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THE IMPACT OF COVID-19 ON VIOLENCE AGAINST WOMEN IN MOROCCO

ACTION RESEARCH REPORT, June 2020¹

INTRODUCTION

MRA Mobilising for Rights Associates is currently collaborating with local NGOs working on violence against women in Morocco to conduct action research monitoring and documenting the State response to sexual violence and intimate partner violence against women. This report supplements that broader, multi-year initiative by examining specific, timely questions related to the coronavirus pandemic, in particular its impact on violence against women and on the responses by NGO and State actors.

Violence against women in Morocco was already a pandemic in and of itself even prior to the COVID-19 crisis, with 57% of women nationwide reporting having experienced at least one act of violence within the previous 12 months.²

Morocco declared a State of Health Emergency effective March 20, 2020, and as of this report's publication, some parts of the country were still under lockdown measures. These include restrictions on all movement except for essential purposes, requiring a signed, written official authorization from the local authorities. Intercity travel was banned, and local movements highly limited.

In addition to this action research, MRA also worked with local partners during the pandemic to:

- Create an online resource center for women victims of violence with the contact information of public and NGO actors (end of March), at <https://mrawomen.ma/coronavirus-resources-for-women-victims-of-violence-2/>, and
- Draft and send a collective advocacy letter addressed to authorities calling for emergency policies to address GBV during the pandemic (April 10), at <https://mrawomen.ma/wp-content/uploads/doc/English%20lettre%20d%C3%A9cideurs%20VFF%20COVID.pdf>.

We hope that the findings and observations from this action research will serve to increase awareness and contribute to a knowledge base of the specific realities of violence against women in Morocco during the pandemic, as well as to promote concrete emergency and longer-term measures by public actors to respond effectively to this violence.

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² https://www.hcp.ma/Communique-du-Haut-Commissariat-au-Plan-a-l-occasion-de-la-campagne-nationale-et-internationale-de-mobilisation-pour-l_a2411.html

CONTRIBUTORS

A total of 17 local NGO from diverse urban and rural locations across Morocco participated in this research:

| ASSOCIATION | TOWN |
|--|--------------|
| <i>Submitted written questionnaire</i> | |
| Association Amal pour la Femme et le Développement | El Hajeb |
| Association Tafiiil Moubadarat | Taza |
| Association Mhashass pour le développement humain | Larache |
| Fédération des Ligues des Droits des Femmes | Ouarzazate |
| Association Horizon Vert | Guercif |
| <i>Completed online survey</i> | |
| Association Anoir féminine | Ksar el Kbir |
| Association Ressala pour le développement de la femme et la solidarité | Tanger |
| Local Bar Association section | Taza |
| Association Voix de Femmes Marocaines | Agadir |
| Association féminine El Khir | Essaouira |
| Association Espace de la femme | Tinghir |
| Association Oxygène | Ouarzazate |
| Association Colombe Blanche pour les droits des personnes en situation de handicap | Tetouan |
| Thesignas Society for Culture and Development (ASTICUDE) | Nador |
| Association Tahadi pour l'Egalité et la Citoyenneté | Casablanca |
| Association Anaouat pour Femme et Enfant | Chichaoua |
| Association Epanouissement féminine | Casablanca |

This report was made possible through the generous support of our diverse donors, including partial funding from the Embassy of the Kingdom of the Netherlands in Morocco.



METHODOLOGY

The MRA team developed trilingual Arabic, French and English versions of a questionnaire, shared as a Word document at <https://mrawomen.ma/wp-content/uploads/doc/Cadre%20questionnaire%20Coronaviolences%20Arabe%20Francais%20et%20Anglais.pdf>. A SurveyMonkey version of the questionnaire was also created to offer NGOs the option of completing the questions directly via an online platform. In total, five NGOs responded via a Word document report and 12 responded through Survey Monkey. Data collection took place from April 16, 2020 through May 20, 2020.

The action research aimed to produce a qualitative, illustrative snapshot of the impact of the COVID-19 state of public health emergency on violence against women. The questionnaires and online survey were comprised of 15 open-ended questions, designed to solicit information and experiences about the following themes, around which this report is structured:

| | |
|---|---|
| Violence committed against women during COVID-19 | Qualitative differences in the violence itself: <ul style="list-style-type: none"> • Forms • Triggers and drivers • Places where occurred • Women targeted |
| Women victims of violence during COVID-19 | Impact on women: <ul style="list-style-type: none"> • Changes in economic, professional, family or housing situation • Changes in behavior, decision-making, communication, ability to act, or help-seeking New, additional needs Impact on specific categories of women |
| NGO services during COVID-19 | Changes in numbers of abused women served Challenges faced by NGOs to serve women Reductions in services Transformation of services Impact on funding and other resources Other community actors collaborating Good practices or new strategies among NGOs |
| Public actor responses to violence against women during COVID-19 | Differences or changes in local public actor response: <ul style="list-style-type: none"> • Health sector • Law enforcement • Justice system • Administrative authorities Collaboration between NGOs and local authorities Good practices or new strategies among public |

| | actors |
|-----------------------------|--|
| Proposals for reform | <p>Measures that should be taken to address violence against women during a pandemic to:</p> <ul style="list-style-type: none"> • Laws and policies • Practices and procedures • Resource allocation <p>By the following sectors:</p> <ul style="list-style-type: none"> • Public health services • Law enforcement • Justice system • Administrative authorities |

GOVERNMENT EFFORTS AND ANNOUNCEMENTS

The Presidency of the Public Prosecution issued a communiqué on April 30, 2020, reminding all prosecutors to deal “firmly and rigorously” with violence against women cases, and highlighting digital methods of filing criminal complaints via special email addresses, an online platform, and telephone and fax numbers.³ The Presidency of the Public Prosecution also provided telephone and email directories of all of the courts and prosecutors across the country.⁴

The Ministry of Solidarity, Social Development, Equality and the Family produced awareness raising videos and national television spots on violence against women.⁵

FINDINGS

Part One – Violence against women during COVID-19

1. Qualitative differences or changes *in the violence itself* committed against women, linked to the coronavirus pandemic.

76.47% of the online respondents reported that they had noticed qualitative changes in the nature of violence against women committed during the State of health emergency period. Contextual triggers and drivers of both qualitative and quantitative⁶ changes in violence reported include:

- Forced coexistence 24 hours a day /7 days a week in small living spaces;
- Stressful economic conditions due to the loss of income of one or more family members;

³ The original Arabic text of the communiqué and a French language explanation may be found at <https://www.medias24.com/violences-contre-les-femmes-baisse-des-plaintes-mais-chiffres-contestables-9953.html>

⁴ The telephone and email directories of the courts and prosecutors are available at <http://www.pmp.ma/> and the online criminal complaints platform at <http://www.pmp.ma:83>.

⁵ For example, <https://www.youtube.com/watch?v=L8Y7HLuPdA>

⁶ See question 5.

- Increased burdens on women for household work during confinement, including new and additional responsibilities for homeschooling children, as schools closed for the remainder of the academic year;⁷
- Employment vulnerability and threats of lay-offs;
- Reduced personnel at workplaces and deserted public spaces.

Another important contextual factor to take into account is the system for distributing the COVID-19 public assistance allowances.

- As a first step, COVID-19 assistance payments were made to workers registered under the National Social Security Fund (CNSS). Women are more likely than men to work in vulnerable employment (informal or unpaid), at 64.6 percent compared to 47.3 percent for men,⁸ and hence less likely to be registered with the CNSS.
- As a second step, COVID-19 assistance payments were made to people not registered with the CNSS, but who have a “Ramed” card under the medical assistance scheme for the economically disadvantaged.⁹ However, such cards are attributed to a household and are generally in the name of the husband. Single women living alone need to prove that their father is deceased, while divorced women and widows need to bring proof of divorce or the husband’s death in order to get a Ramed card.
- As a third step, people who are neither registered with the CNSS nor have a Ramed card could file a claim to benefit from the COVID-19 public assistance allowances.

The below chart details the specific, diverse types of violence against women related to and/or that emerged from the confinement situation under the state of public health emergency.

⁷ Respondents noted little to no participation of men in household responsibilities. This is consistent with prior studies that found that men and women in Morocco vary significantly in the time dedicated to invisible and unpaid domestic chores. On average during normal times, women spend 5 hours per day on domestic work and caretaking for other household members, compared to 43 minutes for men. *Morocco Mind the Gap: Empowering Women for a More Open, Inclusive, and Prosperous Society*, (World Bank, 2015).

⁸ *Women’s Economic Empowerment in Selected MENA countries: The Impact of Legal Frameworks in Algeria, Egypt, Jordan, Libya, Morocco and Tunisia*, Competitiveness and Private Sector Development, 2017.

⁹ The Ramed card is a medical assistance card intended for vulnerable groups who do not benefit from any compulsory health insurance plan, as provided for in article 2 of decree n ° 177-08-2 <https://www.sante.gov.ma/sites/Ar/regulations/DocLib5/2.08.177.pdf>

| DOMESTIC VIOLENCE | ECONOMIC VIOLENCE | WORKPLACE VIOLENCE | PUBLIC SPACES VIOLENCE |
|---|--|---|--|
| <p>Psychological and verbal violence:</p> <ul style="list-style-type: none"> • Threatening to evict the woman from the conjugal home and/or preventing her from returning home¹⁰ • Imposing rules and conditions on women and children within the home, such as being confined to one room or forbidden from making any noise • Speaking openly on the phone with girlfriends and mistresses in front of the wife • Threatening divorce and pressuring women to renounce her rights in exchange for a divorce • Insults and criticisms about | <ul style="list-style-type: none"> • Husbands depriving women of financial support, and even of food and medicine, claiming economic hardship caused by the confinement • Ex-husbands withholding child support payments on the pretext of the pandemic • Women’s loss of employment and income generated financial dependency on the husband. • Women breadwinners who lost their jobs were made more vulnerable to violence from husbands, particularly those usually economically supported by their wives or dependent on them to finance their tobacco, | <p>Workplace violence against women was reported in factories and in the agricultural sector.</p> <ul style="list-style-type: none"> • Abuse and coercion of women, preventing them from demanding their rights to safe working conditions related to the health crisis - non respect of rules related to hygiene, disinfection measures, working hours, physical distancing • Sexual violence against women workers - taking advantage of the reduced number of workers present and absence of supervision at the work site • Sexual harassment and blackmail of women workers - forcing | <p>Outside spaces:</p> <p>The deserted nature of the streets under lockdown made women who did leave their homes even more vulnerable to sexual harassment and sexual assault, with no passers-by to appeal to for help or serve as witnesses.</p> <p><i>In one small town, two women agricultural workers on their way to work were sexually harassed and mugged, before barely escaping an attempted assault.</i></p> <p>Online spaces:</p> <p>NGOs reported increased technology-facilitated violence, in particular among adolescents and university students. Drivers</p> |

¹⁰ These are much more intense threats with even more dire consequences during lockdown periods than in normal times.

| | | | |
|---|--|--|---|
| housework, cooking, and children’s homeschooling | alcohol or drug addictions. | | |
| Social isolation <ul style="list-style-type: none"> Restricting women’s movements or forbidding them from leaving the home altogether Denying women access to a telephone or computer Cutting her off from support networks of family and friends | <ul style="list-style-type: none"> Husbands’ theft of wives’ savings to contribute to household expenses.¹¹ Husbands benefitting from the COVID-19 public assistance allowances did not necessarily use those to support their wives and children (who, for reasons described above, often did not benefit from the allowances themselves). | women into nonconsensual relations in exchange for keeping their employment or else threatened with being laid off under the pretext of preventive health measures or financial problems linked to the pandemic. | included more online screen time and internet use due to remote schooling and movement restrictions, as well as “boredom” on the part of online abusers. Forms reported included harassment, unwanted communications, and publication of photos digitally altered to be of a sexual nature. |
| Sexual violence <ul style="list-style-type: none"> “Extreme practices” (sadistic sexual acts) Repeated marital rape (out of boredom, to take out frustrations and anger on the wife) Sexual violence and harassment among family members | <ul style="list-style-type: none"> COVID-19 public assistance allowances linked to the Ramed card did not benefit women who are estranged from their husbands but merely awaiting the final divorce decree. In these instances, the soon to be ex-wife does not qualify for her own card yet, but does not benefit from payments made to the estranged husband. Many women in such cases also reported having their | | |

¹¹ It is important to note that under the 2004 Family Code, husbands are legally responsible for financially supporting their wives and children. As the general rule is of separate, not community property, upon divorce or death of the husband, any contributions nonetheless by the wife to household expenses are not recognized or taken into consideration upon property division. Despite this, theft between spouses is not criminalized under the Penal Code.

| | | | |
|--|---|--|--|
| | <p>applications for the assistance allowances (under the third scheme) rejected, because their estranged husband had a Ramed card.</p> <ul style="list-style-type: none">• Instances were reported in which the wife /ex-wife did receive the COVID-19 public assistance allowances, and then the husband / ex-husband assaulted her to take the funds for himself. | | |
|--|---|--|--|

Part Two – Women victims of violence during COVID-19

2. Impacts of the pandemic *on women victims of violence themselves.*

88.67% of the online respondents reported changes in women's living conditions and/or in their behaviors.

| CHANGES IN ECONOMIC, PROFESSIONAL, FAMILY, OR HOUSING SITUATION | CHANGES IN BEHAVIOR, DECISION-MAKING, COMMUNICATIONS, ABILITY TO ACT, SEEK ASSISTANCE, OR REPORT ABUSE |
|--|---|
| <p>Loss of employment and income</p> <ul style="list-style-type: none"> • Women are highly represented in the informal economy and/or sectors affected the most by the lockdown, such as restaurant and café workers, street vendors, sex workers, independent saleswomen, hammam staff, hairdressers, estheticians, domestic workers, and goods trafficking. Not only did they lose their jobs, but as many are not registered with the CNSS, they were not able to benefit from the COVID-19 public assistance allowances. • Likewise, as previously described, many women without a Ramed card themselves were unable to access the COVID-19 public assistance allowances. Out of 40 women assisted by one NGO to complete and file the request for benefits, only 15 women received them. | <p>Women faced many personal, familial, and external obstacles to seeking assistance, accessing services, and filing a complaint with authorities for violence they suffered. The confinement context meant that women had fewer opportunities to escape from the violence, and a lack of housing alternatives other than staying in the violent home.</p> <ul style="list-style-type: none"> • Women had difficulties reaching out for help because of the abuser’s constant presence in the home. They reported having to wait for the abuser to leave before being able to telephone anyone. Likewise, NGOs were unable to call women out of fear that the abuser would be present. <p><i>“One victim was speaking to me on the phone in a very faint voice, hidden in the toilet. She kept the water running to cover up our conversation and it was difficult to hear her.”</i></p> |
| <p>Suspension of family court cases</p> <p>During the lockdown, Family Court cases were suspended. As a result,</p> <ul style="list-style-type: none"> • Women were frequently obligated to live with their estranged husband during confinement pending resumption of hearings, even in those cases already at the end of the divorce process and merely awaiting the official signing of the final divorce decree. • It is unclear whether previously filed divorces for family abandonment are still valid or if the forced cohabitation for the purposes of confinement will be qualified as resumption of conjugal life, thereby invalidating the prior period of abandonment necessary for divorce. • Pending cases on financial support and child support were not ruled | <ul style="list-style-type: none"> • Many women preferred to continue living with the abuser and wait until the confinement was over to report violence, either out of fear of increased violence or fear of being infected with the coronavirus by going outside. • Women felt unable to escape the violence by fleeing to their parents’ home, out of fear of potentially exposing their elderly parents to the virus. • For many, travel restrictions and the need for authorizations to circulate prevented them from moving back to their families’ homes to escape the violence. This was particularly true if their family lived in another town, as all intercity travel was banned. • Women remained silent about violence more than they usually would |

upon; even in instances where a decision on such support had been previously issued, women were unable to get the decision executed during confinement.

because of limited reporting opportunities and lack of safe housing or anywhere else to go.

3. New, additional needs expressed by women victims of violence during this period, linked to the coronavirus.

80% of the online respondents reported that women had increased or new types of needs during the state of health emergency. Requests for assistance received by local NGOs from women victims of violence primarily involved:

Accompaniment to public services

- Orientation and information about laws, procedures and contacts
- Intervention with and facilitation of contacts with public authorities in the law enforcement, justice and health sectors
- Assistance writing and filing criminal complaints for violence via on-line platforms or via telephone, fax or WhatsApp
- Assistance reporting workplace violations related to unlawful dismissals and non respect of health, safety and other COVID-19 measures

Financial support

- Financial assistance after losing their jobs
- Assistance writing and filing claims for the COVID-19 public assistance allowances under one of the three schemes (CNSS, Ramed or other)
- Assistance obtaining financial and child support payments from husband
- Needed individual Ramed cards not linked to the husband

Housing

- Needed to have the violent abuser removed from home
- Needed to find locally-based safe housing and shelter
- Needed immediate protection measures
- Needed assistance facilitating logistics and obtaining authorizations for inter-city travel to return to hometown

Psychological support

Additional expenses related to COVID-19

- Health and hygiene products such as face masks and hand sanitizer
- Smartphones and internet connections for children studying remotely at home

In addition to violence-related cases, local NGOs also received numerous calls from woman seeking food assistance for the homeless; interventions with local hospitals and clinics to ensure appropriate hygiene conditions; interventions with local public health authorities for expedited testing when an outbreak occurred at a specific, women-predominant workplace; conducting disinfection campaigns in neighborhoods; and training in reading and computer skills to be able to access online services and help their children study remotely.

4. Specific impact of COVID-19 on certain categories of women victims of violence.

68.75% of online respondents observed that the state of health emergency had a disparate impact on some groups of women.

The below chart details categories of women affected disproportionately or differently by the State of health emergency, due to either the specific impact of the lockdown on their lives, or to particular barriers accessing already limited or reduced NGO and public services. It must be noted that the below-mentioned groups of women comprise a significant proportion of the Moroccan female population:

- 42% of women are illiterate (31% in urban areas and 60.1% in rural areas).¹²
- 38% of the Moroccan population lives in rural areas.¹³
- The official national poverty rate is 4.8% (1.6% in urban areas and 9.5% in rural areas), while the vulnerability rate is 12.5% (7.9% in urban areas and 19.4% in rural areas).¹⁴
- 51.4 % (or 1,089,699) of persons with disabilities in Morocco are women.¹⁵
- Morocco has a 69% Internet penetration rate (percentage of population using the Internet).¹⁶ 94.6% of persons ages 12-65 have a mobile phone, 94.6% in urban areas and 88.8% in rural areas. 80.7% of men and 71.8% of women have a Smartphone. 60.6% of homes have a computer or tablet.¹⁷ 51.4 % of women use the Internet, versus 62.8% of men.¹⁸

¹² Haut Commissariat au Plan. *Les indicateurs sociaux du Maroc, édition 2018.*

¹³ <https://donnees.banquemondiale.org/indicateur/SP.RUR.TOTL.ZS?locations=MA>

¹⁴ https://www.hcp.ma/Indices-de-la-pauvrete-vulnerabilite-et-inegalite-selon-le-milieu-de-residence-2014_a658.html

¹⁵ Ministry of Solidarity, Women, Family and Social Development, *Enquête nationale sur le Handicap 2014.*

¹⁶ <https://datareportal.com/reports/digital-2020-morocco>

¹⁷ <https://www.anrt.ma/sites/default/files/publications/enquete-tic-2018.pdf>

¹⁸ <https://blogs.worldbank.org/opendata/chart-these-countries-internet-use-higher-among-women-men>

| | |
|--------------------------------|--|
| Illiterate women | <ul style="list-style-type: none"> • Lack the reading and writing skills necessary to use information technology such as Smartphones, computers, and internet services to access information or file assistance claims or criminal complaints |
| Low-income women | <ul style="list-style-type: none"> • Do not have the financial means to purchase a Smartphone, a computer, or phone and internet communications costs to access information or file assistance claims or criminal complaints |
| Rural women | <ul style="list-style-type: none"> • Often compounded issues of illiteracy and poverty • Geographic isolation from NGOs, public authorities, and phone/fax/internet communications networks was exacerbated by COVID-19 travel restrictions |
| Sex workers | <ul style="list-style-type: none"> • Cease of all activities and loss of income • Do not benefit from CNSS • NGOs reported that clients took advantage of the lack of law enforcement presence to harass and abuse the women |
| Female students | <ul style="list-style-type: none"> • Returned home with schools closed • Turned into “mere housewives,” often prevented from studying by male relatives forcing them to assume tasks such as cleaning and cooking • Confined in a more traditional setting with less freedom and different mentalities than when away at school |
| Migrant women | <ul style="list-style-type: none"> • Women migrants in Morocco even more vulnerable to violence with restrictions on movement and decrease in income generating activities • Moroccan women migrants, for example seasonal agricultural workers, are stuck abroad due to closed borders, vulnerable to homelessness and violence |
| Women with disabilities | <ul style="list-style-type: none"> • Female students with visual impairments cannot access remote schooling • Closure of specialized centers, associations and services • Vulnerable to violence within home by family members considering them a “burden” |

Part Three – NGO services to women victims of violence during the COVID-19

5. Changes in the numbers of abused women NGOs served.

Although the action research aimed to obtain a qualitative snapshot of COVID-19 related violence against women, rather than a “hunt for numbers,” 66.67% of online respondents observed an increase in the numbers of abused women seeking assistance during the state of health emergency. All of the NGOs who responded through a Word version of the questionnaire reported that the numbers of women contacting them “increased significantly.”

Observed increases varied across organizations; one reported that requests for violence-related assistance increased by 30%, another that they had more than doubled, and another indicated that they had tripled as compared to the same time period last year.

NGOs attribute the increase in part to the fact that the different types of services the women need has increased and diversified, as described above in the section on women’s needs during the state of health emergency.

This increase in figures reported by NGOs contrasts with those provided by the Presidency of the Public Prosecution in his aforementioned April 30, 2020 communiqué, which notes a substantial decrease in the number of violence against women complaints reported from March 30 – April 30. Such a decrease is likely due to the numerous challenges and obstacles women faced reporting violence during the state of health emergency, as described throughout this report.

6. Challenges NGOs faced in providing services to women victims of violence because of the coronavirus pandemic.

91.67% of online respondents reported facing new challenges to serve women victims of violence during the state of health emergency.

| Communications | Mobility | Operations |
|--|---|---|
| <ul style="list-style-type: none">• NGOs faced challenges to communicating remotely with women victims of violence, as many women do not know how to use technology, or don't have computers, phones, an internet connection, or credit to pay for calls or data.• Rural women were particularly difficult to reach.• Due to the abuser's constant presence, women were afraid to use the phone to call for help; at times calls were interrupted or the abuser deprived the woman of the phone. | <ul style="list-style-type: none">• Both the NGO staff and the women victims of violence faced challenges circulating due to strict mobility restrictions in towns.• Rural women were particularly difficult to reach because of bans on intercity travel. | <ul style="list-style-type: none">• NGOs faced challenges working remotely from home related to working conditions and technical resources.• The many needs and requests for assistance from women largely exceeded in nature and number the NGOs' scope of work or capacity to respond.• Challenges to keep centers and residential shelters open while respecting the new safety and health requirements for women and NGO staff. |

7. NGO services for women victims of violence during the state of health emergency.

- 63.64% of online respondents reported having to reduce the services they offered women victims of violence because of the state of health emergency.
- 63.64% likewise had to transform the way they work.
- 100% indicated that the crisis had affected their sources of funding and other resources.
- 83.83% described how other community actors played a role in mobilizing and assisting women victims of violence.
- 63.64% shared new strategies or good practices developed during this period.

| REDUCTION IN SERVICES | IMPACT ON FUNDING AND OTHER RESOURCES | TRANSFORMED SERVICES | NEW STRATEGIES/GOOD PRACTICES |
|--|--|---|--|
| <ul style="list-style-type: none"> • Closed vocational training centers • Suspended in-person counseling at NGO offices • Suspended outreach field visits to women's homes, farms and prisons • Suspended in-person accompaniment to public services • Many shelters stopped accepting women because of overcrowding, others closed because of health risks | <ul style="list-style-type: none"> • Loss of revenue and proceeds from fee-based activities such as vocational training classes, educational and sports programs • Delays in spending budgets of suspended programs • Obligation to return funds to some donors due to the termination/suspension of activities • New unexpected, unforeseen expenses arose that were not planned or budgeted for, such as hygiene and sanitation supplies, increased accommodation needs, and increased communications costs • Inability to request renewal support from donors because current projects have not been completed • NGOs awaiting overdue project grant funds that weren't | <p>NGOs transitioned to remote work via telephone, WhatsApp, fax social media and other online platforms to:</p> <ul style="list-style-type: none"> • Provide psychological counseling, information and legal orientation to women • Draft and file criminal complaints for violence • Draft and file claims for assistance allowances • Contact and coordinate with local law enforcement and justice sector personnel to submit complaints • Coordinate with other local NGOs • Contact and intervene with local authorities to obtain exceptional authorizations to travel for women victims of violence <p>NGOs keeping their residential shelters open had to:</p> <ul style="list-style-type: none"> • Transform office space into sleeping areas to accommodate | <p>Support from other community actors:</p> <ul style="list-style-type: none"> • Local pharmacies, shops and banks posted NGO flyers with contact information for women victims of violence to call • Local media disseminated information on violence against women and available services <p>New strategies and good practices:</p> <ul style="list-style-type: none"> • Established sets of mobile phone numbers where women victims of violence could reach NGO members for assistance • Created nation-wide WhatsApp groups among NGOs to exchange information and refer women to appropriate services in different regions across the country • Placed flyers with contact numbers in strategic places in their community (pharmacies, shops and banks) |

| | | | |
|--|--|---|---|
| | <p>disbursed during the lockdown</p> <ul style="list-style-type: none"> • Sense that the priority among donors is the immediate COVID-19 health crisis, to the detriment of violence against women work | <p>increased numbers of women;</p> <ul style="list-style-type: none"> • Add on a screening room for COVID-19 testing facilities for receiving new women. <p>NGOs also sought to obtain and distribute health and hygiene supplies related to COVID-19 (cleaning and disinfection products, masks, gloves, hand sanitizer).</p> | <ul style="list-style-type: none"> • Conducted a mapping of all Moroccan NGO flyers and contact information for women victims of violence and shared online • Created audio and video clips on available services and posted through social media • Collaborated with local university psychology department to recruit volunteer counselors |
|--|--|---|---|

Part Four – Public actor responses to violence against women during COVID-19

8. Positive changes and good practices in the responses of public actors to violence against women during the State of health emergency.

- 81.82 % of online respondents noted differences – both positive and negative – in the way that local public actors responded to violence against women during this time.
- 50% observed new strategies and good practices for working on violence against women cases on the part of local public actors.
- Coordination and cooperation between NGOs and public actors during the state of health emergency varied greatly by region. Among online respondents, 9.09% reported very close collaboration, 18.18% close collaboration, 18.18% some collaboration, 36.36% weak collaboration, and 18.18% a total lack of collaboration.

Positive changes in the public actor response to violence against women during the pandemic primarily focused on:

- Establishing alternative, remote channels for reporting violence and filing a criminal complaint via telephone, fax, email and online platforms;
- Publication of directories with contact information of local health and justice systems actors;
- Creating alternative communications channels for all systems actors, such as multisectoral local WhatsApp groups;
- The active role of administrative authorities, especially the caids, in certain communities, by facilitating women's access to public services.

In one notable case, a woman victim of sexual violence by her husband was shouting for help; the neighbors heard and alerted the police patrol passing by as part of the COVID-19 health controls. When the police witnessed the scene, on their own initiative they removed the husband from the home and took him to stay at an association with a homeless shelter. The woman went to the hospital, but other than first aid, she could not be treated or given a medical certificate because the doctor was busy with COVID-19 cases. The police wrote a report and gave the woman contacts of an association. The association helped her obtain the necessary movement authorization to be able to go file a complaint with the prosecutor.

In another case in a rural village, a husband threw his wife and children out of the home, and they were forced to walk on foot from the village to the nearest town. A gendarme patrol stopped them for violating the confinement orders and took them to the gendarmerie station. Gendarmes at the station had previously collaborated with a local association, so they first contacted that association to see if its shelter center could accommodate the woman and the children. When the latter refused to go live there, the gendarmes took them home, and asked the association to house the husband instead so that the wife and children stay at home (which is what eventually happened).

POSITIVE CHANGES AND GOOD PRACTICES IN THE PUBLIC ACTOR RESPONSE

| Law enforcement | Public prosecution | Courts | Health services | Administrative officials |
|---|--|---|--|---|
| <ul style="list-style-type: none"> In instances where either the victim or the NGO contacted the public prosecutor first, the latter then ordered law enforcement to go immediately to the home where domestic abuse occurred to start police procedures and provide services. | <ul style="list-style-type: none"> Some VAW units organized WhatsApp groups uniting the local public prosecutor, law enforcement, health officials and NGOs to share information and coordinate on cases. Some prosecutors made their mobile phone numbers available for women to phone to file a complaint. Telephone numbers for prosecutors' offices across the country were made available online.¹⁹ The public prosecution also accepted complaints on an online platform on its national website²⁰ or via a designated email address.²¹ | <ul style="list-style-type: none"> Email addresses, telephone and fax numbers of courts across the country were made available online for criminal cases.²² | <ul style="list-style-type: none"> The Ministry of Health made available mobile phone numbers to contact hospitals across the country. At one large city hospital, the staff made a short awareness-raising video on violence against women, publicizing their services for women victims of violence and contact information. Staff at a local health dispensary likewise maintained close contact with girls and women, especially those at risk, in their community, communicating regularly through phone calls, social media and WhatsApp. | <ul style="list-style-type: none"> In one instance, local authorities intervened to help a woman and her children leave the abusive home and travel to her parents' home in another city, despite the inter-city travel restrictions. Transforming public centers belonging to public institutions into shelters for women victims of violence or otherwise vulnerable. |

¹⁹ <http://www.pmp.ma/%d8%af%d9%84%d9%8a%d9%84-%d9%87%d9%88%d8%a7%d8%aa%d9%81-%d8%a7%d9%84%d9%86%d9%8a%d8%a7%d8%a8%d8%a7%d8%aa-%d8%a7%d9%84%d8%b9%d8%a7%d9%85%d8%a9-%d8%a8%d9%85%d8%ad%d8%a7%d9%83%d9%85-%d8%a7%d9%84%d9%85/>

²⁰ <http://www.pmp.ma:83/>

²¹ plaintes@pmp.ma

²² <http://www.pmp.ma/%d8%a7%d9%84%d8%a8%d8%b1%d9%8a%d8%af-%d8%a7%d9%84%d8%a7%d9%84%d9%83%d8%aa%d8%b1%d9%88%d9%86%d9%8a-%d9%84%d9%84%d9%86%d9%8a%d8%a7%d8%a8%d8%a7%d8%aa-%d8%a7%d9%84%d8%b9%d8%a7%d9%85%d8%a9-%d9%82%d8%b5/>

9. Deficiencies in the responses of public actors to violence against women during the State of health emergency.

In one instance, a young woman living in a rural area who had recently gave birth was beaten so badly by her husband that she lost consciousness and had to be hospitalized. He also tried to steal her savings and threw her out of the house after the assault. When she went to the gendarmes to file a complaint, they refused to write up a complaint directly, and told her to go to the public prosecutor in the large town in the area to obtain and bring back instructions for them to act. The woman contacted an NGO via WhatsApp, who wrote up a complaint for her and sent it back to her via WhatsApp. She then had to find a local stationary store in her rural area to fax the complaint to the public prosecutor. She moved in with her family while awaiting investigation of her complaint, terrified of her husband in the meantime.

Despite the efforts made to publicize the existence of public services responsible for responding to violence against women, a large number of women victims were still unable to access the protection and services they needed during the state of health emergency. Lockdown measures and restrictions on movement created barriers to seeking assistance and reporting violence. Additionally, remote means for submitting complaints were not available to the good number of Moroccan women who lack the necessary reading skills, a computer or smart phone, and/or internet connections.

There was a sense among many respondents that both law enforcement and health services gave priority to managing the COVID-19 pandemic, to the detriment of women victims of violence. The communiqué from the Presidency of the Public Prosecution reports a decrease in the number of prosecutions launched relative to the number of complaints filed (10 times less).

Additionally, a major weakness in the State response to violence against women generally is the total lack of clear legal guidelines, concrete procedures, standardized protocols, binding rules or precise directives governing and supporting law enforcement, justice and health sector officials in their application of the Penal and Penal Procedure Codes. During the state of health emergency, as in normal times, the lack of standardization of services meant that the response to violence against women differed from one community to another, and depended on the individual state actors involved.

In the absence of a strong legal framework establishing clear roles, obligations, powers, and duties for State actors, the response to violence against women during a State of health emergency, as in normal times, will remain inadequate for preventing violence and protecting women.

As contributing NGOs observed:

“We wonder about the effectiveness of State efforts - government statements, TV spots - in the absence of any effective legal protection.”

“What is the fate of the complaints filed with the authorities – will they really intervene to provide justice to battered women or will they be in suspension until the quarantine is lifted?”

“In the actual practices of processing the complaints of violence against women, we did not notice any change.”

DEFICIENCIES IN THE PUBLIC ACTOR RESPONSE

| Law enforcement | Public prosecution | Courts | Health services | Administrative officials |
|--|---|---|---|---|
| <ul style="list-style-type: none"> • Several instances were reported where police officers told women seeking to report violence to “return home and be patient,” or encouraged the women to drop their complaints. • Likewise, some respondents reported law enforcement refusing to take complaints and returning women back home to the violent abuser, without prosecutorial oversight.²³ • Some respondents reported that the gendarmes did not receive any specific instructions to take action in violence against women cases, and rather than taking down women’s complaints themselves, told the women to file a complaint with the prosecutor in the nearest city. As a result, some women abandoned the complaint. | <p>Women victims of violence were taken back to the marital home without the protective measures provided for by the Family Code.</p> | <ul style="list-style-type: none"> • The suspension of all family court matters delayed divorce cases, even in instances where the process had been completed and only the issuing of the final decree remained. As a result, some women were confined in the marital home with the estranged or abusive husband. • Alimony and child support cases were likewise suspended, depriving women of needed financial support during the lockdown. • Hearings were not held in misdemeanor cases of violence resulting in less than 21 days injury. | <ul style="list-style-type: none"> • Several hospitals reportedly reduced or suspended the VAW units’ services, on the grounds that the hospital was designated for COVID-19 cases. As a result, women in these communities were unable to get treatment for injuries or obtain the medical certificate necessary for bringing a criminal complaint. • One hospital began charging women for the medical certificates.²⁴ | <ul style="list-style-type: none"> • Some public shelters were closed due to the crisis. • Lack of coordination between the local crisis committees linked to COVID-19 and the committees dealing with women victims of violence. |

²³ Family Code article 53 provided that, “When either spouse evicts the other from the marital home without justification, the Public Prosecutor shall intervene to return the evicted person to the house immediately and shall take all necessary measures to guarantee his or her safety and protection.”

²⁴ These are free, according to *Ministry of Health Circular No. 162 of December 17, 2010 relating to free medical certificates for abused women and children.*

Part Five – Proposals for reforms

10. Measures public actors *should take* to protect women victims of violence and meet their needs during a state of health emergency.

This section offers proposals from participating NGOs for reforms to strengthen the public actor response to violence against women during a pandemic. Although more broad-based legal and structural reforms are needed to better address such violence, and have been amply detailed elsewhere, the below proposals focus exclusively on reforms needed to address the specific challenges of a lockdown.

PROPOSALS FOR REFORMS TO THE VAW RESPONSE SPECIFIC TO THE STATE OF HEALTH EMERGENCY

| Law enforcement | Public prosecution | Courts | Health services | Administrative officials |
|---|--|---|---|---|
| <ul style="list-style-type: none"> • Give sufficient powers and the obligation to police and gendarmes to intervene immediately in all cases of violence against women, to conduct a risk assessment, detain the aggressor, take a complaint, take witness statements, and provide assistance and immediate protection, without waiting for an authorization from the public prosecutor • Simplify reporting procedures • Accelerate investigations • Forbid law enforcement officers from suggesting reconciliation in domestic violence cases • Provide separate spaces in police stations for women | <ul style="list-style-type: none"> • Issue protection orders immediately upon receiving a complaint as a prevention and protection measure²⁵ • Allow additional actors, such as NGOs, designated by women victim victims of violence, to file a complaint on her behalf • Provide for orders to immediately remove the violent abuser from the home upon receiving a complaint so that women and children can remain in the home | <ul style="list-style-type: none"> • Continue to rule on family affairs during the state of health emergency • Ensure enforcement of court decisions such as alimony and child support during the state of health emergency • Ensure that statutes of limitations, expiration dates for protection orders and all existing filing and hearing deadlines are extended or suspended throughout the crisis period; • Impose the maximum penalty for all violent offenses - crimes and misdemeanors - committed against women during this period; • Ensure that aggressors convicted of violence | <ul style="list-style-type: none"> • Ensure that health services are maintained and available 24/7 for women victims of violence during a pandemic so that women receive treatment and can obtain medical certificates necessary for violence complaints | <ul style="list-style-type: none"> • Authorize and oblige local administrative authorities, especially in rural areas, to provide frontline assistance to facilitate women’s access to available public services and actors • Clarify that travel to hearings, police stations, and other violence-related services constitute "other urgent reasons" for the purposes of the exceptional travel authorizations • Ensure regular inspections of workplaces, especially factories and farms, to detect not only health violations, but also violations of the Labor Code and the Penal Code with regard to violence |

²⁵ The current laws only provide for protection orders once a prosecution has been launched or a conviction issued.

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|--|--|---|--|---------------|
| victims of violence, for physical safety and for COVID-19 health reasons <ul style="list-style-type: none"> • Provide separate vehicles to transport women victims of violence, for COVID-19 health reasons | | against women are not released before their sentence has been fully served, notify the victims of their impending release, and provide protection to these women. | | against women |
| <p>Additional proposals:</p> <ul style="list-style-type: none"> • Provide toll free, local emergency telephone numbers, easy to remember, where women can call for assistance 24/7 from each of these sectors • Ensure that online platforms for filing complaints are available to all women, for example by empowering public scribes and local cybercafés to offer such services • Open and make functional the remaining Multifunctional Spaces for Women (EMFs) with residential capacity, and ensure that others remain open and operational during a state of health emergency • Earmark a part of the COVID-19 Solidarity Fund for VAW related efforts • Provide women estranged from their husbands a Ramed card even in the absence of a divorce decree • Ensure that assistances allowances reach all women, even those not registered with the CNSS or without a Ramed card | | | | |