

REPORT
On survey results under the project
"Strengthening civil society engagement in the COVID-19 response
at national and local levels".

INTRODUCTION

On March 11, 2020, the World Health Organization (hereafter, WHO) announced the spread of a new virus COVID - 19 (coronavirus) and global pandemic as most countries and all continents were affected. COVID-19 was first reported on December 31, 2019 in Wuhan, China. In Kyrgyzstan, the first case of coronavirus infection was reported on March 18, 2020.

On March 12, 2020, the Government of the Kyrgyz Republic announced a ban on public events; from March 16, 2020, all preschool facilities, schools and educational institutions in the country were closed for quarantine and switched to online education. From March 22 to May 11, 2020 state of emergency and curfew were announced, public transport and cab services were stopped, all enterprises and organizations of public catering, trade and services (except for food stores and pharmacies) were closed, the main part of enterprises and organizations moved to a remote work schedule.

As of July 1, 2021, there were 126395 coronavirus infections (1.9% of the country's population) in Kyrgyzstan. Of the total number of people infected, 110698 people (87.6%) were cured, 13688 people (10.8%) were sick and 2009 people (1.6%)¹.

Vaccination against COVID-19 in Kyrgyzstan began on March 29, 2021. It is conducted by China's SinoPharm and Russia's Sputnik V.

The pandemic has affected people of different ages, women and men, in different ways. Although most of those who contracted the coronavirus infection were young people and people of working age, the vast majority of those who died were elderly citizens.

Despite the current national focus on those who are most exposed to the virus, there are many indications that the COVID-19 pandemic will have various effects on entire community, including senior citizens.

This survey was initiated by the Resource Center for the Elderly under the project "Strengthening Civil Society Engagement in the COVID-19 Response on National and Local Levels ", with support of the World Health Organization. The survey aims to identify the main needs and requirements of elderly people during the COVID-19 pandemic, to develop recommendations for authorized bodies to respond to the basic needs of elderly people

¹ Coronavirus in Kyrgyzstan. Electronic source:
<https://index.minfin.com.ua/reference/coronavirus/geography/kyrgyzstan/>

1. Methodology

The survey was conducted using the following methods:

- 1) Desk review was conducted by reviewing legislation of the Kyrgyz Republic and policy decisions made to respond to COVID-19 pandemic, as well as published statistical data from the National Statistical Committee of the Kyrgyz Republic (hereinafter, NSC KR), the Republican Anti –Coronavirus Task Force, published in Internet sources;
- 2) Sample survey method was used, data was collected through questionnaires. The list of questions for questionnaire was developed taking into account the age of respondents, gender and regional aspects, place of residence;
- 3) The survey was carried out with the assistance of partner organizations from different provinces and cities of the country, as well as employees of territorial and subordinate units of the Ministry of Health and Social Development of the Kyrgyz Republic (hereinafter - MHSD). The survey was used to analyze the situation and take into account the opinions of senior citizens

The survey covered elderly citizens living in:

- Batken region (Batken and Leilek district);
- Jalalabad region (Suzak rayon and Jalal-Abad city);
- Issyk-Kul region (Balykchy city);
- Naryn region (At-Bashy, Ak-Tala, Gumgal, Kochkor and Naryn rayons);
- Osh region (Kara-Kuldga, Uzgen and Chon-Alai rayons);
- Talas region (Talas city);
- Chui region (Kara-Balta city);
- Bishkek and Osh cities;
- Residential social care facilities (hereafter – RSCF), under the MHSD.

A total of 330 elderly citizens - respondents, including 131 (39.7%) men and 199 (60.3%) women, were included in the survey from different regions of the republic, Bishkek and Osh cities, as well as from RSCFs.

Table 1. Number of elderly citizens covered by the survey

Regions, cities, and RSCFs	Covered by the survey			%
	Men, <i>people</i>	Women, <i>people</i>	Total, <i>people</i>	
Batken region	11	9	20	6,0
Jalal-Abad region	4	16	20	6,0
Issyk-Kul region	18	44	62	18,8
Naryn region	9	18	27	8,2
Osh region	10	14	24	7,3
Talas region	4	16	20	6,0
Chui region	4	16	20	6,0
Bishkek city	5	7	12	3,7
Oshcity	8	13	21	6,4
Subtotal:	73	153	226	68,4

Bakai-Ata RSCF for elderly and PWD	11	4	15	4,6
Nizhne-Serafimovskoe RSCF for elderly and PWD	13	30	43	13,0
Suzak RSCF for elderly and PWD	22	8	30	9,1
Suluiktinskoe RSCF for elderly and PWD	5	1	6	1,9
Toktogul RSCF "Kara-Kash" for elderly and PWD	7	3	10	3,0
Subtotal	58	46	104	31,6
Total:	131	199	330	100,0
	39,7%	60,3%	100,0%	

Senior citizens of different nationalities, aged 65 and over, took part in the survey, the bulk of which (75.5%) were people aged 65 to 75. 134 people (40.6%) of elderly age were interviewed in cities of the republic and 196 (59.4%) in villages.

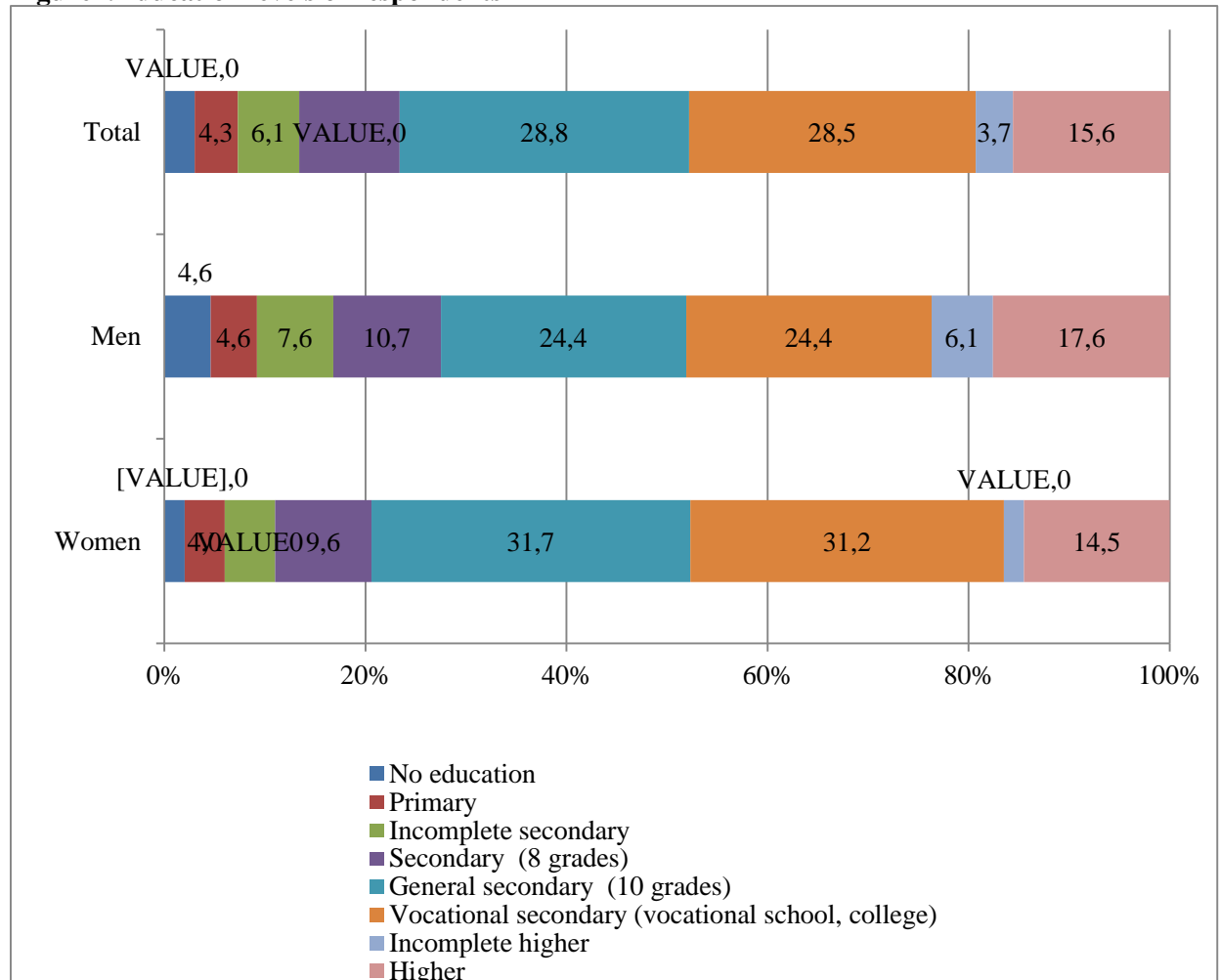
Table 2. Number of elderly citizens participated in the survey, by nationality, age and locality

Covered by the survey	Number of elderly citizens			%
	Men, <i>people</i>	Women, <i>people</i>	Total, <i>people</i>	
<i>By nationality</i>				
Kyrgyzs	77	112	189	57,3
Russians	33	65	98	29,7
Tatars	9	10	19	5,8
Uzbeks	6	5	11	3,3
Ukrainians	1	5	6	1,8
Turks	1	1	2	0,6
Germans	1	-	1	0,3
Uigurs	-	1	1	0,3
Tajiks	-	1	1	0,3
Chuvashs	-	1	1	0,3
Koreans	-	1	1	0,3
Total:	128	202	330	
<i>By age</i>				
From 65 to 75 years old	95	154	249	75,5
From 75 to 85 years old	33	41	74	22,4
From 85 to 95 years old	3	4	7	2,1
Total:	131	199	330	
<i>By locality</i>				
City	41	93	134	40,6
Village	89	107	196	59,4
	130	200	330	

The main part of respondents or 28.8% of respondents have general secondary education, then 28.5% have vocational secondary education (total - 57.3%). The share of respondents with higher education was 15.6%, with incomplete higher education - 3.7%. 10.0% have secondary education (8 grades), 6.1% have incomplete secondary education, 4.3% have primary education and 3.0% have no education.

The share of women with general secondary and vocational secondary education was higher than that of men, making up 31.7% and 31.2% (62.9% in total). Men with general secondary and vocational secondary education accounted for 24.4% each (total - 48.8%). However, unlike women, the share of men with higher education was slightly higher and amounted to 17.6% (22 people, including one with post graduate degree).

Figure1: Education levels of respondents

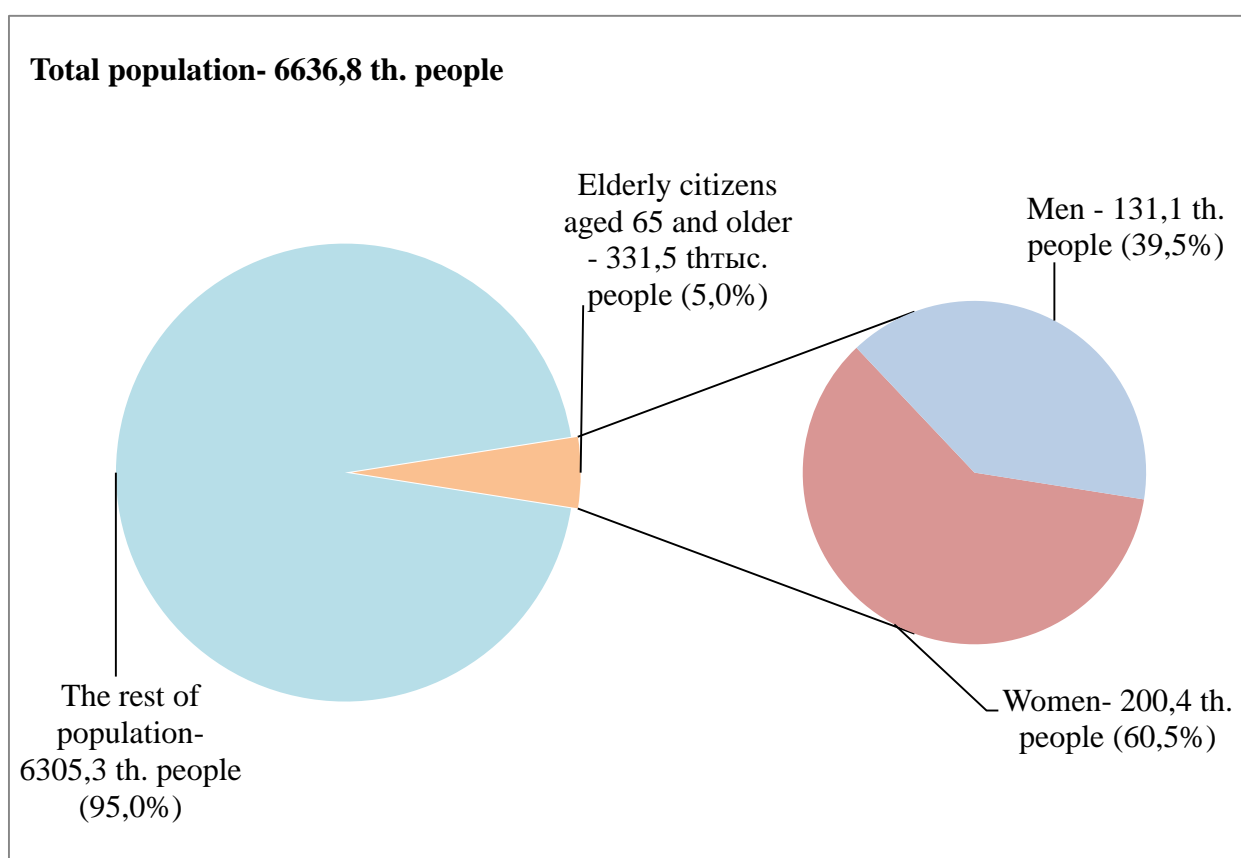


- 4) Before the survey, there was desk review of data, studies and statistics, translation and adaptation of questionnaire to the needs of elderly population, determination of sampling frame for survey;
- 5) Then there was data collection of the questionnaires;
- 6) All collected data were processed and analyzed. This report contains conclusions and recommendations

2. Analysis of demographic situation

According to the NSC KR, as of January 1, 2021, the population of Kyrgyzstan was 6636.8 thousand people, including 331.5 thousand people or 5.0% of population of the country - elderly citizens aged 65 and older, of which: 60.5% (200.4 thousand people) are women and 39.5% (131.1 thousand people) are men²

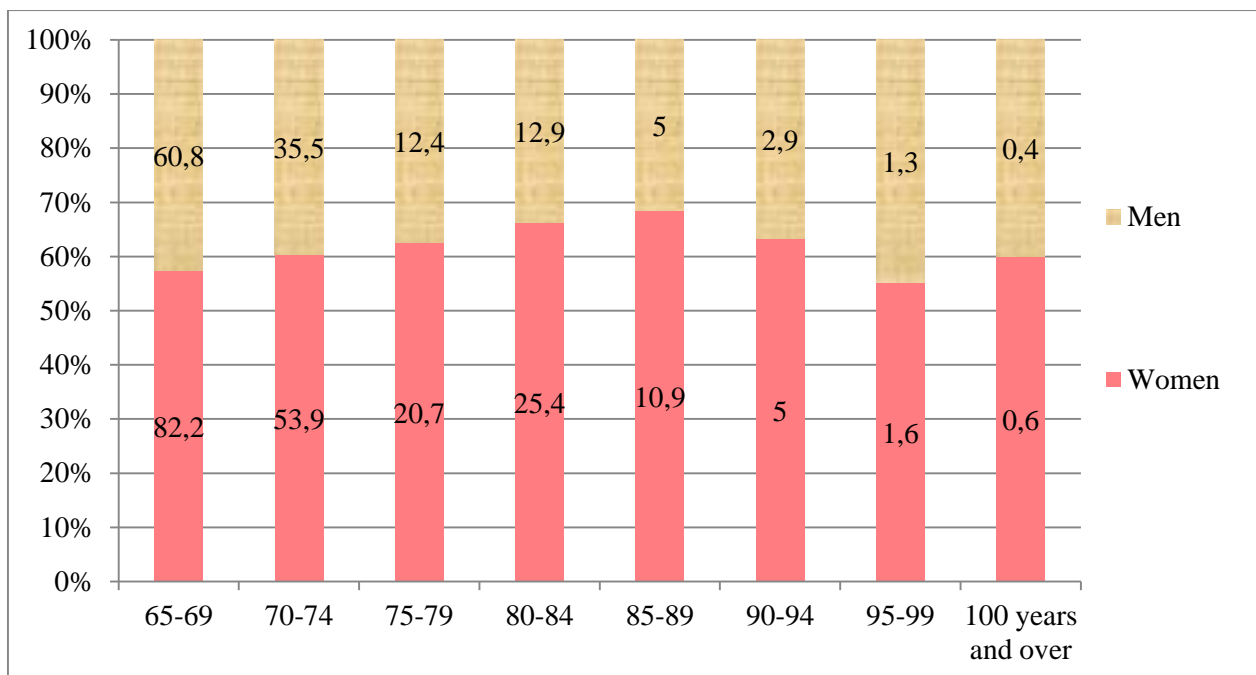
Figure 2: Proportion of elderly population of Kyrgyzstan in total population of the country



At the same time, the number of women over 80 is almost twice as high as the number of men. Especially among those aged 85 to 89, the number of women is 2.2 times higher than the number of men, which is due to differences in the age-related mortality of male and female populations. The life expectancy of women is higher than that of men. In addition, retirement age of women is five years earlier.

Figure 3: Proportion of older women and men in certain age groups

²NSC KR. Gender statistics. Spreadsheets. Electronic source: <http://www.stat.kg/ru/statistics/gendernaya-statistika/>



The highest proportion of women over 65 years is in Bishkek (73.3%), Osh city - (70.8%) and Issyk-Kul province (70.7%), and the lowest is in Batken region (67.4%).

The distribution of population by sex in the republic is heterogeneous. In urban settlements the proportion of women exceeds the proportion of men and is 52.4%, and in rural areas, where the birth rate is higher, on the contrary, men prevail to a small extent - 50.7%. The situation is slightly different by provinces, the highest share of women, 53.2%, is in Bishkek, the lowest - 49.1% - in Batken and Naryn regions.

According to the UN age classification, if proportion of persons aged 65 and older in total population is below 4.0%, the population of such country is considered young, if in the range from 4.0% to 7.0% - the population is on the threshold of old age, if above 7.0% - old population. We can say that the process of demographic aging has not affected Kyrgyzstan at present. However, Kyrgyzstan's population is gradually approaching the threshold of old age. If at the beginning of 2015 there were 255.6 thousand people or 4.3% of Kyrgyzstan's population aged 65 and older, at the beginning of 2021, as noted above, the number of citizens at the above ages amounted to 331.5 thousand people or 5.0% of the country's population³

³ NSC KR. Gender statistics. Spreadsheets. Electronic source: <http://www.stat.kg/ru/statistics/gendernaya-statistika/>

Given ongoing demographic changes, National Ageing Study (hereinafter referred to as the National Study) was conducted in Kyrgyzstan in 2015 with support of the UN Department of Economic and Social Affairs.

Despite the fact that proportion of elderly population aged 65 and older in Kyrgyzstan is much lower in contrast to other CIS countries (in 2018 the figure for Azerbaijan - 6.8%, Kazakhstan - 7.3%, Armenia - 11.9%, Russia - 14.6%, Belarus - 15.2%), according to the study, this trend will appear approximately by 2030 in our republic. The proportion of elderly aged 65 years and older will be 7.0%.⁴

3. State Policy of the Kyrgyz Republic on senior citizens. Assessment of institutional capacity of central and local governments on COVID – 19 response

The state policy of KR on elderly citizens is carried out in accordance with ratified international treaties on exercise of human rights and national legislation. The protection of older citizens' rights is enshrined in the Constitution of KR, pension legislation, legislation on veterans of war, armed forces and home front workers, social services and other regulatory legal acts.

The main law defining the state policy on elderly citizens, aimed at creating decent conditions for them to lead a full life, participate in economic and political life of society, as well as perform their civic duties in accordance with the Constitution of the Kyrgyz Republic, generally accepted principles of international law and international treaties of the Kyrgyz Republic, is the Law of the Kyrgyz Republic "On Senior Citizens in the Kyrgyz Republic". This law determines the age of elderly citizens: men - 63 years, women - 58 years.

The priorities of state policy for the elderly in KR are to improve the quality of health care and social support services.

⁴ Figures and facts: International Day of Older Persons. Electronic source: <http://www.stat.kg/ru/news/cifry-i-fakty-mezhdunarodnyj-den-pozhilyh-lyudej/>

To improve social security of senior citizens, the legal framework is being improved; measures are being taken to increase the quality of social services for senior citizens and effective use of available resources to ensure that senior citizens have access to social services.

In order to ensure quality and safety of social services also for older citizens there are minimum standards of social services for people in :

- residential social care facilities (hereinafter - RSCF) under the Ministry of Health and Social Development of the Kyrgyz Republic;
- day-patient (day care) social service facilities.

Currently, 929 home-based social workers provide free in-home services to about 9,900 (9,924) senior citizens and PWDs living alone, of whom 4,298 are senior citizens.

Taking into account results of the National Survey, Resolution No. 442 of the Government of the Kyrgyz Republic of August 30, 2019, adopted and is implementing the Action Plan to improve the quality of life of elderly citizens in the Kyrgyz Republic for 2019-2025.

In order to provide legal framework for measures to counter the spread of COVID-19 in Kyrgyz Republic, more than 160 regulatory legal acts were adopted at central and local government levels.

Table 3: Laws and regulations on COVID- 19 response enacted in 2020

1.	Number of legislative acts adopted by Jogorku Kenesh (Parliament) of KR	3
2.	Number of decisions of central authorities	71
3.	Decrees of the President of KR	7
4.	Resolutions of Jogorku Kenesh of KR	3
5.	Resolutions/directives of the Government of KR	29
6.	Orders/directives of ministries and departments of KR	32
7.	Number of decisions of local authorities	90
	Total:	164

Table 4: Laws and regulations on COVID - 19 response enacted in the first half of 2021

1.	<p>1) Order No. 277 of the Ministry of Health of KR of March 12, 2021. The Order approved:</p> <ul style="list-style-type: none"> – Plan of measures to prepare for possible third wave of COVID-19 in the territory of KR; – Preliminary plan for deployment of health care organizations for treatment of patients with COVID-19 coronavirus infection, community-acquired pneumonia. <p>2) Order No. 101 of the Ministry of Health of KR of January 18, 2021, which approved:</p>	2
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	– <u>Action Plan</u> of Family Medicine Centers (FMCs) and General Practice Centers (GPCs) on Health Promotion Programs for 2021.	
2.	Joint Order on Mechanisms on Implementation of Procedures to Prevent Importation and Spread of Coronavirus Infection COVID-19 with regard to citizens of KR, foreign citizens and stateless persons crossing the state border of KR, and persons traveling by domestic airlines	1

Restrictive measures to prevent the spread of COVID-19 were introduced in KR through the adoption of a number of RLAs by the Jogorku Kenesh of KR, the Government of KR and individual ministries, commandant offices of cities and districts where cases of coronavirus infection were registered. By the decision of Security Council of KR the Government of KR and heads of authorized representative offices of the Government of KR in regions and mayor's offices of Bishkek and Osh cities were recommended to take a number of measures. In accordance with Article 18 of the Constitutional Law of KR "On Government of the Kyrgyz Republic", Anti-Coronavirus Task Force was established to combat the spread of coronavirus infection and eliminate its consequences in the territory of KR. On March 22, 2020, the Government of KR introduced a one-month state of emergency (ES) on territory of the country. Due to the growing spread of coronavirus infection in the territory of KR, in particular in Bishkek, Osh, Jalal-Abad, Naryn cities, as well as in some areas where cases of infection were registered, a state of emergency (ES) was introduced by the Decree of the President of KR. Commandant's offices were set up in these cities and areas.

The Law of KR “On State Guarantees of Equal Rights and Equal Opportunities for Men and Women” contains Article 29, according to which there should be gender expertise of legislation and draft legal acts of KR in order to prevent violations of gender equality and the principle of equal rights and opportunities. The results of the analysis of regulatory legal acts adopted to reduce the pandemic showed that the vast majority of legislative documents do not contain direct discriminatory provisions based on gender. However, special needs, based on gender and age, in connection with spread of the pandemic and introduction of restrictive measures are not taken into account.

4. Survey Results

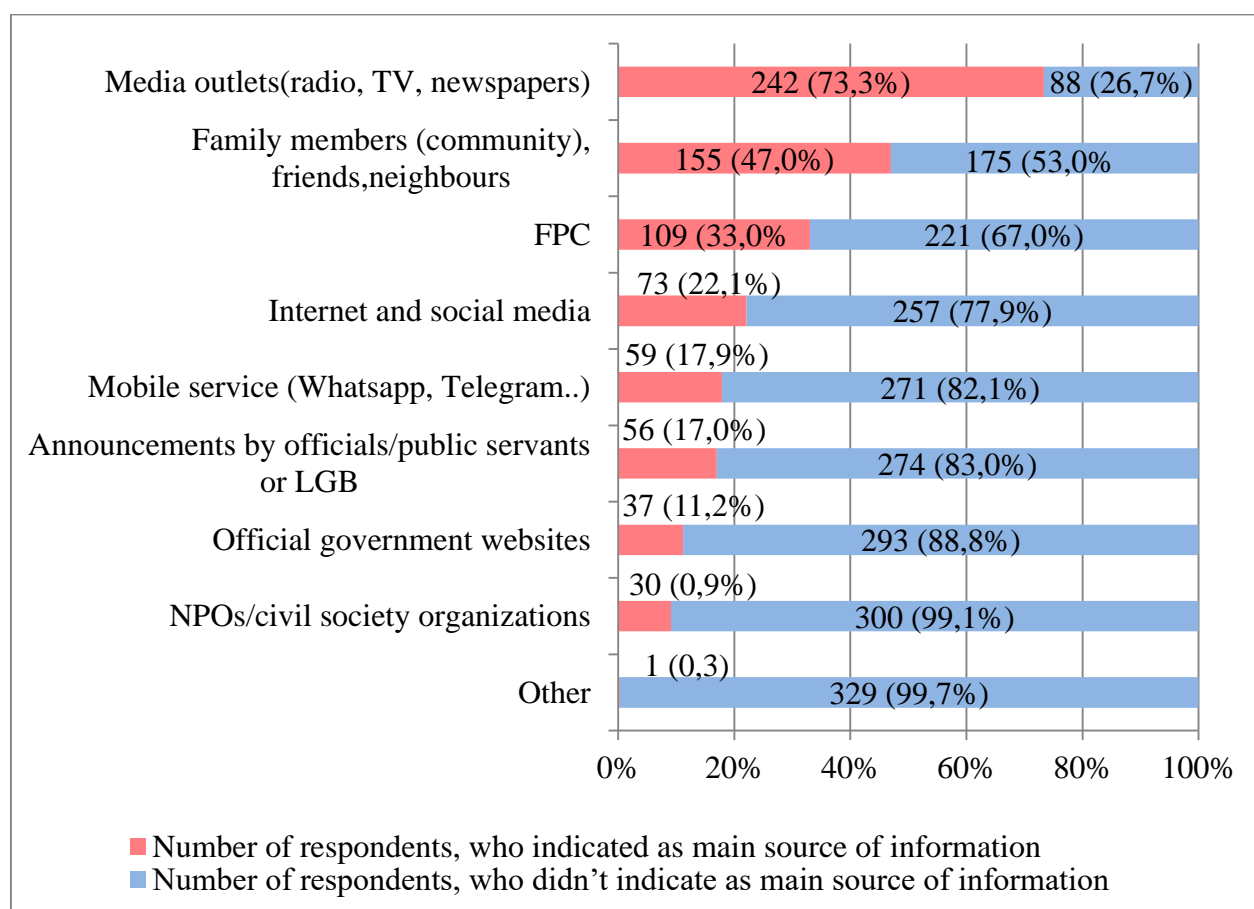
4.1. Respondents' awareness of COVID-19 and access to services

The survey analyzed respondents' sources of information about COVID-19. Respondents gave several answers. The results of survey showed that the main

sources of information about COVID-19 are media outlets (radio, TV, newspapers), family (community) members, friends or neighbors, and family practice centers (hereinafter referred to as FPC).

For example, of the total number of respondents in the republic, 73.3% (242 people) indicated media outlets (radio, TV, newspapers) as their main source of information, 47.0% (155 people) indicated family members (communities), friends, neighbors and 33.0% (109 people) indicated FPC.

Figure 4. Main sources of respondents' information about COVID- 19

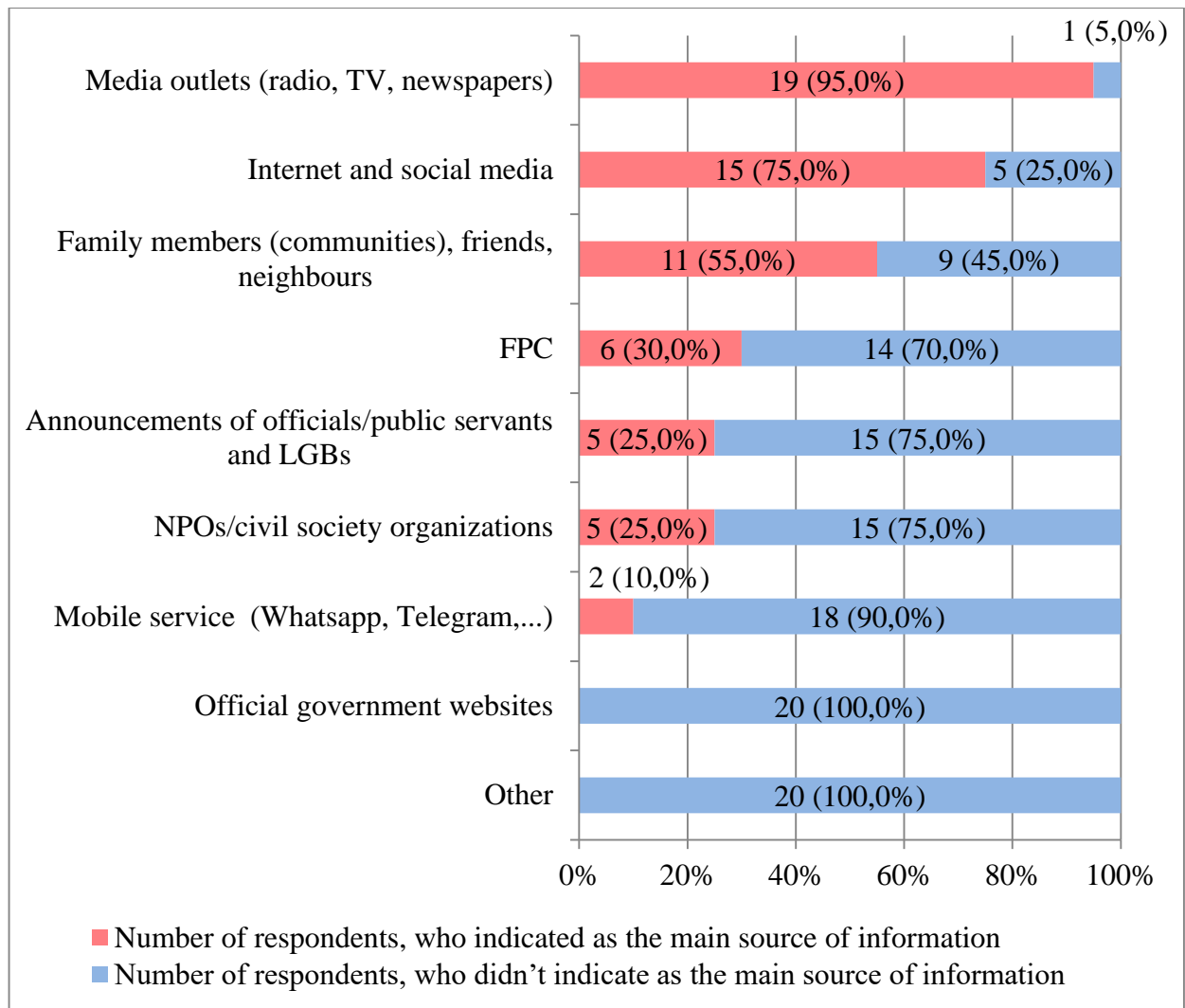


The percentage of women who indicated Internet and social media as their main source of information about the coronavirus was slightly higher than that of men (75.4% vs. 70.0%).

It is also worth noting that respondents living in Jalal-Abad and Chui regions, as well as in Bishkek city, are active users of Internet and social networks. For example, in Jalal-Abad region 75.0% of total number of respondents mentioned Internet and social networks (Facebook, Instagram, etc.) as the main source of information about COVID-19. At the same time, media outlets (radio, TV, newspapers) remain the main sources of information, as for the majority of

respondents of different age in all other regions and cities of the country. 95.0% of elderly citizens of region indicated mass media in questionnaire.

Figure 5: Main sources of respondents' information about COVID- 19 (by Jalal-Abad region)



Respondents evaluated the information they received about COVID-19. Most of them or 72.7% said that the information was timely and understandable, which allowed them to prepare for quarantine, 18.8% said the information was inconsistent and unclear, 6.4% said the information was untimely, which did not allow them to prepare for quarantine in time and only 2.1% indicated that they were not informed.

There are differences in terms of gender. Despite the fact that 65.3% of women indicated that the information they received was timely and understandable, more than ¼ or 25.7% of women (compared to 8.4% of men) still reported that the information was contradictory and unclear. Whereas the majority or 84.0% of men

noted that the information was timely, understandable and allowed them to prepare for quarantine.

Table 5: Evaluation of the received information on COVID - 19

Evaluation of the received information on COVID - 19	Men		Women		Total	
	<i>people</i>	<i>%</i>	<i>people</i>	<i>%</i>	<i>people</i>	<i>%</i>
The information was timely and clear, allowing me to prepare for quarantine	110	84,0	130	65,3	240	72,7
The information was contradictory and incomprehensible	11	8,4	51	25,7	62	18,8
The information was untimely, which prevented me from preparing for quarantine in time	7	5,3	14	7,0	21	6,4
Didn't receive information	3	2,3	4	2,0	7	2,1
Total:	131	100,0	199	100,0	330	100,0

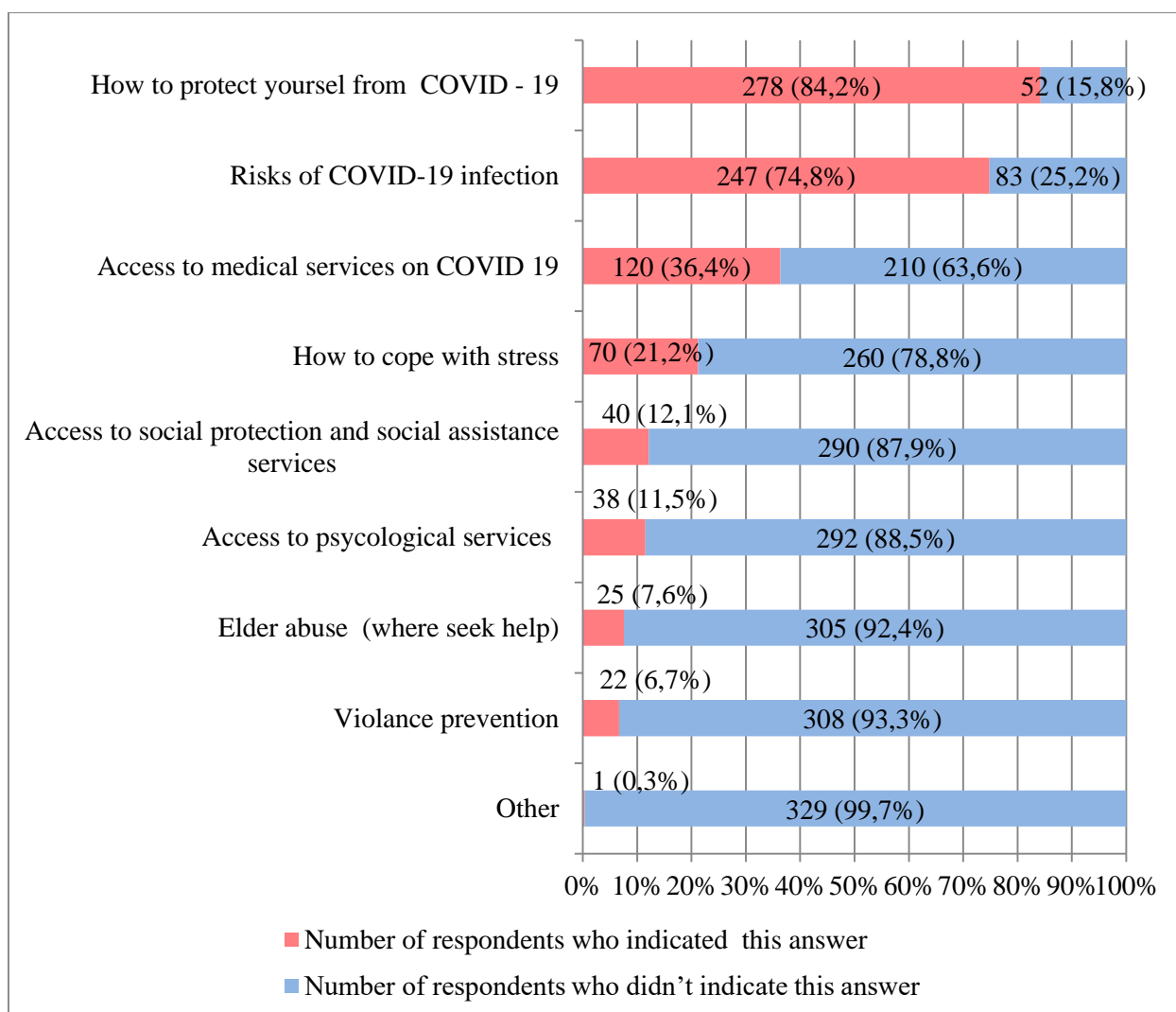
During the coronavirus lockdown, elderly people had access mainly to information about infection risks and protection against COVID - 19.

84.2% of respondents across the country said they had received information about the risks of contracting the coronavirus from various sources, and almost $\frac{3}{4}$ or 74.8% had received information on how to protect themselves from the coronavirus.

Despite the fact that 36,4% of respondents were informed about access to medical services related to COVID - 19, measures to inform elderly citizens in this direction were insufficient. In addition, there was insufficient awareness among older citizens regarding coping with stress (21.2%), access to social protection and social assistance services (12.2%) and psychological support (11.5%). At the same time it should be noted that female respondents, unlike male respondents, were more informed about access to psychological services and support (14.6% of women vs. 6.9% of men).

There is low awareness among respondents on violence against elderly citizens, prevention of domestic and gender-based violence

Figure 6: Percentage of respondents informed on various issues during the pandemic



In terms of accessibility and comprehensibility of information about COVID - 19 it was not difficult for the majority of respondents. 91.2% of respondents indicated that it was not at all difficult to find necessary information about the coronavirus, 8.2% - difficult and only 0.6% - very difficult.

The situation was almost similar in terms of comprehensibility of available information about COVID - 19. Slightly less, but nevertheless, 81.5% of respondents understood and followed the recommendations to protect themselves from the coronavirus. They had no difficulty in this regard. 17.9% of respondents had more difficulty and 0.6% indicated that it was very difficult for them to understand and follow the recommendations to protect against COVID - 19.

It was also not difficult for the majority of respondents to understand what to do if they were suspected of being infected with coronavirus - 79.4%. Still, 17.6% of

respondents did not understand what to do if they suspected the infection, they found it difficult, and for 3.0% it was very difficult.

Table 5. Availability of information about COVID - 19 for respondents

Was it easy or difficult :	Respondents' answers		
	It was not difficult, <i>people</i>	It was difficult , <i>people</i>	It was very difficult, <i>people</i>
Find the information you need about COVID - 19?	301	27	2
	91,2%	8,2%	0,6%
Understand what to do if the respondent suspected that he (she) COVID – 19 infected?	262	58	10
	79,4%	17,6%	3,0%
Understand and follow the recommendations for protecting against COVID - 19?	269	59	2
	81,5%	17,9%	0,6%

4.2. Preparedness of respondents for coronavirus outbreaks.

In terms of respondents' preparedness for coronavirus outbreaks during the first and second waves, it should be noted that most of them were not prepared after all. Of the total number of respondents who gave multiple answers, only 37.3% (123 people) responded that they had gathered sufficient information about the coronavirus and had taken measures to prevent infection and just over ¼ or 27.6% (91 people) had bought all necessary food supplies for quarantine period.

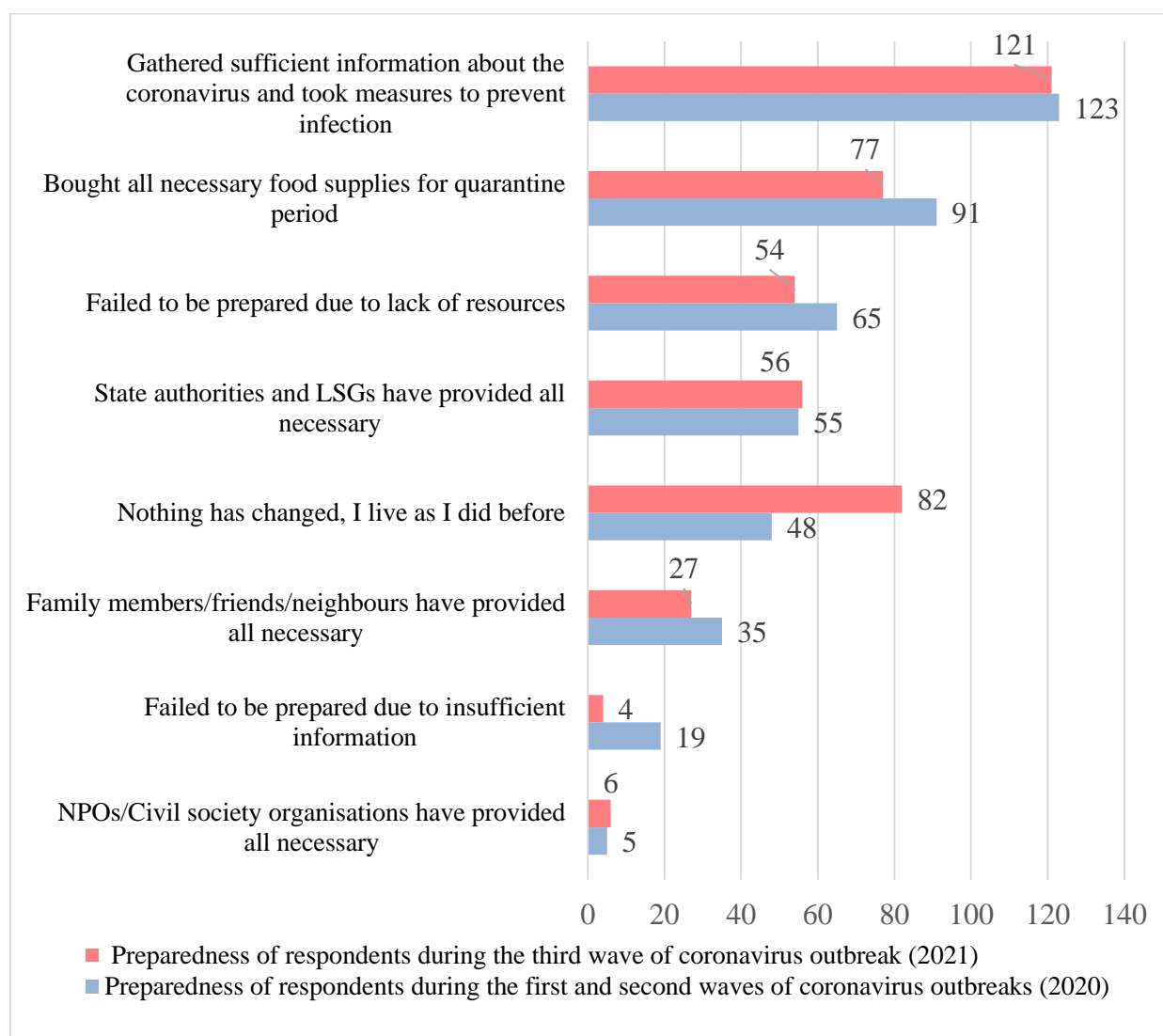
16.7% (55 people) of respondents during the first and second waves of coronavirus received necessary assistance from government agencies and local authorities, 10.6% (35 people) - from family members, friends and neighbors, 1.6% (5 people) - from NPOs and civil society organizations.

Due to lack of resources 19.7% (65 people) of respondents did not have time to prepare for the quarantine and 5.6% (19 people) due to lack of information, and 14.5% (48 people) of respondents said that nothing has changed for them, they lived as before.

The situation was almost similar during the third wave of coronavirus outbreak. The exception is that, in contrast to situation during the first and second waves of coronavirus outbreak, there were almost twice as many respondents (82 people or 24.9%) for whom nothing had changed and they are continuing to live as before. In

addition, there were almost five times less respondents (4 people or 1.2%) who had previously indicated that they had not had time to prepare for lockdown period. Respondents who stocked up on necessary food products during the third wave of coronavirus were 15.4% less than during the first and second waves of coronavirus (amounted to 23.3% of total number of respondents or 77 people).

Figure 7: Preparedness of respondents for coronavirus outbreaks



The results of questionnaire-based survey on the condition of respondents (a certain proportion gave several answers each) during the first and second waves of COVID-19 outbreaks showed that the main part of them were concerned about their health (57.3%) and the condition of their relatives, friends or neighbors (46.0%), as well as situation in the country (53.0%).

It should be noted that women were even more concerned about the current situation than men. Among female respondents 63.3% were concerned about their

health and 49.0% about the condition of family members, friends or neighbors. Whereas among male respondents 48.0% were concerned about their own health and 41.2% about the health of family members, friends or neighbors. At the same time, most of men were concerned about the situation in country - 58.8%, women - 49.2%.

16.0% of respondents felt insecure about their future, 7.3% were worried about income, and 1.2% were overwhelmed by income generation (wages and other sources of income).

While among male respondents 9.9% felt uncertain about their future, among female respondents the figure was slightly more than double (20.1%).

Despite the concerns of the majority of respondents, 13.9% were calm and relaxed during the 2019 pandemic, 2.1% felt comfortable going out and shopping, and 1.5% were relaxed because they had income and financial support. Last but not least, 2.4% of respondents did not feel connected to family members, friends and neighbors.

During the 2020 pandemic, unlike women, men were slightly more relaxed. Among them, 17.6% felt calm and relaxed, compared to 11.6% of female respondents. At the same time, 3.5% of female respondents felt comfortable going out and shopping and 2.0% felt relaxed with income and financial support. Among male respondents there were no men who felt comfortable going out and doing shopping, only 0.8% - were calm due to availability of income and financial support.

The situation was almost similar for the above indicators during the third wave of coronavirus outbreak, although overall concern among respondents slightly decreased. At the same time, while the same proportion of men (9.9%) continued to feel uncertain about their future during the third coronavirus outbreak, the number of women uncertain about their future slightly increased (by 2.5%) to 22.6%. And the number of women overwhelmed by income generation almost tripled to 6.5%.

Table 6: Condition of respondents during coronavirus outbreaks

Condition of respondent	During the first and second waves of the COVID -19 outbreak (2020)			During the third wave of the COVID -19 outbreak (2021)		
	Men	Women	Total	Men	Women	Total
Worried about his/her health	63	126	189	57	101	158
Worried about the situation in the country	77	98	175	59	89	148
Worried about the health of family/friends/neighbors, etc	54	98	152	38	88	126

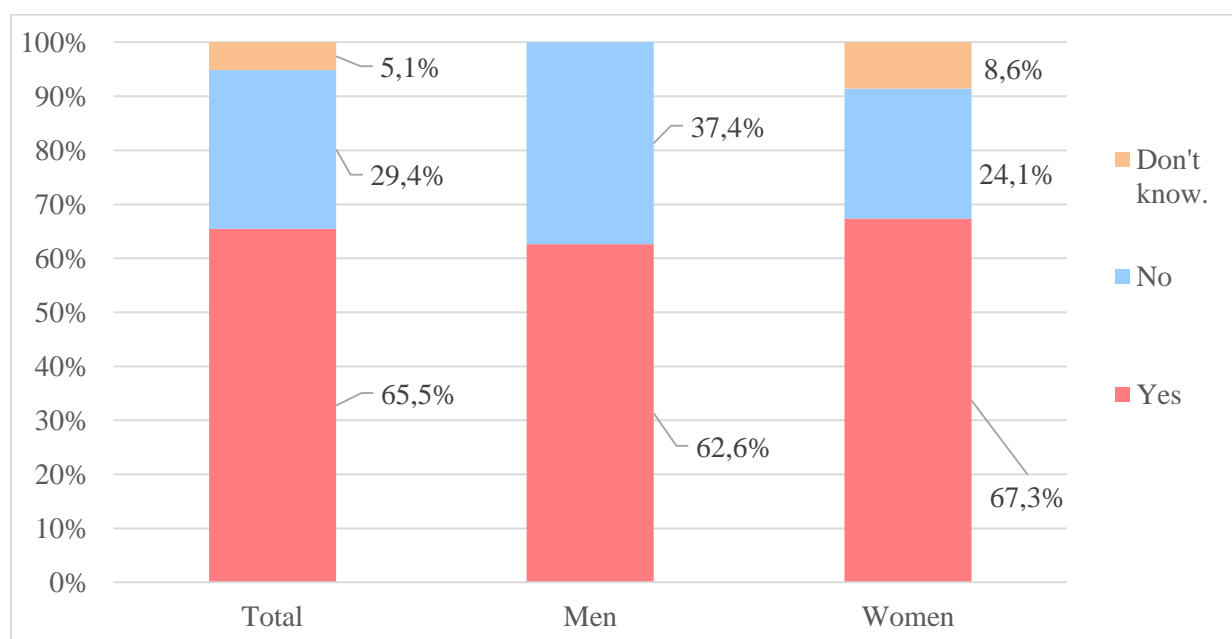
Felt insecure about his/her future because of coronavirus	13	40	53	13	45	58
Was calm and relaxed	23	23	46	21	32	53
Worried about income	5	19	24	4	7	11
Did not feel connected to family/friends/neighbors	4	4	8	3	6	9
Felt comfortable leaving the house/shopping	-	7	7	1	2	3
Felt comfortable with my income, financial support I received	1	4	5	1	5	6
Has been overwhelmed with income (salary, other sources of income)	-	4	4	2	13	15

4.3. Presence of chronic diseases in respondents

Presence and types of chronic diseases of respondents was analyzed based on the results of survey. Unfortunately, 65.5% of respondents have chronic diseases, while 5.1% do not know about their presence or absence.

Female respondents who have chronic diseases are slightly more in contrast to men, and constitute 67.3%. In addition, 8.6% of women indicated that they do not know whether they have chronic disease.

Figure 8: Percentage of respondents with chronic diseases by gender

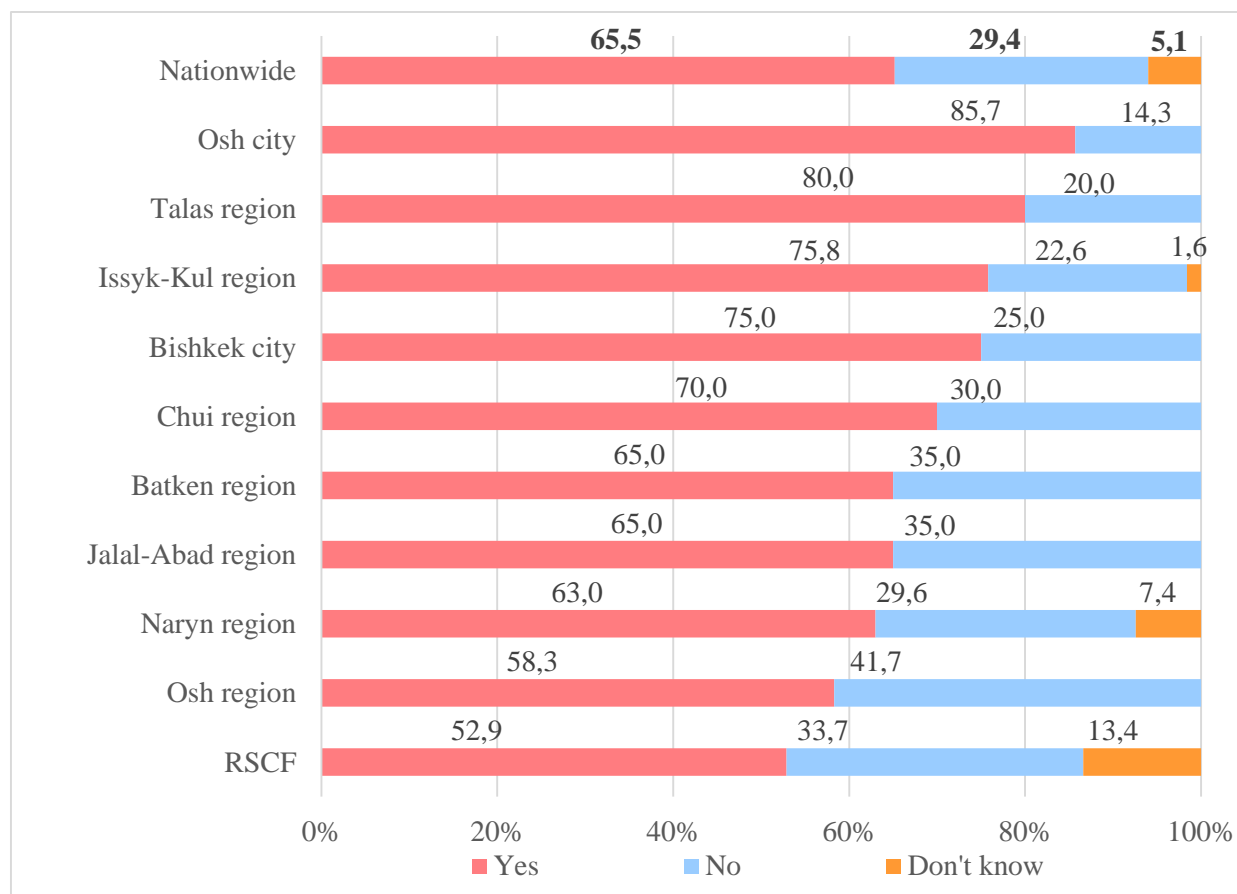


Analysis of questionnaire' data by regions showed that the highest number of respondents (above the national level) indicated the presence of chronic diseases were in Osh (85.7%) and Bishkek (75.0%) cities, as well as in Talas (80.0%), Issyk-Kul (75.8%) and Chui (70.0%) regions, while another 1.6% of respondents in Issyk-Kul region said they did not know about the presence or absence of chronic diseases.

Indicators for chronic diseases of respondents in Batken (65.0%) and Jalal-Abad (65.0%) regions are a little lower than republican value. Among respondents in Naryn region 63.0% and 58.3% of respondents in Osh region have chronic diseases, although 7.4% of respondents from Naryn region noted that they do not know whether they have or not have any chronic diseases. Also 52.9% of respondents-recipients of RSCF indicated that they have chronic diseases, while 13.4% do not know whether they have chronic diseases.

Lower figures of chronic diseases cannot be the indication that other respondents do not have them. Perhaps they are unaware or unsuspicious of their chronic illnesses. Level of education and other factors also have some influence.

Figure 9: Proportion of respondents with chronic diseases by region



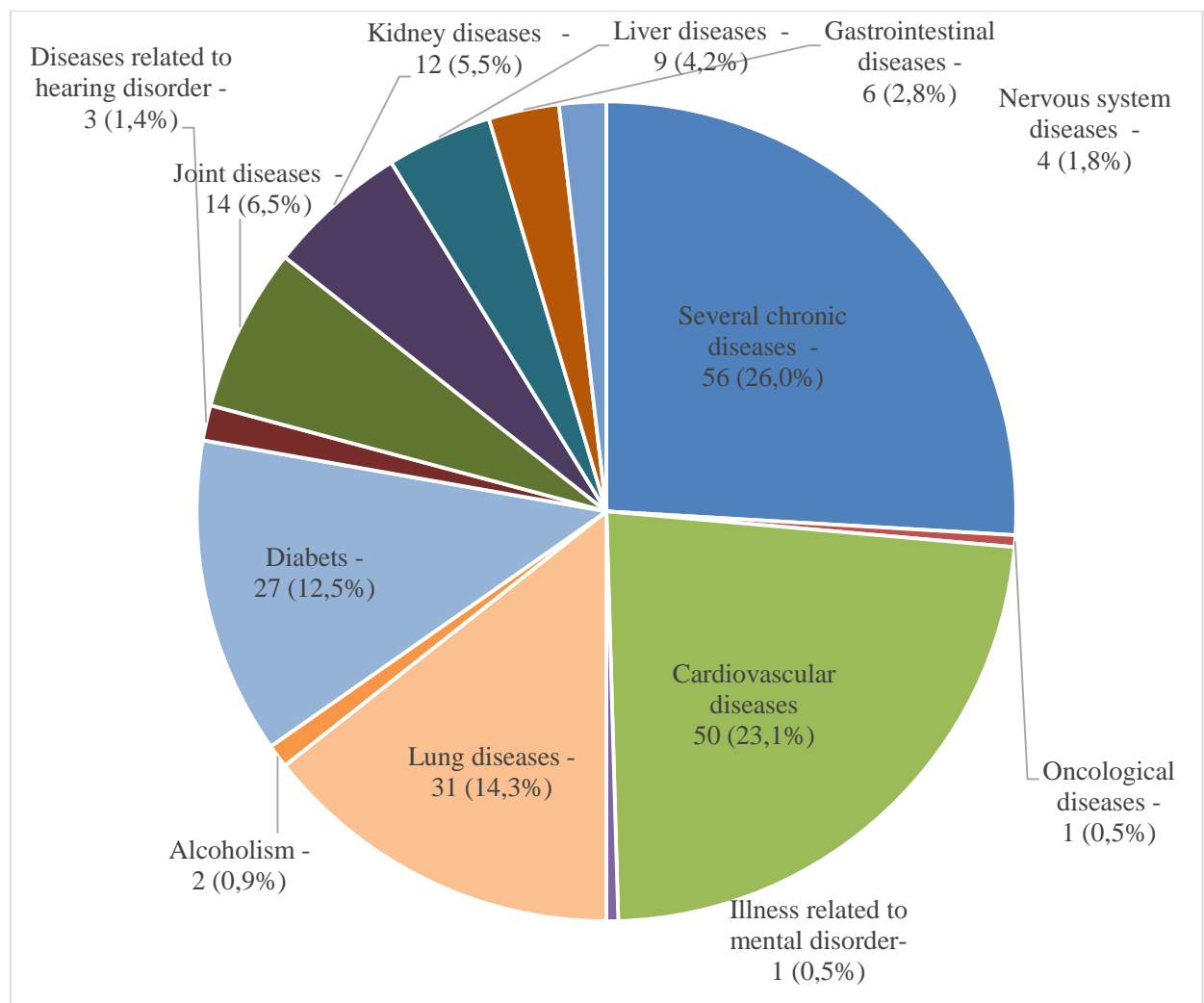
In the survey, almost ¼ of respondents or 23.1%, indicated that they have chronic cardiovascular and hypertensive disease, 14.3% have lung disease, and 12.5% have

diabetes, which are dangerous in times of coronavirus, especially for elderly people.

Other chronic diseases are no less dangerous for the elderly. Respondents also mentioned the following diseases: 6.5% - joint diseases, 5.5% - kidney diseases, 4.2% - liver diseases, 2.8% - gastrointestinal diseases, 1.8% - nervous system diseases, 1.4% - diseases related to hearing disorders, 0.9% - chronic alcoholism, 1.0% - cancer, 0.5% - diseases related to mental disorders.

More than ¼ of respondents or 26.0%, indicated that they have several chronic conditions from the above and other diseases, which is most dangerous for people, especially the elderly

Figure 10. Proportion of respondents with chronic diseases by type of disease



If we compare the presence of chronic diseases according to their types among men and women, men more often suffer from cardiovascular and hypertensive diseases, as well as lung diseases, than women. The percentage of male respondents suffering from cardiovascular and hypertensive diseases was 28.0%, lung diseases

- 19.5%. The same figures among female respondents were 20.9% and 11.2%, respectively. At the same time, there were 2.5 times more women with several chronic diseases than men. Female respondents with several chronic diseases account for almost 1/3 or 33.6%.

Male respondents, unlike female respondents, were more than three times more likely to have liver disease (7.4%), 1.5% more likely to have GI diseases, and 0.9% more likely to have kidney disease.

Among male respondents there were also those suffering from diseases related to hearing loss (3.7%) and mental disorders (1.2%), alcoholism (2.4%) and cancer (1.2%), while among female respondents there were none. However, among women 10.5% suffer from joint diseases, while among men there were none. In contrast to men, women slightly more with diabetes (12.7%) and nervous system (2.2%) by 0.5% and 1.0%, respectively.

Table 7. Proportion of respondents with chronic diseases by type and gender

Types of chronic diseases	Men		Women	
	<i>people</i>	<i>%</i>	<i>people</i>	<i>%</i>
Oncological disease	1	1,2	-	
Illness related to mental disorder	1	1,2	-	
Alcoholism	2	2,4	-	
Diseases related to hearing loss	3	3,7	-	
Diseases of nervous system	1	1,2	3	2,2
Gastrointestinal diseases	3	3,7	3	2,2
Liver diseases	6	7,4	3	2,2
Kidney diseases	5	6,1	7	5,2
Joint diseases	-	-	14	10,5
Lung diseases	16	19,5	15	11,2
Diabetes mellitus	10	12,2	17	12,7
Cardiovascular and hypertensive diseases	23	28,0	27	20,2
Several of the above and other diseases	11	13,4	45	33,6
Total:	82	100,0	134	100,0

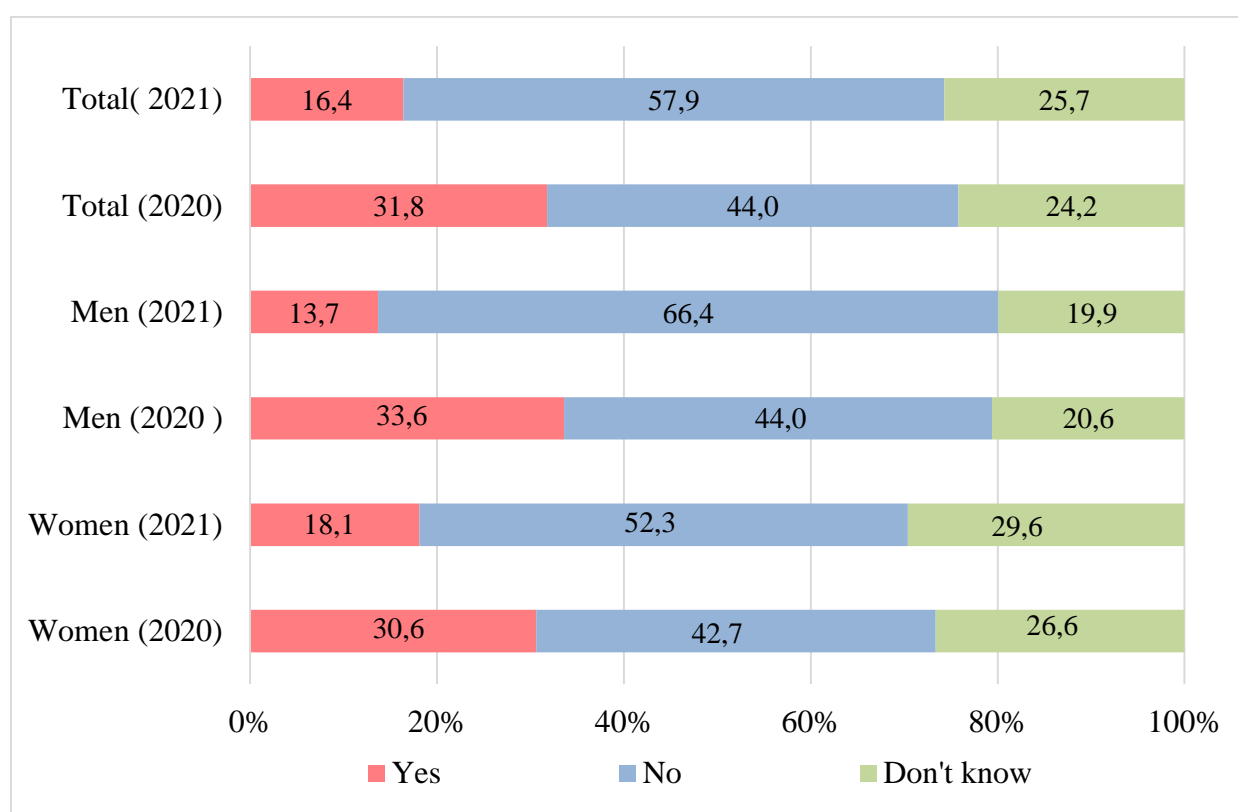
4.4. Infection of respondents with COVID - 19

According to the survey results, of the total number of respondents (330 people, including 131 men and 199 women) in 2020, only 31.8% were infected during the first and second waves of the COVID-19 outbreak, 44.0% were not infected, and 24.2% did not know if they had been infected or not.

In 2021 the number of infected respondents almost halved and was 16.4%, possibly it was due to increased awareness about the risks of infection and the strengthening of measures to prevent the spread of coronavirus infection. At the same time, the number of respondents who do not know whether they are infected or not remained almost the same as last year and was 25.7%, 30.5% - did not confirm infection by test and the main part (54.3%) of infected respondents themselves assumed to be infected with coronavirus, or their family members or friends and neighbors.

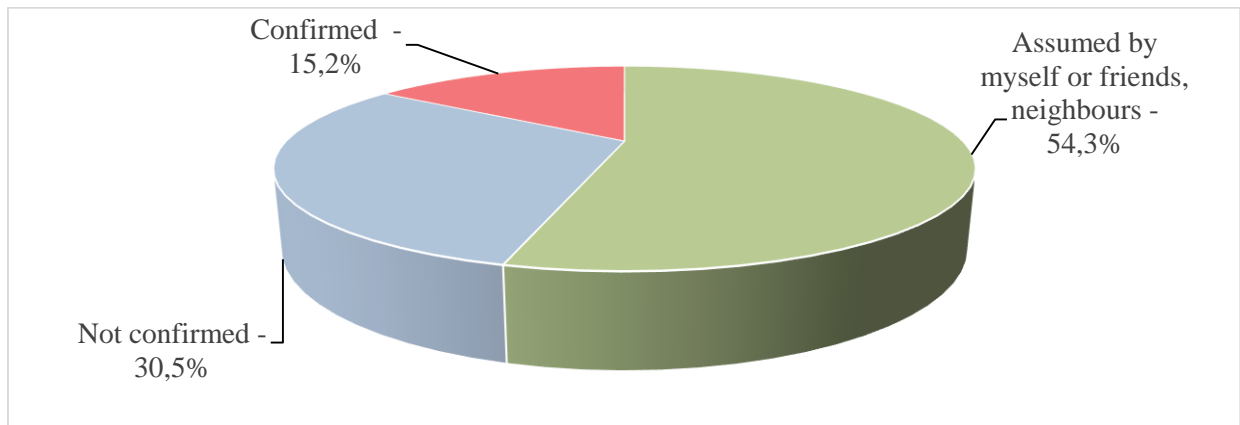
The proportion of female respondents infected with coronavirus decreased more than 1.5-fold to 18.1% in 2021 compared to 2020, while the proportion of infected male respondents decreased almost 2.5-fold to 13.7%. While the proportion of male respondents unaware of possible coronavirus infection or its absence in 2021 remained almost the same as last year at 19.9%, the proportion of female respondents increased by 3.0%.

Figure 11. Proportion of infected respondents (by gender)



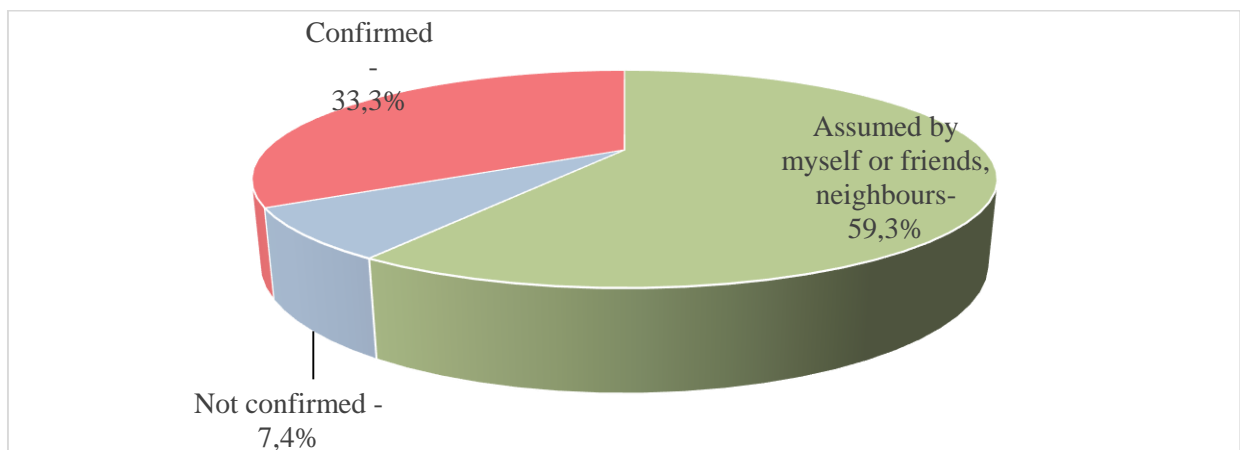
During the first and second wave of COVID-19 outbreak (in 2020), only 15.2% of the total number of infected respondents (105 people) had a coronavirus infection test confirmation.

Figure 12. Proportion of infection cases among respondents confirmed by test during the first and second wave of coronavirus outbreak (2020)



If during the first and second waves of COVID- 19 outbreak (in 2020) the proportion of respondents confirmed to be infected with coronavirus infection was not significant, during the third wave this indicator doubled and reached 33.3%. And the respondents who were infected with coronavirus but did not have a PCR test decreased by more than 4 times during the third wave of coronavirus outbreak (in 2021). This may be due to expansion and decrease in the cost of PCR testing services for coronavirus, as well as to increased awareness of respondents about the risks and infection with coronavirus. However, the rate of assumption of infection with coronavirus by respondents themselves or their family members, friends, or neighbors during the third wave of infection outbreak remains slightly more at the level of the first and second waves (i.e., the level of 2020) and is 59.3%.

Figure 13. Proportion of infection cases among respondents confirmed by test during the third wave of coronavirus outbreak (2021)



As noted above, there are those among the respondents who have had a coronavirus infection. During the third wave of its outbreak, there were almost half as many infected respondents as during the first and second waves.

During the first and second wave of coronavirus outbreak, 91.4% of infected respondents had mild form of disease, 7.6% had complications, and 1.0% had bad after-effects of disease. Female respondents who had COVID -19 with complications were slightly more than male respondents, that is, by 1.4%, who accounted for 8.2% of the total number of infected female respondents. Among male respondents there was one infected person who had bad after-effects of the disease as a result.

During the third wave of coronavirus outbreak, in 2021, 94.4% of infected respondents had mild illness. There were 2.0% less coronavirus survivors with complications, who accounted for 5.6% of the total number of infected, than during the first and second waves of outbreak. There were no severe consequences. However, it is worth noting that, while in the third wave of coronavirus outbreak, there were almost three times less female respondents with complications (2.8%) than in the first and second waves, the number of male respondents with infectious disease complications unfortunately was 4.3% higher (6.8%).

Table 8: Forms of coronavirus infection among respondents (by gender)

Form of coronavirus disease of respondents	During the first and second waves of the COVID -19 outbreak (2020)			During the third wave of the COVID -19 outbreak (2021)		
	<i>Men people</i>	<i>Women, people</i>	<i>Total, people</i>	<i>Men people</i>	<i>Women, people</i>	<i>Total, people</i>
Mild case	40	56	96	16	35	51
	90,9%	91,8%	91,4%	88,9%	97,2%	94,4%
With complications	3	5	8	2	1	3
	6,8%	8,2%	7,6%	11,1%	2,8%	5,6%
With bad after effects of disease	1	-	1	-	-	-
	2,3%	-	1,0%	-	-	-
Total:	44	61	105	18	36	54

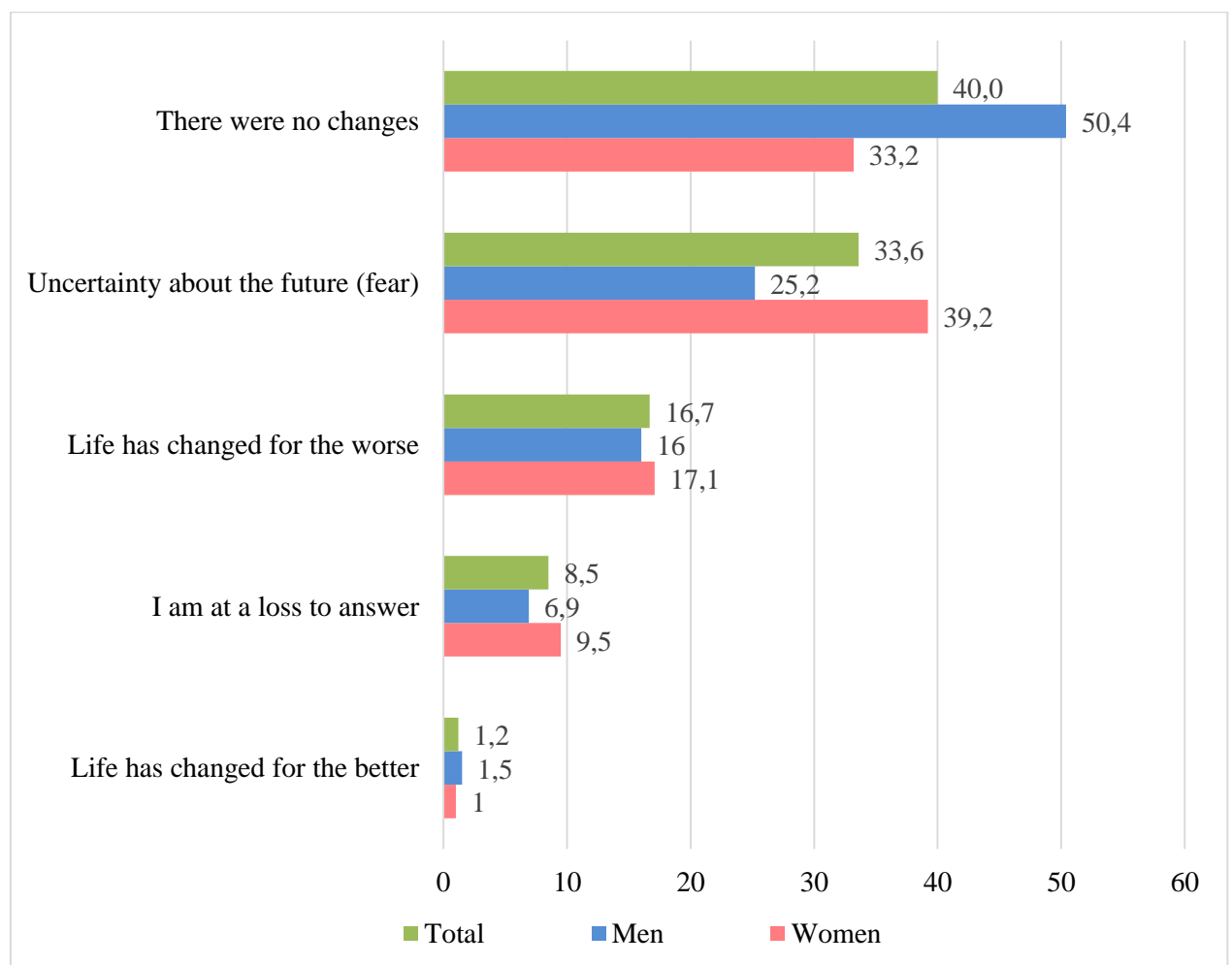
4.5. Impact of COVID -19 on respondents' lives

The survey results also showed how COVID-19 affected the lives of respondents, the majority of whom answered that no changes occurred to them. But still 1/3 or 33,2% of respondents became uncertain (afraid)about the future. 16.7% of

respondents noted that their life has changed for the worse, 8.5% found it difficult to answer. And yet among respondents there are those whose life has changed for the better (1.2%). The reasons may be different.

As can be seen in the picture, the indicators among men and women on three bottom positions are almost the same. However, in the top two positions the indicators show that men felt more confident than women. Because of coronavirus, 39.2% of female respondents felt insecure or fearful, an increase of 14.0% over men. At the same time, the proportion of men who indicated that nothing had changed in their lives as a result of the coronavirus was 50.4%, which was 17.2% higher than the proportion of women.

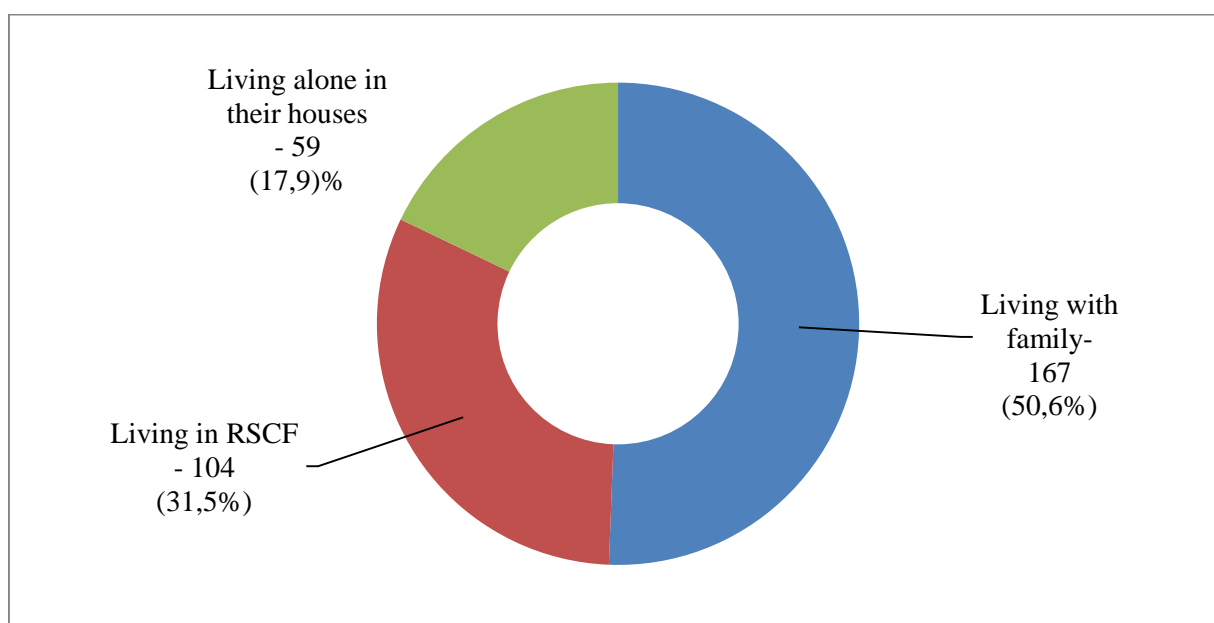
Figure 14. Impact of COVID - 19 on respondents' lives



4.6. Family composition of respondents. Effects of quarantine on respondents during the COVID 19 pandemic in their relationships with family members, friends, neighbors

Of the total number of respondents, more than half or 50.6% were those who lived with their families, 31.5% lived in RSCF, and 17.9% lived alone in their houses, i.e. they were single elderly citizens. However, excluding respondents who live in RSCF and are on public assistance, there are 1.6 times as many elderly women living alone as elderly men living alone. Single elderly women accounted for almost 1/3 or 30.0% of women who lived in their houses, compared to 18.8% of men.

Figure 1. Distribution of respondents by place of residence



The survey results showed that of respondents living with family, the majority (58.1%) have 1 to 3 grandchildren under the age of 18 and live with children over 30 years old. Respondents living with children of younger age are almost two times less (34.1%).

Out of respondents living with family, 9.6% (16 people) live in large families with 4 or more children. These are families from Batken (43.7%), Naryn (18.8%), Osh (12.5%), Jalal-Abad (12.5%) and Issyk-Kul (12.5%) regions.

The majority or 46.7% of respondents lived with close relatives of 3 to 5 people, 37.7% lived with 6 to 10 people, 13.8% lived with 2 people, and 1.8% lived with 10 or more people.

In large families, from 6 to 10 people, respondents mainly live in Osh (66,7%), Naryn (66,7%), Batken (50,0%) and Jalal-Abad (42,1%) regions. In Osh and Jalal-Abad provinces there were also respondents who live in families of 10 and more

people, which amounted to 11.1% and 5.3% respectively. In other regions, as well as in Bishkek and Osh cities, respondents mainly live in families with 3 to 5 people.

Table 9. Family composition (by region)

Regions and cities	Live in family, consisting of : (respondents)				Total living in families (respondents)
	2 people	3 to 5 people	6 to 10 people	10 and more people	
Batken region	5	5	10	-	20
	25,0%	25,0%	50,0%	-	100,0%
Jalal-Abad region	5	5	8	1	19
	26,3%	26,3%	42,1%	5,3%	100,0%
Issyk-Kul region	8	16	3	-	27
	29,6%	59,3%	11,1%	-	100,0%
Naryn region	-	7	14	-	21
	-	33,3%	66,7%	-	100,0%
Osh region	-	4	12	2	18
	-	22,2%	66,7%	11,1%	100,0%
Talas region	-	10	5	-	15
	-	66,7%	33,3%	-	100,0%
Chui region	1	12	3	-	16
	6,2%	75,0%	18,8%	-	100,0%
Bishkek city	1	7	4	-	12
	8,3%	58,4%	33,3%	-	100,0%
Osh city	3	12	4	-	19
	15,8%	63,2%	21,0%	-	100,0%
Total:	23	78	63	3	167
	13,8%	46,7%	37,7%	1,8%	100,0%

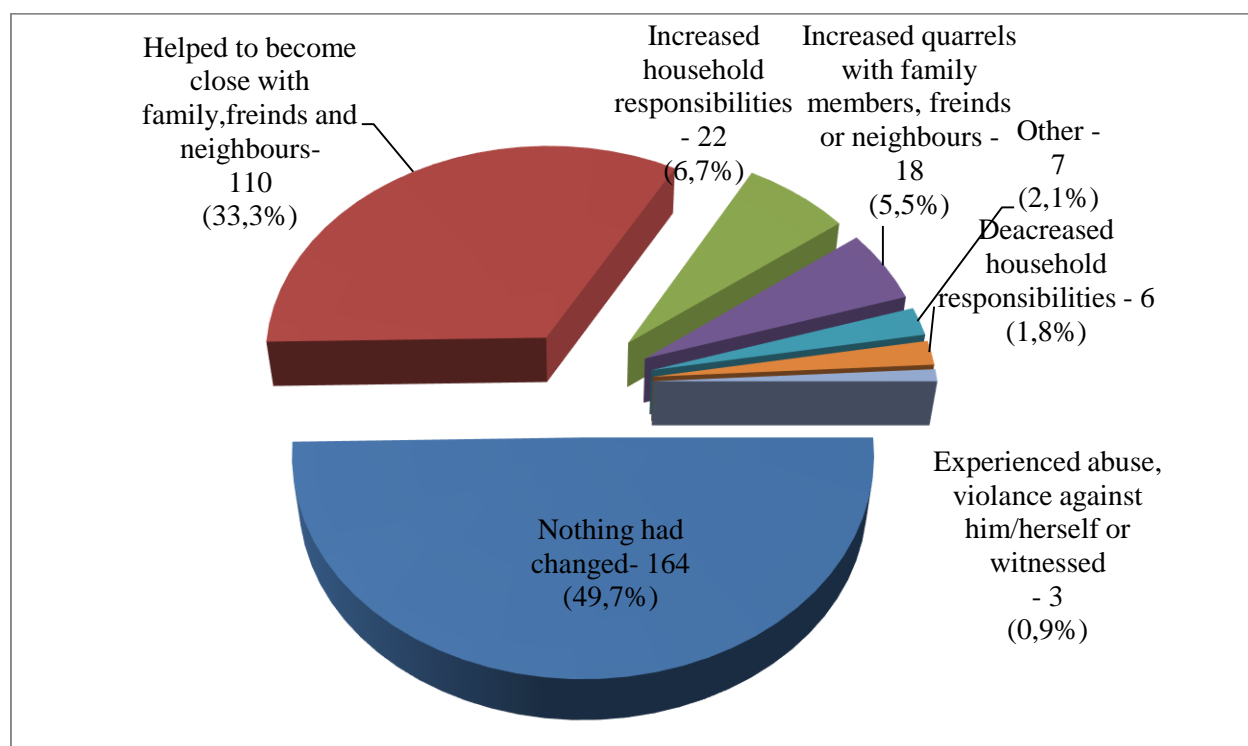
The quarantine during the COVID - 19 pandemic in 2020 affected respondents' relationships with family members, friends, or neighbors in different ways. Although 5.5% of respondents reported on increased quarrels with family members, friends, neighbors during the quarantine and 0.9% reported about experiencing or witnessing abuse, violence against themselves, still 1/3 or 33.3% of respondents reported that quarantine helped bring them closer to family members, friends, or neighbors.

Of the respondents, 6.7% indicated increase in household responsibilities, 1.8% indicated, on the contrary, decrease in household responsibilities, and 2.1% indicated other things (no relatives, friends). And almost half or 49.7% of

respondents indicated that nothing had changed in their relationships with family members, friends, or neighbors.

The impact of lockdown on male and female responders during pandemic COVID - 19 in 2020 in relationships with family members, friends, or neighbors is about the same.

Figure 16. The effect of the quarantine on respondents during the COVID 19 pandemic in their relationships with family members, friends, and neighbors



4.7. Financial situation of respondents in the last 12 months

The respondents noted the following about their financial situation over the last 12 months: 48.8% - remain unchanged, 35.8% - worsened, 2.7% - improved and 12.7% - difficult to answer. At the same time, these indicators differ slightly between villages and cities.

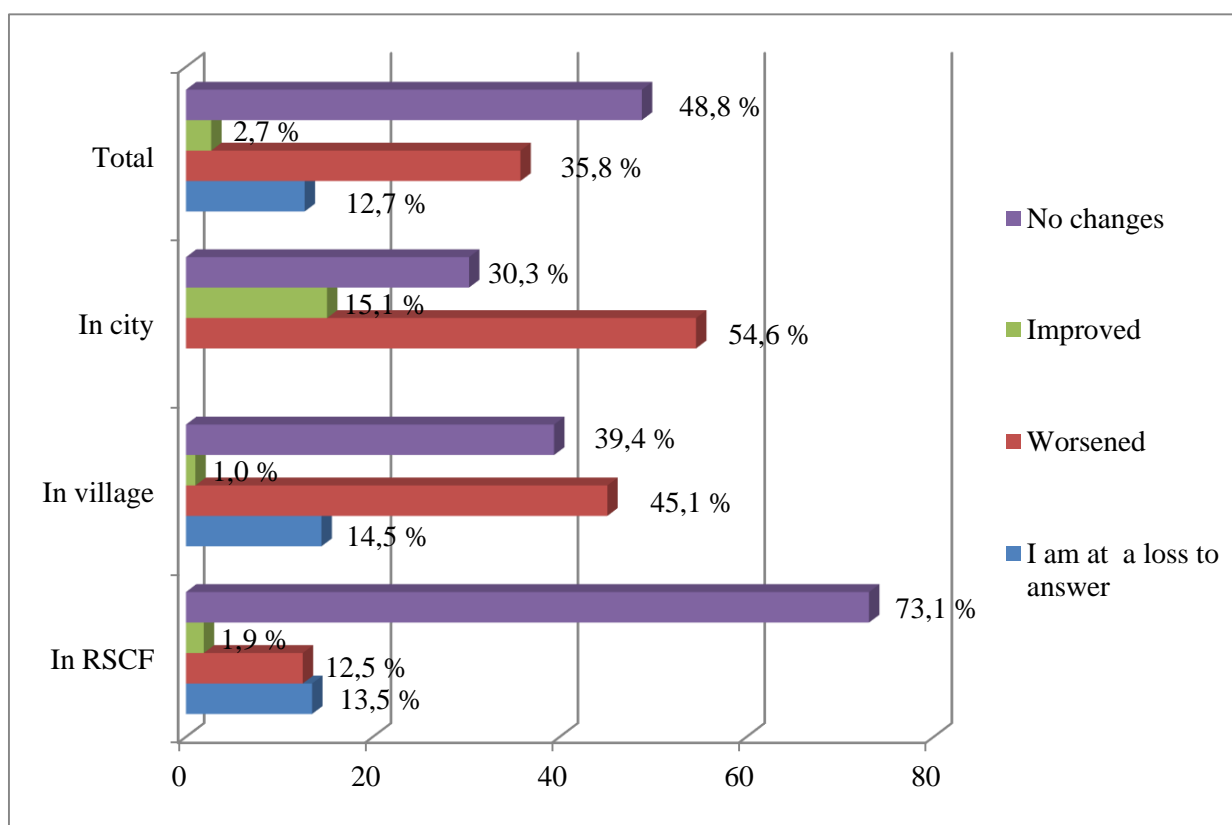
More than half or 54.6% of respondents living in cities of the republic indicated that their financial situation had deteriorated, while 15.1% indicated that their financial situation had improved and almost 1/3 or 30.3% indicated no change in their financial situation.

In rural areas the number of respondents whose financial situation has worsened is slightly less, i.e. 45.1%. In contrast to cities, the number of respondents in villages whose financial situation remained unchanged is slightly higher (39.4%). If, as stated above, in the cities of the republic 15.1% of respondents noted improvement of financial situation, in the villages - only 1.0%. In addition, 14.5% of rural

respondents found it difficult to answer the question about their financial situation for the last 12 months.

There is a significant difference between financial situation of respondents living in RSCF and on public assistance. Almost $\frac{3}{4}$ part or 73.1% of respondents - recipients of RSCF services noted that their financial situation remained unchanged. While about half of the respondents living in villages and cities indicated deterioration of their financial situation, only 12.5% of respondents in RSCF indicated deterioration of their financial situation. Improvement in financial situation was noted by 1.9% of RSCF respondents and 13.5% found it difficult to answer.

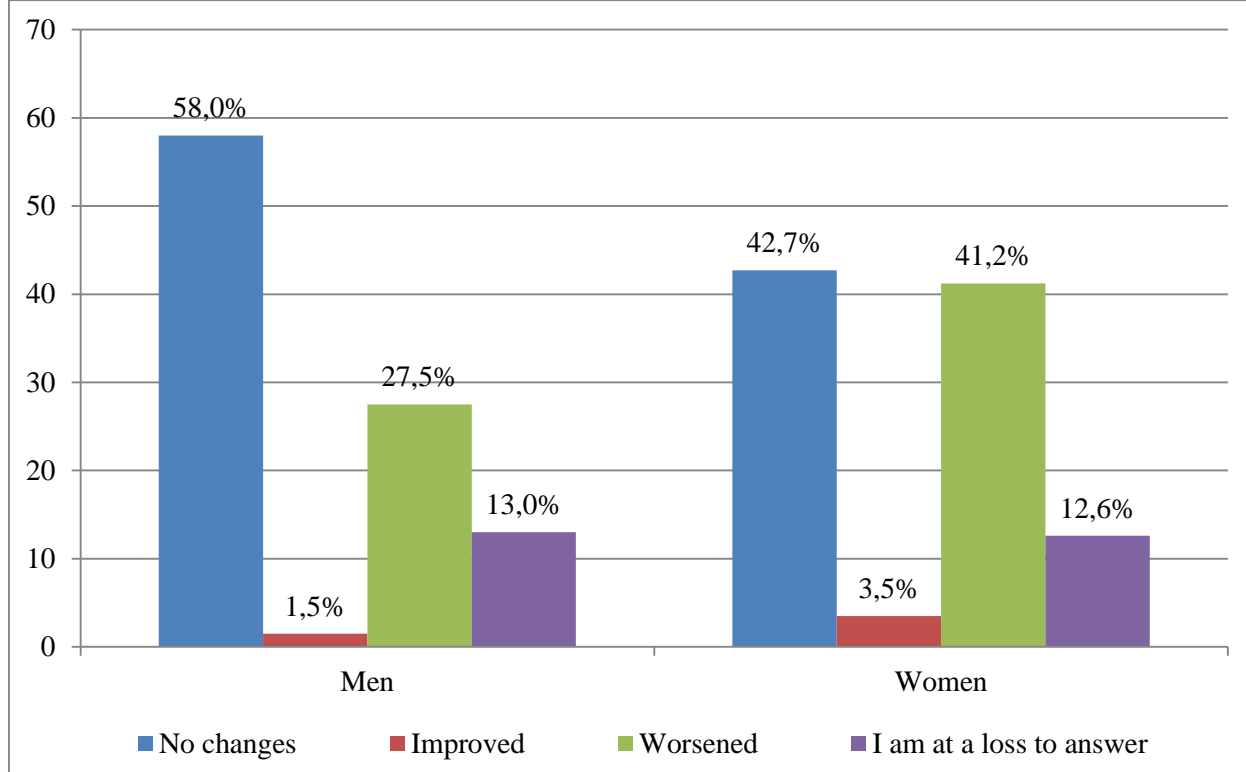
Figure 2. Financial situation of respondents in the last 12 months depending on place of residence



The financial situation of respondents over the past 12 months also differs by gender. If more than a half (58.0%) of male respondents' financial situation remained unchanged, female respondents indicating no change in their financial situation are less than a half (42.7%).

Women, in contrast to men, found themselves in a more difficult financial situation. 41.2% of female respondents reported a worsening of their financial situation over the past 12 months, while men - 27.5% (almost 2 times less than women). However, men who improved their financial situation, unlike women, are more than twice as few (1.5% and 3.5%, respectively). Approximately the same proportion of men and women found it difficult to answer about the state of their financial situation (13.0% and 12.6%, respectively).

Figure 3 Financial situation of respondents in the last 12 months (by gender)

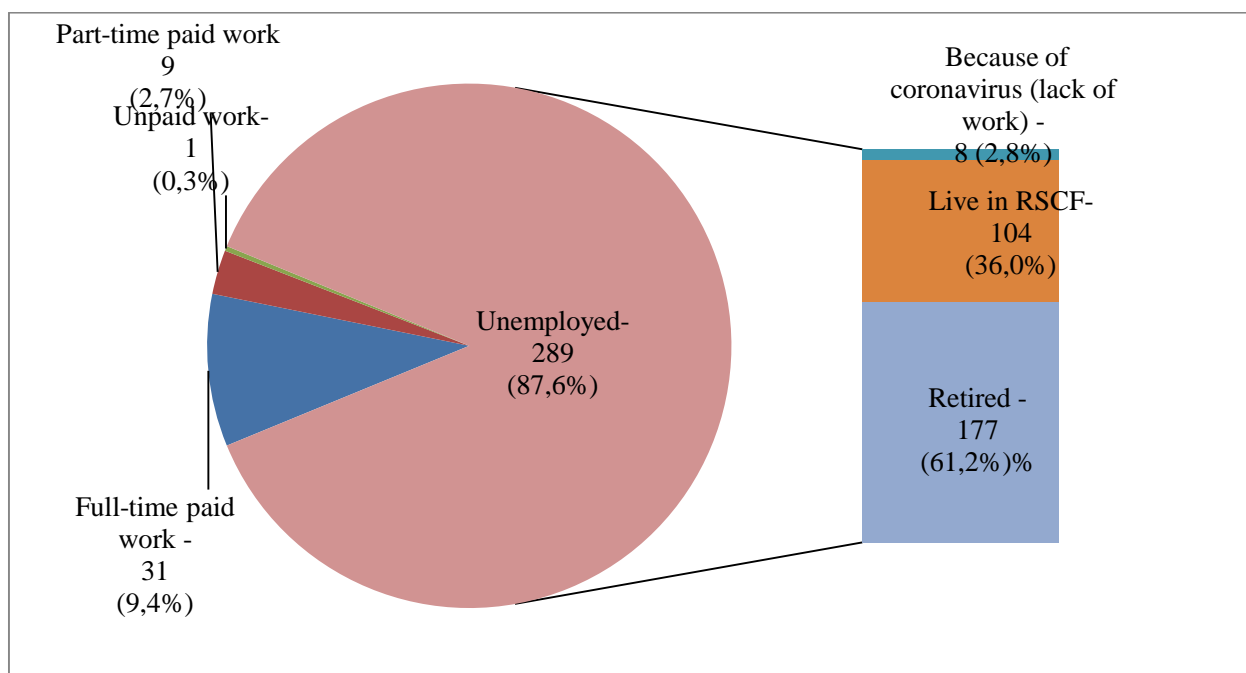


4.8. Employment of respondents during the pandemic and their state social insurance

During the first and second waves of coronavirus, 9.4% of respondents were in full-time paid employment, 2.7% in part-time paid employment, and 0.3% in unpaid employment. Thus, the proportion of all working respondents in their total number at that time was 12.4%. But the majority or 87.6% of respondents were not working, that is, 289 persons, of whom: 177 people (61.2%) were retired; 104 people (36.0%) were living in RSCF; and 8 people (2.8%) were not working because of coronavirus and lack of work.

The above gender indicators are about the same.

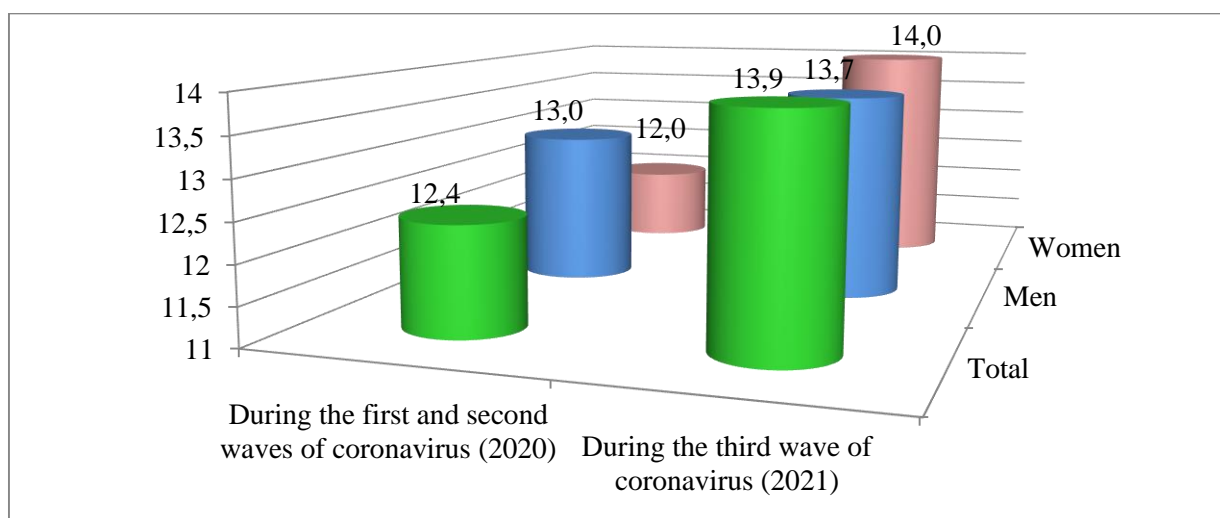
Figure 4. Employment of respondents during the pandemic



Compared to situation during the first and second waves of coronavirus at the time of the survey (during the third wave of coronavirus), employment among respondents slightly increased, that is, by 1.5%. While the proportion of employed respondents in 2020 was 12.4% of the total respondents, in 2021 it was 13.9%.

The proportion of male respondents working at the time of survey was 13.9% and female respondents 14.0%, which was 0.9% and 2.0% higher than during the first and second waves of coronavirus, respectively.

Figure 5. Employment of respondents during the pandemic (by gender)

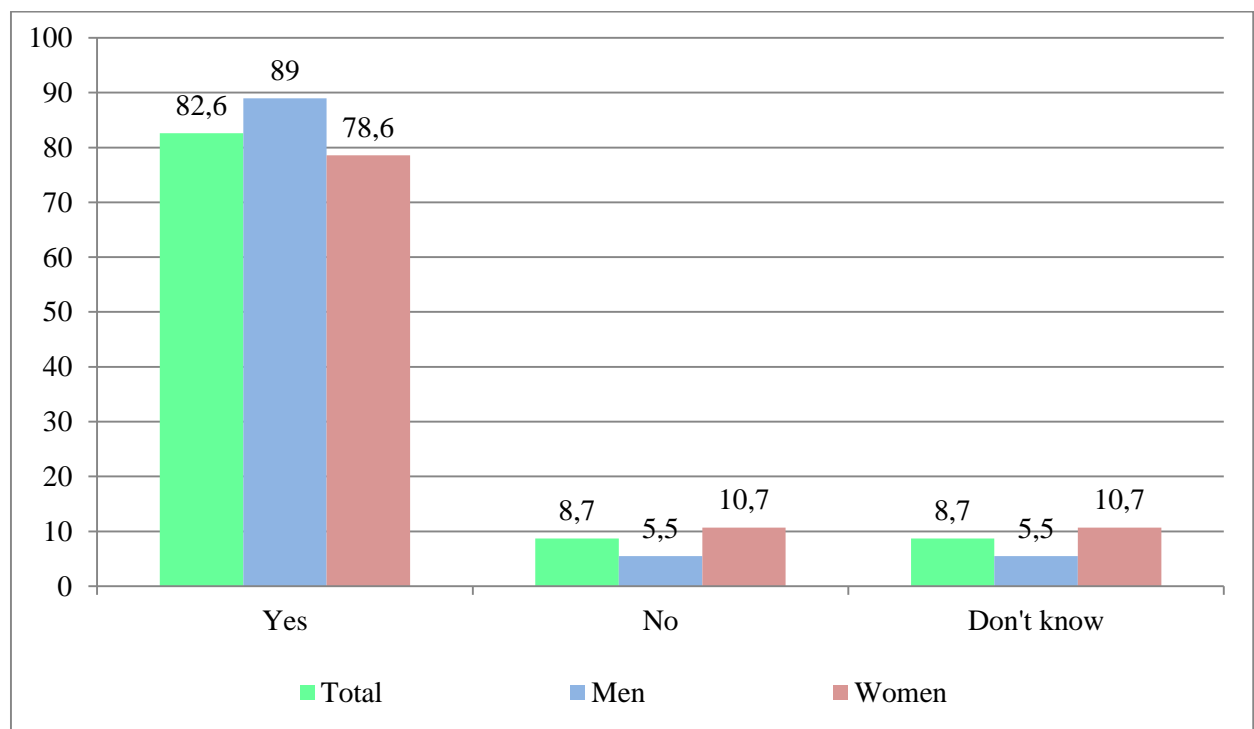


Analysis of survey results showed that since spread of COVID-19 the number of hours at paid work for the majority of working respondents has not changed. 78.3% of working respondents indicated that the number of hours at paid work has not increased, 8.7%- increased, 6.5% - decreased but continue to work, 2.2% lost their job, and 4.3% indicated other reasons (transfer to another job).

During the survey, employed respondents were also interviewed about insurance deductions by their employers. The results showed that 82.6% of respondents have these insurance contributions from their employers. At the same time, 8.7% of respondents answered that their employers do not make insurance contributions and the same number of respondents (8.7%) do not know about insurance contributions, which is largely due to their lack of legal literacy.

It should be noted that employed women respondents who have insurance contributions on state social insurance from employer are less compared with men. If proportion of women having these deductions is 78.6%, the proportion of men is 89.0%, which is 10.4% more. It should also be noted that 10.7% of employed women respondents do not know about insurance deductions. The proportion of men who do not know about insurance deductions from employer was 5.5%.

Figure 6. Contributions by employers of respondents on state social insurance

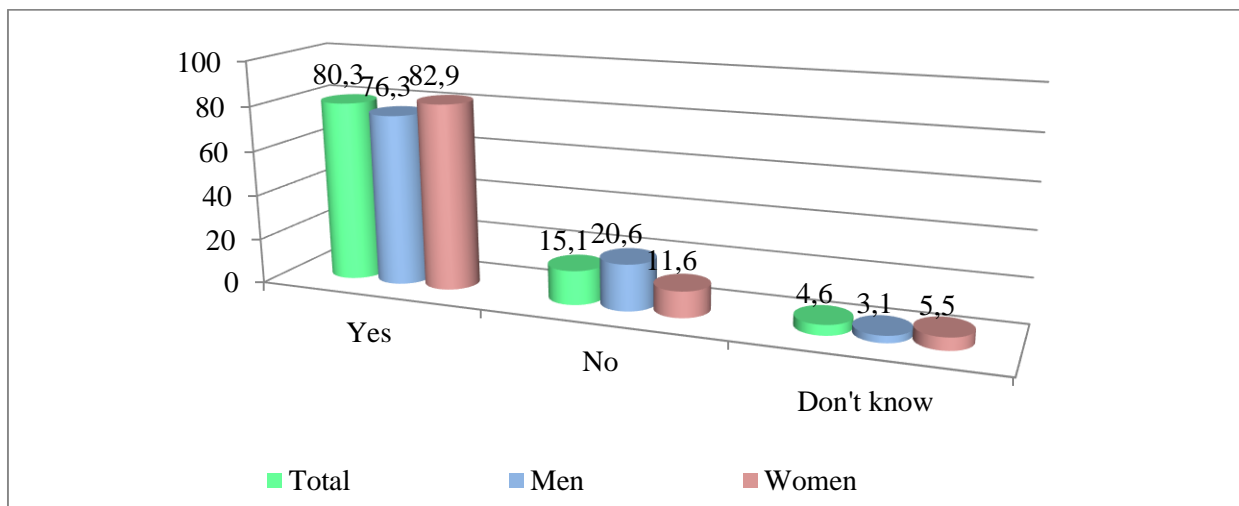


4.9. Health insurance of respondents

The survey results showed that majority or 80.3% of respondents have health insurance. However, 15.1% of respondents still do not have health insurance and 4.6% do not know about it.

Compared to men, the proportion of women who have health insurance is slightly higher and amounts to 82.9% (vs. 76.3%). Almost 1/5 of men or 20.6% responded that they do not have health insurance, women - 11.6%. At the same time, 3.1% of men do not know about health insurance, women - 5.5%.

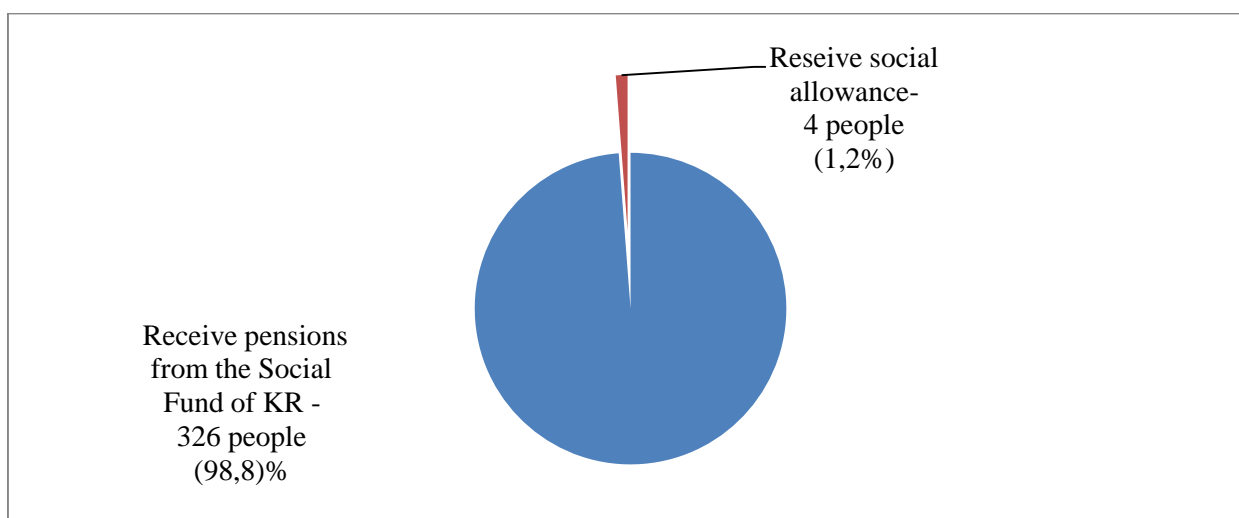
Figure 7. Percentage of respondents with health insurance (by gender)



4.10. Pension provision of respondents

Of the total number of respondents, 98.8% receive pensions from the Social Fund of KR and 1.2% receive a monthly allowance for persons who are not entitled to a pension - "social allowance".

Figure 8. Pension provision of respondents



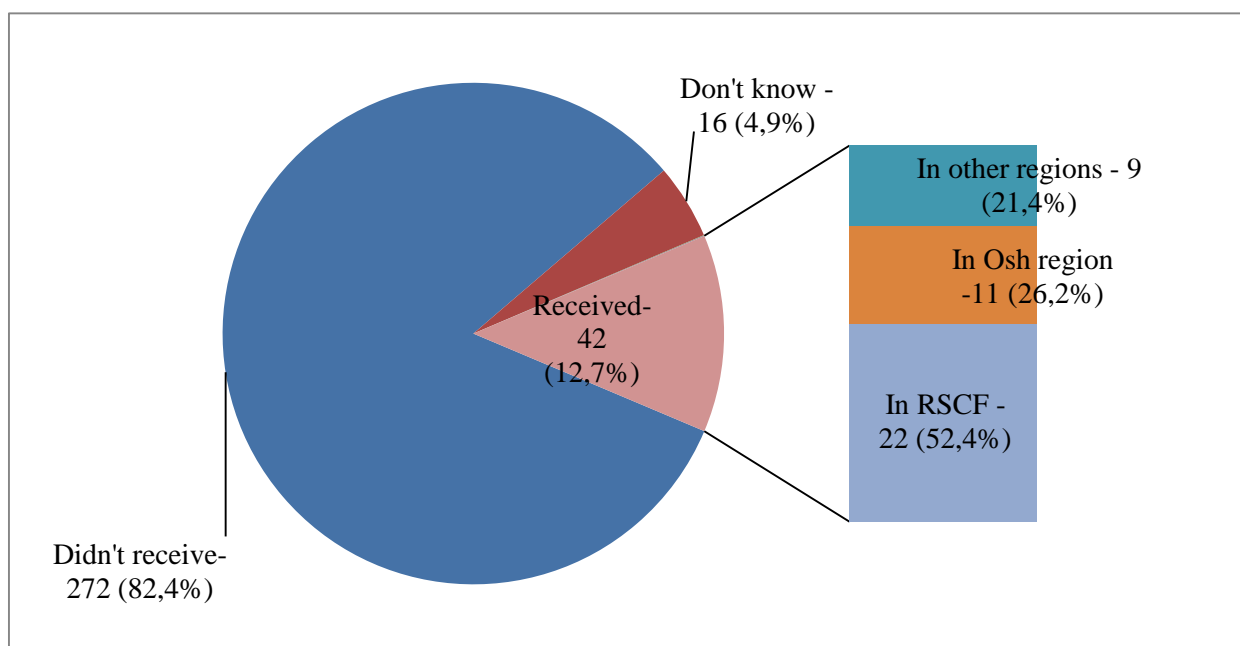
4.11. Support for respondents during COVID- 19 spread and their needs

During the spread of COVID - 19 the respondents, like other citizens of the country, received various types of support from the Government of KR, local self-

government bodies (hereinafter - LGB), non-profit civil society organizations (non-profit organizations) and various other organizations.

The results of survey showed that during the spread of coronavirus infection 12.7% of respondents received financial support from the Government of KR (now the Cabinet of Ministers of KR) and LGBs, mostly respondents living in RSCF and from Osh region.

Figure 9. Percentage of respondents who received assistance and support during the coronavirus lockdown from the Government of KR and LGBs



Respondents during the quarantine also received support and assistance in kind, i.e. food products, meal, personal protective equipment (masks, disinfectants, soaps and detergents) from the Government of KR, LGBs, NPOs/Civil Society Organizations and other various charitable organizations.

During the survey some respondents indicated several types of assistance they received during the quarantine. From the Government of KR and LGBs received assistance:

- 91 people (27.6%) - in food products and meals;
- 62 people (18.8%) - in personal protective equipment (hereinafter - PPE);
- 35 people (10.6%) - in soaps and detergents

159 (48,2%) respondents indicated that during the quarantine they have not received any help from the Government of KR and LGBs, 20 (6,1%) respondents are not aware of the received assistance. Thus, 45,7% or 151 respondents received different assistance from the government and LGBs.

During the quarantine, respondents received assistance to a greater extent from NPOs / civil society organizations and other various charitable organizations (in

questionnaires they indicated several types of assistance they received): 156 people (47.3%) - in food products and meal; 57 people (17.3%) - in personal protective equipment (hereinafter - PPE); 51 people (15.5%) – in soaps and detergents.

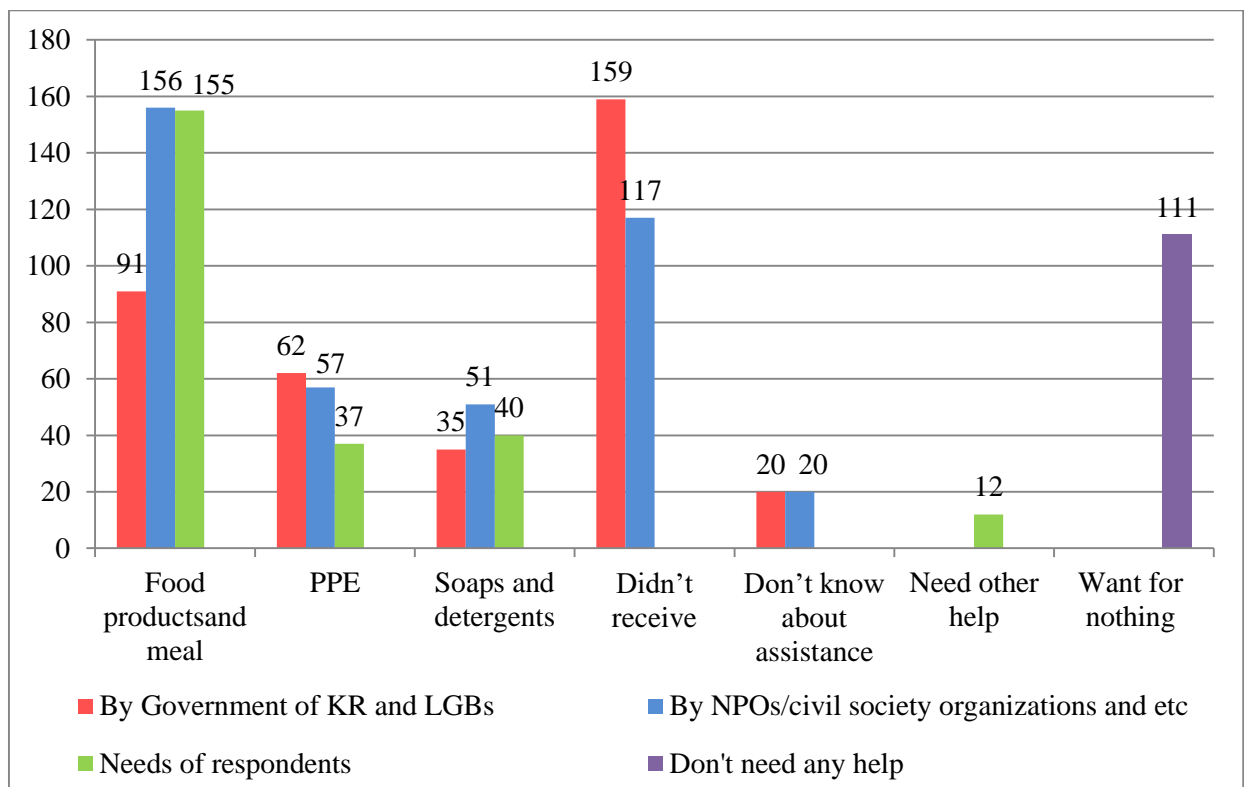
117 (35,5%) respondents indicated that they had not received any assistance from NPOs/CSOs and other various charitable organizations during the quarantine period, 20 (6,1%) respondents were not aware of receiving assistance. Thus, more than half of respondents (58.4% or 193 persons) received various forms of assistance from NPOs/Civil Society Organizations and other various charitable organizations.

The needs and demands of respondents were also identified during the survey. The results showed that almost half of respondents or 155 people (46.9%) still need assistance in food products and meals, of which 27.1% are receivers of RSCF services and who are on public assistance.

40 people (12.1%) need soaps and detergents, 37 people (11.2%) need PPE and 12 people (3.4%) indicated that they need other types of assistance (charcoal, medicine, alcohol products).

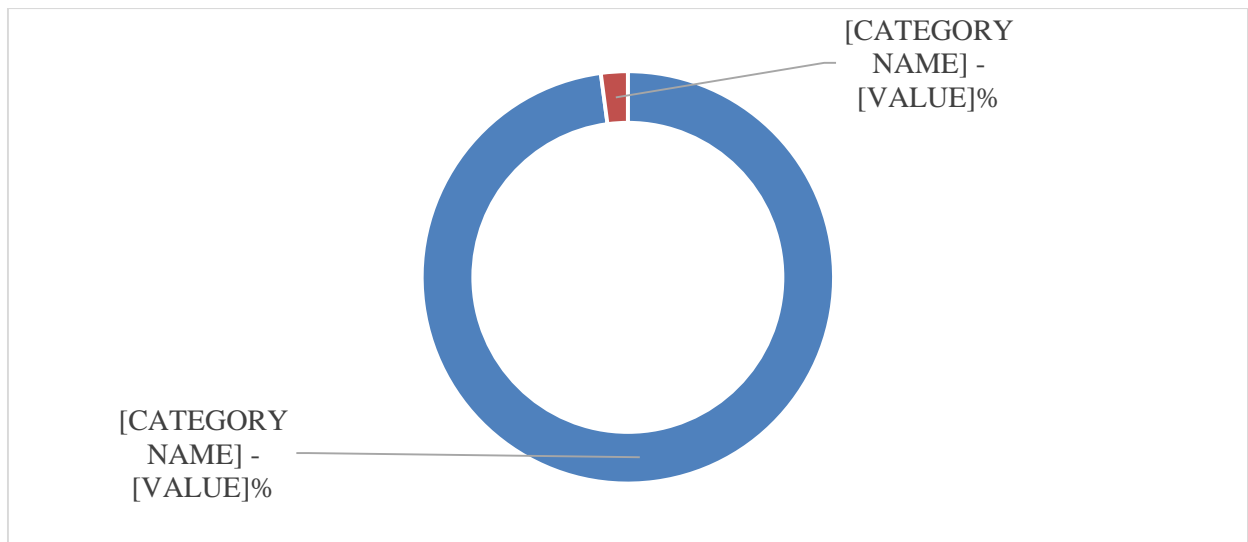
Almost 1/3 of respondents or 33.7% (111 people) indicated that they did not need any assistance or support.

Figure 10. Provision of assistance and support to respondents during quarantine by the Government of KR, LGBs, NPOs



4.12. Impact of COVID - 19 on income of respondents

There was also survey among respondents on impact of COVID - 19 on their income. The analysis showed that for 285 (86.4%) respondents, pensions were the main source of income, of which: 97.9% indicated that pensions remained unchanged, 1.4% indicated that pensions increased, and 0.7% indicated that pensions decreased.



Almost $\frac{1}{4}$ of respondents or 75 people (22.7%) also indicated state support as income. Of these, 5.3% noted that, as a result of spread of coronavirus infection, the level of state support increased, possibly due to the provision of support for some respondents by the Government of KR and LGBs. But still 86.7% of them think that state support has remained at the same level, and 8.0% consider that it decreased.

Agriculture is the source of income for a certain part of respondents or for 58 people (17.6%). Slightly more than half or 51.7% of them indicated that income from agriculture remained unchanged. And almost the same number of people or 48.3% indicated income decrease.

46 respondents (13.9%) have income/earning from gainful employment. While 8.1% of them noted increase in income, 73.0% believed that income remained at the same level, 18.9% - decreased.

The next part of respondents or 41 people (12,4%) are those respondents who indicated as sources of income support and assistance from family members, friends living in the country. 17.1% of them believed that support and assistance from family members, friends during the pandemic increased, 56.1% remained at the same level, and 26.8% decreased.

33 people (10.0%) of respondents have income from their own (family) business. While 45.5% of them noted that income from business remained at the same level, more than half (54.5%) had decrease in income.

32 respondents (9.7%) have income from livestock (fish farming). The income of the majority of them (71.9%) from this type of activity remained unchanged.

The activity of various organizations (NPOs, charities) during the pandemic influenced on certain part of respondents. Among 26 respondents (7.9%) who indicated assistance and support from such organizations as income, 46.2% reported increase in their income, the same percentage reported no change in income, and 7.6% noted decrease.

22 respondents (6.7%) receive financial support from relatives living abroad, of which 90.9% indicated decrease in remittances.

Income from investments in real estate or savings, which remained unchanged, have 3 respondents (1.0%).

Figure 26. Income of respondents

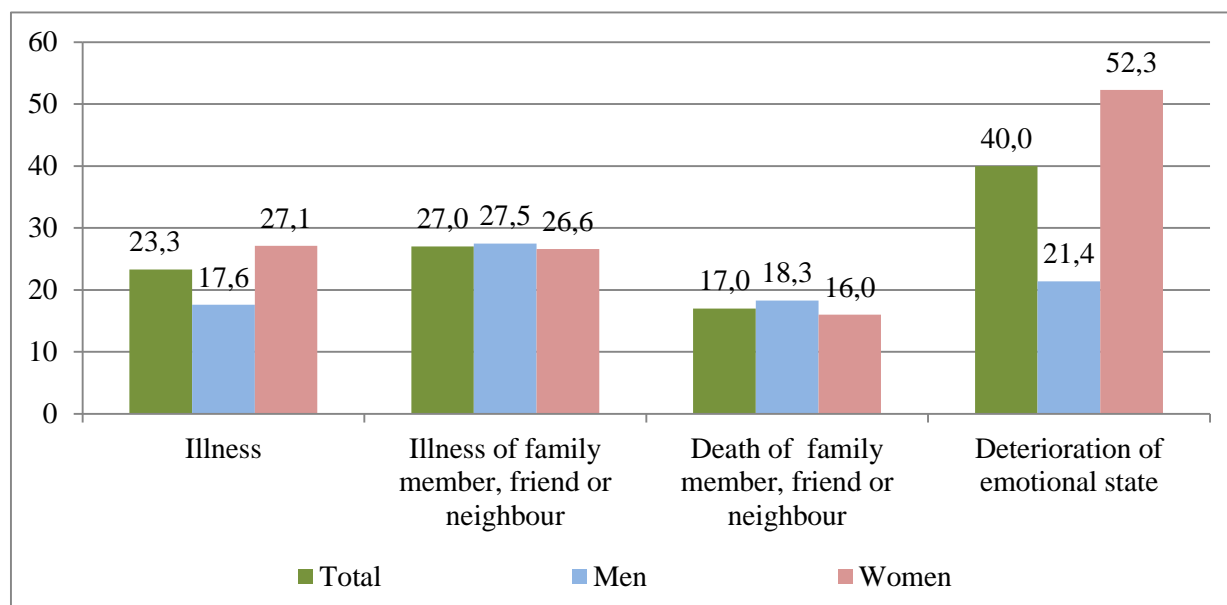
Respondents' answers to the question: As result of coronavirus spread, how have your sources of income changed?	Indicated as source of income, people	Changes in income			Indicated that it is not source of income people
		Increased , %	No changes, %	Decreased, %	
Income from agriculture	58	-	51,7	48,3	272
Income from own/family business	33	-	45,5	54,5	297
Income/earning from gainful employment	46	8,1	73,0	18,9	284
Money received from relatives living abroad	22	-	9,1	90,9	308
Income from real estate investments or savings	3	-	100,0	-	327
Pensions, other social benefits	285	1,4	97,9	0,7	45
Income from livestock or fish farming	32	-	71,9	28,1	298
Support from family members, friends in the country (money, food, etc.)	41	17,1	56,1	26,8	289
State support	75	5,3	86,7	8,0	255
Charity from different organisations (NPOs, PFs, etc.) or people	26	46,2	46,2	7,6	304

4.13. Impact of the COVID - 19 on health and emotional state of respondents

In general, coronavirus had rather negative impact on respondents. Of the total number of respondents, 40.0% reported on worsening of their emotional state (stress, worry, uncertainty, etc.). At the same time, this indicator in terms of gender clearly shows that among female respondents there were almost 2.5 times more (52.3%) those who experienced deterioration in their emotional state during the pandemic, as opposed to men (21.4%).

During the spread of coronavirus, 23.3% of respondents had experienced illness, 27.0% had experienced illness of family member, friend or neighbour, and 17.0% had experienced death of family member, friend or neighbour. Of the total number of women, the proportion who experienced illness was 27.1%, it is 9.5% more than for men.

Figure 27. Impact of the COVID - 19 on health and emotional state of respondents



4.14. Access of respondents to food products, medicaments, services and infrastructure during the quarantine

As for access of respondents to food products, medicaments, services and infrastructure during the quarantine, it should be noted the following.

The most vital items are foodstuffs. Although 25.5% of respondents had no difficulty in buying food during the quarantine, due to spread of coronavirus infection, while 38.2% had little difficulty, 13.6% had great difficulty. Access to personal protective equipment (hereinafter referred to as PPE), medical services and public transport was almost or approximately the same.

The situation with access to personal hygiene and sanitation products (soap and disinfectants, etc.) was slightly better during the quarantine period. This may be due to the fact that respondents received assistance from various organisations with soaps and various other hygiene and sanitation products.

Certainly, during the pandemic citizens received food aid from the Government of KR, LGBs and various organisations. But this assistance was mainly in the form of flour, vegetable oil, pasta. Respondents may have needed other foodstuffs in addition.

The survey results show that majority of respondents, or 34.0%, had no difficulties in access to water supply. Another 48.7% did not answer this question.

56.0% of respondents answered that they had no difficulties in access to social services, 11.5% had minor difficulties and 3.7% had major difficulties.

A certain proportion of respondents did not answer the question on access to food products, medicaments, services and infrastructure. They were not likely to have experienced problems in access to them.

Table 10. Access of respondents to food products, medicaments, services and infrastructure during quarantine

Access to	Experienced %		Didn't have any difficulties, %	Noted that there is no need , %	No answer, %
	major difficulties	minor difficulties			
Purchase of food products	13,6	38,2	25,5	7,9	14,8
Medicaments, PPE (masks, gloves, etc.)	9,1	25,8	29,4	7,0	28,7
Health care services (assistance) for myself or family member	8,5	24,3	28,5	7,3	31,4
Personal hygiene and sanitary products (soap products, etc.)	4,2	11,5	33,7	13,6	37,0
Public transport	6,4	18,5	21,8	10,3	43,0
Water supply	0,9	6,4	34,0	10,0	48,7
Social services/assistance for myself or a family member	3,7	11,5	56,0	12,1	16,7

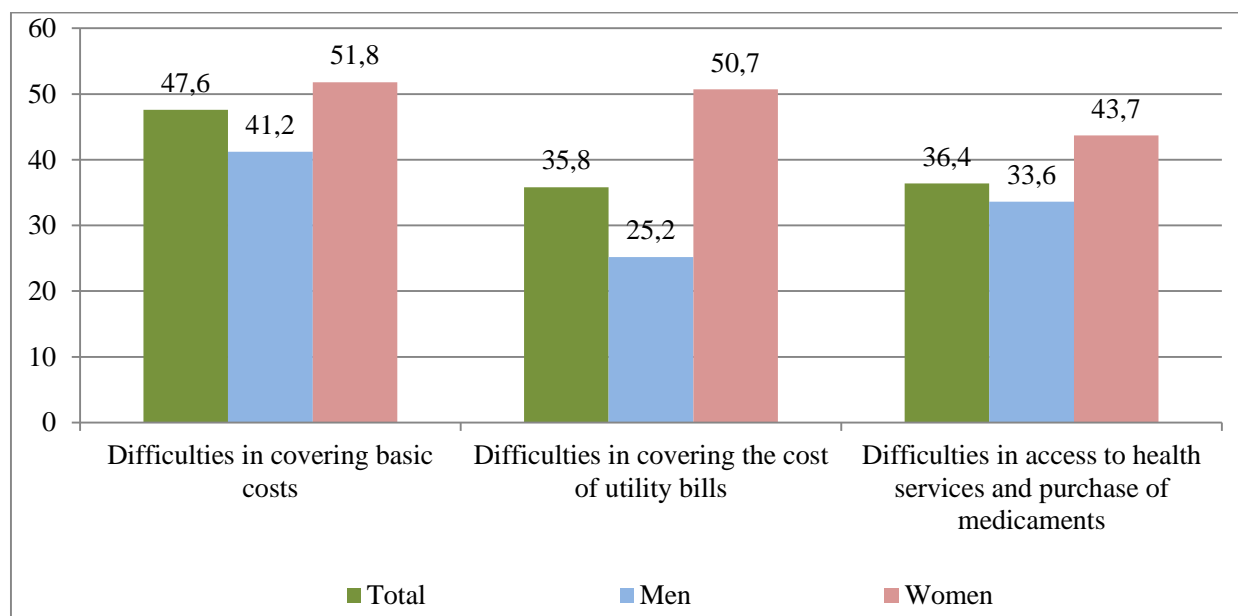
4.15. Expected difficulties for respondents, in case of re-introduction of quarantine or severe restrictive measures related to the spread of coronavirus

When asked if quarantine or severe restrictive measures related to the spread of coronavirus were re-introduced, what the situation of respondents or their family members would be, 47.6% responded that there would be difficulties in covering basic expenses (purchase of food products, hygiene products, soap and detergents, etc.), 35.8% in covering utility bills and 36.4% in accessing medical services and medicaments.

Women were more worried than men. 51.8% of female respondents expected difficulties in covering basic expenses if quarantine or restrictive measures would be re-introduced, men - 41.2%. In contrast to men, twice as many women (50.7%) thought that it would be difficult to cover costs of utilities. And 43.7% of women

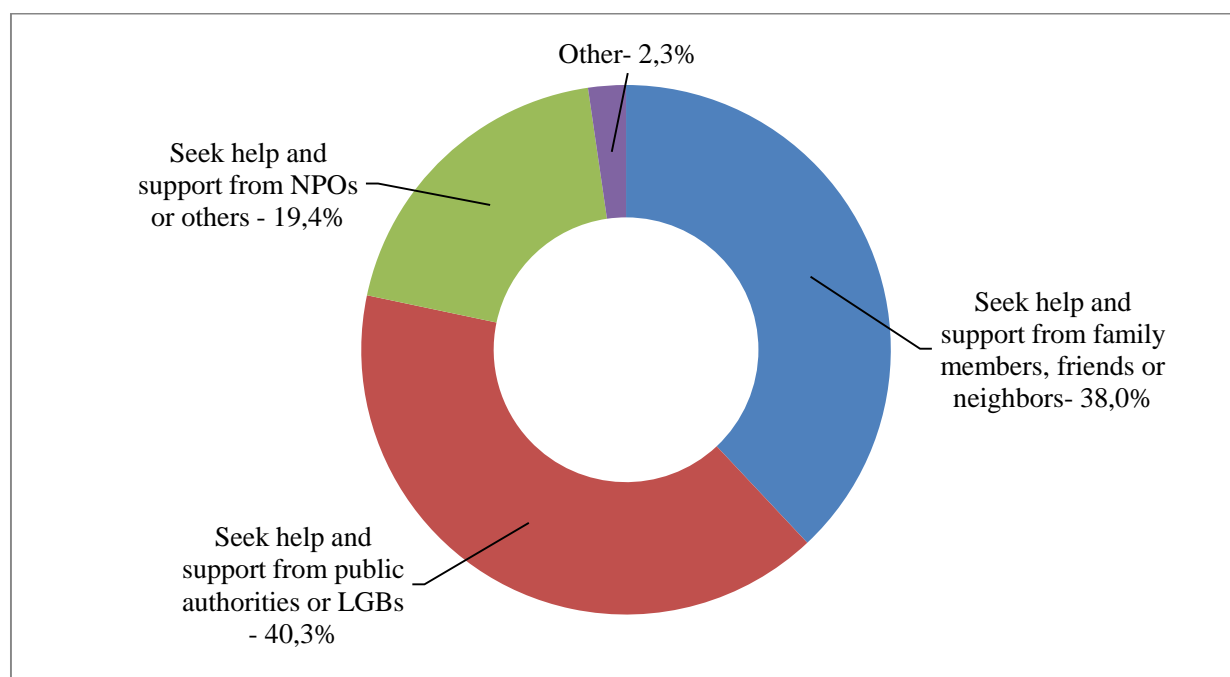
mentioned possible difficulties related to access to medical services and purchase of medicaments, men - 33.6%.

Figure 11. Expected difficulties for respondents in case of re-introduction of quarantine or severe restrictive measures related to the spread of coronavirus



40.3% of respondents said that they would seek help and support from public authorities or LGBs, 38.0% from family, friends or neighbors, 19.4% from NPOs or others in case of re-introduction of quarantine or severe restrictive measures related to the spread of coronavirus, and 2.3% noted the answer 'other'.

Figure 12. Respondents' seeking help and support from state authorities and LGBs, as well as various organizations, in case of re-introduction of quarantine or severe restrictive measures



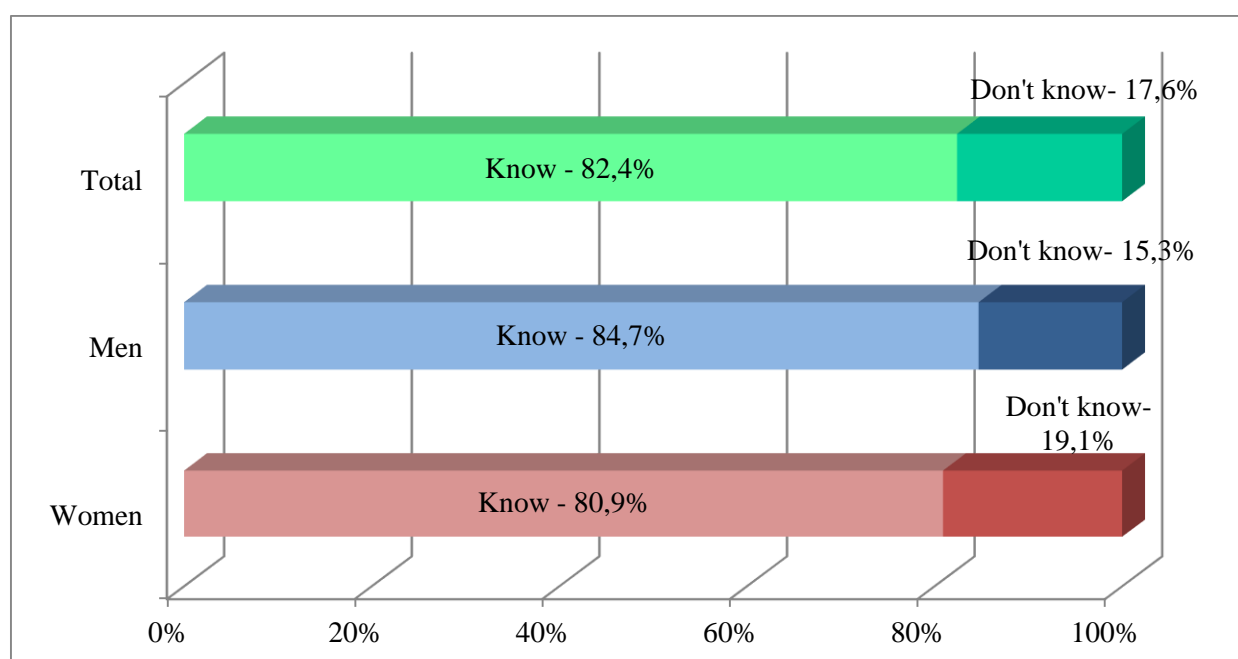
At the same time, 22.1% of respondents said that they would not seek help from family, friends or neighbours, 21.8% from government bodies or local authorities and 28.8% from NPOs, civil society organisations or others if quarantine or severe restrictive measures related to the spread of coronavirus were re-introduced

4.16. Respondents' seeking help and support in cases of domestic violence

The results of various studies show that problems of violence against older people do exist in Kyrgyzstan. Considering the situation with cases of domestic violence during the COVID19 pandemic and quarantine measures, a questionnaire-based survey on violence was also conducted among respondents

The majority of respondents, 82.4%, know where to go for help and psychological support if someone has been subjected to domestic violence (internal affairs bodies, hotlines, crisis centers, etc.). At the same time, the proportion of male respondents who know where to go in such cases is 84.7%, which is slightly higher than for female respondents (80.9%).

Figure 13. Awareness of respondents on seeking help and psychological support in cases of domestic violence



Overall, 17.6% of older respondents do not know where to seek help and psychological support in cases of violence. This is average figure, but its value varies by region and by gender.

While the lowest number of respondents who do not know where to seek help and support in cases of violence is found in Batken (5.0%) and Jalal-Abad (10.0%) regions and Osh city (9.5%), and not at all in Bishkek, the number of such

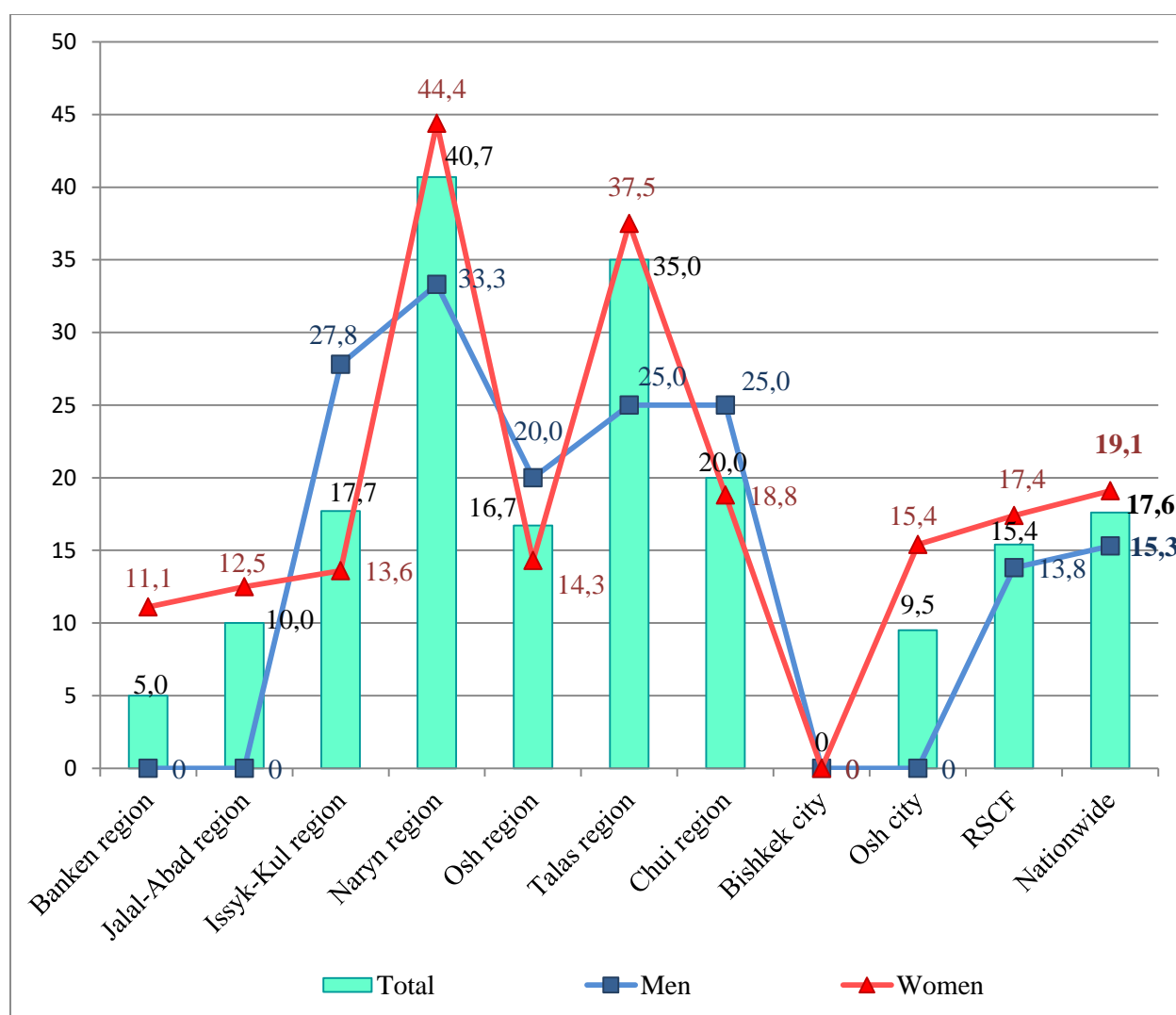
respondents reaches up to 40.7% in Naryn province and up to 35.0% in Talas province.

As can be seen below, the proportion of female respondents across the country who do not know where to go in such cases is higher in contrast to male respondents, which are 19.1% and 15.3% respectively. There is big difference in these gender-divided indicators in Osh city (women - 15.4%, men - none), as well as in the following regions:

- Batken (women - 11.1%, men - none);
- Jalal-Abad (women - 12.5%, men - none);
- Naryn (women - 44.4%, men - 33.3%);
- Talas (women - 37.5%, men - 25.0%).

In contrast, in Issyk-Kul region, male respondents who do not know where to seek help and psychological support in cases of violence outnumber female respondents by 27.8% and 13.6% respectively.

Figure 14. Percentage of respondents who do not know where to seek help and psychological support in cases of violence (by region and gender)



When asked whether respondents would seek help and support if they were abused or witnessed violence, the majority, or 71.5%, said that they would do so in any case. However, this is still lower among women than among men, at 67.3% and 77.9% respectively.

12,4% of respondents answered that they do not know what they will do in cases of violence, 7,6% refused to answer, 4,2% would not seek any help or support, 4,0% would seek help or support if violence is not done by family members, and 0,3% (or 1.0% of total respondents from RSCF) would not seek help or support if violence is done by RSCF workers. There was no response from the respondents that they would not seek help or support if the violence was done by family members.

As the table below shows, women are more reluctant or hesitant to seek help and psychological support if they are exposed to or witness violence:

- 14.6% of women responded that they did not know what they would do in cases of violence, 9.1% of men;
- 7.6% of women refused to answer, 4.6% of men;
- 5.5% of women would seek help and support if the violence was not done by family member, 1.5% of men.

And 3.0% of women responded that they would not go anywhere anyway, 6.1% of men.

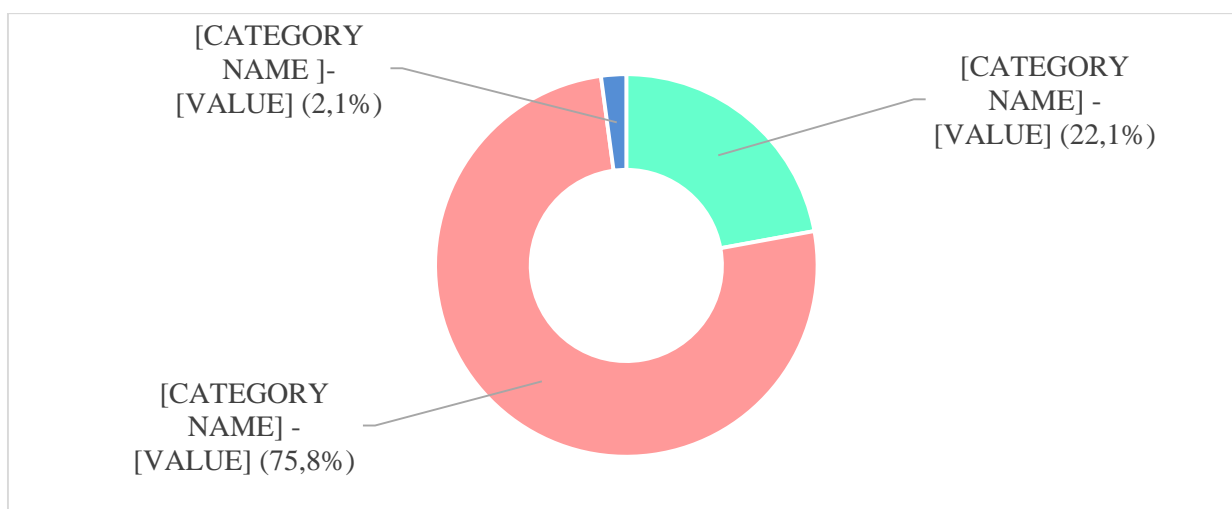
Table 11. What respondents would do if they were exposed to or witnessed violence?

Answers of respondents to the question: If you are subjected to or witness violence, would you seek help and support?	Men		Women		Total	
	<i>people</i>	<i>%</i>	<i>people</i>	<i>%</i>	<i>people</i>	<i>%</i>
Yes, in any case	102	77,9	134	67,3	236	71,5
Don't know.	12	9,1	29	14,6	41	12,4
Refuse to answer.	6	4,6	19	9,6	25	7,6
No, in any case	8	6,1	6	3,0	14	4,2
Yes, if the violence is not done by family member	2	1,5	11	5,5	13	4,0
Not if the violence is done by RSCF workers	1	0,8	-	-	1	0,3
Not if the violence is done by family members	-	-	-	-	-	-
Total:	131	100,0	199	100,0	330	100,0

4.17. Respondents' seeking help and support from hotlines during the quarantine

The proportion of respondents seeking help and support (for humanitarian and psychological assistance, information, etc.) from hotlines during the quarantine was 22.1%, 75.8% didn't contact them and 2.1% did not know where to contact. At the same time, the percentage of men who contacted for help and support was 23.7%, which is slightly higher than for women (21.1%). During the quarantine period, 74.8% of men did not contact various hotlines, while 76.4% of women did. Men who did not know where to contact for help and support accounted for 1.5% and women for 2.5%.

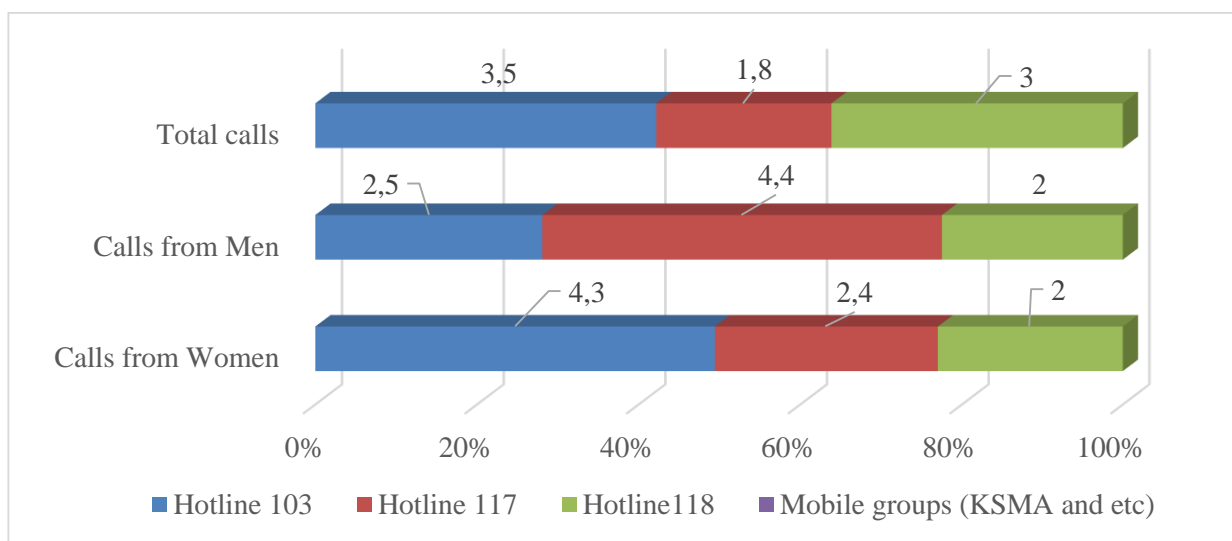
Figure 15. Respondents' seeking help and psychological support from hotlines during the quarantine



According to the survey results more than half or 57.3% of the respondents contacted emergency medical hotline "103" for any help or support during quarantine, 24.7% contacted the COVID 19 hotline "118", 3.4% contacted domestic violence hotline "117" and 14.6% contacted various other mobile groups.

During quarantine, the number of female calls to ambulance hotline "103" was 9.7% higher than that of male calls and amounted to 61.1%. Conversely, male calls to the COVID hotline "118" were 11.0% more than female calls and amounted to 31.4%.

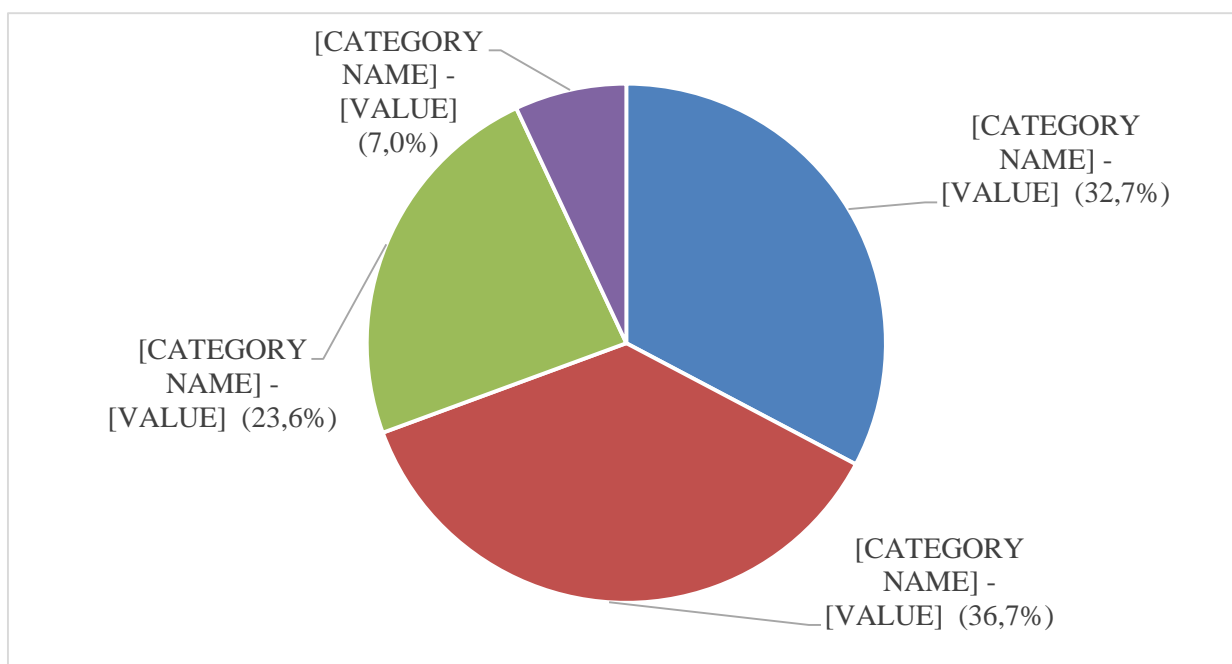
Figure 33. Percentage of respondents seeking help and psychological support from various hotlines during the quarantine (by gender)



4.18. Vaccination of respondents

The respondents also answered to the questions on vaccination during the survey. At the time of survey, almost 1/3 or 32.7% of respondents had been vaccinated and 36.7% had not yet been vaccinated, indicating reasons for having chronic diseases, doctor's decision or having been ill with coronavirus. 23.6% of respondents intended to be vaccinated and 7.0% didn't going (didn't want) to receive the vaccine (reasons – vaccination hesitancy, fear, old age, illness).

Figure 16. Percentage of respondents who have been vaccinated



More than half or 55.6% of respondents were vaccinated on their own initiative, 38.9% were recommended by their doctor, 2.8% were recommended by family members, friends, neighbours, acquaintances and 2.8% reported "other".

Of the total number of respondents who had not yet been vaccinated at the time of the survey, noted:

- 36.8% - have not been vaccinated due to lack of information and accessibility to vaccine;
- 22.9% - do not trust to new vaccine;
- 20.9% - did not receive the vaccine as recommended by their doctor;
- 13.4% - answered "other" (some respondents indicated additionally the presence of disease);
- 6.0% - did not get vaccinated on the recommendation of family members, friends, neighbours, acquaintances.

5. Conclusions and recommendations.

Conclusions:

- The COVID-19 pandemic had overall negative impact on income, health, emotional state of respondents;
- For the majority of respondents, the main source of information about COVID - 19 was official media outlets. The information was timely and understandable, which enabled them to prepare for quarantine. However, for 18.8% of respondents the information was contradictory and unclear, for 6.4% it was untimely and did not allow them to prepare for quarantine in time. 2.1% were uninformed. At the same time, there are gender differences in these indicators;
- 84.2% of respondents were well informed about the risks of contracting coronavirus, 74.8% about protection against coronavirus;
- 36.4% of respondents were informed about access to health services related to COVID - 19, but measures to inform older citizens in this direction, as well as on violence against older citizens, prevention of family and gender violence, coping with stress, access to social protection services, psychological support were insufficient. Women are more informed about access to psychological services and support;
- Although the majority of respondents indicated that the information about coronavirus was timely and understandable and allowed them to prepare for quarantine, their responses to questions about preparedness for coronavirus outbreaks during the first and second wave show that the majority of older

citizens were not prepared. Only 37.3% of respondents had gathered information about the coronavirus and had taken measures to prevent infection and just over ¼ or 27.6% had bought all necessary food supplies for the period of coronavirus lockdown;

- 16.7% of respondents during the first and second waves of coronavirus received necessary assistance from public authorities and LGBs, 10.6% from family members, friends and neighbours, and 1.6% from NPOs and civil society organisations;
- Due to lack of resources, 19.7% of respondents did not have time to prepare for the quarantine period and 5.6% due to lack of information, while 14.5% of respondents said that nothing had changed for them, they lived as before;
- During the third wave of the coronavirus, respondents began to feel a little more confident than during the first and second waves. However, despite some reduction in concerns of respondents in general, a large proportion of them continue to worry about their health and that of family members, friends, neighbours, their future and the situation in the country, as well as about income and covering expenses related to purchase of basic food products, payment for utility services, access to medical services and purchase of medicaments. Men, unlike women, are more confident and relaxed;
- 65.5% of respondents have chronic diseases, while 5.1% don't know about their presence or absence. Among female respondents, there are slightly more respondents with chronic diseases in contrast to men and amount to 67.3%. Indicators of respondents' chronic diseases are higher than the republican value in Osh (85.7%) and Bishkek (75.0%) cities, as well as in Talas (80.0%), Issyk-Kul (75.8%) and Chui (70.0%) regions;
- 52.9% of respondents –receivers of RSCF services have chronic diseases, while 13.4% are not aware of the presence or absence of chronic diseases;
- Lower rates of chronic diseases may not indicate that other respondents do not have them. They may be unaware or unsuspicious of their chronic diseases. Level of education and other factors have some degree of influence;
- Almost ¼ or 23.1% of respondents have chronic cardiovascular and hypertensive diseases, 14.3% have lung diseases and 12.5% have diabetes, which are dangerous in times of coronavirus for older people;
- More than ¼ or 26.0% of respondents have more than one chronic illness;
- Men are more likely to suffer from cardiovascular and hypertensive diseases and lung diseases than women. The proportion of male respondents suffering from cardiovascular and hypertensive diseases was 28.0%, and lung diseases 19.5%. The same indicators for female respondents were 20.9% and 11.2%, respectively;
- There were 2.5 times more women than men with several chronic diseases. They made up almost 1/3 or 33.6%;
- Male respondents, in contrast to female respondents, were more than 3 times more likely to have liver disease (7.4%), 1.5% more likely to have gastrointestinal disease, 0.9% more likely to have kidney diseases;

- During the first and second waves of the COVID-19 outbreak, only 31.8% of respondents were infected; in 7 months of 2021, 16.4% were infected, possibly it was due to increased awareness of the risks of infection and strengthening of measures to prevent the spread of coronavirus infection;
- While during the first and second waves of the COVID 19 outbreak the proportion of respondents who confirmed coronavirus infection by test was not significant (15.2%), during the third wave this indicator more than doubled and reached 33.3%. This may be due to the expansion and reduction in the cost of PCR test services for coronavirus, as well as increased awareness of respondents about the risks and infection with coronavirus;
- During the first and second wave of the coronavirus outbreak, 91.4% of infected respondents had a mild illness, during the third wave of the coronavirus outbreak there was 94.4%. However, while in the third wave of the coronavirus outbreak there were almost three times less female respondents with complications (2.8%) than in the first and second waves, there were unfortunately 4.3% more male respondents with infectious disease complications (6.8%);
- Of the total number of respondents, more than half or 50.6% were those living with family, 31.5% lived in RSCFs and 17.9% lived alone in their house, i.e. they were single elderly citizens. There are 1.6 times more elderly women living alone than elderly men living alone;
- The majority or 46.7% of respondents in the family live with close relatives with 3 to 5 persons, 37.7% with 6 to 10 persons, 13.8% with 2 persons and 1.8% with 10 or more persons;
- Respondents in large families, from 6 to 10 people, predominantly live in Osh (66.7%), Naryn (66.7%), Batken (50.0%) and Jalal-Abad (42.1%) regions. In Osh and Jalal-Abad regions there were also respondents who live in families of 10 or more people, which amounted to 11.1% and 5.3% respectively. In other regions, as well as in Bishkek and Osh cities, respondents predominantly live in families consisting of 3 to 5 people;
- Despite the fact that 5.5% of respondents reported about increase in quarrels with family members, friends or neighbors during the coronavirus lockdown and 0.9% reported about having experienced or witnessed abuse, violence against themselves, still 1/3 or 33.3% of respondents said that quarantine had brought them closer to family members, friends or neighbors;
- Almost half (48.8%) of the respondents' financial situation has remained unchanged over the past 12 months, 35.8% have deteriorated, 2.7% have improved and 12.7% found it difficult to answer. At the same time, these figures differ slightly by village, city and gender;
- 98.8% of the respondents receive pensions, 13.9% or 46 respondents are currently working, of which 82.6% of the respondents have contributions from their employers for state social insurance. 8.7% of respondents answered that their employers do not pay contributions, and equal number of respondents (8.7%) do not know about the social insurance contributions, which is largely

due to their lack of legal literacy. While 78.6% of women have these social insurance contributions, then 89.0% of men do. Furthermore, 10.7% of the employed female respondents are not aware of insurance contributions. The percentage of men who are unaware of social insurance contributions by their employer was 5.5%;

- 80.3% of respondents have health insurance. Compared to men, the proportion of women who have health insurance is slightly higher and amounts 82.9% (versus 76.3%);
- During the coronavirus lockdown, respondents received assistance mainly from NPOs/civil society organizations and other various charitable organizations. Almost half of the respondents indicated that they needed help in food products and meals, of which 27.1% were RSCF beneficiaries who were on state provision;
- Pensions are the main source of income for 86.4% of respondents, almost all of them indicated that the size of pensions remained unchanged;
- Although 25.5% of respondents had no difficulty in buying food products during the coronavirus lockdown, 38.2% had little difficulty, and 13.6% had great difficulty;
- 40.3% of respondents, in case of quarantine re-imposition or severe restrictive measures related to the spread of coronavirus, intend to seek help and support from the public authorities or LGBs, 38.0% from family members, friends or neighbours, 19.4% from NPOs or other persons and 2.3% indicated the answer 'other';
- In case of the coronavirus lockdown or severe restrictive measures re-imposition 22.1% of respondents do not intend to seek help from family members, friends or neighbours, 21.8% from government bodies or local authorities, and 28.8% from NPOs, civil society organisations or others ;
- 82.4% know where to go for help and psychological support if someone has been subjected to domestic violence. At the same time, the proportion of male respondents who know where to go in such cases is 84.7%, which is slightly higher than for female respondents (80.9%);
- 17.6% of older respondents do not know where to go for help and psychological support in cases of violence. This is average figure, but its value varies by region and by gender;
- 71.5% of respondents intend to seek help and support if they experience or witness violence. However, this figure for women is still lower than for men, at 67.3% and 77.9% respectively;
- Women are no longer willing or hesitant to seek help and psychological support if they experience or witness violence;
- The proportion of respondents who contacted hotlines for help and support during the coronavirus lockdown was 22.1%, those who did not contact were 75.8% and 2.1% did not know where to call;
- More than half or 57.3% of the respondents' calls for help and support during coronavirus lockdown were to the ambulance hotline "103", 24.7% to the

COVID 19 hotline "118", 3.4% to the domestic violence hotline "117" and 14.6% to various other mobile groups;

- At the time when survey was conducted, almost 1/3 or 32.7% of respondents had been vaccinated, while 36.7% had not yet been vaccinated, indicating reasons for having a chronic illness, doctor's recommendation or having had a coronavirus. 23.6% of respondents intended to receive the vaccine and 7.0% were not going (didn't want) to receive the vaccine;
- 55.6% of respondents were vaccinated on their own initiative, 38.9% on the recommendation of doctor, 2.8% on the recommendation of family members, friends, neighbors, acquaintances and 2.8% answered 'other';
- Of the total number of respondents who had not yet been vaccinated at the time of the survey, 36.8% were not vaccinated due to lack of information and access to the vaccine, while 22.9% did not trust in new vaccine.

Recommendations:

- All public authorities and LGBs involved in the COVID-19 response should collect and report data disaggregated by age and gender;
- Develop information and communication strategy to quickly convey accurate and comprehensible information about the pandemic, methods of protection and actions by the authorities;
- Develop a national strategy to protect population from the pandemic and prevent the virus, taking into account age, gender, regional and other considerations, with the participation of all relevant partners;
- Integrate the characteristics and concerns of older people into national planning and emergency response processes, improve vulnerability assessments and have accurate databases with clear criteria to assess the situation of vulnerable groups;
- Involve NPOs/CSOs in response planning and implementation, including the process of providing humanitarian aid, psychosocial assistance in emergencies and disasters;
- Increase the capacity and participation of NPOs/CSOs in emergency and disaster response, implementing specific measures with the assistance of UN agencies;

- Take measures to implement Action Plan to Improve the Quality of Life of Senior Citizens in the Kyrgyz Republic for 2019-2025, approved by Government Resolution No. 442 of 30 August 2019;
- Increase food and medication standards in RSCFs;
- With active involvement of NPOs/CSOs and the support of donor community, harness the positive aspects of cooperation and opportunities to draw on expertise in disaster and emergency response.

Questionnaire

1. What is your sex?*(Tick the box for the correct answer)*a) Male ☐b) Female ☐**2. How old are you?***(Please, specify)*

_____ years old.

3. Nationality:*(Please, specify)*

4. What is your marital status?*(Tick the box for the correct answer)*a) Single ☐b) Married ☐c) Divorced ☐d) Widowed ☐e) Other (please explain) ☐

5. Where do you live /place of residence?*(Please, specify)*

6. The area in which you live:*(Tick the box for the correct answer)*a) City ☐b) Village ☐**7. Do you receive services in residential social care facility (hereinafter "RSCF")?***(Tick the box for the correct answer)*a) Yes ☐b) No ☐c) I have no information on RSCFs ☐

8. If you receive services from RSCF, please give its name?

9. Do you receive services in rehabilitation centers?

(Tick the box for the correct answer)

- a) Yes ☐
- b) No ☐
- c) I have no information on rehabilitation centers ☐

10. If you are receiving services from rehabilitation center, please give its name?

11. The rehabilitation center where you receive services is :

(Tick the box for the correct answer)

- a) Day care center ☐
- b) Centre of 24 hours a day ☐

12. What is your education level:

(Tick the box for the correct answer. Two answers are possible if you have academic degree):

- a) No education ☐
- b) Primary (4 grades) ☐
- c) Incomplete secondary school ☐
- d) Secondary (9 years of school) ☐
- e) General secondary (10 grades) ☐
- f) Secondary vocational (Vocational school, college) ☐
- g) Incomplete higher education ☐
- h) Higher ☐
- i) Postgraduate/degree level ☐

13. What is your main source of information on COVID-19?

(Tick the box for the correct answer. Several answers are possible)

- a) Family or community members, friends, neighbors ☐
- b) Family practice center/Family doctor ☐
- c) Official government websites ☐
- d) Announcements by officials / civil servants or LSG bodies ☐
- e) Radio/TV/newspaper ☐
- f) Internet and social media (Facebook, Instagram и т.д.) ☐
- g) Phone (telegram, viber, what Sapp, or phone calls) ☐
- h) NPOs/Civil Society Organizations ☐
- i) Other (specify) ☐

14. How would you assess the information you received about the COVID-19?

(Tick the box for the correct answer))

- a) Didn't receive any information ☐
- b) The information was timely and clear, allowing me to prepare for quarantine ☐
- c) The information was untimely, which prevented me from to prepare in time for quarantine ☐
- d) The information was contradictory and incomprehensible ☐

15. Did you receive information during the coronavirus lockdown about:

(Tick the box for the correct answer. Several answers are possible)

- a) Risks of COVID-19 infection ☐
- b) How to protect yourself from COVID-19 ☐
- c) How to manage stress ☐
- d) Prevention of violence (domestic violence, gender-based violence) ☐
- e) Elder abuse, where to turn in cases of abuse ☐
- f) About access to COVID-19 related health services ☐
- g) On access to psychological services and support ☐
- h) On access to social protection and social assistance services (cash or food aid) ☐
- i) Other (specify) ☐

16. How prepared were you at the beginning of the first and second wave of the coronavirus outbreak?

(Tick the box for the correct answer)

- a) Bought all necessary food products for the quarantine period ☐
- b) Gathered (a) sufficient information about the coronavirus and took all measures to prevent infection ☐
- c) Haven't had time to prepare because I don't have enough resources ☐
- d) Didn't have time to prepare because I didn't get enough information ☐
- e) Nothing has changed, lived as before ☐
- f) Family members, friends and neighbors provided everything needed ☐
- g) State and LSG bodies have provided all the necessary ☐
- h) NPOs/Civil Society Organizations ☐
- i) Other (specify) ☐

17. How prepared were you for the third wave of coronavirus outbreak?

(Tick the box for the correct answer)

- a) Bought all necessary food products for the quarantine period ☐
- b) Gathered (a) sufficient information about the coronavirus and took all measures to prevent infection ☐
- c) Haven't had time to prepare because I don't have enough resources ☐
- d) Didn't have time to prepare because I didn't get enough information ☐
- e) Nothing has changed, lived as before ☐
- f) Family members, friends and neighbors provided everything needed ☐
- g) State and LSG bodies have provided all the necessary ☐
- h) NPOs/Civil Society Organizations ☐

i) Other (specify

☐

18. How did you feel during the first and second wave of the coronavirus outbreak?

(Tick the box for the correct answer. Several answers are possible)

- a) Was calm and relaxed ☐
- b) Worried when I think and see the situation in the country ☐
- c) Worried about my health ☐
- d) Worried about the health of my family members, friends, neighbors, etc. ☐
- e) Worried about income ☐
- f) Felt comfortable going out / shopping ☐
- g) Has been overburdened/with income generation (wages, other sources of income) ☐
- h) Feeling insecure about your future because of the coronavirus ☐
- i) Felt comfortable with my income and financial support I received ☐
- j) Did not feel connected to my family members, friends, neighbors (lack of physical contact) ☐

19. Which of the following statements apply to you after the first, second wave of coronavirus outbreak and now during its third outbreak?

(Tick the box for the correct answer. Several answers are possible)

- a) I feel more calm and relaxed ☐
- b) I keep worrying when I think about the situation in the country ☐
- c) Concern about my health ☐
- d) Worrying about the health of my family members, friends, neighbors, etc. ☐
- e) Worrying about my income ☐
- f) Feeling comfortable going out / shopping ☐
- g) Thinking more about income generation (wages, other sources of income) ☐
- h) Continuing to feel insecure about my future because of the coronavirus ☐
- i) Feeling comfortable with my income the financial support I receive ☐
- g) Not feeling connected to my family members, friends, neighbors (lack of physical contact, communication) ☐

20. Do you have chronic diseases?

(Tick the box for the correct answer).

- a) Yes ☐
- b) No ☐
- c) Don't know ☐

21. If you have chronic diseases, please specify:

22. To your knowledge, were you infected with COVID-19 during the first and second outbreaks?

(Tick the box for the correct answer).

- a) Yes ☐
- b) No ☐
- c) Don't know ☐

23. Was the infection confirmed by the test during the first and second waves of COVID-19?

(Tick the box for the correct answer).

- a) Confirmed ☐
- b) Not confirmed ☐
- c) Assumed by myself or family members, friends, neighbors, etc. ☐

24 If you were infected during the first and second wave of coronavirus, what form did the disease take?

(Tick the box for the correct answer)

- a) Mild form ☐
- b) With complications ☐
- c) Bad after-effects of disease ☐

25. To your knowledge, were you infected with COVID-19 during the third outbreak?

(Tick the box for the correct answer)

- a) Yes ☐
- b) No ☐
- c) Don't know ☐

26. Was the infection confirmed by the test during the third wave of COVID-19?

(Tick the box for the correct answer)

- a) Confirmed ☐
- b) Not confirmed ☐
- c) Assumed by myself or family members, friends, neighbors, etc. ☐

27. If you were infected during the third wave of coronavirus, what form did the disease take?

(Tick the box for the correct answer)

- a) Mild form ☐

- b) With complications ☐
- c) Bad after-effects of disease ☐

28. How has the coronavirus affected your life?

(Tick the box for the correct answer)

- a) There has been no change ☐
- b) Life has changed for the better ☐
- c) Life has changed for the worse ☐
- d) There is insecurity about the future ☐
- e) I'm scared ☐
- f) Difficult to answer (do not read out) ☐

29. How easy or difficult it was for you:

(Tick the box for the correct answer)

29.1. To find the information you needed about the COVID-19?

- a) Not difficult ☐
- b) Difficult ☐
- c) Very difficult ☐

29.2 To understand about what to do if you suspect you have a coronavirus?

- a) Not difficult ☐
- b) Difficult ☐
- c) Very difficult ☐

29.3. To understand and follow the recommendations to protect against coronavirus?

- a) Not difficult ☐
- b) Difficult ☐
- c) Very difficult ☐

30. How many people live with you permanently in family house/ RSCF/ 24-hour rehabilitation center (one room)?

I live alone	
Number of children aged 0-18 years	
Number of young people aged 19-24 years	
Number of young people aged 25-29	
Number of adults aged 30-60	
Number of older people aged 60+	
Total:	

31. How did the coronavirus lockdown during the COVID-19 pandemic in 2020 affect your relationship with your family members?

(Tick the box for the correct answer)

- a) Fostered rapprochement with family, friends and neighbors, etc. ☐

- b) Increase in quarrels with family members, friends or neighbors ☐
- c) Experienced or witnessed abuse or violence ☐
- d) Nothing has changed ☐
- e) Increased household responsibilities ☐
- f) Decreased household responsibilities ☐
- g) Other (specify) ☐
- 32. How do you rate your personal financial situation over the last 12 months:**
(Tick the box for the correct answer)
- a) Remains unchanged ☐
- b) Has improved ☐
- c) Has deteriorated ☐
- d) I am at a loss to answer ☐
- 33. During the first and second waves of the coronavirus were you forced to work?**
(Tick the box for the correct answer)
- a) Yes, full-time paid work ☐
- b) Yes, part-time paid work ☐
- c) Yes, but it was unpaid work ☐
- d) No, as I am retired ☐
- e) Didn't work because of the coronavirus ☐
- 34. Do you work now?**
(Tick the box for the correct answer)
- a) Yes ☐
- b) No ☐
- c) Other (specify) ☐
- 35. If you have been working or are working, have the number of hours in paid employment changed since COVID-19 spread?**
(Tick the box for the correct answer)
- a) Have increased ☐
- b) Have not increased ☐
- c) Have decreased , but I keep working ☐
- d) Lost my job ☐
- e) Other (specify) ☐
- 36. Does your employer pay contributions to the Social Security Fund?**
(Tick the box for the correct answer)
- a) Yes ☐
- b) No ☐
- c) Don't know ☐
- 37. Do you have health insurance?**
(Tick the box for the correct answer)
- a) Yes ☐
- b) No ☐
- c) Don't know ☐

- 38. Do you receive pensions from the Social Fund?**
(Tick the box for the correct answer)
- a) Yes ☐
- b) No ☐
- c) Don't know ☐
- 39. Do you receive a monthly allowance for people who are not entitled to pension - "social allowance"?**
(Tick the box for the correct answer)
- a) Yes ☐
- b) No ☐
- c) Don't know ☐
- 40. Have you received any financial support from the Kyrgyz Government or LGB bodies since the spread of the COVID-19?**
(Tick the box for the correct answer)
- a) Yes ☐
- b) No ☐
- c) Don't know ☐
- 41. Have you received in-kind support from the Kyrgyz Government or LGB bodies since the spread of the COVID-19?**
(Tick the box for the correct answer)
- a) Yes, food products and meals ☐
- b) Yes, prevention products (gloves, masks, disinfectants, etc.) ☐
- c) Yes, personal hygiene products, soap products (nappies, soaps, shampoos, etc.) ☐
- d) Yes, other (specify) ☐
-
- e) No ☐
- f) Don't know ☐
- 42. Have you received in-kind support from non-profit/civil society organizations or other organizations?**
(Tick the box for the correct answer)
- a) Yes, food products and meals ☐
- b) Yes, prevention products (gloves, masks, disinfectants, etc.) ☐
- c) Yes, personal hygiene products, soap products (nappies, soaps, shampoos, etc.) ☐
- d) Yes, other (specify) ☐
-
- e) No ☐
- f) Don't know ☐
- 43. Do you currently need support in kind?**
(Tick the box for the correct answer)
- a) Yes, food products ☐
- b) Yes, prevention products (gloves, masks, disinfectants, etc.) ☐
- c) Yes, personal hygiene products, soap products (nappies, soaps, shampoos, etc.) ☐
- d) Yes, other (specify) ☐
-

e) No

☐

f) Don't know

☐

44. As a result of the spread of the coronavirus, how have your sources of income changed?

	Please tick the right answer			
	Increase d	Remains unchanged	Decreased	Not source of income
Income from the agriculture				
Income from own/family business				
Income/earning from gainful employment				
Money received from people living abroad				
Income from real estate investments or savings				
Pensions, other social benefits				
Agricultural products, social benefits, animal husbandry or fishing				
Support from family/friends in the country (money, food, etc.)				
The state support				
Charity from NPOs, other organizations, people				

45. As a result of the spread of the coronavirus, what have you experienced?

	Please tick the right answer		
	Yes	No	Not applicable for me
Disease			
Disease among family, friends or neighbors			
Death of family member, friend or neighbor			
My emotional state has worsened (stress, worry, insecurity, etc.)			

46. During the first and second waves of the coronavirus, what difficulties did you have with access to the following services:

	Please tick the right answer			
	Great difficulties	Some difficulties	I have not experienced any difficulties	No need
Purchase of food products				
Access to				

medicaments, personal protective equipment (masks, gloves, etc.)				
Access to health services/care for myself or family member				
Access to personal hygiene and sanitation products (soap products, water filters, etc.)				
Access to public transport				
Access to water supply				
Access to social services/assistance for myself or family member				

47. If quarantine or strict restrictive measures related to the spread of the coronavirus are re-imposed, what will the situation be like for you or your family?

	Please tick the right answer	
	Yes	No
It will be difficult to cover basic expenses (food, hygiene products, etc.)		
It will be difficult to cover the costs of utilities, electricity, rent, etc.		
There will be difficulties in access to health services and purchase of medicaments		
Will seek help from family, friends or neighbors		
Will seek help from public authorities or LGBs		
Will seek help from NPOs/civil society organizations or others		
Other (specify)		

48. Do you know where to seek help and support if someone is subjected to domestic violence (DIA, hotlines, psychological support, etc.)?

(Tick the box for the correct answer)

- a) Yes ☐
- b) No ☐
- c) Don't know ☐

49. If you are subjected to or witness violence, will you seek help and support?

(Tick the box for the correct answer)

- a) Yes, in any case ☐
- b) Yes, if the violence is done not by my family member ☐
- c) No, in any case ☐
- d) No, if the violence is done by my family members ☐
- e) No, if the violence is done by workers of RSCF, rehabilitation centers ☐
- f) Don't know ☐
- g) Refusal to answer ☐

50. Have you contacted any hotlines for help and support during the coronavirus lockdown (for psychological help, humanitarian aid, information)?

(Tick the box for the correct answer)

- a) Yes ☐
- b) No ☐
- c) Don't know where to call ☐

51. If contacted hotlines for help and support during the coronavirus outbreaks, which numbers did you call?

(Tick the box for the correct answer. Several answers are possible)

- a) Hotline 103 ☐
- b) Hotline 111 ☐
- c) Hotline 117 ☐
- d) Hotline 118 ☐
- e) Other (specify) _____ ☐

52. Have you been vaccinated against coronavirus infection?

(Tick the box for the correct answer)

- a) Yes ☐
- b) No (specify the reason) _____ ☐
- c) Going to get the vaccine ☐
- d) Not going to get the vaccine (specify the reason) _____ ☐

53. If you have been vaccinated against the coronavirus infection, you have done so :

(Tick the box for the correct answer)

- a) On your own initiative ☐

- b) On doctor's recommendation ☐
 - c) On recommendation of family members, friends, acquaintances, etc. ☐
 - d) Other (specify) ☐
-

54. If you have not yet been vaccinated against the coronavirus infection, this is because:

(Tick the box for the correct answer)

- a) Lack of information and accessibility to the vaccine ☐
 - b) Doctor's recommendation ☐
 - c) Recommendations from family members, friends, acquaintances, etc. ☐
 - d) Vaccination hesitancy ☐
 - e) Other (specify) ☐
-