initiative: Nurses advocated for more nursing influence and a voice in policies within hospitals, which was fuelled by the corona crisis.</p>
<p>Target: Nurses (mostly women)</p>
<p>Description: The COVID crisis revealed that nurses are among the most important employees in a hospital. When crisis teams in hospitals were set up at the start of the corona crisis, nurses (or nursing advisory councils) were not included</p>

(NOS, 2021). After lobbying, nurses became part of crisis teams at many hospitals (NOS, 2021). The formation of nursing advisory councils (VAR's) also became more common. VAR's 'provide advice on a professional basis to the management or board of directors of an organisation to ensure and improve the quality of care' (Venvn, 2021, para 4).

URL:

See NOS (2021) and Venvn (2020, May)

Organiser:

Nurses from hospitals in the Netherlands.

Societal Initiatives

Among societal initiatives we observed, first of all, the great effort made by CSOs to organise different kinds of **campaigns and lobbying activities**, on topics such as the improvement of migrant women's working conditions (Spain); the demand to increase family allowances (Hungary); the need for violence-free workplaces and the ratification of the Istanbul Convention 190 (Croatia); the rights of caretakers at an international level (Romania); support for the working conditions of migrant workers working in the meat sector in the Netherlands; the lack of staff within socio-health centres in Greece; the problematic situation of women working in the research sector (Poland); the demand for nurses to be involved in decision-making processes (Netherlands); the need for better conditions for women employed in agriculture (Serbia).

Some organisations are also involved in the **collection of data** on the work domain. For instance, some Hungarian organisations prepared a report incorporating expert opinions, data, and specific tips for employers concerning LGBTQ+ people, disabled people, and Roma people. In Romania, a non-profit feminist organisation prepared a report titled 'Women's Experiences during the Pandemic: State of Affairs and Recommendations for Gender-Sensitive Post-Crisis Measures', describing, among the other things, issues related to the impact of the pandemic on work.

Other societal initiatives mainly related to the share of **information and the creation of guides** that addressed topics as work and labour rules in general, migrant workers' policies, and support for women involved in business activities. Some **digital platforms** have been developed, for instance, to connect nurses and medical staff with health-care facilities looking for personnel or to support artists through the sharing of information and crowdfunding. Some associations also involved unemployed people in creating masks that could then be distributed for free or offered support to unemployed refugees to work from home.

To support domestic workers, sex workers, LGBTQI+ nightlife workers, some organisations provided **funds**, which were sometimes collected through **crowdfunding**.

<p>Country: Romania (NR_RO)</p>
<p>Name of the Initiative: DREPT pentru îngrijire</p>
<p>Target: Domestic caretakers of Romanian origin working in Austria</p>
<p>Description: 'DREPT pentru îngrijire' is a self-organising association with the goal of representing the interests of Romanian and Slovak domestic caretakers in Austria. The initiative arose in response to how mobility was handled by the Austrian and Romanian authorities from the point of view of COVID prevention, the exclusion of workers from support policies during COVID-19 provided by the Austrian state. The association aims to improve working conditions and to secure labour rights (fair wages, access to social security, unemployment benefits, right to paid leave, etc).</p>
<p>URL: https://ig24.at/ro/</p>

Gender care gap

The Policies

The Context

As we will see below, in most countries the events linked to the pandemic had a strong influence on the domain of care work and the gender care gap. This is due, first of all, to the **need to reorganise work processes and educational activities** in order to cope with the rules to prevent contagion. For this reason, measures that influenced the gender care gap and pandemic issues are strongly linked to the domain of work. In addition, we found that other dynamics have sometimes interacted with this domain, such as the **need to protect the elderly** through isolation and, at the same time, the consequent sudden interruption of their supporting role in childcare as grandparents. The interaction between these dynamics resulted in **an increase in the workload of parents** at home. Very often, deep-rooted gender stereotypes and assumptions about the role of women influenced the measures taken in this domain. The result is an **increase in the workload for women**, forced to juggle between the need to continue with their paid jobs and, at the same time, to take care of relatives, children and their education, and domestic work.

Country: Iceland (NR_IS)
Name of the Initiative: Móðurmál - mother tongue education during Covid-19
Target: Non-Icelandic native language children
Description: During the restriction, the association offered their students distance learning in their mother tongue and individual assistance with homework. The gender care gap intensified during the pandemic. The care load was extremely heavy for many non-Icelandic speaking women, as they had to support their children with their education in a language that they do not speak fluently. This initiative met to some extent their needs and the needs of their children.
URL: https://www.stjornarradid.is/efst-a-baugi/frettir/stok-frett/2020/04/17/Samtokin-Modurmál-stydja-nemendur-af-erlendum-uppruna/
Organiser: Móðurmál is the bilingual association, they offer mother tongue teaching and homework assistance to multilingual children in Reykjavík.

The NRs are almost unanimous in pointing out that it was women who bore the brunt of the **increase in unpaid care work and the decrease in employment**, as described in the following examples:

- In Spain, 'after school and care services closed, women saw an increase in their unpaid care work, and often had to reduce their working hours, with a negative impact on their income, or leave their jobs in order to devote themselves to childcare or care for dependents' (NR_ES).
- In Italy, 'the way the COVID-19 crisis has affected the condition of women in Italy seems to reflect stereotypes deeply embedded within the wider culture. During the lockdown, which inevitably imposed a more frequent coexistence between family members residing in the home, the differences in the level of involvement between men and women about performing household chores, childcare/home-schooling tasks and cooking, have remained noteworthy. In general, remote working led, especially for women, to an overlap in work and family care responsibilities, while a percentage of women decided to resign from their jobs in order to take care of domestic-family responsibilities (ISPETTORATO DEL LAVORO, 2020)' (NR_IT).

- In France, ‘one of the main issues is the fact that teleworking and the possibility of getting sick leave to take care of children when schools were closed led to women taking on more of their share of domestic work and childcare. Women have undoubtedly lost jobs and their pay has decreased (Lambert, 2021)’ (NR_FR).
- In Finland, ‘care responsibilities, which are mostly taken care by women, increased both at homes and in women-dominated public sector organisations, such as elderly care institutions. [...] These changes were big in Finland because the Finnish society is a typical Nordic welfare society (Anttonen, Henriksson, & Nätkin, 1994; Hernes, 1987; Hirdman, 1988; Julkunen, 1992), in which public policies steer families towards the ‘dual earner model’, in which both women and men work outside the home. This steering is done, for instance, through individual and strongly progressive income taxation, by providing free education and early childhood education, and by providing meals for children. The introduction of COVID-19 policies was a radical and sudden change of direction, and created a backlash in gender equality (NR_FIN).
- In Germany, ‘[s]chool closures and stay-at-home mandates have triggered an intensification of domestic labour within households across the European Union. Participation in the labour market and access to resources have deteriorated for women in Germany. Over the course of the pandemic and the series of hard lockdowns, women have been more absent from work and have spent proportionately more time on domestic activities and childcare than men’ (NR_GER).
- In Cyprus, ‘it was hard enough to work from home, but it was unbearable for some women to care for their children who could not go to school due to lockdown, at the same time. In these cases, they either had to “trick” the system by declaring they worked while they did not and get 100% of their salary or be honest and get 60% of their salary’ (NR_CY).
- ‘During the two lockdowns, more Danish women than men were among those who were either furloughed or asked to work from home (Rockwool Foundation 2021), and this put an extra burden on those women, and in particular for mothers who had to juggle child care, home-schooling, and work (Faber & Hansen 2020, Potential Co. 2021).’ (NR_DK)
- In the Netherlands, ‘home-schooling was generally done more by women than men. Research shows that women have started doing less paid work and more domestic work since the beginning of the COVID crisis (I&Oresearch, 2020). Second, the closing of schools had impact on the work and labour market. Work and personal life became more intertwined when parents needed to stay home to teach children, while working at home at the same time (European Commission, 2020)’ (NR_NL).

Box Societal Initiative 15

Country: Luxembourg (NR_LU)
Name of the Initiative: Maisons Relais (relay houses) and nurseries open for the children of caregivers
Target:

Workers in the care sector
<p>Description:</p> <p>Following restrictions during the second wave of COVID in Luxembourg, and the suspension of face-to-face classes and activities in the national education sector from 28 December 2020 to 10 January 2021, the Luxembourg Red Cross and other partners have set up nine emergency care structures to provide care for the children of staff in the health, care, and child and family support sectors.</p>
<p>URL:</p> <p>https://www.croix-rouge.lu/fr/blog/covid-19-les-maisons-relais-et-creches-restant-ouvertes-pour-les-enfants-des-soignants/</p>
<p>Organiser:</p> <p>Different CSOs offering services for the population and families such as Caritas, the Red Cross and others</p>

This situation was even more difficult for specific categories of women, such as **single mothers and low-income households**. For example, ‘the Austrian Anti-Poverty Network reports that currently 13.9% of the Austrian population is at risk of poverty and that children, long-time unemployed, single parents, chronically ill people, and elderly women are at a higher risk (Armutskonferenz 2021)’ (NR_AT). According to the German NR’s description, ‘public discourse, the media, and reports on the impacts of the pandemic clearly indicate that working women, single mothers, and those with home care responsibilities are the undoubted “losers” of this health crisis (Corona: Eine Krise der Frauen, 2021; Globisch, C., Osiander, C. 2020)’ (NR_GER).

In many countries, the closure of day-care centres has created significant problems for **people with disabilities and older adults**, who were often confined to their homes without assistance. Specific measures have been designed in some countries in order to mitigate these problems. In Poland, for instance, people with disabilities ‘were given a financial compensation in form of co-financing of costs related to the provision of care at home in the event of loss of access to care provided in a rehabilitation facility as well as in the form of increased monthly co-financing of their salaries and compensation for those who are employed in Vocational Activity Establishments (Serwis Rzeczpospolitej Polskiej, 2020b)’ (NR_PL). In Denmark, funding was ‘allocated to combat loneliness among people with disabilities (National Board of Social Services 2020c)’ (NR_DK). In Greece, the only exceptions for the one-year school closure ‘were schools for children with disabilities that remained open for longer periods of time’ (NR_GR).

Box Societal Initiative 16

<p>Country:</p> <p>Denmark (NR_DK)</p>

<p>Name of the Initiative: The Neighbourhood Mothers</p>
<p>Target: Migrant women and their children and families.</p>
<p>Description: The purpose of The Neighbourhood Mothers is to promote the social and cultural integration of isolated and vulnerable ethnic minority women by pairing them with volunteer 'mothers' who help them to navigate local services and discover the local community. The Neighbourhood Mothers try to give these women the information and support they need, so that they can gain control of their own lives and make the decisions, which they believe are the right ones for themselves, their families, and their children. In the face of the COVID-19 pandemic, The Neighbourhood Mothers initiated emergency activities, which included: guidance on how to remain connected with women and their families through the pandemic; ideas on how to keep in touch, for instance, by way of walk & talk meetings, phone calls, social media, etc.; information on, for example, self-isolation, how to use the official Danish COVID-19 contact tracing app, information on the national COVID hotline, etc.</p>
<p>URL: https://bydelsmor.dk</p>

The Measures

In most of the countries observed, after the first restrictions and especially the closures of schools and kindergartens and other care services (or the government's encouragement to keep children at home as much as possible), there was a gradual introduction of **measures to allow parents and other caregivers to take time off work to care for their children and relatives**. Thus, measures such as extraordinary parental/care leaves, care allowances, unpaid work reductions, etc., are observed, with differences in access criteria and services offered between countries.

In many cases, the measures concerned the possibility for parents to stay home from work to carry out care activities during school closures or when children or relatives were sick or in quarantine. In many cases, these measures **provided workers with income compensation**, for instance:

- In Denmark, the government 'made an amendment to the law on parental leave so that if a child became ill from COVID-19, parents were given the option to take some time off work and care for the child (Ministry of Children and Education 2020)' (NR_DK) while receiving an unemployment benefit. The benefit applied only to people not able to work from home.
- In Greece, paid exceptional parental leave was guaranteed to '[p]arents of children enrolled in preschool day-care centres, kindergartens, primary and high

school (first 9 years), and special schools, as well as parents of people with disabilities of any age who are enrolled in special education and care facilities' (NR_GR) and then it expanded also to include 'parents of children whose all-day schools or children who were in the last three years of secondary education (lyceum)' (NR_GR).

- In the Czech Republic, 'the Sickness Insurance Act allows for the payment of the care allowance (sometimes referred to as attendance allowance) exclusively to employees for the care of children under the age of 10 for a period of nine calendar days, and for a single parent for a period of sixteen calendar days. Since the extraordinary measure that closed schools and kindergartens was about to exceed this time limit, the government has decided, in an extraordinary bill, to alter the period of validity for payment of the care allowance (MoLSA, 2020a). As of 24 March 2021, the allowance was to be paid for as long as the ban on school attendance remains in force to prevent the parents of smaller schoolchildren finding themselves without funds. At the same time, the government has also decided to raise the age limit for these children from 10 to 13 years of age. The policy was amended following criticism from experts and civil society that pointed out that the original benefit had not been designed for long-term assistance and as such does not provide sufficient income for low-income families or those with little to no savings' (NR_CZ).
- A measure for sick leave during quarantine, in which people were paid 65% of their previous salary, was also found in Lithuania and applied to people caring for children who were in preschool or primary education (up to 4th grade), children with disabilities studying in a special education programme (up to 21 years of age), seniors, and disabled persons.

Sometimes support also came from the **subnational level**, as in the case of the '[a]dditional "COVID-19" family allowance for families with limited income' (a 'one-time amount of 100 EUR per child was automatically deposited alongside the normal monthly child allowance on the accounts of families' (NR_BE) provided by the Common Community Commission Brussels-Capital in Belgium.

In some cases, the measures offered the possibility of **just reducing the number of working hours** with no income compensation. For instance, in Spain, 'the MeCuida Plan, contained in RD 8/2020, was approved in March 2020 to allow for the reduction of working hours or shifts in order to be able to care for minors during confinement [...] makes generic reference to co-responsibility for care and warns about the perpetuation of roles, it incorporates elements of "degendering," which are the result of having "families" and "employees" as the target population. Underlying this measure are stereotypes associated with traditional family forms, as well as neoliberal premises, whereby economic decisions are based on monetary considerations and an individual conception of work, and on safeguarding the economic interests of the company. The

measure does not foresee the practical difficulties of self-employed workers, female household heads, and/or low-income women, who cannot benefit very much from unpaid work reductions' (NR_ES).

<p>Country: Greece (DR_GR)</p>
<p>Name of the Initiative: Afghan Women Making Masks in Greece</p>
<p>Target: Migrant, asylum seeking, refugee populations</p>
<p>Description: Migrant and refugee women and LGBTQ persons have been stranded in the camps in the area of Lesbos because of existing migration policies. Residents of the camp were left without sufficient information on how to protect themselves. A self-help information campaign began with the support of the NGO Stand by Me Lesbos. A self-help programme was developed to provide opportunities for teaching in the camps, including for children and migrant women, and there was also a self-help campaign to inform residents about protection measures. Moreover, a group of Afghan women used the sewing machines of the NGO Stand by Me Lesbos to create masks that were distributed freely in the camp. Overall, the initiatives targeted the groups staying in the camp, but they also managed to mobilise these groups by allowing them to participate in the activities directly as organisers and facilitators. Those who run the initiative were also living in the camps in these difficult conditions creating a sense of solidarity. Self-help gave them work to do while they were stranded in the camps, even though this was mostly unpaid. This methodology of self-help adopted by this initiative is particularly helpful and transferable.</p>
<p>URL: https://www.alfavita.gr/koinonia/315829_afganes-ftiahnoyn-kathe-merak-ekatontades-maskes-gia-tis-eypatheis-omades-tis-morias https://standbymelesvos.gr/projects/refugee-cir/</p>
<p>Organiser: NGO Stand by Me Lesbos - created by local teachers, professors, and small business owners</p>

Some measures have been designed to target **specific categories of workers or particular vulnerabilities**. For instance, in the United Kingdom, 'some **self-employed workers** claiming grants have been able to disregard periods where they were on

parental leave in calculations of turnover; and businesses have had the option to furlough staff with childcare needs' (NR_UK). In Belgium, 'self-employed parents with one or more children younger than 12 years old and/or children with a disability younger than 21 years old were eligible for a monthly allowance during the months of May to September 2020. [...] A higher allowance was provided for single-parent self-employed households' (NR_BE). In the Czech Republic as well, there was a specific measure targeting self-employed parents who were excluded from the previous measures related to the allowance. In Germany, '**single mothers** who had to shift to part-time work during pregnancy were not affected by a shortage of income given the tax relief policy introduced by the Federal Ministry of Finance that was adjusted to prevent negative financial effects on pregnant and breastfeeding women (BMFSFJ, 2021a). However, adjusted policies such as the tax relief policy do not seem sufficient to compensate for the 'tangible and intangible' losses in low-income households caused by more frequent absences from work' (NR_GER). In Austria, a specific measure made it easier for single parents to access advance payments for maintenance (NR_AT). Some policies explicitly addressed **women and mothers**. In Turkey, for instance, in the early months of the pandemic, the government introduced administrative leave for women with children under 12 years of age, 'however, this was limited only to the public sector, and in being restricted to women, it reinforced inequalities in care labour' (NR_TR). In Italy, '**disability** permits, pursuant to Act 104, have been strengthened, increasing by a further twelve days the number of days of paid leave recognised by current legislation for assisting disabled family members' (NR_IT). In Cyprus, 'Employment Centres for school-age children and persons with disabilities were also provided' (NR_CY). In Greece, the 'Help at Home' programme was created to offer support to **elderly people**, people with disabilities, and people with **long-term illness**, offering them assistance in their home.

As we already read above, among the policies that were designed to support care activities, we can also find measures that facilitated the **creation of support groups** - for instance, allowing 'single-person households to form "support bubbles" during national lockdowns' (NR_UK), or the groups that formed to support parents working in the integrated rescue system that were described in the Czech Republic. In Hungary, 'there was also a **possibility for the employer to organise day-care** for the children of workers, at a time when kindergartens and schools were closed' (NR_HU). In Italy, 'the government introduced **vouchers** to purchase babysitting services, which increased from 600 EUR in March to 1,200 EUR in May 2020'. They also 'introduced vouchers for the enrolment of children and teenagers in summer camps' (NR_IT). In Slovenia, '[d]uring the first wave of the epidemic urgent childcare was provided for kindergarten children by volunteers; in the second wave, urgent childcare was organised by kindergartens based on a government ordinance (later also for small school children)' (NR_SI). In Bulgaria, the government provided funds to parents of children up to 5 years of age who were not in kindergarten so that they could hire relatives or people close to them for childcare services 8 hours per day for a maximum of 18 months. The municipality of the

City of Vilnius, in Lithuania, 'exempted **parents from fees** for municipal kindergartens during the period of closure. Private kindergartens, on the other hand, did not (or lowered their fees only slightly)' (NR_LT).

In addition to all these short-term measures aimed to tackle the emergency, the national researchers identified also some **policies with a long-term perspective** (and not designed specifically in relation to the pandemic). For instance:

- The Co-Responsibility Plan, approved in Spain in March 2021 by the Council of Ministers, is a good example. It is 'a policy aimed at supporting work/life balance for families with children up to 14 years old, especially single-headed households, women in long-term unemployment, victims of GBV, and women over 45 years old. The allocated budget (190 million) will be used by Regions to recruit care workers (to be employed both in private households and public care centres), create new job posts, and improve recognition of work experience' (NR_ES).
- In Portugal, the government is working on a draft of a Green Paper titled 'the Future of Work', dealing with issues of gender equality in general and work/life balance in particular.
- The gender equality strategy and action plan prepared in Slovakia during the pandemic stressed the role of the pandemic in work-life balance among other things.
- In Greece, 'the government announced on 27 July 2020 that it will pilot a new project [...] to provide working mothers with vouchers for unemployed nannies, who will care for children in their own home or in the parents' homes'. However, 'the policy aims to provide incentives for working mothers to have children and does not directly correspond to measures aimed at combating gender inequalities during COVID-19; it represents a more general shift in government policies towards reflecting demographic concerns in gender equality policies and treating gender equality as an issue that involves women only' (NR_GR).
- In Romania, 'the National Strategy and Action Plan for the Occupation of the Workforce 2021-2027 (Governmental Decision 558/2021) integrates support measures for pandemic-related risks. [...] It acknowledges the gender care gap as a major obstacle to the occupational integration of women. [...] Two of the target categories that the strategy zooms in on are single-parent families and people with children under the age of 12, especially from rural areas' (NR_RO). However, according to the Romanian NR the strategy does not mention 'the gender educational gap or the lack of real access to reproductive rights as potential factors that prevent women from finding or securing jobs. A lack of public childcare infrastructure is mentioned as a negative factor but is not addressed through any measure. In the attempt to address the occupational gender gap, the policy leaves the assumption that women are responsible for domestic care unquestioned and partially unaddressed by its measures'

(NR_RO).

Issues, Silences, and the Absence of Policies

The policies relating to the domain of care work that have been observed so far highlight how from the beginning of the pandemic to the present day the priority objective of most authorities has been **the maintenance of economic activity**, while occasionally trying to mitigate the problems that emerged in the management of care activities. With very few exceptions (often based only on announcements, without a concrete description of measures), no willingness to work on the underlying causes of the gender care gap has been observed in policies. In most cases, **policies have only indirectly considered women**, mainly by building on still strong gender assumptions that assign the role of caregiver to women. Interestingly, even in countries that have long been devoted to a dual-earner model, such as Finland, where care activities are mostly outsourced outside the family context, gender inequality in care activities was quickly re-established by the crisis. While many of the policies introduced to support care activities helped many women to maintain an income and not lose their jobs, they also contributed to reinforcing gender stereotypes that see women as the primary if not the sole caregivers, and consequently the people who will primarily perform this role. In addition, '[t]he intangible phenomena in terms of psychological problems and the accumulated loss of working time, high demands in the professional and private domain, and the resulting effects on women's career prospects could have implications that will extend well beyond the (end of the) COVID-19 crisis' (NR_GER).

In a large number of the countries considered here, it is possible to observe a **lack of gender+ sensitivity** in these types of measures. The Slovak NR offered a good description of a situation in reference to her own country that was also highlighted in many of the other countries: 'Family policies are mostly based on the nuclear family model, consisting of two parents and children, and while both parents are expected to be economically active, the burden of care lies mostly on mothers, while fathers are the main breadwinners. This bias is particularly present in the case of pandemic care measures that had the effect of reducing the income of carers, this was done with the assumption that the carer's family would be able to rely on the second income' (NR_SK). We observed few cases in which there was an attempt to support single mothers, but even in these cases difficulties sometimes emerged. For instance, in Germany, '[e]ven if single mothers are entitled to receive emergency childcare support (i.e., using facilities and services), in most cases they cannot take advantage of these services as their opening hours are not always compatible with the women's job responsibilities' (NR_GER).

The measures observed are **heteronormative** and usually refer to fathers and mothers. Sometimes, as described by the Bulgarian NR in reference to one of the observed policies, the word caregiver is used only in the feminine form, revealing how entrenched gender stereotypes about care work are.

Measures to support care for children, relatives, and persons with disabilities have,

therefore, in most cases, had the **effect of increasing the unpaid care work burden that is placed on women**. This has often had the consequence of **reducing their income**, putting many at risk of falling below the poverty line, especially single mothers and women in low-income categories. Class and socio-economic status are grounds that we cannot avoid considering when observing the gender care gap. In the Netherlands, for instance, 'those with higher income levels are more privileged than lower-income families in terms of access to the internet and computers, [and] living in circumstances that allow them to combine work, family, school, and leisure activities (e.g. garden; option for sport). [...] Formal childcare was facilitated only for families working in "vital occupations". Parents with high income have more financial capacity to "buy" (in)formal care' (NR_NL). In Greece, 'access to public or private childcare was completely cut, except for upper-class households, which could afford live-in domestic and care workers'.

Often, the **access criteria** of the anti-crisis measures **penalised specific categories** of people, such as people with **flexible or precarious contracts** (e.g., as observed in Slovakia and the Czech Republic), parents of children in age groups not considered by the measures, and people not registered through social insurance. Some measures have been undertaken to support the care of disabled and older adults, but little attention has been paid to ensuring that people in these categories continue to be included in social and civic life. In most cases measures **do not take into consideration** all the **informal relations** that exist (e.g. those not defined by contracts, citizenship, family relations, etc.).

It is important to include here a final reflection on the effect of the pandemic on the **role of men in care policies and activities**. For instance:

- In Denmark, 'while mothers working in some sectors may have picked up the largest share of childcare and home-schooling during the crisis, that was not the case in all Danish families. In some households, traditional gender roles were actually reversed, as women who worked, for instance in the health-care industry or the cleaning or retail sector, were still leaving the homes to go out to work during lockdown' (NR_DK).
- 'For reasons related to domestic policies, the existing gender division of childcare duties, and widespread conservative gender role attitudes, gender inequality increased in Hungary during the months of the pandemic. This was the case even though women's paid jobs often represent a not insignificant portion of the family's budget and - at least during the closure of childcare institutions - more men than ever were spending more time in the same place as their children. At the same time, however, addressing the true nature of the crisis of care, the role of fathers, employers, or social institutions, or the growing gender inequality in care work are issues that are not on the policy agenda' (NR_HU).
- As the German NR noted, '[l]ong periods of lockdown and the closure of schools, kindergarten, and childcare facilities - as vital support services and facilities of underestimated relevance - have forced a redistribution of employment and care work between women and men - a process of "re-traditionalisation", as it was

described by the German sociologist Jutta Allmendinger, which may last beyond the end of the pandemic (Koch 2021)'.

At the same time, an interesting example of the **difficulty in overcoming this division of roles**, even with innovative measures, comes from Portugal. Here, the new version of the care allowance for parents who need to care for their children contained a bonus if parental leave was shared by both parents. Even though it was aimed at getting fathers to participate in care, 'most families didn't conform, and it was mainly women that asked for this subsidy' (NR_PT). Of a total of more than 200,000 workers covered by the measure, 160,000 were women and less than 40,000 men (NR_PT with data from GEP / MTSSS, on 11 March 2021).

Societal Initiatives

Among the responses promoted by civil society within the domain of the gender care gap, we find, first of all, initiatives to **support care activities for children and persons with disabilities**. In Luxembourg, for example, various NGOs, such as Caritas, the Red Cross, and others, are providing flexible childcare facilities for school-age children (3 to 12 years old). In Italy there are children's summer camps and in Hungary an online network where the demand for and supply of care for people with disabilities can be met. During the first wave of the pandemic, the Association of Friends of Youth Ljubljana Moste-Polje and the City of Ljubljana, in collaboration with the municipality, organised volunteers to help families with child care.

Different CSOs organised **campaigns and lobbying activities** to draw attention to, among other things, gender inequalities during the pandemic and the unsustainable burden of care work that is placed on the shoulders of women. For instance, a Declaration was written by a coalition of women's organisations and gender equality experts and activists in Serbia (the Women Platform), and 'highlighted the problems of single-parent families, most often headed by women; a lack of transportation; the difficulties parents who are separated have in seeing their children' (NR_SER). In Hungary, the Chance Lab Association has launched a campaign (petition, letter to decision-makers, videos) asking to increase the amount of the family allowance immediately. This allowance has always been very low, but it has now become entirely ineffective at counteracting the rising costs of the pandemic. Other campaigns were made for the rights of people with disabilities. There were also some seminars to raise awareness on gender inequalities and the gender care gap, including a workshop organised by the Childhood Development Initiative in Ireland regarding 'the changing roles and experience of fathers as a result of Covid-19 responses, and addressing both the opportunities and the challenges' (NR_IE). The title was 'Engaging Dads, Supporting Families'.

Support for families has also come from initiatives aimed at delivering goods to those who couldn't move and at matching requests for services with voluntary work through online mutual aid platforms. In Sweden, a religious association offered support to different kinds of vulnerabilities (homeless, migrants, victims of violence, and racism)

and also helped mothers with childcare activities.

Various organisations also offered **emotional and psychological support** to people stressed by the overburden of work and caring. For instance, “From the very beginning of the pandemic, the Mother’s Aid Denmark organisation established an Emergency Helpline (telephone or chat), where families with children and pregnant women could receive free counselling and support (Mother’s Aid 2020a). The Emergency Helpline was established in response to reports from families with children that the pandemic had put severe pressure on them and affected them both financially, emotionally, and physically’ (NR_DK).

Various initiatives were created to **support education** and thereby indirectly to support families by easing the burden of this work. In Iceland, for instance, ‘Móðurmál, the association for bilingualism, had to adapt its support to plurilingual children because of the government’s containment policies. During the restriction, the association offered their students distance learning in their mother tongue and individual assistance with homework’ (NR_IS). In Croatia, the ‘Roma Youth Organisation of Croatia developed a project called “Learning amidst COVID-19 and Earthquake - improving the learning of Roma students” in partnership with UNICEF Croatia’ (NR_HR).

Another area of intervention is the **provision of information about care activities**. For instance, in a project of the Austrian Red Cross, a ‘free online course was created to support and relieve people who have no nursing experience to deal with the new care responsibilities, especially regarding COVID-19’ (NR_AT). Finally, the guide for vulnerable people created in Poland from the Equal Treatment Council aimed at providing vulnerable groups and those at risk of exclusion with information about health-care centres and the rights of employees.

Human and fundamental rights

The Policies

Context

As we noted above, the pandemic and the measures to contain it have substantially impacted people’s fundamental and human rights in the countries analysed here. Most notably, public authorities have introduced restrictions that affect freedom of movement; the rights of children and young people to access education and opportunities for secondary socialisation; the right of people to access adequate health services, e.g. continuing treatment and care for diseases and conditions not related to COVID-19; the right of the elderly and persons with disabilities to sufficient assistance; the right of people to have access to basic goods and a dignified life, such as the possibility to live in decent housing and to have food, to have access to virus protection systems, and to not be excluded from social life. Moreover, the impact of these dynamics

has been stronger on specific vulnerable groups, such as LGBTQI+ people, children, immigrants and asylum seekers, pregnant women, etc.

The measures

Some of the public authorities observed here implemented measures to mitigate the problems listed above, both at the national level and through regional and municipal policies. These measures mainly targeted people in low-income or marginalised groups, and in most cases, they only covered the most severe periods of the pandemic. The measures took mainly the form of special funding for non-profit organisations and municipalities working on the provision of basic needs to vulnerable groups; fostering access to schools-related services for children and young people; giving support to housing; offering assistance to the elderly and people with disabilities; strengthening the rights of foreign nationals and ethnic minorities during the period of the pandemic.

Box Societal Initiative 17

Country: Ireland (NR_IE)
Name of the Initiative: Confidential Counselling Service for Women
Target: Women in situations of distress and anxiety during the COVID crisis
Description: Rowlagh Women’s Group offers confidential one-to-one counselling sessions with a fully qualified counsellor. The service is targeted at women suffering from anxiety, depression, and related issues.
URL: https://nccwn.org/latest-news/new-podcast-series-unmasked-shades-of-women-during-covid-19-2/
Organiser: Rowlagh Women’s Group is a community-based network of local women. Their aim is to foster social inclusion and empower women in the local community.

In order to mitigate the impact of the pandemic on the most vulnerable, various policies have focused on providing **special funding** to local governments and non-profit organisations in contact with these people. For example:

- In Sweden, a policy contained ‘provisions on state grants to NGOs that mainly conduct activities in one or more of the following areas: children in vulnerable situations, women, children, and LGBTQI victims of violence, violence in close relationships, honour-related violence and oppression. The purpose of the state

subsidy is to support NGOs that due to the outbreak of COVID-19 need to adapt or strengthen their support activities to meet increased or changed needs in the areas specified in above mentioned target groups' (NR_SE).

- In Belgium, 'the federal government [...] granted a special "COVID-19" subsidy of 115 EUR million in total, divided amongst the municipalities in order to strengthen their social services for vulnerable target groups, and an additional 20 EUR million to cover increased staff costs as well as outreach initiatives to groups that have not been able to find the help they need yet' (NR_BE).
- In Bulgaria, municipalities could apply to 'Community Care for People in Need', a programme that 'was additionally financed at the start of the pandemic to address the needs of vulnerable groups [...] funding is directed to increasing community care for elderly people, people with disabilities, and people living under the poverty line' (NR_BG).
- In Austria, the government provided funds to no-profit organisations '(e.g. sport, arts, animal protection), voluntary fire brigades, churches and religious associations (if they are recognised by the state)' (NR_AT) to compensate for the dramatic reduction in sources of income that occurred during the pandemic.

Box Societal Initiative 18

Country: Croatia (NR_HR)
Name of the Initiative: Support for Women Diagnosed with Breast Cancer
Target: Women diagnosed with breast cancer
Description: Too many women have to use public transport when going to and from chemotherapy as they do not have anyone to drive them or escort them. Thus, an already painful therapy becomes even more difficult to live through. During the COVID-19 pandemic the initiative secured transport for 266 women with 7,723 rides (in 2018 and 2019 134 women used this service). They signed a contract with the oldest taxi service company, trained drivers who volunteered to be engaged, and got a lower price for rides. Money to cover the costs is collected through crowdfunding and by selling various products (T-shirts, donated books, etc.).
URL: NGO https://nismosame.com

The pandemic has affected the sector of **school and education** from different perspectives, forcing many countries to suspend classes and to reorganise the system.

In various countries analysed here, central public authorities have introduced digital platforms, online services, and television programmes to compensate for the lack of face-to-face schooling. However, the introduction of home-schooling has created problems of **access to education** for many children and young people. Therefore, some public authorities have introduced various measures to **distribute digital technologies and other materials** to families and children. For instance:

- In Romania '[t]he National Programme School from Home aims to increase the accessibility of schooling at home by supporting the allocation and distribution of electronic devices with an internet connection to pupils from disadvantaged backgrounds who are enrolled in public schools' [...] The policy additionally targets children of returning Romanian migrants who are Romanian citizens themselves, but excludes children of Romanian citizens born in other countries who might not necessarily have Romanian citizenship for various reasons' (NR_RO).
- Also in Poland, the programmes 'Support for Children in Foster Care during the COVID-19 Epidemic' and 'Remote School' have worked to support children in 'bridging the technological gap and accessing online education as well as preventing their social exclusion and feeling of isolation' (NR_PO).
- In Belgium, thanks to a measure of the City of Ghent, '147 sixth-grade elementary school students without a computer at home were able to borrow laptops/tablets with a free Wi-Fi connection from the city' (NR_BE).

The school usually also fulfils another important role for the people who attend it, namely **providing students with meals**, supporting children and youth from the poorest and most marginalised families. Therefore, during the pandemic some measures have found new ways of providing food and other goods for students. For instance, in Ireland, the Hot School Meals Programme provided 'hot meals to primary school children from low-income or disadvantaged backgrounds' (NR_IE). In Latvia, municipalities provided support to families by offering 'food parcels or coupons that could be exchanged for products in stores' (NR_LV). In France, the government supported access to education and school services by trying to avoid the suspension of classes as much as possible.

The pandemic also impacted housing conditions, both for those at risk of losing their home due to the loss of their income and those who did not have homes and needed shelters to get protection from the risks of contagion and disease. In the first case, some countries designed **policies against eviction** and against cutting off essential services. The Regions of Belgium, for instance, 'instituted a temporary ban on evictions from a rented property to protect public health and the well-being of financially vulnerable people. In Flanders, the ban on evictions started on 31 March 2020 and was part of the officially declared civil emergency' (NR_BE). In France, even before COVID-19 there was a measure in place that prevents people who have not paid their rent in the winter months from being expelled from their homes. In the same period, water, electricity, and

gas cannot be cut off. To respond to the pandemic, this measure was extended to 31 May 2021 to support people who cannot afford to pay the expenses because of the crisis. The measure includes compensation for owners (NR_FR). According to the French NR, 'people can be illegally expelled by force, during the moratorium on evictions, especially if they do not have the proper rental documents' (NR_FR).

Box Societal Initiative 19

<p>Country: Austria (NR_AT)</p>
<p>Name of the Initiative: Changes for Women</p>
<p>Target: Women with an unwanted pregnancy and scarce financial resources</p>
<p>Description: The initiative supports women with an unwanted pregnancy as it provides the funding they may need for an abortion. Abortions are costly (not covered by health insurance), and women with low income cannot always afford them. Moreover, the initiative also informs women about their options (sometimes other funding might be available). The initiative also has a clear pro-choice policy and tries to lobby for including abortion in the health-care provisions covered by health insurance. It was founded in 2018, but a higher demand was recognised during the pandemic.</p>
<p>URL: https://www.changes-for-women.org/#1</p>

We identified several policies to **support homeless people and other vulnerable groups** to find an accommodation during the emergency. In the UK, for instance, the 'Everyone In' initiative was designed 'to provide COVID-safe accommodation to anyone experiencing homelessness during the first national lockdown, with very few restrictions on eligibility. However, this was only a short-term solution' (NR_UK). In France, 'more than 5,000 hotel rooms had been requisitioned (possible under the law that created the state of emergency) for a budget of 50 million EUR' (NR_FR). In Belgium, the 'Vulnerable Groups Taskforce' (PPS Social Integration, n.d.), set up by the Federal Government, 'provided additional exceptional funding to support women's shelters that saw an increased uptake of their services during the two national lockdown periods. The Taskforce also decided to temporarily strengthen the available accommodation and support services for LGBTQIA+ people who had nowhere to go and/or were on the run' (NR_BE).

The need for **health systems** to focus much of their efforts on containing the pandemic has hindered the access of various categories of people to other types of health care. For this reason, some measures were introduced to enable **easier access to some services**.

- In the Czech Republic, for instance, ‘based on the available data and experts’ discussions of the significant increase in mental health issues in connection with the pandemic (Bartoš et al., 2020), the government implemented a series of interventions, such as an information campaign that includes information on self-care, the recognition of mental issues, available interventions, and contact information for professional support right after the second wave of the pandemic (Rada vlády pro duševní zdraví, 2020). However, despite data indicating that there has been a higher increase of mental health issues among women (NUDZ, 2021), the proposed measures targeted the general public and did not provide any specific assistance to women’ (NR_CZ).
- In Iceland, “[s]everal projects were funded through economic packages that had the objective of increasing mental health care services in general and especially for children, increasing access to health-care services and combating the social isolation of vulnerable groups (Government of Iceland, April 2020; November 2020)’ (NR-IE).
- In Luxembourg, ‘to avoid increased health risks faced by drug users (e.g. hygienic measures, access to safe drugs) a number of existing services have been reviewed. This innovative initiative was adopted to ensure access to safer drug consumption and an alternative medical offer. The proposed policy response ensures a very low threshold of accessibility for any user of illegal drugs to safe and medically assisted consumption. The policy response is implemented by CSOs such as Médecins du Monde (Doctors of the World) or the National Social Defence Committee (CNDS). [...] The targeted groups are adult drug users without social security coverage or with social security coverage but without sufficient financial resources and/or access to a doctor due to the COVID crisis’ (NR_LU).

Specific measures have been issued to mitigate the problems related to **access to sexual health**.

- In France, a policy ‘allows the validity of prescriptions to be prolonged by 3 months for contraception. It also allows women who want an abortion to consult a doctor or a midwife at a distance (teleconsultation) and to get the necessary medication at a pharmacy. It also allows medical abortions to take place up to the 7th week of amenorrhea (it was limited to the 5th week before)’ (NR_FR).
- In Portugal, the DGS (Directorate-General of Health) ‘warned that access to contraception and abortion are essential health services and proposed strategies for health professionals to optimise and maintain effective responses’ (NR_PT). The policy states that ‘[h]ospital units must provide the necessary conditions for ensuring the presence of a companion during childbirth. Mental health care,

during pregnancy and postpartum, must be maintained and if necessary reinforced. Video consultations and teleconsultations are alternative forms of providing these types of care, under the terms of Rule 011/2020 of the DGS. Due to the increased risk of anxiety and mood disorders in the pandemic period, pregnant women should be asked about their emotional state at every contact' (NR_PT).

Box Societal Initiative 20

<p>Country: Belgium</p>
<p>Name of the Initiative: Vaccination of Sex Workers</p>
<p>Target: Sex workers</p>
<p>Description: Some vulnerable groups face increased barriers to vaccination. Sex workers are such a group. The initiative is therefore set up by organisations close to sex workers to help these groups get vaccinated. Sex workers can either go to get a vaccination in an official centre, or they can request a mobile vaccination team to come to them, which avoids being judgemental or asking questions. The sex workers seem well-organized in Brussels; they are represented by at least 2 organisations and are in communication with other organisations. Reaching these people therefore requires a certain amount of organisation from the sex-worker community and/or organisations that are in close touch with them.</p>
<p>URL: https://www.jemevaccine.be/centre-d-informations/bruxelles-actions-de-sensibilisation-a-la-vaccination-pour-les-travailleurs-ses-du-sexe</p>
<p>Organiser: The organisations behind this initiative are Alias, Brus'Help, Utsopi, Espace P and Medecins du Monde. The initiative is funded by a public institution, Cocom.</p>

During the emergency, some governments had to design measures to regulate issues concerning **foreigners, immigrants, asylum seekers, refugees and ethnic minorities**. Most of the time, since these categories of people are usually involved in essential services, the goal of these policies was to allow these people to continue working. For instance:

- In Spain, '[d]uring lockdown, it was essential to prevent a food shortage resulting from the lack of a workforce in agriculture. To do this, the proposed solution was to relax some measures so that workers were available to work in the agriculture sector. The following measures were implemented: unemployed workers receiving unemployment benefits could work in the agricultural sector without losing said benefits; it extended work permits to migrants in the agricultural sector whose work permits were about to expire from 2 April to 30 June; it granted work permits (to work in agriculture) to unaccompanied migrant youth from 18 to 21 years of age who had a residence permit but not a work permit' (NR_ES). A similar policy was introduced in Italy.
- In the Czech Republic, '[i]n reaction to the pandemic, the Ministry of the Interior introduced several policies and guidelines - extending the legality of the migrants' stay even if their visa expired during the state of emergency, making it easier for foreign nationals to change their employment during the state of emergency, and, in the case of job loss, to ask their former employer to help them with registration as a job seeker, thus extending the validity of their stay (normally, foreign nationals from non-EU countries have only a limited amount of time to find new employment before their legal permit expires and they have to leave the country). Foreign nationals with legal residence permits who were in the Czech Republic at the time of the declaration of the state of emergency were entitled to remain in the country for the duration of the state of emergency without having to deal with their residence status/permit' (NR_CZ).
- In Iceland, '[s]everal educational and activity initiatives were funded that especially targeted unemployed and foreign-born youth who were not working or studying (Government of Iceland, April 2020; November 2020)' (NR_IS).
- In Slovakia, 'two ESF funded projects were opened, one to support field social work in marginalised Roma communities and the second one to adapt the work of health assistants in communities to the COVID-19 situation. The second project carried out by the public Health Regions organisation was particularly instrumental in dealing with the pandemic in communities. It has also initiated the creation of an advisory group under the Pandemic Commission of the Ministry of Health that published guidelines for self-governments on monitoring the spread of COVID-19 in marginalised communities and on how to react to positive cases. In addition, the organisation held awareness raising campaign in Slovakia, Romania, and Hungary' (NR_SK).

Some measures were introduced to provide assistance to **older adults and people with disabilities**. For instance, in Italy, disability permits were strengthened, together with special funds for the reinforcement of assistance and services and for the implementation of projects for people with very serious disabilities (NR_IT).

Issues, Silences, and the Absence of Policies

Despite the measures described above, there is general agreement among NRs that in responding to the pandemic, there has been **little attention paid by policymakers to human and fundamental rights issues**, especially in the gender and other domains covered by this project. NRs reported several cases of reduced rights and discrimination due to pandemic-related policies. For instance, sometimes the pandemic was used as a political weapon, and there were cases of discrimination against asylum seekers and ethnic minorities. Women and trans people in some countries were denied access to specific sex health services. Particular groups have been discriminated against in accessing vaccines or the right to education.

Some governments used the emergency to **pursue their own policies against minorities or political opponents**. In Turkey, 'like in the pre-pandemic times, even during this emergency, social aid has continued being a tool for political leverage, resulting in a lack of collaboration between institutions and preventing the effective delivery of relevant social assistance to households and individuals in need. The government has also maintained a lack of communication and collaboration with civil society actors working on the ground (especially women and LGBTI+ grassroots organisations and those working with the most vulnerable groups such as the poor)' (NR_TR).

There are many cases where COVID-19 policies have touched, more or less explicitly, the **rights of particular categories of vulnerable people**. In Hungary, for instance, 'there have been no COVID-19 related measures introduced to protect vulnerable groups' (NR_HU). On the contrary, 'on 3 November 2020, the Hungarian government declared a state of emergency due to the coronavirus pandemic. On 10 November 2020, the Hungarian parliament passed a law authorising the government to use its emergency powers for 90 days. This was later extended to 23 May 2021. On 15 December 2020, the parliament amended the Hungarian Constitution to include the following sentence: 'The mother is a woman, the father is a man.' It also now states: 'Hungary protects the right of children to self-identify according to their sex at birth and ensures an upbringing in accordance with the values based on Hungary's constitutional identity and Christian culture.' In addition, the amendment prevents adoptions by non-married couples. Amnesty International, the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), and Transgender Europe strongly condemned the vote. These discriminatory, homophobic, and transphobic new laws - rushed through under the cover of the coronavirus pandemic - are just the latest attack on LGBTQ people by the Hungarian authorities. These bills further restrict the rights of LGBTI children and parents in Hungary. LGBTI children will be forced to grow up in an environment that restricts them from being able to express their identities, and children across Hungary will be refused safe and loving families as adoption is restricted only to married heterosexual couples. Related to this, legal gender recognition for transgender and intersex persons was banned in Hungary in May 2020. However, in March 2021 Hungary's Constitutional Court ruled that a legal ban on changing gender does not apply retroactively. It stated that people who began changing their gender before the

law came into effect must be allowed to complete the process (Civicus, 2021)' (NR_HU).

Box Societal Initiative 21

Country: Italy
Name of the Initiative: Reduction of Food Deprivation among Roma Children aged 0-3.
Target: Roma families, in particular those with children aged 0-3, accommodated in informal encampments in the city of Rome.
Description: At the beginning of the pandemic, Association 21 Luglio started a monitoring activity carried out through phone interviews to assess the impact of the lockdown on Roma people living in the five mono-ethnic informal encampments in the city of Rome. The results of this monitoring activity showed that Roma people have been neglected by public authorities and their living conditions further declined during the state of emergency. They particularly put the focus on food deprivation among children aged 0-3 and implemented a strategy to help families. The strategy relied on fund raising and the work of volunteers.
URL: https://www.21luglio.org
Organizer: Associazione 21 luglio is a non-profit organisation that supports groups and individuals in condition of extreme segregation and discrimination, protecting their rights and promoting children's well-being.

In Slovakia, 'the pandemic has also affected the human rights of the **Roma minority**, particularly those living in marginalised communities. In the first wave, whole communities were put into quarantine that was monitored by police forces if COVID-19 positive cases were detected. This was based on the COVID-19 plan for marginalised Roma communities adopted in April 2020 that allowed for the quarantine of a whole community in the case of 10% positivity. The Ombudsperson for human rights pointed out the disproportional nature of these measures and the fact that they were adopted in order to protect persons outside the quarantine and not those within it (Office of the Ombudsperson, 2021). The practice of community quarantine diminished in the second wave, and only one case was publicised' (NR_SK).

Various measures to protect **older people** have had an effect on their freedom of movement. In Slovakia, 'according to regulations, seniors were not allowed to shop

outside of dedicated hours. The Ombudsperson appealed to the government and the regulation was changed – during the dedicated hours seniors were prioritised but they were still able to shop at any time (Ombudsperson Office, 2021) (NR_SK). For the Swedish NR, '[t]he decision to place a restraining order on the country's elderly nursing homes entailed a significant restriction on the residents' fundamental rights, and a restriction on their right to receive visits to their homes'. In Turkey, people over 65 years old were not allowed to use public transport.

In various cases immigrants, asylum seekers, and refugees have been excluded from **access to basic services**:

- In Serbia, for instance, '[m]igrants were locked in their temporary migrant centres without adequate information and support' (NR_SER).
- In Greece, migrants, asylum seekers, and refugees 'were stranded in isolated camps that were closed indefinitely. Their movement was restricted and access to basic protections including water, cleaning facilities, disinfectants, and masks was limited. Access to education and work were also restricted, violating basic human rights and liberties. There were no government policies specifically addressing gender issues in camps' (NR_GR).
- In the United Kingdom, '[s]trict eligibility criteria have been a recurring problem across the policies mapped here and this has hindered access to support for vulnerable gender+ groups. For example, only a third of applicants have been successful in requests for Self-Isolation Payments. Eligibility has been particularly problematic for migrants with "no recourse to public funds" (NRPF) and the pandemic has highlighted the extent of unmet needs for this group' (NR_UK).
- In the Netherlands, an outbreak was caused by the 'deplorable conditions of many of the CEE migrant workers in the food and warehousing industries. [...] Today the testing and vaccination of these migrant workers is still an issue. Many migrants do not have a municipality registration, making testing, vaccination, and the provision of health care and information to migrants very problematic' (NR_NL).

Access to education for particular groups of people has been also a big issue. In Greece, '[a]sylum-seeking children who were resident in camps in mainland Greece were not allowed to attend classes remotely because of a lack of necessary technical infrastructure. Moreover, asylum-seeking children were not allowed to attend school even when it was open because of restrictions on movement from and to the camps' (NR_GR). In Serbia, 'the closure of schools increased obligations related to children's education. That caused many difficulties for both Roma children and their parents due to the inadequate technical and other conditions (living space, obligations to help in informal economy etc.). [...] Migrant children [in the camps] could not attend schools, and online schooling for them was not evenly organised' (NR_SER). In Italy, 'people with mental disorders have suffered immense negative effects from the isolation measures, and distance learning was inaccessible to most of them'.

Various groups of people have also experienced problems in **accessing health services**. For instance, the Austrian NR stated that access to health facilities or health care was difficult for undocumented workers and the homeless in Austria. In Turkey, 'with the policy of turning all public and foundation hospitals into pandemic hospitals, economic conditions became a determinant of the right to health. Reports indicate that applications to primary health care and cancer prevention centres declined by 80%, leading to a rise also in non-COVID related deaths among vulnerable groups. Overall, both the overburdening of health services with COVID-related emergencies and lockdown measures have prevented people from accessing health services for other health needs' (NR_TK).

Box Societal Initiative 22

Country: Lithuania (NR_LT)
Name of the Initiative: SRAUTAS / STREAM Mutual Help and Volunteering Network in the Virtual Space
Target: Refugees, asylum seekers, migrants - both adults and children
Description: This initiative aimed to increase the local community's involvement in supporting refugees and asylum seekers in the midst of the pandemic. The topics for online activities included: Lithuanian lessons for Russian speakers; English lessons for Russian and Arabic speakers; IT literacy courses for beginners; finding a job in Lithuania; social media: social image courses, discussions; social talk: everyday topics for integration in Lithuania; creative art workshops for children; performances for children and youth; health-care consultation; culinary workshops, etc. The activities now include not only refugees and asylum seekers, but also migrants from different countries residing in Lithuania.
URL: https://artspace.lt/projektai/menas-sraute-kviecia-kurti-naujoje-aplinkoje/
Organiser: The art agency Artspace was established in 2012 and in 2015 it started working on art projects that involved various migrant groups in Lithuania.

We also encountered several problems in relation to **access to sex health services**. For instance:

- In the Czech Republic, ‘certain policies were issued by the government that directly violated women’s rights, the most widely contested and criticised being the policy limiting the number and type of persons who can be present at childbirth during the pandemic. Following the declaration of the state of emergency, the national government (through the Ministry of Health) issued a policy on 18 March 2020 restricting the presence of the father of a child or another accompanying person at during childbirth. [...] However, over the course of the pandemic, the government reintroduced a similar measure several times – no longer restricting the presence of fathers (or, in another words, a person living in the same household as the person giving birth), but restricting any other accompanying person who does not share the household with the person giving birth. In reality, this affected mainly the presence of personal midwives and doulas, an additional professional support often present during childbirth’ (NR_CZ).
- In Denmark, ‘only fathers (and co-mothers) were during the early phases of the pandemic allowed in the delivery room. In the last phases of childbirth some were not allowed at all (if they had any symptoms or were forced into quarantine for having been in close contact with someone that had tested positive for COVID-19). Such policy measures have unintendedly resulted in young Danish fathers (or co-mothers) becoming less involved in key events in the perinatal process’ (NR_DK).
- In Turkey, ‘there are reports pointing to lengthy delays in accessing hormone treatments for trans persons’ (NR_TK).

Finally, the increasing reliance on digital technologies and services during the pandemic highlighted issues related to the **right to access technologies but also the right to data privacy**. For instance, recently in Austria ‘an act was under public consultation that would have allowed the government to link different demographic, socio-economic, and health data sets. This was heavily criticised by data protection activists, and the act was adapted accordingly. Though it was initially not included in different developments, data protection appears now to have been implemented (e.g. in the design of the Green Pass)’ (NR_AT).

Societal Initiatives

The NRs indicated numerous activities pertaining to the human rights domain. Firstly, many organisations offer various kinds of support to increase access to **sexual health**. Among other initiatives, we found the development of an app to raise awareness of the importance of breast cancer monitoring even during the pandemic. Various organisations are working with women in vulnerable situations to facilitate their access to menstrual hygiene, in some cases through the distribution of free products. Sometimes these actions are also accompanied by information on how to behave during the pandemic. There are cases of organisations offering support to women in need of an abortion. For example, in Sweden, the organisation Doctors of the World support

people with no insurance and undocumented immigrants. They ‘offer basic primary care, dental care, maternity care (with reference to safe abortions - which this group otherwise does not have access to in Sweden)’ (NR_SE). In response to the strict laws against abortion in Poland, the ‘Polish Women’s Abortion Dream Team as part of the Abortion Without Borders initiative organises awareness-raising campaigns [and] provides financial, psychological, and legal support to women wanting to terminate a pregnancy. Using money from donations, abortion activists help women to organise pharmacological abortion or abortion in clinics abroad’ (NR_PL). Some other organisations offer support to new expectant mothers in jail or online support to pregnant women. Concerning the pandemic, some CSOs work with poor and marginal groups and offer them free tests, masks, and vaccination. There are various organisations that offer emotional and psychological support to women, children, students, etc.

We found several initiatives that are designed to **foster networking and discussion** among different people - for instance, a community radio station created for people with disabilities; a community network to help mothers who belong to ethnic minorities to overcome the situation of isolation; a workshop and a book club for vulnerable women. In some countries, such as Bulgaria, Italy, and Slovakia, initiatives were developed that target the inequalities faced by Roma people and that also offer support to mothers.

Box Societal Initiative 23

Country: Poland
Name of the Initiative: Akcja ‘Na wyciągnięcie ręki’/ ‘At Your Fingertips’ Action
Target: Young LGBTQ+ people
Description: The situation of young LGBT+ people in Poland is among the most difficult in Europe. It was reported that 70% of young LGBT+ people have experienced psychological or psychical violence at least once in their lifetime. More than half of LGBT+ minors have depression and almost 70% suicidal thoughts. The COVID-19 pandemic made the situation even worse. The mental health of young LGBT+ people was seriously affected by COVID-related isolation and by having to stay for longer periods in a homo- or transphobic environment. KPH and Facebook decided to respond to their needs and support them by providing information online on where to get help either remotely or onsite. Among the initiative’s actions are video spots with people representing the whole spectrum of gender identities and sexual orientations as well as a website where information is collected on free psychological help. There are also plans to publish videos with a psychologist who will provide young

people in need with basic tips for fighting isolation during the pandemic.
URL: https://www.nawyciagnieciereki.pl/
Organiser: Kampania Przeciw Homofobii/ Campaign Against Homophobia is a nationwide non-governmental organisation established in 2001. (In collaboration with Facebook)

Like in the other domains, the area of human rights has seen the strong presence of CSOs working to **collect and analyse data** on vulnerable groups, usually in order to compile evidence and materials for campaigns and lobbying activities. The main topics are gender inequality in general, the availability of services for abortion, the stigma around COVID-19, the effect of lockdown on LGBTQI+ communities and ethnic minorities, sexual health, etc.

Financial support is another important issue and a problem that is frequently addressed through fundraising campaigns and crowdfunding. The main targets of these campaigns tend to be non-profit organisations, services to access abortion, menstrual poverty, refugees, sexual workers, poor people in general.

Various CSOs help migrants, foreign nationals, and the elderly by providing them with **helplines**. In Poland, the Association of Deaf People developed a video helpline to support deaf people. 'Translators of Polish Sign Language from all over Poland are involved in the initiative. They work in shifts on smartphones or laptops with Internet access. A deaf person can call the helpline to obtain information about the coronavirus and how to proceed in the event of a suspected infection. The helpline can also be used by employees of health-care facilities and emergency medical services, as it can facilitate medical interviews with deaf patients and accelerate possible diagnosis and treatment.' (NR_PL)

Some of the mapped organisations offer **shelter** accommodation to homeless or other people in difficult situations due to the pandemic such as: LGBTQI+ people who need to avoid being isolated with their families; refugees and asylum seekers who need to spend the course of the epidemic in a place less crowded than the camp where they live; women victims of violence. In France, during the pandemic a CSO called La Cloche, through their Le Carillon project, called for new volunteers and updated its list of homeless-friendly shops, which is 'a list of shops and cafés that are willing to help the homeless (let them wash their hands, charge their phones, call for help, give them a glass of water and sometimes give them a coffee or a free meal). They cover most of the big cities in France' (NR_FR).

There are many initiatives related to **awareness-raising or lobbying campaigns**. The themes of these campaigns tend to be abortion rights, pregnant women's rights, children's rights, and the rights of the disabled, the elderly, and caregivers. Campaigns range from requesting support for the LGBTQI+ community and campaigns against



gender inequalities to campaigns for mental health, the rights of homeless people, and the rights of vulnerable people in general. In addition, a significant amount of material offering information is produced. There are multilingual documents that provide information about the pandemic and videos on similar topics that involve the participation of celebrities (who are involved as influencers). The material is prepared for different targets: England's Black, Asian, and Minority Ethnic (BAME) groups, mothers with COVID-19, new mothers, the homeless, refugees on how to protect themselves from COVID, Roma people, migrants, foreign nationals, teachers, families.

There are also various initiatives that aim to provide **goods or digital tools** to different categories of people, such as the elderly, migrants, vulnerable youth, homeless women, single mothers, etc. In some cases, there are also training courses to teach young and older adults how to use digital technologies.

Finally, there are initiatives aimed at supporting families in the **education and socialisation of children**, with particular attention devoted to the children of migrants and Roma people, with an initiative targeting specifically Roma girls.



Conclusion

To conclude, in this First Cycle report we have summarised the most important and striking findings with a focus on four gender equality domains. Firstly, the findings presented in this report provide a strong ground for the claim that despite gender mainstreaming being the adopted approach in EU policymaking for over two decades, we continue to see that policies are in fact not largely mainstreamed at the national level.

Secondly, among the analysed domains, GBV is the one in which we identified a greater sensitivity to gender issues. In this area, we observe the strategic importance of collaboration between central institutions and organisations at the regional and local level, particularly those organisations that are in contact with victims. The measures that we observed in this domain were mainly aimed at supporting the victims, but little attention was paid to how to prevent the actions of perpetrators, usually men. In addition, the collection and processing of data on GBV cannot be left only to the goodwill and bottom-up initiatives of civil society organisations, which appears to be the case, but there is a need for the systematic production and dissemination of disaggregated data at the institutional level (e.g. national and regional public authorities). We can see that the effort to tackle GBV cannot be limited to offering psychological and housing support to victims but must be part of a broader reflection that considers, among other things, the need to tackle female unemployment, the regularisation of immigrants, and the fight against the discrimination of LGBTQI* communities. In addition, despite a few exceptions, the policies adopted have rarely taken an intersectional approach in the measures proposed and often exclude marginalised groups of people.

Thirdly, in the domains of work and the labour market and the gender care gap, we find that the pandemic has brought care work into the spotlight and has shown how heavy and overburdening it can be. We analysed various measures that have striven to mitigate the problems created for parents by school closures, for example. At the same time, it appears that the pandemic and its policies have not contributed to highlighting how the care work usually falls on the shoulders of women. Too often, in fact, policies designed to reorganise work activities and support family care and domestic activities have reproduced the existing division of gender roles. We recommend that policymakers stop thinking about the gender care gap separately from efforts to reduce inequalities in the domain of work. Moreover, we suggest that policies related to work and care activities should not just focus on so-called 'traditional' family models, on citizenship criteria, and on the existence of standard employment contracts: we have seen that this necessarily results in the exclusion of large segments of European societies. The figure of the domestic worker is a good example of the intersection of these dynamics: the typical domestic worker is a woman and immigrant who has an informal job, and during the pandemic she has been only partly supported by specific policies.

Fourthly, the pandemic has highlighted very clearly how the interaction of particular socio-economic characteristics and cultural identities such as class, gender, age, nationality, etc., has exacerbated human rights inequalities for specific groups of people. The activities of various CSOs specifically targeting young Roma mothers or migrant mothers in camps or prisons, to name a few examples, highlight the need for public policies to begin using a similar approach.

Finally, across all domains, we observe that it is crucial to reduce the technology gap among people in an era where the digital is becoming the primary means of communication between people and between people and public institutions. Also, further research is needed to understand how the gender composition of decision-makers and scientific and technical committees has affected the level of gender sensitivity of the policies adopted.

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RESISTIRÉ
Reducing gendered inequalities
caused by COVID-19 policies



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Appendix 1 - 'Country Reporting Template'

RESISTIRÉ

RESponding to outbreakS through co-creaTive inclusive equality stRatEgies

NATIONAL FIELDWORK REPORT

Country: [country]

Researcher: [include your name]

Date: [dd/mm/yyyy]

INSTRUCTIONS

Please write **max. 5000 words** about the effect of COVID-19 policies on gender+ inequalities and the societal initiatives that have taken place to mitigate them.

Use the information provided in the Grids to comment on the following aspects.

The report must be written and proofread in clear and professional English.

1. COVID-19 POLICIES

Please describe the overall orientation of COVID-19 policies adopted in your country:

- the main focus of the policies
- the main target groups of the interventions
- whether gender+ inequalities have been explicitly addressed in these policies
- whether gender+ inequalities have been part of the public discourse related to the COVID-19 pandemic (e.g. public debates, media representations).

2. MAPPING OF POLICIES

Please describe how the defined domains and target groups were considered within the policies, addressing as many of the following topics as possible:

- The policies and strategies that have been adopted at different levels (national level, regional level, municipal level) in the defined EC GE strategy domains;
- The policies and measures taken at cross-border / inter-country boundary in the EU to support particular segments of the economy, in a gender+ perspective;
- The extent to which they explicitly target defined vulnerable groups and existing inequalities and to which extent they are gender/inequality blind;
- Specific targeted policies addressing defined vulnerable groups/groups of women (e.g., victims of violence, victims of trafficking etc.) in a gender+ perspective;
- Gaps in policies: the inequality domains in line with the [EC gender equality strategy](#) that the policies do not address;
- The main actors/stakeholders involved in COVID-19 policy design and the gender composition of the main executive (relevant ministers, state secretaries etc.), governmental advisors, chief hygienists and similar and advisory bodies;
- An expert assessment of the extent to which the national / regional / municipal policies have an impact on mitigating against or aggravating gender+ inequalities;
- The extent to which the COVID-19 policies have adopted evidence-based design, and evidence-based design that is gender+ sensitive (has the policy makers relied on data/research while issuing the policy?);

3. EXPERT ASSESSMENT OF GENDER+ BIAS IN THE ADOPTED POLICIES

Provide a brief expert assessment of any gender+ bias in the adopted policies (implicit norms of masculinity and femininity, racialized norms, etc. written into the policies - e.g., in terms of care distribution, breadwinning, gender pay gap etc.).

4. SOCIETAL INITIATIVES

Please write a short description of the overall situation with regard to the societal initiatives that have taken place in the defined domains to mitigate gender+ inequalities and support defined vulnerable groups during the pandemic (if possible, please describe both the national and subnational levels):

5. REFLECTION ON THE EVOLUTION OF THE POLICY

Please comment on the origin and evolution of the adopted policies in terms of whether they have become more attentive to gender+ inequalities. and of the societal initiatives.

- Was the process of policy development and adoption influenced by emerging debates on gender+ inequalities and the COVID-19 pandemic?
- Has there been any evolution that would address gender+ inequalities in response to expert or societal mobilizations/debates?

6. INCLUSION OF MINORITY VOICE AND WOMEN'S VOICE EXPLICITLY IN POLICY DESIGN

Please comment on the degree to which explicit attempts have been made to set up gender balanced advisory bodies and to include women's and minority group perspectives in the design of policies and measures.

7. CONCLUSION

Please comment on the current state of COVID-19 policy development from a gender+ inequality perspective.

8. REFERENCES

Please format references to conform to the APA style guidelines (see: <https://apastyle.apa.org/>).



Appendix 2 – ‘Policy Grid’

RESISTIRÉ – POLICY MAPPING

+	Code
CODE:	POL
Click here to enter text.	

Please, add here a country code and a progressive number (e.g.: IT01)

Policy title	Click here to enter text.
--------------	---------------------------

OVERALL DESCRIPTION

<p>1. Domains</p> <p>Please specify in which of the 9 gender inequality domains this policy intervenes. Tick the relevant choices. Multiple answers are possible.</p>	Gender-based violence	<input type="checkbox"/>
	Work/Labour market	<input type="checkbox"/>
	Economy	<input type="checkbox"/>
	Gender pay and pension gaps	<input type="checkbox"/>
	Gender care gap	<input type="checkbox"/>
	Decision-making and politics	<input type="checkbox"/>
	Environmental justice	<input type="checkbox"/>
	Human and fundamental rights	<input type="checkbox"/>
<p>2. Geographical scope:</p> <p>Choose among the options.</p>	National	<input type="checkbox"/>
	Subnational	<input type="checkbox"/>
<p>2.1. If "Subnational", please specify the area.</p>	Click here to enter text.	
<p>3. Summary of the main features of the policy (max. 700 words)</p> <p>Please write a short description of the policy with particular attention to:</p> <ul style="list-style-type: none"> - the rationale of the policy and the problem addressed; - the context of the policy; - how the specific domain/s is/are represented; - unintended effects of the policy on inequalities - the target groups. 		
Click here to enter text.		
<p>4. Are there any important issues related to the indicated domains that the policy doesn't consider?</p>	Choose an item.	
<p>4.1. If "yes", please specify</p>	Click here to enter text.	



TIME FRAME

5. Date of issue	Click here to enter a date.	
6. Date of entry into force	Click here to enter a date.	
7. Validity (e.g., Dec 2021, or unlimited. If the validity expired, please specify whether it is still in use or not)	Click here to enter text.	
8. Name of the Issuing Authority	Click here to enter text.	
9. Type of authority Choose among the choices	National Government	<input type="checkbox"/>
	Ministry	<input type="checkbox"/>
	Regional Government	<input type="checkbox"/>
	Other	<input type="checkbox"/>
9.1. Please specify	Click here to enter text.	
10. (If easily available) Is there a budget allocated for the policy?	Choose an item.	
10.1. If "yes", please specify the volume of the budget:	Click here to enter text.	
11. URL: Please specify one or more web links to the policy'	Click here to enter text.	

CONTENT

12. What are the solutions and policy actions proposed?
Click here to enter text.
13. (If easily available) what are the administrative and technical procedures that users have to follow to apply for the services included in the policy?
Click here to enter text.



14. Following the previous question, are there any specific aspects of these procedures that may limit the accessibility for potential applicants or beneficiaries? (e.g., request to fill some online forms / digital divide)	Choose an item.
14.1. If "yes", please specify	Click here to enter text.
15. Can you identify implicit assumptions in the background of the policy?	Choose an item.
15.1. If "yes", please specify	Click here to enter text.
16. Can you identify gender+ stereotypes in the background of the policy?	Choose an item.
16.1. If yes, please specify.	Click here to enter text.
17. (If easily available) Does the policy define any processes of monitoring of its implementation?	Choose an item.
17.1. If yes, please specify which ones and (if possible) some preliminary results	Click here to enter text.
18. (If easily available) Does the policy define any processes of evaluation of its implementation?	Choose an item.
18.1. If yes, please specify which ones and (if possible) some preliminary results	Click here to enter text.
19. (If easily available) Has a <i>Gender Impact Assessment</i> ¹ of the policy been carried out?	Choose an item.
19.1 If yes, please specify how this assessment has been carried out:	Click here to enter text.



20. Has the policy been revised over time?	Choose an item.
20.1. If "yes", please specify	Click here to enter text.
21. Have any controversies and contested issues emerged in the public debate related to this policy?	Choose an item.
21.1. If "yes", please specify	Click here to enter text.

TARGET GROUPS AND ACTORS INVOLVED

22. Which categories of actors are the explicit target of the policy?	Click here to enter text.
23. Can you identify actors that are targeted implicitly?	Choose an item.
23.1. If "yes", please specify	Click here to enter text.
24. Do you think the policy missed to target any relevant actor?	Choose an item.
24.1. If "yes", please specify	Click here to enter text.
25. Have the policy-makers involved any advisory body, in particular representatives of the target groups, in the processes of policy design, monitoring and/or evaluation?	Choose an item.
25.1. If yes, please specify who was involved and how was the process	Click here to enter text.
26. Did the policy-makers conduct a public consultation during the policy design process?	Choose an item.
26.1. If yes, please specify who was involved and how was the process	Click here to enter text.



LEVEL OF INEQUALITIES AND INTERSECTIONALITY VISIBILITY

27. Does the policy name multiple inequalities and/or vulnerable groups?	Click here to enter text.
27.1. If "yes", please specify	Click here to enter text.
28. Can you identify in the policy any intersection between gender and one or more of the following dimensions?	
Gender Identity	Click here to enter text.
If "yes", please specify	Click here to enter text.
Sexual orientation	Click here to enter text.
If "yes", please specify	Click here to enter text.
Ethnicity	Click here to enter text.
If "yes", please specify	Click here to enter text.
Race	Click here to enter text.
If "yes", please specify	Click here to enter text.
Nationality	Click here to enter text.
If "yes", please specify	Click here to enter text.
Class	Click here to enter text.
If "yes", please specify	Click here to enter text.
Age	Click here to enter text.
If "yes", please specify	Click here to enter text.
Religion	Click here to enter text.
If "yes", please specify	Click here to enter text.



Dis/ability	Click here to enter text.
If "yes", please specify	Click here to enter text.
Other	Click here to enter text.
If "yes", please specify	Click here to enter text.
29. Degendering: does the policy refer to gender-neutral categories of actors?	Click here to enter text.
29.1. If yes, please specify if the use of these categories contributes to making the policy more gender-blind	Click here to enter text.

QUOTATIONS

<p>Please, select a key quote(s) characterizing the policy that would help us to understand the tone and the specific wording used. Provide the quote(s) in the original language and their English translation.</p>	<p>Click here to enter text.</p>
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Appendix 3 – ‘Societal Initiatives Grid’

RESISTIRÉ – CIVIL SOCIETY RESPONSES

+	Code
CODE:	CSO <input type="text" value="Click here to enter text."/>

Please, add here a country code and a progressive number (e.g.: IT01)

OVERALL DESCRIPTION

Name of the initiative or short description	<input type="text" value="Click here to enter text."/>
1. Domains Please specify in which of the 9 gender inequality domains this societal response intervenes. Tick the relevant choices. Multiple answers are possible.	Gender-based violence <input type="checkbox"/>
	Work/ labour market <input type="checkbox"/>
	Economy <input type="checkbox"/>
	Gender pay and pension gaps <input type="checkbox"/>
	Gender care gap <input type="checkbox"/>
	Decision-making and politics <input type="checkbox"/>
	Environmental justice <input type="checkbox"/>
	Human and fundamental rights <input type="checkbox"/>
2. Target What is the vulnerable group targeted by this societal response?	<input type="text" value="Click here to enter text."/>
3. What kind of inequality is targeted by this societal response?	<input type="text" value="Click here to enter text."/>
4. Does this initiative respond to one or more specific policies?	Choose an item.
4.1. If "yes", please specify	<input type="text" value="Click here to enter text."/>
5. Does this societal response react to an adopted policy that failed to address the domain of this societal initiative?	Choose an item.
5.1. If "yes", please specify	<input type="text" value="Click here to enter text."/>
6. Has the initiative been explicitly designed in response to covid-related issues, or is it a continuation of something that already existed?	<input type="text" value="Click here to enter text."/>

<p>7. Summary of the main features of the initiative (around 700 words) Please write a short description of the initiative considering as many of the following points as possible:</p> <ul style="list-style-type: none"> - the rationale and context of the initiative; - how the specific domain is represented; - the main activities - the actors involved (promoters and allies); - the target groups; - achievements and obstacles encountered - the presence of processes of monitoring and/or evaluation of the initiative - potential limitations to the transferability of the initiative in other national contexts 	
Click here to enter text.	
8. "URL: Please specify a web link to the policy"	Click here to enter text.
9. Geographical Scope: Choose among the options	Choose an item.
9.1. If "regional" or "municipal", please specify the location	Click here to enter text.

TIME FRAME

10. When did this initiative start?	Click here to enter text.
11. Initiative scope:	Choose an item.
12. Is the initiative still active?	Choose an item.
12.1. If "No", please specify when it ended	Click here to enter text.

ACTORS INVOLVED

<p>13. Promoters Who are the promoters of this societal response? Tick the relevant choices. Multiple answers are possible.</p>	NGO	<input type="checkbox"/>
	Informal group	<input type="checkbox"/>
	Religious group	<input type="checkbox"/>
	Others	<input type="checkbox"/>

14. Please write a short description of these organisations/groups:	Click here to enter text.
15. If available, please paste the URL of the organisation/s website/s	Click here to enter text.

LEVEL OF INEQUALITIES AND INTERSECTIONALITY VISIBILITY

16. Does the initiative target multiple inequalities and/or vulnerable groups in addition to those gender-related?	Choose an item.	
16.1. If "Yes", please specify which of the following dimensions are targeted: Tick the relevant choices. Multiple answers are possible.	Gender identity	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>
	Ethnicity	<input type="checkbox"/>
	Race	<input type="checkbox"/>
	Nationality	<input type="checkbox"/>
	Class	<input type="checkbox"/>
	Age	<input type="checkbox"/>
	Religion	<input type="checkbox"/>
	Dis/Ability	<input type="checkbox"/>
Other	<input type="checkbox"/>	
16.1.1. If "other", please specify:	Click here to enter text.	

MEANS AND RESOURCES

17. (If easily available) On what kind of resources does the initiative rely?	Organisation's own funds	<input type="checkbox"/>
	Crowdfunding	<input type="checkbox"/>
	Voluntary work	<input type="checkbox"/>
	Public funding	<input type="checkbox"/>
	Other	<input type="checkbox"/>
17.1. If "other", please specify:	Click here to enter text.	



18. (If easily available) What kind of resources is the initiative providing to mitigate the inequality? Multiple answers are possible.	Information – awareness	<input type="checkbox"/>
	Legal support	<input type="checkbox"/>
	Housing	<input type="checkbox"/>
	Health and psychological support	<input type="checkbox"/>
	Material resources	<input type="checkbox"/>
	Networking	<input type="checkbox"/>
	Direct financial support	<input type="checkbox"/>
	Other	<input type="checkbox"/>
18.1. If "other", please specify:	Click here to enter text.	
19. What are the main means adopted by the initiative to connect with the target groups and communicate with them (e.g., web and social media, a network of volunteers, social workers...)?		
Click here to enter text.		

