

COVID-19 AND WOMEN'S HUMAN RIGHTS: GUIDANCE

WHAT IS THE IMPACT OF COVID-19 ON GENDER-BASED VIOLENCE?

Stay-at-home restrictions and other measures restricting the movement of people contribute to an **increase in gender-based violence, a finding confirmed by** media reports,¹ official statements² and information received from OHCHR field presences and human rights defenders in many countries.

Women and girls already in abusive situations are **more exposed to increased control and restrictions by their abusers, with little or no recourse to seek support**. Hotlines receive reports of women being threatened with being thrown out of their homes, exposed to the infection, or having financial resources and medical aid withheld.³

Accessing help can also be more difficult due to **confinement with the abuser**. Some hotlines⁴ are reporting a decrease in contacts, which they attribute to difficulties in making private calls, while text messages and emails are reportedly increasing.

Services needed by victims may be deprioritized, including shelters, health care services, police and justice sector services. There are reports of shelters for gender-based violence survivors being closed⁵ or transformed into homeless shelters,⁶ as well as reports of emergency hotlines operating with reduced service⁷ and mobile clinics and counselling services being cancelled.

Another obstacle to accessing services is fear of the spread of the virus. According to media reports, some shelters have asked women to provide negative COVID-19 tests to be accepted, but tests are not widely accessible.⁸

What are some promising practices?

States, media and OHCHR field presences have reported on a number of measures, including:

Declaring gender-based violence-related services as essential. **Spain**⁹ and **Portugal**¹⁰ listed the provision of protection and assistance services to victims of gender-based violence as an essential activity to remain operational during the lockdown. In **New York**, United States, shelters have also reportedly been categorized as essential services.¹¹

Expanding availability of alternative accommodation to avoid confinement with abusers. Reports from **Italy** refer of efforts to convert existing structures into new shelters and to find additional accommodation through on-line booking services.¹² Media reports indicate that **France** will finance up to 20,000 hotel nights for women escaping a violent partner.¹³ In **Portugal**, two new emergency shelters were opened with capacity for a 100 people.¹⁴

Putting in place accessible, diversified and proactive systems to alert authorities and protect victims. According to media reports, the government of **Spain** announced a chat service with geolocation, enabling victims to contact the police, as well as a chat service to provide psychological support during isolation.¹⁵ In the Canary Islands (Spain)¹⁶ and in **France**,¹⁷ victims of domestic violence can reportedly go to a pharmacist requesting a "Mask 19", a code word to seek

rescue. Similarly, in **Argentina**, the government launched a campaign allowing women victims of violence to go to or call a pharmacy and ask for a red surgical mask to seek rescue. A similar initiative is expected to be implemented in **Bolivia**. **Portugal's authorities** informed that a helpline was strengthened, a new SMS line and e-mail address enacted, and existing services adopted contingency plans, including remote communication support tools, increased monitoring and emergency teams.¹⁸ In **Bolivia**, denunciation through WhatsApp is possible 24/7, allowing for easy localization of the victim. In the Uttar Pradesh state of **India**, police have reportedly launched a new domestic violence hotline and ensured that a female officer would handle each case.¹⁹ According to media reports, in **Ireland**, the police launched a service - Operation Faoisimh - to proactively contact every victim who had previously been in touch with them about domestic violence, with a pro-arrest intervention policy,²⁰ an initiative that was welcomed by civil society organizations.²¹ In **Uruguay**, the Supreme Court agreed that the Specialized Court on Gender-based violence could extend precautionary measures coming to an end by 60 days.

Informing victims about available services. In **China**, non-profit organizations have reportedly published manuals on how to protect oneself and seek help; one organization held a live stream workshop on what witnesses of domestic violence can do.²² According to OHCHR field presences' reports, in **Costa Rica**, the Ministry on the Status of Women (INAMU) has launched a major information campaign on care and protection services, entitled #NoEstásSola ("You Are Not Alone"). In **Uruguay**, helicopters are reportedly giving information about telephone numbers to report cases of gender-based violence. Internal Security Forces in **Lebanon** issued a statement stressing that in case of violence, victims and witnesses may call the hotline number 24/7 or file complaints online.²³ In **Morocco**, government institutions and civil society organizations have encouraged women to call "8350", or to communicate via the "we are all with you" platform, to report any form of violence. In **Portugal**, information about support services is being disseminated through the social media, radio, television and press campaign #SegurançaEIsolamento²⁴ ("safe while confined"). **Spain** launched the campaign "Estamos Contigo: La Violencia de Género la Paramos Unidad" ("we are with you, united we stop gender-based violence").²⁵ Through an on-line pamphlet, victims are informed about general services, including a 24/7 helpline and e-mail address, psychological aid accessible including via WhatsApp, and legal services available in 52 languages and accessible to people with disabilities. The pamphlet gives specific advice to women living with the abuser, women who have children with the abuser and even women who are concerned about leaving their pets behind.²⁶

What are some of the key actions States and other stakeholders can take?

- 1) Declare protection structures and services for victims of gender-based violence as essential.**
- 2) Update referral pathways to reflect changes in available care facilities, while continuously informing key communities and service providers about those updated pathways.²⁷**
- 3) Service providers and other professionals should be alerted to be extra vigilant, and should be briefed on referral pathways. Coded messages to report domestic violence should be set up.**
- 4) Ensure sufficient and safe shelters for victims of domestic violence and their children. Specific measures should be set up for women and girls who cannot be admitted to shelters based on possible infection to ensure they can be quarantined safely.**
- 5) Adequately resource hotlines, online chats, and other types of diversified support and reporting mechanisms that can be remotely accessed in a safe manner.**
- 6) Raise awareness in an accessible manner and through different channels about how victims can seek help, how witnesses should react, as well as how persons fearing they may turn violent can seek assistance. Ensure immediate and proactive action by law enforcement and judiciary for the removal of abusers from the home and protection of victims. When contemplating prison releases, take measures to ensure they do not put at risk survivors of gender-based violence.**
- 7) Ensure that those who break lockdown rules to report or flee from violence are exempt from punishment.**

- 8) **Ensure the continuation of medical, psychosocial and economic support to survivors and the safe clinical management of sexual violence, in particular rape, including marital rape.**
- 9) **Consult women's groups, LGBTI+ groups, administrators of shelters and hotlines into the development of violence prevention and response measures.**

WHAT IS THE IMPACT OF COVID-19 ON THE HEALTH OF WOMEN AND GIRLS?

Greater exposure to infection and need for personal protective equipment is at the forefront of the disproportionate impact on women and girls. The greater caregiving role that women and girls are expected to perform may expose them to higher risks of infection.²⁸ Women comprise 70% of health workers,²⁹ including midwives, nurses, pharmacists and community health workers on the frontlines.³⁰ Women healthcare workers at the frontlines have also called attention to menstrual hygiene needs, protection from abuse and stigma, and need for psychosocial support.³¹ Pregnant women and girls and those who have just given birth can be particularly vulnerable to infectious diseases, especially if they have existing respiratory illnesses, and are likely to have regular contact with health services exposing them to potential risks.

Safe and confidential access to health services can be undermined, as pre-existing barriers will be exacerbated in the health emergency. Such barriers include social norms and gender-based discrimination, criminalization (e.g. of abortion, same-sex sexual conduct, sex work, HIV transmission, etc.), restricted freedom of movement, a lack of income, need of third-party authorizations, and lack of child care options.³² There are also reports of families preventing women and girls infected with COVID-19 from seeking treatment because of cultural and religious prohibitions and related family honour concerns.

Overloaded health systems, reallocation of resources, shortages of medical supplies, and disruptions of global supply chains can undermine the sexual and reproductive health and rights of women and girls, including their access to maternal and new-born care; safe abortion care; sexual and reproductive health and rights information and education; effective referral pathways;³³ menstrual health items; contraception; antiretrovirals for HIV/AIDS; and antibiotics to treat sexually transmitted infections. During the Ebola emergency in Western Africa, resources dedicated to sexual and reproductive health were reduced, including through diversion to response efforts, which contributed to a rise in maternal mortalities and morbidities rates.³⁴ There are also reports of States including abortion among “non-essential surgeries and medical procedures” to be delayed during the COVID-19 response.³⁵

Migrant domestic workers, the vast majority of whom are women, may be at particular risk, particularly when travel restrictions and self-isolation are imposed.³⁶ This is exacerbated in situations where they are in an irregular situation³⁷. There have already been reports of employers demanding that women migrant domestic workers do tasks outside of the house, including shopping and running errands, that puts them at particular risk of infection.

Women and girls with chronic conditions, weakened immune systems (living with HIV, malaria, tuberculosis, etc.) or **experiencing malnutrition** appear to be particularly at risk of contracting COVID-19. **Older women** are more likely to have no or lower pensions and live in poverty, a manifestation of life-long inequality and discrimination. This may in turn exacerbate the impact of the virus, and their access to protective items, food, water, information and health services.

What are some promising practices?

States, the media and OHCHR field presences have reported a number of measures, including:

Prioritizing women at risk for prevention and protection. The **United Arab Emirates** has reportedly launched the first drive-through test centre offering a five-minute test for COVID-19, and is giving priority to pregnant women and people with chronic illnesses. In **Bahrain**, the Supreme Council for Women launched a nation-wide campaign themed “Together for Bahrain’s Safety”. The campaign engages 500 volunteers to support Bahraini women and families, focusing on their health conditions and their economic situation.³⁸

Making sexual and reproductive health services available and accessible. The **United Kingdom** government has reportedly changed its regulations on abortion to allow for women to take abortion pills at home without having to travel to a clinic.³⁹ In **France**, the Government took action to ensure continued delivery of the contraceptive pill to women, even if they are unable to renew their prescriptions⁴⁰. In the **Netherlands**, midwife teams have reportedly equipped hotels, which are closed amid the pandemic, to provide maternity care.⁴¹ Inspired by this initiative, the **United Kingdom** Midwifery Unit Network recommended⁴² establishing pop-up birth centres close to the hospitals.⁴³ In the **United States**, Planned Parenthood of Greater New York reportedly launched Telehealth Services, a virtual health care service, that allows patients to access a range of sexual and reproductive health services, including birth control, emergency contraception, trans/non-binary hormone therapy, STI treatment and more, by video conferencing and telephone.⁴⁴

What are some of the key actions States and other stakeholders can take?

- 1) Ensure that women health workers have adequate access to personal protective equipment, menstrual hygiene products, and psychosocial support.
- 2) Safe access to medical treatment and services should be available to and accessible by all women, men, girls, boys and LGBTI people without discrimination. Women in situations of vulnerability, migrant women, domestic workers, older women, women with disabilities, and pregnant and lactating women should be given specific attention.
- 3) Ensure continuity of sexual and reproductive health services, including access for everyone to maternal and new-born care; safe abortion and post-abortion care; contraception; antiretrovirals for HIV/AIDS; and antibiotics to treat STIs.⁴⁵
- 4) Public health services should seek to minimise delays in seeking maternal health, including through consistent messaging that will help timely decision-making by women and girls, particularly those in areas of quarantine, self-isolation, or reduced transport options.
- 5) Publicly promote the critical importance of all health workers, the majority of whom are women and the need for solidarity and support.
- 6) Ensure that menstrual hygiene, obstetric, reproductive, and other primary health care commodities are well-stocked and available.
- 7) Take into account the gender-specific impacts of food insecurity on women and girls and exacerbation of those effects during the COVID-19 response, which places women and girls at greater risk.
- 8) Call for particular attention to women’s health in research on COVID-19 (effects, symptoms, treatment, vaccines) as this often does not happen in clinical trials, as well as disaggregated outbreak related data at a minimum by sex, age, race and pregnancy status.

WHAT IS THE IMPACT OF COVID-19 ON WORK, INCOME AND LIVELIHOODS?

In many countries **women are concentrated in the low-wage and informal sector** jobs that are **highly prone to disruption**.⁴⁶ Women are also over-represented in the hospitality (hotels, restaurants), retail and service industries that have been among the hardest hit by the response to COVID-19.⁴⁷ ⁴⁸ Women’s concentration in **the informal sector** means

they are more likely to **not receive paid sick leave** or **family leave**; have **no health insurance** and have no **social security**⁴⁹ Access to livelihoods is threatened for these women.⁵⁰

Closure of schools and day-care centres also has a differential impact on women parents or guardians, who will often be expected to take on **additional caregiving** responsibilities due to discriminatory gender norms, further **restricting their work and economic opportunities**.⁵¹ In previous health emergencies, such as the Zika outbreak, the amount of unpaid work carried by women increased exponentially.⁵²

Authorities and companies have been encouraging people to use technology to work from home. The **gender digital divide** may limit women's ability to work remotely. Currently 327 million fewer women than men have a smartphone and in some countries, women are up to 31 percent less likely to have internet access than men.⁵³

Concerns over the spread of the virus and xenophobia may limit **migrant women's work opportunities**, cutting off livelihood support and any social protections for them and their families.⁵⁴

Women's loss of income has **an impact on their families' wellbeing**,⁵⁵ especially when they are the sole breadwinners.⁵⁶

What are some promising practices?

States, media and OHCHR field presences have reported a number of measures, including:

Adopting gender-sensitive economic incentives and relief packages. In **Costa Rica**, the authorities have reduced all interest rates for credit to cooperatives to limit unemployment and for business projects for priority sectors of the population, such as youth, women, older adults, indigenous, afro-descendant, peasant, migrant and disabled people. Additionally, pregnant or breastfeeding mother workers have been excluded from application of the Law for the Reduction of Work Days (Law 9832) which was recently adopted to avoid dismissals in the face of the current health emergency. In **India**, some of the economic relief packages to mitigate the impact of the country lockdown on people living in poverty specifically target women, including widows,⁵⁷ although this relief is reportedly not sufficient to match the negative impact caused by the lockdown.⁵⁸ **Madagascar** has a Social Emergency Plan whose beneficiaries include street merchants, washerwomen and sex workers. In **Nicaragua**, four civil unions, companies and the Government adopted a tripartite labour agreement aimed at addressing the COVID-19 national emergency. One provision of the agreement maintains salaries in the case of business closures for people over 60 years old, pregnant women and people with high risk of chronic diseases. In **Bolivia**, the government is distributing a basket of foodstuffs (*Canasta Familiar*) valued at around 57 USD to mothers with low incomes (among other groups) and financial aid of about 80 USD for low income families with primary school-aged children (*Bono Familia*). The Ministry of Labour granted special leave permits to certain categories of workers to protect their salaries, including pregnant women and single parents with children under 5 years old.

Promoting child-care solutions. In **Costa Rica**, whilst classes in schools were suspended, day care centres and canteens remained open, an approach aimed at ensuring that families in the most vulnerable situations, including women heads of household, can continue working and children can continue to receive meals.

What are some of the key actions States and other stakeholders can take?

- 1) **Promote equal caregiving responsibilities of all parents and guardians and flexible, family-friendly work-practices.**

- 2) Ensure that economic incentives and social safety nets are gender-sensitive and reach and empower every woman and girl. This can include establishing or scaling up cash transfer programmes, family leave policies, unemployment benefits, partial unemployment-/short-time work benefits, pensions or child grants, and delivery of humanitarian cash transfers which reach both women and men.⁵⁹

WHAT IS THE IMPACT OF COVID-19 ON WOMEN'S ACCESS TO WATER AND SANITATION?

Access to preventive measures and risks of infection. Not everyone can equally access preventive measures, including water, soap and sanitizers. Women and girls, particularly from population groups who are in situations of marginalisation and vulnerability, often lack access to sanitation infrastructure and services, which increases their risk of infection. Women and girls in many contexts may have to travel longer distances to collect food and water for household use, exposing them to increased risk of contracting COVID-19, as well as of gender-based violence. Women human rights defenders in Kenya, South Africa, and Ethiopia emphasised that the safety of women is at risk as they rise early or stay late at water points and queue for water.

Past health emergencies have shown that women and girls face particular **barriers to accessing hygiene and sanitary materials** due to increased household competition for scarce hygiene resources and/or decreased household income.⁶⁰ Humanitarian and development agencies may in certain contexts also disrupt their provision of sanitary supplies—including menstrual hygiene goods, soap, and water treatment tabs – with particular impacts on women and girls, as funds are diverted towards the more immediate emergency response.⁶¹

What are some promising practices?

States, media and OHCHR field presences have reported a number of measures, including:

Empowering women as agents for awareness raising on hygienic behaviour. In **Bangladesh**, refugee women in Cox's Bazar are reportedly playing a leading role in speaking with community and family members about the need to wash their hands and practice other hygienic behaviour in order to prevent the spread of COVID-19.⁶²

Delivering safe water to communities with shortages. In **South Africa**, the government reportedly procured 41,000 water tankers to be distributed around the country, to assist communities, including in remote areas and informal settlements, to comply with the sanitary requirements to prevent the spread of COVID-19.⁶³

Establishing moratoriums on water shut offs, and take measures to reconnect households who have been disconnected. Numerous cities and states in the United States have issued moratoriums on water shut offs, and some have committed to reconnecting households which had been disconnected.⁶⁴

What are some of the key actions States and other stakeholders can take?

- 1) Take steps to secure access without discrimination to preventive measures, including water, soap and sanitizers and address the particular barriers and risks women and girls face in accessing hygiene, sanitary materials, and facilities.
- 2) Ensure continuity of sanitary supplies which women and girls in particular require —including menstrual hygiene goods, soap, and water treatment tabs —particularly in development and humanitarian settings.

WHAT IS THE IMPACT OF COVID-19 ON GIRLS' EDUCATION?

Women and girls are likely to be hit the hardest as schools are closed around the world. Out of the total population of students enrolled in education globally, UNESCO estimates that over 89% are currently out of schools because of COVID-19 closures. This represents 1.54 billion children and youth enrolled in school or university, including nearly 743 million girls. Over 111 million of these girls are living in the world's least developed countries.⁶⁵ Past health emergencies (Ebola and Zika for example) have shown that **girls are often removed from or leave schools** first during a health emergency – even when schools remain open – due to increased care work at home. With school closures, including in humanitarian and development settings or in households living in poverty, girls may also lose **access to safe environments, nutritious food and gender-specific services** that schools often provide. The economic impact of a health emergency may also lead to girls being removed from schools for child labour, child, early, or forced marriages, or for transactional sex in certain contexts.⁶⁶ Where limited social protection measures are in place, economic hardships caused by the crisis will spill-over as families consider the financial and opportunity costs of educating their daughters.

What are some of the key actions States and other stakeholders can take?

- 1) **Special emphasis should be placed on the equal importance of every girl's continued education, including taking measures to ensure that they return once schools re-open.**
- 2) **When girls are removed from school, special attention should be given to ensuring they continue to receive nutritious food and gender-specific services, and that their protection from gender-based violence and exploitation is ensured.**
- 3) **Ensure that girls participate meaningfully and equally with boys in decisions about their education, including development of strategies and policies around school closures and distance learning based on their experiences, access and needs.**
- 4) **Work with teachers and school staff to ensure inclusive methods of distance learning, including through low-tech and gender-responsive approaches, such as learning scheduling and structures that are flexible for girls who are likely expected to take on increased domestic responsibilities, and monitor and promote their participation.**
- 5) **Address the digital gender divide for women and girls as key functions are driven online, including through ensuring access and trainings.**

WHAT DOES WOMEN'S ACCESS TO FOOD HAVE TO DO WITH COVID-19?

Due to existing gender inequalities, women and girls often face the brunt of **food insecurity**. Social norms in certain contexts dictate that they eat last and least. Women and girls are therefore more likely to be malnourished than men and boys, which could **increase their susceptibility to infection by COVID-19**.⁶⁷

Evidence suggests that free school meal programmes have a strong impact in advancing gender equality.⁶⁸ School closures and corresponding **suspension of school meal programmes may have negative impact on gender equality.**

What are some of the key actions States and other stakeholders can take?

- 1) **Ensuring access to basic supplies, services and food security through in-kind support in addition to cash transfers. This can include adapting distribution mechanisms of school meals where schools are closed; delivery of food and basic supplies to individuals, in particular to older persons, including older women, persons in self-isolation or where markets have collapsed.**⁶⁹

WHY IS WOMEN'S PARTICIPATION IN THE DESIGN OF COVID-19 RESPONSES CRITICAL?

Women and girls - and women's networks and rights organizations – are **not equally represented in local, national and global COVID-19 policy spaces** and decision-making. The voices, expertise and experience of women are not being fully incorporated into global health security surveillance, detection, and prevention mechanisms.⁷⁰ Only one woman is quoted for every three men quoted in media coverage of the COVID-19 outbreak, according to reports.⁷¹

In past health emergencies, gaps in **participation of women** in such spaces has led to corresponding gaps in responses to their specific experiences, situations, challenges and requirements. Examples from around the world suggests that this situation is no different. As noted, women represent more than 70% of the health workforce and are at the frontline of interaction with communities and caregiving, placing them in a prime position to identify outbreak trends and responses at the local level and effectively influence the design and implementation of prevention activities and community engagement.⁷²

Emergency and other security measures adopted by states to restrict movement have also had an impact on **civic space**, including of women human rights defenders. Broader conversations are needed on the impact of emergency measures on democracy in the medium to long-term, as well as on the space for feminist and gender equality movements. Moreover, **women's and gender equality organizations**, especially at the grassroots level, often **survive on funding from abroad** and with shifting of priorities they **may lose vital support**. A **diversity of women and girls' voices** should be heard and represented in public discussions and media broadcasts.

What are some of the key actions States and other stakeholders can take?

- 1) **Efforts should be made to ensure women's full and meaningful participation, representation and leadership in local, national and global COVID-19 policy spaces and decision-making, including concerning preparedness, response and recovery as well as funding and assistance allocation. Media should take steps to better include women and their expertise in their coverage of COVID-19.**
- 2) **Ensure that shifting priorities do not have an adverse impact on actors often excluded and particularly impacted by COVID-19, such as those promoting the rights of women and LGBTI people, particularly at the grassroots level.**
- 3) **Keep gender equality on the agenda and publicly support and recognize the importance of women human rights defenders and ensure that emergency security and other measures are not used as a pretext to attack or silence them and further shrink their civic space.**

WHAT DATA NEEDS TO BE COLLECTED?

Efforts to collect and call for disaggregated outbreak-related data, including by sex, race and age, should be enhanced. **Evidence-based gender analysis and documentation** on gender-specific human rights impacts of the virus and the measures adopted in response should be given greater emphasis.⁷³ This data and research is essential to **increase the effectiveness of responses to the pandemic and inform preparedness and response plans in other contexts** and future health emergencies. As a good practice, UNFPA launched an online dashboard for the health system in Moldova that shows its current caseload, disaggregated by location, sex, age and pregnancy status.⁷⁴

- ¹ <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
- ² <https://france3-regions.francetvinfo.fr/normandie/confinement-violences-conjugales-appelez-faites-du-bruit-1807532.html>
- ³ <https://time.com/5803887/coronavirus-domestic-violence-victims/>
- ⁴ https://www.swissinfo.ch/fre/crise-du-coronavirus-_victimes-confin%C3%A9es-avec-leur-agresseur--le-cauchemar-/45646534,
<https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
- ⁵ <https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html>
- ⁶ <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>
- ⁷ <https://france3-regions.francetvinfo.fr/normandie/confinement-violences-conjugales-appelez-faites-du-bruit-1807532.html>
- ⁸ <https://www.swissinfo.ch/eng/reuters/europe-braces-for-domestic-abuse--perfect-storm--amid-coronavirus-lockdown/45646312>
- ⁹ Real Decreto-ley 10/2020, 29 March 2020, available at: <https://elpais.com/espana/2020-03-28/el-gobierno-amplia-el-confinamiento-los-trabajadores-de-actividades-no-esenciales-deberan-quedarse-en-casa.html>
- ¹⁰ Letter from the Permanent Mission of Portugal on 6 April 2020
- ¹¹ <https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html>
- ¹² <https://www.swissinfo.ch/eng/reuters/europe-braces-for-domestic-abuse--perfect-storm--amid-coronavirus-lockdown/45646312>
- ¹³ <https://france3-regions.francetvinfo.fr/normandie/confinement-violences-conjugales-appelez-faites-du-bruit-1807532.html>
- ¹⁴ Letter from the Permanent Mission of Portugal, 6 April 2020
- ¹⁵ <https://www.swissinfo.ch/eng/reuters/europe-braces-for-domestic-abuse--perfect-storm--amid-coronavirus-lockdown/45646312>
- ¹⁶ <https://www.swissinfo.ch/eng/reuters/europe-braces-for-domestic-abuse--perfect-storm--amid-coronavirus-lockdown/45646312>
- ¹⁷ <https://france3-regions.francetvinfo.fr/normandie/confinement-violences-conjugales-appelez-faites-du-bruit-1807532.html>
- ¹⁸ Letter from the Permanent Mission of Portugal, 6 April 2020
- ¹⁹ <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
- ²⁰ <https://www.rte.ie/news/ireland/2020/04/01/1127724-gardai-domestic-violence-cases/>
- ²¹ <https://www.safeireland.ie/safe-ireland-welcomes-garda-prioritisation-of-domestic-abuse-and-coercive-control/>
- ²² <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>
- ²³ <http://www.ministryinfo.gov.lb/46902>
- ²⁴ Letter from the Permanent Mission of Portugal, 6 April 2020
- ²⁵ <http://www.violenciagenero.igualdad.gob.es/sensibilizacion/concienciacion/campannas/violenciaGobierno/todoSaldraBien/home.htm>
- ²⁶ Letter from the Permanent Mission of Spain, 8 April 2020
- ²⁷ See UNFPA, https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf, page 2
- ²⁸ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>
- ²⁹ They also contribute US\$3 trillion annually to global health care, half of which is in the form of unpaid care work, see [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30208-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30208-9/fulltext)
- ³⁰ Human Resources for Health (HRH) Global Resource Center, “Resource Spotlight: Gender and Health Workforce Statistics,” HRH, accessed March 14, 2020, https://www.hrresourcecenter.org/gender_stats.html; see also <https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19>.
- ³¹ <https://www2.unwomen.org/-/media/field%20office%20asia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145>.
- ³² See, for example https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf?mc_cid=89788b752d&mc_eid=b6f3e4b34a, page 3.
- ³³ See, for example https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf, page 2;
https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf?mc_cid=89788b752d&mc_eid=b6f3e4b34a;
<https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>; <https://blogs.bmj.com/bmj/2020/03/19/covid-19-and-reproductive-health-what-can-we-learn-from-previous-epidemics/>; <https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights>
- ³⁴ See, for example <https://www.ncbi.nlm.nih.gov/pubmed/29149310>
- ³⁵ <https://www.haaretz.com/israel-news/.premium-women-s-groups-in-israel-sound-alarm-after-abortions-not-deemed-urgent-procedure-1.8702732>;
<https://time.com/5816530/coronavirus-abortion-clinics-access/>
- ³⁶ https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf, p 7.
- ³⁷ <https://www.aljazeera.com/news/2020/03/undocumented-struggle-access-coronavirus-tests-lebanon-200328114859620.html>;
- ³⁸ <https://www.newsofbahrain.com/bahrain/62814.html>
- ³⁹ <https://time.com/5812433/abortion-coronavirus-outbreak-uk/>; <https://www.bbc.com/news/newsbeat-52092131>
- ⁴⁰ www.egalite-femmes-hommes.gouv.fr/cp-confinement-et-delivrance-de-la-pilule-contraceptive/; www.egalite-femmes-hommes.gouv.fr/cp-pilule-contraceptive-ivg-le-gouvernement-mobilise-pour-assurer-les-droits-sexuels-et-reproductifs-des-femmes-23-03-20/
- ⁴¹ The following video described how hotel rooms in Bernhoven were turned into a delivery suite, <https://www.facebook.com/nos/videos/2592352494339076/>
- ⁴² <https://www.theguardian.com/society/2020/apr/01/nhs-urged-to-turn-hotels-into-birth-centres-during-coronavirus-crisis>
- ⁴³ <http://www.midwiferyunitnetwork.org/download/position-statement-midwifery-units-and-covid-19/>
- ⁴⁴ <https://www.plannedparenthood.org/planned-parenthood-greater-new-york/about/news/planned-parenthood-of-greater-new-york-launches-telehealth-services-amid-the-covid-19-pandemic>
- ⁴⁵ See minimum core obligations, which cannot be derogated from, in CESCR General Comment 22.
- ⁴⁶ For example, in the US, 62% of minimum-wage and lower-wage workers are female, and this does not even reflect the majority of women in unpaid work, <https://www.pewresearch.org/fact-tank/2014/05/05/more-women-than-men-earn-the-federal-minimum-wage/>
- ⁴⁷ <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>; https://www.bbc.co.uk/news/amp/world-asia-51705199?twitter_impression=true.
- ⁴⁸ See, for example <https://www.fastcompany.com/90479204/why-women-will-be-hardest-hit-by-a-coronavirus-driven-recession>
- ⁴⁹ According to reports for example, 80% of the Ugandan labour force is employed in the informal economy, of which over 75% are women.
- ⁵⁰ . For example, we received reports from many countries in East Africa where vendors, most of whom are women, lost their livelihoods due to lockdowns.
- ⁵¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)
- ⁵² <https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19>.
- ⁵³ <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>

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- ⁵⁴ https://www.care-international.org/files/files/Gendered_Implications_of_COVID-19-Full_Paper.pdf
- ⁵⁵ Reportedly, in the US, over 70% of households with children rely on the income of women for their economic well-being - when women lose their income, it means less is spent on food, housing, health and childcare. See <https://www.fastcompany.com/90479204/why-women-will-be-hardest-hit-by-a-coronavirus-driven-recession>
- ⁵⁶ According to women human rights defenders in South Africa, 35% of women are sole breadwinners to their families. With current loss of work, food security is threatened and access to basic services will be compromised including access to health care facilities for testing or for treatment
- ⁵⁷ <https://www.indiatoday.in/business/story/finance-minister-nirmala-sitharaman-live-updates-economic-relief-package-india-coronavirus-1659912-2020-03-26>
- ⁵⁸ <https://www.npr.org/sections/goatsandsoda/2020/03/31/822642382/coronavirus-lockdown-sends-migrant-workers-on-a-long-and-risky-trip-home>
- ⁵⁹ <https://www.social-protection.org/gimi/gess/RessourcePDF.action?id=56006>
- ⁶⁰ https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf?mc_cid=89788b752d&mc_eid=b6f3e4b34a, p.1
- ⁶¹ https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf?mc_cid=89788b752d&mc_eid=b6f3e4b34a.
- ⁶² <https://news.trust.org/item/20200311121342-ncyuh/>
- ⁶³ <https://www.sabcnews.com/sabcnews/government-secures-41-000-water-tankers-in-bid-to-curb-spread-of-covid-19/>
- ⁶⁴ <https://www.theguardian.com/world/2020/mar/16/90-us-cities-and-states-suspend-water-shutoffs-to-tackle-coronavirus-pandemic>
- ⁶⁵ <https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>
- ⁶⁶ https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf?mc_cid=89788b752d&mc_eid=b6f3e4b34a, p. 4.
- ⁶⁷ https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf?mc_cid=89788b752d&mc_eid=b6f3e4b34a, Page 7.
- ⁶⁸ <https://docs.wfp.org/api/documents/WFP-0000102338/download/>
- ⁶⁹ <https://www.social-protection.org/gimi/gess/RessourcePDF.action?id=56006>
- ⁷⁰ https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf, page 6;
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext). See also in the context of humanitarian settings, <https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Guidance%20on%20COVID-19%20for%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20Camps%20and%20Camp-like%20Settings.pdf>;
Page 4.
- ⁷¹ See <https://www.womeningh.org/operation-50-50>; also <https://genderchampions.com/news/covid-19-what-does-this-mean-for-gender>
- ⁷² See also UNFPA, https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf, page 3.
- ⁷³ See also this call here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext), and here: https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf?mc_cid=89788b752d&mc_eid=b6f3e4b34a, page 8.
- ⁷⁴ <https://www.unfpa.org/press/women-girls-health-workers-must-not-be-overlooked-global-covid-19-response>