ADAPTING PROGRAMMING IN THE CONTEXT OF COVID-19

A research brief from VOICE's report We Must Do Better: A Feminist Assessment of the Humanitarian Aid System’s Support of Women- and Girl-Led Organizations during the COVID-19 Pandemic
The effects of the COVID-19 pandemic have been immense, with long-term repercussions and social consequences. The crisis has triggered the largest global recession since the Great Depression. Nearly all countries have instituted lockdowns or curfews at various stages; global supply chains have been disrupted; commercial travel has declined; and the closure of educational institutions continues. Globally, the shape of work and social lives has been altered in ways that could not have been foreseen.

These extreme changes have had specific and critical implications for women and girls. In August 2020, as part of VOICE's work in centering and amplifying the voices of women and girls, we initiated the We Must Do Better research series, with the aim of creating space for women and girls to share their own experiences and perspectives on the COVID-19 pandemic.

The first report, We Must Do Better, is an overarching feminist assessment of the experiences of women and girls — and the organizations they lead — during the COVID-19 pandemic. It looks at their lives holistically to see how the pandemic has impacted their organizations and communities and how humanitarian responders engage with them, if at all. We invited 200 feminist organizations and individual women and girls in 41 countries to share their experiences during the pandemic and speak of their needs. The work sought to understand how their organizations are being affected and the ways in which they are — or are not — being supported.

We asked about their frustrations and how to alleviate the burdens they carry. We looked at how gender inequalities manifest in crisis and how the pandemic has affected the violence they face.

This series of research briefs takes a more in-depth look at the themes identified in the original report, exploring more concretely the following areas:

- Who Cares for the Carers?
- Resources for Women; Women as Resources
- Adapting Programming in the Context of COVID-19
- The Value of Women's Work

Across all of the themes, the research illustrates how precarious progress has been towards gender equity; it has become painfully visible that women and girls have not so much realized their rights within patriarchal contexts, but had been granted concessions which have been quickly withdrawn in the face of a global crisis. While COVID-19 may not discriminate, families, communities, governments and the machinery of aid certainly do. The themes explored in this series echo the long-term feminist analyses concerning the appropriation of women's work, the ways in which women are understood and situated as resources, and the lack of care and concern extended to women who are expected to provide care for others.
This research paper aims to explore and illustrate the ways in which women- and girl-led organizations have adapted and changed their services to meet the needs of women and girls during the COVID-19 pandemic and the implications of this for the women and girls they support. In brief, the existing systems that support women and girls in every country context have been stretched to their limits. These women-led organizations are providing comprehensive services to their communities, addressing immediate needs, and challenging structural inequalities with even fewer resources and increased workloads. The struggles that women- and girl-led organizations are facing during the COVID-19 pandemic are nothing new; however, they are an illustration yet again of the ways in which women and girls and their organizations are exceedingly neglected in crisis contexts.

Women-led organizations worldwide have been forced to adapt to changing realities and find different ways to continue with the life-saving activities of their organizations. This adaptation of services has been made in a global context where resources have been directed away from specific women’s services into more generic efforts to respond to the pandemic, as organizations repeatedly reported. This shift of funding priorities demonstrates how women’s concerns are seen as secondary and less important than ‘more urgent’ needs. However, the need for specific women’s services did not go away with the onset of the pandemic, and in many cases it has even increased (for example, the need for gender-based violence services). In this way, women’s organizations – already underfunded and highly dependent on voluntary work – have now seen the level of demands on their services grow enormously while their resources have significantly decreased. Moreover, the attempt to meet increasing and changing needs has only been possible at the expense of women employed at these organizations, pulling on their creativity, their commitment and their ingenuity while they simultaneously deal with the demands of their personal and family lives.

The majority of organizations have started new forms of service delivery to accommodate social distancing requirements and hygiene rules. Women-led organizations have tried to innovatively adapt to the needs of their communities: many of them have adopted hybrid systems that combine remote and face-to-face assistance, while others were only able to continue with remote services, providing legal advice, mental support and health care over the phone or online.

Often, these services have been carried out in dangerous and harmful conditions due to a lack of guidance and capacity to shift to remote service delivery. In Iraq, for example, the major challenge has been ensuring the safety of women and girls and services providers while working remotely: hacking incidents involving severe security threats have been widely reported by women’s organizations. Several groups reported that they were reaching out to women and girls in their respective homes, while others were attending to women by appointment only. However, as organizations in South Sudan informed us, access to communities has been very limited due to the lack of public transport or private vehicles and increased insecurity. A minority of more established organizations provided their staff with protective materials and transport allowances to enable the use of private taxis or motorbikes; however, a significant number of organizations and groups were unable to provide any personal protective equipment (PPE) to staff nor to women in communities. Some organizations managed to restart in-person activities but had to do so in
reduced groups while adhering to social distancing, which meant fewer women and girls could access services; others tried to meet the needs by increasing the number of sessions held, but this doubled the work of volunteers and employees without any additional funding.

In addition, many organizations were forced to stop their programs altogether during lockdowns or to shift their focus as they could no longer work in their core programmatic areas. For instance, women-led organizations that originally provided legal and emotional support have scaled-down activities to needs-based interventions focused on distributing basic living necessities for survival. Additionally, many livelihoods and economic empowerment programs have been suspended due to lack of funding or to grant schemes being put on hold by donors; however, these are the services women have needed the most as their incomes and opportunities have collapsed. A large number of organizations from different regions reported that women had gone back to them, as their formal community systems were dysfunctional and unreliable for services. Women were turning to women’s groups for livelihood support as pandemic-related lockdowns caused economic setback. Many were asking for sustainable financial help for their businesses and employment opportunities, but women’s organizations have been finding it very difficult to meet the economic needs of the women they work with.

The loss of livelihoods, and the parallel absence of support systems, have forced women into the position of limiting their food intake so that others in their family could eat, and have substantially increased their vulnerability to various forms of gender-based violence (GBV), such as intimate partner violence, sexual exploitation, early marriage and transactional sex.

“(…) water and food scarcity increase women’s risk to sexual violence such as early marriage and sexual exploitation.” Women-led organization, Uganda.

Similarly, women-led organizations have been sustaining sexual and reproductive health services across the globe, replacing and filling the gaps of official structures that have been largely cut off during the pandemic. The majority of health services have been redirected to COVID-19 response, and as such, core services for women and girls have been severely curtailed. Moreover, women- and girl-led organizations have been primary respondents to issues of GBV, including sexual exploitation and domestic violence. Evidence from around the world shows that women are suffering increased violence in their homes and communities during the COVID-19 crisis; even women that had never experienced violence before are now facing the full spectrum of men’s violence.

Women’s organizations have also been key in disseminating critical COVID-related information, especially within marginalized communities, as well as raising awareness to avoid the spread of the virus and delivering hygiene kits. For instance, women’s organizations in South Sudan reported that there was insufficient information on how to deal with COVID-19, increasing the risks of infection among women and girls. Women-led organizations have been overwhelmed with demand, even as their resources have been significantly reduced. The need for livelihood support, sexual and reproductive health services, and GBV response services has been enormous, at the same time as their capacity to deliver services has been severely constrained.

“What has changed is that most of the emphasis is placed on COVID-19 patients, and places that used to cater SRH [sexual and reproductive health] issues are now focusing on the pandemic instead.” Women’s organization, Liberia
One of the main difficulties shared by respondents relates to pre-existing technological gaps that disproportionately affect women: many women and girls (especially adolescent girls) reported constrained access to their own devices and to the Internet, including struggling to pay Internet bills to use online spaces. Undoubtedly, this is exacerbated by marginalization: women and girls in poor households are unlikely to be able to access information online. As one women-led organization in Jordan informed us, “Women cannot often interact via social media and technology as such tools are not allowed for them.”

Many women and girls, both within and outside of organizations, also lack the skills or education to use technology effectively, even if it is accessible. These barriers translate into women being unable to access trustworthy information about the pandemic and available health and support services, which in turn hinder their ability to organize and survive. One women-led organization in Bangladesh expressed, “We think that at present it is very important for women to get trained up with modern technology. Otherwise, they will be deprived of access to all kinds of information.”

Linked to this, women and girls have found it extremely difficult to remain connected to family, friends and support networks during lockdowns, leaving them isolated and much more exposed to violence, exploitation and abuse.

“We have not been able to reach with women in our communities since many of our women do not have access to technology or know how to use the media.” Women-led organization, Colombia.

WHAT THIS MEANS FOR WOMEN AND GIRLS

Women’s and girls’ groups and organizations have seen that remotely carrying out certain services has been practically complicated and, in many instances, unfeasible. The adaptation to remote service delivery has been complicated in overcrowded spaces and in contexts where women have constrained access to the Internet and media or lack privacy in their homes.

Technology is not necessarily the right solution for service delivery, as it is not evenly available across populations and community members. Many organizations are struggling to cover the costs of the technological equipment needed to carry on with remote operations. Even when technology is available, women’s organizations have reported difficulties in reaching and assisting GBV survivors through technology, as confidentiality can be harder to ensure, and trust cannot be built through face-to-face interaction. Younger organizations that are more focused on advocacy and policy change have been more likely to continue with their work, although very often they still did not have the technological or monetary resources to do this. Innovative efforts are needed in order to reach women and girls who may not have direct access to technology.

“Given that most of the women and girls cannot access internet and electricity all the time, audio recording aired through community radios, local radio and TV stations, through mobile vans ensure that women and girls are able to receive information and also know of available services whether they have access to technology and other gadgets or not.” Women-led organization, Uganda.

#WeMustDoBetter
For women and girls with disabilities or caring for those with disabilities, the reshaping of services and the limitations of remote and/or technology-based services are particularly acute. Their access is severely reduced, and they are even more isolated, leaving them further exposed to violence and abuse. They are severely at risk of contracting COVID-19 and have little access to services, undoing all the work of women's organizations to build their protective networks, build their resources and provide material and emotional safety. As one women-led organization in South Sudan reported, “Isolation has incited decreased support from family members and increased social stigma and discriminatory behaviors among women and girls with disabilities.”

Limitations on the freedom of movement and the ability to gather during the pandemic have altered the ‘sense of community’ rooted at the very core of women’s and girls’ organizations and groups. They have lost the spaces to interact, convene gatherings and organize – spaces that they identify as ‘theirs’ and where they feel comfortable and safe operating in. In many cases, these networks are the only space where they can share their experiences and seek emotional and social support. This combination of decreased resources, increased isolation and care responsibilities, and limited movement in a context with heightened violence can be devastating for the work of women's and girls' organizations and the lives of women and girls in their communities.

Women- and girl-led organizations operate within the same patriarchal environments, sexist structures and unequal social relations they are trying to challenge. Women in these organizations are living their own conflicts and contradictions at the same time that they provide services for other women. These patriarchal dynamics influence the way women- and girl-led organizations have been affected by the COVID-19 pandemic, with the expectation that they will continue operating and providing services with fewer resources and support while also carrying increased unpaid workloads in their homes and communities. Within patriarchal systems, care is seen as the responsibility of women, and they are expected to shoulder without complaint the additional caregiving burdens when crises strike. Thus, any attempts to investigate the gendered impacts of the COVID-19 pandemic need to start with this recognition.
Across the research, participating organizations identified resources and assets, social expectations and norms, and giving and receiving care as central core issues to the challenges they face. It is clear that none of the issues are separate from the others, and as such, none of them can be addressed discretely. The challenges faced by women- and girl-led organizations in adapting their services are related not only to the lockdowns and need to maintain social distancing, but also to the de-prioritization of services for women and girls within health systems and in donor agendas. COVID-19 is a health crisis, and health crises happen in socio-political contexts; the infections do not affect everyone in similar ways, and access to services varies depending on who needs which services.

The shifting of all types of health provision to COVID-19 response without protecting women’s services has specific and catastrophic consequences. Women- and girl-led organizations are also finding themselves to be the final line of defense for women who are attempting to replace their precarious incomes and sustain themselves and their children. They are also trying to meet the needs of women and girls suffering from predictable increases in violence. Within this landscape, women – and women-led organizations – are understood as a resource that will provide for others without being resourced or supported themselves. At the same time, there is virtually no care for the women providing the services, all of whom are exposed to the same risks as the women they serve.

Visit WWW.VOICEAMPLIFIED.ORG to read the series of We Must Do Better briefs:

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#WeMustDoBetter
VOICE is a cutting-edge feminist organization working to end VAWG in conflict, crisis, and disaster settings around the world. We are a team of skilled humanitarians with extensive experience working on VAWG in emergency contexts, and we have seen that the humanitarian aid sector itself has consistently failed to meet the needs of women and girls in these settings. We believe that the industry must change to deliver on its promise to protect them; we also know that they are the best judges of what is needed, though they are routinely ignored by those who hold the power in aid organizations.

We are working to help meet the needs of women- and girl-led organizations in a growing number of countries, including Afghanistan, Bangladesh, Colombia, the Democratic Republic of the Congo, Iraq, Kenya, Somalia, South Sudan, Sudan, Syria, the United States, Venezuela, and Yemen.