UN WOMEN SERIES:
Putting Women at the
Forefront of COVID-19 Response
in Europe and Central Asia

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Voices of Women's Organizations on COVID-19:

April 2020 Sub-regional Consultations

Across the Europe and Central Asia region, the COVID-19 pandemic threatens profound social and economic disruption for all, and for women and girls the threat is potentially greater due to widespread pre-existing discrimination and inequalities.

Nevertheless, women are at the forefront of COVID-19 response. They are playing a key role in taking care of children, older persons, the sick through home-based care services, sewing masks, going to work as healthcare workers and educating their children, while stretching greatly reduced incomes to feed their families.

Women's organizations across the region know what needs to be done. The solutions that they have found centre on community solidarity and collective action.

To bring women's views and solutions to the forefront of discussions and decisions on COVID-19 response, UN Women initiated rapid consultations across the Europe and Central Asia region. Three sessions were held in early April 2020 in the Central Asia, Eastern Partnership and Western Balkans and Turkey sub-regions with 128 participants. Participants included women's organizations and activists already working on the front lines of COVID-19 response. Each brought their own unique perspective from working with diverse groups of women and girls in their communities, including young and old women, women with disabilities, minority women, women survivors of violence, LGBTIQ+ people and refugees, internally displaced persons and migrants. Together, their resourceful and innovative suggestions enable truly needs-based emergency support and services to women and girls who are currently at greatest risk of being left behind.

The consultations provided an opportunity to hear directly about the specific risks and challenges that women and girls face as a result of the COVID-19 pandemic; they also focused on the opportunities and solutions they are providing so that the strategic focus of support can be adjusted in a gender-responsive manner to reflect their differentiated experience.

The consultations with women's organizations across the Europe and Central Asia region provided a timely and direct account of the multi-dimensional character of risks experienced by women and girls under the COVID-19 pandemic, and the corresponding requirement for granular and intersectional responses by both governments and civil society organizations.

Sub-regional consultations with feminists and women's rights activists on response to COVID-19

41% of the organizations directly work with excluded and discriminated against groups including women with disabilities, youth, older people, survivors of gender-based violence, LGBTIQ+ people and people living with HIV

1. Armenia
2. Azerbaijan
3. Georgia
4. Moldova
5. Ukraine
6. Belarus
7. Kazakhstan
8. Kyrgyzstan
9. Tajikistan
10. Turkmenistan
11. Uzbekistan
12. Albania
13. Bosnia and Herzegovina
14. Croatia
15. Turkey
16. North Macedonia
17. Serbia
18. Kosovo

128 women's organizations and activists participated from **17** countries across three sub-regions and Kosovo[1]

65 proposed actions for governments and development partners to ensure that COVID-19 response efforts address women's priorities and needs

1.   All references to Kosovo shall be understood to be in full compliance with UN Security Council Resolution 1244 (1999).

For women's organizations and activists across the region, the COVID-19 crisis presents an opportunity for governments and development partners to invest in already much-needed public health and social infrastructure and expand the democratic space in ways that build the resilience of communities. They suggest that through intersectional attention to the needs of all those left behind, governments can maximize the achievement of the 2030 Agenda for Sustainable Development, while at the same time increasing the effectiveness of their responses to the pandemic.

Women's organizations described many women's experiences under the pandemic that are well-documented elsewhere, and also some less-known outcomes of the pandemic that are worth noting, such as: the great need for psychological support for women at risk of violence within their homes, service providers and adolescents; the extremely grave situation of women living in camps and unregulated territories; the high level of burn-out, exhaustion and trauma among civil society personnel and service providers generally, the majority of whom are women; and high suicide rates of adolescents across the region since the onset of the pandemic. They note the strong and united solidarity of women and men working together to address all these challenges and build the long-term well being of their communities. They call for the provision of public resources to support their work.

Women's organizations from across the region called on governments and the development community to take concrete steps and ensure that women's groups lead and inform responses to the ongoing COVID-19 crisis.

What Key Challenges do Women Face?

The principal underlying concern reported by women in all sub-regions is insufficient engagement of women's organizations in national COVID-19 response planning. This has contributed to the imposition of social distancing without recognition of its devastating effects upon already disadvantaged groups. Women's organizations from the Western Balkans and Turkey and the Eastern Partnership countries reported that none of the countries in the sub-region called for inputs from civil society in drawing up their national pandemic plans. They suggest that in the absence of consultation, the work to overcome COVID-19 is taking place on two parallel fronts: one led by national authorities and another led by civil society organizations. This results in inefficiencies, and seriously diminishes the potential impact of both parties. Women's organisations are filling gaps in government attention to disadvantaged groups and to women's concerns in their pandemic response.

Gender-responsive data and statistics are a prerequisite for sound policy-making, and the pandemic is no exception. Restricted information on the pressing needs of disadvantaged groups pre-dated the crisis and is now hindering action to support these groups in all countries across the region. As women are uniquely affected by the crisis, all such information must include gender analysis, disaggregated by sex, age, ethnicity, region and other variables. In other words, intersectional analysis is crucial. In this broader context of limitation in public information, women's organizations from Central Asia urged that each country should undertake, "a national rapid gender-responsive assessment of the needs and priorities of disadvantaged groups " because "there is no clear information and data from a gender perspective on the impact of COVID-19 in the sectors of agriculture, employment, health or education".

"Engagement in informal work, lack of civil registration and challenges to access social services make Roma women invisible for state institutions during the COVID-19 pandemic. They ask for assistance but are not counted in the official database as employees who lost their jobs, nor as beneficiaries of state social aid."

Manjola Veizi, Roma Women's Rights Centre, Albania

Ensuring women's rights and access to justice: In some countries, the physical closure of courts and prosecution offices have resulted in postponement of court decisions related to cases of violence against women and children, preventing women from seeking protection of their lives and rights, which is implicit impunity for their perpetrators. In some countries implementation of court decisions has been halted, so alimony payments have not been enforced. There are reports in some countries of attempts to transpose the need for socio-economic reform into curbs on women's reproductive rights by promoting anti-abortion and pro-maternalist birth policies to compensate for the elevated mortality.

While activists understand that the imposition of social distancing may be medically necessary, many feel that it is a policy of privilege, not achievable for those whose very survival depends on being in close proximity to others. To achieve full effect, women's organizations recommended that social distancing measures must be balanced with policies, plans, programmes and above all budgets specifically addressing women's needs. Nor is social distancing achievable for those (such as the organizations participating in the consultations) whose choice to serve others brings them into constant contact with the disease and heightened risk of infection. For them, the great need is personal protective equipment, guidance on appropriate protection procedures, and increased funding so that they can meet the demand for their services.

The increase in women's unpaid work within the home results from closure of schools, recreation facilities and senior daycare facilities, leading to additional responsibilities related to care of children and support to their schooling needs, as well as care of elderly, family members with disabilities and other vulnerable family members who can no longer access social and health services. The increased burden of these tasks, often undertaken with reduced access to food, medicines and recreational facilities, is physically, emotionally and psychologically draining, and especially so when compounded, as they are for most women, by one or more of the factors of vulnerability and exclusion described in Box 4. In this sense, women are themselves a vulnerable group, compared to men.

Women at risk of domestic violence: All the women's organizations consulted are gravely concerned that social distancing and confinement have triggered additional risk of domestic violence. Home is not always a safe place for women, and they are especially at-risk during lockdown, as they cannot escape their abusers. In Kyrgyzstan, the Deputy Minister of Labor and Social Development, Aliza Soltonbekova, said in early April that domestic violence increased in connection with quarantine.[2] In Kazakhstan and other countries, there are concerns that women cannot call police due to proximity of the perpetrator, so incidence is likely to be even higher than reported. In Turkey, 21 women were murdered during quarantine between 11 and 31 March[3], and abused women are terrified that convicted perpetrators are being released from prison with no restrictions on their movement. In Albania and Uzbekistan, among other countries, efforts are being made to coordinate rapid response and legal assistance to survivors of domestic violence, with concrete guidelines, protocols and instructions issued to ministries and municipalities.

Kyrgyzstan announced an increase in domestic violence during quarantine.

In Kazakhstan, women can't report violence due to proximity with the perpetrator.

In Turkey, 21 women were murdered during quarantine in March.

2. http://kabar.kg/news/covid-19-v-kyrgyzstane-v-sviazi-s-karantinom-uvelichilos-domashnee-nasilie/
3. We Will Stop Women's Murder Platform

Women entrepreneurs and owners of micro-businesses face the major threat that cash flow ceases and demand evaporates under social distancing. They predominate in areas such as catering, manual labour, market work, factory work and tourism that are highly dependent on social interaction. Western Balkans and Turkey note the strong evidence base for a sharp drop in demand for products and services in sectors where women predominate. There is a need to rebalance financial support packages with larger measures for small and micro- enterprises, and among them targeted support for women entrepreneurs. Universal monetary disbursements can ensure family income security and help to maintain consumption, enabling small enterprises, the principal source of goods for low-income families, to survive. Micro-finance Institutions have an important role to play. It is vital that they engage directly with their clients, listen to their needs and be flexible and creative in offering appropriate financial instruments to support them during the crisis.

Women living in rural areas are likely to be engaged in manual labour and cannot switch to remote work, especially in mountainous and distant areas. Online platforms and mobile phone providers are frequently unavailable in rural areas, and most rural women do not have access to electronic devices or knowledge of how to use information technology.

Box 4. Additional groups of women most at risk of being left behind during COVID-19

- **Older women** are one of the groups most at risk of contracting COVID-19. At the same time, they are likely to be socially isolated, needing delivery of food and medications.

- **Women with disability or chronic illness, and those living with HIV**, are in many cases mainly or entirely dependent on other family members for care and even survival. The Western Balkans and Turkey note that lockdown may separate them from caregivers, support staff and assistants. The Eastern Partnership countries report that women living with HIV are in great difficulty, especially those who need regular antiviral treatment, which must be taken with high calorie food. Women's organizations in Central Asia note a need to monitor the access of women living with HIV to anti-retroviral and other drugs during the emergency and need for the establishment and support of online help groups. There are concerns over the complete lack of information and statistics regarding the impact of the pandemic on people with disabilities.

- **Stateless people** do not have opportunities to work, and they cannot claim social benefits as they do not have valid identity documents. Formerly reliant on casual day work and irregular informal activities, which have completely dried up, there is no opportunity for earning. Stateless people are at risk of being detained during quarantine because they do not have identification documents.

- **Women living in rural areas** are likely to be engaged in manual labour and cannot switch to remote work, especially in mountainous and distant areas.

- For **adolescents**, women's organizations across the region report grave concern over increase in depression and suicidal tendencies.

- The **LGBTIQ+ community** remains the most excluded group. The widespread discrimination that they routinely face can obstruct their access to needed services during the pandemic. They may be at risk of physical or psychological violence from family members during isolation or quarantine.

- **Women refugees and migrants**, including women labour migrants, have lost their jobs in destination countries, further impoverishing their families. Women in these situations are extremely isolated by the quarantine, with similarly high levels of exposure to infection as those of migrant women, and very limited channels to access humanitarian assistance.

- **Ethnic minorities** across the region face all the vulnerabilities in intensified form due to discriminatory attitudes and behaviours towards them and pre-existing inequalities that are now exacerbating the limitations on their access to key services and supplies.

- **Women in detention and former prisoners** are at risk of extreme poverty due to a loss of income, inability to pay for housing, covering costs of livelihoods of their families/ children, and increased violence.

What Women's Organizations are Doing and the Difficulties They Face

- **All countries in the region have seen a spontaneous upsurge of social solidarity and mobilization in response to the pandemic.** Women's organizations have been actively engaged in joint planning, advocacy and direct support to vulnerable and excluded people. This is mainly led by women, and has potential to complement the work of governments to contain the disease and minimise its impact.

- **People working on front line response to COVID-19, are not always adequately protected, or instructed how best to protect themselves and those they interact with. They include doctors, nurses, health workers, cleaners, community workers, volunteers and service providers.** The overwhelming majority of these are women with domestic responsibilities as well as their paid or voluntary work. They are working effectively together to create viable solutions in an unprecedented situation of great difficulty. In Central Asia, there are widespread cases of emotional burnout, fatigue and professional trauma among crisis centre employees. There is dire need for psychological assistance, for which there is no capacity in the sub-region. The load on helplines is growing, as is the length of consultation needed (sometimes up to four hours per call), while the array of assistance options and government services is limited.

- **Many women's movements and women's organizations are under threat of closure as a result of funding constraints and re-directed donor priorities.** They are making an effort to respond to the current needs but are not always trained or funded to respond to the pandemic and lack institutional capacity.

- **Each sub-regional consultation reported that the existing hotlines and shelters for women and girls are now unable to operate at the capacity required** to respond to the need, and their staff lack both protective equipment and guidance on how to adapt their procedures to the new situation.

- Women's organizations underlined the potential impact and effectiveness of governments and donors **leveraging the knowledge and trust that civil society organizations have developed with the communities they serve.** Together they could achieve a rapid re-focusing of the pandemic response, so that its most detrimental effects on vulnerable groups can be mitigated, maximizing the potential for a timely recovery and longer-term resilience.

The solution to the COVID-19 crisis lies in strong community support, timely service delivery and social solidarity. Women are typically more involved than men in community-based activities, and women's groups are already largely filling this gap. While experiencing the brunt of the crisis, women are also providing the answers.

"Even before the crisis, we faced the problem of shrinking space for civil society, especially for women's groups. Now it's worse. I'm afraid civil society organizations will disappear from the scene because of the funding cuts for human rights work which will affect the services we are providing."

Diana Šehić, Rights for All, Bosnia and Herzegovina

Examples of civil society actions supporting vulnerable people affected by the COVID-19 crisis in Eastern Europe and Central Asia

- **Publishing up-to-date and reliable information** on the spread of coronavirus and the actions taken by state bodies.

- **Ensuring inclusion of special measures to protect female entrepreneurship** in governments' emergency programmes to mitigate the effects of the economic crisis following the introduction of states of emergency and depreciation of national currencies.

- Providing methodological and practical support to internal affairs bodies **to prevent and react to cases of gender-based violence**.

- **Providing free legal aid and psychological assistance to survivors of gender-based violence**; women's organizations continue to work remotely to provide legal and psychological advice through hotlines and e-mail.

- **Creating lists of vulnerable people in need of assistance** for state and municipal bodies and donor organizations and supporting provision and monitoring of assistance.

- **Offering free online courses for young women** who have lost their work and are housebound.

- **Coordinating delivery of medicine and food to vulnerable and excluded groups in their communities** and mobilizing donations to provide hot lunches to frontline medical workers.

- **Launching online campaigns to inform citizens** about the rules of personal protection and to prepare volunteer teams to support vulnerable groups.

- **Undertaking rapid needs and impact assessments**, specifically to identify the needs of women, men, girls and boys in local communities and under-represented groups, and to guide and inform response efforts.

What Women and Women's Organizations Need

Asks from Governments

1. **Establish standing consultative mechanisms with women's organizations.** Consult systematically (at national and local levels) with women's groups on what women and their families and communities need. Foster dialogue with the public and allow questions on the pandemic at public briefings.

2. **Generate sex and age disaggregated research and data.** Conduct rapid assessments of the situation and needs of all categories of women in the pandemic. Such information should be disaggregated by sex, age and location (urban/rural), and represent different groups (including migrants, displaced people and refugees; people with disabilities; LGBTIQ+ people; survivors of gender-based violence; people belonging to national minorities and people in detention and institutions).

3. **Uphold all internationally agreed human rights standards** in every aspect of pandemic response, ensuring equality and non-discrimination for all, including the labour, health and reproductive rights of women.

4. **Work with women's groups and civil society organizations to provide targeted assistance to vulnerable groups,** including social, economic, legal and psychological support, and build this collaboration into national pandemic plans.

5. **Ensure on-going and where necessary additional funding of women's groups and civil society organizations** so that they can continue with their regular programmes, as well as their new activities in response to the pandemic.

6. **Provide clear instructions and standard operating procedures to all state institutions** (health, education, social work, policy, etc.), so that they can provide gender-responsive interventions. Pay particular attention to guidance and training to courts and police so that incidents of domestic violence can be dealt with promptly and correctly. Where appropriate, relax quarantine restrictions so services can be maintained, for example to older women, rural women and women with disabilities.

7. **Compensate for lost income** through one-time monetary disbursements. For longer-term resilience plan to establish a universal basic income, ensuring that women receive it in their own right. Rebalance financial support packages with larger measures for small and micro- enterprises, ensuring that they are equally accessible for women and men.

8. **Information and Training;** Expand public information on COVID-19. There is a need for information to be disseminated in formats that are accessible to all groups. Establish partnerships with disability service providers, and organizations of women with disabilities to disseminate information in accessible formats. Adapt case management procedures into electronic form, using mobile phones or other devices, for those who can access them. Increase online provision of education, support and guidance, with training for personnel as needed, supplemented by services to be delivered by them. Work with civil society organizations to provide tailored solutions for the many who are unable to access online technologies, including the majority of low-income, older, rural and minority women.

9. **Increase the stock and distribution of personal protective equipment to women's groups,** including those working to provide services to survivors of violence, and provide easily accessible information on how to correctly use the equipment.

Asks from Development Partners

1. **Promote and facilitate dialogue between women's organizations and state authorities** on gender-responsive and people-focused responses to the pandemic.

2. **Promote and support gender-responsive research and analysis, especially on disadvantaged groups.** Advocate and support enhanced national capacity for sex and age disaggregated statistical data collection and analysis in respect of the pandemic. Support civil society-led initiatives to monitor government implementation of the COVID-19 action.

3. **Insist on adherence to internationally agreed human rights standards in all pandemic response**, in particular the rights of women, children, people with disabilities, older people, refugees, detainees, prisoners, and LGBTIQ+ people, ensuring equality and non-discrimination in all national response to the pandemic. Protect and support the right to safe and decent work for all. Protect and support reproductive rights.

4. **Learn from the COVID-19 experience that the most effective way to respond to major public health emergencies is through local, community-based and decentralized approaches, and that at all these levels women play lead roles.** Ensure that all policies and programmes regarding public health protection, preparedness, resilience and response take full account of the major contributions that women and women's organisations make in all these areas, and what they need to further strengthen their contributions.

5. **Support the development of apps and other software to provide online emergency guidance or assistance to disadvantaged populations.** Support civil society organizations to open new counseling channels through Messenger, Instagram, Viber, Telegram, etc., and translate all information into the languages of ethnic minorities, and formats accessible to people with sensory disabilities.

6. **Continue current levels of funding for ongoing activities of women's organizations, while providing emergency and bridging funds to support their additional activities under the pandemic**, such as operating hotlines, online training and psychological services. Ensure that women's groups have resources to ensure their unique contributions to overcoming the pandemic, to maintain their ability to monitor COVID-19 response on the ground and provide real-time feedback and course correction.

7. **Provide direct humanitarian and other assistance to women and their children** living in refugee camps, unregulated territories and shelters. They are extremely vulnerable and underserved.

8. **Micro-finance Institutions (MFIs): identify tailored approaches, be willing to refinance or issue emergency loans. Consider using group guarantees in the absence of credit history.**

9. **Offer bridging funds to support women in business**, with a focus on small businesses and self-employed people.