

UNECE

Design of national COVID-19 response and recovery policy, economic and social impact mitigation measures, women's economic empowerment, and the care economy development in the Republic of Kyrgyzstan



UNITED NATIONS

List of acronyms

ADB	Asian Development Bank
CWD	Children with disabilities
EAEU	Eurasian Economic Union
EI	Emergency incident
GDP	Gross domestic product
ILO	International Labour Organization
KGS	Kyrgyzstani som
MIA	Ministry of Internal Affairs
NSC	National Statistical Committee of the Kyrgyz Republic
PPP	Public-private partnership
PRC	People's Republic of China
PSP	Public social procurement
PWD	Persons with disabilities
RoK	Republic of Kazakhstan
SDG	Sustainable development goal
SM	Subsistence minimum
UN	United Nations
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund

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1. Summary

This report contributes to the development of COVID-19 recovery efforts and economic and social strategy and priority actions in the Republic of Kyrgyzstan, based on the gender-sensitive approach and the strengthening of the care economy strategies in the post-pandemic recovery period¹.

The issue of paid and unpaid care work falls within the future of the world of work. Care work is essential for reproducing the future labor force, ensuring the health and education of the existing labor force, and caring for the growing number of older people. Care services are essential for developing current and future gender-equal labor markets.

The existing gender stereotypes and inadequate understanding of the care economy jeopardize the country's sustainable development, women's economic empowerment, and their status in general. The current financial situation in the country calls for faster yet more effective recovery measures, with education, healthcare, care economy, and social protection measures considered as investments in the quality of peoples' lives and development opportunities for the state.

Investment in the care economy has a more significant transformative potential for the economy and society. The development of the care economy sectors has become even more relevant during the pandemic.

The COVID-19 pandemic has made visible already existing systemic inequality issues and exacerbated the position of women in Kyrgyzstan. In 2020, the poverty rate rose to 25,3%, whereas GDP has fallen up to 8,6%, being the country's worst economic performance over the past twenty years. Women were severely affected by the financial crisis and the adverse changes in the labor market related to the lower economic activity of small and medium-sized businesses in such sectors as tourism and hospitality, wholesale and retail trade, and food services. The fragmented fiscal policy measures and subsidies have failed to address the issues of low economic activity in the country, especially among women. Employment support measures have not met the needs of the labor market in the context of the pandemic and the recovery efforts. The care services market remains underdeveloped, thus increasing the unpaid care burden on women. Gender pay gap and pay discrimination during the emergency pose a challenge to further pandemic response efforts and have already led to the employee turnover from the care economy sectors, which are most actively engaged in the fight against the pandemic and its aftermath.

An analysis of the national policy on the care economy development shows that the institutional framework for its promotion on the government level and on the level of the development partners is either absent or inadequate. This issue is only partially included in the active agenda of development partners who promote gender equality policies, social protection, work and employment improvement measures, and women's empowerment. The potential of the care economy as a tool of an integrated and consolidated approach to achieving SDGs is not fully realized.

This report represents an overview of the main policy areas of the development and implementation of public post-pandemic recovery policies through the gender lens and from the perspective of the care economy development factors.

Besides, the report presents key recommendations for integrating the care economy and gender approach into the state programs on the country's social and economic development. It will accelerate the country's recovery after the COVID-19 pandemic and ensure an appropriate, rapid response to current and future challenges related to the situation of the most vulnerable groups. The key recommendations also address the ongoing process of legislation improvement and designing the country's public policy on the social and economic development until 2026, given recent effects on the state, region, and global levels.

The proposed recommendations have been discussed in the development of the National Development Program of the Kyrgyz Republic until 2026 and the Cabinet of Minister's Action plan for the Program's realization. Individual recommendations have been considered and included in the mentioned strategic

¹ This report is part of the United Nations Development Account tranche 13 project: Strengthening Social Protection for Pandemic Response. The project aims at strengthening national capacities to design and implement social policies for rapid recovery from COVID-19 and for increased resilience to future exogenous shocks. The UN Economic Commission for Europe (UNECE) and the UN Women Regional Office for Europe and Central Asia collaborated to implement the project for the region.

documents and considered in the process of reviewing and adaptation of relevant legislative and programmatic documents.

Economic stimulus action and tax policies impacting the care economy and employment protection

Usually, the state subsidies in Kyrgyzstan are provided to the entities involved with export operations. Care services have not been prioritized among the subsidized sectors.

As a part of the state support measures, the government provided loans to the entities which had already received credits in the country's financial institutions and were experiencing economic hardship due to the COVID-19 pandemic. During the pandemic, the government did not reorient its subsidiary policies; there was no increase in the subsidies to the care economy sector. In 2020, the service and education sectors received additional grants up to the 1.4% of the sector's total funding. Besides, the government provided grants to the healthcare and pharmaceutical services sectors in 1.2% of both sectors' funding. The following women-dominated sectors of the economy have also been subsidized: light industry (up to 5,0% of the sector's total funding), tourism – up to 6,2%, trade – up to 12,3% of the sectors' total funding.

A three-year (2022-2024) ban on the state audit of business entities was temporarily introduced. SMEs' insurance contribution rates were reduced from 27,25 % to 22 or 14%, depending on the employees' number and salaries.

Since 2008, a tax policy has become an engine for developing early childcare services. In 2009, году there was a significant increase in the number of private and community kindergartens, which increased access to preschool education services by three times. In 2021, a tax legislation reform was launched in the country, followed by heated public debates. The draft version of the new Tax Code provided the exclusion of private preschool and educational entities from the preferential taxation system. No gender analysis of this draft law had been made. But discussion on the recommendations on strengthening the care economy strategy allowed regaining the tax legislation's positive achievements and reducing the pressure on the care economy sector related to the education system.

The informal sector represents a significant part of Kyrgyzstan's economy. The research shows that recently the informal sector makes up to 25–50% of the national economy, undermining the country's sustainable growth. Some 71,8% of workers are employed in the informal sector. According to the ILO, informal employment in Kyrgyzstan accounts for 68,1%. The prevalence of informal work for women influences their empowerment.

The employment rate of working-age women is lower than the employment rate of a working-age male population. Women are more at risk of unemployment, and the unemployment rate among females is higher than among males. Besides, female unemployment is closely connected to their reproductive and working age. Female workers are overrepresented in the low-paid sectors of the care economy while being the most involved with the pandemic response efforts.

Though 2020 was marked by an increase in unemployment and poverty rates, there were budgetary savings on unemployment benefits and training and retraining programs for unemployed people.

Unpaid care work

Traditionally, women in Kyrgyzstan carry a disproportionate amount of unpaid domestic and care work. The NSC's time use survey (2021) demonstrated that women bear the most of childcare and elderly care. Unpaid domestic and care work are among the key factors affecting women's participation in the labor force.

The country's labor legislation (article 137 of the Labor Code) provides additional unpaid parental leave for children under age 3. Women are entitled to a paid maternity leave starting 70 calendar days before the expected birth date and, in the case of normal delivery, for 56 days more. In case of a complicated delivery or multiple pregnancy the maternity leave lasts for 140 days. During the pandemic, increased maternity benefits or prolonged maternity leave issues were not addressed. An average maternity benefit amounted to 47,8% of the subsistence minimum.

The COVID-19 pandemic and subsequent lockdown have aggravated the status of women by increasing the burden of their domestic chores and unpaid childcare responsibilities. 80% of women

reported they had experienced an increase in time spent on household work compared to 58% of men. Apart from that, women had to care for sick and recovering family members, including older and disabled persons. Since the labor legislation did not stipulate the "remote work" provisions, women faced difficulties juggling their career and caregiving responsibilities while childcare institutions were closed and movement restricted. The state pandemic response measures did not provide for a childcare leave for parents of preschoolers when the daycare premises were closed. As the pandemic unfolds, more jobs are lost, and more women are forced to quit the labor market.

Kyrgyzstan has an experience of recognition and reduction of women's unpaid care work. In 2017, the State Allowances Act provided for the introduction of a universal child benefit for all children under three y. o. (*'balaga zholoq'*) – however, this measure had later been canceled and did not come into force. In contrast, in 2018, a new state-funded payment system was introduced, allowing parents or caretakers of disabled children to hire or act as personal carers to provide care to these children.

Paid care work and income protection of paid care workers

In Kyrgyzstan, care policy is closely linked with social security, healthcare, and education systems, especially state benefits payment, social and healthcare services, and preschool education.

At the policy level, the development of care services is considered in terms of forming and strengthening the state infrastructure of the care economy rather than developing the care services market. During the pandemic shutdown, this infrastructure-centered approach seriously affected access to care services for children, disabled, and older people, thus exacerbating the women's care burden. The care services market remains very limited.

Due to the development of pre-primary education services and innovative preschool education programs, the number of preschool education facilities is steadily increasing. In 2020, there were as many as 1,648 pre-primary education facilities, which is 1.3 times more than it was back in 2016. The number of private preschools is also growing.

The advantages of small-sized private preschools became evident during the pandemic as these institutions were able to provide access to pre-primary education even in the context of COVID-19-related restrictions.

Licensing and accreditation of educational organizations, especially preschool facilities, usually depends on their infrastructure or institutional assessment results. It makes the licensing and accreditation process for small-sized preschools harder as they might have a poorer infrastructure. However, they can still provide childcare services meeting the basic early education standards. Besides, these facilities perform essential social functions of ensuring children's access to pre-primary education and women's economic empowerment.

According to NSC, 78% of children aged one to six were not covered by preschool education. The results of the Multiple Indicator Cluster Survey (MICS) "Kyrgyzstan, 2018" demonstrate that the level of preschool childcare and education coverage is lower among the younger children aged three to four (39%) than among older preschoolers aged five to six (65%).

Provision of long-term care is interconnected with various factors, such as disease severity or enduring disability, the need for palliative care, and the underdeveloped status of rehabilitation services. In Kyrgyzstan, long-term care is usually provided to persons with mental disorders in public healthcare facilities. In other cases, the service market remains underdeveloped. It exists as informal care work of women or nurses who provide social and medical care outside of their formal employment in healthcare organizations.

The Government program on public health protection and healthcare system development for 2019-2030 called "Healthy person – prosperous country" addresses the design and implementation of new types of health assistance and budgeting, such as nursing, rehabilitation, and palliative care. Thus far, there is no sustainable state support mechanism for these services.

In much of the country (on 70% of its territory), there is no adequate physical access to non-clinical social care. Non-state service providers offer up to 72% of partial hospital care. Most of them are non-commercial organizations established as a part of internationally funded projects. Such organizations offer their services only throughout the project, making these services highly unsustainable. Upon the projects' completion, service centers also cease their operations.

The country's first pandemic response plan and respective parliament and government decisions included offering short-term employment opportunities by increasing the number of social workers. However, up until now, there has been no increase in their actual number. No effective mechanisms of care for unattended children of hospitalized parents were elaborated. The COVID-19 pandemic highlighted the need to reform the country's complex and fragmented social protection system, which is unable to provide adequate services in an emergency.

A new state benefits system for poor households with children was not introduced due to the COVID-19-related restriction measures and a complicated and maladministered process of eligible families' selection. Older and disabled persons, orphans, and their caregivers faced similar problems. Besides, a lack of digital skills and technical capabilities among these disadvantaged groups and social security workers undermined an attempt to digitalize the provision of social services.

During the pandemic, food aid was provided to needy families, identified through the existing means-tested approaches. However, such support schemes have been heavily criticized for being non-transparent and corruption-prone.

The issue of care service development becomes even more pressing in the context of the COVID-19 pandemic and its aftermath, growing demand for childcare and preschool education due to the country's demographic dynamics, as well as for elderly care due to the steady increase in the numbers of older and disabled persons.

The gender pay gap poses a challenge for the effective pandemic response as it causes high staff turnover in the care economy and low confidence in management. Payments and compensations applied during the pandemic-related emergency were discriminatory against healthcare workers compared to the military staff, providing support measures. No compensations or income support policies had been introduced in other care economy sectors, though they also faced work overload and greater responsibility. During the pandemic, the paid care policies were not revised to ensure better income and protection support to the population.

Women's entrepreneurship

According to NSC, only 27.8% of women run their private business entities. The share of women employed in small businesses is 30.5%, and in medium-sized enterprises – 44%. In 2020, the highest female participation rate was in the service sector, reaching 34%. Women's access to resources and life opportunities remains limited. These disparities are reflected in Kyrgyzstan being ranked 108th out of 156 countries on the World Economic Forum's Global Gender Gap Index 2021².

Women are more often employed in the low-pay sectors and have limited land and property rights. Besides, a lack of tailored financial products allowing women to use alternative sources of collateral, guarantees, and insurance makes it harder for women to provide collateral, limiting their ability to gain access to funding opportunities.

A lack of startup capital is one of the key obstacles preventing women from starting their businesses. Women still face gender barriers in the financial sector. Commercial banks show little interest in SME lending, forcing women entrepreneurs to apply for loans from microfinance organizations. Usually, the microlenders set high-interest rates that might be devastating for women-led enterprises. In 2020, some 56.4% of microcredit users were women. Women used more than a third of their loans to fund their agriculture businesses, 10.4% of loans supported their trade and commerce endeavors, and 8% went to support the construction projects. The potential of public-private partnership (PPP) and public social procurement (PSP) for developing women's entrepreneurship and care economy was not fully unlocked.

Though the special programs of the Republic of Kyrgyzstan on the development and support of SMEs (2020-2024) and the development and support of women's entrepreneurship (2021-2025) were designed and publicly discussed, the state support of women's entrepreneurship remains fragmented. There was only one implemented recommendation on further elaboration and approval of women's entrepreneurship support and development program for 2022–2026. In December 2021, the Cabinet of Ministers agreed upon and adopted the program, its action plan, and the matrix of the program's monitoring and evaluation indicators.

² WEF. Global Gender Gap Report. 2021. Available at: https://www3.weforum.org/docs/WEF_GGGR_2021.pdf.

2. Introduction

The COVID-19 pandemic has revealed all systemic problems of the country's economic and social development, the existing social inequality, and the deterioration of the situation of women. The Republic of Kyrgyzstan responded to the COVID-19 as early as WHO had declared a pandemic³. The first cases of COVID-19 were registered in Kyrgyzstan among travelers who had returned to the country after visiting Saudi Arabia on Umrah. On March 22, 2020, the authorities declared a state of emergency and introduced lockdown, travel, and trade restrictions. Citizens could not access certain essential public services such as childcare and care for older and disabled persons⁴. The COVID-19 pandemic has spotlighted the importance of care and highlighted the interdependence of the care economy with economic and social inequality. Care work has been central to the COVID-19 pandemic response. Thus, the support of care services will contribute to the country's economic recovery and address its critical social and economic issues.

Population and demographic trends

The permanent population of the Republic of Kyrgyzstan at the beginning of 2021 was 6,637,000, with women making 3,343,000 or 50.4% of the total population. 34.4% of Kyrgyzstan's resident population lived in urban areas, while 65.6% of people lived in rural areas. The average annual population growth rate was 2.1%⁵.

The current period was marked by gendered demographic opportunities and growth in the number of the aging population. These trends cause an increasing demand for care services. The age structure of the country's population varies; at the beginning of 2021, 2,299,200 or 34.6% of the total population were children and adolescents under the age of 16; 3,787,800 or 57.1% were working-age people, while older persons accounted for 549,800 or 8.3% of the total population.

There is an annual increase in the number of older persons. Around 40, the female population starts outnumbering the male population, and there are twice as many women over the age of 80 as there are men. Such disbalance is primarily due to the differences in the age structure of female and male population mortality. At the beginning of 2021, the share of women in this age group was higher than that of men (384,400 women vs. 165,400 men) since their life expectancy is generally higher. Besides, the retirement age for women is five years earlier than that of men. At the beginning of 2021, the share of women of the total elderly population was 11.5%, while the percentage of men was 5.0%. The UN demographic data show that the population of Kyrgyzstan is gradually aging, with as many as 331,400 persons or 5.0% of the total population being above 65 years old at the beginning of 2021.

Socio-economic context

In 2020, GDP in Kyrgyzstan fell 8.6%, marking the country's worst economic performance in twenty years⁶. The sharp decline resulted from global and internal lockdown and restrictive measures aimed at containing the spread of the virus. GDP per capita was USD 1,173. Such deterioration was due to the COVID-19-related economic crisis and the country's high economic dependence on external factors. In 2020, Kyrgyzstan's budget deficit reached 3.3% of GDP, the highest in years. The country's external debt has increased over the past few years, reaching 58.3% of GDP. A high level of public debt requires fiscal discipline and effective budget management.

³ WHO declares COVID-19 a pandemic. Available at: <https://www.euro.who.int/ru/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>

⁴ The COVID-19 response and early recovery plan on the interaction between the Government of the Republic of Kyrgyzstan and the Emergency Response Coordination Unit, approved by Government order No. 194-p of 29 May, 2020.

⁵ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

⁶ <http://mineconom.gov.kg/ru/post/6421>

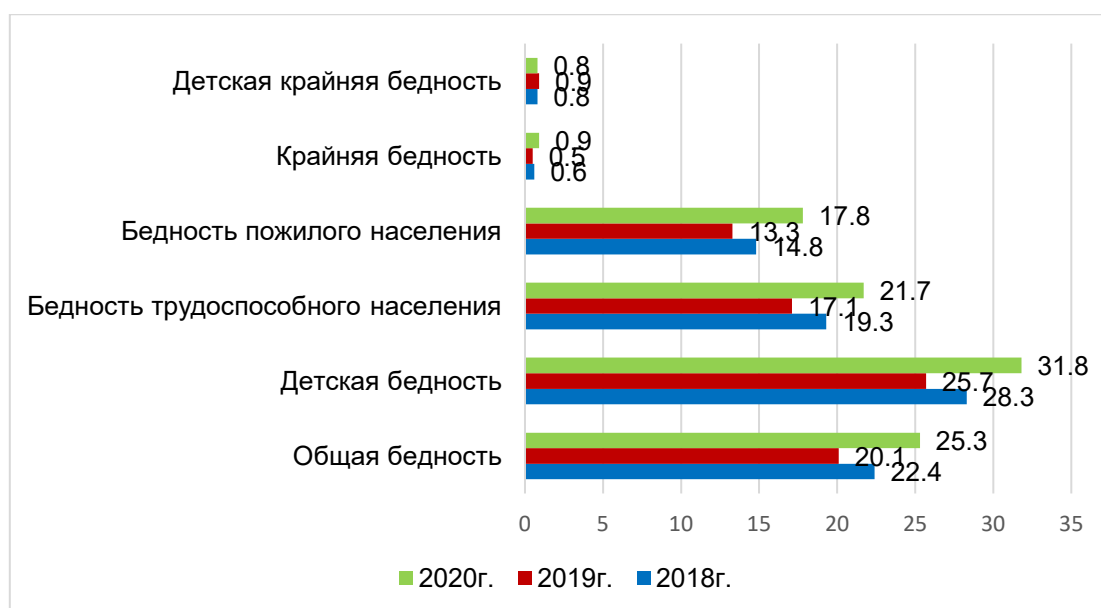
Table 1: Basic socio-economic indicators, trends to 2020

Indicator	Unit	2018	2019	2020
Resident population, including:	thous. persons	6389,5	6512,7	6523,5
younger than working age, of them	thous. persons	2 119,5	2 188,5	2 254,7
- women	thous. persons	1 034,6	1 067,9	1 100,4
of working age, of them	thous. persons	3 665,1	3 701,9	3 742,7
- women	thous. persons	1 789,9	1 802,6	1 817,8
older than working age, of them	thous. persons	472,2	499,1	526,0
- women	thous. persons	330,5	349,4	367,8
GDP - total	KGS, million	557113	590042	598344,5
- per capita	KGS	93800	99800	95100
GDP growth	%	104	105	91,4
Subsistence minimum (SM) per capita	KGS	4792	4806	5358
- for working-age adults	KGS	5358	5369	6004
- for retirement age adults	KGS	4283	4287	4785
- for children	KGS	4071	4091	4533
Average monthly salary of economically active population	KGS	16218	16586	18493
as a % of SM of working age population	KGS	302,7	308,9	308,0
Poverty line	KGS	2723,3	2748,0	2939,0
Poverty rate	%	22,4	20,1	25,3
Child poverty rate (children under 18)	%	28,3	25,7	31,8
Poverty rate (14-28 years)	%	20,9	16,2	22,0
Working-age poverty rate (women aged 16-57, men aged 16-62)	%	19,3	17,1	21,7
Retirement age poverty rate (women aged 58 and older, men aged 63 and older)	%	14,8	13,3	17,8
Extreme poverty line	KGS	1455,9	1475,0	1649,0
Extreme poverty rate	%	0,6	0,5	0,9
Extreme child poverty rate	%	0,8	0,9	0,8
Minimum wage	KGS	1662	1750	1854
Employment rate	%	56,2	57	56,6
Unemployment rate	%	6,2	5,5	5,8
Gini index (by income)	%	0,378	0,364	0,344
Share of self-employed women in total employment	%	20,8	22,00	23,10
Share of unpaid family workers	%	72,6	76,6	71,7
Infant mortality rate (per 1,000 live births)		14,8	15,1	14,4
Maternal mortality (per 100,000 live births)		28,6	24,8	36,1

Source: National Statistical Committee

The poverty rate is still relatively high in the country (25.3%), which is 5.2% higher than the previous year.

Figure 1. Poverty rate



Source: National Statistical Committee

In 2020, as many as 1,678,000 persons were living below the poverty line, with 73.7% being rural residents. The extreme poverty rate in 2020 stood at 0.9%, which is a 0.4%-increase compared to the previous year. Fifty-nine thousand two hundred persons lived in extreme poverty, with 87.2 % living in rural areas. In 2020, the general poverty line accounted for KGS 2,939 per month, and the extreme poverty rate was KGS 1,649 per month.

In 2020, the child poverty rate rose to 31.8% (compared to 25.7% in 2019). The working-age poverty rate (among persons aged 16 and older) has reached 21.7%, whereas the retirement age poverty rate (for women aged 58 and older; men aged 63 and older) has made 17.8%. The relative poverty rate and the extreme poverty rate tend to be lower in the female-headed households than the male-headed households. Thus, in 2020 20.5% of male-headed and 14.4% of female-headed households have fallen into the 'poor' category.

According to official data from the Ministry of Labor, Social Welfare and Migration, 1,118,000 citizens of Kyrgyzstan work abroad. In some 26% of households, at least one family member works abroad. The informal economy and labor migration impact the number of persons covered by the country's social insurance program. Social benefits and agriculture are the second and third most common sources of household income. If migrant workers' income is not counted in the consumption value, the poverty rate in the country will increase from 25.3% to 34.6% on average⁷. Besides, the migrant workers' income significantly impacts the extreme poverty rate: had their income not been counted, the extreme poverty rate would rise from 0.9% to 10.0%.

The feminization of migration is one of the key developments in the country's migration process. According to the NSC, since 2014, the number of female migrants in international and internal (interregional) migration has been much higher than that of male migrants⁸.

In 2020, apart from 25.3% of the poor population, some 8% were at risk of poverty.

In 2020 there was a rise in domestic violence incidents. 95 % of domestic violence survivors are women aged 21 to 50⁹. As many as 9,600 survivors, 86 % of whom were women, referred to crisis centers and

⁷ National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.

⁸ National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2013–2017, Bishkek 2018.

⁹ Report on COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic. Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic as of 15 May 2020.

other institutions providing social and psychological support¹⁰. According to the country's MIA, 8,600 temporary protective orders were issued in 2020, which is a 32%-rise compared to 2019.

Political context

The political and social turmoil of October 2020 has eventually led to the government change, followed by a constitutional reform¹¹ and the revision of the country's legislation in 2021¹². A new vision of the country's development that considers internal changes and regional and global challenges has become a basis for the draft National Medium-term Development Program until 2026, which is a detailed document within the country's National Development Strategy for 2018-2040. Thus, a gender- and care-focused analysis of crucial state policies and recommendations drawn from the experience of the social protection efforts within the country's pandemic response package contributed to elaborating Kyrgyzstan's strategic and priority pandemic response policies and the process of its socio-economic development until 2026.

The discussion engaged all stakeholders, encouraging transparency and open communication. A consultative meeting with representatives of international organizations and civil society, organized by the Ministry of Labor, Social Welfare and Migration, the UN Economic Commission for Europe (UNECE), and UN Women, has become an essential part of designing the national strategic documents¹³.

The discussion focused on four policy areas:

1. Economic stimulus and fiscal policies impact the care economy and support women's employment.
2. Policies on unpaid care work.
3. Development of care market and decent paid care work.
4. Women's entrepreneurship support.

The main recommendations suggest developing inclusive tax policies, strengthening the care economy stimulus packages, support for female entrepreneurs, and recognition, reduction, and redistribution of women's unpaid care work. Besides, the recommendations included promoting work-life balance, developing the care market, and income protection of care workers.

The Ministry of Labor, Social Welfare and Migration of the Republic of Kyrgyzstan is a state executive body responsible for the elaboration and implementation of state policy in the following domains:

- labor, including labor and employment protection;
- social protection, including support for vulnerable groups, children in difficult situations, disabled and older people;
- social security and gender equality;
- prevention of and protection against domestic violence;
- migration, including issues of immigrants, ethnic Kyrgyz, refugees, and victims of human trafficking, in line with the country's legislation on prevention and combatting of trafficking in persons¹⁴.

Besides, two relevant line ministries are responsible for state policy and management of public healthcare and education spheres.

¹⁰ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

¹¹ The Constitution of the Kyrgyz Republic, adopted by referendum on 11 April 2021 и enacted by law of the Kyrgyz Republic of 5 May 2021.

¹² [The Presidential decree No. 26 “On the revision of the state legislation of the Kyrgyz Republic” of 8 February 2021](#)

¹³ <https://www.gov.kg/ru/post/s/20671-bishkekte-2026-zhylga-cheyin-lkn-nktrnn-uluttuk-programmasyn-ishke-ashyruu-boyuncha-plandyn-dolboorun-talkuuloo-tt> и <http://kenesh.kg/ru/news/show/12137/toraganin-mildetin-atkaruuchu-toraganin-orun-basari-aida-kasimalieva-ayaldardi-zhana-baldardi-koldoogo-bagittalgan-programmani-talkuuloogo-katishti>

¹⁴ [Cabinet of Ministers Decision No. 252 “On the issues of Ministry of Labor, Social Welfare and Migration of the Republic of Kyrgyzstan” of 15 November 2021.](#)

3. Key policy areas of gender-transformative and care-centered policy responses to post-pandemic recovery

3.1 Economic stimulus and fiscal policies impacting the care economy; women's employment support

Impact of economic stimulus and fiscal policies on the care economy

During the pandemic, a large share of public expenditure supported the healthcare sector, lockdown and restrictive measures aimed at containing the spread of the virus, and procurement of medical supplies and personal protective equipment (PPE). Other funding priorities included the provision of food packages to families in difficult situations and assistance to the national citizens outside the country. Besides, a part of public spending went on pay increases and compensation payments to civil servants, municipal employees, law enforcement and military personnel, and healthcare workers fighting against the COVID-19 pandemic.

Together with development partners, the national Government implemented the COVID-19 response and early recovery plan as part of the country's emergency response¹⁵. The plan envisioned the distribution of financial resources on priority activities in six key sectors: 1) healthcare; 2) food security and logistics; 3) water, sanitation, hygiene, and non-food items; 4) protection; 5) education; 6) early recovery.

Another government priority was business support, including subsidies. The care and education enterprises received KGS 48,338,000, and medical and pharmaceutical services KGS 40,300,000 in state subsidies (1.4 and 1.2 % of total funding, respectively). Table 2. illustrates grants received by sectors that employ large shares of women.

Table 2. Subsidized economy sectors

Sector of economy	Subsidy (thous. som)	Of total funding (%)
Light industry	172,931	5.0
Tourism	214,513	6.2
Trade	423,591	12.3

Source: Ministry of Economy and Finance of the Kyrgyz Republic

Furthermore, the national government has adopted the decision¹⁶ to continue subsidizing customers of the country's financial institutions, whose income was damaged by lockdowns and other measures brought on by the COVID-19 pandemic hampering their ability to repay loans.

The monitoring of the EAEU member states' COVID-19 response measures implemented in 2021¹⁷ shows that Kyrgyzstan's fiscal policies included a temporary ban on inspections of business entities, stipulated by the presidential decree of March 4, 2021¹⁸.

To provide further support to Kyrgyz SMEs and include them in an observed economy, by the presidential decree of September 2, 2022, a reduction of insurance premiums for SMEs had been

¹⁵ The Government order No. 194-p of 29 May 2020 approving the COVID-19 response and early recovery plan on the interaction between the Government of the Republic of Kyrgyzstan and Emergency Response Coordination Unit. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/218195>

¹⁶ Resolution No. 552 of 13 November 2020 "On state support for customers receiving loans in the financial and credit institutions of the Kyrgyz Republic" (as amended in Government resolution No. 606 of 14 December 2020).

¹⁷ Monitoring of national pandemic response measures of the EAEU Member-states, 2021. Accessed on 24.03.2021. Available : http://www.eurasiancommission.org/ru/covid-19/Documents/Мониторинг_мер_COVID.pdf

¹⁸ http://www.president.kg/ru/sobytiya/ukazy/18820_prezident_sadir_ghaparov_podpisal_ukaz_o_dopolnitelnih_merakh_p_o_zashite_subektov_predprinimatelstva

introduced. According to the decree, from 2022 to 2024, the SMEs' insurance premiums should be reduced from 27.25% to 22 or 14%, depending on the number of employees and their wages.

The fiscal policy packages are mostly focused developing childcare and preschool education services. The basis of the preschool education and childcare support has been laid by the 2008 version of the Tax Code. The early childcare organizations (private kindergartens) were entitled to tax preferences leading to the growth of the preschool childcare service market. The research demonstrated¹⁹ a significant increase in the number of private and community kindergartens, helping meet the demand for childcare services. In 2009, the overall enrollment rate for private preschool education was 2,639, which is a 3.6-times increase compared to 2008. Subsequently, the number of private preschool institutions has increased three times, from 62 organizations in 2013 to 211 in 2019²⁰. However, in 2021, a new version of a Tax Code²¹ abolished the provision of tax preferences to private preschool institutions, endangering the development of the entire childcare sector. No gender analysis of this draft law was conducted, although such research was declared mandatory. A broader discussion on the new version of the draft Tax Code, draft National development program until 2026, and recommendations on inclusive financial policy development have strengthened the preschool education sector by providing tax preferences to respective private childcare institutions.

There were no other fiscal policies to boost the care economy, healthcare, or social protection sectors, which hampers the development of long-term care services for ill, disabled, and older persons. A relevant analytical database on the effectiveness of tax incentives in the care economy should be created and regularly updated to improve the tax legislation further. A lack of information on the care economy obscures understanding of the positive effects of investing in this sector, such as the growth of employment, particularly that of women, that ensures faster economic recovery in a crisis.

Women's labor force participation and female employment support

In Kyrgyzstan, men's labor force participation rate is 74.8%, and for women – 46.1%²². This gender gap in employment becomes even more evident among rural and urban women: in cities, women's labor force participation rate is 49.3%, whereas in rural areas 44.1%. Women's labor force participation rate in Kyrgyzstan is the lowest among the EAEU Member States²³. Female participation in the workforce is relatively stable, remaining at 39.2 % in 2020. While women's labor force participation rate is significantly lower than men's, the unemployment rates are higher among women than among men.

¹⁹ Kyrgyzstan country study “All Children in School by 2015: Global Initiative on Out-of-School Children”. UNICEF, UNESCO Institute for Statistics. Bishkek: 2012.

²⁰ Childcare, Women's Employment and the COVID-19 Impact and Response: The Case of the Kyrgyz Republic. Mehriyul Ablezova, UNECE, UN Women 2021. Available at: https://unece.org/sites/default/files/2021-11/Childcare_WE_Covid-19_Kyrgyzstan_ru.pdf

²¹ <http://mineconom.gov.kg/ru/post/7009> и <http://mineconom.gov.kg/ru/post/7041>, <http://kabar.kg/news/v-kr-nachali-pisat-novuiu-redaktciiu-nalogovogo-kodeksa-raboचाia-gruppa-zhdet-predlozheniia-ot-grazhdan/>

²² National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021. https://unece.org/sites/default/files/2021-11/Childcare_WE_Covid-19_Kyrgyzstan_ru.pdf

²³ Labor force participation rate, female (% of female population ages 15+) (modeled ILO estimate) - Europe & Central Asia, Kyrgyz Republic. International Labour Organization, ILOSTAT database. Accessed 8 February 2022 via: <https://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS?locations=Z7-KG>

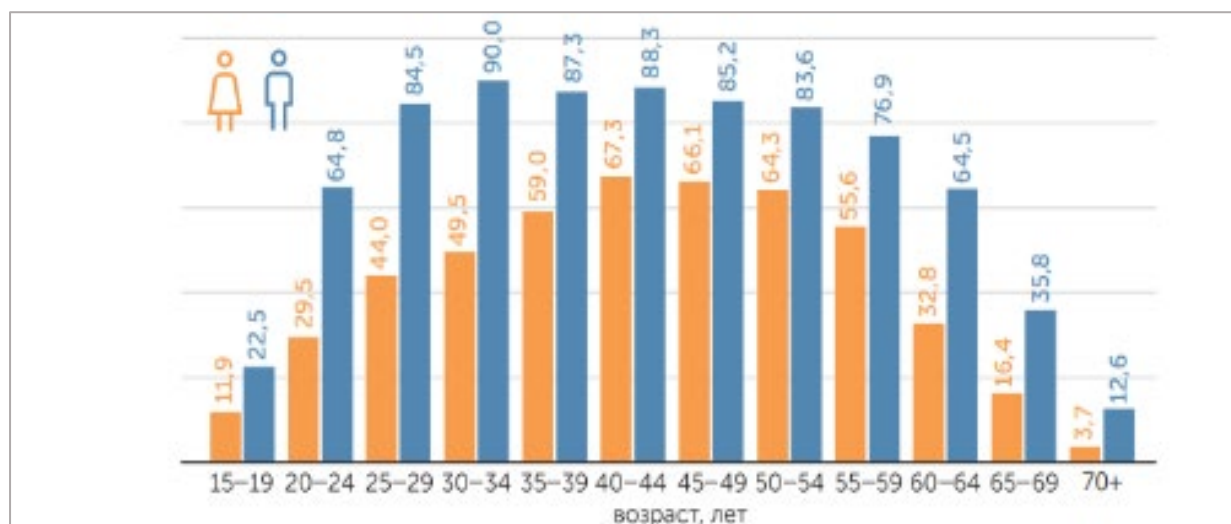
Table 3. Labor force, employment, and unemployment rates by gender and territory, 2020 (%age)

	Labor force participation rate		Employment rate		Unemployment rate	
	women	men	women	men	women	men
Kyrgyz Republic	46,1	74,8	43,0	70,9	6,7	5,2
Batken oblast	32,7	72,5	29,2	68,2	10,9	5,9
Djalal-Abad oblast	38,6	68,6	33,5	62,0	13,2	9,7
Issyk-Kul oblast	37,7	68,1	35,4	62,6	6,1	8,2
Naryn oblast	30,9	71,2	27,1	67,5	12,4	5,2
Osh oblast	59,9	85,1	57,4	83,9	4,1	1,5
Talas oblast	56,1	75,9	54,0	74,5	3,7	1,8
Chui oblast	40,9	71,1	37,9	67,3	7,3	5,3
Bishkek city	57,3	76,6	54,6	72,5	4,6	5,4
Osh city	31,7	76,9	30,5	75,2	3,7	2,3

Source: National Statistical Committee

The gender gap in the employment rates exists in all age groups, but the highest rate is among the age group of 25-to-34-year-olds when most women quit their jobs due to childbirth.

Figure 2. Employment rates by gender and age, 2020



Source: National Statistical Committee

Women work predominantly in the service sector, with their share of total employment being especially high in real estate operations (95.8%), healthcare and public social services (78.2%), and education (78.8%). The share of self-employed women is 23.1%.

The gender pay gap persists in the country, with men's earnings being up to 25 % higher than women's. In 2020, the average monthly wage of men was KGS 19,900, which is 1.3 times more than the average monthly wage of women, KGS 15,000²⁴.

²⁴ National Statistical Committee of the Kyrgyz Republic. *Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.*

Research shows²⁵ that the informal economy accounts for 25–50% of the total economy, undermining the country's sustainable development. As many as 71.8% of the Kyrgyzstani workforce is engaged in the informal economy. According to ILO,²⁶ the informal employment rate in the country stands at 68.1%. Many women participate in the informal sector, which impacts their economic empowerment.

Unemployment benefits remain the country's primary employment policy measure. The calculation of the benefits depends on the country's basic unemployment allowance, the amount of a person's insurance contribution, and their length of service. A person must be registered as unemployed and searching for work in local authorized bodies to get unemployment benefits. Self-employed persons and domestic workers engaged in agriculture, forestry, hunting, and fishing are not entitled to unemployment benefits.

During the pandemic, procedures for registering citizens as unemployed or job seekers and the process of unemployment benefits allocation and payment have been revised²⁷. The period required to register a person as unemployed or searching for a job was reduced to one day, and the application process was simplified through digital technologies. Now, unemployment benefits are allocated after the recipient data are verified through the exchange of digital information in the electronic system of inter-agency cooperation.

According to ILO²⁸, Kyrgyzstan's actual unemployment benefit coverage is 2.7%. However, unemployed persons are entitled to social protection measures in 60.5 % of the social security system cases. Meanwhile, the legal reach of unemployment protection measures accounts for 65.8 % of women and 57.2 % of men.

Besides, the legislation provides for training, retraining, and skill enhancement of unemployed persons, business advisory services at local employment agencies, and paid public works programs (PWP)²⁹. PWP have not been revised and adapted to a post-pandemic context.

In 2020, job seekers' unemployment benefits allocation and training were the most underfunded budget programs. Although as many as KGS 5,018,400 was allocated in the national budget for 2020 for unemployment benefit coverage, in fact, these funds were heavily reduced, falling to only KGS 1,533,900 (or 30.6% of the approved 2020 budget). The budget program for training for the unemployed was also cut. These facts should be properly investigated and analyzed, especially in the development of post-crisis economy recovery response measures and national employment policy. There were no specific state support measures aimed at the self-employed population, especially women.

3.2 Recognition, reduction, and redistribution of women's unpaid care work

Gender roles and social stereotypes

Social norms defining unpaid care work as “women's work” perpetuate the unequal distribution of domestic chores and care responsibilities in families. According to the national “Gender in Society Perception Study” (UNFPA, 2016), some 80% of respondents, both women, and men, believe that a woman's role in the family is to look after the home and children, while a man's job is to earn money.

The NSC data as of 2020 show that³⁰ most employers are men (80.6%), whereas women represent the majority of unpaid family workers (71.7%).

Restrictive measures introduced during the pandemic, such as the closure of childcare institutions, schools, and social care premises for older people and people with disabilities, have increased the amount of women's unpaid domestic work, childcare, and care for older and disabled family member³¹.

²⁵ Analysis of the informal economy in Kyrgyzstan. From social justice for workers to sustainable development of the country. Kanat Tilekeyev. Friedrich-Ebert-Stiftung Kyrgyzstan. Bishkek: 2021.

²⁶ <https://www.social-protection.org/gimi/WSPDB.action?id=13>

²⁷ [Procedures for registering citizens as unemployed or jobseekers as amended in Government decree No. 2 of 11 January 2021](#)

²⁸ <https://www.social-protection.org/gimi/WSPDB.action?id=13>

²⁹ Government decree “On implementation of the Employment Protection Law” of 12 April 2016 No. 208 (as amended in Government decrees No. 281 of 6 June 2019, No. 302 of 20 June 2019, No. 2 of 11 January 2021).

³⁰ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

³¹ [Report on COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic. Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic of 15 May 2020.](#)

The women's care burden was further exacerbated by the necessity to care for the sick and recovering family members.

Data from a time use survey in 2015³² shows that women are primarily responsible for unpaid care and domestic work, while men are generally engaged in paid employment. Women provide an average of about 4.33 hours of domestic work per day, spending 18.1% of 24 hours on these activities. Men, however, spend just 3.9% of their time or about 1 hour on unpaid domestic or caregiving activities.

Another significant factor affecting women's care burden is rural-urban differences. Domestic duties take 1.3 times longer for rural women than for urban women. While urban female workers spend for unpaid domestic activities some 4 hours on weekdays and 4 hours 14 mins on weekends, rural women spend for these activities up to 5 hours 20 mins and 5 hours 30 mins, respectively.

Women are predominantly responsible for childcare, schooling, and elderly care. Working women dedicate more than 5 hours per week to their children, while men only 1.5 hours. Rural women spend more time on childcare (some 5 hours 43 mins per week) than urban women (4 hours 26 mins). A lack of basic household amenities and access to childcare and elderly care services in rural areas increases the burden of women's unpaid care and domestic work.

Furthermore, self-employed rural women spend 1.6 times more time on domestic chores than urban women, having little time for childcare and education. An increase in the daily working time of self-employed rural women limits their paid work, education, and self-development possibilities.

Women's unpaid work reduction and redistribution measures

Paid leave and benefits to persons with care responsibilities are the fundamental family support mechanisms, especially in the pandemic response packages.

Though Kyrgyzstan's labor legislation is gender-neutral³³, it underpins gender stereotypes on unpaid childcare under three and caring for sick family members³⁴. These legislative norms fail to regulate the situation in the informal labor market and that of the self-employed. The paid childcare leave³⁵ is provided during 70 days of pregnancy (before the estimated due date) and 56 days more in case of normal birth. In case of a complicated delivery or a multiple pregnancy, the maternity benefits period extends to 140 days.

The maternity and childcare benefits are funded by Kyrgyzstani employers contributing to the social insurance system and by the country's social protection budget. However, the existing maternity and childcare provisions are more favorable for women in formal employment. As many women of reproductive age are engaged in the informal sector, they are not entitled to maternity and childcare benefits.

According to the Ministry of Labor, Social Welfare, and Migration, in 2021, there were 33,200 maternity and childcare benefit recipients. The total maternity and childcare payments were KGS 336,2 million (0.05% of GDP). An average monthly benefit amounted to KGS 2,531 (36% of a working-age person's subsistence minimum or 12.5% of the average wage). The ILO data shows³⁶ that the actual coverage of maternity-related social protection is only 23.8%. However, the country's legislation provides for social security coverage for women to be up to 65.8% and social protection coverage for up to 34.2%.

³² National Statistical Committee of the Kyrgyz Republic, Time use survey, Bishkek: 2021.

³³ By Article 137 of the Labor Code, parental leave can also be taken in full or partially by the father, grandmother, grandfather, another relative, or caregiver providing care for a child. Parental leave is provided with retention of one's job and position. The period of parental leave should be included in the total length of service and the length of professional service.

³⁴ Under Article 93 of the Labor Code, the employee and the employer can agree upon part-time job arrangements, both in hiring and subsequently. In case an employee is a pregnant woman, a parent/caregiver of a child under 14 or a disabled child aged under 18, or a person caring for a sick family member while supported by a medical certificate. An employer must arrange for part-time work if requested. **The remuneration of part-time workers is paid in proportion to the time worked or the output.** Article 137 of the Labor Code stipulates **additional unpaid leave for children for up to three years.**

³⁵ In line with Article 136 of the Labor Code, women are entitled to pregnancy and childbirth leave upon their request, supported by a medical certificate. Maternity and childbirth allowances are regulated by Articles 307 and 308 of the Labor Code and the Regulation on the provision of temporary incapacity benefits, pregnancy, and childbirth allowances, approved by Government decision No. 434 of 18 September 2018.

³⁶ <https://www.social-protection.org/gimi/WSPDB.action?id=13>

During the first wave of the COVID-19 pandemic and the respective lockdown, the state policies on maternity and childcare were not gender-sensitive. The work of all relevant local state bodies was suspended. No alternative ways of women's support or maternity and childcare benefit allocation, e.g., via digital technologies, had been introduced. However, in 2021 the Government approved an emergency regulation allowing for applying for and receiving maternity and childcare benefits via digital means³⁷.

The extension of childcare leave provision or prolongation of paid maternity and childcare leave (based on pre-existing schemes) were not on the state plan. No increase in maternity and childcare benefits has taken place, either. The issue of caregivers' leave (provided to people caring for disabled family members, especially children) was not addressed. During the pandemic, there was no state discussion on the possibility of new childcare regulations. The issue of subsidizing employers or employees absent because of childcare responsibilities was not addressed on the decision-making level.

Meanwhile, in line with the existing system of temporary incapacity benefits³⁸, this monetary compensation can be allocated and paid during the entire incapacity period. This leave must be granted after providing a respective certificate of care leave caused by the necessity to care for sick family members or children, disabled persons, children with special needs, or during quarantine. Employed persons, individual entrepreneurs, and members of farm households are entitled to this compensation, whereas self-employed persons are not. During the first ten days of the incapacity period, the employers pay temporary incapacity benefits. Since day 11, the benefit should be paid by the state. During the pandemic, new benefit regulations were adopted, allowing to prolong the consideration period of leave certificates, including care leaves to care for a sick family member/child, a disabled person, a child with special needs, or while in quarantine.

Best practices and failures in addressing the issues of paid childcare work should be considered in elaborating the country's strategic and legal initiatives for post-pandemic recovery and social and economic development.

Following the presidential decree UP 93 of 23 April 2012, "On the establishment of Mother's Day in the Kyrgyz Republic," the Action Plan on the implementation of an integrated program on family and motherhood support for 2012-2015, approved by the Government, provided for amendments in the Labor law, allowing a paid childcare leave for children under eighteen months. This initiative has not been implemented. The Ministry of Migration, Labor, and Employment was responsible for its implementation.

In 2017, there was an attempt to introduce a child allowance for families with children under age 3 in line with the 2017 "Law on state benefits," Article 8, regulating the allocation and receipt of monthly child benefits called '*balaga zholoq*.' However, before the law came into force, the Ministry of Labor and Social Development, a state body responsible for social protection, labor, employment, and gender equality, initiated the regulations excluding the provision of state child benefits for families with children under age 3. Currently, the process of allocating monthly child benefit '*ui-bulogo komok*' to needy families/persons with children under age 16 must consider their responsibility to care for children under age three and disabled family members requiring constant care.

The recognition and reduction of unpaid childcare work are still under consideration in the country's strategic development plan.

The importance of care for disabled children and adults was not recognized until 2018 when a payment scheme for personal carers providing constant care and attention for disabled children was introduced. Personal carer services must be contracted, licensed, and insured in the state insurance system³⁹. The regulation of the personal carer payment system is gender-neutral⁴⁰. The remuneration of personal

³⁷ [The Government decree No. 152 "On amendments to some decisions by the Government of Kyrgyz Republic regarding state benefits for temporary disability, pregnancy and childbirth, and funeral allowance" of 26 August 2021.](#)

³⁸ [Decision on procedures for providing state benefits for temporary disability, pregnancy, and childbirth \(as amended in Government and Cabinet of Ministers resolutions No. 433, No. 152 as of 24 August 2020, 26 August 2021\).](#)

³⁹ [Government resolution No. 556 approving the terms of payments to personal carers of disabled children requiring constant care, as of 23 November 2018.](#)

⁴⁰ The following persons: parents, legal representatives (adoptive parents, guardians, caregivers), close relatives (grandmothers, grandfathers, full siblings and half-siblings, foster parents), or other persons under 65 y. o., without disability

carers' services equals the average subsistence minimum per capita and is calculated by the NSC based on the prior year's data. The state covers the costs of education, licensing, and insurance for carers.

According to assessments of social security medical boards, 23.5% out of 33,564 disabled children need constant care and supervision. As of 1 July 2021, as many as 7,896 personal carers have been caring for disabled children. In 2021, a total of KGS 469.2 million (0.06% of GDP) had been allocated from the state budget to cover the remuneration of personal carers. The issue of the carers' salary increase was not addressed during the pandemic.

The state policy on reducing and redistributing women's unpaid care work is closely linked to the availability of family-friendly flexible work/telework arrangements. Since the onset of the COVID pandemic, working from home has become a reality. Studies have shown that 75 % of women have started working remotely during the pandemic⁴¹.

Medium-term priorities of the National Development Strategy of the Kyrgyz Republic for 2018–2040 include Goal 1.17 on the protection and promotion of interests of children and women concerning women's unpaid care for children under age three and disabled children.

Goal 1.17: Protection and promotion of women's and children's interests. State child allowances for children under age 3 are to be introduced to encourage their cognitive development and recognize the contribution of women as caregivers. The benefits are to be allocated only to children living in families. Legal acts on remuneration to mothers and caregivers of disabled children living in families must be developed and approved.

One of the main principles of the National Development Program until 2026, approved by the presidential decree N435 of 12 October 2021, is a transition to a new effective governance model considering "state expenditures on education, healthcare, and care economy as investments in living standards, human capital, and the enabling environment in the future." The Program's Section VII "Social development" and Task 7.4 "Inclusive growth" state that "the unpaid work of women-caregivers must be gradually remunerated in recognition of their pivotal role in building future generations. Childcare allowance for mothers caring for children under three should be gradually introduced. These children should be vaccinated and observed in family health centers, and women undergo regular health check-ups."

The state of emergency forced many institutions, such as education facilities, civil and municipal services, banks, etc., to shift to teleworking. However, while lockdown measures, including the closure of schools and childcare settings, government requirements to work from home, etc., were introduced, no labor law regulating remote work arrangements and payments was adopted. It resulted in income losses for households with children as wages of remote workers were cut up to 30-50-%⁴². Furthermore, an increased burden of women's care work, their limited access to digital infrastructure and technical capacities, and the gender gap in digital skills posed further obstacles to the ability of women to work from home. These factors contributed to squeeze women out of the labor force. Thus, the inclusion of remote working legislation in the Labor Code is critical for women's empowerment and care work redistribution to meet the demands of the changing labor market in the context of the country's recovery and development.

and history of criminal violations against children, who received appropriate training approved by the authorized contracted body, are eligible for becoming personal carers of children with disabilities.

⁴¹ [UN Women. Report on COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic. Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic of 15 May 2020.](#)

⁴² Research report "Respect for social and economic rights in the context of a new coronavirus pandemic in the Kyrgyz Republic." Association of NPOs protecting children's rights and interests in the Republic of Kyrgyzstan with support from OHCHR in Kyrgyzstan, September 2020.

3.3. Care development and support to decent paid care work

Care development

Global data demonstrate that a lack of employee support, retention measures, and reliable care can negatively affect female labor force participation, especially in low-wage groups⁴³. In Kyrgyzstan, female workers tend to be employed in the low-paid sectors of the care economy⁴⁴ and are more involved in the fight against the pandemic and its consequences.

Care services usually include pre-primary education, residential and home care, outpatient, and short-term inpatient care. Care services are also provided at inpatient healthcare facilities. Among the main care recipients are families with preschool children, older people, disabled persons, including children, patients receiving medical assistance, or those needing care.

The experience of PRC and RoK demonstrates that an extended pre-primary education coverage has increased women's workforce participation⁴⁵. Usually, the preschool education services are provided by the state that develops the respective infrastructure. The legislation provides for a wide variety of pre-primary education options. However, there is slow implementation of the state policy on increasing preschool coverage for children aged 1-6. According to NSC, pre-primary education coverage has risen only by 1.5 in 7 years, with the highest increase of 25.4 % in 2019.

Figure 3. Enrollment rate in pre-primary education



Source: National Statistical Committee

Meanwhile, the preschool education coverage in rural areas remains low (20.6 %). Generally, access to pre-primary education for children living in urban areas is above the national average of 34.5% (as of 2019). It is much more than that of children living in rural settings.

As the access to formal preschool childcare is limited, the need for childcare is met through informal care provision or a combination of both formal and informal care. In 2019, only 6% of children were

⁴³ [UNECE. Policy Brief on Gender No. 1: Women's economic empowerment and the care economy in the ECE region, December 2020.](#)

⁴⁴ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

⁴⁵ Khtarishvili, T. (2016). Gender inequalities in labor markets in Central Asia. Available at: <http://www.eurasia.undp.org/content/rbec/en/home/library/gender-equality/gender-inequalities-in-labor-markets-in-central-asia.html>

enrolled in private preschools⁴⁶. The development of pre-primary education depends on their licensing and accreditation, while these procedures focus on infrastructure or institutional assessment. Thus, the licensing system can be a roadblock for small-sized preschools with poorer infrastructure yet still able to provide childcare services meeting the basic early education standards. Besides, these facilities perform essential social functions.

During the first pandemic wave, the Government introduced restrictive measures to contain the spread of the coronavirus. All educational organizations, including schools and kindergartens, were closed regardless of ownership and affiliation. The shutdown measures did not provide for further functioning of educational institutions in case they complied with sanitary, epidemiologic, and hygienic requirements. No open and transparent decision-making process on the possibility of reopening educational organizations was adopted, and no decision-making approaches or criteria were proposed. The advantages of small-sized private preschools became evident during the pandemic⁴⁷. At the same time, the lockdown has reversed the progress made in pre-primary education, with the rate of children not covered by preschool care increasing 78% in 2020⁴⁸.

A population projection estimates that the country's kindergartens will be highly loaded after 2028⁴⁹. Limited access to early childcare, restrictive licensing system, and low rates of preschool coverage combined with increasing population pressure might accelerate the process of women leaving the labor force and diminish their economic opportunities.

Other demographic trends, such as an increase in the number of people with disability, intensifies the need for social care. However, social care services remain underdeveloped, mostly represented by a vast network of publicly funded residential care facilities.

Under the "Regulation on social workers" No. 157, approved by the government decision on 29 February 2012, in-home social care is provided by 915 care workers who are a part of the system under the Ministry of Labor, Social Welfare, and Migration. However, informal home care for children, older and disabled persons is more developed in the country.

Partial hospital care is funded through the public social procurement mechanism involving NGOs and business participation. Non-state service providers provide up to 72 % of partial hospital care. Most are non-profit organizations established as a part of internationally funded projects. These organizations offer their services only throughout the project, making them highly unsustainable. Upon the projects' completion, many service centers cease their operations⁵⁰.

Since 2012, state-funded foster care has been developing to assist children in difficult situations and those needing an emergency foster placement for a few hours and up to 6 months. Other options include long-term foster care lasting more than six months and occasional foster care for a few days, weekends, and school holidays. However, the childcare and protection policies fell short of their goals during the pandemic. Children whose parents were hospitalized with COVID-19 were left without proper care. Imposed lockdown and restrictive measures had only hampered the capacity of relatives, foster families, and non-government childcare organizations to care for unattended children of hospitalized parents.

The Government approves the guaranteed social service package. Local authorities can support additional social service packages considering their budget capacity and the needs of the local population.

Long-term care depends on the patient's disease severity, disability, and need for palliative care and rehabilitation services. During the pandemic, there was a robust demand for care and nursing services for sick people. However, the formal care sector could not satisfy the high demand for sick care, be that inpatient or outpatient treatment. Traditionally, the sick-care burden is borne by female family members or representatives of the informal healthcare sector, who are at higher risk of infection. There is a limited

⁴⁶ Childcare, Women's Employment and the COVID-19 Impact and Response: The Case of the Kyrgyz Republic. Mehriqul Ablezova, UNECE, UN Women 2021. Available at: https://unece.org/sites/default/files/2021-11/Childcare_WE_Covid-19_Kyrgyzstan_ru.pdf

⁴⁷ <https://rus.azattyk.org/a/30806825.html>

⁴⁸ <https://sustainabledevelopment-kyrgyzstan.github.io/4-2-2-1a/>

⁴⁹ Government resolution No. 200 approving the Program of education development in the Republic of Kyrgyzstan for 2021-2040 as of 4 May 2021. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/158226>

⁵⁰ Concept of reform of partial hospital care provision in the Kyrgyz Republic. Available at: <http://municipalitet.kg/ru/article/full/1513.html>

choice of medical and social rehabilitation services, which provoked an angry response from people who had recovered from COVID-19.

The state program on public health protection and healthcare system development for 2019-2030, "Healthy person – prosperous country," addresses issues of design and implementation of healthcare standards and their budgeting for a wide range of new types of health assistance, such as nursing services, rehabilitation, and palliative care. Besides, this program explores the possibility of integrating public social procurement mechanisms in care and rehabilitation services provision.

Supporting paid care work and ensuring decent work for care workers

Existing gender norms limit women's work opportunities and result in vertical and horizontal occupational gender segregation. Women are primarily employed in care sectors, with their highest labor force participation rate in healthcare and public social services (78.2 %) and education (78.8 %) ⁵¹. Although wages of healthcare workers involved in the fight against COVID-19 have been increased, the average monthly salary of women employed in non-health care sectors is lower than in other sectors of the economy.

Table 4. Ratio of average monthly wage of women in the care economy to the average monthly wage of all employees

Indicator	Unit	2018	2019	2020
Average monthly wage of all employees	KGS	16,218	16,586	18,493
Average monthly wage of women in education sector	KGS	10,691	13,319	14,260
% of average monthly wage of all employees	%	65.92	80.3	77.11
Healthcare and public social services	KGS	10,482	11,153	11,052
% of average monthly wage of all employees	%	64.63	67.24	59.76

Source: National Statistical Committee

Lockdown measures caused school and kindergarten shutdowns, a shift to distance learning, increased women's unpaid care and domestic responsibilities, and an overwhelming workload of educators. Transitioning to e-learning required additional funds to provide technical equipment to families with children, especially those living in poverty, and to educators. However, no financial compensation was provided to families with preschoolers and schoolchildren, teachers, and educators, who had to switch to online learning; the issue of compensation was not discussed at the decision-making level.

The average monthly wage of healthcare and social workers was 1.8 times less than that of men employed in public administration and the defense forces.

⁵¹ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

Table 5. Ratio of average monthly wage of women employed in healthcare and social services to average monthly wage of men engaged in public administration and defense forces

Indicator	Unit	2018	2019	2020
Average monthly wage of all employees	KGS	16,218	16,586	18,493
Average monthly wage of men engaged in public administration and defense forces	KGS	18,080	17,500	20,346
% of average monthly wage of all employees	%	111.48	105.51	110.02
Average monthly wage of healthcare and public social services employees	KGS	10,482	11,153	11,052
% of average monthly wage of all employees	%	64,63	67,24	59,76

Source: National Statistical Committee

The activities of social workers are regulated by the "Regulation on social workers" N157, approved by the government decision on 29 February 2012. This document and the social workers' wage system were not revised during the pandemic or its aftermath. Although short-term work schemes aimed at increasing the number of social workers have been included in respective parliamentary and Government decisions on the first anti-crisis plan, an actual rise in their numbers has never been achieved.

The issue of recognition of healthcare workers and their contribution to the fight against the pandemic is linked to discriminatory amendments to the Law N67 "On the status of medical workers" as of 29 June 2020. These new regulations provide for compensations for public and municipal healthcare workers performing their professional duties at high risk of infection during a state of emergency. The state regulates the amount of compensation, yet respective healthcare organizations must pay them. This provision fully applies to the employees of private and mixed-ownership healthcare organizations if the Ministry of Health involved them in performing their professional duties during a state of emergency.

Because of the aforementioned discriminatory regulations, the compensation allocation process is overseen by a special commission and requires the provision of supporting documents, including a PCR test certificate; if the test is negative, the compensation will not be granted. All supporting documents had to be collected by the health workers themselves. Worse still, due to the COVID-19 course of illness and disease progression, as well as quarantine requirements, medical workers could not get tested and collect all requested documents on time.

Due to the scheme's complexity, many healthcare workers could not obtain the compensation or be ineligible for it, which caused their discontentment. Healthcare workers have repeatedly reported that getting the compensation had been extremely difficult due to the bureaucratic red tape and the complicated procedure of document collection⁵². If health workers could not prove that they had been infected with COVID while at work and indicate the exact patient who was the source of contagion, they were not entitled to compensation. Eventually, healthcare workers had to organize a peaceful protest, declaring that they still had not received compensation for their work in the hospitals' 'red zones'⁵³.

The earlier version of Article 3 of the Law "On the status of medical workers" envisaged that the amount of compensation for healthcare employees working in emergencies, war situations, or injured or killed while performing their professional duties had to be equal to the amount of compensation for military personnel. The respective Regulation⁵⁴ on additional safeguards and compensations to military staff provided for three-times increase in their salaries depending on military ranks. Thus, to get total

⁵² <https://kloop.kg/blog/2020/11/26/v-dokumentah-mnogo-netochnostej-pravitelstvo-o-zaderzhkah-vyplat-kompensatsij-medikam-zarazivshimsya-covid-19/>

⁵³ <https://rus.azattyk.org/a/v-bishkeke-vrachi-vyshli-na-mirnyy-marsh/31207155.html>

⁵⁴ [Provision for additional guarantees and compensation for military personnel engaged in emergency situations and armed conflicts within and outside the country on the basis of international treaty obligations, approved by Government resolution No. 639 as of 26 October 2000.](#)

compensation, the military personnel were not obliged to confirm that they had been performing their duties in a state of emergency, whereas healthcare workers had to do so.

In the context of the COVID-19 pandemic, the current health workforce remuneration system and compensation scheme reinforce the ongoing staff drain from the country's healthcare system, with young medical professionals particularly intended to leave their practice,⁵⁵ thus posing a threat for further healthcare system development.

3.4 Women's entrepreneurship

Participation of women in business is crucial for their economic empowerment. Running SMEs might be particularly beneficial for women as they can have flexible working arrangements to maintain a work-life balance; they can also gain considerable income and improve their management and leadership skills. However, the development of female entrepreneurship in Kyrgyzstan is still hampered by the prevailing sociocultural norms and gender stereotypes, limited access of women to information, technologies, and finance due to lack of collateral, and the reluctance of banks to provide small loans and high-interest rates.

Women head only 27.8% of private-operating business entities in Kyrgyzstan. The share of women among the heads of SMEs registered as legal entities is 30.5% for small businesses and 44% for medium-sized enterprises. The percentage of women among individual entrepreneurs is 35.4%, while they comprise 20.1% of the heads of rural farms⁵⁶. While the number of men engaged in individual entrepreneurship activity in the past ten years has increased by almost 100,000 people, the number of women entrepreneurs has not changed⁵⁷. The Register of legal entities of the Ministry of Justice does not allow an accurate assessment of female participation in business as its founders.

Limited access of women to finance, information, and technologies

According to the ADB, in 2017, in the Kyrgyz Republic, women comprised less than half of all borrowers in partner banks, while loans for female borrowers accounted for only 25-43 % of their total loan portfolio⁵⁸. Commercial, financial institutions don't consider female-led business entities as promising customers.

Only 29% of the property is registered in the name of women, whereas 62% of the property is registered in the name of other persons, and 9% is registered in the name of others not leaving in the place of registration. Most of the assets are registered in the name of male family members. These factors, alongside a common practice of limiting women's right to use family assets, also lead to a lack of women's access to credit⁵⁹. The WEF Global Gender Gap Index ranking confirms that women still have limited access to, use of, and control over land and other resources⁶⁰. Women are often employed in low-pay sectors and have limited land and property rights. Besides, a lack of tailored financial products allowing women to use alternative sources of collateral, guarantees, and insurance, makes it harder for women to provide collateral which limits their ability to access funding opportunities.

A lack of startup capital is a crucial obstacle preventing women from starting their businesses. Besides, women still face gender stereotypes, which presume that financial services for women can be limited to microfinance or that female entrepreneurs must apply for a loan with their spouses. At the same time, commercial banks pay little attention to SME lending, forcing female entrepreneurs to apply for loans from microfinance organizations. In Kyrgyzstan, women account for the majority, or 56.4%, of microcredit users⁶¹. The microlenders set low loan requirements yet higher interest rates which might be devastating for the growth of women-led enterprises.

⁵⁵https://24.kg/obschestvo/199577_byurokratiya_inizkie_zarabotki_pochemu_molodyie_vrachi_begut_izmeditsinyi

⁵⁶ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

⁵⁷ Childcare, Women's Employment and the COVID-19 Impact and Response: The Case of the Kyrgyz Republic. Mehrigiul Ablezova, UNECE, UN Women 2021. Available at: https://unece.org/sites/default/files/2021-11/Childcare_WE_Covid-19_Kyrgyzstan_ru.pdf

⁵⁸ [CAREC Gender Assessment. Supplementary Document for the CAREC Gender Strategy 2030, ADB, January 2021.](#)

⁵⁹ Gender in Society Perception Study: National Survey Results. Bishkek: 2016. Available at: <http://www.stat.kg/ru/publications/gender-v-vospriyatii-obshestva/>

⁶⁰ <https://gtmarket.ru/ratings/global-gender-gap-index>

⁶¹ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

Most microloans provided to women were used to fund their businesses. More than a third of microloans went to their agricultural activities. 10.4% of microloans supported their trade and food endeavors, and 8.1% went to support the construction projects⁶².

The potential of public-private partnership (PPP) and public social procurement (PSP) schemes for developing women's entrepreneurship and care services has not been fully unlocked.

Conflict between women's paid and unpaid work

Women still dedicate much of their time to unpaid care work and domestic chores. They have fewer opportunities to dispose of their income and tend to spend their earnings on the family's needs rather than on expanding their business⁶³. At the same time, 28.2% of microloans borrowed by women have been spent on consumption⁶⁴.

Women engaged in entrepreneurial activities do not receive the necessary support from their husbands, children, and other relatives. Microbusiness provides further income opportunities for women, so they occasionally engage in this type of economic activity. However, women are 1.7 times more likely than men to close a business due to the lack of time to manage the business (24%) and the need to deal with family matters and childcare (14%)⁶⁵.

The impacts of the pandemic on women in business

The Rapid Gender Assessment data show that out of all researched women who were employed or ran their businesses, 10% lost their jobs, with 7% of them being employees and 3% – business owners. Of these newly unemployed women, 83 % live in urban areas and 17% – in rural settings. The proportion of researched women who lost their jobs at the age of 45-54 is 33%. The spread of the COVID-19 strongly affected businesses in almost half of all cases (47%); 13% of companies were forced to close, with most owners being women⁶⁶.

The political agenda of women's entrepreneurship development

Women's economic empowerment was one of the key priority areas of a long-term National gender equality strategy until 2020, which provided a basis for the elaboration of three-year National action plans on gender equality for 2012–2014, 2015–2017, and 2018–2020. Currently, the next National gender equality strategy of the Republic of Kyrgyzstan for 2021–2030 with a respective National action plan are under development. These documents must serve as a framework for women's entrepreneurship development and address the need to expand the care economy in the country.

Public policies on women's entrepreneurship development have been fragmented. However, special programs of the Kyrgyz Republic on the development and support of SMEs for 2020–2024 and the development of women-led businesses for 2021–2025 have already been designed and presented for public discussion.

A care- and gender-centered discussion on the draft National development program until 2026, a respective Action plan, and recommendations on the national post-pandemic recovery efforts highlighted the issues of women's limited access to finance, information, and technologies. They emphasized the need to improve women's business capabilities and elaborate and enhance the program on the development and support of female entrepreneurship in Kyrgyzstan for 2022–2026.

The National Development Program until 2026, approved by the presidential decree N435 of 12 October 2021, stipulates that women's economic empowerment must be accompanied by such compulsory elements as consultancy, training, business support, and promotion of digital financial literacy. The labor market and employment policy priority areas include the need to elaborate a women's entrepreneurship development program until 2026. Subsequently, in December 2021, the Cabinet of

⁶² [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

⁶³ [UNDP-ADB \(2014\). Situation Analysis: Possibilities and Barriers for Development of Women Entrepreneurship in Villages.](#)

⁶⁴ [National Statistical Committee of the Kyrgyz Republic. Women and Men in the Kyrgyz Republic 2016–2020, Bishkek 2021.](#)

⁶⁵ Draft Program on Women's Entrepreneurship Support and Development in the Kyrgyz Republic for 2021-2025, presented for public discussion. Available at: <http://mineconom.gov.kg/ru/post/6827>

⁶⁶ [UN Women. Report on COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic. Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic of 15 May 2020.](#)

Ministers adopted this program with a respective action plan and the matrix of the program's monitoring and evaluation indicator⁶⁷. The successful implementation of mentioned strategic and program areas largely depends on joint efforts by all stakeholders.

4. Recommendations

The priority (short-term) and medium-term recommendations are linked to establishing a national policy agenda on the country's recovery and further sustainable development until 2026.

Individual recommendations have already been considered in the approved National development program of the Kyrgyz Republic until 2026 and its Implementation Plan, as well as while designing and adopting legal acts as a part of the ongoing process of legislation improvement.

It is vital to achieve progress in the following areas:

1. **Recognizing the care economy (unpaid and unpaid care work) and its representation at the public policy level**

- Define and strengthen institutional mechanisms of the care economy development at the state level.
- Lay the foundation of the care economy development in the national and state development programs, including sectoral and regional ones.
- Promote critical directions of the care economy development in the activities of state and municipal bodies, international, non-government, and commercial organizations. This issue must be addressed at national and regional, i.a. integrational, discussion, and decision-making platforms. For instance, it is suggested to organize an investment forum on the care economy development and economic empowerment of women in the Kyrgyz Republic, followed by an annual National care economy forum to share experience and best practices and discuss the existing challenges.
- Establish social protection floors to guarantee services and social benefits across the life course.
- In collaboration with development partners, carry out a comprehensive assessment of the social protection system based on international methodology and the impact of the pandemics. The assessment should draw upon the existing monitoring and evaluation tools within various elements of the social protection system and explore the potential of using ICT in the sector. Based on the assessment, an integrated strategy for developing the social protection system should be designed, covering all aspects of the system, such as decent work, social security, state benefits, social services and employment promotion programs. While considering current demographic trends in the country and the region, the strategy should focus on the development of the care economy and women's economic empowerment.
- Review The Program of Education Development of the Kyrgyz Republic for 2021–2040 and The Government Program on public health protection and healthcare system development for 2019-2030 “Healthy person – prosperous country” from the perspective of care-centeredness and women's economic empowerment.
- Include the issue of the care economy development in the National gender equality strategy of the Republic of Kyrgyzstan for 2021–2030 and a respective National action plan currently under development.
- Improve the program budgeting system and procedures to reduce gender inequality and invest in the care economy. It is necessary to strengthen the institutional and expert capacity of the Ministries of Labor, Social Welfare, and Migration, and Health, Education, and Science regarding the elaboration, review, and implementation of gender-responsive and care-centered programmatic budgets. Harmonizing the development indicators of the care economy sectors and the efficiency of programmatic

⁶⁷ <https://www.gov.kg/ru/post/s/20680-2022-2026-zhyldarga-ayaldar-ishkerdigin-koldoo-zhana-nktr-boyuncha-programma-bekitildi>

budgeting within relevant ministries will ensure better use of limited state budget resources.

2. Improving legal and regulatory framework for the development of the care economy and inclusive tax policy, reducing and redistributing women's unpaid care work

- Ongoing optimization and legislation improvement processes should preserve existing legislation's achievements and implementation mechanisms.
- Lay the foundation for developing care services in the health, education, and social services legislation. The respective financing and quality management mechanisms should be designed and proposed, considering lessons learned and best practices.
- Strengthen legislative provisions on the organization of compulsory gender analysis of legislation. A respective gender equality institution must conduct gender analysis; those failed to meet the requirements should be held accountable. Currently, the Ministry of Justice has developed a new edition of a draft Law of the Kyrgyz Republic, "On normative legal acts of the Kyrgyz Republic," which is an opportunity to integrate the above proposals. The methodology of gender analysis needs to be revised to strengthen institutional and human capacity.
- Gender analysis of new editions of draft laws "On education and science" and "On health of citizens of the Kyrgyz Republic" is required alongside with inclusion of issues of the care economy in these laws.
- A significant revision or a new modern version of the law "On the bases of social services" is needed.
- Address the issue of remote work arrangements in the country's Labor Code in the context of the post-pandemic recovery and changing labor market. The legislation should provide for different types of teleworking and flexible pay systems based on other countries' experiences. The conditions of transition to teleworking, relevant both for employers and employees, should be adopted and include the emergency and workplace situations. The legislation should envisage for safe use of digital technologies, digital signatures, etc., as well as have the reasons for dismissal of employees who work remotely. Besides, the law should envisage the possibility of employers covering the work-related expenses of employees working from home.
- The issue of a piece-rate pay system (hourly, flat pay, tariff, or non-tariff) calculated based on an employee's qualification or items of work complete is to be explored. It is crucial to meet the wage system's basic requirements while considering the issues of gender equality and women's economic empowerment. A dialogue between employers and employees should ensure an opportunity to choose a payment system.
- Improve tax policies and legislation by developing and updating relevant analytical frameworks on the effectiveness of tax incentives for the care economy sectors. Inclusive tax policy contributes to the formalization of the care economy and strengthens social security programs, ensuring a decent standard of living.

3. Reducing and redistributing women's unpaid care work, strengthening employment rights

- Develop social protection programs that support unpaid caregivers and do not discriminate against women with caregiving responsibilities.
- Remuneration for women's unpaid care work must be gradually introduced, whereas parental leave (for both women and men) for children under age three must become formalized over time. Conduct analysis and study of the introduction of paid childcare for children under 3 in the form of child benefit and paid childcare leave from different sources of financing.
- Introduce programs and mechanisms encouraging men to bear more responsibilities for a larger share of unpaid care work.
- Support women's entrepreneurship programs.

- Develop special employment protection programs and regulations on education centers to provide youth, women on childcare leave, unemployed and female jobseekers, and low-income persons with business, legal, finance, and digital skills.
- Promote the employment policy aimed at supporting employees with caregiving responsibilities.
- Digital technologies can accelerate women's empowerment. Thus, developing digital skills and closing the digital gender divide for women and children, especially girls, must become the main priority.
- Improvement of labor market and workforce forecasting methodologies should go hand-in-hand with gender mainstreaming and gender expertise at all stages. Global trends, perspectives, and opportunities for the care economy development should be considered when developing or updating the methodology.

4. Developing care services and investing in decent care work

- Childcare center licensing and accreditation procedures must focus on the importance of service provision regulation instead of the primacy of infrastructure requirements. It will facilitate the job creation for women and develop different preschools capable of providing services despite the pandemic-related restrictions.
- It is proposed to revise the traditional childcare system by splitting it into two branches: early childcare (for children aged six months to 4-5 years) and preschool education. Early childcare should be guided by child safety and early learning and development standards, whereas preschool education should focus on educational activities and teaching.
- Childcare should become formalized. It can be achieved, for instance, by simplifying licensing and accreditation procedures for childcare centers and introducing open and transparent mechanisms and ICT. Introducing an e-licensing or one-stop-shop approach will assist in establishing a simple and corruption-free childcare licensing and accreditation system.
- Envisage for a personnel certification system covering care workers providing care for children, sick, and disabled persons, including children and older persons. The system must focus on the care workers' care competencies, rehabilitation skills, and knowledge of early learning and development standards. The development of SMEs, social and women entrepreneurship, and various care services must be addressed in legislation revision. Regulatory certification procedures, including the notification procedure, should be developed and implemented.
- Revise the approach towards care service standard-setting and approval; these standards must include basic safety conditions, opportunities for development, and rehabilitation.
- Revise principles and mechanisms of care services financing by switching to per capita (voucher) approach ensuring the minimum public guarantees for providing care services and their variability.
- The care workers' payment system and respective regulations must reflect their workload and recognize the importance of their contribution.
- Care and education workers' wages should be significantly increased, while compensation benefits and measures must be revised.

5. Improving data collection and use to meet the needs of the care sector

- Measure the value of paid and unpaid care work to GDP on an ongoing basis
- Regularly conduct time-use surveys.
- Conduct a cost-benefit analysis of investments in the related infrastructure and public services, assessing the level of unpaid work burden reduction and demand for childcare, care for older, disabled, and other people.

Long-term recommendations should focus on setting up work-life balance norms and policies.

Socio-cultural factors influencing people's flexible working arrangements to fulfill their family responsibilities must be addressed. There is a need for regular study on men's engagement in the struggle for gender equality, responsible fatherhood, and equal distribution of unpaid domestic and care work.

Incentives and mechanisms encouraging men to engage in unpaid work should be introduced, addressing gender segregation in the family and the workplace. The best practices of fathers' equal participation in unpaid care work should be shared with the population to cultivate modern cultural perceptions.

An advocacy campaign promoting the development of the care economy and economic empowerment of women, support of social and women's entrepreneurship, and recognition of women's unpaid work should be elaborated and held with the participation of journalists and media experts.

Long-term initiatives should focus on the improvement of care workers' skills. In general, there is a demand for training and continuing education of professional care workers. A rehabilitation training system should be developed and offered by vocational education institutions, including those providing entry-level training. State-funded rehabilitation and habilitation training could be provided with the assistance of relevant national and international professional associations. Besides, a resource center should be founded to develop innovative approaches to rehabilitating people.

Besides, a system of care standards assessment focused on care quality and management should be designed in the long term. In the medium term, the development and formalization of the care sector will create a resilient public and strategic procurement system.

Long-term measures for advancing the care economy should aim at achieving and implementing SDGs, focusing on addressing inequalities, closing urban-rural gaps in access to care, and reducing the disparities between different population groups, including the most vulnerable. Furthermore, sustainable mechanisms are needed to link all-level vocational education with national and international labor markets for care workers.

The promotion of women's entrepreneurship development program, capacity building of women entrepreneurs, and increased participation at the decision-making level are crucial aspects of long-term measures to enhance women's economic activity.

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**Design of national COVID-19 response and recovery
policy, economic and social impact mitigation measures,
women's economic empowerment, and the care economy
development in the Republic of Kyrgyzstan**

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