women's worldwide





GUIDELINES FOR AFRICAN STATES TO

PROTECT THE RIGHTS OF WOMEN AND GIRLS

DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic — like all crises — will have a distinct impact on women and girls that is both immediate and that poses the risk of exacerbating pre-existing gender and other intersecting inequalities. Women and girls, particularly those who are already experiencing the greatest marginalization, will be disproportionately affected and, unless their rights are protected and their needs are met, will be further deprived of justice. Any measures taken to respond to the COVID-19 pandemic must uphold and protect human rights, including basic rights such as access to food and water, shelter and health services. States must ensure that their responses include a gender approach in order to guarantee the rights of all women and girls to live free of gender-based discrimination and violence, and to access essential sexual and reproductive health services, commodities and information.

The <u>UN High Commissioner for Human Rights</u>, the <u>UN Special Rapporteur on violence against</u> women, the <u>African Commission on Human and Peoples' Rights</u> and <u>others</u> have issued clear guidelines for States that should be used to craft measures to respond to the pandemic that also fulfill their human rights obligations. National and local authorities should be aware that in contexts of health, humanitarian, or other crises, inequality gaps increase when the adverse effects of these crises on women and women's rights are not taken into account and addressed.

The COVID-19 crisis does not relieve States of their obligations to address the gender-based violence faced by thousands of women and girls in the region; on the contrary, it requires more rigorous measures to minimize the negative impacts this new health crisis may have on them. Without a differential approach, half of the population may lack effective protection during the crisis resulting from the pandemic, which may have long-term effects well beyond the current health crisis, leading to greater exclusion and discrimination against women and girls in Africa.

Worldwide, 70% of the healthcare and social service workforce are women — meaning women are at the front lines of containing the spread of COVID-19 and may be heavily exposed to the virus through work in the health and social service sectors. Public service systems rely on women's unpaid labour, including for home-schooling and providing care for family members who are elderly, sick or living with disabilities. Women and girls are affected by poverty in disproportionally high numbers in the region. In Sub-Saharan Africa, workers in the informal sector, where there is no job security and no safety net if a crisis like COVID-19 deprives them from their earnings. Informal work includes many occupations such as street vendors, goods traders, and seasonal workers, which are most likely to be harmed by the

pandemic containment measures such as quarantines, lockdowns, travel restrictions and social distancing, and by the economic slowdown. Women are also over-represented in service industries that <u>have been among the hardest hit by the response to COVID-19</u>. Women and girls are also at high risk of domestic violence, which is <u>reported to have increased</u> with travel restrictions, social isolation and lockdowns.

States must take into account the underlying gender and other, intersecting forms of discrimination that increase women and girls' vulnerability in this context, including on the grounds of migrant or refugee status, nationality, ethnicity, belonging to religious or linguistic minorities or Indigenous people; age, gender identity, sexual orientation and sex characteristics, or status as a human rights defender, among others. Likewise, States must specifically address the needs of women living with disabilities, in rural or remote areas, and women needing access to essential, timesensitive services such as voluntary termination of pregnancy, and guarantee access to assistance and protection for women victims of sexual violence, trafficking and other forms of exploitation.

As governments across the globe have introduced states of emergency, curfews and general lockdowns in order to slow the spread of COVID-19, billions of people have faced unprecedented restrictions. As a consequence of some governments having approached the pandemic as a security threat rather than as a public health emergency, some police forces around the world are applying violent and humiliating punishments to enforce quarantine on the poorest and most vulnerable groups, including tens of millions people who live hand-to-mouth and who risk starving if they are not able to seek work or subsistence for themselves and their families. Therefore, it is imperative that while working to mitigate the adverse impact of the global pandemic, States parties to the African Charter on Human and Peoples' Rights are also obliged to take appropriate measures to respect, protect and fulfill the rights enshrined in the Charter, including through taking all necessary measures to prevent threats to the life, safety, and health of people, while also respecting human and peoples' rights and protecting marginalized groups. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) which guides African Union member States in addressing women rights also protects these rights.

HOW TO USE THIS GUIDE

This guide provides a roadmap for national and local government authorities and agencies, as well as sub-regional and regional organisations, to better understand the obligations they must fulfill as regards women and girls' rights during the pandemic. This guide is designed to help duty bearers to ensure that minorities, internally displaced persons (IDPs), the vulnerable, marginalized and disadvantaged communities have access to basic rights and freedoms during these challenging times. This is a short guide and does not cover the full extent of State obligations under international human rights law. Instead, this guide focuses on some particular aspects of the crisis which differentially and disproportionately impact women and girls. Importantly, States should ensure that women are enabled to effectively participate in the decision making relating to COVID-19.





For civil society and human rights organizations, this guide may be used as a list of minimum indicators for assessing State responses to the pandemic as regards their obligations to uphold women and girls' rights, and as a support for advocacy activities directed at getting governments and authorities to apply a human rights approach to any response.

For humanitarian and international cooperation organizations, this guide may complement efforts underway to provide technical support and assistance to States as they prepare contingency and pandemic response plans in order to ensure that these responses include a differential approach and that effective measures that were in place prior to the crisis continue to work.

This guide is also meant to be an inventory of competencies and activities that States should strengthen as they grapple with their response to the global COVID pandemic. The measures in response to the pandemic should leave no one behind and should be backed up with sufficient resources to ensure they are implemented without discrimination.

AN URGENT RESPONSE: ACTIONS TO RESPECT, PROTECT AND FULFILL THE HUMAN RIGHTS OF WOMEN AND GIRLS

1) THE RIGHTS TO LIVE FREE FROM VIOLENCE AND TO BE FREE FROM TORTURE AND CRUEL, INHUMANE OR DEGRADING TREATMENT

In times of crisis, the risk of gender-based violence against women and girls increases. As $\underline{\text{UN}}$ $\underline{\text{Women}}$ has noted, violence against women is "the most widespread human rights violation in the world". Therefore, during the COVID-19 crisis, addressing risks of violence faced by women and girls in the context of social distancing and isolation, states of emergency, travel restrictions, and other containment measures should be prioritized. The implementation of States' measures such as curfews, travel restrictions and lockdowns can lead to police brutality and violence which ultimately puts women and girls at an increased risk of being subjected to sexual violence as $\underline{\text{it}}$ has recently been the case in parts of Kenya.

When dealing with the pandemic, **States should ensure that support services and protective mechanisms for women survivors of violence remain accessible while travel restrictions and quarantine orders are in effect**. To this end, States should promote the following measures:

- Judicial authorities should ensure women survivors of domestic violence and their children
 or other family members have effective access to justice and timely protective measures
 such as restraining orders including extending the current ones, with no additional requirements, for the period of the pandemic.
- Competent national and local authorities should ensure that support services such as shelters remain open and that they have sufficient capacity to provide safe space for self-isolation if needed, and/or new facilities are made available for women who must leave their homes while quarantine orders are in effect in order to be protected from their assailants. Authorities





- should also ensure that all women and girls have information regarding services available during this quarantine period.
- Services allowing women to report violence and receive assistance such as gender desks and Gender Based Violence Recovery Centres (GBVRCs) should remain open, and those services and lines established to provide assistance during the pandemic should include measures allowing for effective reporting of cases of domestic violence, disappearances, risk of feminicide, FGM, child marriages and similar incidents.
- Authorities should adopt necessary measures to allow search protocols to be carried out when women are reported missing while quarantine orders are in effect.
- Travel restrictions should include exceptions for women survivors of violence who need to seek assistance outside the home or who escape from situations of violence or exploitation.
 Law enforcement agencies should be directed to consider these situations in order to prevent revictimization or prosecution of victims.
- States should strengthen efforts to effectively identify victims of trafficking in human beings and other forms of exploitation and provide them with necessary legal assistance, medical care and support services.
- In countries where crisis and turmoil have historically led to documented widespread gender-based violence, including sexual violence (such as recently in <u>Kenya</u> and <u>Rwanda</u>), authorities should include prevention and protection measures from the outbreak of the crisis.
- Medical care, counselling and legal assistance for women victims of sexual violence should be considered an essential service during quarantine.
- Authorities should ensure there are public information campaigns on support services and protective measures available to women victims of violence during the pandemic.

2) ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES, COMMODITIES AND INFORMATION

Access to healthcare services, commodities and information is a key part of human rights protected under multiple regional and international human rights instruments, in particular the right of all persons to enjoy the highest possible level of physical and mental health, including sexual and reproductive health. Violations of the rights to life and health, including the sexual and reproductive health rights of women and girls, particularly those in situations of heightened vulnerability due to circumstances such as humanitarian or health crises, are forms of gender-based violence that may in some cases constitute torture or cruel, inhuman, or degrading treatment. Denial or failure to provide these essential services is a form of gender-based discrimination, and places the lives, health, and personal and bodily integrity of women and girls and people who can become pregnant at risk.

States have an obligation to ensure access to healthcare services, commodities and information in accordance with principles of dignity, equality, and non-discrimination, particularly in light of the range of circumstances putting women, girls and marginalised groups at greater risks while quarantine and isolation measures are in effect.





When prioritizing assistance to specific groups and/or designating services as essential during the COVID-19 crisis, States should ensure availability of, and access to, sexual and reproductive healthcare services, commodities and information as follows:

- Care for pregnant and breastfeeding women should be available, adequate, accessible and affordable. Uninterrupted access to maternal health services (including pre- and antenatal care and emergency obstetric services) should be guaranteed under safe circumstances for staff and pregnant people.
- Safe abortion, contraception including emergency contraception, and maternal health services should be considered essential services during quarantine, and any contingency plans adopted should take this into account. These services should be exempted from travel restrictions in order to ensure access.
- Service providers' ability to travel and continue their work should be supported, in particular
 by granting the necessary travel permits to medical providers, humanitarian groups, and cooperation organizations during times of quarantine and isolation.
- When travel restrictions are in place, States should adopt measures to facilitate access to voluntary termination of pregnancy services using abortion medication at home and telehealth tools. They should also designate post-abortion care and miscarriage treatment as an essential service during times of quarantine and isolation.
- Delays in access to safe abortion services may be anticipated during the crisis, so States
 whose abortion laws are based on a gestational limits model should consider increasing flexibility in those time limits. States should also mitigate any enhanced barriers to access, such
 as refusals of care on grounds of personal beliefs, mandatory counselling, waiting periods,
 and multiple authorizations.
- Measures should be taken to increase assistance to territories and regions that have historically had greater barriers to access to health services. Local authorities should encourage implementation of these measures, with the support of national authorities.
- Emergency obstetric care should be prioritized during the crisis, and measures should be taken to provide healthcare personnel with necessary protections in case of suspected or confirmed cases of COVID-19.
- Healthcare services should be guaranteed for women and girl victims of sexual violence during the crisis, including effective application of protocols or guidelines in effect in each country. Referral pathways should also be updated to reflect the changes in available facilities.
- Impacts on supply and distribution chains for family planning methods and other sexual and reproductive health commodities related to menstrual health should be addressed and measures to minimize these impacts adopted. This includes listing these products as essential services to be supplied by relevant State authorities so they can continue to be available and accessible.
- States should uphold the right to receive information with an intersectional approach by continuing to ensure the dissemination, publication, and public access to information on sexual and reproductive health services and commodities in relevant languages for the targeted communities and in accessible formats for people with disabilities.





3) ACCESS TO JUSTICE

High levels of impunity are one of the greatest challenges to access to justice for women and girls survivors of violence in the region. States have a special obligation to ensure due diligence in the investigation and prosecution of all cases of gender-based violence. International and regional human rights bodies have found that judicial ineffectiveness encourages impunity, perpetuates gender-based violence, and sends a message to society that violence against women and girls may be tolerated and accepted.

The obligation to ensure access to justice for women survivors of violence should be strictly observed in contingency plans for the COVID-19 crisis. The following actions should be taken:

- The capacity of government institutions to receive and process complaints should be increased through adoption of the special measures necessary to ensure continued availability of judicial actors.
- Assistance and support services for women survivors of violence should be considered essential during quarantine, and local and national authorities should take steps to ensure their continued availability and funding.
- Survivors of violence should have access to flexible means of making complaints and seeking
 protections, such as by electronic means, telephone, or other alternative means, taking into
 account the travel restrictions in effect.
- Security forces and law enforcement should prioritise responding to and following up on complaints of violence against women as they perform their duties during the crisis.
- Any extension of judicial time limits should take into account the obligation to ensure access to justice for women victims of violence within a reasonable time and without undue delay.
- Special mechanisms should be put in place to ensure proper collection of forensic evidence in cases of physical, sexual, and/or psychological violence for use in court proceedings.
- Adequate records of complaints of gender-based violence made during the crisis should be kept and follow-up mechanisms should be put in place to assist victims and initiate appropriate legal actions.

4) WOMEN AND GIRLS IN THE CONTEXT OF MIGRATION AND HUMAN MOBILITY

In a joint statement, <u>UNHCR</u>, <u>IOM</u>, <u>OHCHR</u> and <u>WHO</u> have specified that the rights of migrants, refugees, displaced people, and persons at risk of being stateless must be protected in the context of the pandemic response, and that even as borders are being closed, the principle of non-refoulement must still be observed.

In other regions, human rights organizations have stressed the <u>importance of protecting the life</u> and health of migrants and refugees in the context of the COVID-19 crisis, particularly in light of the extreme impact caused by State responses in the Americas, including border closings and other measures directly affecting these groups. In the African region, organizations have expressed similar concerns about the <u>exclusion of migrants and refugees in States' responses to the pandemic</u>.





The above mentioned measures regarding access to justice, to sexual and reproductive health services commodities and information, and to a life free from violence, torture and cruel, inhumane or degrading treatment should apply to migrant and refugee women and girls, and more broadly, to women and girls on the move in Africa, regardless of their migration status. Border closings will increase the use of clandestine border crossings, placing women and girls at greater risk of violence, exploitation, and trafficking in human beings, including for the purposes of sexual exploitation.

Africa hosts more than <u>25.2 million refugees and internally displaced people</u> and houses <u>four of the world's six largest refugee camps</u> (in Uganda, Kenya, Tanzania and Ethiopia). Refugee camps usually provide inadequate and overcrowded living arrangements that present a <u>severe health risk</u> to inhabitants and host populations. Inadequate supplies in some camps, such as clean running water and soap, insufficient medical personnel presence, and poor access to adequate health information are major problems in these settings. Additionally, women and girls face an increased risk of suffering sexual violence and of being recruited into trafficking.

States must therefore adopt measures that take into account the differential impact of the crisis on women and girls on the move, including the following:

- Put in place clear service delivery mechanisms for migrants and include access to healthcare and prevention systems in pandemic contingency plans.
- Ensure access to essential healthcare services, including sexual and reproductive health services, commodities and information for migrant women, in accordance with the above guidelines under "Access to sexual and reproductive health services, commodities and information".
- Follow the guidelines jointly developed by IFRC, IOM, UNHCR and WHO, "Scaling-Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings" to, at a minimum, avoid refugee camps becoming spaces for transmission of the coronavirus and to make sure they are equipped with adequate water, sanitation and hygiene facilities and products.
- Increase capacities and strengthen implementation of protocols for identification, referral and assistance for victims of human trafficking and other forms of exploitation, particularly in places where borders are closed, or migration is restricted in the context of the crisis.
- Immigration authorities should consider extending time limits for immigration proceedings, refugee applications, and travel permits. They should also expedite processing of asylum applications in cases related to gender-based violence and provide access to GBV services for asylum applicants and migrants regardless of migration status.
- Given Africa's significant human mobility and humanitarian crises related to forced displacement, clear guidelines should be put in place to ensure that humanitarian aid groups can continue to perform their work, particularly those providing assistance to victims of gender-based violence or essential sexual and reproductive health services. Local authorities should assist in these efforts, including by issuing the necessary permits for healthcare personnel so they can travel safely.





Adopt special protective measures to ensure access to healthcare and protection for migrants
held in detention centres and living in refugee camps, particularly pregnant women, victims
of sexual violence, and survivors of trafficking and exploitation. In the context of the pandemic, authorities should consider relaxing immigration policies, increasing access to asylum
applications, and providing safe facilities for migrants.

5) WOMEN AND INFORMAL ECONOMY

<u>Africa's informal sector plays an important role</u> in creating jobs and providing incomes for its population. Women contribute a majority of workforce within this sector, greatly affected by the COVID-19 pandemic. This means many women are out of employment and have no source of income to fend for themselves and their families.

It is therefore important that States adopt measures to reduce the adverse impacts of this on women by:

- Implementing social protection measures such as social security and national health insurance schemes, particularly for women who cannot work, to ensure needs such as access to healthcare are met during this period.
- Introducing bailouts and stimulus packages for women in informal employment such as reduction of tax on essential products and services, including food and health care. Food baskets should also be introduced, with a specific focus on ensuring the needs of elderly women, sick women and those living with disabilities are met.
- Ensuring a conducive environment is created to allow women in business to continue operations without putting them at risk of infection. This includes providing information on how to prevent the spread of COVID-19, particularly the need to practice social distancing in public spaces like markets, the provision of masks and access to hand sanitizers. Further, security should be provided in such spaces to ensure all women are protected from harm in their workspaces.

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