

The EU Mutual Learning Programme in Gender Equality

Gender-sensitive responses to the COVID-19 crisis

Compilation Report



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Introduction

The COVID-19 crisis represents an unprecedented challenge across the European Union and the entire world. It will have long-term consequences for our societies and the global economy. The health impacts of the pandemic have affected men most severely, but it is women who have been at the centre of the response, not least because of their overrepresentation in frontline jobs and essential public services, such as nurses, carers for older persons, teachers, child-minders, shop assistants and other key professionals. Many of these women work in low paid and precarious jobs. In addition, women are shouldering much of the burden of care work at home following the closure of schools and childcare facilities during the lockdowns. Women are furthermore overrepresented in many sectors that have been impacted particularly hard by the crisis, such as tourism and hospitality, and in occupations, such as flight attendants, sales assistants, physiotherapists, cleaners and hairdressers. In addition, confinement measures have increased the risk of domestic violence and made access to support services more difficult. In view of the gendered impacts of the pandemic, it is imperative to develop gender-sensitive responses and recovery measures to ensure effective measures that leave no one behind. It is vital to safeguard the EU's fundamental values of equality and non-discrimination.

Although problems are similar across the EU, Member States have tackled them in different ways. Thus sharing the different approaches can enhance mutual learning. Therefore, in mid-April 2020, at the height of the pandemic and lockdown, the European Commission sent out a questionnaire to Member States regarding gender-sensitive responses to the COVID-19 crisis. The questionnaire was designed based on the main pillars of the new <u>Gender Equality Strategy 2020-2025</u> – FREE, THRIVE and LEAD – in order to inform a series of online seminars on good practices from Member States in these areas. The <u>seminars</u> were organised in the framework of the <u>EU Mutual Learning Programme in Gender Equality</u>.

This compilation report summarises the responses to the Commission's questionnaire as well as the outcomes of the three online seminars held in 2020. The first section looks at a range of comprehensive strategies and concrete measures implemented by Member States to address domestic violence and to ensure that victims can access support and protection in the context of COVID-19. The second section focuses on approaches enabling women to thrive, for instance by easing the disproportionate burden of care work on women, addressing job losses in female-dominated sectors and valuing women's contribution in the labour market. The third section summarises currently implemented or planned policy measures in Member States to empower women in decision-making and ensure that their voices are heard in COVID-19 crisis responses and recovery. The fourth section describes other gender-sensitive COVID-19 measures reported by Member States which do not fall within the three main pillars of the Gender Equality Strategy. Some final remarks are presented in the last section.

1. Being free from gender-based violence

Confinement measures have been an important part of the response to the COVID-19 pandemic, but they have highlighted the fact that home is not a safe place for everyone. Being isolated at home with abusive partners increased women's and children's exposure to coercive control and incidents of physical, psychological and sexual violence. Seeking help became more difficult for women during the confinement, and there were also fewer possibilities to do so. It was therefore important to ensure effective access to online as well as offline support services, continued access to shelters and other social services, and protection measures to prevent further violence and to ensure victims' safety when they accessed services.

As this section indicates, Member States have mobilised significant resources to ensure the continued provision of victims' support services and in many cases have adapted them to the realities of social distancing through hotlines, chats and online counselling. They have included a variety of measures designed to help victims seek help and report violence. An important focus has been to prevent domestic violence through awareness-raising and public campaigns, and to work with perpetrators to change their behaviour. Specific legal measures were introduced in some countries aimed at protecting victims' rights and ensuring their safety during lockdown.

1.1 Comprehensive strategies, protection and support services for victims

On 31 March 2020, in Spain, a Contingency Plan to Combat Gender-based Violence during the Covid-19 Crisis was enacted. The strategy declared specialised victim support and protection services as essential services, enabling victims of genderbased violence to access these services during lockdown, including help lines, shelters and online services, as well as monitoring compliance with restraining orders. In this way, the continuity of services for victims of gender-based violence was ensured and funding was made available to allow organisations to adapt to the constraints imposed by the pandemic. A new messaging service for advice and psychological support was set up via WhatsApp. There has been a wide take-up of this service, which is particularly important for women confined at home with their aggressor. The campaign 'We are with you: Together we will stop gender-based violence' aimed to raise awareness and prevent gender-based violence during the confinement. It was targeted at the general public as well as victims of genderbased violence and was disseminated across all media channels, including social media. Campaign materials in various formats, such as posters and banners, and languages (including EN) are available on the Ministry of Equality's website for download. Finally, the 'Guide for women suffering gender-based violence during confinement at home as a result of the COVID-19 state of emergency' provides information on protection measures and available support services, as well as the exceptional measures put in place during the pandemic. It also contains guidance

on visiting arrangements for children of victims of gender-based violence during this period and includes information about the ALERTCOPS app for women in the event of emergencies.

Many Member States prepared for and responded to an increase in demand for shelter places in view of the confinement, taking account of possible COVID-19 cases in shelters and the need for additional places if the safety of victims could not be guaranteed during their home confinement. The existing provisions were mapped, and **shelters expanded or new venues provided**, including accommodation in temporarily closed hotels or public buildings, which were adapted for this purpose.

Victim support services worked hard to meet increased demand, to adapt their services to the new requirements of social distancing and to maintain services while working remotely. Some Member States recognised this problem by providing increased funding or subsidies for shelters and other victim support services, or supplied them with better technical equipment for remote counselling by phone, online or video connections. In Italy for instance, a fund of 10 million EUR was allocated for measures to prevent gender-based violence by the Anti-Violence Centres (CAVs) and shelters. Additionally, in April 2020, an on-line call was issued for urgent intervention funding proposals to support CAV and shelters in relation to the COVID-19 emergency. The call was designed to provide grants of up to 15,000 EUR each for shelters and 2,500 EUR each for CAVs.

1.2 Supporting victims to seek help and report violence

Almost all Member States reported that victim support services, including shelters, were declared 'essential services'; or that they had been running continuously during the lockdown, albeit often in a modified form. Helplines and counselling were adapted to the new circumstances of confinement. Counselling and psychological support was provided on the phone or – where this was not possible because, for example, of confinement with the aggressor – via online chat or SMS text messaging.

Some Member States introduced, updated or adapted **apps to support victims** of domestic violence in this situation. These apps contain information about support services, relevant legal measures and provide victims with mechanisms to report abuse. Examples include the Czech '*Bright Sky*' app (adapted from the UK) which includes a covert mode option to protect users, as well as features for the user to assess risk, record evidence, and obtain information about accessing support services. Other examples are the Spanish *ALERTCOPS* app, which sends an emergency signal to the police with the victim's location; the Maltese *112* app, which includes silent reporting; and the Polish '*Your Umbrella*' app, which allows discreet contact with a pre-configured e-mail address and quick access to an emergency phone.

In view of the widespread lockdown in many Member States, alternative ways to make sure that victims could also seek help offline were developed. Pharmacies

proved to be good alternatives as they were among the few places remaining open during the lockdown. In France, a leaflet from the Ministry of Home Affairs with instructions on how to report violence and a list of useful contacts was displayed in pharmacies. Pharmacists were instructed on how to give out information and help the victim or witness of violence. In addition, victims could use a code word, such as 'mask 19', at a visit to the pharmacy, as a signal so that the police could be contacted to intervene. In the Czech Republic, postal and other delivery personnel were trained online in the use of the 'Bright Sky' app and on how to recognise and react to signs of domestic violence (e.g. by asking closed questions), as they were among the few people who might have contact with victims during the lockdown. Given the context, this work with delivery service staff was a quick and positive response to the challenge of communication with victims of gender-based violence.

1.3 Preventing domestic violence

Member States used a wide **diversity of channels to inform victims** and the general public about the continuity of support services, available shelters, relevant hotlines and online support and counselling. They provided advice and guidance on what to do in cases, or suspected cases, of domestic abuse, including online information on dedicated web pages, press conferences, poster campaigns, flyers, social media, videos, and information campaigns in newspapers, television and radio. Material was displayed in public transport, petrol stations, pharmacies and elsewhere. In Germany, the 'Not safe at home?' campaign was launched in cooperation with supermarkets and other organisations to inform victims of domestic violence and their friends and family about available help and support services.

Some Member States implemented broad **information and public awareness-raising campaigns**. Examples include the aforementioned '<u>We are with you: Together we will stop gender-based violence</u>' in Spain; both – '#EnfanceEnDanger' (#ChildrenInDanger) in France and 'Behind the door' in Croatia focused on the need for increased vigilance concerning violence against children, especially during the period of confinement. The Italian '<u>Libera puoi</u>' (You can be free) campaign; '<u>Sicher zu Hause</u>' (Safe at home) in Austria; and the Portuguese <u>#SegurancaEmIsolamento</u> (Safety in isolation), on social media, TV, radio and newspapers reminded victims they can always ask for help, informed them about support services and alerted the community to be vigilant, to help and to report. Information was made available in multiple languages, sometimes including sign language.

Work with perpetrators of domestic abuse constitutes a very important prevention measure. In view of the COVID-19 confinement, perpetrator support services were adapted to ensure their continuation. Emphasis was given to measures to prevent violence caused by increased stress levels due to the lockdown. Several Member States introduced or reinforced helplines for existing and potential perpetrators, provided online counselling, and increased project funding. In Austria, France and Sweden, confidential telephone helplines were introduced during or some time before the COVID-19 confinement for men who felt they might be at risk of resorting to violence. In Finland, there was already some experience

with such a helpline. Funding was increased for counselling services for perpetrators in Germany and Denmark. In the Danish case, funding was also provided to increase capacity in shelters for male victims of domestic violence. In Slovenia, check-in calls and text messages between counselling services were used to keep in contact with perpetrators and reduce the risks of violence during the lockdown.

Some Member States have taken a proactive role in **contacting and monitoring families at risk** in order to prevent domestic violence, particularly where there was a known history of domestic violence. In Belgium, in some areas, the local police carried out this work through their victim assistance service. In Lithuania, the police liaised with victims in remote rural areas, and in Poland, police officers were part of multidisciplinary teams that checked up on at-risk families by telephone or other available electronic communication. In Croatia, experts at the Social Welfare Centres increased monitoring of families at risk.

1.4 Specific legal measures

Safeguarding victims' legal rights, particularly during confinement and lockdown, was essential to ensure their safety. Several Member States reported on legal measures to protect victims and guarantee victims' access to justice.

In some countries, such as Belgium, France and the Netherlands, cases involving sexual violence were prioritised in the courts. Some Member States simplified the process for filing a restraining or protection order. In Austria, for instance, applications for an injunction could be submitted to the courts via e-mail, fax or post and were thus deemed legally filed. Help was also available for filing an application to the police by telephone. The victim could then collect and sign the application, which was subsequently forwarded to the court. Filing cases electronically or by courier service was also possible in Bulgaria, where special units were set up at the relevant courts to receive applications.

Further measures were introduced to ensure that victims did not miss important deadlines due to the COVID-19 situation. In Croatia, for instance, a legal provision extends the deadlines for exercising victims' rights in criminal and misdemeanour proceedings during the pandemic. The provision seeks to prevent the loss of certain rights for a party due to a missed deadline caused by specific circumstances arising from the pandemic that complicate judicial work and communication between citizens, lawyers and the courts.

In the Czech Republic, the Prosecutor General's Office clarified that the state of emergency due to the COVID-19 crisis justifies the application of 'aggravating circumstances' for offenders of domestic and gender-based violence.

1.5 Conclusions

Many Member States have promptly put in place emergency measures to address gender-based violence during the COVID-19 pandemic, and will continue to do so through prevention and response measures in the short- and long-term. Important measures include designating domestic violence services as essential services

during the pandemic; ensuring adequate resources to support women and children; and the adaptation of services to meet the new challenges. Awareness-raising, communication and outreach initiatives are the key to ensuring that victims are aware of protection measures and support services in place during the pandemic. The learning from these experiences is that: reporting domestic violence should be at a low-threshold and include a variety of online as well as offline options taking into account all circumstances; and that continuing work with perpetrators during a lockdown is a further essential preventive measure. Even though a change in long-term patterns of behaviour may not be a realistic goal under these circumstances, a useful focus could be on decreasing perpetrators' stress levels, increasing their coping mechanisms, and mitigating risk factors for families in confinement.

The post-COVID-19 period will require further planning and innovation in preventing and tackling domestic violence, drawing on an ongoing dialogue with civil society. The full and effective implementation of the <u>EU Gender Equality Strategy 2020-2025</u>, in particular its objective of ending gender-based violence, will be of key importance in making progress during the recovery phase.

2. Thriving in a gender-equal economy

Women are particularly affected by the pandemic because they are overrepresented in jobs at the frontline, providing essential services, often in sectors that are undervalued and low-paid. Currently, women comprise 76% of all care workers in the EU, 93% of childcare workers and 86% of healthcare workers. They are also overrepresented in sectors particularly affected by confinement and social distancing regulations, such as tourism and the hospitality industry, and in jobs such as sales assistants, cleaners, hairdressers, massage therapists and physiotherapists. Compared to former recessions that disproportionately affected men's employment rates, the economic downturn caused by COVID-19 has hit women's jobs particularly hard, many of which were already precarious jobs.

Furthermore, women are shouldering much of the increased burden of care work at home because of the closure of school and childcare facilities during lockdowns and the shortage of carers for older and disabled persons. Although many women and men were able to work from home through teleworking during the lockdowns, combining work and care represents a challenge for gender equality. Indeed, the lockdowns have not led to the equal sharing of caring responsibilities at a time when care needs intensified. Many studies show that existing asymmetrical distributions of invisible labour – child care in particular – have been substantially exacerbated as a result of restrictive policies imposed in response to the COVID-19 pandemic.

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Source: EIGE. For more information see: https://eige.europa.eu/covid-19-and-gender-equality/frontline-workers

In recognising these challenges, many Member States have implemented a range of measures to support families, including financial support for families, special leave for carers, support in establishing teleworking and the introduction of additional flexible working-time arrangements. Measures have also been taken to increase the value of jobs in the health care and other frontline sectors, to subsidise female-dominated jobs and to support women's entrepreneurship. These challenges and others point to the urgency of ensuring that there is a gender-sensitive approach to work and care during the recovery phase of this pandemic.

2.1 Valuing care work and encouraging its equal sharing

Support for families has been among the important elements of Member States' immediate responses to the COVID-19 pandemic. In some countries, care facilities for young children remained open during the lockdown, while others provided alternative day care for families in need or provided childcare for workers in essential jobs. In France, for example, public authorities set up a system of childcare arrangements for workers providing essential services for the management of the COVID-19 pandemic. Childcare centres remained open free of charge for children of critical workers, including health care professionals, police and fire-fighters, up to a limit of 10 places for each centre. A special service to identify the needs of these families and to match them up with the available places was created on the website of the Family Branch of the Social Security System. In Italy, private sector working parents could receive a bonus for the purchase of childcare services amounting to 600 EUR. For parents working in the public and accredited private health sector, as well as for the police and defence personnel carrying out COVID related tasks, the childcare voucher was increased to 1,000 EUR. In Estonia, some local government childcare services exempted parents partially or fully from paying for childcare.

Several Member States have introduced different types of **special leave for carers**, taking into account the closure of care facilities and because teleworking has not been an option for everyone. In Austria, a special care period with full pay for up to three weeks was introduced. However, it was subject to the approval of the employer. In Belgium, a special, non-transferable, COVID-19 parental leave scheme was introduced to enable working parents to combine work and care during the pandemic. The allowance, operating from May-September 2020, provided for parental leave on a half-time or 20% basis, at an amount of 500 EUR for half-time leave. One of the reasons for its introduction was to encourage fathers to take up parental leave. Although it is too early to assess the overall gender equality impact of this special parental leave scheme, to date, feedback indicates the impact has been positive.

In Lithuania, following the suspension of day care services, carers of older and disabled people, who are mainly women, could receive a payment of 65.94% of their declared income, which is the basis upon which sickness and maternity benefits are calculated. In addition, parents caring for a young child or a child with a disability at home due to the closure of educational facilities, could apply for an incapacity

certificate and receive sickness benefit. The provision covers parents of children or adopted children, guardians and working grandparents.

Many Member States have provided **temporary compensation for the loss of earnings of carers** who were unable to continue working because of care responsibilities following the closure of schools and care facilities. In Germany, for example, this compensation amounted to 67% of net earnings lost (maximum 2,016 EUR per month) for up to 6 weeks. Estonia introduced a temporary (now expired) special allowance of 70% of the average wage of the parent, ranging from a minimum allowance per month of 540 EUR to a maximum of 1,050 EUR. It also covered parents already registered for unpaid leave, caring for a child with severe disability, weakened immunity or special educational needs.

In Latvia, parental benefit entitlements that expired during the lockdown were extended for the duration of the state of emergency (capped at 700 EUR) for persons who were not able to return to work. Women comprised the majority of the beneficiaries of this additional parental allowance.

Support funds for families in need have been introduced by several countries. They ranged from one-time payments, in the case of Bulgaria and Slovenia, to time-limited payments, for example, in Austria for up to 3 months. In France, the most deprived families (social minima recipients) and single parents have been granted exceptional financial aid, paid as a lump-sum of 150 EUR, with an additional 100 EUR for each dependent child under 20 years of age.

The lockdown meant that in most Member States there was a need to quickly adapt working methods, and **teleworking** was encouraged. Countries with little experience of telework found they needed to introduce and support these new working arrangements. In Malta, for instance, an innovative scheme was introduced to support employers investing in teleworking during the COVID-19 pandemic. The initiative aimed to promote gender equality by enabling a better work-life balance, while reducing commuting time, emissions and energy consumption. Employers and self-employed people were given financial support to invest in technology to enable teleworking, with partial reimbursement of the cost of teleworking solutions incurred between 15 February and 8 May 2020. Financial support covered 45% of the eligible costs, capped at 500 EUR for each teleworking agreement, with a maximum grant of 4,000 EUR per company. Overall, 946 applications were received, comprising an average of five teleworking agreements per applicant. The total cost of the initiative was 3.5 million EUR.

Some Member States have introduced **more flexible working-time arrangements**. In Germany, working time was made more flexible in order to protect public health and the health services; these exceptions to the Working Hours Act expired at the end of June 2020. In Spain, Royal Decree-Law 8/2020 on 'extraordinary urgent measures to address the economic and social impact of COVID-19' included the right for workers to modify or reduce working hours, with a pro-rata salary reduction, because of family care needs as a result of changes implemented by the health authority in education and care services. The law furthermore stated that the '...right

provided in this article is an individual right of each one of the parents or caregivers, which must be based on an equal sharing of caring responsibilities and avoiding the perpetuation of stereotyped roles, and must be justified, reasonable and proportionate (...)'.

2.2 Addressing job losses in female-dominated sectors and valuing women's contribution in the labour market

The global pandemic shed a spotlight on the essential nature of health and longterm care workers and other frontline staff, such as in the retail sector, where women predominate. However, many of these jobs are undervalued and low-paid. Several Member States recognised the importance of these jobs during the pandemic with - mostly one-time - bonuses for frontline workers or measures to ease their working conditions. In Romania, for instance, women comprise 70% of the frontline medical staff and measures adopted included flexible working hours, bonuses and hotel accommodation. In addition, the awareness-raising campaign 'We see you, we respect you, we act together!' sought to raise public esteem for the social status of jobs that were of so much importance during the lockdown. France went further than one-off payments. It sent a strong signal when trade unions representing health care and care workers negotiated the 'Ségur agreement', which allocated 7.6 billion EUR for pay rises for health care and care workers, enabling them to earn on average an additional 183 EUR monthly. Financially revaluing women's work in female-dominated sectors such as health care is a significant step on the path towards gender equality.

The COVID-19 crisis hit the global economy unexpectedly, rapidly and severely. Due to the urgency of the situation, immediate response measures taken by Member States were mostly of a general and horizontal nature. Notably, they included short-time work schemes, widespread income support as well as financial aid for companies and the self-employed. Some Member States provided **specific subsidies for female-dominated jobs**. In Spain, for example, an extraordinary subsidy was introduced for domestic workers registered in the Special System of Household Employees of the General Social Security Regime, which does not include entitlement to unemployment benefits. Domestic workers who had been forced to, totally or partially, stop rendering their services on a temporary basis due to the Covid-19 health crisis, or whose contract had terminated for this same reason, had the right to an amount of 70% of their salary.

In Lithuania, municipalities were asked to retain jobs in social service institutions and cover the salary costs, to guarantee the full operation of services after the confinement measures. This measure also applied to NGOs with which the municipality had concluded a contract for the provision of social services.

Two Member States reported specific measures to **support women's entrepreneurship** during the COVID-19 crisis and in the recovery phase. In Italy, the existing fund for women's entrepreneurship received an additional budget of 5 million EUR to tackle gender-related business challenges during the pandemic. In

France, a two-pillar Action Plan was introduced. The second pillar focuses on 'Promoting women's entrepreneurship' and aims to double the number of women entrepreneurs by the end of the current President's mandate. A communication campaign to connect women entrepreneurs was supported through public resources, and a national prize of 100,000 EUR was instituted to give recognition to young women leading new companies. These measures build on existing commitments to gender equality in the government's plan for gender equality in the professions 2020-2022, launched in March 2020. The plan includes an additional 5 million EUR dedicated to promoting gender equality in the long-term, indicators for companies to report on progress on gender equality and awareness-raising campaigns.

2.3 Conclusions

The lockdown and confinement measures forced Member States to reflect intensely on the issue of how to combine work and care. There has been increased recognition of the value of female-dominated work, now at the frontline of the effort to address the pandemic. National approaches included financial support to families, the introduction of special leave for carers and supporting the introduction of teleworking arrangements.

Strategies to address the precarious nature of women's work, promoting work-life balance, new ways of teleworking and supporting women's entrepreneurship were among the priority areas identified. Furthermore, the experiences gained during the pandemic offer inspiration for long-term change in the world of work, including on enhancing the value of women's contribution in the labour market and teleworking for both women and men as part of work-life balance measures.

Closing the gender care gap and achieving equal participation across different sectors of the economy are key objectives of the <u>EU Gender Equality Strategy</u>. The importance of this strategy has been reinforced during the pandemic. Women's economic independence is the cornerstone of equality between women and men. It is therefore imperative that a gender-sensitive approach to work and care is also applied in the COVID-19 recovery phase.

3. Leading equally

Despite encouraging progress on women's economic and political representation across the EU, women still only account for 32% of members in national parliaments, 30% of senior government ministers and 28% of board members of large publicly listed companies.²

When policies and decisions are mainly influenced by male experiences, women are excluded from shaping the decisions that affect their own lives. This situation is

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² Source: EIGE, gender statistics database. Data refers to the 2nd quarter of 2020.

particularly relevant in periods of uncertainty like the current pandemic. Thus, without women's equal leadership and participation, COVID-19 responses will be less effective at meeting the needs of women and girls, with short- and long-term consequences for society and the economy as a whole.

In the light of these concerns, some Member States have taken concrete measures to strengthen women's leadership and participation in decision-making during the COVID-19 response and recovery phases and beyond.

3.1 Practices from Member States

3.1.1 Gender-balance in political decision-making and making women's voices heard in the context of COVID-19

In Italy, on 15 April 2020, the Minister for Equal Opportunities and Family established the Task Force 'Women for a New Renaissance', composed of 12 women from academia, public administration and business. Its aim is to make proposals for the post-COVID-19 social, cultural and economic recovery including on (i) research, STEM and skills development, (ii) promotion of female employment and inclusion of women in decision-making, and (iii) work-life balance, addressing stereotypes and promoting change. The Task Force published a report with recommendations on promoting female leadership and monitoring gender equality through a proposed new Observatory on Equal Opportunities. It also recommended the adoption of institutional gender impact assessments as a standard practice in the design phase of any legislative, political, strategic or programmatic initiative.

The Swedish government is a self-declared explicitly feminist government and measures are in place to ensure **gender equal representation on all Committees, Commissions of Inquiry and Boards of Government**. The Division for Gender Equality must approve all appointments for State Secretaries. If gender-balance cannot be achieved, an explanatory memorandum has to be submitted, subject to the approval of the Division for Gender Equality. In June 2020, a Commission of Inquiry was appointed to evaluate the measures taken by the government and municipalities during the COVID-19 pandemic. All proposed measures have to be assessed from a gender equality perspective. The composition of the membership of the Commission is gender equal.

In Austria, online focal point meetings with representatives of relevant ministries and stakeholders were organised under the Action Plan on Women's Health to **highlight women's health issues** and other related needs during the COVID-19 pandemic. The Regional Focal Points, nominated in all federal states, identified challenges and ways to support women during the crisis in areas such as mental health, violence, sexual and reproductive rights, and problems related to work-life balance and home schooling. Specific vulnerabilities were identified among disabled women, women from migrant backgrounds and women facing multiple stress points in their lives.

In Romania, a national awareness-raising campaign on increasing women's representation in decision-making was launched in September 2020. Even though during the pandemic, women were on the front-line in the fight against the

virus, they were absent from decision-making. The campaign is a response to this situation. Led by the National Agency for Gender Equality, it includes testimonials from women in power in different fields, posted on the agency's <u>website</u>, as well as workshops by women leaders from NGO's, academia, public and private entities and the social partners. A working group has been established to propose amendments to the Law on Equal Opportunities to include quotas or affirmative action measures to increase the representation of women in decision-making at all levels.

3.1.2 Enhancing women's representation in the public sphere

As one of the main sources of information about the pandemic, the media's role is of major importance. Particularly during the lockdown, there was unprecedented media coverage and discussion on the COVID-19 pandemic. However, these debates were often dominated by male commentators from government, medicine and business. Equal participation and visibility of women and men in the media and in public debates is crucial in order to facilitate a positive mental and attitudinal change and support for women to make their voices heard.

In France, during the lockdown (March-May 2020), the Secretary of State for Gender Equality commissioned a survey to review the **representation of women in the media in times of crisis** and to formulate proposals to increase their representation in the media and in decision-making. The survey found that the number of women experts in the French media fell significantly during the pandemic. A <u>report on the place of women in the media in times of crisis</u> was drawn up with recommendations in two main areas. The first area covered data collection and indicators on the participation of women in the media both in general debates and news programmes, as well as sexist and discriminatory stereotypes in media content. The second area focused on actions to improve the representation of women in the media, such as possible tools, promotion of good practices through awards or equality labels, identification of women experts, training and education, and allocation of public funding to the press. The aim is to translate the recommendations into concrete actions in the COVID-19 recovery plan.

3.2 Conclusions

It is imperative that women are included in all aspects of COVID-19 response and recovery planning in all sectors – in health, the economy and the media – as the gender inequalities resulting from the crisis may be exacerbated if women are excluded. The long-term goal should be to achieve gender parity in all these areas. For that reason, on a longer term basis, it is essential to address both the structural and contextual obstacles women face in participating in decision-making, including lack of childcare and economic independence, and violence and harmful stereotypes.

Gender mainstreaming and impact assessment of all policies and programmes is essential in order to strengthen women's participation and representation in decision-making roles. Another fundamental issue is to ensure funding for civil

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society organisations representing the interests of diverse groups of women, and to improve data collection and analysis, so as to understand the diversity of women's needs.

Furthermore, it is vital that gender-sensitive responses adopt an intersectional approach, addressing the diverse needs and vulnerabilities of women experiencing multiple and intersecting discrimination.

European institutions, Member States' governments, civil society organisations and the media must work together to ensure that women's voices are heard; and that equal representation of women and men in decision-making bodies and processes in crisis management and recovery plans is ensured. In order for the EU to deliver on the Sustainable Development Goals, gender parity in decision-making positions (politics and public life, economics and social fields) must be accelerated.

It is also important to ensure that commitments to gender equality are not abandoned during the recovery phase, but remain high on the policy agenda at national and European level and that relevant laws and human rights instruments are fully implemented.

4. Further measures implemented during the COVID-19 crisis focusing on women in particularly positions

Measures implemented to address the COVID-19 pandemic do not impact everyone in the same way. In these challenging times, more than ever, it is important to take into account that people in vulnerable situations are disproportionately exposed to risks and need specific support.

For this reason, the Commission's questionnaire to Member States contained a specific section referring to measures implemented or planned to address gender equality in the current crisis or recovery context, with reference to older women, migrant women, LGBTI women, women living in poverty and other groups of women in situations of vulnerability. The questionnaire covered measures directly targeted at women in vulnerable situations, as well as measures that indirectly affect women who are overrepresented in specific vulnerable groups. This section provides an overview of the responses received by Member States.

4.1 Older women

 Estonia reported on several initiatives to support older women, implemented mainly at the local government level. For example, authorities are in regular contact, mainly via phone, with older people in their region to provide services and assistance if needed, such as food and medicines. Another project organised by the Tallinn Central Library offers senior citizens training to increase digital skills and at the same time provides opportunities for social contact while

in confinement. Library workers provide guidance for older people on how to navigate the digital world, and established a seniors' chat club via Skype. Furthermore, as in many other countries, food stores and supermarkets reserved dedicated times in the morning for older people and other at risk groups to do their shopping safely.

- In Finland, municipalities teamed up with local parishes and charity organisations to reach out to the self-isolating older population by phone. Many municipalities also provided chat services or help with errands and other everyday needs.
- Hungary is planning a '13th month's pension' with a phased implementation.
 From February 2021, pensioners will start to receive an extra pension in addition
 to the usual amount for January, so that by 2024 all pensioners will receive a
 one-month extra pension every year.
- Slovenia introduced a one-off solidarity allowance for pensioners so as to ensure a higher level of social security for the most vulnerable. The allowance is paid in three different amounts: 300 EUR for pensions up to 500 EUR, 230 EUR for pensions from 501 and 600 EUR, and 130 EUR for pensions from 601 EUR and 700 EUR. Rural women and men aged 65 years or older who are not beneficiaries of social assistance and care allowances are entitled to a one-time solidarity allowance of 150 EUR.

4.2 Migrant women

- In Austria, the Ministry for Women and Integration translated federal government information about the COVID-19 pandemic into 11 languages, made videos and sent out thousands of SMS messages to people with a migrant background.
- The German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth works together with the nationwide umbrella organisation of migrant women, DaMigra, to understand better the needs of migrant women. DaMigra advocates for a gender perspective in policies and gender equality for migrant and refugee women. The current project: #Selbstbestimmt! (#self-determined!) focuses on the situation of women with a migrant background, their experiences of multiple forms of discrimination and the right to self-determination. The current emphasis is on the impact of the COVID-19 pandemic on migrant and refugee women. DaMigra produced awareness-raising materials and held regional dialogues to address the challenges of migrant women, such as access to employment, childcare and other services during the COVID-19 pandemic.
- In Greece, the SURVIVOR project ('Enhancing services for refugee and migrant survivors of gender-based violence'), seeks to ensure that migrant women can access information about assistance in cases of domestic violence, and provides information on COVID-19 in Farsi and Arabic. The Research Centre for Gender Equality (KETHI) translated information leaflets about the COVID-19 restriction measures into many languages.

• In Croatia, a round table is planned for autumn 2020 to discuss the integration of women under international protection. It is organised within the framework of the INCLuDE project, led by the Government Office for Human Rights and Rights of National Minorities and co-financed by the Asylum Migration and Integration Fund (AMIF). The round table will also address the impact of the COVID-19 crisis on the integration of women under international protection.

4.3 LGBTI women

- In Germany, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has supported LGBTI people during the COVID-19 crisis by providing information on the topic on its website, the Rainbow Portal - an information and guidance site on sexual orientation and gender diversity in everyday life. It contains links to information collected by non-governmental organisations among others. Furthermore, the Ministry has promoted Lesbian Visibility Day, highlighting present-day forms of discrimination and non-visibility of lesbians*. The Ministry is also planning a conference in November 2020, within the framework of the German EU Council Presidency, focusing on the topic of intersectionality, the lived realities of lesbians*, the cultural and social acceptance of rainbow families. In the Ministry-funded study "Estimating the impact of the Covid-19 crisis on the lesbian community and organizations" conducted by the EuroCentralAsian Lesbian* Community, the consequences of the pandemic will be also discussed. The Ministry also financially supports a project for older lesbians, whereby information is also shared on the COVID-19 situation.
- In Croatia, the NGO Iskorak initiated an online info centre for LGBTIQ persons.

4.4 Women living in poverty and other specific groups of women in situations of vulnerability

- In Belgium, the Maintenance Claims Department of the Federal Public Service Finance has automatically prolonged the right to advances on alimony for six months, so that there is no need to submit a new demand and justification. This measure particularly benefits single parent households, who are predominantly women, facing an increased risk of poverty.
- In Bulgaria, food support is provided to persons from vulnerable groups living below the poverty line or without income, including people without access to social assurances, single people with children; single people receiving a minimum pension, older persons and homeless persons. The support is granted under the Food Operational Programme and/or basic material support from the Fund for European Aid to the Most Deprived (FEAD) for the period 2014-2020. Food support is provided through the programmes 'Hot Lunch at Home in Emergency Situations 2020' and 'Public Dining Rooms', which are funded by the Social Protection Fund at the Ministry of Labour and Social Policy.

- France has implemented measures during the lockdown to protect women's sexual and reproductive health and rights by ensuring access to abortion and contraception. Women can receive the contraceptive pill simply by presenting their expired prescription. All consultations necessary for medical abortions can be carried out by teleconsultation, and the time limit for performing an abortion at home with prescription medicine has been extended from seven to nine weeks.
- In Germany, the federal states or Länder are responsible for the implementation of Pregnancy Conflict Counselling Services. In order to continue the service during the COVID-19 pandemic, all federal states have issued implementing regulations. In this context, many federal states have explicitly authorised telephone counselling and online forms. The counselling certificate, which is mandatory in cases of pregnancy terminations, can then be sent to the concerned woman by letter, e-mail or fax. These measures are already in line with the legal framework (Pregnancy Conflict Act and Criminal Code) and take into account the legitimate need to protect the interests of both the counsellors and the pregnant women who can thus access help at a particularly difficult time in their life.
- In Greece, the General Secretariat for Family Policy and Gender Equality, in collaboration with the Hellenic Society of Forensic Medicine, provided temporary shelters (free accommodation and food) during the lockdown to women living in poverty, migrant women and those in situations of vulnerability, along with free medical examinations when required. Through the collaboration with the NGO 'The Smile of the Child', under-age children of the women could also benefit from free medical examinations.
- In May 2020, a minimum income was approved by the Spanish Government with the aim of addressing poverty and leaving no-one behind. It is expected that it will benefit 2.3 million persons, of which 1 million are currently in a situation of extreme poverty. It will provide special protection to single-parent households and children, mitigating women's risk of social exclusion. Older women, victims of gender-based violence and victims of human trafficking and sexual exploitation are also eligible for these payments.
- In Croatia, the Ombudswoman for persons with disabilities issued recommendations on the provision of temporary care facilities for disabled children and adults in the event that their carers need to undertake self-isolation. It was recommended that the system plans for and provides facilities for the emergency reception of children, whose parents are not able to care for them due to infection, by using the resources of homes, foster families and others.
- In Lithuania, the Ministry of Social Security and Labour requested that municipalities ensure the provision of food, medicine and other necessary social services to the most vulnerable groups. Municipalities were asked to organise food aid centrally, informing people in need through available media (local radio, television, media, their institutions' websites, and telephone) about the food aid, the distribution process and what security measures are needed.

- In response to the COVID-19 restrictions, the Maltese government extended the Private Rent Housing Benefit Scheme to victims of domestic violence, enabling them to leave their homes as an alternative to remaining confined with their perpetrators. An application must be submitted to the Housing Authority together with one of the following: a police report, a report provided by social workers, evidence that the victim has been in prior care of private or public entities working in the field of domestic violence, or any other proof that they are living with an abuser.
- On 1 April 2020, the Swedish Government introduced funding to strengthen civil society organisations, amounting to 100 million SEK (approximately 9.7 million EUR). The extra funding is to support women, children and LGBTI victims of violent partners or parents. The fund recognised that following the COVID-19 outbreak, civil society organisations may need to expand their operations or find alternative methods of contacting victims of violence. For instance, organisations may need to increase internet use in order to reach out to victims of violence.
- In Slovenia, beneficiaries of financial social assistance and care allowances are entitled to a one-time allowance of 150 EUR. Furthermore, a helpline offering counselling and advice for pregnant women and women with gynaecological health issues was established. Guidelines for maternity hospitals on how to treat pregnant women who are infected with COVID-19 have been prepared.

5. Final remarks and future perspectives

In the final section of the questionnaire, Member States were asked about any challenges/dangers for gender equality that they foresee in view of the current COVID-19 crisis, as well as about the needs and opportunities for promoting gender equality in the crisis recovery context.

5.1 Challenges and potential dangers for gender equality as a result of the crisis

The most frequently mentioned socio-economic impacts of the pandemic were that it could **reinforce existing gender inequalities** due to the job crisis in female-dominated sectors and the increase in women's unpaid care work resulting from the closure of schools and care facilities. It was also mentioned that women entrepreneurs might find it more difficult to access loans, resulting in the closure of their businesses.

Many countries were concerned about the **increase of domestic violence** and the decrease in reporting due to confinement measures.

There was also concern that **gender stereotypes would be perpetuated or even reinforced** after the crisis leading to backlash on gender equality. Some considered that **gender equality might be seen as a 'luxury'** in the context of post-pandemic policies and measures, and therefore there would be no attention to gender

perspectives in the recovery polices. Austerity measures could impact the financial support for projects and programmes focusing on gender equality. Faced with increased demand, and with more limited resources, national gender equality/equality bodies could face severe capacity restraints.

Some Member States expressed concern about a **potential rise in poverty levels** affecting women and children as a result of job losses or pay decreases. In such cases, women's financial autonomy would be eroded, and they could become more dependent on the income of other family members or on State and local level subsidies and benefits.

The lack of gender impact assessments and the absence of readily available gender-disaggregated data in many fields were mentioned by several Member States as a challenge, particularly when quick responses are needed in an emergency situation.

Finally, some countries referred to the need to provide enough resources to address the **psychological costs of the pandemic.** Increased care responsibilities, longer periods of unemployment, stress, isolation and other effects of the pandemic could lead to increasing levels of depression and other mental health problems. It is important to ensure that sufficient support and resources are available to address these issues.

5.2 Measures needed to promote gender equality in the response to the crisis

Member States mentioned the following measures to promote gender equality during and after the pandemic:

- Ensure the inclusion of a gender perspective in short- and long-term measures so that the needs of all women and girls are taken into account in the response to the COVID-19 pandemic.
- Upgrade jobs in the care sector (increase wages and improve working conditions, enhance career opportunities) and address gender stereotypes within the care professions so as to recruit more men.
- Recognise the value of women's unpaid work and its contribution to the national GDP.
- Enhance the possibilities of remote working for both women and men to achieve a better work-life balance, while at the same time addressing the risks of unequal sharing of unpaid care work.
- Ensure adequate representation of women's perspectives and points of view in media coverage and enhance the visibility of women experts in media and crisis responses.

- Establish gender mainstreaming as a fundamental aspect of all legislation, including gender impact assessments of draft legislation, and introduce and/or strengthen gender budgeting.
- Collect data within and across countries to obtain a contextual and structural understanding of the gendered effects of the crisis, both the positive and negative aspects. It is important to identify where women have been disproportionally disadvantaged as a result of the measures. Furthermore, emerging views about gender equality or changing ideas and experiences on work-life balance should be compiled. Such an approach has the potential to generate knowledge that strengthens future efforts to address existing and emerging inequalities.
- Take into account gender-related and sociological differences concerning
 the psychosocial impact of the pandemic and lockdown, possibly at a global
 level. It is also important to consider the psychosocial impact of the pandemic
 and lockdown on men, because gender stereotypes may make men less inclined
 to accept an offer of help (for example, by avoiding campaign images only
 showing women).
- Protect sexual and reproductive health and rights, including access to general practitioners, information about electronic prescriptions, as well as access to family planning centres, pregnancy and abortion counselling.

5.3 Opportunities for promoting gender equality in the crisis recovery context

Without doubt, everyone has been severely affected by the current crisis. However, as Member States acknowledged in their answers to the questionnaires, there may also be some opportunities for positive changes to social norms and expectations.

In those countries where **flexible working arrangements** were less common until now, confinement measures clearly showed that a wider use of teleworking for both women and men is possible. Similarly, businesses have become more aware of the childcare needs of their employees. Some of the changes resulting from the pandemic could be sustained in the future, thereby promoting greater flexibility in meeting the combined demands of a career and a family. Since women have traditionally shouldered the care burden, they stand to benefit more. In this regard, policy frameworks can support flexible working arrangements with a clear gender equality perspective.

Some Member States consider that in the medium term there could be a **better gender distribution of unpaid caring task**, even though this did not occur during the lockdown. Positive changes in this direction could be achieved by building on the momentum of the current public debate and the increased awareness among fathers and companies.

Some Member States considered that the current crisis might create greater momentum for building more equal and just societies. The importance of unpaid

care work and the value of female-dominated professions have been made apparent throughout the crisis. This **increased awareness could be used to** develop measures to **increase the value of female-dominated professions**, eliminate gender stereotypes and promote gender equality.

Several Member States identified the possibility to promote **more women in leadership positions at all levels**. Even in the care sector women are still underrepresented in leadership positions, such as in the main hospitals. In some countries, women played a prominent role during the pandemic. The momentum from the crisis could thus be used to implement change and **female role models** could encourage and inspire more women to become leaders, as well as to take up STEM careers.

There is also an opportunity to **work towards gender balance on scientific boards**. These boards proved to be very influential during the crisis, and it is important that women's perspectives on these boards are taken into account.

Compared to past economic crisis, there is already important data available on the gendered impacts of the COVID-19 crisis. Some Member States noted that if policy makers at global, EU and national levels used this data, the exit and recovery measures could be more efficient and contribute to the promotion of gender equality.

As this report shows, European institutions, Member States' governments, civil society organisations and other stakeholders must work together and pursue a systematic and gender-sensitive response to the COVID-19 crisis to ensure that women will not continue to disproportionately carry the social and economic burden of the pandemic. Mainstreaming gender in governments' responses to the crisis, ensuring access to gender-disaggregated data and applying a robust gender and intersectional analysis to any measures, will ensure that the differential effects on women and men can be assessed and taken into account. In this way, emerging from this global crisis, our societies could be strengthened and social justice advanced.