Now and the Future - Pandemics and Crisis:

Gender Equality, Peace and Security in a COVID-19 World and Beyond

1. Introduction

The impact of COVID-19 is deeply gendered. Gender-conflict analysis and women and girls' human rights should therefore be at the centre of short- and long-term global responses and recoveries to COVID-19, future pandemics and crises. Responses must assess the virus' disproportionate impact on people, communities and countries inclusive of their intersecting identities such as gender, age, race, sexual orientation and gender identity, religious and ethnic minorities, with due regard to issues of socio-economic position, relationship status and disability. Furthermore, any response should take into account how the pandemic and future pandemics and crises impact conflict dynamics which are gendered in themselves. Responses need to account for the long-term impact of COVID-19, as well as the impacts that future emerging crises and pandemics will have on rising inequalities and conflict.

Research

Following Gender Action for Peace and Security's (GAPS's) 'Call to Action Now and the Future: COVID-19, Gender Equality, Peace and Security', 22 partners in 10 countries designed a multi-country participatory research project assessing the impact of COVID-19 on peace, security and gender inequality. Partners include ABAAD – Resource Center for Gender Equality, ActionAid, Association of International Development Agencies (AIDA), Afghan Women's Resource Centre (AWRC), ASUDA – Empower Women to Lead, CARE International, Enlightened Myanmar Research Foundation (EMReF), GAPS, GENFAMI, International Alert, Iraqi Women Network (IWN), Legal Action Worldwide (LAW), Mercy Corps, Nasnaha Charitable Foundation, Saferworld, Somali Women's Development Centre (SWDC), Womankind Worldwide, Women Advocacy Research and Documentation Centre (WARDC), Women for Women International (WfWI), Women's Center for Legal Aid and Counseling (WCLAC), Women's International League for Peace and Freedom (WILPF), and Women's International Peace Centre (WIPC).

This body of evidence will enable governments, the international community[1] and civil society to better respond to COVID-19, future pandemics and crises, as well as deliver on their commitments to the women, peace and security (WPS) agenda. In this participatory research, over 200 organisations in Afghanistan, Colombia, Iraq, Lebanon, Myanmar, Nigeria, Palestine, Somalia, Uganda and Ukraine were consulted on the impact of COVID-19 on gender equality, peace and security. The organisations outlined recommendations for the local, national and international response to COVID-19, future pandemics and crises.

[1] The international community includes governments, multilateral agencies, INGOs, donors and funds.

The consultations were designed using the Beyond Consultations tool[2]. Country reports for each of the countries outline context-specific recommendations[3]. This report outlines the findings across all 10 contexts and overarching recommendations. For safety reasons the participant organisations are not named in this report, but all project partners are grateful for their time, knowledge and expertise, particularly whilst responding to a global pandemic which has impacted the time and resources of civil society and increased women and girls' unpaid care.

Findings

This project, report and evidence base provides clear recommendations to ensure responses to COVID-19, future pandemics and crises are based on sound, participatory, effective gendered analysis that focuses both on peace and gender equality. The recommendations will enable governments, multilateral agencies, donors, INGOs and civil society to deliver more effective policies and programmes that consider the differential impact of COVID-19 as well as future crises and pandemics. The recommendations in this report are developed through desk-based studies and Key Informant Interviews (KIIs) with over 200 organisations in 10 countries. The recommendations address the need to: develop gendered emergency response plans; ensure access to, and investment in, comprehensive healthcare; ensure provision of sexual and reproductive health services and rights (SRHR); consider gender-based violence (GBV) prevention, protection and response as essential; transform economic models, livelihoods and social protection, and address unpaid care; increase gender-sensitive and equal access to information, technology and online safety; prioritise peace and reduce militarism and insecurity; improve women's meaningful participation in public, private and political spheres; fund women's rights and feminist organisations, networks and movements; and invest in accountability, transparency and transformative approaches.

This body of evidence outlines that the impact of COVID-19 is exacerbating existing gender inequalities as well as conflict and insecurity. The effects of COVID-19 are global, but are not universal. Whilst there are recurring themes across all contexts, they manifest themselves differently dependent on contexts and women and girls' intersecting identities. The analysis shows that the impact on women, girls, men and boys is magnified if they are: from a minority race; from a religious or ethnic minority; living with a disability; living in a rural area or territory; of a perceived 'low' class or socio-economic status; young or older; LGBTQI; widowed, single or in a female-headed household; displaced; or have insecure immigration status.

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[2] The Beyond Consultations tool supports the international community in more meaningful consultation with women affected by conflict. Using the tool, partners ensured that the KIIs were intersectional and therefore included women and other members of excluded and marginalised groups. This included youth, young women and girls, people with disabilities, women of diverse minorities, refugees and IPDs, women and groups representing religious and ethnic minorities, rural-based women's groups and organisations, and CSOs and organisations based in at least three to five regions in each country.

[3] Please click on the context to take you to the country report: Afghanistan, Colombia, Iraq, Lebanon, Myanmar, Nigeria, Palestine, Somalia, Uganda and Ukraine.

COVID-19 has increased marginalisation of these groups, as will future pandemics and crises, if there is not global progress on women and girls' rights and the WPS agenda. The WPS agenda provides an essential framework for sustainable policy and programming which, if implemented, will achieve more peaceful societies and women and girls' rights. This participatory research and its recommendations can catalyse the future delivery of WPS objectives by initiating new or strengthening existing relationships between governments, the international community, civil society and women's rights and feminist organisations. It is therefore essential that current and future prevention, responses and recoveries are tailored to ensure they meet the diverse rights, needs and experiences of women and girls.

Funding

The recommendations for the global response and recovery to COVID-19, future pandemics and crises in this report require funding and immediate changes to current funding models. It will require donors to ensure they increase access to long-term, direct, core and flexible funding for WROs especially those based in the global south including those working at the intersections of marginalised identities, in the long-term. It will also require donors to amend their funding models for emergency response to ensure that during crises, they can make quick, participatory decisions to guarantee funding to programmes as well as ensuring reporting flexibility for partners. Underpinning these recommendations is therefore the need for donors and governments to increase funding for gender equality, including through direct funding to WROs, as well as track their budgets and official development assistance to assess whether there is indeed an increase in funding to women and girls' rights. Without earmarked funding for WROs and dedicated funding to gendered responses, women and girls' rights will not be possible and peace and security further away.

Social norm change

The findings in this report and pervasive gender inequality are directly linked to patriarchy, power and social norms that exclude and marginalise women and girls and undermine their rights, needs and experiences, particularly for internally displaced persons (IDPs), refugees, ethnic or religious minorities, older, adolescent, or widowed women and girls. The recommendations in this report require donors and governments to support and fund social and gender norm change that focuses on holistic and transformative approaches, which engage with a comprehensive range of stakeholders that impact (by both supporting and blocking) the uptake of gender equality initiatives. Social norm change should be integrated across all pandemic response and recovery as well as long-term approaches including in the peacebuilding, humanitarian and development sectors, through conducting gender analysis of conflict and crisis as well as supporting the work of national NGOs, CSOs, WROs and feminist organisations. This will also require funding for programmes that work across the intersection of peacebuilding, humanitarian and development sectors.

Comprehensive approach to pandemic and crisis response, and achieving the WPS security agenda

The recommendations outlined in this report are interconnected. Often themes connected to one recommendation are related to others, for example GBV prevention, protection and response will only be effective if women and girls participate in the design of programmes and policies, and similarly women and girls will only be able to participate in socio-economic and political life if they can live free from violence. The social norms that cause and perpetuate gender inequality cut across all of the recommendations. This includes the links between patriarchy and social norms, where patriarchal decision-making structures that exclude women and girls also actively enable militarism which has resulted in further marginalisation. It is therefore essential that when the international community and governments implement these recommendations that they do so comprehensively. Only addressing and prioritising one recommendation will mean that COVID-19 response and preparedness for future pandemics and crises will continue to exclude women and girls and will further exacerbate gender inequality, insecurity and conflict. Conversely, addressing all of these recommendations and ensuring responses recognise their interconnectedness will lead to approaches that are transformational, better deliver women and girls' rights, and move towards peace.

2.Recommendations

2.1. **Develop gendered emergency response plans:** Gendered emergency response plans to pandemics and crises should be developed by governments and supported by the international community at the onset of crisis and be updated regularly as the situation evolves. Emergency response plans should account for the differential impact of COVID-19 and future pandemics and crises on women, girls, men and boys considering their intersecting identities. For COVID-19 response, where gendered emergency response plans exist, they should be updated and monitored regularly, and where they do not exist, they should be developed as an immediate priority. Such plans should be inclusive of the rights, needs, interests and experiences of diverse women and girls. Such plans should be closely developed with civil society (specifically WROs), be participatory and account for differential local and regional contexts. They should be based on intersectional gender-conflict analysis and data that is inclusive of, and disaggregated by, gender and other intersecting identities including but not limited to: age, race, sexual orientation and gender identity, religious and ethnic minorities, with due regard to issues of socio-economic position, relationship status and disability.

2.2. **Ensure access to, and investment in, comprehensive healthcare:** In the long-term, healthcare services, governments and the international community should increase investment that addresses the historical de-prioritisation and underfunding of health services, particularly services dedicated to women and girls. Such increased long-term investment should be accompanied with immediate responses that protect and ensure women and girls (including those from remote and conflict-affected settings) can access services. Long- and short-term healthcare services need to ensure that they: are accessible; allow women and girls to have equal access to prevention and protection supplies; are connected to, and work with, local organisations and local authorities; are inclusive of mental health and psychosocial support; support frontline women healthcare workers' safety and wellbeing, especially acknowledging their increased unpaid care outside of work; and deliver for women and girls especially those with multiple and intersecting marginalised identities.

2.3. **Ensure provision of sexual and reproductive health and rights (SRHR) services:** Governments and the international community should fund and prioritise SRHR programmes in COVID-19, future pandemics and crisis response and recovery. Such programmes should ensure services are accessible and that other response mechanisms, such as lockdown measures, do not prevent access to SRHR services.

2.4. **Consider gender-based violence (GBV) prevention, protection and response as essential:** Governments and the international community should fund and, during crisis, consider GBV prevention, protection and response as essential. This would require diverse groups of women, girls and WROs to be meaningfully engaged in the design, monitoring and implementation of responses. Reporting mechanisms and access to justice should be strengthened and coordination mechanisms and referral pathways established that are: inclusive of international and national organisations; accessible; and adapted to the crisis context. Minimum standards and standard operating procedures should be developed for all government and non-governmental service providers. Service provision must be accompanied by legislation, awareness raising and social norm change. GBV prevention, protection and response should be integrated into humanitarian, peacebuilding and development programming. GBV programming should address all forms of VAWG including child marriage, domestic violence, FGM, trafficking, sexual violence, sexual harassment and online violence, as well as the interconnected nature of all forms of GBV. Other response mechanisms should assess the potential impact on GBV before they are put into place to ensure that they do not exacerbate existing inequalities, particularly exposure to violence (see recommendation 1 on gendered emergency response plans).

2.5. **Transform economic models, livelihoods and social protection, and address unpaid care:** In the long-term, economic models must change to ensure they are people- and environment-centred. In the short- and medium-term, governments and the international community should fund livelihood alternatives as well as universal social protection that specifically reaches women in the informal economy and those working in most affected sectors who lost their jobs and income with no social protection or savings to fall to. This should include emergency cash and food security programmes, in addition to the support and establishment of Village Savings and Loans Associations (VSLAs) and access to networks and groups, and training. It should also ensure legal protection to women and girls, particularly those in informal sectors and with insecure immigration status, as well as the provision of protective equipment where necessary. It should also pause the need for loan repayments to institutions, including banks. National and local pandemic response planning must acknowledge and redress women and girls' disproportionate burden of unpaid care.

2.6. **Increase gender-sensitive and equal access to information, technology and online safety:** Governments and the international community should ensure that marginalised women and girls, in remote and conflict-affected settings, can access online education, work, information and spaces. This could include free or subsidised internet access and smart devices to prevent further exclusion. Online platforms should ensure that women and girls who access online spaces are free from defamation, attacks, and online threats, and should challenge misinformation spread online. Emergency plans should also consider connectivity beyond the internet, to areas that have no electricity or are affected by electricity cuts. In addition to online spaces, 'know your rights' and service provision awareness campaigns should be provided. Such awareness raising campaigns should be targeted at women and girls, as well as people who have decisions over their lives. The campaigns should ensure they systemically challenge disinformation.

2.7. Prioritise peace and reduce militarism and insecurity: Governments and the international community should ensure that responses to COVID-19 and future crises and pandemics are people-centred and focus on the needs of the community, rather than authorities. They should ensure crisis response measures, particularly if security services are involved in implementation, are gendered and do not negatively impact women and girls. This will require continuous gender-conflict analysis to mitigate militarised responses to crisis. States should stop the supply of weapons and military equipment during crisis. The international community and governments should advocate for peace, ceasefires and the removal of pre-existing shutdowns or blockades to ensure crisis is not further exacerbated by increases in conflict and insecurity.

2.8. Improve women's meaningful participation in public, private and political spheres: Governments and the international community should support the short- and long-term meaningful participation of women and girls in all public, private and political spheres. They should ensure that there is a gender balance in all decision-making teams at local, national and international levels. This should, at least, ensure women and girls' political participation in all peace process tracks is prioritised. Quotas should be deployed globally to increase women and girls' participation; however, this participation should ensure it is intersectional, emphasising the active and meaningful participation of the most marginalised groups of women and girls, not just those most commonly able to access decision-making spaces. Governments and the international community should support women and girls' networking and safe spaces and engage WROs in the design, implementation and monitoring of participation programming.

2.9. Fund women's rights and feminist organisations, networks and movements: Governments and the international community should formally acknowledge and adequately resource the essential role of women's rights and feminist organisations, networks and movements through direct, core, flexible and long-term funding. They should enable women's rights organisations, networks and movements to amend their programming during acute crisis response and recovery without prior donor agreement or reporting requirements. International NGOs and donors should engage in sound and equal partnerships that focus on the national and local contextual needs rather than international and donor priorities. Women's rights organisations, networks and movements should be supported with psychosocial support to ensure frontline staff have access to services for their own wellbeing. Where necessary, facilitate the strengthening of women's rights organisations, networks and movements especially through availing flexible funding so that they design their own organisational strengthening and support the wellbeing of their staff and communities as necessary.

2.10.Invest in accountability, transparency and transformative approaches: Governments should ensure that they are accountable to the people in their country. The international community should ensure that its funding is in the interests of the country they are working in and that the funding is transparent and recipients accountable. This should ensure public accountability on the use of funding, particularly funding for crisis response, and that donors and governments are accountable for pandemic response funding. It should also ensure that national revenue, such as through tax collection is equally undetaken and distributed. Governments must address corruption, particularly corruption related to pandemic response. Donors should use diplomatic space to advocate for accountability, transparency and civil society space. Furthermore, donors should have and fund policies and programmes that address patriarchal social norms that perpetuate gender inequality.

3.Recommendations and Evidence

3.1. **Recommendation 1:**

Develop gendered emergency response plans: Gendered emergency response plans to pandemics and crises should be developed by governments and supported by the international community at the onset of crisis and be updated regularly as the situation evolves. Emergency response plans should account for the differential impact of COVID-19 and future pandemics and crises on women, girls, men and boys considering their intersecting identities. For COVID-19 response, where gendered emergency response plans exist, they should be updated and monitored regularly, and where they do not exist, they should be developed as an immediate priority. Such plans should be inclusive of the rights, needs, interests and experiences of diverse women and girls. Such plans should be closely developed with civil society (specifically WROs), be participatory and account for differential local and regional contexts. They should be based on intersectional gender-conflict analysis and data that is inclusive of, and disaggregated by, gender and other intersecting identities including but not limited to: age, race, sexual orientation and gender identity, religious and ethnic minorities, with due regard to issues of socio-economic position, relationship status and disability.

Background

The majority of emergency response plans for COVID-19 are not responsive to the gendered nature of the pandemic or have not included women and girls in the design. As a result, emergency response plans have further excluded many women and girls, particularly women and girls who were marginalised before the pandemic. Decision-makers have often not undertaken participatory needs analysis. The resulting emergency response plans have not been inclusive of civil society or ensured they account for local and regional differences. Future (re-)development of COVID-19 and other emergency response plans must ensure they are gendered if they are to deliver on the rights, diverse needs and experiences of women and girls by ensuring their participation and leadership.

Country evidence

Nigeria has experienced various health crises in its recent past. Lessons learned during those health-related crises have not been implemented or accounted for in the government of Nigeria's response to COVID-19. Participants noted a lack of integration of a gendered perspective into the government's COVID-19 response and recovery planning at all levels. The response to education is one example: school shutdowns did not consider the

consequential impact on women's livelihoods. Participants highlighted the importance of an intersectional perspective in responding to the pandemic. Women and girls living with disabilities, LBTQ women and girls, rural women and girls, internally displaced women and girls, and women and girls living in poverty have experienced further distinct impacts as well as the exacerbated gender inequalities as a result of marginalisation. Common to all these groups is their continued exclusion from participation and decision-making in the design and implementation of interventions.

Women and girls have borne the brunt of the crises that Iraq has experienced in recent decades, including but not limited to COVID-19. No adequate services or assistance have been offered to them and they have not been sufficiently covered by protection and prevention programmes, increasing likelihood of violence, harassment, poverty and marginalisation. For example, during COVID-19, IDPs were forced to return to their areas of origin. Most IDPs are female breadwinners and single heads of households who prefer to stay in camps, where they can receive food assistance and other services unavailable in areas of return. In Iraq, following the consecutive and concurrent crises (displacement, spread of extremist groups, floods, and severe economic and social hardships including poverty, exclusion and marginalisation), it is essential that the long-term impact of these crises is integrated into emergency plans by investing in medium- and long-term preventive efforts. This will ensure that when crises fade away, the economic, social and cultural effects (including loss of income and high levels of insecurity) will be easier to address.

In **Myanmar**, despite most frontline responders being women during times of crises, including during the COVID-19 pandemic, the formal governing mechanisms and decision-making structures established to manage response and recovery planning have remained largely gender-blind with low levels of women's representation. Research participants highlighted that women have been consistently unable to access these critical COVID-19 decision-making spaces at the national and local level. The government relied heavily on existing township and ward administrators to implement its social protection measures, which are almost exclusively dominated by men. As such, there was widespread consensus across participants that the gendered impact of COVID-19 has not been appropriately or sufficiently reflected or responded to, and to address these gaps, women's rights actors, including WROs, should be given a primary 'seat at the table' in shaping response and programming priorities.

In **Palestine**, even before the COVID-19 crisis, women's participation in decision-making was limited. This did not improve during the preparation and implementation of the COVID-19 response. WROs felt that the COVID-19 response plan not only did not include them but also marginalised their work. The Palestinian Authority's (PA's) main goal was to manage the health situation and control the spread of the virus by imposing movement restrictions. This sole focus on the health aspects overlooked other important services and specific women and girls' needs. For example, some women's support centres were closed to expand health centres. In addition, the majority of workers in the quarantine centres were male, making it difficult for women who were required to stay in the centres and harder for them to get comprehensive needs met.

Uganda's COVID-19 response measures did not consider the specific needs of women and girls. When the lockdown was imposed, the security sector implemented crackdown measures without considering women and girls' continued needs. Participants highlighted that pandemic outbreaks affect different groups of people in different ways. The COVID-19 outbreak therefore had intersecting ramifications for marginalised groups such as people with disabilities, youth (particularly girls) and people in extreme poverty – with women and girls in these groups experiencing the most significant impacts. As such, pandemics have the capability of exacerbating intersecting gender inequalities and escalating social injustices during the time of the crisis. These impacts need to be understood and included in pandemic response.

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3.2. Recommendation 2:

Ensure access to, and investment in, comprehensive healthcare: In the long-term, healthcare services, governments and the international community should increase investment that addresses the historical de-prioritisation and underfunding of health services, particularly services dedicated to women and girls. Such increased long-term investment should be accompanied with immediate responses that protect and ensure women and girls (including those from remote and conflict-affected settings) can access services. Long- and short-term healthcare services need to ensure that they: are accessible; allow women and girls to have equal access to prevention and protection supplies; are connected to, and work with, local organisations and local authorities; are inclusive of mental health and psychosocial support; support frontline women healthcare workers' safety and wellbeing, especially acknowledging their increased unpaid care outside of work; and deliver for women and girls especially those with multiple and intersecting marginalised identities.

Background

Healthcare systems have historically been underfunded. In many of the countries this research focuses on, existing fragile healthcare systems were already difficult to access prior to COVID-19 especially in conflict-affected settings. The pandemic has exacerbated this fragility and inaccessibility, impacting women and girls' health. In some contexts, patriarchal social norms have prevented women and girls accessing healthcare services alone without family members present, in others COVID-19 restrictions have stopped internal and cross border travel, preventing access to health facilities made already difficult by long distances. These have often been blanket policies without exceptions for medical care or GBV services. This has had a particularly extensive impact on maternal health where women and girls have been prevented from accessing essential services, with some being turned around at roadblocks. There has been discrimination in the provision of protective equipment such as masks, gloves and sanitiser, and in access to COVID-19 testing where it is available. Stigma has prevented access to treatment for refugees, ethnic minorities, pregnant women and adolescent girls and LGBTQI people. Women working in the health sector have not

been offered psychological and wellbeing support, despite their professional and unpaid care responsibilities increasing. Investment in healthcare needs to ensure that it addresses the diverse needs and accessibility for women and girls as well as prioritising healthcare as a fundamental human right.

Country evidence

In **Afghanistan** prior to the COVID-19 outbreak, healthcare provision was extremely fragile. This has been particularly highlighted by the lack of health infrastructure and human resources. Women and girls in Afghanistan have unique and specific healthcare needs – and, pandemic aside, have historically been unable to access the services they require, especially in the most rural and marginalised areas. This has been further compounded by COVID-19 and the strict measures put in place to restrict virus transmission, meaning that women and girls were unable to leave their homes to travel a significant distance to access medical and healthcare services. A number of participants made reference to restrictive 'social norms preventing women's medical care at a time of increased need'. For example, it was reported that only 15 per cent of nurses and two per cent of medical doctors in Afghanistan are women, which leads to extensive shortages in female healthcare. The same social norms that prevent women from working in healthcare, also prevent them from accessing it. Many families do not allow their female family members to be treated by male doctors, leading women to have less access to COVID-19 testing and treatment facilities.

In **Lebanon**, participants reported that migrant domestic workers, refugee women, elderly women, widows, women with children, and gender non-conforming persons were most affected by COVID-19. They lacked the financial resources to access essential health services and COVID-19 testing. Syrian refugee women and girls, migrant domestic workers, elderly women and gender non-conforming people also lacked the mobility to access medical support. Participants reported that nurses, who are predominantly women, were at high risk of exposure to the virus. They also worked for long hours with precarious conditions. The safety and wellbeing of essential workers who have additional care-giving responsibilities should be supported.

In **Ukraine**, access to healthcare services has affected women and girls, including the need to pay for COVID-19 tests which many cannot afford. COVID-19 tests are approximately $88 (20 per cent of average monthly wages), making them largely unaffordable and therefore preventing women and girls access to healthcare services. Women in rural areas who seek healthcare are deemed as 'sick' by the community and stigmatised. There is a lack of spaces for transgender women and men in healthcare facilities, restricting their access. Access is further restricted for ethnic minorities such as Roma people who are often refused care.

In **Colombia**, strict lockdown measures had been imposed by the national government for several months impeding women's and adolescents' access to health services especially in remote and rural locations. Indigenous people and other ethnic minorities were barred from access partly because their homes tend to be rural and remote, but also due to movement constraints imposed by a variety of non-state armed actors. More than half of all Venezuelan refugees and migrants are in irregular conditions and thus barred from regular health services and often depend on international or local organisations for health services.

In **Nigeria**, participants highlighted that women and girls are unable to access regular healthcare services. In instances where women and girls were prevented from accessing healthcare services, participants identified the following issues: lockdown restrictions on mobility; hostile attitudes of health officials towards patients suspected of being COVID-19 positive; a lack of availability of protective equipment to lower the risk of exposure to COVID-19 in hospitals for staff and patients; prohibitive travel costs as a result of loss of income; and the closure of health facilities or limited services. Many participants noted that women and girls with disabilities, internally displaced women and girls, LBTQ women and girls, and women and girls from poor and rural communities were particularly affected by difficulties in accessing healthcare, highlighting the need for responses that account for intersecting identities and prioritise the needs of those in the most marginalised positions.

In **Palestine**, a major challenge, especially for those living in Gaza and Area C of the West Bank[4], is access to healthcare. This issue became life-threatening during COVID-19 as Gazans were unable to obtain critical medical care outside of Gaza, due to COVID-19-related movement restrictions and the suspension of permit coordination between the Palestinian Authority (PA) and the Israeli government. In addition, inside Gaza, Palestinians with refugee status receive most of their services (including education, healthcare, social services, camp infrastructure and improvement, and emergency assistance) from the United Nations Relief and Works Agency for Palestine Refugees (UNRWA). UNRWA suffers from an ongoing financial crisis that impacts the services they provide. In East Jerusalem and Area C of the West Bank, COVID-19 testing remains insufficient. COVID-19 testing centres for Palestinian neighbourhoods in East Jerusalem, especially for those behind the separation barrier, were only set up after advocacy efforts by civil society. This is part of a larger, long-term challenge as tens of thousands of Palestinians living in East Jerusalem lack permanent residency documents and thus are excluded from social benefits under the Israeli national insurance system, including any testing and healthcare.

In **Uganda**, the COVID-19 pandemic revealed the weaknesses in the healthcare systems as it lacked the capacity to plan effectively for COVID-19 patients, including effective testing. Due to the weak health systems, including lack of health infrastructure and human resources, Uganda, like many countries, focused mainly on prevention of the pandemic, paying little or no attention to other health needs. This led to many deaths from malaria and maternal health and, as a KII participant reported, prevented access to ante-natal services due to the distance and the government restrictions that ignored any other health issues and concentrated only on prevention of COVID-19 spread.

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[4] The West Bank is divided into three areas; Area A is under full Palestinian control, Area B is under Palestinian administrative control and Israeli security control, while Area C, which accounts for 60 per cent of the West Bank's geography, is under full Israeli control.

Recommendation 3:

> **Ensure provision of sexual and reproductive health and rights (SRHR) services:** Governments and the international community should fund and prioritise SRHR programmes in COVID-19, future pandemics and crisis response and recovery. Such programmes should ensure services are accessible and that other response mechanisms, such as lockdown measures, do not prevent access to SRHR services.

Background

COVID-19 prevented access to SRHR programmes globally, and particularly in conflict contexts. Such services were often inaccessible or difficult to access before the pandemic, including for refugees and IDPs, adolescent pregnant women and LGBTQI people. The pandemic response prioritised responses to COVID-19 without considering SRHR services which the demand for does not stop during a pandemic, and arguably increases as a result of pandemic response measures such as school closures and lockdowns, as well as impacts on household livelihoods. Distances to the SRHR services, lockdown measures and roadblocks all prevented access to these essential services. This resulted in increased maternal deaths, no provision of PEP kits for victims and survivors of rape, and no access to antiretroviral drugs. COVID-19, future pandemic and crises response and recovery plans need to ensure that SRHR is an essential service that continues and is considered.

Country evidence

Despite SRHR being one of the services prioritised by the government in Somalia's COVID-19 plan, participants reported that during the COVID-19 pandemic, SRHR services were very limited, as the focus shifted to averting the pandemic. The Somali health system is dominated by private hospitals and clinics with an irregular service provision, particularly in rural areas. Most of the services were either provided minimally or were not available, as many private hospitals decided to stop admitting patients during the pandemic. This made it hard for pregnant and lactating women to have access to health services, as well as for people in need of treatment for sexually transmitted infections, GBV survivors (including female genital mutilation (FGM)), and women seeking family planning services. The COVID-19 pandemic affected mother and child health (MCH) services-delivery as there were inadequate supplies, including accessibility to antibiotics, which resulted from the shutdown of international flights and reduced maternal and reproductive health services.

In **Colombia**, structural, gendered inequality is recognised by the government as a public health issue and a human rights concern. The public policies of sexuality and SRH rights are shaping the services in emergency settings. Those however have been insufficient to meet needs and were lacking cultural sensitivity. The SRHR services shrank due to the secondary impact of the pandemic. As access to contraception decreased, risks for teen pregnancies and STDs mounted. Ante-natal controls decreased due to mobility restrictions, fewer health teams in SRHR services and simply due to fear of contracting COVID-19 at the health facilities.

In **Lebanon**, COVID-19 response has side-lined women and girls' SRHR which can lead to life-threatening complications. CSOs, including the Inter-Agency Working Group on Reproductive Health in Crises have recommended the full implementation of the Minimum Initial Service Package (MISP) for reproductive health in emergencies. The national government and the international actors play an important role in providing sustained funding to ensure that such essential services and needs are met. Additionally, service providers must be sensitised to the unique needs of the community with which they are working.

In **Nigeria**, poverty and rurality amongst other factors, exacerbate the risk of violence against women and girls (VAWG) and the difficulty in accessing comprehensive services, including SRHR services. Some participants noted that travel restrictions as part of COVID-19 measures have reduced the number of staff who are able and/or willing to work from healthcare facilities that specialise in responding to VAWG and in the provision of SRHR services.

In **Ukraine**, the only access to gynaecologists was for 'serious cases', otherwise they were unavailable. Access was further restricted because women and girls needed expensive COVID-19 tests (approximately $88, 20 per cent of average monthly wages) to access any health service including SRHR. As a result of the pandemic and long-term inequality and conflict, women and adolescent girls reported being fearful of having children. Given the lack of access to SRHR services, women and girls' only option for terminations were unsafe abortions. Negative attitudes to women living with HIV are pervasive. This was compounded by a lack of access to antiretroviral drugs, particularly because of border closures and resulting reduction in medical supplies. Transgender men and women were also unable to access hormone therapy.

3.4. Recommendation 4:

Consider gender-based violence (GBV) prevention, protection and response as essential: Governments and the international community should fund and, during crisis, consider GBV prevention, protection and response as essential. This would require diverse groups of women, girls and WROs to be meaningfully engaged in the design, monitoring and implementation of responses. Reporting mechanisms and access to justice should be strengthened and coordination mechanisms and referral pathways established that are: inclusive of international and national organisations; accessible; and adapted to the crisis context. Minimum standards and standard operating procedures should be developed for all government and non-governmental service providers. Service provision must be accompanied by legislation, awareness raising and social norm change. GBV prevention, protection and response should be integrated into humanitarian, peacebuilding and development programming. GBV programming should address all forms of VAWG including child marriage, domestic violence, FGM, trafficking, sexual violence, sexual harassment and online violence, as well as the interconnected nature of all forms of GBV. Other response mechanisms should assess the potential impact on GBV before they are put into place to ensure that they do not exacerbate existing inequalities, particularly exposure to violence (see recommendation 1 on gendered emergency response plans).

Background

GBV was a shadow pandemic before the COVID-19 crisis. It is perpetuated in every society as a system of control and power. Existing patriarchal social norms and women and girls' exclusion from socio-economic and political participation have intersected with COVID-19 causing rapid increases in GBV, the impact of which will stay long after this crisis. The lockdown restrictions, impact on livelihoods and reduction in access to service provision are not excuses for GBV, but have been triggers in the extensive global increase in all forms of GBV including child marriage, domestic violence, FGM, trafficking, sexual violence, sexual harassment and online violence. School closures, increased militarisation and lockdown measures, increased unemployment and economic vulnerability, rising mental health impacts, straining of social resources and support networks, and increased challenges in attaining masculine roles and expectations (jobs, providing for family) have all exacerbated the extent of GBV. There has been an increased demand in service provision, yet GBV services and service providers were often unable to carry out their important work as their roles were not considered essential. Responses to GBV must be inclusive and comprehensive. They must ensure that GBV services are not only considered as essential, but also that GBV prevention is prioritised, reporting mechanisms strengthened and legislation passed to provide the necessary legal framework.

Country evidence

In **Uganda**, the lockdown and ensuing restrictions had an unprecedented impact on cases of domestic violence, which increased as a result of the COVID-19 pandemic. Before the lockdown, 46 per cent of women and girls experienced some form of physical violence from their partners, but this increased to 56 per cent by the first week of the first phase of the lockdown. Situations of financial strains, household tensions and psychological distress are not an excuse to commit GBV but often involve and trigger GBV. Domestic violence has increased as a result of the financial strains arising from the pandemic, yet most organisations that were engaged in GBV prevention and response had to suspend or scale down their work, in adherence to lockdown measures. In Uganda, school closures resulted in many girls being left at risk of teenage pregnancy, early child marriage and GBV. This has already led to increased teen pregnancies, which have associated stigma and prevents girls from returning to school', thus resulting in life-long impact on the lives of the girls.

In **Myanmar**, research participants outlined increases in GBV, emphasising the increased rates of intimate partner violence (IPV) connected to entrenched patriarchal norms, restricted movement, the increased use of drugs and alcohol, food insecurity, financial pressures, and job insecurity. This is noted across the country, including for IDPs in Rakhine, in urban parts of Yangon, and in Kachin where men have returned from the China border without employment. In addition, participants noted that the closure of schools has meant that in some circumstances girls were particularly marginalised and were at higher risk of different forms of sexual exploitation and abuse. Several participants expressed concerns over the increasing levels of child, early or forced marriage (CEFM) because of growing pressures on families.

In **Somalia**, GBV reporting has increased during the COVID-19 period. Most reported cases are of physical violence both in and outside the house, sexual abuse and harassment, IPV, rape, CEFM and particularly FGM.[5] The increase in FGM has been linked to girls being at home because schools are closed and some practitioners taking it as an opportunity to increase their practice, and that awareness raising programmes with communities on the dangers of FGM were stopped. WROs have been at the frontline of providing GBV response services[6], and despite the noted increase in GBV during the pandemic, up to 36 per cent of GBV service providers have reported that COVID-19 has had a great impact on GBV service provision, making it difficult for survivors to get support, such as health and psychosocial assistance and legal aid. This has also come at a time when advocacy to pass the Sexual Offences bill is being met with backlash in parliament (including an altered version ignoring the demands of CSOs, WROs national and international organisations because of different reasons, including that it allowed CEFM).[7]

Research participants stated that, in **Afghanistan**, the measures that have been taken to contain the outbreak, along with economic concerns and stress and cramped living conditions, are contributing to further increases in GBV. Furthermore, isolation caused by lockdown measures, not only increases the risk of experiencing violence but makes it more difficult and dangerous to seek help. KII participants outlined that COVID-19 is leading to a reduction in the availability of vital services needed to respond to this increased prevalence. As limited resources have been diverted to address COVID-19, little or no attention has been paid to other health issues. Designating domestic violence and SRH services (including emergency shelters) as essential and funding WROs who are responding on the frontlines is required.

In **Colombia**, a significant increase in GBV cases in private homes affecting domestic workers in particular, and social contexts in public settings, were observed after the onset of the pandemic. Despite the mounting calls for protection and response, fewer cases reached the justice system. GBV is an endemic public health and a human rights issue in the country. GBV occurs in urban and rural areas, with a higher prevalence in areas and zones affected by armed conflict as well as refugee and migration influx. The violence affects almost exclusively women, adolescents and girls. Specific forms of GBV have seen spikes during the pandemic such as sexual exploitation and human trafficking for online violence; exposing girls, adolescents and women to these crimes. There are also reports of forced and early marriages especially in the migrant and refugee communities.

In **Iraq**, major forms of violence that have risen under COVID-19 include sexual harassment of women, particularly in rural areas and online, as well as high rates of rape of women and girls by relatives, and a marked rise in underage forced marriages due to school suspensions. Many participants in different governorates suggest suicide rates are rising among women

[5] GBV/FGM Rapid Assessment Report: In the Context of COVID-19 Pandemic, July 2020 GBV AoR Somalia
[6] https://www.saferworld.org.uk/resources/news-and-analysis/post/884-gender-and-covid-19-responding-to-violence-against-women-and-children-in-somalia
[7] https://uk.reuters.com/article/us-somalia-women-rights/outrage-as-somali-parliament-drafts-law-permitting-child-forced-marriages-idUSKCN257200

and young women because of stress or domestic violence. This is a result of an official and governmental failure of the Federal Government of Iraq (FGI) and Kurdistan Regional Government (KRG) to strengthen formal gender-sensitive infrastructure and response systems that observe the standard operational procedures of safe and confidential reporting of violence by survivors. In most of the governorates, research participants indicated that reporting domestic violence is still done through CSOs. During the pandemic, reports are being made through volunteers during missions of aid distribution or COVID-19 awareness sessions, particularly in remote or marginalised areas. Thus, women survivors remain at risk of multiple forms of marginalisation, limited and inadequate reporting and, consequently, access to justice. This is a result of the complexities of the judicial system and its lack of structure and services to promote safe and confidential reporting by women.

In **Nigeria**, most participants reported that the response to COVID-19 has increased VAWG. This is both in the context of increased insecurity as a result of the pandemic and as a result of measures to respond to the pandemic such as lockdowns and social distancing. Higher prevalence of VAWG creates greater demand for services that are already underfunded and that are having to adapt to COVID-19 protocols. It has been particularly difficult, for example, to arrange alternative housing for survivors of domestic or intimate partner violence. In other cases, participants noted that there has been total suspension of services responding to VAWG. A number of participants expressed concern that women and girls' rights and health were being compromised as a result of reduced VAWG prevention and protection efforts. Participants also pointed out that poverty and rurality exacerbate the risk of VAWG and the difficulty in accessing comprehensive services, including SRHR services. Some participants noted that travel restrictions as part of COVID-19 measures have reduced the number of staff who are able and/or willing to work from healthcare facilities that specialise in responding to VAWG and in the provision of SRHR services. This means that survivors of VAWG have reduced access to expert care when accessing services, as well as reduced access to the service.

In **Palestine**, despite the rise in reported GBV cases during COVID-19, it is recognised that many women and girls have not officially reported violence, either to protect their privacy or due to difficulties accessing services during lockdown. The number of helpline services increased during the COVID-19 emergency to meet the rising need, but this was accompanied by technological problems that left some people unable to access services, especially in Gaza where electricity cuts are a daily problem. The majority of calls requested information and mental health and psychosocial support (MHPSS), followed by physical health and abuse and sexual and gender-based violence.

In **Ukraine**, participants reported a drastic increase in GBV driven by economic and food insecurity, masculinity, alcoholism, and confinement. Hotlines and shelters have been unable to meet the increased demand which rose up to 1,000 per cent. The need for COVID-19 tests prior to admittance to shelters leaves women and girls at risk, particularly as there was a 10 to 15 day waiting period for results. A culture of non-interference in other 'families' affairs still persists, meaning victims and survivors are often further marginalised. However, COVID-19 has brought about a new media focus on the topic and it is being discussed at almost all levels. Even after the virus itself has been brought under control, these conditions

will remain, often having been exacerbated or reinforced. Participants working along the line of contact in eastern Ukraine stressed the extremely negative long-term effects of GBV on conflict-affected communities. Longer-term stress factors that could contribute to sustained high levels of VAWG include: increased unemployment and economic vulnerability; re-emergence of strict social norms and gender expectations; rise in mental health conditions and straining of social resources and support networks; and pressures to attain masculine roles (jobs, providing for family), particularly in conflict-affected areas.

3.5. Recommendation 5:

Transform economic models, livelihoods and social protection, and address unpaid care: In the long-term, economic models must change to ensure they are people- and environment-centred. In the short- and medium-term, governments and the international community should fund livelihood alternatives as well as universal social protection that specifically reaches women in the informal economy and those working in most affected sectors who lost their jobs and income with no social protection or savings to fall to. This should include emergency cash and food security programmes, in addition to the support and establishment of Village Savings and Loans Associations (VSLAs) and access to networks and groups, and training. It should also ensure legal protection to women and girls, particularly those in informal sectors and with insecure immigration status, as well as the provision of protective equipment where necessary. It should also pause the need for loan repayments to institutions, including banks. National and local pandemic response planning must acknowledge and redress women and girls' disproportionate burden of unpaid care.

Background

COVID-19, as all crises, has and continues to have a devastating impact on economics, livelihoods, social protection systems (where they exist) and unpaid care. Women, and in some contexts girls, including women and girl refugees and IDPs, make up the majority of those in informal jobs. Their income was hit by the pandemic first and they had no legal protection or support, resulting in immediate and dramatically reduced household income. In many cases social support systems or safety nets do not exist and where they do, the funding was often transferred to COVID-19 response rather than immediate cash transfers and food security programmes. In some contexts, this was exacerbated by the misuse or non-distribution of tax revenues. Where VSLAs are common, these important networking spaces were cancelled meaning women and girls' support networks were also removed. In some cases, where infrastructure allowed, women moved their businesses online and increased their customer base during the pandemic. In addition, to livelihoods being destroyed, women's unpaid care increased significantly during the pandemic resulting in increased and double (if not more) burden. It is essential that crisis response addresses women's unpaid care as well as the impact on livelihoods, both due to women's economic independence and because this intersects with other areas of gender equality including GBV, social norms, access to essential services, and long-term changes in attitudes and behaviours.

Country evidence

In **Iraq**, participants stated that the groups most affected by the economic impact of COVID-19 are low-income families, women in the informal sector, women working in agriculture, female breadwinners and women-heads of households (particularly widows, divorcees and female IDPs, who, according to Oxfam, provide for one in ten families in Iraq). Participants from rural areas noted that the formal response to COVID-19 focuses on major cities and neglects rural areas where women make up 70 per cent of the workers in the agricultural fields. In these areas, many women also work in informal jobs, such as carpet making or fishing, which exposes them to further challenges and risks under COVID-19. In the short-term, the FGI and KRG should provide emergency cash transfers to the most marginalised women or those at risk, as an additional means to protect them from GBV risks. In the medium- and long-term, the FGI and KRG should invest in human capital, strengthen productive sectors and provide legal protection to women working in all sectors against arbitrary dismissal or employment without a contract. Women's economic participation in the informal sector must also be addressed to allow them to access social security.

In **Colombia**, WROs reported that women experienced the economic consequences of the pandemic disproportionately, often losing jobs and livelihoods, or having to accept an increased risk of infection in exchange for continuing their livelihood activities. During the pandemic, working women were affected in different ways. Those who had a job in the services industries such as restaurants, hotels and tourism sectors often lost their employment. Those depending on informal economic activities were affected by the strict quarantine, as many income opportunities ceased to exist. Women working in essential services such as health and domestic workers, faced an increased exposure to risks of infection.

In **Myanmar**, COVID-19 has added an additional layer to the demand for unpaid care work on women and girls. The restrictions put in place to curb the spread of the pandemic (such as the closures of schools and lockdown measures which have created additional hours of childcare) coupled with women's over-representation in informal employment, has resulted in many women losing their access to income and employment.[8] Specifically, since the start of the pandemic, Myanmar has seen the closure of many garment factories, with restrictions on assembly and lockdown measures. This has had a disproportionate impact on women and girls, as the workforce within the garment industry is overwhelmingly female (an estimated 90 per cent).[9] Some participants noted that some women were using technology as an innovative way to diversify their livelihood options over lockdown periods, including online shopping, selling products online and expanding their customer base, as well as connecting with other women to share market information. This avenue is not open to women in IDP camps, where internet use is banned. Despite its limitations, the government's COVID-19 Economic Relief Plan (CERP) has been acknowledged – even

[8] ActionAid (2020) 'Reporting on Myanmar's Covid-19 First Wave and Its Impact on Civil and Political Space' [Online Resource], available at: https://myanmar.actionaid.org/publications/2020/reporting-myanmars-covid-19-first-wave-and-its-impact-civic-and-political-space

[9] EMReF (2017) 'The Young Women from Rural Villages Powering an Urban Industry: A Baseline Survey of Yangon's Garment Sector Workforce', available at: https://www.emref.org/sites/emref.org/files/publication-docs/ygfdigital_version_eng-ca_report.pdf

by critics – as a comprehensive welfare effort, and Myanmar's first national level social protection scheme with food and cash transfers. The CERP included macro-economic measures; lending to small and medium enterprises (SMEs); and a plan for community welfare with a strong social protection component.

In **Nigeria**, most participants highlighted that women's economic development and livelihoods have reduced dramatically as a result of the economic impacts of COVID-19. Across Nigeria, job losses or reduced income opportunities have meant that poverty has increased. Women are particularly impacted by losses of informal employment, for example as food vendors or cleaners. Where households have been affected by job losses, salary cuts or other reduced income generation opportunities, the expectation has fallen to women as those responsible for the household to ensure that families have enough to live on. Participants noted that women have struggled to manage household unpaid care and employment during the pandemic either due to financial restrictions or due to time restrictions as they take on further work to secure some income. Participants also reported on the livelihood impact of COVID-19 on women business owners. Lockdowns have affected the operations of markets, which are an essential space for women's income generation activities and employment. In some cases, participants noted that women traders had been arrested and detained for their inability to pay back loans collected from small-scale microfinance banks. Short-term needs are urgent and outweighing longer-term planning for economic investment and growth. This will be a long-term consequence of COVID-19 and requires particular attention in an economic recovery plan.

In **Palestine**, the economic situation of women and girls worsened with the COVID-19-related state of emergency and the imposition of movement restrictions. According to the Palestinian Ministry of Social Development, at least 53,000 Palestinian families have fallen into poverty in 2020. Many informally employed women were dismissed from their jobs and lost their main sources of income, as reported by organisations interviewed. A survey conducted in April by the Arab World for Research and Development (AWRAD) showed that 26 per cent of female respondents in Palestine had completely or partially lost their jobs compared to 29 per cent of male respondents. The impact was especially harsh on female-headed households who make up 11 per cent of Palestinian households. The direct economic difficulties were accompanied with an increase in unpaid care, particularly for elders and children. According to AWRAD's survey, 68 per cent of women respondents reported an increase in household 'chores' and 52 per cent of women reported an increase in childcare. The organisations interviewed view that the PA's response was not gender-sensitive and intensified traditional roles in which women are the main caregivers in the household. Food insecurity levels in Palestine also increased, especially during lockdowns.

In **Somalia**, many households lost their main sources of income, including remittances from overseas that play a pivotal role in the Somali economy and have provided a lifeline to people affected by disasters and shocks, with many households in urban, semi-urban and some rural towns dependent on them to meet their basic household needs.[10] Many organisations suggested that funds dedicated to women and girls' programmes, as well as gender equality,

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[10] Socio-economic Impact of COVID-19 in Galmudug State of Somalia, June 2020 MoPIED Galmudug

should be at least partially secured, as well as designing gendered safety nets that meet women and girls' needs. The COVID-19 pandemic has affected many businesses that provided a sole source of income to people in Somalia. Measures put in place such as the suspension both of domestic and international flights, curfews, partial lockdowns and cessation of freedom of movement, have contributed hugely to the collapse of small businesses such as those related to the sale of flight tickets or khat, as well as others which are dominated by women. Women, who usually have more precarious and informal jobs have been particularly affected and have had to take, or been forced into, exploitative jobs and situations, with one organisation mentioning an increase in forced marriages and prostitution in IDP camps as means of survival. Economically deprived women in host communities and IDPs were mostly affected as they were the family breadwinners and could not get casual jobs such as cleaning, washing and doing other household chores. IDP women and girls faced abuse and exploitation from families they worked for by washing clothes or as domestic workers, as due to COVID-19 IDPs ended up not being paid for months of their salaries.

Participants highlighted that the current restrictions on movement in **Uganda** exacerbated the fragility of women's livelihoods. This particularly affects women who are elderly, have a disability, are part of a large family, belong to an ethnic minority, live with HIV/AIDS, are a refugee or IDP, live in a rural area, are reliant on subsistence agriculture, or work in the informal sector. Beyond the relief programmes, women's sources of income have been disrupted by the crisis, as they are no longer able to access the marketplaces where they can sell their produce and engage in petty trade. Confinement of potential consumers at home and the closure of borders and markets have removed the most essential trading opportunities, which many rely on, on a day-to-day basis, to cover their basic family needs. Businesses that typically employ women such as salons, restaurants, horticulture industry, and clothes shops have also been closed, with those that have continued to operate mainly employing men. Women are also overrepresented in the service tourism and hospitality industry, a sector characterised by low-pay and limited job security and significantly impacted by COVID-19. The impacts which are already being felt by most households are likely to deepen and be long-lasting among the poorest, especially the urban poor, who are more marginalised. These factors will have long-term consequences for women's economic and social empowerment and will increase women's marginalisation. It is important to ensure that the economic recovery packages are designed appropriately for, and reach those, whose incomes and livelihoods have been most affected, in order to support them to re-establish sources of income and sustain their livelihoods.

In **Ukraine**, migrant workers were either stuck due to border closures and unable to work and send money or return home, or were unable to find employment opportunities. Women with businesses that could move online did so. There was limited provision of social protection and safety nets. Some municipalities responded effectively to pandemic-induced stresses, but the vast majority did not. Nationally the loss of livelihoods, combined with lack of social protection, increased food and economic insecurity of marginalised communities. Women are seen as primary caregivers in the family and expected to be so, both increasing their domestic workload and also putting them at higher risk of infection. Women parenting children with disabilities were almost invisible and rehabilitation or special centres closed, meaning families are not able to provide the necessary level of care to their children. Furthermore, due to closures, elderly women and men also struggled to access pensions.

Recommendation 6:

> **Increase gender-sensitive and equal access to information, technology and online safety:** Governments and the international community should ensure that marginalised women and girls, in remote and conflict-affected settings, can access online education, work, information and spaces. This could include free or subsidised internet access and smart devices to prevent further exclusion. Online platforms should ensure that women and girls who access online spaces are free from defamation, attacks, and online threats, and should challenge misinformation spread online. Emergency plans should also consider connectivity beyond the internet, to areas that have no electricity or are affected by electricity cuts. In addition to online spaces, 'know your rights' and service provision awareness campaigns should be provided. Such awareness raising campaigns should be targeted at women and girls, as well as people who have decisions over their lives. The campaigns should ensure they systemically challenge disinformation.

Background

When the world moved online, women and girls were often left behind. Lack of access to the internet, electricity cuts and smart devices, prioritisation of male family members' access, and a lack of IT skills excluded and marginalised many women and girls. Marginalised women and girls were particularly affected by lack of access to internet and online education, work, information and spaces. This not only affected access to education, training, networking spaces, and work online, it also prevented women and girls from accessing essential information about the pandemic, service provision and rights. Some online platforms also became a source of misinformation and a vehicle for online abuse, attacks and threats. Emergency response must ensure women and girls have access to safe technology to ensure they are not further marginalised.

Country evidence

Participants in **Afghanistan** highlighted that information surrounding COVID-19 and the associated prevention measures has largely been disseminated through radio, television, social media and mobile phones – but that the most marginalised and rural communities in Afghanistan can struggle to access these communication channels due to cost, location and literacy. Women and girls often face barriers to accessing information due to patriarchal norms. This can therefore mean they are more at risk of contracting and transmitting COVID-19. One interviewee noted that: 'maybe 20 per cent of women may have access to technology'.

In **Ukraine**, in urban centres women and men have roughly equal access to technology and the internet. However, this is dependent on their economic status. Many families lack ability to afford numerous devices, and as a result woman give up access to allow children to study or men to work. While many e-services attempted to move online, participants stated that many older women struggled to access these services due to limited access to the internet or available devices. Letters sent to local government offices did not receive a response. The closure of local libraries cut many older women off from internet access entirely.

The two governments in **Iraq** switched to internet-based distance learning without an analytical study on: the status of infrastructure; networks; coverage of all regions; security in conflict areas that continue to suffer from electromagnetic interference; the gender impact of COVID-19 on girls and women; and differences between girls and boys in their ability to access technology. In Iraq, participants indicated that women and girls in rural areas were more marginalised and had less access to technology, and because of difficult economic conditions, poverty and marginalisation, many families were unable to provide electronic devices for girls to complete their education, which led to their dropping out of school. In many areas, the existing gendered norms and the prevailing patriarchal norms limited girls' access to online education because girls were prevented from communicating by telephone with male teachers.

In **Colombia**, access to technology varies widely between urban and rural areas. These differences cause isolation especially in some territories where ethnic minorities are located. This translated into a lack of information for women and girls in these areas related to how to prevent the infection of COVID-19 and how to seek help. For women and girls access to the internet during the pandemic facilitated access to online health services, and to accurate information on how to take care of themselves and their families. However, there were some women, adolescents and girls who were exposed online to sexual abusers, sexual exploitation and human traffickers, including criminal organisations that took advantage of the vulnerabilities of the population to recruit their victims.

In **Lebanon**, women and girls' access to high quality internet and technology is limited by cost and social norms leading to access to technology not being prioritised for them at the household level. Social norms have also exacerbated cyberbullying and online violence, disproportionately affecting women and girls where women and girls are threatened and defamed. Most participants were unaware of other epidemics due to insufficient information and stigma attached to some health viruses, diseases and conditions such as HIV. Lack of information and spread of misinformation was also observed with regard to COVID-19. For instance, interviewees reported that Syrian refugee women were often perceived to be carriers of COVID-19, adding to the discrimination and risk that they face. Such inaccurate information, which is deeply damaging to communities and individuals targeted, and to attempts to limit the spread of the virus, is widely spread on social media.

In **Myanmar**, women and girls have limited access to technology as a source of information, prevention, and protection against violence. Investment is needed in alternative and protective livelihood options for women, women-headed households and women-led businesses, including emergency cash grants and increased access to training and technology to enable women to work from home and diversify their income. These measures would support women to become digitally literate and increase access to online market information.

In **Uganda**, participants also highlighted that information on COVID-19 had been disseminated to communities/people through radio, television, internet (especially social media), mobile phones and face-to-face interactions. However, not everyone has access to these channels of information and communication because of cost, location, literacy, or simply because of lack of awareness that the information is available and important. Marginalised and/or remote groups, such as women and girls living in rural areas and in settlements, are an example of groups that may not have access to otherwise very widely available information.

3.7. Recommendation 7:

Prioritise peace and reduce militarism and insecurity: Governments and the international community should ensure that responses to COVID-19 and future crises and pandemics are people-centred and focus on the needs of the community, rather than authorities. They should ensure crisis response measures, particularly if security services are involved in implementation, are gendered and do not negatively impact women and girls. This will require continuous gender-conflict analysis to mitigate militarised responses to crisis. States should stop the supply of weapons and military equipment during crisis. The international community and governments should advocate for peace, ceasefires and the removal of pre-existing shutdowns or blockades to ensure crisis is not further exacerbated by increases in conflict and insecurity.

Background

In many contexts, the response to COVID-19 was not only male dominated but also militarised, with increased 'power' to security services who established roadblocks, policed curfews, increased stop-and-search, and in some cases increased perpetration of GBV. This has increased the insecurity experienced by many women and girls and is coupled with the exacerbation of tensions, violence, crime, vigilante groups and in some cases increased femicides. Militarised response and resulting increases in insecurity intersects with long-term exclusion of women and girls from socio-economic and political participation, GBV, patriarchy and social norms which marginalise women and girls, resulting in increased exclusion and denial of their rights. Pandemic response should not be used to create and reinforce military 'solutions' but rather to foster peace. It could be used to initiate ceasefires, end any existing shutdowns or blockades and potentially begin establishing or building on peace processes that acknowledge the need for peace and equality.

Country evidence

In **Iraq**, participants indicated that the FGI and the Popular Mobilisation Forces have imposed security policies, including adherence to curfews, by force of arms. The securitisation of the virus should be recognised in connection to the proliferation of weapons in Iraq, the flow of weapons to militias, and the increasing use of firearms to commit femicides and crimes against women in domestic spheres. As one participant observed in relation to the growing availability of weapons: 'More weapon shops have opened in Kirkuk, claiming to sell hunting weapons'. Weapons have also proliferated to tribes and have been repeatedly used against marginalised groups and minorities. The use of militarisation to respond to COVID-19 has had significant adverse mental and physical health consequences for women and girls as it has caused fear and panic and prevented them from being able to access hospitals or health centres. In addition, military authorities have hampered the work of civil networks and individuals who needed to deploy teams to the communities to undertake emergency and relief work (aid distribution and awareness raising), because of conflicting official statements and the last-minute changes to approval processes.

In **Nigeria**, participants highlighted the increased levels of fear as a result of the pandemic, resulting in higher levels of community-level violent conflict and insecurity. This insecurity is gendered; women and girls face an increased risk of targeted violence as well as reduced mobility in contexts where security-based fears compound existing restrictions in place due to lockdowns. The perpetration of, and response to, the violence and insecurity is dominated by men. One participant gave an example of increased armed robbery and attacks from 'Awawa' boys[11], which has in turn seen increased activity from men-dominated community vigilante groups. Women and girls continue to be disproportionately impacted by security concerns during COVID-19, and yet are excluded from decisions on the response and the implementation of the response. Some participants noted the masculinised approach to the government of Nigeria's COVID-19 response, which has prioritised the use of the security sector to enforce the lockdown, wearing of facemasks, and other COVID-19 protocols. Participants linked increased presence of security personnel to heightened insecurity for women and girls, including examples of police brutality and harassment of women and girls, even in their own neighbourhoods.

After 53 years of occupation of the **Palestinian territory**, annexation of East Jerusalem and 14 years of blockade on the Gaza Strip, there is limited capacity to address the COVID-19 pandemic. The socio-economic impacts of the outbreak have been acute. The virus outbreak has enforced pre-existing inequalities, GBV and discrimination in the oPt. To add to the difficulty of the situation, the movement of humanitarian workers has been further restricted since the outbreak, both between governorates and particularly between the West Bank, East Jerusalem and Gaza. In the midst of the COVID-19 response, and attempts to keep people at home and socially distanced, some Palestinians were forced to deal with the demolition of their homes. Despite the Israeli Civil Administration (ICA) statement in the first week in April confirming a freeze in the demolition of inhabited residential structures in the West Bank to mitigate the spread of COVID-19, demolitions actually increased in the following months. In the first ten months of 2020 Israel demolished 138 homes, with the majority located in East Jerusalem and Area C, compared to 130 inhabited structures demolished in 2019.

In **Colombia**, security issues have long plagued the country due to the history of armed conflict and GBV that has always been exacerbated in this context. In that sense, it is important to underscore that during the pandemic these risks have been present and increased in some zones affecting women, adolescents and girls, especially indigenous and refugee and migrant populations who disproportionately experience sexual violence, sexual exploitation, human trafficking, early marriage and forced early child marriage.

In **Myanmar**, there have been increased pressures on already traumatised communities, and specifically women and girls who live within IDP camps. Participants described the difficult predicament that these women and girls were in, uncertain whether to follow lockdown rules and potentially risk getting caught up in conflict, or risk contracting COVID-19 and violating lockdown restrictions, but ultimately fleeing from conflict. The additional presence of security forces as a protective measure from the government has also been met with caution and resistance, with participants highlighting the specific threats to women and girls and the risk of sexual violence and harassment perpetrated by these groups.

[11] A gang in Lagos, Nigeria known for their use of armed violence, including VAWG.

In **Uganda**, when the lockdown was imposed, the security sector implemented crackdown measures without considering women and girls' continued needs. The harsh, security-sector led implementation of lockdown measures contributed to the deaths of seven[12] pregnant women in the first months of the lockdown (March to April 2020) who died before they could reach the hospital to give birth. The lockdown created confusion about who was permitted to travel on the roads. In March 2020, police and community residents also beat and arrested 23 people (including shelter residents) during the raid on a shelter for homeless lesbian, gay, bisexual and transgender youth in Wakiso, outside Kampala. Police charged them with a 'negligent act likely to spread infection of disease' and 'disobedience of lawful orders' for allegedly disobeying the government's directives by residing in the shelter. However lawyers from a Ugandan legal aid organisation believe the youth were targeted because of their sexual orientation. In order for Uganda to manage and contain the spread of COVID-19 without undermining the rights and freedoms of Ugandan women, the planning and implementation of lockdown guidelines should offer possibilities that support the specific differentiated gender needs, especially of the most marginalised (women, children and the elderly) in the country.

3.8. Recommendation 8:

Improve women's meaningful participation in public, private and political spheres: Governments and the international community should support the short- and long-term meaningful participation of women and girls in all public, private and political spheres. They should ensure that there is a gender balance in all decision-making teams at local, national and international levels. This should, at least, ensure women and girls' political participation in all peace process tracks is prioritised. Quotas should be deployed globally to increase women and girls' participation; however, this participation should ensure it is intersectional, emphasising the active and meaningful participation of the most marginalised groups of women and girls, not just those most commonly able to access decision-making spaces. Governments and the international community should support women and girls' networking and safe spaces and engage WROs in the design, implementation and monitoring of participation programming.

Background

Women and girls' exclusion from participation in political, economic and social decision-making spaces has long undermined gender equality and peace. Social norms, patriarchy and lack of political will that undermine women and girls' participation have resulted in their exclusion from decisions that affect their lives. During COVID-19 this resulted in male dominated decision-making which in turn meant that women and girls' rights, needs and experiences were not reflected and considered in COVID-19 responses. For example, SRHR and GBV services were mostly not considered as essential resulting in lack of access to services, increased violence and death. Yet, women and girls are often at the forefront of change. During COVID-19, civil society and particularly WROs were the majority of

[12] https://www.scmp.com/video/coronavirus/3079461/uganda-women-labour-die-amid-covid-19-lockdown (accessed 18/10/2020)

first responders, stepping in where governments could not or would not provide essential services. It is essential that women and girls' participation is prioritised. Programmes should actively work with women and girls as well as addressing the patriarchal social norms that prevent participation. Such programmes must ensure the diversity of women and girls that are included in the design of programmes, in all public, private and decision-making spaces, and in peace processes.

Country evidence

In **Somalia**, despite the crucial contributions of CSOs and WROs, and due to patriarchal and cultural gender norms and movement restrictions related to COVID-19 measures, women and girls have lost access to public and women-only spaces. The COVID-19 pandemic and mobility restrictions have forced CSOs and WROs as well as social services to prioritise preparedness and response to this specific crisis over the work they were committed to previously during a key time: the 2021 Somali elections. Participants called for the need for sustained safe spaces for women and girls and to ensure social distancing measures in these which will allow them to access services, discuss their priorities and needs and plan much-needed advocacy at all levels. While the Minister of Health is a woman, Somali women, activists, WROs and CSOs have been underrepresented and not consulted in decision-making spaces linked to the COVID-19 response, in line with prior limitations on meaningful participation and decision-making. This decline in spaces and opportunities for women and women's organisations could not have come at a worse time – as women's organisations work arduously to ensure meaningful participation of women in the upcoming 2021 Somali elections and for the 30 per cent quota to be respected and enshrined in the constitution. Election and representation-related advocacy efforts have been drastically reduced due to the pandemic: public officers are much more difficult to reach and many donors have stopped or reduced the funding to these types of projects, particularly if they are not directly linked to the health emergency.

In **Ukraine**, there were considerable gains for women candidates in the October 2020 local elections. Two out of every five candidates was required to be women (setting a quota of 40 per cent). While parties had difficulties recruiting women, the number of women registered as candidates was eight per cent higher than in 2015 (43 per cent); however, the presence of women on the voter lists at 43 per cent did not lead to the same representation among the elected candidates. While there are considerable misgivings over how political parties tried to abuse electoral lists to prefer male candidates, participants felt that there had been a considerable shift in women's political participation at the local level, including for ethnic minority candidates, including Roma. In particular, women have been elected and now have access to decision-making in communities where women's representation was lowest.

In **Afghanistan**, promoting women's and adolescent girls' participation and leadership leads to increased opportunities for women and girls' rights, needs and experiences to be delivered. In the context of COVID-19, women are at the forefront of emergency response, including in providing frontline services as well as unpaid care in the home, but are unrepresented in formal decision-making spaces. Women and girls in Afghanistan have been consistently excluded from formal governing and decision-making structures at the global, national and local levels. Women and girls face restrictions regarding their movement and ability to participate in public life due to social norms, which prevent them from accessing and

participating in decision-making processes. For example, women and girls' needs and priorities have been underrepresented within the Afghanistan peace process. This is the same for COVID-19.

In **Lebanon**, participants outlined the absence of women, girls and trans persons in decision-making positions and processes leading to gender-insensitive measures disregarding their needs. They observed that efforts to include women in leadership processes came to a standstill during the pandemic. Inclusion of persons identifying with the target group of policies and programmes helps efficient policy-making and better implementation which meets the rights, needs and experiences of such groups. Interviewees highlighted that although migrant workers and refugee women have organised themselves within their communities, this did not translate into representation in decision-making positions within national actors. WROs have raised the absence of women's representation in decision-making roles and processes. They recommended that decision-making processes can be more gender-inclusive by conducting local meetings in local languages and ensuring that CSOs are informed about the meetings by disseminating key information to the CSO networks who are well connected at community level. The representation must also include members of the LGBTQIA communities, refugees, adolescents, migrant workers and persons with disabilities.

In **Colombia**, there is an urgent need to promote the participation of women victims and survivors of armed conflict, migrant and refugee women, as well as adolescents and girls in advocacy spaces to achieve the country's transformation towards gender equity and peace. The international community should support the creation of mechanisms to enable the development of joint participation actions among communities including women's informal social networks, women's rights and feminist organisations, CSOs, international agencies, and key actors to achieve common goals and objectives in gender equity. This should be based on local needs assessments, with an intercultural approach and with projection of the future and sustainability that are oriented to the transformation of the country. It should also include online safety assessments and gender-responsive anti-trafficking measures, given the abuse of online spaces during the pandemic. Security situations and threats to women leaders in multiple areas has increased during the pandemic. This threat of abuse has reduced women and girls' advocacy and social participation especially in areas of armed conflict. Protection support for women human rights defenders is essential.

In **Nigeria**, participants reported that COVID-19 has severely impacted women and girls' ability to influence decision-making and that existing gaps in their participation have been worsened. Participants noted that this was at all levels, from the personal (for example bodily autonomy), to the household, and to public spaces. LBTQ women and girls and women and girls living with disabilities were two groups identified as particularly underrepresented and silenced in decision-making spaces. Among the various factors identified by participants as barriers to women and girls' participation, patriarchal norms, historical lack of representation, and a reluctance to implement commitments were cited most often. However, participants also shared that women and girls have also resisted being silenced by creating platforms and amplifying each other's voices, for example using social media. Participants identified quotas as an important tool for encouraging an increase in women's participation and leadership in decision-making from both the top down and the bottom up. To be impactful, these commitments should be implemented transparently and with accountability mechanisms.

3.9. Recommendation 9:

Fund women's rights and feminist organisations, networks and movements: Governments and the international community should formally acknowledge and adequately resource the essential role of women's rights and feminist organisations, networks and movements through direct, core, flexible and long-term funding. They should enable women's rights organisations, networks and movements to amend their programming during acute crisis response and recovery without prior donor agreement or reporting requirements. International NGOs and donors should engage in sound and equal partnerships that focus on the national and local contextual needs rather than international and donor priorities. Women's rights organisations, networks and movements should be supported with psychosocial support to ensure frontline staff have access to services for their own wellbeing. Where necessary, facilitate the strengthening of women's rights organisations, networks and movements especially through availing flexible funding so that they design their own organisational strengthening and support the wellbeing of their staff and communities as necessary.

Background

Civil society and particularly WROs, networks and movements are central in providing essential services, defending women and girls' rights, holding the line to prevent the rollback and crackdown on women and girls' rights, as well as amplifying the voices of those most marginalised. They advocate for local, national and international change and are often at the forefront of movements for peace, justice and equality. During COVID-19, their roles expanded to providing COVID-19 response services, especially where governments were or could not, and advocating for more gendered local, national and international responses. Women's rights organisations, networks and movements are often active in remote rural areas, where state services are not provided, work with marginalised groups, and know their own contexts and needs better than most officials and international actors. Yet, they were hampered by: government-initiated COVID-19 restrictions that did not class their services as essential; lack of funding; donor requirment such as reporting which were not paused despite a global pandemic and restricting civil society space. Their essential roles must be funded with core, long-term, flexible funding for self-defined priorities informed by the priorities of their communities. This should allow for them to provide their staff with psychosocial and wellbeing support. The international community should support funding with diplomacy to advocate for civil society space, especially in contexts where governments are actively restricting it.

Country evidence

WROs in **Afghanistan** are at the frontlines of responding to COVID-19. Civil society and women's rights networks have stayed active and found alternative ways to coordinate, collaborate and reach their constituencies. However, these organisations are not formally recognised for this essential work through support and funding. Participants referred to shrinking funds for women's rights organisations, networks and groups. However, at the local,

national and international levels, the COVID-19 response will fail if it does not meet the needs of the most marginalised. Women's organisations and movements lead transformational change and are best placed to know and understand those needs. They are closest to the communities they serve and therefore more able to adapt to the challenges they face as a crisis unfolds.

In **Iraq**, women's organisations and networks, as well as CSOs in Iraq and the Kurdistan Region, have played a key role in responding to COVID-19. They are working at the frontline by: forming crisis response groups; developing action strategies to raise awareness of COVID-19 risks; expanding outreach to rural and most marginalised areas; distributing health and food aid, sanitisers, and prevention tools; and providing psychological support to women not able or allowed to leave the house and to adolescent girls deprived of education or technological means of communication because of customs and traditions. Some international organisations have played a role in supporting the efforts of local and national organisations in Iraq to provide psychological and financial support to the families most in need or at greater risk. However, some were less supportive as they did not accept the need to change their original terms of funding in order to re-allocate funds to cover the expenses of emergency response and support relief efforts. CSOs were also quicker and more effective to respond to COVID-19 than the official response. Furthermore, as a result of their geographical reach, women's organisations and networks are best able to understand the cultural and social contexts prevailing in different regions and to plan and implement direct and preventive response efforts in a culturally sensitive manner.

In **Nigeria**, participants noted the importance of the work of CSOs in responding to women and girls' differential needs. CSOs have led local strategies to raise awareness on COVID-19, including the distribution of facemasks and hand sanitiser in communities to help the containment and reduce the spread of COVID-19 and negotiating with community gatekeepers to enable community-wide sensitisation on the impacts of the pandemic. CSOs have also monitored the government of Nigeria's distribution of palliatives during the pandemic and advocated for the inclusion of women in COVID-19 palliative distribution committees. Participants reported that CSOs are struggling because of reduced funding opportunities or inflexible donor conditions that have not enabled organisations to adapt programming to the emerging crisis. Where donors have been flexible or have included COVID-19 explicitly in calls for proposals, CSOs have used the funds to adapt programming and strategies and meet needs based on their local expertise and understanding of the realities of women and girls, for example by moving advocacy, activism and service delivery online where possible.

In **Somalia** during the COVID-19 crisis WROs have been active and flexible in response to the needs of the communities they work with, but have also had to navigate the difficulties that have surfaced due to the lockdown and mobility restrictions, as well as material and funding shortages. WROs/CSOs have changed their previous activities into activities to raise awareness of the pandemic and fill in the gaps where there is a lack of information, particularly in rural areas, as well as reduce the prevalence of misinformation, engaging with doctors and community and religious leaders. They also worked with young people who created video clips to reach as many people as possible. WROs have also intensified their

work in strengthening women's economic opportunities and supporting women's businesses on the verge of collapse due to the crisis. Unfortunately, projects in support of women's representation and participation in elections and political processes have seen a reduction in funds as well as advocacy activities, because authorities are less available to meet, and trainings in leadership skills for potential women candidates are difficult to be conducted remotely.

In **Myanmar**, participants raised concerns around the increasingly shrinking space for civil society to operate in Myanmar[13], despite the central role that CSOs and WROs have played in coordinating and scaling responses to COVID-19 and working to supplement services provided by government. Participants highlighted that better coordination and communication is needed between civil society and INGOs. Participants also emphasised that partnerships between government and the international community were often based on relationships of inflexibility and a lack of trust.

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[13] Parmar (2019) 'Institutionalization of Civil Society in Myanmar, ActionAid Myanmar',
https://myanmar.actionaid.org/sites/myanmar/files/publications/Discussion paper %28English%29.pdf

Invest in accountability, transparency and transformative approaches: Governments should ensure that they are accountable to the people in their country. The international community should ensure that its funding is in the interests of the country they are working in and that the funding is transparent and recipients accountable. This should ensure public accountability on the use of funding, particularly funding for crisis response, and that donors and governments are accountable for pandemic response funding. It should also ensure that national revenue, such as through tax collection is equally undetaken and distributed. Governments must address corruption, particularly corruption related to pandemic response. Donors should use diplomatic space to advocate for accountability, transparency and civil society space. Furthermore, donors should have and fund policies and programmes that address patriarchal social norms that perpetuate gender inequality.

Background

In many contexts there is a lack of accountability and transparency on where government and donor funding is spent. During crisis this is exacerbated. Lack of accountability in receiving, allocating and distributing government income and funding, corruption (particularly in healthcare and services and non-distribution of taxation revenue) have all affected COVID-19 response as well as trust in authorities and government service providers. This is further exacerbated by restrictions in civil society space and the ability of civil society to hold institutions to account. It is essential that accountability and transparency are prioritised, including how much donor and government funding is spent on gender equality. Donors should also use their diplomatic connections to systemically advocate for civil society space and accountability. Given that COVID-19 has exacerbated existing gender inequalities that are rooted in patriarchy and social norms that place women, girls and particularly women and girls with intersecting identities as inferior to male counterparts, it is essential that transformative policies and programmes are employed that address unequal power imbalances and perpetrate gendered social norms.

Country evidence

In **Afghanistan**, participants noted that where the gendered impacts of COVID-19 have been raised – and safe, inclusive and quality services have been invested in – there are concerns about accountability and transparency, particularly where external financial support has been offered. A wide range of COVID-19 related projects and programmes, both at capital and provinces levels, were designed and funded including health kits, food distributions and medical equipment for hospitals. However, there was a lack of proper monitoring in order to guarantee accountability. One participant noted that: 'there has not been proper monitoring mechanisms to monitor the effectiveness of funding'.

In **Uganda**, unless monitoring and accountability for public resources is strengthened, the country will have no return on investments to cater for the rising public debt which will unfortunately spill over to the ordinary taxpayer. The Civil Society Budget Advocacy Group (CSBAG) recognises the importance of government borrowing, however, it advises the need to improve on sustainable debt management mechanisms, such as restructuring and renegotiating non-performance projects. In addition, funding should be secured and used in a transparent manner that involves the voices of women and WROs, as well as ensuring that the funds secured are used for projects that are beneficial to women and girls (including addressing the gendered nature of the current pandemic). Uganda must draw lessons from past experiences to inform future planning.

In **Iraq**, increased accountability and transparency is essential. For example, the healthcare system in Iraq suffers from years of corruption and neglect. The rampant corruption has led to a shortage in COVID-19 supplies and medication which led to increased incidence of infections, with hospitals becoming a main source of infection in some governorates, such as Najaf.

In **Lebanon**, continuous, holistic assessments, upon which response plans are developed, are required for the international community and the government to prioritise essential services according to different demographics with a gendered lens. In conjunction, feedback mechanisms also ensure accountability and provide a platform to assess whether the needs of the community are being met, gauge the gaps and examine the effectiveness of the national action plans and humanitarian services. This will also assist grassroots organisations and advocacy organisations to approach donor organisations to seek funding that reaches the community. This is particularly important in the context of mass protests which started in 2019 in response to chronic mismanagement, corruption and political stalemate by an entrenched political elite and the Beirut port explosion in August 2020.

Income from taxation is central to accountability and transparency. In **Palestine**, the PA has, since the halt of its coordination with Israel in May, stopped receiving its share of tax revenues collected by Israel, totalling more than 60 per cent of the PA's revenue. Accordingly, more than 180,000 Palestinians working in the public sector have received only 50 per cent of their monthly salary since May, hugely impacting their ability to secure their basic needs. The PA renewed its cooperation agreements in mid-November and public sector employees should receive full salaries going forward, but it will take time to recover from the financial burdens accumulated over the past six months.

4.Partners

ABAAD – Resource Center for Gender Equality is a UN ECOSOC accredited organisation that aims to achieve gender equality as an essential condition to sustainable social and economic development in the MENA region, comprised of dedicated activists, lawyers, consultants, social workers and researchers. As a leading actor on gender equality in the region, ABAAD is perceived as a reliable reference and partner by the local, regional and international entities that promote gender equality, peacebuilding and sustainable development.

ActionAid Myanmar is a non-governmental organisation with a specific focus in 12 states and regions of the country. ActionAid Myanmar focuses on four key areas of work: 1) women's rights, with a focus on women's economic empowerment and social enterprise; 2) emergencies, specifically cultivating women's leadership and representation in humanitarian responses; 3) resilience, with a focus on sustainable and resilient agriculture, as well as disaster and conflict vulnerability reduction and resilience; and 4) governance and youth, working towards strengthening civil society participation and action. ActionAid Myanmar uses a human rights-based approach within all their programming to ensure that the voices of the most vulnerable – particularly women and youth in conflict-affected areas – are heard. ActionAid Myanmar works with women-led CSOs and networks to protect civic and political rights, as well as to ensure that women and girls' points of views are included in the country's democratic journey.

ActionAid UK is an international charity that works with women and girls living in poverty. Their mission is to achieve social justice, gender equality, and poverty eradication by working with people living in poverty and exclusion. As a proud member of the ActionAid International Federation, ActionAid UK supports the federation on mobilising resources, influencing for change and supporting humanitarian action. In 2017, ActionAid UK launched a five-year strategy to help us achieve this, 'Together, with women and girls', with a focus on: 1) significantly reducing the risk of VAWG; 2) fighting for women's equal rights to economic opportunities; and 3) prioritising women and girls' rights and leadership in humanitarian crises. ActionAid UK's vision is for a just, equitable and sustainable world in which every person enjoys the right to a life of dignity, freedom from poverty and all forms of oppression.

Afghan Women's Resource Centre (AWRC) is a non-governmental women-led organisation established in 1989 dedicated to contributing to Afghan women's empowerment and protection. It offers quality services in education, health, capacity building, income generation and human rights awareness, and enhances women's capabilities to improve their economic and social wellbeing. It advocates with, and on behalf of, Afghan women to ensure their equal and meaningful participation.

Association of International Development Agencies (AIDA) is a membership body and coordination forum of over 80 international non-governmental and non-profit organisations working in the occupied Palestinian territory (oPt). Active since 1967, AIDA is one of the longest-standing INGO coordination mechanisms in the world. This coordination, important in any aid/development context, acquires additional significance in the complex political environment of the oPt.

ASUDA – Empower Women to Lead opened the first safe shelter for Kurdish women in the Kurdistan Region in 2000. ASUDA seeks to provide protection and multi-sectoral services to women exposed to, and survivors of, violence to ensure a safe environment free of all forms of violence where women enjoy all their rights, have equality before the law, and can access legal services and empowerment and awareness frameworks to defend their rights.

CARE International is an international non-governmental organisation founded in 1945 that is working in more than 90 countries around the globe. The organisation has a dual mandate, working on poverty eradication and humanitarian assistance with a focus on the needs of women and girls. CARE has been working in Colombia for many years, but in 2019 established a legal presence and offices and programmes in Bogota, Norte de Santander and Nariño. The focus has centred around the response to humanitarian needs of refugees and migrants, Colombian returnees and marginalised host community members, providing a package of sexual and reproductive health and protection services together with local partners and applying a unique women leaders in emergencies approach.

Enlightened Myanmar Research Foundation (EMReF) is an accredited non-profit research organisation dedicated to carrying out studies in the fields of livelihoods, governance, political economy, social relations, gender, politics, rule of law and justice. Its purpose is to provide information and evidence-based policy recommendations for different stakeholders such as international organisations, CSOs, political parties, media, private sector, parliament and government agencies which are working on equitable and inclusive socio-economic development and promoting democratic governance in Myanmar. EMReF has been extending its role in promoting political awareness and participation of citizens and CSOs in policy-making through providing reliable and trustworthy information on political parties and elections, parliamentary performance and development policy issues. As a current foundation step, EMReF has been developing an information mechanism which includes three main functions – collecting information, analysing it and distributing it to the public via the web, on social media and through other electronic instant communication means such as text messages and applications. Meanwhile, EMReF has been using other conventional measures, such as providing social research training to young people, local CSOs, political parties and elected MPs in order to promote the practice of collecting reliable evidence and using it in developing and evaluating policies.

Gender Action for Peace and Security (GAPS) is the UK's women, peace and security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote WPS, including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

GENFAMI is a Colombian organisation that was established in 2009. It is specialised in strengthening the capacities of service providers to effectively prevent and address GBV. GENFAMI has developed methodologies for capacity building of health and protection service providers, women, and men, around approaches to prevent GBV for women and men, respectively, supporting survivors of sexual violence, providing maternal health in emergency settings, and self-care for service providers and first responders. GENFAMI also has abundant experience in policy, advocacy and research on a national level in Colombia.

International Alert was founded in 1986 to help people find peaceful solutions to conflict. International Alert's purpose is to contribute to peace, and inspire, inform, support and enhance the efforts of others to do so. It advocates the capacity within and between societies to anticipate and manage conflicts without violence, while collaborating to improve people's lives.

Iraqi Women Network (IWN) is a non-governmental women's framework aimed at coordinating the efforts of women's NGOs and groups to establish democracy, the rule of law and human rights, and to work to eliminate violence and all forms of discrimination against women in a new Iraq. The IWN seeks to achieve social balance, emphasising women's role in decision-making positions and in the process of establishing the rules of democracy, justice, equality and peace in the Iraqi Constitution, as well as influencing legislation, public policies, and social practices to combat all forms of discrimination against women.

Legal Action Worldwide (LAW) is an independent, non-profit organisation comprised of human rights lawyers working in fragile and conflict affected areas in the Middle East, Africa and South Asia. They have a particular focus on gender equality and sexual and gender-based violence, natural resource exploitation, rule of law and accountability, and transformative justice, working to bring justice to those who need it most.

Mercy Corps works in more than 40 countries to alleviate suffering, poverty and oppression by helping people build secure, productive and just communities. The international non-governmental organisation (NGO) has implemented humanitarian and development programmes in Palestine for more than 30 years. Mercy Corps Palestine has staff based in East Jerusalem, the West Bank and Gaza.

Nasnaha Charitable Foundation was founded in 2015 dedicated to contributing to the protection and support of vulnerable groups of people who have suffered as a result of the conflict in Ukraine. The main activities of the organisation are psychosocial issues that relate to children, the elderly and gender. The organisation's activities are based on the principles of humanity and are aimed at protecting the rights of all people who have suffered in Ukraine: the right to live with dignity, the right to receive humanitarian assistance and the right to protection and safety.

Saferworld is an independent international organisation working to prevent violent conflict and build safer lives. We work with people affected by conflict to improve their safety and sense of security, and conduct wider research and analysis. We use this evidence and learning to improve local, national and international policies and practices that can help build lasting peace. Our priority is people – we believe in a world where everyone can lead peaceful, fulfilling lives, free from fear and insecurity. We are a not-for-profit organisation working in 12 countries and territories across Africa, Asia and the Middle East. Saferworld has been working to promote peace, democratisation and good governance in Somalia and Somaliland since 2004. We support civil society's involvement, particularly women's and youth groups, in crucial decision-making processes on peace, security and development. With partners, we help community groups to identify and address their safety concerns, work to improve police services and make recommendations on security policy. We also work with democratic institutions such as electoral management bodies and political parties to help improve the quality of elections and civic and voter education.

Somali Women's Development Centre (SWDC) is a non-governmental and non-profit making organisation that was established mid-2000. Since then, SWDC has worked with a range of partners, donors and governments (including UN agencies and INGO grantees) to implement programmes and activities that promote equal rights for women – to ensure they have an active role in the Somali community through enhancing their social, political, economic and cultural participation. SWDC is working to improve the situation of women in Somalia. SWDC's guiding vision is the belief that, with support, women can become empowered to make positive changes in their lives. It strives to minimise the number of women who are subjected to violence by empowering them through access to knowledge and greater economic independence. It also works to prevent and respond to GBV, providing survivors of GBV with social and psychological counselling, legal assistance and case management, and advocates for increased women's legal protection. SWDC has facilitated a variety of training and workshops within ministries and communities, and worked with religious leaders, judges and police officers in an effort to provide information and secure community members' support for enhancing women's rights and protection.

Womankind Worldwide is a global WRO working with women's movements to transform the lives of women. Our vision is a world where the rights of all women are respected, valued and realised, and includes working towards ending all forms of VAWG, advancing women's economic rights and strengthening women's influence and decision-making power. We support women's movements to strengthen and grow by carrying out diverse joint activities, including advocacy and communications work, women's rights programming, awareness raising, knowledge sharing, research, capacity development and fundraising.

Women Advocacy Research and Documentation Centre (WARDC) is a feminist non-governmental, non-profit, civil rights, gender-based group, established with a mission to promote respect for human rights, gender equality, equity, and social justice for women and girls in Nigeria. The organisation was established in 2000 and duly registered with the Corporate Affairs Commission (CAC) Abuja in 2002. WARDC contributes to women's capacity, voice, participation, and decision-making in society and provides women with opportunities to combat gender-based violence and poverty that have continued to ravage the large population of women. WARDC's work is framed by a commitment to five, broad women's rights-based aims: the right to freedom from any forms of discrimination and violence; the right to SRH and human dignity; the right to economic justice, life and security; the right to participate and be heard; and the right to an identity. WARDC also has long and extensive research experience on women and gender rights and accountability in Nigeria, the latest being the 'Rapid Gender Analysis of the Impact of Covid-19 on Households in Nigeria'.

Women for Women International (WfWI) supports women who live in some of the world's most dangerous places. Women enrol on the charity's year long training programme, where they learn how to earn and save money, improve their family's health and make their voices heard at home and in their community. Since 1993, the charity has helped almost half a million marginalised women survivors of war in Afghanistan, Bosnia and Herzegovina, the Democratic Republic of Congo, Iraq, Kosovo, Nigeria, Rwanda and South Sudan.

Women's Center for Legal Aid and Counseling (WCLAC) is a Palestinian, feminist, non-governmental organisation that works to protect and promote women's human rights within the framework of international human rights mechanisms and standards. WCLAC aims to address the causes and consequences of GBV within the Palestinian community as well as the gender-specific effects of increasing militarisation associated with the Israeli occupation.

Women's International League for Peace and Freedom (WILPF) is an international non-governmental organisation with national sections on all continents, an international secretariat based in Geneva and an office in New York dealing with United Nations work. Since its founding in 1915, WILPF has brought together women from all over the world to unite and work for peace using non-violent means and for promoting political, economic and social justice for all.

Women's International Peace Centre (WIPC), formerly Women's International Cross Cultural Exchange (Isis-WICCE), is a feminist organisation with 25 years' experience working with partners across 15 conflict and post-conflict African countries and regionally to ignite women's leadership, amplify their voices and deepen their impact in recreating peace. Our WEAVE model intersects research (on women's specific experiences and needs), evidence-based advocacy (to influence national, regional and international policy and practice), holistic healing (to enable women's wellbeing and participation in peace processes), skills and movement building (to equip WHRDs with necessary skills, build networks and facilitate exchange of strategies to advance women's leadership for peace).

Funded by:

Partners: