

COVID-19 AND THE INCREASE IN DOMESTIC VIOLENCE AGAINST WOMEN

Cases of Jordan, Italy, Morocco and Tunisia



EuroMed Rights
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الأورو-متوسطية للحقوق

EuroMed Rights



Who we are

A network of more than 80 human rights organisations, institutions and individuals based in 30 countries in the Euro-Mediterranean region. Created in 1997 in response to the Barcelona Declaration and the establishment of the Euro-Mediterranean Partnership, EuroMed Rights stands by universal human rights principles and strongly believe in the value of cooperation and dialogue across and within borders.

EuroMed Rights' Working Group on Women's Rights and Gender Justice

As one of the few platforms in the Euro-Mediterranean region, EuroMed Rights brings together northern and southern women's rights organisations on an equal footing in its Women's Rights and Gender Justice Working Group (GWG). Established in 2004, the GWG works towards influencing EU, UN and governmental efforts to promote gender equality and combat VaW, as well as supporting feminist civil society in the region.

The current focus of the GWG is on enhancing the legal environment for combatting violence against women through the harmonization of national laws with international standards, such as the CEDAW and Istanbul Convention, and the subsequent implementation of these laws. In addition, given the current context of populist movements promoting an anti-feminist, "moral" discourse and increasing backlashes against women's rights, the GWG aims to build and promote a rights-based counter-narrative and undertake solidarity actions with women's rights defenders.

Working group members and partners who provided their inputs

- **Sisterhood is Global Institute - SIGI**
- **Mizan for Law**
- **Moroccan Association of Human Rights - AMDH**
- **The Italian National Network of women's centres and shelters - D.i.Re**



1-To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.

JORDAN

Some Jordanian agencies reported a 68% decrease of gender-based violence cases reported during the lockdown. Our member organisation believes that this drop does not reflect reality. According to the Family Protection Department of the Jordanian Police, the reporting of domestic violence has seen an increase of 33% during the lockdown.

These numbers represent only a partial reality. First of all, not all victims were able to report as the window of opportunity for doing so, either via phone or the internet, was very small during the lockdown. Moreover, national helplines are not working around the clock, which further reduces the possibility for women to report violence. It is also important to note that there are information asymmetries: not all women are aware of how or where to report domestic violence occurrences.

The hands-on experience of the organisation SIGI/JO tells a different story than that of Jordanian institutions. In normal times, they receive an average of 650 cases per year. During the lockdown, they received 800 cases of violence against women/gender-based violence. It leads Jordanian feminist organisations to believe that the aforementioned percentage of “33% increase” only represents 20% of the overall increase in violence during the lockdown.

Regarding so-called “honour killings”, the Jordanian police department reported 8 cases. This would represent a decrease compared to the same period in 2019. It is the belief of SIGI and Mizan for Law that these numbers are under-reported.

Overall, women’s organisations confirm that women have faced an increased risk of domestic violence during the lockdown, which added to the pre-existing barriers in reporting.

For now, there is unfortunately little to no data regarding the number of cases of VAW or domestic violence.

MOROCCO

In Morocco, there are no official statistics on the increase of violence against women in the context of the COVID-19. The Moroccan Association for Human Rights (AMDH) declared that, according to reports and information they have been gathering across the territory, a greater



number of calls and testimonies from victims of violence against women was witnessed. According to AMDH, domestic violence has significantly increased during the lockdown period.

ITALY

In Italy, the lockdown was declared on the 9th of March. The Italian National Network of women's centres and shelters (D.i.Re) and its 82 members started collecting data from this point onwards. They divided the period into two: the first from the 2nd of March until the 5th of April; the second from the 6th of April and until the 3rd of May.

During the first period, D.i.Re registered 2983 contacts made by women victims of violence. 28% of them were "new contacts", which represents 836 women who contacted centres or shelters for the first time. During the second period, 2956 contacts were registered. There was an increase in the numbers of "new contacts" which this time represented 33% of the total (979 women, 143 more than during the first period). For the same period, from the 6th of April to the 3rd in 2018, there is an increase of 79,9% of contacts and an increase of 6% of women seeking refuge.

During both periods, most of the contacts were made directly to the centres and shelters. Only 3% and 4,6% of contacts observed during the first and second period, respectively, were redirected from the national helpline 1522.

TUNISIA

Since the beginning of the lockdown, the organisation Beyti registered an increase of 31 cases of domestic violence and inter-partner violence as compared to 2019. 90,58% of the 85 women registered declared to be unemployed and without income. 5,88% declared to have interrupted their education and 3,52% declared to be working in the business sector.



2-Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

JORDAN

Referral hotlines and helplines are available and coordinated by the Family Protection Department for safety. The Ministry of Social Development has a social protection line, which received 1700 gender-based violence cases during the lockdown.

The Jordanian government runs a hotline.

The organisation Mizan for Law created a Facebook page and a WhatsApp number for complaints. The referral from the Jordanian National Commission for Women (JNCW) to Mizan for Law has increased during the pandemic.

The organisation SIGI/JO has a 24/7 phone and online service to support victims of gender-based violence. The organisation also shared available helpline numbers on their social media. According to both Mizan for Law and SIGI/JO, there has been an increase in the number of calls. It is important to note that the level of awareness on these numbers is quite low.

MOROCCO

According to AMDH, there was an increase in the number of calls which were registered both at the level of the central administration and in local sections.

The Moroccan government and institutions have overlooked the risk of increased domestic violence during the lockdown. In particular, the Ministry for Solidarity, Social Development, Equality and Family has failed to offer the necessary preventive measures to protect women victims in due time. The government remained silent on the issue for the great majority of the lockdown period, despite repeated demands from associations dealing with violence against women and gender-based violence to speak up.

ITALY

1522 is the National Helpline for women victims of violence. The number directs women victims of violence to the nearest anti-violence centre via a national mapping provided on the official website (<https://www.1522.eu/mappatura-1522/>).

During the lockdown, calls made to 1522 increased by 73% compared to the same period in 2019. These data were collected by Istat in a study on 'Gender violence in Covid's time'.



TUNISIA

After a period of hesitation on the different measures to take to stop the pandemic, the Tunisian government reacted fairly quickly by setting up a support and care system for women victims of violence through a special COVID-19 number (1809). This number was an addition to the existing number 1899. The Tunisian government, in partnership with civil society, has also set up a “confinement” centre for women victims of violence during the COVID-19 lockdown. On the 5th of May, the Minister of Women’s Affairs presented the following statistics. As of the 3rd of May and since the beginning of the lockdown:

- 6693 calls were recorded on the 1899 hotline, including:
 - 1347 for physical violence
 - 1462 for psychological violence
 - 329 for sexual violence
 - 763 for economic violence
 - 15 for institutional violence
 - 1624 for verbal violence.

448 reports were made by and regarding violence against children and 38 reports by senior citizens regarding violence against the elderly.



3-Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

JORDAN

According to SIGI/JO, women victims of domestic violence are not exempted from restrictive measures. Some have tried to seek support from the Police or “civil defence” but without success. These two bodies give higher priorities to civil cases. Unfortunately, traditional patriarchal mentality leads these bodies to treat violence against women or gender-based violence cases as “family matters”, that should, therefore, be resolved within the family. According to Mizan for Law, the Family Protection Department can technically help women to leave the family house when they report violence.

MOROCCO

The only way to escape violence is to leave the house and file a complaint and/or seek refuge elsewhere. There are measures which could be used in a situation of violence, such as the permission to leave the house when necessary. Unfortunately, violence against women is often not considered to be an “urgent necessity”.

ITALY

All women (and their children) victims of domestic violence were/are officially exempted from restrictive measures: they can leave their homes to go to the police, services or safe places/shelters.

TUNISIA

No, but the state has opened a remote hotline for emergency support (97914284).



4-Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

JORDAN

There are three government-run shelters for victims of domestic violence in Jordan and one shelter run by the Jordanian Women's Union. All four stayed open during the crisis but accessing them is extremely difficult.

Women in the system have been well protected and supported, but new referrals are technically frozen because applicants are required to self-isolate for fourteen days before being allowed to enter into the shelters. This is hardly doable for a lot of women. Because it is such a hard and drawn out process to access shelters, victims of violence have turned to NGOs for help: Mizan helped two women access safety by covering the rent on their own homes and SIGI/JO assisted two women in leaving their abusers safely to seek sanctuary in their family homes.

MOROCCO

There are very few shelters and facilities for women victims of violence in Morocco and the system was overburdened before the crisis even hit.

ITALY

Shelters have stayed open throughout the crisis and the D.i.Re network, for example, ran a social media campaign - #noicisiamo - to raise awareness on available resources for victims of violence, reminding people where to find these services, how and when to reach out to them safely.

In parallel, the Government issued an order to allow the requisition of vacant properties in all municipalities in Italy to make them available to women and children escaping violence. This order was extremely beneficial to specialised women's services (WSS) and members of the D.i.Re network who used it to safely house numerous people, while crucially lowering the risk of contracting or spreading the virus in multiple-occupancy shelters.

TUNISIA

Shelters were open and running during the lockdown. The preparations for the confinement began on the 20th of March for the shelter: purchasing hygiene products, food supplies,



sanitising the premises, raising awareness of the shelters' residents on health and safety measures, reorganising their way of working.

Shelters ran by the association BEITY organised themselves between remote work and *in situ* work with alternating teams reduced by two and switching each week.

18 women were full-time residents when the lockdown was declared on the 22nd of March. As all external activities stopped, some residents had a really hard time being forced to stay within the walls of the shelters, deprived of a source of income. BEITY compensated for a part of these shortfalls through assistance to be provided on leaving the accommodation and the construction of a project for independent living.

5-Are protection orders available and accessible in the context of the COVID-19 pandemic?

JORDAN

In “normal” times, protection orders are available, though not implemented. During the COVID-19 pandemic, protection orders were no longer accessible as the courts were closed.

MOROCCO

Because of its lack of gender perspective overall, the State's response to fighting against the COVID-19 pandemic failed to take women's specific needs into account, either in terms of protection from violence or healthcare.

ITALY

Protection orders and other measures for women victims of violence are guaranteed under Italian criminal law. However, these measures were respected to very varying degrees across the country and were contingent on the courts' abilities to function efficiently during this period. Generally speaking, for reasons unrelated to and preceding the Covid-19 crisis, Italy does not have well-guaranteed access to justice for cases of VaW and the system leaves many women at risk without efficient protection (as denounced publicly by D.i.Re's Group of Women's lawyers).



TUNISIA

Family judges can usually issue protection orders. During the COVID-19 pandemic, these judges were not working.

The only option for women victims of domestic violence in this context is to file a complaint and wait for the courts to reopen. The Ministry of Justice failed to provide legal support for victims of violence during the lockdown. On the 28th of April, the Higher Council of the Judiciary responded favourably to civil society's call to resume the justice departments and services work. It provided for courts' gradual return to the work from the 4th of May and called on family judges to provide protection orders in cases relating to violence against women and children at risk.

Emergency protection measures that can be taken by the Public Prosecutor of the Republic under Act No. 2017-58 include the following:

- The transfer of the victim and children to safe places.
- The transfer of the victim to receive first aid if she is injured.
- Removing the abuser from the home and issuing a restraining order.

6-What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

JORDAN

Women have not had proper or guaranteed access to justice during the pandemic as almost all courts have been closed and lawyers have not been allowed to represent women seeking legal support. Lawyers can only provide legal advice and consultation without recourse to any legal action. In response to these measures, SIGI/JO published a statement in May demanding that the responsible entity permit at least one family court to operate for the most important and urgent cases.

After Eid El-Fitr (22th-23th of May), some changes were made to the process of providing licenses to lawyers to do their job which did increase the possibility of accessing justice for women and girls at risk of GBV and VAW.

MOROCCO

The majority of cases handled by the courts during this period were of a general order nature – cases concerning domestic violence have not been prioritised



ITALY

Courts guarantee protection orders, but all filings for divorces have been suspended which has a detrimental impact on women victims of violence. With regard to civil justice, the situation was and still is very concerning. Crucial judicial decisions on civil protection orders, child custody and most family law cases have automatically been postponed for 3-6 months.

Court's offices are hardly working or guaranteeing basic service and all pending cases with high degrees of conflict/violence involved - particularly those requiring custody decisions - are not reaching hearings and are left almost entirely in the hands of the parties involved which has led to a sharp increase in harmful and dangerous situations for women and children. New family/custody cases which arose during the Covid-19 period are practically impossible to have considered and treated in Courts in an appropriate timeframe; justice is quite simply being denied.

TUNISIA

The courts are open. On the 19th of April 2020 an open letter drafted by the Tunisian Association of Women Democrats (ATFD) was sent to the Supreme Council of the Magistracy demanding access to justice for women victims of domestic violence. The letter pointed to the lack of information on the different criteria and procedures related to domestic violence.

On the 16th of March, the Ministry of Justice stated in a press release that work in all courts would be suspended, besides for "urgent or necessary" cases. What constitutes an "urgent and necessary" case is left for interpretation, which leaves women victims of violence at risk. According to observers, only cases of extreme physical or sexual violence are being processed, yet kidnapping, moral and economic violence, particularly deprivation of income and prohibition of work, are recurrent during the lockdown.



7-What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

JORDAN

Due to the pandemic, many local primary health facilities have been closed which severely restricts women's access to regular health services, in particular those related to their sexual and reproductive health. The treatment of STIs, availability of contraceptives, and clinical management of rape (CMR) have been reduced and as many material and human resources have been diverted to the pandemic, pregnant women in need of family planning services and women facing domestic violence have been especially detrimentally impacted.

Although larger hospitals have remained open, women who have experienced abuse may choose not to go because of the social repercussions of speaking out about the violence and for fear of catching the virus.

Women living in remote areas where local services have closed cannot travel to the bigger cities to seek help in hospitals as they are not allowed to use public transportation on their own.

In a few particularly dangerous cases, women have called upon the civil defence for assistance, but given the particularly high number of requests, big delays have been noted in reaching victims and it is suspected that cases of GHB and VAW are not seen as a priority. Finally, the big public and private hospitals have primarily been accepting cases of COVID-19 and scaling back health assistance to other types of patients. With few other options, women have reached out to NGOs for help and SIGI/JO has, to date, been instrumental in resolving health issues for 124 women.

MOROCCO

Medical services outside of those linked to COVID-19 have been quite heavily restricted. Access to healthcare is somewhat precarious in normal times and sexual and reproductive health has always been a key problem area due to insufficient infrastructure. The factors combined have made it extremely difficult for women to access specific services during confinement.

ITALY

A very stark example of COVID-19's negative impact on women's health is access to abortion. Since the beginning of the crisis, the Ministry of Health repeatedly stated that the right to access an abortion had to be guaranteed, but in spite of these assertions (in addition to Law n. 194



which clearly establishes the procedure's legality), the reality is that many women faced inefficient systems, endless processes and real privation of their rights. One of the main problems for people seeking an abortion in the full throes of the Covid emergency and confinement was the lack of an institutional site where necessary information could be found: where to go for help and how to get there when leaving one's home was prohibited. Another important obstacle is that, in Italy, medical abortion (RU 486) is only legal if accompanied by three days of hospitalisation, which has not been possible during Covid-19 times; surgical abortions occur in day-patient care, but again with numerous difficulties associated to referrals and access. During the crisis, a national network of pro-choice associations addressed an important petition to the Minister of Health requesting that abortion pills be made more readily available during the COVID-19 emergency in order to guarantee the legal rights of women. (<https://prochoice.it/2020/04/04/facilitare-accesso-ad-aborto-farmacologico-durante-emergenza-covid-19/>)

TUNISIA

On the 20th of April, the Tawhida Becheikh group for women's health along with EuroMed Rights and 60 other civil society organisations called on public authorities to ensure access to sexual and reproductive services for women.

Since its independence, Tunisia has ensured accessible and free reproductive health services. In the public sector, services are available within the structures of the National Office for the Family and Population (ONFP) in the 24 governorates, in some university departments (Tunis, Sousse, Monastir, Sfax) and in health centres. Contraception and abortion are provided in both the public and private sectors.



8-Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.

JORDAN

First and foremost, many of the services for victims of domestic violence in Jordan are run by CSOs whose work was initially effectively stopped by the pandemic.

Secondly, justice was almost literally suspended. Services, centers, courts, local health clinics, human rights institutions - such as the National Center for Human Rights (NCHR) - were all closed and therefore unable to provide services to Jordanians and foreigners living in the country.

Children were unable to report.

Abusers also used the pandemic as a means of coercion against their victims, by threatening them with the idea of detention if they report. Detention for women victims of violence is common in Jordan and is called “protective custody”.

Furthermore, the pandemic added to the pre-existing structural difficulties with regards to gender-based violence in Jordan. Before the pandemic, it was made difficult for women to report violence, as they might be re-victimised and blamed by the police. During the pandemic, it was even more difficult as there were “more urgent” matters to deal with.

Some areas of Jordan have less access to basic services. The digital gap existing in the country further restricted the possibility for illiterate and ill-equipped women to seek help or support during the lockdown.

Movement restrictions further limited the amount of help that organisations could give and abuse was no longer mitigated when an abuser is not home or a victim goes to work or school. In terms of calling hotlines and helplines, women might find it very difficult as their abusers are now in closer proximity for much of the day and/or they may not have access to a private cell-phone, making it harder for them to be able to make a timely call.

Moreover, the space for local CSOs and CBOs working on women’s rights and gender equality had already shrunk before the pandemic. During the pandemic, it became increasingly difficult to carry on with activities on the ground and permits for social, legal and psychological counsellors to reach out to victims were harder to obtain.

Finally, traditional, conservative, patriarchal beliefs and practices tend to justify men’s abusive behaviours towards women and girls. They are therefore left with no other choice than to bear the violence, especially when they rely on their abusers financially. These are both social and economic obstacles for women which were worsened during the crisis.



In the event of a divorce, it is difficult for women to take their children as the process to get the alimony is very long.

MOROCCO

Preventing domestic and conjugal violence was not considered to be a priority. Thus, authorisation to break lockdown in order to escape violence was not cited as a necessity. We can also note the severe lack of shelters for victims of violence and women's comparative disadvantage in terms of digital capability and literacy which can prevent them from finding important information and communicating with emergency services.

ITALY

Covid-19 has exacerbated all the obstacles which already existed in Italy, as evidenced in the country's recent GREVIO report. Briefly but non-exhaustively, these include:

- Socio-cultural context and stereotyped views of gender roles which create perceived inferiority of women.
- Persisting inequality between men and women.
- Prejudices against women denouncing violence and questioning of their credibility.
- Insufficient and non-comprehensive central and local policies on VAWG
- Absence of long-term programmes to provide financial support to WSS
- Lack of knowledge, understanding, and awareness on the part of the police, social services, health workers, courts etc. about all aspects and dynamics of VAWG and the gravity of the phenomenon
- Insufficient training of professionals.

TUNISIA

The obstacles encountered to prevent and counter domestic violence during the pandemic were the following:

- The lack of political will to make employers responsible for the protection of female employees in various sectors.
- The 128 special units dedicated to responding and directing women victims of violence were not working according to the needs: i.e. from Monday to Friday, until 4 p.m., while the peaks of violence are observed during the weekends.



- When women experience violence during the weekend, they are forced to go to the ordinary police stations. Many have reported that the police treated them quite aggressively by discouraging them from filing a complaint or by refusing to receive their complaint outright on the pretext that it is not their priority.
- Economic obstacles: rare are those who were able to receive the exceptional subsidies granted during the pandemic. The most vulnerable in this case are unquestionably "single mothers" and elderly women.

9-Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

JORDAN

Our member organisations, Mizan for Law and SIGI/JO mentioned the following good practices:

- Linking all hotlines and emergency call numbers to a single database so that all cases – even those of the Ministry of Social Development- can be systematically referred to the police.
- Creating a national helpline and a database classified at the national level for easier, more transparent, reliable access to the most current data.
- Encouraging the Family Protection Department to establish services for victims of gender-based violence on a 24h/7 basis and enhancing its capacity to be accessible and reachable (in response to a number of complaints received regarding lack of response from their side).
- Creating a national civic service to support gender-based violence and violence against women cases as it is not always the best option for victims to approach the police to request help (due to the risk of retaliation or revenge from abusers/perpetrators).
- Within a system strongly based on a tribal society, women are afraid of registering and documenting their cases if their protection, safety and confidentiality cannot be guaranteed, and can consequently be put at even greater risk of being harmed (which may be further exacerbated by the long process often needed to close a case).



ITALY

Our member organisation D.i.Re listed the following best practices:

- Attempting to address anti-violence centres' requests for housing and temporary housing solutions in new and innovative ways (sub answer no.4)
- Exempting women and children escaping violence from the restrictions on movements.
- Including "WSS" workers in essential worker categories to allow them to have continued access to their workplaces during lockdowns.
- The provision of additional financial support from governments. The Italian Government is discussing strategies to guarantee some basic financial support in the form of an 'emergency income' and has frozen all tax, bank and utility debts until September.
- Facilitating access to unemployment benefits for a number of months through a simple self-certification process for people who have lost their jobs.

TUNISIA

We would list the following best practices:

- The emergency line for listening to and accompanying women victims of violence, which has been operational since 2 April 2020.
- The reporting of calls, coordination of accompaniment and care.
- Calling the services of the Ministry of Women's Affairs to urgently activate their commitments to the associative care centres.
- Authorities put in place a system of accompaniment and care for victims of violence through a special COVID 19 (1809) number, in addition to the dedicated toll-free number 1899.
- In partnership with civil society, a "confinement" centre for women victims of domestic violence was opened on the 2nd of April 2020.



10-Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

JORDAN

NGOs and NHRIs in Jordan have developed the following good practices during the COVID-19 pandemic:

- Sharing key information as well as the Family Protection Department’s hotline number in media and on social media outlets.
- Being fast and extremely responsive to requests for assistance from victims.
- Using technology and increased reliance on phone communication to provide 24h/7 assistance to women in need via a network of local coordinators.
- Raising awareness on GBV and lobbying the government to do more. SIGI/JO, for example, created a list with a set of recommendations to reduce the negative effects of Covid-19 prevention efforts effects on women, children, people with special needs and senior citizens.
- Pushing for the National Center for Human Rights to be reopened, allowing CSO’s and CBOs to resume their crucial work.

MOROCCO

NGOs and NHRIs in Morocco have developed the following good practices during the COVID-19 pandemic:

- Protecting women from VAW and GBV during the lockdown, despite very limited financial means and the lack of safe shelters for victims.
- These organisations took responsibility for operating advice and emergency hotlines for women to report instances of violence and responded accordingly to the best of their abilities.

Unfortunately, given the extent of the increase in violence during the lockdown, these efforts were not sufficient on their own.



ITALY

NGOs and NHRIs in Italy have developed the following good practices during the COVID-19 pandemic:

- Launching an early campaign to raise awareness of the dangers many women face when required to stay at home.
- Putting forward urgent requests for additional PPE to guarantee the safety of staff in shelters, safe houses and anti-violence centers.
- Introducing requests for “emergency funds” to cover additional expenses for victims of violence including rent, internet, subsistence costs etc.
- Careful and diligent monitoring of data on the phenomena of VaW and GBV.

TUNISIA

NGOs and NHRIs in Tunisia have developed the following good practices during the COVID-19 pandemic:

- Joint-advocacy work towards the government, warning on the worsening of social inequalities in the face of the pandemic and containment measures.
- The association BEITY ensured the monitoring and care of 157 women in shelters.
- The foundation DROSOS Lawyers Without Borders, the French Institute of Tunis, the United Nations Fund for Population (UNFPA) with the International Organisation on Migration (OIM) funded emergency services such as the support helpline and the distance learning unit of the Sawa centre.
- EuroMed Rights called for reconciling COVID health measures and respecting human rights.

11-Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

JORDAN

Relaying the reflections of our Jordanian member organisation SIGI/JO, the most important negative consequences of the global pandemic on women can be summarised as follows:

- Doubling the burden of unpaid care labour.
- Adding obstacles to women’s participation in the labour market.



- Impacting women's working conditions in the health sector.
- Interrupting financial communication between migrant workers and women domestic workers with their families.
- Impacting reproductive health services.
- Lack of communication and guidance for the prevention of COVID-19 for social groups with specific needs.
- Lack of women in leadership positions, especially health and security.

Regarding the specific situation of women during the past, the current and the next phases of COVID-19 pandemic in the country, they have been losing - even more than before - their possibility to look for, find and keep their job and to gain space to raise their voices and demand their labour rights.

Moreover, the Jordanian government recently authorised employers to reduce staff salaries - covering the lockdown period - by 60%. This decision is already and will continue to create further challenges for a lot of employees to afford transportation, especially those living far from their workplace.

The resources for social services and social protection might be limited, affecting women disproportionately, especially those already part of the most marginalised groups - such as the poor, refugees, people with disabilities, elderly people and children - and those women and girls living in an environment of gender-based violence.

It is the duty of civil society to work harder and more specifically to reach out to those women, helping them develop their skills, training them on how to defend their rights and to gain an adequate income to become financially independent.

Additionally, it seems that the agriculture part of the economy will not be taken into consideration in the post-COVID. Women will feel forced to give up on their ambitions and the types of jobs where they excel such as food processing and other agricultural-related positions, shifting their job-search to other sectors where it will be more likely that they will face difficulties due to their fewer relevant and adequate skills.

Another important topic is remote education, which has been the only type of learning available during the lockdown and which will be for the foreseeable future since schools and universities are still closed. Such a situation will represent a problem for many women who will likely lose their jobs since they cannot leave their children alone at home and kindergartens are closed.



It is important to acknowledge the recent shift caused by COVID-19 in our ways of working towards more digitalisation. It is essential to focus on economic empowerment, and especially of young people, who represented a very active component of the society during the pandemic, in terms of digital engagement and actions.

It is crucial to work on the protection of public freedoms because Jordan has been facing – even before the pandemic – a centralisation of the opinions, which is threatening democratic principles and participation.

Finally, SIGI/JO highlighted the necessity of women’s role and participation at the decision-making level, which is still very limited.

MOROCCO

For our Moroccan member organisation, AMDH, the burden of unpaid labour, such as domestic chores, and childcare responsibilities as schools and kindergartens were closed is a crucial element which has further worsened the situation for women during the crisis and might have long-lasting impacts.

ITALY

In Italy, schools closed in February and will remain closed until September. This situation, because of its obvious impact on women’s unpaid care labour, is unsustainable for women and has clear negative impacts.

Firstly, it causes women to stay home in order to take care of their children. In May, 73% of male workers went back to work while most women continue to be confined in their homes.

School closure does not only add to the already existing double burden, disrupting working conditions, but it also impacts women’s very employment. Unemployed women with children might postpone their job search to take care of their children. Self-employed women or women illegal workers might lose their jobs. For most women, it will lead to a reduction in their working hours, which will have visible and long-lasting impacts on the gender pay gap.

Women victims of domestic violence with children will be forced to stay home, which we know increases the risk of further violent occurrences. Furthermore, staying home means earning less money, creating increasing economic dependency on abusers.

School closure has negative and cumulative consequences on women in general, but most particularly on women in situations of vulnerability, such as women victims of violence, women from low socio-economic background etc.



TUNISIA

The split operated by various civil society organisations and institutions between the different forms of gender-based violence - physical, sexual, psychological, economic, domestic violence - contributes to depoliticising the global and structural issue of violence against women in sexist societies.

In this sense, if speaking of domestic violence *per se* is indubitably important, the growing focus on it might participate in this shift, favouring means of combatting it which might miss the core of the issue: patriarchy, sexist structures and institutions reproducing and enshrining the subordination of women, of which violence against them is only a symptom. A holistic approach to gender-based violence was missing in media coverage and decision-makers' discourses on the increase in domestic violence during COVID-19.