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- 4** Annerledesåret 2020 – utfordringer og feministrespons
- 6** We don't want to rebuild the patriarchy
- 14** Portraits of health care workers in New York
- 18** Madonnas badekar har ikke vann nok
- 28** One Pandemic at A Time: COVID-19 and domestic violence in Uganda
- 32** A future on hold
- 36** Sexual and Reproductive Health During the Pandemic
- 46** Girls and women count. We need to count them, and count them in
- 51** COVID-19 and Corporate Abuses: Why we need to go forward with a binding treaty on business and human rights

GRO LINDSTAD,
DAGLIG LEDER, FOKUS

En ny normal – konsekvenser av COVID-19

Eleanor Roosevelt er en av mine helter. Hun hadde en ledende rolle da FNs Menneskerettighetsdeklarasjon ble utformet og i arbeidet som ble gjort for å etablere årlige møter i FNs Kvinnekommisjon, og hun var en uredde feminist. Et av Eleanor Roosevelts mange treffende sitater er – *“A woman is like a tea bag - you can't tell how strong she is until you put her in hot water”*.

Denne våren har verden mer enn på lenge fått synliggjort hvordan sterke og modige kvinner har stått på døgnnet rundt, med fare for egne liv, for å redde alle oss andre fra et dødelig virus vi plutselig måtte forholde oss til, og lære navnet på. På sykehus og i ulike typer helseinstitusjoner, i arbeid på apotek og i dagligvarehandel, som rengjøringsarbeidere og i andre viktige funksjoner har kvinner verden over stått i frontlinjen.

Samtidig har pandemien hatt en rekke alvorlige konsekvenser for kvinner og jenter, som rammes på andre måter enn menn og gutter. Mens flere menn er dokumentert døde av COVID-19, rammes kvinner og jenter av dramatisk økning av vold i nære relasjoner. Kvinner og jenter har blitt stengt inne sammen med voldsutøvere. Pågang til voldstelefoner har økt sterkt, som for eksempel i Bogota i Colombia hvor den i løpet av første uke med portforbud og karantener økte med 125 prosent. Lignende tall og rapporter kommer fra mange land i verden. Samtidig vet vi at svært mange steder finnes det ikke noen voldstelefon eller noe tilbud om hjelp. Mange konsekvenser av pandemien vil først bli synlige når tiltakene letter.

Økonomisk rammes kvinner sterkt av arbeidsledighet. Fra lavtlønnsjobber i hotell, serveringssteder, jobber i uformell sektor som blir borte fordi de for eksempel ikke kan drive salgsboden sin med grønnsaker eller matlaging, eller jobbe i fabrikker som produserer klær til store internasjonale kjeder. Med stengte skoler vil mange jenter i utviklingsland antageligvis ikke komme

tilbake til skolen fordi de i mellomtiden er giftet bort, ikke blir prioritert for videre skolegang av foreldre eller trengs for at familien skal få inntekt.

2020 markerer at det er 25 år siden FNs Kvinnekonferanse i Beijing, og det er 10 år igjen til alle land skal ha oppfylt FNs Bærekraftsmål. Året fikk et annet innhold enn det vi hadde planlagt. Da pandemien var et faktum gikk ansatte i FOKUS, både i Oslo og i Bogota i Colombia i hjemmekontormodus. Samtidig har vi jobbet tett med partnere i mange land, og med aktive og engasjerte feminister. Det har vært viktig for oss å både bistå på alle mulige måter vi kan, og samtidig synliggjøre mangfoldet av konsekvenser pandemien har. Dette nummeret av iFOKUS har blitt til med stor velvilje fra bidragsytere som på ulike måter er underlagt bevegelsesrestriksjoner eller som selv står mitt i frontlinjen.

Når vi etter hvert beveger oss ut av pandemi og over i en ny normal, så må ikke den nye normalen bety tilbakeslag for kvinner og jenters rettigheter og for arbeidet med likestilling. Da må vi ta med oss Eleanor Roosevelts ord, fortsatt vise kvinner og jenters styrke, og tydelig si som leder for Women Deliver, Katja Iversen sier i en artikkel i dette nummer av iFOKUS – Jenter og kvinner må telles med og inkluderes.

Gro Lindstad,
Daglig leder, FOKUS

« MANGE KONSEKVENSER AV PANDEMIEN VIL FØRST BLI SYNLIGE NÅR TILTAKENE LETTER. »

Annerledesåret 2020

– utfordringer og feministrespons



GRO LINDSTAD.
DAGLIG LEDER, FOKUS

ILLUSTRASJONER: UN WOMEN

Vi visste at 2020 ville bli et annetledes år med store planer om feiring og viktige markeringer. Over 20 000 feminister og aktivister skulle samles i New York i første halvdel av mars til FNs Kvinnekommisjon. Det er 25 år siden FNs siste store kvinnekonferanse i Beijing i Kina (september 1995). Det er 10 år siden UN Women ble formelt etablert (september 2010) og 10 år til FNs Bærekraftsmål skal være oppnådd for alle FNs medlemsland. Vi skulle også i 2020 markere at det er 20 år siden FNs sikkerhetsråd vedtok Sikkerhetsrådsresolusjon 1325 om kvinner, fred og sikkerhet (31. oktober) og med det for første gang anerkjente viktigheten av å inkludere kvinner og jenter i alle deler av fredsprosesser.

Forberedelsene til markeringer og konferanser hadde begynt lenge før nyttårsrakettene ble fyrt av og vi kunne si godt nytt år, arbeidsgrupper var nedsatt, diskusjoner med

politikere var igangsatt, unge aktivister fra mange land var valgt ut til å skulle representere Generation Equality, som er en viktig del av markeringen av Beijing +25.

I Norge hadde vi skrevet skyggerapport hvor vi hadde sett den norske regjeringen i kortene knyttet til oppfyllelse av handlingsplanen fra Beijing i 1995, som alle medlemsland den gang forpliktet seg til. Rapporten var sendt til FN og lagt ut på nettsidene til UN Women og NGO CSW/NY for å kunne diskuteres videre. 4. mars arrangerte norske myndigheter en nasjonal likestillingskonferanse, og FOKUS var medarrangør på den internasjonale delen for å feire Beijing +25, og for å diskutere status 25 år etter Beijing og veien videre.

Samtidig hadde vi fått beskjed om at FNs Kvinnekommisjon ble utsatt. Ingen kunne reise til New York med uavklart smittesituasjon knyttet til coronaviruset, og mye annet knyttet til markering i 2020 så plutselig veldig usikkert ut.

Nå måtte vi snu oss rundt og jobbe ut fra noen helt andre situasjoner og premisser enn vi kunne ane bare uker før.

Fra første dag av karantener og alle former for begrensninger, har feminister og aktivister jobbet målrettet sammen for å løfte og å synliggjøre kjønns-perspektiv og alvorlige konsekvenser. Det ble etablert en egen Feminist Response to COVID-19 gruppe med deltakere fra mange deler av verden. Vi har vært på utallige Zoom-møter for å utarbeide prinsipper¹, egne nettsider² med informasjon og krav til hvordan oppfølging gjøres, og for å gi hverandre støtte og hjelp.



Kjønns spesifikke konsekvenser av Covid-19

En krise som den vi nå står midt oppe i øker og forsterker kjønnsulikhetene.

- Kvinner står i frontlinjene i COVID-19 pandemien. Som helsearbeidere, ubetalte omsorgsarbeidere og migrantarbeidere i husholdninger.
- Så langt er det dokumentert at flere menn enn kvinner dør som følge av COVID-19³.
- Kvinner og jenter får et økt ansvar for omsorg og arbeid i hjemmet.
- Det blir et økt økonomisk stress fordi fattigdom allerede før COVID-19 hadde en kjønnsdimensjon. Kvinner tjener mindre enn menn og er i større grad i uføremell sektor.
- Stengte grenser og reiserestriksjoner er en økonomisk utfordring for migrantarbeidere – i all hovedsak kvinner som jobber som hushjelp eller barnepassere i ulike land.
- Mange kvinner vil ha større problem med å få seg betalt arbeid igjen etter denne krisen. Økonomiske nedgangstider favoriserer i mange land at menn skal få jobb og forsørge familien.
- Det skjer en sterk økning i vold i nære relasjoner.
- Det blir mangel på tilgang til tjenester og støttegrupper.
- Jenter i mange land vil ha utfordringer med å komme seg tilbake i skolegang hvis avbrudd i skolegang blir langvarig.
- Det er i dag manglende dokumentasjon og kjønnsanalyser som viser i hvor stor grad vi vil se disse utslagene. Vi bare vet av erfaring at de vil være der.

Kriser synliggjør forskjeller

En milliard mennesker globalt lever i slumliggende områder. De utgjør 30 prosent av verdens befolkning⁵. De aller fleste har ikke tilgang til vann og sanitære forhold, og må kjøpe vann og bruke mulige felles toalettfasiliteter, der det i det hele tatt finnes.

Omtrent 3 milliarder mennesker mangler tilgang til vann til å vaske hendene⁶. De aller fleste av disse har ikke penger og mulighet til å kjøpe seg Antibac eller annen form for desinfeksjon.

En studie foretatt av Chinese Center for Disease Control knyttet til COVID-19, og med et utvalg på 44,600 mennesker, viser at omtrent like mange menn og kvinner har blitt smittet, men at dødeligheten blant menn var 2.8%, sammenlignet med 1.7% blant kvinner⁷.

I siste halvdel av mars publiserte Ministry for Women, Family and Community Development i Malaysia flere online plakater med hashtag #WomenPreventCOVID19. I Malaysia er innbyggerne også bedt om å være hjemme.

I kampanjen ble kvinner oppfordret til å ikke mase på ektefellene sine eller være sarkastiske når de ba dem om hjelp til å utføre oppgaver i hjemmet. Kvinner ble i plakatform oppfordret til å fremdeles bruke make-up og ha på seg klær som om de skulle på kontoret.

Etter massiv kritikk ble kampanjen fjernet fra nettet.

Vold i nære relasjoner øker

Kvinner som utsettes for vold har manglende mulighet til å komme seg unna grunnet karantene/manglende mulighet til krisesentre eller manglende mulighet til å ha et annet sted å dra til. Rapportert om vold i nære relasjoner ble i Kina synlig på sosiale medier. I Beijing fikk kvinneorganisasjonen Weiping i midten av mars tre ganger så mange henvendelser fra ofre for vold i nære relasjoner som det de ellers har.

I Frankrike sier innenriksministeren at rapportene om vold i nære relasjoner har økt med mer enn 30 prosent siden landet innførte strenge tiltak 17.mars om at alle måtte holde seg hjemme. Franske myndigheter opprettet en ordning så kvinner og jenter som utsettes for vold kan oppgi en kode når de går på apoteket sammen med overgriper, og så få hjelp.

Erfaring har vist at der kvinner er hovedansvarlig for innkjøp av matvarer og matlaging, og krise fører til økt usikkerhet knyttet til tilgang til mat, så øker også risiko for partnervold. Det knyttes til at situasjonen hjemme med manglende mat tilspisses.

Mange land vil ha svake helsevesen hvor stram økonomi før COVID-19 kom, nå bli enda strammere, med ressurser som tas fra tilbud kvinner trenger for å dekke akutt krise. Tilgang til seksuell og reproduktiv helse svekkes⁸.

Kvinner i frontlinjen

Responser knyttet til COVID-19 er en påminnelse til alle om kvinners viktige bidrag på alle nivå. Som de som står i førstelinje for å bidra og å hjelpe, som helsearbeidere, frivillige i egne landsbyer og lokalsamfunn, omsorgstakere for barn og eldre i krisesituasjoner, ansatte i transport og logistikk, forskere, leger vaksineutviklere og mye mer. □



1) <https://www.feministcovidresponse.com/static/media/principles-en.a6f9f4a2.pdf>

2) <https://www.feministcovidresponse.com/>

3) [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)

4) [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)

5) <https://www.bbc.com/news/world-51929598>

6) <https://www.who.int/news-room/detail/18-06-2019-1-in-3-people-globally-do-not-have-access-to-safe-drinking-water-unicef-who>

7) <https://www.weforum.org/agenda/2020/03/the-coronavirus-fallout-may-be-worse-for-women-than-men-heres-why/>

8) <https://www.tandfonline.com/doi/full/10.1080/13552074.2019.1615288?scroll=top&needAccess=true>

FROM THE PANDEMIC TO 2030:
FEMINISTS WANT SYSTEM CHANGE

We don't want to rebuild the patriarchy



PHUMZILE MLAMBO-NGCUKA,
UNDER-SECRETARY-GENERAL
OF THE UNITED NATIONS AND
EXECUTIVE DIRECTOR OF UN
WOMEN

The COVID-19 pandemic has deepened pre-existing inequalities and exposed vulnerabilities in social, political and economic systems. Across every sphere – from health to the economy, security to social protection – it is women and girls who bear the brunt of this impact.

This situation risks reversing the limited gains made on women's rights and empowerment in the past decades; gains that are critical to fulfilling the promise of the Sustainable Development Goals (SDGs). We must take this opportunity to ensure that gender equality dimensions are fully embedded in our short-term responses as well as in longer-term recovery to build the more equal and resilient societies that we will need to achieve the SDGs. We don't want to rebuild the patriarchy.

This starts with women's leadership. Women are on the frontlines of the coronavirus response, comprising 70 % of workers in the health sector and acting as careers at home and mobilisers in their communities, yet they remain largely sidelined from decision-making structures. In several countries, including Norway, women leaders are providing powerful examples of how women's leadership and participation can provide more effective, inclusive and fair policies, plans and budgets to address the pandemic. Yet women are heads of state and government in only 21 countries. Recent analysis shows us that we have created a world where women are squeezed into just one quarter of the space, with men comprising 75 % of parliamentarians, 73 % of managerial decision-makers and 72 % of executives of global health organizations. This has to change. To successfully address the pandemic, we need more women to be visible in positions of leadership, both to contribute their valuable perspectives and to alter the commonly held perception of a leader as a man.

We must also secure support to civil society as a vital aspect of building back better; in particular the grassroots and community-based groups involved in the response measures. Pandemic control measures are

threatening already insecure civic space and must not become a route to curtail civil society activism and participation.

For women and girls not to fall further behind, we need a strong gender-focused response to the COVID-19 pandemic in every national response plan, every stimulus and recovery package and in all budgeting of resources. We need to see donors and governments making strategic public investment, including in social protection measures, such as cash transfers or unemployment compensation that extend to informal workers; and bailouts and support measures that include micro- and small businesses, where women entrepreneurs tend to be clustered. The prevention and redress of violence against women must be a top priority, including the immediate designation and long-term protection of shelters and helplines for women as essential services with increased resources, sensitization and maintenance of police and justice services, along with pre- and post-natal health care and sexual and reproductive health. There must be a strong focus on bridging the digital divide, so that women and girls can access education, remote working and information wherever they are, despite pandemic measures. And the unpaid role of women in sustaining care and domestic work must be recognized as vital to the economy, including through support for child-care programs and economic stimulus packages, and the care load shared between genders.

Together we can create the inclusive, equal and more resilient societies we need not just to mitigate pandemic impact, but to achieve the ambitious goals that we set in the 2030 Agenda. ▣

Bli smittet eller dø av sult?

Lydia var hushjelp hos en rik familie i Nairobi. Hun bor i den store slummen Kibera, der hun på lønnen som hushjelp kunne forsørge familien, betale husleie og kjøpe det hun trengte. Nå sitter hun innestengt uten penger, og er avhengig av hjelp for å klare seg. Hun har vært en av de heldige som har nytt godt av en lokal innsamlingsaksjon som bistår Kiberas befolkning med mat, og det er til aksjonen hun forteller sin historie¹.

Lydia er ikke alene. I hele verden er kvinner overrepresentert blant dem som arbeider i uformell sektor, ofte fra hånd til munn. Kanskje jobber de som hushjelp, kanskje driver de en liten kiosk der de selger hjemmelaget mat, kanskje tar de imot søm hjemme. Felles for dem er at de er blant de fattigste og mest utsatte på arbeidsmarkedet. De har intet sikkerhetsnett hvis jobben blir borte. Så når de får beskjed om å holde seg inne, det blir innført portforbud og transportmulighetene uteblir, blir de sittende uten inntekt og dermed uten penger til mat og hygieniske artikler. Ikke bare til seg selv, men til hele familien.

Corona-pandemien har brakt sult til millioner av mennesker. Nasjonale smitteverntiltak gjør ikke bare at folk mister arbeid og inntekt, men vil i tillegg sannsynligvis føre til redusert matproduksjon og -forsyning. Landbruket i Øst-Afrika har nylig vært rammet av en invasjon av gresshopper som har spist store deler av produksjonen. For bøndene, de fleste av dem kvinner, kunne ikke Covid-19 ha kommet på et verre tidspunkt. Med ti år igjen til å oppfylle FNs bærekraftsmål, har Covid-19, i tillegg til smitterisiko, påført verdens fattige sult og utenforskap. Det gir verdenssamfunnet enda større utfordringer med å sikre at ingen utelates. For å lykkes med å ta igjen det tapte, må innsatsen ta fullt ut hensyn til hvordan krisen rammer kjønnene ulikt. Man må i tillegg til å håndtere krisen her og nå, «build back better», for å si det på engelsk.

Det er viktig at lokale og nasjonale myndigheter, og internasjonale organisasjoner, bevisst lytter til, støtter og

samarbeider med kvinners egne organisasjoner og nettverk. Slik kan man nå alle kvinner med informasjon de kan forstå og bruke, og med konkret hjelp.

I land som mangler et universelt velferdssystem, er det viktig at krisetiltakene treffer kvinners behov. Kontantoverføringer til de mest utsatte, som alenemødre, enker, funksjonshemmede kvinner, kvinnebønder osv. er nødvendig både som nødhjelp og på lengre sikt. I Burkina Faso har man for eksempel gitt kontantoverføringer til en halv million mennesker som ikke lenger kan jobbe, flesteparten kvinner².

Øremerkede tiltak for å få kvinner tilbake i økonomisk aktivitet vil være viktig – for eksempel offentlige prosjekter, opplæring, tilgang til lån, subsidier til bønder, støtte til uformelle sektoren og mikro- og småbedrifter som drives av kvinnelige gründere.

En pandemi som denne kan gi store ødeleggelser i et samfunn. Med politisk vilje kan den også gi mulighet til å sette i gang systemiske og strukturelle endringer som kan styrke utsatte kvinner og bygge mer likestilte samfunn. Slik at valget for fattige kvinner IKKE behøver å stå mellom å bli smittet eller dø av sult. ■



TEKST: KRISTIN HETLE,
STYRELEDER I WOMEN DELIVER,
TIDLIGERE PARTNERSKAPS-
DIREKTØR I UN WOMEN

« CORONA-PANDEMIEN HAR BRAKT SULT TIL MILLIONER AV MENNESKER. NASJONALE SMITTEVERNTILTAK GJØR IKKE BARE AT FOLK MISTER ARBEID OG INNTÉKT, MEN VIL I TILLEGG SANNSYNLIGVIS FØRE TIL REDUSERT MATPRODUKSJON OG -FORSYNING. »

1) <https://secure.changa.co.ke/myweb/share/39216>

2) <http://documents.worldbank.org/curated/en/618731587147227244/pdf/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf>

It is time to dispute the New Normal: Elements for the way forward from a feminist perspective

COVID-19 works as a magnifying glass showing the economic, social, gender and other forms of inequalities and injustices in our societies. Feminist movements have been denouncing this for many years. Unfortunately, more often than not our calls have been disregarded by many decision makers. This article builds from a recent Dialogue on Pandemic Economies and Care convened by the Confluencia Feminista Towards the World Social Forum on Transformative Economies. The webinar was organized by DAWN and REAS and attended by more than 120 women activist and opened-up a rich debate sparked by feminist economists, ecofeminists and economía solidaria proponents from Uruguay and Argentina. It reflects on what the pandemic exposes and how it impacts on the daily lives of women, and specially on care work. The text also calls feminist movements and allies to dispute the New Normal, and it offers key elements for the way forward from a feminist perspective.



TEXT: **ALEJANDRA SCAMPINI**,
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TEXT: **CORINA RODRIGUEZ**,
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FOR A NEW ERA)

1. What does the pandemic expose?

One of the things that this pandemic has exposed very clearly is the relevance of care.

Not only in terms of health care needed to respond to the disease, but also in terms of home and community care. COVID-19 has shown that households are care's primary and last resort guarantee. From the weird Mexican Government Campaign "Superhero Susana Distancia"¹ that calls for social distancing, to the strict lockdown/quarantine in 7 countries in Latin America, the fight against the COVID-19 pandemic has implied that almost everyone stays at home. That was made possible only because domestic care arrangements are always available, no matter what. This is mostly because unpaid care work, that in most countries in Latin America means basically women's unpaid work, is there. The COVID-19 crisis has deepened the pressure on women's unpaid work, as well as made it more visible.

A second element that has been clearly exposed in this pandemic is inequality in all its forms, as well as its consequences.

While at the beginning this was seen as a crisis in countries with worse inequality indicators, it proved that the possibility to apply social distancing, to access health care in case of infection, as well as to bear the consequences of lock-down, was very different by socio-economic status. COVID-19 did not create social, economic and gender inequalities, but it deepens them, as

any other crisis. This was something we knew long before the pandemic, and that we denounced in many fora, even when it was hardly listened to or taken into account.

Just to mention some examples, in 2019, in Ecuador, thousands of indigenous people mobilized against fuel subsidy cuts and labor reforms. At the same time in Argentina, people were demonstrating against IMF's return with its recipe of fiscal adjustment, calling instead for more government action in favor of the poorest. In Chile, very extensive social protests were at their high denouncing the terrible consequences of decades of neoliberal economic policies on people's lives. Gender inequality was at the core of these claims, and we can see it aggravated by COVID-19. UN Women reports clearly show that as the virus spreads and more countries move to lock down, domestic violence, help services and shelters for victims, are reporting rising demand for help and assistance.

As we experience the different stages of this global pandemic and analyze the measures adopted by governments to respond to the sanitary emergency, we can clearly see inequalities consequences. The truth is that all people can be affected but not in the same way. Not all women and men can prevent similarly from being infected, and if infected and getting sick, not all women and men will be able to access health care and afford supplies, medicines and care in order to recover and survive the disease. Evidence is showing the structural pattern of these inequalities in the pandemic economies

we live in². In Latin America millions of people have to confront the disease with no access to drinking water, in spite of having 31% of the world's sources of drinking water. UNICEF reported that only 82% of the population in Latin America have access to drinking water, while only 37% can access safe sanitary systems³. These are not just figures. Real people are behind the numbers, unable to cope with the crisis. On May 17th, we woke up to the sad news of the death of well-known 42-year old activist Ramona Medina in the Villa 31 slum in Argentina⁴. She died from COVID-19 after having denounced lack of drinking water and the lack of conditions to do total isolation in her community. In Mexico, the population of Bacanuchi and Sonora is totally isolated. The rural public hospital closed 3 years ago and was never reopened by the official authorities⁵. Due to precarious working conditions in the fields, since most of the agriculture productive areas are still functioning, with poor housing and lack to access to health, these communities are in higher risk. These examples show how the pandemic is highly marked by inequalities, and what happens in terms of the of the virus is clearly determined by them in these pandemic economies.

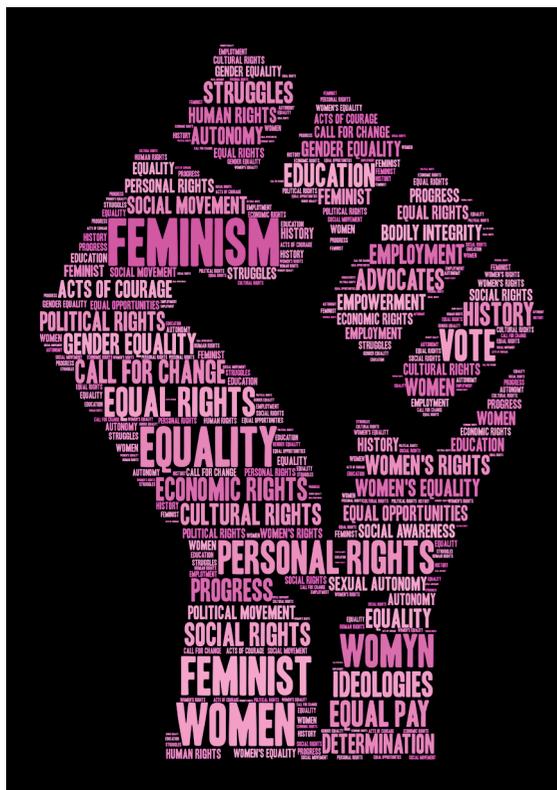
The third confirmation of this crisis is that community networks play a key role facing emergency, and more in general, to guarantee people's life sustainability. It is very important to look at what happened in terms of social mobilization and solidarity networks. The so-called ollas populares in Uruguay, comedores comunitarios in Argentina and vasos de leche in Perú, are proving to be key to guaranteeing provision of basic supplies, care and specially continued nutrition through daily meals.

Fourth, the pandemic has exposed **the high degree of marketization and monetization of our economies, and therefore the fragility of life.** With the closing of economic activities and the need to stop the daily forms of production and consumption, many people did not have access to their livelihoods. This shows the central role of the market in the economy and the pandemic characteristic of our economies.

Finally, the key role of the State has also been exposed. What the State does or does not do became highly relevant in this context of pandemic. In different countries the State has taken different measures and these decisions are useful to explain how the pandemic evolved, especially in relation to the sanitary emergency.

2. How have governments reacted?

Overview of some of the initiatives that are promoted by governments in the region to



respond to gender dimensions of the crisis.

According to ECLAC⁶, among LAC countries, Argentina, Brazil, Chile, Paraguay and Uruguay, have elaborated specific contingency plans and protocols to respond to the multiple gender implications of COVID-19 and to social distancing and lockdown. These efforts have been promoted by Mechanisms for the Advancement of Women, working together, among others, with ministries of health, social development, employment, social protection.

With regard to prevention, attention and response to violence against women in contexts of lockdown, several governments in the region strengthened domestic violence phones and online help services. In Argentina, the Ministry of Women, Gender and Diversity extended the campaign of the 144-emergency line, amplified communication channels, including a mobile app, and increased the number of specialized staff as well as the technological resources for online service. Other countries designed new protocols to guarantee women's right to a life free of violence in the context of the emergency and lockdown. This is the case of Chile, where resources were allocated for a new plan to prevent, attend and protect women victims of violence and women in vulnerable situations during the lockdown.

In the context of social distancing and lockdown, 8 countries in the region have launched social media campaigns connected to domestic and care work and the



The new campaign from Women's Major Group launched June 10th 2020 aim to draw attention to the systemic barriers in front of a just and effective COVID-19 response, gender equality, and sustainable development.



importance of co-responsibility of care. Special attention was given to messages and actions on domestic workers' rights, highlighting that "the situation of pandemic does not justify terminating contracts of domestic workers". In Argentina and Uruguay governments reinforced the right to paid leave for domestic workers during lockdown, disseminating additional information on domestic workers' rights, as well as implementing mechanisms to denounce cases where those rights were violated.

Some governments have taken actions to protect employment and working conditions. In Chile, they implemented 14 days paid leave for workers (both men and women) that belong to risk groups (given their age or health condition). Care leave was allowed for workers (again both women and men) with care responsibilities.

Cash transfers, loans with no or very low interest rate, as well as other social protection measures, in all their diversity, were also key in this context of pandemic. Several governments (including Argentina, Brazil, Bolivia, Colombia, Chile, Ecuador, El Salvador, Panama, Perú, Uruguay and Venezuela) have announced or implemented cash transfers or specific extra payments as a response to the COVID-19 crisis. The amount allocated and the criteria for eligibility differ from country to country. It will be important to do further analysis on the real impact of these measures in terms of women's autonomy and the reduction of inequality gaps. We should also look carefully at specific difficulties in implementation of these measures, that in some cases lead to people deserving the benefits ending up not able to have access to them.

These measures collide with neoliberal dogmas that have been imposed on LAC governments (as well as by LAC governments) for decades. These refer to the need to reduce the role of the State, the massive attacks on employment programs and policies, public health, education for all and food programs, together with the cuts on public expenditure, labor and tax reforms. Many of these public actions to face the COVID-19 crisis go against these dogmas, were previously taken by both right-wing and left-wing governments. In this context, the mantra that there is no money for women empowerment and gender equality proved not to be true. Many governments have allocated millions of dollars in programs to rescue economies and have decided to finance them with heterodox measures. This is something that needs to be better documented, in order to erode orthodox approaches to public policies, that have been limiting the possibility of pushing for real transformation and concrete improvement in women's lives.

3. How does the day after tomorrow look like?

There are many challenges ahead. It is not only a matter of overcoming COVID-19. It is also a matter of the scene this crisis will leave ahead. Estimations of huge decrease in GDP, increase in unemployment, deterioration of wages and cash transfers, dramatic increase in poverty. Once again, how governments react will be crucial.

Some governments are already announcing future cuts in their social expenditure. Uruguay is already cutting 15%. Given the dramatic contraction in 2020, and as countries continue to implement policies to face

the pandemic and support their economies, slow recovery can be expected in 2021⁷. Learning from the past, cutbacks are real threats to the possibility of a smooth recovery and reducing people's suffering.

How are the States going to respond to the consequences of massive loss of employment? What are they going to do given the current overburden of care? What measures aim at care co-responsibility are going to be agreed between States, businesses and workers in situation of lockdown and social distancing?

Another important dilemma is how programs are going to respond to specific vulnerable groups, such as women in prisons, homeless women, trans-people, migrant women or sex workers. What are the specific programs for these groups? Exploring proposals of universal basic income or other proposals seem urgent. How will governments improve their responses to increasing numbers of femicides. COVID-19 does not kill you, patriarchy does. Gender violence is a regional emergency that has to be analyzed in this context. Public policies need to be extended and promoted, not just in context of COVID-19, but also beyond. In terms of sexual and reproductive health and rights, governments need to guarantee access to all family planning methods. How are the plans going to take care of the challenges that women face to live free from violence and to decide over their bodies in this moment and beyond?

4. It is time to dispute the New Normal: Elements for the way forward from a feminist perspective

The New Normal is not a given. It is a terrain in dispute. In the current context, we are longing to go back to our lives, to go back to normality. Yet, we need to challenge that normality because it was such normality that provoked the inequalities we suffer today in our societies.

To dispute a new normal, we need to think about alternatives and to look for ways to strengthen them. We are standing at a crossroad and there are two possible directions in front of us. Either we go into deepening these pandemic economies or we move towards transforming them. We need to remember that this sanitary emergency is mounted over the capital-life conflict that is at the root of all the inequalities that this pandemic has reproduced.

The new normal requires the 5 Rs on care work: Reduce, Recognition, Redistribution, Reward and Representation⁸. We need to deepen our knowledge and research on what is happening in terms of care arrangements at home during lock down. We need to use this evidence to insist on fostering these 5 Rs, and to move the whole care agenda that has been articulated for so long by the feminist movement, and that is a key part of our transformative agenda.

We should also ask: Who pays for the way forward? What is the role of UN agencies, World Bank or the IMF in economic and social recovery plans? How can we engender the plans of multilaterals and bilaterals? How are we going to make sure women and girls are included in a just and transformative way? It is important to recover tax justice' proposals, to foster legally binding treaties to dismantle the impunity of pharmaceuticals in this context and other forms of alternative economic governance that have long awaited to evolve.

Community networks, women and feminist organizations are key political actors in this dispute for a new normal. We need to strengthen alternative forms of organization that are already emerging and that have been pillars in the provision of care in the emergency. We need to look for solidarity and community-based care-organizations and to engage women and feminist organizations in thinking about how public policies can support community networks, as well as more generally what public policies are necessary to respond to this emergency and to build the new normal.

Strengthening new forms of production and consumption should be the new normal. Territorial based, ecological and sustainable forms of production and consumption are key. Cooperatives of production, sustainable farming and production should be central in the day after tomorrow. The dispute of a new normal is the dispute to go back to simpler lives, forms of living that can help overcoming the capital-life conflict and achieving sustainability of life. ■

1) See here information on Mexico Government Campaign against coronavirus pandemic: <https://www.gob.mx/salud/%7Chospitalgea/videos/susana-distancia-238809>

2) We talk about "pandemic economies" to highlight that, even before the pandemic, financial global capitalism was based on extractive practices (extractive of natural resources, but also of labor, time, data, bodies, lives) that were already making people sick and killing them.

3) See full article here: <https://www.dw.com/es/millones-en-am%C3%A9rica-latina-tienen-que-combatir-el-coronavirus-sin-agua-potable/a-52982337>

4) https://www.clarin.com/sociedad/ramona-medina-referente-villa-31-murio-coronavirus-denunciar-falta-agua-aislamiento-imposible_0_n77lgRroL.html

5) https://comitescuencariosonora.wordpress.com/2020/05/25/tribunal-dicta-medidas-urgentes-para-garantizar-la-atencion-medica-a-los-ninos-de-bacanuchi-en-el-rio-sonora/?fbclid=IwAR3Sd4k6sb7zddq-bAc7aBaxS_WDXbv9aomXVigf1cuSLnohyXpxqu6SnQ

6) <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

7) Cepal 2020. "Mapeo de Iniciativas impulsadas por los gobiernos de América Latina y el Caribe para abordar las dimensiones de género en la respuesta a la pandemia del COVID-19." March 31, draft unedited version.

8) see more here <https://blogs.imf.org/2020/04/16/economic-policy-in-latin-america-and-the-caribbean-in-the-time-of-covid-19/>

9) See more on this in ILO (2018). Care work and care jobs for the future of decent work. Geneva. ILO

The response to COVID-19 must not be gender blind



TEXT: VERÓNICA MONTÚFAR,
PSI GENDER, EQUALITY, LGBT+
AND PEOPLE WITH DISABILITIES
OFFICER COORDINADORA DE
PROYECTOS, ECUADOR

The current COVID-19 health emergency and the attempts of entering a phase of a “new normal” continues to raise questions about blind responses to structural gender inequalities and other systemic discrimination. Even though progress has been made, it is not enough.

Resolutions adopted at the 73rd World Health Assembly acknowledge the need for gender equity in global health by encouraging:

- The involvement of women in all stages of decision-making processes,
- Including women, who form the majority of frontline health workers, in its list of populations at highest risk and protecting them; and
- Asking member states to implement national action plans that are explicitly gender-responsive as a way of ensuring respect for human rights and fundamental freedoms, and to take necessary measures to ensure social protection, protection from financial hardship, and the prevention of insecurity, violence, discrimination, stigmatization, and marginalization.

In her article on World Health Assembly and Gender, Roopa Dhatt mentions three main areas where the gender responsive approach on the COVID-19 response needs action: a) Political will to act in achieving pay justice for female health and social workers; b) Official reports on sex-disaggregated coronavirus data; and c) Ensure that COVID-19 funding is inclusive of women-centred organizations, especially those in the Global South

While global governance takes decisions that will need some time to transform into real national measures to change women healthcare workers' lives and work, since the start of the pandemic, different forms of violence and harassment have worsened and combined to interfere with women's work and personal lives, exposing

them to physical danger, increased psychological pressure and stress.

One of them is the shortage of PPE. This has a differentiated gender impact, because any available PPE is often distributed hierarchically - the highest qualified doctors are served first, followed by nurses, then hospital administration personnel and lastly cleaners and informal workers. Healthcare workers have been punished for denouncing the lack of PPE or budget cuts to the public healthcare sector and the impact it has on them. Intimidation and silencing are key examples. “No healthcare worker should face being disciplined or fired for speaking the truth,” said Ruth Schubert, a spokesperson for the Washington State Nurses Association. On 21 April 2020, countries reported to WHO that over 35,000 health workers were infected with COVID-19. The actual number is considered to be significantly higher because of underreporting.

**« HEALTH WORKERS ARE
AT HIGH RISK OF VIOLENCE
ALL OVER THE WORLD. »**

Health workers are at high risk of violence all over the world. Between 8% and 38% of healthcare workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression and social stigma because of their work. They are presumed to be carriers of COVID-19. They have been



The poster is part of a campaign connected to International Nurse's Day 2020, calling on governments to make genuine gestures of solidarity and commit to universal public health once and for all.

Illustration: Zoran Svilar

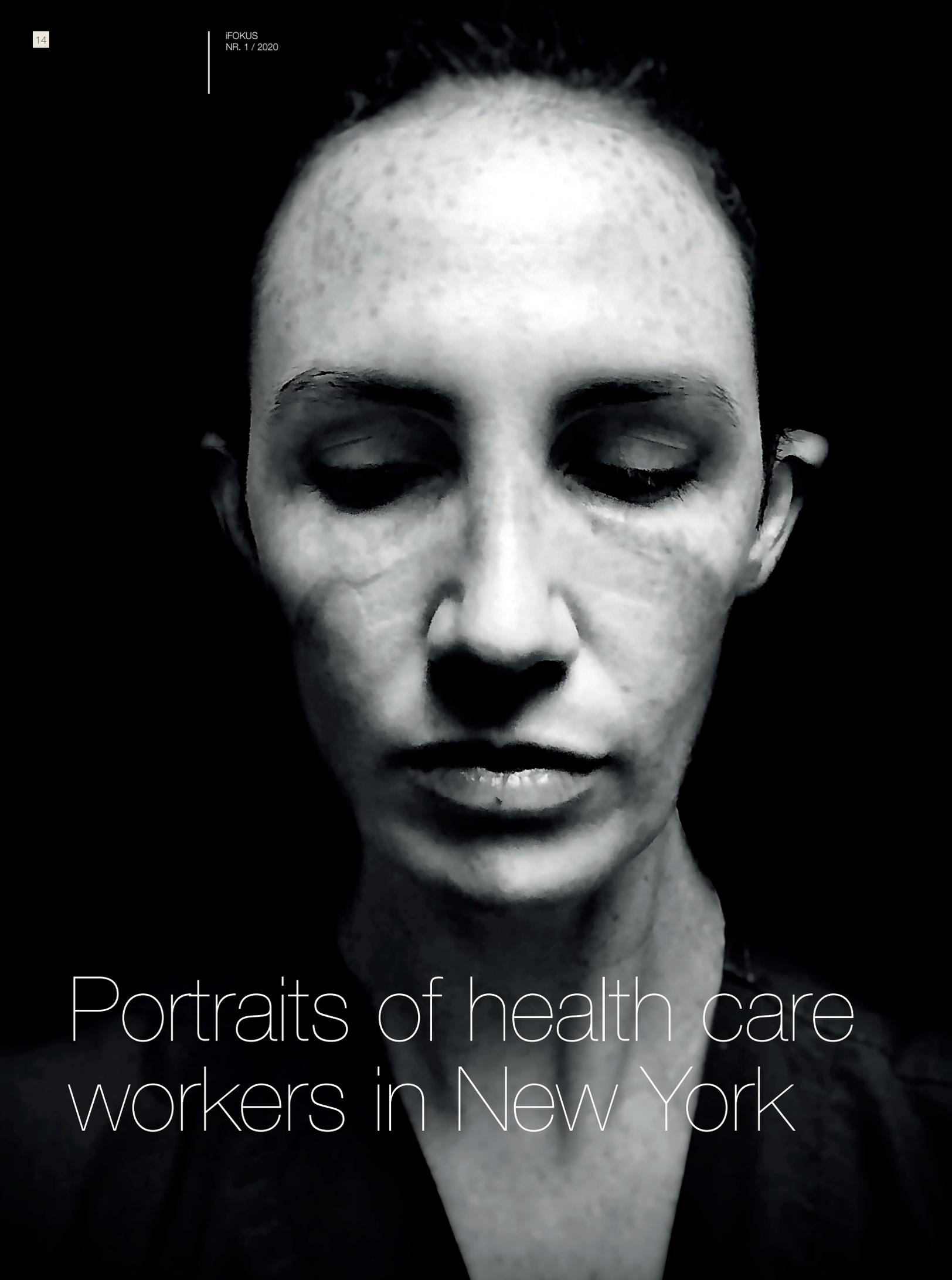
forcibly removed from public transport, rejected in public, removed from their villages and homes. Many women healthcare workers have been victims of domestic violence. A report by the Red Cross and others, posted on 26 May, identified over 200 COVID-19 attacks on healthcare workers.

Violence and harassment also contribute to the decline in working conditions during the pandemic. Research conducted in a general hospital in northern Italy found that 45% of healthcare professionals reported workplace violence. In China, a report alerted that hospital staff, particularly nurses, are encouraged to engage in behavior that compromises occupational health and safety standards, such as wearing adult diapers in lieu of bathroom breaks, foregoing changing sanitary pads or encouraging use of pills to postpone menstruating, foregoing food/drink breaks, lesions on skin from makeshift protective

gear, all to maximize their response capacity due to the overwhelming impact COVID-19 is having on the healthcare system.

Unions are responding

PSI (Public Services International) is the voice of millions of women workers in the healthcare sector worldwide. COVID-19 has exposed the dramatic impact that violence and harassment has on women frontline workers, especially those in the healthcare sector. This demonstrates more than ever the critical role of the ILO Convention 190 on Violence and Harassment in the World of Work ratification process. However, at the same time it remains urgent to obtain concrete responses for women at the workplace. In this sense, PSI is working on a specific instrument to deal with cases during the pandemic and beyond. □



Portraits of health care
workers in New York

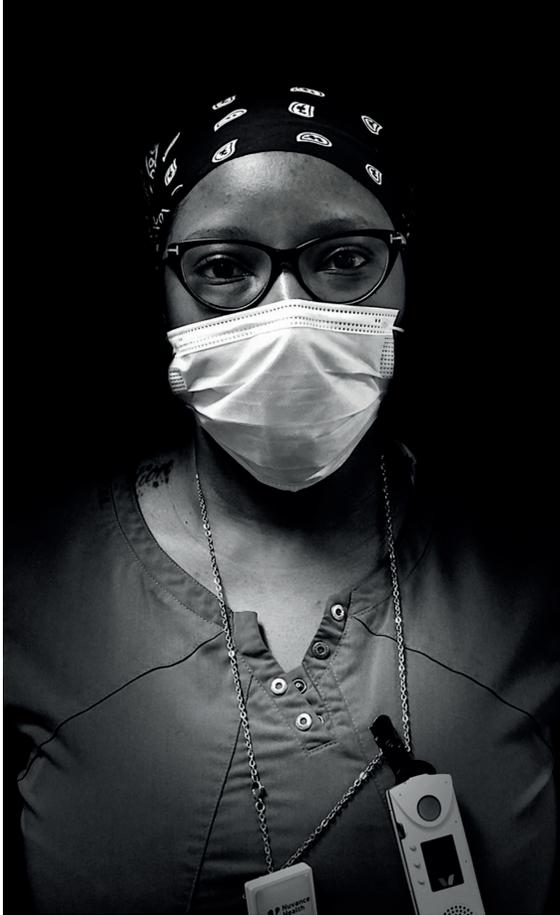


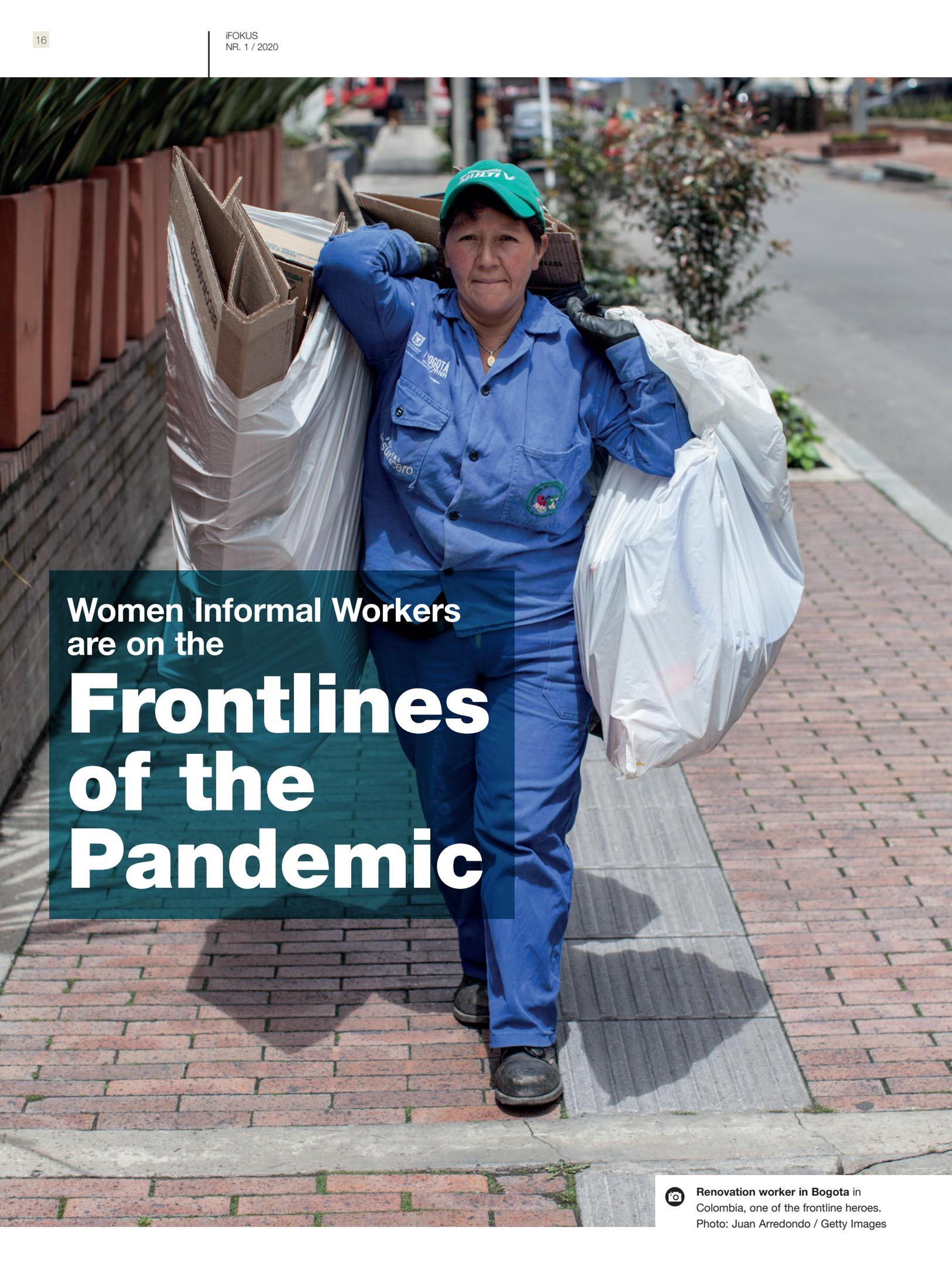
PHOTO: **AMBER WRIGHT**,
CARDIOLOGY/CRITICAL CARE
PHYSICIAN ASSISTANT
CURRENTLY WORKING AT
VASSAR BROTHERS MEDICAL
CENTER IN NEW YORK

Amidst the harrowing destruction being unleashed by COVID-19, I find myself surrounded by women unflinching holding the front and last lines. The camaraderie is electric. The devastation is nearly paralyzing. Moral duty bears a weight that is disproportionately embraced and distributed upon our shoulders as more than 70% of the essential pandemic workers are women.

The definition of essential is: absolutely necessary; extremely important. We are essential. We are absolutely necessary. We are extremely important. It is time all women are treated and respected as such. With much love and respect, I stand with you.

Amber



A woman in a blue uniform and green cap is walking on a brick sidewalk, carrying large white bags and cardboard boxes. She is looking directly at the camera. The background shows a street with a brick wall and some greenery.

Women Informal Workers
are on the
**Frontlines
of the
Pandemic**

Two billion people - 61 per cent of the global work force - work in the informal economy.¹ The majority live in poverty and are vulnerable to shocks and crises. Women are in the most vulnerable, low paid or unpaid forms of informal employment and often lack social protection. This includes domestic work, home-based work, street vending and market trading and waste picking. For women informal workers the pandemic is a health, economic and care crisis that threatens their lives and reinforces gender, class and ethnic inequalities.

WIEGO - a global advocacy, policy and research network including informal workers organisations, researchers, and development practitioners - is supporting women informal workers to respond to the pandemic. A rapid assessment conducted with informal workers organisations and global networks highlights the ways their incomes are impacted:²

- **Decline in demand for goods and services:**

Home-based workers saw their sales fall as large economies closed their borders. Domestic workers lost their jobs.

- **Increased cost of inputs:** Home-based workers and informal traders saw a rapid increase in the price of raw materials once China closed its borders.

- **Inability to access markets:** Farmers, informal traders and waste pickers cannot sell their goods due to physical distancing, curfews and lockdowns.

- **Increase in care burden:** School and daycare closures meant that women were among the first to stop working or reduce their hours to care for children.

- **Rising incidence of violence:** Women informal workers face violence in their employers' homes as domestic workers, in public spaces at the hands of security forces, and in their own homes.

Informal workers organisations are responding by distributing food, producing masks and disseminating health information in their communities. They are negotiating to be designated as essential workers – such as food vendors or waste pickers – and continue working during lockdowns. As governments rapidly design cash transfers to reach informal workers – these organisations are identifying beneficiaries, supporting registrations and tracking implementation.

Despite these efforts, women informal workers face a permanent loss of income. Their mounting care responsibilities will push them towards more flexible and low-paid work that they can do alongside their care work. Many domestic workers cannot return to work as their employers are now unemployed. Home-based workers and informal traders dependent on the tourism sector will see sales stagnate.

To mitigate the short-term and long-term adverse impacts of the pandemic on women informal workers, governments and donors can:

1. Sustain in-kind and cash transfers not just during the health crisis, but until economies begin to recover. Women need transfers to cover the costs of care. Governments and donors can learn from the extension of social protection to informal workers during COVID-19 to build more universal social protection systems that can better protect women informal workers.
2. Invest in care services – including healthcare and childcare – to create new decent work opportunities for the unemployed, guarantee quality care for children, the elderly and ill, and redistribute women's care responsibilities as per Sustainable Development Goals 3, 4, 5, 8 and 10.
3. Include women informal workers in economic recovery packages by freezing rental and loan payments, providing access to business grants, public procurement contracts and public works programs. This can reduce poverty and hunger.
4. Support women informal workers' organisations to mobilise so their voices are heard in relief efforts and economic recovery plans. ■



TEXT: **RACHEL MOUSSIÉ**,
DEPUTY DIRECTOR,
SOCIAL PROTECTION
PROGRAMME - WIEGO

1) Bonnet, F., J. Vanek, and M. Chen. 2019. Women and Men in the Informal Economy: A Statistical Brief. WIEGO

2) WIEGO. 2020. Impact of Public Health Measures on Informal Livelihoods and Health. WIEGO. Regional and international networks of informal workers include: HomeNet Eastern and Central Europe, HomeNet South Asia, HomeNet South East Asia, International Domestic Workers Federation and StreetNet International.

Madonnas badekar har ikke vann nok



TEKST: KRISTIN HETLE,
STYRELEDER I WOMEN DELIVER,
TIDLIGERE PARTNERSKAPS-
DIREKTØR I UN WOMEN

Kanskje er det dårlig gjort å henge ut Madonna nok en gang. Seansen der hun sitter i sitt rosenbad og filosoferer over hvordan COVID-19 er «the great equalizer» er sett – og kritisert sønder og sammen – av tusener. For vi er jo ikke, som Madonna naivt håper, verken i samme båt eller i samme badekar. Mange kunne ønsket seg det badekaret. Fulltappet ville det sikkert rukket til minst hundre omganger med håndvask.

Dette enkle og viktige rådet: vask hendene, bruk såpe. 20 sekunder minst, grundig. Alle vi som, lik Madonna, kan la vannet flomme over hendene våre mange ganger om dagen, vasker oss som aldri før og vet at vi med det beskytter oss selv og andre. Så enkelt, så effektivt.

Men hva når du ikke har verken vann eller såpe? Vi kan le av Madonna, men latteren setter seg litt fast i halsen når vi vet at det samme rådet er gitt til alle i alle land – enten vi har ubegrenset med vann eller ikke noe i det hele tatt.

Verden opplever en vannkrise. Den kom ikke med COVID-19, men blir forsterket og gjort tydelig av pandemiens økte krav til hygiene og av bevegelsesrestriksjoner. Globalt mangler nesten én av tre personer tilgang til vann¹. En luksus som innlagt vann i hjemmet er det bare seks av ti mennesker som har².

Vannkrisen er rangert høyere enn både infeksjonssykdommer og matkrise i den siste Global Risks Report fra World Economic Forum³. Vannmangel rammer hele lokalsamfunn, som millionbyen Chennai i India i fjor, der de fire vannreservoarene tørket helt inn og skapte akutt krise i hele byen⁴. Den rammer fattige og ekskluderte i rike samfunn, som i urbefolkningsreservatene i USA der store deler av innbyggerne mangler rennende vann⁵.

For kvinner er vannkrisen personlig. Vann er kvin-

ner og jenters ansvar og byrde. Hver dag over hele verden bruker de nesten 500 millioner timer⁶ på å finne og hente denne livsviktige ressursen familien deres trenger for å overleve - for drikke, matlaging, vask og hygiene. Timer de kunne brukt til skolegang, arbeid eller sårt tiltrengt fritid. De står i kø og venter på vann, de går lange avstander for å hente vann, de betaler ofte ublu beløp for å sikre vann. Og de betaler ofte med frykten og vissheten om risikoen for overgrep på veien. I strevet med å skaffe vann til familien, står de ofte overfor et umulig valg – den visse død uten vann, eller sykdom, til og med død, på grunn av skittent vann.

På toppen av dette kom altså COVID-19. Og med viruset økte behovet for vann. Overalt der vann er vanskelig tilgjengelig, jobber nå myndigheter og organisasjoner for å gjøre det mulig for folk å vaske hendene. Organisasjonen Global Handwashing Partnership understreker hvor viktig det er at informasjonskampanjer er sensitive og inkluderende, og gjøres på en slik måte at det blir klart at hygiene er alles, ikke bare kvinners ansvar⁷. Kvinner må være med å lede arbeidet, det er de som først og fremst kjenner problemene på kroppen.

Det finnes lærdom fra tidligere epidemier å bygge på. I Vest-Afrika har ebolautbruddene gitt verdifulle erfaringer som nå kommer til nytte. Småskala systemer med offentlige håndvaskstasjoner ble med hell installert den gangen, og tas i bruk igjen nå. - Da ebola rammet, var en av de store bekymringene at det manglet fasiliteter for håndhygiene, forteller Joia Mukherjee, helseansvarlig i Partners in Health til radiostasjonen NPR⁸. -Men til vår overraskelse, ble det etablert løsninger ganske raskt. Den enkleste løsningen krever bare to bøtter – en med klorin og vann til vask, utstyrt med en tappekran, og én til å ta imot det brukte vannet. Slike håndvaskstasjoner ble satt opp i offentlige bygninger, på skoler og markeder i områder med ebolautbrudd, og informasjonskampanjer fortalte hvorfor det var viktig å vaske hendene. Snart hadde folk tatt til seg budskapet, sier Mukherjee, som ble glad for å se at bøttene igjen var på plass da hun besøkte Sierra Leone og Liberia i begynnelsen av korona-epidemien. Lærdommen fra ebola ble umiddelbart tatt i bruk, sier hun.

Mens nasjoner og lokalsamfunn nå prøver å løse

« VI KAN LE AV MADONNA, MEN LATTEREN SETTER SEG LITT FAST I HALSEN NÅR VI VET AT DET SAMME RÅDET ER GITT TIL ALLE I ALLE LAND – ENTEN VI HAR UBEGRENSET MED VANN ELLER IKKE NOE I DET HELE TATT. »



det akutte håndvaskbehovet, kreves det økt innsats for å sikre stabil og trygg vannforsyning til verdens befolkning innen 2030. Å oppfylle dette bærekraftsmålet⁹ vil ikke bare ganne samfunn som helhet, det vil i særlig grad gjøre kvinners liv lettere. Historien om Chennai gir håp. Bare ett år etter at byen sto på sammenbruddets rand, tom for vann og i en desperat situasjon, er de fire reservoarene igjen fulle. Systematisk innsats for å ta bedre vare på

vannet, stoppe sløsing og kun bruke resirkulert vann til landbruk og industri har gitt resultater, og rause mengder regn har satt kronen på verket. Selv med det økte trykket på vannressursene fra koronakrisen, vil Chennai klare seg fint¹⁰.

COVID-19 har på ny satt verdens, og kvinners, vannkrise på kartet. Den må løses. For Madonnas badekar har ikke vann nok til alle. ■

 Madonna / Instagram

1) jmp-2019-wash-households.pdf

2) <https://washdata.org/>

3) http://www3.weforum.org/docs/WEF_Global_Risk_Report_2020.pdf

4) <https://www.bbc.com/news/world-asia-india-48672330>

5) <https://www.nytimes.com/2020/05/02/opinion/coronavirus-water.html>

6) <https://water.org/our-impact/water-crisis/womens-crisis/>

7) <https://globalhandwashing.org/putting-equality-inclusion-and-rights-at-the-centre-of-a-covid-19-water-sanitation-and-hygiene-response/>

8) <https://www.npr.org/sections/goatsandsoda/2020/03/30/819151076/how-do-you-wash-your-hands-to-fend-off-coronavirus-if-water-is-scarce>

9) https://www.no.undp.org/content/norway/no_no/home/post-20151/sdg-overview/goal-6.html

10) <https://www.hindustantimes.com/india-news/respite-from-water-woes-in-chennai/story-kpnzvg4pt6tB2TDyMJWUDO.html>

 **Feminism demands** collective action. Climate March in New York. Photo: Property of WEDO



A Caring Climate Post-COVID

The COVID-19 crisis, like all crises in our world, is bearing its impacts in deeply systemic ways within communities and across countries. Similarly to the impacts of climate change, this crisis has not served as a “great equalizer” but a “great exacerbator”, magnifying, amplifying and compounding inequalities.

The inadequate response in many countries around the world, especially those with large concentrations of wealth and access to resources, has served to highlight deep fault lines in our societal structures - prioritized to uphold capital and property over people and planet.

To “build back better”, as many leaders are calling for post-COVID, there is an urgent need to understand that ensuring public health and human rights--including gender equality--goes hand in hand with delivering climate justice. Building off the foundational aspirations of the UN Sustainable Development Goals (SDGs) and moving us beyond a siloed approach to global development challenges leaving no one behind, as we work towards a post-COVID world, Governments must center an ethic of care and a goal of building regenerative economies to combat not just future pandemics, but the broader climate and environmental crises of our times.

Gender and Climate Justice in the Pandemic Response

The COVID crisis is a gendered crisis. Women make up the majority of frontline workers delivering vital care services - from nursing and education to taking care of families - work that remains under-resourced and undervalued. In the United States for example, where eighty percent of nurses and social workers are women, health care workers were forced to create their own personal protective equipment, including wearing garbage bags. Beyond this:

- Women¹ take on the lionshare of unpaid household work around the world, with some estimates of women globally performing \$10.9 trillion in unpaid household labor.
- Around the world, countries have seen an increase in gender-based violence, as well as a further entrenchment on the realization of sexual and reproductive

health and rights. UNFPA² estimates over 30 million more women will be victims of gender-based violence every 6 months, there will be 7 million unintended pregnancies and around 47 million will lose access to contraception.

- Finally, women’s informal work, already precarious and often excluded from measures and GDP have made many national led stimulus and relief packages inaccessible to those who need it most.

At the center of this remains key issues that feminist economists and advocates have been researching and demanding for decades: that economies not centered on an ethic of care and reproductive labor are incompatible with the fulfillment of human rights, gender equality and planetary health.

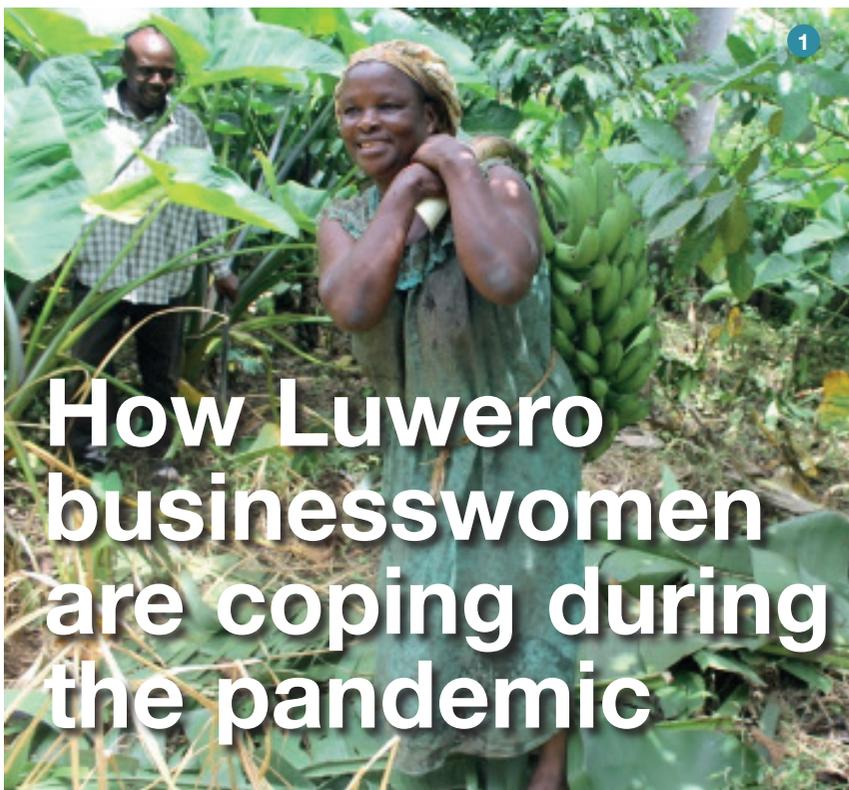
Climate justice cannot be achieved without reorienting our economy around care work, like reproductive labor, childcare, and environmental stewardship. Care work is green work. This work is life-sustaining, community-building, and regenerative. By shifting towards a valuation of care work, we will shift away, devalue and dismantle extractive industries and fossil fuel infrastructure, disinvest from privatized, exploitative management systems of natural resources, and decommodify social services and the public commons - our land, air and water. These are all economic shifts required for climate justice, and are only achievable through a feminist care economy.

Since real transformation will only come by shifting towards these care economies, governments should see the SDGs as vehicles for their creation. Countries must drastically increase all efforts to end the climate crisis, embed gender-responsive climate action, and shift economies from extraction to regeneration for all COVID-19 economic and stimulus packages, truly ensuring a gender just transition and recovery. ▣



TEXT: **BRIDGET BURNS**,
DIRECTOR WOMEN'S
ENVIRONMENT & DEVELOPMENT
ORGANIZATION (WEDO)

1) Wezerek, Gus and Kristen R. Ghodsee. March 5, 2020. "Women's Unpaid Labor is Worth \$10,900,000,000,000" New York Times.
2) UNFPA. April 2020. New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues

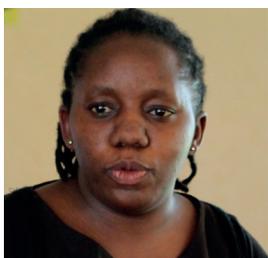


How Luwero businesswomen are coping during the pandemic



- 1.** Lydia Kyeyune a farmer from Luwero
2. Women with disabilities
3. Women from Agali Awamu Women's Group dealing in production of Nubian crafts

The COVID-19 pandemic was officially documented to have hit Uganda on the 21st March 2020, when the first case was reported. For small-scale businesswomen in the Luwero district, this meant that their production, sales and savings, and thereby their livelihood, were put at risk.



TEXT: **MONICA NANTUME,**
PROJECT OFFICER, NAWOU,
UGANDA

In Luwero, a district in the Central Region of Uganda, the National Association of Women Organisations in Uganda (NAWOU) implements the project “Women at Work” – a project strengthening the capacity of women in business. But with no sales, the businesswomen had no market for their products.

Nalongo Ramlat, the Chairperson of Agali Awamu Women's Group, an organization specialized in the production of Nubian crafts, said that “the clients are no longer making orders because all the craft sales points in the city are closed. We cannot continue with production because the dyes for coloring are purchased from the city center, and they originate from Kenya, so the prices are incredibly high.”

Consequently, the women were forced to think out of the box. Some of the women started producing face masks, which for some time generated income. However, as Josephine Nabirye, Chairperson of Kasana Market Tailoring group, pointed out, it lost the market value following the presidential pronouncement that free masks would be distributed.

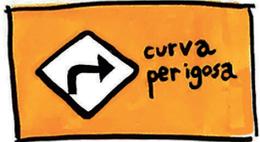
Many women struggled to meet basic needs, such as adequate amount of food. This heightened as the consumption increased since the children were home from school. Further, reduced amount of savings and more debt intensified the challenges. Ritah Musoke, the Chairperson of Merisa Beverages Limited, stressed that

“we have a debt burden from farmers that had earlier supplied the group with hibiscus flowers that are raw materials for the juice we produce.” Through the Village Savings and Loans Associations (VSLA), a mechanism for savings and investment established by the women, they were determined to continue saving. However, the savings and borrowing rate was drastically reduced due to low income and high business uncertainties.

The lockdown particularly put certain groups of women at risk. Due to public transport being banned, women living with HIV/AIDS faced challenges accessing their medication, Anti-Retroviral. In addition, the medication requires a balanced diet, which further complicated the situation. Also, women with disabilities expressed the same sentiments about inadequate sources of food, and many had to survive on charity from friends and family.

Though Uganda enacted progressive measures to respond to the COVID-19 pandemic, there is a lot of dissatisfaction in regard to how the government did not support farmers through extension services during the lockdown, despite agriculture being the backbone of Uganda's economy. “Attention was only paid to direct COVID-19 responses and not farming that keeps people alive. Often people like us who are perceived as small-scale commercial farmers, especially women, are not paid attention to,” said Lydia Kyeyune, a farmer from Luwero. ■

Violence against women and girls



UGANDA

WORRIES



Yassin

virtual justice system

World Health Organization



TANZANIA



in CHINA reports on domestic violence **tripled.**



HEALTH MONEY SECURITY



COLOMBIA

access to virtual legal advice police psychosocial advice



"Ask for 'Mascarilla-19 at the chemist ... they will know to phone 112"



Mascarilla-19



ARGENTINA

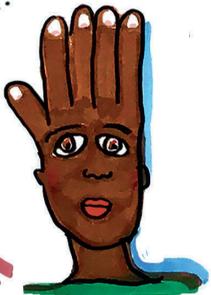
ARGENTINA DOMESTIC VIOLENCE EMERGENCY CALLS since March ... **↑ 25%**



Bright Sky domestic abuse app



women and girls are LOCKED inside with those who ABUSE THEM.



LGBTIQ



tracybasford

COVID-19 increased the number of women affected by violence in Tanzania

The COVID-19 pandemic in Tanzania increases women and girls' vulnerability to be affected by Gender Based Violence (GBV), injustices and for girls the risk of teenage pregnancies and forced early marriages.



TEXT: **YASSIN ALLY SUNUKU**,
EXECUTIVE DIRECTOR -
KIVULINI WOMEN'S RIGHTS
ORGANIZATION

The Kivulini GBV prevention work in Tanzania has an essential role to play during this tumultuous time with a changed approach towards preventing GBV and COVID-19. Innovative approaches for GBV and COVID-19 prevention in Kivulini's intervention areas remains vital—as does addressing the immediate risks to women and girls posed by lockdowns and other COVID-19 requirements which can exacerbate violence, isolate survivors and limit access to essential services.

According to police gender desk reports from six districts (Magu, Misungwi (Mwanza region), Bunda, Tarime (Mara region), Shinyanga Rural and Kishapu (Shinyanga region) - January-April 2019 without COVID-19 and January-April 2020 with the COVID-19 pandemic - has shown an increase in reported GBV cases from 303 January-April 2019 to 527 (*an increase of 174%*) January-April 2020. Furthermore the police gender desk reports of Magu and Misungwi districts in Mwanza region has shown increased reports of school girls pregnancies, from 21 cases January-April 2019 to 41 (*an increase of 195% in Magu district*) cases January-April 2020; and 24 cases January-April 2019 to 46 (*an increase of 192% in Misungwi district*) cases January-April 2020. The Shinyanga District police gender desk has shown an increase in reported rape cases during COVID-19, from 22 (January-April 2019) to 30 (*an increase of 136%*) cases January-April 2020.

How these increased numbers of violence against women and girls affect women and girls in Tanzania?

The majority of women are at risk because for most of them their daily livelihood is lost or affected by the COVID-19 pandemic. This poses high risk of experiencing sexual violence and other forms of GBV and contracting COVID-19, and the ability to protect

themselves and their families is compromised. This is due to the fact that the majority of these women have been abandoned by their husbands/ intimate partner, and they are responsible for providing food, medicine and other forms of livelihood for their families. Over 61% of women urban vendors are forced to go to the market daily to sell vegetables, fruits and secondhand clothes. They do not have any Personal Protective Equipment (PPE).

Girls are, during this challenging time, at risk of contracting COVID-19. They are also at risk for teenage pregnancies, experiencing sexual violence such as attempt rape, rape and sexual harassment and other forms of GBV. One of the government measures schools and universities have been closed.

How does COVID-19 affect support services and legal aid to survivors of GBV in Tanzania?

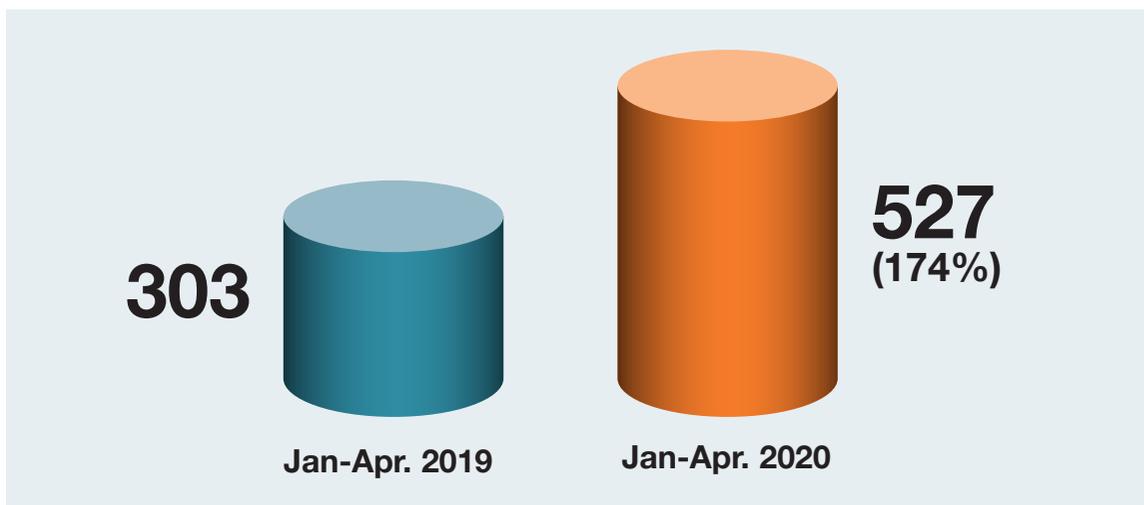
Local Government Authorities (LGAs), Police gender desk and Health care providers: They are the first contact persons in any incidence of VAWC (Violence Against Women and Children) and COVID-19. They are the referral pathway and linkage between families/household who are most vulnerable to COVID-19 and VAWC who seek support services and legal aid. These authorities and health care providers are not equipped with sufficient knowledge about COVID-19.

Volunteer community activists: They are at risk when providing support to survivors of VAWC without any preventive measures or PPEs. They are vulnerable and can risk that they/their families and household contract COVID-19. The consequences of this reaches further as they then can lose their livelihood reaching out to survivors or being requested by Local GAs to provide support without being given correct information and equipped with PPEs. ▣

CASE STUDIES OF GENDER BASED VIOLENCE CASES

Region	District	GBV cases January-April 2019	GBV Cases January-April 2020
Mwanza	Magu	71	101
	Misungwi	47	66
Mara	Tarime	64	227
	Bunda	41	76
Shinyanga	Shinyanga	80	57
TOTAL		303	527

INCREASED OF GBB CASES DURING COVID-19



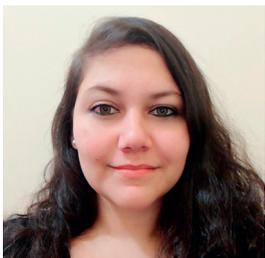
GBV CASES REPORTED DURING THE COVID-19 PANDEMIC

CASE 1: A 9-year-old primary school girl from the Mabatini area, during the pandemic school closure, was sodomized by a 76-year-old man while she was playing outside his house. When it started raining, she entered the perpetrators house together with the perpetrator's grandchild. He used that opportunity to sodomize her. This led to damages to the anus that again has led to uncontrolled defecation. The case was reported to the police gender desk one stop center with referral hospital for legal and medical action.

CASE 2: A bodaboda (motorcycle transport) driver who locked his wife in the house for two days without food. He made the allegation that the wife would bring the corona virus home if she kept going out on her daily business. The next day his wife asked him to provide food because she was extremely hungry. The husband used a piece of a broken bottle of beer to shave her hair and severely beat her as she was crying out to neighbors for

help and for them to intervene. The case was reported to the police gender desk, and the husband was arrested and charged.

CASE 3: Two girls from Bunda district and Dar-es-salaam city escaped from their homes and came to Mwanza to live with men as husband and wife, and this increased their vulnerability to contracting COVID-19. In addition there is increased vulnerability to teenage pregnancies and forced early marriage that will result in school dropout, living in a cycle of Gender Based Violence, or being at an increased risk of being infected with HIV/AIDS and other sexually transmitted infection. The two cases were reported to the Bunda police gender desk. One of the girls were rescued and brought back to her parents. The other one, who came from Dar-es-salaam is being assisted by Kivulini and the Mwanza region police gender desk. They are working to investigate her current location in order to rescue her.



TEXT: **MARCIA ZAVALA CARNÉ**, MTM (MUJERES TRANSFORMANDO EL MUNDO), GUATEMALA



TEXT: **ANA DONIS**, MTM (MUJERES TRANSFORMANDO EL MUNDO), GUATEMALA

The situation for women during COVID-19 in Guatemala

Being a woman in Guatemala hinders access to some rights, and even more so if you are an indigenous woman. This group suffer double discrimination: ethnic and gender based. The coronavirus global emergency has magnified the various forms of violence faced by Guatemalan women.

According to the Women's Observatory (specialized statistical portal of the Public Prosecutor's Office), to date in 2020 (May) an average of 187 reports per day have been received related to crimes committed against women and children.

Of the total number of daily reports, 135 are related to violence against women, bringing the total number of victims to 22,265. Two are related to feminicides (women murdered because they are women), bringing the total to 187 victims, while 24 reports concern rape or sexual assault.

According to the statistics, San Agustín Acasaguastlán, El Progreso, is the third municipality in the country with the highest rate of cases of violence against women, i.e. 454 per 100,000. To date, the number of victims totals 211. This situation is worth noting since this is the area where Ixcanal is located, a village where a health cordon was established because of the number of COVID-19 infections.

Since the first case of COVID-19 was reported, the Public Prosecutor's Office has received more than 14,000 calls regarding violence against women, including more

than 400 for rape. These figures emerge in a context in which many women have shared their difficulties to file reports, not only because of fear of stigma, but also because being confined with the offender limits their access to a phone.

In the midst of the pandemic and the exacerbation of violence, women face yet another challenge: access to sexual and reproductive health services. Women in rural areas do not have the necessary financial resources to access these services privately and they are therefore dependent on the Ministry of Public Health, which has been overrun by the epidemic and has neglected the delivery of other services.

In a survey conducted by Mujeres Transformando el Mundo among 1,894 women in the 22 departments (counties), 60.4% asserted that the pandemic has brought a change in their family dynamics which has affected several factors, from a decrease in income (for 47.7%) to an increase in the time spent on housework, educational support and care work (for 79.5%).

Although 74.3% of the respondents have a university degree, this has not prevented their work from being affected, since 30.1% consider that their labor rights have been violated.

Women's right to mental and emotional health has also been affected by the emergency, as this health service is mostly a paying service in Guatemala. In the mentioned survey, 35.3% of the respondents said they felt upset or tense. Meanwhile, 14.3% said they have thought of suicide.

With regard to violence, 58.8% of the women surveyed claim to have been victims of insults, humiliation and/or physical assault during their lifetime. While 31.6% have at one time been forced to have sex or perform sexual acts against their will.

In the midst of the harsh situation Guatemalan women face during the pandemic, there is also a threat of the institutions responsible for safeguarding their rights becoming weaker. The President has announced the closure of the Secretariat responsible for advocating for women, which jeopardizes the public policies, plans and projects aimed at meeting this sector's needs. □



Masks provide some protection from COVID-19, but not from the escalating violence.
Photo: Mariano Mez Choc



Impact of COVID-19 on women in South Sudan

“Two more young women gang-raped near Jebel Kujur, Juba,” a newspaper headline on 1st June 2020 announces. It conveys the growing rate of sexual violence and goes on to tell the story of six armed men invading their houses at a time when women and girls are compelled to “Stay at Home, Stay Safe”.

This comes on the heels of similar cases of rapes at home or in residential areas in May. A 58-year-old woman raped and killed in Jonderu, an 8-year-old girl gang-raped in Gudele, and the mother of 2 whose children witnessed the rape.

Much like this headline dictates, COVID-19 has brought more of the same for many women in South Sudan, a country recovering from years of armed conflict and making slow progress in ending impunity for sexual and gender-based violence. The threat of, and measures to prevent or respond to COVID-19, have worsened the already vulnerable position of many, while limiting their ability to respond to the negative impact or build their resilience to current shocks.

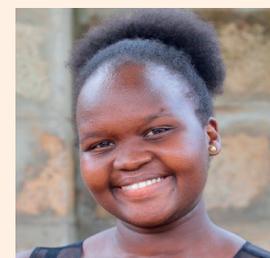
On 5th April, South Sudan reported its first case, and the number has since grown to 992 cases as of 2nd June 2020, with ten deaths. To lead the response, the government put in place a High-Level Task Force on COVID-19 to take precautionary measures in combating the spread. It is headed by the President and the First Vice President, with participation of a wide range of Ministers, working with development partners and civil society organizations. The measures included social distancing, frequent hand washing, closure of schools, shops and businesses selling non-food items, staying at home and later recommended working in shifts for the formally employed. The measures initially led to panic about the pandemic, among a population already dealing with war trauma. Some negative effects were observed in relation to household food security and livelihoods, health, education, pastoral, cultural and entertainment activities.

For women who continued to work in the markets to earn a living, the restriction on movement and the curfew exposed them to assault by security forces on their way home after curfew. While the culture of silence around domestic violence and weak access to justice for women affects official reporting, it has been noted that there is an increase in domestic violence as more men now stay at home. Women face even more difficulty reporting violence by an abuser they will have to return home to, while women's groups are unable to move around and provide their usual support to survivors. The forced closure of schools and universities increases the risk for girls to drop out from schools due to pregnancy or early and forced marriage, also heightening their risk for other forms of gender-based violence. Many families in a context with high child marriage rates at 52% and disrupted livelihoods due to COVID-19, now face the prospect of marrying off their daughters due to their inability to provide basic needs such as food, while others may do it to earn money for family upkeep.

It is clear that measures to contain or respond to the spread of COVID-19 should consider the heightened risk and incidences of sexual and gender-based violence in addition to incorporating concrete responses. Women's leadership along with their practical and strategic needs should be included in decision-making processes of the COVID-19 high-level taskforce, which should also think through efforts to undo pushback on gains in closing the gender gap in all aspects of development in South Sudan. ■



TEXT: **SANDRA TUMWESIGYE**, COMMUNICATIONS AND ADVOCACY COORDINATOR AT WOMEN'S INTERNATIONAL PEACE CENTER



TEXT: **JUAN RACHEL**, PROJECT ASSISTANT - SOUTH SUDAN AT WOMEN'S INTERNATIONAL PEACE CENTER

« THE FORCED CLOSURE OF SCHOOLS AND UNIVERSITIES INCREASES THE RISK FOR GIRLS TO DROP OUT FROM SCHOOLS DUE TO PREGNANCY OR EARLY AND FORCED MARRIAGE, ALSO HEIGHTENING THEIR RISK FOR OTHER FORMS OF GENDER-BASED VIOLENCE. »

One Pandemic at A Time: COVID-19 and domestic violence in Uganda

As the COVID-19 pandemic rages around the world, women and girls are more vulnerable than ever. The COVID-19 outbreak has revealed the strengths and weaknesses in our collective global and national capacities to respond to this health emergency and all it comes with. Governments all over the world are taking unprecedented measures to curb the spread of COVID-19 and Uganda's Government has done a commendable job through many interventions aimed at curbing the spread of the virus in Uganda.



TEKST: **ELISABETH KEMIGISHA**,
THE UGANDA ASSOCIATION
OF WOMEN LAWYERS - FIDA,
UGANDA

However, like many health crises, COVID-19 is also gendered. The huge disconnect between the Presidential directives in Uganda to curb COVID-19 and the lived reality of many vulnerable groups like women and children has aggravated the effects of the pandemic to them.

There are several forms of evidence having shown that in many households in Uganda, when men are at home women are in danger. In fact, the Uganda Demographic and Health Survey of 2016 showed that 30% of the partnered Ugandan women are currently living with partners who physically and sexually abuse them. This means that the pent-up horrors of abusive households are already familiar to millions of Ugandan women. The arrival of a pandemic like COVID-19 and all that has come with it, like the stay-at-home orders, is exposing many women to their abusers.

FIDA has witnessed a 522% increase in the number of domestic violence cases reported by phone. From 9 cases on average to 56 per week. This is a number we are able to track, but many more women are unable to

report because of their inability to move and access police stations and service providers like FIDA. Many domestic violence cases are going unreported. With school closures and isolation in homes, women who already bore the brunt of unpaid domestic care work now have to attend to it as a full-time job with unsupportive partners. This hike in cases, from experience, can be attributed to the disruption caused by the pandemic to livelihoods and earning ability for these women. As a result, access to basic needs and resources has been constrained and increased stress on families. The increase could also be attributed to the fact that there is scarcity of community resources. Many victims have found themselves isolated in violent homes, without access to social and protective networks and services. Uganda has not registered a COVID-19 death until now, but has had numerous deaths of women, and several human rights violations.

In Karamoja region - one of the most vulnerable regions in the country, defilement and forced marriages are on the increase. With all educational institutions being closed since 18th March 15 million student have

« **THE ARRIVAL OF A PANDEMIC LIKE COVID-19 AND ALL THAT HAS COME WITH IT, LIKE THE STAY-AT-HOME ORDERS, IS EXPOSING MANY WOMEN TO THEIR ABUSERS.** »



Stop Telling Women to Smile - A street art project addressing gender based street harassment.
Artist: Tatyana Fazlalizadeh

been home. This has exposed them to many risks in the communities. As result of social distancing, girls in this region who used to move in groups to collect firewood and water are now forced to walk alone, exposing them to risks. By the time schools re-open we anticipate a high level of school drop out by the girls, high teenage pregnancy rates and child mothers with all the health complications. Which is, and will moving forward, undermine all the milestones achieved within the region and country as a whole.

In Luwero district, where FIDA implements their economic justice programme, many women are currently unable to undertake their business ventures in their saving groups. The financial strain from loans that they acquired from microfinance institutions has heightened anxiety and this doesn't get any easier when locked down at home unable to support their families. This has increased the friction in homes which ends into physical violence.

Amidst all this, FIDA Uganda has continued to provide legal aid support to the women and children in different districts of Uganda. The main reporting method has been through phone calls, and over 80% of the cases handled during the pandemic were reported through this method. Through the network of different police officers we work with, we are able to refer and ensure that the police visit the victims; take their statements and ensure administration of necessary health attention for those that need it. While this has yielded results for many victims, the police has been unable to effectively respond to some cases because they are spread thin with most police officers being posted to implement the different Presidential directives like limitation on movement,

curfew time etc. FIDA also petitioned the Government of Uganda to prioritise responses to domestic violence while drawing up different interventions to curb the spread of COVID-19. FIDA has leveraged on their network of community legal volunteers (and cultural leaders in some districts) who stay and work within communities. They have been actively supporting the community members in handling some of the cases at that level. With support from the Local Government offices which we work with, some offices were able to acquire movement permits to support police in responding to these cases.

Conclusively, COVID-19 has magnified gaps and cracks in our systems and highlighted disproportionate risks to the most vulnerable among us. COVID-19's impacts, those already felt as well as those still anticipated, should serve as a wake-up call to our Government. It is therefore imperative that Governments spur action to address underlying inequalities that make the consequences of a pandemic like COVID-19 even worse than they would otherwise be. These inequalities have caused issues like gender-based violence, disproportionate ownership of land, sexual harassment at work, trafficking, and many more. It is important for the Government to invest and prioritize women and girls' health, education, economic opportunity, safety, and decision-making power. Decision-makers should realize this is inextricably linked to today's pandemic response.

Lastly, the Government needs to deliberately invest in a strong health system. With many people still having to walk more than 5 kilometres to the nearest health centre, it is extremely difficult for such health care system to handle a pandemic. ■

The quarantine and the rights of girls and women in Colombia

While isolation is necessary to reduce the risk of infection, it should be acknowledged that households are not safe spaces for girls, adolescents and women. The State, with or without an emergency, must be the guarantor for preventing, punishing and eradicating all forms of gender-based violence.



TEXT: GABRIELA ERASO
VILLOTA,
CORPORACIÓN HUMANAS
COLOMBIA

In Colombia, the mandatory preventive isolation began on 25th March. It has since then gradually been made more flexible, with measures to reactivate the economy. According to the Colombian Women's Observatory, the hotlines available to access psycho-legal assistance and report situations of violence against women, from 25th March to 11th April, receiving **142% more calls** than in the same period in 2019. Due to this, many victims did not receive any response. In addition, many women do not have the necessary information to access the services, money to make the calls or go and receive face-to-face counseling. According to *Sisma Mujer*, approximately every 25 hours a femicide was reported. Every 10 minutes a report of domestic violence was made and every 21 minutes a report related to sexual offences (25 March to 23 April 2020).

Nonetheless, through *Decree 460 of 2020* the Colombian Government made it possible for the Family Commissariats to ensure the provision of their services during the emergency. In conflict with this the fact is that these services are closed in many municipalities because the public officials in charge do not have the necessary protective measures (PPEs) that the municipal government have had to provide. Since these are, in some cases,

the only institutions that provide help for victims, the victims have been left unprotected during the pandemic.

« **VIOLENCE AGAINST WOMEN PREDATES, BUT IS EXACERBATED BY THE COVID-19 PANDEMIC.** »

The unemployment rate in the first quarter of the year reached a historical 19%, of which **women accounted for 16.4%**. At the same time unpaid care work has increased, and many women have to endure isolation with their abusers in conditions of overcrowding and in fear of demanding a better division of household chores because of the tension and violence that might ensue.

It should also be noted that women health workers have been exposed to the risk of infection and have suffered a greater impact. For example, according to the National Health Institute, of the **998 positive cases** reported among health workers as of 27th May, 345 concern assistant nurses and 142 nursing staff, i.e. both professions held mostly by women.

Finally, we conclude by saying that violence against women is not isolated but systematic; it is a human rights issue and a state responsibility that must be addressed through policies for prevention and decent, comprehensive care that does not revictimize women. This economic and health emergency cannot be an excuse for having new victims of violence against girls, adolescent girls and women. □



Impact on human trafficking and counter measures

In recent years, we have seen an emerging trend of the feminization of migration – approximately 50% of migrants on the migratory route are women (and children).

Therefore, when referring to migrants and refugees, gender considerations should be built into our protection responses, such as the provision of SRH services, including SGBV support along migratory routes. However, vulnerable groups also include persons with pre-existing chronic illnesses and specific needs (children, elderly, persons with disabilities), LGBTQI+ migrants and single-headed households.

The impact of COVID-19 on victims of trafficking

“Migrants in irregular situations, asylum seekers, exploited and trafficked persons may be particularly at risk of COVID-19 because their living or working environment may expose them to the virus without necessary protection.”

Statement by UN Special Rapporteur on the human rights of migrants, Mr Felipe González Morales, and UN Special Rapporteur on trafficking in persons, Ms Marie Grazia Giammarinaro, 3rd April 2020

The identification of victims of trafficking is difficult because of its underground criminal nature. The pandemic risks further curtailing identification efforts due to measures of confinement, priorities of law enforcement shifting from the apprehension of traffickers to the monitoring of confinement and other measures against COVID-19, and the closure of social services. The protection of victims of trafficking may also be impacted by the pandemic, especially when they experienced pre-existing socioeconomic difficulties. Their living conditions may put them at increased risk of infection. They also have higher risks of re-exploitation when they can't benefit from assistance and care due to suspension of services, or the impossibility in the practice of preventive measures in victims' shelters.

The socio-economic impacts of the pandemic are exacerbating vulnerabilities in our societies, including systemic issues related to health care, social security, security of employment or working conditions. As in times of economic crisis, increased insecurity, poverty and marginalization induced by diseases outbreaks can be key drivers of human trafficking. Criminal groups such as traffickers are likely to take advantage of people's vulnerabilities for exploitative purposes. Increasing rates of unemployment, which will likely worsen in the forthcoming months, will add additional pressures on workers and increase jobs competition (women are over represented in low-paid and informal work sector), while

reducing flows of international remittances to countries of origin, thereby exposing more families to poverty.

Risks of human trafficking induced by the pandemic can, for example, take the form of:

- The disruption of supply chains with little oversight over potentially exploitative working conditions at the other end of the chain.
- Factories lending money for workers confined at home without financial resources which may turn out in debt bondage.
- Prohibition of sex work due to lockdown in some countries which risks pushing sex workers underground and increasing their vulnerability to human trafficking.

Family separation, including unaccompanied and separated children, remains a significant challenge with diminished capacities to implement coordination and tracking mechanisms.

These are just a few of the examples of tools and responses to COVID-19

- IOM, through its Corporate Responsibility in Eliminating Slavery and Trafficking (CREST), has developed and implemented tools and guidance to uphold the rights of migrant workers during COVID-19. These include recommendations for businesses and suppliers to support the protection of migrant workers in international supply chains.
- The IOM's Joint Global Initiative on Diversity, Inclusion and Social Cohesion (DISC Initiative) has developed a Special Edition of the DISC Digest, No Social Exclusion in 'Social' Distancing: Leaving No Migrants Behind, exploring the risks of social exclusion caused by inequities faced by different migrant households and groups (i.e. women, children, persons with disabilities, LGBTQI+) in the COVID-19 response, and showcases best field practices and assessment reports for developing a more differentiated, appropriate, and migrant-friendly response to the pandemic.
- Remittances (essential service classification) – helping sending migrants, in the form of decreased remittance fees (SDG 10 c) as well as innovative solutions to mitigate the estimated 20% reduction in world remittances. □



TEXT: **HOMA S. HASAN**,
IOM NORWAY - SENIOR
PROGRAMME DEVELOPMENT
OFFICER (MISSION GENDER
FOCAL POINT)

This article is an adaptation of materials sourced from:

https://www.iom.int/sites/default/files/documents/covid-19_analytical_snapshot_25_-_gender.pdf
https://www.iom.int/sites/default/files/documents/covid-19_analytical_snapshot_14_human_trafficking.pdf



Children in rural areas of Afghanistan.

What will their future look like?

Foto: Ragnhild Sørheim
(Norwegian Afghanistan Committee)



A future on hold



TEXT: **TERJE MAGNUSSØNN
WATTERDAL**, COUNTRY
DIRECTOR, NORWEGIAN
AFGHANISTAN COMMITTEE

Every March, girls and boys across Afghanistan prepare for Nowruz, the celebration of the New Year, the arrival of the spring season and the opening of schools after the long winter break. This year everything was different.

The President ordered the closure of all Afghan schools on March 14th due to the COVID-19 pandemic. The colorful Nowruz celebration on March 21st was cancelled, and fear spread across the nation. In just one week, more than 100,000 Afghan refugees were returned from Iran alone, and in the weeks that followed, hundreds of thousands more followed from Iran and other neighboring countries. Migrant workers and their families returned to their villages, often in rural and hard-to-reach parts of the country, many bringing with them the virus that already had the world firm in its grip. It was not long before borders with all neighboring countries were closed, all commercial flights stopped, and food prices skyrocketed. Soon after, Afghan cities and communities ordered lockdowns to

reduce the spread of the virus, day workers and shopkeepers lost their jobs, and an eerie calm spread across the nation.

Afghanistan has suffered from economic, food, political and security crises for decades, but the pandemic added new ills to a hard-trying people. While the pandemic spreads, violence and crime are on the rise in Afghanistan. Instead of tackling the multiple crises faced by the country, Afghan and international "leaders" continue their squabble over positions of power, being poor examples to the people they claim to represent. Women and girls are among the most vulnerable to COVID-19, as when relatives fall ill, they tend to the sick without any protection. When food is prepared, they spend hours every day inhaling the fumes from open

fires and stoves in ill ventilated kitchens, harming their respiratory systems. And, when food is scarce, women and girls do not eat until after the men and boys have had their share.

Schools remain closed, for how long, no one knows. What is for certain is that Afghan girls and boys will lose a year of learning; their lives and futures will be on hold; and many young girls will never return to school when they reopen, as they will be married off early to save hard pressed and desperate families from having another mouth to feed.

We do not know how many Afghan girls and boys, women and men, have fallen ill or have died. But we personally know many who have lost their loved ones – mothers and fathers gone, brothers, sisters, grandfathers, and grandmothers silently put in their graves.

Knowledge and information is power, but information on COVID-19 has yet to reach many of those without access to the internet, and the information that is shared is often in a language and uses words that are hard to understand for many – the health and protection advice provided by the urban elite, impossible for most to follow.

In early June, we managed to convince two national TV stations to air information programs on COVID-19 in Sign language. Our disability advisor, together with her team from the school for the deaf in Kabul, were on TV providing information to the Deaf community, as they are mostly forgotten about, and many of our deaf sisters and brothers have already been affected.

« AFGHANISTAN HAS SUFFERED FROM ECONOMIC, FOOD, POLITICAL AND SECURITY CRISES FOR DECADES, BUT THE PANDEMIC ADDED NEW ILLS TO A HARD-TRIED PEOPLE. »

The choice for many in Afghanistan is between infection and starvation. For most this is an "easy" choice to make. If they can, mothers and fathers go to work, even without much protection, as the food for the evening is earned during the same day. A day without income is a day without food, as most Afghans do not have the privilege of stocking up on food during these times of crisis. Parents must be encouraged to keep their girls and boys in school; families must be provided with food support; jobs must be created; and farmers must be provided with seeds to ensure that there will be a harvest when autumn comes, and food will be available during the long winter months.

When rebuilding our economies, we must never lose sight of our sisters and brothers in Afghanistan. Now, more than ever, they need our solidarity and support. ▣



With the arrival of the spring season schools should open after the long winter break. This year everything was different.

Foto: Ragnhild Sørheim (Norwegian Afghanistan Committee)

Leave no one behind – now more than ever



TEXT: **VICTOR MADRIGAL-BORLOZ**, UN INDEPENDENT EXPERT ON PROTECTION AGAINST VIOLENCE AND DISCRIMINATION BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY

The COVID-19 pandemic is an unprecedented global challenge that has exacerbated the inequalities prevalent in all regions of the world. The UN General Assembly has acknowledged that “the poorest and most vulnerable are the hardest hit by the pandemic and that the impact of the crisis.”¹ Among those at increased risk of being left behind, lesbian, gay, bisexual and trans and gender diverse (LGBT) persons have suffered significant impact from the pandemic. Consequences on them can be classified under three main headings:

- a.** The authorities within a group of States have chosen to use the pandemic as an excuse to persecute persons on the basis of their sexual orientation and/or gender identity, or to withdraw or limit the manner in which they can enjoy their human rights. These cases have in common a lack of a logical nexus between the measure adopted and its alleged objective (i.e. to protect public health), they are being passed or adopted under the state of exception created by the pandemic;
- b.** COVID-19 responses which, in the abstract, appear to be non-discriminatory may nonetheless trigger discriminatory impact on the basis of the means used for their implementation or the particular context in which they are adopted. We can think, for example, in measures entrusting community and religious leaders with the identification of beneficiaries for food and hygienic and other supplies. However, these leaders may be themselves agents of discrimination, which will create a detrimental result in the effective access to the measure of support – or even the motivation to seek to obtain it;
- c.** Finally, I am convinced that LGBT persons come to this struggle bearing a legacy of poverty and exclusion. Social status and, particularly, the experience of poverty, are indeed powerful determinants and amplifiers for

discrimination, which in turn fuel violence and an environment of exclusion from opportunity in all facets of life. These dynamics are further compounded by multiple, intersecting and equally determinant identities that every person reunites in one body,

In the particular case of women and girls, including lesbian, bisexual and trans women, the influence of intersecting identities in the creation of unique lived experiences of discrimination and exclusion has been noted by the UN Working Group on Discrimination against Women and Girls when warning that women are particularly exposed to contagion in the frontlines and keeping communities running, face restrictions on the provision of health services, are at risk of domestic violence when sheltering at home, and suffer pervasive disparity in family care responsibilities, as well as participation in non-paid work or the informal economy.²

For these reasons, after a process of consultation with States and civil society, I have issued the ASPIRE Guidelines, which stand for

Acknowledge that LGBT persons exist everywhere;
Support civil society organizations;
Protect LGBT persons from abuse;
Indirect discrimination is a real risk;
Representation of LGBT persons in measure design and evaluation is key; and
Evidence must be at the base of all public policy response.

I am convinced that attention to these factors will significantly contribute to “Building Back Better,” an objective which must include decided political action to the ambitions of the 2030 agenda, and to leave no one behind, now more than ever. **□**

Sexual and Reproductive Health and rights

overloaded 
HOSPITALS



ACCESS Safety, Access, Lack of Discrimination

poor and marginalised women and girls suffer

unwanted pregnancies



Victor Madrigal Borloz



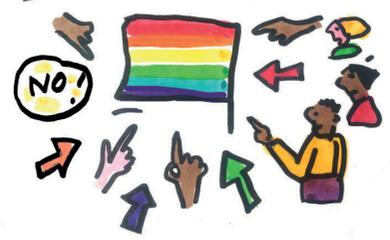
the **VIRUS** revealed stark **inequities...**

ACCESS TO CONTRACEPTION... OVER the COUNTER



Shannon Kowalski

DISCRIMINATION

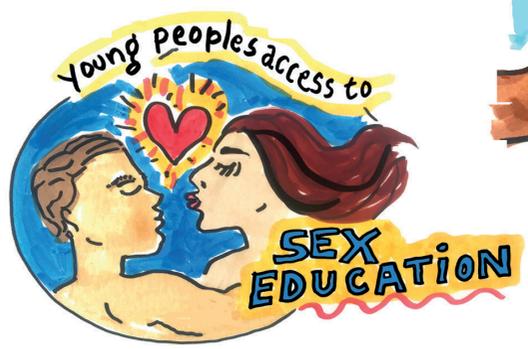


EDUCATION and SUPPORT people can **manage their own NEEDS.**

I FEEL POSITIVE ABOUT MY SEXUAL HEALTH

YES (x' Box)

NO (x' Box)



Sexual and Reproductive Health During the Pandemic

NEW YORK – The COVID-19 crisis has disrupted almost every aspect of life, but not sex. Both wanted and unwanted intimacy occurs during a pandemic. With reduced mobility and less access to clinics and hospitals, ensuring quality and timely reproductive health care is more important than ever.



TEXT: SHANNON KOWALSKI,
DIRECTOR OF ADVOCACY AND
POLICY AT THE INTERNATIONAL
WOMEN'S HEALTH COALITION.

The virus has revealed stark inequities in medicine – and not only in emergency care. Even before COVID-19, adolescent girls, migrants, minorities, people with disabilities, and LGBTQI+ people faced discrimination in doctors' waiting rooms. The crisis is an opportunity for policymakers to support initiatives that give women and girls more power over their immediate needs and improve access to critical services in the long term.

The first priority is to make oral contraceptives available over the counter. This will increase safety, access, and use. In most places, a prescription is required, which prevents women from being fully in control of their bodies. It also may interfere with a patient's access to carefree of abuse or privacy violations. This is especially true for teenagers, gender non-conforming people, domestic violence victims, and others who fear discrimination or disrespect in clinical settings.

The benefits of making contraceptives more widely available far outweigh the low risks. Evidence shows that women and gender non-conforming people can screen themselves for counter-indications using simple checklists that accompany medication. Permitting people to get a year's supply, so they can self-administer injectables like Depo-Provera would benefit those in violent situations and others who may struggle to access healthcare. Eliminating third-party authorization requirements and lowering costs for contraceptives would help, too.

Second, we must make abortion more accessible. Regressive policies and recent lockdowns have made in-clinic abortions less available, even though it is an essential medical procedure. Policymakers can and should take simple steps to eliminate unnecessary obstacles to abortion with pills, which would expand women's freedom and reduce clinic visits.

Medical abortions are safe and effective. Millions of women self-terminate pregnancies every year, whether using a combination of mifepristone and misoprostol, or misoprostol alone. There is no need for an office visit. People seeking abortions can assess whether they are eligible, follow instructions on correct dosages, and determine if the abortion is successful. All they need is accurate information, medication, and access to back-up health care if necessary.

« **VIOLENCE AGAINST WOMEN PREDATES, BUT IS EXACERBATED BY THE COVID-19 PANDEMIC.** »



Foto: Shutterstock

The best way to increase abortion access is to make mifepristone and misoprostol available over the counter. At a minimum, policymakers should make them easier to attain through telemedicine. This is viable and safe as long as consumers are educated about what to expect and can receive post-abortion care without judgment, stigma, or fear of prosecution. People who self-manage their abortions should not be harassed or penalized.

Quality maternal care also is crucial for women in the coronavirus era. Pregnant women face the same stresses as everyone in a pandemic. They face possible job insecurity, loss of income, health coverage changes, and threats to their own health. And then there are unique concerns about the health of their fetuses and newborns.

In many places, overburdened health-care systems can't provide pregnant women with the level of maternal care they expected – and received – before the pandemic. To address this gap, practitioners should help pregnant women practice greater self-care by providing the right tools and information, such as telemedicine, online education, home visits by midwives and other providers, psychosocial support, and ample screening.

These measures will ensure that pregnant women can better monitor their own health, manage common symptoms, identify signs of complications, and know when to seek care. And when they do, they must be able to travel to health-care facilities, even where lockdowns are enforced. This means ensuring emergency transport and

personal protective equipment for pregnant women and those who accompany them.

Moreover, policymakers should expand initiatives that de-medicalize birth. Attended home births for low-risk pregnancies, guaranteed presence of midwives, dedicated birthing facilities linked to tertiary care, and home visits for antenatal care help ensure safer deliveries for mothers and providers alike. Many countries have emphasized institutional care, even though de-medicalizing childbirth is beneficial in the best of times, not just in a crisis.

We must avoid enacting knee-jerk measures. It would be regressive to restrict or ban partners or doulas from labor, separate infants from mothers who have, or are suspected to have, COVID-19, or interfere with early skin-to-skin contact, including breastfeeding. The World Health Organization has urged providers to refrain from such measures while caring for pregnant women, parents, and infants. This is critical to prevent an increase in obstetric violence or worse outcomes for women and their newborns.

Governments that do not eliminate barriers to care risk fractured health systems that cannot tend to everyone's needs. In the long term, investments in self-empowerment will strengthen health systems and the quality of care. With education and support, people can manage their sexual and reproductive health-care needs. Policymakers need to give them the power and tools to do so. □

Når kriser brukes politisk – forsøk på innskrenkning av kvinners rettigheter

COVID-19 og den helsekrisen som rammet svært mange land i verden i løpet av de første månedene har av enkelte politiske ledere blitt brukt til innskrenkning i mulighet til kvinners rett til abort, manglende mulighet til tilgang til prevensjonsmidler og til hygieniske artikler som bind og tamponger.



GRO LINDSTAD,
DAGLIG LEDER, FOKUS

I 8 stater i USA brukte delstatsmyndighetene COVID-19 og den økende helsekrisen i USA til å begrense eller fullt ut stoppe muligheten til tilgang til abort. Louisiana, Texas, Oklahoma, Tennessee, Alabama, Iowa og Ohio har alle republikansk styre i delstatene. Guvernørene og republikanske politikere har lenge før COVID-19 forsøkt ulike måter for å stenge klinikker som tilbyr kvinner mulighet til abort. Når virus og pandemi førte til at helsevesenet i alle delstatene måtte styrkes og prioriteringer måtte gjøres, valgte alle disse delstatene på ulike måter å beordre stenging av helsetilbud knyttet til abort.

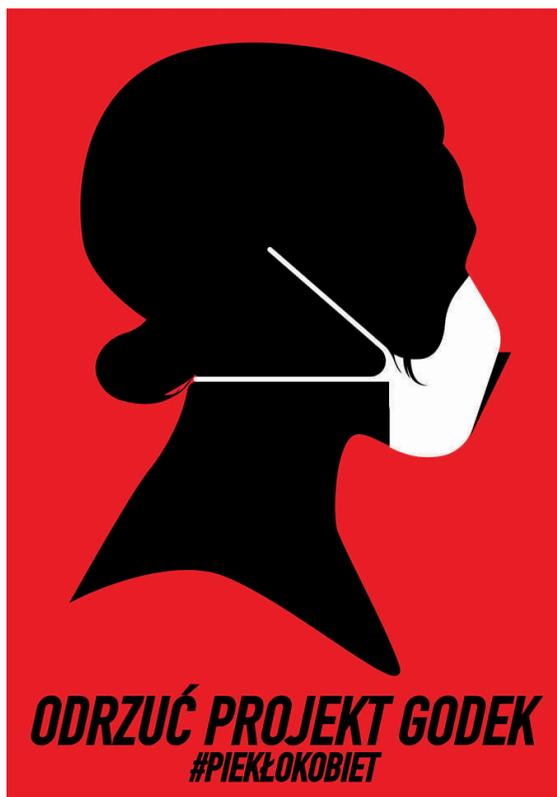
Begrunnelsen var at det ikke var definert som essensielle helsetjenester, og at kvinnene som trengte denne type tilbud kunne vente til pandemien var over! Den amerikanske legeföreningen og gynekologforeningen utfordret avgjørelsene, og uttalte at tilgang til abort er en viktig

og tidssensitiv helsetjeneste, og at en utsettelse kan ha alvorlige konsekvenser for personers liv, helse og livskvalitet. Sammen med blant annet Center for Reproductive Rights gikk de til retten med krav om at tjenestene ble gjenopprettet og klinikkene gjenåpnet. De argumenterte også med at stengingen høyst sannsynlig vil skape større belastning for helsevesenet i stedet for å minske belastningen. I dokumentene til domstolene ble det påpekt at manglende tilgang til denne type tjenester kriminaliserer nødvendig helsehjelp. I Louisiana, Texas, Oklahoma og Tennessee har myndighetene allerede tapt sakene og klinikkene har kunnet åpne. De andre sakene er fremdeles i begynnelsen av juni 2020 under behandling.

I USA har en døende kvinnes innrømmelser i en ny dokumentarfilm fått liten internasjonal medieoppmerksomhet fordi vi har vært opptatt med virus og egne mediasaker om økonomi og smittetall. Rettssaken som i sin tid endret abortlovgivningen i USA har i mange år vært forsøkt endret tilbake til forbud. Roe mot Wade er en domsavsigelse fra USAs høyesterett den 22. januar 1973, som i praksis legaliserte abort i USA. Domsslutningen gjaldt en ankesak fra Texas hvor en angivelig voldtatt kvinne – Jane Roe – gikk til retts sak i delstaten fordi hun var nektet abort.

Norma McCorvey, som var den anonyme kvinnen saken gjaldt, sto i 1995 offentlig frem og sa at hun var abortmotstander. Dette var en stor seier for alle som i USA jobbet for å endre loven tilbake til forbud. McCorvey jobbet i mange år sammen med kristenkonserverve organisasjoner for å endre loven.¹ I en film om hennes liv, «AKA Jane Roe», sier hun at hun kun endret mening fordi anti-abort organisasjoner som Operation Rescue betalte henne for å si det. Hun forteller i filmen at "I was the big fish. I think it was a mutual thing. I took their money and they'd put me out in front of the cameras and tell me what to say." That's what I'd say." For de som har brukt Norma McCorvey som angrende og en grunn til å endre loven er dette et skudd for baugen, og for aktivistene og organisasjonene som fortsetter å kjempe for at abort skal være lovlig er dette viktig informasjon, og dokumentasjon på hvor langt motstandere har vært villig til å gå. McCorvey døde i 2017.

I Russland har man stanset mulighet til å få utført



Da det polske parlamentet forsøkte å stramme inn på abortlovgivning i mars 2020 var denne plakaten del av protesten mot lovforslaget. Artist: Ola Jasionowska



Demonstrasjon i Florida i 2019. Politikere i flere delstater fremmet forslag om å innskrenke reproduktive rettigheter. Foto: Shutterstock

abort med argumentasjon at det ikke er en nødvendig helsetjeneste. Protestmulighetene er mye mindre og domstolene er ikke brukt for å få til endringer.

I Polen brukte regjeringen og parlamentet i april karantene og bevegelsesrestriksjoner knyttet til pandemien til å fremme to lovforslag i parlamentet. Det ene ville ytterligere begrense en allerede svært avgrenset adgang til å få utført abort til å bli enda mindre. Forslaget ville fjerne adgang til abort der hvor fosteret hadde store skader. Det ville i praksis bety en nesten total fjerning av mulighet til abort. Samme forslag ble fremmet i 2017, og førte da til store protester og massedemonstrasjoner. Med virus og restriksjoner på samling av mennesker var det å fremme forslaget igjen et forsøk på å få dette vedtatt uten protester.

Det ble i tillegg fremmet forslag om å sterkt begrense seksualundervisning i skolen, med den argumentasjon at en helhetlig seksualitetsundervisning var en rekruttering til pedofili. Undervisning om homoseksualitet ble ansett som rekruttering og i forslaget lå også fengselsstraff for leger som skrev ut resepter på prevensjon til unge under 18 år. På tross av manglende muligheter til å samles for å demonstrere brukte aktivister fantasien og hadde demonstrasjonstog i biler forbi og rundt parlamentet, plakater hengende fra balkonger og aktiv bruk av sosiale medier med en egen plakatkampanje. Lovforslagene ble ikke vedtatt, men parlamenter bestemte at de skulle

sendes til komite for videre utredning.

Når mange av oss har fått beskjed om å holde oss hjemme i uker og måneder har legekonsultasjoner i en rekke land blitt omgjort til telekonsultasjoner. Leger gjør vurderinger, gir resepter og vurderer behov for videre oppfølging utover telekonsultasjonen. I Nederland endte en sak knyttet til telemedisin i retten i slutten av mars 2020. En kvinne i karantene hadde behov for pille for å kunne gjennomføre en medisinsk abort, men grunnet ordinær lovgivning ville ikke legen hennes gi henne dette når hun ikke kunne komme til klinikken. Organisasjonen Women on Waves tok saken til retten, og en domstol i Haag avslo krav om å tvinge Helsedepartementet til å gjøre unntak for bestemmelsen grunnet den ekstraordinære situasjonen coronaviruset utgjør.

I mange land hvor befolkningen har blitt satt i karantener og portforbud har jenter og kvinner fått sterkt svekket tilgang til bind og tamponger. Forsyninger til butikker stopper opp, prisene skyter i været, det er manglende mulighet til å gå ut for å kjøpe det som trengs, eller det er rett og slett slik at det ikke finnes penger i familien til å kjøpe dette fordi inntekt har falt bort. For de som får tilgang til piller til medisinsk abort ved å bestille dem via nett har stengte grenser, stans i arbeid med fortolling av post og manglende postgang skapt store utfordringer. Og i mange land er telemedisin ikke en gang et konsept man har hørt om. ■

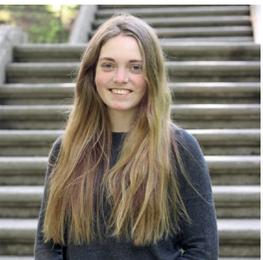
1) <https://www.latimes.com/entertainment-arts/tv/story/2020-05-19/roe-v-wade-jane-roe-norma-mccorvey-hulu-doc-abortion>

How the pandemic is affecting the health of women and girls worldwide



TEXT: **MERETHE LAN OLSEN**
NORSK MEDISINSTUDENT-
FORENING

As the world is facing a global pandemic, we are starting to learn of the effects of COVID-19 on women's health beyond the virus itself. Vulnerable groups in society are especially at risk, including women and girls due to pre-existing unequal living conditions.



TEXT: **HANNE DAHL VONEN**
NORSK MEDISINSTUDENT-
FORENING

The pandemic is now amplifying inequalities, due to the lack of education and access to sexual and reproductive health, unpaid work and gender-based violence, representing a shadow pandemic (1). While the full scope of the effect the pandemic will have on the health of women and girls is not yet known, there is reason to believe that its consequences can potentially be excruciating if not addressed.

It is widely documented that disease outbreaks increase girls' and women's duties caring for family members. As of March 2020, UNESCO estimated that 89% of children were out of school, 111 million of these girls living in the world's least developed countries where obtaining an education is already posing a great challenge. Many of these will never return to school (2). Girls will thus be disproportionately affected by the secondary effects of the pandemic since their education is put on hold. Good quality education is the foundation of anyone's well-being, and substantial evidence shows that education has a causal effect on health, measured through mortality (3,4). Due to the already pre-existing gender inequalities,

the pandemic has thus been forcing girls and women to take on the role as caregivers, depriving them of education and the opportunity to live longer healthier lives.

Worldwide women make up 70% of the health workforce and are in the frontlines in the global fight against COVID-19 (5). They are now faced with a double burden, namely longer shifts at work accompanied by increased responsibility and caretaking at home. Also, it has been found that most masks provided at hospitals are in "default man" size, leaving female workers especially exposed (6). The risk of COVID-19 infection and the load of work will therefore represent a severe strain on their mental and physical health, leading to a series of harmful health consequences including suffering from PTSD and burnout (7,8).

Gender equality is an indispensable part of achieving the UN Sustainable Development Goals (9) and recognizing the gender-based challenges our society is facing will not only improve the long-standing inequalities for women and girls but also develop a more equal and resilient world for every single one of us. ■

1. <https://www.unwomen.org/en/news/stories/2020/5/press-release-the-shadow-pandemic-of-violence-against-women-during-covid-19>
2. <https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>
3. <http://www.oecd.org/education/innovation-education/37425753.pdf>
4. <https://en.unesco.org/themes/education-health-and-well-being>
5. https://www.who.int/hrh/resources/gender_equity-health_workforce_analysis/en/
6. <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>
7. https://www.health.harvard.edu/press_releases/how-stress-harms-your-physical-and-psychological-health
8. <https://www.nytimes.com/2020/05/16/health/coronavirus-ptsd-medical-workers.html>
9. <https://sustainabledevelopment.un.org/sdg5>

Vi kan ikke tillate at kvinner og barn nok en gang blir ofre i en krise!

I Slovakia ble mødre til premature og syke nyfødte bedt om å reise hjem fra sykehuset for å frigi sykehussengen til COVID-19 pasienter. I Norge har kvinner måttet møte opp til alle svangerskapsrelaterte undersøkelser alene.

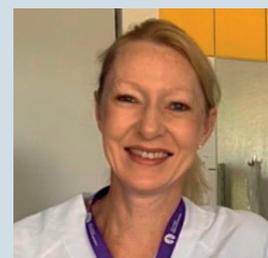
Kvinner som har født veldig prematurt, fikk i motsetning til kvinnen i Slovakia, være på nyfødt intensiv. Det fikk ikke barnefar. Verdens helseorganisasjon (WHO) har anbefalt at kvinner fikk ha med seg partner i fødsel. I Norge har denne anbefalingen blitt fulgt, med lokale tilpasninger. I Kroatia har leger bestemt at kvinner med mistenkt COVID-19-smitte skal forløses med keisersnitt, og deretter separeres fra barnet for å unngå smitte. I Makedonia oppsøkte en gravid kvinne akuttmottaket med symptomer på infeksjon. Der måtte hun vente seks timer, og testes for COVID-19 før hun fikk behandling. Det er grunn til å anta at dette utsatte en livsnødvendig behandling for både henne og hennes ufødte barn med mange timer, og satte dem begge potensiell i livsfare. I Romania og Polen ble nyfødte flyttet fra sine mødre i to uker, for å forebygge smitte, selv om det ikke var noen spesiell mistanke om det. I stedet ble 10 nyfødte smittet av helsepersonell. Ifølge The Guardian har kvinner blitt nektet epidural i fødsel fordi anestesilegene skulle være forbeholdt COVID-19 pasienter. WHO er tydelige på at kvinners- og nyfødtes menneskerettigheter under graviditet, fødsel og barseltid, skal prioriteres under den nåværende COVID-19-krisen for å oppnå den beste helsemessige standard for både mor og barn. Det fremholdes at det skal praktiseres respektfull svangerskaps- fødsel- og barselomsorg, selv om den gravide/nybakte moren er bekreftet smittet av COVID-19.

WHO mener det innebærer verdighet og respekt, muligheter for informerte valg, tydelig kommunikasjon fra omsorgsgivere, smertelindring, frihet til å bevege seg,

samvær mellom mor og barn (ikke separasjon), samt amnehjelp og veiledning. WHO har som målsetting å beskytte mødre og barns helse og sikkerhet, og nasjonale helsemyndigheter burde forsterke svangerskapsomsorg, fødsels- og barselomsorg både på sykehus og i kommunene. Dessverre synes vi å se at det motsatte har skjedd i veldig mange land. Svangerskapsomsorg som ikke var tvingende nødvendig ble avlyst, barseltiden ble startet alene, og hjemmebesøk ble kun gitt til familier ved «kritiske» tilfeller.

« SVANGERSKAPSOMSORG SOM IKKE VAR TVINGENDE NØDVENDIG BLE AVLYST... »

Vi må aldri tvile på at de delvis ekstreme virkemidler som har blitt praktisert globalt for å få bukt med COVID-19-pandemien ikke har vært gjort i beste mening, for å redde så mange liv som overhodet mulig. Spørsmålet for fremtiden bør imidlertid være om svangerskaps- fødsels- og barselomsorgen har lidd unødig, blant annet fordi partner og familiens rolle har vært feilaktig undervurdert, og om kvinner i fødsel ikke har blitt i varetatt etter WHO's anbefalinger, til fordel for COVID-19 pasienter? Vi kan ikke tillate at kvinner og barn nok en gang blir ofre i en krise! ■



TEKST: **LENE BACHMAN**,
SENTRALSTYREMEDLEM I DEN
NORSKE JORDMORFORENINGEN

Prevensjonsmangel får store konsekvenser for kvinners seksuelle og reproduktive helse i koronakrisen

Flere steder i verden er nå alle eller deler av produksjon og leveranse av prevensjonsmidler forsinket eller stanset som følge av smittevernstiltak og restriksjoner. Dette får store konsekvenser for kvinners seksuelle og reproduktive helse og rettigheter.



TEKST: KRISTINE BJARTNES,
RÅDGIVER, SEX OG POLITIKK



TEKST: TOR HUGNE OLSEN,
DAGLIG LEDER, SEX OG
POLITIKK

Årsaken til prevensjonsmangelen er sammensatt. Flere fabrikker som produserer kondomer og hormonelle prevensjonsmidler har måttet stenge eller redusere produksjonen kraftig som følge av smittevernstiltak. Flere land har stengt grensene for både mennesker og varer, og dermed både eksport og import av prevensjonsmidler. India stoppet for eksempel eksport av et hormon som blant annet brukes i p-piller, mens Iran har stengt grensene og import av prevensjonsmidler.

Mange land har også innført portforbud, reiserestriksjoner og karantene for å hindre smitte, som fører til at mange klinikker og andre tilbydere av prevensjonsmidler er nødt til å holde stengt. Selv om noen klinikker fortsatt holder åpent, fører innskrenking av bevegelsesfriheten til at mange kvinner likevel ikke har mulighet til å oppsøke klinikker og helsestasjoner, eller at de uteblir i frykt for smitte. I mange tilfeller har personell som vanligvis arbeider med seksuelle og reproduktive helsetjenester blitt satt til å jobbe med koronapasienter og bekjempelse av pandemien. Det finnes også myndigheter som har valgt å klassifisere noen seksuelle og reproduktive helsetjenester som ikke-essensielle. Eksempelvis hevder FN-eksperter at flere amerikanske delstater nå bruker koronakrisen som påskudd for å ytterligere innskrenke abortrettigheter.¹

Blant International Planned Parenthood Federation (IPPF) sine medlemsorganisasjoner som tilbyr helsetjenester, har 66 prosent blitt nødt til å redusere sine tjenestetilbud som følge av pandemien. Dette utgjør 5633 klinikker og mobile helsetilbud i lokalsamfunn i 64 land. Reduksjon i tilbudet fører til bortfall av tjenester knyttet til forebygging og behandling av seksuell og kjønnsbasert vold, hiv-testing, seksualitetsundervisning og trygg abort, i tillegg til prevensjonsmidler.

Palestinian Family Planning & Protection Association (PFPPA) er en av dem som måtte stenge alle sine klinikker etter at myndighetene innførte full lockdown i slutten av mars. De har foreløpig ingen mangler på

prevensjonsmidler, men stengte klinikker og restriksjoner i bevegelsesfrihet gjør at de når ut til færre enn de pleier. I tillegg har myndighetene i Palestina for øyeblikket stanset innsettning av spiral, på grunn av smittevernshensyn. Daglig leder i PFPPA, Ammal Awadallah, forteller at de har funnet nye og kreative måter for å likevel kunne nå ut med sine helsetjenester. Blant annet har deres ansatte delt ut pakker med hygieneartikler hjem til kvinner, som inkluderer kondomer og p-piller. De har også startet å gjennomføre flere digitale konsultasjoner. Likevel problematiserer Awadallah noen aspekter ved bruken av teknologi som løsning på å nå ut til flere med informasjon om seksuell og reproduktiv helse og rettigheter. Selv om digitale løsninger nå gjør det enklere å kunne tilby seksualitetsundervisning og informasjon og om tilgang til prevensjonsmidler, spesielt for ungdom, er det ikke alle som har tilgang til internett og digitale tjenester.

Det er anslått at pandemien og dens negative konsekvenser for tilgang til seksuelle og reproduktive helsetjenester vil kunne føre til at ytterligere 49 millioner kvinner i lav- og mellominntektsland ikke får tilgang til prevensjonsmidler. Dette viser studier gjort av Guttmacher Institute, verdens ledende forskningsinstitutt for seksuell og reproduktiv helse. De estimerer videre at dette vil kunne føre til ytterligere 15 millioner uønskede graviditeter i løpet av ett år.

Disse tallene viser hva som står på spill, og at det er helt nødvendig at kvinners seksuelle og reproduktive helse og rettigheter inkluderes i koronaresponsen. ■

Kvinner og jenter med funksjonsnedsettelse – manglende tiltak for beskyttelse og økt diskriminering

Personer med nedsatt funksjonsevne har samme risiko for å bli smittet av COVID-19 som resten av verden, men faren som viruset utgjør er i mange tilfeller større.

De har ofte mer behov for helsehjelp enn andre og er derfor mer sårbare for konsekvensene av dårlige eller utilgjengelige tjenester enn andre.

Kvinner og jenter med nedsatt funksjonsevne er spesielt utsatt for diskriminering knyttet til seksuell og reproduktiv helse og rettigheter, tilgang til juridiske rettigheter og ubetalt omsorgs- og hjemmearbeid. I tillegg er mange i økende grad utsatt for kjønnsbasert vold under denne krisen. Spesielt utsatt er kvinner og jenter med funksjonshemming som er på flukt, migranter eller fra etniske minoriteter som opplever enda mer motgang og forskjellsbehandling og er del av en stor risikogruppe. De forskjellene mellom kjønn, funksjonshemming og strukturelle ulikheter som kjennetegnet samfunn før krisen, forverres av effekten av COVID-19. Mangel på data om kjønn og funksjonshemming gjør det vanskelig å gjennomføre analyser av den samfunnsøkonomiske effekten av COVID-19-krisen og gjør det vanskelig å legge til rette for en målrettet og likestilt politikk for kvinner og jenter med nedsatt funksjonsevne.

Tilgjengelige data viser at gapet er stort sammenlignet med menn. Kvinner med nedsatt funksjonsevne har tre ganger større risiko for manglende tilbud om helsehjelp; tre ganger mer risiko for å bli analfabeter; to ganger mindre mulighet til å få jobb og to ganger mindre tilgang til bruk av internett. Dessuten har kvinner med nedsatt funksjonsevne økt risiko for å oppleve seksuell vold og trakassering sammenlignet med de uten funksjonshemming.

Personer med nedsatt funksjonsevne opplever at det ofte er vanskelig å få tilgang til vanlige helsetjenester på grunn av utilgjengelighet, holdningsbarrierer eller manglende helsetjenester der de bor. De med synshemninger eller hørsels- eller kognitive funksjonshemninger, mangler alternative måter å få viktig informasjon på, noe som gjør at mange er helt uten informasjon om viruset og måter å beskytte seg på.

COVID-19-krisen gjør disse underliggende ulikhetene for kvinner og jenter tydeligere og forverrer situasjonen. Hverdagslige barrierer som fysisk tilgjengelighet, tilgang til hygienetiltak, helsetilgjengelighet, begrensninger i helseforsikring og diskriminerende lover og stigma kan være livstruende midt i en pandemi.

Teksten til denne artikkelen er hentet fra United Nations Department of Economic and Social Affairs, Policy Brief No. 69, Covid 19 response.

COVID-19 legger et ekstra press på nasjonale helse-tjenester. Det er viktig at nasjonale myndigheter etablerer ikke-diskriminerende etiske medisinske retningslinjer for å beskytte personer med nedsatt funksjonsevne. Verdens helseorganisasjon (WHO) har utarbeidet retningslinjer for personer med funksjonshemming som er i tråd med internasjonale menneskerettighetskonvensjoner. Den sier bl.a. at retningslinjer og praksis for medisinsk behandling, inkludert adgang til testing og vaksinasjoner, ikke skal være diskriminerende på grunn av alder, kjønn, etnisitet eller funksjonshemming.

Myndighetene må iverksette innkvarteringstiltak som er nødvendige for å redusere smittefaren for personer med nedsatt funksjonsevne, deres familier og omsorgspersoner, samtidig som deres verdighet og autonomi opprettholdes. Helsepersonell, inkludert i beredskaps-tjenester, må læres opp i utfordringene mennesker med nedsatt funksjonsevne får under pandemien og inkludere deres behov fra planleggingsfasen av slike tjenester. Dette må gjøres nå og ikke etter at pandemien er over. ■



TEKST: **METTE MOBERG**, SENIORRÅDGIVER, FOKUS



URFOLKSKVINNER

– tilgang til informasjon og effektiv forebygging

COVID-19 rammer urfolk og særlig urfolkskvinner på flere enn en måte. Som urfolk er de fra før utsatt for brudd på menneskerettighetene. Dette har blitt ytterligere forverret under pandemien, viser rapporter som er skrevet fra flere urfolksorganisasjoner i Asia og Latin-Amerika.



TEKST: **METTE MOBERG**,
SENIORRÅDGIVER, FOKUS

Enkelte myndigheter utnytter nå oppmerksomheten som er rettet mot pandemien og bekjempelse av denne, til å fortsette med gjennomføring av prosjekter og en politikk som krenker urfolks rettigheter.

–Vår kamp er mangfoldig sier Gam A. Shimray, leder av Asia Indigenous Peoples. Rasisme, kriminalisering og ødeleggelse av skogene og naturen vår vil fortsette, uavhengig av COVID-19. COVID pandemien er tvert imot med på å gjøre dette mye verre.

Spredningen av COVID-19 utgjør en stor helsefare for urfolk. Gruppen møter ikke bare utfordringer når det gjelder tilgang til informasjon om pandemien i tide og på deres eget språk, men de utsettes også for diskriminering når det gjelder tilgang til helsetjenester og til å kunne gjennomføre tiltak som myndighetene har igangsatt for å få bukt med pandemien. Og urfolkskvinner er særlig utsatt.

Det er fremdeles mangel på kunnskap om COVID-19 blant folk og folk i urfolkssamfunnene er redde. Mangelen på tilgang til informasjon på urfolkspråk, inkludert oppdatert forskning på effektive forebyggende tiltak og nyheter om regjeringenes responsstiltak eller globale trender, betyr at mange urfolk som bare snakker minoritetsspråk eller som mangler tilgang til internett, blir ekskludert fra pålitelig informasjon og tilgjengelige ressurser.

Hyppig håndvask som kreves er også vanskelig å gjennomføre når lokalsamfunn ikke har tilgang til vann fordi befolkningen i enkelte land ikke har tilgang til

offentlig ledningsforsyning. Andre steder er vann veldig dyrt og det er lite av det pga. tørke.

Urfolkskvinner sin situasjon forverres av den tredoble diskrimineringen de er utsatt for på grunn av kjønn, etnisitet og knappe økonomiske ressurser.

Også blant urfolkskvinner viser rapporter sterk økning i tilfeller av vold i nære relasjoner under pandemien fordi de er tvunget til å være innesperret med overgriperen. Overfylte og trange boforhold og økonomisk usikkerhet i sammenheng med pandemien forsterker også stress og er med på å bygge oppunder bruk av vold mot de nærmeste.

Tilstedeværelsen av væpnede styrker og politi, i både urbane og landlige områder, utsetter urfolkskvinner for andre former for vold som begås av regjeringen. I Temuco kommune i Chile, ble Mapuche-kvinner som reiste til sentrum for å selge grønnsakene sine, arrestert av spesialstyrker. Urfolk fordømte denne voldelige handlingen og krevde tillatelse til å selge produktene sine på det samme offentlige markedet der kvinner med ikke-urfolk opprinnelse selger de samme produktene uten å lide noen form for undertrykkelse fra politiet.

For urfolk skyldes ikke viruset bare fysiske og biologiske faktorer, men også sosiale og spirituelle. Håndtering av pandemien i urfolkssamfunn krever derfor et mer omfattende perspektiv og tilnærming. Urfolksorganisasjoner har utarbeidet anbefalinger for hvordan pandemien skal håndteres. Så gjenstår å se om myndighetene er villige til å følge disse anbefalingene. □

The importance of statistics with a gender inclusion + digital divide and digital security



Needs a STRONG GENDER LENS

+ Increase in online Platforms

740 MILLION WORLDWIDE WORK IN INFORMAL EMPLOYMENT...

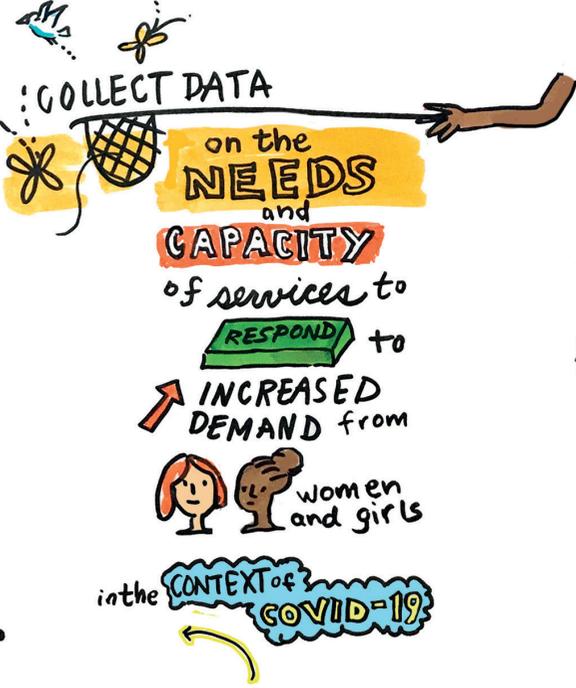
in ASIA 95% of everyone in the INFORMAL SECTOR are WOMEN.

DATA statistics 740 million... 25,000 % = 55% 10% %/0 ✓



girls and women count only 55% of HOMES HAVE INTERNET

- women caregivers mobilizers social workers health workers





Girls and women count. We need to count them, and count them in

Data and research shows that while more men than women are dying from COVID-19, women are playing an outsized role in responding to the crisis as frontline health and social workers, caregivers at home, and mobilizers in their communities — often great risk to their health.



TEXT: **KATJA IVERSEN**,
PRESIDENT AND CEO OF
WOMEN DELIVER

As the crisis and its economic impact intensifies around the world, it is clear that if countries want to deliver health, wellbeing, and dignity for all, they must apply a strong gender lens to preparedness, response, and recovery. But to do this, decision-makers and stakeholders need gender and age disaggregated data to understand where, how, and who this crisis is impacting, in terms of health and economic outcomes.

Without comprehensive evidence and data, governments risk making decisions that might not have the desired effect, or cause harm. Decisions like stimulus packages that fail to account for the huge amounts of underpaid or unpaid care work provided by women. Or reallocating funds and hospital beds from maternity and reproductive health services, which can cause steep spikes in unwanted pregnancies and more maternal deaths.

We know that 70% of the world's health workforce are women, but we don't know how many people, disaggregated by age and gender, are forgoing health-care services due to the outbreak containment policies. We don't know the impact of physical-distancing and restricted movement on the LGBTQIA+ community, refugees, or women needing maternal or abortion care. We know that more women than men are losing their jobs in some parts of the world due to COVID-19, but we don't know the extent of the economic fallout on progress

toward women's economic justice. And while we know gender-based violence has increased around the world, we don't know to what extent or what the long-term effects are.

Fully disaggregated data would help the global response, the modeling and predictive analysis, and it could lead to a more inclusive recovery. Without it, the risk of rolling back progress made toward gender equality will increase even more. Girls and women count. We need to count them, and count them in.

With that in mind, *Women Deliver has developed ten recommendations*¹ to governments, civil society organizations, and the private sector to build back a stronger, more gender equal world. One recommendation is to collect, analyze, and use gender-specific data to inform COVID-19 policies and investments. And it must include those who are often excluded from national data collection efforts, such as refugees, internally displaced people, migrant workers, and people with non-binary gender identities.

We are seeing the idea take root with UN entities scaling up their gathering and use of gender-disaggregated data, including in the UN COVID-19 Response and Recovery Fund. Let's rally around the gender lens and gender-specific data and its integration in COVID-19 efforts. For results today. And for a more a gender equal world tomorrow. ▣

1) https://medium.com/@Katja_iversen/applying-a-gender-lens-to-covid-19-response-and-recovery-2fe19255746f

Konsekvenser av politiske lederes feilinformasjon i krise.

Hvem rammes?

COVID-19 en vanlig influensa og vil forsvinne av seg selv i begynnelsen av april. Dette viruset er ikke farlig hvis du bare går i kirken eller moskeen og ber. Drikk urtetonic så blir du kurert for coronaviruset. Twittermeldinger som oppfordrer til protester mot delstatsguvernører og for fjerning av restriksjoner. 5G nettverket sprer COVID-19.

Dette er bare noe av villedende informasjon som har vært gitt og gis av politiske ledere i land som USA, Tanzania, Madagaskar og Brasil. Helt siden januar har USAs president villedet amerikanerne, vært mer opptatt av eget gjenvalg enn amerikanske liv, har kalt alle som er uenige med ham for løgnere og falske media og har oppmuntret til bruk av malariamedisiner som ikke har noen bevist virkning mot COVID-19 og undret seg offentlig om mulig innvendig rens med klor og UV-stråling kurerer viruset.

Trump melder USA ut av WHO og i Brazil truer president Bolsonaro med å gjøre det samme hvis ikke Verdens Helseorganisasjon slutter å være politisk. I Brazil forsøkte presidenten i tillegg å fjerne daglig oppdatering av smittetall og dødstall, fordi han hele tiden har hevdet at dette kun er en vanlig forkjølelse.

I Tanzania har presidenten sagt at folk bare må be nok så går dette over. Tidlig i juni gikk han ut offentlig og friskmeldte Tanzania.

En ny "urtetonic", som BBC kalte det, er nå på markedet på Madagaskar. Presidenten på Madagaskar er overbevist om at COVID-19 kan bli slått med en tradisjonell drink laget av artemisias blader. WHO har advart ham og presset ham til å unngå det middelet uten å få testet det ordentlig.

I Kina har myndighetene siden smittetilfellene startet å komme, drevet en egen kampanje for å styre informasjon, fengsle/fjerne de som har vært kritiske til håndtering av krisen, og så en gedigen sjarmoffensiv med distribusjon av smittevernustyr til andre land etter hvert som smitten spredte seg og skapte krisestemming på

grunn av mangel på utstyr som vernet helsearbeidere og befolkningen for øvrig.

I tillegg til selve smittefaren er all feilinformasjon, falske nettsider, falske twittermeldinger og informasjon på andre sosiale medier plattformer også en fare for demokratiet i mange land. Forskere ved Carnegie Mellon University har analysert mer enn 200 millioner twittermeldinger siden januar, og sier at omtrent 45 prosent av dem kommer fra kontoer som er robotstyrt, altså falske kontoer som er opprettet for å spre feilinformasjon. De ispes konspirasjonsteorier og lager splid i land som har politiske ledere som ikke er tydelige i sin håndtering av krisen og pandemien vi nå er midt oppe i.

Verdens Helseorganisasjon her opprettet en egen nettside hvor de adresserer all feilinformasjon som floretter¹. Alt fra at alkohol ikke kurerer viruset til at det ikke spres via 5G-nettet eller blir borte hvis man holder pusten mer enn 10 sekunder uten å hoste er feilinformasjon som de faktisk har måttet forholde seg til.

For innbyggere i land som har ledere som skaper usikkerhet og kaos ved å spre feilinformasjon eller å legge lokk på informasjon er konsekvensene store. Når informasjon ikke når ut er det altfor ofte de aller fattigste og de uten mulighet til å skaffe seg god informasjon på egen hånd som rammes. Med feilinformasjon skapes usikkerhet, og for de som er avhengige av å selge varer på lokale markeder, som jobber i uformell sektor, for de som ikke har en mulighet til å ha selvpålagt isolasjon uten å sulte, så blir mangel på informasjon og feil informasjon også kilde til økt smitterisiko. ■



GRO LINDSTAD,
DAGLIG LEDER, FOKUS

1) <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

Future of international advocacy - all on board the train crossing the digital divide?

Data and research shows that while more men than women are dying from COVID-19, women are playing an outsized role in responding to the crisis as frontline health and social workers, caregivers at home, and mobilizers in their communities — often at great risk to their health.



TEXT: **HANNA GUNNARSSON**,
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About the author

She was recently a co-organizing partner for Women's Major Group in the UNECE region and continues to be a creative mobiliser of civil society on issues around gender equality and Agenda 2030. Together with Mara Dolan from WEDO, she organized a set of teach-ins for the global feminist movement on hosting virtual meetings and is now launching a toolkit on planning virtual meetings.

In the early days of the Internet, Donna Haraway in her “A Cyborg Manifesto” wrote that we need to make this new space feminist from the start, or it will be another avenue for patriarchy to reign over us. Now, some 35 years later we are reading article, after article, after article about how Artificial Intelligence is racially and gender biased. This shouldn't be a surprise. We have seen it in other spaces such as law and health care; systems created on the basis of biased values, will entrench them.

Now with the pandemic, the train to go online is rushing faster than ever and not everyone has the same chance to get onboard. While almost all people around the world live within range of a mobile-cellular network signal, less than half the world's population, 3.2 billion people, use the internet. Worldwide, more men than women use the internet. Sustainable Development Goal (SDG) Target 9.C calls for a significant “increase access to information and communications technology... by 2020.” For international advocacy, grassroots voices have always been scarce at UN meetings, and the digital divide is now providing another barrier to participation. Activists are excluded from discussions due to unstable internet or resulting in huge phone bills.

Apart from those facing the connectivity barrier, who else is being left behind? People with disabilities, older persons, people who are time-zoned out, and those whose first language is not English. For womxn's human rights defenders, the move to the online means an increase of risking data to end up in the hands of authoritarian regimes.

Recommendations

So we didn't listen to Donna Haraway, but is it too late for us? Is there still a chance to reshape this space? Well the feminist collective behind the “Feminist Principles of the Internet” are providing lots of tools in how we can reclaim the Internet. In addition, here are a few other things we can do to bridge the digital divide in global advocacy spaces:

- If the UN and other international advocacy spaces are going virtual, then they also need to implement a plan alongside their meetings and consultations on how they plan to overcome the digital access divide. For example, map the connectivity needs and invite grassroots folks to country offices streaming the events with due time given to prepare. If needed, they should provide internet USB sticks or similar solutions, to civil society speakers. So far, the UN processes online have provided limited space for civil society to meaningfully talk with their decision-makers. We have to be careful to not let this become the precedence, as it would mean a further closing of civil society space. So any digitalisation of multilateral processes have to go hand-in-hand with SDG Target 9.C and for environmental processes they should follow the Almaty Guidelines.

- We have to reshape what advocacy looks like when we move online. Now is the time to break old patterns of formality and rejuvenate advocacy. There are many unwritten codes of conduct around international advocacy; we should evaluate whether they work for the civil society or not and teach others about them.



Yan Shenglian and her team members working at the check point of her village during the COVID-19 outbreak. Photo: UN Women/Feng Xinlin

■ For those with expertise on specific software, now is the time to step up and show solidarity and offer teach-ins. For those who can, please don't capitalize on this knowledge within the movement. Outside of the movement you should of course charge if you see it fit.

■ Make sure your virtual meetings are accessible and that you do not add to the digital divide. We have created this toolkit, feel free to read it, practice it, share it, and teach it to others. It also outlines some of the available feminist digital safety tools. It will be available in English, Spanish, French, Russian and hopefully other languages.

■ Have mapping sessions with your feminist and activist communities, what would their feminist internet dream place look like? What is needed for them to overcome the digital divide?

■ Build spaces that are not anglophonic in your network. Have regional and sub-regional meetings in other languages or use language specific breakout rooms.

■ While we long for social interaction and enjoy seeing each other's faces from time to time, turning on the video during a call should never be mandatory; unless it's a security issue and you need to make sure the right person has joined the call. Set the norm to always have a virtual background so no one needs to feel pressured to show their home when they would prefer not to.

■ Signal for help⁹ and similar tools indicate domestic abuse and have been developed by activists to enable people ask for help during conference calls. These are not the same everywhere, and there might be better, safer solutions out there, so research what activists in your country are doing to support those affected by the shadow pandemic. □

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Gendered effects of Macro-economic agendas in the COVID-19 response



TEXT: EMILIA REYES¹



TEXT: ROSA LIZARDE¹

The Women's Working Group on Financing for Development (WWG on FFD) is an alliance of women's organizations and networks to advocate for the advancement of gender equality, women's empowerment and human rights in the Financing for Development related UN processes. We are organizing a series of webinars on Macro Solutions for Women, the People and the Planet, in which we will address these issues in dept². Here are some macro-economic issues impacting gender equality and women and girl's human rights, including recommendations to address them. These are crucial to fulfil the 2030 Agenda on Sustainable Development, due to their structural nature.

The macro-economic dimension of gender equality related to the sexual division of labor³. The confinement increases unpaid domestic and care work, with even bigger burden on rural and poorer women. To reverse this impact it is crucial to visibilize, value, reduce and redistribute unpaid and domestic care work between the State, the private sector, communities, families, men and women, including by the provision of social protection and proper infrastructure, decent housing and access to services.

Developing countries' lack of capacity for domestic resource mobilization. This problem has two main origins:

a) Unsustainability of debt. Much of developing countries' revenues are destined to debt payment⁴. Public

debts involving International Financial Institutions include austerity conditionalities depleting social sectors, such as health, education, and social protection, to the extent that 64 countries spend more on debt payment than on health⁵. This enhances gender and structural inequalities. Private lenders are willing to sue governments in case they decide to respond to the pandemic instead of paying debt services. This is why there is a global demand for debt restructuring and debt cancellation, ensuring countries have access to grants, not loans.

b) Corporate tax abuse and tax avoidance. By not paying taxes in the country where the value was originated, corporations either channel the money to tax havens, or underreport by means of complex and loose global dynamics⁶. Developing countries are left with no capacity to mobilize the maximum amount of resources to ensure gender equality and women's human rights⁷. Promoting progressive taxation, taxing financial transactions, speculation with currencies and others, can expand fiscal floors.

Intellectual Property Rights. There is a real threat of corporate capture of the patents of vaccines, treatments, medical technology but also the large components of food systems that will ensure food sovereignty in a context of an upcoming famine. It is urgent to halt trade agreement and make use of IPR flexibilities to ensure universal, accessible and affordable access. ■

1) Emilia Reyes is Program Director of Policies and Budgets for Equality and Sustainable Development, at Equidad de Genero: Ciudadania, Trabajo y Familia. Co-Convener of the WWG on FFD.

Rosa Lizarde is the Global Director of the Feminist Task Force, a global coalition advocating for "Gender Equality to End Poverty." Co-Convener of the Women's Working Group on Financing for Development.

2) For more information to access these webinars, please contact: rosa.lizarde@feministtaskforce.org and emilia@equidad.org.mx

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COVID-19 and Corporate Abuses: Why we need to go forward with a binding treaty on business and human rights.

How can States go forward in holding corporations accountable for their human rights abuses? The Covid-19 pandemic has showed that businesses need to be better regulated and that States must enforce legislation that involves the respect, and protection of human rights.

In Latin America, and specifically in Mexico, we have witnessed a systematic abuse of human rights by the private sector, such as labor rights, that are disproportionately affecting women in the health crisis that we live today. In response to such abuses, instead of enforcing human rights due diligence mechanisms to ensure workers' rights there has also been a deficient response from the States with no response to such abuses, and a lack of clear messages to the private sector. Nevertheless, there is a way forward: the adoption and ratification of a binding treaty on business and human rights.

This article will use examples from recent cases of labor rights abuses by corporations in Mexico, the insufficient forms in which the Mexican government has addressed such abuses that also have a gendered-impact, and why a Business and Human Rights binding treaty is necessary in order to ensure that such abuses do not arise in the future.

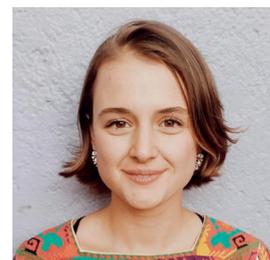
The Business and Human Rights Framework in the Covid-19 pandemic.

First, it is important to clarify the background and where we stand in the matter of business and human rights. In 2005, the UN Commission on Human Rights recognized the relationship between business operations and human rights impacts, and the matter in which they contribute to the enjoyment of human rights, and the challenges that they pose.¹ Ever since then the discussion involving corporations' role in the impact of human rights has been ongoing. In 2011, the UN Human Rights Council endorsed the UN Guiding Principles on Business and Human Rights ("UNGPs").

The UNGPs are not a replacement for the international human rights legal framework, but a set of standards for businesses, to comply with applicable laws and to respect human rights.² In that sense, the UNGPs do not constitute nor create human rights obligations for businesses nor States, but they constitute 'soft law' which can only influence States and businesses in the compliance on human rights standards and legislation. This is influence that has not been visible in the context that we are living today.

In 2017 the Committee on Economic, Social and Cultural Rights issued General Comment 24 on State obligations under the International Covenant on Economic, Social and Cultural Rights in the context of business activities. In it, the Committee developed States' obligation to protect, and the necessity for direct regulation and intervention. This should be done by regulating businesses connected to the International Covenant on Economic, Social, and Cultural Rights, on the right to employment and the elimination on informal forms of employment that deny workers the protection of labor laws.³

The Working Group on the issue of human rights and transnational corporation and other businesses, which has a mandate to promote the effective and comprehensive dissemination and implementation⁴, recently published a statement regarding the COVID-19 pandemic. In its recent publication 'COVID-19: State and business respect for human rights critical to resilience and recovery', it established that governments and businesses must prioritize the well being and rights of all in society, and in particular vulnerable workers who can suffer abuse and loss of livelihood, as they try to keep firms and



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economies afloat during the COVID-19 pandemic.⁵

Therefore, it is obvious to say that to this day, there is no international human rights binding instrument that can lead to a strong legislation, that then can hold corporations accountable for their human rights abuses; a binding instrument that would ensure human rights to many in the health crisis that we live today.

**Why do we need to go forward in holding corporations accountable for human rights violations?
The Mexican example.**

The existing business and human rights framework has not been sufficient for States to protect human rights against corporations negative impacts. Not prior to the COVID-19 pandemic, nor during the crisis. In Mexico, during the COVID-19 pandemic, human rights abuses from corporations, particularly labor rights, have been systematic. Such abuses have a disproportionate effect on women.

Alsea and Cabify: just two examples of multinational corporations abusing labor rights in Mexico.

Alsea, a multinational corporation with food service and restaurant operations in Latin America, Spain, France, Luxemburg, Belgium and the Netherlands, which had net profits of more than approximately 43 million US

dollars in 2019, started a ‘voluntary’ non-paid leave for its employees in Mexico, in order for the company to keep its operation in the COVID-19 crisis, The company keeps promoting itself as a Responsible Social Business, and has a UN Global Compact certification, and the Dow Jones Sustainability Indices.⁶

Other examples include the multinational corporation Cabify, which provides mobility services via its technology platform. While Cabify provide free services to medical staff in Spain with a ‘Cabify for heroes campaign’, in Mexico the corporation is requiring its employees to sign a letter to reduce their working hours and salaries voluntarily. The employees who refused to sign the letter, where forced to resign their jobs.⁷ These are just two of many examples of corporations that are abusing labor rights in the region.

The abuse of labor rights: disproportionately gendered-impact.

It is crucial to note that such abuses have a disproportionate impact on women. The United Nations’ document ‘Policy Brief: The Impact of COVID-19 on Women’⁸ developed on the compounded impacts that are felt by women and girls who are generally earning less, saving less, and holding insecure jobs. The document shows that the impact of COVID-19 suggests that women’s economic

and productive lives will be affected disproportionately and differently from men, and that the situation is worse in developing countries where the vast majority of women's employment -70 %- is in the informal economy.⁹

The International Labor Organization in its recommendations on sectoral impacts has established that impacts will be seen in the manufacturing, commerce, restaurants and hotel industries. In Mexico, women make up 60 % of the labor force in the food industry.¹⁰

The Mexican government efforts to protect human rights against corporations: zero to none.

Even if Mexico's Federal Constitution recognizes the right to just and favorable conditions of work¹¹, has ratified the International Covenant on Economic, Social and Cultural Rights which also recognizes said right¹², and has endorsed the UN Guiding Principles on Business and Human Rights, the Mexican government has not taken any measures to halt labor rights abuses, or to implement policies that will guarantee such rights.

The Labour Secretary has limited its actions to protect labor rights to the publication of the 'Technical Guidelines for Sanitary Security in the workplace' ("Guidelines")¹³. Specifically, the federal government, has not set forth any protection for workers that have suffered economic abuses from their employers, and even the limited sanitation action such as the Guidelines have been unfortunate. The Guidelines were published as a strategy for businesses to reinstall their operations during the Covid-19 pandemic and protecting the right to health of workers, by providing a sanitary standard for employers to install hygienic measures in order to avoid spreading the virus. The Guidelines also establish that employers must comply with the standards, but simultaneously it mentions that the compliance of the standards are based on the good faith of the employer.¹⁴ Hence, the Mexican government instead of setting forth a strong human rights due diligence mechanism in the context of the Covid-19 pandemic, provides a weak binding framework for employers to respect human rights by not sending a strong message to corporations that operate in its jurisdiction.

In a post COVID-19 pandemic context, States, unlike the Mexican state, should have a strong position to enforce human rights due diligence, in order for corporations to respect human rights.

A Global Movement towards corporate accountability: Recommendations to COVID-19 crisis

Possibly, the one thing we can appreciate about COVID-19 is that it has exposed all forms of economic, social and gender inequalities and injustices in societies. But, COVID -19 is deepening these inequalities and injustices NOT creating them. We have been denouncing the dismantling of public services such as health care

and the erosion of human rights like access to drinking water and labor rights at the hands of corporations. Yet, many decision makers and experts, including some UN Agencies, World Bank and the International Monetary Fund, business and private sector have disregarded them or responded in limited ways. At the Fifth Session of the Open-ended Intergovernmental Working Group (IGWG), that was set to elaborate a legally binding instrument related to the respect for human rights of transnational corporations and other business enterprises, we denounced how corporate sector is limiting access to human rights for all. We shared well documented stories of dispossession, exploitation of natural resources and abuses of workers rights and environmental rights in Guatemala, Brazil and Mexico. We highlighted cases of corporate capture of States and public policy space and development debates to advance profit of companies in detriment of human rights. In spite of this evidence, the process towards a robust legally binding instrument is still uncertain.

As COVID-19 exploded in early 2020, it exposed why we believe in systemic change of the current macro-economic model. We resist corporate power and demand strong mechanisms to stop corporate impunity. PODER has joined members of different advocacy groups of ESCR-Net¹⁵ and the Treaty Alliance to elaborate different recommendations and responses to meaningfully engage in current conversations around business and human rights in a COVID-19 crisis context.

Here, a few examples of what we are saying:

First, there is a need to put workers' rights before profit in recovery measures. All over the region labor flexibilisation is increasing informal work. The impact on employment rates is already appalling. According to ILO¹⁶, COVID-19 will destroy over 14 million women and men working in the formal economy and will specially affect trade and services. It is important to bear in mind that those working in the more precarious and flexible conditions are women.¹⁷ Decades of labor regulation and underfunding of social security will leave millions of workers without protection and or access to income replacement schemes.

Secondly, we need to call for Taxing Big Corporates and Prioritized Funding for a Nationalized Healthcare System. From México to Bolivia, in most of the countries in the region health care systems are underfunded. In Ecuador, especially in Guayaquil, the mortuary system is collapsing. In spite of this emergency, big pharmaceutical and medical companies are withholding medicine, medical devices and information due to bidding wars between countries leading to high pricing of essential goods. Also, as informed in the Statement of member organizations of the Treaty Alliance in response to the COVID-19 crisis: the ground for testing the will and the power of governments vis a vis the corporate sector in the context of COVID-19 is coming soon with regard to

access to the essential health goods and equipment - vaccines, medicines and all other medical devices - that will be developed and produced to control and fight the new coronavirus. Pharmaceutical companies have arguably taken steps in countries to benefit from the current race to the cure against COVID-19 already.

Thirdly, stop Corporate influence over Government Policy and Decision-making. The corporate capture of State policies and decision making is becoming the new normal as States look to the corporate and finance sectors to rebuild their economies. The current market driven and corporate led economic system gives green light to big corporations to financially support the mitigation of the impacts of lock-down measures and recovery economic plans. Corporations are influencing international and national legislative and policy decisions to benefit their profit margins out of COVID-19 economic recovery plans.

Fourth, challenge Corporate Capture, Impunity and Power. The scale of corporate abuses and state violations in the wake of the COVID-19 crisis have again revealed the urgency of confronting corporate capture, impunity and power. It has also spurred efforts to craft economic and political alternatives capable of making human rights a reality for all in this context and beyond. In Uruguay, local and accessible COVID-19 testing kits funded by the State are trumping goods from the private sector.

Conclusions

The path to the new normal need to have corporate accountability, human rights and environmental justice at the center. COVID-19 and its responses has exposed the importance of introducing and advancing legal frameworks, at national, regional and international level, to ensure corporate accountability with respect to human

and environmental rights. A renovated strong global cooperation is needed speed up the process towards a clear road map in the negotiation process around the Binding Instrument on Transnational Corporations (Tn Cs) and Other Business Enterprises (OB Es) with respect to human rights.

The new normal has to be more sustainable, more fair and just for all. The legally binding arrangements are key for States to promote, protect and respect human rights for all, including the right to a healthy environment. In the light of the critical moment we live in and efforts that Governments are doing to overcome the pandemic, moving towards a legally binding instrument to regulate corporate power is one concrete measure we need in order to move in the direction of justice, rule of law and true sustainability for all. COVID-19 is providing an opportunity to maximize mutual collaboration and cooperation among diverse stakeholders to learn about what is happening and what is needed at different levels. Specially listening to what communities are saying and the role they are playing in this emergency situation. In many contexts, communities were the primary (or only) guarantors of continuing care and food. There is a lot to learn from them in shaping the new normal. In planning new forms of producing and consuming, in a way where sustainability of life prevails over corporate profit.

The day after tomorrow need societies in which effective accountability mechanisms are in place. We will continue working towards urging States to adopt a legally Binding Instrument on Transnational Companies and OBEs, while calling States' meaningful engagement and ensuring effective participation of social movements and civil society participation, especially women and human right defenders. ■

- 1) UN Commission on Human Rights, 'Human Rights Resolution 2005/69: Human Rights and Transnational Corporations and Other Business Enterprises' 2005 UN DOC.E/CN.4/RES/2005/69
- 2) United National Human Rights Office of the High Commissioner 'Guiding Principles on Business and Human Rights: Implementing the United Nations 'Protect, Respect and Remedy' Framework' 2011, UN DOC HR/PUB/1104 (UN Guiding Principles) .General Principles
- 3) Committee on Economic, Social and Cultural Rights 'General comment No. 24 (2017) on State obligations under the International Covenant on Economic, Social and Cultural Rights' 2017 E/C.12/GC/24 [19]
- 4) Human Rights Council, 'Human Rights and transnational corporations and other business enterprises' 2011 UN DOC A/HRC/RES/17/4 ('A/HRC/RES/17/4') 6 (a).
- 5) For more see: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25836&LangID=E>
- 6) Project PODER, 'A sea, de presumir la responsabilidad social a dar licencias sin pago por COVID-19' 2020. See: <https://www.rinducuentas.org/reportajes/2020/03/26/alsea-de-presumir-la-responsabilidad-social-a-dar-licencias-sin-pago-por-el-covid-19/>
- 7) For more see: <https://www.rinducuentas.org/reportajes/2020/03/26/alsea-de-presumir-la-responsabilidad-social-a-dar-licencias-sin-pago-por-el-covid-19/>
- 8) For more see :<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>
- 9) Ibid p 4
- 10) See more: <https://www.iis.unam.mx/blog/mexico-efectos-del-covid-19-en-el-mercado-del-trabajo/>
- 11) Mexican Constitution, Article 5
- 12) International Covenant on Economic, Social and Cultural Rights, Article 8
- 13) For more see :https://www.gob.mx/cms/uploads/attachment/file/552550/Lineamientos_de_Seguridad_Sanitaria_F.pdf
- 14) Ibid
- 15) https://www.escr-net.org/sites/default/files/attachments/corporateaccountabilitycovid19_eng_0.pdf
- 16) See: https://www.ilo.org/americas/sala-de-prensa/WCMS_741222/lang-es/index.htm
- 17) With women being amongst the hardest hit by the COVID-19 crisis, there are concerns that women's rights will further be suppressed at the expense of restoring the economy. We echo the voices of feminist leaders who through the Women and ESCR Working Group of ESCR-Net detailed how this crisis impacts their and their communities' rights:https://www.escr-net.org/sites/default/files/attachments/womencovid19_eng.pdf

In 2019, **only 29%** of the funding needed to address gender-based violence in humanitarian crises was raised.

Source: Gender Equality: Women's Rights in Review 25 years after Beijing

@UN WOMEN

STAYING HOME \neq **GIVING CONSENT**

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Globally, **43% of women** and **53% of men** believe men make better political leaders than women.

Source: Gender Equality: Women's Rights in Review 25 years after Beijing

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On average, women are paid **16%** less than men.

Source: Gender Equality: Women's Rights in Review 25 years after Beijing

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Globally, women do **three** times as much unpaid care work as men.

Source | UN Women's Progress of the World's Women 2019-2020

#coronavirus #COVID19

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Women make up **70%** of the health and social workforce.

SOURCE | World Health Organization

COVID-19 RESPONSE

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Globally, **nearly half a billion** women and girls over the age of 15 are illiterate.

Source: Gender Equality: Women's Rights in Review 25 years after Beijing

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Domestic violence

BEFORE THE PANDEMIC

Less than **40%** of women who experienced violence reported these crimes or sought help.

SINCE THE LOCKDOWN

Domestic violence reports and/or calls have **increased**:

- 33%** in Singapore
- 30%** in Cyprus
- 30%** in France
- 25%** in Argentina

*As of April 2020

COVID-19 RESPONSE

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Women aged 25 to 34 are **25%** more likely than men of the same age to live in extreme poverty.

Source: Gender Equality: Women's Rights in Review 25 years after Beijing

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740 million women work in informal employment worldwide.

SOURCE | ILO, Women and men in the informal economy: A statistical picture 2018

#coronavirus #COVID19

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Less than **40%** of women who experience violence report the incident or seek help of any sort.

Source: Gender Equality: Women's Rights in Review 25 years after Beijing

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GENDER EQUALITY

WOMEN'S RIGHTS IN REVIEW 25 YEARS AFTER BEIJING

B

PostAbonnement

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Dette er FOKUS

- FOKUS – Forum for Kvinner og Utviklingsspørsmål – arbeider for å styrke kvinners makt, rettigheter og tilgang på ressurser.
- FOKUS ble stiftet i 1995, og er i dag paraply for 52 ulike kvinneorganisasjoner i Norge.
- FOKUS er et kompetanse- og ressurscenter som gjennom utviklingssamarbeid og politisk pådriverarbeid søker å styrke det internasjonale engasjementet og innsatsen for kvinners menneskerettigheter og samfunnsdeltakelse.
- FOKUS har en visjon om en verden basert på likestilling og likeverd, der kvinners og jenters menneskerettigheter respekteres og beskyttes, og hvor alle kan delta på lik linje uavhengig av kjønn.
- FOKUS er nasjonalkomiteé for FNs kvinneorganisasjon UN Women.
- Hennes Kongelige Høyhet Kronprinsesse Mette-Marit er beskytter for FOKUS.

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FUNDAMENTAL
HUMAN RIGHTS

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