

# Mapping the Impact of COVID-19 on Women, Peace and Security Practitioners in the Indo-Pacific Region

## EXECUTIVE SUMMARY

On 30 January 2020, the World Health Organisation (WHO) declared a novel coronavirus (COVID-19) a Public Health Emergency of International Concern. On 11 March 2020, it was declared a pandemic and as of 15 May 2020, there were 4.4 million confirmed cases of COVID-19 and 302,115 deaths in 188 countries (John Hopkins Coronavirus Resource Centre n.d). Many countries in the Indo-Pacific region instituted shutdowns of schools, workplaces and other civil restrictions at this time to combat the spread of the virus. These shutdowns are already having a major impact on women's rights.<sup>1</sup> As such, many donors and aid agencies have reached out to their partners to assess the impact of the COVID-19 restrictions on the humanitarian, security, and rights-based sectors in the region.

This report examines the impact on Women, Peace and Security (WPS) practitioners – broadly women's rights organisations and advocates working across multiple sectors: human rights, research, humanitarian, governance, sexual and reproductive health and rights (SRHR), security and protection, economic development, law/justice and other fields. Based on survey data collected through the “*Online Survey Women's Rights Practitioners in Indo-Pacific region on needs, priorities and concerns as a result of COVID-19*”, conducted between 24 April and 11 May 2020, the report analyses information from WPS practitioners on the frontlines to identify the impact of the COVID-19 pandemic on their work and organisations.<sup>2</sup>

**The most significant impacts of COVID-19 in the first 4-6 weeks of restrictions in the Indo-Pacific region are:**

- **COVID-19 has impacted the scope and focus of Women, Peace and Security (WPS) work for almost all respondents (88 per cent).**
- **Loss of funding/income for existing WPS work, and continuity of funding/income are the greatest immediate and long-term concerns.**
- **For individuals working in the WPS sector the loss of job security and personal incomes is the greatest concern.**
- **Sixty-eight per cent have had to change their program focus as a result of COVID-19, but the vast majority have not received funding or additional funding to support their COVID-19 response.**

The report should be considered alongside UN Women's (2020) rapid assessment survey of the COVID-19 impact on women in ten countries.<sup>3</sup> The findings also align with the survey of partner organisations in eight countries by the Women's Peace and Humanitarian Fund's (WPHF n.d.), in which 77 per cent of respondents stated that the pandemic was negatively affecting their ability to implement projects. In that survey, almost one third stated that the future of their organisation could be at risk due to COVID-19. The majority of respondents sought reallocation of funding to adapt their projects to COVID-19. Broader indications in the international development sector also suggest that funding is at risk.<sup>4</sup> Figure 1 shows the survey respondents by sub-region, and figure 2 shows the different sectors in which WPS practitioners work.

## SURVEYING THE IMPACT OF COVID-19 ON WPS PRACTITIONERS

We received **139 completed surveys** from practitioners/organisations in **29 different locations** in the Indo-Pacific region and most respondents were women (84 per cent).

Figure 1: Survey responses by sub-region

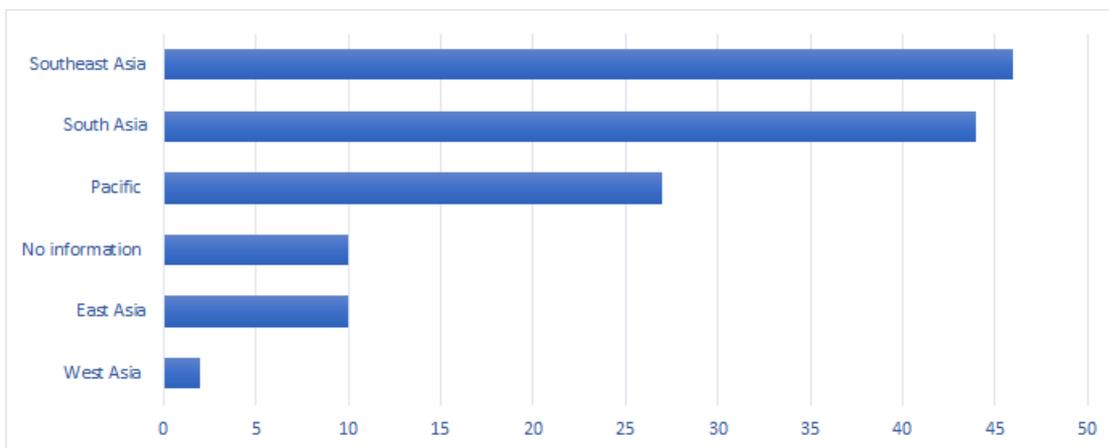
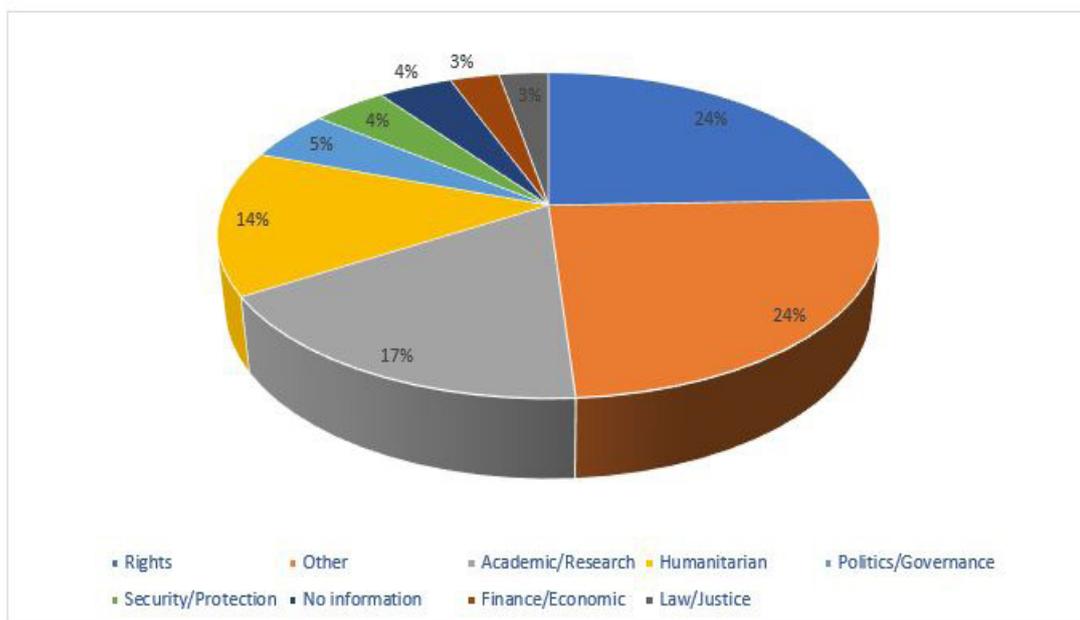


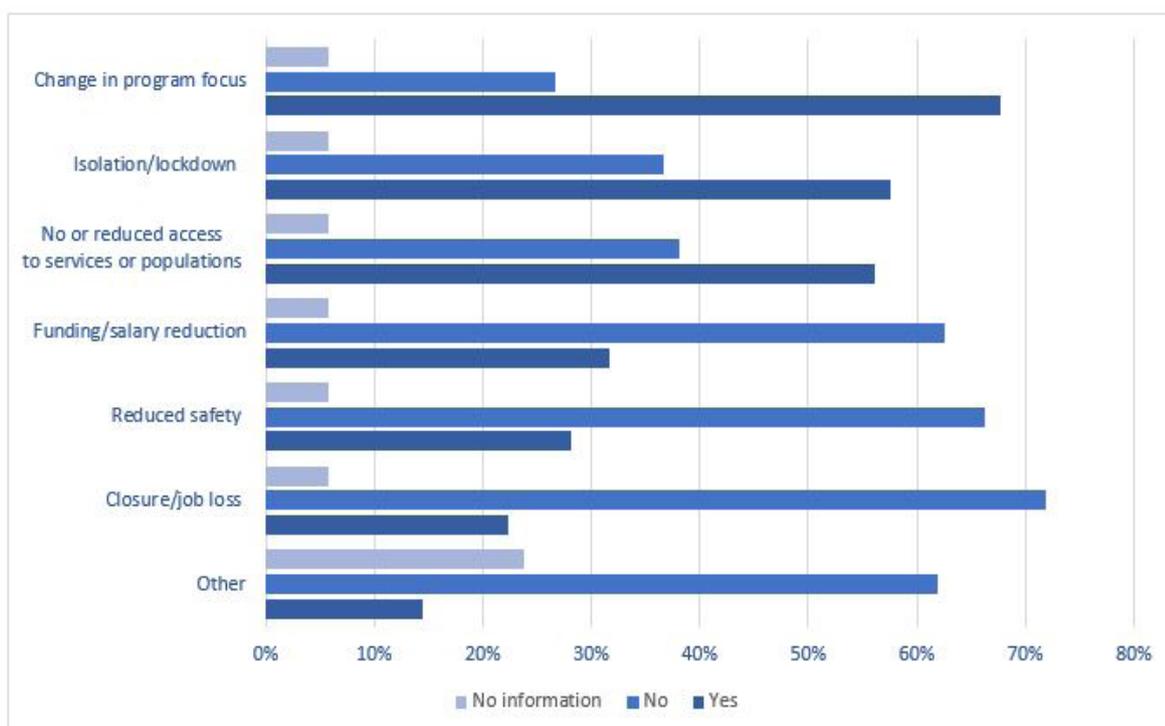
Figure 2: How would you describe the main focus of your work?



## WHAT ARE THE MAJOR IMPACTS OF COVID-19 ON WPS ORGANISATIONS?

As shown in figure 3, **88 per cent** of survey respondents said **COVID-19 has impacted the scope or focus of their work**, and **45 per cent** of these respondents said **their work was impacted following their country going into lockdown**. **Eight per cent** of respondents said their organisation’s member(s) or employees had contracted the virus. However, given the variation in testing regimes by country and the significant other challenges, we expect that the proportion is likely greater.

Figure 3: What have been the main impacts so far?



- In the Solomon Islands, despite there being no positive cases as at 18 May, it was reported that COVID-19 restrictions<sup>5</sup> are having a significant social and economic impact on women in the community. Women are experiencing income and job losses, social distress, displacement and increased domestic violence – in a context where that violence is already at epidemic levels (Marks 2020).
- In Afghanistan, a survey respondent reported that many families that lost their male head of the family during war, low-educated women are the major breadwinners and they have now lost their jobs due to COVID-19, leaving them and their families in dire poverty.

**Sixty-eight per cent** of respondents said that COVID-19 had **changed their program focus**, while **58 per cent** said their organisation’s work had been impacted by **isolation/lockdown measures**.

Some survey respondents were concerned with “no access to the field”; the consequence of “aggressive return to business as usual”, including “militarisation of response” and “coercion to use tracking apps”; and generally, with how to “align the ongoing needs of communities to the concerns that the “new normal” brings to communities.”

Respondents identified organization-level impacts due to COVID-19 including; “loss of funding”, “corruption in government for management of COVID-19”; and “managing the ongoing program work in a new context... keeping all issues relevant, meeting donor obligations on time, concern over new program funding, working with changing priorities of target groups, support for communities in this new environment - support which is outside of our current programs.”

**Fifty-six per cent** of respondents said they had **no or reduced access to services or populations**, which has implications for programme implementation, including domestic violence protection. Our finding is similar to the WPHF (2020) survey finding that 77 per cent of their respondents found the pandemic was impacting their ability to implement projects. The IPPF reported in April that one in five static sexual and reproductive health clinics had closed, with its South Asia region experiencing the largest number of closures overall (IPPF 2020).

- One respondent noted that “due to the lockdown, no UN agency nor INGO has access to camps or quarantine centres so we are reliant on second hand information. We are trying to implement case management remotely (mobile phone and Skype) with varying success.”
- In Myanmar, overcrowded IDP camps, for instance in towns in Kachin and Rakhine States, make physical distancing and safe hygiene practices during the pandemic difficult; and organisations are not able to access camps or quarantine centres so this provides only limited assistance.

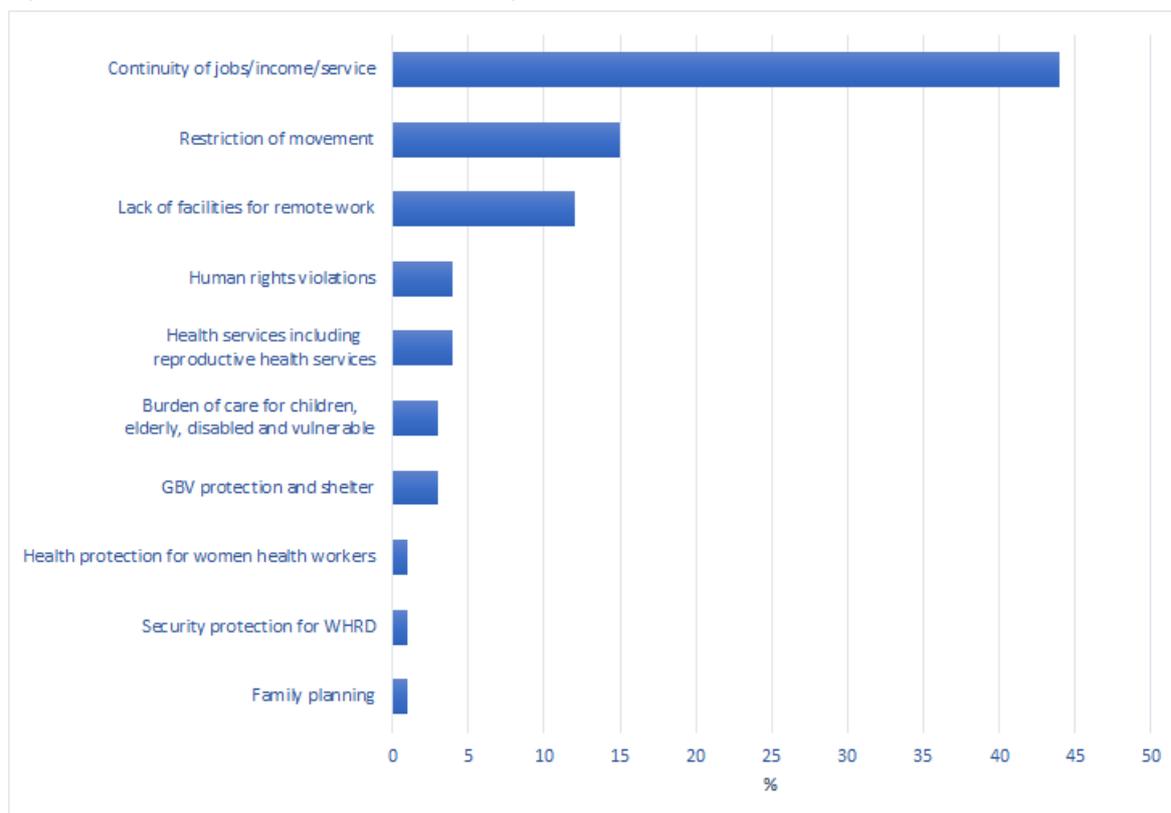
- In Sri Lanka, lockdown/curfew has made accessing the internet and mobile phone data credit difficult – for individuals as well as CSOs – which has had an impact on their outreach to communities.

Among the 29 countries surveyed, positive cases of COVID-19 have been reported in 26 of them. **Analysis of the survey responses suggests a greater number of days of COVID-19 lockdown policies in a country (such as school closures and the cancellation of public events) is associated with perceived reductions in funding/salaries and safety.**<sup>6</sup>

#### WHAT ARE THE IMMEDIATE AND LONG-TERM CONCERNS FOR WPS ORGANISATIONS?

When asked to rank their most immediate concerns for their organisation/work, as shown in figure 4, **44 per cent** of respondents **ranked continuity of jobs/income/service as their highest concern**. This was followed by **restriction of movement (15 per cent)**, and **lack of facilities for remote work (12 per cent)**.

Figure 4: The most immediate concerns for WPS organisations due to COVI-19

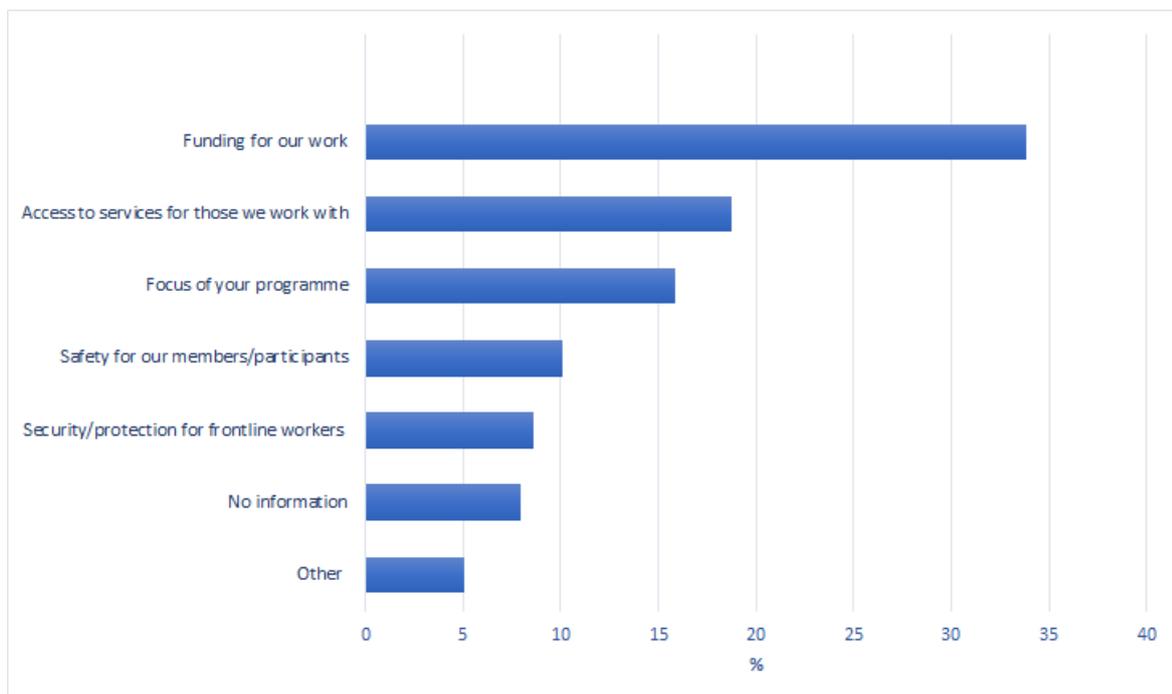


Across all 29 countries surveyed, **continuity of jobs/income/service was the main concern for the highest number of respondents**. For example, **78 per cent of respondents in the Philippines** (7 out of 9) and **63 per cent in Fiji** (12 out of 19) cited it as their main concern. This concern about the precarious employment situation for WPS practitioners reflects the broader unequal gender impacts of COVID-19. The International Labor Office (ILO 2020) has found that the crisis is having a more severe impact on women’s employment than that of men. The ILO has also found that: “Many women in [the] high-risk sectors are self-employed or owners of micro or small-sized enterprises”, which may also carry

high levels of debt. This is true for many local WPS organizations, which are often small-sized enterprises, and at least 80 per cent of local women’s rights organizations are reliant on international and private donor funds (Miller & Jones 2019, 29).

With regard to long-term concerns for WPS organisations in the recovery from COVID-19, as shown in figure 5, respondents ranked **funding** as the greatest concern (**34 per cent**), followed by **access to services for those they work with** (**19 per cent**) and **focus of program** (**16 per cent**).

Figure 5: Main long-term concern for organisation/work in the recovery from COVID-19



## WHAT ARE THE COVID-19 CONCERNS FOR INDIVIDUAL WPS PRACTITIONERS?

When asked to rank their most immediate concerns as an individual (rather than as an organisation), as shown in figure 6, **28 per cent** of respondents ranked **secure job/income/service as their highest concern** similar to the concern for organisations. This was followed by **restriction of movement (14 per cent)**, also the same for organisations, but with **food security (10 per cent)** and **health services, including reproductive health services (10 per cent)** as distinctive concerns for individuals compared with organisations.

- In Malaysia (50 per cent), Fiji (47 per cent), Afghanistan and India (both 33 per cent) **secure job/income** was the most immediate concern.
- In Myanmar, **restriction of movement** (33 per cent) and **secure job/income/service** (33 per cent) were equally top COVID-19 concerns.
- In Nepal (33 per cent) and the Philippines (33 per cent) **restriction of movement** was the main concern.

- In Taiwan, **health services** (38 per cent) and **secure job/income** (38 per cent) were both concerns. **Health services** (30 per cent) were also the main concern in Indonesia.<sup>7</sup>
- Whereas in Papua New Guinea, the **burden of care** for children, elderly, those with disabilities and other vulnerable groups (33 per cent) and **human rights violations** (33 per cent) were the top concerns.

### HOW HAS COVID-19 AFFECTED FUNDING FOR WPS SPECIFICALLY?

Only 22 per cent of respondents had received funding from international organisations or donors, and 17 per cent had received funding from their government for additional support for COVID-19. The majority of respondents **had not received funding or additional funding to support their COVID-19 response.**

**Twenty-five per cent had received less funding from international organisations or donors and 17 per cent had received less funding from government.** However, the majority of respondents **had not received less funding as a result of COVID-19.**

**One third** of respondents said **secure jobs/income** was the area that they needed the most support in, as shown in figure 7. This was followed by **additional project funding (20 per cent)** and **facilities for remote work (11 per cent)**. This is similar to WPHF's (2020) survey finding that most partners sought to reallocate funding to adapt their projects to COVID-19 with one third of partners stating that their organisation could be at risk due to COVID-19.

Figure 6: The most immediate concerns for women's rights practitioners due to COVID-19, as individuals

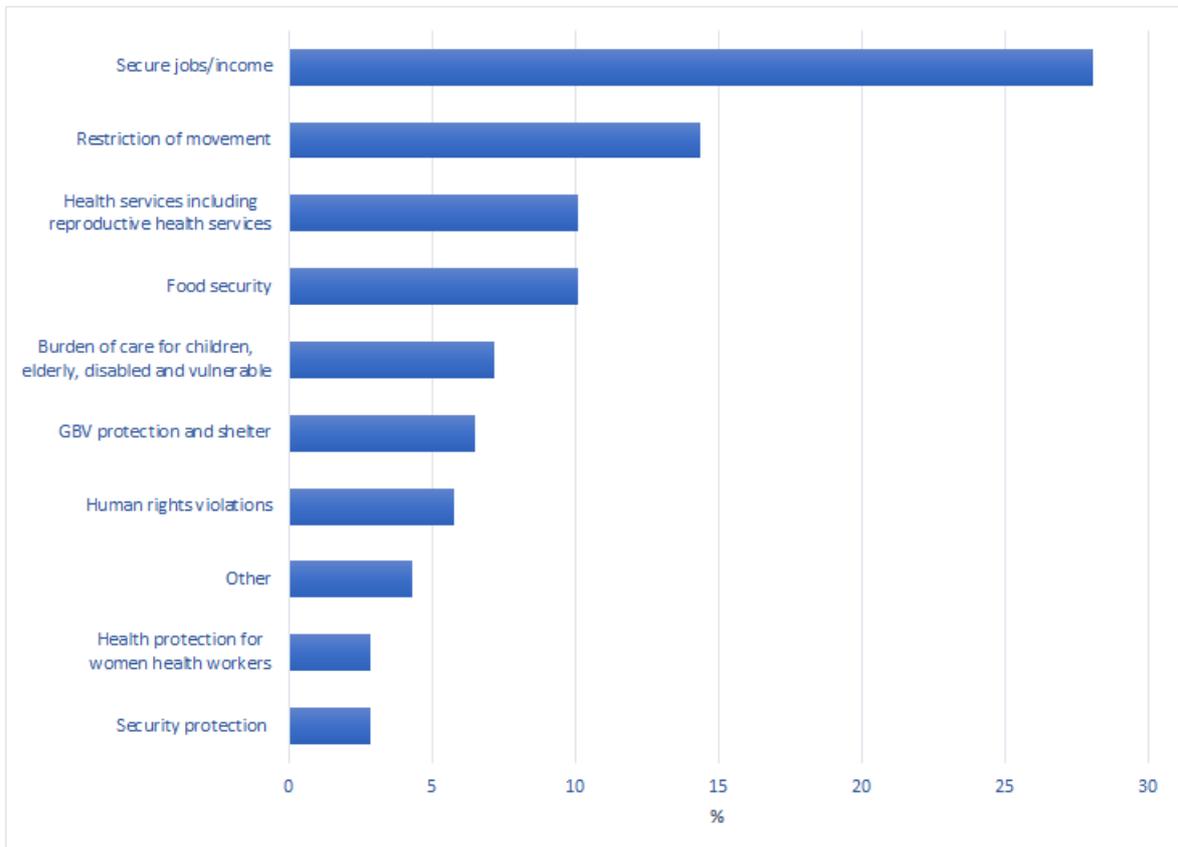
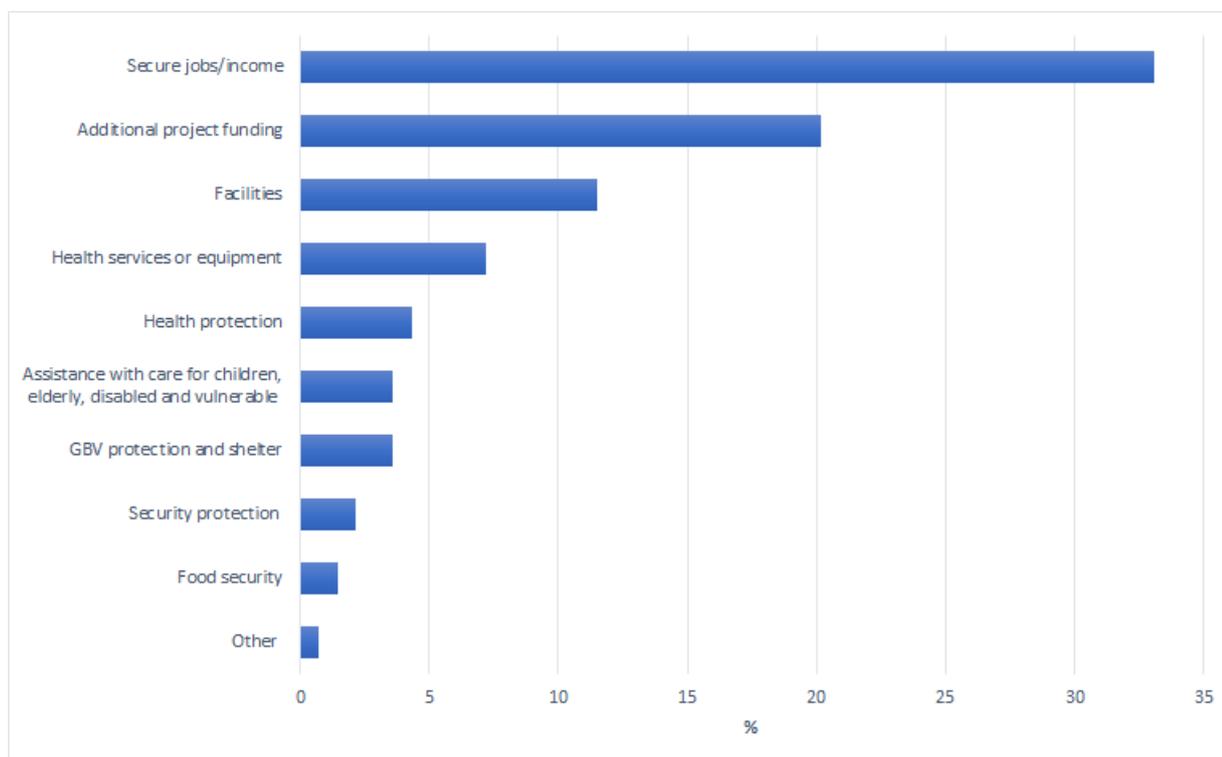


Figure 7: What area do you need most support in your work right now?



### WHAT SOURCES OF INFORMATION ARE WPS PRACTITIONERS USING?

The **main source of information** for **32 per cent** of respondents was the **government**, followed by the **World Health Organization (WHO) or other international organisations (23 per cent)**. **Eighty-two per cent** of respondents stated that there was communication and messages about stopping the spread of the virus in their community.

Overall, a large **majority of respondents (73 per cent) trusted their sources of information**. Ninety per cent of those who selected WHO as their source of information, trust it, while 73 per cent of those who selected the government as their main source of information, trust

it. Only a small number listed **social media (such as Facebook, Twitter or YouTube, 12 per cent)**, **media (18 per cent)**, and **religious organizations (less than 1 per cent)** as their main source of COVID-19 information.

Information access is uneven across the region. For instance, UN Women (2020) reported that in Bangladesh and Pakistan women in general are less likely to receive information about COVID-19 than men in part due to cell phone ownership, access to the Internet and educational attainment. It is important to consider the best communication medium for WPS practitioners concerning COVID-19, taking into account country context therefore.

## RESPONSE AND RECOVERY

**More than half** of the respondents are **involved in local task forces for COVID-19 response and recovery** (52 per cent). This is a **positive finding** since the majority of respondents were women, and concerns globally have been raised about the lack of women in COVID-19 governance and decision-making.<sup>8</sup>

The majority of respondents have not received funding or additional funding to support their COVID-19 response. This is a cause for concern, since 88 per cent also have said COVID-19 has impacted the scope or focus of their [existing] work.

- In Indonesia (as in other countries), individuals, particularly women, are organising at the local level to provide their communities with goods such as face masks, hand sanitiser, delivering food among other things. This is often voluntary work which receives little to no formal support (JASS 2020).

- In Sri Lanka, several women's groups have mobilised to provide stranded workers and daily wage earners with food and other provisions.
- In Afghanistan, a women's association is raising funds to employ pandemic-impacted women to sew face masks at home to contribute to the local economy and prevent gender-based violence.

In COVID-19 response and recovery it is important this WPS work - prevention, protection, participation, relief and recovery - is recognised and provided with adequate support and resourcing at local, national and international levels.

## CONCLUSION AND RECOMMENDATIONS

WPS organisations and practitioners have shown remarkable flexibility in adapting their work priorities to the realities of a global health pandemic in situations of fragility, conflict and often endemic gender-based insecurity and violence. However, their funding situations are not as flexible, with few organisations receiving additional funding for COVID-19 responses and many expressing grave concerns about the sustainability of organisations and WPS work in the region. Personally, WPS practitioners' greatest concern was for job security and income as a result of the pandemic.

- Governments and international aid agencies need to recognise **the work that WPS organisations are taking on to support COVID-19 response** (i.e. health promotion and risk communication) work.
- Governments and international aid agencies need to consider **the income and financial expenses of WPS organisations** during COVID-19 to support their important work in advocating for women's human rights in the pandemic response and enabling equitable access to services. This work also requires targeted support, as indicated by the survey responses on the need for **funding security, additional project funding and infrastructure for remote working** to continue access to fragile communities.
- The repurposing of donor funding should be prioritised in response to COVID-19. This has already begun with the SDG Fund, but all governments, NGOs and donors could be forecasting the distribution of populations most likely to experience the greatest post-pandemic poverty. Funds could be targeted to ensure, for example, re-entry to schools for girls (through fee reductions, monetary support, monitoring and messaging); finance packages and employment support programmes for female headed households, and multi-year funding commitments for intimate and family violence support groups. Existing research shows that without such support we can expect an escalation in forms of gender-based violence such as child marriage, female genital mutilation, sex trafficking as well as severe domestic violence (UNFPA 2020; Peterman et al 2020).
- **Information on the pandemic** is a vital resource for WPS organizations, and the **government may not always be their trusted source of information**. There is a need to ensure that rights-based organizations can safely access alternative sources of trusted information, which may not be available to them via social media (i.e. no access to Facebook and/or no knowledge of WHO's WhatsApp number). **Traditional sources of information, including radio, telephone communication (i.e. hotlines) remain vital for rural groups and those in internet 'blackouts'**. These methods of communication are also crucial for effective protection responses to gender-based violence.

This report is being disseminated to survey participants, WPS advocates, governments, international organisations, and NGOs to contribute to the gender-responsive evidence base for policymaking during, and in the recovery from, COVID-19. Two future surveys are planned at bimonthly intervals with the aim of shaping other actions such as regional information dialogues on WPS response to COVID-19, targeted online training for 'best practice', and 'virtual' workshops for WPS practitioners in the Indo-Pacific region.

## ENDNOTES

<sup>1</sup> UNFPA (2020) has estimated, for instance, that if country lockdowns continue for 6 months, worldwide there will be 7 million unplanned pregnancies with 47 million women losing access to contraception, 31 million more cases of gender-based violence; 13 million child and early marriages; and 2 million cases of female genital mutilation as a result of COVID-19.

<sup>2</sup> The project was approved by the Monash University Human Research Ethics Committee and meets the requirements of the Australia National Statement on Ethical Conduct in Human Research, 15/4/2020 (approval no. 24319). The survey was available in 13 languages (English, Arabic, Burmese, Bahasa Indonesia, Bahasa Malaysia, Simplified Chinese, Traditional Chinese, Hindi, Nepali, Sinhala, Tagalog, Tamil and Vietnamese).

<sup>3</sup> Afghanistan, Bangladesh, Cambodia, Maldives, Myanmar, Nepal, Pakistan, Philippines, Samoa and Thailand.

<sup>4</sup> One survey of UK charities predicting that £1.28 billion could be lost with 60 per cent of organisations already cutting back on staff in the UK and overseas and 86 per cent stopping or considering delaying in-country programmes (Kay 2020). See also IPPF (2020).

<sup>5</sup> The Government of the Solomon Islands suspended international travel on 28 March 2020 and people have been told to return to their provinces (Ministry of Health and Medical Services 2020 and Tan 2020).

<sup>6</sup> Using the Oxford Policy Tracker on COVID-19 restrictions (<https://covidtracker.bsg.ox.ac.uk>) and the survey responses we analysed whether there was a statistically significant difference in their means or not.

<sup>7</sup> The capacity of the Indonesian health system for COVID-19 testing has been extremely limited, see for example Meckelburg 2020.

<sup>8</sup> For example, emergency task forces in the United States and United Kingdom have been male-dominated, and few women are invited or quoted in the media in relation to relief and recovery responses (WGH and WCAPS 2020).

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