

Statement of Feminists and Women's Rights Organizations from the Global South and marginalized communities in the Global North

We, the undersigned networks, organizations and individuals committed to feminist principles and women's human rights, call on governments to recall and act in accordance with human rights standards in their response to COVID-19¹ and uphold the principles of equality and non-discrimination, centering the most marginalized people, including but not limited to women, children, elderly, people with disabilities, people with compromised health, rural people, unhoused people, institutionalized people, LGBT+ people, refugees, migrants, indigenous peoples, stateless people, human rights defenders, and people in conflict and war zones. Feminist policy recognizes and prioritizes the needs of the most vulnerable communities. Beyond the response to this pandemic, it is necessary for the development of peaceful, inclusive and prosperous communities within human rights-driven states.

It is critical that governments utilize a human rights and intersectional based approach to ensure that everyone has access to necessary information, support systems and resources during the current crisis. We have recognized nine key areas of focus to be considered in the context of the COVID-19 crisis. They are listed below with brief descriptions of potential challenges and recommendations that consider the lived experiences of people in vulnerable position -- especially women and girls that endure a disproportionate impact due to their sex, gender, and sexual orientation -- and steer policymakers toward solutions that do not exacerbate their vulnerabilities or magnify existing inequality and ensure their human rights.

These guidelines are not a replacement for the engagement of women and girls and other marginalized communities in decision-making, but a rationale for consultation and diversity in leadership.

Key Focus Areas for a Feminist Policy on COVID-19

Food security. In countries that depend on food imports, there are fears of closing borders and markets and the inability to access food. This concern is exacerbated for people experiencing poverty and in rural communities, especially women, who do not have easy access to city centers and major grocery stores and markets. This leads to people with the means purchasing large quantities of goods which limits availability for those with lower incomes who are not able to do the same and are likely to face shortages when they attempt to replenish their food supplies. In response to this challenge, we call on governments to:

¹ COVID-19, caused by a novel coronavirus, is a respiratory illness with mild to severe symptoms including fever, cough, and shortness of breath. It was declared a pandemic by the World Health Organization in March 2020.



- Increase -- or introduce -- food stamps and subsidies, both in quantity for those already receiving them and in expansion of access to include those who become more vulnerable due to current circumstances
- Direct businesses to ration nonperishable food supply to control inventory and increase access for those who, due to their income levels, must purchase over a longer period of time
- Send food supply to rural communities to be stored and distributed as needed to eliminate the delay in accessing supply in city centers and safeguard against shortages due to delays in shipping
- Send food supply to people unable to leave their homes (e.g. disabled people living alone or in remote areas)

Healthcare. All countries expect a massive strain on their public health systems due to the spread of the virus, and this can lead to decreased maternal health and increased infant mortality rates. There is often lack of access to healthcare services and medical supplies in rural communities. The elderly, people with disabilities, and people with compromised or suppressed immune systems are at high risk, and may not have live-in support systems. The change in routine and spread of the virus can create or exacerbate mental health issues. This crisis has a disproportionate impact on women who form, according to the World Health Organization's March 2019 Gender equity in the health workforce working paper, 70% of workers in the health and social sector, according to the World Health Organisation. It also disproportionately affects those who provide care for others.

In response to this challenge, we call on governments to:

- Ensure the availability of sex-disaggregated data and gender analysis, including differentiated infection and mortality rates.
- Increase availability and delivery of healthcare services and responders, medical supplies, and medications
- Ensure women's timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception and safe abortion
- Maintain an adequate stock of menstrual hygiene products at healthcare and community facilities
- Train medical staff and frontline social workers to recognize signs of domestic violence and provide appropriate resources and services
- Develop a database of high-risk people who live alone and establish a system and a network to maintain regular contact with and deliver supplies to them
- Provide for the continued provision of health care services based on non-biased medical research and tests -- unrelated to the virus -- for women and girls
- Implement systems to effectively meet mental health needs including accessible (e.g. sign language, captions) telephone/videocall hotlines, virtual support groups, emergency services, and delivery of medication
- Support rehabilitation centers to remain open for people with disabilities and chronic illness



- Direct all healthcare institutions to provide adequate health care services to people regardless of health insurance status, immigration status and affirm the rights of migrant people and stateless people -- with regular and irregular status -- and unhoused people to seek medical attention to be free from discrimination, detention, and deportation
- Ensure health service providers and all frontline staff receive adequate training and have access to equipment to protect their own health and offer mental health support
- Assess and meet the specific needs of women health service providers

Education. The closure of schools is necessary for the protection of children, families, and communities and will help to flatten the curve so that the peak infection rate stays manageable. It, however, presents a major disruption in education and the routine to which children are accustomed. In many cases, children who depend on the school lunch program will face food insecurity. They also become more vulnerable to violence in their homes and communities which can go undetected due to no contact. School closures also have a disproportionate burden on women who traditionally undertake a role as caregivers. In response to this challenge, we call on governments to:

- Direct educational institutions to prepare review and assignment packages for children to keep them academically engaged and prevent setbacks and provide guidance for parents on the use of the material
- Create educational radio programming appropriate for school-age children
- Subsidize childcare for families unable to make alternate arrangements for their children
- Expand free internet access to increase access to online educational platforms and material and enable children to participate in virtual and disability-accessible classroom sessions where available
- Provide laptops for children who need them in order to participate in on-line education
- Adopt measures to ensure they continue receiving food by making sure it can be delivered or collected
- Provide extra financial and mental health support for families caring for children with disabilities

Social inequality. These exist between men and women, citizens and migrants, people with regular and irregular status, people with and without disabilities, neurotypical and neuroatypical people, and other perceived dichotomies or non-binary differences as well as racial, ethnic, and religious groups. Existing vulnerabilities are further complicated by loss of income, increased stress, and unequal domestic responsibilities. Women and girls will likely have increased burdens of caregiving which will compete with (and possibly replace) their paid work or education. Vulnerable communities are put at further risk when laws are enacted, or other measures are introduced, that restrict their movement and assembly, particularly when they have less access to information or ability to process it. In response to this challenge, we call on governments to:

- Encourage the equitable sharing of domestic tasks in explicit terms and through allowances for time off and compensation for all workers



- Provide increased access to sanitation and emergency shelter spaces for unhoused people
- Implement protocol and train authorities on recognizing and engaging vulnerable populations, particularly where new laws are being enforced
- Consult with civil society organizations the process of implementing legislation and policy
- Ensure equal access to information, public health education and resources in multiple languages, including sign and indigenous peoples languages, accessible formats, and easy-to-read and plain languages

Water and sanitation. Everyone does not have access to clean running water. In response to this challenge, we call on governments to:

- Ensure infrastructure is in place for clean, potable water to be piped into homes and delivered to underserved areas
- Cease all disconnections and waive all reconnection fees to provide everyone with clean, potable water
- Bring immediate remedy to issues of unclean water
- Build public handwashing stations in communities

Economic inequality. People are experiencing unemployment, underemployment, and loss of income due to the temporary closure of businesses, reduced hours, and limited sick leave, vacation, personal time off and stigmatization. This negatively impacts their ability to meet financial obligations, generates bigger debts, and makes it difficult for them to acquire necessary supplies. Due to closures and the need for social distancing, there is also lack of care options and ability to pay for care for children, the elderly, and people with disabilities. This produces a labor shift from the paid or gig economy to unpaid economy as family care providers. In response to this challenge, we call on governments to:

- Implement moratoriums on evictions due to rental and mortgage arrears and deferrals of rental and mortgage payments for those affected, directly or indirectly, by the virus and for people belonging to vulnerable groups
- Implement moratoriums on the disconnection of utilities including water, electricity, telephone, and internet services regardless of inability to pay and payment histories
- Provide Universal Basic Income for those with lost income
- Provide financial support to unhoused people, refugees, and women's shelters
- Provide additional financial aid to elderly people and people with disabilities
- Expedite the distribution of benefits
- Modify sick leave, parental and care leave, and personal time off policies
- Direct businesses to invite employees to work remotely on the same financial conditions as agreed prior to pandemic
- Distribute packages with necessities including soap, disinfectants, and hand sanitizer



Violence against women, domestic violence/Intimate partner violence (DV/IPV). Rates and severity of domestic violence/intimate partner violence against women, including sexual and reproductive violence, will likely surge as tension rises. Mobility restrictions (social distance, self-isolation, extreme lockdown, or quarantine) will also increase survivors' vulnerability to abuse and need for protection services. (See Economic inequality.) Escape will be more difficult as the abusive partner will be at home all the time. Children face particular protection risks, including increased risks of abuse and/or being separated from their caregivers. Accessibility of protection services will decline if extreme lockdown is imposed as public resources are diverted. Women and girls fleeing violence and persecution will not be able to leave their countries of origin or enter asylum countries because of the closure of borders and travel restrictions.

In response to this challenge, we call on governments to:

- Establish separate units within police departments and telephone hotlines to report domestic violence
- Increase resourcing for nongovernmental organizations that respond to domestic violence and provide assistance -- including shelter, counselling, and legal aid -- to survivors, and promote those that remain open are available
- Disseminate information about gender-based violence and publicize resources and services available
- Direct designated public services, including shelters, to remain open and accessible
- Ensure protection services implement programs that have emergency plans that include protocols to ensure safety for residents and clients
- Develop a protocol for the care of women who may not be admitted due to exposure to the virus which includes safe quarantine and access to testing
- Extend the duration of judicial precautionary measures/protection orders to cover the whole mandatory period of lockdown and quarantine
- Make provisions for domestic violence survivors to attend court proceedings via accessible teleconference
- Direct police departments to respond to all domestic violence reports and connect survivors with appropriate resources
- Ensure women and girls and other people in vulnerable positions are not rejected at the border, have access to the territory and to asylum legal procedures. If needed, they will be given access to testing

Access to information. There is unequal access to reliable information, especially for those structurally discriminated against and belonging to marginalized communities. People will need to receive regular updates from national health authorities for the duration of this crisis. In response to this challenge, we call on governments to:

- Launch public campaigns to prevent and contain the spread of the virus
- Consult and work with civil society in all initiatives to provide information to the public



- Make information available to the public in plain language and accessible means, modes and formats, including internet, radio and text messages
- Ensure people with disabilities have access to information through sign language, closed captions, and other appropriate means
- Increase subsidies to nongovernmental organizations that will ensure messages translated and delivered through appropriate means to those who speak different languages or have specific needs
- Build and deploy a task force to share information and resources with vulnerable people with specific focus on unhoused, people with disabilities, migrant, refugees, and neuroatypical people
- Refrain from adopting measures to discourage or restrict journalists reporting on the COVID-19 pandemic under the guise of combating misinformation.

Abuse of power. People in prisons, administrative migration centers, refugee camps, and people with disabilities in institutions and psychiatric facilities are at higher risk of contagion due to the confinement conditions. They can also become more vulnerable to abuse or neglect as a result of limited external oversight and restriction of visits. It is not uncommon for authorities to become overzealous in their practices related to enforcement of the law and introduction of new laws. During this crisis, vulnerable people, especially dissidents, are at a higher risk of having negative, potentially dangerous interactions with authorities. In response to this challenge, we call on governments to:

- Provide and implement restrictions in relation to COVID-19 in accordance with the law. Any restriction should be strictly necessary, proportionate and in the interest of legitimate objectives of general interest
- Monitor restrictions taken in the public interest do not result in any gender-specific harm to women and girls who are already extremely vulnerable and at risk of being denied their basic human rights
- Consult any changes in existing laws with human rights organizations and Ombudsperson/Human Rights Defenders
- Encourage law enforcement officers to focus on increasing safety rather than arrests
- Train law enforcement officers, care workers, and social workers to recognize vulnerabilities and make necessary adjustments in their approach and engagement
- Adopt human rights-oriented protocols to reduce spreading of the virus in detention and confinement facilities
- Strengthen external oversight and facilitate safe contact with relatives i.e. free telephone calls
- Support civil society organizations and country Ombudsperson/Human Rights Defenders in monitoring the developments within those institutions on a regular basis
- Commit to discontinuing emergency laws and powers once pandemic subsides and restore the check and balances mechanism

