WED Lab Special COVID-19 Webinar Series

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Featured Panelist:

- Rachel Kiddell-Monroe (MSF)
- Jane Linekar (Mixed Migration Centre)
- Celina de Sola (Glasswing)
- Stephanie McBride (WUSC)

Using a gender lens to address COVID19 response in Refugee Settings

COVID-19 has become an unprecedented global crisis. The pandemic and its associated economic crisis have exposed pre-existing structural inequalities around the world, with disproportionate effects on women and girls. These inequalities are compounded for the millions of refugees living in refugee settings. For refugees, COVID-19 is a health crisis, a socio-economic crisis, and a protection crisis. Around the world, refugees and migrants are suffering immense and unique challenges from the physical and political effects of COVID-19. The unique challenges experienced by these vulnerable populations are complex: living in crowded conditions that make social distancing and lockdowns impossible, weak or nonexistent health care facilities, and lack of access to clean water for hand washing. These challenges are in addition to the existing challenges that refugee settings were grappling with prior to the pandemic (food shortages, access to schools, conflict prevention). Additionally, the unprecedented travel and mobility restrictions intended to prevent the spread of COVID-19 has had multifaceted impacts which, in combination, foster an environment where refugees and migrants, particularly those in irregular situations, are put at extreme risk.

Against this backdrop, there is a disproportionate impact on women and girls in refugee settings. The webinar highlighted many of the challenges experienced by women and girls. Some of the key challenges shared by all the panelist is the loss of livelihoods for women (who predominantly work in the informal sector), labour exploitation, food insecurity, limited access to sanitary pads and other resources typically provided at the school level (and no longer available as a result of school closures), increase in domestic violence, transactional sex, teenage pregnancy, forced marriage, and exploitative child labour practices. While these challenges for women and girls existed pre-pandemic, they have been exacerbated during the pandemic as funds are being redirected from basic services to support COVID19 health care and research and development.

Additionally, the misinformation around COVID19 has led to increases in fear and stigma that have worsened the situation for women and girls. This misinformation has led to the perception of migrants as vectors of disease and further isolated them from communities. Similarly, the misinformation has led to women fearing getting COVID19 as a result of visiting health facilities. This fear has prevented women from accessing emergency health related to violence, SHRH planning services, and maternal and child health. As the pandemic continues, evidence is showing that women are continuing to be isolated at home in conditions that put them at risk and adolescent girls continue to shoulder the increase in demands on domestic duties (with many of them having limited time and connectivity to participate in remote learning).

Research Priorities

Priority 1:

Much of the data around COVID19 in refugee settings are using sex-disaggregated indicators but there is not sufficient analysis of data from a gender lens to truly understand the unique needs of refugee women and girls. It is important to do more participatory action research with adolescent girls and assess the existence and effectiveness of community-drive protection strategies to prevent and mitigate impacts of the pandemic. An important research question to ask is how do we involve women and girls to develop research in refugee settings in order to not make assumptions about programming and planning?

Priority 2:

How can we provide cash transfers in a contactless way (e.g. through mobile money) to reduce the spread of COVID19 in a refugee setting where cash is optimal and access to banks are limited.

Priority 3:

A key factor in ensuring effective support to refugee women and girls is by having a better understanding of what is working in refugee settings to mitigate the effects of COVID19. Researchers and practitioners should be asking how we can activate local systems of prevention, detection, protection, and referral-particularly focused on returned migrants, and refugee women and girls.

Policy Implications

Implication 1:

COVID19 has provided an opportunity for a paradigm shift. Resources are often centralized with governments making decisions that does not leverage the community health organizations and as a result ignoring the unique needs of the population. For migrant or isolated communities, especially those formed by stateless individuals on the move seeking asylum, public health services often fall short of providing the specific needs of the concerned population. In such settings, it is essential to empower communities through information, resources, coaching and support, and the capacity to build their own emergency preparedness plan.

Implication 2:

There is a need to adapt policies to ensure social protection mechanisms are women and girl centred (i.e. cash transfers, safe spaces where girls and women can convene for support, to report abuse, and to seek help).

Implication 3:

Better communication dissemination to address to misinformation and fears women have around contracting COVID19 at health facilities will help the estimated 18 million women who will not receive access to SRHR services as a result of misinformation and fear. For many in these marginalized populations who do not have reliable access to internet, more conventional means of communication, such as radio programming, should be explored, but with special attention to reaching women and girls.

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