IN BRIEF

GENDER-SENSITIVE PREVENTION, RESPONSE AND MANAGEMENT OF COVID-19 OUTBREAK IN LIBYA

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On 11 March 2020, the WHO declared the Corona Virus Disease 2019 (COVID-19) a global pandemic. As of 7 April, 19 confirmed cases of COVID-19 were reported in Libya. According to the WHO Libya COVID-19 strategic preparedness and response plan, Libya is at a high risk of having cases of COVID-19 transmission. The spread of the disease would have serious implications due to the country's low capacity given the ongoing conflict, political fragmentation, weak health system and big numbers of migrants, refugees and internally-displaced people (IDPs). Authorities are ill prepared to implement effective preparedness and response measures to mitigate the risk of a COVID-19 outbreak, and support is needed to fill capacity gaps, both at a national and sub-national levels.

1. The impact and implications for women and girls in the COVID-19 pandemic

Existing social biases, gender norms and gender-based discrimination against women and girls in the public and private spheres in the Arab region may be exacerbated with the outbreak of COVID-19. These effects, along with self-isolation measures, are also having a knock-on impact on domestic violence and on women's paid employment. A UN Women study, carried out prior to the COVID-19 outbreak [1], has found that women in Libya were 12 times more likely to be unemployed than men and working women earned nearly three times less than men. The economic downturn as a result of COVID-19 is expected to be stark and more women are expected to fall into poverty given the existing socio-economic dynamics.

Moreover, entrenched conservative patriarchal norms in Libya continue to be define roles in households in Libya, and domestic work is largely the responsibility of women [2]. With health systems currently overloaded as a result of the ongoing

conflict and children at home indefinitely, women across the country are picking up the burden, from schooling children, to looking after the elderly and sick, to ensuring high levels of cleanliness. UN Women data also finds that freedom of movement was limited – women in the study were four times more likely never to have left their homes alone.[3]

Unemployment, social distancing and increased substance abuse to deal with stress and anxiety may lead to increased domestic violence in Libya. Social distancing will also exacerbate the conditions for those already living in situations of domestic violence.

Overstretched health services will invariably divert resources away from essential services that women need, including pre- and post-natal health care and contraceptives and exacerbate an existing lack of access to sexual and reproductive health services as well as gender-based violence prevention and response services[4]. Even where basic essential services are maintained, a breakdown in the coordinated response between different sectors - health, police and justice and

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1   UN Women Libya - The Economic and Social Impact of Conflict on Libyan Women - 2020

2   ibid

3   ibid

4   Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

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social services response - and social distancing will mean that sectors will be challenged to provide meaningful and relevant support to women and girls who are experiencing violence.

The pandemic's unequal impact on women and girls, and their essential role in responding to COVID-19 requires a coordinated response that must address the gender dimensions of the outbreak in order to stem the tide of the epidemic, and to protect women's health, livelihoods and safety.

2.   The COVID-19 Response in Libya

Since WHO declared COVID-19 a pandemic, Libyan authorities have taken a number of measures. The Prime Minister of the Government of National Accord (GNA) in western Libya formed a Supreme Committee to Combat the Coronavirus Pandemic that does not include any female members. The emphasis is to review capacities, needs and gaps and provide the required support with health supplies and equipment to hospitals so they may treat COVID-19 patients. In eastern Libya, the House of Representatives (HOR) formed two committees. The Supreme Committee includes a woman among its members and the Medical Advisory Committee is chaired by a woman. Schools, mosques and all areas of entertainment, such as cafés and restaurants, have been closed across Libya. A lockdown has been declared by both governments, and ports of entry in all parts of the country have been closed.

3.   The impact of coronavirus on women in Libya

UN Women Libya carried out a rapid survey to ascertain the most significant health, social and economic challenges facing women due to the emergence of the disease in Libya.[5] With support from the Libyan Women's Network for Peace, the survey was carried out with 290 women from all regions in Libya and focused on the extent of preparations in place to combat a potential COVID-19 outbreak.

The sample covered a range of age groups (from 15 to 61 years of years old) and a diverse populations groups (11% were displaced women, 22% were students, 74% were women in paid work, 10% were self-employed women, and 17% were women working in the private sector). The survey focused on the extent of preparations in place to combat a potential

5   Benghazi, Ajdabiya, Tripoli, Misrata, Jufra, Zillah, Sokna, Brak, Zawia, Sabha, Tajoura, Brak al-Shati, Gadamis, Houn, Ras Lanuf, Derna, Al-Qalaa, Nalut, Garyan, Alasaba, Alruhaibat, Shahat, Al-Bayda, Jalu, Wad-dan, Tobruk, Wadi Al-Bawanis

COVID-19 outbreak. An analysis of the responses revealed a number of challenges facing women and girls across Libya, with the most significant being;

FINDING 1
Negative Impact on Women's Economic Empowerment and Access to Livelihoods

It was found that the precautions on physical distancing, curfew and quarantine would have negative effects including preventing access to livelihoods, especially for self-employed women, and those working in the private sector. The issue is further exacerbated for displaced women. In the absence of income, they would face increased pressure as a result of the accumulation of rent and other challenges they would face in displacement including meeting basic needs.

A large-scale decrease in economic activity will have negative effects on the level of individuals' wealth. Already, 52% of surveyed women indicated that their work had indeed been affected, and 26% of respondents believed that their source of livelihood would be affected if the lockdown were extended further. Sixty per cent of the sampled women feared the outcome of the lockdown arrangements, including the financial difficulties that the families would face, especially in the absence of salaries and liquidity, and in light of the steady rise in prices of basic goods. Sixty perc ent of women stated that they would be forced by circumstances to reduce meals. Forty-two perc ent stated they would decrease their portion in family meals and opt for cheaper options for food items .

FINDING 2
Increase in Domestic Disturbance and Violence within Households

Forty-six of respondents expressed a fear of increased outbursts of anger at home due to their partners' constant presence and the increasing economic pressure. Respondents described that the outbursts of anger would generally occur due to the following reasons; men in the household express their frustration through the use of violence rather than dialogue; remaining at home increases tension within the household, fear of not providing food; and a lack of financial resources.

FINDING 3
Women had Reduced Freedom of Movement Particularly When Accessing Healthcare

Seventy per cent of surveyed women confirmed that they were not self-reliant in visiting clinics or hospitals in case of illness, and required the help of men in the family (brothers,

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fathers, or husbands). This suggests that in the absence of men, obtaining relatively adequate medical services may be challenging for a number of women. This reflects a major problem in accessing medical services, especially since 23% of the sample indicated that medical centres were far away and not accessible by foot. Some also highlighted the existence of social barriers regarding the use of public transport.

FINDING 4

Women would Take on Increased Domestic Burden within the Household

Despite women deploying coping mechanisms at home to mitigate the effects of continually staying at home, 69% of the women sampled are involved in educating children as well as housework (51.4%), and in working to protect the family by continuous sterilization.

Women often assume the role of informal healthcare providers and unpaid caretakers within the household, especially when the healthcare system is stretched. This is further compounded in family and community-based care. This includes the production of goods and services necessary for the physical, social, mental and emotional well-being of care-dependent groups, such as children, the elderly, the ill and people with disabilities. With the recent lockdowns in many countries, including school closures, the burden of unpaid care work on women and adolescent girls will be further exacerbated. Given the nature of care work, women may be more vulnerable to exposure or may be overworked or emotionally and physically exhausted, affecting their immune system and placing them at increased risk of illness, including contracting COVID-19.

FINDING 5

Social Media is Essential for Women to Obtain Information

It was found that the greatest source for news about the disease was through social networking sites, as more than 57% of survey women said that they obtained information from Facebook.

The study revealed that 47% of respondents did not know the ambulance or emergency telephone numbers, which shows a lack of knowledge of the first steps that could be vital in obtaining healthcare quickly.

FINDING 6

Vulnerable Populations Including Women with Disabilities, Pregnant and Postpartum Women at More Risk

The survey indicated that difficulties in meeting the needs of people with disabilities will be exacerbated if the current situation persists. Forty-eight per cent of surveyed women have persons with disabilities in the family. Forty-nine per cent of the respondents stated that there are barriers that prevent persons with disabilities from obtaining the necessary healthcare or access to places designated for their reception or movement, or some medicines and adequate care. Seventy-one per cent of the sample expressed concerns regarding women's access to healthcare, particularly for pregnant and post-partum women, as medical institutions increasingly lack capacity.

FINDING 7

Women Lack Health, Social and Economic Protection

Not all segments of society in Libya have health insurance, even though the law guarantees this right. This leaves a substantial segment of women feel unprotected. Sixty-four per cent of surveyed women believe that they are not protected from the risk of the spread of COVID-19 and 51% of them are concerned that there would be particular gendered considerations to the COVID-19 outbreak due to underlying structural inequalities facing women (especially female-headed households) as well as the ongoing issues relating to displacement, the ongoing conflict, a lack of provision of housing, and a lack of liquidity.

4. Findings from Key Informant Interviews

To support the data drawn from this rapid survey, a number of institutions and municipalities were reached. Some municipalities have undertaken precautionary measures. These include increasing the number of hours of lockdown and the closure of all shops. Special telephone numbers have been shared for people to request assistance, so that the relevant authorities can deliver assistance to their homes. The Ministry of Health has prepared isolation sites in anticipation of the spread of the COVID-19 infection. A proposal for a COVID-19 emergency contingency plan has been issued by the Women's Empowerment and Support Unit within the Government of National Accord, which refers to a number of urgent measures needed to meet food and medical requirements, and with a focus on vulnerable groups that are most in need of care. The measures would include healthcare for children and the elderly as well as for births, dialysis, heart disease, chronic diseases and tumours, orphanages, nursing homes, the Alnoor Foundation for Blind, institutions for people with special needs and prisons.

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The Ministry of Social Affairs highlighted that any measures it would undertake are limited by financial challenges. The Ministry does not have extensive budgetary capacity and its role is limited to providing social, psychological, medical and environmental advice and to raising awareness through various media channels. Preparations are underway to launch a hotline to provide COVID-19 advice.

Contact was made with a Girls Care Home. Initial measures had been taken, as masks, gloves and sterilizers had been provided, as well as thermometers. The Home lacks a health unit and a health supervisor, and the salaries of the administrative staff have not been paid for some time, which may mean they stop working regularly in the coming few days.

5.   Recommendations

Various measures, inclusive of lockdowns, school closures, and movement restrictions, have been taken to protect populations in Libya from the spread of COVID-19. **UN Women presents the following key recommendations to improve the humanitarian response aimed at the prevention of and combatting of the COVID-19 from a gender perspective:**

- Urge the immediate cessation of hostilities and the end of the conflict, in line with the Secretary-General's Appeal for Global Ceasefire[6] and the United Nations Support Mission in Libya's call for immediate cessation of hostilities and unity to combat COVID 19,[7] reducing its economic, social and health impact on women.

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6   https://www.un.org/sg/en/content/sg/statement/2020-03-23/secretary-generals-appeal-for-global-ceasefire

7   https://unsmil.unmissions.org/one-year-destructive-war-libya-unsmil-renews-calls-immediate-cessation-hostilities-and-unity-combat

Structural Recommendations:

- Inclusion of women and their fair representation in all committees designed to combat COVID 19, each according to its competencies.

- Incorporate a gender perspective when developing and implementing national plans to combat the COVID-19 pandemic.

- Ensure that the specific needs of women, particularly those in the most at-risk populations, are met, including their ability to access information about how to prevent and respond to the pandemic in ways that they understand.

- Collect gender-responsive data and evidence on the impact of COVID-19, particularly disaggregated by sex, age, and physical ability, and ensure more robust monitoring and reporting frameworks.

- Support the inclusion of women frontline responders, women leaders, women led organizations/networks, and youth rights groups as important partners in the COVID-19 response

- Consider social protection coverage and ensure that women in different age groups have equal access to social protection policies.

- Design innovative and unconventional outreach to survivors, including remote counselling and psychosocial support, expand the preparedness of shelter services to include protocols and measures to protect sheltered women from epidemics.

UN Women COVID-19 Response in Libya

OUTCOME 1

The national response to COVID-19 mainstreams gender and protection concerns

- Join calls in for ceasefore: UN Women Libya continues to call for the cessation of hostilities and unity to combat COVID 19. It continues to reiterate the global call of the Secretary General for a ceasefire as well as his call to end Violence Against Women in this time. It also continues to work within the Mandate of the United Nations Support mission in Libya and reiterates its call for the end of hostilities. UN Women also works within the framework of the Women Peace and Security Agenda advocating for ceasefire and continuation the Berlin process.

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- Rapid response survey: In order to generate accurate data and research to inform prevention, management and response, UN Women Libya conducted a rapid survey to ascertain the most significant health, social and economic challenges facing women die to the emergence of the disease in Libya. The survey included 290 respondents over two days across Libya.

- Mainstreaming gender in response mechanisms: UN Women will work to support the National response supporting National Entities to have the technical capacity to identify, address and monitor the needs of women and girls in COVID 19.

OUTCOME 2

The national response to COVID-19 ensures that the most marginalized are reached and engaged, including women

Risk Communication and Community engagement:

- UN Women has joined the Health Sector in supporting the Strategic preparedness and response plan through the critical Risk Communication and Community Engagement Pillar. Within this pillar UN Women will implement the following:

- 1. UN Women will work to engage and involve community influencers through working with the network of female municipal councilors training them on preventing the spread of COVID-19 in their communities and also on the gendered impacts of COVID 19 and steps for gender-sensitive local governance.

- 2. UN Women will disseminate messages and materials engaging a core network of radio stations to produce COVID-19 and GBV/Women's health (physical and psycho social) related stories to be shared around the country, both in long form radio programming and short radio and social media PSAs creating a radio show format with female editorial control that will air on 8 radio stations in Libya. This program will be supported by a network of female "Corona Correspondents" that will be employed in the production of public health-related topics about COVID-19, domestic violence, women and the family and other public service information.

- 3. UN Women will engage with existing community-based networks such as its Libyan Women Peacebuilding Network on a campaign on Leaving No One Behind in preventing the spread of Corona, disseminating key messages, and ensuring that vulnerable women including women health workers are adequately protected. The network has already galvanized greatly, coordinating with grassroots-level community organizations, municipal councils and coordinating with the Coalition of Legal Aid to raise awareness of the situation of women in prisons and in detention centers. The Network has also coordinated with migrants dispatching food supplies and broadcast awareness on the emergency hotlines.

Mainstreaming COVID 19 Messaging in all programming:

- UN Women is also strengthening its ongoing support to women and youth civil society in Libya in partnership with UNDP, integrating learning on COVID 19 within its online training.

OUTCOME 3:

Women affected by the COVID 19 are supported through livelihood and resilience programme

- Women's Economic Empowerment: As part of its programme supported by the Government of Japan in partnership with the World Food Programme, UN Women will support-conflict affected women in Libya including refugees, migrants and IDPs with livelihoods support and vocational training to counter the long-term effects of COVID 19 in Libya.

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UN Women's COVID-19 Check-List, 20 March, 2020.[8]

1. How do we ensure women's have access to essential GBV response services – such as health centres, hotlines and shelters under the current context – where social distancing and isolation limit access? Much of this work will need to be moved online in the short term. Are PSEA services being maintained and expanded? In Libya, hotline services need to be shared including 1417 to report incidents of GBV and 1404 and 1415 for information on COVID 19.

2. How are we targeting our economic responses? Men's incomes are higher than women's in general and in Libya. There are significant inequalities in terms of access to security like health insurance, unemployment benefits and other social protection. Do all national social protection packages also target working, poor and unemployed women?

3. Men are overrepresented in political decision-making. Have we considered how women's voices and interests are reflected in the decision-making processes and outcomes we are leading? Have employers and trade unions representing female-dominated labor market sectors had a say? Are women's organizations, women shelters or NGOs consulted?

4. Women are poorer than men and have less economic power. When we are thinking about cash transfers, will these target individuals rather than households in order to mitigate women's economic dependence on men? Are 'cash for care' programmes possible – where women providing unpaid care are compensated for their time?

8 Checklist for COVID-19 response by UN Women Deputy Executive Director Åsa Regnér, UN Women, 2020,https://www.unwomen.org/en/ news/stories/2020/3/news-checklist-for-covid-19-response-by-ded-regner.

5. Are we preparing targeted interventions for single parents, the majority of whom are women, when economies slow down or even come to a halt?

6. We know that elderly women and men are at high health risk right now. Women are the majority of the elderly around the world, especially those over 80s. Yet, they tend to have lower pensions, if any, and less possibility to buy care or other services. Do we know whether they are left alone or have support?

7. When elderly care exists, it's often women who provide it. This may be through paid work or simply through their support to their family members. What are we doing to ensure that they have protection against transmission? Are we able to provide 'cash for care' to ensure they are being paid for their work?

8. Schools are closed. Those with the resources may be moving to online or remote teaching. Are we doing enough to ensure that girls are not finding themselves caring for younger siblings or grandparents while boys continue to study?

9. Are we ensuring that maternal care continues under safe circumstances for staff and mothers? The burdens on health systems are straining them to breaking point. How are we protecting women's health, including the health of mothers?

10. Are we ensuring that risk communication strategies are gender-responsive and target women and the platforms they use? Apart from the radio, social media in Libya is a tool that has effective reach across a variety of populations in, including women.

11. Are we ensuring that adequate support is given to those particularly vulnerable populations including, IDPs, migrants and those in detention centres?