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# **Libya's forgotten half: between conflict and pandemic, women pay the higher price**

***Now more than ever, the country needs everyone's contribution to survive the upcoming changes.***

By Asma Khalifa

openDemocracy (14.05.2020) - <https://bit.ly/3g6bm1E> - Immediately after the state of emergency was declared in Libya, the government in Tripoli began dispensing funds intended to combat the pandemic. Half of it tangled in corrupt deals and used to silence the public's worries as the population knows well enough that if a health crisis hits them, they would have nowhere to go.

Libyans have been traveling to Tunisia for medical treatment long before 2011. While the virus now prevents travel due to closed borders, travel restrictions for women existed long before the pandemic arrived. Due to the breakdown in the security apparatus, the restriction on movement prevents women from freely driving on their own between towns to access services, including health. The security situation of roads is often precarious, not only armed conflicts could erupt at any point, the roads are also littered with fake check points where citizens are highjacked or kidnapped for ransom.

### ***Women stuck between conflict and health***

The situation in the west has worsened due to the ongoing war, with hospitals, health facilities and medical personnel readily targeted. On 7 April, Libyan Arab Armed Forces' (LAAF) heavy shelling hit Al Khadra Hospital maternity ward, injuring a health worker and damaging the hospital's facilities. Al Khadra hospital was one of the potential COVID-19 assigned health facilities. Royal hospital in Tareeq Al-Shouq, south of Tripoli was destroyed in late April. Hospitals also lack equipment, water and beds to host a potential influx of patients. This puts medical staff at risk of infection with women making up the majority of the nursing staff.

At the Al Jalaa paediatric hospital, a suspected COVID-19 patient was received by a female doctor who later had to quarantine herself. Such situations can lead to the stigmatisation of health workers. This can particularly affect women, leading to dire social consequences in a society that uses reputational damage to control women far more than men, which may lead to women withdrawing from the sector altogether.

Given the political division along geographical lines in the country, each side has developed its own response mechanism to the pandemic. The authorities in the east aimed to control and silence any dissident voices that are remotely critical of the conditions of the health care system. In Tripoli, the government pre-occupied with the fighting in the south of the capital, took on preventive measures and imposed strict

curfew hours, fining those who break it. This has further empowered the security forces that already operated with impunity in the capital.

While the curfew could indeed contribute to flattening the curve, it remains oblivious to the humanitarian impact on families already struggling due to a decade of conflict. But this has had greater impact on women. Women who are most vulnerable, including the internally displaced, women with low income, or women who live in remote locations and are sole providers are in a dire situation financially and logistically. Many of them do not have the luxury to stop working as they need access to their daily income, and the freedom to access public transportation. These vulnerabilities facing women have not been assessed nor considered in government policy, neither when it comes to allocation of resources, nor in lockdown measures.

### ***Government is not gender inclusive***

When the COVID-19 crisis committee announced some of its plans, it was immediately clear that there was no consideration for the gendered implications of the pandemic on women. In response, fourteen local organisations that work on women's rights co-signed an open letter to the presidential council to urge them to include their gender sensitive recommendations in their action plan to address COVID-19.

No response or action was taken towards this letter. There has been no humanitarian assistance or compensation provided for the female internally displaced or an assessment for those at risk of losing their livelihoods because of the pandemic. Add to that the lack of any consideration to address the rise in gender-based violence. In fact, within the first weeks of the lock down, three women were reported murdered by their partners across the country. There are no official mechanisms to report domestic violence, a taboo topic that is not widely discussed in Libya. Women who are at risk at home have nowhere to turn and now even less resources to seek help elsewhere.

On the other hand, the presidential council proceeded to reduce salaries (excluding their own of course) as part of austerity measures due to the oil blockade and the lock down. According to Hala Bugaighis, women working in the so-called pink-collar jobs, are paid less than men and are more likely to lose their jobs since men's labour is more valued in the workforce. This may significantly impact the migrant community in Libya, especially female migrants and refugees who are likely to be most severely affected.

### ***Women taking measures in their own hands***

Despite the significant shrinking of civil society space since 2014, non-governmental organizations are unremitting in their service delivery, often in partnership with municipalities. Civil society organizations often lack the resources to implement their own responses, however many have begun voluntary independent initiatives. There are now multiple online campaigns such as Quarantine and Don't overburden yourself to raise awareness on COVID-19 and its gendered impact, flagging the rising incidents of domestic violence and providing legal consultations to the survivors and assisting women who are in need.

Women who run small businesses have been impacted negatively by the pandemic. However, some women who run sewing workshops and fashion houses have proven inspirational in their local communities by manufacturing medical equipment needed for the hospitals. Another example is the work carried out by Lybotics who printed 3D medical masks. Libyan civil society has remained flexible, with very little heed from the state.

Government policies tend to ignore civil society despite their direct contact with the communities in need, and therefore are able to assess potential risks and mitigation measures better. Due to the very gendered nature of the Libyan conflict, women are particularly missing from the picture since they are not fighting and are not represented in the government. Due to lack of communication channels between the decision makers and CSOs, their work is largely missing from policies. The government should establish regular communication channels to consult CSOs and particularly women.

The pandemic's implications are very tangible, warring factions and their foreign backers must stop all hostilities not only to come up with a solution to the conflict but also to face the immense economic and social challenges COVID-19 poses on Libya. Now more than ever, the country needs everyone's contribution to survive the upcoming changes.

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