



POSSIBLE ACTIONS- WOMEN'S RIGHTS AND COVID-19

INTRODUCTION

As the number of people with COVID-19 in Africa continue to rise, and governments imposes strict lockdown measures including states of emergencies, it has become increasingly apparent that similar to other parts of the world, women are most likely to bear the brunt end of the virus. This is despite the fact that, even though the disease does not discriminate, the measures States have put in place to respond are often discriminatory, both in the way they are developed, formulated implemented and measured. The majority of government response plans that are currently been rolled out have little to no inclusion of a gender lens.

This information sheet is to provide guidance on possible actions that could be taken to reduce the risk of women and girls being left behind as a result of the novel coronavirus (COVID-19) pandemic, minimise the impact of measures on women, recognise the critical role of women in response and prevention efforts¹, and ensure gender analysis informs government actions and responses. This information sheet also outlines States human rights obligations in addressing the impact of COVID-19 at the national level.

¹Globally, women constitute 70% of workers in the health and social care, in Africa, the majority of community health workers are women, they are the first respondents and caregivers for sick family members. The lived realities of women make them particularly at greater risk of infection.

ACTION

1

Economic Measures

Evidence is mounting that the economic impacts of COVID-19 is hitting women harder. 74% of women in Africa are engaged in the informal economy sector², working as street vendors and domestic workers. The informal sector provides livelihood and employment to a majority of the urban poor. Women are also overrepresented in the service, tourism and hospitality industry, a sector characterised by low-paid and limited job security. Women also comprise much of the subsistence farming sector. The informal cross-border trade (ICBT) is also predominantly women-dominated.

These are all areas that have been strongly impacted by the COVID-19 response, such as border and business closures, and travel restrictions. The impacts which are already been felt by most households is likely to be deeper and longer-lasting among the poor especially the urban poor, who are more vulnerable for several reasons. These factors will have long term consequences for women's economic and social empowerment and could contribute to increase women's vulnerability.

² <https://www.unwomen.org/en/news/in-focus/csw61/women-in-informal-economy>

Possible Actions

- Include gender perspective in all socio-economic assessments, and in fiscal and job creation policies.
- Include informal sector in policies and measures aimed at mitigating the economic effects of the pandemic.
- Establish direct measures of compensation and economic empowerment of women, including financial assistance and the delivery of basic goods.
- Expand measures of job security for disadvantaged sectors.
- Freeze leasing fees, evictions and suspend debts linked to the right to housing with due consideration for slum dwellers and the urban poor.

States obligations

Article 13 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) recognizes women's economic, social and cultural rights noting the denial of these rights often leave women vulnerable to further abuse. Similarly, the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) calls on States to take appropriate measures to ensure women's social and economic empowerment and to address the intersecting disadvantages and discriminatory practices and policies that inhibits women's access to social and economic rights. These rights are reinforced in AU Agenda 2063 (Aspiration 6) and in Sustainable Development Goals (SDGs) 5 and 8.

ACTION

2

Access to Healthcare

The specific impacts on women's access to health services and reproductive health services is becoming clearer as the outbreak goes on. In many countries, the response has exacerbated pre-existing barriers to women's access to health and interrupted access to SRH services. As State efforts continue to focus on preventing the spread of the virus from overwhelming health systems, already weak health infrastructures are prioritising COVID-19 patients resulting in limitations on other critical services including those that only women need including antenatal care for pregnant women which may result in riskier home births and an increase in maternal mortality. In general, there is no guarantee of basic care or attention for chronic diseases that women may suffer. These disruptions are having serious implications for women and girls.

Possible Actions

- Support efforts to minimize delays in accessing and receiving care, including sensitisation campaigns advising women on available services and assistance including on ante and post natal care for pregnant women.
- Promote gender and women's rights perspective within the health system and within the management of response to COVID-19.
- Ensure universal access to health for all women including SRH services such as maternal health services and access to contraceptives.
- Provide dedicated support to mental health of women and girls.
- Give protection to midwives, nurses and all health workers.
- Grant comprehensive protection to women caregivers and to women who are in the health sector.

States obligations

The African Charter on Human and Peoples' Rights, the Maputo Protocol and the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides for the right to health as a right of everyone, irrespective of citizenship or immigration status. The African Commission on Human and Peoples' Rights (ACHPR) in General Comment No. 2 and the Committee on CESCR in General Comment No. 22 note that the right to health is linked and interdependent to the enjoyment of many other human rights, including the rights to education, work and equality, as well as the rights to life, privacy and freedom from torture, and individual autonomy. Agenda 2063 (Aspiration 1, goal 3) calls upon states to promote healthy and well-nourished citizens, including by expanding access to quality health care services, particularly for women and girls. Whilst the realisation of the right to health is subject to the technical and economic capabilities of each state, this is not an excuse for non-compliance. Article 2(1) ICESCR requires States to take deliberate, concrete and targeted steps towards the full realization of the right to health (General Comment No 14 and 30), including during an epidemic.

ACTION

3

Gender-Based Violence

There is now documented evidence that the response to COVID-19 has led to a marked increase in domestic violence, intimate partner violence and violence in the public space. However, this has not been reflected in government reports on response to COVID, many of which focuses on efforts to minimise the loss of lives and avoid overwhelming health systems. In many countries, significant number of women are living in quarantine and self-isolating with violent partners. Many of these women do not have access to information on how to seek help or even how they could be quarantine separately. Furthermore, the differentiated violence experienced by women with disabilities is often not captured. Cases of specific violence against nurses and women, many of whom are perceived as potential source of infections is also not being captured.

Possible Actions

- Ensure that women who experience violence can report through new technology measures alongside existing mechanisms.
- Enhance existing community structures for reporting on GBV.
- Allow cases of violence to be reported at easily accessible places including thorough digital mechanisms such as pharmacies, chemists.
- Ensure cases of violence against women are prioritised by the criminal justice system.
- Create temporary shelters for women, children and the elderly, with an adequate budget and trained staff.
- Give healthcare staff, police, prosecutors and judges the appropriate information and skills to respond and report situations of GBV or refer cases to specialized services.
- Extend helplines and technology-based solutions to assist survivors and include information on how to access GBV services as part of the regular public communications on COVID-19.

States obligations

Violence against women is now widely recognised both in Africa and globally as unacceptable and entirely incompatible with human rights. Article 3 of the Maputo Protocol and the CEDAW Committee (General recommendations Nos. 19 and 35) obligates States to adopt appropriate measures to ensure the protection of every woman's right to respect for her dignity and protection of women from all forms of violence, particularly sexual and verbal violence. The Declaration on the Elimination of Violence against Women, the Beijing Declaration and Platform for Action (BPfA), numerous United Nations Security Council (UNSC) resolutions and SDG goal 5 all obligates States to take measures to address violence against women. Agenda 2063 (Aspiration 4) notes that gender-based violence is a major threat to human security, peace and development. In the Solemn Declaration of Gender Equality in Africa, States committed to reinforcing legal mechanisms to protect women from violence and ending impunity of crimes committed against women.

ACTION

4

Access to Food, Water and Sanitation

As the pandemic unfolds, a high number of people are likely to face hunger and malnutrition. Decreased availability of food, closure of markets and price spikes have had serious impact on women and girls who often do not have enough to eat, while the growing need for water has led to an increase in daily workload of women and girls. Female-headed households and farmers often have lower access to credit, and therefore lower access to fertilizers which impacts the crops and food security. Around the world, 2 out of 5 people lack basic handwashing facilities and over half of the world's population lack access to safe sanitary facilities. Across the continent, the COVID-19 crisis is highlighting the significant human rights risks stemming from a lack of access to water and sanitation – including the links between the right to water and other human rights, such as the right to health and the right to life.

Possible Actions

- Ensure access to safe and potable water.
- Identify and assess impacts on the right to water and sanitation during the pandemic as part of crisis responses.
- Ensure emergency preparedness and response plans are grounded in sound gender analyses.
- Increase the number of temporary and localized water dispensers and health stations.
- Focus on the needs of the most vulnerable, and scale up social protection programmes including cash transfers.

States obligations

The Maputo Protocol (art. 15) requires states to ensure that women have the right to nutritious and adequate food and access to clean drinking water and CEDAW (art. 4) requires states to ensure that rural women enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply. In 2010, the UN General Assembly recognised the right to water as a universal human right, with the right to sanitation being recognised as a distinct human right in 2015. Existing human rights instruments – among them the Universal Declaration on Human Rights, the ICESCR, the Conventions of the ILO, the United Nations' Declaration on the Rights of Peasants and Other People Working in Rural Areas – provides for the right to food. These rights are reinforced in Sustainable Development Goals 2 and 6 and Agenda 2063 (Aspiration 1).

ACTION

5

Participation in Decision-Making

Although women are at the forefront of the fight against the pandemic, including at the front line in health services and support, and engagement with communities, women's representation in policy development and decision making on COVID-19 is limited. Furthermore, women have unequal access to information and communication technologies often due to their lower levels of education and literacy.

Possible Actions

- Ensure women groups, community based and civil society organizations are included in decision-making and budget resources.
- Include gender experts in response teams.
- Generate territorial links to ensure that response measures are implemented in all regions of the country.
- Collect information about the different realities that women are facing.
- Reflect on the measures that should be taken after the crisis to guarantee the rights of women.

States obligations

The Maputo Protocol (art. 9), CEDAW (art. 4), and the International Covenant on Civil and Political Rights (ICCPR) guarantees women equal participation in politics and decision-making. United Nations Security Council resolution 1325 recognises the importance of women participation in conflict resolution and peace building. Agenda 2063 (Aspiration 6) calls for an Africa which relies on the potential of African people, especially its women and youth, and where all citizens will be actively involved in decision making in all aspects, without exclusion inter alia on the basis of gender.

ACTION

6

Humanitarian Settings

The continent has a large number of populations displaced from conflict, which includes 21.3 million refugees and over 12.5 million IDPs as of March 2020 with women accounting for half of the continent's IDPs. This population is highly vulnerable to the pandemic due to their living conditions, limited or no livelihood alternatives and reliance on humanitarian assistance for survival. Displaced women and girls are less likely to have access to health, access to information and are more vulnerable to sexual violence. Furthermore, redirecting of resources to emergency response and restrictions on humanitarian movement can result in lack of qualified female aid workers in camps, putting women at further risk.

Possible Actions

- Provide humanitarian assistance for vulnerable women living in refugee and IDP camps.
- Ensure emergency preparedness and response plans factors in gendered roles, risks, responsibilities, and social norms, and account for the unique capabilities and needs of women.
- Ensure mitigation and response measures address women's and girls' caregiving burdens and heightened GBV risks. Include displaced populations in decision-making that affects them.

States obligations

International and regional standards, policies and laws clearly spell out the measures States are required to take to ensure the protection of forcibly displaced women and girls. The 1969 Organization of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa (OAU Refugee Convention), the AU Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), the Maputo Protocol (art.11), the Convention relating to the Status of Refugees (1951), the Protocol relating to the Status of Refugees (1967), the Guiding Principles on Internal Displacement define internally displaced persons (IDPs), and the CEDAW all require State parties to addresses the unique vulnerabilities of displaced women through specific provisions dealing with women.

ACTION

7

Collection of Data and Information

There is a need to collect differentiated data about the direct and indirect impact of COVID-19 on all women.

Possible Actions

- Conduct rapid surveys on women to find out the effects and concerns regarding economic measures; gender based violence; access to health, to livelihood, to food, water and sanitation; women participation in decision making and women living in humanitarian settings.
- Generate indicators to monitor temporary measures including states of emergencies and their effects.
- Carry out a mapping and share good practices on integrating gender into the response.
- Collect sex-disaggregated data on the incidence of violence against women and girls, recording place of occurrence, ensuring any data collection efforts does not put women and girls at greater risk of violence and distress.

States obligations

The ACHPR and the CEDAW have both expressed concern about the absence of a gender perspective on global and national policies and initiatives despite clear evidence that state actions and policies affect women and men in a different ways and has a gender-differentiated impact. They have urged all state parties to ensure data is sufficiently aggregated to inform policy making.

...In taking all these actions, it is critical to ensure that all measures adopted in response to the pandemic are intersectional and cover the needs of all women, including migrant, rural and women with disabilities.




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 [For more information see OHCHR Guidance Note on COVID-19 and the Human Rights of Women and girls](#)