

# Guidance Note on Women's Rights During the COVID-19 Emergency

Amid the outbreak of the COVID-19 Coronavirus in the State of Palestine, on 5 March 2020, President Mahmoud Abbas declared a 30-day state of emergency. Consequently, the Prime Minister introduced a series of measures and restrictions aimed at preventing the spread of the virus. Such measures include: i. a ban on movement of people between governorates; ii. a ban of movement of residents from rural areas and refugee camps to city centers, except for medical and emergency situations; iii. an order for all citizens to stay in their homes, except for essential matters; and iv. compulsory 14-day quarantine for those who have been in close contact with infected persons, or entered Palestine from abroad. On 3 April, the President issued another Decree extending the state of emergency for additional 30 days, leaving the already introduced measures and restrictions in place.

The declaration of a state of emergency carries a number of obligations in accordance with the Palestinian Basic Law and applicable international human rights treaties that the Government of Palestine has acceded to. The imposition of restrictions for people to leave their homes may put women in a more vulnerable position, taking into account the prevalent traditional gender roles in Palestine. Thus, additional attention and protection measures for women are necessary.

Below are specific recommendations and guidelines to ensure the full inclusion of women's rights in all aspects of decision-making during the COVID-19 emergency, and measures to address gender-specific vulnerabilities to be undertaken by all relevant government institutions, in partnership with civil society and the private sector, so that the emergency situation does not exacerbate existing gender inequalities in Palestine.

## Preparing for a potential increase of gender-based violence (GBV)

Measures imposed under the current state of emergency prevent citizens from leaving their homes, resulting in the confinement of all family members indoors for a longer period. Data gathered during similar situations worldwide indicate an increase in the number of cases of domestic and gender-based violence.

Therefore, the Government needs to give special attention to the risk of an increase of women and girls suffering gender-based violence during the current emergency. Governments should ensure that existing GBV services are not interrupted, but integrated in the COVID-19 response. Special protection measures for women and girls should be put in place i.a. by providing direct and rapid lines of communication, enabling them to file complaints in an event of violence. Accountability of perpetrators needs to be ensured in all GBV cases, and psychosocial as well as legal support by professionals should be provided to women and girls survivors. The Government should be able to identify victims of GBV and provide them with the necessary support, and provide appropriate and safe centers for their treatment and shelter. In addition to safe shelters, hotlines or other types of distance psychosocial support modalities should be made available. Government agencies should ensure that information is provided regarding any change in the referral pathway to GBV services, and on how to reach GBV services, as part of the regular public communication on Covid-19. In order to protect those already using the services of a shelter, the Government should examine and test new arrivals, and without discriminating ensure access to alternative shelter for those who have tested positive to the COVID-19, while providing relevant and safe support and health care.

### Raising community awareness on gender power disparities

The traditional division of gender roles in Palestine is expected to result in increased responsibilities of women and girls around the household, especially during the movement restrictions in force. Women will primarily carry the burden of performing chores such as cooking, cleaning and other domestic work, assist children with distance-learning, take care of the elderly or those family members with disabilities. This situation is aggravated for women in the formal and informal sectors who are still working remotely from home, and those who are not getting their salaries because of the restrictions imposed on businesses. This underlines the need to raise awareness, through all available means of communications including TV, radio and social media, regarding participation and complementary responsibilities in the household and sharing of domestic chores among the whole family.

### Economic inequality and right to work

Women workers in Palestine are mainly engaged in low-wage and informal jobs, in businesses that are highly prone to sustaining losses because of the Government-imposed restrictions. Such sectors include domestic workers, support of family businesses, street vendors, goods traders, seasonal workers, small business owners, retail and service industries. Women in such occupations are usually engaged on short-term, temporary contracts and do not receive paid sick leave or family leave, have no health insurance or access to social safety nets. This can have serious implications for women, in particular when they are breadwinners. Moreover, many women are dependent on being able to access and afford childcare services, which is currently challenged, thereby further limiting their ability to work and earn an income. Therefore, in addition to applying a gender perspective in fiscal, economic or other policies for the long-term COVID-19 recovery, short-term financial assistance should be made available in particular for women who have suffered economic loss because of having to perform a higher domestic and parental workload. Economic assistance should directly target affected women, rather than households, which are predominantly headed by men.

## Access to adequate information

Accurate and comprehensive information on prevention, early diagnosis and treatment of COVID-19, should be made available to all citizens, including women, men, children, elderly and persons with disabilities. The Government must ensure that information targeting the specific needs and concerns of women and girls is made available to them.

This may be done through different means, such as television programs or social media guidance, or by introducing a hotline where relevant official information will be made available.

## Increased participation in decision making

During health emergencies, as in ordinary situations, the participation of women in decision-making enhances the quality of public policies, responses and decisions, including by ensuring that the specific experiences, situation, challenges and requirements of women and girls have been fully taken into account. Therefore, authorities should make efforts involve women and women's organizations in Palestine so that there is meaningful participation, representation, and leadership in local and national COVID-19 policy-making and decision-making, including on preparedness, the immediate and longer-term responses and post-crisis recovery.

## Ensuring access to and quality of healthcare facilities

Previous health emergencies have shown that in order for the health system to absorb the requirements of a given situation, resources are sometimes diverted away from other regular services, particularly affecting needed health services for women and girls. Healthcare must be provided in such a way that women, girls and their family members can access it in a safe and confidential manner. Such services should also be accessible for elderly women, women with disabilities, and women living in marginalized areas. The Government, through all its relevant agencies, including the Ministry of Health, the Ministry of Women's Affairs and the Ministry of Social Development and others, must ensure that women and girls have access to the necessary health care during the emergency period including whilst confined to the home.

Medical and health facilities must accommodate the special needs of women, including their right to privacy, for example by having separate sections for women and men. The Government needs to be ensure the testing of at risk women, and ensure treatment is provided to those tested positive. It is recommended that sufficient female medical staff are available at the health facilities in order to attend to female patients during the COVID-19 response.

Women make up the largest proportion of all health workers, who are usually in the front lines of the response, exposing them to the risk of infection. Health workers must be provided with personal protection gear, and hygiene supplies, as well as psychological and social support. In addition, the Government needs to ensure the continued functioning of pre and post-natal care, as well as childcare services such as regular vaccinations.

## Sexual and reproductive health for women

The current restrictions and measures of movement restriction and quarantine have a clear impact on women's access to sexual and reproductive health services. Under the circumstances, and given the crucial importance of sexual and reproductive health services, including pre- and post-natal care, and treatment of sexually transmitted infections (STIs), the Government must undertake whatever is necessary to ensure the continued functioning of sexual and reproductive health services as a part of the COVID-19 response. It should also ensure that menstrual hygiene, obstetric, reproductive, and other primary health care commodities are available and accessible at health care facilities and pharmacies.

The Government should use all available methods and means (TV, radio, social media, SMS messages and hotline) to inform women (and their families) on how to access professional assistance and receive health advice during pregnancy, at birth, or post-delivery.

Pregnant women with respiratory illnesses should be given special attention due to their increased vulnerability. This includes a need to segregate pre-natal, neonatal and maternal health units from identified COVID-19 cases.

Regular coordination between the gender units of different institutions and the Sexual and Reproductive Health Unit within the Ministry of Health, will play an important role in responding to the requirements of women in terms of their sexual and reproductive health.

## Women in detention

During the state of emergency and limited functioning of judicial bodies and prison services, special attention must be paid to women in detention centers. The Government should ensure that women detainees and prisoners are treated in a manner that ensures that their needs and requirements are provided for. In addition to domestic legislation and general international standards, the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules') must be observed. In line with best practices in times of a pandemic, authorities should apply measures to decongest places of detention in a non-discriminatory manner and provide for the release of female detainees accused of less severe crimes, including economic crimes and crimes related to moral misconduct. In line with the Bangkok Rules, the authorities should, where possible, work to provide alternatives to detention for women detainees, particularly for pregnant women and women detained with their children.

The authorities must provide adequate information to female inmates on how to protect from the COVID-19 coronavirus. Inmates need to receive adequate nutrition, water, and personal hygiene supplies, as well as protection equipment such as gloves and face masks when necessary. Access to health care and communication with their families, taking into account safety and prevention measures, should also be provided. Particular attention should be given to specific health needs of children who are in detention with their mothers, to pregnant women, and to women with disabilities.

## Safe quarantine

When placing women in home quarantine, or quarantine in Government-run facilities, they must be guaranteed access to basic needs, including adequate nutrition, water, personal protective requirements, and hygiene supplies. Additionally, they need to be provided with psychological and health care, and access to sexual and reproductive health services. The fact that compulsory quarantine centres are a form of detention and deprivation of liberty, women and girls must be protected from any form of violence, harassment or sexual abuse or stigma, including through ensuring separate accommodation for women and men in quarantine centres.

## Collecting information

Efforts should be made to collect gender-disaggregated data in relation to the COVID-19 outbreak including by sex, age, pregnancy status, disability, etc. which should inform Government plans and responses. Also, efforts should be made to document and report on the gender-specific human rights impacts of COVID-19, including the potential increase of GBV cases, and measures taken to address them.

In the current situation, and given the expected increase in gender-based violence, especially against women, the Government must provide mechanisms for collecting relevant data for analysis and policy-making. In this context, the Government must provide coordination mechanisms drawing in relevant civil society institutions that have data on the incidence of gender-based violence, as this is important for building a comprehensive picture of the COVID-19 consequences for violence against women.

## Suspension and limited functioning of judicial institutions

During the state of emergency, the work of Family (Sharia) courts has been suspended until further notice, and the work of regular courts has been reduced, limiting functioning to i.a. cases related to the emergency law as well as arrest and detention related cases. The Government should therefore provide mechanisms to ensure the continued access to justice for women, especially survivors of gender-based violence.