



Covid-19 Protection Policies: Bringing Women to the Center

Tracking the impact of epidemic-containment policies on women and vulnerable groups in Egypt

Released 28 March 2020

Last update 17 May 2020 (Latest updates are highlighted in yellow for convenience)

Table of Contents

Introduction

Privacy And Availability Of Detailed Information

Access to Information

Who Most Deserves Loan Repayment Accommodations?

Update 17 May

Is Home The Safest Shelter For Everyone?

To Avoid Recurrent Contraceptives And Rhogam Shortages

Perinatal Services Must Remain A Priority

Update 17 May

Menstrual Hygienic Care Items Are A Fundamental Need

Introduction

In times of major social crisis, a gendered and feminist perspective exposes the priorities and biases of public policy. It is also an important lens for evaluating the capacity of policies -or lack thereof- to meet the needs of women and vulnerable social groups as a whole, while highlighting their disproportionate impact on these groups, which constitute the majority of the population. For these reasons, today we launch a gender tracker to monitor the impact of the COVID-19 epidemic on women and other vulnerable social groups in Egypt. We hope that a gendered perspective will allow opportunities to remedy measures that do not consider gendered impacts or avoid public policies that could harm certain groups

Our analysis sides with groups that are typically sidelined in the design of public policies, including women and girls, the poorer people at risk of poverty, people who are sick or living with a chronic illness or disability, individuals whose sexual orientation and/or gender identity does not conform to socially-sanctioned norms, prisoners, migrants, stateless persons, and undocumented people. We will provide regular updates and commentary on public policies to combat the health, economic, and social impacts of COVID-19, offering recommendations aiming to mitigate any adverse impact of government measures, and to protect a majority of the populace—particularly women—from any ramifications of these policies. We will regularly update the tracker with inputs in line with relevant developments. And we invite you to join us by offering gender-focused analyses and recommendations for public policy. We begin with four proposed measures to address priorities that were absent from the government coronavirus package or received only cursory treatment.

Privacy and AccessibilityOf Detailed Information

Access to Information

Since Covid-19 appeared in Egypt, representatives of the Ministry of Health and Population have provided us with daily updates, revealing infection and fatality rates of the virus. However, these updates lack detailed data on the map of the prevalence of infections and their spread along several aspects, lies at the core of it gender. According to the statement of Ali Mugahid¹, the spokesperson for the Ministry of Health and Population, on 19 March 2020, the ministry's

¹ Health spokesperson: We do not announce the governorates of people with corona out of privacy considerations, on March 19, 2020

<https://www.shorouknews.com/news/view.aspx?cdate=19032020&id=9c55fa89-8b19-403d-93b5-65695b3bbda6>

reserved announcing the affected governorates with respect for privacy; three days later he called in in one of the talk shows², Mugahid stated that infections were reported in 24 governorates. In general, the inconsistency in making detailed data accessible and the years-long³ absence of health databases, limits the ability to analyze available data to understand the causes of infection spread and the nature of the various implications for different communities, and explore the best ways to limit the spread of the virus and mitigate its social impacts. Preserving and respecting personal data of those infected and their contacts is indisputable, however the disclosure of data segregated by **gender, age group and geographical location without revealing the identities of those affected and their contacts does not in any way violate privacy.**

Therefore, the Egyptian Initiative for Personal Rights necessitates the following;

- The Ministry of Health and Population should regularly and systematically provide detailed data on cases of infection, recovery, and fatality classified by gender, age, and geographical location, urban and rural division, and underlying conditions.⁴
- Announce the number of conducted tests and their distribution in a comparable form.
- Create an interactive map based on the data flowed into the mobile application “Egypt Health” charting the geographical distribution and age group for the spread of the virus and underlying conditions (chronic / non-communicable diseases), while maintaining the full privacy of users, without using that data to track its users.

Who Most Deserves Loan Repayment Accommodations?

In November 2019, Egypt submitted [its national report](#) for the universal periodic review to the UN Human Rights Council, in which Egyptian representatives highlighted that 69 percent of beneficiaries of microloans were women, or more than 2 million⁵ of the [3.1 million](#) beneficiaries.⁶ On 22 March 2020, in order to address the anticipated impacts of COVID-19, the Central Bank of Egypt (CBE) issued a decree automatically [deferring credit payments](#) for individuals and companies and cancelling commissions and late fee payments.⁷ Since [only 27 percent of](#)

²Ministry of Health: Corona cases were discovered in 24 governorates ... and government measures reduced rates of infection, on March 22, 2020

<https://www.youm7.com/story/2020/3/22/%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%AD%D8%A7%D9%84%D8%A7%D8%AA-%D9%83%D9%88%D8%B1%D9%88%D9%86%D8%A7-%D8%AA%D9%85-%D8%A7%D9%83%D8%AA%D8%B4%D8%A7%D9%81%D9%87%D8%A7-%D8%A8%D9%8024-%D9%85%D8%AD%D8%A7%D9%81%D8%B8%D8%A9-%D9%88%D8%A5%D8%AC%D8%B1%D8%A7%D8%A1%D8%A7%D8%AA-%D8%A7%D9%84%D8%AD%D9%83%D9%88%D9%85%D8%A9-%D8%AF%D9%81%D8%B6%D8%AA/4683770?fbclid=IwAR0HIPLzMm4MrAfl4xPImkkPrYymgZOFOrnUGiZObsxfPVMBPvgk8SXaLbY>

³Facing Corona: Do We Remember the Population Health Survey?

⁴The government: 94% of Corona deaths are over 50 years old and they suffered from chronic diseases on (2 April 2020) shorturl.at/hzRT0

⁵ [Hapi Journal](#), 25 March 2020.

⁶ [National report submitted in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21-Egypt](#), 15 November 2019.

⁷ [Central Bank, 22 March 2020, circular deferring credit payments](#),

[women](#) over the age of 15 have a bank account,⁸ and less than 2 percent of women ages 15–49 own a home, these measures will have a very limited impact on the vast majority of Egyptian women. The CBE accommodations apply to personal bank loans for the purchase of cars and housing for personal use, as well as credit card debt.⁹ Yet, [93 percent of female business owners](#) in Egypt have business capital of less than LE10,000 (~ 635 USD).¹⁰

Although the Minister of Trade and Industry, Nevine Gamaa [stated on 17 March 2020](#) that the Micro, Small & Medium Enterprise Development Agency under her ministry would support small businesses facing the challenge of the coronavirus epidemic.¹¹ Following the CBE decree of 22 March, microfinance firms refused to treat these small businesses equally with other businesses benefiting from loan deferments. In fact, Al-Mal newspaper reported that microbusiness owners received text messages from financiers and loan associations reminding them of due monthly loan payment. Some of the business owners said that the financing firms refused to apply CBE decrees, claiming that microbusinesses were exempt and that the directives did not apply to microloan financiers. One [financing firm said](#) it would “consider every client who seeks a loan payment deferment on its own initiative, but that the final decision would be made based on very strict criteria.”¹²

In the midst of this crisis, the state should protect incomes and businesses of more vulnerable groups. At the very least, it should allow them to benefit from the CBE easing measures offered to other companies and individuals. Working through the [Financial Regulatory Authority](#) (FRA),¹³ it should make these loans subject to the same criteria for payment and credit accommodations provided by CBE decrees and any future decrees it may issue offering assistance or benefits to borrowers; by issuing a clear decree automatically deferring payments. At the same time, the FRA should ensure that all microfinance firms and associations comply with the decree. This is especially urgent since, as noted in the Egyptian government report to the UN Human Rights Council, most microloan beneficiaries are women and in many cases they were targeted for loans as women in line with the [national women's empowerment strategy](#).¹⁴ Many of these

⁸ World Bank, [The Little Data Book on Financial Inclusion 2018](#).

⁹ In its circular of 22 March, the CBE stated that these accommodations apply to all clients, regular and non-regular, individuals and institutions, inclusive of financial leasing and real-estate financing firms, factoring companies, and SMEs. It includes claims for facilities granted on all kinds of securities and clients of initiatives from the CBA. For individual facilities, it includes consumer loans (personal loans, credit cards, car loans) and residential mortgage loans.

¹⁰ Reham Rizk and Ali Rashed, November 2019, [“Trends and Patterns of Women’s Entrepreneurship in Egypt,”](#) Economic Research Forum.

¹¹ [SME Platform](#), 17 March 2020.

¹² Al-Mal, 26 [عملاء التمويل متناهي الصغر يطالبون «الرقابة المالية» بتأجيل الأقساط 6 أشهر](#) March 2020.

¹³ [Law 141/2014 regulating microfinancing](#),

¹⁴ [National Strategy for Women’s Empowerment 2030](#),

women are heads of households—3.3 million families in Egypt are headed by women¹⁵—and they and their families deserve state protection from the impact of COVID-19 on their income, particularly the poorest and most vulnerable among them.

[Update 17 May](#)

As referenced above, women represent 69% of the total beneficiaries of microloans in Egypt and therefore are exceptionally affected by any shortcomings in the measures aiming to protect these borrowers. This applies to borrowers from all microloan finance sources; financing companies, associations, and direct loans from the state.

In this context, the Financial Regulatory Authority issued a decision on 29 March 2020, after consulting with the Egyptian Microfinance Federation, representatives of major microfinance companies and associations, and representatives of the Microfinance Unit within the Financial Authority - and in the absence of representatives of microloans beneficiaries themselves - issued a set of measures aimed at protecting microloans beneficiaries. But those decisions came short of what was needed to help those project owners overcome the current crisis. Whereas Egypt Central Bank (ECB)'s decisions regarding the bank's clients were mandatory and not related to clients' history of payment compliance, most of the procedures for micro-projects were left at the discretion of the lenders, or the extent of the repayment history:

- Reducing the financing cost for clients who are regular in loan repayment, or an agreement between microfinance agencies with insurance companies in regards to payments of the compulsory micro insurance premiums against the risks of death and permanent total disability.
- Clients with regular repayments may enjoy free financial services such as waiving expenses for the multiple electronic transactions that are done with electronic payment agencies other than banks, and/or encashment expenses, circulated by the previous ECB decision for all those interacting with electronic payment systems.
- After examining each case separately, the value of due installments from clients will be reduced/postponed by 50% of the total of each installment, at least for March and April. According to ECB decision, these are not subject to a case by case examination, but the premiums are automatically rolled over for a period of 6 months, and in the event the customer wants to pay the installments, he/she must formally request that¹⁶.

By comparing these procedures with ECB procedures for clients in the banking system, both individuals and companies; illustrates a pattern of unjustified bias against the most vulnerable borrowers in Egypt. At this moment it is the most vulnerable who are the most entitled to protection, or at the very least they deserve equal credit facilities with banks loan clients. As for the procedures established so far, it leaves the microfinance institution to decide whether or not to provide facilities for the beneficiary, without a guarantor, and leaves borrowers irregular in their payments, without protection. While the ECB decision provides protection for individuals and companies, even for those who are not regular in their repayment.

In the same context, the social fund for development (SDF) of the Ministry of Trade and Industry made several decisions:

¹⁵ Demographic analysis of 2017 general census data, CAPMAS.

¹⁶ [Financial oversight authority issues a package of additional measures to help over three million citizens in the microfinance business. March 29, 2020.](#)

- Facilitate rapid financing for projects that were most marketable during the crisis, such as detergent and disinfectant projects.

- spontaneous postponement of installments for the rest of the projects until the situation stabilizes; and providing advice to unaffected projects to continue paying the installments upon a written request from the borrower.

It is clear from these measures that borrowers from the state directly have received much better facilities than borrowers from private sector companies and associations. However, the Social Development Fund overlooked its role in extending these facilities to borrowers through intermediaries such as companies and associations that, in turn, receive their financing from the SDF. The SDF report on its activities between 2014 and June 2019, shows that the financing received by beneficiaries of small projects through intermediaries reached 1.6 billion (LE) for about 75 thousand projects¹⁷, while direct financing from SDF reached 3.3 billion pounds for about 20 thousand projects. That is, most of the beneficiaries of these funds are from the owners of the smaller projects that are financed through intermediaries.

We call upon the Social Development Fund to ensure that economic protection measures are extended to all beneficiaries of direct, as well as indirect, financing through intermediary companies.

Is Home The Safest Shelter For Everyone?

As the world faces the threat of COVID-19, the government urges people to stay at home. Prime Minister Mustafa Madbouli and the president have issued several decrees to minimize street traffic and workplace crowding, first and foremost by instituting a partial curfew. Long-term home isolation raises several issues for women, particularly the potential for a spike in domestic violence.

There are no accurate, up-to-date figures on domestic violence in Egypt, but [The Economic Cost of Gender Based Violence Survey Egypt 2015](#),¹⁸ conducted by the National Council for Women (NCW) in concert with the UNFPA, found:

- Nearly 7.9 million women in Egypt experience some form of violence every year, whether from a husband, fiancé, or relative, or strangers in public places.
- Nearly 5.6 million women are exposed to violence from a husband or fiancé every year.
- Nearly 2.4 million women are injured as a result of violence from a husband or fiancé.

¹⁷ The report does not differentiate intermediaries between banks and finance companies. "[Small, Medium and Micro Enterprise Development Agency: Results of women's economic empowerment from 2014 to June 2019](#)" Small, Medium and Micro Enterprise Development Agency

¹⁸ [UNFPA](#), 1 June 2016,.

- Nearly 18 percent of Egyptian women ages 18–64 have experienced physical or sexual violence since the age of 18 from a family member or their immediate environment.
- A father is responsible in 3 percent of cases of sexual violence against women, while a brother is responsible in 1 percent of cases.

These abuses take place while there is no law or provision in the Penal Code that specifically addresses domestic violence. On the contrary, there are statutes that undermine women's rights in this regard and overlook abuses women may be facing. For example, [Article 60 of the Penal Code](#) states,¹⁹ "The provisions of the Penal Code shall not apply to any act committed with good intention, pursuant to a right established in Islamic law [sharia]." Gender-based violence can therefore be justified as being undertaken to "discipline" women, whether by family, husbands, or others in their immediate environment.

As such, home isolation may expose women and girls to more violence, especially with the lack of adequate means for protection. We call on the Ministry of Interior, Ministry of Social Solidarity, and the NCW to prepare for this containment period by:

- Announcing a joint plan of action between Ministry of Interior, NCW, and National Council for Motherhood and Childhood to tackle domestic violence against women and children during the current crisis.
- Extending operating hours of the free hotline (15115) run by the NCW to 24/7., Besides, referring complaints from women and girls directly to the designated violence against women units under/in the Ministry of Interior, which also has numbers for the receipt of complaints (0112-697-7222, 0112-697-7333, 0112-697-7444).
- Equipping and regularly disinfecting the Ministry of Social Solidarity shelter for women victims of domestic violence.
- Directing the human rights division in all police stations to cooperate with women lodging complaints of violence and show zero tolerance for perpetrators of violence regardless of their relationship to the victim.
- Establishing a campaign by the Ministry of Social Solidarity in collaboration with the Ministry of Interior, to send SMS messages to every woman and girl advising how to file a complaint in case of violence and providing them with necessary hotlines.

¹⁹ [Penal Code](#).

To Avoid Recurrent Contraceptives And Rhogam Shortages

On a regular day, and especially amid any economic or financial turmoil in Egypt, there are recurring shortages of contraception, including emergency contraceptives. To preempt any crisis in family planning clinics, health centers, public hospitals, or private pharmacies, we stress the importance of ensuring continued accessibility. There are several reasons for these shortages, including:

- The high cost of raw imported active ingredients needed to manufacture contraceptives, which has affected production in Egyptian pharma in the past.
- Delayed imports due to late import approvals (from the Central Pharmacy Administration) or because drugs sit in customs for extended time periods awaiting clearance. Since contraceptives contain hormones, they are held to allow the Pharmaceutical Regulatory Authority time to analyze them before releasing them to the market.
- Lack of a holistic market production plan that takes account of emergency situations, in which the Ministry of Health would cooperate with pharmaceutical companies to avoid any shortage or unavailability.
- Smuggling of contraceptives out of the country.

We therefore believe Ministry of Health needs a comprehensive plan to ensure the availability of contraceptives, both subsidized and unsubsidized, and to regulate market prices to ensure the crisis is not taken advantage of, and this by:

- Securing A 6-month strategic stock of contraceptives, including subsidized emergency contraception, family planning clinics, health units, and government hospitals, which are utilized by 57 percent of all contraceptive users.
- Tightening oversight of non-subsidized contraceptives in pharmacies, which are accessed by 43 percent of contraceptive users, and issuing directives to pharmacies not to exploit the crisis by manipulating contraceptive stocks or prices, with penalties for price fixers.
- Facilitating all red tape blocking import permits for pharmaceutical factories, to clarify the responsibilities of government bodies and the private sector during the current crisis. In order to prevent companies from justifying shortages by pointing fingers at the Ministry of

Health. Also, companies should have legal liability in the event of a shortage or unavailability.

- Combating smuggling and banning the export of contraceptives of all kinds.

2016²⁰ and 2017²¹ witnessed shortages of RhoGAM,²² which is at times urgently needed by pregnant women and new mothers. In February 2017, the Health Ministry announced RhoGAM availability at regional blood centers and outlets for the Holding Company for Biological Preparations and Vaccines (VACSERA). But obtaining an injection at a subsidized price—the drug is extremely costly—requires documentation that can be difficult to obtain in a timely manner, especially considering it is an emergency drug. This is particularly critical in the current context, which is placing severe stress on all medical facilities. We therefore urge the Health Ministry to preempt the crisis by ensuring sufficient stocks of RhoGAM and facilitating procedures to dispense it in these difficult circumstances, while tightening oversight of pricing and provision at private pharmacies, to ensure that women do not fall victim to red tape and price fixing.

Perinatal Services Must Remain A Priority

In responding to questions about whether pregnant women are more at-risk for COVID-19, the [World Health Organization](#) states that based on limited available data and relatively limited knowledge of the novel coronavirus, pregnant women do not appear to be at special risk in the event of infection. But the WHO stresses the paucity of research on the topic, adding, “However, due to changes in their bodies and immune systems, we know that pregnant women can be badly affected by some respiratory infections.”²³ WHO recommends:

1. Pregnant women should be prioritized for virus testing if they exhibit symptoms.
2. Infection with COVID-19 does not require cesarean section, which should only be performed based on medical necessity.

²⁰ Mada Masr, “[In Search of Medication in Egypt](#)”. 29 November 2016.

²¹ [Egypt Today, 6 March 2017](#).

²² During birth or abortion, the mother’s blood mixes with that of the child/fetus. If the mother is a negative blood type and the father is positive (the fetus is usually the same blood type as the father), the mother’s body may produce antibodies, which can impact future births or fetal health.

²³ WHO, 18 March 2020, [Q & A on COVID-19](#).

3. It is vital to ensure the continuity of prenatal, natal, and postnatal services despite the pressure on health facilities, to prevent additional indirect crisis-related deaths, as occurred in other countries [during the Ebola epidemic](#).²⁴

Based on these [WHO recommendations](#), we urge the Egyptian Health Ministry²⁵:

- Produce audiovisual materials for pregnant women to apprise them of measures to prevent contagion and reassure them about the impact of the virus on them and their newborns. These materials should be aired on television and radio as well as social media, and information provided to pregnant women and mothers health care facilities.
- Ensure perinatal continue in designated places, to avoid the erosion of services in hospitals under the additional pressure of COVID-19; take preemptive measures to ensure that women are able to access prenatal and postnatal services.
- Ensure that the method of delivery is based on medical need and that cesarean section is not chosen on no medical ground, even in the event of infection with COVID-19, while providing the necessary protection for medical staff.
- Pregnant women showing symptoms of COVID-19 should be prioritized for testing, pursuant to WHO recommendations.
- Support family planning units and health offices that provide services to women. These units should be at the forefront of preventive measures existing health infrastructure including family planning units, should offer treatment and preventive services. We urge the Health Ministry to support family planning units and local health departments with all necessary needs, drugs, medical supplies, and medical staff needed to offer perinatal services.

[Update 17 May](#)

Since the beginning of the pandemic in Egypt, the deliveries of four women infected with Covid-19 have been covered in the media. The four deliveries were through caesarean section. No information is available - of course - regarding the reason for choosing a cesarean section delivery in each of the cases, whether this was based on medical necessity or the wish of the pregnant woman or simply because of the woman's infection with Covid-19. But the fact that 100% of the cases so far have been delivered by cesarean section raises questions regarding the existence of a protocol or recommendations from the Ministry of Health regarding delivery mode in cases of Covid-19 infection.

²⁴ Laura Sochas, Andrew Amos Channon, and Sara Nam, 11 November 2017, "[counting indirect crisis-related deaths in the context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone](#)", Health Policy and Planning.

²⁵ WHO, Q & A on COVID-19.

● Therefore, we call upon the Ministry of Health to announce its protocol regarding the delivery mode of Covid-19 confirmed or suspected mothers in labor. Such protocol should be disseminated to all maternity care providers in Egypt. It should be noted that the recommendations of the World Health Organization up till now confirm that there is no need to resort to caesarean section due to Covid-19 infection as such, while ensuring the availability of protective equipment for the medical staff.

Menstrual Hygiene Products Are a Fundamental Need

Amid the expected economic impact of Covid-19 prevention measures and the effects of those measures on incomes, especially to the poor and those at risk of poverty, it is now necessary to start treating the basic health needs of women and girls as fundamental and indispensable needs. On top of the needs of many women and girls is the need for menstrual sanitary pads. This crisis reminds us all of the absence of such basic need from the state's support programs. We demand the following:

● The Ministry of Supplies should permanently provide sanitary pads within the commodities offered on ration cards and the difference in bread points as basic commodities and a monthly need for many women and girls, similar to the rapid steps taken to provide detergents and sterilizing alcohol during the current crisis.

● Provide sanitary pads for women prisoners and detainees free of charge, as an indispensable basic necessity. The Egyptian Initiative for Personal Rights launched a campaign on [International Women's Day last year](#)²⁶, aimed at making sanitary pads available in prisons and ensuring sanitary conditions related to public health in women's prisons. From the [testimonies of former female prisoners](#)²⁷, it is clear that they primarily depend on visits from their families in providing sanitary pads, or [buying them from prison canteens at prices higher than market prices](#)²⁸, or helping each other in providing them. Since 10 March 2020, [visits to all prisons in Egypt have been suspended](#)²⁹, and thus the source of sanitary pads for female prisoners from their families was cut off.

We reiterate our urgent demand in view of the current crisis, that the Prison Authority permanently provide sanitary pads for women in all places of detention free of charge. With the guarantee of the necessary sanitary conditions, such as access to bathrooms and clean running water.

²⁶ On International women's day. [The law must recognize the physical needs of women](#). EIPR, March 2019

²⁷ [Menstrual cycle in prisons](#). EIPR, March 2019.

²⁸ [For Sale in the canteen: Deliberate impoverishment in Egyptian prisons](#). EIPR, September 2018

²⁹ [Suspension of visits to all prisons continues until the end of March, in the interests of public health and the safety of inmates](#). Ministry of Interior website, 19 March 2020