

**Gender and Development Network
Written submission to the International Development Select
Committee Inquiry on the impact of Coronavirus on developing
countries**

Summary

The impacts of the Coronavirus pandemic have been devastating and wide ranging. However, what is becoming increasingly apparent in many communities in the Global South is that it is the lockdown measures that are causing more hardship than the health impacts of the virus itself and it is women and girls who are bearing the brunt, whilst also being at the frontline of responses. There are growing concerns that the Northern model of lockdown may be inappropriately exported, and that the true costs and benefits to the most marginalised in society are not being fully assessed.

This submission aims to highlight some of the direct and indirect impacts of the Coronavirus on women and girls in developing countries. Given the fast-changing nature of related events, the submission has attempted to relay the experiences of some Southern women's rights organisations (WROs) and, in some instances, this evidence is anecdotal. The submission addresses the following key areas:

1. Women's leadership
2. Authoritarian measures
3. Unpaid and underpaid care work
4. Precarious work and social protection
5. Violence against women and girls
6. Sexual and reproductive health and rights

Finally, the submission concludes with specific recommendations about how to ensure a gender analysis is at the heart of the UK Government's Coronavirus response in the Global South and that support and funding to WROs must be prioritised.

Introduction

The Gender and Development Network (GADN) is a membership network made up of leading UK-based non-governmental organisations, practitioners, consultants and academics working on gender, development and women's rights issues. This submission has been developed with GADN's working groups and with a particular focus on the impact on women and girls and their critical roles during this pandemic.

The direct and indirect impacts of the Coronavirus on women and girls in developing countries

Women's leadership

Responses to the Coronavirus pandemic have continued to highlight the central role of women's leadership in times of crises. Rather than being classified as a 'vulnerable group', women have been frontline responders during this pandemic, providing both unpaid and underpaid care in communities, managing water and sanitation as well as providing food and other support services.

Women and WROs and movements provide invaluable knowledge of the local context and the needs of their communities. Women also tend to offer leadership that is more democratic, consultative and motivational.¹ In policy-making positions at all levels, women tend to prioritise policy areas that contribute to social infrastructure and the social economy – essential to an effective and equitable recovery. Therefore, if official responses are to be appropriate and effective, women and WROs will have to participate formally in decision-making over the design and implementation of government responses. The same applies in humanitarian responses.

Prior to the Coronavirus pandemic, WROs were already stretched to their limits and so including them in decision making will now require appropriate and sustained financial support for their work. If women and WROs are not supported to lead their community responses to the pandemic, there are increased risks that the needs of their communities will not be met, thus reinforcing existing structural inequalities and enhancing the vulnerabilities that their communities face.²

The pandemic has also highlighted how WROs are now having to fill the gaps left both by the removal of ex-pat staff from aid organisations and embassies as well as the closure of key public

¹ Van Engen, M. L. and Willemssen, T. M. 2004. *Sex and Leadership Styles: A Meta-Analysis of Research Published in the 1990s*, Psychological Reports, 94(1), pp. 3–18.

<https://journals.sagepub.com/doi/10.2466/pr0.94.1.3-18#articleCitationDownloadContainer>

² ActionAid UK. 2020. *Creating lasting impact: the power of women-led localised responses to COVID-19*.

<https://www.actionaid.org.uk/publications/creating-lasting-impact-the-power-of-women-led-localised-responses-to-covid-19>

services like schools, sexual health clinics and domestic violence shelters. For instance, the immediate rising levels of violence against women and girls (VAWG) and increased demand for specialist services is happening at the same time that public services are being stretched, interrupted, reduced or redirected as a result of the crisis. These life-saving services, run by WROs, provide good quality shelters for VAWG survivors, alongside safe accommodation, healthcare including sexual and reproductive health, counselling, and facilitate access to the police and justice systems. Funding for such organisations will be even more essential in order to mitigate both the immediate and the long-term impact of this crises on women, girls, communities and society.

In Liberia, WROs have been sharing self-care information and flyers to raise awareness on the symptoms of Coronavirus, best practices and prevention, and translated the information into local languages based on women's knowledge of different communities. In Vanuatu, a WRO has created and shared text messages in the local language, Bislama, to prevent Coronavirus and promote physical distancing, in partnership with the government and private telecommunication providers.

Rather than recognise the frontline role that women and WROs have in managing the response to the crisis, there is a danger that discriminatory language and messaging further reinforces traditional stereotypes by framing women and girls as a 'vulnerable group'. That women are oftentimes disproportionately more at-risk during this and other crises is as a result of socially defined gender roles and norms rather than any innate vulnerability. This is particularly true for women and girls living with disabilities when messaging reinforces existing stigma and harmful attitudes, presenting them as the passive recipients of assistance and ignoring their ability to support themselves and those around them.

Authoritarian measures

Many of the lockdown measures being instituted across the world have been accompanied by sweeping state of emergency declarations that severely curtail people's civil liberties and, in some cases, for indefinite periods of time. Thus, there are growing concerns that a number of states are using the Coronavirus pandemic to increase their control over their populations, which poses an immense threat to feminist movements and women human rights defenders.

In Uganda, police raided a shelter for homeless and Lesbian, Gay, Bi-sexual and Transgender (LGBT) youth,³ beating and arresting dozens under the pretext of stopping the spread of the virus. In Honduras, President Juan Orlando Hernández declared a Coronavirus state of emergency that

³ Human Rights Watch. 2020. *Uganda: Respect Rights in COVID-19 Response*. <https://www.hrw.org/news/2020/04/02/uganda-respect-rights-covid-19-response>

also revokes the right to freedom of expression.⁴ In the Philippines, its National Telecommunications Commission ordered the shutdown of one of the country's largest TV and radio networks in the midst of the pandemic.⁵ There are reports that legal services are not seen as essential services and so those arrested before and during the lockdowns will have to remain in prison without trial until restrictions on movement are lifted. As is being witnessed almost universally, prisons are fertile grounds for the spread of the Coronavirus due to cramped living conditions and lack of sanitation to keep hands and surfaces clean – this is also the case in many informal settlements and refugee camps. There have also been increased levels of police brutality, resulting in death, while enforcing lockdown measures in countries such as Kenya⁶ alongside many others. At one stage, deaths at the hands of the authorities in Nigeria were higher than the confirmed number of Coronavirus deaths.⁷

There is also emerging evidence that Coronavirus response measures, including restrictions on movement, have heightened the risk of state sanctioned violence, child marriage, Female Genital Mutilation/Cutting (FGM/C), violence against healthcare workers and online violence and abuse against women.⁸ There are reports of state sanctioned VAWG by law enforcement officers and other state and community officials enforcing social distancing measures in Zimbabwe and Uganda.⁹ There have also been reports in Rwanda of women being raped by the army enforcing the lockdown.¹⁰ Persecution (including by the police) of minority groups including LGBT communities and sex workers has also increased, as witnessed in Uganda.

Lockdown measure for homeless people, refugees, internally displaced people and migrants and those living in informal settlements are exceptionally challenging and almost impossible as many

⁴ Committee to Protect Journalists. 2020. *Honduran government declares state of emergency, suspends right to free expression.*

<https://cpj.org/2020/03/honduran-government-declares-state-of-emergency-su.php>

⁵ Associated Press. 2020. *Philippines TV network shutdown amid pandemic sparks uproar.*

<https://www.voanews.com/press-freedom/philippine-tv-network-shutdown-amid-pandemic-sparks-uproar>

⁶ Moore, D. 2020. *Fury in Kenya over police brutality amid Coronavirus curfew.* Al Jazeera

https://www.aljazeera.com/news/2020/04/fury-kenya-police-brutality-coronavirus-curfew-200402125719150.html?utm_source=website&utm_medium=article_page&utm_campaign=read_more_links

⁷ Al Jazeera. 2020. *Nigerian security forces kill 18 during curfew enforcement.*

https://www.aljazeera.com/news/2020/04/nigerian-security-forces-kill-18-curfew-enforcement-200416142503603.html?utm_source=website&utm_medium=article_page&utm_campaign=read_more_links

⁸ See for example: Peterman, A. et al. 2020. *Pandemics and Violence Against Women and Children.*

<https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf>

UNFPA. 2020. *Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to COVID-19 pandemic.*

<https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies>

⁹ Strategic Initiative for Women in the Horn of Africa. 2020. *Statement of Solidarity: We demand accountability for the brutality by Ugandan law enforcement agents.*

<https://sihanet.org/statement-of-solidarity-we-demand-accountability-for-the-brutality-by-ugandan-law-enforcement-agents/>

¹⁰ Human Rights Watch. 2020. *Rwanda: Lockdown Arrests, Abuses Surge.*

<https://www.hrw.org/news/2020/04/24/rwanda-lockdown-arrests-abuses-surge>

do not have secure homes and thus risk being punished by authorities for failing to adhere to state orders. Many do not live in spaces where they can isolate and access what they need.

Unpaid and underpaid care work

The Coronavirus pandemic has highlighted the central role of the care economy in responding to the crisis. Even before the pandemic, women did over 75 per cent of all unpaid care work globally, with that proportion rising even higher in certain countries.¹¹ Historically, however, care work has been largely undervalued and rendered invisible despite it underpinning how many of our societies function.

The lockdowns instituted in many countries as a result of the Coronavirus pandemic has seen responsibility for even more care provisions shift from the state to the household following the closure of schools or clinics. At the same time, existing care work such as sourcing food and water takes longer, intensified by the absence of transport, while care of the sick has increased as more people fall ill. In times of crises, women's ability to fill the gaps is often seen as elastic, with negative impacts both on their own time, safety, health and also on the quality of care they are able to provide as well as their ability to perform paid work. Older women are also often relied upon to support the provision of care work within the home, especially in multi-generational households. However, their age means that they are at greater risk of dying from the Coronavirus should they fall ill. Thus, deeply ingrained gender roles are further adding to women's workload and placing at-risk categories of women into harm's way.

Women are over-represented in care-related jobs such as cleaning, working in care facilities, and as domestic workers. It is estimated that more than 70 per cent of health and social care workers are women.¹² Social norms around care work have left it undervalued, and many lack access to key work-related benefits such as paid sick leave or adequate protective clothing even though they are at greater risk of contracting the Coronavirus due to the nature of their work. Many women are therefore having to combine life-saving care work at the frontlines of the pandemic, with increased care work at home.

¹¹ Samman, E., E. Presler-Marshall, and N. Jones. 2016. *Women's work: mothers, children and the global childcare crisis*. London: ODI.

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion->

¹² Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K, Campbell J. 2020. *Gender equity in the health workforce: analysis of 104 countries*. Working paper 1. Geneva: World Health Organization;

(WHO/HIS/HWF/Gender/WP1/2019.1).
<https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y>

Precarious work and social protection

Women make up a disproportionate number of the informal labour force, and with the introduction of nation-wide lockdowns, many have lost their livelihoods making it difficult to afford necessities like food, soap, medicines, contraception and Coronavirus related healthcare for them and their families. This is further compounded by the price increases of many basic goods being witnessed in countries across the Global South. Meanwhile, we have received reports that the financial crisis in Jordan has also led to VAWG hotlines being inundated with requests for cash assistance, now unavailable due to the Coronavirus.

Women with disabilities, older women and urban refugees also frequently rely on the informal and daily casual sector for employment. However, lockdowns have resulted in the immediate (and potentially) long-term loss of sustainable livelihoods and income-generating activities. Access to financial services such as remittances, pension schemes and village, savings and loans associations (VSLAs) has also been restricted. Women working in the informal sector, and particularly older women, are also frequently excluded from traditional social protection measures.

Further still, drops in demand from the Global North for goods made in the Global South have led to drastic consequences for factory workers (predominantly garment workers who are mainly women) being sent home without pay. As of early April 2020, more than a million garment workers in Bangladesh alone have been sent home without pay or social protection after major clothing brands cancelled or suspended US\$3.17 billion of orders.¹³ Meanwhile in Cambodia, hundreds of garment factories with approximately 500,000 workers are at risk of closure or suspension because of cancellation of orders or failure by buyers to honour their contracts.¹⁴ With the media indicating that UK retailers will re-open with a need to reduce prices, it can be expected – as witnessed during the 2008 financial crisis – that there will be a further decline of wages and working conditions for women in these supply chains.¹⁵

Historically, in many countries, women have been denied access to any form of social protection measures such as pensions and unemployment benefits as they are typically based on in-work contributions and aimed at those in the formal sector. However, the pandemic has highlighted the

¹³ Hossain, A. 2020. *Coronavirus: Two million Bangladesh jobs 'at risk' as clothes orders dry up*. BBC News. <https://www.bbc.co.uk/news/world-asia-52417822>

¹⁴ Business and Human Rights Resource Centre. 2020. *Cambodia: ILO & key stakeholders launch "Action in the Global Garment Industry" plan to provide a coordinated response to the Covid-19 pandemic affecting 500,000 workers* www.business-humanrights.org/en/cambodia-ilo-key-stakeholders-launch-action-in-the-global-garment-industry-plan-to-provide-a-coordinated-response-to-the-covid-19-pandemic-affecting-500000-workers

¹⁵ Butler, S. 2020. *UK fashion retailers brace for shakeup as clothing piles up in warehouses*. The Guardian Newspaper www.theguardian.com/business/2020/apr/05/cath-kidston-to-call-in-administrators-amid-coronavirus-lockdown

urgent need for universal social protection systems to support the millions of workers in the informal labour force (which is made up of predominantly women) particularly as lockdowns are in place, with livelihoods being compromised.

Violence against women and girls

The Coronavirus pandemic is exposing and exacerbating existing structural inequalities, underpinned by unequal power dynamics and harmful social norms, which cause and condone VAWG.

VAWG is one of the most widespread human rights violations and rates of VAWG were already unacceptably high before the start of the outbreak, with 1 in 3 women experience violence in their lifetime. However, the outbreak and governments' response to this, is increasing these rights violations and putting more women and girls lives at risk, with the UN going so far as to call VAWG the 'shadow pandemic'.¹⁶ Emerging data has shown that since the outbreak of Coronavirus VAWG, and specifically intimate partner violence (IPV), has intensified. Reports of domestic violence tripled in China¹⁷ during their lockdown, and data from multiple other countries, including increasingly low income countries, shows an alarming increase in domestic violence reports and a surge in demand for helplines and emergency shelters.¹⁸ Extended quarantines, self-isolation and lockdown measures have trapped women in their homes with their abusers for long periods of time, without access to support. Existing drivers of VAWG are compounded by this confinement, including substance abuse, loss of household income and financial concerns, deteriorating mental health and security and health worries.

Evidence from previous crises shows a heightened risk of other forms of VAWG. For example, the 2014 Ebola outbreak in West Africa placed women and girls at greater risk of sexual exploitation and abuse.¹⁹ The Ebola outbreak showed that social isolation for communities who practice in secret, school closure, lack of law enforcement and scarcity of basic resources prompts increases of FGM/C for child marriage and dowry purposes.

¹⁶ Mlambo-Ngcuka, P. 2020. *Violence against women and girls: the shadow pandemic*. UN Women. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

¹⁷ Fraser, E. (2020) *Impact of COVID-19 Pandemic on Violence against Women and Girls*, VAWG Helpdesk Research Report No. 284. London, UK: VAWG Helpdesk. <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>

¹⁸ UN Women. 2020. *COVID-19 and Ending Violence against Women and Girls*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

¹⁹ High-Level Panel on the Global Response to the Health Crisis. 2016. *Protecting Humanity from Future Health Crises*. https://reliefweb.int/sites/reliefweb.int/files/resources/2016-02_05_Final_Report_Global_Response_to_Health_Crises.pdf

Experience from the other crises also strongly suggests that women and girls with multiple and intersecting discriminations, who are often the poorest and most marginalised, are at greater risk of violence – especially women and girls with disabilities. Even before the pandemic, women with disabilities were two to four times more at-risk of IPV compared to those without disabilities.²⁰ While in prolonged confinement due to the lockdowns, women and girls with disabilities become even more dependent on their perpetrators (intimate partners, family members, healthcare providers, carers) and are exposed to increased violence with limited ability to seek help from outside the home.

A rise in trafficking and survival sex is anticipated as a result of the lockdowns. There are reports from Bangladesh of police shutting down brothels and evicting women, leaving them homeless, unemployed and forced into unregulated, unsafe sex work. Women's groups are less able to refer survivors to essential services, such as safe houses, sexual and reproductive care and psycho-social support services and law enforcement due to restrictions in movement and the closure of some of these essential services. In Colombia, the closure of borders is reportedly increasing the use of insecure routes by migrants, exacerbating already-high exposure of women and gender minorities in particular to multiple forms of gender-based violence.

As countries come out of lockdown, economic pressures, coupled with other social challenges, are likely to increase the risk of negative coping mechanisms such as child marriage. Young girls could be seen as a commodity in exchange for dowry to support their families and to protect themselves from social stigma that can result from surviving rape or sexual assault. One in five women globally were married as children,²¹ and this number is expected to increase as a result of the Coronavirus pandemic.

There are collective efforts amongst Southern WROs to support, respond, mitigate and prevent VAWG by continuing to operate in the most challenging of circumstances. Examples include Musasa in Zimbabwe who have expanded and adapted their helpline and whose shelters remain open.²² In April, the Association for Women's Sanctuary and Development and other members of the Ethiopia Network of Women's Shelters opened an emergency shelter for those fleeing violence. *Islamic Relief Iraq*, is also supporting VAWG survivors using a similar approach of providing safe housing shelter and mental health and psycho-social support services with hotline support in Anbar, Karkuk and Bagdad.

²⁰ Dunkle, K., et al. 2018. *Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*.

<https://www.whatworks.co.za/documents/publications/195-disability-brief-whatworks-23072018-web/file>

²¹ UNICEF. 2018. *Child Marriage: Latest Trends and Future Prospects*.

<https://data.unicef.org/resources/child-marriage-latest-trends-and-future-prospects/>

²² The Herald. 2020. *Lockdown with your abuser: Over 700 GBV in 11 days*.

<https://www.herald.co.zw/lockdown-with-your-abuser-over-700-gbv-in-11-days/>

Examples from *Education as Vaccine* in Nigeria include creating safe online spaces to share VAWG and sexual and reproductive health and rights (SRHR) information and services, use of radio jingles, hosting helplines and campaigning to include VAWG services as essential services.

Sexual and reproductive health and rights

As nation-wide lockdowns have been introduced, vital SRHR services have been mischaracterised as non-essential in many countries. Furthermore, with already strained and under-resourced healthcare systems trying to respond to the virus, there is a continued risk of critical SRHR resources being redirected to the Coronavirus response. In Ethiopia there are reports of funding being repurposed away from FGM/C towards the Coronavirus response. Similarly, the diversion of SRHR resources, such as contraceptives, safe abortions and HIV drugs threatens the lives of millions of women and girls.

The lockdowns, including the closure of schools, has also seen women and girls report concerns of early and/or unwanted pregnancy due to the increase in the amount of time men are spending in the home. At the same time, access to contraceptives has been severely restricted in countries that have imposed lockdowns as women and adolescent girls cannot freely attend hospitals or other health services when their movements have been restricted, transportation services have been drastically reduced and their care burdens in the home have increased. Abortion services which, even under normal circumstances, are typically restricted in many countries are even more difficult to secure in the midst of the pandemic. The strain placed on healthcare systems because of the pandemic means that priority is given to treating Coronavirus patients and so women's access to critical SRHR services are severely curtailed leaving many to source unsafe, and potentially deadly, alternatives. For women and adolescent girls with disabilities, they face the added barrier of a lack of accessible information about the appropriate support measures available to them.

Women giving birth during the pandemic have faced notable challenges. In addition to lockdown measures limiting their access to pre-natal services, the strains on the healthcare system as well as fears of contracting the Coronavirus in hospitals has led many women to rely on at-home births but without the support of traditional birth attendants thereby placing theirs and their child's life at enormous risk. Furthermore, in Uganda, we have received reports that a number of pregnant women have been denied entry to hospitals to give birth but have also died trying to get to hospital to give birth as a result of curfews and travel restrictions in place.

Southern WROs are again frontline responders in this area. There are reports of WROs specialising in SRHR services offering telehealth appointments and online/phone sexual health advice (via hotlines, webchats, webinars, live Q&A events) to reduce travel and contact between staff and patients. In the Gambia, we have also heard reports of women's rights networks distributing VAWG registers to all one-stop centres to help record cases and supporting VAWG frontline workers to manage cases, including providing pregnancy test kits and emergency contraceptives.

Recommendations for the UK Government's response in developing countries

1. Use gender analyses to inform all responses

The effectiveness and reach of the Department for International Development's (DFID) response will be strongest if the gendered dimensions of the pandemic are understood. Gender is not, we argue, a sector that can be de-prioritised in a time of crisis, but a way of deepening understanding of what the impact of that crisis will be and therefore how to shape the best responses including humanitarian first responses and the design of lockdown measures. DFID should therefore incorporate analysis of the differentiated impacts that the Coronavirus has on women and girls into all responses, in line with the 2014 Gender Equality Act.

In addition, DFID should conduct rapid gender assessments and undertake ongoing research including with local women and WROs. Through the development of the new aid strategy, and other key processes, DFID should ensure UK ODA remains focused primarily on poverty alleviation and gender equality above any commercial, foreign policy or security interests, in line with the 2002 International Development Act, the Gender Equality Act and OECD Development Assistance Committee (DAC) rules.

2. Enable women's leadership and political participation

Given that there will be clear gendered impacts of the pandemic, with women and WROs as frontline responders, actively engaging and encouraging women's political participation will be key to successfully reaching marginalised groups, as well as better understanding local contexts. DFID should ensure the participation and leadership of women and girls, in all their diversity, in all Coronavirus related decision making, from local to international.

3. Support WROs as essential frontline responders

Women's rights organisations are essential frontline responders, carrying out critical life-saving services which mitigate VAWG and enhance access to SRHR as well as supporting food security

and access to basic needs. Already underfunded, these organisations have less access to international funds created in response to the crisis. They need quick access to flexible funds and to be trusted to use their funds wisely and appropriately rather than given bureaucratic reporting requirements. The recent National Audit Office report calling for more long-term planning of DFID's gender equality work is particularly inappropriate in this context.²³

DFID has recently announced a £200 million package of support in response to the Coronavirus, the majority of which will go to UN agencies. Only £20 million is assigned for international NGOs, including UK development charities, which is insufficient to plug the shortfall. DFID should reconsider this allocation of resources and continue to prioritise women led WROs in the Global South.

DFID should also cut out the bureaucracy of providing funds to Southern WROs. If it is committed to flexibility, DFID must trust that Southern based WROs will use the funds wisely and appropriately – they are the experts.

DFID must also learn from the experiences of other governments, in particular New Zealand, and how their rapid response efforts (during the Coronavirus as well as other crises) have been able to support the work of Southern WROs.

4. Collect disaggregated data

DFID should adhere to previous commitments in the Data Disaggregation Action Plan in order to collect and monitor pandemic-related sex, age, disability and location-disaggregated data - ideally integrating other categories of discrimination to ensure that no-one is left behind. This is also the only way to reveal the unique experiences of all social groups during this pandemic in order to pave the way for a tailored response.

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²³ National Audit Office. 2020. *Improving the lives of women and girls overseas*.
<https://www.nao.org.uk/report/improving-the-lives-of-women-and-girls-overseas/>