MONASH University

MAPPING THE IMPACT OF COVID-19 IN THE INDO-PACIFIC REGION II:

WOMEN, PEACE AND SECURITY PRACTITIONER VIEWS

ACKNOWLEDGEMENTS

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ACRONYMS

COVID-19	2019 novel coronavirus
GBV	gender-based violence
IDP	internally displaced persons
UN	United Nations
WPS	Women, Peace and Security

EXECUTIVE SUMMARY

The first comprehensive review of the impacts of COVID-19 on women, peace and security practitioners (WPS) across the Indo-Pacific conducted by Monash Gender, Peace and Security Centre (GPS) was completed in May 2020. That review based on a survey of 139 practitioners in 29 countries (translated into 13 languages) found that COVID-19 restrictions were having a major impact on women's access to security, economic resources and health services and practitioners' access and capacity to safeguard women's rights in conflict-affected, displaced and vulnerable communities across the region (UN Women 2020). The results noted significant problems. Most respondents (80 per cent) stated that COVID-19 had impacted their work on WPS. More than two thirds (68 per cent) had changed their program focus as a result of COVID-19, and no new funding has been extended to support this pivot. Across all 29 countries surveyed, continuity of jobs and income was the main issue, followed by movement restriction, food security and loss of health services, including reproductive health services.

In our second survey in the Indo-Pacific region we sought to explore further the economic, health, and security impacts on women, and how these impacts may have changed over time. In the economic sphere, the survey sought to gauge how migrant, internally displaced and refugee women were experiencing the pandemic. In terms of health and security, we wanted to examine the 'Shadow Pandemic' in the region, by which we refer to the rise in domestic and gender-based violence during COVID-19 lockdowns, coupled with more limited access to essential services, including reproductive health services. We also wanted to know how the WPS practitioners surveyed were responding to these growing impacts.

Our analysis of WPS practitioner responses found that the pandemic has led to:
· An increase in the incidence of domestic violence and other GBV.
· 70 per cent of respondents reporting that the frequency of domestic violence had increased and 64 per cent reported that the frequency of other forms of GBV had also increased.

· An increase in the costs of living and a drastic loss of income for many women.
· An increase in unpaid care work and expenses due to children being confined to homes, and migrant family members returning home.
· A decrease in access to medical and educational, and reproductive health services.
· For those migrants forced or unable to repatriate there was an increase in distress.
· Sixty-five per cent of WPS practitioners reported heavier workloads.
· On average, 60 per cent reported that their organizations had lost funding.

We know that women and girls are disproportionately affected by pandemics, like conflicts and disasters as they experience unequal gender norms. This second survey found that the extent of this gender inequality is influenced by intersectional factors such as location, ethnicity, sexuality, nationality, and socio-economic status. Overall, our analysis of the survey shows that WPS practitioners in the Indo-Pacific are contributing in important ways to the delivery of services aimed at mitigating the effects of COVID-19. They are already playing a "critical role" in COVID-19 response as is called for by the UN Security Council in Resolution 2532 (July 2020), paragraph 7. However, more needs to be done to support the CSOs working in this area responding to communities and populations in situations of displacement, poverty and insecurity in the region and disproportionately impacted by the pandemic as a result.

Figure 1: Monthly average of total COVID-19 cases per million

Figure 1: Monthly average of total COVID-19 cases per million

Legend: Maldives, Afghanistan, Bangladesh, India, Philippines, Indonesia, Malaysia, Sri Lanka, Bhutan, Cambodia, Fiji, Laos, Myanmar, Nepal, Papua New Guinea, Vietnam, Solomon Islands, Thailand, Timor
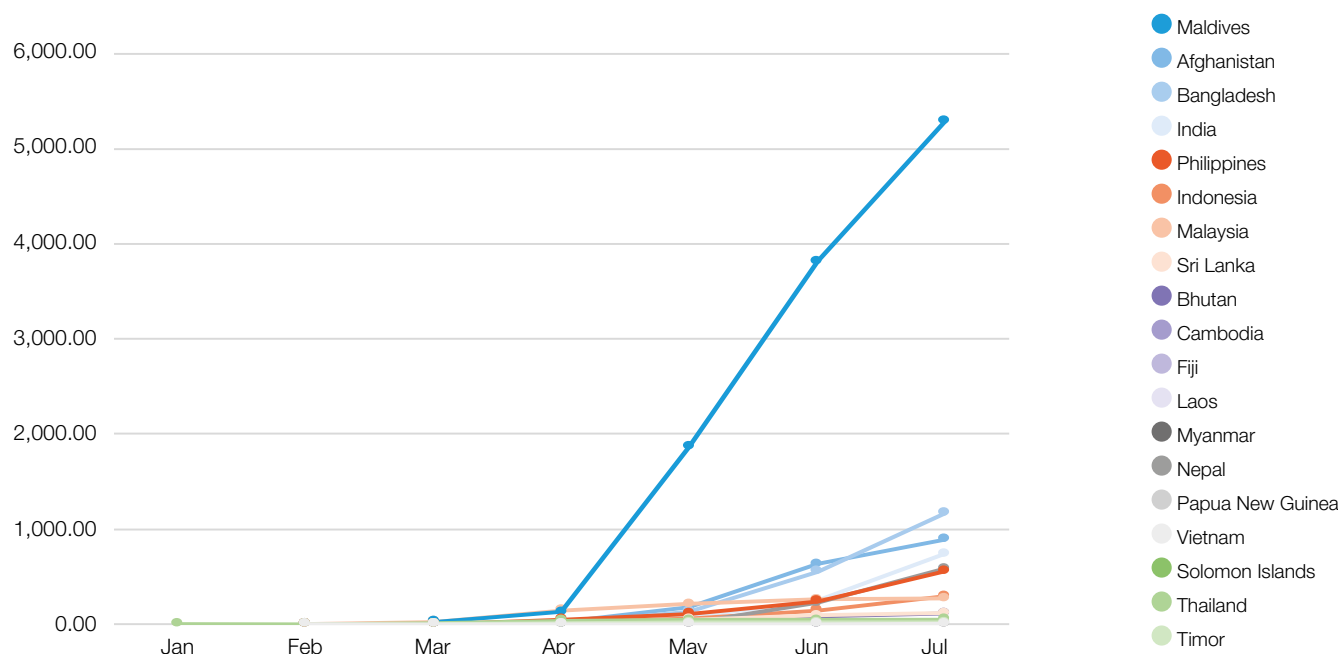
COVID-19 TRENDS IN THE INDO-PACIFIC REGION

Since May there has been an exponential increase in COVID-19 cases in the Indo-Pacific region surveyed, as shown in figure 1.[1] For example, Bangladesh went from 135 total average cases to 1,166 total average cases per million head of population (overall total: 234,889 cases) and Afghanistan went from 176 to 889 total average cases per million head of population between May and July (overall total: 36,542). Pacific Island countries, which had few cases in April, by July had begun to report more cases, for example Papua New Guinea went from .98 in May to 2.65 per million head of population in July (overall total: 72). The Maldives saw the steepest increases in cases from 124 total average cases per million head of population in April to 5,292 cases total average cases per million head of population in July (overall total: 3,719).

Given the increase in COVID-19 cases in the Indo-Pacific region and the range of government mandated civil restrictions we expected that there would be greater economic and GBV impacts in the region than found in the first survey. We also expected that these direct impacts of the pandemic to exacerbate gender inequality and situations of vulnerability in fragile and conflict-affected areas.

Georgetown Institute for WPS and Peace Research Institute, Oslo analysis of the WPS Index, which ranks 167 countries and reveals trends in women's wellbeing across 11 indicators, shows that countries where women's inclusion, security and access to justice is poor, are at higher risk during a pandemic such as COVID-19 with less state and societal capacity to respond effectively (Klugman and Zou 2020). For the 29 countries in the Indo-Pacific region, the same pattern is evident: that is, the lower the rank of the country on the WPS Index, which measures women's inclusion, security and access to justice, the greater the health risk to populations during the pandemic. Gender inequality has a significant impact on a country's resilience to the effects of COVID-19 and in recovery from it.

In terms of state capacity and policy restrictions, we found that between April and May most countries adopted a greater number of restrictions with 19 out of 20 countries closing schools. To date, only 11 countries have plans to re-open schools and universities. The Philippines is one of the countries in our sample with the highest number of policy responses specifically related to governance and socio-economic measures, and public health (Hale et al. 2020). Despite this, the monthly average of COVID-19 cases in the Philippines increased during July. In contrast, in Maldives, the number of policy restrictions has been low compared with its total cases, the highest per capita in the Indo-Pacific during the April to July period of analysis, perhaps indicating the pattern of women's insecurity and epidemic risk given weaker state and societal capacity.

Figure 2: Women, Peace and Security Index vs. Epidemic Risk Index

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WPS Index 2019-2020 ● — Epidemic Risc Index 2020
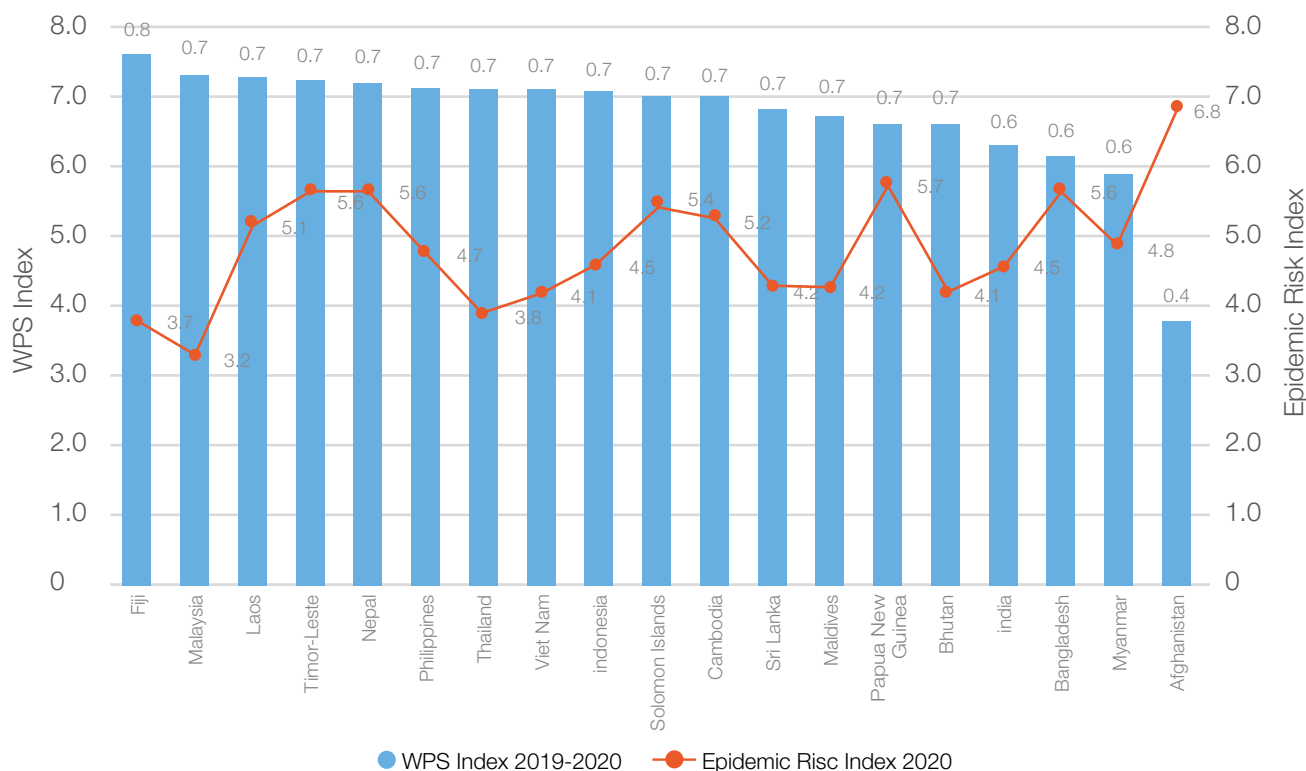
APPROACH AND METHODOLOGY

In both the first and second survey of WPS practitioners in the Indo-Pacific, we asked about the immediate and longer-term impact of COVID-19 on individual and organizational needs, concerns, and priorities during the pandemic. The second survey, however, explored further economic impacts of COVID-19 on WPS and on GBV specifically.

We expected that those most affected by COVID-19 would be people in fragile situations, including those experiencing poverty, displacement or forced migration and conflict. In this context, we expected that WPS organizations and practitioners would face an increased workload in increasingly difficult and challenging circumstances, affecting their access to communities in particular as found in the first survey report.

Drawing on practitioner views on the nature of violence against women in Victoria and Queensland, Australia during the pandemic (Pfizner, Fitzgibbon and True 2020), we expected that COVID-19 would increase types of gender-based violence and possibly also the severity and 'first time' experience of this violence. In addition, we also expected that COVID-19 lockdowns would affect the incidence of

sexual and reproductive health-related GBV, including, for example, male coercion and control of intimate partners' use and access to contraceptive and sexual health services (Peterman et al. 2020).

As with the first survey, we used **convenience sampling** through known networks and organizations to ensure responses by those working as experts on WPS including women's rights and protection within and across the 29 countries. The survey was designed using structured responses and Likert scales to systematically assess the main trends, with exploratory, open-ended questions allowing respondents to provide more in-depth and contextual information and to share their recommendations on appropriate WPS responses to COVID-19. Our questions were directed to practitioners and the case load they were observing, producing information about their observations.

The survey received 121 responses with 77 completed responses analyzed in this report. Sixty-four women and 13 men completed the survey with responses by country shown in the figure below.

Figure 3: Survey sample by country and gender
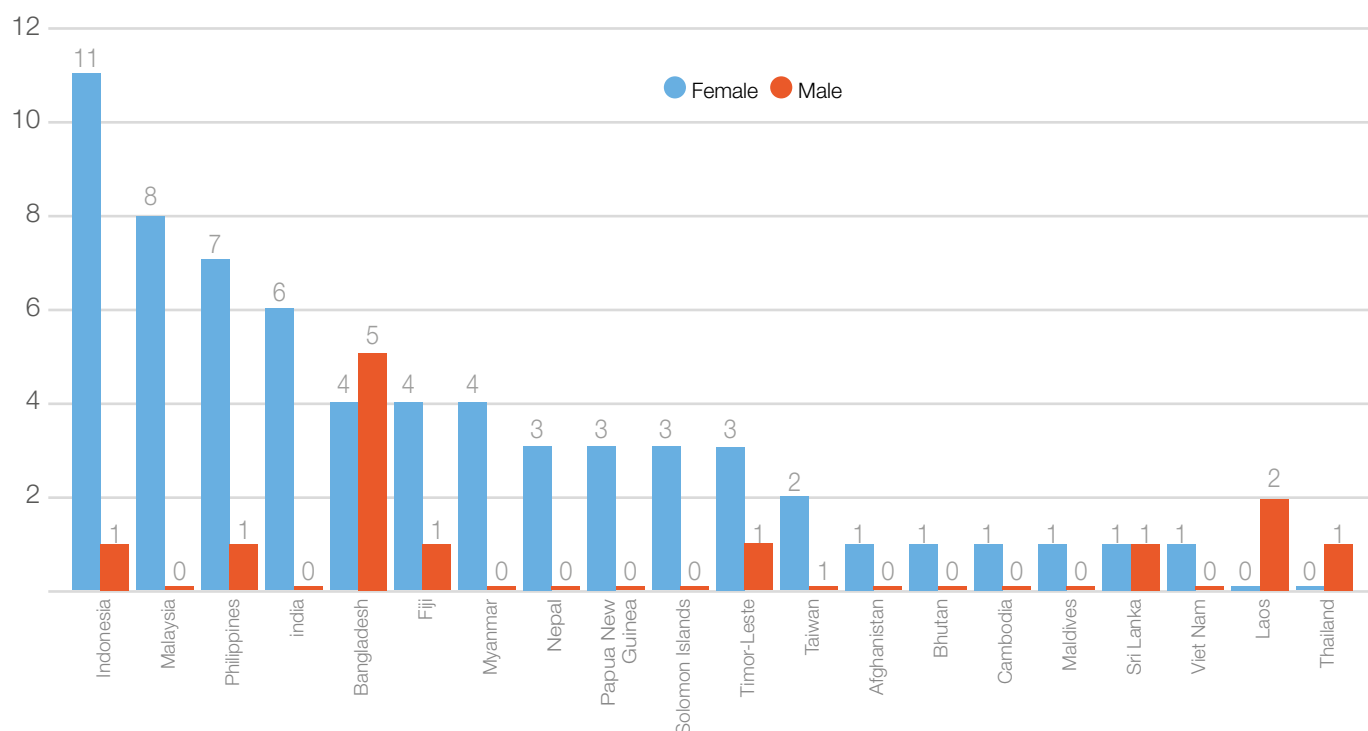
Respondents were able to report the primary and secondary focus of their WPS work or organizations. As shown in figure 2, the majority of respondents (51 per cent) work in communities affected by conflict and/or displacement with close to a third focused on the GBV protection and services as their primary activity (32 per cent) and another 21 per cent as their secondary activity. Development (21 per cent), education, health and research were the primary activities of the remaining half of respondents.

Almost two thirds of WPS practitioners responding to the survey (61 per cent) work for organizations that employ fewer than fifty staff, while one third stated they work in organizations employing more than fifty people.

Figure 4: How would you describe the primary and secondary focus of the services provided by your organisation?
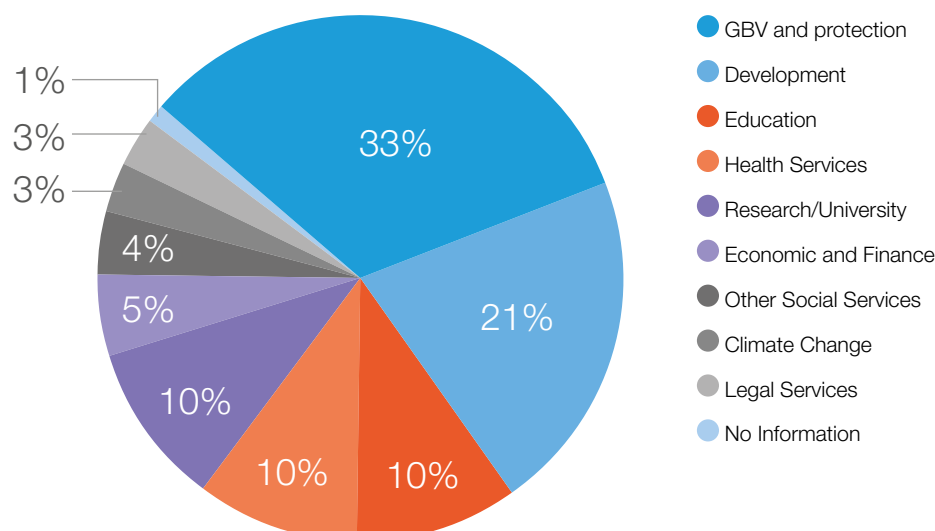
IMPACT OF COVID-19 ON GENDER-BASED VIOLENCE

According to practitioners, there has been an increase in both the incidence and severity of gender-based violence during COVID-19.

Practitioners responding to the survey stated that the incidence of GBV had increased during COVID-19. A large majority (70 per cent) said that domestic violence had increased in the communities where they worked. For example:

· In Philippines, all respondents agreed that domestic violence had increased during COVID-19 restrictions.

· In Bangladesh, 8 out of 9 respondents stated that domestic violence had increased.

Relatedly, nearly half of all respondents (44 per cent) noted an increase in male coercive control over female intimate partners (with the next most popular answer "don't know" at 38 per cent).

The majority of practitioners surveyed (64 per cent) said that other forms of gender-based violence (not including domestic violence) had also increased. Physical violence was identified as the most common problem for women during COVID-19 by 31 per cent of practitioners. This was followed by psychological and financial abuse. This varied across sites, for example:

· In the Philippines, 50 per cent of practitioners identified physical violence as the most common problem faced by women.

· In Indonesia, 33 per cent of practitioners considered financial abuse to be the most common problem face by women.

Figure 5: Which of the following have been exacerbated in the community where you work since the start of COVID-19 restrictions?

Legend:
- Forced recruitment of illegal groups
- Gang disputes over territorial control
- Access to sexual and reproductive health services
- Land disputes
- Increased conflict between armed groups
- Child, early and forced marriage
- Access to medical supplies
- Displacement as a result of natural disaters
- Police or military abuse
- Theft (Including residences, shops, or vehicles)
- Migration
- Threats to the medical staff
- Other gender-based violence
- Domestic Violence
- Higher prices in the basket of essential goods

Values: 8%, 14%, 16%, 18%, 19%, 22%, 26%, 34%, 36%, 42%, 43%, 49%, 64%, 70%, 75%

Figure 6: Which of the following have been exacerbated in the community where you work since the start of COVID-19 restrictions? Top five factors

Factor	Percentage
Migration	43%
Threats to the medical staff	49%
Other gender-based violence	64%
Domestic violence	70%
Higher prices in the basket of essential goods	75%

Legend:
- Migration
- Threats to the medical staff
- Other gender-based violence
- Domestic violence
- Higher prices in the basket of essential goods
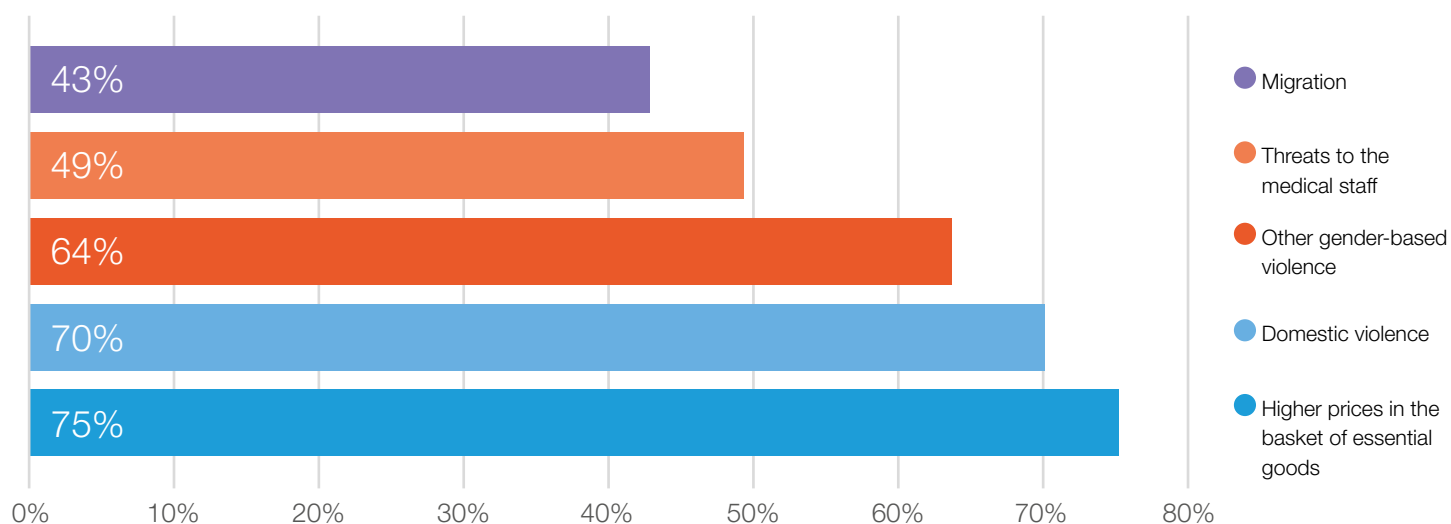
Figure 7: What is the most common violence related problem that women are seeking help for at this time of the COVID-19 pandemic?

Problem	Percentage
Sexual violence (including marital rape)	4%
Other	4%
Online abuse	4%
Child abuse	4%
Don't know	12%
Financial abuse (For example withholding of wages, allowances, increasing debts)	18%
Psychological abuse (including emotional abuse)	19%
Physical violence (slapping or kicking or choking or hitting or punching)	31%

Legend:
- Sexual violence (including marital rape)
- Other
- Online abuse
- Child abuse
- Don't know
- Financial abuse (For example withholding of wages, allowances, increasing debts)
- Psychological abuse (including emotional abuse)
- Physical violence (slapping or kicking or choking or hitting or punching)

The severity of gender-based violence increased, according to those sampled.

An increase in the severity of GBV was observed by 70 per cent of WPS practitioners. Of those practitioners working primarily on GBV, two-thirds agreed that the severity of violence had increased due to COVID-19.

Among the practitioners noticing an increase in the severity of gender-based violence, 17 per cent were working in Indonesia, and 13 per cent were working in Bangladesh. Other respondents reported the increased violence impacted clients as well as their colleagues:

> *"I have come to know from the community we work with and also from a number of my female colleagues who are over burdened with care work and domestic violence. Men often torture their wives and kids from the frustration and panic created by the job loss and uncertainty".*

Figure 8: Please indicate how the COVID-19 pandemic has impacted the following factors: Severity of violence against women
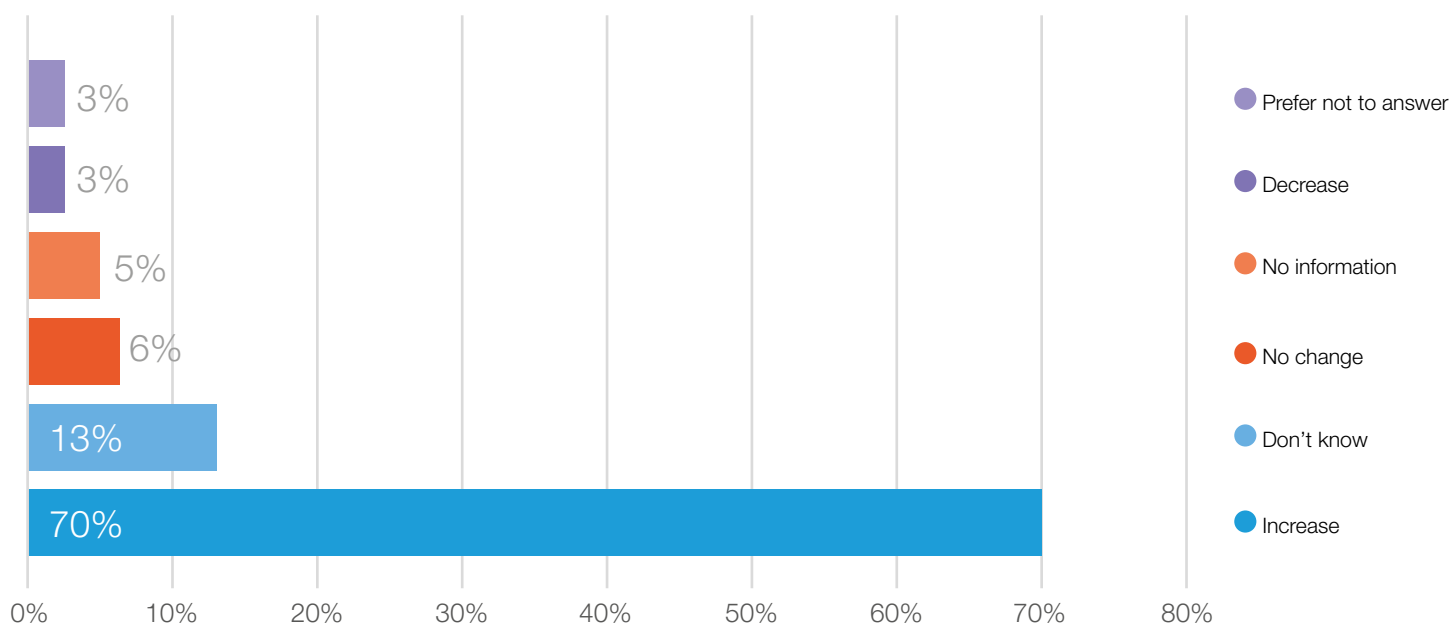
In Bangladesh, a practitioner observed that although burdens of work have increased, men expected even more from women's social reproduction as well as lashing out:

> *"Since men are staying home because of lockdown and job losses, women's care work burden has increased significantly. Men try to expect more from women. Sometimes when a husband and wife talk about the uncertainty, men tend to react negatively and create an environment of disrespect, which often leads to psychological trauma and other forms of domestic violence. It is also important to mention that the number of rape cases has increased."*

This practitioner also noted that as in other pandemics, men may be taking more risks as demonstrated by their behavior in the public sphere, which in turn puts their families at greater risk of COVID-19 (Wenham et al. 2020).

> *"[M]en often go out, get infected by the virus from outside and when they come home, they also infect women and children. The tragedy is even being an COVID-19 positive, the women have to continue the care work for the family."*

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The 'shadow pandemic' of the rise in GBV is significant. However, our survey also finds access to services, including sexual and reproductive health services is a significant gendered effect of COVID-19. The survey reveals dramatic loss of access to essential services due to funding and income loss, lock downs and curfews.

Women's sexual health autonomy has been compromised due to decreased access to services and supplies.

COVID-19 has limited women's access to sexual and reproductive health with 40 per cent of WPS practitioners stating that women's access to services had **decreased** during COVID-19. Practitioners' major concern was women's reduced access to maternal health services with 48 per cent stating that this access had decreased as a result of COVID-19.[2] More than one third of practitioners (38 per cent) also noted that access to medical supplies had decreased because of COVID-19, which can be expected to have a particular negative impact on maternal health outcomes.

The survey sought to understand the impact of COVID-19 on the bodily autonomy of women in family households including any changes to access to SRH services.[3]

While there was a strong consensus about the increase in physical domestic violence, there was less consensus on the impact of the pandemic on sexual violence. This ambiguity may be the result of less reporting due to the sensitive nature of the violence and/or to greater barriers to reporting, especially in the case of marital rape. Some practitioners reported an increase in marital rape, but most did not know whether marital rape had increased or not during COVID-19 lockdowns. This suggests a significant gap in our knowledge and the need for a rapid assessment of women's access to sexual and reproductive health.

Women and girl's bodily autonomy is tightly linked to health. Any increases in child sexual abuse, incest, and coercive control will likely have an impact on sexual and reproductive health. For instance, one practitioner in the Solomon Islands connected situations of gender inequality, child abuse and infanticide during COVID-19:

"There has been recently cases of newborn deceased babies or foetuses found in rubbish dumps. Young girls have been ostracised by the public, and the need to address this needs a lens that will start conversations moving away from victim blaming, and critically ask questions about the safety of the girl child, teen or young woman and relationship within the home, community and school. The Solomon Islands criminalises abortion, hence women and girls, who have an unwanted pregnancy resort of dangerous methods. What most people do not see is that pregnancy can results from rape and peer pressure to have intercourse."

Fifty-two per cent of practitioners said that women's access to safe houses to shelter from men's violence had been more difficult. Qualitative findings from open ended questions also pointed to increasing problems with access. WPS practitioners noted increased difficulties for women accessing services in response to gender-based violence.

· In Indonesia, it was reported that proof of "no infection" status affected access: "Shelter need letter of free (from) COVID for women victims of violence".

· In Nepal it was noted: "Due to lock down women are not able to reach at the safe house and (are) compelled to stay with the perpetrators of sexual violence."

· In Papua New Guinea, it was commented that, "Women are often at home with the perpetrator and with the lock down it also made difficult to go elsewhere".

Practitioners, in Timor-Leste for instance, faced with increased demand for women's protective services also struggled to retain donor support:

"During the COVID-19 affected Timor Leste .. (a local organization) that provid(ed) emergency accommodation, basic needs, medical, legal and counselling, (we) were facing difficulties in accommodating domestic violence and sexual assault clients due to overload of clients. Our partners that (were) providing long term accommodation to clients before, closed all their facilities due to COVID-19"

In Papua New Guinea, one respondent simply stated: "most shelters are closed".
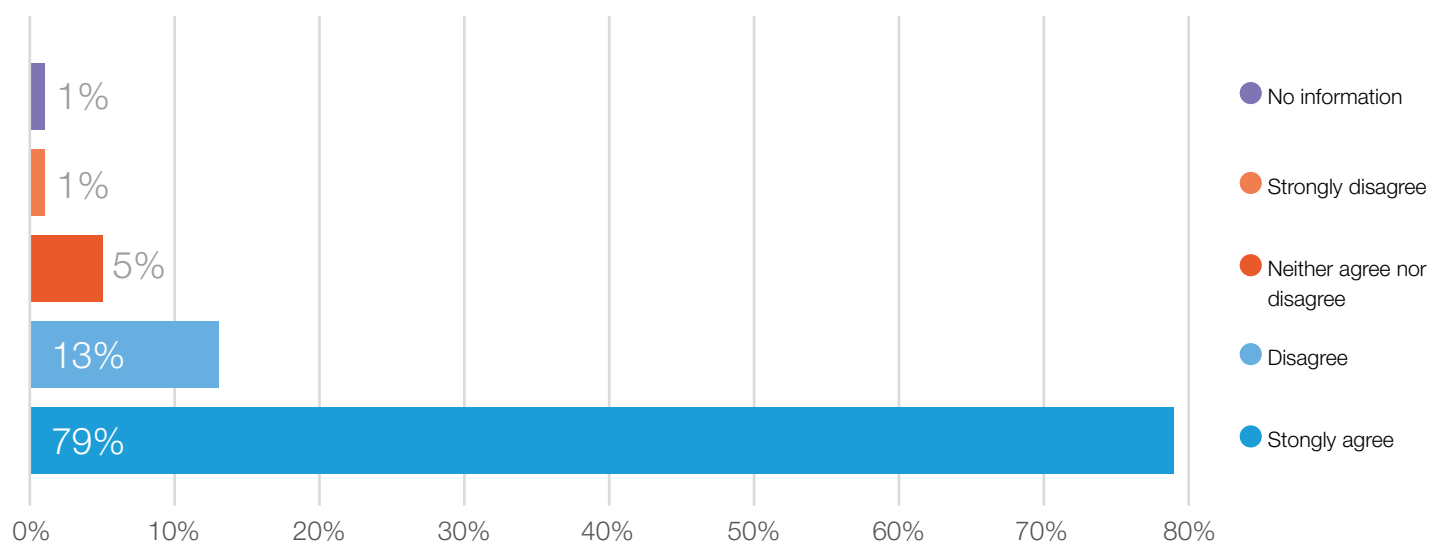
ECONOMIC IMPACTS OF COVID-19

Our survey found that income loss has been profound and gendered

Our analysis of the first survey on the impacts of COVID-19 on WPS practitioners and their organizations in the Indo-Pacific region found a significant impact of COVID-19 had been the loss of jobs and incomes for their services.

In this second mapping, though economic impacts have affected most people, 44 per cent of WPS practitioners stated that informal workers were the most impacted in the areas in which they work. This impact on the informal sector is significant since 68 per cent of people in the region are employed in the informal sector and it is where most women are employed (ILO 2018).

· In the Philippines, seven of the eight WPS practitioners agreed that informal sector workers were the most economically-affected by the pandemic.

· An Indonesian WPS practitioner described the disruption to everyday sources of income for informal workers in building, transport and local level markets. As a result, these workers have changed their patterns of movement and even principle place of living to seek income/employment.

Figure 9: The COVID-19 pandemic has affected irregular migrants and internally displaced people (IDPs) to a greater extent in the location where you work

Legend:
- No information
- Strongly disagree
- Neither agree nor disagree
- Disagree
- Stongly agree

Values:
- 1%
- 1%
- 5%
- 13%
- 79%

Impacts include increases in prices during the pandemic. This compounds the lack of access to markets and the impact on women and their families' economic security. Seventy-five per cent of people in the sample said that the prices of a basket of essential goods had increased as a result of COVID-19 restrictions.[4] This is only partially reflected in mixed changes to consumer price indices across the region, that nonetheless point to slight increases of food prices amounting to 3.5 per cent per annum (FAO 2020).

The greatest impacts were noted in Bangladesh, Indonesia, Malaysia and the Philippines, while a WPS practitioner in Fiji stated that the biggest impact of COVID-19 was "Socio-economic" because "no employment is available and prices of food items increased."

Restrictions on street markets add pressure to women's individual and family income earnings given women are often the sellers of agricultural produce and goods in markets in the region.

- A WPS practitioner in the Solomon Islands noted that women faced increased stress over how to support family finance due to loss of job and restrictions on informal marketing.

- In the Philippines, a practitioner noted that it is "women who are forced to stay at home with limited to (or) no access to income generating activities".

- In Afghanistan the worst off were, according to one practitioner, "those who live in tents with no sanitation and healthcare."

Figure 10: Through your work, have you noticed an increase within the community in:
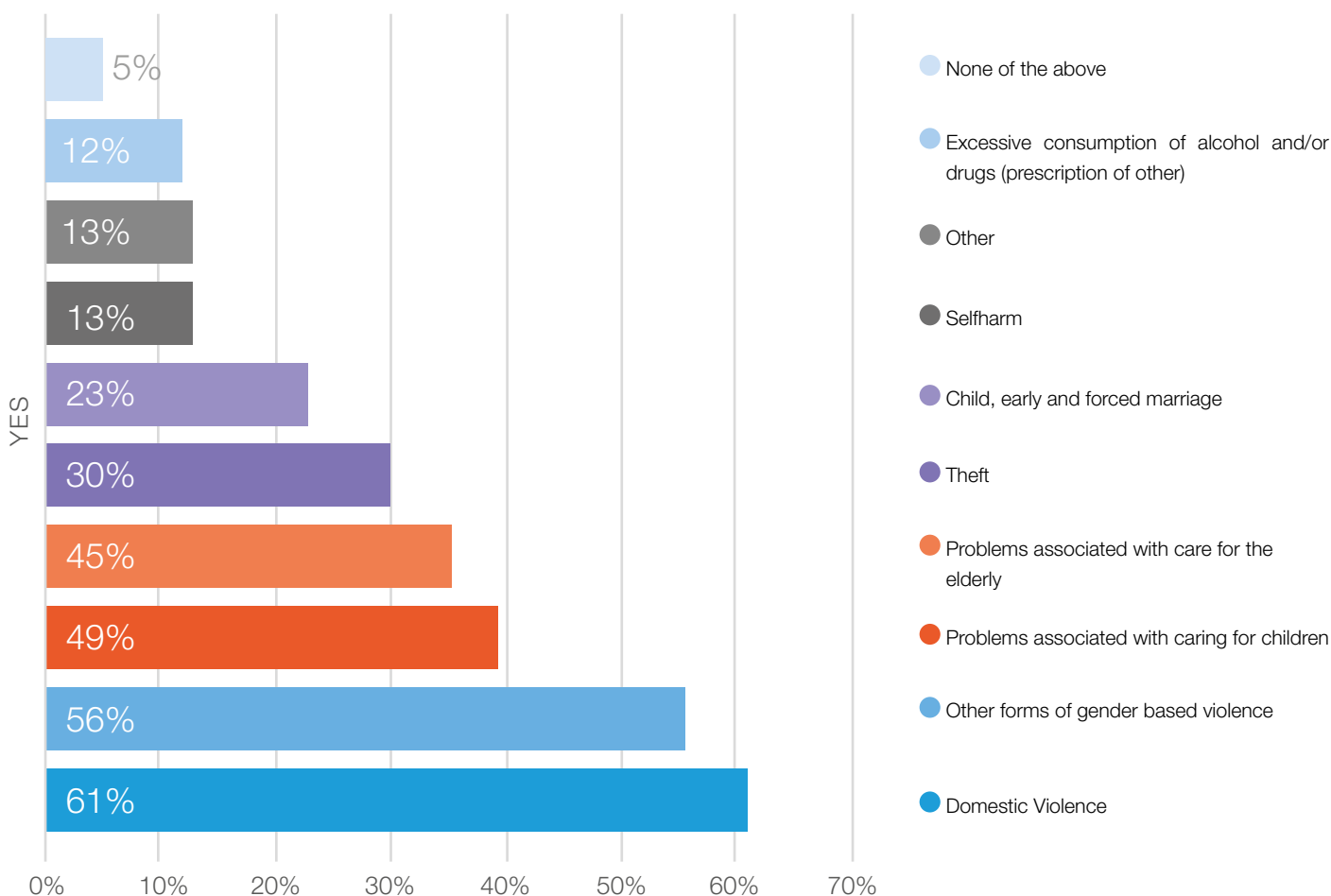
Practitioners frequently reported the COVID-19 impacts on women's care burdens.

Greater care work burdens have been noted worldwide as a result of COVID-19, including in the healthcare sector, where women are more likely to become infected than their male colleagues (Azcona et al. 2020). A UN Women (2020) report notes that 63 per cent of women saw increases in their time spent doing domestic work.

In the present survey, as shown in the figure above, 49 per cent of practitioners noted difficulties associated with caring for children, with 75 per cent of practitioner in Indonesia and Malaysia noting particular challenges with childcare.

The closure of some schools has had an adverse impact in women's labor burdens and led to decreasing formal participation in the labor market (ILO 2020).[5] As noted in other research, the pandemic has taken hundreds of millions of girls out of school, with worries about decreasing school budgets, early marriage and the inadequacy of home schooling (Akmal, Hares and O'Donnell 2020).

Migrants in all forms have been severely affected by the pandemic, because of its particular impact on people's movements.

Our hypothesis, that the most affected by COVID-19 are those people in fragile situations (including poverty, migration status, and conflict) was supported by a majority of respondents in the sample. Across the Asia and the Pacific, 79 per cent of respondents agreed or strongly agreed that migrants and IDPs were affected to a greater extent than others by the pandemic.

This squares with global research that COVID-19 has caused major migrations, and reduced globalization (World Bank 2020).

Migrants as a group are a diverse population. Our respondents described the varied difficulties faced by internally displaced people, urban dwellers returning to origin villages, overseas workers returning home, refugees, asylum seekers, and those displaced by environmental disasters like floods.

Returning migrant workers are a particular issue in the region because of the large numbers of migrant workers in "Factory Asia" and the remittance dependent parts

of Indo-Pacific (Charanpal and Gerard 2018). A large number of respondents described the situation in open-ended responses, like this one from Nepal:

> *"As many migrant workers, especially from India and the Middle East lost their jobs returned to Nepal [it affects] every part of the country, as Nepal was mostly dependent on remittances."*

Urban dwellers travelling home because of COVID-19 induced job losses and some governments requiring migrants to return to their country of origin was a significant and unusual migration event across all countries. In Timor-Leste, for instance, people moved back to rural areas, as they have historically in times of conflict and crisis:

> *"People tend to move from urban to rural Dili to other municipalities as they think urban is no safe and high risk for COVID-19 transmission."*

Lockdowns and resulting migration have caused harm to communities on the move and their families.

This movement has not been orderly or even.

- A health services worker in the Philippines noted that: "Many individuals are stranded in places away from their homes due to the lockdown."

- India was a particularly acute case, where, millions walked home after losing work. A female respondent noted that, "They've lost their jobs, incomes, had to walk home."

- In the Solomon Islands, one respondent noted that although the government had provided assistance to repatriate people from Honiara to the villages, it "resulted in a tragedy where are ship bound for a province lost 27 passengers, women and children, in the sea due to rough weather" (see Tan 2020).

Migrants and low paid workers faced compounding economic impacts of COVID-19. In Bangladesh, as jobs were lost across the economy, and middle-class women increasingly took responsibility for child care, "women domestic workers lose their work as well as monthly salaries from their employers due to lock down."

The final intersectional issue on gender, COVID-19 and migration was disaster-related migration. Migration is a response to environmental crisis in Bangladesh, and precarious living compounds health risks from COVID-19, and economic risks because of a lack of livelihoods.

> *"In Bangladesh, a lot of people have been forced to displaced due to natural calamities like cyclone and flood. They are either staying on the flood protection embankments where social distancing is a luxury and many are migrating to big cities for livelihood but the cities can't afford to provide livelihood opportunities because of lockdown and bad economic condition. So many displaced people finding no other alternative are becoming street beggars."*

In sum, as well as exacerbating gender inequalities and GBV, COVID-19 amplified other forms of inequality that intersect with gender (migration status, socio-economic disadvantage, and age inequalities).

RESPONSE, RECOVERY, AND RECOMMENDATIONS

On average 60 per cent of respondents said they had lost funding because of COVID-19. At the same time, work burdens have increased.

Our hypothesis, that there will be no increased funding to WPS programs, was borne out in the survey research. Across all our respondents on average 60 per cent indicated they had seen a decrease in funding. Regardless of whether the funding was chiefly from an international organisation, the government or from a non-government organisation, funding had decreased as a result of COVID-19.

This is significant as one of the main findings from the first survey, conducted in April and May 2020, was that COVID-19 has impacted the scope and focus of WPS work for almost all respondents (88 per cent). The first survey also found that 68 per cent of respondents had to change their program focus as a result of COVID-19, but the majority have not received funding or additional funding to support their COVID-19 response.

At the same time, workloads for those working in WPS have increased. The hypothesis that the volume of work faced by Women Peace and Security practitioners (increased or changing GBV, increasing tension and conflict) will increase was borne out in the survey research.

Two points are salient here. First, a majority of respondents (65 per cent) across all sectors worked more hours per week.

Second, across Asia and the Pacific, gender and development practitioners are in general working more hours as a result of COVID-19, indicating an increased work burden. Of 25 respondents working in GBV, 14 reported an increase in working hours. Likewise, of the 16 workers in the development sector, 14 reported increased hours. From these data on increased work burdens, we can surmise that GBV and economic development are increasingly problematic in the region, and require greater human resources.

Figure 11: As a result of COVID-19 has your funding been:

Bar chart data:

Funding source	Increased	Decreased	No Change
International organisation or donor	17%	46%	35%
Government	9%	64%	27%
Non-governmental organisation	15%	62%	23%
Other	14%	86%	
Community or religious organisation	43%	43%	14%
Private sector	20%	60%	20%

● Increased ● Decreased ● No Change
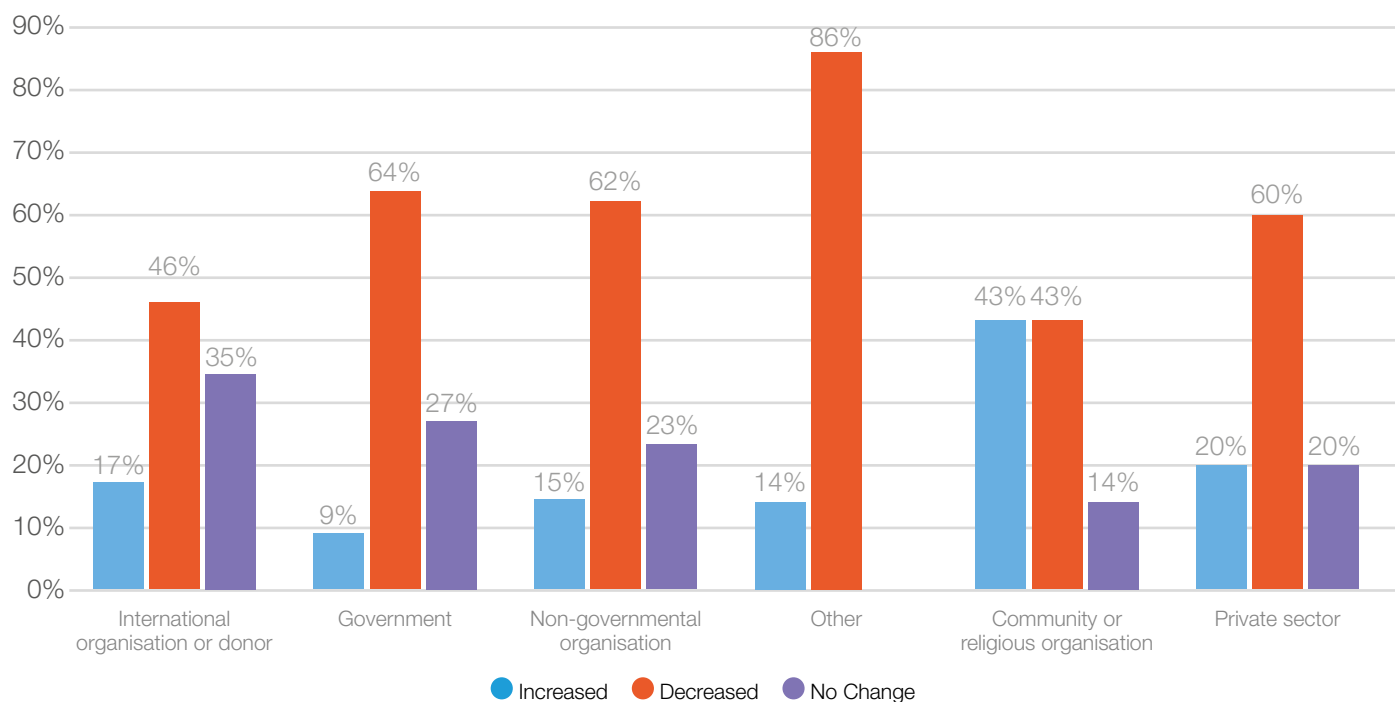
Figure 12: To implement these measures, have you worked extra hours?

Pie chart:
- 32% ● Worked +10 hours more per week
- 32% ● Worked 1-10 hours more per week
- 25% ● My workload has stayed the same
- 6% ● My workload has decreased
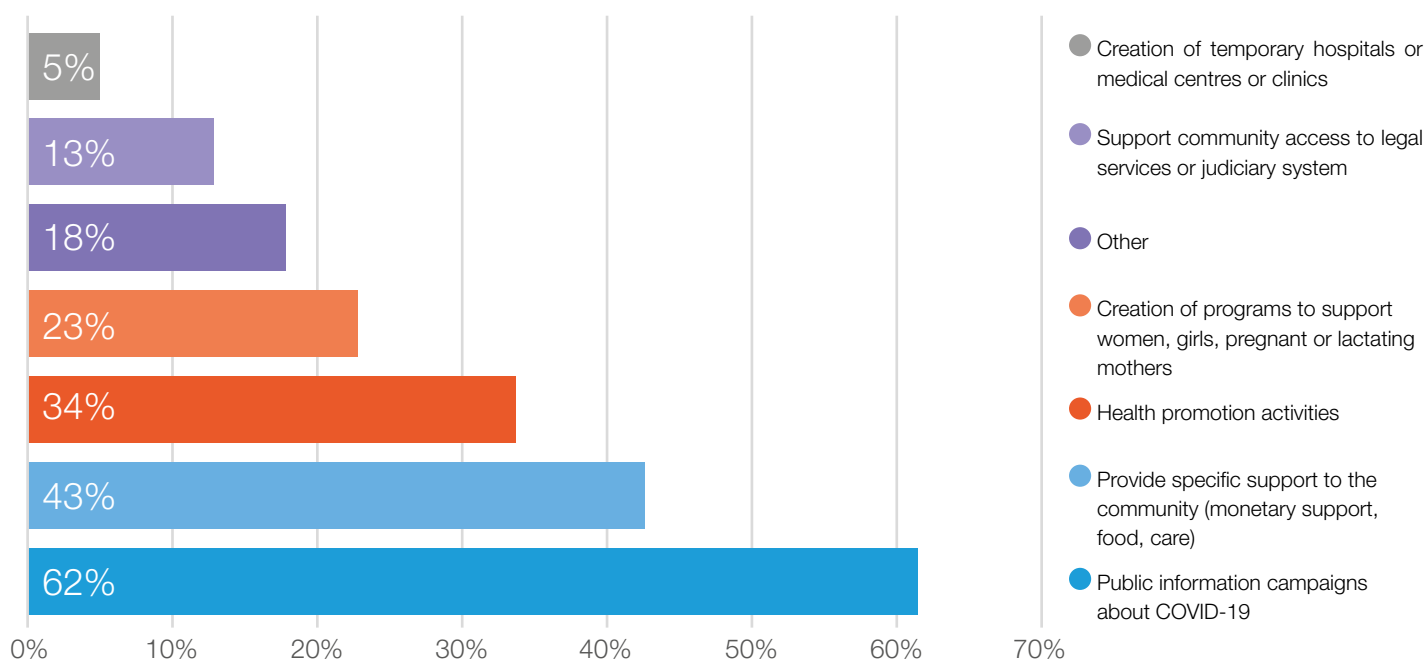- 4% ● No information
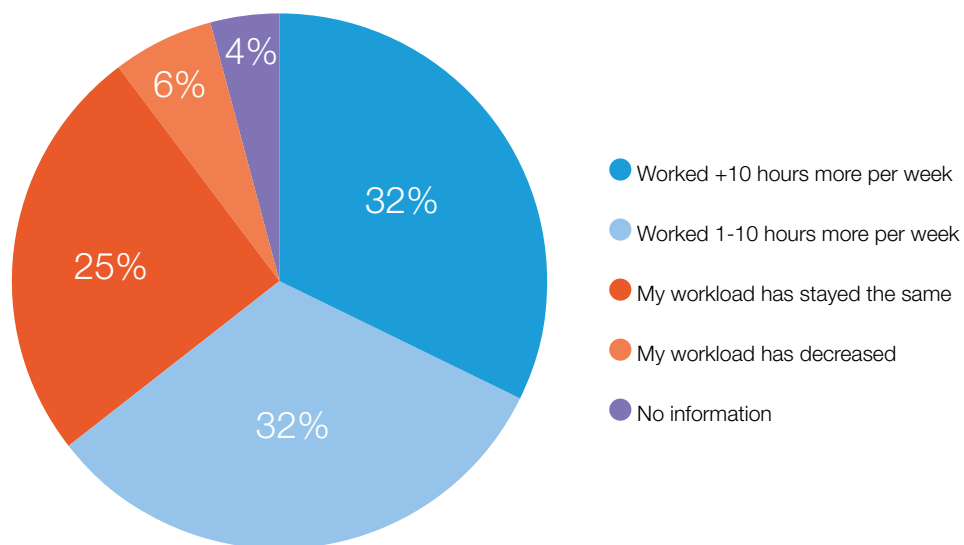
RECOVERY

WPS practitioners are in crisis response, more resources are needed for crises and for the human and economic recovery.

As shown in the figure below, in response to the question regarding the most common activities being undertaken by WPS practitioners in the region, most were running public information campaigns, providing direct aid, or conducting health promotion.

From these responses, we can see that activities by WPS practitioners are currently in short term response or crisis mode. While this is necessary, given the current circumstances, forward planning would suggest that extra care, funding and resourcing would be needed for recovery. It shows that women are playing a "critical role" in responding to the pandemic in the Indo-Pacific, as called for in the July 2020 unanimous UN Security Council resolution 2532 to fight COVID-19. However, these WPS responses need adequate funding and resourcing to continue.

Figure 13: What activities are you undertaking as part of the COVID-19 response and recovery?

Legend:
- Creation of temporary hospitals or medical centres or clinics
- Support community access to legal services or judiciary system
- Other
- Creation of programs to support women, girls, pregnant or lactating mothers
- Health promotion activities
- Provide specific support to the community (monetary support, food, care)
- Public information campaigns about COVID-19

Bar values (top to bottom): 5%, 13%, 18%, 23%, 34%, 43%, 62%

WHAT THE WPS PRACTITIONERS SAY

Practitioners indicated that although new responses to COVID-19 were required, policy makers did not need to reinvent the wheel. Instead, supporting and adequately resourcing the implementation of existing gender equality laws, human rights, policies and responses from civil society, should enable the protection and empowerment of women during and after the pandemic. There is a need to map the existing responses that can support responses to COVID-19 and identify what is required to address the specific outcomes of this pandemic. We are finding that WPS practitioners are working in this space but they are doing so unsupported

Implement existing measures protecting women and vulnerable groups, including gender mainstreaming.

Practitioners recommended applying a gender lens, including gender mainstreaming in policies and practices, in government responses to COVID-19. A practitioner for example in Cambodia pointed out that "quarantine rooms must consider a gender perspective" and another respondent from Nepal recommended holding governments to account for gender mainstreaming their COVID-19 responses.

· A WPS practitioner in Papua New Guinea recommended implementing the law on gender-based violence "because the law is already there".

· A practitioner in Bangladesh recommended implementing the Domestic Workers Protection and Welfare Policy 2015 (The Policy includes professionalization, safe quarters, minimum ages for heavy work, and a helpline) (IFDW 2020)

Use an Intersectional approach that includes marginalized voices in decision making.

A large number of respondents called for an intersectional approach that included marginalized and vulnerable groups in decision making on COVID-19. A woman working in GBV in India stated: "Intersectional policy making through a gender, caste, and class lens is vital", while others mentioned the necessary inclusion of LGBTIQ community and those living with a disability. This was also recommended by a man working in GBV prevention in Sri Lanka, who argued for the need to "include vulnerable people's representation in policy and decision making, increase participatory governance".

There is a "need to look at impacts to women and marginalized groups and include them in responses" a woman working on climate change in Fiji stated.

Economic recovery needs to be structural recovery.

There was a sense among some respondents that business as usual was not going to work for the COVID-19 recovery. One worker in the development sector in Bangladesh emphasized "it is important for the policy makers to revisit the existing policies and incorporate solutions and policy actions to address the crisis on top of other existing crises."

The labor market needed intervention to improve access to women and marginalized groups. There needed to be, according to a respondent in Myanmar, "increased business and economic opportunities for poor and marginalized households. And policy makers needed to "help women get access to institutions and skills for increasing their possibility for jobs".

CONCLUSION

Many women in the Indo-Pacific experience gender inequality and discrimination. As a result, they are differently and disproportionately impacted by the COVID-19 global pandemic. These gender impacts are heightened by the intersection with rural location, minority ethnicity, sexuality, nationality, and pre-existing situations of poverty and low socio-economic status. This second survey-based study of the experiences WPS practitioners in the Indo-Pacific region anticipated even greater impacts of COVID-19, especially in fragile and conflict-areas, than identified in the first survey.

This report documents how the gender impacts of the COVID-19 pandemic have created heavier workloads for practitioners working with vulnerable women and communities as well as reduced financial resources for households and agencies together with increased greater economic uncertainty. Importantly this study confirms the presence of a shadow pandemic of gender-based violence. Marginalized women are already more likely to experience gendered violence, restricted access to education, greater burdens of unpaid care work, poor access to health services, to formal employment and justice. However, this study found that pre-existing conditions and vulnerabilities have been made much more visible and that COVID-19 restrictions and economic impacts have exacerbated problems of poverty, migrant or IDP distress, inequality, and GBV.

United Nations Security Council Resolution 2532 recognizes that the COVID-19 pandemic affects the underlying risks that drive conflict. It calls for greater investment in prevention in which women are central actors and predictable financing as the best defense against conflict. In his statement to the Security Council on 12 August, the UN Secretary-General (2020) noted the importance of inclusive conflict-sensitive responses to pandemics: 'We must find avenues for far stronger engagement with women's groups who play such a pivotal role in securing peace at the community level'. In keeping with this UN call, WPS practitioners have been working hard to deliver care and protection, to provide access to information, and to sustain peace in communities. During the pandemic, they have been doing more with even less resources. Many vital service points in their countries are closed. Greater resources and support to these practitioners will strengthen the immediate response and aid as countries move into the pandemic recovery phase.

With regard to COVID-19 response and recovery, WPS practitioners in the Indo-Pacific are not calling for new laws, but for the implementation of relevant legislation already in place. Upholding existing provisions for women's participation in inclusive COVID-19 decision-making, for the protection of labor rights and social protection is crucial. Moreover, a first step toward recovery should be for governments to partner with civil society organisations and vulnerable groups in the design of initiatives and measures to rebuild post-pandemic communities and countries, as called for by the UN Security Council in Resolution 2532 (July 2020, para 7).

ENDNOTES

1 Other East Asian countries were not included in the sample due to limitations of time and resources

2 In April, UNFPA estimated that, depending on the duration of lockdowns (from 3 to 12 months) and severity (low, medium and high health services disruption) between 13 million and 51 million women who otherwise would have used modern contraceptives would be unable to. As a result, they anticipate 325,000 to 15 million unintended pregnancies (3 months and 12 months of lockdown respectively) (UNFPA 2020, p.3).

3 They survey question asked: "Have you or your organization noticed an increase in reproductive coercion?" (multiple choice).

4 In these three factors (higher prices, domestic violence, and other GBV), we can be confident that these are a consistent finding among the sample because many people responded they increased and those that didn't agree they had increased, either didn't know, or gave no information. That is, there were very few who said there was no change or a decrease.

5 The ILO notes that "a large proportion of women work in sectors severely affected by the crisis. Globally, almost 510 million, or 40 per cent of all employed women, work in hard-hit sectors, including accommodation and food services; wholesale and retail trade; real estate, business and administrative activities." Over 40 per cent of women are also working in these hard-hit sectors in the Indo-Pacific (ILO 2020: 8-9).

REFERENCES

'COVID-19 Crisis Through a Migration Lens' 2020, World Bank, Migration and Development Brief no. 32, April, https://openknowledge.worldbank.org/handle/10986/33634

'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage: Pandemic threatens achievement of the Transformative Results committed to by UNFPA' 2020, UNFPA, 27 April, https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

'More than 68 per cent of the employed population in Asia-Pacific are in the informal economy' 2018, ILO, 2 May, https://www.ilo.org/asia/media-centre/news/WCMS_627585/lang--en/index.htm

'Surveys show that COVID-19 has gendered effects in Asia and the Pacific and the Pacific' 2020, UN Women, 29 April, https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-Asia and the Pacific-and-pacific

Azcona, G., Bhatt, A., Davies, S.E., Harman, S., Smith, J., and Wenham, C. 2020. 'Spotlight on gender, COVID-19 and the SDGs: Will the pandemic derail hard-won progress on gender equality?' UN Women, July, https://www.unwomen.org/en/digital-library/publications/2020/07/spotlight-on-gender-covid-19-and-the-sdgs

Bal Charanpal, S., and Gerard, K. 'ASEAN's governance of migrant worker rights' Third World Quarterly, vol. 39, no. 4 pp.799-819, DOI: 10.1080/01436597.2017.1387478

FAO. 2020. Impacts of coronavirus on food security and nutrition in Asia and the Pacific: building more resilient food systems, Food and Agriculture Organization of the United Nations http://www.fao.org/3/ca9473en/CA9473EN.pdf

Hale, T., Webster, S., Petherick, A., Phillips, T., and Beatriz K. 2020. 'Oxford COVID-19 Government Response Tracker' Blavatnik School of Government, https://covidtracker.bsg.ox.ac.uk/

International Domestic Workers Federation. 2020. 'Report Bangladesh: Cabinet Adopts Domestic Workers Protection and Welfare Policy' International Domestic Workers Federation, 21 December, https://idwfed.org/en/updates/bangladesh-cabinet-clears-draft-policy-to-protect-domestic-workers-rights

ILO Monitor. 2020. 'COVID-19 and the world of work. Fifth edition. Updated estimates and analysis' ILO, 30 June, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_749399.pdf

Klugman, J., and Zou, B.H. 2020. 'What Can the WPS Index Tell Us About Global Risks like COVID-19?' GIWPS, 21 April, https://giwps.georgetown.edu/what-can-the-wps-index-tell-us-about-global-risks-like-covid-19/

Monash Gender, Peace and Security Centre. 2020. Mapping the Impact of COVID-19 on Women, Peace and Security, Research Report, May.

Peterman, A. et al. 2020. Pandemics and Violence Against Women and Children: Working Paper 528. Center for Global Development

Pfizner, N., Fitzgibbon, K., and True, J. 2020. 'Responding to the "shadow pandemic": Practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restriction' Monash Gender and Family Violence Centre, June, https://doi.org/10.26180/5ed9d5198497c

Pfizner, N., Fitzgibbon, K., Meyer, S., and True, J. 2020. 'Support for Domestic Violence Workers: We are in a bubble set to burst' The Conversation, 1 July, https://theconversation.com/we-are-in-a-bubble-that-is-set-to-burst-why-urgent-support-must-be-given-to-domestic-violence-workers-141600

Tan, Y. 2020. 'Cyclone Harold and coronavirus: Pacific Islands face battle on two fronts' BBC News, 15 April, https://www.bbc.com/news/world-asia-52268119

UN Secretary-General. 2020. Remarks to security council open video-teleconference on peacebuilding and sustaining peace: pandemics and the challenges of sustaining peace, 12 August 2020, https://www.un.org/sg/en/content/sg/statement/2020-08-12/secretary-generals-remarks-security-council-open-video-teleconference-peacebuilding-and-sustaining-peace-pandemics-and-the-challenges-of-sustaining-peace-delivered

UN Security Council. 2020. United Nations Security Council Resolution 2532 [on cessation of hostilities in the context of the coronavirus disease (COVID-19) pandemic] S/RES/2532, 1 July. https://digitallibrary.un.org/record/3870751?ln=en

UN Women. 2020. 'Unlocking the lockdown: The gendered effects of COVID-19 on achieving the SDGS in Asia and the Pacific and the Pacific' UN Women, 21 July, https://data.unwomen.org/sites/default/files/documents/COVID-19/Unlocking_the_lockdown_UNWomen_2020.pdf

Wenham, C., Smith, J., Davies, S.E., Feng, H., Grépin, K.A., Harman, S., Herten-Crabb A. and Morgan, R. 2020. 'Women are most affected by pandemics — lessons from past outbreaks' Nature, 8 July, https://www.nature.com/articles/d41586-020-02006-z

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