

WHO CARES FOR THE CARERS?

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*



INTRODUCTION

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.

WHO CARES FOR THE CARERS?

Overwhelming unfairness, discrimination and inequality in caregiving services provided by women to others is not an issue limited to pandemics and crises alone. Multiple studies confirm that women perform 76.2% of the total hours of unpaid care work, more than three times as much as men. In Asia and the Pacific, this rises to 80%.¹ The economic value of unpaid care work is staggering: it accounts for 40% of GDP according to some reports, and even in the case where women earn more than men, they still shoulder a great portion of care work² across social contexts, across the status of countries, and across cultural divides. It is estimated that if women's unpaid work were assigned a monetary value, it would constitute between 10 per cent and 39 per cent of GDP, and yet its importance is continually undervalued and unacknowledged.

Globally, more or less explicit patriarchal norms mean women everywhere carry the majority of domestic, reproductive and care-giving work. Within a crisis, an epidemic or a pandemic, women's care-giving responsibilities increase to much more than usual, often at the expense of their own health.³

These incredibly skewed responsibilities for the care of others—including children, the elderly, and those with disabilities and specific needs—have significant impacts on women's economic capacities; women with higher levels of caring responsibilities are more likely to be self-employed, to work in the informal economy, and to have reduced social and other protections in their work. In times of crisis, including pandemics, women's lower incomes are the ones most likely to collapse first, while their increased responsibilities for others often leave them unable to sustain their work.⁴

VOICE invited women and girls to share their experiences of the COVID-19 pandemic, to talk about their current situation, and to speak to their needs. The persistent question that emerged was: "Who cares?" How do women and girls continue to care, when they are so uncared for and uncared about? What are the human costs to providing boundless care when there is none forthcoming in return? How can and do women and girls continue to find the energy and the scope to continue to care about their own safety, needs and futures while they are being drained of all care by the communities, authorities and institutions around them? Who cares about the safety of women and girls in crises, and who is committing resources to ensure they are cared for? Where are the resources and mechanisms for women and girls to care for each other and themselves as service providers, to be able to continue to care without becoming so depleted there is nothing left over?



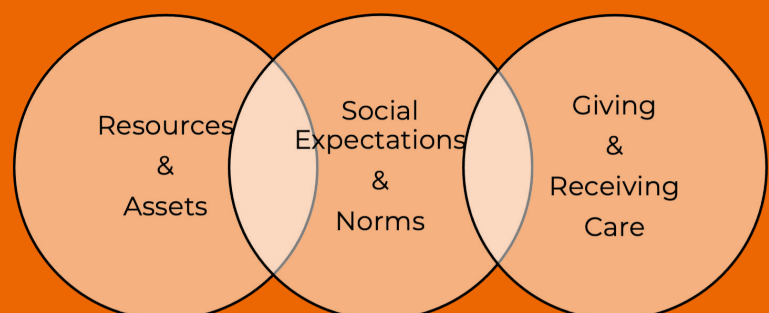
WHAT WOMEN AND GIRLS TOLD US

Women and adolescent girls are expected to provide care to family members; their work is considered a family or household resource, taken for granted, unpaid, and unrecognized. Their own resource needs — such as the need for friends and social networks, education, work of their own and more — are set aside. Women and girls are situated and understood as one of the resources deployed to support others.

Freedom of movement is seriously compromised by the demands of caregiving, and this limitation increases during crises — particularly during this pandemic. The constraints of lockdowns, quarantines, curfews, and reduced opportunities for work, in combination with increases in domestic and care-giving responsibilities, severely reduced women's and girls' access to the protective networks of friends and associations that help to mitigate against the potential for violence.

It has been well documented that violence against women and girls increases during crises. These protective networks of friends and associations are not only sources of emotional and social support for women, but can also help to mitigate against the threat of violence. They may also be the relationships where safe material and resource support may be found (such as small loans, childcare, paying for transport, contributions of food and other necessities). A Somali women's rights activist stated: "We are unable to reach out to friends either because of constraints, or preoccupation due to our husbands and kids staying at home, increasing our workloads, or time constraints because we use the time to meet basic needs." The combination of reduced resources, increased isolation, reduced movement, and increased responsibility are devastating in their consequences for women and girls.

Women and girls responding to the survey described the parallel processes between their lives as individual women, and their experiences running women- or girl-led organizations. The expectations that they would work voluntarily, without additional resources, for example, or that they would put the needs of others ahead of their own, or that they should provide care to everyone else before their own staff were reported in every region. The parallels between women's individual experiences and the applied dynamics to their organizations were very clear and are set out in the diagram below as intersecting critical areas of intervention.



“The paid economy has slowed not only because people are physically not allowed into workplaces, but also because many families currently need to raise and educate their children without institutional support, which is reducing remunerated working hours and increasing stress.”⁶

WHAT THIS MEANS FOR WOMEN AND GIRLS

In many countries (not just developing countries) when the state lacks the capacity — or political will — to adequately provide and fund care, families and households inevitably take on the responsibility of greater care provision.⁷ This responsibility, while articulated in policy briefs as falling on ‘the family’, overwhelmingly falls on women and girls. Thus, women and girls are constrained in the domestic and private spheres, away from the public domain. Decades of feminist work to bring women and girls into the public sphere are being undone as women are pushed back into providing unpaid care around COVID-19. The gains made are revealed not as systemic change, but as fragile concessions, to be withdrawn when circumstances change.

The fragility of the structural progress towards feminist transformation including gender equality has been revealed as the pressures of care and domestic responsibilities, of social expectations about who cares and who is cared for, land squarely back with women and adolescent girls. There is no evidence that men are significantly picking up an equal share of the increased domestic workloads in any meaningful way; their reflexive response has overwhelmingly been to lean on the women around them, and the systems and structures of work, care, public life, policy development and intervention have both enabled and reinforced this. These reported concerns highlight the amount of care work (in the broadest ways) that women take on, both within women’s organizations and as individuals within their families and communities.

The burden of addressing concerns that are not dealt with in mainstream spaces — often with no additional funding or support — is heavily gendered, and seen as a ‘natural’ responsibility of women and their organizations.

A second central theme in the survey focused on access to services for women and girls, particularly in the context of care giving and receiving. Women and adolescent girls raised many concerns about the lack of services, and their fear around using the services that do exist. Many services have pivoted away from their core focus and shifted to addressing the emergent needs of the pandemic; women’s services in particular have had their mandates shifted.

Women and girls talked about being more vulnerable to contracting the virus as they are on the frontlines of healthcare work and taking care of those who are ill. Others spoke of being afraid to access health care services out of fear of contracting COVID. One Afghan organization stated: “Women are the core of society and therefore their illness will affect all society”. These issues are relevant at both the organizational and individual levels. Women’s organizations described the increasing demand for their service delivery, support and work, while their funding and capacity were simultaneously reduced or inaccessible. The central tenet of “less money, more work” or “do more with less” ran strongly through all the responses.

The levels of demand on services increased exponentially, but without the resources, or the support to change the modes of delivery in the context of the pandemic. With limited movement and constrained ability to reach out to their networks for solidarity and social connections, women's insecurity is exacerbated and increased, exacting a toll on their emotional health and wellbeing. Women's groups and organizations said that being unable to convene meetings and gatherings felt like they were being "robbed" of a sense of community which is a vital lifeblood to their organizations and work.

The erosion and collapse of incomes and resources; the isolation and lack of support networks resulting from lockdowns and quarantines; the increased burdens of care giving and demands for support from children and other family members; the added care for those who are sick and the increased sanitation needs; the closure of schools; the difficulties in buying and growing food — all of this comes without care and support for women and girls or the organizations through which they work.

A deep insight from this piece of work is that 'care' is a profoundly contradictory notion, and a highly problematic one in an oppressively unequal, androcentric world. The utter reliance on and absolute demand that women provide care in the private sphere is foundational in patriarchal systems.

Women's reproductive labor is extracted, and for as long as she is perceived as a family resource rather than a full human being with needs of her own, she is an object of servitude, not someone who also needs care. This dynamic surfaced and resurfaced throughout the survey, highlighting the reliance of the whole family, community and aid systems on women's invisible and unpaid work. The continued failure of international systems to not only recognize but to address this is an indictment on their political will to institute systems and cultures that care for women and girls.



DEMANDS

- **Emergency programming interventions must actively seek ways to reduce the burdens of unpaid care work on women and girls and make every effort not to exploit them further.**
- **Specialist services for women and girls must be protected with ring-fenced resourcing, priority attention, and meaningful support to extend their services.**
- **Women and girls involved in organizations providing specialist services must also be supported to sustain their networks, systems of solidarity, and collective peer care; these must also be resourced, prioritized, and protected as essential in service provision.**
- **A commitment to sustaining the gains for women and girls made in previous decades must underpin all programming, with robust challenges to any interventions that slide back to patriarchal reliance on the unpaid reproductive work of women and girls.**

LINKS WITH OTHER BRIEFS

The lack of care afforded to women and girls, alongside the expectation that they will provide care to others, is deeply connected to a patriarchal understanding of women and girls as resources, to be used in the interests of and for the benefit of their families and communities, and not as human beings in need of resources and care themselves. Socially embedded expectations and demands are reinforced by humanitarian aid interventions when these rely on the unpaid and invisible work of women and girls, and fail to ensure that resources and support for them are both prioritized and protected.

Women and girls are not, and cannot continue to be used as, a resource for the support and care of others, with no account taken of their needs. The implications for their freedom of movement, their participation in public life, and, fundamentally, their full recognitions as whole persons deserving of care are profound. Women- and girl- led organizations provide critical, life-saving care, and to sustain themselves in doing that, they need to be fully supported themselves. The value of the work of women-led organization is immeasurable; they must be resourced, cared for, and supported to sustain themselves in their work.

TO READ MORE

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

- **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**



ABOUT VOICE

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.

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