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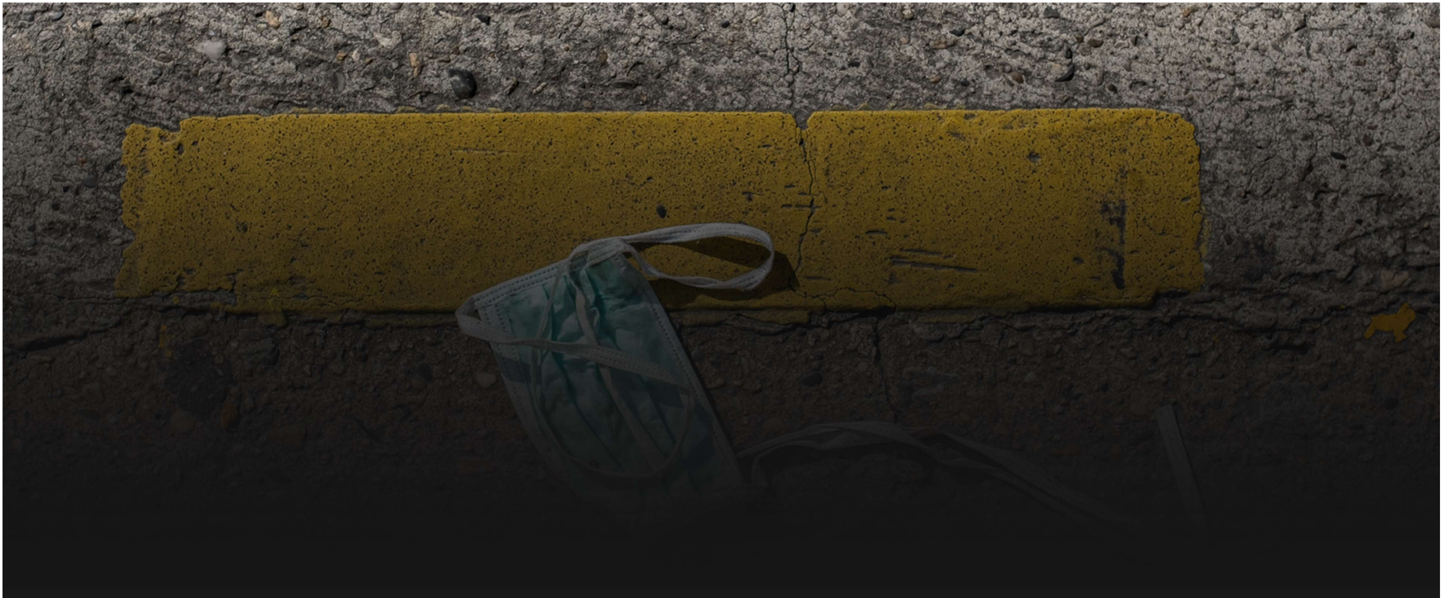

Naomi Clugston Michelle Spearing May 7th, 2020

The COVID-19 Response: what has women, peace and security got to do with it?

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We urgently need to understand the specific risks of COVID-19 for conflict-affected women and girls, with the most vulnerable countries to COVID-19 being conflict zones and fragile states. Michelle Spearing and Naomi Clugston of Social Development Direct tell us of the importance of grassroots women's networks in mobilising a response and call on governments, donors and INGO's to fund these networks, protect and empower women and prioritise gender-based violence in order to maintain and adapt current programmes.

The United Kingdom is one of the 25 countries deemed least vulnerable to the COVID-19 pandemic. In the face of rising death tolls, a stretched National Health Service, restrictions on movement and a looming

economic crisis, this offers little reassurance. Already, extreme impacts on people who are homeless, living with disabilities, and with insecure incomes are becoming clear. Emerging evidence also shows that women are likely to be particularly affected, exemplified by the spike in domestic violence following the national lockdown. In the UK, we've seen the rapid mobilisation of government, business and society to respond to the spread and impacts of COVID-19, demonstrating the levels of institutional capacity, social capital and financial investment required to cope with extreme health crises.

Seven of the ten countries most vulnerable to the COVID-19 pandemic are conflict zones whilst other highly vulnerable countries are fragile states, recovering from or at risk of future armed conflict, or hosting refugee populations. Most of these countries can be characterised by some level of state-collapse, with long periods of fighting leading to the destruction of infrastructure, health systems and trust in government and state institutions. Across these countries, millions of people live in extreme poverty with no safety nets. Women and girls are at particular risk, facing high levels of violence within their homes, communities and from armed groups. Simultaneously, they constitute the majority of frontline health workers and caregivers, and are often among first responders in humanitarian crises.

With the first cases reported in Somalia, Syria and other conflict-affected countries, we urgently need to understand the specific risks that COVID-19, and responses to it, pose for women in these contexts. Given the inevitable impact COVID-19 will have on women, it is essential that women themselves are involved in shaping both emergency responses and long-term plans for recovery.

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The Women, Peace and Security Agenda

The Women, Peace and Security (WPS) agenda works to address the widespread exclusion of women from conflict resolution, peacebuilding and humanitarian responses. Research into pandemics, such as Ebola, indicate that women are also often excluded from response-planning and decision-making during these crises, resulting in acute failure to address their needs. As the 20th anniversary of the WPS agenda approaches, we have an opportunity to learn lessons from its implementation and re-commit to ensuring that women living through conflict and crises are heard, protected and empowered. This is especially key as national and international actors pivot their focus to address COVID-19 and adapt existing development, peacebuilding and humanitarian programming to this new reality.

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The impacts of COVID-19 on women in conflict zones will be wide-ranging and include:

- **COVID-19 is likely to exacerbate pre-existing barriers that prevent women from accessing health services, especially sexual and reproductive health services, during armed conflict.** Across conflict zones, health facilities have collapsed due to a severe lack of funding, breakdown in supply chains, increase in demand, and direct armed attacks against health facilities and workers. Where facilities remain open, security risks, lack of transportation, and social norms restricting women's movement prevent women from accessing Over half of all maternal deaths globally occur in areas of armed conflict. COVID-19 heightens the risk that resources needed to run essential health services for women will be redirected. The Ebola crisis demonstrated that deprioritising funding for GBV services had devastating impacts on survivors, while the closure of obstetric care facilities in Sierra Leone contributed to an increase in maternal mortality rates. The Ebola crisis also increased cases of sexual exploitation and abuse of women by health workers providing vaccines,

highlighting the need for additional safeguarding measures to protect women during humanitarian responses.

- **Limited access to personal technology devices, illiteracy and unreliable media may prevent women from accessing accurate information about methods of prevention and response to COVID-19.** Following the collapse of health services, women are often tasked with caring for sick relatives but limited access to accurate health information leaves them vulnerable and reduces their effectiveness. During recent engagements with humanitarian workers in Somalia they raised concerns that inaccurate information about how to prevent and treat the disease is already pervasive, including claims from religious extremists that COVID-19 is spread by the West.

- **The COVID-19 response risks increasing already high rates of Gender Based Violence (GBV) in conflict.** Intimate partner violence (IPV) increases by 35% during armed conflict. Health crises also prompt increases. The cholera response in Syria and Yemen caused both an increase in IPV and in other forms of GBV, including forced child marriage. We are already witnessing similar trends following the COVID-19 lockdown restrictions, prompting a statement from the UN Secretary General noting the "horrifying global surge" in domestic violence. The impacts of COVID-19, coupled with conflict-related stresses, constraints and trauma, raises fears of heightened IPV prevalence with few mechanisms for survivors of violence to seek help.

- **Armed conflict also increases the risk of sexual and physical attack by armed groups against women. With COVID-19 being used to justify increasingly authoritarian measures to control populations, the use of sexual violence by security forces suggests an intensified sense of impunity among those committing these crimes.** In conflict affected countries with limited control over security forces, the enforcement of COVID-19 lockdown restrictions presents a frightening prospect for women. In many contexts women are already at particular risk of ambush

due to social norms requiring them to collect water. Since handwashing is crucial to preventing COVID-19 spread, the need for women to collect water will increase. This is likely to exacerbate risks of attack, especially if social distancing requires them to be isolated while carrying out these roles.

- **During conflict, women are often subject to movement restrictions that limit their human rights. COVID-19 is likely to be used to justify more.** Restrictions on women's rights are often seen where extreme religious views are a factor motivating armed conflict. For example, in areas of Yemen held by extremist groups, the practice of Mahram prohibits women from moving in public spaces unless accompanied by a male relative. Female activists are also at increased risk of attack for engaging in activities deemed 'inappropriate' for women. There are concerns that authoritarian governments will extend restrictions longer than the COVID-19 response requires in order to limit civil society, activist and opposition activity.

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Women's networks

Our work with women across conflict zones consistently highlights their astonishing resilience in the face of adversity. Grassroots women's networks exist across countries in conflict, mobilising around gender equality and peacebuilding issues and contributing to humanitarian responses. The importance of local humanitarian actors is recognised by international commitments to put more funding into their hands. The withdrawal of international humanitarian actors due to COVID-19 makes it even more crucial that local actors receive this support.

Women across conflict zones continue to advocate for peace and women's rights as well as acting to prevent COVID-19 and provide care in their communities. Women's organisations in Bosnia and Herzegovina are sewing face masks for hospital workers, while those in the DRC are producing soap. Women's organisations are encouraging women in Rwanda to get personal sim cards so they can coordinate, receive advice from international partners and pass up-to-date health information to other women. In Afghanistan, where women are often unable to access personal technology, women rely on existing women's networks to pass on life-saving information through other means. In the face of overstretched resources, it is essential that these women are supported so that they can continue this work.

The lessons to be learnt

COVID-19 is likely to worsen some conflicts and may present new opportunities for peace in others, with the disease forcing cooperation across conflict lines. As we draw lessons from previous health crises during conflict to adapt to this new reality, there are many approaches to be tried and tested. However, our experience working in Yemen, Somalia,

Syria and other conflict-affected contexts brings us back to the importance of the pillars of the WPS agenda. In order for any response to meet the needs of women, women on the ground must be actively included in its design and implementation. The lessons we can draw from the WPS agenda have never been more important and we make the following recommendations to donors, INGOs and governments:

1. **Fund women's grassroots organisations and networks in conflict-affected countries** as they take on key roles in the prevention and treatment of COVID-19, whilst continuing to work for peace.
2. **Protect women on the frontline of the COVID-19 response** so that health workers and carers have access to training, accurate health information and equipment, as well as measures to mitigate their risk of GBV while carrying out their work.
3. **Prioritise programmes to prevent and respond to GBV** to maintain ongoing services and adapt programmes to new risk factors and trends during COVID-19. This is essential for ensuring women's needs are met and reducing the likelihood that GBV prevents them from accessing broader support related to COVID-19.
4. **Empower women at all levels to be involved in decision-making and design of the COVID-19 response** to ensure that responses reflect and respond to the needs of women on the ground with realistic strategies.

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About the author

Naomi Clugston

Naomi Clugston is a Technical Analyst working in the Security, Justice and Peacebuilding portfolio of Social Development Direct. She specialises in research and programme implementation in the field of Women, Peace and Security across fragile and conflict affected states. Her recent publications include reports on the barriers to women's engagement in peacebuilding and on the barriers to reintegration faced by women, men and children associated with armed groups.

Michelle Spearing

Michelle Spearing is Principal Consultant for the Security, Justice and Peacebuilding portfolio of Social Development Direct. She has over 20 years of experience working in and on fragile and conflict-affected states (FCAS). She has published research on intersections between VAWG, statebuilding and peacebuilding under DFID's What Works to Prevent Violence Against Women and Girls in Conflict and Humanitarian Emergencies programme, and has undertaken policy engagement around women, peace and security. @shelleyspearing

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