



Social Impacts of COVID-19 in Bosnia and Herzegovina: Household Survey





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Prepared by Prism Research & Consulting

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Foreword

This publication is prepared at a time when people and institutions in Bosnia and Herzegovina are still experiencing uncertainty and trying to cope with the COVID-19 pandemic. As co-chairs of the Socioeconomic Taskforce of the United Nations in Bosnia and Herzegovina, UNDP and UNICEF jointly commissioned a household survey focused on assessing the social impact of COVID-19. It is intended to bring comprehensive evidence on how the crisis affects lives and to help inform future responses within the social and economic realm of people.

The scale and complexity of the COVID-19 pandemic calls for the active engagement of stakeholders across society, not only the authorities of Bosnia and Herzegovina but also its citizens, civil society, the private sector, academia, the media and the international community. How Bosnia and Herzegovina will overcome this challenge depends also on the adaptability, creativity and solidarity of its people, on the trust and social connectedness of communities, the establishment of multi-stakeholder partnerships and the ability to engage through a people centred response to COVID-19. Unexpectedly, COVID-19 has prompted creativity and innovation, which has emerged to support resilience at the organisational and individual level. This resilience and innovation can be important factors in achieving changes in social cohesion and the welfare system to make it more efficient and more inclusive.

This publication is intended to stimulate debate on all of the above and to inspire action among governments, United Nations organisations and policymakers involved in the response and recovery efforts, helping to ensure the best ways to protect people during the crisis. The United Nations Country Team in Bosnia and Herzegovina is committed to working together to support a response and recovery process that is forward-looking and supports progress toward the Sustainable Development Goals.



Rownak Khan
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Abbreviations

BiH	Bosnia and Herzegovina
COVID – 19	Coronavirus disease
CATI	Computer Assisted Telephone Interview
EBRD	European Bank for Reconstruction and Development
FBiH	Federation of Bosnia and Herzegovina
GDP	Gross Domestic Product
ICT	Information and Communication Technologies
ILO	International Labour Organization
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer+
NGOs	Non Governmental Organisation
OECD	Organization for Economic Co-operation and Development
PISA	Programme for International Student Assessment
PCT	Patent Cooperation Treaty
RS	Republika Srpska
SDGs	Sustainable Development Goals
SMEs	Small and Medium Sized Enterprises
UHC	Universal Healthcare
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
UNDP	United Nations Development Programme
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
WB	The World Bank

Introduction

By 28 August 2020, Bosnia and Herzegovina had reported 19,214 confirmed cases of the COVID-19 infection, 12,733 recoveries and 591 deaths.¹ The COVID-19 pandemic and the measures to curb it have affected society and the economy at their core, eroding lives and livelihoods particularly for the poorest and most vulnerable people and creating a setback for ending poverty and achieving the sustainable development goals (SDGs).

The purpose of this assessment is to gain a better understanding of the needs and changing vulnerabilities of people and the changes to societal structures that have arisen from the COVID-19 crisis. Therefore, the first part of the report presents a household survey and in-depth interview results centred on people's wellbeing, needs and emerging vulnerabilities, coping mechanisms and the power dynamics in households. The household survey was conducted from 9 to 27 July 2020 on a representative sample of 2,182 households across the country, with the sampling frame precisely aligned to ensure equal entity, regional, rural-urban distribution as well as gender and age representation. Over 40 per cent of all surveyed households were families with children. This assessment also recorded the experiences of those who self-identified as vulnerable due to being poor, a single parent, a person with disability, a member of an ethnic minority or a returnee. It also captured the intersectionality in order to be able to analyse how social and political identities such as ethnicity, gender, class and disability combine to create unique modes of discrimination and privilege in Bosnia and Herzegovina during COVID-19.

The second part of the publication offers an analysis with a gender-responsive rights based approach to guide policy dialogue, policymaking and decision-making. This section is structured in accordance with the five pillars of the United Nations Socioeconomic Framework: pillar 1, Health First; pillar 2, Protecting People; pillar 3, Economic Response and Recovery; pillar 4, Macroeconomic Response and Multilateral Collaboration and pillar 5, Social Cohesion and Community Resilience.

The second part of the report draws from the analysis of the findings of the household survey juxtaposed with the measures taken in the social area and the take-aways from the semi-structured interviews with the key domestic and international institutions driving the response to COVID-19. It is further informed by a critical reflection on the latest United Nations policy papers and a review of good practice emerging from around the world as well as other reference instruments prepared in order to guide policy and decision makers and practitioners on a people centred response to COVID-19.

¹ Ministry of Civil Affairs of Bosnia and Herzegovina. See <http://mcp.gov.ba/publication/read/sluzbene-informacije-o-koronavirusu-covid-19>.

Executive Summary

The assessment into the social impact of COVID-19 in Bosnia and Herzegovina found that macro-factors such as the dynamic of domestic and international trade, the epidemiological situation in the country, mobility restrictions, government action and containment measures are in constant interaction with individual level factors such as income, level of education, gender, age and local conditions (urban, rural, type of business and social infrastructure) resulting in deprivations such as inequality, poverty and social exclusion. In Bosnia and Herzegovina, the global nature of the pandemics also means significantly reduced remittances that are often the only means of livelihood for the poorest people. The household survey shows that 24 per cent of households experienced a decrease in received remittances.

The assessment findings confirm that the economic impact of the crisis is borne disproportionately by the poorest and most vulnerable. The crisis has reduced income and access to basic services leading to an increase in multidimensional poverty and inequality: 13 per cent of respondents reported unmet healthcare needs that were non-COVID-19 related.

A worsened financial situation was reported by 48.5 per cent of households for whom 12 per cent experienced significant hardship. The hardest hit were people who were already vulnerable with 54 per cent reporting a deteriorating financial situation and 14 per cent experiencing major financial constrictions. Those who considered themselves poor even prior to the pandemic have been particularly negatively affected with 63 per cent experiencing a turn for the worse and 20 per cent in a radically worsened situation.

The deteriorating financial situation has prompted citizens to engage in a number of methods to cover their basic needs with 16 per cent of respondents reporting that they had to borrow money to cover their basic needs, 20 per cent of households with children and 23 per cent of families from vulnerable groups also had to borrow money, while 1 per cent had turned to a soup kitchen for the first time. A total of 15 per cent reported turning to subsistence agriculture and animal husbandry for the first time to ensure the survival of their family and 22 per cent of all households and 34 per cent of the most vulnerable reported having to decrease their food intake. Reducing food consumption to meet basic needs was the most frequently adopted coping mechanism among the poor (55%), ethnic minorities in a place of return after the war (42%), single parents (33%), persons with disabilities and/or chronic illness (33%) and internally displaced persons (29%). People in rural areas were more likely to resort to food reduction (25%) compared to people in urban areas (17%). These are all red flags pointing to poverty.

The survey also showed that 12.9 per cent of respondents were concerned about eviction because of their inability to pay their mortgage with 5 per cent seriously concerned and 6 per cent having already applied for the mortgage moratorium of which 72 per cent were granted such a request by the banks. Of the interviewees, 2 per cent had experienced job loss since the onset of the pandemic of which 41 per cent were women. The containment measures have not only pushed the working poor deeper into poverty but threaten to push the middle class that have or will become jobless in Bosnia and Herzegovina as well as those forced to return from abroad because of redundancy into serious

material deprivation. This will increase the number of marginalised people and deepen income inequality: 49 per cent of respondents believed that this crisis would cause long-term consequences for their household.

The COVID-19 crisis has had a negative impact on working conditions and payments for the employed population: 6 per cent continued to work at the same or increased intensity but with decreased pay, 4 per cent had to take paid leave and 1 per cent had to take unpaid leave, while 13 per cent were able to telecommute fully. The latter is a sign of relative job security for that population, since those able to work from home are less likely to lose their jobs in the medium to long term.

The household survey confirmed that the lockdown had taken a disproportionate toll on women. In the labour market, those sectors with the highest rates of female employment experienced the heaviest job losses. Increased childcare needs during preschool and school closures placed an even greater burden on working mothers with 75 per cent of women reporting a significant increase in domestic, care and emotional work since the onset of the pandemic. Single parents face an even greater challenge because many have been laid off or forced to quit their job in order to care for their children.

The survey findings indicate that access to education is increasingly difficult, particularly for the most vulnerable children. Of the surveyed households, 55 per cent found it extremely challenging to make the transition to e-schooling mode. This was mostly because of the lower quality of interaction with teachers online (31%) and poorer organisation compared to learning in classrooms (24%). The absence of or sharing of technological devices by multiple household members for teleworking, school and homework proved particularly stressful.

The parents of the poorest and most vulnerable children (17%) are usually unskilled or unable to assist their children with their schoolwork and consequently their children are at risk of school drop-out or having poor education outcomes. The parents/guardians of children with disabilities (2%) expressed serious concern over the teaching methods and the fact that the material is not accessible or otherwise adjusted to the needs of their children.

Mental health was identified through the findings as one of the key areas where the population experiences challenges with 45 per cent of respondents reporting that the COVID-19 situation had made them focus solely on survival and that of their family. This phenomenon can resurface in states of extreme life and/or societal shock. COVID-19 acts as a major trauma trigger with 33 per cent of respondents expressing concern about their declining mental health manifested in burnout, fear, anxiety and sleep deprivation, while 45 per cent felt that the pandemic had brought back feelings from the war in the 90s. In addition, 57 per cent expressed concern over sensationalist and fear mongering media reporting that they felt amplified fear, stigmatisation and discrimination arising from the spread of COVID-19.

The survey findings show that protective equipment in the form of facemasks combined with the social distancing rules negatively affected the respondents' social ties and dynamics of socialising. They viewed the issue from the standpoint of human rights and democracy with 63 per cent of respondents concerned that their inability to meet in groups would have serious implications for their civil rights and liberties and for freedom of assembly. Combined with uncertainty surrounding the date of local elections, this situation increases the risk of diminished social cohesion, community building and democracy.

On a positive note, it is worth highlighting that the lockdown brought some families closer together and led to improved relationships: 60 per cent thought that the crisis had helped align their goals, priorities and actions, 35 per cent had experienced an improvement in their relationship with their partner, 43 per cent with their children and 46 per cent with older family members. The majority of respondents (76%) felt that they were able to share domestic, care and emotional work with their partners in a just manner and 42 per cent of women felt empowered and that their voice was heard, while 11 per cent had experienced positive power shifts within their households.

The profile of these households was an age span of 18-30 with above average monthly net household income. Although a significant share of women had experienced a negative slide and a return to traditionalism as they sank into economic dependency or became overburdened with care work there were also those who experienced positive change. This was mostly in cases where the crisis turned some fathers into primary childcare providers in the households where the mother was a critical worker (such as a doctor, nurse or grocery store clerk) and the father was able to work from home. Experience shows that shifts in family arrangements induced by crises can have long-term effects, because even short windows that engage fathers can bring about long-term changes in the division of childcare responsibilities. Therefore, given the magnitude of the changes in childcare arrangements induced by the current crisis, substantial future shifts in social norms are more likely to occur. This momentum should be utilised to open up discussions on the options within the family structure and on leave policies as well as on the introduction of innovative social services.

Since the onset of the pandemic, 15 per cent of households reported an increase in the use of the Internet and online transactions including online shopping, e-commerce and e-banking. This was especially the case amongst young people (18-30), in urban areas and in households with a net income of more than 1,500 BAM. Furthermore, they believed that their quality of life would improve should they be able to benefit from increased digitalisation. They thought the most useful digital solutions would be the ability to obtain certificates or permits from the municipality online and online doctor counselling. Interestingly, more than a third of respondents expressed support for the introduction of the system of e-voting. This would have significant positive implications for improving the transparency of the electoral processes and overall democracy within the country.

1. Methodology

This assessment was designed to provide an insight into the social impact of the crisis on people, children and households in Bosnia and Herzegovina. It focuses on an assessment of the vulnerabilities (i.e. financial losses, the effect of the quarantine on social dynamics, the education and gender gap burden) as well as the strengths and coping strategies of people and households in Bosnia and Herzegovina in the face of the COVID-19 outbreak and the imposed containment measures. The assessment also assesses the gaps in service provision, the resources needed and addresses these gaps and the targeted interventions required to support recovery. The findings can be used to design policy briefs that will inform and help better target government packages in the social realm as well as to inform and improve the design and implementation of United Nations and other agency programmes and interventions.

The methodology for the assessment included three approaches:

1. A desk review of the existing resources, which included assessments, articles and surveys, was conducted and supplemented by semi-structured interviews. The latter were conducted with the United Nations agencies, national and international institutions and service providers that drive the response in order to establish a baseline.
2. An assessment of the impact that the mitigation activities that were implemented by government in Bosnia and Herzegovina had on people was conducted at all levels.
3. Quantitative and qualitative data was collected through a household survey (This is expected to be repeated so that almost all respondents will be interviewed twice) in order to assess the vulnerabilities, risks, strengths and coping strategies of people, households and society.

The major purpose of the desk review was to find and review most of the existing resources, including assessments, articles and surveys.

The desk review focused on the following:

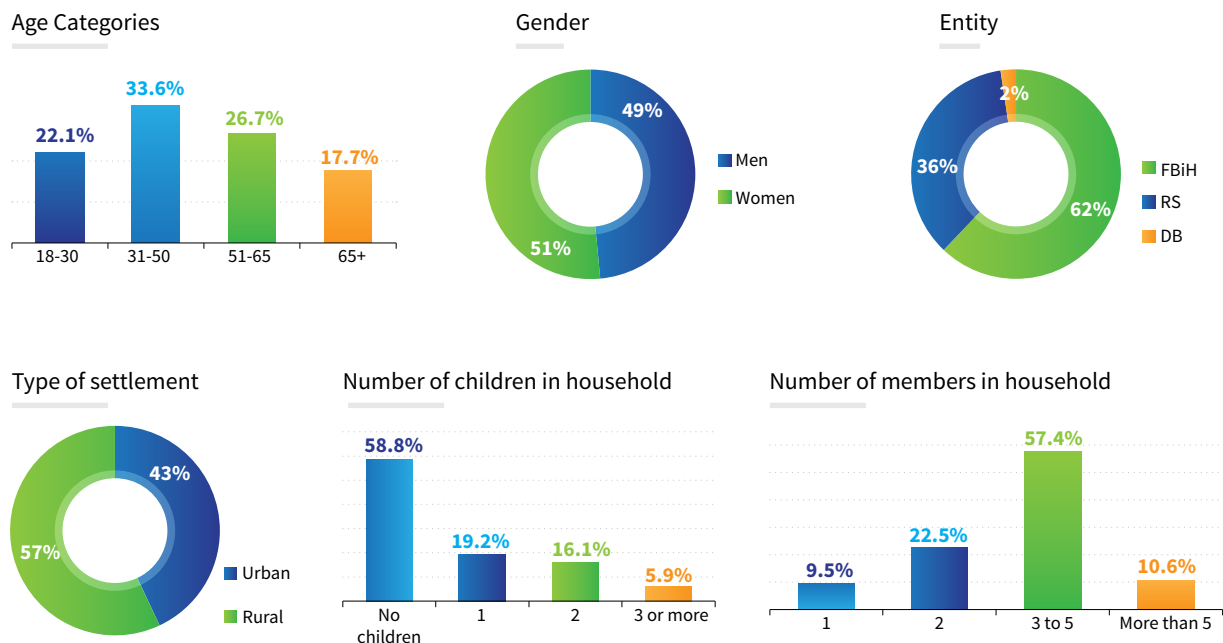
- ▷ Establish the baseline situation within five months of the COVID-19 outbreak in the country.
- ▷ Analysing the adequacy and the provision of social protection measures and social services (social protection, health and education) and the policy response aimed at combating COVID-19.
- ▷ Carrying out an initial assessment of the structural gaps (services and social protection) and proposing solutions that would have the greatest impact in terms of increased wellbeing, social inclusion, reducing the gender gap and inequalities and eradicating poverty.
- ▷ Assessing the wider impact of COVID-19 containment measures on society and in particular the impact on social cohesion, social inclusion and solidarity.

- To provide recommendations for policies, services and measures within the social realm and for ensuring a secure and inclusive social welfare net from the perspective of the well-being of people.
- To identify the issues requiring further research and deeper analysis in order to reach a greater understanding of the effects of COVID-19 on people and households.

A longitudinal household survey will be implemented in order to assess the vulnerabilities, risks, strengths and coping strategies of people, households and society and to assess the changes that occurred in the situation between the two surveys. In so doing, we sought to identify structural deficiencies such as gaps in services, social protection measures and policies as well as response opportunities. The household survey questionnaire was pre-developed by UNDPs Istanbul Regional Hub in order to ensure basic regional comparison, taking into account the following factors: place of residence, socioeconomic status, self-identified vulnerabilities, governance issues, digital services and discrimination (including those based on gender, sexual orientation). Thanks to the inputs of United Nations agencies in BiH, the household survey questionnaire was customised and tailored to the context of Bosnia and Herzegovina. The household survey covered a representative sample of 2,182 households across Bosnia and Herzegovina (with an equal entity ratio and 5% in Brčko District).

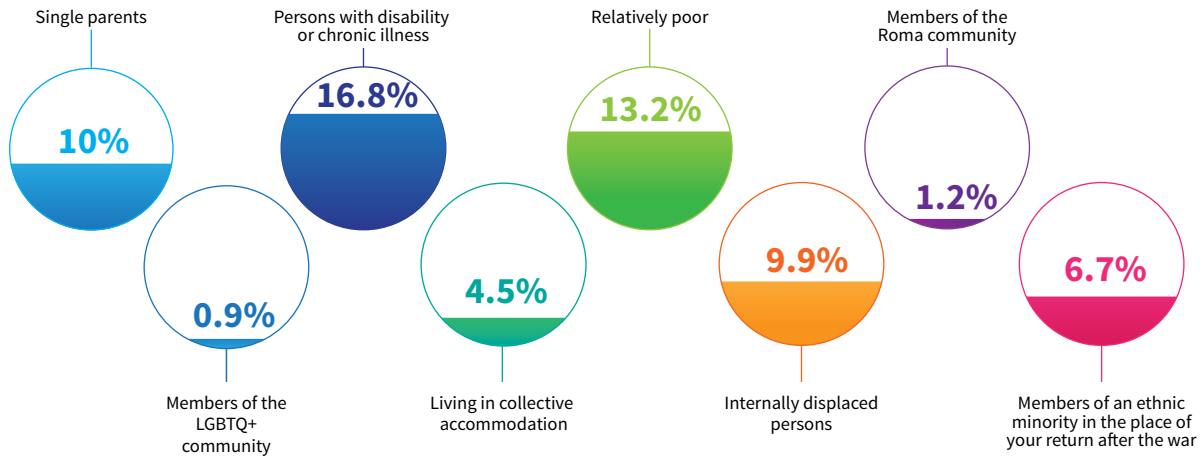
Primary data was collected through a household survey. The figure below shows the structure of the sample used for the quantitative research. A random stratification procedure for the sample design was applied in this research. The sample was stratified with the following major variables: age, gender, gender, entity, type of settlement, number of children and the number of members in the household.

Graph 1: Demographics



When it comes to vulnerable groups, their participation in the sample is presented in the following figure. The sample contains a statistically representative share of all vulnerable groups in Bosnia and Herzegovina.

Graph 2: Vulnerable groups



In addition to the household survey a total of 22 in-depth interviews were conducted from 9 July to 6 August 2020 of which 10 were with members of vulnerable groups, 3 with representatives of United Nations agencies and international organisations, 7 with representatives of the state, entity, cantonal and municipal authorities in Bosnia and Herzegovina and 2 interviews with representatives from the centres for social welfare. All participants for the in-depth interviews were recruited through use of a Computer Assisted Telephone Interview (CATI) survey.

The second part of this research is based on secondary data collected through a systematic review of the available documents on the socioeconomic consequences caused by the COVID-19 crisis in Bosnia and Herzegovina. Data from domestic (ministries and government agencies) and international (EBRD, ILO, OECD, UNDP, UNICEF and the World Bank) studies, reports, strategies, regulations and other relevant documents were used. To ensure the credibility of the review the validity of the data was set as the primary objective. Reference validation, consistency and balance were used as means to determine the validity of the data.

1.1 Description of the process of quantitative data collection

CATI was used to collect and record data for the household survey. Considering that this was the first wave of the research 2,182 respondents were surveyed over the period from 9 to 27 July of which 1,840 (84.3%) agreed to participate in the next wave of the research.

A total of 20 interviewers were included in the survey. They specialised in CATI interviews and had more than one year of experience in social research and similar projects.

Prior to the main study, a pilot survey of 42 randomly selected households was conducted. This was followed by an adaptation of the main survey instrument by the conjoined forces of the United Nations representatives and the Prism Research & Consulting team.

The interviewers worked on the professional CATI system (online CATI centre), which provided continuous live supervision of their work.

1.2 Description of the quality control and supervision of the data collection

The survey was conducted through the platform for conducting calls and providing live supervision. A team of three experienced supervisors was included in the quality control, working simultaneously or in shifts and according to the project control process needs and the proportion of active interviewers.

The supervisor had the opportunity to 'listen', 'whisper' or 'barge in' during the interview if he/she identified any quality or methodology issue. These functions provided real-time reactions that allowed the supervisors to whisper instructions to the interviewer if he/she was making a mistake, to just listen and evaluate the quality of the interview or to barge in and take over the conversation (interview) with the respondent in the proper manner.

If the quality was marked as poor or insufficient then the interviewer was removed from the data collection process.

During the data collection process, 237 interviews were supervised or 10.8 per cent of the total number of completed interviews.

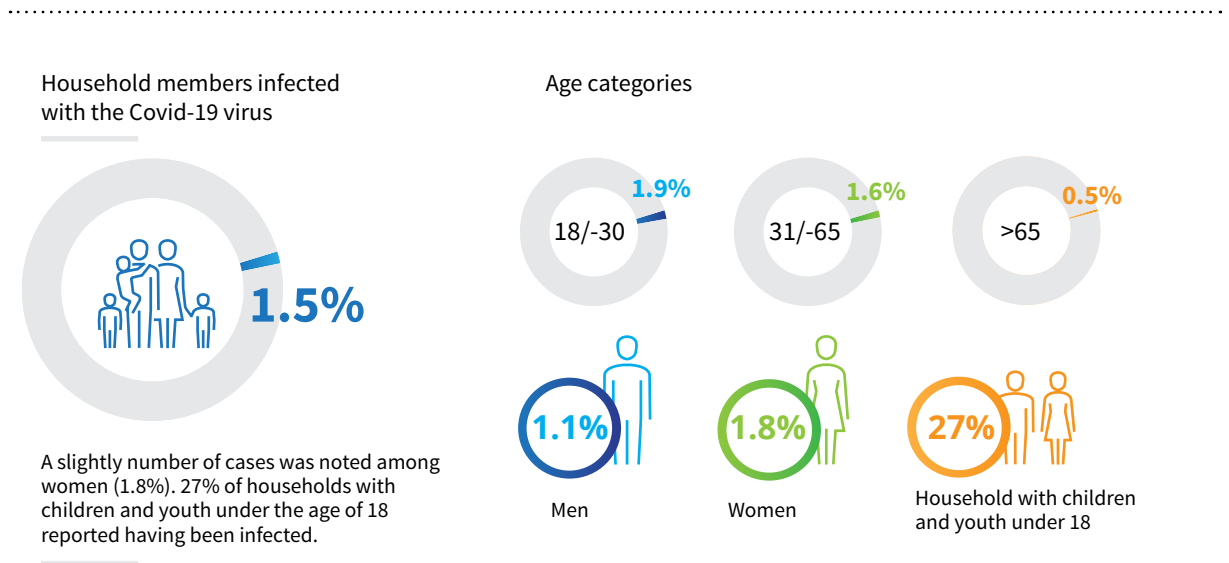
2. Socioeconomic impact of COVID-19 on people and households in Bosnia and Herzegovina: Household survey results

2.1. The impact on the physical and mental health of people

2.1.1. Households directly affected by the COVID-19 infection

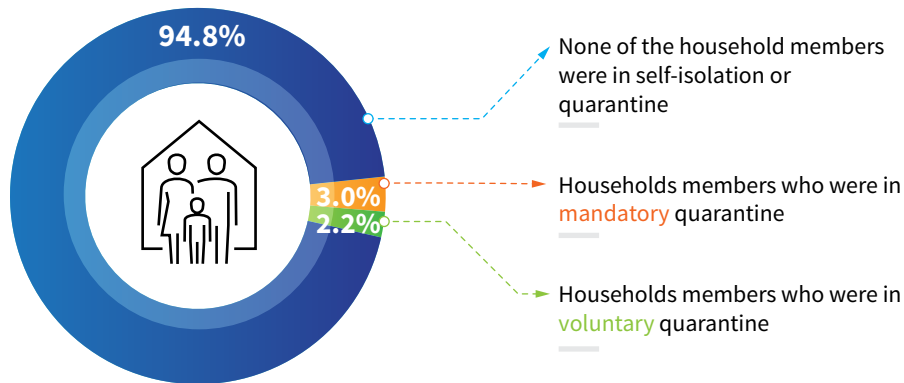
Given the fact that the implementation of the household survey took place after the strict lockdown was lifted and during the course of a summer spike in COVID-19 cases it illustrates the shared experiences and captures the socioeconomic impact on people in the first five months of the crisis. The survey findings show that 98.5 per cent of respondents and their household members in Bosnia and Herzegovina did not contract COVID-19 during the time of the survey. Households with children and youth under the age of 18 had a higher incidence rate (2.7%), while the COVID-19 infection had directly affected 0.6 per cent of households without minors.

Graph 3: Overview of households with members infected with COVID-19



Since March this year, 5.2 per cent of respondents or members of their households had spent time in self-isolation or quarantine, with 3 per cent of respondents in compulsory and 2.2 per cent in voluntary quarantine.

Graph 4: Overview of households with members in self-isolation or quarantine

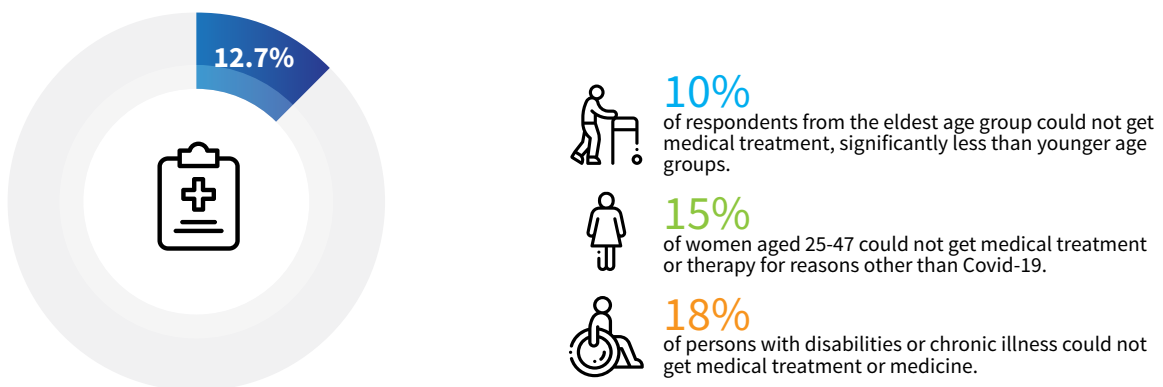


2.1.2. Unmet health needs

Access to healthcare and medical treatment for reasons other than COVID-19 was difficult and in some cases denied. Overall, 12.7 per cent of respondents reported having unmet health needs during the pandemic. The hardest hit were persons with disabilities and chronic illness (18 per cent of whom could not access therapy) and families with children and youth under the age of 18. 15 per cent of the surveyed households reported unmet health needs. Of the people who self-identified as vulnerable 14 per cent reported being unable to reach medical treatment or therapy.

Graph 5: Unmet health needs because of COVID-19

COULD NOT GET MEDICAL TREATMENT OR THERAPY



“I couldn’t see a doctor even though I got ill. This means I could not get a sick leave certificate to justify my absence from work and that was a bit problematic.”

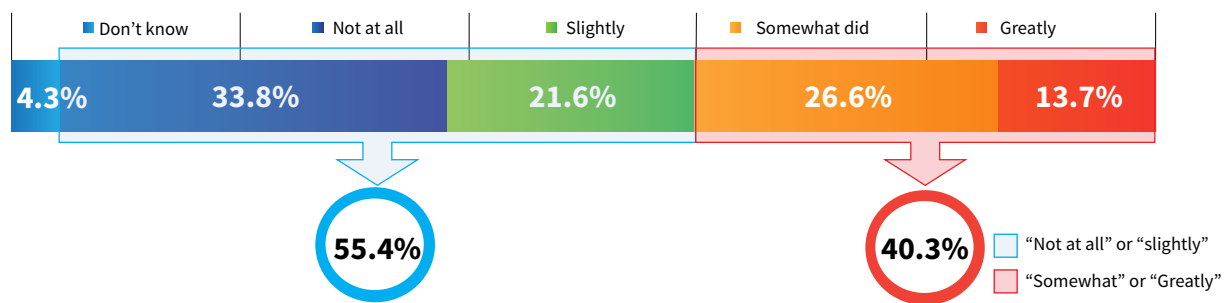
Nihad, LGBTQ+ community member

“We couldn’t get any medical services because all institutions were focused only on solving the Corona problem.”
 Dragana, general population

2.1.3. Impact on mental health

The crisis has had a significant impact on people’s mental health with 40.3 per cent reporting an increase in stress and fear of infection, especially those living in overcrowded and cramped living spaces. Only a third of all respondents reported unchanged stress levels.

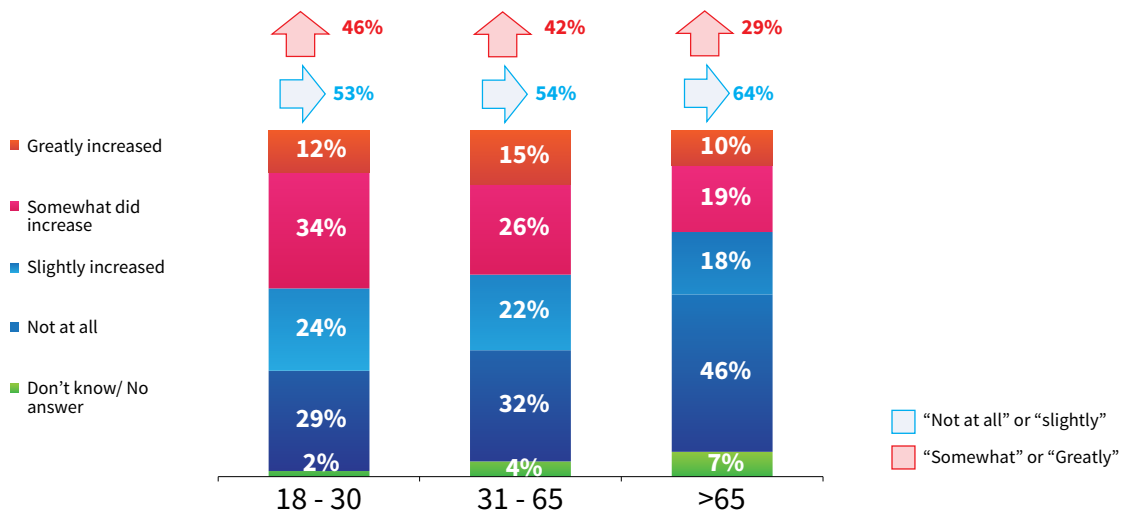
Graph 6: Increase in stress and fear levels



“My family income was decimated; our social life was put to a standstill. We couldn’t live as we used to, not even go for a walk, to a restaurant or do shopping.”
 Admir, general population

This experience was shared significantly more among women of which 46 per cent reported increased levels of stress with as many as 17 per cent feeling extreme stress. The data shows significantly different results for men wherein 39 per cent reported no increase in stress levels.

Graph 7: Increase in stress and fear levels by age group



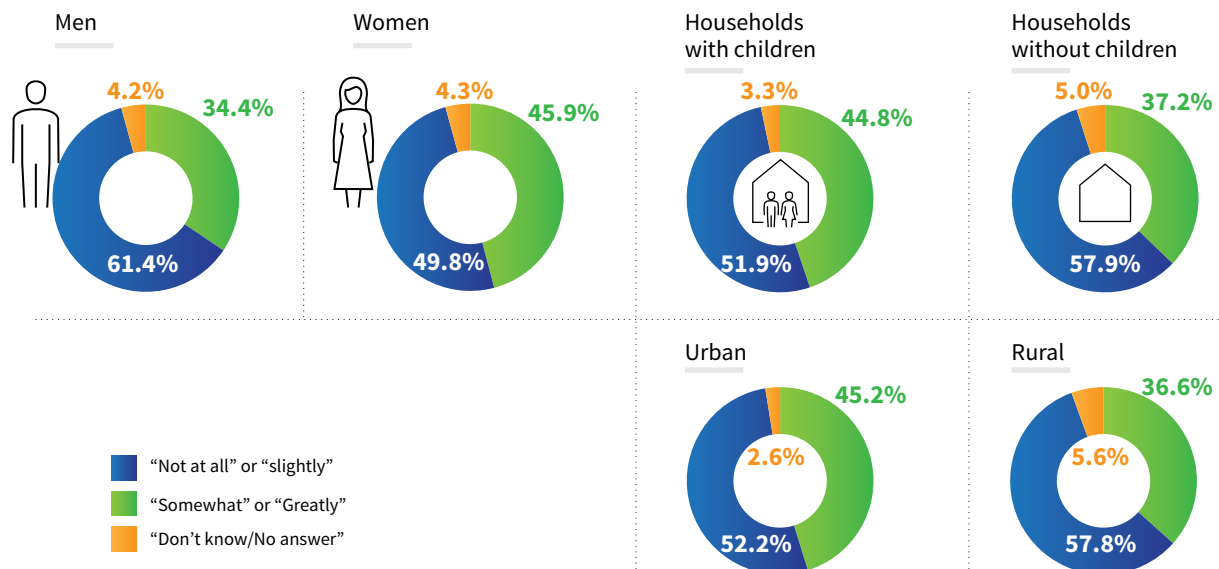
The split by age indicates that increased stress caused by fear of contracting the infection in overcrowded and cramped housing was also significantly higher in the age group 18-50 (46%) and in urban areas (45%).

“3 out of 5 members of our household stopped working in March. We all received reduced salaries, but our house was overcrowded.”
Tijana, Gradiška, Internally displaced person

Interestingly, despite belonging to the high-risk group for Covid-19 infections the data show a significantly smaller increase in stress among the oldest respondents (65+) of which 64 per cent experienced little or no increase in stress and 46 per cent reported no increase in stress whatsoever.

“The crisis didn’t affect or change our lives much, except we weren’t going to work. There was a fear of losing jobs if the crisis lasted longer so we spent money only on necessities and increased our savings.”
Tijana, Gradiška, Internally displaced person

Graph 8: Increase of stress and fear of infection caused by living in an overcrowded/cramped living space

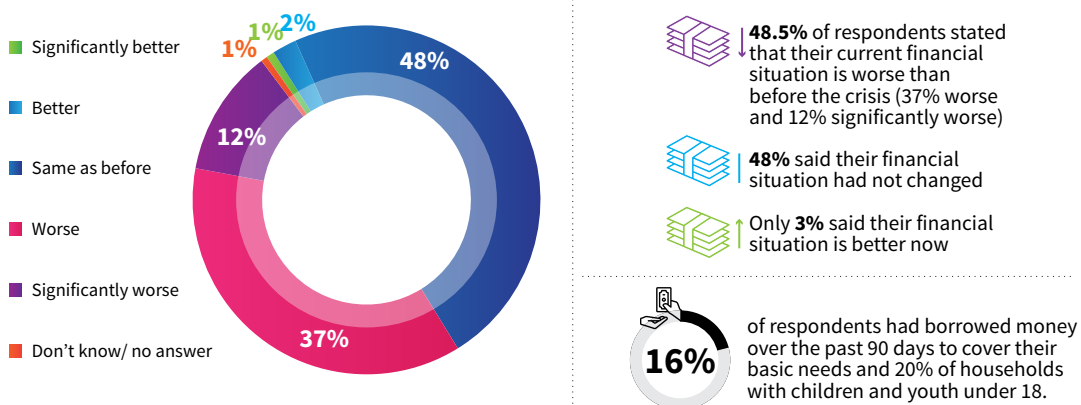


The crisis had significant consequences for the mental health of people that self-identified as vulnerable with 18 per cent of such respondents pointing out that their levels of stress and fear of infection had increased greatly. This was particularly pronounced among single parents (20%), poor people (23%), people with disabilities or chronic health problems (19%) and members of ethnic minorities (21%).

2.2. Economic situation

The research data points to a significant deterioration in the financial situation of households. The financial situation was worse for 48.5 per cent of households than before the crisis with 12 per cent of households in a significantly worse situation.

Graph 9: Financial situation of households: Now and then



Particularly affected were those people in the age range 31-50 of which 53 per cent had a worsened financial situation (16% much worse).

Of all people who self-identified as vulnerable 54 per cent stated that their financial situation had deteriorated, with 14 per cent in a much worse position. Those who considered themselves poor even prior to the pandemic were particularly negatively affected with 63 per cent experiencing an additional turn for the worse, while 20 per cent reported a radically worsened situation.

"[Covid-19 crisis] affected [financial state of the household]. My spouse lost a salary bonus."
Admir, general population

"My financial situation is the same but that doesn't mean I am not scared it could change and that I can't lose my job any day, because firing is happening daily."
Iris, Single parent

"The situation is much worse now. My husband and I both lost our jobs and currently have no income."
Dragana, general population

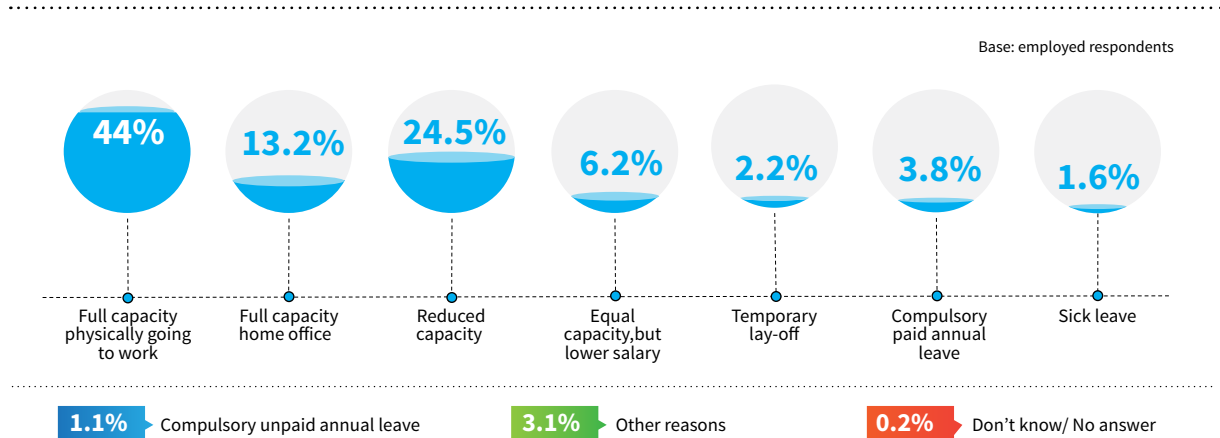
The financial situation remained unchanged for 48 per cent of households.

2.2.1. Employment situation

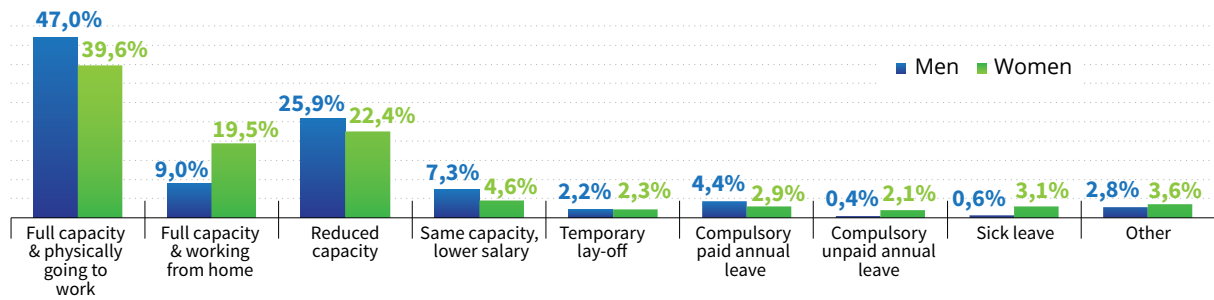
"My son isn't working this summer. [...] Last year he worked in a café." Single parent

Since the onset of the COVID-19 containment measures, 44 per cent of employed respondents had continued to work at full capacity while being physically present at their workplace, while 13 per cent continued to work at full capacity by telecommuting.

Graph 10 a: Overview of the employment situation of respondents



Graph 10 b: Detailed overview of the employment situation of respondents



The data shows that a significantly higher number of women (19%) continued to work at full capacity from home, while only 9 per cent of men worked remotely. Employees from households that had a monthly net income above 2,500 BAM (23%) were more likely to telecommute.

“In the beginning it wasn’t that bad as we had some food and money stashes, but now the crisis is escalating. I used to do seasonal work, construction, etc., but now I don’t work. We used up all our savings. My wife lost her job as a cleaner in a hotel. Now neither of us can find a job.”
 Poor population

The trend of companies reducing employees’ working hours and salaries was recorded among almost a quarter of workers (24.5%) who worked at reduced capacity mostly accompanied by reduced income. However, 6 per cent of respondents had continued to work the same hours but with reduced income. This trend of decreased work capacity and income was particularly pronounced among respondents from the poorest households, namely those with a net monthly income of up to 500 BAM, of which 34 per cent worked at reduced capacity and 14 per cent had continued to work at the same capacity but with reduced income.

“I’ve lost many customers because I could not clean their house while they work from home. To them this is a distraction. Now I only maintain homes of people who still go to work. My work is now cut in half.”
 Single parent

In addition, 4 per cent of employees reported being forced to take annual leave, 1 per cent had been forced to take unpaid annual leave, 2 per cent were on sick leave and 2 per cent of respondents were temporarily laid-off.

In the interviews with vulnerable groups, respondents expressed a high degree of concern over their employment situation and their future employment perspectives. In their experience, very few employers are hiring and this makes it extremely difficult to find a new job.

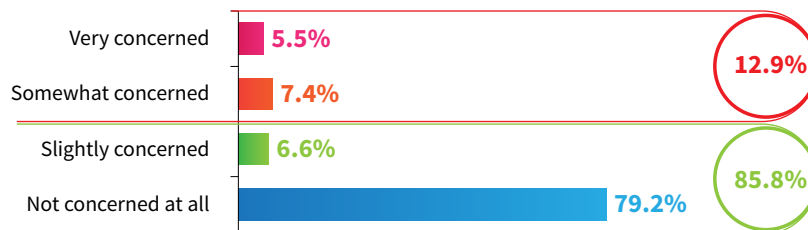
“Both me and my husband lost jobs and now we are facing difficulties in finding a new one. We are worried as we have two children and no income.”
 General population

“Many of my acquaintances lost jobs and cannot find a new one. There are very few jobs advertised.”
Internally displaced person

2.2.2. Concerns over eviction and homelessness

The crisis has caused difficulties for people in terms of paying their rent or paying off mortgages, which has escalated their fear of homeless and eviction. The survey found that 13 per cent of respondents had experienced feelings of concern on the matter with 5 per cent stating that they were very concerned.

Graph 11: Concerns over eviction and homelessness



Particularly affected were households whose net monthly income was below 500 BAM of which 8 per cent were very concerned about being evicted or left homeless. Vulnerability expressed on this matter was voiced by single parents (14%), people with disabilities or chronic illness (11%), the relatively poor (15%), members of the Roma community (29%) and ethnic minorities (11%).

2.3. Households coping strategies to meet basic needs

The deteriorating financial situation prompted citizens to engage into a number of coping mechanisms and methods in order to cover their basic needs.

2.3.1. Borrowing money

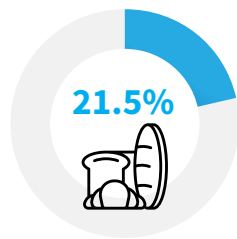
Among the respondents, 16 per cent had to borrow money to cover their basic needs. Borrowing money was significantly more pronounced among households with children younger than 18 (20%) and members of vulnerable groups (23%), especially single parents (24%), people with disabilities and chronic illness (22%), the poor (35%), internally displaced persons (23%) and ethnic minorities (26%).

2.3.2. Reduced food consumption

In order to cover other needs, 21.5 per cent of respondents had to reduce their food consumption. This was significantly more common among people living in rural areas (25%).

Graph 12: Food affordability and reduction

HOUSEHOLD REDUCED FOOD CONSUMPTION



The youngest age group was least likely to reduce food consumption (**86%** hadnot made any food reductions), while 24% of people aged 30-65 and 23% older than 65 had reduced their food consumption).

People in **rural areas** were more likely to make food reductions (**25%**) compared to **17%** inurban areas.

Reduced food consumption to be able to provide for basic needs was most evident among the respondents in the **vulnerable groups (34%)**:

- Relatively poor – **55%**
- Persons with a disability or chronic illness – **33%**
- Single parents – **33%**
- Internally displaced persons – **29%**
- Ethnic minority in a place of return after the war – **42%** have reduced the food consumption to cover their basic needs.

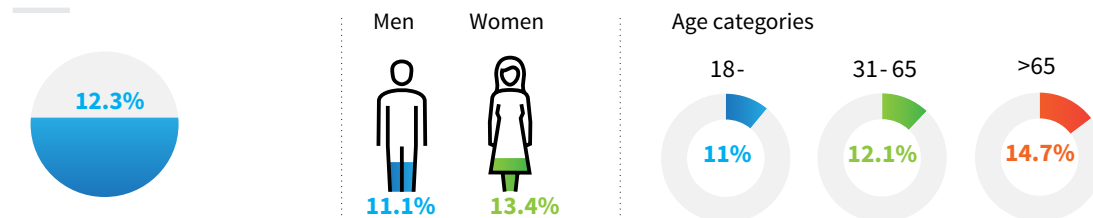
Among the members of vulnerable groups, 34 per cent reported having to resort to reduced food consumption. Most affected were those who considered themselves as poor even prior to the crisis with more than a half (55%) reducing food consumption in order to cover other needs.

2.3.3. Activating support networks

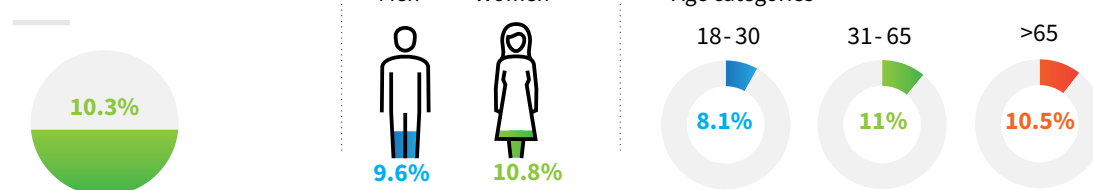
The crisis has prompted people to seek help from institutions and family or friends during the pandemic with 12 per cent of respondents reporting receiving support from family and friends abroad and 10 per cent receiving help within Bosnia and Herzegovina. Among respondents over the age of 65, 5 per cent had sought help in obtaining food and medicine.

Graph 13: Family and friends support networks

HELP FROM FAMILY AND FRIENDS FROM ABROAD



HELP FROM FAMILY AND FRIENDS FROM BIH

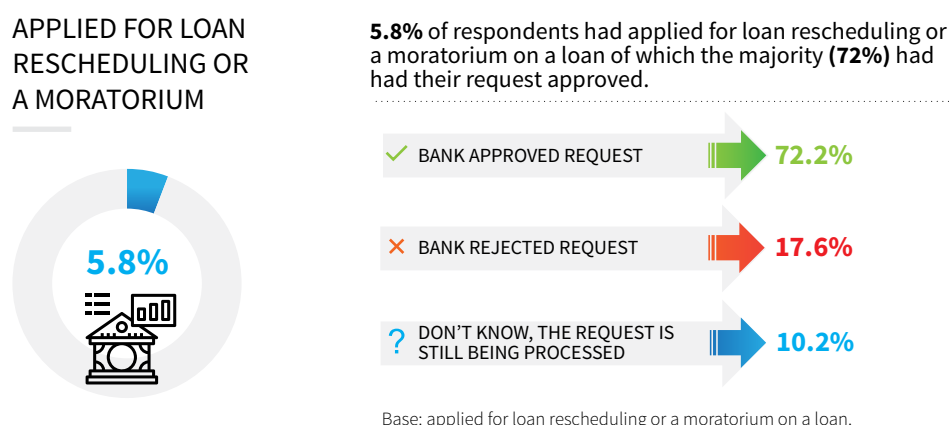


Households that sought and received help were mostly those with a net monthly income below BAM 500, including single parents, persons with disabilities or chronic illness, the relatively poor and ethnic minorities.

2.3.4. Applying for a loan moratorium or loan rescheduling

Among the respondents, 6 per cent had requested credit reprogramming or a moratorium on credit. This was somewhat more frequent among households with children and youth under the age of 18 (8%) and the relatively poor (11%).

Graph 14: Respondents claiming loan rescheduling or a moratorium



Among the respondents, 72 per cent of requests had been approved and 10 per cent were still being processed. However, 17.6 per cent of requests had been rejected and this had amplifying the fear of eviction and increased the likelihood of homelessness.

2.3.5. Receiving remittances from abroad

According to the survey, 10 per cent of respondents had regularly relied on remittances sent from friends and family living abroad prior to the crisis. This was most frequent among households with a net monthly income of up to BAM 900 (14%) and vulnerable categories (14%), especially single parents (16%), people with disabilities or chronic illness (16%), the relatively poor (14%), internally displaced persons (15%) and ethnic minorities (22%).

Remittances had remained the same for 65 per cent of respondents, while nearly a quarter of respondents received reduced remittances (24%).

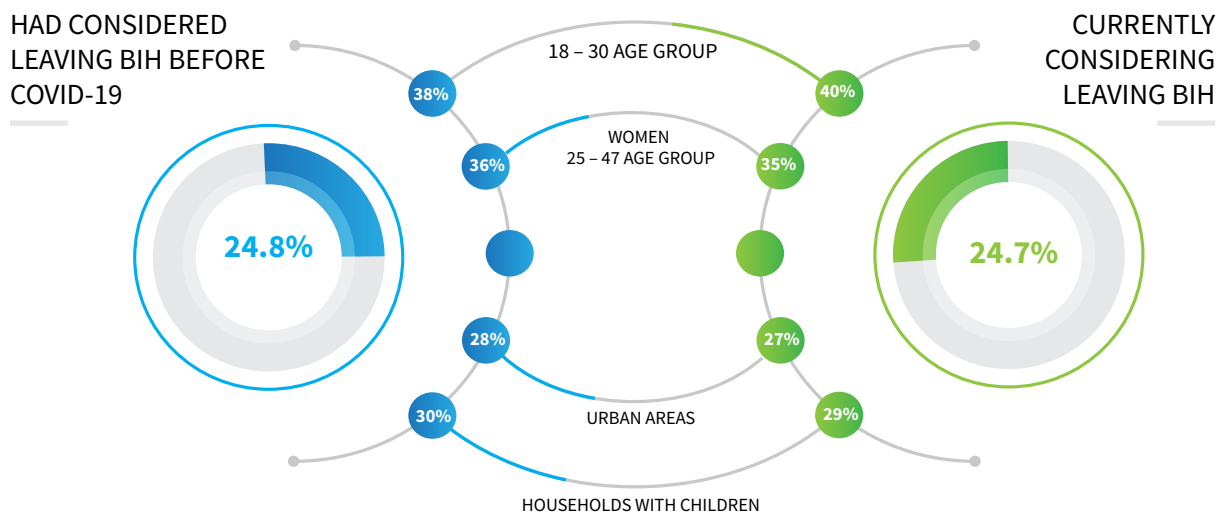
2.3.6. Food sovereignty

Since the onset of the pandemic, for the first time ever 15 per cent of households had had to resort to growing fruits and vegetables or keeping livestock or poultry in order to help meet their food needs. Fewer older respondents (65+) and those living in urban areas opted for this.

2.3.7. People considering leaving Bosnia and Herzegovina

Migration from Bosnia and Herzegovina was an active problem even before the crisis caused by the COVID-19 virus. According to the survey, 25 per cent of respondents had considered leaving Bosnia and Herzegovina prior to the crisis. Youth (18-30, 38%), people at the most productive age (31-50, 32%) and families with children (30%) were most likely to consider emigrating. Households that made below BAM 500 a month (21%) were significantly less likely to consider this option.

Graph 15: People considering leaving Bosnia and Herzegovina



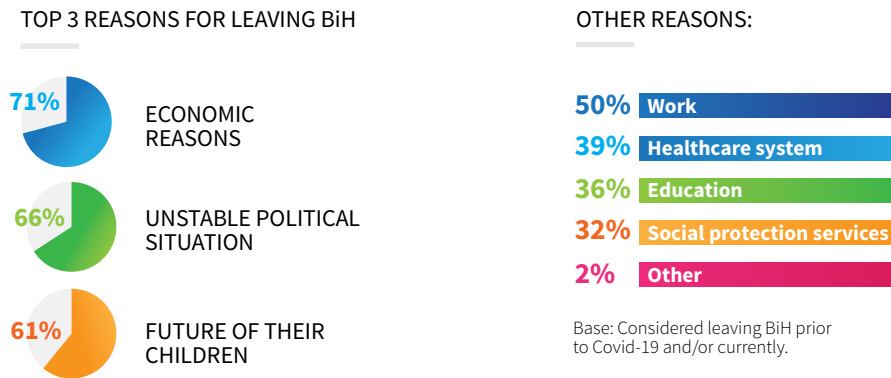
The research showed no change in people’s intention to leave Bosnia and Herzegovina. Yet a quarter of all respondents were considering leaving the country.

“I intend to send my child [abroad], but I would never [leave].” Iris, single parent

“We cannot go anywhere as all borders are closed. We don’t have any opportunities. I would rather go to Germany to work, to feed my family.” Mirsad, poor population

The three topmost reasons why respondents were considering leaving the country were economic reasons (71%), the unstable political situation (66%) and the future of their children (61%).

Graph 16: Reasons for considering leaving Bosnia and Herzegovina



Economic reasons were the topmost among all demographic groups, but especially for people with disabilities or chronic illness and poor people (79%).

The unstable political situation was a somewhat more common reason for men (71%) than for women and among respondents in urban areas (71%) and significantly more common among households with a net monthly income above BAM 2,500 (80%).

As expected, *the future of their children* was the topmost reason for people in the age range 31-50 and for those with children under the age of 18 (67%).

“The environment is toxic here. Not only because of financial reasons, but because of the political situation too. Totally toxic and I don’t have the energy to fight it anymore and correct the wrongdoings.” Iris, Single parent

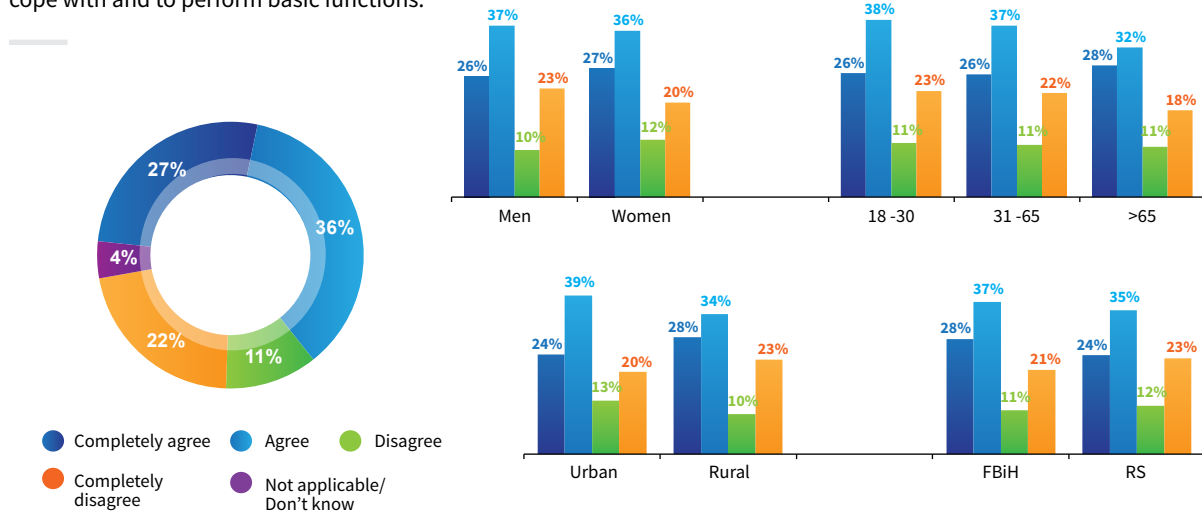
2.4. Access to institutions, public services and daily structures of life during the crisis

According to the survey, 63 per cent of respondents stated that they agreed that the COVID-19 containment measures, especially the self-isolation measures, quarantine and curfew, have significantly affected the ability of their household to cope and to perform the most basic functions.

Respondent members of vulnerable groups were significantly more likely to *fully agree* with this statement (32%), primarily single parents (38%), people with disabilities or chronic illness (32%), the relatively poor (36%) and households with a net monthly income of up to BAM 500.

Graph 17: Impact on household's ability to cope and to perform basic functions

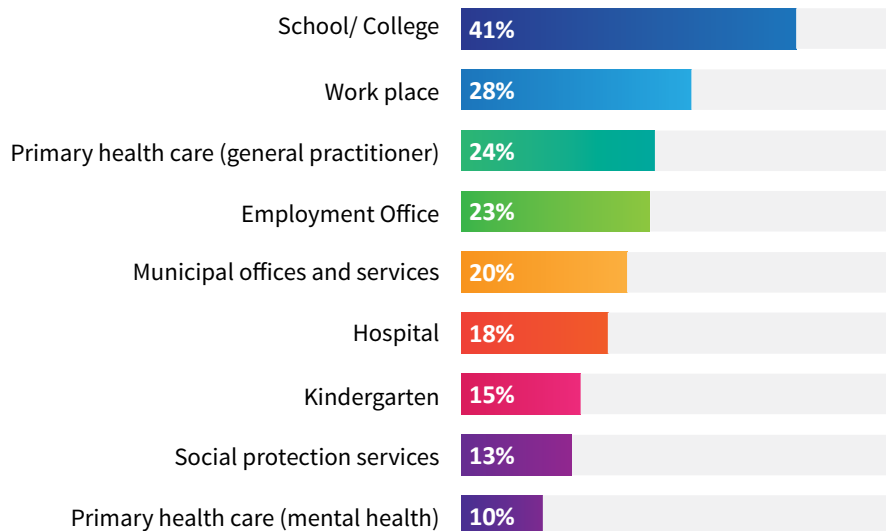
Covid-19 control measures, in particular self-isolation measures, quarantine and curfew, significantly affected my household's ability to cope with and to perform basic functions.



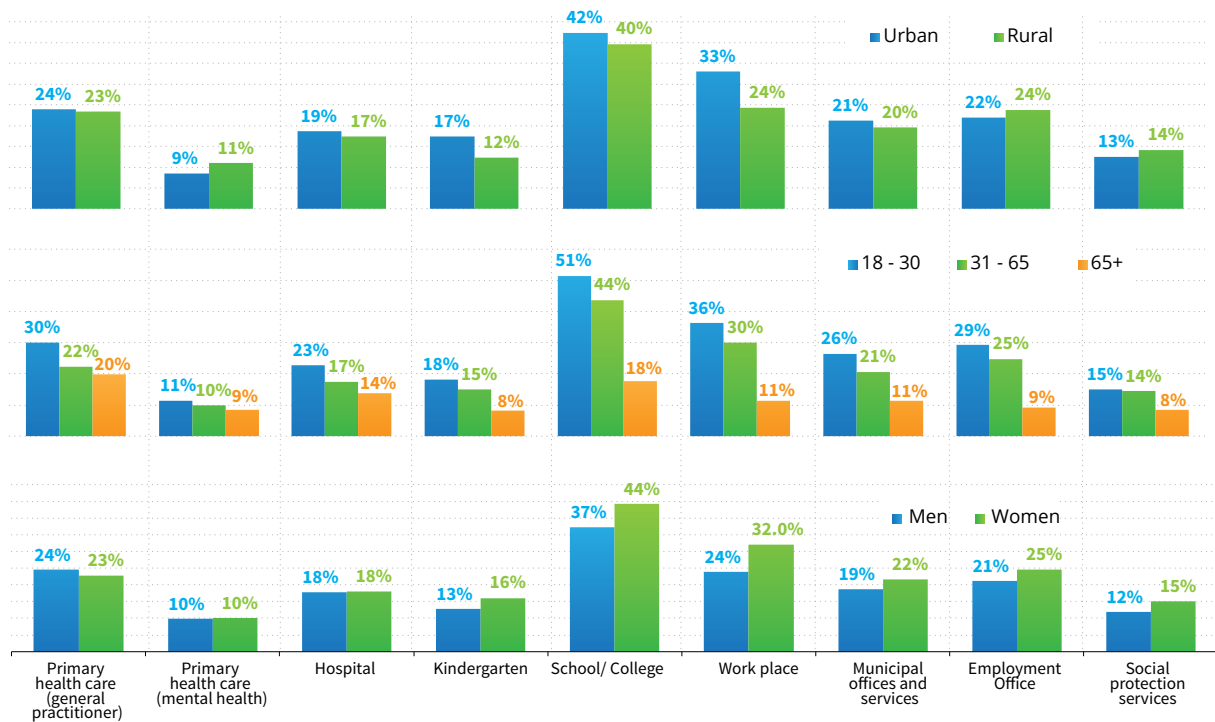
The research confirms that a significant number of people have experienced reduced access to institutions, public services and daily structures of life and that this has had a significant impact on their well-being and quality of life.

The containment measures included the closure of kindergartens and schools and this had a serious impact on children and youth. Schools transferred to improvised online teaching methods with varying degrees of success. Therefore, the closure of schools and colleges affected 41 per cent of households. The largest number of those who could not access school or college belonged to the younger generation, more than half of the respondents aged 18-50, and households with children and youth under the age of 18 (66%), while 15 per cent of households experienced issues due to the closure of kindergartens.

Graph 18 a: Households affected by restricted access to institutions, public services and daily structures of life



Graph 18 b: Detailed overview of households affected by restricted access to institutions, public services and daily structures of life



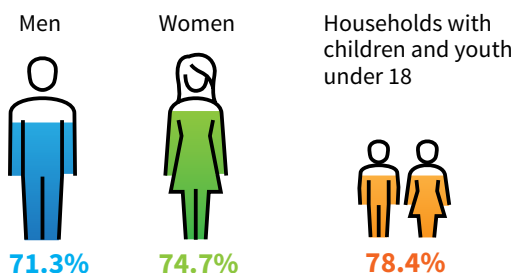
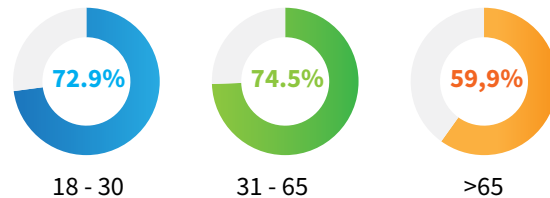
Graph 19: Respondents affected by restrictions on physically accessing schools or colleges

Base: Respondents with household members attending education.

Schools/Colleges



As expected, restricted access to schools and colleges most often occurred in households with children and youth under the age of 18 (78.4%).



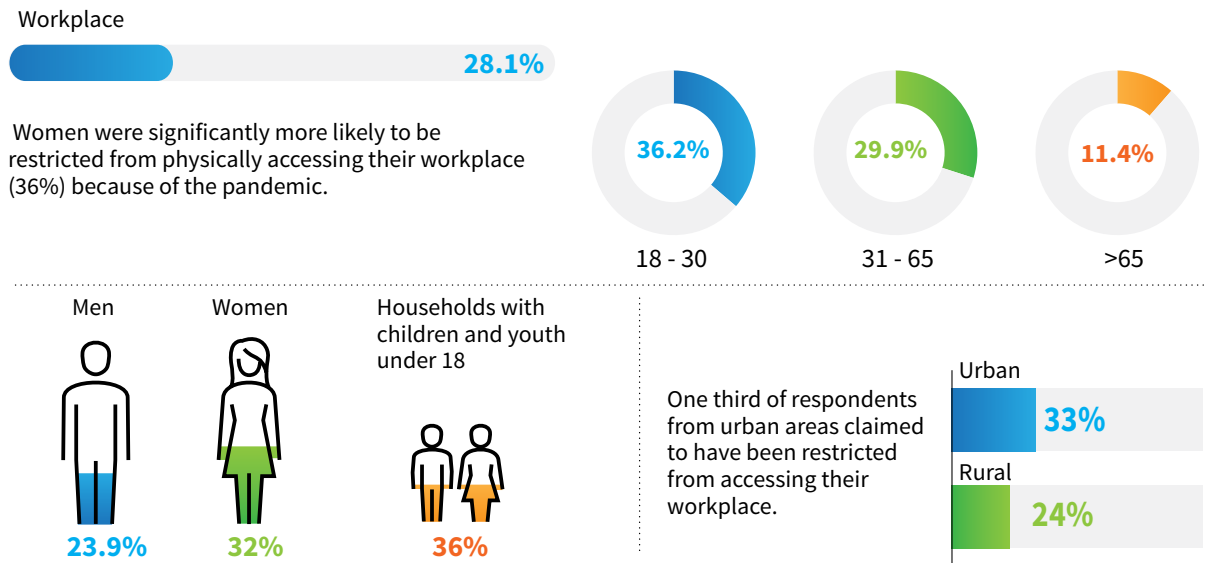
Women 25 - 47
76% of women from the age group 25-47 had experienced restricted access to schools/colleges during the Covid-9 crisis.



76%

The current situation has had a strong impact on the labour market and the way business is done. While some businesses have shut down others innovated by transitioning to online working methods, introducing flexible working schedules, teleworking and telecommuting. The survey found that 28 per cent of respondents were not able to physically access their workplace, these being predominantly women (32%), younger people (36%), those living in urban areas (33%) and those with children under the age of 18 (36%).

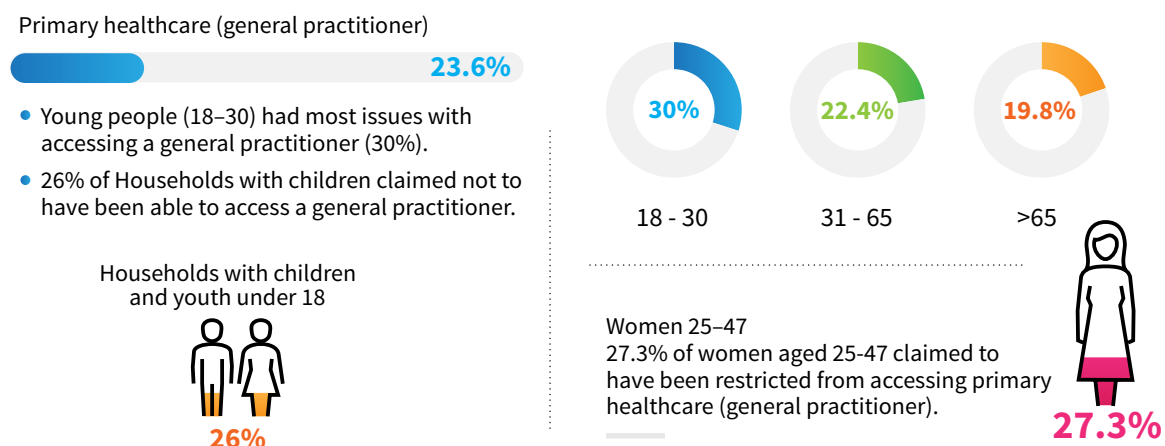
Graph 20: Respondents affected by restrictions on physically accessing their Workplace



According to the survey, 24 per cent of respondents could not access primary healthcare (general practitioners). A larger number of cases was represented among younger respondents aged 18-30.

The inability to access general practitioners had a particularly negative affected on vulnerable groups: 33 per cent of poor households did not have access to a general practitioner.

Graph 21: Respondents affected by restrictions on physically accessing primary healthcare



“I was most affected by no access to healthcare facilities. Also, all other institutions were hard to reach due to the widespread fear and containment measures.”
 Dragana, general population

In addition to the above, according to the survey data, respondents were effected by reduced access to employment services (23%), municipal offices and services (20%), hospitals (18%), kindergartens (15%), social protection services (13%) and primary healthcare and mental health (10%).

2.5. Education and the transition to online schooling

2.5.1. Situation overview

Containment measures included the closure of schools and the transition to distance learning, primarily through a combination of online platforms and smart phone applications and e-mail for communication with teachers through digital services.

“It impacted me negatively because the lectures weren’t held in schools but online. Children didn’t hang out, didn’t have a social life, they were bored.” Dragana, general population

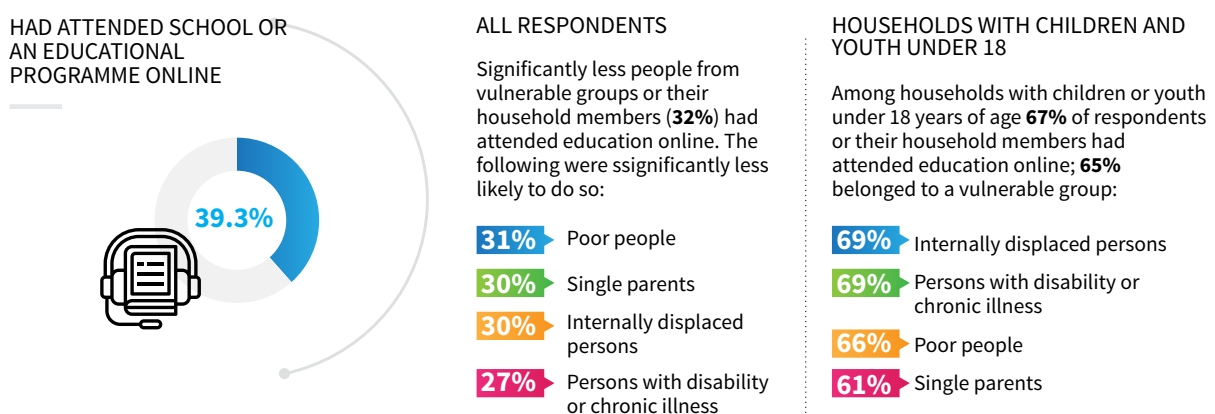
The research provides an insight into how the change in the education system and the transition to online schooling has affected different households and the most frequently encountered issues and challenges.

“No one asked if we have conditions for online schooling. Online lectures started but we didn’t have a computer or Internet in our home. Luckily, we got a tablet from one of our neighbours so my son could at least attend the lectures. He is learning from home, so no one can come to help him out.” Mirsad, poor population

Since the onset of the pandemic 39.3 per cent of the surveyed households had a household member attending online school or enrolled in some other form of education, including specialisation. A slightly higher number of women attended online classes (41%) compared to men (37%).

Graph 22: Households exposed to online schooling, education or specialisation

39.3% of respondents or their household members attended school or educational programmes online during the COVID-19 crisis. As expected, this most affected the age groups 18–50 (18–30, 51% and 31–50, 55%) and households with children under 18 (67%).



During the COVID-19 crisis, 67 per cent of households with minors had a member who attended school or education in this way.

“Online schooling was poor in terms of knowledge testing. Children learned less; they got by and cheated more.”
Dragana, general population

“We are far from having proper online lectures. Online lectures in colleges don’t work at all.” LGBTQ+ community member

The temporary abandonment of the traditional delivery method of education had a strong impact on vulnerable groups of respondents who faced major structural challenges in transitioning to the online systems. The data show that a significantly smaller percentage of households with members belonging to vulnerable groups (just 32%) had a member who attended school or education over the observed period. Only 31 per cent of the relatively poor households and 30 per cent of single parent households had a household member who attended online school or education. On the other hand, 44 per cent of respondent households who did not belong to a vulnerable group had a household member who had attended online education since March.

“The basic problem is with the Internet connection that breaks all the time. We don’t have a good connection ... and we are not ready for that.” Single parent

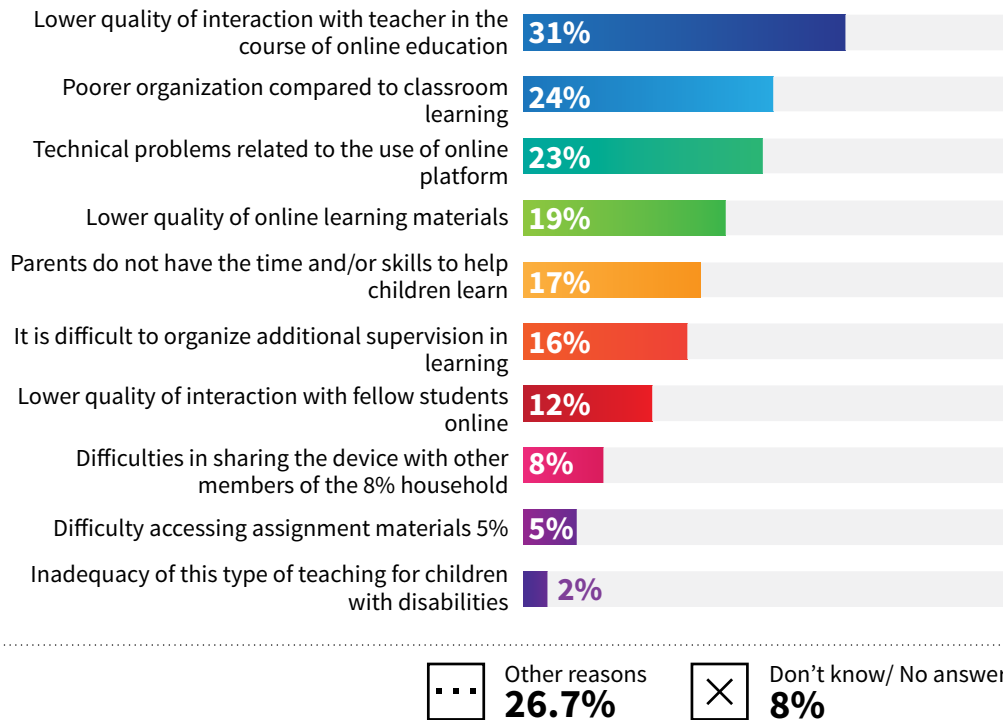
“It affected them a lot. School is not just studying; school is a social life. The same goes for adults.” General population

“I think we need more parent meetings with safety measures in place. Parents and teachers need to meet at least once a month. You need human presence and a ‘live word.’” Single parent

2.5.2. The challenge of transitioning to online classes

The results from the interviews show that the three topmost problems that respondents encountered in the online education delivery method were the lower quality of interaction with teachers via the Internet (31%), greater disorganisation compared to teaching in classrooms (24%) and technical problems associated with online platforms (23%).

Graph 23: Problems faced during online education and specialisation



A significant problem was found in households with children and youth under the age of 18 (21%) in the form of the inability of parents (because of their lack of time and/or knowledge) to help their children understand the lectures. As expected, this most prominently affected respondents in the age group 31-50 (20%) as many had to work from home and had insufficient time to help their children with their online schooling.

The youngest surveyed respondents (18-30 years of age) were dissatisfied with the quality of the online learning material (26%).

Vulnerable groups reported the basic problems as the poorer quality of interaction with the teacher, (26%) and technical problems with the online platforms (i.e. poor internet connection and lack of adequate equipment).

“There were difficulties because Roma children don’t have computers, tablets or mobile phones. Additionally, parents don’t know how to login to the platform.” Roma community member

“Someone maybe doesn’t have a computer at all because of their financial situation. So, I believe they should at least give some subsidy to parents or at least pay for their Internet.” LGBTQ+ community member

In the interviews, the respondents were mostly dissatisfied with the lack of socialising for children and pointed out the lack of exposure to social learning that they would otherwise acquire in school with other classmates. In addition, attending school represents a routine and a form of physical activity and it definitively means less screen time.

In addition to the lack of a social aspect, respondents also stressed the less organised tests, reduced control and the increased opportunity for children to cheat on online examinations. In the discussions, the respondents pointed out that the manner of conducting classes was to some extent easier and more relaxed for children but that they learnt much less in the same period. They pointed out that online schooling is designed to capture the presence of students during classes but not to follow how much they learn. In addition, they stated that children have a lower concentration span at home compared to class and are also less interested in learning and are more likely to be bored.

“Online classes were going on, but it was only important that he checks in to report his presence. They made it too relaxed and it reflects in no proper knowledge being acquired.” Single parent

“Pupils/students are not interested, mostly parents attend classes instead and their tasks end up being done by their parents or third parties.” Internally displaced person

“They don’t have as many responsibilities as they would have when they go to a regular class. They do attend classes, but now they can peek into a notebook to answer questions that needed to be known by heart.” Single parent

2.5.3. Positive aspects of the transition to online classes

Online education was mostly perceived as a necessity to respond to the situation and not as a permanent solution. On a positive note, it was observed that online classes do enable children to continue their education without major interruption or loss of knowledge.

An additional advantage was reported as greater availability of materials and the possibility to access platforms from home. However, this has led to the additional problem of organising supervision of younger children, their coaching and the provision of active assistance. Households with larger incomes had the advantaged in terms of ease of access to equipment and the Internet and could therefore provide in those terms a proper learning environment for attending online classes.

2.5.4. Younger versus older schoolchildren and online education

Online education experiences depend on many factors, but especially on the age of the child. In general, older children tend to cope better whereas experiences are mostly negative for younger children and their parents. In the interviews, the respondents mentioned that in their experience primary school children had greater problems with following online classes and that this created additional pressure on the parents.

The greatest problems faced by younger children and their caregivers when it came to online classes were accessing online platforms and daily supervision. Younger children are not able to access online platforms on their own and find it much more difficult to cope with online lectures. They also tend to benefit more from direct interaction with teachers. The inability to use online platforms on their own implies that caregivers must constantly assist the child with navigating through the online platforms during classes. An online school for young children requires the active participation of parents and many have to work from home in parallel to this, which creates a tremendous amount of pressure on parents. This is a major issue for women and especially for single parents.

“It affected older children more positively. For primary school it is surely bad because children need to have real classes and contacts.” Single parent

On the upside, online classes may have benefits for older students as it is more interesting and encourages them to explore topics independently.

“Children are at home, but I can’t say that is positive as parents who work are also there. They can’t keep an eye on children.” LGBTQ+ community member

2.5.5. How to improve online education

The respondents pointed out the following ways to improve online education:

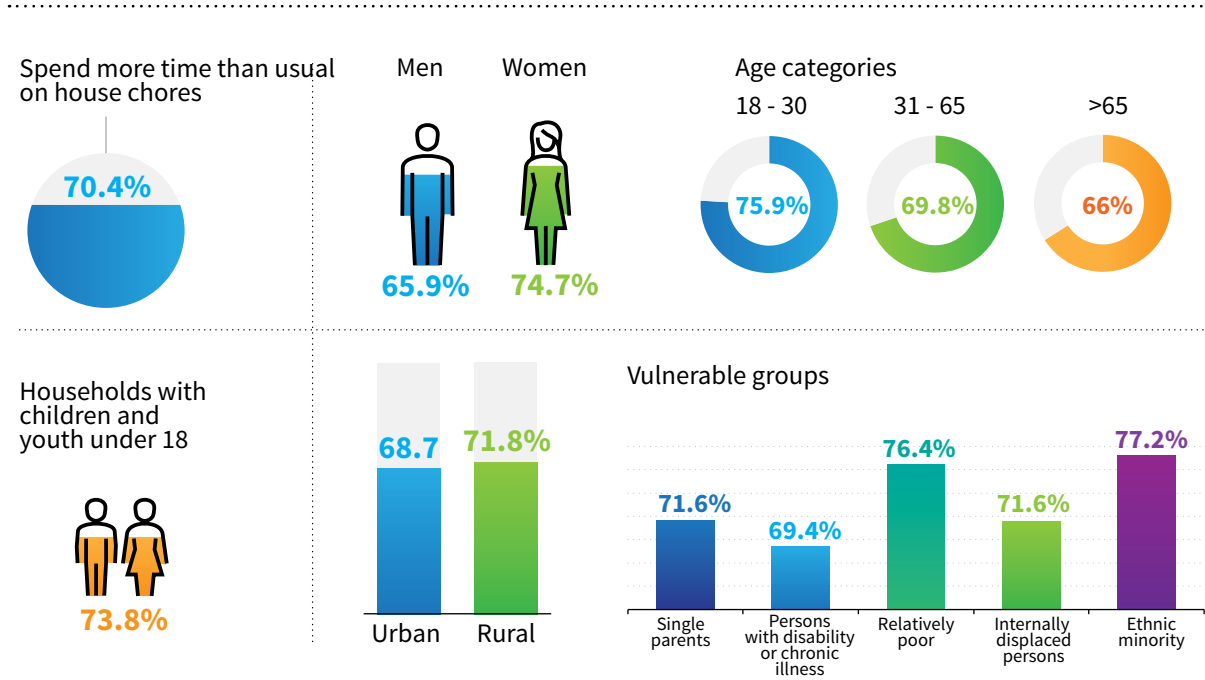
- ▷ It is necessary to provide tablets or laptops for learning through online schooling and a mentor for children who need additional help in learning.
- ▷ Ensure face-to-face online communication using webcams, which would help ensure greater control when testing knowledge.
- ▷ Provide a subsidy to the parents of children who study online.
- ▷ Provide coaching services at school for children who did not understand the lectures.
- ▷ Provide training to teachers to use various online platforms.

2.6. Relationships and well-being

2.6.1. The care economy and the power-dynamics in households

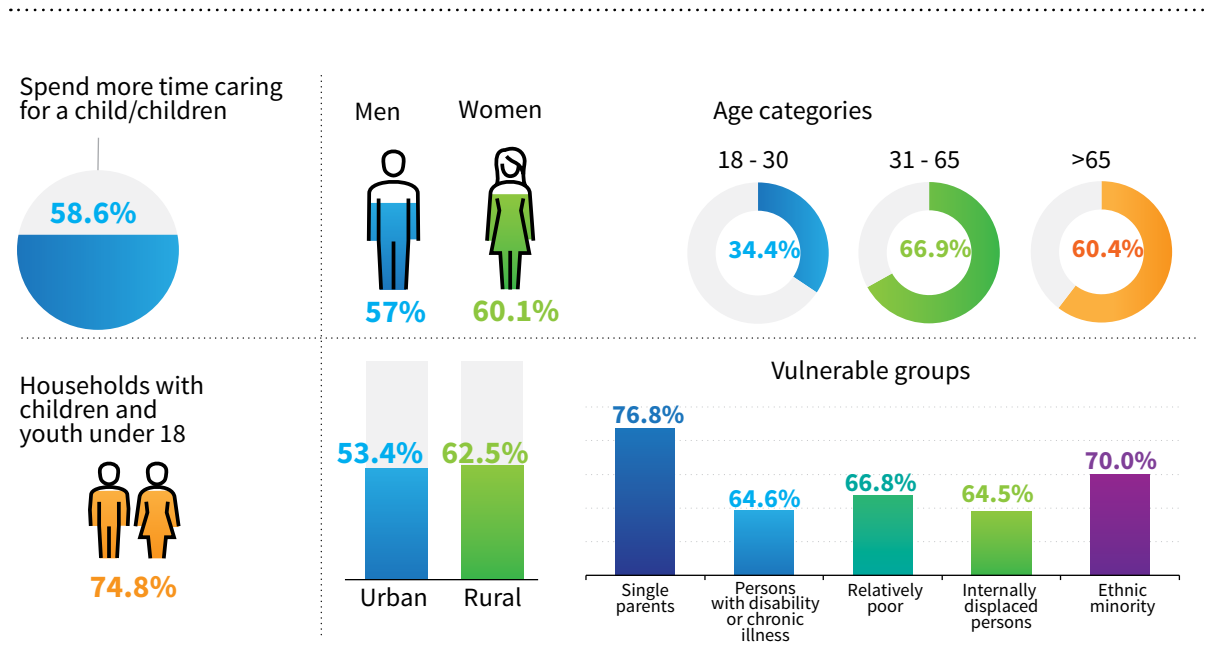
The crisis led to 70.4 per cent of respondents *spending much more time than usual on household chores*. This applies significantly more among women (75%) compared to men (66%), but also for younger respondents 18-30 years of age (76%) and people who self-identified as poor (76%).

Graph 24: Increase in household chores



Spending more time caring for children was reported by 59 per cent of respondents. This was reported significantly more frequently among women (60.1%), respondents over the age of 30 and those living in rural areas (62%). Vulnerable groups were affected the most (65%), especially single parents (77%), people with disabilities or chronic illness (65%) and the relatively poor (67%).

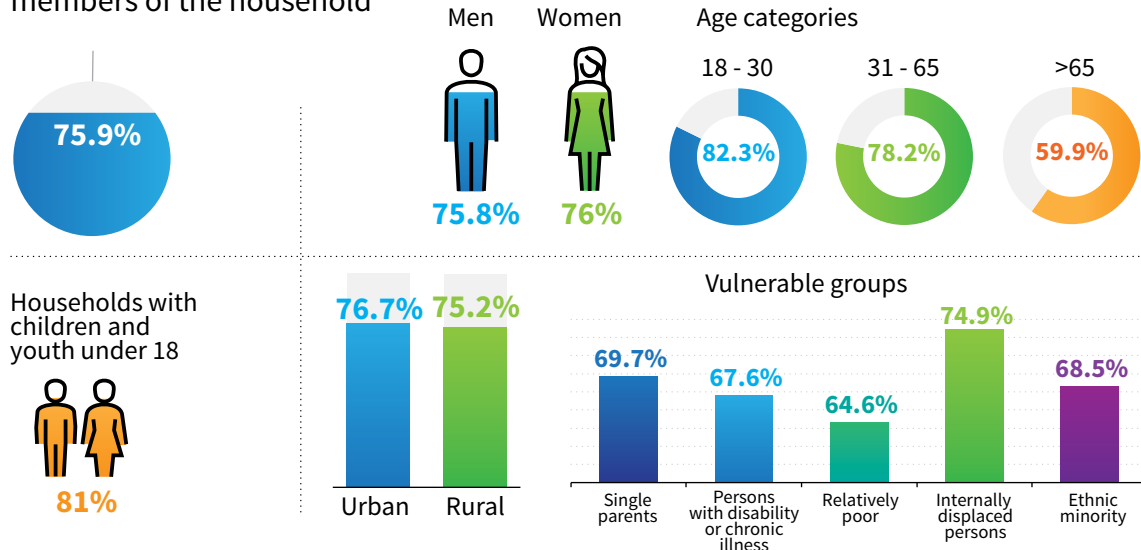
Graph 25: Increase in care work for children



The current crisis has greatly affected household dynamics, family relationships and caused changes in the scope and distribution of household and care work. The data shows that the largest number of respondents (76%) perceived that they managed to *share household chores fairly with other household members*.

Graph 26: Perception of fairness in the division of household chores

You could fairly share caring for others and doing household chores with other members of the household



This was more often the case among younger respondents aged 18-30 (82%), 31-50 (79%), households with children under 18 years of age (81%) and persons from households with a net monthly income above BAM 900. No significant gender differences were reported in terms of the division of household chores, especially among higher earners. Yet this perception of the egalitarian division of work decreased among people who self-identified as vulnerable (72%).

“The crisis impacted us negatively. We don’t work, we don’t have money, so there is a tension building up. Our child attends online classes. We don’t have conditions for a normal life. It is getting worse each day.” Poor population

For some, the crisis has led to or escalated the existing unequal division of care work and household chores. The respondents (37%) felt that although both partners were at home the burden of care and household chores had fallen largely on them. This was mostly the case among women (42%) compared to men (32%) and among vulnerable groups (43%) as well households where the net monthly income was below 500 BAM (45%).

The most commonly perceived reason for the uneven distribution of household and care work was age (21%) followed by gender (13%), which was cited significantly more often by women (16%) than by men (9%). To a lesser extent, the perceived reason for this uneven split was having more free time on your hands or fewer obligations than your partner (11%), which was most common among young people aged 18-30.

Partner relationships improved among 35 per cent of respondents, while 43 per cent reported an improvement in their relationship with their children.

“We spent more time together, hung out, went to nature and spent quality time together. We couldn’t do that before because of too many obligations.” IDI, general public

“One of the brightest sides of this situation is more time for family.” General public

Respondents (11%) reported a *deterioration in family relationships* significantly more often in rural areas and households with a net monthly income below BAM 900 as well as among vulnerable groups of which 17 per cent reported a worsening of family relationships. This was especially so for the relatively poor (29%) and single parents (22%).

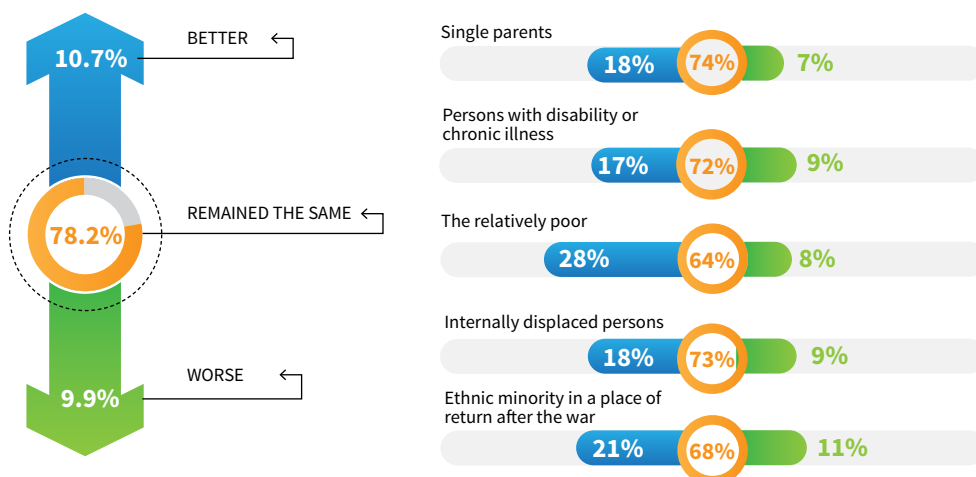
“There are no positive sides to this. We usually help each other and our parents out, with or without Corona. But now our parents are overwhelmed with fear of disease, so all this time we only saw them once. That affects you both socially and psychologically.” Single parent

“On the positive side, we became closer, spent all the time together and returned to the true values of life. The downside is having to keep social distance from everyone outside our immediate family. Also, the monotony gets to you affecting mental health with the same thing happening every day over and over again.” Internally displaced person

Based on all of the above, 22 per cent of all respondents perceived a change in the power dynamics within their household. Vulnerable groups experienced a somewhat higher change in household power dynamics but for the worse. Those most adversely affected in this respect were the relatively poor of which 28 per cent felt that the power dynamics had shifted to their disadvantage.

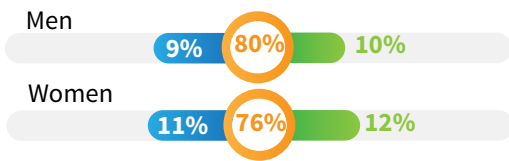
Graph 27: Perceived change in power dynamics within households

The dynamics in households mainly stayed the same, with 78.2% of respondents stating that the dynamics had not changed. Vulnerable categories experienced more negative changes.

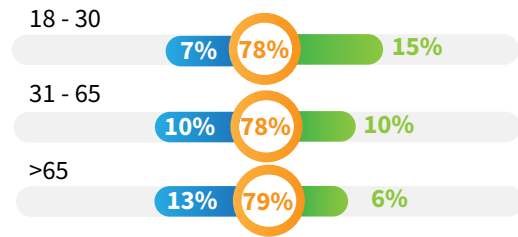


Vulnerable groups N>100 displayed

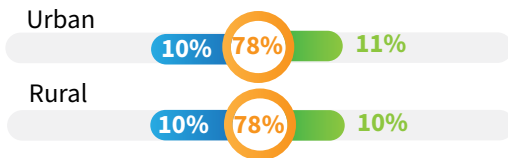
GENDER



AGE CATEGORY



TYPE OF SETTLEMENT

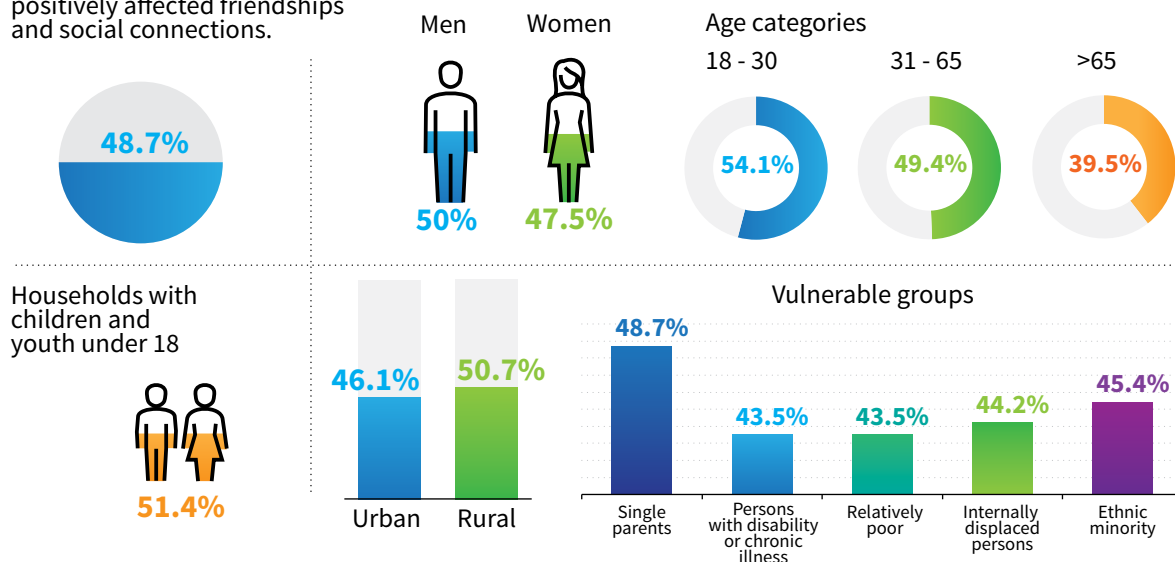


2.6.2. Impact on friendships and social ties

Almost half of all respondents (49%) had experienced a positive impact on their friendships and social ties. This was especially so for men (50%) and young people in the age range between 18 and 30 (54%).

Graph 28: Impact of the COVID-19 crisis on friendships and social ties

The lockdown experience in response to the Covid-19 crisis positively affected friendships and social connections.

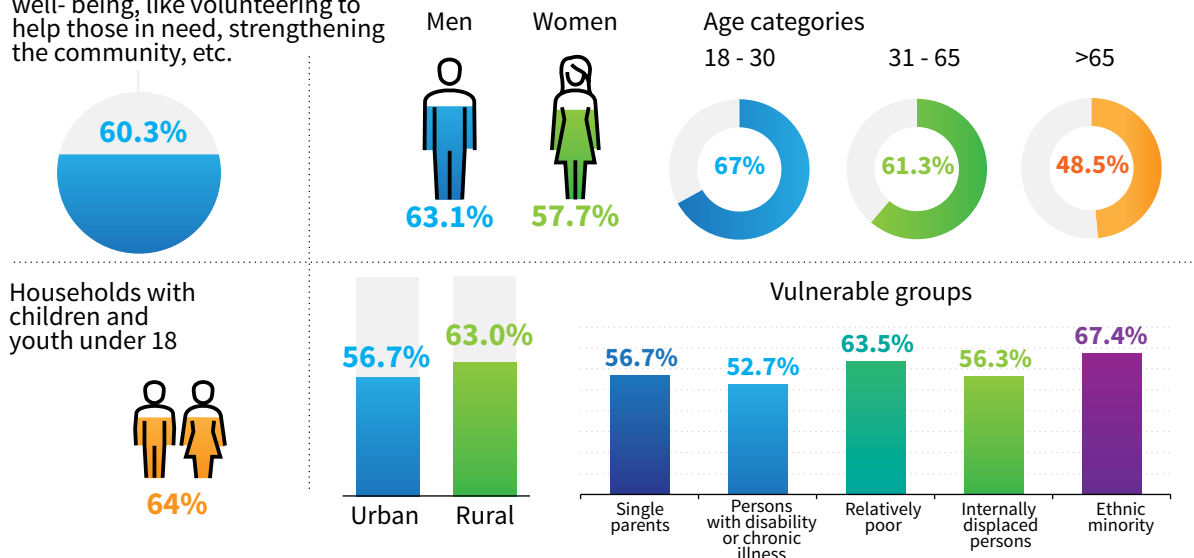


“The whole time I made myself busy helping others. I was engaged in helping Roma communities, giving away food, hygiene packages, baby supplies and masks and disinfectants.”
Roma community member

An emerging positive effect of the crisis is reflected in the fact that 60 per cent of the respondents *focused their attention on the common good* and turned to helping others by volunteering or strengthening their community. This was especially the case among young people aged 18-30 (67%) and women aged 25-47 (64%).

Graph 29: Increased volunteerism and in strengthening the community

COVID-19 experience has made you think and direct your attention and actions toward the general well-being, like volunteering to help those in need, strengthening the community, etc.



2.6.3. The highest fears and concerns of respondents concerning the COVID-19 crisis

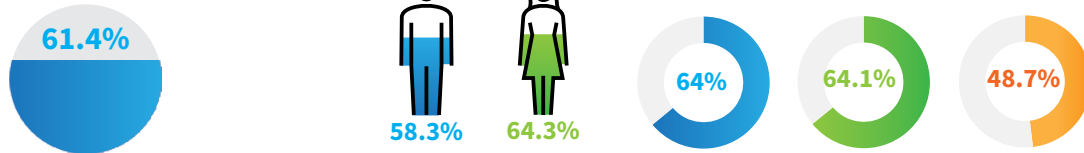
The Covid-19 crisis has brought many difficulties and fears. Most respondents were worried that they or their household members would not be able to get adequate medical help should they contract the virus (62%), but they were also concerned that they would not receive other medical treatments and check-ups unrelated to COVID-19.

“It is difficult to get access to hospital treatments, medical findings, check-ups.” General population

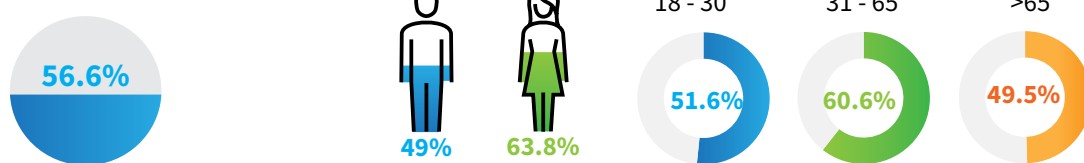
This was more common in the Federation of Bosnia and Herzegovina (67%) and among citizens in the age group 31-50 (66%).

Graph 30: Highest reported fears and concerns of respondents concerning COVID-19

Worried that you or your household members will not be able to get adequate medical care if infected with the virus.



Media reporting has increased your fear



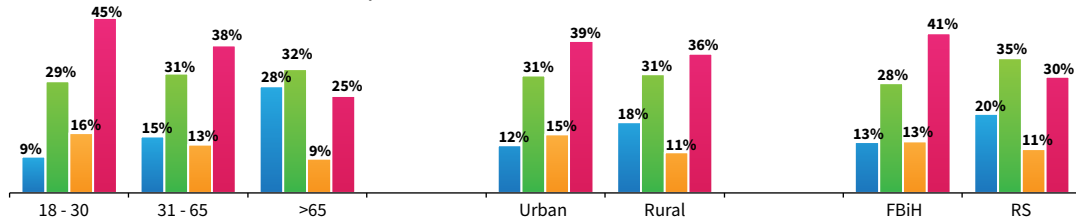
Respondents (57%) reported that media coverage had increased their fear with women (64%), those aged 31-50 and the relatively poor (69%) experiencing the greatest impact.

2.7. Public perception of the response to the crisis

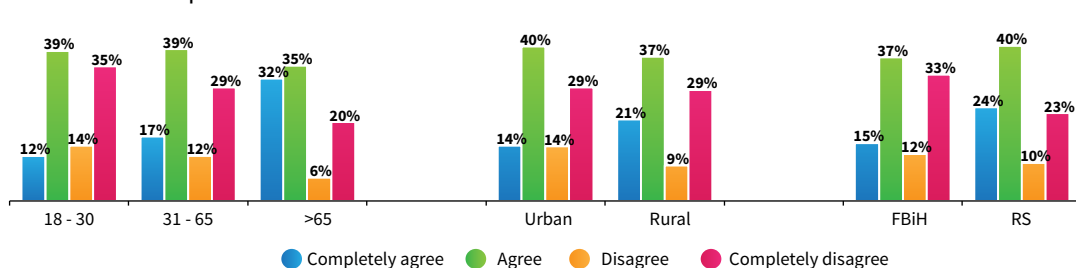
The research shows that the people of Bosnia and Herzegovina have a predominantly negative attitude toward the management and response to the crisis. Differences in their perceptions were observed between the entities and among different demographic groups. On the whole, respondents aged 18-50 expressed the least amount of trust in the authorities' response to the pandemic, among whom 45 per cent were those aged 18-30.

Graph 31: The public perception of the response to the crisis

Has confidence in authorities' response



Satisfied with response



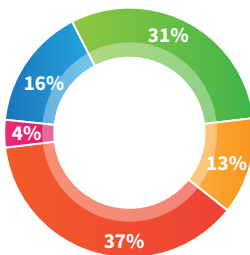
Respondents who lived in households that earned above BAM 1,500 a month most avidly expressed their lack of confidence in the authorities to respond quickly to the pandemic with 45 per cent of respondents in this demographic group not trusting the authorities at all.

“I think they acted completely immorally. They spent citizens money relentlessly, invested so they would benefit, some even got rich during the pandemic.” Roma community member

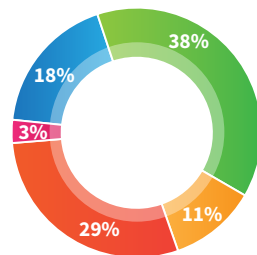
The results were alike when it came to their level of *satisfaction with the government response* to the pandemic and the measures put in place to combat the pandemic: 57 per cent were satisfied with the response to a degree with the youngest respondents (18-30) mostly being dissatisfied, while 49 per cent were dissatisfied with the response to some extent. The oldest respondents tended to be the most satisfied to some extent (67%) with the government response to the crisis.

Graph 32: The public perception of the response to the crisis

Had confidence in the authorities to respond to the pandemic quickly.

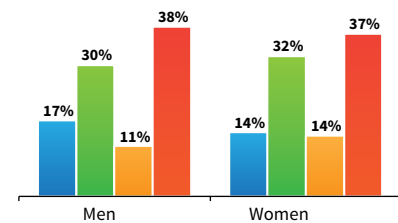


Satisfied with the way the authorities managed the response to the pandemic and the measures to combat the pandemic.

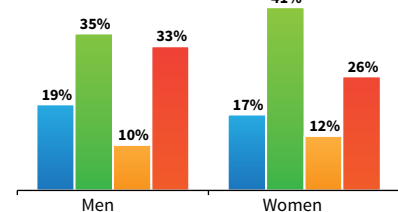


● Completely agree ● Agree ● Disagree ● Completely disagree ● Not applicable/Don't know

Confidence in the response by the authorities



Satisfied with the response



The data also shows that in this case the perception of the response to the pandemic in Republika Srpska was much more positive than in the Federation of Bosnia and Herzegovina. In Republika Srpska, 64 per cent of respondents were to some extent satisfied with the response and 24 per cent fully satisfied with the response to the pandemic and the containment measures. In the Federation of Bosnia and Herzegovina 45 per cent of respondents were dissatisfied with the government response and 33 per cent were completely dissatisfied.

When it came to vulnerable groups, the members of these groups were somewhat more satisfied with the response; these were mostly single parents of which 65 per cent were satisfied with the response and 29 per cent completely satisfied.

“Authorities weren't familiar with the virus, neither was the rest of the world so this was new for everyone. Personally, I think all that could have been done was done. The rest is up to people, how they behave and to what degree they respect the rules.” General population

“I think they are gravely mistaken. They think they did the best they could. [...] I think they mostly copied the response of other countries. But we saw it all. Respirators, raspberries and we know that they did absolutely nothing.”
LGBTIQ community member

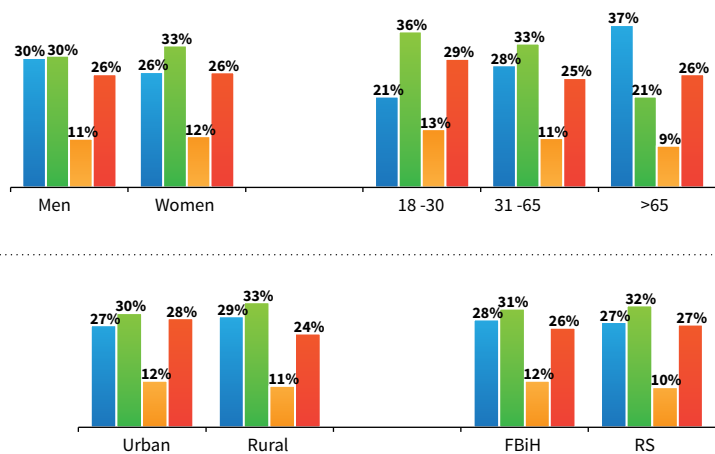
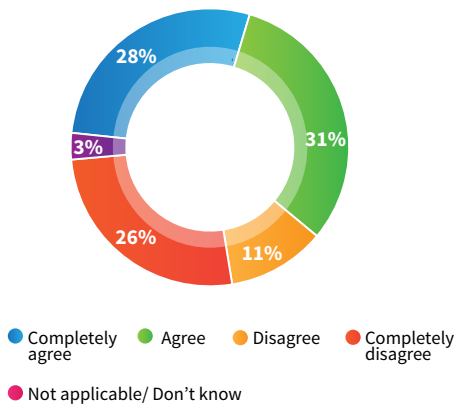
“I think they used this crisis for their shady jobs, for gaining political scores creating an unnecessary crisis.”
General population

2.7.1. The effect on democracy and civic freedoms and liberties

The data shows that 59 per cent of respondents, equally in both entities, believed that COVID-19 containment measures such as wearing masks, physical distancing and the ban of the right to assembly have had a negative effect on their civil and other freedoms.

Graph 33: Perceived impact of COVID-19 containment measures on civil and other freedoms

Measures to combat Covid-19 such as wearing masks, physical distancing, the restricted right to assembly will negatively affect my civil and other freedoms.



People over the age of 65 (37%) were far more likely to completely agree with this than other age groups.

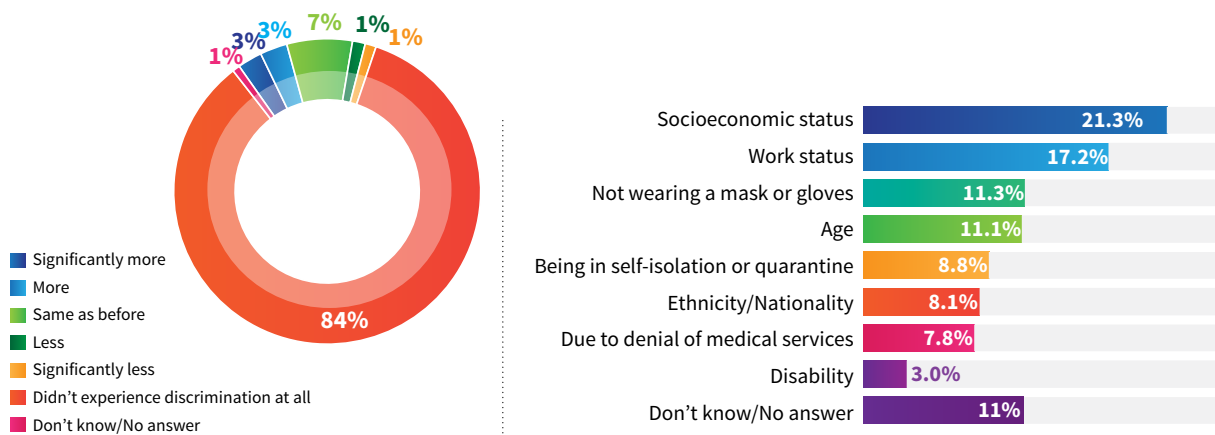
The groups that felt most strongly about this issue were vulnerable groups, especially single parents and the relatively poor (67%).

“Authorities responded well at the beginning of the crisis; the measures were adequate. Equipment procurement was done, to put it mildly, non-transparently. Let's just remember the horrific respirators affair!” General population

2.7.2. Discrimination

The survey found that the largest number of respondents had not experienced discrimination with just 5 per cent of respondents reporting that they had experienced greater discrimination compared to the pre-crisis period. Members of vulnerable groups (4%) experienced greater discrimination significantly more often, namely persons with disabilities or chronic illness (6%) and the relatively poor (7%).

Graph 34: Discrimination



Base: experienced more discrimination during Covid-19 crisis.

The most common grounds for discrimination were reported as socioeconomic status (21%), households living on less than 500 BAM (44%) and poverty (43%).

“Personally, I didn’t experience increased discrimination. But I did see a lot of hate speech on social networks toward the Roma population.” Roma community member

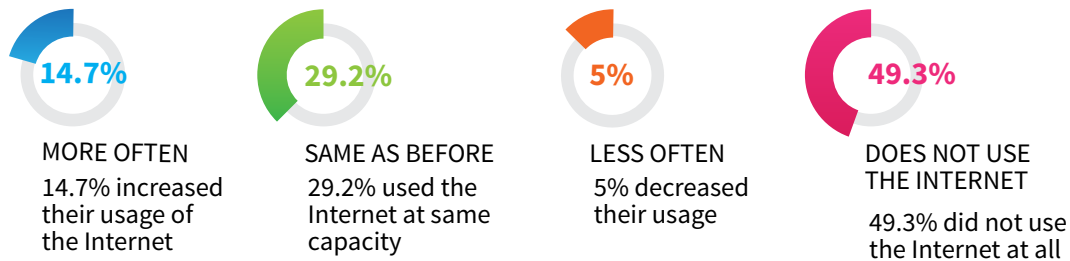
In addition to socioeconomic status, the said reasons for discrimination were employment status (17%) and age (11%). Interestingly, a new form of discrimination has emerged against people who do not wear masks and gloves (11%). There was also evidence of stigma arising from COVID-19 being on the increase with close to 9 per cent of respondents experiencing discrimination because of being in self-isolation or quarantine.

2.8. Internet usage, e-commerce and digital services

Because of the inability to access certain institutions in person or to avoid the possibility of infection, citizens spent more time online and used digitally enabled services far more.

According to the survey, 15 per cent of respondents used the Internet more than before the onset of the pandemic for online transactions including online shopping, e-commerce and e-banking. In most cases, these were young people aged 18-50, people in urban areas (20%) and people from households that had more than BAM 1,500 a month.

Graph 35: Difference in internet usage during the COVID-19 crisis



The data shows that 5 per cent of respondents reduced their usage of the internet during the crisis, particularly members of vulnerable groups (8%).

A total of 49 per cent of respondents reported not using the internet at all. These were primarily respondents older than 65 (74%) and vulnerable people (60%), including single parents (69%), people with disabilities or chronic illness (63%), the relatively poor (67%) and internally displaced persons (59%). A significantly higher number of households with a net income below 900 BAM did not use the internet at all, which also applied to people from rural areas (56%).

“After the COVID-19 outbreak, I started using the internet a lot more. Both I and members of my household started using online shopping for clothes, household items, cosmetics and for the first time we paid our bills electronically.”
Internally displaced persons

“I use it and I think I’ve made more online orders. I think we didn’t pay bills, but I did make some banking transactions because I couldn’t go to the bank.”
LGBTQ+ community member

2.8.1. Most useful digital services

The survey found that the most useful digital services were those that enabled the obtaining of certificates and permits from the municipality (marriage certificate, birth certificate, etc.) (65%), while 46 per cent of respondents prioritised the ability to obtain doctor’s advice online and 31 per cent opted for online voting as their first digital choice.

Obtaining certificates and permits from the municipality via the internet was most important for young respondents aged 18-50 (74%), those in urban areas (70%) and among households with a net monthly income above BAM 900.

Getting a doctor's consultation online was especially important for women (52%) and those in urban areas (50%) and for households with children under 18 (51%).

According to the data, online voting was mentioned significantly more often among young respondents aged 18-30 (36%) and by those in urban areas (35%).

"Government could simplify many things. So would implementing the e-signature." General population

Men prioritised the possibility to register a company online (18%) significantly more often than women did.

Vulnerable people were somewhat more likely to prioritise applying for social assistance, social benefits, etc. online, especially people with disabilities or chronic illness (21%) and the relatively poor (22%).

3. Analysis and the way forward

The analysis provided in this chapter is structured and aligned with the five pillars of the United Nations Socioeconomic Framework.

Pillar 1. HEALTH FIRST: Protecting health services and systems during the crisis

Pillar 2. PROTECTING PEOPLE: Social protection and basic services

Pillar 3. ECONOMIC RESPONSE AND RECOVERY: Protecting jobs, small and medium-sized enterprises and vulnerable workers in the informal economy

Pillar 4. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

Pillar 5. SOCIAL COHESION AND COMMUNITY RESILIENCE

This section is informed by critical reflection on the latest United Nations policy papers² and other referential papers³ and instruments⁴ prepared to inform the response to COVID-19 following a rigorous contextual analysis in order for it to fit the situation in Bosnia Herzegovina.

3.1. Pillar

1. HEALTH FIRST: Protecting health services and systems during the crisis

The healthcare system in Bosnia and Herzegovina is characterised by extreme fragmentation. The system operates through 13 completely different sub-systems at the level of the entities, cantons and Brčko District, which negatively affects service provision and increases administrative and coordination costs. Pre-COVID-19 expenditure on healthcare in Bosnia and Herzegovina was 9.2 per cent of GDP⁵ and the highest in the region, but household out-of-pocket expenditure were very high.⁶

An EU funded study⁷ shows that more than half of the healthcare institutions (54% in the Federation of Bosnia and Herzegovina and 67% in Republika Srpska) lack an internal oversight system to reflect on public procurement, while the election and appointment of public healthcare management bodies was found to be deeply politicised. Despite the imposition of significant health insurance deductions and under the pretext of austerity measures people have continued to suffer due to a lack of essential medical supplies such as lab chemicals and cytostatic.

2 COVID-19 and Social Protection in Europe and Central Asia: United Nations Regional Coordination Mechanism and the United Nations Sustainable Development Group Europe and Central Asia (Published 27 July 2020). Available from <https://socialprotection.org/discover/publications/covid-19-and-social-protection-europe-and-central-asia-moment-opportunity>. UNDP Global Policy Network on Temporary Basic Income: Protecting Poor and Vulnerable People in Developing Countries, (Published 23 July 2020). Available from www.undp.org/content/undp/en/home/librarypage/transitions-series/temporary-basic-income-tbi-for-developing-countries.html. Supporting National Social Protection Responses to the Socioeconomic impact of COVID-19. Outline of a WFP offer to governments, External Briefing Note, June 2020.

3 Friedrich Ebert Stiftung: Social Protection in the Western Balkans (WB) Responding to the Covid-19 Crisis Labour and Social Justice, By Gordana Matković and Paul Stubbs (Published in July 2020) <http://library.fes.de/pdf-files/bueros/sarajevo/16380.pdf>, https://docs.wfp.org/api/documents/WFP-0000116686/download/?_ga=2.110208773.1227903019.1597667534-1570289505.1596467142.

4 Social Protection Inter-agency Cooperation Board (SPIAC-B), *A Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic*. Available from www.social-protection.org/gimi/RessourcePDF.action?id=56006.

5 www.oecd.org/south-east-europe/COVID-19-Crisis-in-Bosnia-and-Herzegovina.pdf.

6 See the World Health Organization Global Health Expenditure Database. Available from <http://apps.who.int/nha/database>.

7 Analysis of the Legislative and Institutional Framework and Policy on the Prevention of Corruption in the Healthcare Sector in Bosnia and Herzegovina.

The response to COVID-19 was based on the adoption of strict measures aimed at preventing the looming collapse of the health system. The survey findings show that 98.5 per cent of respondents together with their household members in Bosnia and Herzegovina had not been infected with the COVID-19 virus and that 5.2 per cent had spent time in self-isolation or quarantine.

Primary healthcare providers are the first point of contact and a number of telephone lines are dedicated to COVID-19. Only persons with an epidemiological link and with symptoms can be tested⁸ and such testing is performed at the request of a primary healthcare professional. There is a triage process for all patients. Mild COVID-19 cases are allowed to return home under surveillance in order to self-isolate or are sent to specially designated places for isolation.

However, a number of deficiencies were identified. These deficiencies range from the ineffective (non-digital) emergency response protocols, issues related to data management, the lack of people centred COVID-19 telephone service providers, the quality of healthcare and the health system itself. COVID-19 affected people have experienced significant delays in getting diagnosed because of a lack of clearly delineated ‘patient paths’, COVID-19 telephone service providers being overburdened and insensitive and the health system protocols not being sufficiently people centred or readily available.

Therefore, there is a need to develop and implement WHO policy, guidelines and protocol for testing, contact tracing and treatment of COVID-19 positive cases.

In addition, there is a need to ensure the continuity of healthcare including mental health,⁹ preventive check-ups and screenings as well as service provision to cater for unmet health needs unrelated to COVID-19. A total of 13 per cent of respondents reported having unmet health needs and 24 per cent could not access a general practitioner with families with children (26%) most affected. The hardest hit were persons with disabilities and chronic illness, 18 per cent of whom could not access therapy, families with children and youth under the age of 18 (15%) and vulnerable people (14%). This correlates to the UNFPA prediction¹⁰ of the looming indirect impact of COVID-19. UNFPA stresses the need to ensure continuity of maternal, newborn and comprehensive reproductive healthcare services, including emergency obstetric care, sexual health and family planning services and support for survivors of gender-based violence by ensuring the continuity of multi-sector gender based violence (GBV) services for survivors.¹¹

The COVID-19 crisis has highlighted the importance of leveraging digital technologies to ensure a rapid agile and effective response to both the pandemic as it unfolds and the economic recovery in its aftermath. The situation calls for a reorganisation of service delivery and the design of alternative health and service provision models. This should be done in consultation with people in order to ensure that the models are relevant and that they are sufficiently people centred. Telemedicine was prioritised by 65 per cent of respondents as a priority digital service aimed at getting a doctor’s advice online. This would be particularly useful for families with children of which 18 per cent reported having unmet health needs in their household.

It is estimated that 70 per cent of persons in Republic Srpska and 86 per cent in the Federation of Bosnia and Herzegovina are medically ensured. However, universal healthcare in the time of COVID-19

8 They can direct anyone who contacts them to an epidemiologist by phone and fulfil two case definition criteria: epidemiological link and symptoms. Epidemiologists interview each individual and decide who should be referred for testing according to WHO guidelines.

9 In line with the United Nations Policy Brief COVID-19 and the Need for Action on Mental Health.

10 www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf.

11 www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf.

has been extended to all people. With the forthcoming reform of the healthcare system, the governments should be supported in sustaining universal healthcare and in making efforts to ensure that it is made permanent in the post-COVID-19 era.

3.2. Pillar

2. PROTECTING PEOPLE: Social protection and basic services

3.2.1. Education

In the realm of education, inequalities persist in relation to access¹² and quality.¹³ Even though Bosnia and Herzegovina is an average spender with 4.7 per cent of GDP¹⁴ compared to its neighbours on average invested in education, many gaps and challenges remain. The concept of nine-year primary education was introduced without a thorough education reform process or a revision and standardisation of textbooks. This had a negative impact on the learning outcomes of pupils, which is reflected in the results of the PISA assessment.¹⁵ Reforms are necessary in order to encourage critical thought, affirm universal values, ensure proper implementation of inclusive education and remove ethnic segregation.¹⁶

COVID-19 containment measures led to kindergarten, school and university closures, which had a serious impact on children and youth as well as their parents. According to UNDP,¹⁷ the disruption in education will have long lasting consequences and will cause the human development index to decline for the first time since 1990 erasing the progress achieved over the last six years. Schools in Bosnia and Herzegovina transferred to improvised online teaching methods with varying degrees of success. This was done primarily through a combination of online platforms, smart phone applications and e-mail, but without uniform standards in terms of content or teaching methods and material. However, while acknowledging all of the deficiencies, it can be said that the crisis has stimulated innovation within the education sector, ensuring the continuity of education and training. These lessons should be learned and captured. The Rapid Needs Assessment conducted by UNICEF in March 2020 shows that almost 10,000 children had no access to online education and only 68 per cent children attended primary education using various platforms. The results reconfirm the digital divide between children from different socioeconomic spheres.

The household survey found that 41 per cent of respondents had been adversely affected by the closure of schools and colleges, while 15 per cent had been affected by the closure of kindergartens. This was particularly challenging for families with young or many children and brought to the fore the issue of the care economy. The hardest hit were poor children without technological devices or an internet connection and children that live with neglect or in violent homes for whom the likelihood of dropout increased.

It can be expected that even without a thorough assessment that disruption in education will further deepen the already significant education gap in terms of inequality of knowledge between the poorest and the richest, which in Bosnia and Herzegovina stands at 1.5 years of education (66 PISA

12 This affects pupils and students with disabilities in particular as well as those from low-income or Roma households and individuals residing in rural areas. See education-inequalities.org.

13 PISA 2018 Results, OECD, 2019.

14 http://bhas.gov.ba/data/Publikacije/Bilteni/2019/NAC_00_2017_Y1_0_BS.pdf.

15 OECD PISA (2019), Country Note, Bosnia and Herzegovina.

16 www.promente.org/downloads/cemuucimodjecueng.pdf.

17 www.undp.org/content/undp/en/home/librarypage/transitions-series/temporary-basic-income--tbi--for-developing-countries.html.

points).¹⁸ Last but not least, the semi-structured interviews revealed the negative impact on children caused by the disruption of routines, lack of socialising and particularly the lack of exposure to social learning from classmates, physical activity and excessive screen time.

In mid-August, there was still no information on if and how schools would reopen in September and this left the governments, unions, parents and children grappling with the question of when and how to approach the next phase. These decisions carry enormous social and economic implications and will have lasting effects on educators, on children and youth, on their parents – especially women – and on society as a whole. It is therefore of utmost importance that government is supported in reopening schools and the attached facilities¹⁹ and in ensuring the continuity of their work and the safety of all. This should be done whilst listening to the voices of all concerned and coordinating with key actors, including the health community.²⁰

It is important on a macro level to prevent any further defunding of education in Bosnia and Herzegovina²¹ and to promote financing by strengthening domestic revenue mobilisation, preserving the share of expenditure for education as a top priority and addressing inefficiencies in education spending.

3.2.2. Social protection

Similar to its neighbours, Bosnia and Herzegovina spends roughly a quarter of its GDP²² on social protection programmes. The majority is based on contributions, i.e. health protection programmes and pensions, each of which accounts for roughly 10 per cent of GDP. Low birth rates and the migration of women of childbearing age has resulted in a rapidly ageing population, with 15 per cent of people aged 65 or above. It is estimated that around 60 per cent of the population is not covered by old age pension, while more than half those that are covered qualify for the minimum pension. Social assistance based on non-contributory programmes cost roughly 4.6 per cent of GDP,²³ three quarters of which goes to war veterans and their families. The allocation of social assistance is based mostly on status, without means testing for benefits²⁴ and hence it is estimated that only 1 per cent of the GDP is distributed to the most truly vulnerable citizens. Hence, the overall high level of spending is not an indicator of quality, effectiveness and feasibility of the social protection system. It is evident that the country needs to develop a more fair and effective social protection system and the current crisis might well provide the traction needed to start significant reforms.

The state of affairs in the social realm is detrimental in times of life and societal shock such as the threat posed by COVID-19. This is because of the absence of basic income security that would otherwise act as an automatic stabiliser and boost people's capacity to manage and overcome such shocks. The household survey revealed that 1 per cent had been forced to turn to a soup kitchen for the first time, 22 per cent of households had reduced their food intake, 16 per cent had to resort to borrowing money and 15 per cent had for the first time turned to subsistence agriculture and animal husbandry to ensure the survival of their families. Even though this is a red flag warning of increased poverty, it also suggests a level of resilience. It could also be seen as a segment of the

18 World Bank, Western Balkans Regular Economic Report, No. 17: The Economic and Social Impact of COVID-19.

19 This refers in particular to combined learning and care facilities (produzeni boravak) attached to schools or in the vicinity of the school, which can have a significant impact on the learning outcomes and socialisation of children. Such facilities also help working mothers by providing a combination of learning and care during office hours. Yet the containment measures that limit the numbers of pupils to ten have brought the funding and sustainability of these learning and care centres into question.

20 In line with United Nations Policy Brief. Available from www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf.

21 On 16 April, the Federation of Bosnia and Herzegovina revised its budget and significantly cut education funding and on 16 May Republika Srpska reduced the education budget by 7 per cent.

22 The World Bank Public Expenditure and Institutional Review Report for 2012.

23 UNICEF, 2013.

24 OSCE, 2012.

population adopting healthy coping mechanisms in order to help get them through highly uncertain times and therefore a positive move toward food sovereignty and self-sufficiency.

Eviction because of the inability to pay a mortgage was a serious concern for 5 per cent of respondents and 6 per cent had already applied for a mortgage moratorium of which the banks granted 72 per cent of such requests. Since the onset of the pandemic, 2 per cent had lost their jobs of which 41 per cent were women. However, the containment measures have not only pushed the working poor deeper into poverty but also threatens to push the middle class that have or could become jobless in Bosnia and Herzegovina and those returning from abroad because of redundancy into serious material deprivation. This would create new groups of marginalised people and deepen income inequality in the country.

Therefore, based on the needs and changing vulnerabilities arising from the pandemic identified through the household survey, it is necessary to provide overall support to the authorities in expanding social protection coverage, improving social assistance targeting and increasing the scope and adequacy of benefits. Social assistance should be shaped in such a way that it achieves a transformational impact²⁵ protecting not only the most vulnerable and the poor but also safeguarding those who now face the real threat of sliding into poverty because of the impact of COVID-19.

It should strike an optimal balance between cash and care, combining protective, preventive, supporting and transformational elements and not be dependency inducing. It is worth pointing out that emergency cash transfers have some of the highest fiscal multiplier effects among poor and vulnerable persons as they are often steered toward immediate food and essentials consumption. Cash transfers, especially those aimed at improving education and health opportunities for children, are partially self-funding.

Furthermore, many self-employed workers, workers in non-standard employment and those working in the informal economy (many of whom are women and people from disadvantaged groups) have either insufficient cover or no cover at all. Informal and precarious employment has been increasing, leaving large swathes of the population without social protection coverage. Thus, it is of paramount importance to expand social protection coverage to include people who make their living in the informal economy, those on temporary contracts, seasonal workers and other precarious forms of employment. The COVID-19 crisis should be used to create an opening in this respect and to push for a transition to a more inclusive and sustainable economy. This would lead to long-term benefits for both people and the system, because the contributory base for the social protection mechanisms would increase and this in turn would improve the medium and long-term sustainability. To this end, it would be worth exploring the EU experience in formalising sectors that traditionally contained high levels of informal employment, such as care and domestic work.

3.2.3. Social services

There is no specific legislation in Bosnia and Herzegovina related to the provision of social services as regulated within the overall social protection system.²⁶ However, regulations and guidelines pro-

25 <http://library.fes.de/pdf-files/bueros/sarajevo/16380.pdf>.

26 This area is broadly guided and regulated by the Disability Policy of Bosnia and Herzegovina, the Strategy for Improving the Social Status of People with Disabilities in Republika Srpska, the Strategy for Equalisation of Opportunities for Persons with Disabilities in the Federation of Bosnia and Herzegovina, the Action Plan for Children in Bosnia and Herzegovina, the Policy for Protection of Children Without Parental Care and Families at Risk of Separation, the Strategy of Social Protection of Children Without Parental Care in Republika Srpska, the Strategy Against Domestic Violence, the Strategy to Combat Juvenile Delinquency and the Law on Social Protection in Republika Srpska.

vide detailed terms and conditions for accessing them and provide minimum standards for care facilities, equipment and their professional staff. The legal definition of social services is broad and covers all interventions that support beneficiaries with social needs that are not cash benefits or benefits in kind. This includes, for example, social care accommodation, foster care, assistance and care at home, day care, counselling and social work services.

The laws on social protection in Bosnia and Herzegovina do not foresee procedures for accreditation and certification requirements of the programme and work of professionals in the field of service provision. The institutional set-up in Republika Srpska places the Department for Social, Family and Child Protection within the Ministry of Health and Social Welfare,²⁷ which is in charge of the improvement of social services. This role in the Federation of Bosnia and Herzegovina is assigned to the Department of Social Welfare and Protection of Families and Children within the Ministry of Labour and Social Policy yet hardly anyone deals with the issue of the standardisation of services.

The financing of social services consumes only a fragment of the overall social protection funds and most funding for social services is channelled into financing institutionalised care. This means that social services and its transformative potential for promoting social and economic inclusion and the provision of support for active social participation remains underdeveloped and hugely underfunded. Therefore, social services in Bosnia and Herzegovina, especially gender responsive ones, are often missing or are inadequate. This is usually the case in smaller towns and rural areas where people are forced to rely entirely on kinship support. There is a dire need to bridge the gap between macro level investment into overall social protection and micro level practice reflected in community based social services.

Following the outbreak of COVID-19, the centres for social welfare,²⁸ as the core social protection institutions on the ground, faced significant challenges stemming from their weak capacities, understaffing, lack of funds and administration burdens. The semi-structured interviews also revealed that since the onset of the crisis, these centres were ill equipped to provide proper case management and unable to practice fieldwork in a safe manner. The household survey found that 20 per cent of respondents were unable to access institutions and services because of the restrictions imposed in response to COVID-19, while 13 per cent were unable to benefit from social protection services. In addition to persons with disabilities and poor people, most affected were women.

The COVID-19 pandemic and the imposed containment measures resulted in the closure of schools, kindergartens and most other structures of everyday life, which further confirms that women pay the highest price for public and social service system absence and shortcomings. Women are highly dependent on social services as they partially alleviate their burden of care work, which means that they often have more at stake compared to men when these services are degraded, redundant or they are denied access.²⁹

This brings to the fore the issues related to the care economy and calls for the promotion of care work as an essential aspect of the labour force in the significant role it plays in maintaining the economy, society and families in Bosnia and Herzegovina through the care of children, the ill and people with disabilities. To generate quick gains, accessible and affordable social services should be designed in a consultative process that incorporates potential service users.

27 <https://portal.cor.europa.eu/divisionpowers/Pages/Bosnia-Herzegovina-Social.aspx>.

28 www.bhas.ba/tematskibilteni/SOC_00_2012_Y5_0_SR.pdf.

29 UNDP, Gender Needs Assessment conducted as part of the Strengthening Local Communities project in 2017.

3.3. Pillar

3. ECONOMIC RESPONSE AND RECOVERY: Protecting jobs, small and medium-sized enterprises and vulnerable workers in the informal economy

Even before COVID-19, Bosnia and Herzegovina was among the poorest countries in Europe with 58 per cent of the population at risk of poverty and social exclusion.³⁰ Children are among the most vulnerable categories³¹ with 19 per cent living below the relative poverty line and 26 per cent below the absolute poverty line.³²

It is expected that Bosnia and Herzegovina will enter into a recession in 2020 and that the forecasted negative growth³³ will shake the county's economic foundation and prospects. The assessment findings confirm that the impact of the virus on health and the economy is borne disproportionately by the poorest and most vulnerable. The crisis has devastated both income and access to basic services the implications of which are intergenerational for families in terms of multidimensional poverty and inequality. As underlined in the household survey, remittances, estimated at EUR 2 billion annually, comprise the means of survival for many families and these have decreased significantly since the onset of the pandemic.

Unemployment was high prior to the pandemic, especially among women,³⁴ while the widespread instability of work is evident in the high levels of temporary or informal work. Employment alone does not guarantee a decent living because a quarter of those in work in Bosnia and Herzegovina remain at risk of poverty. The global nature of the pandemic implies a return of diaspora from Bosnia and Herzegovina back home, which will significantly decrease the level of remittances that are often the only means of livelihood for the poorest people in the country. This has already been recorded in the household survey where 24 per cent of households had experienced a decrease in the level of remittances.

Many businesses in Bosnia and Herzegovina are experiencing devastating financial consequences because of the pandemic in the form of its impact on their supply chain, forced shutdowns, a significant pullback in consumer spending or all of the above. It is therefore necessary to expand the support measures for micro businesses and small and medium sized enterprises, including start-ups for women, youth, the vulnerable and low-skilled workers. Digital economy rollout and business innovation and reorganisation should also be supported. A long-term plan to reduce the informal sector is necessary and support should be provided through means such as labour subsidies, a reform of unemployment benefit and by introducing lower taxes.

Farmers in Bosnia and Herzegovina, most of whom have no proper pension insurance or health coverage, are a particularly vulnerable population. Therefore, specific support measures for farmers should be given due consideration in order to safeguard farmers and protect the food sovereignty of the country. In addition to designing programmes to bring farmers out of the informal sector and include them in the social protection system- price guarantees, putting new cooperative business models in place with efficient value chains and incentives³⁵ should be initiated in order to help

30 Cojocar and Ruggeri Laderchi, 2013.

31 Situation Analysis of Children in Bosnia and Herzegovina, UNICEF, March 2020.

32 HBS.

33 According to the World Bank predictions, in 2020 GDP in Bosnia and Herzegovina will plunge to -1,9 <https://openknowledge.worldbank.org/bitstream/handle/10986/33476/9781464815645.pdf>.

34 Women of all ages are a third less likely to participate in the labour force and they account for 56.9 per cent of registered unemployed persons in Bosnia and Herzegovina.

35 www.fao.org/2019-ncov/q-and-a/en/.

convert as much arable land as possible to agricultural usage. Supporting food sovereignty and self-sufficiency efforts at the household level by providing seed, tools and know-how in farming methods would strengthen the resilience of the most vulnerable population in these highly uncertain times.

All of this would contribute significantly toward mitigating the worst food and nutrition insecurity resulting from the crisis and help minimise the erosion of the gains that the country has made toward realising SDG 2 on zero hunger. Lastly, it is said that extraordinary times call for extraordinary measures. Hence, initiating dialogue on innovative schemes aimed at pushing through such times of acute crisis is essential and their applicability to the context of Bosnia and Herzegovina should be given due consideration. One such scheme aimed at setting up a Temporary Basic Income floor was recently presented by the UNDP.³⁶

3.4. Pillar

4. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

In an attempt to contain COVID-19 and regulate the containment measures, the Government of Bosnia and Herzegovina has at different levels endorsed over 150 decrees, decisions, recommendations and conclusions with varying degrees of authoritative weight and legal enforcement since the outbreak.³⁷ Broadly speaking, the authorities have devised three sets of measures in the social realm in response to the pandemic. Cash transfers have been introduced within the domain of social assistance and local governments have set up schemes to assist the elderly and families with low or no income. Regarding social insurance measures, a total of EUR 5.5 million has been allocated for unemployment benefit for 2020; however, this could increase by another EUR 10 million in order to support job retention and/or increase the level of unemployment benefit.³⁸

With regard to labour market measures, prior to the COVID-19 crisis BAM 66 million was allocated by the Government of the Federation of Bosnia and Herzegovina³⁹ and BAM 10,928,106.90 in Republika Srpska⁴⁰ for active labour measures and start-ups in early 2020. Overall, around EUR 29 million was dedicated to cover the minimum wage, contributions and taxes for around 70,000 employees directly affected by COVID-19 in April and May. Since March, the Federation of Bosnia and Herzegovina covered minimum wage contributions for all employees in the real sector (up until one month after the end of the state of emergency), while in Republika Srpska, in addition to full salary contributions for March and minimum wage contributions for April, taxes were also covered by the Government for those persons hardest hit such as merchants, caterers and small entrepreneurs.

In both entities⁴¹ a set of labour protection measures was put in place to support parents, including single parent households, recommending that employers ensure that one working parent be enabled to stay at home with children under the age of ten and proposing measures such as flexible working

³⁶ The proposed TBI scenarios are not universal but target people with livelihoods below the vulnerability-to-poverty threshold, which is at least 70 per cent above the value of the poverty line. While the proposed targeting involves a mechanism to exclude ineligible people, the TBIs remain unconditional in terms of not imposing behavioural conditions such as job-search or conditions on the use of the cash benefits. Finally, the TBIs are to be delivered on an individual basis, regardless of household composition, thus avoiding any assumption of economies of scale and unintended discrimination within a household that could prove harmful to the empowerment to women and the control of economic resources. The UNDP paper makes the case for including in the list of beneficiaries not only the existing poor but also those who were at high risk of poverty prior to the pandemic. Thus, the first group is comprised of people that live under the international poverty line, which in Europe is set at \$5.50 per day. A second subgroup of beneficiaries should comprise those people at high risk of falling into poverty, which in Europe is set at the range of \$5.50 to \$13 per day.

³⁷ www.paragraf.ba/propisi-naredbe-bosne-i-hercegovine-za-sprecanvanje-sirenja-korona-virusa-covid-19.html.

³⁸ The World Bank, Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, 'Living paper', version 11, June 12, 2020.

³⁹ www.fzzz.ba/.

⁴⁰ www.zzzrs.net/index.php/vijest/usvojen_akcioni_plan_zaposljavanja_za_2020_godinu/.

⁴¹ www.paragraf.ba/propisi-naredbe-bosne-i-hercegovine-za-sprecanvanje-sirenja-korona-virusa-covid-19.html.

arrangements, telecommuting, reorganisation of work into two shifts, reducing overall working hours and improving health and safety measures for employees at the workplace. BH Telecom has approved⁴² free of charge the use of its IPTV platform and other infrastructure for online classes and other e-schooling purposes. Price controls⁴³ were established on essential groceries and basic hygiene supplies⁴⁴ and fines ranging from BAM 1,000 up to BAM 20,000 were put in place. A support group⁴⁵ was set up to give voice to citizens who report price increases and to take action to report such retailers.

On 2 April the Chairman of the Council of Ministers of Bosnia and Herzegovina held a video call with international financial institutions in order to request multilateral support and cooperation based on the estimate that Bosnia and Herzegovina would require around EUR 600 million to respond to the pandemic and recover its health and economic sectors. Support has been pouring in ever since. The EU has provided a support package of EUR 80.5 million to Bosnia and Herzegovina of which EUR 7 million was allocated for urgent support for the health sector and EUR 73.5 million for economic and social recovery. The EU Special Measure⁴⁶ on mitigating the impact of COVID-19 was set at EUR 23 million and is aimed at providing assistance in the areas of democracy and governance, competitiveness, innovation, agriculture and rural development. On 29 April, the EU reserved a total of EUR 3.3 billion as a support package for the South Eastern Europe region. Aid for the healthcare system in Bosnia and Herzegovina arrived from the European Union, China, Russia, Turkey and Norway.

The United Nations provides urgent socioeconomic support to Bosnia and Herzegovina in the face of COVID-19, which was not only intended to save lives and restore livelihoods but also to support the concept of building back better, greener and fairer and based on the United Nations intention to instigate an immediate development response to COVID-19 in the country. This offer outlines the socioeconomic response and recovery measures to be implemented by the United Nations Country Team in Bosnia and Herzegovina jointly with its partners. It is based broadly on the global guidelines issued by the United Nations Secretariat and the Report of the United Nations Secretary-General. It is further informed by analyses and policy decisions related to COVID-19 by the international financial institutions in Bosnia and Herzegovina and complements the health priorities outlined in the initial draft of the WHO led Strategic Preparedness and Response Plan for Bosnia and Herzegovina.

As part of its mission to eradicate poverty, reduce inequality and build resilience to crisis and shocks the UNDP is supporting Bosnia and Herzegovina's response to and recovery from the COVID-19 pandemic, focusing particularly on the most vulnerable. UNDP is a partner of choice for managing more than USD 14 million from international and domestic partners to procure vital medical supplies and equipment. While applying gender-responsive approaches, UNDP addresses the socioeconomic impact of COVID-19, pursues inclusive and multi-sector crisis management in response to COVID-19 and pursues digital transformation and e-governance. UNICEF has created an online repository of free learning tools and resources to support teachers and parents in the transition to online learning,⁴⁷ while UNESCO has compiled a list of online learning solutions⁴⁸ to facilitate pupil learning and provide social care and interaction during periods of school closure.

42 www.fbihvlada.gov.ba/bosanski/sjednica_v2.php?sjed_id=838&col=sjed_saopcenje.

43 The prices should not exceed those of 5 March 2020.

44 On 25 June, the Government of the Federation of Bosnia and Herzegovina abolished the measure of immediate price controls, while in Republika Srpska this occurred in early June.

45 www.facebook.com/Stup-srama-za-trgovce-koji-podizu-cijene-u-vrijeme-krize-100991891546610/.

46 https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/c_2020_5211_f1_commission_implementing_decision_en_v2_p1_1089823_3.pdf.

47 www.unicef.org/bih/besplatna-digitalna-sredstva-za-u%C4%8Denje-na-daljinu-tokom-zatvaranja-%C5%A1kola-zbog-covid-19.

48 <https://en.unesco.org/covid19/educationresponse/solutions>.

In terms of loans, on 21 April the IMF approved a EUR 330 million loan under the Rapid Financing Instrument. On 30 April at its 18th session, the Council of Ministers of Bosnia and Herzegovina discussed a proposed IBRD loan of EUR 33.1 million⁴⁹ aimed at strengthening the national public health system and the disbursement of welfare benefits to the population most in need.⁵⁰ On 24 April, the World Bank approved a loan of USD 36.2 million⁵¹ to strengthen healthcare delivery and the health systems in response to COVID-19 and for the provision of temporary social support and cash assistance to the most vulnerable for an estimated 48,000 citizens. Registration for cash assistance for the emerging beneficiaries has been simplified and can now be done online or by proxy. Over a two year period the World Bank will work with the entity line ministries in the Federation of Bosnia and Herzegovina (the ministries of Health, Labour and Social Policy) for which 60 per cent of the total funds has been dedicated and in Republika Srpska with the Ministry of Health and Social Welfare, which will receive the remaining 40 per cent of the total funds. On 10 June, the Government of the Federation of Bosnia and Herzegovina agreed to a macro-financial assistance loan from the EU totalling EUR 250 million aimed at mitigating the socioeconomic impact of the pandemic.

As evidenced by the above, a major effort has been made to assist the country in order for it to be able to respond and recover. To maximise the impact it is necessary to ensure that efforts are well coordinated and multilateral partnerships are formed to engage a whole-of-political and whole-of-society action in a people centred response to COVID-19. The magnitude and scale of the pandemic calls for the active engagement of stakeholders across society, including the authorities, citizens, civil society, the private sector, academia, the media and the international community. Facilitating dialogue among them is essential for ensuring that economic recovery does not merely become fiscal austerity for the health, education and social protection systems.

Lastly, a significant effort by various organisations is currently underway aimed at assessing the impact that COVID-19 has on people, the economy and society. It is necessary to sustain and ensure the continuity of these efforts so that policymakers in Bosnia and Herzegovina can design an evidence-based macro-economic response as well as socioeconomic, employment, labour market, fiscal, social protection and women's empowerment policies that take into account at-risk populations and the changing vulnerabilities of people.

3.5. Pillar

5. SOCIAL COHESION AND COMMUNITY RESILIENCE

In difficult times, it is important to strengthen solidarity, trust and ties among people. Socially cohesive communities are those with stronger social connections and trust and they are more resilient to shocks. The semi-structured interviews demonstrated the transformative effect of social cohesion, solidarity and networks that bind people together and build trust in institutions. This keeps people safe and ensures resilience in the long run. Despite physical distancing, people are finding creative ways to connect and help one another and to reach out to the most vulnerable members of their communities. Instead of withdrawal and self-interest, we have witnessed an outpouring of support and solidarity among people. The household survey found that 60 per cent of people focused their attention on the common good and turned to helping others, volunteering and strengthening their community.

⁴⁹ The loan is repayable over a 32-year period with a 7-year grace period.

⁵⁰ www.vijeceministara.gov.ba/saopstenja/sjednice/saopstenja_sa_sjednica/default.aspx?id=32921&langTag=en-US.

⁵¹ www.worldbank.org/en/country/bosniaandherzegovina.

This was especially the case among young people aged 18-30 and women aged 25-47 (64%). During the lockdown, people left notes on their Mjesna Zajednica (local community) boards, in public spaces and posts on social media offering to buy food, medicine and walk pets for their elderly neighbours who were locked down. Given the significant positive impact on the well-being of people, volunteer networks started to introduce safe home visiting services for vulnerable groups during the lockdown and this should be expanded and sustained.

Lockdown has brought many families closer together and led to improved relationships. Overall, 60 per cent of people saw the positive side to the crisis in the sense that it helped them to realign their goals, priorities and actions: 35 per cent of people experienced improved relationships with their partner, 43 per cent with their children and 46 per cent with older family members.

Just as important as the horizontal networks of mutual aid and support are the vertical ties between people and institutions. This is particularly important given the high level of distrust that people expressed in the management of and response to the crisis and their perception that the containment measures infringe on their rights and civil liberties. This is likely to cause increased polarisation between people and government and if neglected could increase the likelihood of irresponsible behaviour.

An effective way to improve trust in the governance system and prevent further polarisation of the crisis response and management and people nexus is to promote inclusive dialogue, public consultation and people centred communication. The best way to achieve this would be to target community engagement and social mobilisation through multi-stakeholder partnerships with local authorities, grassroots organisations, women's groups and youth networks. It is particularly effective to leverage partnerships in supporting risk communication, community engagement in COVID-19 prevention and stigma reduction and to ensure women are included in decision-making and that their voice is heard. The household survey found that close to 9 per cent of respondents had experienced discrimination because of being in self-isolation or quarantine, while 11 per cent felt that they were discriminated against for not wearing a mask or gloves.

Given the complex set of challenges that surround the issue of trust in government, its response to the pandemic and the direct implications of these measures on the lives of citizens it is of paramount importance to work on expanding the current very narrow understanding of citizenship that has for different reasons been reduced to the narrow field of party politics, voting, etc. It is important to support efforts of people to claim and create authentic democratic spaces outside the confined spaces provided for by institutions, donors and civil society. The key to social cohesion lies in authentic civic agency and an awakened sense of solidarity among people and communities. Supporting such initiatives through media campaigns to promote solidarity, digital solutions based on the sharing economy principles as well as women leadership may be a worthwhile investment that will help enable people to help each other out in a more organised and sustainable manner in times of crisis.

3.5.1. Digitalisation

Despite the political challenges to building a digital society, which is compounded by the low level of investment in research and development, Bosnia and Herzegovina is an upper middle income European country with a skilled labour force, vibrant IT sector, solid infrastructure and high rate of absorption of internet and technology and this serves as a compensatory mechanism for the development of a digital society.

According to the Global Information Technology Report⁵² of the World Economic Forum, the mobile network coverage (% pop.) in Bosnia and Herzegovina is in 43rd place and the country is 36th for *accessibility of digital content*. Bosnia and Herzegovina is ranked 15th out of 148 countries for the affordability of fixed broadband internet tariffs PPP \$/month. Bosnia and Herzegovina has over 3,100,000 internet users or close to 94.32 per cent of the total population, which reaches EU benchmarks, while 105 per cent of the population has mobile subscriptions and over 52 per cent are mobile social media users. Regarding innovation, Bosnia and Herzegovina takes 57th place globally with regard to the number of applications filed under the Patent Cooperation Treaty (PCT) per million population. Moreover, BiH innovations have achieved a 50 per cent success rate at international trade fairs⁵³ and won 1,112 prizes since 1994. Bosnia and Herzegovina has achieved the greatest level of absolute progress in the South Eastern Europe region in terms of digitising base registries, which has increased six fold the centralised base registry with population databases as a building block of paramount importance for developing a digital society.⁵⁴ This all indicates significant potential for using technology to improve public service delivery and to improve the situation of the socially excluded population.

During the pandemic, digital technology has become a critical enabler of connectivity facilitating continuity of regular lives and connecting people more than ever before. As people were asked to stay at home, many turned to their computers and smartphones as a lifeline and as tools to substitute their in-person activities online. Some of these habits may continue in the future. Hence, the importance of a reliable digital infrastructure has become increasingly important to our lives, providing increased ICT opportunities ranging from telework, telemedicine, food delivery and logistics to online and contactless payments, remote learning and access to culture and entertainment. The household survey found that 65 per cent of respondents prioritised the use of technology for improved public service delivery, such as birth registration, child allowance, maternity benefits and similar digital services designed around life situations of citizens in this time of COVID-19.

In addition to providing safe contactless access, the introduction of digital services would be especially beneficial for those that suffer from time poverty, such as single parents, allowing people to save a significant amount of time and resources should they be able to benefit from digital services. Yet when developing digital service design and the layout of the infrastructure it is of utmost importance to abide by the principle of *leaving no one behind* in order to prevent a deepening of the digital divide. It is therefore essential that services are designed using the WCAG 2.0. standards in order to ensure that persons with disabilities and the elderly can benefit from public services in a much faster and more efficient manner, which also overcomes architectural barriers that exist in all structures of daily life from transport to access to public institutions.

At the same time, using technology to improve the efficiency of public service delivery would be especially useful within the realm of social protection. Digitising the workflows of administrations, reengineering business processes and creating base registries would reduce costs, contribute to system efficiency, increase transparency and eliminate double (or even triple) users of benefits.⁵⁵ Introducing digital interoperable information systems for case management in the centres for social welfare would save a significant amount of time and therefore increase the potential for the centres to reduce red tape and better tackle the needs of their beneficiaries.

52 www.weforum.org/reports/the-global-information-technology-report.

53 www.wieninternational.at/en/content/bosnian-innovators-and-inventors-en.

54 RESPA, *E-Government Analysis: From E to Open Government*, 2015.

55 Having a registry of persons with disabilities, for instance, would be instrumental in eliminating multiple benefit users.

Yet it is important to avoid becoming over reliant on technology and essential that collaboration within government is not neglected or that there is a lack of emphasis on building human capacity or inadequate consultation with beneficiaries. This would limit the possible benefits of digitalisation. It is for these reasons that digital technology should be treated as a means to an end and that strong focus is given to strengthening the capacity of the administration as a critical agent for driving the process of reforms in the social realm. The key to the success of such interventions is to adopt a multidisciplinary, multi-stakeholder and community oriented approach supported by the technical and organisational perspectives.

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