

Civil Society Organizations Appeal to the Development Partners about the Situation in Eastern Partnership Countries and Priorities for Combating the COVID-19 Outbreak

The COVID-19 pandemic is a test for our societies, which has revealed a range of social, economic and political vulnerabilities within our systems. At the same time, the crisis calls for the mobilization of both government and civil society actors to overcome the pandemic with the least negative consequences for people, especially for the most vulnerable groups.

We – 50 representatives of civil society organizations active in the field of gender equality in the Eastern Partnership countries – are worried about the evolution of the COVID-19 pandemic, and we have decided to join together to support the populations of our countries to meet the new challenges.

Analysing the efforts of the governments in coping with the COVID-19 outbreak we have observed that:

- The six Eastern Partnership countries are extremely vulnerable to such pandemics and the situation at the moment is a difficult one. Although strict rules have been enforced promoting social distance – including the closure of all educational institutions and limitations on public gatherings – we are witnessing a rapid daily increase in the number of cases of people that are infected by the virus and those who are dying as a result of it;
- Governments within the region are managing the battle with the COVID-19 pandemic through Commissions for Exceptional Situations and are taking different approaches depending on the development of the outbreak in each country. However, none of the Eastern Partnership governments included civil society representatives as participants in these Commissions;
- Human rights have been curtailed as a result of measures imposed by the fight with the COVID-19 outbreak, but the way the authorities have been acting in the newly created situation raises concerns about the evolution of democracy in the region. Attempts have been made to limit the freedom of the press and the freedom of expression. In addition, Governments are interfering in the private lives of citizens by monitoring telephone communications and determining the location of the individuals, in order to better monitor the spread of the virus;
- All countries have developed action plans to fight the pandemic, but these plans have not called for proposals from civil society organizations. Governments have not developed formal mechanisms to engage meaningfully CSOs in response planning and implementation. Thus, efforts to combat the virus are taking place on two parallel fronts, one led by the authorities and another led by civil society organizations, diminishing the impact of the actions taken by both groups and resulting in some inefficiencies;
- The ongoing COVID-19 response's actions being undertaken by Governments are not focused on vulnerable groups/LNOB specifically, they are more for a general population with targeted assistance to elders who are identified as a risk group.
- Few of the governments in the region are developing/implementing specific actions to address the urgent needs of vulnerable groups, such as women affected by domestic violence, women with chronic pathologies living in remote areas and unable to receive vital medicines, women living in regions affected by active or frozen military conflicts, persons with disabilities, Roma people and so on;
- The technical assistance and the protective equipment for doctors and social workers is insufficient, which is leading to a rapid increase in the number of doctors, nurses, social

workers infected with COVID-19. By default, the number of women contracting the virus is also increasing, as most positions in the medical and social care sectors are held by women.

Since the start of the pandemic, civil society organizations in the Eastern Partnership countries have been sharing consolidated statements and advocating for specific priorities (ending violence against women, preventing discrimination against LGBTI individuals, etc.), and have remodelled most of their projects and services to respond to the new emergencies caused by COVID-19. Thus, many CSOs have launched free legal aid services for persons affected by domestic violence; psychological assistance; transportation of medicine and food for the elderly, sick people, people displaced by military conflicts, single mothers, families with many children and low or no incomes; disinfection services for care homes for the elderly; etc. Resources have been mobilized from voluntary donations from the public to provide hot lunches to medical staff working non-stop to treat those who have contracted COVID-19. At the same time, we have launched online campaigns to inform citizens about the rules for personal protection and to prepare volunteer teams to support vulnerable groups who have increased risk of infection. We found that no information is available that would reflect the pressing needs of vulnerable groups, and for this reason to streamline our interventions, we quickly launched local community COVID-19-related needs and impact assessments, specifically to identify the needs of women, men, girls and boys, with a particular focus on local communities and underrepresented groups.

Based on the actions taken and the information collected by the civil society organizations up to this stage, we note that:

- Often the information presented publicly by the authorities about the current situation in our countries does not reflect the situation in practice, which is much more serious;
- The population is in a panic because of the fear that they will not have the minimal resources they need to ensure their livelihoods. This is especially evident among women and men who did not have permanent jobs or who have lost all their sources of income in the past few weeks. Persons displaced by armed conflicts (Internally displaced persons - IDPs) are also heavily affected, and many of them had already been found to be living in extreme poverty;
- The health systems of Eastern Partnership countries were not prepared to respond to challenges created by COVID-19. Doctors, nurses and care professionals, many of whom are women, are adversely affected by COVID-19;
- There is a danger of new vulnerable categories emerging unless additional support services are developed, and emergency programmes enforced;
- Young women and men are generally excluded from decision-making, including on the response to the pandemic and yet they are among the most exposed as volunteers supporting vulnerable groups;
- There has been an increase in incidence of depression and suicidal tendencies in adolescents. There is an urgent need for the development of psychological assistance services to ensure that the mental health of adolescents, young people and other population groups is protected;
- The number of calls from victims of domestic violence who report a lack of response from the police and failures to issue temporary protective support orders has increased, as now the priority is responding to calls related to the pandemic. The numbers of calls to many national children's hotlines related to abuse, violence and suicidal feelings have also increased;

- Women's unpaid work is increasing. The burden on women has increased, as most of them are under pressure due to the high workload they are facing. Most of them have to work from their homes, at the same time as performing their household chores and taking care of elderly and sick people in the family;
- There is a complete absence of information regarding the situation and the needs of elderly women and men in single-headed households, persons with disabilities, Roma women, unemployed people and other vulnerable groups;
- A lack of coordination between state efforts and the efforts of civil society organizations in the fight against COVID-19 has been registered. The emergency rules enforced by some countries often do not allow certain volunteer groups or CSO activists to move through the country and provide the necessary services to vulnerable groups;
- Women human rights defenders and activists are now in a risk group, as they are directly engaged in the delivery of services which have been postponed/stopped by state institutions (legal aid/assistance, protection from violence against women, etc.) and they require protective equipment and other types of support;
- Social distancing has transferred communication and information to online platforms. Unfortunately, much of the population, especially women from remote areas, is not prepared for such a radical change. Vulnerable groups are affected the most as they may lack either the necessary equipment to access the information or the training required to operate the equipment. There is an urgent need for training programmes on how to use information technologies to minimize the impact of the quarantine measures on vulnerable groups;
- Women living with HIV face great difficulties, especially those who constantly require antiviral treatment. Many of them live outside urban areas, and because public transport is no longer operating, they cannot reach the health care institutions from where they should receive the necessary medicines. The state of panic caused by fear of interrupting the treatment is generating anxiety and depressive states;
- There is a significant shortage of masks, gloves and protective suits. At the same time, we find that there is a lack of information on how to correctly put on and remove the protective equipment, especially among the population in the rural areas;
- The actions of the state to support the business environment are disproportionate, and this can contribute to increasing the poverty rate among women. Countries have announced various types of support for large companies, but unfortunately, state assistance is not being offered to small enterprises in the services sector, where women are over-represented and have been particularly affected;
- The lack of ATMs / payment terminals in villages and small towns makes it difficult for people to receive salaries, allowances and unemployment benefits on their bank cards. These people lack access to their money and cannot purchase essential products.

As the COVID-19 pandemic is advancing, posing complex humanitarian, human rights and political challenges, active mobilization of all national and international actors is needed. In the circumstances described above, civil society organizations call for joint efforts to cope with the pandemic and ask development partners, including the UN Women Europe and Central Asia Regional Office, to support CSOs' actions by:

- **Offering institutional support to CSOs to assist them to increase their capacities to help the most affected groups.** At this stage, our teams are working from home, therefore increasing the costs for the organizations to the stage where we cannot cover them. Each team member has to pay for internet, phones and consumables from their own resources.

This factor is making the efficient functioning of our teams difficult. The volunteer teams need much more financial support (travel costs, protection equipment and sanitizers, etc.) that the CSOs today cannot cover themselves.

- **Facilitating dialogue between CSOs and state authorities, to enable effective involvement of CSOs in the fight against COVID-19.** The development partners have assistance tools that may impose on governments the conditions of capitalizing on the efforts and expertise of CSOs, and of allocating a proportionate level of resources for the needs of all vulnerable groups during the pandemic. Social mobilization of certain groups is very low, but the needs are increasing. This has to be addressed further with CSO engagement.
- **Supporting CSO initiatives to oversight implementation of COVID-19 actions by the Government.** These types of action are of crucial importance in ensuring targeted assistance and a higher level of accountability among governments;
- **Maintaining the funding flexibility to be ready to respond to new priorities that appear every day due to the evolution of the pandemic.** Developing new funding lines that would allow certain interventions within the systems to prevent new crises. Access to funding must be easy, the application form should be simple, and the funding decision should be made in an accelerated process and shorter time;
- **Allocation of funds for research and analysis that will offer accurate information and collect gender-responsive data for pandemics and natural disasters.** More information will help to establish strategic priorities and adequately plan the response to potential problems that may arise as a result of such crises;
- **Financial assistance for the development and extension of online psychological services** for women and men whose physical and mental health may need urgent support. Organizing online training for adolescents and parents to help maintain adolescent mental health, and also for pregnant women to help them to cope with fears connected to the impact of COVID 19 on foetus development;
- **Assistance with buying masks, gloves, sanitizers and other protective wear,** necessary for the activity of the mobile teams of volunteers who assist the population at home;
- **Funding the translation of information on COVID-19 into the languages of ethnic minorities** living in each country;
- **Allocation of funds for the training and protection of health care personnel and of personnel employed in the field of social assistance,** to be able to provide safe services in the conditions of the pandemic;
- **Planning of funds for education campaigns on reproductive health.** There is a concern that immediately after the pandemic, due to a large number of deaths, there may be pressure applied to women to give birth and movements against abortion rights will gain strength. This issue may have to be addressed in advance to protect women who may be at risk as a consequence of the pandemic.
- **Offering funds to support women in business, with a focus on small businesses.** This will allow the consolidation of essential services for society and will help keep a large proportion of women economically active. Emphasis could be placed on encouraging businesses that produce essential products during the pandemic (food and food delivery, masks, protective suits, etc.).
- **Financial support for the development of apps and software that could provide online emergency assistance to persons of different ages in crises** (e.g. women victims of domestic violence who are living during the isolation period with perpetrators etc). Support CSOs to open new counselling channels through Messenger, Instagram, Viber, Telegram etc;

- **Allocation of resources for financing camps and shelters, and providing financial aid for food** and personal hygiene for people in very vulnerable groups. This assistance should also reach people who are trapped in other countries and are unable to return home.

CSOs from Eastern Partnership countries express serious concerns that the ongoing re-programming/re-focusing of external development-related assistance from the United Nations and international development partners to humanitarian assistance will put on hold all the commitments by states with regard to human rights and gender equality, and also limit the engagement of CSOs in decision making at all levels. We urge the United Nations and development partners to listen to the priorities that we have highlighted, and to support CSOs from our region in developing constant dialogue with states on their human rights and gender equality commitments.