



Economic and Social Council

Distr.: General
11 May 2022

Original: English and Russian
only

Economic Commission for Europe

Conference of European Statisticians

Seventieth plenary session

Geneva, 20–22 June 2022

Item 6 (e) of the provisional agenda

Reports, guidelines and recommendations

prepared under the umbrella of the Conference:

Measuring the impact of the Covid-19 pandemic on women and men

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

**Prepared by a team of experts under the Steering Group on Gender
Statistics**

Summary

This document is an abridged version of “Guidance on measuring the impact of the Covid-19 pandemic on women and men”. The Guidance was prepared by a team of experts under the Steering Group on Gender Statistics, representing national statistical offices of Canada, Finland, Georgia, Ireland, Italy, Republic of Moldova, Serbia, Switzerland, United States of America, and the European Institute for Gender Equality, the International Labour Organization, UN Women and UNECE.

This abridged version of the Guidance has been prepared for official documentation purposes. It includes the introduction, chapter 2 on employment and unpaid work, chapter 3 on health, chapter 4 on violence against women, and the summary and conclusions (corresponding to chapter 6 in the full document). The lists of proposed indicators and survey questions, a chapter on the digital gender divide, and an annex on measuring violence against women with administrative data have been omitted. Please note that the numbering of the sections in this shortened version does not correspond to the numbering of chapters and sections in the full Guidance.

The full text of the Guidance was sent to all members of the Conference of European Statisticians (CES) for feedback in November 2021 and is available in English and Russian here: <https://statswiki.unece.org/display/measuringcovid19impact>.

The Guidance is presented to the CES plenary session for information.



I. Introduction

A. Importance of measuring the gender-related impacts of Covid-19 pandemic

1. Early studies¹ 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.

2. 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"² 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.³

3. 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.

4. 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 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

¹ 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).

² Megan O'donnell, Center for Global Development.

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

enable national governments, international agencies and key stakeholders to devise evidence-informed strategies, policies, and interventions that prioritize or support gender equality.

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

5. 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.

6. 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.

C. Purpose of this Guidance

7. 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.

8. 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.

9. 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.

10. 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.

D. Measurement issues

11. *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.

12. 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.

13. 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.⁴

14. 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 ILO⁵, UN Women⁶ and other UN agencies, ensuring a robust flow 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.

15. 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.

16. *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.

17. *Levels of disaggregation.* Each thematic chapter in this Guidance provides suggestions for indicator disaggregation. At a minimum, disaggregation by age and sex is

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

⁵ *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).

⁶ Ibid.

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 status⁷ 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.

18. *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.

II. Employment and unpaid work

A. Overview

19. 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,⁸ 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,⁹ at the risk of derailing gender equality gains.¹⁰

20. 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.¹¹ Initially, women, youth, and less-educated workers were hit harder by the pandemic.¹² 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.¹³ Early evidence suggests that many adults believe that their work-life balance has worsened since the beginning of the Covid-19 pandemic.¹⁴ The pandemic has also significantly affected the need for and the provision of services by volunteers. Physical distancing measures have made it

⁷ Ibid.

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

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

¹⁰ European Institute for Gender Equality, 2021. “[Covid-19 derails gender equality gains](#)”.

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

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

¹³ *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.

¹⁴ 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).

more difficult for vulnerable groups to receive essential services related to health,¹⁵ education, food, transportation, and public assistance.¹⁶ Despite a surge in volunteering in response to the pandemic,¹⁷ efforts to support the elderly and other vulnerable groups in key areas, such as help with groceries, cooking meals and providing emotional support face more challenges.

21. 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.

B. Employment

22. 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 fields¹⁸ have faced exceptional workloads and psychological drain¹⁹ 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.²⁰ 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.

23. 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.

24. *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.

C. Unpaid domestic and care work

25. 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

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

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

¹⁷ See "[Covid-19 drives global surge in volunteering](#)".

¹⁸ 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).

¹⁹ *European health systems resilience in Covid-19* (OECD 2020).

²⁰ ILO Monitor: Covid-19 and the World of Work (ILO 2021).

will lead to lasting changes in the distribution of unpaid care within households is uncertain.²¹ 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.

26. 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.

D. Volunteer work

27. 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.²²

28. 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.

E. Notes and caveats

29. 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 ILO²³ and Eurostat²⁴. 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.

30. 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.

31. 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 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.).²⁵ Information on spouses' labour force activity would also be useful for the disaggregation of indicators by spouse's labour force activity status.

²¹ European Institute for Gender Equality (2021). [Gender inequalities in care and consequences for the labour market](#).

²² *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.

²³ ILO (2021). [Labour force survey \(LFS\) resources: the global reference for labour force survey design](#).

²⁴ Eurostat (2021). [EU labour force survey](#).

²⁵ More detailed guidance is available at: <https://ilostat.ilo.org/topics/covid-19/#guidance>.

32. 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.

33. 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.

34. 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.

35. 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.²⁶ This could be used as reference for more detailed or targeted data collection on COVID-19 impacts in unpaid domestic and care work.

36. For more detailed guidance on measuring volunteer work, a reader is referred to ILO.²⁷

F. Policy relevance

37. 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,²⁸ and gender-based inequalities in unpaid domestic and care work exacerbated by the Covid-19 pandemic.²⁹ ILO has articulated the need for a “human-centred recovery” that includes macro-economic policy, targeted sectoral policy measures, and promotive and protective policy, as clarified below.³⁰

38. *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.

39. *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.

²⁶ More information about the Expert Group available [here](#).

²⁷ ILO Guidance on measuring volunteer work: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms_789950.pdf.

²⁸ ILO 2021 *ibid*.

²⁹ EIGE 2021 *ibid*.

³⁰ ILO 2021 *ibid*.

40. *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.

III. Health and sexual and reproductive health

A. Overview

41. 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 disasters³¹ and health epidemics.³² Living in a period filled with fear, uncertainty, and stress has adverse effects on the health of the population, especially mental health.³³ 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.

42. 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.³⁴ 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.³⁵ 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.³⁶ Men are more likely to die from Covid-19. Fewer women and men are reporting excellent or very good health or mental health.³⁷ Women are more likely than men to report symptoms of anxiety, depression, stress, and psychological distress.³⁸ Furthermore, many women lack or have limited access to necessary sexual and reproductive health care, including access to

³¹ Carol North and Betty Pfefferbaum, "Mental health response to community disasters: a systematic review", *Jama*, vol. 310, No.5, 507–518 (2013).

³² 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).

³³ Kate Kelland (Reuters), "[UN warns of global mental health crisis due to COVID-19 pandemic](#)", *World News*, 13 May 2020.

³⁴ 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.

³⁵ Gabriela Lotta and others, "Gender, race, and health workers in the COVID-19 pandemic", *The Lancet*, vol. 397, No. 10281, 1264 (2021).

³⁶ [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).

³⁷ Clare Wenham (2020). [The gendered impact of the COVID-19 crisis and post-crisis period](#), European Parliament.

³⁸ 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).

health services during pregnancy,³⁹ 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.

43. 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.

44. 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.

B. General health issues in the Covid-19 pandemic

45. 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.

46. 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.⁴⁰ 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).

47. 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.

48. *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.

³⁹ Sophie Cousins, "COVID-19 has "devastating" effect on women and girls", *The Lancet*, vol. 396, No. 10247, 301–302 (2020).

⁴⁰ 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/>.

C. Mental health

49. 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.

50. 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.⁴¹ Furthermore, recent studies have shown that females were more likely than males to report symptoms of anxiety, depression, stress, and psychological distress.⁴² While people struggling with psychological distress or mental 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).

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

D. Sexual and reproductive health

52. 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.⁴³ 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.⁴⁴

53. 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.⁴⁵ 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

⁴¹ *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).

⁴² 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, "Impact of COVID-19 pandemic on mental health in the general population: A systematic review", *Journal of affective disorders*, vol. 277, 55–64 (2020).

⁴³ Gender Equality and the Socio-Economic Impact of Covid-19. European Institute for Gender Equality (EIGE) (2021).

⁴⁴ Ibid.

⁴⁵ 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.

between and within EU countries.⁴⁶ The 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,⁴⁷ the Covid-19 pandemic and its confinement and physical-distancing measures have had a negative impact on service availability and demand from populations.⁴⁸ 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.

E. Access to health care services

54. 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.⁴⁹ 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.⁵⁰ 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.

55. Loss of health insurance as a result of changes to employment status is another reason for reduced access to health care.⁵¹ Early research shows gender differences in loss of health insurance coverage and the associated postponement or foregoing of medical care.⁵²

56. 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.

57. 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.

⁴⁶ 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”.

⁴⁷ United Nations (1994). *International Conference on Population and Development Programme of Action (Cairo, 1994, extended in 2010)*.

⁴⁸ Cousins 2020 *ibid*.

⁴⁹ Sophie Cousins, “COVID-19 has “devastating” effect on women and girls”, *The Lancet*, vol. 396, No. 10247, 301–302 (2020).

⁵⁰ *Ibid*.

⁵¹ 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.

⁵² OECD 2020 *ibid*

F. Notes and caveats

58. 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.

59. 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.

G. Policy relevance

60. 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,⁵³ 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.

IV. Violence against women

A. Definitions

61. *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.⁵⁴ While women and girls suffer disproportionately from GBV, men and boys can also be targeted.⁵⁵ The term is also sometimes used to describe targeted violence against

⁵³ Covid-19 and violence against women: What the Health Sector/System Can Do (World Health Organization (WHO) 2020).

⁵⁴ 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.

⁵⁵ 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

LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms.⁵⁶

62. *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.⁵⁷

63. *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.⁵⁸

B. Overview

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

65. 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.

66. Emerging data and reports reveal that all types of violence against women (VAW) have intensified since the outbreak of Covid-19.⁵⁹ Studies conducted during the pandemic-related isolation periods have highlighted a worsening of this phenomenon, but above all an increase in requests for help.⁶⁰ 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.⁶¹ 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.^{62,63} Evidence from a comparable context—the Ebola epidemic in West Africa—showed that multiple forms of violence increased during the crisis, including human

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.

⁵⁶ UN Women, [Frequently asked questions: Types of violence against women and girls](#)

⁵⁷ UN Women *ibid.*

⁵⁸ UN Women *ibid.*

⁵⁹ 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](#)”

⁶⁰ 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).

⁶¹ *Violence Against Women and Girls: Data Collection During Covid-19* (UN Women and WHO, 2020).

⁶² [Press release: UN Women raises awareness of the shadow pandemic of violence against women during COVID-19](#), UN Women (2020).

⁶³ UN Women and WHO 2020 (*ibid.*).

trafficking, early marriage, sexual exploitation, and abuse.⁶⁴ In any context, VAW is an impediment to achieving gender equality, economic development, peaceful societies and the fulfilment of human rights for women.

C. VAW in the context of the Covid-19 pandemic

67. 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,⁶⁵ contributing to the intensification of VAW as an emergency in the emergency.

68. 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 women are likely to constrain their ability to optimally engage in productive activities and participate in the labour force.⁶⁶ In the course of the Covid-19 pandemic, women have been particularly vulnerable to job losses and reductions in working hours.⁶⁷ Such changes can increase household financial strain and the risk of violence for women.

69. Factors associated with a rise in violent events within the home during the Covid-19 pandemic⁶⁸ 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.

70. 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.⁶⁹ This rich collection of resources

⁶⁴ 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).

⁶⁵ UN Chief calls for domestic violence 'ceasefire' amid 'horrifying global scourge'. UN News 6 April 2020.

⁶⁶ Ending violence against women: From words to action (United Nations 2006).

⁶⁷ ILO Monitor: Covid-19 and the World of Work. Seventh Edition (ILO 2021).

⁶⁸ 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.

⁶⁹ *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).

is aimed at detecting risk factors and at providing guidance on public interventions in crisis situations.

71. 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.

D. Prevalence of VAW and access to support services in the context of the Covid-19 pandemic

72. 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 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.

73. 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.⁷⁰ 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)⁷¹ are very useful for planning the survey, since they address a wide range of perspectives on the key VAW topics and concerns.

E. Policy relevance

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

⁷⁰ [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).

⁷¹ [Guidelines for Producing Statistics on Violence Against Women](#) (UN DESA, 2014).

V. Summary and recommendations

A. Summary

75. 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.

B. Next Steps

76. The following next steps are recommended to NSOs:

- (a) Review and agree on the proposed indicators and survey questions;
- (b) 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;
- (c) Launch pilot surveys to generate data on the indicators in order to identify any practical issues or impediments;
- (d) Revise and refine the survey questions and indicators (if needed), based on the above experience;
- (e) Incorporate the questions into regular surveys and other instruments.

C. Policy implications

77. 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.

78. 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.