Now and the Future

Pandemics and Crisis: Gender Equality, Peace and Security in a COVID-19 World and Beyond

1. Introduction

The impact of COVID-19 is deeply gendered. Gender-conflict analysis and women's and girls' human rights should therefore be at the centre of short- and long-term global responses and recoveries to COVID-19, and future pandemics and crises. Responses must assess the virus' disproportionate impact on people, communities and countries based on their intersecting identities such as gender, age, race, sexual orientation and gender identity, disability, and religious and ethnic minorities, with due regard to issues of socio-economic position, relationship status, and refugee or Internally Displaced Person (IDP) status. Furthermore, any response should take into account how the COVID-19 pandemic, and future pandemics and crises, impact conflict dynamics which are gendered in themselves. Responses need to account for the long-term impact of COVID-19, as well as the impacts that future emerging crises and pandemics will have on rising inequalities and conflict. This briefing summarises the research findings of 22 partners in 10 countries.[1]

This body of evidence will enable governments, the international community[2] and civil society to better respond to COVID-19, and future pandemics and crises, as well as deliver on their commitments to the women, peace and security (WPS) agenda. In this participatory research, over 200 organisations in Afghanistan, Colombia, Iraq, Lebanon, Myanmar, Nigeria, Palestine, Somalia, Uganda and Ukraine were consulted on the impact of COVID-19 on gender equality, peace and security. The organisations outlined recommendations for the local, national and international response to COVID-19, and future pandemics and crises. The consultations were designed using the Beyond Consultations tool.[3]

---

[1] Partners include ABAAD – Resource Center for Gender Equality, ActionAid, Association of International Development Agencies (AIDA), Afghan Women's Resource Centre (AWRC), ASUDA – Empower Women to Lead, CARE International, Enlightened Myanmar Research Foundation (EMReF), GAPS, GENFAMI, International Alert, Iraqi Women Network (IWN), Legal Action Worldwide (LAW), Mercy Corps, Nasnaha Charitable Foundation, Saferworld, Somali Women's Development Centre (SWDC), Womankind Worldwide, Women Advocacy Research and Documentation Centre (WARDC), Women for Women International (WfWI), Women's Center for Legal Aid and Counseling (WCLAC), Women's International League for Peace and Freedom (WILPF), and Women's International Peace Centre (WIPC).

[2] The international community includes governments, multilateral agencies, INGOs, donors and funds.

[3] The Beyond Consultations tool supports the international community in more meaningful consultation with women affected by conflict. Using the tool, partners ensured that the KIIs were intersectional and therefore included women and other members of excluded and marginalised groups. This included youth, young women and girls, people with disabilities, women of diverse minorities, refugees and IPDs, women and groups representing religious and ethnic minorities, rural-based women's groups and organisations, and CSOs and organisations based in at least three to five regions in each country.

Country reports for each of the countries outline context-specific recommendations.[4] This briefing outlines the findings across all 10 contexts and overarching recommendations. For safety reasons the participant organisations are not named, but all project partners are grateful for their time, knowledge and expertise, particularly whilst responding to a global pandemic which has impacted the time and resources of civil society and increased women's and girls' unpaid care.

2. Changes in the COVID-19, peace, security, and gender equality situation

For over a year COVID-19 has affected peace, security and gender equality. Since the research for our joint-partner report took place in 2020, COVID-19 has continued to intersect with, and exacerbate, existing fragilities and inequalities. Since the development and distribution of COVID-19 vaccines there are already concerning examples of unequal access to healthcare. Reliable testing and vaccines should be available to all, rather than the current rollout of vaccination programmes in which high-income countries, representing just 14 per cent of the global population, have purchased up to 53 per cent of the vaccines produced so far.[5]

The United Nations Relief and Works Agency for **Palestine** Refugees (UNRWA), which is responsible for the provision of services to 2.2 million Palestinian refugees in the Occupied Palestinian Territories (oPt), still faces a financial crisis that limits its ability to deliver vital services. Furthermore, Israel began the vaccination process for its citizens in December 2020 and leads the world in per-capita vaccination. Meanwhile the oPt aim to start their vaccination campaign by mid-February 2021. Despite international pressure, Israel has so far refused to extend its vaccination campaign to Palestinians, beyond a humanitarian transfer of a few thousand doses. Thus the oPt is facing an extended period of COVID-driven crisis, with no timeframe for moving beyond it. Between November 2020 and February 2021, Israeli violations continued, and even increased, against Palestinians. In particular, there was an increase in the demolition of structures and threats of forcible transfer for key communities in the West Bank.

The Government of **Colombia** has announced an initiative to grant temporary legal status for one million Venezuelan refugees and migrants. The status would provide Venezuelan refugees and migrants with 10-year permits that will give them legal access to the labour market, education, and healthcare systems, as well as other government services.

In **Uganda**, the funding situation for women's rights organisations (WROs) continues to worsen. Several WROs now describe an almost existential threat to their ability to keep functioning beyond monthly salaries, as donors and UN agencies cut their funding or redirect their funds to other priorities and agencies.[6] As a result, WROs risk being shut out of the medium- and long-term socio-economic recovery from COVID-19 to build back

[4] Please click on the context to take you to the global and country reports: Global, Afghanistan, Colombia, Iraq, Lebanon, Myanmar, Nigeria, Palestine, Somalia, Uganda and Ukraine
[5] Global Citizen, 2021. 'The UK Has Mobilised $1 Billion to Help Get the COVID-19 Vaccine to Low Income Countries'
[6] ActionAid, 2020. 'Humanitarian Funding, Partnerships and Coordination in the COVID-19 crisis: Perspectives from local women-led organisations and women's rights organisations'

equal. The civic space in which WROs operate is also increasingly constrained, with the Ugandan government ordering the accounts of a WRO and a CSO to be frozen in December 2020 on allegations of terrorism financing.[7] As Uganda progressed towards the February 2021 general election amidst the COVID-19 pandemic, the Electoral Commission banned physical mass campaigns and shifted them to media and online spaces. This disproportionately affected the participation of women candidates, many of whom lack access to traditional media and online platforms and cannot afford the cost of radio and TV airtime, discouraging some aspiring women candidates from running for office. Uganda also witnessed one of its most violent presidential campaigns yet. In the run up to polling day, security forces violently arrested scores of people, including opposition members, journalists and opposition presidential candidates. The security response to protests demanding their release resulted in at least 54 deaths, and following the election concern is now rising over the alleged forced disappearances of dissidents across the country.[8]

In **Afghanistan**, research participants reported a deteriorating economic outlook and increased job insecurity. Women who lost their jobs when the pandemic hit have not been re-employed. The security situation has worsened. There has been an increase in targeted killings and attacks of civil society and media representatives. This is problematic in itself but it also means that civil society groups and networks are less able to function. The process of delivering the vaccine in Afghanistan has already exacerbated inequalities. Research participants noted that the vaccine rollout started with the high officials of the government, rather than those on the frontlines of response such as nurses and doctors who are more at risk.

As of March 2021, research participants felt that the healthcare situation in **Nigeria** had worsened. The Government of Nigeria is not able to provide either up-to-date, specific information around COVID-19 or personal protective equipment (PPE) to women and girls with disabilities and LBTQ women and girls. Furthermore, the state governments are unable to promote general healthcare services, let alone sexual and reproductive health and rights (SRHR) services such as ante- and post-natal care. Aside from the extrajudicial killings that happened during the lockdown phase, Nigeria is also tackling multiple conflict and insecurity challenges, all of which threaten to make the impact of COVID-19 especially devastating. Areas in Northern Nigeria already affected by violent conflicts are particularly at risk of seeing an increase in violence. Boko Haram has stepped up its attacks as the number of cases in Borno State grows. Research participants expressed concern that there was no political will to implement programmes that would prioritise engagement with civil society working in the areas of gender equality, peace and security rather than military actors, preventing the possibility of a sustainable solution to increased insecurity in Nigeria.

[7] Daily Monitor, 2020. 'NGOs dare govt to prove claims on terror funding'
[8] DW, 2021. 'Uganda: Unease after alleged election abductions'

3. Findings

This project, report and evidence base provide clear recommendations to ensure responses to COVID-19, and future pandemics and crises are based on sound, participatory, effective gendered analysis that focuses both on peace and gender equality. The recommendations will enable governments, multilateral agencies, donors, INGOs and civil society to deliver more effective policies and programmes that consider the differential impacts of COVID-19 as well as future crises and pandemics.

The recommendations in this report have been developed through desk-based studies and Key Informant Interviews (KIIs) with over 200 organisations in 10 countries. This body of evidence outlines that the impact of COVID-19 is exacerbating existing gender inequalities as well as conflict and insecurity. The effects of COVID-19 are global, but are not universal. Whilst there are recurring themes across all contexts, they manifest themselves differently dependent on contexts and women's and girls' intersecting identities. The analysis shows that the impact on women and girls in particular, but also men and boys, is magnified if they are: from a minority race; from a religious or ethnic minority; living with a disability; living in a rural area or territory; of a perceived 'low' class or socio-economic status; young or older; LGBTQI; widowed, single or in a female-headed household; displaced; or have insecure immigration status.

COVID-19 has increased the marginalisation of women in these groups, as will future pandemics and crises, if there is not global progress on women's and girls' rights and the WPS agenda. The WPS agenda provides an essential framework for sustainable policy and programming which, if implemented, will achieve more peaceful societies and women's and girls' rights. This participatory research and its recommendations can catalyse the future delivery of WPS objectives by initiating new, or strengthening existing, relationships between governments, the international community, civil society and women's rights and feminist organisations. It is therefore essential that current and future prevention, responses and recoveries are tailored to ensure they meet the diverse rights, needs and experiences of women and girls.

Funding: The recommendations for the global response and recovery to COVID-19, and future pandemics and crises, in this report require funding and immediate changes to current funding models. It will require donors to ensure they increase access to long-term, direct, core and flexible funding for WROs, especially those based in the global south and including those working at the intersections of marginalised identities. It will also require donors to amend their funding models to ensure that during crises, they can make quick, participatory decisions to guarantee funding to programmes for emergency response, as well as ensuring that partners have reporting flexibility for existing projects.

Social norm change: The findings in this report and pervasive gender inequality are directly linked to patriarchy, power and social norms that exclude and marginalise women and girls and undermine their rights, needs and experiences (particularly for IDPs, refugees, ethnic or religious minorities, older, adolescent, or widowed women and girls). The recommendations in this report require donors and governments to support and fund

social and gender norm change that focuses on holistic and transformative approaches, which engage with a comprehensive range of stakeholders who impact (by both supporting and blocking) the uptake of gender equality initiatives.

Comprehensive approach to pandemic and crisis response, and achieving the WPS security agenda: The recommendations outlined in this briefing are interconnected. Often themes connected to one recommendation are related to others. It is therefore essential that when the international community and governments implement these recommendations they do so comprehensively. Only addressing and prioritising one recommendation will mean that response and preparedness for COVID-19 (and for future pandemics and crises) will continue to exclude women and girls and further exacerbate gender inequality, insecurity and conflict.

3. Recommendations and evidence

1. **Develop gendered emergency response plans:** Gendered emergency response plans to pandemics and crises should be developed by governments and supported by the international community at the onset of crisis and be updated regularly as the situation evolves. Emergency response plans should account for the differential impact of COVID-19, and future pandemics and crises, on women, girls, men and boys considering their intersecting identities. For COVID-19 response, where gendered emergency response plans exist, they should be updated and monitored regularly, and where they do not exist, they should be developed as an immediate priority. Such plans should be inclusive of the rights, needs, interests and experiences of diverse women and girls. Such plans should be closely developed with civil society (specifically WROs), be participatory, and account for differential local and regional contexts. They should be based on intersectional gender-conflict analysis and data that is inclusive of, and disaggregated by, gender and other intersecting identities including, but not limited to: age, race, sexual orientation and gender identity, and religious and ethnic minorities, with due regard to issues of socio-economic position, relationship status and disability. (Full evidence for this recommendation can be found on page 10 of the report.)

2. **Ensure access to, and investment in, comprehensive healthcare:** In the long-term, healthcare services, governments and the international community should increase investment that addresses the historical de-prioritisation and underfunding of health services, particularly services dedicated to women and girls. Such increased long-term investment should be accompanied with immediate responses that protect and ensure women and girls (including those from remote and conflict-affected settings) can access services. Long- and short-term healthcare services need to: be accessible; allow women and girls to have equal access to prevention and protection supplies; connected to, and work with, local organisations and local authorities; inclusive of mental health and psychosocial support; support frontline women healthcare workers' safety and wellbeing, especially acknowledging their increased unpaid care outside of work; and deliver for women and girls, especially those with multiple and intersecting marginalised identities. To ensure that no one is left behind, the international community should also continue to support the COVAX scheme financially, as well as contribute

excess vaccine doses that high-income countries have procured. (Full evidence for this recommendation can be found on page 12 of the report.)

3. **Ensure provision of sexual and reproductive health and rights (SRHR) services:** Governments and the international community should fund and prioritise SRHR programmes in COVID-19, and future pandemic and crisis response and recovery. Such programmes should ensure services are accessible and that other response mechanisms, such as lockdown measures, do not prevent access to SRHR services. (Full evidence for this recommendation can be found on page 15 of the report.)

4. **Consider gender-based violence (GBV) prevention, protection and response as essential:** Governments and the international community should fund and, especially during crises, consider GBV prevention, protection and response as essential. This would require diverse groups of women, girls and WROs to be meaningfully engaged in the design, monitoring and implementation of responses. Reporting mechanisms and access to justice should be strengthened and coordination mechanisms and referral pathways established that are: inclusive of international and national organisations; accessible; and adapted to the crisis context. Minimum standards and standard operating procedures should be developed for all government and non-governmental service providers. Service provision must be accompanied by legislation, awareness raising and social norm change. GBV prevention, protection and response should be integrated into humanitarian, peacebuilding and development programming. GBV programming should address all forms of VAWG including child marriage, domestic violence, FGM, trafficking, sexual violence, sexual harassment and online violence, as well as the interconnected nature of all forms of GBV. Other response mechanisms should assess the potential impact on GBV before they are put into place to ensure that they do not exacerbate existing inequalities, particularly exposure to violence (see recommendation 1 on gendered emergency response plans). (Full evidence for this recommendation can be found on page 16 of the report.)

5. **Transform economic models, livelihoods and social protection, and address unpaid care:** In the long-term, economic models must change to ensure they are people- and environment-centred. In the short- and medium-term, governments and the international community should fund livelihood alternatives as well as universal social protection that specifically reaches women in the informal economy and those working in most affected sectors who lost their jobs and income with no social protection or savings to fall to. This should include emergency cash and food security programmes (in addition to the support and establishment of Village Savings and Loans Associations), and access to networks, groups and training. It should also ensure legal protection to women and girls, particularly those in informal sectors and with insecure immigration status, as well as the provision of PPE where necessary. It should also pause the need for loan repayments to institutions, including banks. National and local pandemic response planning must acknowledge and redress women's and girls' disproportionate burden of unpaid care. (Full evidence for this recommendation can be found on page 20 of the report.)

6. **Increase gender-sensitive and equal access to information, technology and online safety:** Governments and the international community should ensure that marginalised women and girls, in remote and conflict-affected settings, can access online education, work, information and spaces. This could include free or subsidised internet access and smart devices to prevent further exclusion. Online platforms should ensure that women and girls who access online spaces are free from defamation, attacks, and online threats, and should challenge misinformation spread online. Emergency plans should also consider connectivity beyond the internet, to areas that have no electricity or are affected by electricity cuts. In addition to online spaces, 'know your rights' and service provision awareness campaigns should be provided. Such awareness raising campaigns should be targeted at women and girls, as well as people who have decisions over their lives. The campaigns should systemically challenge disinformation. (Full evidence for this recommendation can be found on page 24 of the report.)

7. **Prioritise peace and reduce militarism and insecurity:** Governments and the international community should ensure that responses to COVID-19, and future crises and pandemics are people-centred and focus on the needs of the community, rather than authorities. They should ensure that crisis response measures, particularly if security services are involved in implementation, are gendered and do not negatively impact women and girls. This will require continuous gender-conflict analysis to mitigate militarised responses to crisis. States should stop the supply of weapons and military equipment during crisis. The international community and governments should advocate for peace, ceasefires and the removal of pre-existing shutdowns or blockades to ensure crisis is not further exacerbated by increases in conflict and insecurity. (Full evidence for this recommendation can be found on page 26 of the report.)

8. **Improve women's meaningful participation in public, private and political spheres:** Governments and the international community should support the short- and long-term meaningful participation of women and girls in all public, private and political spheres. They should ensure that there is a gender balance in all decision-making teams at local, national and international levels. This should, at least, ensure that women's and girls' political participation in all peace process tracks is prioritised. Quotas should be deployed globally to increase women's and girls' participation; however, this participation should be intersectional, emphasising the active and meaningful participation of the most marginalised groups of women and girls, not only those most commonly able to access decision-making spaces. Governments and the international community should support women's and girls' networking and safe spaces and engage WROs in the design, implementation and monitoring of participation programming. (Full evidence for this recommendation can be found on page 28 of the report.)

9. **Fund women's rights and feminist organisations, networks and movements:** Governments and the international community should formally acknowledge and adequately resource the essential role of women's rights and feminist organisations, networks and movements through direct, core, flexible and long-term funding. They should enable women's rights organisations, networks and movements to amend their programming during acute crisis response and recovery without prior donor agreement

or reporting requirements. International NGOs and donors should engage in sound and equal partnerships that focus on the national and local contextual needs rather than international and donor priorities. Women's rights organisations, networks and movements should be supported with psychosocial support to ensure frontline staff have access to services for their own wellbeing. Where necessary, facilitate the strengthening of women's rights organisations, networks and movements especially through availing flexible funding so that they design their own organisational strengthening and support the wellbeing of their staff and communities as necessary. (Full evidence for this recommendation can be found on page 31 of the report.)

10. **Invest in accountability, transparency and transformative approaches:** Governments should ensure that they are accountable to the people in their country. The international community should ensure that its funding is in the interests of the country they are working in, and that the funding is transparent and recipients accountable. This should ensure public accountability on the use of funding, particularly funding for crisis response, and that donors and governments are accountable for pandemic response funding. It should also ensure that national revenue (such as through tax collection) is equally undertaken and distributed. Governments must address corruption, particularly corruption related to pandemic response. Donors should use diplomatic space to advocate for accountability, transparency and civil society space. Furthermore, donors should have and fund policies and programmes that address patriarchal social norms that perpetuate gender inequality. (Full evidence for this recommendation can be found on page 34 of the report.)

4. Partners

This report is funded by: