

Social Impacts of COVID-19 in Bosnia and Herzegovina

SECOND HOUSEHOLD SURVEY





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Prepared by Prism Research & Consulting

The views expressed in this publication are those of the authors and do not necessarily represent the views of the United Nations Development Programme, the United Nations Children's Fund the United Nations in general or those of United Nations Member States.

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Foreword

This publication comes at a time when Bosnia and Herzegovina is experiencing the peak of the third wave of the COVID-19 pandemic. This is the second household survey by UNDP and UNICEF focused on assessing the social impact of COVID-19 and is intended to bring comprehensive evidence on how the crisis has affected individuals and families and to help inform future responses within the social and economic realms.

The report confirms that systems and institutions have been weakened, while the data shows a correlation between the worsened financial situation in households and the negative consequences for families and children in relation to nutrition, the escalation of violence and the effect on mental health. The closure of schools and the transfer to online education has further contributed to inequality and placed a greater burden on both working parents and teachers. In terms of the care economy, women were found to be disproportionately affected by the year-long pandemic as they faced a significant increase in care work and household chores.

Years of underfunded social safety nets and continued unsecure employment have left vulnerable members of the population with few if any resources to fall back on in an emergency with greater exposure to debt and deprivation. To make up for the loss of resilience in both the public and private spheres it is necessary to invest in systematic and robust social protection, social safety nets and public service providers and to strive for universal child and family grants.

The resilience of institutions can be improved by the rollout of digital public services that would support the administrative capacity and enable contactless access to services. This, like the data presented in this report suggest, would contribute to a better quality of life.

In the face of rapidly changing conditions and future uncertainty, UNDP and UNICEF commit to support *building back better, building a resilient system* and facilitating dialogue with all partners in the social sphere until full recovery has been achieved.



Rownak Khan
UNICEF Representative



Steliana Nedera
UNDP Resident Representative

Abbreviations

| | |
|-----------------|--|
| BiH | Bosnia and Herzegovina |
| COVID-19 | Coronavirus |
| 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 |

Executive Summary

The executive summary provides a brief summary of the results of the second survey in comparison to the first survey conducted in 2020.

The assessment of the social impact of COVID-19 in Bosnia and Herzegovina found that macro factors such as the dynamics of domestic and international trade, the epidemiological situation in the country, the imposed mobility restrictions and the actions and containment measures enacted by governmental institutions were in constant interaction with individual level factors such as income, level of education, gender, age and geographic and living conditions (urban, rural, type of business and social infrastructure) and that this resulted in deprivations such as inequality, poverty and social exclusion. The COVID-19 pandemic has resulted in a reduction in remittances sent to Bosnia and Herzegovina from abroad, which often constitute the major means of livelihood for some of the poorest people in the country. The household survey shows that 15 per cent of households experienced a decrease in received remittances.

The findings of the surveys point to the fact that the economic impact of the crisis is borne disproportionately by the poorest and most vulnerable sections of the population in Bosnia and Herzegovina. The crisis has reduced income and access to basic services and this has led to an increase in multidimensional poverty and inequality. For example, 12 per cent of respondents reported unmet basic healthcare needs unrelated to COVID-19 and a worsened financial situation was reported by 43.6 per cent of households of which 12 per cent experienced significant hardship. Hardest hit were the population groups who were already vulnerable with 49 per cent reporting a deteriorating financial situation and 13 per cent experiencing major financial constrictions.

The deteriorating financial situation has prompted citizens to engage in a number of activities in order to cover their basic needs with 13 per cent of respondents reporting that they had to borrow money to cover their basic needs and 20 per cent of households with children and 19 per cent of families from vulnerable groups¹ also having to borrow money. A total of 15 per cent of respondents reported turning to subsistence agriculture and animal husbandry for the first time to ensure the survival of their family and 13 per cent of all households and 24 per cent of the most vulnerable reported having to decrease their food intake.

Concern over possible eviction from their dwelling because of their inability to pay their mortgage was reported by 9.7 per cent of survey respondents of which 4 per cent were seriously concerned. In total, 2 per cent of all the interviewees had become unemployed since the onset of the COVID-19 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 mid-level income persons 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.

¹ In this report, members of the following groups belong to vulnerable groups: single parents, people with disabilities, the relatively poor, members of the Roma community, members of the LGBTQ+ community, people living in collective accommodation, internally displaced persons and members of ethnic minorities.

The household survey confirms that the lockdown has taken a disproportionate toll on women. In the labour market, the 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 60 per cent of women reporting a significant increase in domestic, care and emotional work since the onset of the pandemic. Single parents (mothers and fathers) 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 difficult, especially for the most vulnerable children. Of the surveyed households, 37.4 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 (42%) 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.

Mental health was identified through the findings as one of the key areas where the population experiences challenges with 36 per cent of respondents reporting that the COVID-19 pandemic situation made them focus solely on their immediate family and family members. COVID-19 acts as a major trauma trigger with 45 per cent of respondents expressing concern about their declining mental health manifested through burnout, fear, anxiety and sleep deprivation.

The survey findings show that protective equipment in the form of face masks combined with social distancing rules has a negative effect on the respondents in terms of their social ties and dynamics of socialising. They viewed the issue from the standpoint of human rights and democracy with 58% 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.

The survey findings indicate that the lockdown has 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 and 26 per cent had experienced an improvement in their relationship with their partner and 38 per cent with their children. The majority of respondents (72.5%) felt that they were able to share domestic, care and emotional work with their partners in a just manner and 33 per cent of women felt empowered and that their voice was heard, while 11 per cent had experienced positive power shifts within their household. The profile of households where women had experienced empowerment was a household where the age span was 18-30 with above average monthly net household income.

Although a significant share of women 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 (doctor, nurse or grocery store attendant) and the father was able to work from home.

Since the onset of the pandemic, 13 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 BAM 1,500. Furthermore, they believed that their quality of life would improve should they be able to benefit from increased digitalisation.

They thought that the most useful digital solutions would include being able 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.

The box below describes the main variations in the results between the first and second surveys.

Noteworthy variations in the first and second survey results

- ▷ **The was an increase in the number of respondents and their household members infected with the COVID-19 virus:** 11.9 per cent compared to 1.5 per cent in the first survey.
- ▷ **Stress levels were significantly higher in all observed age categories.** Overall, young people were most likely to have experienced increased stress; half of the young people up to 30 years of age said that their stress and fear levels had increased ‘somewhat’ or ‘greatly’.
- ▷ **More respondents continued to work at full capacity** compared to their employment prior to the COVID-19 crisis: 69.9 per cent continued to work at full capacity and physically go to work compared to 44 per cent in the first survey. **Less respondents borrowed money (13%) to cover their basic needs than in the first survey. Less respondents applied for loan rescheduling or a moratorium (4.4% compared to 5.8%). Less respondents were concerned about possible eviction and homelessness compared to the first survey (9.7% in the second survey compared to 12.9% in the first survey). Less respondents had cut food consumption than in the first survey (13% compared to 22% in the first survey).**
- ▷ **The reduced administrative measures intended to control transmission gave people more access to institutions, public services and the daily structures of life.** However, respondents stated that they still experienced restricted access most often to schools, primary healthcare (general practitioner) and hospitals.
- ▷ **Less household members attended education online.** In 34.8 per cent of households, a household member attended school or some form of education online during the pandemic compared to the first survey when 39.3 per cent of respondents attended school online.
- ▷ **The percentage of respondents satisfied with the management of the pandemic ‘to some extent’ was 49 per cent,** which is less compared to the first survey when 56 per cent of respondents were satisfied with the management of the pandemic.

Introduction

By 26 February 2021, Bosnia and Herzegovina had reported 130,979 confirmed cases of COVID-19, including 115,847 recoveries and 5,071 deaths. The COVID-19 pandemic and the measures to curb it have affected the economy and society at their core. It has eroded lives and livelihoods particularly among the poorest and most vulnerable people and set back the achievement of the sustainable development goals (SDGs) and the eradication of poverty in the country.

This report focuses on assessing the vulnerabilities (i.e. financial losses, the effect the quarantine has had on social dynamics, and 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 pandemic outbreaks and the imposed containment measures. The report offers an insight into the gaps in service provision 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 to improve the targeting of governmental institutions packages in the social sectors as well as to inform and improve the design and implementation of United Nations and other key stakeholder interventions.

In the period from July to December 2020, two household surveys were conducted in order to measure perceptions concerning the social impact that COVID-19 has had on household members in Bosnia and Herzegovina 5 and 10 months respectively after the outbreak of the pandemic. This report highlights the key findings identified through the second survey and compares the changes in perception to those of the first survey. The major part of the report consists of findings from the household survey, while a smaller part of the report highlights the findings of in-depth interviews conducted with representatives of vulnerable groups. The interviews centred on their wellbeing, rights, emerging vulnerabilities, coping mechanisms and the power dynamics in the households.

Methodology

The methodology for the assessment included a combination of quantitative and qualitative data.

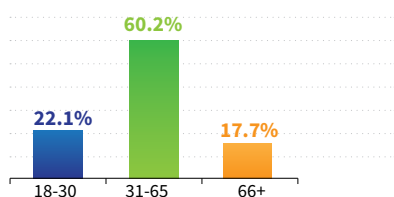
A) Quantitative (primary) data was collected through a longitudinal household survey on a sample of 1,802 households representative of all the major population groups in Bosnia and Herzegovina (with an equal entity ratio and 5% in Brčko District). The first survey was conducted from 9 July to 6 August 2020 and the second survey from 18 November to 11 December 2020. Both surveys involved mostly the same respondents in order to be able to assess any changes in vulnerabilities, risks, strengths and coping strategies of people, households and society over time.

The household survey draft questionnaire was pre-developed by UNDP's Istanbul Regional Hub in order to ensure basic regional comparison by taking the following factors into account: place of residence, socioeconomic status, self-identified vulnerabilities, governance issues, digital services and discrimination (including those based on gender and sexual orientation). UNICEF and UNDP customised and tailored the household survey questionnaire to the context of Bosnia and Herzegovina.

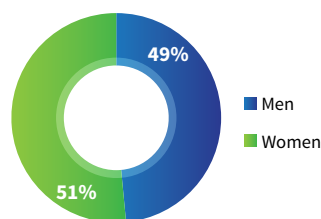
The figures below show the structure of the sample used for the quantitative research. A random stratification procedure was applied for the sample design taking into account the variables of age, gender, entity, type of settlement, number of children and the number of members in the household.

Graph 1: Demographics

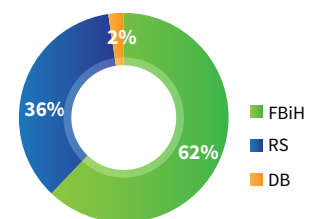
Age Categories



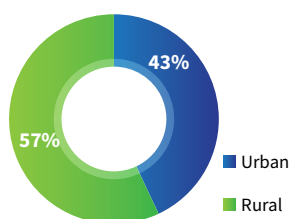
Gender



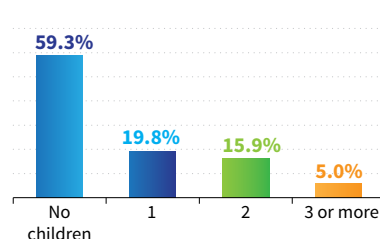
Entity



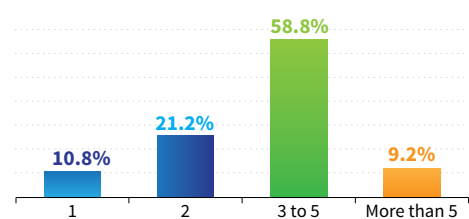
Type of settlement



Number of children in household

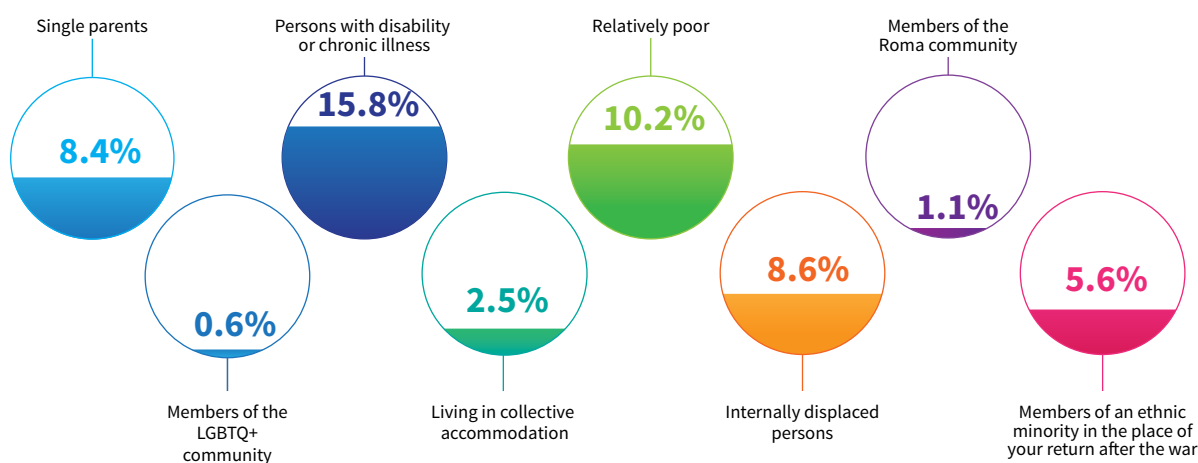


Number of members in household



The participation of vulnerable groups 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



B) Qualitative data. In addition to the household survey, 23 in-depth interviews were conducted from 18 November 2020 to early January 2021 of which 9 were with members of vulnerable groups, 4 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 3 interviews with representatives from the centres for social welfare.

Description of the quantitative data collection process

CATI was used to collect and record data for the household survey. In the first survey 2,182 respondents were surveyed over the period from 9 to 27 July of which 1,840 (84.3%) agreed to participate in the second survey. During the second survey 1,127 interviews were conducted with the respondents that had agreed to participate (63%) and a further 674 interviews were conducted with new respondents chosen randomly from the sample frame. In total, 1,802 CATI interviews were conducted in the second survey from 18 November to 11 December 2020. A total of 23 interviewers specialised in CATI interviews with more than one year of experience of social research and similar projects were included in the survey.

Prior to the main study, a pilot survey of 83 randomly selected households was conducted. This was followed by a minor adaptation of the main survey instrument by the conjoined forces of the United Nations representatives and the Prism Research and Consulting team.

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

Description of quality control and supervision of the data collection

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

These supervisors had the opportunity to 'listen', 'whisper' or 'bargue in' during the interview if he/she identified any quality or methodological 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 to and evaluate the quality of the interview or to barge in and if necessary to take over the conversation (interview) with the respondent in the proper manner. The interviewer was removed from the data collection process if the quality was marked as poor or insufficient.

During the data collection process, 195 interviews or 10.83 per cent of the total number of completed interviews were supervised.

HOUSEHOLD SURVEY RESULTS

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

Key findings

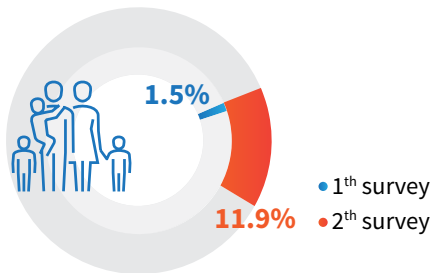
- ▶ **There was a significant increase in the COVID-19 infection rate in the second survey compared to the first survey:** 11.9 per cent of respondents and their household members had been infected with COVID-19 compared to only **1.5 per cent** in the first survey.
- ▶ In the second survey **5.3 per cent** of respondents or members of their household had spent time in self-isolation or quarantine with **2.9 per cent** of respondents in compulsory and **2.4 per cent** in voluntary quarantine. There was no significant difference in the number of respondents or their household members who were in self-isolation or quarantine compared to the first survey.
- ▶ In the second survey **12.2 per cent** of respondents reported unmet health needs and not being able to get medical treatment or therapy for conditions other than COVID-19. This was most prominent among persons belonging to vulnerable groups where **14 per cent** could not get medical treatment or medicine. There were no significant differences between the first and second survey when it came to meeting health needs.
- ▶ **The crisis has had a significant impact on the mental health of people with a recorded increase compared to the first survey.** In the second survey 45.6 per cent of respondents noted an increase in stress and fear of infection compared to the first survey when 40.2 per cent of respondents noted such fear and stress.

Households affected directly by COVID-19

The second survey findings revealed a significant increase in the COVID-19 infection rate compared to the first survey: **11.9 per cent** of respondents and their household members had been infected compared to only **1.5 per cent** in the first survey. The infection rate was lower in persons over 65 years of age with **7.6 per cent** reporting cases of infection.

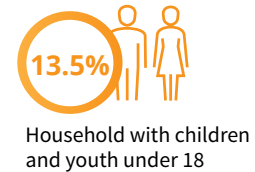
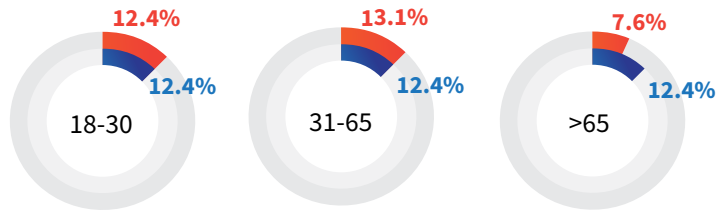
Graph 3: Overview of household with members infected with COVID-19

Households members infected with the COVID-19 virus



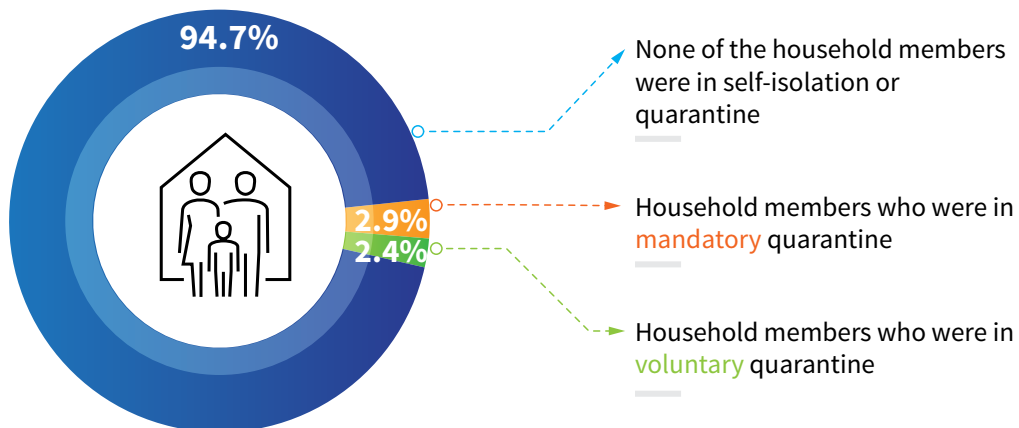
Significant increase in the number of cases from the first survey (1.5% cases) with 11.9% of cases noted in households. The increase is noted in all observed demographic categories with 13.5% of cases of infection in households with children under 18 years old.

Age categories



In the first survey, the percentage of respondents or members of their household that had spent time in self-isolation or quarantine was **5.3 per cent** with **2.9 per cent** of respondents in compulsory and **2.4 per cent** in voluntary quarantine. In the second survey, there was no significant difference in the number of respondents or their household members who were in self-isolation or quarantine compared to the first survey.

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

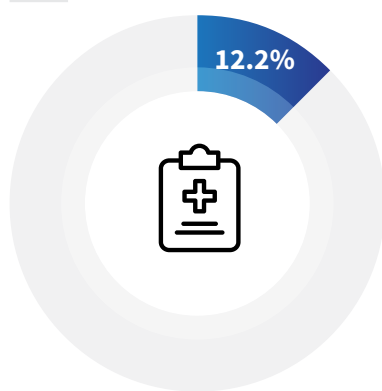


Unmet health needs

In the second survey, overall, **12.2 per cent** of respondents reported unmet health needs and were unable to get medical treatment or therapy for conditions other than COVID-19. This was most prominent among persons belonging to vulnerable groups with **14 per cent** unable to get medical treatment or medicine. Among the members of vulnerable groups medical treatment or therapy was most often not available to the relatively poor (19.9%), persons with disabilities or chronic diseases (19.1%) and members of the Roma community (17.9%). There were no significant differences between the first and second surveys when it came to meeting health needs.

Graph 5: Unmet health needs because of COVID-19

COULDN'T GET MEDICAL
TREATMENT OR THERAPY



No significant changes compared to the first survey results when it came to access to medical treatments and/or therapy.



11% of respondents from the eldest age group could not get medical treatment, somewhat less than the other categories (13% 18-30 and 12% 31-65).



14% of persons belonging to vulnerable groups could not get medical treatment or medicine (11% of non-vulnerable groups could not get medical therapy or treatment).

“The system is so bad that we simply could not get the medicine we needed. At first we could not go to the clinic to be examined because they did not allow us. And then, in the end, they said that we should call by phone, but absolutely no one answers those phones. So it was very difficult for us to be given therapy, to be given the necessary medicines.” (LGBTQ+ community member)

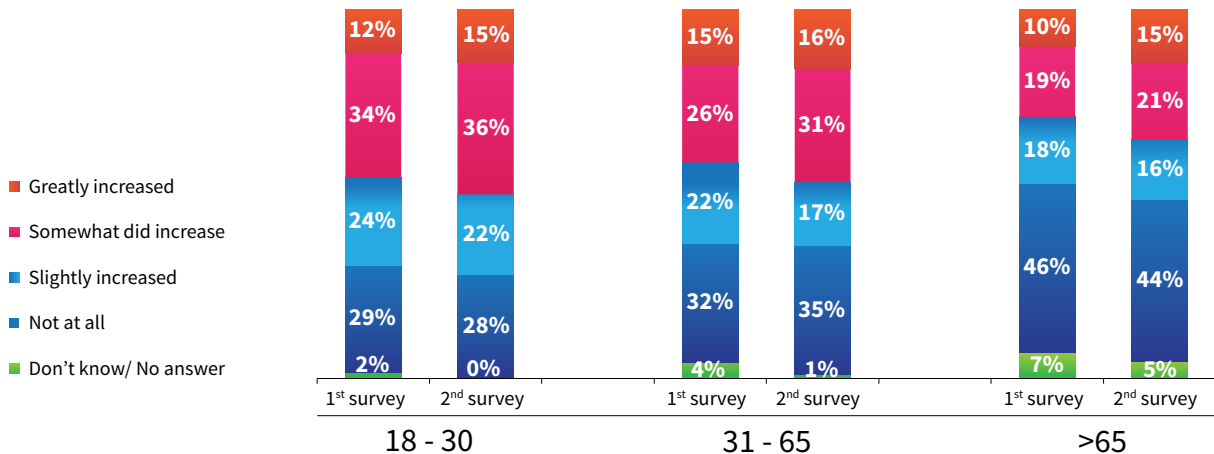
Impact on mental health

The crisis has had a significant impact on peoples’ mental health with a recorded increase from the first survey: **45.6 per cent** of respondents noted an increase in stress and fear of infection, especially among those living in overcrowded and cramped living spaces, compared to **40.2 per cent** of respondents in the first survey. Only a third of all respondents reported unchanged stress levels.

“We are all mentally burdened. You don’t hang out with people ... It simply affects psychologically and then in all possible other ways.” (Internally displaced person)

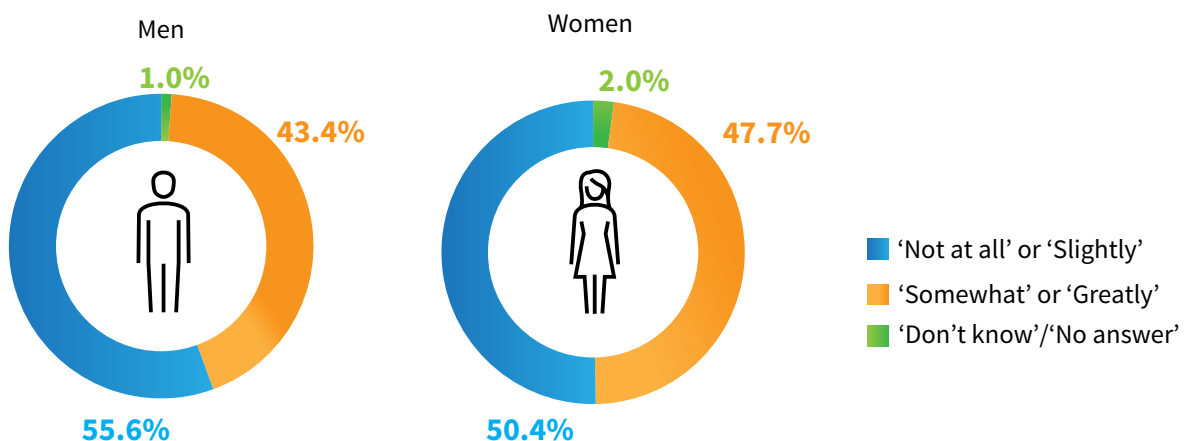
While the stress levels recorded in the first survey were significantly higher than in the second survey in all observed age categories, young people overall were most likely to experience an increase in stress with half (50.2%) of young people up to 30 years of age saying that their stress and fear levels had increased ‘somewhat’ to ‘greatly’.

Graph 6: Increase in stress and fear levels by age group



Older respondents belonging to risk groups again showed the lowest increase in stress and fear levels: 44 per cent of persons over 65 years of age said that their stress levels had not changed because of COVID-19. Yet a significant increase was noted in urban areas where more than half of the respondents living in cities (52%) reported ‘somewhat’ to ‘greatly’ increased stress levels caused by the crisis whereas those living in rural areas (39%) reported no difference.

Graph 7: Increase of stress and fear of infection caused by living in an overcrowded/cramped living space



“The number of reported cases of violence and of mental illnesses, especially among women, increased because of the situation. Women and children were most at risk and somehow felt the pressure the most during the first period of COVID-19.”
(A representative of a citizens’ association)

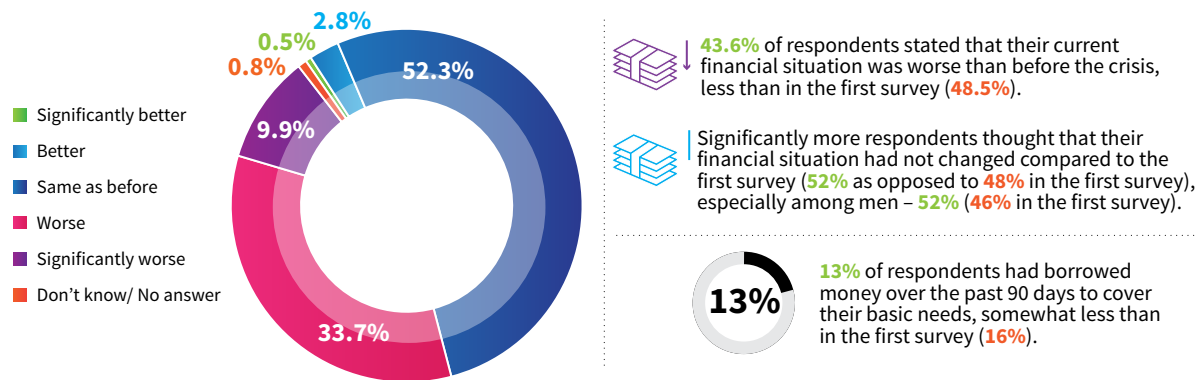
2. Economic situation

Key findings

- ▷ **The percentage of respondents who had experienced a worsening financial situation decreased slightly in the second survey** at 43.6 per cent of respondents in the second survey compared to 48.5 per cent in the first survey. Vulnerable categories were affected the most in terms of household finances during the pandemic.
- ▷ **Less respondents in the second survey (13%) had borrowed money to meet their basic needs compared to the first survey (16%).** Among the members of the vulnerable groups, members of the LGBTQ+ community (36.2%), the Roma community (34.1%) and the relatively poor (33.7%) most often borrowed money to meet their basic needs.
- ▷ **More respondents had continued to work at full capacity at 69.9 per cent compared to the first survey when 44 per cent of respondents reported physically going to work.** A total of 74 per cent of respondents in rural areas reported that they had continued to work full-time and physically went to work compared to 10 per cent of respondents in cities where home office was more common.
- ▷ **The lockdown measures led people to experience difficulty in paying their rent or mortgage and yet concern over possible eviction and homelessness was lower than in the first survey.** In the second survey, 9.7 per cent of respondents experienced notable concern of which 4 per cent were very concerned compared to the first survey when 13.9 per cent had notable concern of which 5.4 per cent were very concerned. Persons who identified as part of a vulnerable group were more affected and reported higher levels of concern over possible eviction or homelessness during the crisis: 14 per cent of people belonging to vulnerable categories stated notable concern and 7 per cent were greatly concerned.

The second survey showed that **43.6 per cent** of the respondents were financially worse off than before the crisis compared to **48.4 per cent in the first survey**. The second survey showed that just **3 per cent** of respondents stated that they were doing better. When it came to household finances vulnerable categories were most affected during the pandemic with half of the respondents who identified as part of a vulnerable group (**49%**) stating that they were doing worse than before the COVID-19 pandemic and **13 per cent** stating that they were significantly worse off. In the second survey the respondents aged 31-65 years of age felt that they had experienced a greater deterioration in their finances (**46%**) compared to respondents aged 18-30 years of age (**40%**) and those older than 65 years of age (**40%**).

Graph 8: Financial situation of household: now and then



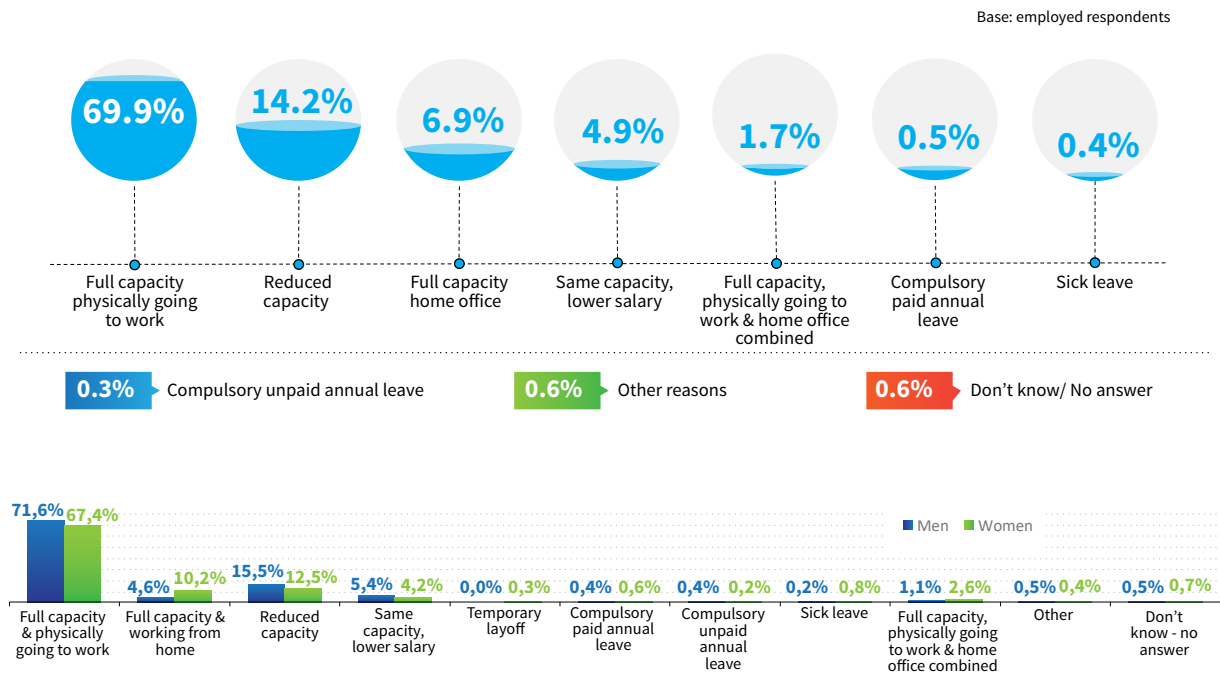
In the second survey less people reported having to borrow money to cover their basic needs at **13 per cent** of respondents compared to **16 per cent** in the first survey, while **19 per cent** of persons belonging to a vulnerable group reported having to borrow money. Among the members of vulnerable groups, members of the LGBTQ+ community (36.2%), the Roma community (34.1%) and the relatively poor (33.7%) most often borrowed money to meet their basic needs.

“I work as a waiter. So I couldn’t work, I couldn’t earn anything. It affected my financial well-being.” (Chronically ill person)

Employment situation

Compared to their employment prior to the COVID-19 pandemic **69.9 per cent** of respondents had continued to work at full capacity and physically go to work, **6.9 per cent** continued to work but through their home office and **1.7 per cent** through a combined arrangement. There was a significant increase in the percentage of respondents who continued to work at full capacity compared to the first survey when **44 per cent** of respondents physically went to work. People continued to work full-time and to physically go to work more often in rural areas (74%), while home office was more common in cities (**10%**). Women were more likely to work through their home office (**10.2%**) compared to men (**4.6%**).

Graph 9: Overview of the employment situation of respondents



“We were closed in March and April and it affected us a lot. Now the fear is whether we will work or not, because we both work for private companies.” (Internally displaced person)

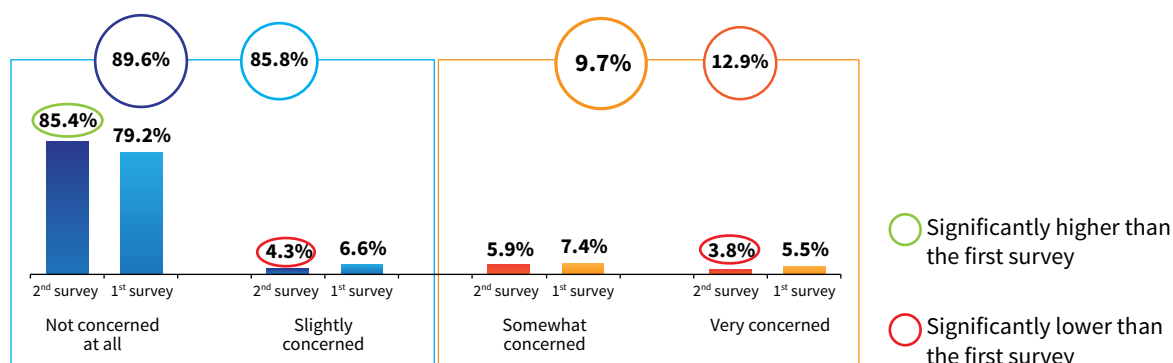
“I lost a lot of customers because I work on the maintenance of apartments” ...“and the fact that people are at home, working from home and not needing my services.” (Single parent)

“Well, from March to June, there were no jobs at all, nothing anywhere. So those first three months was a crisis and now, somehow, some jobs are being found.” (A relatively poor person)

Concern over eviction and homelessness

The lockdown measures have led people to a situation where they find it difficult to pay their rent or mortgage. Despite concern over possible eviction and homelessness being lower than in the first survey, **9.7 per cent** of people were experiencing notable concern of which **4 per cent** were very concerned. Women were more concerned about eviction and homelessness (**11%**) compared to men (**9%**).

Graph 10: Concerns over eviction and homelessness



People were less concerned over possible eviction and homelessness compared to the first survey with **9.7%** somewhat to very concerned about eviction (**12.9%** in the first survey).

Persons who identified as part of a vulnerable group were more affected and reported higher levels of concern over possible eviction or homelessness during the crisis: **14 per cent** of persons belonging to vulnerable categories reported notable concern and **7 per cent** said that they were greatly concerned. This type of concern was especially expressed among members of the LGBTQ+ community (**23%**), the Roma community (**17%**) and single parents (**10.7%**).

Household coping strategies for meeting basic needs

Key findings

- **Less respondents had cut food consumption (13%) than in the first survey (22%).** The youngest respondents (18-30) were least likely to reduce their food consumption (7%). At the same time, 28.6 per cent of families with children had reduced their food consumption.
- According to the survey, 8 per cent of respondents had prior to the crisis relied regularly on remittances sent from friends and family living abroad. This was most frequent among households with a net monthly income of up to BAM 900 (14%) and vulnerable categories (12%), especially single parents (16%), people with disabilities or chronic illness (16%), the relatively poor (14%), internally displaced persons (15%) and ethnic minorities (22%).

- ▷ Among the respondents 4.4 per cent had applied for loan rescheduling or a moratorium and somewhat more often (6.7%) these were younger persons up to 30 years of age.
- ▷ Since the onset of the pandemic, 15 per cent of households had for the first time ever 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. There were no significant differences in this respect in respondent responses between the first and second surveys.
- ▷ Migration from Bosnia and Herzegovina remains a problem with 21 per cent of respondents considering leaving the country. Young people (18-30 years of age) were significantly more likely to consider leaving (35%), while as could be expected only 4 per cent of persons over 65 years of age considered this as an option. The issue of emigration was more often considered in urban areas where a quarter of the urban population was currently considering leaving the country. There were no significant differences in respondent responses between the first and second surveys.

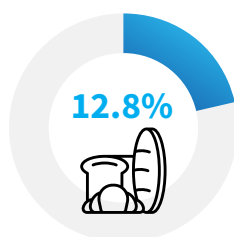
The deteriorating financial situation had prompted citizens to use a number of coping mechanisms and methods to cover their basic needs.

Coping method 1. Reduced food consumption

Less respondents had resorted to cutting their food consumption (12.8%) compared to the first survey (22%). Yet it is of note that **28.6 per cent** of families with children had reduced their food consumption. A quarter of the respondents who had reduced food consumption belonged to vulnerable groups. Youngest respondents (18-30) were least likely to reduce their food consumption (**7%**) compared to other age groups.

Graph 11: Food affordability and reduction

HOUSEHOLD REDUCED FOOD CONSUMPTION



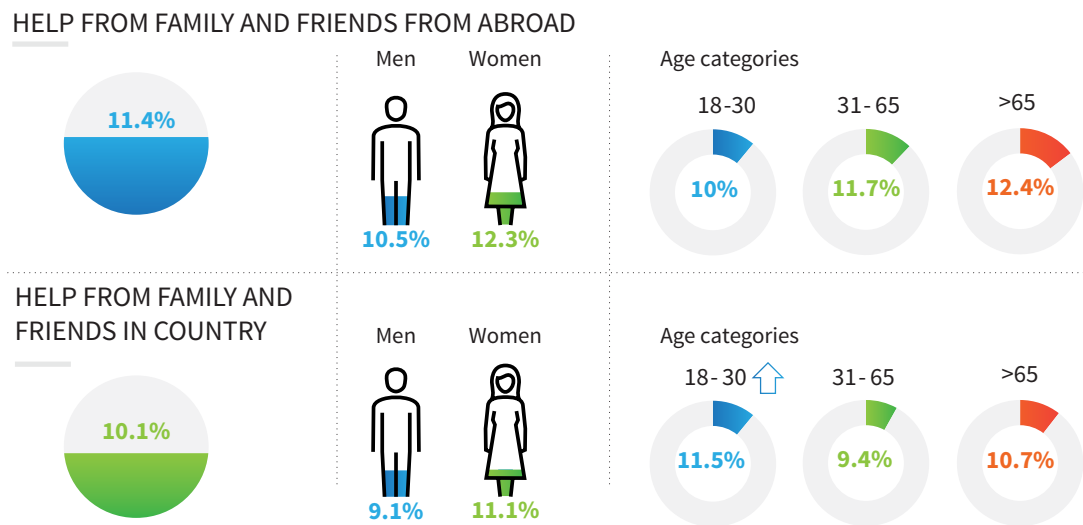
- Significantly less respondents reduced food consumption than in the first survey: **13%** compared to **22%** in the first survey.
- Youngest respondents up to 30 years of age were least likely to reduce their food consumption (**7%**) (14% of 31-65 and 16% over 65)
- Although lower than in the first survey, reduced food consumption in order to be able to provide for basic needs was most evident among the respondents in the vulnerable groups (**24%**).
 - Relatively poor – **43%**
 - Ethnic minority in a place of return after the war – **32%**
 - Single parents – **30%**
 - Persons with a disability or chronic illness – **24%**
 - Internally displaced persons.

Coping method 2. Activating support networks

The survey results show that **11.4 per cent** of respondents received help from friends and family abroad and that **10.1 per cent** received help from family and friends in country. This was more common for people belonging to vulnerable categories: **15.1 per cent** from in country and **17.2 per cent** from abroad.

Help in terms of food or medication was sought for persons over 65 years of age by **3 per cent** of the respondents, while **1.8 per cent** of people received help from NGOs and citizen associations.

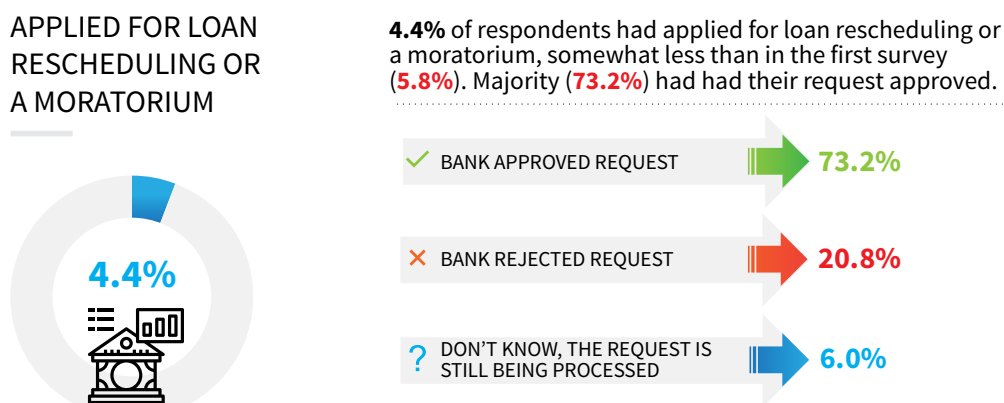
Graph 12: Family and friends support network



Coping method 3. Applying for a moratorium on a loan or loan rescheduling

Among the respondents **4.4 per cent** had applied for loan rescheduling or a moratorium and this was somewhat more common among younger persons up to 30 years of age (**6.7%**).

Graph 13: Respondents claiming loan rescheduling or a moratorium



Base: applied for loan rescheduling or a moratorium on a loan.

Coping method 4. Receiving remittances from abroad

According to the survey, 8 per cent of respondents, somewhat more often women (**10%**), prior to the crisis had regularly relied on remittances sent from friends or family living abroad. This was most frequent among households with a net monthly income of up to BAM 900 (14%) and vulnerable categories (12%), especially single parents (16%), people with disabilities or chronic illness (16%), the relatively poor (14%), internally displaced persons (15%) and ethnic minorities (22%).

From July to December 2020, remittances decreased for **15.2 per cent** of all people who had been previously receiving it, while remittances had increased for **7.9 per cent** of people.

Coping method 5. Food sovereignty

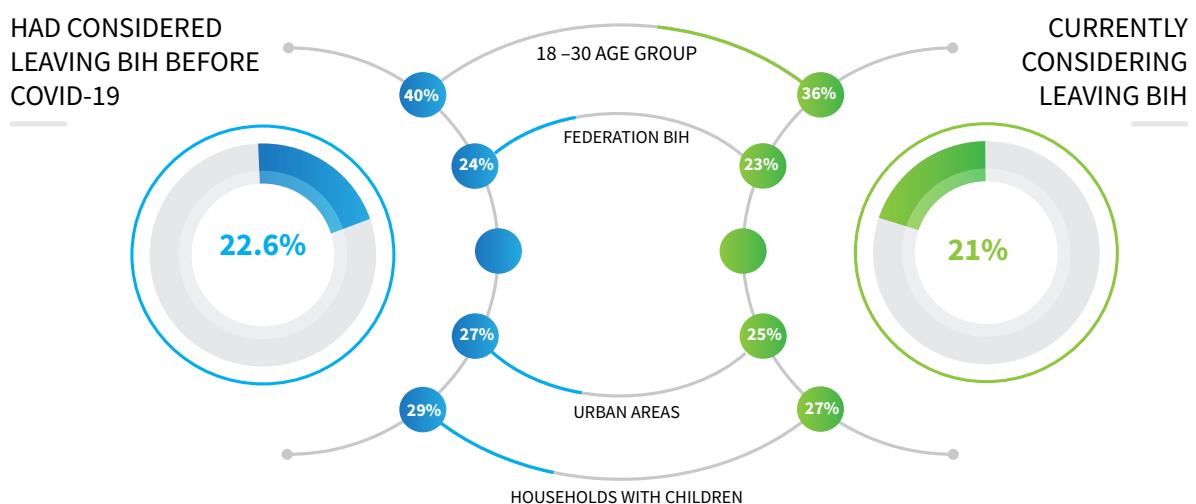
Since the onset of the pandemic, 15 per cent of households had for the first time ever to resort to growing fruits and vegetables or keeping livestock or poultry to help meet their food needs. Fewer older respondents (65+) and those living in urban areas opted for this option. There were no significant differences in respondent responses between the first and second surveys.

“We started raising chickens, we made a small greenhouse so that we could supplement what we are missing now, so that we could achieve normal survival.” (Single parent)

Coping method 6. Persons considering leaving Bosnia and Herzegovina

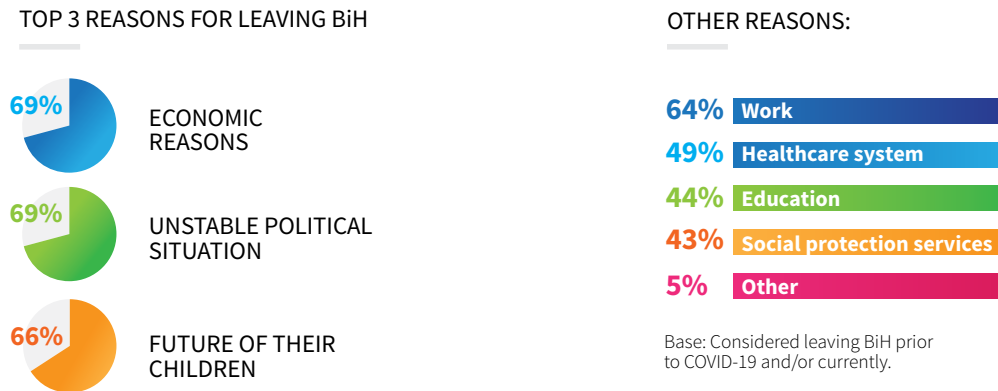
Migration from Bosnia and Herzegovina remains a problem with **21 per cent** of people considering leaving. Among the respondents young people (18-30 years of age) were significantly more likely to consider leaving (35%) whereas, as expected, only **4 per cent** of persons over 65 years of age considered this option. Migration from Bosnia and Herzegovina was considered more in urban areas where **a quarter** of the urban population were currently considering leaving the country.

Graph 14: People considering leaving Bosnia and Herzegovina



There were no significant changes in relation to consideration of leaving Bosnia and Herzegovina compared to the period prior to the pandemic (**22.6%**) or in relation to the data from the first survey.

Graph 15: Reasons for considering leaving Bosnia and Herzegovina



Economic reasons and unstable political situation (**both at 69%**) were the topmost reasons among the respondents when it came to considering leaving Bosnia and Herzegovina, followed by the future of their children (**66%**). The unstable political situation was a significantly more important factor for persons over the age of 65 (**93%**). For the youngest population (those up to 30 years of age), economic reasons (**73.3%**) and work (**72.8%**) were the most important reasons for leaving the country.

“I would very much like to leave Bosnia and Herzegovina, if I had the opportunity to go somewhere.” (Single parent)

“I did not think about leaving at all, because the virus is present in our country and in the world. It’s the same everywhere, so I didn’t even think to go.” (Chronically ill person)

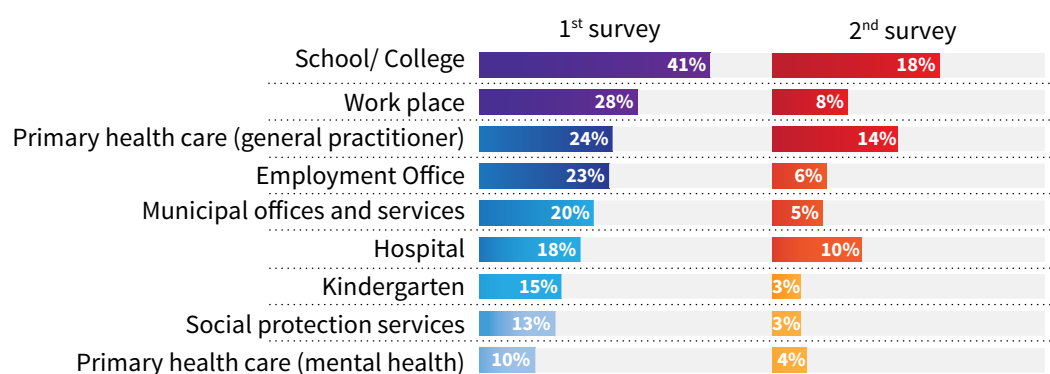
3. Access to institutions, public services and the daily structures of life during the crisis

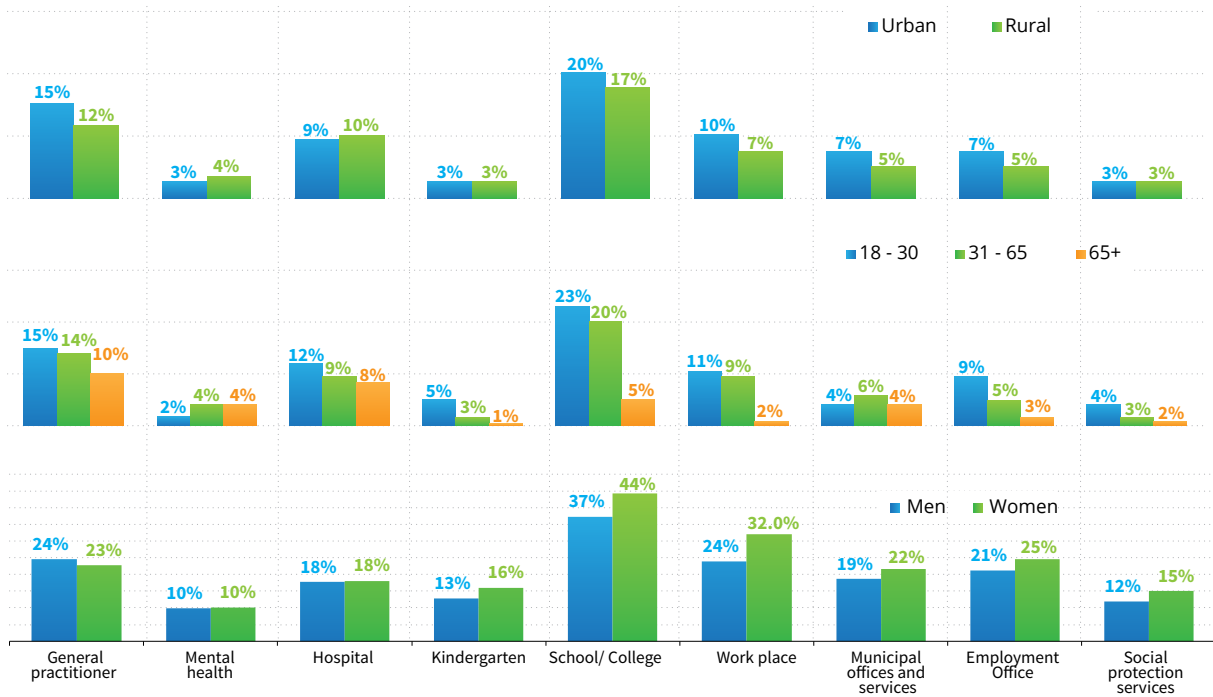
Key findings

- ▶ Access to institutions remains constrained. The respondents stated that **restricted access applied most often to schools (18%), primary healthcare (general practitioner) (14%) and hospitals (10%)**. The younger population was more affected by restricted access to institutions: 23 per cent of respondents up to 30 years of age stated that they were restricted from accessing schools and 9 per cent said that they were restricted from accessing their workplace.
- ▶ **While schools were more accessible than during the first survey** (when schools were closed due to the COVID-19 pandemic measures) 37.4 per cent of respondents with household members enrolled in education reported restricted access to schools, while 39.6 per cent of households with children stated that they had difficulty in physically accessing schools.
- ▶ **The survey results demonstrate that 13.5 per cent of the respondents had experienced restrictions in accessing primary healthcare**. More often the younger population (15%) could not access their primary healthcare (general practitioner).

The easing of administrative measures brought about by the measures imposed because of the pandemic meant that people had more access to institutions, public services and the daily structures of life. However, restricted access to institutions was still present. The respondents stated they had had experienced restricted access most often to schools (18%), primary healthcare (general practitioner) (14%) and hospitals (10%).

Graph 16: Households affected by restricted access to institutions, public services and daily structures of life





The younger population was more affected by the restricted access to institutions, 23 per cent of respondents up to 30 years of age stated that they were restricted from accessing schools and 9 per cent their workplace.

While schools were more accessible than during the first survey (when schools were closed because of the COVID-19 pandemic measures) **37.4 per cent of respondents with household members enrolled in education said they had restricted access to schools** and 39.6 per cent of households with children stated that they had difficulty in physically accessing schools.

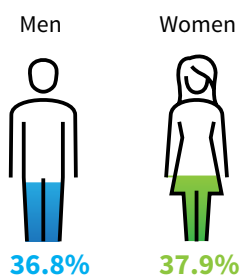
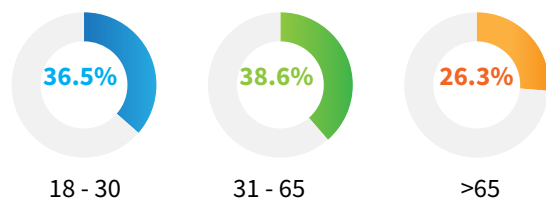
Graph 17: Respondents affected by restrictions on physically accessing schools or colleges

Schools/Colleges

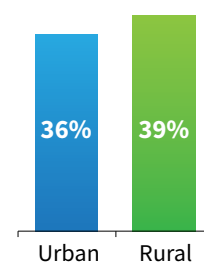


Base: Respondents with household members attending education.

Restricted access to schools was lower in the second survey and yet 37.4% of people who were enrolled in education had restricted access to schools. As expected, this was higher within households with children under 18 years but also in rural areas where 39% of people who were enrolled in education had no access to schools.

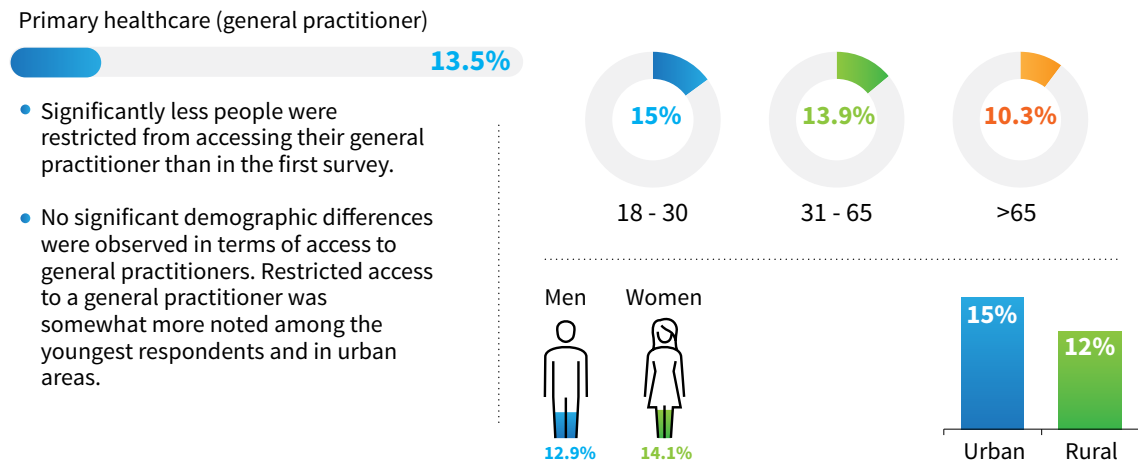


Households with children and youth under 18



The survey results show that **13.5 per cent** of the respondents had restricted access to primary healthcare. The younger respondents (15%) more often could not access their primary healthcare (general practitioner).

Graph 18: Respondents affected by restrictions on physically accessing their general practitioner



- Significantly less people were restricted from accessing their general practitioner than in the first survey.
- No significant demographic differences were observed in terms of access to general practitioners. Restricted access to a general practitioner was somewhat more noted among the youngest respondents and in urban areas.

In addition to the aforementioned, respondents said they had been affected by restricted access to their workplace (**8%**), the employment office (**6%**), municipal offices and services (**5%**), mental health services (**4%**), kindergartens (**3%**) and social protection services (**3%**).

4. Education and the transition to online schooling

Key findings

- ▶ **In 34.8 per cent of households, a household member attended school or some form of education online during the COVID-19 pandemic** yet a higher percentage of younger people under 30 years of age attended school (45%). People in urban areas were more likely to attend school during the crisis (41%) whereas vulnerable categories were significantly less likely to attend school (28%).
- ▶ **The topmost problems** that people encountered with **online education** were the **reduced quality of interaction with teachers via the Internet (42%)**, followed by **greater disorganisation compared to teaching in classrooms (24%)** and **technical problems associated with online platforms (22%)**. Technical problems associated with online platforms were more often mentioned by the youngest respondents (28%) compared to the other age categories.
- ▶ In the interviews, the respondents said that 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 their classmates. Interviewees also stressed that attending school represents a routine and a form of physical activity and definitively means less screen time.
- ▶ In terms of the advantages of online school the respondents reported 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 advantages in terms of easier access to equipment and the Internet and could therefore ensure better learning conditions for attending online classes.
- ▶ **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.

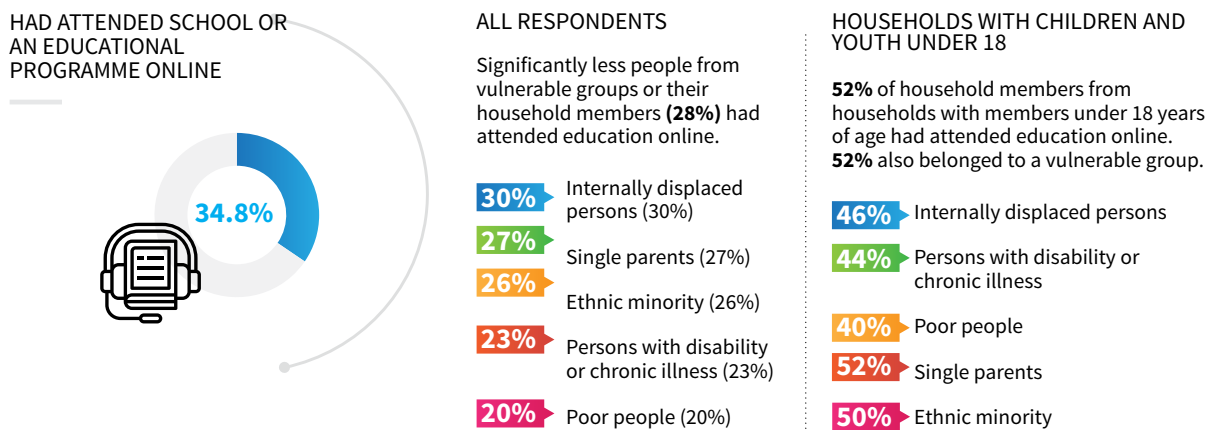
Situation overview

COVID-19 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. This report 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.

In 34.8 per cent of households a household member attended school or some form of education online during the COVID-19 pandemic. A higher percentage of younger people attended school: 45 per cent of respondents under 30 years of age. People in urban areas were more likely to attend school during the crisis (41%) whereas vulnerable categories were significantly less likely to attend (28%). Among the members of vulnerable groups members of the Roma community (13.2%) and the relatively poor (20%) attended the least number of online classes.

Graph 19: Households exposed to online schooling, education or specialisation

34.8% of respondents or their household members had attended school or educational programmes online during the COVID-19 crisis. Significantly more impacted were younger respondents up to 65 years of age, households with children under 18 and those in urban areas.



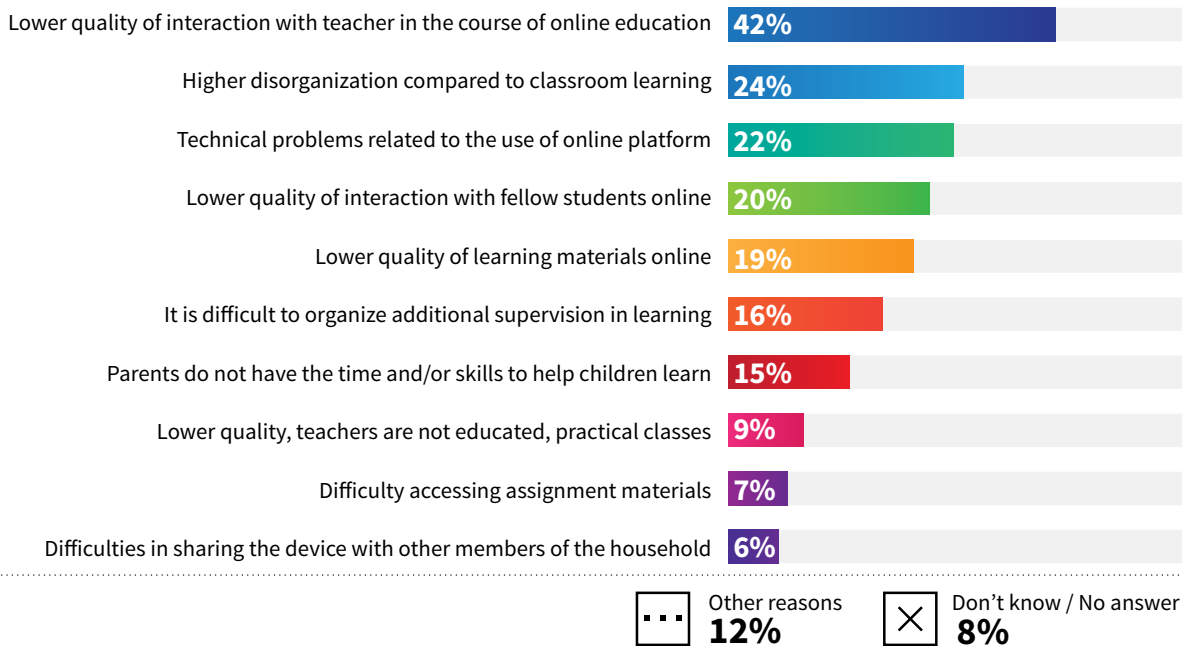
Half of the households (52%) with children under the age of 18 had a member enrolled in education during the pandemic, more often those in urban areas (60%).

*“We found that many children could not actually attend online education. We have also found that the children from the deprived community could not continue their online learning as not only they don’t have the device but also no Internet or space in their home to learn either to TV programme”
(International organisation representative)*

The challenge of transitioning to online classes

The topmost problem that the respondents encountered with online education was the **reduced quality of interaction with teachers via the Internet (42%)**, followed by **greater disorganisation compared to teaching in classrooms (24%)** and **technical problems associated with online platforms (22%)**. Technical problems associated with online platforms were most often mentioned by the youngest respondents (28%) compared to the other age categories.

Graph 20: Problems faced during online education and specialisation



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 their classmates. They stressed that attending school represents a routine and a form of physical activity and definitively means less screen time.

In addition to the absence of the social aspect, respondents also stressed the issue of less organised tests, reduced control and the increased opportunity for children to cheat in online examinations. In the discussions, 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 pupils during classes but not to follow how much they learn. They also stressed 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.

“I see that pupils are not interested in the issue. If it is not a live lecture, they passively follow it and they copy from each other. I think that their social life has changed a lot because they do not socialise, they are not in classrooms but in their homes.”
(General population)

Positive aspects of the transition to online classes

Online education was mostly perceived as a necessity in response to the situation but 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 reported advantage was the 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 advantage in terms of easier access to equipment and the Internet and could therefore provide better conditions for attending online classes.

“There are positive aspects. Save time, save money and those are the only benefits. Especially for those who live far away and are no longer in dormitories, so now they are at home, they can follow classes from home.” (General population)

Comparing online education for younger and older schoolchildren

Online education experiences depend on many factors, especially the age of the child. In general, older children tend to cope better whereas younger children and their parents tend to have mostly negative experiences. 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 and this creates a tremendous amount of pressure on parents. This was a major issue for women and especially for single parents.

On the upside, online classes may have benefits for older pupils as they are more interesting and encourage children to explore topics independently.

Ways 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 help teachers to use the various online platforms.

5. Relationships and well-being

Key findings

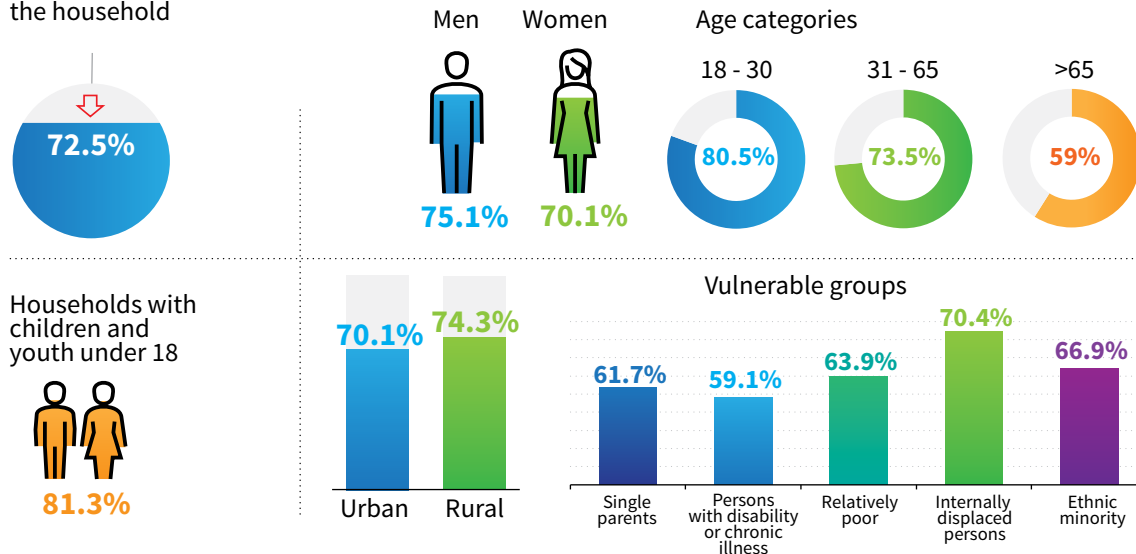
- ▶ **The crisis has greatly affected household dynamics, family relationships and caused changes in the distribution of household and care work.** The survey shows that 72.5 per cent of respondents perceived that they could share household chores fairly with other household members.
- ▶ **During the COVID-19 crisis, 58 per cent of the respondents focused their attention on the common good, volunteering, helping others and strengthening their community.** This was significantly most likely among the youngest respondents up to 30 years of age (65%) and somewhat more likely among men (62%). It is important to point out that in the first survey women focused more of their attention on the common good compared to men. There were no significant differences in respondent responses between the first and second surveys.
- ▶ **Respondents spent more time caring for children (57%).** This was significantly more common among those above 30 years of age with 64 per cent of the 31-65 age group reporting this and 68 per cent of those over 65 years of age and more common among women (60%) than among men (55%). There were no significant differences in respondent responses between the first and second surveys.
- ▶ 81.9 per cent of respondents thought that the dynamics in their household had remained the same, while only 8.7 per cent thought that it had improved. Dynamics changed for the better significantly more often among respondents aged 18-30 (14%). It changed for the worse for older respondents aged above 65 (11.9%) and for people belonging to vulnerable categories (12.9%).
- ▶ **The pandemic has also brought uncertainty and fear with 60.6 per cent of respondents expressing concern that they or their household members would not be able to get adequate medical care if infected with the virus.** This was more common among younger respondents up to 30 years of age (67%). There were no significant differences in respondent responses between the first and second surveys.

The care economy and the power dynamics in households

The crisis has greatly affected household dynamics, family relationships and caused changes in the distribution of household and care work. The survey shows that **72.5 per cent** of respondents perceived they could **share household chores with other household members fairly**.

Graph 21: 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

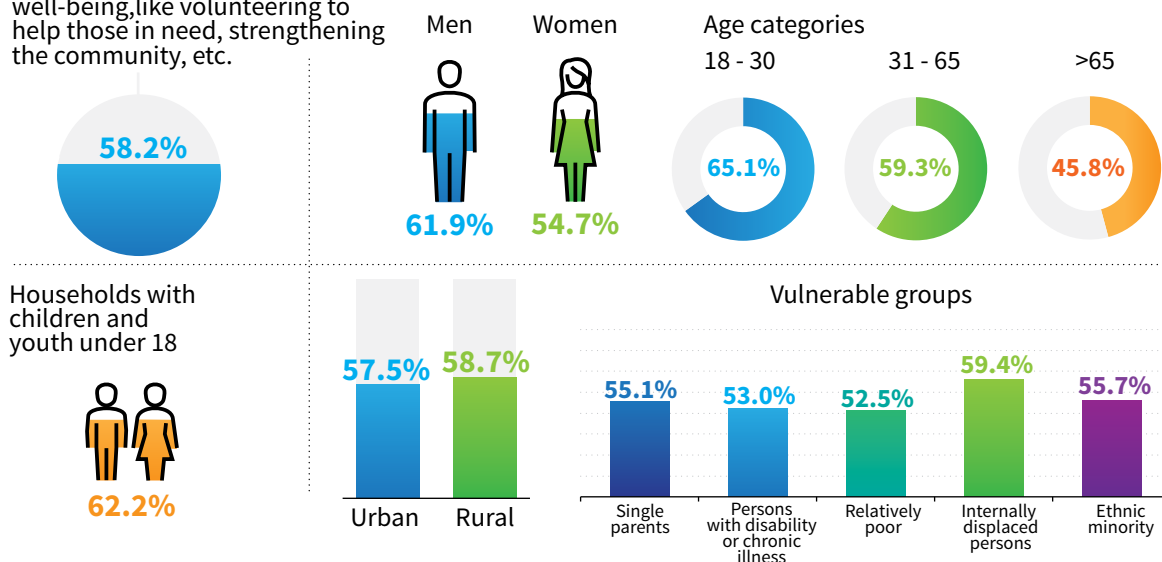


This was most often the case among younger respondents aged 18-30 (81%), while 66% per cent of persons belonging to vulnerable groups stated that they were able to distribute household chores and care work fairly as were 59 per cent of persons over 65 years of age.

During the COVID-19 crisis, **58 per cent** of respondents stated that they had **focused their attention on the common good**, volunteering, helping others and strengthening their community. This was significantly more likely among the youngest respondents aged up to 30 years (**65%**) and somewhat more likely among men (**62%**). It is important to point out that in the first survey of research women focused more of their attention on the common good compared to men.

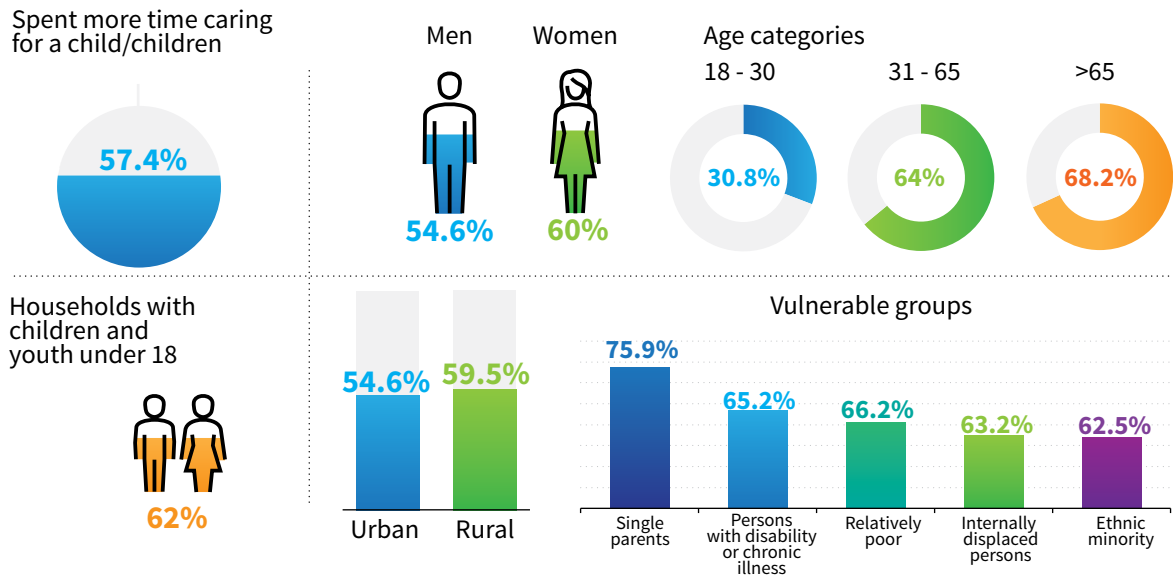
Graph 22: Increased volunteerism strengthening the community

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.



Respondents **spent more time caring for children (57.4%)**. This was significantly more common among respondents above 30 years of age in the age group 31-65 (**64%**) and among respondents over 65 years of age (**68%**) and more common among women (60%) than among men (55%). Respondents belonging to vulnerable groups were more likely to have spent more time with children during the pandemic (**65%**).

Graph 23: Spent more time caring for a child/children



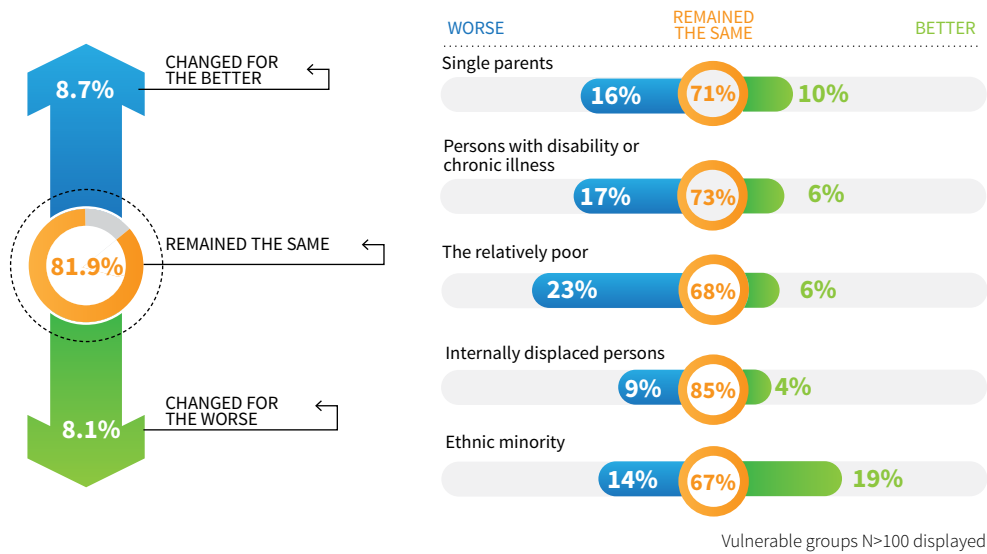
During the COVID-19 pandemic, relationships with children improved for **38.2 per cent** of respondents and significantly more for respondents aged 31-65 (**43.3%**). Additionally, **26 per cent** of respondents stated that their relationship with their partner had improved. Yet **8.5 per cent** of respondents stated that their **family relationships had deteriorated**, which was significantly more common among persons belonging to vulnerable groups (**14%**).

The survey results show that for **27.9 per cent** of respondents the burden of caring and household chores was left to one person even though both partners worked from home. A third of interviewed woman stated this and this situation was significantly more common among respondents aged 31-65 (**32.8%**). The most frequently perceived reason for the uneven distribution of caring and household chores was 'age' for men (**23%**) and 'gender' for women (**22%**).

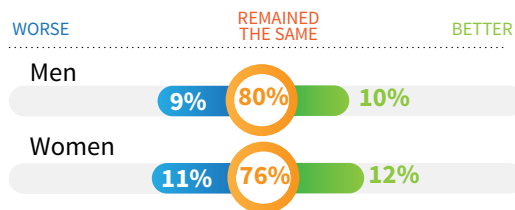
When asked if their household dynamics had remained the same **81.9 per cent** of respondents stated that it had and **8.7 per cent** stated that it had improved. The dynamic changed for the better significantly more often among respondents aged 18-30 (**14%**) and had changed for the worse significantly more often among older respondents aged above 65 (**11.9%**) and for people belonging to vulnerable categories (**12.9%**). When asked if their voice was heard **33 per cent** of women said that they felt empowered and **11 per cent** stated that they had experienced positive power shifts within their household.

Graph 24: Perceived change in power dynamics within households

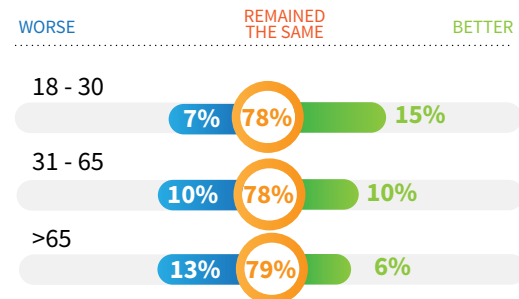
The dynamics in households mainly stayed the same with 81.9% of respondents stating that the dynamics had not changed. Vulnerable categories experienced more negative changes.



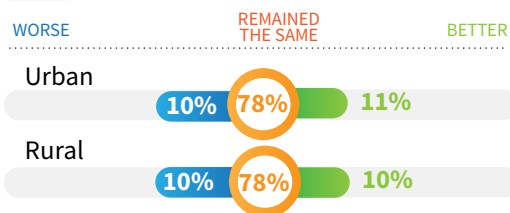
GENDER



AGE CATEGORY



TYPE OF SETTLEMENT



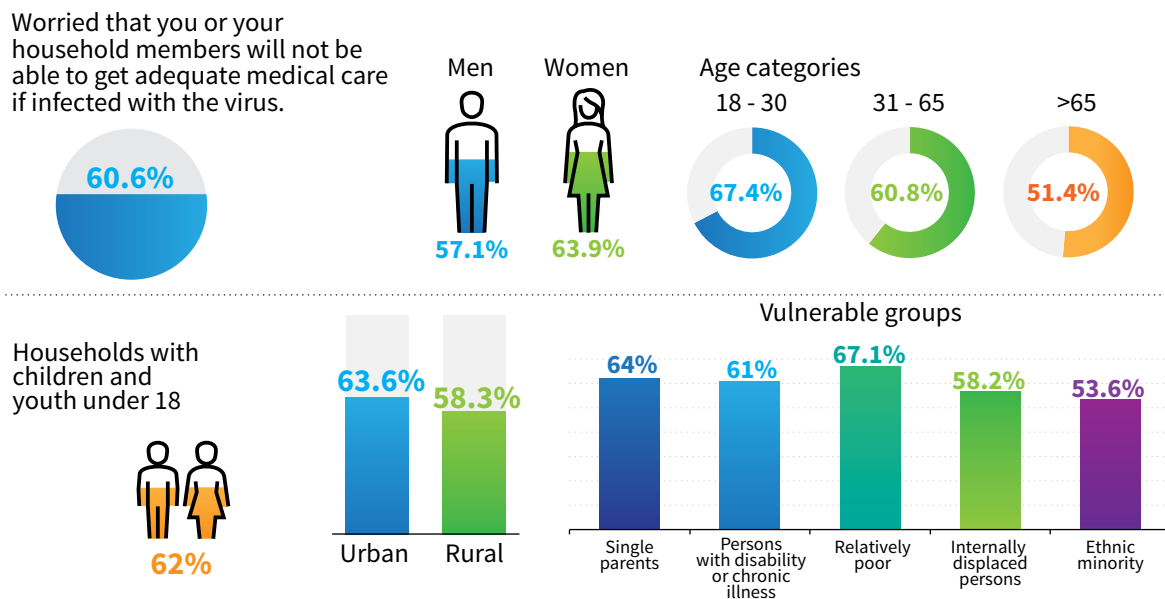
“We spend a lot more time together than we used to. Spending time together also has some of its downsides. When you are too much with someone” ... “you just sometimes want to change the environment a bit because you can’t spend too much time locked in the apartment, so you have to rest a bit from that mental side.” (LGBTQ+ community member)

“We already have increased demand of people for help. We have an increased demand of people for hot meals, we will have new users as early as next month. I think that, unfortunately, this is a consequence of the pandemic and that there will be a decline in the economic power of our citizens.” (Member of an NGO)

The highest fears and concerns of respondents in relation to the COVID-19 crisis

The pandemic has brought **uncertainty and fear** to the population with **60.6 per cent** of the respondents expressing concern that they or their household members **would not be able to get adequate medical care if infected with the virus**. This was more common among younger respondents up to 30 years of age (**67%**). There were no significant differences in respondent responses between the first and second surveys.

Graph 25: The highest fears and concerns of respondents in relation to the COVID-19 crisis



Media reporting increased fear among half of the respondents (**52%**), more commonly among women (**56.2%**). Concern over possible food shortages affected **34.6 per cent** of respondents; this was more common among women than men (39% compared to 30%) and among people from vulnerable categories (**41.9%**).

“I think that there is no area that is not affected by the COVID-19 crisis: from restrictions on private life to the impact on education, working conditions, politics, economics, health...”
(Centre for social welfare representative)

Public perceptions on the response to the crisis

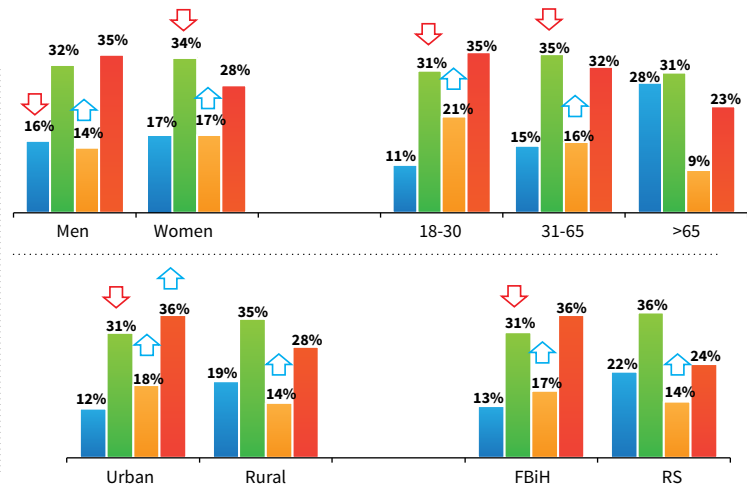
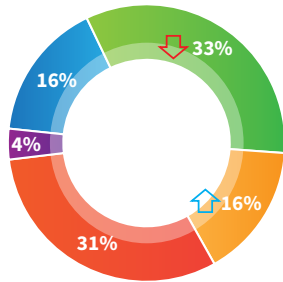
Key findings

- ▶ **The research shows that people in Bosnia and Herzegovina have a predominantly negative opinion of the management of and the response to the crisis.** Differences in their perceptions were observed between the entities and among different demographic groups. The survey shows that 45.5 per cent of respondents had confidence in the ability of the authorities to respond quickly to the pandemic. There were no significant differences in respondent responses between the first and second surveys.
- ▶ **The situation was similar when it came to their level of satisfaction with the management of the pandemic with 49 per cent of respondents satisfied.** This represents a visible difference compared to the first survey when 56 per cent of respondents were satisfied with the management of the pandemic.
- ▶ The data shows that in the second survey 51 per cent of respondents believed that the COVID-19 control measures affected the ability of households to cope and perform basic functions, while 58 per cent believed that the measures to combat COVID-19 had negatively affected civil and other freedoms. In the first survey there were significantly more respondents (63%) who believed that the COVID-19 control measures had affected the ability of households to cope and perform basic functions.
- ▶ According to the survey, the largest number of respondents had not experienced discrimination (88.5%), while 3.8 per cent had experienced more discrimination: 1.1 per cent significantly more and 1.8 per cent less than before. In the first survey a higher percentage of respondents (3%) had experienced significantly more discrimination.
- ▶ In the second survey those respondents who had experienced more discrimination during the pandemic most often stated reasons related to socioeconomic status (25%), work status (22%) or being in self-isolation or quarantine (17%). There were no significant differences in respondent responses between the first and second surveys.

The survey shows that **45.5 per cent** of respondents **had confidence in the authorities to respond quickly to the pandemic**. There were no significant differences in respondent answers between the first and second surveys. People over 65 years of age (**55%**) and in rural areas (**50%**) were more likely to have confidence in the authorities whereas younger respondents up to 30 years of age (**58%**) and those in cities (**59%**) were more likely to disagree with the claim. The situation was similar when it came to **satisfaction with the management of the pandemic with 49 per cent** of respondents agreeing with it to some extent, more often older respondents (**28%**) and those in rural areas (**54%**), whereas younger respondents up to 30 years of age (**56%**) and those in urban areas (**54%**) were more likely to disagree. This represents a significant difference compared to the first survey when **56 per cent** of respondents were satisfied with the management of the pandemic.

Graph 26: Satisfaction with the pandemic management by the authorities and COVID-19 containment measures

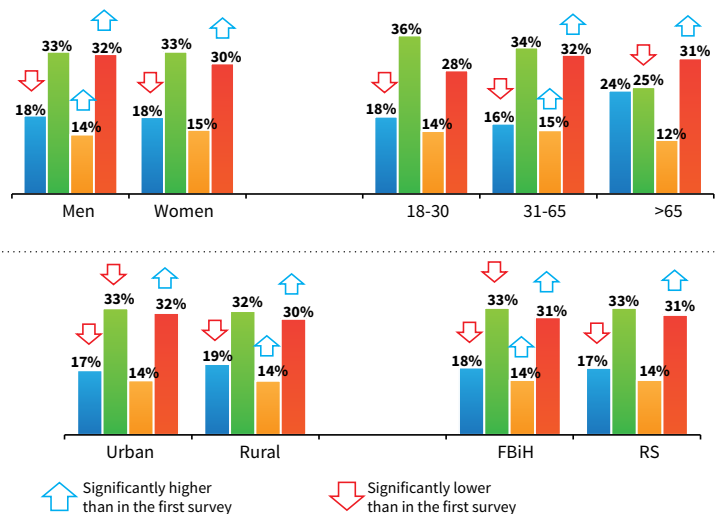
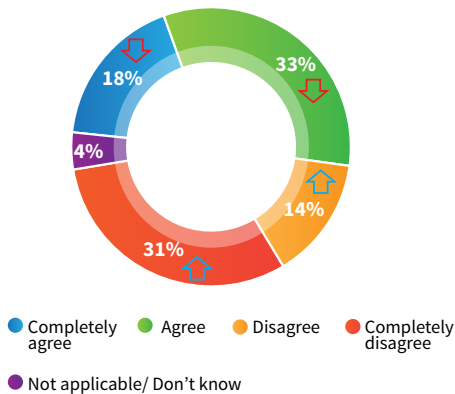
Satisfied with the way the authorities managed the response to the pandemic and the measures to combat the pandemic.



The data shows that in the second survey **51 per cent** of respondents believed that the COVID-19 control measures affected the ability of households to cope and perform basic functions and that **58 per cent** believed that the measures to combat COVID-19 had negatively affected civil and other freedoms. In the first survey there were significantly more respondents who believed that the COVID-19 control measures had affected the ability of households to cope and perform basic functions (63%).

Graph 27: Perceived impact of COVID-19 containment measures on household's ability to cope with and perform basic functions

COVID-19 control measures, especially self-isolation measures, quarantine and curfew significantly affected my household's ability to cope with and perform basic functions



↑ Significantly higher than in the first survey
↓ Significantly lower than in the first survey

“My belief is that the country and all its authorities did not manage to respond to the crisis either on time or with measures that would effectively and efficiently help the population, economy and life in general.” (International organisation representative)

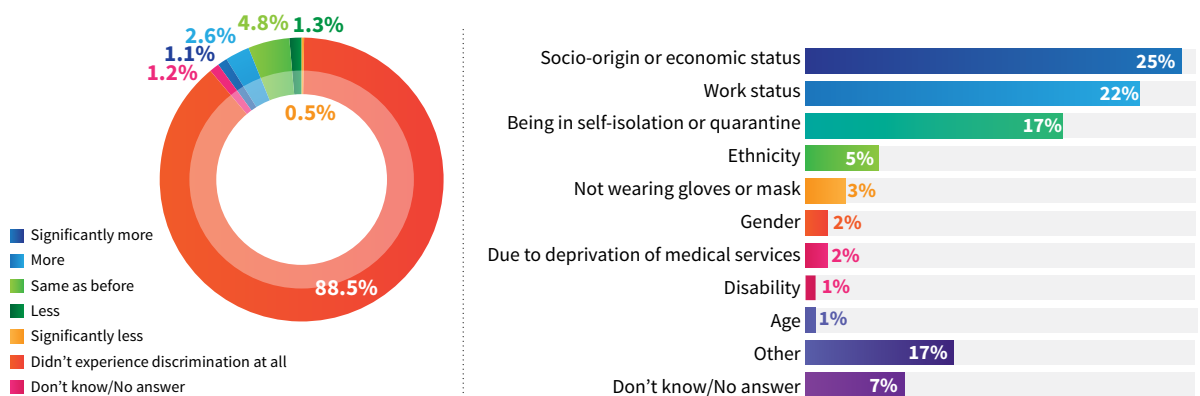
I think one of the challenges this country will face is the economic situation, but I feel that the government also separates the economic and the social realms. The most challenging part of the response is to keep these two sectors separate, because these two sectors are interdependent.” (International organisation representative)

Discrimination

According to the second survey, the largest number of respondents did not experience discrimination (**88.5%**) and **3.8 per cent** experienced more discrimination: **1.1 per cent** significantly more and **1.8 per cent** less than before. In the first survey a higher percentage of respondents (3%) reported having experienced significantly more discrimination.

Those respondents who stated that they had experienced more discrimination during the pandemic most often cited reasons of socioeconomic status (**25%**), work status (**22%**) and being in self-isolation or quarantine (**17%**). There were no significant differences in respondent responses between the first and second surveys.

Graph 28: Discrimination

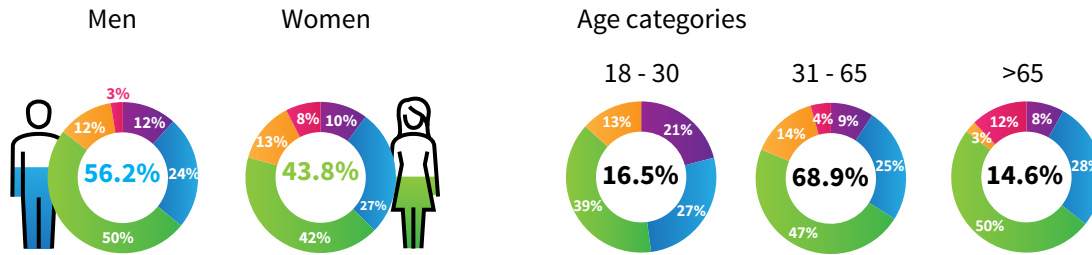


88.5% Significantly less people experienced discrimination compared to the first survey with 88.5% not experiencing discrimination at all.

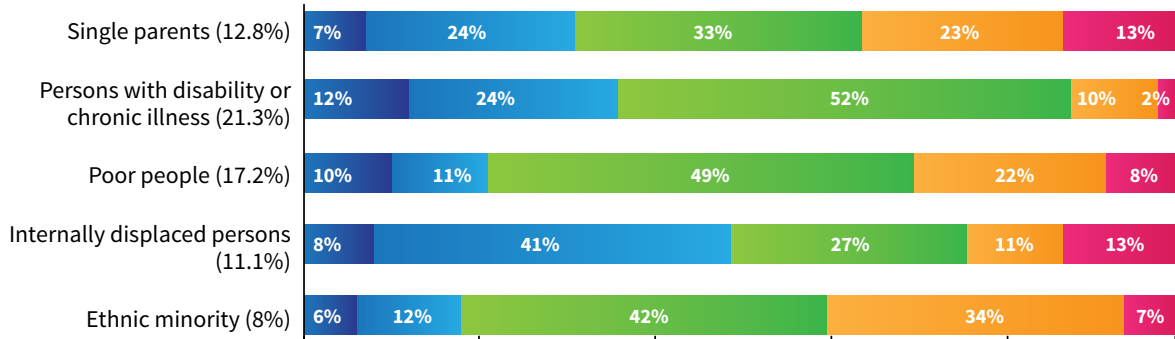
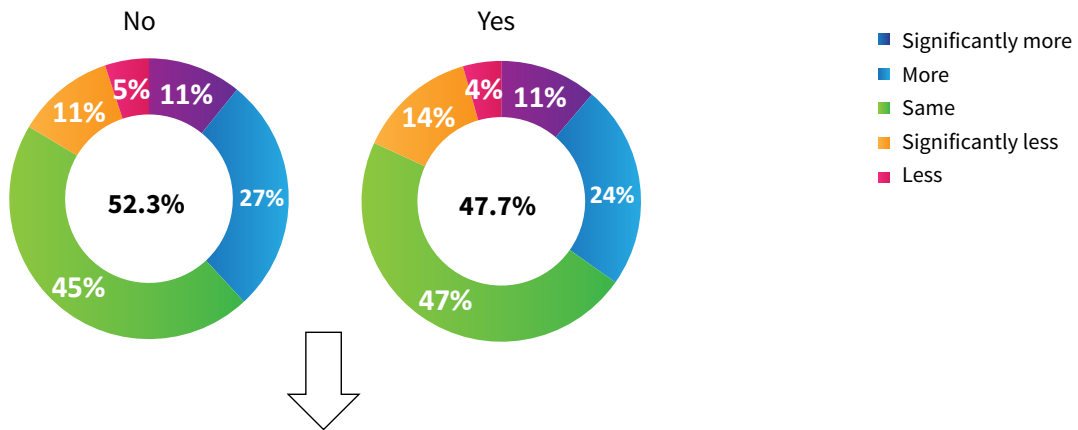
10.4% 10.4% experienced discrimination, mostly based on socio-origin or socioeconomic status, work status or due to being in self-isolation or quarantine.

Base: experienced more discrimination during COVID-19 crisis.

Graph 29: People who experienced discrimination in any form



Belongs to a vulnerable group



Vulnerable categories N>10 displayed

Base: Respondents who have experienced discrimination in any capacity

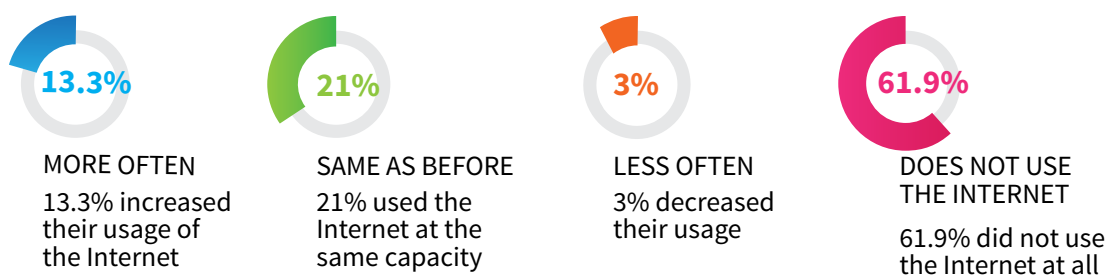
6. Internet usage, e-commerce and digital services

Key findings

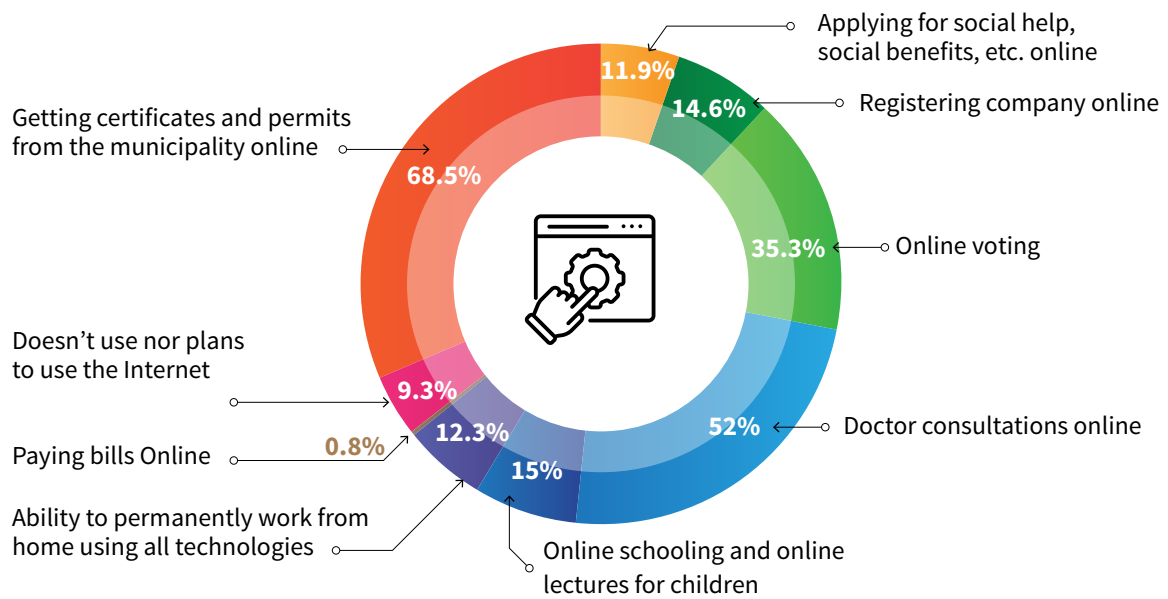
- ▶ According to the second survey, 37.3 per cent of respondents used internet and digital services. 13.3 per cent used them more often during the pandemic. There were no significant differences in respondent responses between the first and second surveys. Younger respondents up to 30 years of age were more likely to increase their usage of digital services (21%) as were respondents in urban areas (17.7%), while 62 per cent of respondents stated that they did not use the Internet at all, most often older respondents over 65 years of age (86%).
- ▶ In the second survey the topmost useful e-services were considered to be getting certificates and permits from the municipality online (68.5%), consultation with a doctor online (52%) and online voting (35.3%). All of these e-services were used significantly more in the second survey than in the first survey. Men (19%) significantly more than women (11%) prioritised registering a company online whereas women (58%) significantly more than men (46%) prioritised arranging consultations with a doctor online.

Respondents spent more time online and used digitally enabled services far more because of their inability to access certain institutions in person and in order to reduce the risk of infection.

Graph 30: Difference in internet usage during the COVID-19 crisis



Graph 31: Topmost useful e-services



Sum of percents higher than 100 because it is a multiple response question.

“The only difference is in the payment method. I started paying bills using internet banking.” (Chronically ill person)

“Since March, we have been paying all bills online and we have ordered more items online.” (General population)

“I was bored, especially at the beginning when we were in the lock down, so I looked to order something that was interesting to me.” (General population)

The most useful digital services

The topmost useful e-services were considered to be obtaining certificates and permits from the municipality online (**68.5%**), online consultations with a doctor (**52%**) and online voting (**35.3%**). Men (**19%**) significantly more than women (**11%**) prioritised registering a company online whereas women (**58%**) significantly more than men (**46%**) prioritised online consultations with a doctor. All of these e-services were used significantly more in the second survey than in the first survey.

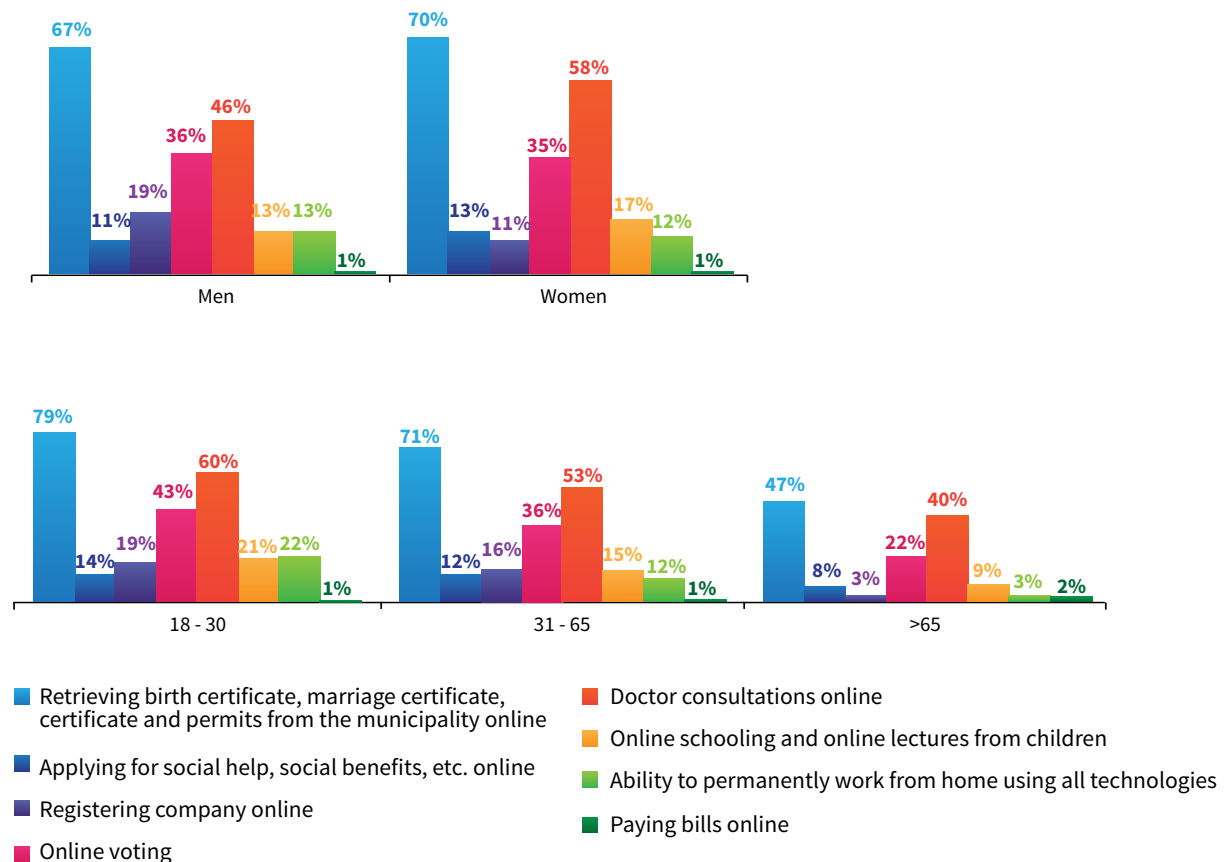
Obtaining certificates and permits from the municipality via the Internet was most important for young respondents aged 18-50 (79%), those in urban areas (78%) and among households with a net monthly income above BAM 900.

Getting a doctor's consultation online was especially important for women (58%) and those in urban areas (54%) 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 (43%) and by those in urban areas (41%).

Vulnerable persons were somewhat more likely to prioritise applying for social assistance, social benefits, etc. online (**16%**), especially persons with disabilities or chronic illness (21%) and the relatively poor (22%).

Graph 32: Topmost useful e-services, further split by gender and age



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