

# Gender-Responsive Humanitarian Life-Saving Response to the COVID-19 Pandemic:

*Saving Lives, Reducing Impact & Building Resilience*



SUPPORT TO MOST AFFECTED AND AT-RISK WOMEN AND GIRLS IN 14 PRIORITY COUNTRIES TO RESPOND TO AND RECOVER FROM THE COVID-19 PANDEMIC

JULY 2020



# AT A GLANCE

**Financial Requirement: US\$ 30.4 MILLION**

**Priority Countries:** Bangladesh (Cox’s Bazar), Cameroon, Haiti, Iraq, Jordan, Lebanon, Myanmar, Nigeria, occupied Palestinian Territories (oPT), Somalia, South Sudan, Turkey, Ukraine, Yemen

**Timeframe: July 2020 – December 2021**

## Strategic Priorities and Gender Objectives

Strategic Priorities in Global HRP	Strategic Outcomes in Gender Programme
1. Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality	1.1. Reduce/slow infection and transmission rates among most affected and at-risk women and girls.
2. Decrease the deterioration of human assets and rights, social cohesion and livelihoods.	2.1. Strengthen livelihoods and resilience of most affected and at-risk women.
3. Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.	3.1. Increase most affected and at-risk women’s leadership and voice in the COVID-19 humanitarian response. 3.2. Support positive social norms to prevent and mitigate violence against women.

## Coordination Outcome

4.1 <i>COVID-19 National Humanitarian Response plans consistently integrate gender analysis, needs, priorities and funding.</i>	4.1.1. <i>Facilitate the participation and leadership of local women’s organizations in country-level humanitarian coordination mechanisms.</i> 4.1.2. <i>Provide dedicated gender expertise to support humanitarian planning and conduct multi-sectoral gender assessments in partnership with cluster leads to provide accurate and up to date gender analysis for humanitarian coordinators, planners and implementing agencies to inform up to date and revised COVID-19 planning, prioritization and programming.</i> 4.1.3. <i>Ensure COVID-19 humanitarian accountability frameworks are equipped with gender responsive measures.</i> 4.1.4. <i>Generation of research and knowledge products and establish and include COVID-19 Humanitarian contexts data set through the Women Count data hub platform.</i> 4.1.5. <i>Strengthen inter-agency gender working groups to coordinate integration of gender across all field level humanitarian coordination mechanisms and processes.</i>
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## Key Results

1. Most affected and at-risk women lead and participate in an effective humanitarian response.
2. Expansion of livelihoods, resilience and coping and risk reduction capacities for most affected and at-risk women and girls.
3. Incidence and impact of violence against women is mitigated and minimized with a strong emphasis on prevention efforts.

## Strategies of Engagement

- *Strengthen partnership with UNFPA and UNHCR and UNICEF in the Protection Cluster/GBV sub-cluster.*
- *Scale up mobilization of communities on prevention and reporting of GBV cases including Sexual Exploitation and Abuse (SEA) within the Humanitarian Protection Cluster and GBV sub-clusters.*
- *Mobilize financial and technical support, strengthen institutional capacities and convening of first responder local women's organizations and networks to address the special needs of most at-risk women and girls (living with disabilities, LGBTI, living in seclusion, young mothers, female headed households), and ensure their access to humanitarian services including GBV services.*
- *Adaptation of UN Women's Leadership, Empowerment, Access and Protection in Crisis Response (LEAP) programme and Second Chance Education in partnership with UNHCR, WFP and UNDP to provide services to support women's livelihoods and leadership.*
- *Engagement with Ministries of Gender/Women, humanitarian and other relevant government ministries are in place to promote targeted and appropriate messaging on prevention of COVID-19 to the most at-risk women and girls.*

## A.

# PURPOSE AND NEW DEVELOPMENTS

The novel coronavirus, otherwise known as COVID-19, was declared a pandemic by the World Health Organization on 11 March 2020, and since then has caused major devastation and disruption globally. As countries struggle to control the rates of infections and deaths, the strict lockdowns, quarantines and restrictions on movement have had a devastating impact on economies, health systems, social systems and individuals' lives.

As with all other crises, the most vulnerable people are also those who suffer most as a result of COVID-19. In this instance, the most vulnerable are millions of women, men, girls and boys living in urban slums, internally displaced, refugees and living in overcrowded refugee and IDP camps. The gendered disparities in these communities are further aggravated by age, disability and sexuality. Experiencing displacement, lack of access to food, water, sanitation, and health care including sexual and reproductive health, results in already eroded livelihoods/economic opportunities becoming even more tenuous during the pandemic, and this situation will most certainly extend into the longer-term recovery period. Gendered implications are already being seen, and whilst early evidence suggests that fatality rates are higher amongst men than women,<sup>1</sup> the socio-economic impacts on most at-risk women are already being recorded, from exacerbating violence against women, especially in displaced and overcrowding settings to decreasing women's livelihoods and resilience strategies.

The Global Humanitarian Response Plan (GHRP) for COVID-19 was launched on 25 March 2020, and updated on 7 May 2020, to facilitate a coordinated approach in the COVID-19 response in humanitarian settings where communities are already in need of life-saving assistance. Among the guiding principles adopted in the GHRP is the need for attention to "gender equality, particularly to account for women's and girls' specific needs, risks and roles in the response as care providers, increased exposure to GBV with confinement measures, large numbers of front-line female health workers in the response, and key role as agents at the community level for communication on risks and community

engagement." The meaningful participation of women in needs assessments and response is also cited as an enabling factor under Strategic Priority 2. This recognition is an important first step and marks progress in humanitarian space.<sup>2</sup>

This is a complementary Gender Programme to the Global Humanitarian Response Plan (GHRP) and humanitarian agencies' responses in the GHRP<sup>3</sup> and aims to respond to identified and gendered needs of most affected and at-risk women and girls in humanitarian contexts. These are needs that have been identified through the systematic use of the IASC Gender Alert, by UN Women in its regional and country offices, leading to targeted interventions and initiatives on not just responding to survivors of GBV but strengthening prevention initiatives, building partnerships with women's organizations in implementing the Grand Bargain localization and participation agendas including supporting women's leadership in humanitarian contexts, and supporting resilience programming that responds to women's economic livelihoods and protection.

The implementation will support women's participation and leadership in disseminating messages in their communities with the aim of reducing the spread of COVID-19 in their communities, further contributing to the implementation of WHO Strategic Preparedness and Response Plans. In enabling the participation and leadership of local women's organizations, providing

1 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30823-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30823-0/fulltext)

2 On behalf of the IASC Gender Reference Group, UN Women has developed a more comprehensive Gender Alert for the COVID-19 Response which describes the gendered impact of the pandemic and lists key action points for each cluster to ensure that their response addresses the needs and priorities of women and girls. Accessible [here](#).

3 United Nations Consolidated Appeal: Global Humanitarian Response Plan: May 2020.

dedicated gender expertise to partners, generating knowledge, and coordinating gender working groups, UN Women ultimately seeks to support the whole of the humanitarian system to deliver better for women and girls in the midst of this global pandemic. The overall objective is to ensure that ‘most affected and at-risk women and girls play their fullest role in response to the COVID-19 and are protected from its impacts’. UN

Women is inviting donors and selected UN agencies to discuss the focus and strategic objectives of the Gender Programme, its complementarity with ongoing interventions supported by other UN agencies and its contribution to the operationalization of priorities related to gender equality and empowerment of women and girls reflected in the Global Humanitarian Response Plan.

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## Global context and UN Women’s engagement in COVID-19 related interventions

The fast-paced nature of the COVID-19 response has exposed gaps between normative commitments to gender equality and implementation on the ground; the persistent gender inequalities in relation to women and girls accessing humanitarian services, livelihood opportunities and engaging in leadership and decision making processes; as well as the need to scale up investments in a holistic approach that covers crisis response, recovery and resilience through a gender lens. UN Women’s engagement in humanitarian action and resilience building has significantly increased in response to: a) the persistent gaps in accountability to gender equality in humanitarian action; and b) lack of targeted interventions in line with the magnitude, complexity and longevity of crisis and the gap in services targeting women’s resilience, livelihoods, protection and leadership and participation. These gaps continue despite the numerous international commitments for gender equality in humanitarian action. UN Women has been responding to these needs through gender mainstreaming in humanitarian policy, analysis and coordination, and through the gaps identified in analysis, has used three main approaches:

**a. System-wide normative work and coordination:** The Strategic Partnership Framework from Sweden has helped UN Women put gender equality and the empowerment of women and girls on the map. This has been further supported by ECHO and by the US Department of State for work on gender in the Grand Bargain. It was under UN Women’s leadership that the IASC subsidiary body the Gender Reference Group revised the gender policy and established a gender accountability framework for the entire humanitarian system in 2017. It was through UN Women’s leadership with ECHO that the *Gender in Humanitarian*

*Action Handbook* was developed in 2018, to guide work on gender across all the humanitarian clusters. This initiative is strengthening leadership and accountability at country level, improved use of data and analysis in programming, enhanced programming and monitoring at country level with a focus on protracted and forgotten crisis.

**b. A catalytic operational role:** UN Women has moved away from UN Women only implemented initiatives to joint programmes (focusing on leadership, empowerment, access and protection – LEAP), and promoting second chance education for women who have missed out on education due to displacements and crisis. In supporting crisis affected women and girls, UN Women has expanded services from 4 countries in 2013 to 43 countries, reaching over 500,000 direct beneficiaries in 2019, with impact on millions more. UN Women played a substantive role in putting gender on the crisis prevention/ DRR and humanitarian agenda and making humanitarian action more gender responsive

**c. A partnership approach:** UN Women works in close partnership with other UN agencies, including IOM, UNFPA, OCHA, UNHCR and WFP to ensure we move towards collective outcomes in responding to the gendered needs of the most affected and at-risk women and girls, including in responding to GBV and in the implementation of the Grand Bargain Localization and Participation agenda in humanitarian and refugee settings, including in response to COVID-19 pandemic. Partnerships cover gender analysis and needs assessments; policies and strategies on gender responsive cash and voucher assistance; prevention of GBV, Sexual Exploitation and Abuse (in partnership with men and boys, religious and traditional leaders);

promoting women's leadership in COVID-19 humanitarian response plans; scaling up provision of services for refugee, IDP and returnee women and girls (including skills development and livelihood opportunities) through women's empowerment hubs.

Due to the COVID-19 crisis affected women and girls face additional barriers in accessing humanitarian services, particularly sexual and reproductive health services, healthcare support, access to GBV services; while also facing increased risks of losing existing opportunities for skills training, livelihoods, employment and income generation.<sup>4</sup> These challenges are also especially pronounced for women with disabilities and older women, who are disproportionately affected by the multi-faceted impacts of COVID-19. Women's leadership is essential to ensure an effective COVID-19 response is inclusive of the needs, priorities, and interests of women affected by the pandemic.

UN Women's analyses of the COVID-19 pandemic in different countries have identified critical areas that leave women and girls in humanitarian countries most vulnerable, and that must be addressed within all COVID-19 national responses including within Humanitarian Response Plans (HRPs) as follows:

1. The most affected and at-risk women voices and leadership are not being included for an informed and effective COVID-19 humanitarian response.
2. Social norms leading to reduced protection of most affected and at-risk women and girls are not being addressed, especially those that make women and girls more vulnerable to violence and exploitation.
3. Erosion of women's livelihoods and resilience and coping capacities.
4. Sex and age disaggregated data (SADD) are still not consistently used and analyzed within Humanitarian Needs Overview (HNOs), Humanitarian Needs Assessments (HNAs) and Refugee and Resilience Plans to prioritize gender-based needs, design appropriate responses and impact.

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4 For cluster specific information that highlights the needs and priorities of women and girls in humanitarian settings, please refer to the 'Interim Guidance: Gender Alert for COVID-19 Outbreak' accessible here: <https://interagency-standingcommittee.org/inter-agency-standing-committee/interim-guidance-gender-alert-covid-19-outbreak-developed-iasc>

Drawing on its triple mandate (policy, coordination and operational work) and existing core resources, UN Women has supported interventions on COVID-19 in humanitarian settings focused on three key elements:

1. Developing and disseminating gender analysis with a view to influencing prioritization and funding for GEEWG under the country level HRPs.
2. Providing technical support to humanitarian actors to scale up and improve the quality of interventions on GEEWG across the UN system; and
3. Scaling up partnerships with local women's organizations with the objective to increase the quality and scope of their engagement in HRP related processes and discussions.

Specifically, UN Women has been working with women's organizations to implement the Grand Bargain Localization and Participation Agenda, in promoting efficiency and effectiveness of humanitarian action. In responding to COVID-19 in humanitarian contexts, UN Women has been prioritizing **support to and collaboration with women's groups and women's rights organizations** as key stakeholders and partners in its work. Technical and financial support to women's groups and organizations and facilitating their leadership in coordinated response efforts remains central to UN Women's COVID-19 interventions. Examples include through the UN **Women's Peace and Humanitarian Fund** – for which UN Women serves as the Secretariat – which has launched a new COVID-19 Emergency Response Window to support women's organizations at the frontline of the pandemic with institutional funding, providing additional funds to 18 women's organizations across 10 countries and will be supporting additional projects in the upcoming weeks.

In **Nepal**, UN Women convened 17 leaders representing women's and marginalized groups' organizations and networks, including organizations of persons with disabilities, LGBTI organizations, and Dalit women organizations across the seven provinces of Nepal to identify emerging issues and jointly advocate to the government and the Humanitarian Country Team and in **occupied Palestine Territories (oPT)**, a platform that includes more than 30 women's organizations and partners in Gaza and the West Bank was created to provide a space for information sharing and to amplify the voices of

women's organizations in the humanitarian processes, especially in relation to the COVID-19 preparedness and response plans. In **Myanmar**, UN Women is mobilizing, empowering and equipping women-led organizations — especially Rohingya women-graduates from the Rakhine Gender Leadership Programme — to create community awareness and knowledge on prevention and response to COVID-19, and in **Central African Republic**, Kenya and Mozambique, UN Women is partnering with the African Women Leaders Network on advocacy and community sensitization on COVID-19 prevention. The strategy in **Burundi** has been to work with previously trained women mediators to undertake community mobilization to sensitize communities and in sites of people displaced by the floods to adopt measures put in place against COVID-19.

UN Women and partners have been drawing attention to the “[shadow pandemic](#)” of **violence against women/GBV** — a risk that is greater in humanitarian settings. UN Women has been focusing on preventive efforts, joint advocacy, policy support and analysis through partnerships with government institutions, other UN agencies and local women's organizations to mitigate the rise in violence against women including in humanitarian settings. Interventions have also included strengthened coordination through an interagency working group in Arab States, joint statements and analysis through the GBV sub-cluster in Kenya and oPT and supporting improved service provision to GBV survivors through capacity building of service providers and support to shelters, including hotlines. Other areas of interventions also include: technical support in data collection (gender statistics) and advocacy initiatives for use of SADD (through the [Women Count database](#), for example), and campaigns to raise awareness and facilitate behavior change to promote positive masculinity and men's engagement.

Through its Regional Offices in Arab States, Asia and Pacific and Latin America and Caribbean States, and in specific countries like South Sudan, Lebanon, Mozambique, Pakistan, Bangladesh (Cox's Bazar) and Mali, UN Women in partnership with governments, women's organizations and humanitarian agencies, led the development of **Rapid Gender Analysis and Impact Assessments** on COVID-19 in humanitarian contexts. These Analysis and Assessments have been informing

coordinated humanitarian responses and guiding UN Women's own interventions. UN Women is a participating agency in national and regional-level COVID-19 system-wide **Humanitarian Response Plans** and **Cluster Coordination** in over 18 countries with humanitarian coordination mechanisms.<sup>5</sup> As part of the coordinated response, UN Women is not only providing gender expertise in the planning and response but also partnering with key actors to implement catalytic interventions that ensure that women and girls benefit from COVID-19 response efforts; are not exposed to additional risks; and most importantly, are empowered to lead responses and participate as decision-makers.

The Gender in Humanitarian Action Programme will enable the participation and leadership of local women's organizations, provision of dedicated gender expertise to partners, generating knowledge, and coordinating gender working groups. In facilitating these initiatives, UN Women would be supporting a whole of system approach to deliver better for women and girls. UN Women will also support the implementation of the national Humanitarian Response Plans through targeted interventions corresponding to each of the three strategic priorities within the COVID-19 GHRP by responding to the specific needs, priorities and interests of women affected by the pandemic and its socio-economic impacts, including in humanitarian settings.<sup>6</sup> The proposal also complements the UN Women global programme on COVID-19 which focuses on the overall socio-economic impact of COVID-19 in non-humanitarian countries. Both proposals draw upon the same socio-economic analysis and on previous work being done by UN Women, both on humanitarian and non-humanitarian settings to promote gender equality and empowerment of women/girls.

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5 List of countries in which UN Women is engaged in HRP and Cluster Coordination: Palestine, Zimbabwe, Syria Regional, Bangladesh, Lebanon (HRP and 3RP), Iraq (HRP and 3RP), Yemen, Libya, Pakistan, Nepal, Fiji, PNG, Viet Nam, Timor Leste, Jordan (3RP), Egypt (3RP), Turkey (regional), Malawi

6 The UN Policy Brief: The Impact of COVID-19 on Women, emphasized the priority of ensuring women's equal representation in all COVID-19 response planning and decision making including individual women but also women's organizations. 9 April 2020, p.3 <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

## B.

# HUMANITARIAN NEEDS ANALYSIS OF MOST AFFECTED AND AT-RISK WOMEN AND GIRLS

COVID-19 has global implications including for women and girls. Learning from the Ebola and Zika outbreaks shows that infectious disease can magnify existing inequalities, on economic status, ability, age and gender. Experience shows that a systematic and intentional gender lens leads to a better local, national and global response and management of infectious disease.

Women's leadership and contributions are critical to curbing infection rates and enabling resilience and recovery. In addition, UN Women's analysis of the COVID-19 pandemic has identified critical areas that leave women and girls in humanitarian countries most vulnerable, and that must be addressed within all COVID-19 national responses including within Humanitarian Response Plans (HRPs) as follows:

**i. The most affected and at-risk women's voices and leadership are not being included for an informed and effective COVID-19 humanitarian response.**

- *The most marginalized women and girls may be excluded from critical, life-saving measures:* Women who are most affected and at-risk are already underserved by social services, and their access to information and strategies to prevent COVID-19 such as testing, handwashing, self-isolation and quarantine will be particularly difficult – if not impossible - due to lack of space, resources and services.
- *The potential leadership of women and local women's organizations in particular in pandemic preparedness and response is not being sufficiently leveraged:* Despite the fact that most affected and at-risk women and girls are primarily responsible for domestic responsibilities in very difficult situations, and also disproportionately experience gender-based violence, they are not effectively represented in national and global humanitarian leadership. This means that they not part of decisions regarding prioritiza-

tion of humanitarian needs, not part of decision making on identifying those with the most needs and most affected (those living with disabilities, young mothers, LGBTI, child brides) and therefore have no influence on where resources should go in order to better serve their communities. This is contrary to the participation and localization agenda of the *Grand Bargain*, and indicated in the *IASC Gender Policy*, which states that the knowledge, capacities and agency of local organizations, including those led by women, must be recognized and strengthened in all humanitarian action, in a series of consultations with local women's organizations, challenges and concerns were raised in relation to advancing a gender transformative humanitarian agenda.<sup>7</sup> Inclusive and life-saving programming for gender equality and the empowerment of those most vulnerable in times of crisis, including SRHR and GBV responses, remains disproportionately underfunded. The fast-paced nature of the COVID-19 response has exposed gaps between Grand Bargain policy-level commitments and implementation on the ground; as well as the need to scale up investments in a comprehensive approach covering crisis prevention, response

<sup>7</sup> This brief draws on a series of multilingual participatory consultations with LWLOs and women's rights activists. Consultations commenced on 28 May, and were convened by UN Women, CARE, and Action Aid in English, French, and Arabic. The virtual sessions were complemented by a widely circulated survey, offering an alternative route for input.



and resilience through a gender lens.<sup>8</sup> In a global call for proposals to women's organizations by the UN Women's Peace and Humanitarian Fund hosted by UN Women, in most affected and at-risk countries, a total of 4,790 applications were received. This clearly demonstrates that the demand far outstrips the supply, and that there is inadequate attention to the potential of local women's organizations in saving lives and reducing the impact of COVID-19 on the most vulnerable populations.

## ii. Negative Social Norms leading to reduced protection of most affected and at-risk women and girls.

- *COVID-19 is increasing domestic violence and intimate partner violence rates:* Anecdotal evidence of the COVID-19 pandemic has already highlighted the increased vulnerability of women and girls to domestic violence. Recent research prior to the pandemic consistently found intimate partner violence (IPV) against women and girls in conflict-affected settings is higher than rates of non-partner sexual violence.<sup>9</sup> In three displaced settlements surveyed in South Sudan prior to COVID-19, the rates of IPV ranged from 54 per cent to 73 per cent while the rates of non-partner sexual violence were much lower at 28 per cent to 33 per cent.<sup>10</sup> Quarantine and isolation policies, critical to flatten the exponential growth curve of the pandemic, will potentially exacerbate the conditions for those already vulnerable to domestic violence, estimated to be at least one third of all women.<sup>11</sup> Consultations with Rohingya women and adolescent girls in Cox's Bazar refugee camps have shown an increase in household tensions and GBV since measures to prevent the spread of the virus have

been implemented.<sup>12</sup> Domestic violence and IPV apart from causing harm, reduces women and girls' access to opportunities as it reduces their agency, ability to engage in activities for their resilience, and to access justice and contributes to their further victimization and ability to effect social change.

- *Strong likelihood of increased rates of gender-based violence in public spaces:* Most affected and at-risk women and girls are often vulnerable in compromised and temporary shelters without adequate security and normal social protection structures, living with complete strangers. They often face additional risks when they venture out of temporary shelters to look for fuelwood, water, food and other necessities needed to fulfil domestic duties. Outside of the little protection of shelters and temporary accommodation, gender-based violence and sexual exploitation are also likely to increase alongside increased social vulnerability and poverty.<sup>13</sup> Among the most affected and at-risk, there is increased exposure to gender-based violence for those with additional vulnerabilities -- including those living with HIV or disability, or with diverse sexual orientation or gender identities -- as lockdowns and restricted movements mean even less access to protection.
- *Increased Sexual Exploitation and Abuse:* Most affected and at-risk women and girls are more vulnerable to sexual exploitation and abuse during crises and there is shortage of services, including food and shelter, in accessing ration cards, cash-based assistance etc. Incidents of sexual exploitation rise as coping mechanisms are exhausted, and families are more likely to resort to negative social norms and coping strategies like forcing marriages on underaged girls and/or condoning trafficking of girls and young women.

8 ActionAid (2020) Creating Lasting Impact: The Power of Women-led localized responses to Covid-19, ActionAid UK, accessible here: <https://www.actionaid.org.uk/publications/creating-lasting-impact-the-power-of-women-led-localised-responses-to-covid-19>

9 The Global Women's Institute and the International Rescue Committee, 2016

10 Global Women's Institute and the International Rescue Committee, 2017

11 <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

12 Inter-Sector Coordination Group Gender Hub, UN Women, CARE, Oxfam. COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis. (7 May 2020)

13 <https://time.com/5803887/coronavirus-domestic-violence-victims>

- *Reduced access to life-saving violence prevention and response services:* The Ebola pandemic demonstrated that multiple forms of violence are exacerbated within crisis contexts, placing women and girls and individuals belonging to marginalized, minority or vulnerable groups at greater risk of exploitation and sexual violence.<sup>14</sup> Life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted as lockdowns prevent access to humanitarian health workers, and countries facing additional crisis from the pandemic are overwhelmed within their national responses. The few existing structures of justice within the temporary shelters and camps become insufficient and survivors of violence are unable to access justice.
- *Increased militarization and male perpetration of violence against women in existing humanitarian crisis caused by armed conflicts:* Women and girls already face high rates of violence in crisis/conflict affected countries and this will increase with the COVID-19. Conflict-related crises are often characterized by a breakdown of law and order, highly militarized with toxic masculinity and compromised with arms proliferation that continue to undermine women and girls' protection. In a research undertaken by WhatWorks before the COVID-19 pandemic, in South Sudan, between 52 per cent and 61 per cent of men reported perpetrating sexual and/or physical violence against women and in the Occupied Palestinian Territories, around 50% of currently or previously married men reported perpetrating physical and/or sexual violence.<sup>15</sup> In Somalia, a research undertaken with men found that a history of internal displacement correlates

with male perpetration of sexual and/or physical violence against women and girls.<sup>16</sup>

### iii. Erosion of livelihoods and resilience and coping capacities.

- *Learning from the Ebola pandemic points to reduced resilience and coping strategies of most affected and at-risk women:* Assessment of the gender dimensions of the Ebola Virus showed that quarantines can significantly reduce poor and vulnerable women's economic and livelihood activities, increasing poverty rates, and exacerbating food insecurity.<sup>12</sup> In Liberia where approximately 85 per cent of daily market traders are women working informally, Ebola prevention measures which included travel restrictions severely impacted women's livelihoods and economic security.<sup>13</sup> While men and women running businesses are affected by the lockdowns, women are more likely to be in the informal trade, whose businesses are not classified as essential i.e. running small hair salons, bars, tailoring shops etc. and with little protection from effects of lockdowns. As the aftermath of COVID-19 worsens, the disruption to livelihoods, social protection, health, education and shelter will worsen for women and children in their care, leaving them food insecure and reducing their coping strategies and capital.
- *Unequal distribution of care reinforced by social norms and attitudes:* UN Women's research from the Middle East and North Africa finds that two-thirds to more than three-quarters of men support the notion that a woman's most important role is to care for the household, and just one-tenth to one-third of men reported having recently carried out domestic work, such as preparing food, cleaning, or caring for children, the sick and the elderly.<sup>17</sup> These strict gender roles are reinforced in times of crisis and displacements. Women and girls carry a disproportion-

14 UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises; UNICEF. Helpdesk, "GBV in Emergencies: Emergency Responses to Public Health Outbreaks," September 2018, p2.

15 <https://www.whatworks.co.za/documents/publications/355-p868-irc-synthesis-brief-report-lr-26092019/file>

16 Wirtz, A., Perrin, N., Desgropes, A., Phipps, V., Abdi, A., Ross, B., et al. (2018). Lifetime prevalence, correlates and health consequences of gender-based violence victimization and perpetration among men and women in Somalia. *BMJ Global Health*

17 <https://imagesmena.org/wp-content/uploads/sites/5/2017/05/IMAGES-MENA-Executive-Summary-EN-t6May2017-web.pdf>

ate burden of care – in having to fulfil domestic responsibilities in circumstances with very little and continuous access to fuelwood/stoves for cooking, for food preparation, supporting elderly relatives and children and in the process, exposing themselves to unsafe situations including for potential conflict with host communities and sexual violence. With COVID-19 further limiting healthcare access, women and girls are likely to be burdened with taking on additional responsibility of looking after sick and recovering members of their families.

#### iv. Inadequate gender capacities and expertise in humanitarian coordination, planning and delivery of services.

- o *Sex and age disaggregated data* are still not consistently and universally used to inform Humanitarian Response Plans, with clear indicators on measuring sex and age impact of humanitarian action, including on COVID-19. The use of such data has the potential to save many more lives. SADD, when consistently used, will identify gendered vulnerabilities affecting women and girls’ – female headed households, those living with disability/caring for those living with disability; child-brides; young mothers , intimate partner violence and other forms of GBV that might impact access, pregnancies, disability, young mothers, mobility and safety issues etc. Evidence from UN Women’s IASC Gender Accountability Framework report<sup>18</sup> demonstrated that in 2018, only 46% of official humanitarian response plans were based on gender analysis; sex and age disaggregated data used in only half the clusters, and only 44% of annual humanitarian response plans had a functioning gender working group in place to provide technical gender expertise. A lack of gender and age disaggregated data will make it impossible to understand the pandemic’s unequal and long-term impact on crisis-affected women and girls, in responding to COVID-19 and future learning on the impact of health-related humanitarian crises.

- o The global humanitarian system, represented by its coordination mechanism, the Inter Agency Standing Committee, has endeavored to deliver on gender equality commitments by updating its policy on [Gender Equality and the Empowerment of Women and Girls in Humanitarian Action \(2017\)](#). The new policy, developed with strategic guidance provided by UN Women, sets out the standards and prescribed roles and responsibilities for its global structures and field representation<sup>19</sup> to ensure delivery. Reflecting the normative developments described above, the policy emphasizes the importance of building resilience and looking to the long-term prospects of crisis-prone and at-risk women and girls, reflecting the reality of ever lengthening protracted crises in the world today. This has been strengthened by practical resources and tools, including the new 2018 [IASC Gender Handbook for Humanitarian Action](#) and the [IASC Gender and Age Marker](#). Unfortunately, the evidence shows that much remains to be done to achieve these ends and this gap reflected in the COVID-19 Global Humanitarian Response Plan. In the latest 2018 [IASC Gender Policy Accountability Framework](#) (AF) report facilitated by UN Women, only 20% of countries had an independent gender analysis feeding into humanitarian planning processes, less than 60% of countries had consultations with local women’s organizations and only 1.15% of financed HRP projects is targeted to programmes for most affected women.

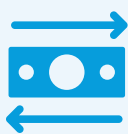
18 [IASC Gender Accountability Framework](#) – UN Women 2018

19 Principals Group, Working Group, Emergency Directors Group, Subsidiary Bodies, Global Clusters, Humanitarian Coordinators, Humanitarian Coordination Teams, Field Cluster Coordinators

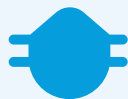
## C.

# UN WOMEN'S RESPONSE TO COVID-19 IN HUMANITARIAN CONTEXTS

Based on initial gender analyses of COVID-19 in most affected and at-risk countries and based on the challenges identified above, UN Women is drawing upon its existing resources and capacities to respond to COVID-19.



In **Jordan**, UN Women's partnership with WFP using blockchain technology to transfer money to women benefiting from UN Women's cash for work opportunities has allowed UN Women to continue seamless and remote cash disbursement during the lockdown in refugee settings.



In Europe and Central Asia, UN Women has distributed essential products to 3,000 women with disabilities, families, survivors and shelters, including coveralls and protective equipment for 3,600 social workers, as well as 2,670 kits with non-perishable food and hygiene products.



UN Women has been implementing the 'Women's Empowerment Hubs/Oasis Centers' in different countries (Uganda, South Sudan, Cox's Bazar, Jordan) to provide integrated support to internally displaced and refugee women. The Hubs/Centers provide safe spaces for women to receive GBV awareness raising sessions, counselling, serve as markets for their products and learn new skills linked to livelihoods and income generation; as well as developing leadership skills.



**UN Women Lebanon, Jordan, Tunisia and Palestine** have been working to ensure effective protection and gender mainstreaming of the national response through a secondment to the WHO and/or national, OCHA-led and UNHCR-led coordination platforms, and programmatically is scaling up cash assistance and GBV services (all delivered remotely) for at risk populations.



UN Women has launched a series of prevention campaigns, placing women as central campaign figures to combat the spread of COVID-19. This has been done in **Afghanistan, Bangladesh, Cameroon and Democratic Republic of Congo**.



COVID-19 guidance notes to the humanitarian sectors in all countries in the Asia-Pacific region developed, and global advocacy undertaken to provide gender analysis to WHO Strategic Response Plan for COVID-19.



UN Women has led the development of Policy Briefs on the impact of COVID-19, in **Africa, Arab States, Asia Pacific, Latin American and Caribbean regions**. In the Arab States, the policy brief focused on a UN interagency collaboration on gender relations within the context of COVID-19.



UN Women is supporting 6 severely affected and at-risk countries (**Cameroon, Democratic Republic of Congo (DRC), Haiti, Nigeria, oPT and South Sudan**) responding to COVID-19. The support includes regular and updated multi-sectoral gender analysis to identify inequalities, gaps, and capacities in humanitarian response awareness on COVID-19, technical assistance, coordination and engagement of national women's machineries in humanitarian programming in collaboration with

the Cluster System, National Disaster Management Authorities and Gender Theme Groups. UN Women is providing gender expertise to system-wide efforts including through the secondment of technical gender experts to Health Cluster led by WHO, and technical support in the area of Gender in Humanitarian Action to sectors, clusters, inter-cluster coordination mechanisms, and women's organizations. UN Women's support also extends to women-led MSMEs and entrepreneurs manufacturing and distributing 'Resilience Kits' in crisis-settings.

## D.

# THEORY OF CHANGE/CHANGE TO PURPOSE

In complementing the Global Humanitarian Response, and the WHO Preparedness and Response Plan for COVID-19, as well as regional and country level refugee response frameworks,<sup>20</sup> UN Women proposes to reach 300,000 most affected and at-risk women and girls, their families, their host communities and an additional 2,000,000 people with COVID-19 prevention, support

and resilience services by leveraging its partnerships with other UN agencies, INGOs, and wide network of civil society partners. This is critical as the programme provides key gender indicators and deliverables in which to measure the Global Humanitarian Response Plan on its gender responsiveness and impact.

The overall goal is to stem the spread and mitigate the impact of COVID-19 in humanitarian countries and promote a rapid, effective and sustainable and gender transformative recovery.

<sup>20</sup> COVID-19 response. Regional Refugee and Resilience Plan in response to the Syria crisis (2020) <http://www.3rpsyriacrisis.org/wp-content/uploads/2020/05/3RP.pdf>

## ASSUMPTIONS

- Humanitarian system in priority countries will accept technical support to fulfill their commitments to integrate gender equality and the empowerment of women and girls in COVID-19 HRPs and will be willing to make necessary changes to planned interventions.
- Capacity Building and Advocacy will lead to uptake of knowledge and use by humanitarian actors to undertake sex and gender disaggregated data, gender assessments, advocacy and take different decisions to respond to gendered needs.
- UN Women not being a member of IASC globally will have the political support to engage and influence necessary gendered interventions.

*IF*

Humanitarian coordination mechanisms integrate gender equality and women and girls' empowerment throughout all stages of the COVID-19 humanitarian programme cycle; consistently use sex and gender disaggregated data in COVID-19 planning for those likely to be most affected; use context specific gender analysis and expertise, facilitate most affected and at-risk women in leadership and decision making; and provide specific funding to protection from PSEA and GBV, to local women's organizations and women's resilience and socio economic initiatives to limit impact of COVID-19.

*THEN*

- Reduction of COVID-19 infections and deaths of most affected and at-risk women and girls.
- Increased success of localization agenda through women's leadership in COVID-19 community humanitarian clusters/sub-clusters decision making on food security, GBV, camp management and livelihoods including on cash-based assistance.
- Consistent humanitarian prioritization and funding allocation for gender mainstreaming initiatives in COVID-19 HRPs.
- Specific resilience projects for women/girls to build resilience and empowerment to combat the impact of COVID-19 in protracted displacements.
- Increased funding to local women's organizations to provide humanitarian services.

*LEADING TO*

- Humanitarian contexts will set the gold standard and have the necessary sustained gender-in-humanitarian-action capacity to respond to COVID-19.
- There will be availability of evidence-based information, data and analysis detailing gendered crisis impact and prioritization needs of COVID-19.
- COVID-19 Policy, guidance, standards by global coordination mechanisms adequately integrates gender equality and the empowerment of women and girls.

## E.

# RESULTS FRAMEWORK

<b>Goal:</b> <b>Most affected and at-risk women and girls play their fullest role in response to and are protected from the impacts of COVID-19.</b>			
<p><b>GHRP Strategic Priority 1:</b> <i>Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality</i></p> <p><b>Gender Outcome 1</b>            1.1. <i>Reduce/slow infection and transmission rates among most affected and at-risk women and girls.</i></p>	<p><b>GHRP Strategic Priority 2:</b> <i>Decrease the deterioration of human assets and rights, social cohesion and livelihoods.</i></p> <p><b>Gender Outcome 2</b>            2.1. <i>Strengthen livelihoods and resilience of most affected and at-risk women.</i></p>	<p><b>GHRP Strategic Priority 3:</b> <i>Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.</i></p> <p><b>Gender Outcome 3</b>            3.1. <i>Increase most affected and at-risk women's leadership and voice in the COVID-19 humanitarian response.</i>            3.2. <i>Support positive social norms to strengthen prevention and response to Gender Based Violence.</i></p>	<p><b>Gender Mainstreaming in Humanitarian Coordination</b></p> <p><b>Gender Outcome 4</b>            4.1. <i>Humanitarian coordination mechanisms integrate gender equality and women and girl's empowerment throughout all stages of the COVID-19 humanitarian programme cycle</i></p>

## Outputs

<p><i>Most affected and at-risk women lead and participate in an effective humanitarian response.</i></p>	<p><i>Expansion of livelihoods, resilience and coping and risk reduction capacities for most affected and at-risk women and girls.</i></p>	<p><i>Incidence and impact of GBV is mitigated and minimized.</i></p>	<p><i>COVID-19 National Humanitarian Response plans integrate gender analysis, needs, priorities and funding.</i></p>
<p>1.1. Provide direct support, both financial and technical, to local women's organizations, including organizations of persons with disabilities, to mobilize and communicate awareness and provide prevention services (masks, sanitizers, soap) in the prevention of COVID-19 in most affected and at-risk communities.</p> <p>1.2. Support individual trainings for women on leadership skills, public speaking, community consultations, project management and other areas.</p> <p>1.3. Provide technical support for the design and roll out of mentoring and coaching initiatives for women's organizations</p>	<p>2.1. Capacity building for inter-agency coordination mechanisms on gender sensitive cash and voucher assistance.</p> <p>2.2. Support most affected and at-risk women to take advantage of new livelihood opportunities including through cash-based assistance programmes, provision of 'Resilience Kits' and support to local women led entrepreneurs to manufacture masks, soaps and sanitizers.</p> <p>2.3. Support the establishment of Women's Empowerment Hubs/Centers/Oasis (or scaling up services provided through existing infrastructure) that are adapted to movement and other restrictions as safe spaces for most affected and at-risk women to learn new skills, network, access services, information and training and run small businesses.</p> <p>2.4. Train most affected and at-risk women, girls and local women's organizations on gender-sensitive early warning, household and community preparedness measures to facilitate better coping before, during and after COVID-19.</p>	<p>3.1. Awareness raising campaigns on GBV and PSEA prevention including on male engagement using simple technology like SMS, online tools.</p> <p>3.2. Awareness raising to most affected and at-risk women and girls to increase uptake of GBV Referral Pathways and PSEA hotlines.</p> <p>3.3. Training of women's organizations as first responders to support women and girls on GBV and PSEA prevention and response mechanisms to adapt to COVID-19 restrictions.</p> <p>3.4. Undertake and curate research on social and gender norms and implications for programming and strategies to support women's leadership in crisis settings.</p> <p>3.5. Initiate a research on the linkages between women's leadership and access to GBV protection and livelihoods (including the challenges of unpaid care work).</p> <p>3.6. Conduct awareness raising and training sessions with humanitarian actors, camp in charge officers, community leaders and local women's organizations on strategies to promote women's leadership and positive gender norms.</p>	<p>4.1. Conduct multi-sectoral gender assessments in partnership with cluster leads to provide accurate and up to date gender analysis for humanitarian coordinators, planners and implementing agencies to inform up to date and revised COVID-19 planning, prioritization and programming.</p> <p>4.2. Creation of localized accountability frameworks in collaboration with OCHA, UNHCR and other field-based stakeholders – looking at the work of the HC, HCTs, clusters, gender working groups etc. - to provide COVID-19 localized monitoring and accountability.</p> <p>4.3. Establish and include COVID-19 Humanitarian contexts data set through the Women Count data hub platform.</p> <p>4.4. Provide dedicated gender expertise to the HCT and other task teams set up for COVID-19 response in crisis settings.</p> <p>4.5. Facilitate the participation and leadership of local women's organizations in country-level humanitarian coordination mechanisms.</p> <p>4.6. Establish/manage inter-agency gender working groups to coordinate integration of gender across all field level humanitarian coordination mechanisms and processes.</p> <p>4.7. Generation of research and knowledge products.</p>



## Indicators

<ul style="list-style-type: none"> <li>• # of countries where COVID-19 response strategies and implementation changed as a result of feedback from affected populations;</li> <li>• % of women in decision-making in camp level and humanitarian COVID-19 responses;</li> <li>• # of women-led advocacy campaigns on the prevention of and recovery from COVID-19 in communities.</li> <li>• # of people reached through community mobilization;</li> <li>• # of most affected and at-risk women provided with COVID-19 preventive services;</li> <li>• # of local organizations receiving technical and financial support.</li> </ul>	<ul style="list-style-type: none"> <li>• # of women assessing unconditional cash distributions and ratio to men;</li> <li>• # of women empowerment hubs/centers/oasis established;</li> <li>• # of women and girls accessing new livelihoods' skills and/or creative opportunities provided by COVID-19.</li> <li>• # of women/women's organizations trained and with strategies in place for disaster preparedness and coping.</li> </ul>	<ul style="list-style-type: none"> <li>• # of champions engaged in social awareness raising and prevention of GBV;</li> <li>• # of reached through mobile and other protection services;</li> <li>• # of calls received on PSEA hotline per month;</li> <li>• # of women and girls receiving key items (internet and mobile phone data, hygiene kits) to enhance their protection;</li> <li>• # of local women's organizations receiving humanitarian funding for prevention and protection services;</li> <li>• % of rise in early warning and prevention on negative social norms/GBV.</li> </ul>	<ul style="list-style-type: none"> <li>• % of COVID-19 national HRP's with interventions to address gender-specific vulnerabilities in at least half of the clusters;</li> <li>• % of national COVID-19 task teams or coordination bodies associated with the HCT with dedicated gender expertise made available through UN Women;</li> <li>• % of gender assessments conducted by UN Women which inform the HCT-led COVID-19 response;</li> <li>• % of countries in which local women's organizations' participation in the planning of the coordinated COVID-19 response efforts was facilitated by UN Women.</li> </ul>
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## Strategies - ENABLING FACTORS

<ul style="list-style-type: none"> <li>• Partnership with UNFPA and UNHCR and UNICEF in the Protection Cluster/GBV sub-cluster.</li> <li>• Community mobilization of communities to report GBV cases including Sexual Exploitation and Abuse (SEA) through Referral Pathways within the Humanitarian Protection Cluster and GBV sub-clusters.</li> <li>• Mobilize financial and technical support, strengthen institutional capacities and convening of first responder local women's organizations and networks to address GBV, including prevention and response services to the most vulnerable girls and women.</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted financial assistance to female headed households and at risk.</li> <li>• Adaptation of UN Women's Leadership, Empowerment, Access and Protection in Crisis Response (LEAP) programme and Second Chance Education in partnership with UNHCR, WFP and UNDP to respond to women's livelihoods' needs and opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>• Community mobilization measures undertaken with Ministries of Gender/Women, humanitarian and other relevant government ministries are in place to promote targeted and appropriate messaging on prevention of COVID-19 to the most vulnerable groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity building and personal leadership skills training.</li> <li>• Gender coordination mechanisms are in place to promote gender mainstreaming in COVID-19 national Humanitarian Response Plans.</li> <li>• Technical support on gender in humanitarian action (GiHA) is available to Humanitarian Coordinators, Humanitarian Cluster and sub Cluster leads.</li> <li>• Evidence based gender analysis grounded on SADD is available and analyzed to inform COVID-19 humanitarian services.</li> <li>• Local women's organizations – often leading the frontline response – are included as active participants in the planning of humanitarian efforts in the COVID-19 context</li> </ul>
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## F.

# PARTNERSHIPS

- UN Women works very closely with women's organizations in facilitating the localization agenda within the Grand Bargain. It has established partnerships with over 700 women's organizations, through the provision of funds, development of joint strategy and advocacy and facilitating their engagement and leadership in the humanitarian decision making and accessing resources as first responders in times of crisis.
- UN Women works closely with OCHA in partnership with the IASC Gender Reference Group, UNFPA, UNDP and UNHCR to strengthen coordinated support to gender integration within the COVID-19 Humanitarian Response Plans (HRPs). This includes global and regional humanitarian coordination mechanisms, including WHO health emergencies responses. For example, UN Women in Asia and Pacific lead/co-lead Gender Theme Groups and Gender and Protection Working Groups in 13 countries. UN Women has led development of guidance to support collective efforts including the IASC Gender Reference Group's COVID-19 Gender Alert, offering the humanitarian system guidance on a cluster by cluster basis on key gender issues to be integrated into humanitarian response strategies. UN Women is an ex-officio member of the UN Crisis Management Group made up of all humanitarian agencies. This approach of working with and through partners will be fundamental and guide all the activities described in this concept note. UN Women is also part of the Gender and COVID-19 Working Group, a group comprised of academics and experts collecting data and undertaking urgent analysis on gender implications of COVID-19.
- UN Women partners with UNFPA on GBV response in humanitarian and non-humanitarian settings and will be building on this division of labor and responsibilities in supporting the GBV response. UN Women is the co-manager along with UNFPA of the UN Joint Global Programme on Essential Services. An independent assessment (2018) found that the UN Joint Programme and its main policy guidance (ES Package) have been 'unifying agents' for national partners, not just enhancing coordination amongst Government sectors, UN agencies, but also creating credibility and validity to the work of women's organizations/NGO service providers, very often at the front lines of service provision, as evident in the COVID-19 crisis.
- UN Women as it supports UNFPA's lead role in GBV response in the humanitarian sphere, supports three critical roles in ensuring that i) all interventions are truly gender-responsive across the different sectors, including gender-responsive through collaboration with peacekeeping operations; ii) UN Women, with its broad GEWE mandate, is positioned to work on the 'enabling factors' that need to be in place before establishing/strengthening service provision and iii) a comprehensive approach to ending GBV is adopted, including prevention to ending GBV, which includes prevention through addressing negative norms and addressing the root causes of GBV in crisis-affected communities and linking GBV survivors to resilience and livelihoods activities.

## F. SUMMARY OF BUDGET

### Indicative Country Budgets<sup>21</sup>

Country	Budgets (in USD)
Bangladesh (Cox's Bazar)	1,631,932
Cameroon	1,634,100
Haiti	2,135,000
Iraq	2,200,000
Jordan	2,134,272
Lebanon	1,734,000
Myanmar	2,031,741
Nigeria	2,200,000
Occupied Palestinian territories (oPT)	2,130,720
Somalia	2,096,272
South Sudan	1,700,000
Turkey	2,100,000
Ukraine	2,134,000
Yemen	2,300,000
8% Support costs	2,252,962
<b>Total</b>	<b>30,415,000</b>

<sup>21</sup> Comprehensive Country Budgets attached as Annexes