**JOINT CONTRIBUTION TO**

**CEDAW COMMITTEE**

**EXAMINATION OF THE ECUADORIAN STATE**[[1]](#footnote-2)

**SHADOW REPORT ABOUT THE STATE ANSWER OF THE PROTECTION OF WOMEN AND GIRLS’ RIGHTS IN THE CONTEXT OF THE COVID-19 PANDEMIC NATIONAL EMERGENCY DECLARATION**

**Quito, September 2020**

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| **CCPR** | Cantonal Council for the Protection of Rights |
| **CEDAW** | Convention on the Elimination of All Forms of Discrimination Against Women |
| **CEPAM** | Ecuadorian Center for the Promotion and Action of Women |
| **CESLA** | Center for Latin American Studies |
| **COE** | Emergency Operations Committee |
| **CONAIE** | Confederation of Indigenous Nationalities of Ecuador |
| **CONFENAIE** | Confederation of Indigenous Nationalities of the Ecuadorian Amazon |
| **COVID-19** | Disease generated by the new coronavirus 2019-nCoV. |
| **CPME** | Political Coordinator of Women of Ecuador |
| **DINAPEN** | National Directorate of Specialized Police for Children and Teenagers |
| **ECU 911** | Integrated national security system |
| **EFTA** | European Free Trade Association |
| **FES-ILDIS** | Friedrich-Ebert-Stiftung - Latin American Institute for Social Research |
| **INEC** | National Institute of Statistics and Census |
| **INREDH** | Regional Institute for Human Rights Consulting |
| **LOIPEVCM** | Integral Organic Law for the Prevention and Eradication of Violence against Women. |
| **MINEDUC** | Ministry of Education |
| **MSP** | Ministry of Public Health |
| **OACHD** | Office of the United Nations High Commissioner for Human Rights |
| **OMS** | World Health Organization |
| **ONU MUJERES** | United Nations organization dedicated to promoting gender equality and the empowerment of women |
| **GDP** | Gross Domestic Product |
| **PUCE** | Pontificia Universidad Católica del Ecuador |
| **SENDAS** | Servicios para un desarrollo alternativo del Sur |
| **FTA** | Free Trade Agreement |
| **PHW** | Paid Household Workers |
| **UASB** | Universidad Andina Simón Bolívar |
| **UCE** | Universidad Central del Ecuador |
| **UNICEF** | United Nations Children's Fund |
| **NUDE** | National Union of Domestic and Allied Workers |
| **HIV/AIDS** | Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome |
| **ITT** | Ishpingo, Tambococha, Tiputini |

**SIGLAS**

**INTRODUCTION**

In 2020, the National Coalition of Women of Ecuador prepares a Shadow Report of Civil Society in a participatory manner to the CEDAW Committee, through a training process on the human rights of women for their enforceability and incidence. Because of the COVID-19 pandemic, the CEDAW Committee warned about the worsening of violence and discrimination against women and its aggravated consequences in disadvantaged women. The National Coalition of Women decided to prepare a report specific to the health crisis. The period under consideration is from March 12 to September 2020. Three virtual forums were held on July 6, 7, and 8, 2020 to collect testimonies on the emergency measures of the Ecuadorian state and its impact on the lives of diverse women.

We are grateful for the participation of Gabriela Montalvo - Feminist economist, Andrea Gómez Ayora -Epidemiologist, Lourdes Gualoto- PUCE, Virginia Gómez - Fundación Desafío, Mary Cabrera - SENDAS, Sofía Benavides- El parto es nuestro- Ecuador, Kruskaya Hidalgo - FES ILDIS, Elvy Ullcuango Movimiento de Mujeres Populares Luna Creciente, Karina Marín - UASB, María Laura Andrade Laso- Corporación Humanas Ecuador, Sonia Andrade Tafur - CPME, Isabel González Ramírez – Corredores Migratorios, Luisa Lozano - CONAIE, Fanny Guampanti - Organization of Shuar Women, Verónica Potes - UCE, Natasha Montero- Junta Cantonal de Protección de Derechos La Delicia, Blanca Pacheco - Casa María Amor, Cabildo por las Mujeres de Cuenca, Lizi Ernest – Coalición Nacional de Mujeres, Lita Martínez - CEPAM Guayaquil, Sybel Martínez – Rescate Escolar, Tamara Briones - Tejedora Manabita, Cecilia Jaramillo – Mujerse por el Cambio, Paolina Vercoutere - Colectiva Runa Feminista, and the facilitation of Rocío Rosero Garcés and María José Machado Arévalo – Coalición Nacional de Mujeres.

Ecuador faces the health crisis with a dismantled public health system, an economy in recession, scandalous acts of corruption in the middle of the emergency, and an upsurge in violence and discrimination against women, who are disproportionately affected by unemployment, the overload of household work and unpaid care, extreme poverty, and specific conditions of vulnerability. The CEDAW Committee, considering the OHCHR guidance note on COVID-19 and the human rights of women, urged State parties to protect the rights of women in their responses to the threat of the pandemic. This document aims to inform the CEDAW Committee on the aspects in which it has urged Ecuador as a State Party to act.

**SHADOW REPORT ABOUT THE STATE ANSWER OF THE PROTECTION OF WOMEN AND GIRLS’ RIGHTS IN THE CONTEXT OF THE COVID-19 PANDEMIC NATIONAL EMERGENCY DECLARATION**

1. **Approach the disproportionate impact of the pandemic on women's health:**
2. Ecuador faces an aggressive decrease in the public health budget: from $306 million in 2017 to $201 million in 2018 and $130 million in 2019[[2]](#footnote-3). Between 2,500 and 3,000 health professionals have been laid off in the last year.[[3]](#footnote-4) In contrast, the Ecuadorian government paid foreign debt bonds for $325 million when their real value was 110 million and between April 1 and 22, there was at least $829 million in capital flight. [[4]](#footnote-5)
3. Although the first case of COVID-19 in Ecuador was confirmed in February 29, it was only on March 12, 2020 that a health emergency was declared;[[5]](#footnote-6) schools were suspended; borders were closed; and teleworking and social distancing measures were ordered to prevent the spread of the virus. On March 16, 2020[[6]](#footnote-7), a state of exception and curfew were declared due to public calamity and the exercise of the rights to freedom of mobilization and free association and assembly was suspended to maintain a mandatory community quarantine.
4. In Guayaquil, the hospital and funeral systems collapsed due to the rapid spread of the virus which increased deaths eightfold in the first two weeks of April. Images of corpses were captured on sidewalks, houses, piled up in morgues, wrapped in plastic bags and cardboard boxes. [[7]](#footnote-8) Between March 1 and June 15, 2020, there were 20,373 deaths above the average for the same time registered in the country, while the MSP reported 4,156 confirmed COVID-19 deaths through June 19, a clear undercount.[[8]](#footnote-9). The police repressed those who protested the lack of adequate measures to face the pandemic. [[9]](#footnote-10)
5. There are at least thirteen investigations in the Public Prosecutor's Office for corruption scandals, resale, and overpricing of medical supplies and hospital kits.[[10]](#footnote-11)
6. The lack of open data and epidemiological analysis prevents the formulation of adequate policies. Ecuador presents an excess mortality of 27,027 deaths from January 1 to July 15, 2020 over the expected average in the same period during the previous five years—an increase of 72.2%.[[11]](#footnote-12)
7. Community transmission persists and the disease has spread throughout the country. Ecuador has the highest fatality rate (7.2%) in South America due to factors such as the number of tests carried out and reported, hospital care capacity, number of beds in hospitalization and in intensive care units, number of professionals trained for care, among others. The public health system in several provinces is at its maximum capacity and access to private hospitals is unaffordable for most families.
8. The provinces most affected per capita are those of the Amazon due to socio-environmental problems derived from extractivism. [[12]](#footnote-13) Until July 12, 2020, 1,435 positive cases and 37 deaths were registered in this region (CONFENAIE, 2020).
9. Public health decisions have not considered women organizations or women health workers, nor have they considered the overload of unpaid care and domestic work for women or their exposure to violence by forcing them into confinement with their attackers. In the households, women are held primarily responsible for avoiding contagion in their families with the consequent physical and emotional exhaustion.
10. Comparing the cases of maternal death by place of residence in the years 2019 and 2020, seven provinces in 2020 reported more maternal deaths than in 2019. [[13]](#footnote-14)
11. Healthcare personnel, reduced to a minimum, have undergone layoffs, non-payment of salaries, strenuous hours, and a high number of infections[[14]](#footnote-15) and deaths. Women represent 95% of the country's nurses—most of them mothers. 70% do not have job stability[[15]](#footnote-16), their ages are between 40 and 55 years old, they do not have protective equipment and are overloaded with work, in a stressful and repressive environment, without breaks or time to go to the bathroom. Many have isolated themselves due to fear of infecting their families.
12. The relaxation of preventative measures and adult women’s need to work outside the home have displaced the care crisis towards girls or older women, without co-responsibility of the men in their households. Public care services have been eliminated and homes have become productive / reproductive spaces with a pauperization of living conditions and the intensification of tasks.

**RECOMMENDATIONS:**

To the Health Minister:

* Strengthen the public health system with an emphasis on primary care, adequate staffing, budget, infrastructure, and number of beds so that no one is left out.
* Guarantee the rights of health workers;
* Carry out massive testing and adequately report results;
* Maintain social distancing guidelines coupled with economic and social inclusion policies;
* Improve / make data transparent to carry out epidemiological analyses and specific public policies for diverse women.

To the ministers of Finance, Health, and Economic and Social Inclusion:

* Establish public and free care systems and co-responsibility in homes as a condition for the physical and economic autonomy of women;
* Guarantee specific policies to support impoverished women.

**2. Guarantee sexual and reproductive health services as essential services:**

1. There are difficulties in accessing information, care and free decision-making. A low demand for contraceptives and condoms was reported in the first months of the pandemic due to fear of contagion; increased risk of sexual violence, an all but certain increase in unwanted pregnancies, STIs and unsafe abortions. There is fear of a possible contraceptive shortage, especially in rural areas. Sterilizations and other surgical procedures have been postponed. Telemedicine does not overcome the access challenges suffered by rural and impoverished populations.
2. In a virtual survey on access to sexual and reproductive health services conducted with 512 diverse women throughout the country, 47.7 percent reported difficulties in accessing sexual and reproductive health services, most of them young and impoverished. 36.07% discontinued their contraceptive method, 41.8% lacked access to the service, and 31.15% paid for the method elsewhere. Among teenagers, 90.9% reported having problems accessing contraceptives. 80.6% of all pregnant woman or women who gave birth had difficulties accessing health care.[[16]](#footnote-17)
3. Feminist information networks on abortion are crucial in the prevention of maternal mortality, but they fail provide comprehensive coverage across the country. Girls, adolescents, and women are criminalized for interrupting their pregnancies. The Constitutional Court has yet to speak on the decriminalization of abortion in cases of rape.
4. There is concern about a possible shortage of antiretroviral drugs for people living with HIV / AIDS and their specific vulnerability due to being immunosuppressed. A large part of the population of trans women involved in prostitution are carriers of HIV / AIDS and this condition has not been considered in the context of confinement; namely, there are challenges to the delivery of prevention kits to sex workers.
5. There is difficulty in accessing data on pregnancy, childbirth, and breastfeeding. Prepartum monitoring has been impacted, pregnant women experience serious emotional and physical shocks, and they and their new-borns have been victims of obstetric violence and of economic abuse by healthcare institutions. Unnecessary caesarean sections have increased, mother-child attachment is broken, there is not enough staff to support breastfeeding, pregnant women are not allowed to have companions at delivery, and they have been denied assistance during emergencies.[[17]](#footnote-18)

**RECOMMENDATIONS**:

**To the Constitutional Court**

* To favorably rule on the demand to decriminalize abortion in cases of rape.

**To the Minister of Health**

* Declare sexual and reproductive health supplies and services as essential and a priority, with sufficient resources; distribute them in rural areas and prevent their shortage.
* Prevent and eradicate sexual and obstetric violence, induced caesarean sections, support breastfeeding, and maintain specific and isolated spaces for pre and postpartum care, without deferring care for pregnant women and newborns.
* Make early diagnoses of HIV / AIDS.
1. **Protect women and girls from gender-based in violence:**
2. From January to September 1, 2020, the organizations registered 71 femicides, 52 of which occurred during the pandemic (Mapping Alliance, 2020). No reparation policies for the children of the victims were developed. According to the Secretary of Human Rights, the protection system assisted 3,128 women in a situation of violence through July 2020, during the pandemic; an alarming number if we take into account that there were 45,028 total calls to ECU911 in that same period. (National Coalition of Women, 2020).
3. In March, incidents of police assistance in crimes against children and adolescents fell from 48 to 2 due to the impossibility of reporting. The incidence of unreported violence reaches 97% in the region (UNICEF). 70% of girls, boys, and adolescents who disappeared "voluntarily" during the pandemic in Ecuador are women (DINAPEN, 2020) as a probable consequence of domestic violence.
4. The weekly average of sexual violence reports dropped dramatically in confinement. Before the health emergency, there were 357 cases. During the pandemic, there were only 79 cases (as of May 15). In January, 41 cases were recorded, in February, 28, 8 in March, and 9 during April. On the other hand, reports of non-compliance with protective measures tripled: from a weekly average of 62 to 192. (Prosecutor’s Office, 2020). This shows the difficulty of filing complaints and the patriarchal attitudes reflected in the failure to comply with measures.
5. Women are locked up with their aggressors and prevented from receiving protective measures. Girls and adolescents do not have specific protocols and protection boards are saturated. There is a setback in specialized care services. An absence of a gender approach in the draft Organic Code for Children and Adolescents is noted.
6. Before the pandemic, the Secretary for Human Rights, the government institution responsible for the implementation of the Law for the Prevention and Eradication of Violence, LOIPEVcM, experienced cutdowns in budget and personnel. In the pandemic there were more layoffs and reductions in wages and work hours. Social protection as a whole has weakened. There are several shelters and care centers that do not receive resources and whose capacity is overwhelmed.
7. Women’s organizations did not stop assisting victims of violence who were ignored by the police. The Prosecutor’s Office implemented online complaints only since April. But even then, a differential approach was not implemented. 11% of women are digitally illiterate and only 36% have internet access. Legal proceedings stalled at the start of the pandemic. The minimum response time to emergency calls for gender violence is 48 minutes, with risk of death for women.
8. Isolation and corruption lead to an increase in the risk of violence. Aggressors justify their actions by the anguish of unemployment and poverty. Campaigns encourage victims to denounce violence without considering power relations, presence of the aggressor, connectivity problems, and instead suggest not arousing the perpetrator’s anger, thus blaming victims. The ECU 911 primary care personnel do not make adequate risk assessments, they are not trained in routes, protocols and approaches.
9. Mother survivors who began to leave the circle are unemployed and may return to live with aggressors out of necessity.
10. The pandemic and post-pandemic facilitate trafficking of girls, women and migrants. Prevention and care policies and teams have weakened and are responsive to a security approach and not to a human rights approach. There are more and more cases of destitute women who are offered jobs connected to human trafficking networks. Thousands of people are in absolute vulnerability and risk. There is no tracking and identification of possibly missing women. The migrant and refugee population does not have access to information and communication, and it is suspected that trafficking will intensify.

**RECOMMENDATIONS:**

**To the Minister of Finance and the Secretary of Human** **Rights**

* Prioritize resources for the implementation of the LOIPEVcM.

**To the Secretary of Human Rights**

* Guarantee a differential approach in the care of victims of violence and in information records;
* Strengthen care teams and their capacities;
* Improve routes and protocols and provide simple and expeditious mechanisms to access justice, not solely by telephone or online;
* Activate early warning systems to prevent femicides. Ban budget and staff cuts for safe houses and services for victims of domestic violence;
* Develop programs based on the generation of conditions of economic autonomy for victims and survivors of violence;
* Raise immediate alerts in cases of disappearances and activate urgent mitigation plans to prevent trafficking and sexual exploitation of women and girls;
* Shelf the Organic Code for Children and Adolescents bill.

**To the National Council of the Judiciary**

* Implement simple and effective remedies; sanctions for aggressors and reparation for victims to stop impunity.
1. **Ensure equal participation in decision-making:**
2. Women are bearing the brunt of the crisis in their homes and communities but have been systematically excluded from public decision-making. Women’s organizations denounce a lack of transparency, citizen involvement, and social control in emergency policies.
3. The Emergency Operations Committees (COE), which make strategic decisions about the national and local management of the pandemic, are masculinized; only 7% of mayors are women. Meanwhile, it has been proven that countries led by women or with mixed cabinets have faced the crisis in a more humane way.
4. There is a trivialization of women's needs in the public agenda and women authorities who position a gender perspective suffer violence in political life.
5. However, women have historically participated from civil society centering the enforceability of rights, resistance and proposals; they have persisted despite the being abandoned by the state.

**RECOMMENDATIONS**

**To the Executive Function and Decentralized Autonomous Governments**

**To the National COE and the Cantonal COE:**

* Ensure gender parity in decision-making mechanisms related to the pandemic.
* Activate binding advocacy mechanisms from women's organizations, citizen oversight committees, and public spending controls;
* Place on the public agenda the gender-related impact of the crisis and the worsening of violence and discrimination against women; and,
* Guarantee mechanisms to prevent and eradicate violence in political life, with reliable data disaggregated by sex and other personal traits, for specific actions.
1. **Guarantee continued education**
2. The education budget has been reduced by $894 million due to the crisis caused by the pandemic. (MINEDUC, 2020).
3. For the 2020-2021 school year, 103,411 fewer students have been enrolled than the previous year. (Plan V, 2020).
4. Before the pandemic, school dropouts were already feminized due to domestic and school violence; forced marriages; pregnancies and breastfeeding; and overload of unpaid domestic and care work.
5. There is a large gap between urban and rural access to the internet. Internet access is rural communities is a mere 16.4% and the country fares not much better at 36% (INEC, 2016). *Infocentros*, public centers that provided rural access to the internet almost were eliminated and schools and child development centers have been closed. Girls and adolescents report excessive homework and fatigue, they use their own internet plans and their own phones, if they have them. Virtual education exhausts students and is not pedagogical.
6. Sexual violence against girls, boys and adolescents through digital/online platforms has increased: there are cases of sexual and “private tutoring” offers from teachers to students. The consumption of child pornography has increased.
7. 56% of mothers are exclusively in charge of overseeing tele-education for their children. There are no inclusive methodologies for girls with disabilities who are behind in school. There is a return to child labor exploitation. During the emergency, at least ten suicides of girls, boys and adolescents were reported. (CCPD-Quito,2020).

**RECOMMENDATIONS:**

**To the Minister of Education:**

* Strengthen investment in public education and facilitate access to education for children and adolescents living in poverty;
* Prevent and penalize violence in digital educational spaces;
* Create education systems that do not overload women and girls with domestic labor and schoolwork;
* Strengthen education on gender, human rights, and a life free of violence for women within the framework of Comprehensive Sexual Education.
1. **Provide socio-economic supports to women:**
2. Economic policy favors the market and big capital to the detriment of care and life. The false economy/health dichotomy favors the “productive,” rendering invisible the work that takes place inside homes, which sustains the social fabric. This has caused unemployment and the loss or impossibility of economic autonomy for women. The aggressive feminization of "productive" fields has as a consequence a devaluation of work and its precariousness.
3. The impoverished sectors have been the most affected by the crisis. Before the pandemic, the country was in an economic crisis and with a reduced public budget. With the health emergency, the excuse for not fulfilling obligations or guaranteeing rights is the lack of resources. As of December 2019, the poverty index was at 25% and extreme poverty reached 8.9% This represents around 4.4 million people. Women are 15% more likely to be in poverty than men.[[18]](#footnote-19) The poor and middle classes cannot afford to stay home too long without any kind of income. 46% of the population is in the informal sector and lives day-to-day.
4. According to projections, up to 460,000 Ecuadorians stand to lose their jobs in the pandemic and 700,000 will fall into poverty by the end of 2020. Ecuador would have the largest GDP collapse in Latin America with 6%.[[19]](#footnote-20) 48 out of 100 women who were in a relation of dependency report having lost their jobs (UN Women Ecuador, 2020). In the first three months of the pandemic, according to the Minister of Labor, 180,852 layoffs were registered. The president announced in May 2020 a cut in public spending of more than $ 4 billion, a cut in salaries of $ 980 million, which translates into layoffs. In the private sector, the “work source preservation agreements” of the Humanitarian Support Law allow for labor flexibility.
5. During the emergency, a decrease of up to 36.21% in the collection of support payments for children is reported nationwide and there are hundreds of requests for maintenance payment reductions (National Council of the Judiciary, 2020), which endangers the survival of children and teenagers.
6. According to UNICEF Ecuador, only 54% of households had enough food. 11% did not have food access and 35% had it partially.[[20]](#footnote-21)
7. The impacts of the pandemic in the agricultural sector were unequally distributed between family farming agriculture and the large agro-export economies. While agro-export companies benefited from Ecuadorian state interventions during the pandemic (ratification of the FTA with the EFTA and labor flexibility, for example) small and family farming—led by women—suffered the consequences of their absence.[[21]](#footnote-22)
8. The social inclusion policies in the pandemic were reduced to establishing “family emergency cash benefits” and “basic food baskets”. Women’s organizations denounce that updated data on poverty or recent layoffs were not considered to obtain cash benefits. Food baskets do not cover the daily nutritional requirements of the families. Instead, communities have resorted to communal meals, barter, food drives, and begging..
9. There are reports of: violence by security forces against homeless women, indigenous individuals, Venezuelan migrants[[22]](#footnote-23), sex workers, delivery girls and informal workers—eviction from their workspaces to unsafe places and confiscation of their goods. There were also reports of cruel and inhuman treatment to those alleged to have violated curfew orders, with forced haircuts, beatings, mandatory push-ups, and arbitrary arrests being imposed.[[23]](#footnote-24)
10. 90% of paid domestic workers are women, the majority belonging to racialized groups and affected by colonial and misogynistic patterns of relationship. They have denounced three situations: layoffs, the obligation to stay in the home of their employers separated from their families or in a situation of slavery, without remuneration or with payment in kind, and strenuous hours caring for the sick. Before the pandemic, only 40% of HRTs had access to social security.[[24]](#footnote-25)
11. Many women living in poverty have had to join other families because of the scarcity. Overcrowding has increased the risk of violence and unpaid domestic work. Families ration their meals and solidarity networks of civil society have provided food, biosecurity implements, and psychological support.
12. The most precarious neighborhoods in the country do not have access to drinking water or sanitation, this generates more responsibilities and work for women, who are left to do the cleaning, cooking, and disinfection.
13. Women across the country have faced the crisis through autonomous organizing and with the support of local governments, rather than the central government. They denounce that in the massive acquisition of food, large companies were privileged and not small producers.
14. Faced with the economic crisis, the problems of hunger, begging and evictions from homes due to unemployment have worsened.
15. The government's economic priorities reflect a neoliberal model that is incompatible with the rights of girls and women. The areas of economic reactivation do not include feminized jobs. Women have less access to credit policies.

**RECOMENDATIONS**

**To the Ministers of Finance, Economic and Social Inclusion and SDH (Secretary of Human Rights).**

* Establish an economic policy centered on the care for life and its sustainability;
* Include sectors that employ women in the economic reactivation program; guarantee measures that prevent the loss of jobs, social security, and housing;
* Deliver adequate food to people in poverty and extreme poverty. It is essential that the record of who should be receiving these benefits be up to date;
* Establish a universal basic income and food sovereignty to guarantee basic rights as part of the recovery program;
* Inject resources into small and medium-sized companies so that they can sustain themselves during the crisis;
* Respect the rights of public and private workers, instead of reducing salaries and purchasing power.
1. **Adopt specific measures directed at disadvantaged women:**
2. **Older adults:**

Older adults denounce state and family abandonment, low coverage of food baskets and cash benefits, and widespread COVID-19 contagion in nursing homes. 6 out of 10 people who die from COVID-19 in Ecuador are over 65 years old. Many older women have not attended health homes for fear of contagion, some of them have been found on the street without identity and without medication. Their emotional problems and psychiatric conditions are worsened by isolation. They have had to take care of their granddaughters and grandchildren and strenuous household activities not appropriate for their age.

1. **Women and girls with disabilities:**

Policies for this sector have a purely pathologizing and assistance-oriented focus, which is based on the percentage of disability. During the health crisis, there are no specific policies on disabilities, beyond guidelines and protocols that are not deployed and which lack a gender and differential approach for their accessibility to people with psychosocial disabilities.

The guidelines on sexual and reproductive rights are designed from a risk perspective. There is a higher risk of sexual violence for women with disabilities, but it is unknown how many have suffered it and the relief measures are not accessible to them.

The number of women who have been infected by, left disabled, or died from COVID-19 is not known and eugenic policies may be in place. There are no protections against firings of people with disabilities. The policies formulated for the crisis do not cover the needs of mothers who raise their children on their own, abandoned by their partners due to their disability.

During the pandemic, 3,000 disability cards (MSP, 2020) were illegally issued to access tax exemptions to people without disabilities, including senior government officials, a corruption scandal that shows the abandonment of this sector.

1. **Migrant and poor women and girls**

366,000 migrants and refugees living in Ecuador (United Nations, 2020) suffer from anti-mobility policies. Migrant women in Ecuador in a situation of poverty lack housing and work and have been criminalized, humiliated, and punished with internal forced displacement to unsafe places.

98% of the distributors of platforms such as Glovo and Uber Eats are from Venezuela and work in exploitation schemes. They are exposed to traffic accidents, do not have access to health services, and experience sexual harassment from clients.[[25]](#footnote-26)

Venezuelan women leave Peru, cross Ecuador to go to Colombia and even Venezuela. There are hundreds of women and girls traveling alone, walking for many weeks without any safety net. Sexual violence, forced sex in exchange for food, and exposure to trafficking networks and child pornography are growing unchecked these days. Older women are left behind on the road because they can not resist. Families that live day-to-day from selling items in the streets are in a situation of mendicity.

At the beginning of the pandemic, many Ecuadorian women in other countries were unable to return and were trapped alone in foreign countries, without protection, without money, and unable to take care of their family in Ecuador.

1. **Women and girls of indigenous peoples and nationalities**

In health and education, native women of the 14 nationalities and 18 communities denounce total abandonment by the state, communication difficulties, and the absence of culturally relevant policies. They lack biosafety equipment, medicine, and access to hospitals and/or health services. They asked the Ministry of Education to suspend classes due to the internet accessibility gap, without an official answer, and many indigenous and Afro-descendant were left behind on education.

Economically, rural and indigenous women report problems in agricultural production and marketing, they do not have biosafety supplies, and they cannot sell their products. In their homes, there are layoffs, unemployment, and hunger. Cases of violence are not reported due to the remoteness of care services and fear of contagion. Abandonment and sexual violence against girls have grown.

In the Amazon Region, the consequences of the pandemic are especially alarming; extractivism, oil spills, and their environmental impacts have affected the lives of Amazonian women, who denounce that in the confinement the institutions did not reach them with information or biosecurity implements to prevent infections and they resorted to ancestral medicine. Access to education has been difficult without internet connectivity and textbooks. Food kits have not been provided for all, violence has grown; there is no access to contraception and unwanted pregnancies have increased.

The women belonging to the indigenous peoples in voluntary isolation, Tagaeri and Taromenane, could disappear. The State has the obligation of non-contact and the duty to protect these people implies protecting the nearby villages. Voluntary or involuntary contacts should be avoided through activities near the ITT or buffer zone, because the spread of diseases for these people that have no immunological memory could be fatal.

Afro-descendant women are especially affected in the country by violence and poverty, lack of access to education, unemployment, overcrowding, hunger, and racist prejudices. The territories inhabited by racialized populations, especially Afro-descendant communities, have been the most vulnerable to the suffering and mortality of COVID-19. [[26]](#footnote-27)

The contagion statistics are not disaggregated by communities and nationalities.

1. **Lesbian, bisexual and transgender women**

Lesbian and bisexual women have experienced violence and discrimination within their homes. Lesbian women have greater health difficulties compared to other women, and bisexual people are condemned to live hiding their sexual orientation. [[27]](#footnote-28)

Trans women are excluded from the canons of humanitarian aid, focused on the traditional woman and family stereotype. They live in community houses without any assistance from the State. Those who are in sex work / prostitution and hairdressing had no income during confinement. Stigma, persecution, and a punitive approach persist to address transsexuality in the public space. Several trans women have been victims of police violence, blackmail, sexual violence, forced transactional sex, hate crimes, increased exposure to COVID-19 and health complexities due to hormone replacement self-administration and HIV / AIDS.

1. **Women deprived of their liberty:**

Most of those deprived of liberty are tried for crimes against property or drug trafficking, due to the feminization of poverty. There are a large number of women deprived of liberty sharing cells with their daughters and sons, and imprisoned pregnant women, affected by overcrowding, and the lack of biosecurity equipment in prisons. It has been reported that many women have COVID symptoms and are not treated in a timely manner. [[28]](#footnote-29)

**RECOMMENDATION:**

**To the National COE and the Cantonal COE**

* Attend to the specific needs of women in vulnerable conditions and replace the assistance-oriented approach with a comprehensive protection of rights, from an intersectional perspective, so that no one is left out, including migrants;
* Assign emergency funds to guarantee sufficient cash transfers, as well as health and food services for women in priority care groups;
* Apply release and reintegration measures in women's prisons.
1. **Strengthen the institutional response, the dissemination of information and the collection of data:**
2. There is a shortage of updated official data on health, economy, unemployment, violence, education. The institutional active and passive transparency systems are weak. There is no disaggregated information to measure the differentiated impact on the lives of women of the health crisis that would allow the elaboration of policies.
3. Some of the data has been collected from secondary sources, civil society organizations, press reports, social networks and testimonies of organized women who have verified the dimension of the crisis in their lives, with greater difficulty in knowing the reality of women in vulnerability, incommunicado. Women recognize the best response from local governments.

**RECOMMENDATION:**

**To the Secretary of Human Rights:**

* Activate the Single Registry of Violence and Early Warning systems

**To all entities of the Central Government and local governments:**

* Improve data logging with differential focus.
* Update data on unemployment, use of women's time in domestic and care activities, poverty, extreme poverty, among others;
* Optimize the registration of sick and deceased people from COVID-19;
* Make data on missing girls and women and victims of trafficking and other forms of exploitation transparent;
* Deliver resources to local governments, which better manage humanitarian aid.

**CONCLUSIONS**

The testimonies of diverse women account for the aggravated consequences of the health crisis in their lives. Ecuador declares itself a social state of rights and justice, but it engages in or allows direct and indirect forms of discrimination that have had an impact on the impoverishment of the living conditions of women in recent years, leading to the disappearance of policies aimed at their economic and social inclusion, participation, and a life free of violence.

The health crisis worsens the situation with an unprecedented economic recession that has left hundreds of thousands of women unemployed and destitute, without social security or wages. Femicides and violence have grown. Women are overloaded with unpaid domestic and care work. The vulnerability of women in priority care groups of people is deeper than before. In matters of sexual and reproductive rights, the criminalization of abortion in cases of rape and the advancement of anti-rights policies have been harmful to the health and lives of women.

The Ecuadorian state policies have had a police-enforcement approach with serious human rights violations due to the abuse of the state of emergency and corruption scandals. The massive layoffs in the public sector support the narrative that it is inefficient and facilitate the way to reduce it to its minimum expression, to the detriment of public health and education, whose weakness, already in force, has produced an excess of deaths in Ecuador and the highest mortality rate in South America.

In the pandemic, the enormous gap between urban and rural areas and the exclusion of broad sectors of the population, depriving them of some of their fundamental rights due to lack of connectivity becomes more evident. The health workforce is pauperized and feminized and contain the crisis without resources.

Organized women have been absent from official decision making on the pandemic risk management, but, in contrast, they have sustained the crisis thanks to the support from community, family and neighborhood associations, and from local government. They have provided information and services to contain violence, malnutrition, unwanted pregnancies and unsafe abortions. In the popular resistance, solidarity actions have flourished to alleviate hunger, unemployment, violence, illness and death, with high physical and emotional costs for women, which must be repaired by the State.

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