

COVID-19 Crisis Update and UN Women response Morocco

April 16th, 2020



Context

Women play a significant role in the response to combating the COVID-19 pandemic, particularly as health care professionals, home-based caregivers, and through their role as social facilitators and coordinators within communities. The response to the COVID-19 crisis highlights even more their essential contribution at all levels. This increased burden of care increases their vulnerability to risk of contamination or infection. In Morocco, women account for 57% of medical staff, 66% of paramedical staff and 64% of social sector civil servants. Furthermore, when health systems are overloaded, the burden of home-based care is greater and falls largely on women, who spend time on domestic work on average seven times more than men¹ (compared to only three times as much globally).

The impact of COVID-19 on women's access to resources and to economic opportunities

The economic slowdown witnessed during the COVID-19 crisis is brutal. The pandemic is leading the world economy into a severe global recession. Women, being largely excluded from the labor force, and assuming domestic chores, caregiving or monitoring children's schooling at home, are likely to be disproportionately affected by job losses. This will lead to a significant and sustained decline in the presence of women in the global paid economy.

These effects will be even more dramatic as women have had less access to employment in recent years. In Morocco, women's

participation in the economy was rated at 22% in 2018 vs. 48% on global average, underlining a declining trend over the past 20 years (29% in 2000). Women's economic vulnerability is also aggravated by the fact that women are overrepresented in unemployment rates, namely those who are highly educated (33% unemployment among women vs. 18% among men).

When they work, women are disproportionately employed in precarious conditions: almost 50% of women's employment is unpaid as 2/3 are rural women, and 70% are in low-skilled or unskilled jobs (compared to 50% of men). Moreover, the gender pay gap for equal work amounts is at

¹ High Commissioner of Planning. National Survey on Time Management (2014), http://www.hcp.ma/downloads/Enquete-Nationale-sur-l-Emploi-du-Temps_t18284.html

minimum 20%. Interferences such as mobility restrictions can prevent women from earning an income and meeting basic needs, as was observed during the Ebola crisis. For example, domestic workers, of which many are still in an irregular situations despite the provisions of Law 19.12 on domestic work, or employees in small businesses (cafés, hammams or beauty parlors) not only see their source of income suddenly dry up, but are unable to benefit from social protection. Moreover, the increased burden of domestic and family responsibilities in times of pandemic and quarantine (particularly with school closures and the presence of children at home to be cared for and educated) impacts negatively the continuation of women's employment. The current crisis could have a significant differentiated impact in terms of the loss of women's employment.

Increased risks of prevalence of violence against women and girls

In households suffering from domestic violence, when isolation or quarantine measures are imposed, the risk of abuse tends to increase, as well as the risk of sexual exploitation. COVID-19 is likely to cause similar trends, as those experienced during the Ebola and Zika pandemics. Early data from China suggest that the COVID-19 pandemic has had a significant impact on increasing rates of domestic violence, tripling the number of cases reported to local police in between February 2019 and 2020². In Morocco, the initial results shared by the Office of the High Commissioner for Human Rights on the national survey conducted in 2019 revealed that, according to area of residence, the family environment (encompassing marital and family setting, including in-laws) remains the most affected by violence. Indeed, the prevalence rate of domestic violence in Morocco accounts for 52% (representing 6.1 million women) and has

increased by 1 point compared to a previous survey conducted in 2009. Social isolation and quarantine measures will further deteriorate the lives of women and girls already suffering from domestic violence. Essential care and services provided to survivors of violence (including clinical treatment for sexual assault, mental health and psycho-social support) is disrupted within care structures and medical and legal services at this time where health and law-enforcement professionals are busy managing the COVID-19 crisis.

Reduced access to maternal and reproductive health care

At a time when Morocco is addressing a nationwide health emergency crisis, it is crucial to address essential health services, such as pre- and post-natal health care and contraceptives, and to maintain access to sexual and reproductive health care facilities. In times of crisis, the overload on health services severely impacts service resources and exacerbates the lack of access to sexual and reproductive health services. This underlines the importance of sustainable maternal health services and of equal access to medical products. Indeed, although basic essential health services are maintained, crisis management challenges various services providers in ensuring continued and appropriate assistance to women and girls who are subject to violence during the crisis.

COVID-19 is an unprecedented opportunity to take radical and positive action to address deep-rooted inequalities in multiple areas of women's lives, not only at the time of the crisis, but also in the post-crisis period. By committing to a coordinated and people-centred approach, all stakeholders involved in this effort (whether in the public or private sector) could contribute to quickly strengthen health system capacities in a conscious effort to put women first, for

² <http://www.rfi.fr/asi-pacifique/20200307-coronavirus-chine-confinement-quarantaine-souffrances-d%C3%A9pression-divorces-vi>

example, by ensuring better access to appropriate protective equipment for home-based caregivers and tackling obstacles to their work, promoting flexible working conditions and ensuring the provision of menstrual hygiene products. These needs are even greater in areas that have been quarantined or contained. The same applies for gender-based violence considerations, which are exacerbated by these conditions but may not receive the required attention in the current fight against the pandemic.

COVID-19 crisis update

As of April 16th (10am), 227 new cases of Covid-19 infections were confirmed in Morocco, bringing the total number of cases of contamination to 2,251 and total number of deaths to 128. The number of new cases has increased sharply since last week due to an increase of tests carried out (783 new tests carried out in less than 24 hours). The Ministry of Health confirmed the number of recovered cases to 247³.

Since the occurrence of the first confirmed case on March 2nd, the government of Morocco took several measures to limit the outbreak.

Government Measures

From a security perspective, less than 2 weeks after the first confirmed case of contamination, the government closed air, sea and land borders and restricted inter-city travel.

- It followed with the the closure of schools, cafés, malls, restaurants and mosques, banning large gatherings and suspending cultural events, conferences competitions, enforcing strict guidelines for social distancing.
- Public transport was heavily reduced (trains, buses, taxis) with an imposed restriction of the number of

passengers and traffic of private vehicles limited to necessary and justified trips.

- The state of health emergency entered into force on March 20th for one month, imposing a curfew at 6pm and regulating physical mobility with strict measures enforced by public forces, police and the military.
- Physical mobility is regulated with the issuance of movement permits by local authorities to errands (food supply), pharmacy or emergency. The wear of a mask outside is mandatory since April 7th.
- The Ministry of Interior announced the enforcement of fines and penalties for those violating curfew, quarantine and lockdown.
- Since the declaration of the state of health emergency, 28,702 individuals have been arrested and 15,545 were presented to the Office of the Public Prosecutor⁴.

From a socio-economic perspective, several measures are implemented to mitigate impact.

- A “Special Fund for the Management of the Coronavirus pandemic” was created to meet the costs of upgrading medical equipment, purchase medication, support the national economy to cope with the shocks induced by this pandemic and preserve jobs and mitigate the social repercussions of the pandemic. To date, the fund mobilized MAD34billion (~US\$3.32billion) from state budget, donations from public and private companies, public figures, civil servants and personal donations. All donations to the “Special Fund for the Management of the Coronavirus pandemic” are tax-deductible.
- An Economic Watch Committee (CVE) was established to assess the situation

³Ministry of Health, www.covidmaroc.ma

⁴ Direction Générale de la Sûreté Nationale (DGSN), April 13th 2020.

and take swift measures to alleviate the impact of the Coronavirus crisis on companies and their employees.

- Social security payments, reimbursement of bank loans and tax deadlines were all extended for companies and new credit lines were created to allow exceptional overdraft for very small, small and medium companies.
- Employees registered with social security benefit from a monthly allowance of MAD1,000 (US\$98) in March and MAD2,000 (US\$196) for the months of April, May, and June 2020, and benefit from family allowances and deferral of payments of bank loans, personal loans and mortgages.
- Households operating in the informal sector who are not registered in Ramed health coverage plan will also benefit from financial support with amounts ranging from MAD800 (~US\$78) for households of two people or less to MAD1200 (~US\$117) for households made up of more than four people.
- The Central Bank (Bank Al Maghrib) reduced the key interest rate to support declining economic activity and implemented measures to cover liquidity and support financing institutions.

Healthwise, the Ministry of Health announced having adopted a treatment protocol based on chloroquine after clinical trials and validation by the Technical and scientific Commission of the national program of prevention and control of influenza and severe acute respiratory infections. The ministry also assured that the country had sufficient stock of chloroquine-based drugs to treat COVID-19 patients.

- All medical fees related to COVID-19 are covered by the government.
- Hygiene measures are implemented to disinfect hospitals, public places, supermarkets and public transport vehicles.

- Mandatory wear of a protective mask is enforced since April 7th.
- Morocco is locally manufacturing protective masks, and as of April 13th, 13 million masks have been distributed nationwide and are available at a regulated price of MAD0.80 (US\$ 0.10). Alcohol-based disinfection gels also saw their prices regulated.
- It is expected that Moroccan masks be exported to European markets to alleviate production pressure.
- Efforts are ongoing to increase hospital capacity in light of the launch of mass screening by building military hospitals in Benslimane (160 beds), Nouaceur (200 beds) and Casablanca (700 beds).
- At international cooperation level, Morocco has made available the Polyclinic of Sébéninkoro (private clinic) to the Government of the Republic of Mali.

Food supply is available nationwide – special measures were taken to ensure continuity of production, delivery and replenishment including exported goods.

- The Interministerial Committee in charge of monitoring supply, prices, and quality control operations ensures prices of food supplies remain stable.
- The committee has increased operations to prevent merchants from increasing prices.
- Customs duties and import taxes on products have been suspended until June 2020.

In terms of R&D, several initiatives have arisen:

- The Ministry of Industry, Trade, and Digital Economy created a cluster of 20 inventors to work on prototype models of ventilators. Aeronautics and electronics suppliers in the country are currently manufacturing 500 units expected to be delivered by mid-April.

- The Ministry of Education announced the launch of a MAD10million (US\$1million) program to promote scientific research in all fields related to COVID-19.
- Textile companies underwent reconversion to produce face masks.
- The International University of Rabat (UIR) has launched, within its Tech Center, several initiatives aimed at developing innovative and local solutions capable of contributing to the fight against the coronavirus in Morocco.
- Innovative initiatives from non-profit collectives have emerged through the creation of manufacturing units of material and equipment such as electronic and mechanical facial shields and breathing systems and some even proposed solutions related to fighting or managing the pandemic.

UN Women Morocco's coordinated response to emerging gender impacts

Despite all the measures to fight the pandemic and its impacts at different levels, the state of lockdown and confinement have highlighted severe consequences on women and girls through increased gender-based violence. The state of emergency reduced access to listening, accommodation and assistance services – previously available. In this context and in order to combine efforts of government and non-government stakeholders, UN Women in Morocco is collaborating with UN agencies and its institutional and civil society partners to develop a multi-scalar response to address the impact of the pandemic on women and girls.

A task force has been put in place by the United Nations System and World Bank in Morocco to coordinate strategic support to the country's response to the COVID-19 crisis. This taskforce will engage in (i) strategic impact assessment to inform decision making and prioritization; (ii) coordinated effort to maximize efficient support to national response; and (iii) ongoing

impact analysis to identify gaps for international integrated action to offer support. The taskforce is finalizing a joint response plan to the COVID-19 crisis, focusing on 3 pillars: (i) Health, (ii) Risk communication and community engagement, (iii) Socio-economic impact.

In contribution to risk communication, community engagement and socio-economic impact, UN Women will strengthen capacities of social workers from civil society networks to strengthen their capacities to provide assistance and guidance to women survivors of violence, and equip them with necessary telecommunication means (mobile phones) to ensure a quality response during lockdown, when the centers are closed due to confinement. Un Women will also work on enhancing the quality of existing civil society digital platforms for women survivors of violence and explore additional features with key service providers to ensure continuous access of women and girls to quality services. In addition, a communications campaign on positive masculinities and ways men and boys can leverage their presence at home during confinement to participate more actively in domestic work and with children's education will be launched in mid-April. Finally, an awareness-raising campaign targeting small and very-small enterprises with informal staff will be launched to sensitize on loss of income and increased vulnerability due to mobility restrictions and to engage employers to continue supporting their employees.

In collaboration with the National Union of Women of Morocco (UNFM), UN Women is supporting the Kolona Maak platform which provides 24/7 support and guidance nationwide for women victims of violence. The Kolona Maak platform is operated by UNFM and connected to institutional services such as the Ministry of Solidarity, Social Development, Equality and Family, the Office of the Public Prosecutor, police authorities, Ministry of Health and other relevant stakeholders. The platform is accessible through a hotline and a

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mobile application and directs victims to 12 regional centers. To support these efforts, two main areas of collaboration have been identified in support of the Kolona Maak platform and its network of 12 regional listening centers: training on gender-based violence and listening techniques as well as support for the digitization of UNFM networks. As such, UNW Morocco and UNFM (NGO) are currently identifying assistance services for women and girls victims of violence during the confinement to assess support measures through ad hoc training for the platform's listeners on (1) a sociological approach to violence against women in order to understand the phenomenon and its dynamics, the international and national context, the definitions and typologies of violence as well as impacts and consequences; and (2) psychological support to understand the mechanisms and psychological consequences of violence, as well as coaching for counselors.

UN Women is preparing an awareness-raising campaign in the form of animation videos and comics on positive fatherhood and on legal services provision to women victims of violence, in partnership with the Public Prosecutor's Office. Animation videos on violence against women for the general public will be developed as well as comic strips on gender-based violence targeting the general public.

UN Women is also supporting the High Commissioner for Planning (HCP) in preparing a household survey to monitor population's access to basic social services and measure COVID-19 impact. HCP has agreed to share the questionnaire with UN Women to ensure that the gender perspective is considered. UN Women will financially contribute to the HCP survey through the provision of equipment (mobile telephones) to support data collection on approximately 3000 households and through the dissemination and communication survey results.

Other assessments and coordination opportunities

Government and national institutions:

The High Commissioner for Planning (HCP) is preparing a sectoral assessment of impact on employment. HCP is planning to include an annex on socio economic impact of COVID-19 in the Voluntary National Report (VNR) expected to be presented at the HLPF in July.

The National Observatory for Human Development (ONDH) is launching a media and social media monitoring platform focused on the population's perceptions of the COVID-19 crisis, in partnership with UNDP and the WBG.

The Economic, Social and Environmental Council (CESE) is launching several studies to assess the economic and social impact of the Coronavirus pandemic in Morocco.

Several national institutions and think tanks are developing projections and trend analyses on setbacks threatening trade, businesses, employment and GDP growth.

UN Agencies:

UNDP, UNECA and the WB conducted a preliminary analysis to assess socio-economic impact of COVID-19 as part of a larger UN response plan on COVID, in support to the national response.

UNECA is working on an economic analysis of the impact of COVID-19 crisis at regional level.

UNFPA is preparing health kits for people in vulnerable situations to prevent the spread of the Coronavirus. Priority will be given to pregnant women and health professionals, in particular midwives, and extended to women victims of violence, migrants, detainees, women with disabilities and the elderly.

FAO and ILO are expecting to scale down assessments done at HQ level

FAO is preparing an assessment on COVID-19 impact on food safety and agriculture, family farming and fisheries

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Multi-lateral and bilateral stakeholders:

The EU Delegation to Morocco published a note on the economic impact of COVID-19 in Morocco and measures implemented to date.

The United Nations System in Morocco, co-chair of the Principal Donors' Group (GPP), is coordinating a preliminary mapping exercise of donor interventions during the COVID-19 crisis, focusing specifically (i) financial cooperation, (ii) technical cooperation and (iii) monitoring of the situation/data.