

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 COVID-19 National Humanitarian Response plans consistently integrate gender analysis, needs, priorities and funding.	<p>4.1.1. Facilitate the participation and leadership of local women's organizations in country-level humanitarian coordination mechanisms.</p> <p>4.1.2. 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.</p> <p>4.1.3. Ensure COVID-19 humanitarian accountability frameworks are equipped with gender responsive measures.</p> <p>4.1.4. Generation of research and knowledge products and establish and include COVID-19 Humanitarian contexts data set through the Women Count data hub platform.</p> <p>4.1.5. Strengthen inter-agency gender working groups to coordinate integration of gender across all field level humanitarian coordination mechanisms and processes.</p>
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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,¹ 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.²

This is a complementary Gender Programme to the Global Humanitarian Response Plan (GHRP) and humanitarian agencies' responses in the GHRP³ 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.

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.⁴ 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.

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.⁵ 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.⁶ 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.

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.

- o *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.
- o *The potential leadership of women and local*

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.⁷ 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

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