

COVID-19 Discussion Paper #1:

Gender & the COVID-19 Crisis in Conflict-Affected Contexts

As COVID-19 spreads to conflict-affected areas, the pandemic creates new challenges for already strained health systems and social relations. Poverty, conflict, social norms and gender discrimination make women and girls more vulnerable to contracting COVID-19 and less likely to access critical services including general healthcare.¹ They also face economic disruption and increases in gender-based violence.² A gender-sensitive COVID-19 response that includes women in all aspects of design and implementation is needed, not only to address these challenges but also to benefit from women's expertise and relationships to shape the outcome of this pandemic and how it transforms communities.

The direct impact of the crisis on people's daily lives offers opportunities to shift norms and to build resilient communities. Following the emergence of COVID-19, women have established themselves as leaders within their homes and communities and women peacebuilders are heard as trusted voices on health information. COVID-19 response can offer an opportunity to build resiliencies against COVID-19 and related violence that also protects against violence more broadly.

Search for Common Ground (Search) recently consulted over 30 teams around the world to understand their perspectives on needs and opportunities around the COVID-19 crisis, drawing from their experiences working in fragile contexts, with women and girls, and on other health crises such as the Ebola epidemics in West Africa and the Democratic Republic of the Congo (DRC). Based on these local insights and analysis, this discussion paper provides a snapshot of the gendered impact of the current pandemic in fragile contexts. It identifies key risks for women and girls, particularly on the issues of physical violence, overall security, and ability to enjoy fundamental rights. Finally, it provides recommendations for policymakers within donor agencies formulating their response to COVID-19.

Gender and COVID-19 prevention and protection measures

Most of the people left out of public information campaigns will be women. Lower levels of literacy, gendered division of household labor, and less access to broadcast media mean public information campaigns often fail to reach women, especially those who are the poorest.³ According to the most recent DHS survey, only 22% of women in the DRC listen to the radio at least once per week compared to 41% of men, in part due to gender hierarchies within the home which mean that men control the household radio.⁴ The female audience needs to be considered when planning an information campaign, including the timing (ensuring it is not at a time when many women are busy working) and venue or channel (making sure it is easily accessible). Search incorporates this lens into its radio programming by ensuring important information is shared at times when it can also reach women, such as early evening mealtime when families are typically gathered together at home.

¹ Fionnuala Ní Aoláin, 'Women, vulnerability, and humanitarian emergencies', *Michigan Journal of Gender and Law* 18: 1, 2011, p. 8.

² United Nations, "Policy Brief: The Impact of COVID-19 on Women", April 9 2020 ([link](#)).

³ Nidhi Kapur, "Gender Analysis: Prevention and Response to Ebola Virus Disease in the Democratic Republic of Congo", *Care International*, p. 23 ([link](#)).

⁴ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité, Ministère de la Santé Publique, and ICF International. 2014. "République Démocratique du Congo Enquête Démographique et de Santé (EDS-RDC) 2013-2014", 2014, p. 44 ([link](#)); Kapur, op. cit.

Women reject protection and prevention measures because of mistrust and fatalism. Even when women can access protection and prevention information, they may be less likely to follow recommendations. Women’s experience of discrimination can contribute to increased mistrust in authorities and official information sources. On top of this, disempowerment and women’s experience of violence and trauma can increase fatalism, lowering adoption of protection/prevention measures.⁵ Search is mobilizing its networks of local women messengers to ensure women have access to information from trusted sources, as we have done previously during Ebola outbreaks.

In many places, women and girls have fewer options to protect themselves. Many women and girls lack the autonomy and resources to adopt protection and prevention measures. The majority of frontline healthcare professionals globally are women.⁶ However, gendered power imbalances among healthcare workers may impact the distribution of protective equipment, leaving women exposed to infection.⁷ This is also the case where gender norms place women as primary carers for infected family members, or task them with travelling for water or buying food. Exacerbating this, women with limited resources, more so than men, may forego protective equipment for themselves in favor of food for the family. Among displaced communities in Idlib, Syria, women’s organizations have stepped up and coordinated volunteers to address these needs by producing homemade soap and masks.

Gender and secondary impacts of COVID-19 in the home

Women and girls face increased risk of gender-based violence. Quarantine measures, reduced access to external support such as legal interventions, and stress associated with economic and social disruption are all factors which increase the risk of gender-based violence in the home.⁸ In 2018, 243 million women and girls globally were victims of intimate partner violence.⁹ Amid a surge in reports, UN Women has called this violence against women and girls the “shadow pandemic.”¹⁰ In Lebanon, where calls to women’s helplines have doubled compared to the same time last year, a police hotline and initial hearings via video call with a judge have struggled to respond to the surge in cases.¹¹ Among vulnerable groups like poorer women and refugees, preventative measures and support are less available. In Nigeria, women communicators trained by Search are sharing information on support available for those facing gender-based violence via radio and a dedicated WhatsApp group.

Gender inequalities within families will harm women and girls in the long-term. In some contexts, gendered power dynamics will mean that wives may struggle to get permission from their husbands to return home to the family after recovering from COVID-19. This barrier to women but not to men has been observed in the DRC following the Ebola outbreaks. Where gender norms dictate that women and girls are last to eat at mealtime, limited household resources can disproportionately affect their nutrition. The economic impact of the crisis also means that young women are at increased risk of early/forced marriage, especially if they lose family members as a result of COVID-19.¹²

⁵ Lijiang Shen, Celeste M. Condit & Lanelle Wright (2009) The psychometric property and validation of a fatalism scale, *Psychology & Health*, 24:5, 597-613.

⁶ Mathieu Boniol et al., “Gender equity in the health workforce: Analysis of 104 countries”, Working Paper 1, World Health Organization, March 2019.

⁷ UN Women, “COVID-19: Emerging gender data and why it matters”, 2020 ([link](#)).

⁸ “UN chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global surge’”, UN News, April 5 2020 ([link](#)).

⁹ UN Economic and Social Council, “Special edition: progress towards the Sustainable Development Goals”, Report of the Secretary-General, May 2019, p. 11 ([link](#)).

¹⁰ UN Women, “COVID-19 and Ending Violence Against Women and Girls”, brief, 2020, p. 2 ([link](#)).

¹¹ Gasia Ohanes, “Domestic violence hotline won’t save all women from abuse during coronavirus lockdown, warns Lebanon NGO”, *The New Arab*, April 10 2020.

¹² CARE, “Gender implications of Covid-19 outbreaks in development and humanitarian settings” ([link](#)).

Media will have an outsized impact on gender norms. Quarantine measures close off important sites where social norms are discussed and opened up, such as schools and community centers. People staying at home are consuming more media,¹³ notably entertainment media which often reflects regressive gender norms. This can have a lasting impact on social norms. From Search's media programming - including 'Madam Prime Minister' in Nepal and 'Sergeant Esther' in South Sudan - we know that prosocial entertainment media can promote positive gender norms.¹⁴ If such programming is promoted, increased media consumption becomes an opportunity for positive change.

Gender and secondary impacts of COVID-19 in the public sphere

Women will suffer more from the economic disruption following COVID-19. Many majority female economic sectors, such as domestic services, hospitality, and petty trading are facing major disruption from the pandemic, threatening women's prospects for social mobility. Women's employment is also often more precarious than men's: with the collapse of Kenya's flower-farming sector, most of the 50,000 workers who lost their jobs were female.¹⁵ While domestic workers who travel between houses will see their work interrupted, live-in domestic workers, particularly migrant workers under *kafala* or similar systems, will be at increased risk of exploitation and violence during quarantine. Restrictions on markets and border crossings interrupt the informal trading that is often the only path to independent financial stability for women, and women traders who have recovered from COVID-19 will likely struggle to regain customers due to fear and stigma, as seen with Ebola survivors. In Sudan, Search has been helping set up hand washing stations in markets to reduce the risk to their mostly female merchants and customers.

COVID-19 creates challenges and opportunities for women's political participation. In countries where women are excluded from public life and political decision-making, limitations to their participation might increase. In Yemen, recent progress for women's participation in the public sphere through peacebuilding initiatives may be halted during quarantine. Online tools could address the problem, but these tools pose a challenge for rural, lower-income women who have limited access to technology. Search is looking to leverage its ongoing work supporting local women peacebuilders to overcome technological inequalities. In Sri Lanka, new electoral quotas have resulted in many newly elected women leaders. On the one hand, in the face of restrictive social norms, COVID-19 is an opportunity to support these leaders in their response to the crisis, ensuring more gender-sensitive responses as well as firmly establishing women's crucial role in politics. On the other hand, there is a risk that women leaders will be judged more harshly than their male counterparts and that this will feed into sexist narratives about their capabilities. As they navigate these challenges, Search will be working to support the newly elected women leaders through capacity-building and driving forward positive media narratives.

Gender and discrimination in government and security responses

Government responses discriminate against vulnerable women and girls. Gender discrimination in governmental and medical responses can result both from inadequate gender sensitivity and from intentional differentiation based on

¹³ Figures already available have 87% of consumers in the USA and 80% in the UK reporting increased media consumption linked to COVID-19 (GlobalWebIndex, "Coronavirus Research Series 4: Media Consumption and Sport", April 2020 ([link](#))).

¹⁴ Search for Common Ground, "Singha Durbar: Creating Possibilities for Collaborative Political Culture in the Public Imagination", Final Viewership Evaluation Report, 2018 ([link](#)); Search for Common Ground and UNICEF, "Communicating for Peace in South Sudan: A Social and Behaviour Change Communication Initiative", Final Evaluation Report, 2016 ([link](#)).

¹⁵ Antony Gitonga, "Cotu okays sacking of 50,000 farm workers", *Standard Digital*, April 6 2020 ([link](#)).

gender norms. In either case, responses to COVID-19 may lead to deepening inequalities. In Sudan, Search's networks intervened in response to authorities discriminating older women when allocating food to people in quarantine. In many fragile contexts, already under-resourced government programs aimed at tackling for instance gender-based violence and maternal health, are at risk of further deprioritization as witnessed in the Ebola epidemic.

Stricter security enforcement puts women civilians at risk. In many countries, security forces have become more present in public life as a result of enforcement of COVID-19 response measures. Where security actors are less equipped to respond in ways which incorporate gender-sensitivity, respect for human rights, and conflict de-escalation, this greater proximity between security actors and civilians, in particular vulnerable women, increases risks of threats, exploitation, fear, and trauma. In Mombasa County, Kenya, police allegedly beat a motorcycle driver to death after he delivered a pregnant woman to the hospital after curfew.¹⁶ This violence has in turn created fear among pregnant women and those on whom these patients rely for support, risking that pregnant women might not be able to access needed healthcare. In Nigeria, a male soldier has been sanctioned for threatening sexual violence against women in response to violence associated with enforcement of the lockdown in Delta State.¹⁷

Recommendations

The situation before, during, and after the Ebola crisis teaches us that efforts to respond to and rebuild affected societies must better integrate the situations of women and girls. In the COVID-19 crisis and based on our work in some of the world's most complex contexts, we recommend that policymakers within donor agencies:

1. **Support the design, implementation, and monitoring** of gender-sensitive COVID-19 containment, prevention, and support responses across health, security, and other sectors;
2. **Ensure that actions are integrated across sectors and agencies** and that best practices on integrated response are incorporated into future crisis response scenario plans;
3. **Consider the long-term impact of COVID-19 interventions** and whether chosen approaches can help build resilience against violence and risks that women face beyond COVID-19;
4. **Ensure that supported information campaigns are gender-sensitive**, accounting for differences in women and girls' access to, acceptance of, and autonomy to act upon public-health advice; **engage women messengers** as trusted voices from within target communities;
5. **Support** monitoring, prevention, and response **services for gender-based violence within homes**, including for women refugees and IDPs, accounting for the increased risks and reduced access to support during quarantine;
6. **Support media initiatives that promote social cohesion** including entertainment media with gender-progressive narratives;
7. **Prioritize** adaptive measures which allow women to continue to **participate economically, politically and socially in the public sphere; engage women's expertise, leadership, and relationships** in responding to the pandemic;
8. **Ensure** that actions to protect and empower women and girls facing COVID-19 are **funded without redirecting aid** from ongoing actions to protect civilians from violence, including gender-based violence, and promote women and girl's health and socio-economic wellbeing.

¹⁶ Emily Odeny, "Revealed: Bobaboda Operator Who Died After Police Brutal Beating Enforcing Curfew Had Rushed Pregnant Women to Hospital", *Kenyan Report*, March 30 2020 ([link](#)).

¹⁷ "Outrage Over Uncouth Threat By Soldier Leads To Arrest ...CEMEDEC Thanks All, Calls On Deltans To Obey Lockdown", *National Point*, April 4 2020 ([link](#)).