



EUROPE AND CENTRAL ASIA



# Guidance on Measuring the Impact of the Covid-19 Pandemic on Women and Men

4 October 2021

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The work on the Guidance was supported financially from the United Nations Development Account project “Data and statistics” (10<sup>th</sup> tranche) and the UN Women Europe and Central Asia regional office (ECARO) through UN Women’s Flagship programme Initiative “Making Every Woman and Girl Count” (MEWGC). Since 2018 the UN Women ECARO has been implementing the regional project, providing technical support to countries on producing gender statistics and strengthening regional-level collaboration with key partners in order to better contribute to SDGs monitoring at the country and regional levels.

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# 1. Introduction

## 1.1 Importance of measuring the gender-related impacts of Covid-19 pandemic

Early studies<sup>1</sup> and emerging evidence across world regions have begun to shed light on the toll of the Covid-19 pandemic on gender disparities, and its potential to reverse gains in gender equality and the empowerment of women. Although in most countries more men than women are dying from Covid-19, the pandemic has disproportionately impacted women's income and economic security, unpaid care work burdens, health care access, mental health, and sexual and reproductive health. Violence against women (VAW) is also rising. While women have been at the front lines of the immediate health response, they have also been doubly burdened with childcare and unpaid domestic work. The likelihood that a gender-specific digital divide has further exacerbated this impact is a related concern. The lack of a strong gender-sensitive evidence base and methodological guidance on how best to capture the gender-specific impact of the pandemic impedes a determination of the gravity of the situation, and the ability to intervene and respond with pre-emptive and corrective strategies.

The social and economic impacts of the pandemic are likely to persist beyond the duration of the pandemic itself. Ensuring the availability of robust and relevant gender statistics to monitor the long-term impact of the pandemic, and to devise gender-responsive interventions and policy is therefore even more important. Despite claims by some agencies that there is “rigorous data and evidence”<sup>2</sup> on the disproportionate impact of Covid-19 on women and men, a parallel concern is that data gaps across social dimensions, economic and health issues have resulted in an incomplete understanding of the pandemic.<sup>3</sup>

Generating systematic, comparable, and disaggregated data sufficient to measure the immediate and longer-term consequences of the pandemic will enable more precise, responsive and targeted policy action. Conversely, a failure to measure the gender-related impacts of the pandemic is likely to impede at worst or dilute at best the efforts to contain the negative impact of the pandemic, and to undertake thoughtful and well-informed planning and responsive recovery efforts. Furthermore, generating and analysing gender data and statistics on key aspects of the pandemic will contribute toward strengthening the assurance of women's human rights and upholding global standards and conventions on gender equality and the empowerment of women and girls.

There is consensus in the international community that a gender-informed approach is required for effective pandemic mitigation and recovery efforts, beyond the immediate response of vaccinations alone. A gender-informed approach is essential to avert the longer-term impacts on

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<sup>1</sup>Christian S. Czymara, Alexander Langenkamp and Tomás Cano, “[Cause for Concerns: Gender Inequality in Experiencing the Covid-19 Lockdown in Germany](#)”, *European Societies*, vol. 23, No. S1, S68-S81 (2020); Katarzyna Burzynska and Gabriela Contreras, “[Gendered Effects of School Closures During the Covid-19 Pandemic](#)”, *Lancet*, vol. 395, 28 June 2020; Esuna Duragova, “[Unpaid Care Work in Times of the Covid-19 Crisis: Gendered Impacts, Emerging Evidence, and Promising Policy Responses](#)”, paper prepared for the UN Expert Group Meeting 18 June 2020; Malte Reichelt, Kinga Makovi and Anahit Sargsyan, “The impact of COVID-19 on gender inequality in the labor market and gender-role attitudes”, *European Societies*, vol. 23, No.S1, S228-S245 (2021), DOI: 10.1080/14616696.2020.1823010; Nessa E. Ryan and Alison M. El Ayadi, “A Call for a Gender Responsive, Intersectional Approach to Address Covid-19”, *Global Public Health*, Vol. 15, No. 9, 1404-1412 (2020)

<sup>2</sup>Megan O'donnell, Center for Global Development.

<sup>3</sup>Mayra Buvinic, Lorenz Noe, and Eric Swanson, “Tracking the Gender Impact of Covid-19: An Indicator Framework. Data 2X (2020).

exacerbating gender inequalities, worsening gender gaps and disparities, and reversing hard-won gains over the past few decades. Another pressing concern is the impact of the Covid-19 pandemic on progress towards achieving the Sustainable Development Goals (SDGs). The availability of gender statistics in critical socio-economic dimensions will enable national governments, international agencies and key stakeholders to devise evidence-informed strategies, policies, and interventions that prioritize or support gender equality.

## 1.2 Rationale for providing guidance to national statistical offices for measuring the gender-specific impact of the Covid-19 pandemic

The pandemic has had an immediate effect on statistical systems, with unprecedented challenges for data collection operations that threaten the quality and volume of available data. On the other hand, there is increasing demand for reliable and timely statistics to inform policymakers and the public on changes in society and the economy. In many areas, we lack the necessary granular information (on regions, sectors, coverage, and severity) to design effective, gender-informed mitigation and recovery policies. The challenge is on two fronts: (1) to strengthen the availability of gender statistics in general, which is an ongoing task of national statistics offices (NSOs), and (2) to ensure timely and cost-effective data collection. Data producers require guidelines that include methodological innovations to generate relevant gender statistics and survey questions that could be adjusted and incorporated into recurring household surveys and other instruments. The UNECE Steering Group on Gender Statistics launched the work on developing the minimum set of questions in September 2020 with a survey of NSOs to gather information on challenges they have experienced related to the production of gender statistics as a result of the pandemic. The survey findings on national experiences in collecting and disseminating new data to assess the impact of Covid-19 served as the basis for the selection of the four thematic topics covered in this Guidance: a) employment and unpaid work; b) health and sexual and reproductive health (SRH); c) violence against women (VAW); and d) the digital gender divide.

At its October 2020 meeting, the Bureau of the Conference of European Statisticians supported the proposal to develop a minimum set of questions that can be added to household surveys to measure the differentiated impact of the Covid-19 pandemic on women and men.

## 1.3 Purpose of this Guidance

The need for timely statistics on the gender differentiated impact of the pandemic has been underscored by early evidence on the exacerbation of pre-existing gender inequalities, as reported by several United Nations agencies (see the thematic sections below on key issues). Yet, the various measures to contain the spread of Covid-19 have not only drastically affected individuals and households, but also constrained the ability of national statistical systems to collect timely, relevant, and disaggregated data (by sex, age, location and other key variables). This Guidance has identified a set of key indicators and a minimum set of survey questions that would enable an assessment of the impact of Covid-19 on women and men. It is intended to support NSOs in generating data for developing gender-responsive policies, while contributing to the broader understanding of the gender-specific impact of Covid-19.

This Guidance proposes questions for national statistics offices (NSOs) to add to household and population-based surveys, such as household budget and expenditure surveys, labour force

surveys and health surveys, to capture the gendered impact of the Covid-19 pandemic. It also presents the indicators, for which the questions are necessary. The indicators and survey questions are linked through their numbering system in the tables.

Based on the experience of countries participating in the Conference of European Statisticians, the Guidance is expected to benefit all countries interested in measuring the impact of the Covid-19 pandemic and to support capacity development in gender statistics.

This Guidance supports gender mainstreaming in the regular production of official statistics in the region, focusing not only on the immediate effects of the Covid-19 pandemic, but also with the aim of providing comparable data over time on the medium and long-term consequences of Covid-19. This initiative was initiated by the recognition that even as Covid-19 hampered the ability of national statistical systems to collect regular and high-quality data, there has been an even greater urgency to generate timely statistics on the differential impact of the pandemic on the lives of different groups of women and men.

## 1.4 Measurement issues

**Reference period.** The survey questions and indicators proposed in this Guidance aim to measure the long-term and ongoing impacts of the Covid-19 pandemic on women and men. As noted above, given that the purpose of generating new gender data and statistics in the context of Covid-19 is to learn about its gender-specific impact, this Guidance focuses on the period since the onset of the pandemic as the reference time frame for data collection. In order to gain a full understanding of these impacts, several questions therefore ask respondents to reflect on activities and behaviours during the pandemic period, which should be understood as the period since the onset of the pandemic in the respondent's country to the present.

Data producers should identify the month in 2020 when the first Covid-19 cases were recorded and/or the first containment measures were implemented and adjust the proposed wording of questions accordingly. For most countries, this was March 2020. Data collection in the post-pandemic period will often be necessary to assess the long-term effects of the pandemic. Where comparable data on the situation prior to the pandemic are available, the proposed question wording and the operationalization of indicators should be adapted to allow for cross-temporal analysis.

Establishing the appropriate reference period for collecting data on the impact of Covid-19 is an important part of ensuring the availability of reliable and relevant gender statistics that can provide insights on the gender-differentiated impact of the pandemic. While emerging evidence and rapid assessments indicate that the pandemic has brought about unprecedented changes on many fronts in the lives of women and men, there is a concern about the continuing inadequacy of sex- and age-disaggregated data across the world.<sup>4</sup>

Given the continuously changing epidemiological situation with Covid-19, as new variants of the virus emerge, NSOs will need to adjust the reference period accordingly for subsequent/future surveys, and based on the most appropriate frequency for data collection on each thematic issue. Further to the cautioning by ILO<sup>5</sup>, UN Women<sup>6</sup> and other UN agencies, ensuring a robust flow

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<sup>4</sup> From Insight to Action: Gender Equality in the wake of Covid-19 (UN Women 2020).

<sup>5</sup> *Covid-19 impact on the collection of labour market statistics*, (ILO 2020); *Rapid gender assessment surveys on the impacts of Covid-19* (UN Women 2020).

<sup>6</sup> *Ibid.*

of data despite the continually evolving course of the pandemic and related disruptions will require a flexibility of approach, adjusted to the country context. The reference period will also vary according to the data collection standards, periodicity of data collection of the parent survey and tools for the specific type of change that needs to be assessed, as discussed under each thematic issue this Guidance focuses on.

Important considerations in establishing the reference period include possible recall biases because of using retrospective questions to measure specific issues since the onset of the pandemic, and the variability of impacts over time. In some cases, this will require additional analysis of the surveyed topics and some reduction of content may need to be considered.

**Data collection frequency.** For questions on employment and unpaid work in Labour Force Surveys, the frequency would be sub-annual, given the variability in impacts on hours spent in employment and unpaid work, job search, etc, and challenges with capturing this type of information over a longer reference period (recall, calculation errors, variability over time). Most other survey questions in this Guidance are proposed for annual data collection as this is the frequency of most of the surveys to which questions or modules could be added (referred to hereafter as the parent survey). Some specialized surveys like those covering violence against women are fielded less frequently. It is understood that annual data collection may not be possible given the complex and costly surveys in this area. For most questions on violence against women, the suggested data collection frequency is annual or according to the usual frequency of the parent survey.

**Levels of disaggregation.** Each thematic chapter in this Guidance provides suggestions for indicator disaggregation. At a minimum, disaggregation by age and sex is necessary to generate a more nuanced understanding of the ways in which women and men have been affected by the pandemic. However, other demographic variables such as socio-economic status, race, ethnicity, location, disability, and migrant status<sup>7</sup> are important for some themes, as indicated in the thematic chapters. Their use depends on the extent to which the samples of parent surveys can support them.

**Target population.** The indicators and survey questions pertain to the entire population covered by the parent survey or the survey module where the questions will be asked. Limitations only concern the obvious logical skip patterns, such as addressing questions about the job to those who have or recently had one.

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<sup>7</sup>Ibid.



## 2 Employment and unpaid work

### 2.1 Overview

The Covid-19 pandemic has had a drastic impact on people's relationship with work, both paid and unpaid. Millions of workers lost their jobs, while others experienced periods of furlough and temporary layoffs. Many families faced job and income uncertainty resulting in sharp declines in household spending. Some workers saw their working hours reduced, while others had to take on double shifts and greatly increased workloads. Women and men working in health-related occupations have been under enormous stress since the beginning of the pandemic. Given that women comprise a vast majority of the health workforce,<sup>8</sup> they have been particularly impacted by the pandemic. As frontline workers and first responders, women health workers have been critical in the health response to the pandemic, and disproportionately exposed to greater risk of infection. Simultaneously, women face a compounding burden of unpaid care work in the household due to longstanding gender inequalities in unpaid work, and new responsibilities due to the closure of school and childcare facilities,<sup>9</sup> at the risk of derailing gender equality gains.<sup>10</sup>

National responses to contain the virus have resulted in disruptions to lives and livelihoods, especially among young workers, those with lower levels of education, and women.<sup>11</sup> Initially, women, youth, and less-educated workers were hit harder by the pandemic.<sup>12</sup> Teleworking from home became the norm for many workers. The pandemic also redefined the notion of work-life balance, with pressures associated with more unpaid household activities mounting. With teleworking and home schooling for many children becoming the norm, the time crunch for work-related and other activities became difficult to bear for many parents, especially mothers. While time spent on unpaid domestic and care work increased for both men and women during lockdown periods, women in many countries continue to spend much more time on these activities than men and have been more likely to reduce working hours or change employment schedules to care for children.<sup>13</sup> Early evidence suggests that many adults believe that their work-life balance has worsened since the beginning of the Covid-19 pandemic.<sup>14</sup> The pandemic has also significantly affected the need for and the provision of services by volunteers. Physical distancing measures have made it more difficult for vulnerable groups to receive essential services related to health,<sup>15</sup> education, food, transportation, and public assistance.<sup>16</sup> Despite a surge in volunteering in response to the pandemic,<sup>17</sup> efforts to support the elderly and other

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<sup>8</sup>In the European Union (EU), for example, 78 per cent of health workers are women, see Eurostat [website](#)

<sup>9</sup>Women at the Core of the Fight against Covid-19 Crisis (OECD Policy Brief, 2020).

<sup>10</sup>European Institute for Gender Equality, 2021. "[Covid-19 derails gender equality gains](#)".

<sup>11</sup>Robert Anderton and others, "The Impact of the Covid-19 Pandemic on the Euro Area Labour Market", *ECB Economic Bulletin*, Issue 8 (2020).

<sup>12</sup>[Covid-19 and the world of work](#) (ILO, 2021).

<sup>13</sup>*Covid-19 derails gender equality gains* (European Institute for Gender Equality 2021); *Whose time to care: Unpaid care and domestic work during Covid-19* UN Women (2020); European Commission, "[International Women's Day 2021: COVID-19 pandemic is a major challenge for gender equality](#)", press release, 5 March 2021.

<sup>14</sup>Beth Daley, "[Work-life Balance in a Pandemic: A Public Health Issue We Can Not Ignore](#)." *The Conversation*, 26 February. (2021); IPSOS, "The Covid-19 Pandemic's Impact on Workers' Lives: 28 country IPSOS Survey for the World Economic Forum," (Paris, 2020).

<sup>15</sup>Health at a Glance: Europe 2020: State of Health in the EU Cycle (OECD/European Union publication, 2020).

<sup>16</sup>*The Territorial Impact of Covid-19: Managing the Crisis Across Levels of Government* (OECD Policy Brief, 2020).

<sup>17</sup>See "[Covid-19 drives global surge in volunteering](#)"

vulnerable groups in key areas, such as help with groceries, cooking meals and providing emotional support face more challenges.

This section will focus on three key aspects of people's work: a) employment; b) unpaid domestic and care work and work-life balance; and c) volunteer work.

## 2.2 Employment

Women's and men's involvement in paid employment and their working conditions have been drastically modified since the beginning of the Covid-19 pandemic. Not only have millions of jobs been lost during the early stages of the pandemic but many women and men saw their working conditions significantly modified, with people facing involuntary leaves, working less (or more) hours and more often from home. Specific occupations have been especially affected. For example, many people (mainly women) working in service-related occupations experienced job losses or reduced working hours. Furthermore, health care workers, especially women who predominate in health-related fields<sup>18</sup> have faced exceptional workloads and psychological drain<sup>19</sup> due to the additional burden on health care systems (as discussed in [Chapter 3 of this Guidance](#)). Although 2020 saw historically unprecedented unemployment and working hour reductions, many countries have seen signs of modest job recovery after the initial downward spike in the pandemic.<sup>20</sup> Yet, with the emergence of subsequent waves of the pandemic in many countries, the medium-term and long-term effects of the periodic reintroduction of restrictions and closures on employment are still largely unknown.

The proposed indicators on employment include measures of current employment and key changes in working conditions, in particular in terms of working hours, place of work, income, working arrangements, reasons for job loss since the beginning of the pandemic, and minimal characteristics of the job(s) lost.

**Reference period** – Survey questions proposed in this section aim to measure the gender-specific impact of the Covid-19 pandemic on employment. The onset of the pandemic is the starting reference point for most questions, which may vary across countries. Some questions may be more relevant for periods of lockdown or confinement. NSOs should define the relevant reference period by month(s) and year for each question based on the onset of the pandemic and the implementation of associated containment measures.

### 2.2.1 Proposed indicators on employment

No.	Indicator	Disaggregation
A1	Proportion of employed individuals who have reported changes in their working conditions (worked less hours, worked more hours, changed work assignments or provided services), by sex and age	Sex and age

<sup>18</sup>Women make up almost 70 per cent of the health care workforce. See [Women at the Core of the Fight against Covid-19 Crisis](#), Policy Brief (OECD 2020).

<sup>19</sup>*European health systems resilience in Covid-19* (OECD 2020).

<sup>20</sup>ILO Monitor: Covid-19 and the World of Work (ILO 2021)

No.	Indicator	Disaggregation
A2	Proportion of employed individuals who have worked from home at any point since the beginning of the pandemic, by sex and age	Sex and age
A3	Proportion of employed individuals who have been teleworking at any point since the beginning of the pandemic <sup>21</sup> , by sex and age	Sex and age
A4.1	Proportion of individuals who lost a job since the beginning of the pandemic, by status in employment, occupation, industry, <sup>22</sup> sex and age	Status in employment, industry, occupation, reason for losing their job sex and age
A4.2	Proportion of employed individuals who are absent from work, by reason of absence, sex and age	

## 2.2.2 Proposed survey questions on employment<sup>23</sup>

No.	Question	Recommended survey(s)
The following questions identify the currently employed and whether they worked during the reference week or were absent		
A0.1	Did you work at a job or a business last week, for 1 or more hours?  <input type="checkbox"/> Yes →A0.2 <input type="checkbox"/> No	General Household Survey or Rapid Survey
A0.1b	Why did you not work last week? <input type="checkbox"/> Never worked →END <input type="checkbox"/> Lost paid job <input type="checkbox"/> Had to stop or close own or family business <input type="checkbox"/> Temporary layoff, put on leave, furlough, told to wait until called back <input type="checkbox"/> On vacation, other personal leave <input type="checkbox"/> Family illness or care responsibilities <input type="checkbox"/> Own illness, quarantine <input type="checkbox"/> Insecurity, afraid of getting sick <input type="checkbox"/> Other	General Household Survey or Rapid Survey
A0.1c	Do you expect to return to that same job or activity once the restrictions are lifted?	General Household Survey or Rapid Survey

<sup>21</sup> Given that the beginning of the Covid-19 pandemic could vary from one country to another, the NSOs would define the specific date in the question wording.

<sup>22</sup> If this information is available from the parent survey such as LFS.

<sup>23</sup> Several of the proposed questions on employment are typically asked in Labour Force Surveys and would not be needed in the context of a LFS supplement. They are questions A0.1, A0.2, A0.3, A0.4, A4.1.4 and A4.2.1. For more comprehensive approaches, it is advisable to consult [ILO model LFS guidance](#) or [Eurostat guidance on EU-LFS](#) and align with the national practice to measure employment in official LFS when this is not the parent survey being used.

	<input type="checkbox"/> Yes →A0.2 <input type="checkbox"/> No →A4.1.1 <input type="checkbox"/> Unsure about return	
A0.1d	Do you continue to receive any income or payment from your job or activity even though you are not working?  <input type="checkbox"/> Yes <input type="checkbox"/> No →A4.1.1	General Household Survey or Rapid Survey
Questions for respondents identified as currently employed		
A0.2	When did you start working at this job or business? Month: _____ Year: _____  (Ask only for those who worked at a job or business the week prior to the survey or who were absent from work in the reference week).	General Household Survey or Rapid Survey
A0.3	Last week, how many hours did you work at your job or business? Number of hours   _   _   OR Range of hours <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> 20 to 29 hours <input type="checkbox"/> 30 to 39 hours <input type="checkbox"/> 40 to 48 hours <input type="checkbox"/> 49 hours or more	General Household Survey or Rapid Survey
A0.4	In your current job, do you work: <input type="checkbox"/> As employee or apprentice in a public or non-profit institution <input type="checkbox"/> As employee or apprentice in a private business or farm <input type="checkbox"/> As employee of a household (domestic worker) <input type="checkbox"/> As an employer (with one or more employees) <input type="checkbox"/> Working own account (self-employed without employees) <input type="checkbox"/> Helping in a family business <input type="checkbox"/> Other	General Household Survey or Rapid Survey
A1.1	What was your work situation before the onset of the pandemic? <input type="checkbox"/> Working at home full-time <input type="checkbox"/> Working at home only part of the time <input type="checkbox"/> Working only from business, office, factory or other fixed location →A2.2 <input type="checkbox"/> No fixed location →A2.2	General Household Survey or Rapid Survey  Labour Force Survey Supplement
A1.2	Since the beginning of the pandemic, have you mostly <input type="checkbox"/> Worked at home full-time <input type="checkbox"/> Worked at home only part of the time <input type="checkbox"/> Worked only from business, office, factory or other fixed location →A2.2 <input type="checkbox"/> No fixed location →A2.2	General Household Survey or Rapid Survey  Labour Force Survey Supplement

A2.1	Which of the following best describes your work situation since the onset of the pandemic: <input type="checkbox"/> Working at home full-time <input type="checkbox"/> Working at home only part of the time <input type="checkbox"/> Has always worked from home <input type="checkbox"/> Working only from business, office, factory or other fixed location →A2.2 <input type="checkbox"/> No fixed location →A2.2	General Household Survey or Rapid Survey  Labour Force Survey Supplement
A2.2	Before the onset of the pandemic, did you work from home at least part of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No	General Household Survey or Rapid Survey  Labour Force Survey Supplement
Questions for all working age respondents (currently employed and not employed) <sup>24</sup>		
A4.1.1	Since the onset of the pandemic, did you have any other paid job or business that you lost or left?  <input type="checkbox"/> Yes <input type="checkbox"/> No →END	General Household Survey or Rapid Survey  Labour Force Survey Supplement
A4.1.2	When did you start working at your (previous/last) job or business?  Month: _____ Year: _____ (Ask only for those who did not work the week prior to the survey but who had a job or business since the beginning of the Covid-19 pandemic)	General Household Survey or Rapid Survey  Labour Force Survey Supplement
A4.1.3	When did you stop working at your (previous/last) job or business?  Month: _____ Year: _____	General Household Survey or Rapid Survey  Labour Force Survey Supplement
A4.1.4	In your (previous/last) job, how many hours did you typically work at your job or business? Number of hours   _   _   OR Range of hours <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> 20 to 29 hours <input type="checkbox"/> 30 to 39 hours <input type="checkbox"/> 40 to 48 hours	General Household Survey or Rapid Survey  Labour Force Survey Supplement

<sup>24</sup>Similar information is typically captured in Labour Force Surveys. It would not be needed in the context of a LFS supplement if the parent survey already collects reasons for not working and for being absent from a job or business that take account of the COVID-19 pandemic.

	<input type="checkbox"/> 49 hours or more	
A4.2.1	In your (previous/last) job, did you work: <input type="checkbox"/> As employee or apprentice in a public or non-profit institution <input type="checkbox"/> As employee or apprentice in a private business or farm <input type="checkbox"/> As employee of a household (domestic worker) <input type="checkbox"/> Own your own account <input type="checkbox"/> As an employer (with one or more employees) <input type="checkbox"/> Helping in a family business <input type="checkbox"/> Other	General Household Survey or Rapid Survey  Labour Force Survey Supplement
A4.3.1	Why did you stop working at your (previous/last) job or business? <input type="checkbox"/> Temporary job ended <input type="checkbox"/> Lost paid job, layoff <input type="checkbox"/> Had to stop or close own or family business <input type="checkbox"/> <input type="checkbox"/> Left because of own illness, quarantine <input type="checkbox"/> Left because of family illness or care responsibilities <input type="checkbox"/> Insecurity, afraid of getting sick <input type="checkbox"/> Other	General Household Survey or Rapid Survey  Labour Force Survey Supplement

## 2.3 Unpaid domestic and care work

For many people and especially parents, the Covid-19 pandemic has redefined the notion of work-life balance. With many children being home schooled and with many parents working from home, activities taking place in the household—both paid and unpaid—have increased. Before the pandemic, women already had a larger share of family and household responsibilities. Time spent on unpaid care activities has increased for women and men during the lockdown periods, but women continue to bear the brunt of unpaid domestic and care work. Whether or not the increased participation of men in childcare and domestic work will lead to lasting changes in the distribution of unpaid care within households is uncertain.<sup>25</sup> Likewise, it is unclear how household responses to the additional burden of unpaid care activities will impact women’s and men’s involvement in paid activities in the labour force long term.

The proposed indicators on unpaid work include: a) measures of unpaid care responsibilities for household or family members, b) the amount of time spent by the respondent on these activities since the beginning of the pandemic, and c) the potential link between the additional burden in unpaid activities and the ability to participate in paid activities.

<sup>25</sup>European Institute for Gender Equality (2021). [Gender inequalities in care and consequences for the labour market](#).

### 2.3.1 Proposed indicators on unpaid domestic and care work

No.	Indicator	Disaggregation
A5	Proportion of individuals who spent time doing unpaid household work and care activities for their household, by type of activity, sex and age.	Type of activity, sex and age
A6	Proportion of individuals who spent time doing unpaid household work and care activities for individuals outside their household, by type of activity, sex and age.	Type of activity, sex and age
A7	Proportion of individuals who spent time doing unpaid household work and care activities, by average amount of time spent on activities, sex and age	Average amount of time spent on activities, sex and age
A8	Proportion of individuals who declared that the amount of time spent on household work and care activities was higher for the week prior to the survey than what was normal before the onset of the pandemic, by type of activity, sex and age	Type of activity, sex and age
A9	Proportion of individuals who declared that their increased household work and care responsibilities affected their ability to work for pay or seek employment, by sex and age	sex and age

### 2.3.2 Proposed survey questions on unpaid domestic and care work

No.	Question	Recommended survey(s)
A5.1	<p>Last week, how much time did you spend doing the following activities for your household...?</p> <p><i>ACTIVITY ITEMS</i></p> <p><input type="checkbox"/> Cooking, serving meals, washing dishes</p> <p><input type="checkbox"/> Cleaning, doing other housework</p> <p><input type="checkbox"/> Doing house repairs</p> <p><input type="checkbox"/> Shopping</p> <p><input type="checkbox"/> Transporting members living with you</p> <p><input type="checkbox"/> Feeding, taking care of, playing with children under age 6</p> <p><input type="checkbox"/> Tutoring, home schooling or advising children between ages 6 and 17</p> <p><input type="checkbox"/> Caring for ill or dependent adult members living with you</p> <p><input type="checkbox"/> Other: _____</p> <p><i>ANSWER CATEGORIES</i></p> <p><input type="checkbox"/> Did not do the activity</p> <p><input type="checkbox"/> Number of hours   _   _  </p> <p>OR</p> <p>Range of hours</p> <p><input type="checkbox"/> Less than an hour</p> <p><input type="checkbox"/> 1 to 2 hours</p> <p><input type="checkbox"/> 3 to 4 hours</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>

No.	Question	Recommended survey(s)
	<input type="checkbox"/> 5 to 9 hours <input type="checkbox"/> 10 hours or more	
A6.1	<p>Last week, how much time did you spend doing the following activities for relatives living in other households...?</p> <p><input type="checkbox"/> Cooking, serving meals, washing dishes</p> <p><input type="checkbox"/> Cleaning, doing other housework</p> <p><input type="checkbox"/> Doing house repairs</p> <p><input type="checkbox"/> Shopping</p> <p><input type="checkbox"/> Transporting</p> <p><input type="checkbox"/> Feeding, taking care of, playing with children under 6</p> <p><input type="checkbox"/> Tutoring, home schooling or advising children between 6 and 17</p> <p><input type="checkbox"/> Caring for ill or dependent adults</p> <p><i>ANSWER CATEGORIES</i></p> <p><input type="checkbox"/> Did not do the activity</p> <p>Number of hours   _   _  </p> <p>OR</p> <p>Range of hours</p> <p><input type="checkbox"/> Less than an hour</p> <p><input type="checkbox"/> 1 to 2 hours</p> <p><input type="checkbox"/> 3 to 4 hours</p> <p><input type="checkbox"/> 5 to 9 hours</p> <p><input type="checkbox"/> 10 hours or more</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>
A8.1	<p>As compared to before the onset of the pandemic, would you say the amount of time you have spent on &lt;&lt;activity&gt;&gt; since the beginning of the pandemic has been:</p> <p><input type="checkbox"/> More than usual</p> <p><input type="checkbox"/> About the same</p> <p><input type="checkbox"/> Less than usual</p> <p>Note: for each activity specified in questions A5.1 and A6.1, the above question should be asked (but not to respondents who did not do the activity).</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>
A8.2	<p>Since the onset of the pandemic, who in your household is mainly responsible for &lt;&lt;activity&gt;&gt;:</p> <p><input type="checkbox"/> Mainly me</p> <p><input type="checkbox"/> Mainly my spouse</p> <p><input type="checkbox"/> Equally my spouse and I</p> <p><input type="checkbox"/> Someone else in the household</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>



No.	Question	Recommended survey(s)
	(to be asked for each activity performed on unpaid household and care work)	
A9	<p>ASK IF ANY IN A8.1= More than usual</p> <p>Since the onset of the pandemic, have your increased unpaid housework or care responsibilities affected in any way your ability to work for pay or to seek employment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>

## 2.4 Volunteer work

The numerous effects of the pandemic on people's lives (e.g., difficult work conditions, income insecurity, unpaid care demands, health issues, etc.) have made volunteer work even more challenging. Yet, more people are relying on volunteers during crisis. Recent reports provide evidence to suggest volunteering remains an important aspect of the service economy, particularly for marginalized groups, and in the pandemic context, to meet gaps in public service provisioning.<sup>26</sup>

The proposed indicators for volunteer work include: a) volunteer work since the beginning of the pandemic; b) volunteer work directly related to Covid-19; c) type of volunteer work provided; d) changes to the frequency or time spent on volunteer work since the start of the pandemic.

### 2.4.1 Proposed indicators on volunteer work

No.	Indicator	Disaggregation
A10	Proportion of individuals who volunteered or gave help to others since the onset of the pandemic, by sex and age	Sex and age
A11.1	Proportion of individuals who volunteered or gave help to others because of the Covid-19 pandemic, by type of voluntary activity and sex and age	Type of activity, sex and age
A11.2	Proportion of individuals who volunteered or gave help to others because of the Covid-19 pandemic, by frequency of involvement and sex and age	Frequency of involvement, sex and age
A11.3	Proportion of individuals who volunteered or gave help to others because of the Covid-19 pandemic compared to before the onset of the pandemic, by frequency, hours, sex, and age	Frequency, hours spent on activity, sex and age

<sup>26</sup>*Social Economy and the Covid-19 Crisis: current and future roles* (OECD 2020); Qing Miao, Susan Schwarz, and Gary Schwarz (2021). Responding to COVID-19: Community volunteerism and coproduction in China. *World Development*, vol. 137, No. 105128.

## 2.4.2 Proposed survey questions on volunteer work

No.	Question	Recommended survey(s)
A10.1	<p>Since the onset of the pandemic, have you spent any time volunteering or giving unpaid help to organizations or people other than your relatives? (exclude donations or gifts)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>
A10.2	<p>Since the onset of the pandemic, have you spent any time making products to donate, or distributing donations? (e.g., food, clothing, equipment, sanitizers, etc)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>
A11.1.1	<p>Was any of the help that you provided to assist others because of the Covid-19 outbreak?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>
A11.1.2	<p>What kind of help did you provide because of the [Covid-19 outbreak]? Mark all that apply:</p> <p><input type="checkbox"/> Medical or Health Care</p> <p><input type="checkbox"/> Transport people</p> <p><input type="checkbox"/> Manufacture products</p> <p><input type="checkbox"/> Deliver/distribute products</p> <p><input type="checkbox"/> Shopping for others</p> <p><input type="checkbox"/> Cooking/serving meals</p> <p><input type="checkbox"/> Cleaning/sanitizing</p> <p><input type="checkbox"/> Fixing/repairing</p> <p><input type="checkbox"/> Communication or information services</p> <p><input type="checkbox"/> Teaching/tutoring others</p> <p><input type="checkbox"/> Personal care or other personal services</p> <p><input type="checkbox"/> Other: _____</p>	<p>General Household Survey or Rapid Survey</p> <p>Labour Force Survey Supplement</p>

No.	Question	Recommended survey(s)
A11.2.1	In the last month, have you volunteered or helped others because of the [Covid-19 outbreak]? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> A couple of times only	General Household Survey or Rapid Survey Labour Force Survey Supplement
A11.2.2	In the last month, how many hours did you spend volunteering or helping others because of the [Covid-19 outbreak]? Number of hours   _   _   OR Range of hours <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> 20 to 29 hours <input type="checkbox"/> 30 to 39 hours <input type="checkbox"/> 40 hours or more	General Household Survey or Rapid Survey Labour Force Survey Supplement
A11.3.1	Before the onset of the pandemic, did you usually volunteer or help others? <input type="checkbox"/> More often <input type="checkbox"/> About the same as now <input type="checkbox"/> Less often <input type="checkbox"/> Was first time	General Household Survey or Rapid Survey Labour Force Survey Supplement

## 2.5 Notes and caveats

Labour force surveys are the main source to monitor the pandemic impacts on employment and labour-market participation frequently. This guide does not attempt to provide guidance for monitoring these impacts as part of official labour force statistics. Such guidance has been issued by ILO<sup>27</sup> and Eurostat<sup>28</sup>. Questions included here on employment are minimal for use in rapid surveys or other surveys that aim to capture selected gendered impacts in employment, alongside with impacts on unpaid work.

To the extent possible, all the proposed questions in this section (employment, unpaid household and care activities, and volunteer work) should be asked in the same survey. It is well known, for example, that women's involvement in employment can be highly dependent on their involvement in unpaid care and volunteering activities.

The questions proposed on employment in this Guidance are in most cases additional questions to be added as a supplemental module to a labour force or household survey to assess selected impacts of the Covid-19 pandemic on employment. It is imperative that questions be included in

<sup>27</sup> ILO (2021). [Labour force survey \(LFS\) resources: the global reference for labour force survey design](#)

<sup>28</sup> Eurostat (2021). [EU labour force survey](#)

the parent survey so additional, established labour force concepts can be derived from that survey. For example, the survey must distinguish between people in the labour force (employed and not employed) and those outside the labour force, and whether they are experiencing any form of underutilization (time-related underemployment, unemployment, potential labour force). It is also important to include questions on industry and occupation, so that users can identify people working in areas more specifically affected by the pandemic (e.g., health-related occupations, service industry, etc.).<sup>29</sup> Information on spouses' labour force activity would also be useful for the disaggregation of indicators by spouse's labour force activity status.

Relevant family and household structure information should also be collected. Level of involvement in unpaid care activities (as well as in paid activities) and issues of work-life balance can be highly related to living arrangements, including marital status and presence and age of children in the household.

It will be up to each NSO to decide which other relevant questions should be included in surveys used to collect information on employment and unpaid work. Given that the pandemic has had a more pronounced impact among vulnerable groups, attention should be given to collecting information specifically about their employment losses or changes. Questions to identify the following groups could be considered: people with disabilities, people with low incomes, and different racial and ethnic groups relevant to the country context.

The questions proposed on employment in this Guidance would be asked in a cross-sectional survey. However, questions about the impact of the pandemic could also allow for the reconstruction of the respondent's full work history since the beginning of the pandemic. This approach would imply asking questions about each job held or business operated since the beginning of the pandemic, when it started or ended, and why. These questions would be asked in a longitudinal setting, either by re-interviewing people at least on one occasion or by collecting information retrospectively. This approach is not part of these recommendations because of increased complexity of data collection, processing and analysis, respondent burden and potential memory recall errors.

With regard to unpaid household and care work, the United Nations Expert Group on Innovative and Effective Ways to Collect Time-Use Statistics has issued guidance for measuring time use during crisis.<sup>30</sup> This could be used as reference for more detailed or targeted data collection on COVID-19 impacts in unpaid domestic & care work.

For more detailed guidance on measuring volunteer work, a reader is referred to ILO.<sup>31</sup>

## 2.6 Policy relevance

The data that will be generated on employment and unpaid work will be critical for evidence-informed policy responses that address key gender issues such as gender gaps in labour force inactivity, unemployment and job losses,<sup>32</sup> and gender-based inequalities in unpaid domestic and care work exacerbated by the Covid-19 pandemic.<sup>33</sup> ILO has articulated the need for a

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<sup>29</sup> More detailed guidance is available at: <https://ilostat.ilo.org/topics/covid-19/#guidance>

<sup>30</sup> More information about the Expert Group available [here](#).

<sup>31</sup> ILO Guidance on measuring volunteer work: [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms\\_789950.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms_789950.pdf)

<sup>32</sup> ILO 2021 *ibid*.

<sup>33</sup> EIGE 2021 *ibid*.

“human-centred recovery” that includes macro-economic policy, targeted sectoral policy measures, and promotive and protective policy, as clarified below.<sup>34</sup>

**Macro-economic policy.** Gender-informed fiscal stimulus packages that include income support measures sufficient to protect households (especially vulnerable ones) and businesses are one way to address pandemic induced inequities, and to avoid gender-blind macro-economic policy. Sex-disaggregated data on unpaid domestic and care work, intra-household production and consumption practices, and vulnerable populations can help inform the development of such policies. Data on women at the intersection of other forms of vulnerability, such as race, ethnicity, citizenship, migratory status, and female-headed households are especially valuable for macroeconomic policies that are responsive to their priorities and needs.

**Targeted sectoral policy measures.** Sex- and age-disaggregated data on the sectors with the hardest-hit workers (i.e., low-paid and low-skilled workers, many of whom are young and female) help to ensure evidence-driven national policy frameworks. Sex- and age-disaggregated data can help inform the development of targeted support, for example, of micro-, small-, and medium-sized enterprises where women predominate.

**Promotive and protective policy.** The Covid-19 pandemic has led to an economic downturn that has disproportionately impacted women’s economic security. Women have also experienced a worsening of the unequal burden of unpaid domestic and care. Sex-disaggregated data that provide policy makers with evidence on these negative impacts are critical to devise and implement corrective, gender-responsive policy frameworks. Policies that promote and protect women’s economic security and rights, increase access to decent work, ensure workplace standards and public benefits/social security provisions, and improve skills to enter and compete in the future world of employment will be critical for a gender-transformative post-Covid economic recovery.

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<sup>34</sup> ILO 2021 *ibid*

## 3 Health and sexual and reproductive health

### 3.1 Overview

There is strong evidence that women's and men's health (both physical and mental) is significantly and negatively affected by adverse events such as natural disasters<sup>35</sup> and health epidemics.<sup>36</sup> Living in a period filled with fear, uncertainty, and stress has adverse effects on the health of the population, especially mental health.<sup>37</sup> Economic insecurity and service closures related to a pandemic can further aggravate these issues, restricting access to primary and preventive care and threatening maternal and child health and the assurance of sexual and reproductive health rights. Research indicates that in adverse situations, there is also a strong feedback relationship between income insecurity, curtailed labour force participation, constrained social networking and deteriorating health outcomes of women and men, albeit in different ways and to different degrees. Women are affected by many of the same health conditions as men, but experience them differently due to harmful gender norms, practices, and perceptions that affect them across the life cycle.

Early evidence collected during the Covid-19 pandemic strongly suggests that many components of health have been affected by the job losses and reduced working hours experienced by millions of workers.<sup>38</sup> First responders have experienced extremely challenging work conditions, and women working in health-care services in particular have been encumbered by gender-specific care obligations.<sup>39</sup> From a gender perspective, the impact of Covid-19 on women's and men's general health, mental health, sexual and reproductive health, and access to health services are starting to be well documented.<sup>40</sup> Men are more likely to die from Covid-19. Fewer women and men are reporting excellent or very good health or mental health.<sup>41</sup> Women are more likely than men to report symptoms of anxiety, depression, stress, and psychological distress.<sup>42</sup> Furthermore, many women lack or have limited access to necessary sexual and reproductive health care, including access to health services during pregnancy,<sup>43</sup> which increases risks of maternal mortality. Access to any kind of health care services has been more challenging for many people during the pandemic, especially vulnerable groups, with the potential to exacerbate longer-term health conditions and mental health issues.

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<sup>35</sup>Carol North and Betty Pfefferbaum, "Mental health response to community disasters: a systematic review", *Jama*, vol. 310, No.5, 507-518 (2013).

<sup>36</sup>Joseph T. Lau and others, "Avoidance behaviors and negative psychological responses in the general population in the initial stage of the H1N1 pandemic in Hong Kong", *BMC infectious diseases*, vol. 10, No. 1, 1-13 (2010).

<sup>37</sup>Kate Kelland (Reuters), "[UN warns of global mental health crisis due to COVID-19 pandemic](#)", *World News*, 13 May 2020.

<sup>38</sup>Stephanie Pappas, "[The toll of job loss.](#)" *American Psychological Association*, 1 October 2020. (print version vol. 51, No. 7, 54.; Karsten Paul and Klaus Moser, "Unemployment impairs mental health: Metanalyses", *Journal of Vocational Behavior*, vol 74, No. 3, 262-282.

<sup>39</sup>Gabriela Lotta and others, "Gender, race, and health workers in the COVID-19 pandemic", *The Lancet*, vol. 397, No. 10281, 1264 (2021).

<sup>40</sup>*The impact of Covid-19 on women's and men's lives and livelihoods in Europe and Central Asia: preliminary results from a rapid gender assessment* (UN Women 2020).

<sup>41</sup>Clare Wenham (2020). [The gendered impact of the COVID-19 crisis and post-crisis period](#), European Parliament.

<sup>42</sup>Vincenzo Galasso and others, "Gender differences in COVID-19 attitudes and behavior: Panel evidence from eight countries", *Proceedings of the National Academy of Sciences of the United States of America (PNAS)*, Nov. 3, vol. 117, No. 44, 27285-27291 (2020).

<sup>43</sup>Sophie Cousins, "COVID-19 has "devastating" effect on women and girls", *The Lancet*, vol. 396, No. 10247, 301-302 (2020).

In order to understand the gender-related aspects of health and sexual and reproductive health issues, relevant family demographic and household composition information will also need to be collected. Perceptions of general health, perceived mental health, levels of psychological distress, and life stress may be related to living arrangements, i.e., over-crowding, material deprivation during isolation, and caregiving responsibilities. For example, it may be the case that some women would report higher levels of life stress than men because the quarantine has exacerbated the unequal gender division of unpaid family work (i.e., caring for children and housework) within households. Thus, information about marital status, family structure, presence and age of children, spouses' labour force activity, spouses' unpaid household activities are crucial for assessing the impact of Covid-19 on general health status and changes in general health as well as mental health.

This section will focus on four key elements of population health: a) general health; b) mental health; c) sexual and reproductive health, and d) access to health-care services.

### 3.2 General health issues in the Covid-19 pandemic

The Covid-19 pandemic has had adverse effects on many aspects of women's and men's health, including aspects of physical and mental health. Given that the general health of the population is closely related to lifestyle and to socioeconomic conditions, the confinement measures in response to the pandemic, increased financial pressure, and reduced access to health-care services are likely to negatively affect the health status of women and men. These factors will also be reflected in people's perception of their own general health.

More men are dying from the pandemic, potentially because of a weaker immune system and some additional risk factors, including smoking. Furthermore, there is already ample evidence that women and men with pre-existing chronic conditions or compromised immune systems are at higher risk of suffering or dying from Covid-19, especially older people, who are more adversely affected by the virus.<sup>44</sup> Women may be more affected by the pandemic in the long-term due to a range of inter-related and compounding factors. These factors include the adverse economic and social impacts of job and income losses (e.g., especially in low-paid services sectors that women tend to be concentrated in) and increased care burdens, further discussed in Section 2 of this Guidance, increased and stressful job demands of front-line health workers (who are predominantly female), and neglected or delayed health services (such as sexual and reproductive health services).

The proposed indicators for general health include measures of self-perceived general health, both at the time of the survey, since the beginning of the pandemic and after the (expected) end of the pandemic. The survey questions will also allow for the estimation of women and men who have suffered from symptoms of Covid-19 and who have tested positive for the virus. Survey data on this topic will complement administrative data on Covid-19 cases and generate information specifically on the impact of Covid-19 on general health, health care access and sexual and reproductive health trends.

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<sup>44</sup>Amir Emami and others, "Prevalence of underlying diseases in hospitalized patients with COVID-19: a systematic review and meta-analysis", *Archives of academic emergency medicine*, vol. 8, No. 1, e35; Yong Hu and others, "Prevalence and severity of corona virus disease 2019 (COVID-19): A systematic review and meta-analysis", *Journal of clinical virology*, vol. 127, No. 104371 (June 2020). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7096724/>.



**Reference period** - Questions in this section aim to measure the gender-specific impact on health in the context of the Covid-19 pandemic. The onset of the pandemic is the starting reference point for most questions, which may vary across countries.

### 3.2.1 Proposed indicators on general health

No.	Indicator	Disaggregation
B1	Proportion of individuals who declared that their general health is excellent or very good during the Covid-19 pandemic, by sex and age	Sex and age
B2	Proportion of individuals who declared that their general health is much worse or somewhat worse since the beginning of the Covid-19 pandemic, by sex and age	Sex and age
B3	Proportion of individuals who have experienced symptoms of Covid-19 since the beginning of the pandemic, by sex and age	Sex and age
B4	Proportion of individuals who have been tested for Covid-19 since the beginning of the pandemic, by sex and age	Sex and age
B5	Proportion of individuals who have received a positive diagnostic for Covid-19 since the beginning of the pandemic, by sex and age	Sex and age

### 3.2.2 Proposed survey questions on general health

No.	Question	Recommended survey(s)
B1.1	In general, would you say your general health during the pandemic (define the period) was? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Health survey (e.g., Demographic and Health Survey; The Canadian Community Health Survey) General Household Survey (e.g., Canadian General Social Survey)
B2.1	Compared to before the onset of the pandemic, how would you say your general health is now? <input type="checkbox"/> Much better now <input type="checkbox"/> Somewhat better now <input type="checkbox"/> About the same <input type="checkbox"/> Somewhat worse now <input type="checkbox"/> Much worse now	Health survey ( General Household Survey
B3.1	Since the onset of the pandemic, have you experienced any of the symptoms that led you to believe that you had Covid-19, such as	Health survey General Household Survey



No.	Question	Recommended survey(s)
	fever, cough, tiredness, or loss of taste or smell? <sup>45</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	
B4.1	Have you ever been tested for Covid-19 (using a deep nasal or throat swab, or another method)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	Health survey  General Household Survey
B5.1	Was the result of one of your tests positive? <input type="checkbox"/> Yes (Diagnosed with Covid-19) <input type="checkbox"/> No (Not diagnosed with Covid-19) <input type="checkbox"/> Waiting for the results <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	Health survey  General Household Survey

### 3.3 Mental health

The Covid-19 pandemic and the associated public-health measures restricting movement and limiting physical contact with others have significantly altered the lives of women and men, as well as children and the elderly. Deterioration in mental health status since physical distancing began is a major concern. Although adjusting to lifestyle changes such as working from home, temporary job loss or reduced work hours, home-schooling children, and social isolation (especially for teenagers and older people) is challenging for all individuals, women have been disproportionately affected by these changes.

The pandemic has accentuated pre-existing gender differences in mental health status. In selected countries, lower proportions of women than men have responded that their mental health was excellent or very good since the beginning of the pandemic.<sup>46</sup> Furthermore, recent studies have shown that females were more likely than males to report symptoms of anxiety, depression, stress, and psychological distress.<sup>47</sup> While people struggling with psychological distress or mental

<sup>45</sup> Most common symptoms of Covid-19 according the WHO. "Covid-19 Coronavirus Symptoms" World Health Organization. 12 November 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

<sup>46</sup>*The impact of Covid-19 on women's and men's lives and livelihoods in Europe and Central Asia: preliminary results from a rapid gender assessment* (UN Women 2020).

<sup>47</sup>Matthias Pierce and others, "Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population", *The Lancet Psychiatry*, vol. 7, No. 10, 883-892 (2020); Jiaqui Xiong and others,

disorders may be more affected by Covid-19, access to in-person or virtual mental health care and use online resources may be restricted due to lack of or inequalities in access to telemedicine and the digital divide by gender and socio-economic status (see [chapter 4 of this Guidance](#)).

The proposed indicators of mental health include a) measures of self-perceived mental health; b) psychological distress, and c) life stress.

### 3.3.1 Proposed indicators on mental health

No.	Indicator	Disaggregation
B6	Proportion of individuals who declared that their mental health is excellent or very good during the Covid-19 pandemic, by sex and age	Sex and age
B7	Proportion of individuals who declared that their mental health is much worse or somewhat worse since the beginning of the Covid-19 pandemic, by sex and age	Sex and age
B8	Proportion of individuals who experienced moderate to severe psychological distress during the Covid-19 pandemic (Kessler 6), <sup>48</sup> by sex and age	Sex and age
B9	Proportion of individuals who described most of their days as extremely stressful or quite a bit stressful, by sex and age	Sex and age
B10	Proportion of individuals who described most of their days since the beginning of the pandemic as much more stressful or somewhat more stressful as compared to before the pandemic, by sex and age	Sex and age

### 3.3.2 Proposed survey questions on mental health

No.	Question	Recommended survey(s)
B6.1	In general, would you say your mental health during the pandemic period was? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Health survey (e.g., Demographic and Health Survey; The Canadian Community Health Survey) General Household Survey (e.g., Canadian General Social Survey)
B7.1	Compared to during the pandemic period, how would you say your mental health is now? <input type="checkbox"/> Much better now <input type="checkbox"/> Somewhat better now <input type="checkbox"/> About the same <input type="checkbox"/> Somewhat worse now <input type="checkbox"/> Much worse now	Health survey General Household Survey

<sup>48</sup>“Impact of COVID-19 pandemic on mental health in the general population: A systematic review”, *Journal of affective disorders*, vol. 277, 55-64 (2020).

<sup>48</sup>Information on the Kessler 6 psychological distress Scale can be found [here](#); The self-administered instrument can be found [here](#).

No.	Question	Recommended survey(s)
B8.1	During the past 30 days, about how often did you feel nervous <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	Health survey General Household Survey
B8.2	During the past 30 days, about how often did you feel hopeless? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	Health survey General Household Survey )
B8.3	During the past 30 days, about how often did you feel restless or fidgety? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	Health survey General Household Survey (
B8.4	During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	Health survey General Household Survey
B8.5	During the past 30 days, about how often did you feel that everything was an effort? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	Health survey General Household Survey
B8.6	During the past 30 days, about how often did you feel worthless? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time	Health survey General Household Survey

No.	Question	Recommended survey(s)
B9.1	Thinking about the amount of stress in your life, how would you describe most of your days? <input type="checkbox"/> Not at all stressful <input type="checkbox"/> Not very stressful <input type="checkbox"/> A bit stressful <input type="checkbox"/> Quite a bit stressful <input type="checkbox"/> Extremely stressful	Health survey General Household Survey
B10.1	Compared to before the onset of the pandemic, how would you describe most of your days now? <input type="checkbox"/> Much more stressful <input type="checkbox"/> Somewhat more stressful <input type="checkbox"/> About as stressful as before the pandemic <input type="checkbox"/> Somewhat less stressful <input type="checkbox"/> Much less stressful	Health survey General Household Survey

### 3.4 Sexual and reproductive health

Gender norms and attitudes towards sexuality, poverty and economic dependence, gender-based violence and lack of influence in decision-making limits the power many women have over their sexual and reproductive lives.<sup>49</sup> Many people—mainly women—still lack information on sexuality, family planning, prenatal and maternal health care, sexually transmitted infections (STIs), infertility, cervical cancer prevention and health concerns during menopause. Gender stereotypes and socioeconomic inequalities continue to detract from knowledge of, access to and use of preventative and curative health services. Youth, especially adolescent girls are particularly vulnerable in this regard, often facing barriers to sexual and reproductive health information and care. The unmet need for sexual and reproductive health services disproportionately affects vulnerable groups at the intersection of racial and other forms of discrimination, including people with a low income, people living in rural areas, people with HIV, refugees and migrants.<sup>50</sup>

Before the Covid-19 pandemic, access to sexual and reproductive health services varied between countries due to differences in health policy and priorities, diverse organizational models (a mix of central and regional authorities), and varying levels of resource allocation to the health sector.<sup>51</sup> Legislative, cultural, and religious factors contribute to differences in service availability and affordability. For example, there has been limited action to promote access to sexual and reproductive health services for women and girls between and within EU countries.<sup>52</sup> The

<sup>49</sup>Gender Equality and the Socio-Economic Impact of Covid-19. European Institute for Gender Equality (EIGE) (2021).

<sup>50</sup>Ibid.

<sup>51</sup>Rosanna Tarricone and Carla Rognoni (2020). “What can Health Systems Learn from Covid-19?”, European Heart Journal Supplements vol. 22 (Supplement P), p. 4-7; Jan Blanpain (1994). “Health Care Reform: The European Experience”, Institute of Medicine (US). Changing the Health Care System: Models from Here and Abroad. Washington (DC): National Academies Press.

<sup>52</sup>Pierre-André Michaud and others, “[Do European Union countries adequately address the health care needs of adolescents in the area of sexual reproductive health and rights?](#)”, *Arch Dis Child* 105, 40-46 (2021); WHO “[Sexual and reproductive health](#)”

pandemic may increase discrepancies between countries in these areas. Although internationally agreed commitments require countries to provide access to safe and high-quality sexual and reproductive health care,<sup>53</sup> the Covid-19 pandemic and its confinement and physical-distancing measures have had a negative impact on service availability and demand from populations.<sup>54</sup> Providing such services is a crucial element to safeguarding the health and well-being of women. The proposed indicators of sexual and reproductive health include: a) access to reproductive health services; b) antenatal care and pregnancy; c) access to HIV and STIs related health services; and d) access to contraceptives.

### 3.4.1 Proposed indicators on sexual and reproductive health

No.	Indicator	Disaggregation
B11	Proportion of individuals who changed childbearing plans during the pandemic, by sex and age	Sex and age
B12	Proportion of women who experienced difficulties accessing pre- and perinatal care during the pandemic by age	Sex and age
B13	Proportion of individuals who experienced difficulties accessing HIV or other STI related health care services during the pandemic, by sex and age	Age
B14	Proportion of individuals who experienced difficulties seeking or obtaining contraception during the pandemic, by sex and age	Sex and age
B15	Most frequent service(s) used to seek or obtain contraceptive services before the pandemic by sex and age	Sex and age
B16	Most frequent service(s) used to seek or obtain contraceptive services during the pandemic by sex and age	Sex and age

### 3.4.2 Proposed survey questions on sexual and reproductive health

No.	Question	Recommended survey(s)
<i>These questions are to be addressed only to women of reproductive age (15-49)</i>		
B11.1	Have you given birth since the onset of the pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family survey (e.g., Gender and Generations Survey) Health survey (e.g., Demographic and Health Survey) General household survey (e.g., Canada's General Social Survey)
B11.2	Are you planning on becoming pregnant in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently pregnant	Family survey Health survey General household survey

<sup>53</sup>United Nations (1994). International Conference on Population and Development Programme of Action (Cairo, 1994, extended in 2010).

<sup>54</sup>Cousins 2020 *ibid*.

No.	Question	Recommended survey(s)
B11.3	<p>Have you changed your mind about pregnancy or having a child due to the Covid-19 pandemic?</p> <p><input type="checkbox"/> Yes, I have decided to postpone my decision to have a child in the near future</p> <p><input type="checkbox"/> Yes, I have decided I want a child sooner</p> <p><input type="checkbox"/> No, I have not changed my mind/my plans on pregnancy</p>	<p>Family survey</p> <p>Health survey</p> <p>General household survey</p>
B12.1	<p>Since the onset of the pandemic, do you feel you have received the gynaecological and obstetric care services you needed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Family survey</p> <p>Health survey</p> <p>General household survey</p>
B12.2	<p>Since the onset of the pandemic, did you experience difficulties in getting perinatal care/antenatal care?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>	<p>Family survey</p> <p>Health survey</p> <p>General household survey</p>
B13.1	<p>Since the onset of the pandemic, have you experienced difficulties in accessing HIV or other STI related health care services (e.g. appt. for testing, access to medication)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Health survey</p>
B14.1 <sup>55</sup>	<p>Are you currently doing something to avoid or delay a pregnancy, or to avoid contracting STIs?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, all the time</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, sometimes</p>	<p>Family survey</p> <p>Health survey</p> <p>General household survey</p>
B14.2	<p>What contraceptive method, if any, are you currently using?</p> <p><input type="checkbox"/> Male condom or female condom (Barrier method)</p> <p><input type="checkbox"/> Diaphragm</p> <p><input type="checkbox"/> Birth control Pills</p> <p><input type="checkbox"/> Patch or ring</p> <p><input type="checkbox"/> Copper IUD</p> <p><input type="checkbox"/> Hormonal IUD Implant</p> <p><input type="checkbox"/> Injectables</p> <p><input type="checkbox"/> Self or partner sterilization</p> <p><input type="checkbox"/> Withdrawal</p> <p><input type="checkbox"/> Natural methods (rhythm method)</p> <p><input type="checkbox"/> Birth control apps</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> No contraceptive method</p>	<p>Family survey (e.g., Gender and Generations Survey)</p> <p>Family survey</p> <p>Health survey</p> <p>General household survey</p>

<sup>55</sup> Countries may want to ask to separate questions, one for pregnancy and STIs for women and one for STIs for men.

No.	Question	Recommended survey(s)
B14.3	Has the COVID-19 pandemic stopped or hindered you from seeking or obtaining contraception? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family survey Health survey General household survey
B15.1	Before the onset of the pandemic, which services were you using to seek or obtain contraceptive services? ( <i>Select all that apply</i> ) <input type="checkbox"/> Family physician/General practitioner <input type="checkbox"/> Hospital doctor or nurse <input type="checkbox"/> Community health centre <input type="checkbox"/> Online services <input type="checkbox"/> Telephone services <input type="checkbox"/> Over the counter services (pharmacy) <input type="checkbox"/> Other: _____ <input type="checkbox"/> I did not need to seek or obtain contraceptive services before Covid-19	Family survey Health survey General household survey
B16.1	Since the onset of the pandemic, which services have you been using to seek or obtain contraceptive services? ( <i>Select all that apply</i> ) <input type="checkbox"/> Family physician/General practitioner <input type="checkbox"/> Hospital doctor or nurse <input type="checkbox"/> Community health centre <input type="checkbox"/> Online services <input type="checkbox"/> Telephone services <input type="checkbox"/> Over the counter services (pharmacy) <input type="checkbox"/> Other <input type="checkbox"/> I haven't needed to seek or obtain contraceptive services since the beginning of COVID-19	Family survey Health survey General household survey

### 3.5 Access to health care services

The Covid-19 pandemic has made accessing health care services significantly more challenging, especially in those countries where women are more constrained than men by gender-related norms, proscriptions, and perceptions. The significant resources required to fight the pandemic has forced governments to divert available funding and resources from services needed by women, including pre- and postnatal health services and contraceptives, consequently limiting women's access to these services.<sup>56</sup> Likewise, the closure of health care facilities, confinement, and physical distancing measures have reduced people's ability to get to the services they need on a continual basis.<sup>57</sup> Delaying, cancelling, or temporarily discontinuing health services due to resource constraints could mean limited access to care needed by adolescent girls and women, such as sexual and reproductive health services, and maternal health care.

<sup>56</sup>Sophie Cousins, "COVID-19 has "devastating" effect on women and girls", *The Lancet*, vol. 396, No. 10247, 301-302 (2020).

<sup>57</sup>Ibid.

Loss of health insurance as a result of changes to employment status is another reason for reduced access to health care.<sup>58</sup> Early research shows gender differences in loss of health insurance coverage and the associated postponement or foregoing of medical care.<sup>59</sup>

Furthermore, the pandemic has severely and negatively impacted women's and men's mental health. Restricted or inadequate access to mental health care services could result in significant longer-term social and health impacts. The postponing or foregoing of regular physical and mental health care may also have long-lasting negative effects on the health of women and men.

Although the pattern of health inequalities between women and men in developing countries may be less severe in Europe and Central Asia, some groups of women in the region are more exposed and vulnerable to ill health with impacts on their well-being. It is important to ensure data collection on vulnerable groups of women and men in the region, including those with disabilities, with pre-existing medical conditions, with low incomes, in diverse occupations and educational levels, racial and ethnic minorities, indigenous groups, and sexual and gender minorities. The proposed indicators of access to health care services include: a) measures of the general need for health-care services; and b) measures of unmet needs related to these services.

### 3.5.1 Proposed indicators on access to health care

No.	Indicator	Disaggregation
B17	Proportion of individuals who felt they did not get the health care they needed since the beginning of the pandemic, by sex and age	Sex and age
B18	Most frequently reported reasons individuals felt they did not get the needed health care since the beginning of the pandemic, by sex and age	Sex and age
B19	Most frequently reported types of care needed when people felt they did not get the health care since the beginning of the pandemic, by sex and age	Sex and age
B20	Proportion of individuals who declared that their access to health-care services has been much worse or somewhat worse since the beginning of the pandemic, by sex and age	Sex and age

### 3.5.2 Proposed survey questions on access to health care

No.	Questions	Recommended surveys
B17.1	<p>Since the onset of the pandemic, was there ever a time when you felt that you needed health care, but you did not receive it?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Don't know</p>	<p>Health survey (e.g., Demographic and Health Survey, Canadian Community Health Survey)</p> <p>General Household Survey (e.g., Canadian General Social Survey).</p>

<sup>58</sup>Gabriela K. Jiskrova and others, "[Job loss and lower health care utilisation due to COVID-19 among older adults across 27 European countries](#)", *Journal of Epidemiological Community Health* (12 May 2021).; Josh Bivens and Ben Zipperer (2020). "[Health insurance and the Covid-19 shock](#)", *Economic Policy Institute Report*, 26 August.

<sup>59</sup>OECD 2020 ibid



No.	Questions	Recommended surveys
B18.1	<p>Thinking of the most recent time you felt this way since the beginning of the pandemic, why didn't you get care?</p> <p><input type="checkbox"/> Care not available in the area</p> <p><input type="checkbox"/> Care not available at time required</p> <p><input type="checkbox"/> Do not have a regular health care provider</p> <p><input type="checkbox"/> Waiting time too long</p> <p><input type="checkbox"/> Appointment was cancelled</p> <p><input type="checkbox"/> Cost was too high</p> <p><input type="checkbox"/> Decided not to seek care</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Don't know</p>	<p>Health survey</p> <p>General Household Survey</p>
B19.1	<p>Thinking of the most recent time you felt this way since the onset of the pandemic, what was the type of care that was needed?</p> <p><input type="checkbox"/> Treatment for Covid-19</p> <p><input type="checkbox"/> Treatment for a chronic or acute physical health condition</p> <p><input type="checkbox"/> Treatment for a chronic or acute mental health condition</p> <p><input type="checkbox"/> Treatment for an acute infectious disease (other than Covid-19)</p> <p><input type="checkbox"/> Maternal or sexual/reproductive care</p> <p><input type="checkbox"/> A regular check-up</p> <p><input type="checkbox"/> Care of an injury</p> <p><input type="checkbox"/> Dental care</p> <p><input type="checkbox"/> Medication/Prescription refill</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Don't know</p>	<p>Health survey</p> <p>General Household Survey</p>
B20.1	<p>As compared to before the onset of the pandemic, would you say that your access to health-care services has been:</p> <p><input type="checkbox"/> Much better</p> <p><input type="checkbox"/> Somewhat better</p> <p><input type="checkbox"/> About the same</p> <p><input type="checkbox"/> Somewhat worse</p> <p><input type="checkbox"/> Much worse</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Don't know</p>	<p>Health survey</p> <p>General Household Survey</p>

### 3.6 Notes and caveats

It will be up to each NSO to decide which other relevant questions should be included in surveys used to collect the information on health issues. Given that the pandemic has had a more pronounced impact among vulnerable groups, questions to identify the following groups could be considered:: people with disability, people with a pre-existing medical condition, low-income

groups, individuals in diverse occupations and educational levels, racial and ethnic minorities, indigenous groups, and sexual and gender minorities.

If occupation is not collected in the parent survey, NSOs may also consider including questions to identify women and men working in health-related occupations since their health may be especially impacted by the pandemic.

### 3.7 Policy relevance

Gender responsive policy is critical for safeguarding universal access to health and sexual and reproductive health (SRH) services during and after the Covid-19 crisis. Sex-disaggregated data and data that reflect gender issues support the development of policies that maintain access to SRH services for women and girls, especially adolescent girls and marginalized populations,<sup>60</sup> maintain access to mental health services, address the health consequences of income insecurity, and promote preventive care. In a context where health sector resources and facilities have been diverted to prevent the spread of the Covid-19 virus and access to health and SRH services has been reduced, data-driven policy can help to ensure timely and quality provisioning of these services and prevent deterioration in SRH, maternal mortality, adolescent pregnancies and related complications. Policy measures that are evidence-informed are critical to sustain population health overall and to avoid long-term negative implications far beyond the pandemic for women and men, children and the elderly, and especially vulnerable populations.

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<sup>60</sup>Covid-19 and violence against women: What the Health Sector/System Can Do (World Health Organization (WHO) 2020).

## 4 Violence against women

### 4.1 Definitions

**Gender-based violence** (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence.<sup>61</sup> While women and girls suffer disproportionately from GBV, men and boys can also be targeted.<sup>62</sup> The term is also sometimes used to describe targeted violence against LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms.<sup>63</sup>

**Violence against women** (VAW) is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence against women encompasses, but is not limited to, physical, sexual, and psychological violence occurring in the family or within the general community. This would also include any violence perpetrated or condoned by the State.<sup>64</sup>

**Intimate partner violence** (also sometimes called “domestic violence” or “domestic abuse”) refers to any pattern of behaviour that is used to gain or maintain power and control over an intimate partner. It encompasses all physical, sexual, emotional, economic violence, and psychological actions or threats of actions. This is one of the most common forms of violence experienced by women globally.<sup>65</sup>

### 4.2 Overview

The present Guidance focuses on violence against women (VAW) because gender-based violence is mainly targeted against women.

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<sup>61</sup> In 2011, the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention) framed violence against women as “a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”; where “domestic violence” shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim; and “gender” shall mean the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men; “gender-based violence against women” shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately.

<sup>62</sup> Some forms of gender-based violence against men, in which there is a power imbalance, exist, but this kind of violence, i.e. sexual and physical violence aimed at controlling and keeping a man in a state of subordination, is limited to specific situations and is perpetrated mainly by males against males. It can happen in the army, in jail, in war situations against enemies and prisoners, and similar situations. This kind of violence disproportionately affects men and it is directed against them because they are men, then it can be defined as “gender-based violence against men”, but it cannot be collected by a population survey where a small sample of men are interviewed or with a questionnaire focused on intimate partner violence, sexual harassment or stalking, aimed at collecting data on gender-based violence against women.

<sup>63</sup> UN Women, [Frequently asked questions: Types of violence against women and girls](#)

<sup>64</sup> UN Women *ibid.*

<sup>65</sup> UN Women *ibid.*

To measure violence suffered by men, it is advisable to differentiate the questions for men and women and interpret the results in the way that allows identifying the different kind of violence women and men experience. Generally, men and women suffer violence from different kind of perpetrators, with different dynamics, different causes and roots, different consequences, different perceptions. Similar considerations apply for measuring violence against transgender people, with sample size becoming an additional issue to consider.

Emerging data and reports reveal that all types of violence against women (VAW) have intensified since the outbreak of Covid-19.<sup>66</sup> Studies conducted during the pandemic-related isolation periods have highlighted a worsening of this phenomenon, but above all an increase in requests for help.<sup>67</sup> Moreover, women who experience multiple and intersecting forms of discrimination due to race, ethnicity, citizenship or migration status, or disability status are even more vulnerable to violence.<sup>68</sup> UN Women has classified the current situation as a “shadow crisis” or a “shadow pandemic”, signalling the often-hidden nature of VAW and its grave long-term consequences, especially in health crises and other emergency situations.<sup>69,70</sup> Evidence from a comparable context—the Ebola epidemic in West Africa—showed that multiple forms of violence increased during the crisis, including human trafficking, early marriage, sexual exploitation, and abuse.<sup>71</sup> In any context, VAW is an impediment to achieving gender equality, economic development, peaceful societies and the fulfilment of human rights for women.

### 4.3 VAW in the context of the Covid-19 pandemic

The purpose of this Guidance is to help NSOs measure VAW in the context of the Covid-19 pandemic. Although gender-based-violence (GBV) is a related concern even in non-humanitarian crises, this Guidance focuses primarily on VAW. Efforts to understand the social and economic costs of the crisis situation presents a valuable learning opportunity on the immediate and longer-term consequences of emergencies. Violence impacts women’s physical, reproductive and mental health with links to increased morbidity and mortality, increases the burden for health care systems, and effects the wellbeing of children and other household members. The strain on national health and protection services in the context of the Covid-19 pandemic has hampered the ability of health care providers and police to respond,<sup>72</sup> contributing to the intensification of VAW as an emergency in the emergency.

VAW affects women’s health and wellbeing, and can also affect the employment and productivity of survivors given that the physical and psychological injuries experienced by

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<sup>66</sup>Emma Graham-Harrison and others “Lockdowns around the world bring rise in domestic violence”, *Guardian*, 28 March 2020; Alisha Gupta and Aviva Stahl, “For abused women, a pandemic lockdown holds dangers of its own”, *New York Times*, 24 2020; Shalini Mittal and Tushar Singh, “Gender-Based Violence During Covid-19 Pandemic: A Mini-Review”, *Frontiers in Global Women’s Health*, vol.1, Article 4, (September 2020); United Nations, “[The Shadow Pandemic](#)”

<sup>67</sup>Shelby Bourgault, Amber Peterman and Megan O’Donnell, “Violence Against Women and Children During Covid-19-One year on and 100 Papers In: A Fourth Research Round Up”, (Washington, D.C., Center for Global Development, 2021).

<sup>68</sup>*Violence Against Women and Girls: Data Collection During Covid-19* (UN Women and WHO, 2020).

<sup>69</sup>[Press release: UN Women raises awareness of the shadow pandemic of violence against women during COVID-19](#), UN Women (2020).

<sup>70</sup>UN Women and WHO 2020 (ibid).

<sup>71</sup>Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises. Report A/70/723 (United Nations General Assembly, 2016); GBV in Emergencies: Operational Guide (UNICEF, 2019).

<sup>72</sup>[UN Chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global scourge’](#). UN News 6 April 2020.

women are likely to constrain their ability to optimally engage in productive activities and participate in the labour force.<sup>73</sup> In the course of the Covid-19 pandemic, women have been particularly vulnerable to job losses and reductions in working hours.<sup>74</sup> Such changes can increase household financial strain and the risk of violence for women.

Factors associated with a rise in violent events within the home during the Covid-19 pandemic<sup>75</sup> include social isolation as a virus containment measure, inability to escape the situation due to lockdown restrictions, the financial strain and intra-family tension related to unemployment, lost household income, and economic insecurity, increased substance abuse, and barriers to accessing prevention and protection services. Covid-19 lockdown measures imposed in many countries compelled women victims of violence to remain at home for prolonged periods of time, and thus experience constant exposure to abuse. In a situation where seeking help was difficult, this meant a substantial threat to their safety and wellbeing. Given these concerning circumstances, it is of great importance to understand to what extent the pandemic contributed to new cases of violence or worsened already violent situations. Given that children confined within homes are also vulnerable to various forms of abuse, it is important to study the effects of the pandemic on children and other vulnerable groups though this topic is beyond the scope of this Guidance.

An increase in various forms and manifestations of VAW threatens women's rights and will exacerbate the negative economic impacts of the Covid-19 crisis, slowing economic recovery around the world. Based on these concerns, many international organizations have mobilized to provide guidance to governments to identify, prevent, mitigate and address the risk of VAW and domestic violence during the pandemic.<sup>76</sup> This rich collection of resources is aimed at detecting risk factors and at providing guidance on public interventions in crisis situations.

This chapter focuses on the aspects of VAW in the pandemic that can be measured in surveys: prevalence and access to and uptake of support services for women experiencing violence. The measurement of these and other aspects of VAW also relies on administrative and service-based data. See Annex: Proposed information to be collected on violence against women through administrative sources for guidance on the use of administrative data for measuring prevalence, uptake of support services, and the capacity of national and local governments to protect survivors of violence.

#### 4.4 Prevalence of VAW and access to support services in the context of the Covid-19 pandemic

Dedicated surveys are the best tools to measure and monitor VAW. They are best suited for understanding what happened during a public health emergency, and changes to the patterns and habits of daily life on violence against women. However, if countries are not able to carry them out due to the lack of resources or for other reasons, a well-designed module on VAW will also

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<sup>73</sup>Ending violence against women: From words to action (United Nations 2006).

<sup>74</sup>ILO Monitor: Covid-19 and the World of Work. Seventh Edition (ILO 2021).

<sup>75</sup>Bourgault, Peterman & O'Donnell *ibid*; Mittal & Singh *ibid*; Isabel S. Recavarren and Marina Elafante, "[The Shadow Pandemic: Violence Against Women During the Pandemic](#)", World Bank blog, 1 October 2020.

<sup>76</sup>*GBV in Emergencies: Operational Guide* (UNICEF, 2019); European Institute for Gender Equality, [EU rights and equality agency heads: Let's step up our efforts to end domestic violence](#). Issue Brief (2020); European Institute for Gender Equality, Gender Based Violence. Issue Brief (2021); Council of Europe, "[Promoting and Protecting Women's Rights at National Level](#)" (no date).

[Covid-19 and Ending Violence Against Women and Girls](#) (UN Women 2020); UN Women and WHO 2020 *ibid*; [Covid-19 and Violence Against Women: What the Health Sector/System Can Do](#) (WHO, 2020).

suffice. One concern is that during the pandemic it can be difficult to conduct population surveys to measure VAW, both from an operational point of view as well as due to concerns for women’s safety, since partners and other abusive family members may be at home more often than in other periods.

Surveys help to answer questions like “How widespread is VAW in our country?”, or “How has violence changed over time? Has it decreased or increased?”. Population surveys reveal if and how women were affected by violence, including new forms of violence, during the Covid-19 pandemic. Furthermore, they are useful to detect whether the pandemic has caused changes in how the victims have been able access help from different services. A large and consolidated literature is available on surveys that study VAW and gender-based violence.<sup>77</sup> Some highlight the difficulties and the caveats to be considered when measuring VAW and more specifically, intimate partner violence, including country comparisons. In this perspective UNDESA’s Guidelines for Producing Statistics on Violence against Women—Statistical Surveys (2014)<sup>78</sup> are very useful for planning the survey, since they address a wide range of perspectives on the key VAW topics and concerns.

#### 4.4.1 Proposed indicators on prevalence of VAW and access to support services

No.	Indicator	Disaggregation
<i>All indicators pertain to the period of the pandemic</i>		
C1	Proportion of women age 15 and older <sup>79</sup> who had conflicts in the household	Age and marital/relationship status
C2	Proportion of women age 15 and older who were scared to say or to do something during the pandemic because of fear of violent reaction from a partner or another family member	Age and marital/relationship status
C3	Proportion of women age 15 and older who suffered any violence by an intimate partner, by type or form of violence (psychological, physical, sexual); by onset and severity of violence suffered compared to before the pandemic period (new violence; previous violence and constant in severity; previous violence and increased in severity; previous violence and less in severity)	Age, marital/relationship status, type of partner (current, former), education level, type of occupation, working at home, disability status, gender identity
C4	Proportion of women age 15 and older who suffered violence by family member or a relative (other than the partner), by family member; type or form of violence (psychological, physical, sexual); by onset and severity of violence suffered compared to before the pandemic period (new violence; previous violence and constant in severity; previous violence and increased in severity; previous violence and less in severity)	Age and marital/relationship status

<sup>77</sup>[Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings](#) (UN Women 2020); [Violence Against Women and Girls: Data Collection During Covid-19](#) (UN Women and WHO, 2020).; Shelby Bourgault, Amber Peterman and Megan O’Donnell, “Violence Against Women and Children During Covid-19-One year on and 100 Papers In: A Fourth Research Round Up”, (Washington, D.C., Center for Global Development, 2021).

<sup>78</sup>[Guidelines for Producing Statistics on Violence Against Women](#) (UN DESA, 2014).

<sup>79</sup>As per UNDESA recommendations (ibid), the unit of enumeration is women aged 15 and over. Collecting data from individuals lower than 15 is not advisable because doing so would blur the distinctions between gender-based and other types of violence against children. Furthermore, issues of consent are a consideration if children/girls under 15 are to be interviewed, with legal and ethical considerations.

No.	Indicator	Disaggregation
C5	Proportion of women age 15 and older who suffered cyber-violence (cyber harassment, cyber-bullying, cyber stalking, revenge porn, zoom-bombing, cyber flashing)	Age and marital/relationship status
C6	Proportion of women age 15 and older who have difficulties in accessing services.	Age and marital/relationship status
C7	Proportion of victims of violence who did not seek help in shelters or anti-violence crisis centres by reason for not seeking help.	Age and marital/relationship status
C8	Proportion of women age 15 and older who had children that witnessed violence and/or suffered physical violence as consequence of intimate partner violence.	Age and marital/relationship status

#### 4.4.2 Proposed survey questions on prevalence of VAW and access to support services

No.	Question	Recommended survey(s)
<i>The questions in this section are for women.</i>		
C1.1	Compared to <i>before</i> the pandemic, to what extent were there conflicts in your household during the pandemic period)? <input type="checkbox"/> Cannot compare, lived alone before the pandemic <input type="checkbox"/> Much more <input type="checkbox"/> More <input type="checkbox"/> The same amount <input type="checkbox"/> Less <input type="checkbox"/> Much less <input type="checkbox"/> Not applicable, i.e., there were never conflicts in the household	VAW Survey  VAW module in a victimization survey VAW module in a general social survey or a health survey
C2.1	During the same period, were you afraid of saying or doing wrong things because you were scared of violence? <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Not relevant (lived alone)	



No.	Question	Recommended survey(s)
C3.1	<p><i>After each positive answer to questions aimed at detecting physical and sexual violence by a current or former partner:</i></p> <p>You told me that a current partner has been threatening to hit you in the past 12 months. Did it happen during the period of confinement because of Covid-19 measures (teleworking, distance learning, travel restrictions ...)?<sup>80,81</sup></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No.  <input type="checkbox"/> Does not know/Does not remember  <input type="checkbox"/> Refuses/does not answer</p> <p>OR ALTERNATELY:</p> <p>If the survey has no problem of comparisons with other surveys, a dedicated tool for Violence during Covid can be created, using the questions to identify violence specifically during Covid.</p> <p>For example: “Has your current partner ever threatened to hit you during the pandemic?”</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Does not know/Does not remember  <input type="checkbox"/> Refuses/does not answer</p> <p>OR</p> <p>if the pandemic covers a long period and it is difficult to focus on a specific period, it is recommended to focus on year 2020 and 2021.</p> <p>It means that after each screening question, a specific question about these years is asked.</p> <p>For example: “You told me that a current partner has been threatening to hit you in the past 5 years. Did these episodes happen during this pandemic?”</p> <p>2020: <input type="checkbox"/> YES <input type="checkbox"/> NO  2021: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Violence Against Women Survey  OR  Module VAW in Victimization survey  OR  Module on VAW in General Social Survey or Health Survey</p>

<sup>80</sup> If a positive answer is provided to questions aimed at detecting physical and sexual violence by partner or former partner, a follow-up question about the pandemic period could be asked.

<sup>81</sup> These questions should be repeated in the screening of violence by former partner. These questions should be repeated for each kind of violence (the threat of being physically hit, being pushed, grabbed or jerked, being hit with an object, being slapped, kicked, punched or bitten, the attempted strangulation, suffocation, the burn, threaten with weapon, rape, attempted rape, and forced sexual relations with third parties).



No.	Question	Recommended survey(s)
C3.2	<p><i>If yes at least at one of the previous questions:</i>  You told me that in the period in which people stayed more at home due to Covid-19 containment measures, your husband/your partner/your boyfriend &lt;&lt; mobile text violence suffered &gt;&gt;.<sup>82</sup> Did he have these behaviours towards you even before that time?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> I don't remember</p> <p>OR in alternative, according to the questions chosen to measure Indicator C3.1:  You told me that in 2020 and/or 2021, your husband/your partner/your boyfriend &lt;&lt; mobile text violence suffered &gt;&gt;. Did he have these behaviours towards you even before that time?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> I don't remember</p> <p><i>If yes, In that period these behaviours were:</i></p> <p><input type="checkbox"/> Increased  <input type="checkbox"/> Remained unchanged  <input type="checkbox"/> Decreased</p> <p><i>For every <u>yes</u> to Covid screening questions:</i> When coronavirus containment measures have been relaxed and people have resumed going out for work and other activities, these behaviours</p> <p><input type="checkbox"/> Ceased  <input type="checkbox"/> Continued</p>	

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<sup>82</sup>The “mobile text” is created on the basis of forms of suffered violence, detected in previous questions (threat of being physically hit, being pushed, grabbed or jerked, being hit with an object, being slapped, kicked, punched or bitten, attempted strangulation, suffocation, burning, threatening with a weapon, rape, attempted rape, forced sexual relations with third parties)

No.	Question	Recommended survey(s)
C4.1	<p><i>After each positive answer to questions aimed at detecting physical and sexual violence by another family member: You told me that relative/parents/other family member has been threatening to hit you in the past 12 months.<sup>83</sup> Did it happen during the period of confinement because of Covid-19 measures (smart-working, distance learning, travel restrictions ...)?</i></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Doesn't know/Doesn't remember  <input type="checkbox"/> Refuses/does not answer</p> <p>OR</p> <p>If the pandemic covers a long period and it is difficult to focus on a specific period, it is recommended to focus on year 2020 and 2021.</p> <p>For example: You told me that a that relative/parents/other family member, has been threatening to hit you in the past 5 years. Did these episodes happen in 2020? And in 2021?  2020: <input type="checkbox"/> YES <input type="checkbox"/> NO  2021: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Violence Against Women Survey  OR  Module VAW in Victimization survey  OR  Module on VAW in General Social Survey or Health Survey</p>

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<sup>83</sup> These questions should be repeated for each form of violence (see footnote 77).

No.	Question	Recommended survey(s)
C4.2	<p><i>If yes at least at one of the previous questions:</i> You told me that in the period in which people stayed more at home due to Covid-19 containment measures, relative/parents/other family member &lt;&lt; mobile text violence suffered &gt;&gt;. Did he/her/they display these behaviours towards you even before that time?</p> <p>OR in alternative, according to the questions chosen to measure Indicator C4: You told me that in 2020 and/or 2021, your relative/parents, other family member &lt;&lt; mobile text violence suffered &gt;&gt;. Did he/her/they show these behaviours towards you even before that time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I Don't remember</p> <p><i>If yes, in that period these behaviours were:</i></p> <p><input type="checkbox"/> Increased <input type="checkbox"/> Remained unchanged <input type="checkbox"/> Decreased</p> <p><i>For every yes to Covid screening questions:</i> When coronavirus containment measures have been relaxed and people have resumed going out for work and other activities, these behaviours were:</p> <p><input type="checkbox"/> They have ceased <input type="checkbox"/> They continued</p>	

No.	Question	Recommended survey(s)
C5.1	<p>In the last 12 months, have you ever experienced:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriate advances on social networking websites</li> <li><input type="checkbox"/> Inappropriate sexually explicit emails or text messages</li> <li><input type="checkbox"/> Exposure to sexually explicit pictures or photos on the Internet that made you feel offended, humiliated, or intimidated</li> <li><input type="checkbox"/> Delivered on the web and the social networks your personal picture, image, against your will</li> <li><input type="checkbox"/> Someone interrupted your web meeting with sexist language</li> </ul> <p><i>Ask for each indicated experience</i></p> <p>Did it happen during the pandemic period?</p> <p>Thinking now about all episodes you experienced, who did it?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Relative</li> <li><input type="checkbox"/> Friend/friend of the family</li> <li><input type="checkbox"/> School mate</li> <li><input type="checkbox"/> Colleague at work</li> <li><input type="checkbox"/> Supervisor/boss</li> <li><input type="checkbox"/> Professor/teacher</li> <li><input type="checkbox"/> Someone with authority: army or police officer/ priest/ doctor</li> <li><input type="checkbox"/> Someone else you knew</li> <li><input type="checkbox"/> Complete stranger</li> </ul> <p>Did these behaviours start during the pandemic period?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Unsure</li> </ul>	<p>Violence Against Women Survey</p> <p>OR</p> <p>Module VAW in Victimization survey</p> <p>OR</p> <p>Module on VAW in General Social Survey or Health Survey</p>

No.	Question	Recommended survey(s)
C6.1	<p>Following this episode/ these episodes, did you get in touch with a help centre, a service or a shelter for women who suffer violence, or did you call a telephone service providing support to women (e.g., rape crisis line)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, not this time</p> <p><input type="checkbox"/> No, I have never gone</p> <p><input type="checkbox"/> No, I did not know of their existence</p> <p><input type="checkbox"/> Don't know/Can't remember</p> <p><input type="checkbox"/> Don't want to answer</p> <p><i>If yes, Did you find any problems in getting in touch with them? (Where "yes", MARK ALL THAT APPLY)</i></p> <p><input type="checkbox"/> Yes, they did not have space</p> <p><input type="checkbox"/> Yes, due to long queue to have appointments</p> <p><input type="checkbox"/> Yes, they did not answer to the phone</p> <p><input type="checkbox"/> Yes, they did not answer the e-mail</p> <p><input type="checkbox"/> Yes, they were closed due to corona virus</p> <p><input type="checkbox"/> Yes, difficulties to reach the service</p> <p><input type="checkbox"/> Other: (specify)_____</p> <p><input type="checkbox"/> No</p>	<p>Violence Against Women Survey</p> <p>OR</p> <p>Module VAW in Victimization survey</p> <p>OR</p> <p>Module on VAW in General Social Survey or Health Survey</p>
C7.1	<p><i>If the victim did not seek help in shelters or specialized services: Why didn't you report the episode(s)? &lt;&lt;MARK ALL THAT APPLY&gt;&gt;</i></p> <p><input type="checkbox"/> It is a private matter</p> <p><input type="checkbox"/> I was afraid</p> <p><input type="checkbox"/> I was ashamed or embarrassed</p> <p><input type="checkbox"/> I thought it was my fault (self-blame)</p> <p><input type="checkbox"/> I was afraid they would not believe me</p> <p><input type="checkbox"/> It wasn't serious enough</p> <p><input type="checkbox"/> I didn't want our relationship to end</p> <p><input type="checkbox"/> I would have nowhere else to go or meet expenses (economic reasons)</p> <p><input type="checkbox"/> For the children's sake</p> <p><input type="checkbox"/> I was afraid of losing the kids</p> <p><input type="checkbox"/> I could not because of my disability</p> <p><input type="checkbox"/> I was discouraged/prevented</p> <p><input type="checkbox"/> I did not need any help</p> <p><input type="checkbox"/> The shelter or service is too far from my home</p> <p><input type="checkbox"/> The shelter or service has a long waiting list</p> <p><input type="checkbox"/> The shelter or service was not available</p> <p><input type="checkbox"/> I was afraid of being exposed to Covid</p> <p><input type="checkbox"/> Other reason (please specify): _____</p> <p><input type="checkbox"/> Don't want to answer</p>	<p>Violence Against Women Survey</p> <p>OR</p> <p>Module VAW in Victimization survey</p> <p>OR</p> <p>Module on VAW in General Social Survey or Health Survey</p>

No.	Question	Recommended survey(s)
C8.1	<p>Did you have children living with you in the period when these episodes took place?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If yes, “Were your children ever present when these attacks by (MOVABLE TEXT<sup>84</sup>: &lt;&lt;PARTNER&gt;&gt; took place?</i></p> <p><input type="checkbox"/> No, I don't think so</p> <p><input type="checkbox"/> Yes, rarely</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Yes, often</p> <p><input type="checkbox"/> Don't know/Can't remember</p> <p><input type="checkbox"/> Don't want to answer</p>	<p>Violence Against Women Survey</p> <p>OR</p> <p>Module VAW in Victimization survey</p> <p>OR</p> <p>Module on VAW in General Social Survey or Health Survey</p>
C8.2	<p>Were your children ever the victims of these episodes by (MOVABLE TEXT: &lt;&lt;PARTNER&gt;&gt;)?</p> <p><input type="checkbox"/> No, I don't think so</p> <p><input type="checkbox"/> Yes, rarely</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Yes, often</p> <p><input type="checkbox"/> Don't know/Can't remember</p> <p><input type="checkbox"/> Don't want to answer</p>	
C8.4	<p>Did you ever fear for your/your children's lives?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/Can't remember</p> <p><input type="checkbox"/> Don't want to answer</p>	

## 4.5 Policy relevance

There is a consensus among international agencies focusing on VAW that accurate and comprehensive data on the prevalence and incidence of the types of violence, and its causes and consequences are essential for developing effective preventive and protective interventions, policy and redress mechanisms. Based on early evidence that the Covid-19 pandemic has exacerbated the rates of VAW, this Guidance has identified a minimum set of indicators to help NSOs collect data on the prevalence and forms of VAW, and the accessibility and uptake of support services. It also provides guidance on the most appropriate reference period and disaggregation levels so that information on the groups at high risk and circumstances associated with such risk can be identified. Such data will be useful for national and international agencies

<sup>84</sup>If in another part of the questionnaire it is asked who is more specifically the partner who is the perpetrator of violence, if a current partner (a husband, a living together partner, a boyfriend/fiancée) or a former partner (a ex-husband, an ex-living together partner, an ex-boyfriend/fiancée), then a movable-text can be provided in order to better identify the perpetrator and help the interview fluidity, the communication becomes more friendly.

to monitor the VAW trends and strengthen the services and tools to deter and prevent violence and protect women.

## 5 The digital gender divide

### 5.1 Definitions

The **digital divide** is the gap between individuals, households, businesses and geographic areas with access to information and communication (digital) technologies (ICTs) such as the Internet and computers) and those who do not.<sup>85</sup>

The **digital gender divide** refers to the gender differences in resources and capabilities to access and effectively utilise ICTs within and between countries, regions, sectors and socio-economic groups.<sup>86</sup>

### 5.2 Overview

Early research indicates that digital exclusion is disproportionately experienced by poor and vulnerable groups, women and girls.<sup>87</sup> As the Secretary General's Roadmap for Digital Cooperation notes,<sup>88</sup> "Digital divides reflect and amplify existing social, cultural and economic inequalities". The concern is that with an increased dependence on digital technologies and services as a result of the Covid-19 pandemic, men are likely to benefit more than women from this shift. Even before the pandemic, women had less access and exposure to, and less experience with digital technologies than men.<sup>89</sup> Men have better access not only to basic information, but more significantly, to life-saving information. In the words of the United Nations Secretary-General, António Guterres, in the context of the pandemic, the digital divide has become "a matter of life and death".<sup>90</sup> The digital gender divide reflects broader systems of gender inequality reflected in the frequent exclusion of women in accessing critical infrastructures.<sup>91</sup>

In many countries around the world, gender differences in the use of new technologies remain high and the Covid-19 pandemic has certainly exacerbated the differences. The gap in access to and use of the Internet between women and men is significant, while there is more parity in mobile phone usage.<sup>92</sup> Estimates by the International Telecommunications Union (ITU) indicate that in 2019, 48 per cent of the females worldwide was using the Internet, compared to 55 per cent of males.<sup>93</sup> According to the OECD,<sup>94</sup> approximately 327 million fewer women than men worldwide have a smartphone and can access the Internet through their mobile devices, and women are on average 26 per cent less likely than men to own a smartphone. In low- and

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<sup>85</sup> OECD 2001. [Understanding the Digital Divide](#).

<sup>86</sup> UN Women 2005. [Gender Equality and Empowerment of Women through ICT](#), UN Division for the Advancement of Women, Department of Economic and Social Affairs of the United Nations Secretariat.

<sup>87</sup> United Nations (2020). [United Nations Secretary-General's Roadmap for Digital Cooperation](#).

<sup>88</sup> Ibid.

<sup>89</sup> OECD (2019), *The Role of Education and Skills in Bridging the Digital Gender Divide: Evidence from APEC Economies*, OECD Publishing, Paris,

<sup>90</sup> United Nations (2020), "[Digital Divide 'a Matter of Life and Death' amid COVID-19 Crisis](#)", press release 11 June

<sup>91</sup> Infrastructure for gender equality and the empowerment of women. Copenhagen, Denmark (UNOPS 2020).

<sup>92</sup> ITU (2020). [Measuring Digital Development. Facts and figures](#). Geneva, Switzerland; GSMA CONNECTED WOMEN – THE MOBILE GENDER GAP REPORT 2020

<sup>93</sup> Ibid.

<sup>94</sup> *Bridging the Digital Gender Divide: Include, Upskill, Innovate* (OECD 2018).



middle-income countries, women are 8 per cent less likely than men to own a mobile phone and 20 per cent less likely to use mobile Internet or own a smartphone.

Reasons for the digital gender divide include access challenges, cost (affordability), gaps in technological skills/literacy, as well as gender biases and negative socio-cultural norms.<sup>95</sup> In general, cost concerns are foremost in delimiting use of mobile devices, given the cost of devices (phones) and Internet services. Even when households have access to Internet services, cost might also influence the availability of devices. For example, if a limited number of devices in the home must be shared among all family members, girls and women may not have the same access as boys and men. With more individuals confined to working and studying from home during the pandemic, competition for digital devices, Internet connections, and data allowances within households is likely to have increased.<sup>96</sup> Therefore, in order to ascertain inequalities in access between men and women, it is important to measure gender-specific use of ICT resources within households. This digital gender divide is becoming one of the new faces of inequality across the world in the post-pandemic economy. Closing the digital gender divide will be critical for a full post-pandemic recovery. Women and girls who do not have equal access to technology, online information and services will be left behind, compounding existing gender gaps. Conversely, bridging the gender digital divide promises to improve social and economic outcomes and serve as a source of empowerment for women, girls, and other vulnerable populations

This section will focus on six key elements of the digital gender divide in the context of the pandemic that need to be measured: a) access to information and communication technology (ICT); b) digital access to health information and related topics; c) work; d) study and training; e) social relations and communications; and e) e-commerce. For each of these issues, it is important to determine not only the gender differences in access, but also consider generational differences and disparities across socio-economic groups and geographic regions. It would therefore be desirable that the data collection instrument includes questions on the following demographic characteristics: age, sex, birthplace, citizenship, education, economic activity, job characteristics, and residence.

### 5.3 Access to ICT in the context of the Covid-19 pandemic

Globally, Internet use has increased rapidly in the last decades. Recently, the availability of smartphones and mobile data services has made the Internet even more accessible. This expansion has not been universal, however. In many countries, some population groups such as the elderly, women, people with low levels of education and non-working populations are less likely to use technology and access the Internet. Women are less likely to use digital tools for a number of reasons, including barriers to access, limited education and skills and technological literacy, and gender biases rooted in socio-cultural norms.

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<sup>95</sup>Ibid.

<sup>96</sup>John Lai and Nicole O. Widmar, "Revisiting the Digital Divide in the COVID-19 Era Applied Economic Perspectives and Policy" vol. 43, No. 1, pp. 458–464 (2021), doi:10.1002/aep.13104

### 5.3.1 Proposed indicators on access to ICT<sup>97</sup>

No.	Indicator	Disaggregation
D1	Proportion of individuals with access to a personal computer at home, by sex and age	Sex and age
D2a	Proportion of individuals with access to the Internet at home, by sex and age	Sex and age
D2b	Proportion of individuals by Internet connection type access at home, by sex and age	Sex and age
D2c	Proportion of individuals without access to the Internet at home, by sex and age	Sex and age
D2d	Proportion of individuals who do not access the Internet from home for reasons why they do not access it, by sex and age	Sex and age
D3	Proportion of individuals using the Internet by frequency of use, sex and age	Sex and age
D4	Proportion of individuals indicating a change in their Internet use during the Covid pandemic compared to the previous period, by sex and age	Sex and age
D5	Proportion of individuals who were unable to access a digital device (computer, tablet, smartphone) during the period of the Covid-19 pandemic because it was used by someone else in the household, by sex and age	Sex and age
D6	Proportion of individuals who faced challenges with Internet connection during the pandemic period by sex and age	Sex and age
D7	Proportion of individuals who have basic or above basic digital skills by sex and age. <sup>98</sup>	Sex and age

### 5.3.2 Proposed survey questions on access to ICT

No.	Question	Recommended survey(s)
D1.1	Do you currently have access to a personal computer at home? <i>Example:</i> Desktop computer, portable computer (laptop, notebook, tablet). Exclude smartphone, handheld with telephony functions, e-book reader and video-game console. <input type="checkbox"/> Yes <input type="checkbox"/> No	General Household Survey
D1.2	Do you or anyone in your household have access to the internet at home? (by any device) <sup>99</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No (go to D1.4) <input type="checkbox"/> Don't know	

<sup>97</sup> Digital skills indicators are composite indicators which are based on selected activities related to the Internet or software use performed by individuals in four specific areas (information, communication, problem solving, software skills). The indicator was developed in cooperation with users in the European Commission (DG CNECT) based on the Digital competence Framework <https://ec.europa.eu/jrc/en/digcomp/digital-competence-framework> and in the context of the Digital Single Market strategy (COM(2015) 192 final).

<sup>98</sup> Eurostat: [https://ec.europa.eu/eurostat/cache/metadata/en/tepsr\\_sp410\\_esmsip2.htm](https://ec.europa.eu/eurostat/cache/metadata/en/tepsr_sp410_esmsip2.htm)

<sup>99</sup> Question from Eurostat Survey on the use of ICT in households and by individuals – 2021.

No.	Question	Recommended survey(s)
D1.3	<p>What types of internet connections are used at home? (tick all that apply)<sup>100</sup></p> <p><input type="checkbox"/> Fixed broadband connections, e.g. DSL, ADSL, VDSL, cable, optical fibre, satellite, Wi-Fi</p> <p><input type="checkbox"/> Mobile broadband connections (via mobile phone network, at least 3G, e.g. modem)</p>	
D1.4	<p><i>If No to D1.2</i></p> <p>Why do you not have access to the Internet at home?<sup>101</sup></p> <p>Is it:</p> <p>The cost of Internet service <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cost of equipment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No need or no interest <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Too difficult <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Limitation of use due to a disability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have access to the Internet elsewhere <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Use a mobile data plan instead <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
D2.1	<p>Do you currently have access to the Internet at home? (with any device)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	General Household Survey)
D3.1	<p>When did you last use the Internet?</p> <p><input type="checkbox"/> Within the last 3 months after the pandemic</p> <p><input type="checkbox"/> Between 3 months and a year ago</p> <p><input type="checkbox"/> More than 1 year ago</p> <p><input type="checkbox"/> Never used it</p>	General Household Survey
D3.2	<p>How often did you connect to the Internet during the pandemic period?</p> <p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> A few times a week</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> A few times a month (less than 4 times)</p> <p><input type="checkbox"/> Sometime in the year</p> <p><input type="checkbox"/> Never</p>	General Household Survey
D4.1	<p>Compared to before the pandemic, would you say your Internet use during pandemic period has:</p> <p><input type="checkbox"/> Increased significantly</p> <p><input type="checkbox"/> Increased slightly</p> <p><input type="checkbox"/> Stayed the same</p> <p><input type="checkbox"/> Decreased slightly</p> <p><input type="checkbox"/> Decreased significantly</p>	General Household Survey

<sup>100</sup> Question from Eurostat Survey on the use of ICT in households and by individuals – 2021.

<sup>101</sup> Question from Canadian Internet Use Survey 2020.

No.	Question	Recommended survey(s)
D5.1	<p>During the pandemic period, how often were you <u>unable</u> to access a digital device (computer, tablet, smartphone) because it was in use by someone else in your household?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Rarely  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Often  <input type="checkbox"/> Always</p>	General Household Survey
D6.1	<p>During the pandemic period, how often was your Internet connection speed or mobile data allowance a barrier to completing tasks online?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Rarely  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Often  <input type="checkbox"/> Always</p>	General Household Survey
D7.1 <sup>102</sup>	<p>Which of the following activities have you carried out in the last 3 months? (tick all that apply):</p> <p><input type="checkbox"/> Copying or moving files (e.g., documents, data, images, video) between folders, devices (e.g., via e-mail, Messenger, WhatsApp, USB, cable) or on the cloud  <input type="checkbox"/> Downloading or installing software/apps  <input type="checkbox"/> Changing settings of software, app or device (e.g., adjusting language, colours, contrast, text size, toolbars/menu)</p>	General Household Survey
D7.2	<p>Compared to before the pandemic period, would you say your digital skills have:</p> <p><input type="checkbox"/> Increased significantly  <input type="checkbox"/> Increase slightly  <input type="checkbox"/> Stayed the same  <input type="checkbox"/> Decreased slightly  <input type="checkbox"/> Decreased significantly</p>	General Household Survey
D7.3	<p>Which of the following software related activities have you carried out in the last 3 months? (tick all that apply):</p> <p><input type="checkbox"/> Using word processing software  <input type="checkbox"/> Creating files (e.g., document, image, video) incorporating several elements, e.g., text, picture, table, chart, animation, sound  <input type="checkbox"/> Using spreadsheet software  if 'yes' to c):</p>	General Household Survey

<sup>102</sup>Questions related to indicator D6 are from the [Eurostat ICT 2021 Module](#). Data are collected annually by the National Statistical Institutes and are based on Eurostat's annual model questionnaires on ICT usage in households and by individuals. It would be important to monitor whether the Covid period has had an impact on improving ICT skills. The availability of data for previous years for many countries allows us to compare the current situation with the past.

No.	Question	Recommended survey(s)
	<ul style="list-style-type: none"> <li>-Using advanced features of spreadsheet software (functions, formulas, macros, Visual Basic) to organise, analyse, structure or modify data</li> <li><input type="checkbox"/> Editing photos, video or audio files</li> <li><input type="checkbox"/> Writing code in a programming language</li> </ul>	
D7.4	<p>Which of the above digital activities/skills did you learn during the pandemic?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copying or moving files (e.g., documents, data, images, video) between folders, devices (e.g., via e-mail, Messenger, WhatsApp, USB, cable) or on the cloud</li> <li><input type="checkbox"/> Downloading or installing software/apps</li> <li><input type="checkbox"/> Changing settings of software, app or device (e.g., adjusting language, colours, contrast, text size, toolbars/menu)</li> <li><input type="checkbox"/> Using word processing software</li> <li><input type="checkbox"/> Creating files (e.g., document, image, video) incorporating several elements, e.g., text, picture, table, chart, animation, sound</li> <li><input type="checkbox"/> Using spreadsheet software (if 'yes'):</li> <li>-Using advanced features of spreadsheet software (functions, formulas, macros, Visual Basic) to organise, analyse, structure or modify data</li> <li><input type="checkbox"/> Editing photos, video or audio files</li> <li><input type="checkbox"/> Writing code in a programming language</li> </ul>	General Household Survey

## 5.4 Access to health and Covid-19 related information

Ensuring access to health information has been even more critical in the context of Covid-19, to disseminate timely and accurate knowledge of the course of the virus, trends in infections and mortality, the best ways to avoid infection. Furthermore, enabling access to information on procedures to follow in case of exposure or infection is vital so that the population knows who to contact, how and when to secure screening tests and, if positive, to start a treatment path.

Many countries shifted to online provisioning of general health services, including for booking appointments and for disseminating information on health services. Although the availability of telehealth and telemedicine was limited in Europe before the pandemic,<sup>103</sup> with the rapid spread of the virus and lockdowns that limited face-to-face care, many European countries quickly established remote, digital delivery of health services. The deployment of telemedicine<sup>104</sup> has allowed continued access to essential clinical and social care through the use of digital tools and teleconsultations for those with the necessary digital skills.<sup>105</sup>

<sup>103</sup>Oliveira Hashiguchi, T. (2020), “[Bringing health care to the patient: An overview of the use of telemedicine in OECD countries](#)”, *OECD Health Working Papers*, No. 116, OECD Publishing, Paris,

<sup>104</sup>Telehealth is the use of information and communication technologies to promote health at a distance, including non-clinical services and education, while telemedicine is restricted to clinical services.

<sup>105</sup>[Health at a Glance: Europe 2020](#) (OECD 2020).

Population groups with limited ICT skills and those less confident in accessing new digital technologies have been penalized by the shift to digital delivery of health care services and information dissemination. Women, especially those who are less educated or live in rural areas have encountered greater difficulty in accessing information through the Internet, and as a result, have been excluded from access to vital information during the pandemic. The use of new digital technologies to address the health impacts of Covid-19 may worsen existing gender inequalities.<sup>106</sup>

#### 5.4.1 Proposed indicators on access to health and Covid-19 related information

No.	Indicator	Disaggregation
D8	Distribution of individuals by most frequently used source to obtain information related to Covid-19 (screening tests, vaccinations, side-effects, care and treatment, etc.), by sex and age.	sex and age
D9	Proportion of individuals using the Internet during the pandemic period to a) look for health information; b) book a medical visit; c) access electronic health records; d) receive health care, by sex and age.	sex and age

#### 5.4.2 Proposed survey questions on access to health and Covid-19 related information

No.	Question	Recommended survey(s)
D8.1 <sup>107</sup>	Which of the following sources do you use most frequently to learn about Covid-19? (read the answers, multiple answers possible) <input type="checkbox"/> Television <input type="checkbox"/> Newspapers <input type="checkbox"/> Health care workers <input type="checkbox"/> Social media <input type="checkbox"/> Radio <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Celebrities and social media influencers <input type="checkbox"/> World Health Organization (WHO) <input type="checkbox"/> National COVID-19 information website <input type="checkbox"/> Other (specify: _____)	Health survey (e.g., Demographic and Health Survey)  General Household Survey

<sup>106</sup>[The Gender Gap in Digital Health: An Infographic Series](#), United Nations University International Institute for Global Health (UNU-IIGH) 2021.

<sup>107</sup> Question wording adapted from the Italian Institute of National Statistics (ISTAT) survey “Diary of Italians at the time of Covid (I and II wave)”.

No.	Question	Recommended survey(s)
D9.1 108	<p>During the pandemic period, have you used the Internet (including apps) to:</p> <p><input type="checkbox"/> Look for health information (e.g., illnesses, injuries, nutrition, health improvement, etc.)</p> <p><input type="checkbox"/> Book a medical visit through a website or an app (e.g., of a hospital or treatment centre)</p> <p><input type="checkbox"/> Access electronic health records</p> <p><input type="checkbox"/> Use other health services via website or app instead of going to the doctor or hospital personally (e.g., receiving a prescription or online consultation)</p> <p><input type="checkbox"/> NO</p>	Health survey (e.g., Demographic and Health Survey) General Household Survey.)

## 5.5 Digital Skills and ICT for work

During the pandemic period, many labour market sectors quickly moved online, and skills related to new ICT became very important. Highly feminized sectors in the service economy such social and health services are also rapidly moving online, although in some countries, women are often excluded from high-earning jobs in the digitally restructured labour market. Given that the presence of women in the fields of science, technology, engineering and mathematics (STEM) is still very small in many countries, addressing the gender digital divide is even more important at this time for reversing this trend, and for ensuring equitable access to ICT and digital skills among future generations of women and men entering the labour force and higher education. Digital technologies offer opportunities to earn income, to broaden employment options, and access to education and training.<sup>109</sup> While it is not yet clear what impact Covid-19 will have on women's digital literacy, the urgent need to increase equitable access to new technologies is evident, especially for disadvantaged and marginalized populations like women with low levels of education and older generations, who generally tend to have lower ICT skills. Addressing digital exclusion may contribute to economic recovery in the post-pandemic period.

### 5.5.1 Proposed indicators on digital skills and ICT for work

No.	Indicator	Disaggregation
D10	Proportion of individuals who have worked from home since the beginning of the pandemic using the Internet and/or a personal computer, by sector of economic activity, sex, and age.	sector of economic activity, sex, and age
D11	Proportion of individuals working from home by type of ICT tools used, by sex and age	sex and age
D12	Proportion of individuals who experienced problems with Internet connection or technology while working from home, by sex and age.	sex and age

<sup>108</sup> Question wording adapted from the Italian Institute of National Statistics (ISTAT) survey “Aspects of daily living – Year 2021.

<sup>109</sup>OECD 2018. *Bridging the Digital Gender Divide: Include, Upskill, Innovate.*

No.	Indicator	Disaggregation
D13	Proportion of individuals who have learned to use new software or new ICT equipment in order to work from home, by sex and age.	sex and age
D14	Proportion of individuals indicating that their skills related to the use of personal computers, software or applications for their job needed improvement, are adequate, or suitable for more complex tasks, by sex and age.	sex and age

### 5.5.2 Proposed survey questions on digital skills and ICT for work

No.	Question	Recommended survey(s)
D10.1	Have you worked from home during the pandemic period? <input type="checkbox"/> No <input type="checkbox"/> Yes, every day <input type="checkbox"/> Yes, occasionally	General Household Survey
D10.2	Have you worked from home in the past 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes, but currently I have stopped <input type="checkbox"/> Yes and I still do it every day <input type="checkbox"/> Yes and I still do it for some days	General Household Survey
D11.1	<i>If Yes to D 10.2:</i> While working from home, which of the following tools did you use? (Yes/No – one answer per line): Personal computer <input type="checkbox"/> Yes <input type="checkbox"/> No Tablet <input type="checkbox"/> Yes <input type="checkbox"/> No Phone <input type="checkbox"/> Yes <input type="checkbox"/> No Connection to company platform <input type="checkbox"/> Yes <input type="checkbox"/> No Video conferencing platform (Skype, Zoom, Google Hangouts, Microsoft Teams, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Internet connection <input type="checkbox"/> Yes <input type="checkbox"/> No Other tools <input type="checkbox"/> Yes <input type="checkbox"/> No	General Household Survey
D12.1	<i>If Yes to D11.1:</i> While working from home, how often did you experience Internet connection problems? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less than once a week <input type="checkbox"/> Not at all  While working from home, how often did you experience inadequate technological equipment <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less than once a week <input type="checkbox"/> Not at all	General Household Survey



No.	Question	Recommended survey(s)
D13.1	In the last 12 months did you have to learn how to use new software or new ICT equipment in order to work from home? <input type="checkbox"/> No <input type="checkbox"/> Yes	General Household Survey
D14.1	Which of the following statements best describes your skills related to the use of personal computers, software or applications? <input type="checkbox"/> I would need further training to improve my skills so that I can do my job better <input type="checkbox"/> My skills are adequate for the job <input type="checkbox"/> I have the necessary skills to cope with even more complex assignments/tasks	General Household Survey

## 5.6 Digital skills and ICT for study and training

Many schools around the world shut down or experienced intermittent closures due to the Covid-19 pandemic, resorting to online remote learning for children's education. Governments began to use a range of methods to support remote learning, including online platforms, but also other media such as radio and television. In this context, connectivity and access to devices, and ICT literacy skills are crucial for online learning. Teens who lack ICT skills will find it difficult to navigate online learning platforms and risk not being able to access online services as adults. It is critical that all children are equipped with ICT skills and that the digital gender divide is bridged, particularly given the importance of continued education through distance learning during the Covid-19 pandemic.

Studies conducted in several countries have analysed gender gaps in adolescents' digital skills. The results obtained show that in many countries<sup>110</sup> girls have lower levels of digital skills than boys. One recent study<sup>111</sup> on the gender digital divide in 39 European countries showed a persistent gender inequality with boys using computers and the Internet for educational purposes more often than girls. The Covid-19 crisis may pass, but the importance of ICT skills will continue to grow. It is imperative that, where it still exists, this digital gender gap is diminished so that no girl is left behind.

<sup>110</sup>UNICEF (2020), [Covid-19 and education: The digital gender divide among adolescents in sub-Saharan Africa; \*L'd blush if I could: Closing gender divides in digital skills through education\*](#), UNESCO (2019).

<sup>111</sup>Tomas Piotr Drabowicz (2014), [Gender and digital usage inequality among adolescents: a comparative study of 39 countries](#), Computers & Education, Vol. 74, pp. 98-111. Retrieved from Cadmus, European University Institute Research Repository.

### 5.6.1 Proposed indicators on digital skills and ICT for study and training

No.	Indicator	Disaggregation
D15	Proportion of students who did not participate in online lessons among those who had the option to take online lessons since the start of the pandemic, <sup>112</sup> by sex	Sex
D16	Proportion of students using each type of digital device to attend online lessons, by sex	Sex
D17	Proportion of students who had difficulty attending online classes, by sex	Sex
D18	Most frequently reported problems students have had in attending online classes, by sex	Sex

### 5.6.2 Proposed survey questions on digital skills and ICT for study and training

No.	Question	Recommended survey(s)
D15.1	<p>Since the start of the pandemic, have you taken lessons in person or online with teachers?</p> <p><input type="checkbox"/> Only in person</p> <p><input type="checkbox"/> Only online with teachers</p> <p><input type="checkbox"/> Half in attendance, half online with teachers</p> <p><input type="checkbox"/> Mainly face to face and sometimes online with teachers</p> <p><input type="checkbox"/> Mainly online with teachers and sometimes in person</p> <p><input type="checkbox"/> Neither in person nor online with teachers</p>	General Household Survey
D16.1	<p><i>Ask only for those who have attended lessons</i></p> <p>Did you use the following devices? (Yes/No - one answer per line):</p> <p>Desktop computer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Laptop <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tablet <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mobile phone, smartphone <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Game console <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other device for Internet connection <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	General Household Survey
D17.1	<p>Have you ever had difficulty following online lessons with teachers?</p> <p><input type="checkbox"/> Yes, often</p> <p><input type="checkbox"/> Yes sometimes</p> <p><input type="checkbox"/> Never</p>	General Household Survey

<sup>112</sup>NSOs are advised to refer to the start of the pandemic closures in each respective country as the reference period for this question.

No.	Question	Recommended survey(s)
D18.1	<p><i>If Yes to question D16.1:</i>            What difficulties did you have in taking the online lessons?            (select all that apply)</p> <p><input type="checkbox"/> Available IT equipment (computers, tablet, smartphone) in the family were inadequate<sup>113</sup></p> <p><input type="checkbox"/> Internet connection problems</p> <p><input type="checkbox"/> Difficulty in using computers, tablets, smartphone</p> <p><input type="checkbox"/> Difficulty in using software/apps to support distance learning</p> <p><input type="checkbox"/> Problems with concentration or motivation</p> <p><input type="checkbox"/> Difficulty following the online lessons independently</p> <p><input type="checkbox"/> Uncomfortable or overlapping hours with brothers, sisters or working parents</p> <p><input type="checkbox"/> Lack of a quiet space to attend the lessons</p> <p><input type="checkbox"/> Another difficulty (specify): _____</p>	General Household Survey

## 5.7 Digital skills and ICT for communications and social networking

This section refers to use of the Internet to stay connected and communicate with family, friends and other people during the pandemic. Physical distancing requirements imposed during the Covid-19 pandemic have forced confinement within residences to prevent contact between individuals in households as much as possible. This called for shifts in customary socialization habits, which had a greater impact on women who tend more than men to assume care giving roles for elderly relatives or other non-cohabiting household members. Furthermore, in family contexts characterized by domestic violence and strong social control against women, confinement within the home has amplified their isolation and other existing difficulties, undermining the possibility of securing external support and help.<sup>114</sup>

The ability to communicate virtually with friends and relatives via Internet social networking sites and social media and online communication platforms during the pandemic served as a critical source of contact. Across the world, social media, online communication platforms, and the telephone became the primary means of maintaining communication with family and friends during travel restrictions and lockdown periods.<sup>115</sup> However, the digital divide became apparent as many individuals were not able to stay in touch with others in this manner, due to gaps in ICT skills and an unequal ownership of devices.

<sup>113</sup>For this question, “inadequate” refers to low memory capacity of the device, screen/monitor too small, etc. to the extent that optimal use was hampered.

<sup>114</sup>IT for change (2020), [How Covid-19 Fuels the Digital Gender Divide](#).

<sup>115</sup>Italian National Institute of Statistics (2021), [Comportamenti e opinioni dei cittadini durante la seconda ondata Pandemica](#); Adrian Wong and others (2020), “[The use of social media and online communications in times of pandemic COVID-19](#)”, Journal of the Intensive Care Society, vol. 0, 1-6.

### 5.7.1 Proposed indicators on digital skills and ICT for communications and social-networking

No.	Indicator	Disaggregation
D19	Proportion of individuals who have been in contact with non-cohabiting relatives via video calls and online communication platforms since the onset of the pandemic by sex and age	Sex and age
D20	Proportion of individuals who have spent more time on video calls and online communication platforms with non-cohabiting relatives during the pandemic period than before, by sex and age	Sex and age
D21	Proportion of individuals who have been in contact with non-cohabiting friends via video calls and online communication platforms since the onset of the pandemic, by sex and age	Sex and age
D22	Proportion of individuals who have spent more time on video calls and online communication platforms with non-cohabiting friends during the pandemic period than before, by sex and age	Sex and age

### 5.7.2 Proposed survey questions on digital skills and ICT for communications and social-networking

No.	Question	Recommended survey(s)
D19.1	Did you use video calls or online communication platforms (Skype; Zoom, etc.) during the pandemic period to talk to non-cohabiting relatives? <input type="checkbox"/> Yes <input type="checkbox"/> No	General Household Survey )
D20.1	Compared to a similar day before the pandemic began, would you say that you devote more or less time to these activities now? (video calls or use of online communication platforms to talk to non-cohabiting relatives)? <input type="checkbox"/> More time <input type="checkbox"/> Same time, no difference <input type="checkbox"/> Less time <input type="checkbox"/> Difficult to estimate	General Household Survey
D21.1	Did you use video calls or online communication platforms (Skype; Zoom, etc.) during the pandemic period to talk to friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	General Household Survey
D22.2	Compared to a similar day before the pandemic began, would you say that you devote more or less time to this activity now? (video calls or use of online communication platforms to talk to friends) <input type="checkbox"/> More time <input type="checkbox"/> Same time, no difference <input type="checkbox"/> Less time <input type="checkbox"/> Difficult to estimate	General Household Survey

## 5.8 E-commerce

E-commerce is not an innovation of the Covid-19 era, but the closure of businesses and storefronts during the pandemic has favoured its considerable expansion. Due to restrictions in movement and travel, many people resorted to purchasing household and personal goods and services online. The pandemic has revealed the gap between individuals with access to the Internet and with the necessary skills to shop on the Internet. This was evident primarily in developing countries, although in parts of the developed world this gap exists in between urban and rural areas, between women and men, and among the elderly who are often the most disadvantaged economically.<sup>116</sup>

### 5.8.1 Proposed indicators on e-commerce

No.	Indicator	Disaggregation
D23	Proportion of individuals age 15 and older who have purchased or ordered goods or services for private use on the Internet in the last 3 months, by sex and age.	Sex and age
D24	Proportion of individuals age 15 and older who have purchased or ordered goods or services for private use on the Internet, by type of goods purchased, sex and age.	Sex and age

### 5.8.2 Proposed survey questions on e-commerce

No.	Question <sup>117</sup>	Recommended survey(s)
D23.1	When did you last buy or order goods or services for private use over the Internet? <input type="checkbox"/> Within the last 3 months <input type="checkbox"/> Between 3 months and a year ago <input type="checkbox"/> More than 1 year ago <input type="checkbox"/> Never bought or ordered over the Internet (Ask from those who have used the Internet in the last 12 months (as indicated in question D3.1))	General Household Survey

<sup>116</sup>Rathi S. R. and C. Bora (2020), "[Challenges before e-commerce in covid-19](#)".

<sup>117</sup>The following questions are from [Eurostat's 2021 model questionnaire on ICT usage by households and individuals](#) and concern buying for private use over the Internet, either via a website or with an app. Include also buying from private persons in marketplaces (e.g., Airbnb, Facebook Marketplace, [national examples]).

No.	Question <sup>117</sup>	Recommended survey(s)
D24.1	<p>Did you buy any of the following goods via a website or app for private use in the last 3 months?  <i>Include online purchases from enterprises or private persons, including used goods. (tick all that apply):</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clothes (including sport clothing, shoes or accessories (e.g., handbags, jewellery))</li> <li><input type="checkbox"/> Children toys or childcare items (e.g., nappies, bottles, baby strollers)</li> <li><input type="checkbox"/> Furniture, home accessories (e.g. carpets or curtains) or gardening products (e.g. tools, plants)</li> <li><input type="checkbox"/> Music as CDs, vinyls etc.</li> <li><input type="checkbox"/> Films or series as DVDs, Blu-ray etc.</li> <li><input type="checkbox"/> Printed books, magazines or newspapers</li> <li><input type="checkbox"/> Computers, tablets, mobile phones or accessories</li> <li><input type="checkbox"/> Consumer electronics (e.g. TV-sets, stereos, cameras) or household appliances (e.g. washing machines)</li> <li><input type="checkbox"/> Medicine or dietary supplements such as vitamins (online renewal of prescriptions is not included)</li> <li><input type="checkbox"/> Deliveries from restaurants, fast-food chains, catering services</li> <li><input type="checkbox"/> Food or beverages from stores or from meal-kits providers</li> <li><input type="checkbox"/> Cosmetics, beauty or wellness products</li> <li><input type="checkbox"/> Cleaning products or personal hygiene products (e.g., toothbrushes, handkerchiefs, washing detergents, cleaning cloths, etc.)</li> <li><input type="checkbox"/> Bicycles, mopeds, cars, or other vehicles or their spare parts</li> <li><input type="checkbox"/> Other physical goods</li> </ul> <p>Ask those who bought or ordered goods or services for private use over the Internet in the last 3 months</p>	General Household Survey
D25.1	<p>Did you buy or subscribe to any of the following via a website or app for private use in the last 3 months? <i>(tick all that apply):</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Music as a streaming service or downloads</li> <li><input type="checkbox"/> Films or series as a streaming service or downloads</li> <li><input type="checkbox"/> E-books, online-magazines or online-newspapers</li> <li><input type="checkbox"/> Games online or as downloads for smartphones, tablets, computers or consoles</li> <li><input type="checkbox"/> Computer or other software as downloads including upgrades</li> <li><input type="checkbox"/> Apps related to health or fitness (excluding free apps)</li> <li><input type="checkbox"/> Other apps (e.g. related to learning languages, travelling, weather) (excluding free apps)</li> </ul>	General Household Survey

## 5.9 Notes and caveats

For each topic referring to the digital gender divide, it is important to evaluate generational differences by producing age-disaggregated statistics and differences across socio-economic groups and geographic contexts by producing statistics for different population groups and for the relevant sub-national regions. It will be up to each NSO to decide which other relevant questions should be included in the surveys used to collect information on the digital gender

divide. Given that the pandemic has had a more pronounced impact among vulnerable groups, questions to identify the following groups could be considered: people with disability, low-income groups, individuals in diverse occupations and educational levels, racial and ethnic minorities, indigenous groups, and sexual and gender minorities.

## 5.10 Policy relevance

SDG target 9c aims to increase access to ICT and to strive to provide universal and affordable access to the Internet. Gender responsive policy measures have the potential to transform the gender digital divide and reverse the existing gaps in access, use and literacy in digital technologies. In addition to strategies, interventions and legislative reforms to close the gender digital divide, efforts to ensure cyber safety and affordability will also be necessary as complementary measures. Furthermore, as outlined by the OECD (2018), infrastructure investments will be required, especially in underserved and remote locations.

Sex- and age-disaggregated data are essential to gain a better understanding of ICT access and usage gaps. In the education sector, such data will be able to guide evidence-informed policy measures to boost digital literacy among girls and boys. Such data will also support gender-responsive policy that will boost girls' participation in STEM-related subjects for example, and addresses gender-streaming in education pathways. Data on ICT skills gaps between women and men in the workforce will also be able to guide policy action to improve job and income security in crisis situations and address the unequal burden of unpaid care work that hampers women's labour force participation. Future studies and data collection on related causal factors that contribute to the digital literacy gap, i.e., cultural norms and stereotypes will be instrumental in corrective policy for more equal participation in a digitized world of work. Last but not least, collection of gender-disaggregated data on the digital gender divide at the national and sub-national level is crucial for supporting evidence-informed, gender-responsive policies to improve women's access to and use of digital technologies.<sup>118</sup>

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<sup>118</sup>[2025 Targets: "Connecting the other half"](#), (Broadband Commission 2018).

## 6 Summary and recommendations

### 6.1 Summary

This Guidance proposes a minimum set of questions and related indicators to assess the impact of the Covid-19 pandemic on women and men, based on the experience of countries participating in the Conference of European Statisticians. It has been developed by a team of experts under the United Nations Economic Commission for Europe (UNECE) Steering Group on Gender Statistics in collaboration with UN Women’s Europe and Central Asia regional office (ECARO). This effort was initiated in response to early evidence that the pandemic has exposed and deepened existing gender inequalities and the likelihood that these processes could significantly derail or curtail the achievement especially of gender-related SDG targets in the region. It focuses on four key thematic topics observed to have been significantly affected by the pandemic: a) work and volunteering; b) health, sexual and reproductive health (SRH); c) violence against women; and d) the gender digital divide.

### 6.2 Next Steps

The following next steps are recommended to NSOs:

1. Review and agree on the proposed indicators and survey questions.
2. Develop adjustments to frame the questions clearly, based on national cultural and linguistic conventions and local context(s) to make sure that respondents can easily understand each question and can provide as accurate and comprehensive of an answer as possible.
3. Launch pilot surveys to generate data on the indicators in order to identify any practical issues or impediments.
4. Revise and refine the survey questions and indicators (if needed), based on the above experience.
5. Incorporate the questions into regular surveys and other instruments.

### 6.3 Policy implications

The minimum set of questions and indicators proposed in this Guidance can help generate the data required for policy responses that would address to the impacts of the Covid-19 pandemic on gender equality and the empowerment of women and girls. The ultimate objective of this Guidance is to generate the evidence base to support gender-responsive policy action. It follows the United Nations’ long-standing commitment to advancing gender equality and women’s empowerment and gender statistics and aligns with UN Women’s Flagship Programme Initiative “Making Every Woman and Girl Count”. This Guidance supports countries’ readiness to report on SDG implementation in the context of the Covid-19 pandemic by addressing national data gaps.



The proposed indicators would enable a realistic assessment of the constraints in achieving the SDG targets in light of setbacks due to Covid-19, especially for gender equality and the empowerment of women and girls. Despite the setbacks to SDG 5 likely due to the Covid-19 pandemic, generating the evidence base by measuring the gender differentiated impact of the pandemic will hopefully raise awareness among policymakers about the significance of gender equality for national economic and social wellbeing, and pave the way for gender-responsive policy action and programmatic interventions.

## 7 Annex: Proposed information to be collected on violence against women through administrative sources

There are certain categories of data related to VAW that should be collected through administrative sources or through surveys of service providers rather than through household surveys: 1) prevalence of female homicides; 2) access to and uptake of support services for women experiencing violence; and 3) capacity of national and local government to provide protection for women experiencing violence. The indicators and, if required, the specific questions to be asked of service providers are detailed below.

### 7.1 Prevalence of female homicides

The most extreme form of violence against women is femicide: the murder of a woman.<sup>119</sup> Collecting data on femicide is challenging because in most countries police and medical data-collection systems that document cases of homicide do not record the victim–perpetrator relationship or collect information on the gender-related motives for the homicide.<sup>120</sup> Still, it is usually possible to measure homicides by sex of victim and sex of perpetrator. Homicides against women should be monitored for the pandemic period to monitor changes in prevalence compared to before or after the crises. If available, indicators on homicide by intimate-partners should also be calculated.

#### 7.1.1 Proposed indicators on prevalence of female homicides

No.	Indicator	Suggested data source(s)	Data collection frequency and time period
X1	Number of homicides during the pandemic period by sex and age of the victim and sex and age of the perpetrator.	Police statistics	Quarterly during the pandemic period
X2	Number of women age 15 and older killed by an intimate partner.	Police statistics	Quarterly during the pandemic period
X3	Number of women age 15 and older killed by a member of her family or a relative, by sex of the perpetrator.	Police statistics	Quarterly during the pandemic period

### 7.2 Access to and uptake of support services for women experiencing violence (service-based data)

The data required on the uptake in services available to women experiencing violence include access to and use of helplines, and other strategies implemented and used by women, such as

<sup>119</sup> Femicide is generally understood to be the intentional murder of a woman because she is a woman, but broader definitions include any killing of women or girls. See WHO (2012) “[Understanding and addressing violence against women](#)”.

<sup>120</sup> Ibid

reporting violent incidents and seeking help in anti-violence centres. Generally, service-based data are not recommended for measuring the prevalence of violence because very few women report violence or access to support services.<sup>121</sup> Still, service-based data can be used as proxy measures to understand changes in the number of women seeking help during the pandemic emergency. Questions in this section aim to measure access to services and tools to support women experiencing violence, as they may have been affected by the Covid-19 pandemic.

### 7.2.1 Proposed indicators on access to and uptake of support services

No.	Indicator	Suggested data source(s)	Data collection frequency and time period	Suggested disaggregation
X4	Women age 15 and older seeking help in anti-violence crisis centres during the pandemic (percentage change from 2019)	Administrative data from anti-violence crisis centres	Annual	Age and marital status
X5	Women age 15 and older seeking protection in residential shelters during the pandemic (percentage change from 2019)	Administrative data from residential shelters	Annual	Age and marital status
X6	Calls or requests for help to the national helpline (percentage variation with previous years)	Administrative data from helpline(s)	Monthly or quarterly	Period of call or request (month or quarter); type of caller
X7	Women age 15 and older who have contacted the national helpline for help (percentage variation with previous years)	Administrative data from helpline(s)	Monthly or quarterly	Victim characteristics (age, education level, marital status, occupation status); type of violence; type of perpetrator; place of violence; reporting behaviour of victim; information on children of victim
X8	Reports to the police for physical/sexual violence during the pandemic (percentage change from 2019)	Police statistics	Quarterly	Age; sex; marital status; other victim characteristics; type of violence; type of relationship with the perpetrator; place of violence
X9	Police interventions for physical/sexual violence during the pandemic (percentage change from 2019)	Police statistics	Quarterly	Sex; age; marital status; other victim characteristics; type of violence; type of relationship with the perpetrator; place of violence

<sup>121</sup>Ending violence against women: From words to action (United Nations 2006).

## 7.2.2 Proposed information required for indicator calculation

No.	Information required for indicator calculation and/or suggested disaggregation
X4.1	How many of these women have experienced violence following the Covid emergency (violence due to forced cohabitation, the loss of the spouse's or woman's job, etc.)?  _ _ _
X5.1	<p>Questions to measure the data on the volume and the flow:</p> <p>Women present at the beginning of the year (2020)  _ _ _  (data calculated automatically by the system)  _ _ _ </p> <p>Women welcomed throughout the year  _ _ _ </p> <p>Women who went out during the year  _ _ _ </p> <p>Women present at the end of the year  _ _ _ </p>
X5.2	<p>How many of these women have experienced violence in the context of the Covid-19 pandemic due to:</p> <p>forced cohabitation  _ _ _ </p> <p>loss of the spouse's job  _ _ _ </p> <p>loss of the woman's job  _ _ _ </p> <p>stress  _ _ _ </p> <p>alcohol consumption  _ _ _ </p> <p>other reasons  _ _ _ </p>
X6.1	<p>Type of caller/user:</p> <p><input type="checkbox"/> Users calling for themselves (victims)</p> <p><input type="checkbox"/> Relative/friend/acquaintance</p> <p><input type="checkbox"/> Professional service provider</p>
X7.1	<p>Type of violence:</p> <p><input type="checkbox"/> Psychological violence</p> <p><input type="checkbox"/> Threats</p> <p><input type="checkbox"/> Physical violence</p> <p><input type="checkbox"/> Economic violence</p> <p><input type="checkbox"/> Sexual violence</p> <p><input type="checkbox"/> Sexual harassment with contact</p> <p><input type="checkbox"/> Mobbing</p> <p><input type="checkbox"/> Illicit dissemination of images</p> <p><input type="checkbox"/> Exploitation in terms of prostitution</p>

No.	Information required for indicator calculation and/or suggested disaggregation
X7.2	Relationship with the perpetrator of violence <input type="checkbox"/> Husband or wife <input type="checkbox"/> Cohabitant <input type="checkbox"/> Son or daughter <input type="checkbox"/> Father or mother <input type="checkbox"/> Former partner <input type="checkbox"/> Partner <input type="checkbox"/> Former cohabitant <input type="checkbox"/> Ex-husband or ex-wife <input type="checkbox"/> Brother or sister <input type="checkbox"/> Other family member <input type="checkbox"/> Acquaintance <input type="checkbox"/> Neighbour <input type="checkbox"/> Colleague or employer <input type="checkbox"/> Friend <input type="checkbox"/> Occasional partner <input type="checkbox"/> Patient or Customer <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> No response
X7.3	Place of violence: <input type="checkbox"/> Home of the victim <input type="checkbox"/> The road <input type="checkbox"/> The workplace <input type="checkbox"/> Other people's home <input type="checkbox"/> A public place <input type="checkbox"/> The car <input type="checkbox"/> Other <input type="checkbox"/> No response
X7.4	Information on children of the victims: - presence of children <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A. - children having witnessed violence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A. - children having suffered physical violence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A.
X7.5	Type of child's reaction: <input type="checkbox"/> apprehension/anxiety <input type="checkbox"/> aggressiveness <input type="checkbox"/> children's parentified behaviours <input type="checkbox"/> sleep disorders <input type="checkbox"/> hyper maturity <input type="checkbox"/> difficulties in eating behaviour <input type="checkbox"/> gastrointestinal disorders <input type="checkbox"/> other <input type="checkbox"/> N.A.

### 7.3 Capacity of national and local government to provide protection for women experiencing violence

This section considers the capacity of national and local governments to protect survivors of violence and to effectively provide access to shelters. During the pandemic emergency, many anti-violence crisis centres changed their reception strategies: some introduced contact by chat or text, by email or by telephone. Others continued to receive women directly, applying a safe distance. Data on anti-violence crisis centres and on residential shelters can be collected in several ways: through dedicated data collection from service providers, administrative-based data, and censuses of this kind of facilities. Questions in this section aim to measure protection afforded to women during the Covid-19 pandemic.

#### 7.3.1 Proposed indicators on capacity of national and local governments to provide protection for women experiencing violence

No.	Indicator	Suggested data source(s)	Data collection frequency and time period
X10	Number of anti-violence crisis centres that changed their strategies to cope with Covid-19 Pandemic emergency on total number of centres	Data collection of anti-violence crisis centres	Annual
X11	Number of residential shelters that changed their strategies to cope with Covid-19 Pandemic emergency on total number of shelters	Data collection of residential shelters	Annual
X12	Ratio of number of reports to the police during the Covid-19 pandemic to the number of places (beds) in residential shelters by region	Police statistics; administrative data from residential shelters	Annual
X13	Ratio of number of women age 15 and older contacting anti-violence centres during the Covid-19 pandemic and/or contacting helpline during the pandemic to the number of places in residential shelters by region	Administrative data from anti-violence centres, helplines, and residential shelters	Annual
X14	Ratio of number of women age 15 and older that suffered violence during the Covid-19 pandemic, that reported to the police and/or asked for help to anti-violence crisis centres to the number women in residential shelters by region	Police statistics; administrative data from anti-violence centres and residential shelters	Annual
X15	Number of anti-violence centres that have had problems placing women during the Covid-19 pandemic by region	Data collection of anti-violence crisis centres	Annual

#### 7.3.2 Proposed information required for indicator calculation on capacity of national and local governments to provide protection for women experiencing violence

The information required for indicators X10, X11, and X15 could be collected in a dedicated survey of anti-violence centres and residential shelters. Question wording is proposed below.

No.	Proposed questions
X10.1	<p data-bbox="320 253 1485 315">During the period of the Covid-19 Pandemic, did the anti-crisis violence centre have to identify new strategies to manage the removal of women from the situation of violence?</p> <p data-bbox="320 327 384 353"><input type="checkbox"/> Yes</p> <p data-bbox="320 365 384 392"><input type="checkbox"/> No</p>
X10.2	<p data-bbox="320 405 1485 468">During the Covid-19 Pandemic period, did the anti-crisis violence centre change the methods of providing its services? (Select all that apply)</p> <p data-bbox="320 479 703 506"><input type="checkbox"/> No, it hasn't made any changes</p> <p data-bbox="320 517 991 544"><input type="checkbox"/> Yes, it has introduced telephone interviews or video calls</p> <p data-bbox="320 555 1326 582"><input type="checkbox"/> Yes, it has introduced communication via email, written messages, via social networks</p> <p data-bbox="320 593 1262 620"><input type="checkbox"/> Yes, he modified the meetings respecting the distancing and protection measures</p> <p data-bbox="320 631 895 658"><input type="checkbox"/> Yes, it has interrupted the provision of services.</p>
X11.1	<p data-bbox="320 701 1485 763">During the period of the Covid-19 pandemic, did the residential shelter have to identify new strategies to protect women from violence?</p> <p data-bbox="320 775 384 801"><input type="checkbox"/> Yes</p> <p data-bbox="320 813 384 840"><input type="checkbox"/> No</p>
X15.1	<p data-bbox="320 853 1485 916">During the Covid-19 pandemic period, was your facility ever unable to provide shelter for women due to unavailability of space?</p> <p data-bbox="320 927 384 954"><input type="checkbox"/> Yes</p> <p data-bbox="320 965 384 992"><input type="checkbox"/> No</p>