WE MUST DO BETTER

A Feminist Assessment of the Humanitarian Aid System's Support of Women- and Girl-Led Organizations during the COVID-19 Pandemic

AMPLIFYING WOMEN AND GIRLS IN CRISES

VOICE

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ACKNOWLEDGMENTS

First, we must thank the women and girl leaders that contributed their thoughts, insights, experiences, and concerns to the development of this project. It is because of their freedom that we do this work. We exist for them. We must do better for them.

We dedicate this report to their commitment and perseverance in the face of the crisis, and we hope that we have represented their perspectives, experiences, and priorities faithfully, and with the deepest respect, love, and solidarity for our sister activists.

VOICE would also like to thank our supportive partners, donors, and other allies. UNICEF has been the largest donor and partner for this edition of our *We Must Do Better* series, which is a shared deliverable under our ambitious partnership: "She Leads the Way: Revolutionizing the Aid Sector's Approach to GBV Prevention and Response by Harnessing the Power of Women and Girls." Additional donors include Wellspring Philanthropic Fund, the NoVo Foundation, and other partners that have supported the sharing of this survey around the world, including The Equality Institute, Oxfam International, the Sexual Violence Research Initiative, UNHCR, UN Women, Purposeful, USAID, and the Feminist Humanitarian Network. We would also like to thank Statistics Without Borders for their quantitative analysis of all of the data. It is because of our friends and allies (including, but not limited to, Catherine Poulton, Christine Heckman, and Josh Chaffin) in the rooms and halls of power that real conversations and transformative change are possible.

We are thrilled to showcase the incredible work of the VOICE research team, led by Heather Cole, Sinéad Murray, Sharanya Sekaram, and Amy Greenbank, as well as the broader VOICE team, including the VOICE Fellows, Head of Communications and Marketing Chiderah Monde, and Executive Director Mendy Marsh. We would also like to thank Jasmina El Bouamraoui of EL BOUM for the report design.

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EXECUTIVE SUMMARY

We Must Do Better represents the first attempt at a global feminist assessment of the experiences of women and girls—and the organizations they lead—during the COVID-19 pandemic. It looks at their lives holistically to see how the pandemic has impacted their organizations and communities and how humanitarian responders engage with them, if at all. We invited 200 feminist organizations and individual women and girls in 41 countries to share their experiences during the pandemic and speak of their needs.

The work sought to understand how their organizations are being affected and the ways in which they are (or are not) being supported. We asked about their frustrations and how to alleviate the burdens they carry. We looked at how gender inequalities manifest in crisis; what impact lockdowns and economic downturns have on women and girls; and how the pandemic has affected the violence they face.

The VOICE survey asked them to look at their domestic lives as well as the supportive roles they play in communities and to find connections between the two domains. It recognizes the dual aspects of women's lives—that women in leadership are not living "outside" the dynamics they are trying to change and are often experiencing violence similar to the women they serve.

We covered issues of access to resources for their organizations; health, wellness, and other kinds of social care; their exposure to violence; and their access to supportive networks. The findings are organized around three major themes that emerged: social expectations and norms, access to resources and assets; and giving and receiving care.

The results show how precarious the progress toward gender equity has been, in every sphere of life. During the pandemic, women and girls are realizing, painfully, that they had not so much gained their rights within patriarchal contexts, but rather had been given concessions that were granted only until a crisis struck, then quickly withdrawn. COVID-19 may not discriminate, but families, communities, and governments certainly do.

The humanitarian aid sector contributes too, despite its commitments to crisis-affected populations—denying women and girls their rights to participation, consultation, and services and in some cases subjecting them to its own types of violence. Response strategies have failed to engage women- and girl-led organizations to explore what a gender-transformative health response might look like. Many of the organizations responding to this survey noted that they have not been invited to participate in the planning for the COVID-19 response, in spite of humanitarian agencies' mandates to do so. We are taking this opportunity to make it known that the humanitarian system needs to do better. The pandemic makes this more apparent than ever.

The loss of women's incomes, resources, freedom of movement, friendships, and networks come in addition to the increased household burdens, demands for support from children and other family members, and care for those who are sick. The closure of schools, the difficulties in obtaining food, and increased sanitation needs are burdens disproportionately carried by women.

In May 2020, the United Nations Population Fund (UNFPA) and other actors forecasted major concerns about increased violencet

against women and girls (VAWG). Yet there was no specific objective included for VAWG in the overall Global Humanitarian Response Plan.[1]

Both foreign and domestic responses to the pandemic have relied heavily, and without negotiation, on the unpaid labor of women and girls. The assumption that women are a resource to be deployed within a crisis, rather than members of communities in need, is connected to widespread gender norms. Their needs and experiences are not aligned with the assumptions underpinning the response. Unlike men, around who the response has been designed, women are experiencing increased exposure to violence, increased responsibility for others, and lack of or reduced access to sex-specific health services they require.

Women working to support women and girls find themselves having to "do more with less," effectively working harder than ever, for free, without the resources to change the modes of delivery in the context of social distancing. Women leaders are legitimately concerned that now, having done their COVID-19 response work with minimal support, they will be expected to continue to work on these terms in the future. At the same time, demand for their unpaid caregiving is also increasing within the private domains of family and community. In both domains, their own needs are made invisible and disregarded, even as the risks to their health and safety have increased.

A similar report could have been written in response to other recent epidemics and pandemics, including SARS, Ebola, and Zika. COVID-19 has unveiled again that women and girls are both more exposed to infection than men and boys and also providing more of the care. However, these realities have still not been built into humanitarian response.

Despite all the learning from multiple crises, the process of shaping responses has not changed for women and girls. They find themselves again situated within the pandemic and the response in ways determined through traditional gender expectations at every level: local, national, regional, and global.

VOICE and many other feminist organizations and activists in the humanitarian sector have been reporting the same needs, the same violence, and the same marginalization of women and girls for decades. We know that they experience specific, predictable consequences and rights violations whenever a disaster strikes, and yet their needs go mostly unrecognized, unfunded, and ignored.

The main recommendations are for duty-bearers to adhere to their own global commitments to localization of humanitarian response, including systematically creating ways for women and girls to design and lead responses in addition to incorporating their views and contributions into all phases of the Humanitarian Programme Cycle (HPC). Further, we recommend a gender power analysis be applied to all health interventions, that interventions take into account women's greater exposure, and that funding be protected for sexual and reproductive health (SRH) and VAWG services. Duty-bearers should provide multi-year flexible funding to local women- and girl-led organizations through partnerships driven by and grounded in local expertise and knowledge. They should reach out to networks of women-led civil society organizations (CSOs) and non-governmental organizations (NGOs) to ask what roles they would like to play as partners and address any barriers to their participation. Women- and girl-led organizations also need connections to donors and support in connecting to each other regionally to strengthen their resistance, solidarity, networks, and advocacy. The humanitarian system, including UN actors and international non-governmental organizations (INGOs), must always advocate for and ensure there is a specific objective around VAWG/gender-based violence (GBV), through Global Humanitarian Response Plans (GHRPs). All life-saving issues, including addressing VAWG, should be prioritized.

ABOUT VOICE

VOICE is a cutting-edge feminist organization working to end VAWG in conflict, crisis, and disaster settings around the world. We are a team of skilled humanitarians with extensive experience working on VAWG in emergency contexts, and we have seen that the humanitarian aid sector itself has consistently failed to meet the needs of women and girls in these settings. We believe that the industry must change to deliver on its promise to protect them; we also know that they are the best judges of what is needed, though they are routinely ignored by those who hold the power in aid organizations.

We are working to help meet the needs of women- and girl-led organizations in a growing number of countries, including Afghanistan, Bangladesh, Colombia, the Democratic Republic of the Congo, Iraq, Kenya, Somalia, South Sudan, Syria, the United States, Venezuela, and Yemen.

RIGHT NOW, IT IS ALL ABOUT SURVIVAL.

Women-Led Network
Kenya

INTRODUCTION

The effects of the COVID-19 pandemic have been immense, with long-term repercussions and social consequences. The crisis has triggered the largest global recession since the Great Depression.[2] Nearly all countries have instituted lockdowns or curfews at various stages; global supply chains have been disrupted; commercial travel has declined; and the closure of educational institutions continues. The shape of work and social lives globally have been altered in ways that could not have been foreseen, and these extreme changes have had specific and critical implications for women and girls.

In August 2020, as part of VOICE's work in centering and amplifying the voices of women and girls, we initiated the *We Must Do Better* research series,[3] with the aim of creating space for women and girls to share their own experiences and perspectives on the COVID-19 pandemic.

Information collected through the initial research survey will be used for advocacy with donors and other decision-makers in the humanitarian community to highlight the impacts of COVID-19 on VAWG and to bring much-needed attention to these issues.

Previous research and experiences with epidemic and pandemic outbreaks have shown that women and men are differently socially situated in health crises and so have different vulnerabilities.

A key finding in relation to the SARS outbreak revealed that men were more likely to seek treatment than women, while women had to be persuaded and enabled to gain access to treatment. This was amplified in the case of women living in poverty who were more likely to prioritize their limited resources for their family.[4] Women's sense of entitlement to care, and to their

The project was precipitated by the following core concerns:

THE NEED TO socially situate medical and clinical responses to health crises, in recognition of the ways in which all epidemics and pandemics affect women and men differently.

THE NEED TO recognize the gendered nature, and impacts, of health and care.

THE NEED TO apply a feminist lens to the data and information about COVID-19, particularly in the context of gender inequality and VAWG.

THE NEED TO earn from the experiences of women- and girl-led groups in the context of the pandemic.

care being a priority, was much less than men's. Women also struggled to access treatment outside of the home due to controls on their freedom of movement, both through threats to their personal safety and access to the resources necessary for transport.[5] A second core finding from the analysis of the impact of SARS in Hong Kong also found that women make up a large portion of healthcare workers, making them more exposed to infection and therefore more vulnerable.

These findings were echoed in research from the 2014–2016 West Africa Ebola outbreak, where the reality of women making up more than 80% of the nursing and midwifery workforce had an immense impact on their risk of contracting the illness,[6] particularly early on when personal protective equipment (PPE) was either unavailable or tightly limited. Women's informal caregiving roles within communities, including as traditional birth attendants and in the preparation of bodies for burial, also increased their exposure, as they were more likely to take on responsibilities and work within their families and their wider communities as more people became sick, thus being much more exposed to person-to-person transmission.[7]

Globally, women perform 76.2% of the total hours of unpaid care work, more than three times as much as men. In Asia and the Pacific, this rises to 80%.[8] The economic value of unpaid care work is staggering—it accounts for 40% of GDP according to some reports. Even when women earn more than men, they still shoulder a great portion of this work,[9] across social contexts, the status of countries, and cultural divides. More or less explicit patriarchal norms mean women everywhere carry the majority of domestic, reproductive, and caregiving work; within a crisis, women's caregiving responsibilities increase, often at the expense of their own health.[10] These responsibilities for the care of others—including children, the elderly, and those with disabilities and specific needs—have skewed significant impacts on women's economic capacities; women with higher levels of caring responsibilities are more likely to be self-employed, to work in the informal economy, and to have reduced protections in their work. In times of crisis, including pandemics, women's lower incomes are the ones most likely to collapse first, with women also being more unlikely to sustain their work alongside increased responsibilities for others.[11]

The gendered nature of social care and care work means women are at greater risk of infection. They also lack access to information that can slow the spread of the illness, including through limited access to formal education, gendered communication barriers, and the exclusion of women from public meetings.[12] Women's reliance on the men around them for information further reduces their understanding of the illness, including how to keep themselves safe, where to find resources, and what support is available.

Gendered dynamics continue to play out in health crises and pandemics. No medical or health emergency takes place in a social vacuum, and the bodies upon which a pandemic is manifest are not outside social power relations and relationships. Situations of crisis amplify existing inequalities across multiple dimensions, with gender hierarchies running through and across every axis of discrimination and oppression.[13]

Gender power relations create inequities in access to resources, the distribution of labor and roles, social norms and values, and decision-making—all of which manifest throughout health and social care.[14] There is a nascent recognition that health policy shapes and affects gender inequalities due to how it takes account of existing inequalities in its approaches, expectations

and practices. Policies that fail to recognize existing gendered inequalities will exacerbate and reinforce them, however inadvertently, and create more difficulties, exposures, and insecurities for women and girls.

Findings around previous pandemics showed that pregnant women and girls have more contact with health services, putting them at potentially higher risk, while the vectors and mechanisms of transmission are poorly understood, and pregnancy status tends to be treated like any other concomitant condition. While gender has an impact on the transmission and impacts of diseases, not enough focus is given to gender as a factor.[15] Treatment protocols, as well as the development of vaccines, are rarely tested for safety with pregnant women, leaving them exposed to unknown risks.[16]

This disproportionate distribution of wealth means that women have less control and less influence within capitalist socio-economic structures, where control of resources shapes freedoms and autonomy. Women have less decision-making power both in public and private spheres and are more vulnerable to exploitation in the workforce, and these dynamics are connected as both causes and effects.

COVID-19's risks of economic and social loss are far greater for women and girls.[17] From the closure of schools, the increased need for care, and more people constrained at home, to the need for increased health and hygiene practices, the increase in forced and early marriage driven by economic instability, the inability to access formal education, and a continuing lack of intergenerational support,[18] women and girls are hardest hit by the impacts of a pandemic.

A gender analysis of news media from Sri Lanka, Malaysia, Vietnam, and Australia during the COVID-19 pandemic recognized the gendered burdens in frontline work, unpaid care work, and community activities such as visiting the sick, cooking, and cleaning.[19] Data compiled by the World Health Organization (WHO) from 104 countries showed that women form 70% of the healthcare and social services workforce. Given their limited access to PPE and regular interactions with carriers of the virus,[20] women's risk of contracting COVID-19 goes up.

Despite all the data on the influence of gendered social norms on health system structures and processes, and the recognized reliance on overwhelmingly female unpaid caregivers,[21] health systems still fail to include a gendered perspective into their work and approaches.[22] This is equally true of the international aid system.

Women's organizations and services tend to be significantly under-funded, under-resourced, and overlooked by international aid agencies, even outside of a crisis.[23] They have a disproportionate dependence on women's voluntary or underpaid work and skills, and this extends into crises. Prior to this pandemic, the Coalition of Feminists for Social Change collated data and information around the distribution of funding and allocations to VAWG interventions within humanitarian crises,[24] finding that the specific resources available are minimal. Research led by VOICE and the International Rescue Committee (IRC) tracked the funding for women's organizations in the report *Where's the Money?*[25] and found a shocking lack of commitment to women's organizations and to addressing the potential and reality of VAWG within the pandemic.

Experts suggested the importance of including a specific objective dedicated to the prevention of VAWG and response strategies within the GHRP. This would have ensured at least some prioritization of the acute need for response, as well as some level of tracking of VAWG-specific indicators and funding and some level of accountability. Most importantly, it would have made

VAWG prevention and response a precondition of a "successful" humanitarian effort. These expert calls fell on deaf ears, just as they historically have decade after decade.

While there has been some progress to date, as of August 2020, VAWG accounted for only 0.48% of the overall funding appeal of the GHRP—a shockingly small share, given the increased need that had already been observed.[26]

What we learned from the research is fully aligned with UNFPA's May 2020 report, which revealed the scale of the impact of COVID-19 on women as health systems became overloaded, facilities closed or limited their services, and women began skipping medical visits to avoid virus risks. This report flagged concerns about supply chain disruptions, leading to shortages of contraceptives, and an increase in VAWG due to families being trapped at home. The report projected that:

47 MILLION

women in 114 low- and middle-income countries may not be able to access modern contraceptives and seven million unintended pregnancies were expected to occur if the lockdown carried on for six months. For every three months the lockdown continued, an additional two million women may have been unable to use modern contraceptives.

31 MILLION

additional cases of VAWG were expected to occur if the lockdown continued for at least six months. For every three months beyond that, an additional 15 million extra cases of VAWG were expected.

2 MILLION

female genital mutilation cases may occur over the next decade that could have otherwise been averted.

13 MILLION

additional child marriages potentially taking place between 2020 and 2030.

RESEARCH AIMS AND CORE QUESTIONS

The aim of this research, and the analysis of the data, are grounded in VOICE's feminist values, and an explicit commitment to understanding the specific impacts and implications of COVID-19 on women, girls, and the organizations and associations they lead. In line with Bloom and Sawin's criteria,[27] this research was focused on women's voices and experiences and in reducing the power asymmetry between researcher and participants; analyzing data to uncover sites of resistance and opportunities for social change; creating a practical difference with the women engaged in the study; carrying out research that affects and challenges social policy; and undertaking research that improves our own reflexivity in becoming catalysts for social change.

This research sought to understand the impact of the current pandemic on women and girls in the context of wider global gender inequalities, with an understanding of VAWG as a central mechanism in the maintenance of this inequality. The work sought to better understand how individual women and feminist organizations are affected and supported. The primary lines of inquiry were:

WHAT

are the needs and risks of women and girls in the context of COVID-19?

HOW

have these changed due to the crisis?

HOW

are COVID-19 and related concerns impacting women- and girl-led organizations, activists, and networks?

WHAT

are the priorities for support among women- and girl-led organizations, activists, and networks related to VAWG and COVID-19?

WHAT

are the recommendations for VOICE to incorporate into the design and implementation of interventions to support women- and girl-led organizations and networks during the COVID-19 pandemic and beyond?

METHODOLOGY

The survey enabled women to look at their experiences as individuals with private and domestic lives, as well as their roles in organizations and public life. Respondents reflected on their access to resources, health care and social care, and supportive networks, as well as their exposure to violence. The focus of the research was organizations led by women and girls, providing services and advocacy to the same groups. Prioritizing women's leadership, recognizing the contributions of their organizations, and letting them name their own experiences was central to the ethic of the research.

To support the participation of as many women as possible, we used an online survey. The link was shared through multiple networks and platforms using a mix of quantitative and qualitative questions to provide texture.

Limitations

Responses are likely to be clustered around organizations with greater resources, due to the necessity of survey participation online. Participation was also self-selecting; some organizations may not have responded due to high workload or additional donor demands. Further work will be undertaken with smaller and unregistered groups to extend the opportunity to participate and validate the findings across regions.

This report looks at the global commonalities and differences across thematic areas. Companion papers from VOICE in 2021 will delve more deeply into particular aspects of the findings, exploring the details of women's concerns and looking at regional issues.

9 LANGUAGES

The survey was translated into nine languages, including French, Spanish, Portuguese, Dari, and Arabic.

200 ORGANIZATIONS

More than 200 organizations responded, providing a broad spectrum of experience across six regions.

About the Respondents

Responses came predominantly from women-led civil society organizations, representing both themselves as individuals and the women and girls they support. 84% of the participating groups, networks, and organizations described themselves as being led by women, with 15% being led by men. The final 1% described themselves as led by a management committee that they did not disaggregate by gender.

The majority work in small organizations or networks with fewer than 50 team members.

They are mainly locally focused, and their work is mostly in service delivery. Many are also involved with advocacy, changing community norms, and policy work in addition to their core services.

Not all the organizations participating are solely focused on women and girls, but the majority were focused on females from 18 to 65 years of age and adolescent girls between the ages of 11 and 17. This age bracket covers women through their reproductive years, when they are most likely to need SRH services and when they are highly exposed to both poverty and violence within the family. These are also the years when women are most likely to be responsible for the care of their children, elderly family members, and those with disabilities.

The focus on adolescent girls is particularly important since the impacts of crises fall heavily on them in multiple ways, including their exposure to violence.

Within the work with women and girls, the survey explored in more depth the kinds of work that organizations are involved with around violence. Many of these categories are overlapping. Child, early, and forced marriage, for example, will often include domestic violence, always include sexual violence, and will sometimes include child sexual abuse, depending on the age of the girl.

The majority of respondents reported that their work focused primarily on domestic violence, sexual violence, sexual exploitation and abuse, child sexual abuse, intimate partner violence, harmful practices, or human trafficking, with a small proportion noting none or other.

84%

of the participating groups, networks, and organizations described themselves as being led by women

FINDINGS: WHAT WOMEN AND GIRLS TOLD US

Responses to the survey clustered around three interconnected themes:

> Girls' and women's health have suffered, [but] their needs are less of a priority. As they are experiencing financial instability, [they turn] to bad practices as they cannot afford alternatives, [lose their] power position in the family as decision-makers, lack safe space to recuperate [and experience] mental trauma.

Women's Rights Activist
Bangladesh

The social expectation that women and girls will provide care to family members means that their work is considered a family or household resource, taken for granted, unpaid, and unrecognized. This has consequences for themselves, in particular the need for friends and social networks, education, and livelihoods. Women and girls are not regarded as stakeholders in the response to the pandemic with needs and interests of their own; rather, they are situated and understood as one of the resources deployed to support others.

The experiences of women and girls also exist within the various layers of social inequality, further exacerbating their vulnerability and their exposure to violence. The violence they face is not only individual or from individual men; social violence also reinforces inequitable gender roles

> We are unable to reach out to friends either because of constraints, or preoccupation due to [our] husbands and kids staying at home [increasing] our workloads, or time constraints because we use the time to meet basic needs.

Women's Rights Activist
Somalia

through, for example, public shaming, stigmatizing, the ruination of the reputations of women and girls, and the marginalizing of women who are considered to have "failed." Victim-blaming not only serves to protect perpetrators but to uphold the social narratives of women's "respectability," "honor," and "deservingness" of support and care. Social violence surrounds and enables the multiple forms of violence that women and girls experience from the men in their families and their communities. Women and girls often experience these as a "second wound," compounding and reinforcing the first and intensifying their isolation and their loneliness.

These themes do not stand alone and deeply intersect with one another. The connections between these issues are critical areas of attention for any feminist or woman-centered policy response or aid intervention. The experiences of women and girls in their access to resources and assets, and their experiences of giving and receiving care, are influenced and affected by social expectations and norms, not only in their communities but throughout the architecture of aid interventions.

Women and girls responding to this survey described the parallel processes between their lives as individual women and their experiences running women- or girl-led organizations; for example, expectations that they would work voluntarily, without additional resources, that they would put the needs of others ahead of their own, or that they should provide care to everyone else before their own staff, were reported in every region.

1. SOCIAL EXPECTATIONS AND NORMS

> Quarantine has increased the workload inside and outside the home.

Women's Organization
Iraq

The central theme in the responses is that social expectations and norms shape the experiences of women and girls and their organizations. The increased unpaid responsibilities for care, the deprioritizing of women's services and health care, and the struggles of women- and girl-led organizations to meet the increased demand for services with fewer resources are universal.

> Women used to all stay together most of the time so we kept each other safe, [but] due to COVID we are scattered in different parts of the country. Some went upcountry to bury loved ones or to mitigate the pressures of town life. Right now, most of our advocacy and edutainment is done online. They bully us and insult us there, but it is to be expected.

Women's Rights Advocate
Kenya

Freedom of movement and association are now being taken away from women and girls, in one of the clearest examples of norms and expectations constraining women's lives. For adolescent girls, the implications are stark; multiple respondents highlighted that the longer schools are closed, the less likely it is that girls will return to education when it becomes possible—much less likely, in fact, than their male peers.

> Most families invest in their boy child first, then the girl.

Women's Empowerment Association
Bangladesh

The end of access to school for adolescent girls is catastrophic over the life-cycle. Not only can they lose self-esteem and standing in the community, but they also lose the single most significant social and protective structure in their lives. Out of school, they miss opportunities to make friends and build supportive relationships, and the implications are well-documented: they become more likely to experience intimate partner violence (IPV) and unchosen pregnancies, be given reduced opportunities to generate their own income, and have a greater dependency on men.

The global evidence is that men are also not taking up the additional workload of homeschooling children, providing care, and ensuring that the elderly, the vulnerable and the isolated have food, company, and care during lockdowns. These are global dynamics, as familiar in countries where there is presumed to be more gender equality as in those with more patriarchal cultures.[28] [29] The fragility of the structural progress toward gender equality has been revealed as the pressures of care, domestic responsibilities, and social expectations about who cares and who is cared for land on women and girls. Men's reflexive response has been to lean on women, and the structures of work, care, public life, policy, and intervention have enabled and reinforced this.

2. ACCESS TO RESOURCES AND ASSETS

A second central theme in the responses to the survey was access to financial resources and other assets. These included household economic assets, funding for organizations, food security, technology, and social assets. The manifestations ranged from the loss of paid work, the struggle to have access to resources to meet basic needs, reduced incomes forcing impossible decisions and unbearable choices, a lack of digital access and thus a lack of access to banking or mobile money information (as well as other information resources), increased burdens of unpaid care work, and more. These are not just results of the pandemic but also factors leading to disproportionate health impacts for women and girls from the virus, and exposure to sexual violence.

> Most resort to prostitution to access money and other material needs.
>
> **Women's Support Association**
> Sierra Leone

According to many predictions, this may only be the beginning of the economic downturn, and the impact on control of resources and aid priorities remains to be seen. The longer the disruptions in global supply chains and the deeper the economic effects, the more women and girls stand to lose progress made in recent decades.

2.1. CHANNELS FOR ECONOMIC ASSETS

Women commonly reported job losses, decreased income, and struggles to keep small businesses afloat. The livelihood challenges come on top of what we already know about women and work—that they are normally employed in more insecure situations, with informal and part-time jobs, and are more likely to be self-employed with fewer labor protections than men.

In many contexts, the pandemic has exacerbated the impacts of climate change on women's work; it has become harder to access clean water for themselves and their families, there is sustained precarity of their incomes through periodic and increased flooding of farmland, and there have been increases in natural disasters. Collectively, these have all had an impact on domestic and income-generating agricultural work. These dynamics also reduce the economic resilience with which to weather shocks.

> Because of climate change, the job pattern in my working area changed. Now, most of the women are involved with crab and shrimp cultivation. But during COVID-19, they could not sell their product as exports have stopped. As a result, they do not have any income.
>
> **Women's Livelihoods Project**
> Bangladesh

The issues faced by women with small and micro-enterprises were also widely discussed across regions, including those with home-based businesses, street vendors, and market traders, who faced the brunt of the economic crisis when their access to customers was denied by lockdowns. Livelihoods were also lost to increased care burdens, which meant losing control over resources, decision-making authority and status, and learning opportunities.

> The financial situation of many women and girls has deteriorated. In families where there is domestic violence, the partner's control over financial expenditures has been tightened.

Domestic Violence Services Organization
Russian Federation

Women's ability to provide food for the family has also been compromised by the collapse of their incomes.

> The needs of women and girls have changed. They mostly need support as most of them lost their livelihood and income-generating activities [due to] COVID. We have seen women land owners forced to sell their land due to lack of money to run the family.

Women's Association
Bangladesh

> The economic situation has limited [women's ability to meet] material needs like buying clothes, food, and household items.

Women's Rights Network
Haiti

The decrease in income highlighted in the survey is also interesting to examine in the wider context of the gender wage gap, which is globally estimated to be around 23%.[30] This both underestimates and understates the full extent of the impact of COVID-19 by not accounting for the informal work and self-employment that is primarily undertaken by women.

The links between the poverty of women and girls and their exposure to sexual exploitation and abuse are well-documented. The collapse of their incomes, combined with the reinforcement by some aid agencies that men are the "heads of households" and control the available resources, takes no account of the responsibilities that women and girls carry for providing for the needs of others. This generates precarity and exposure to both sexual abuse and the virus.

A compounding issue is the prioritizing of men in the recovery and reconstruction planning and interventions. Women are not typically part of the planning for livelihoods or economic strengthening programs, which not only results in disappointing outcomes but also increases their exposure to violence within households and communities.

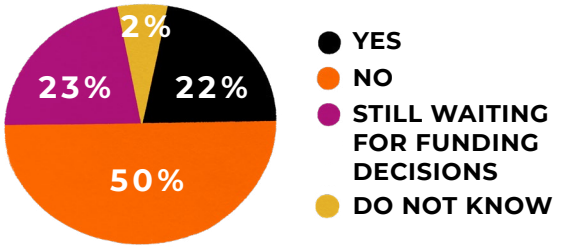
2.2. FUNDING FOR WOMEN- AND GIRL-LED ORGANIZATIONS

It is not just individual women who are feeling this impact; at an organizational level, respondents say they are struggling with a lack of funding, inability to meet the costs of basic sanitary and medical needs, and decreasing staff numbers. Women's organizations described the need for their service delivery, support, and work to increase at the same time as their funding and capacity was being reduced. Mentions of "less money, more work" or "do more with less" ran through responses from all regions. Demand for services increased, but without the resources, or the support to change the modes of delivery in the context of socially distanced provision, made available to meet those needs.

> Since everyone is figuring how best to survive with their own families, I am the one who is doing most of the work by myself. This [organization] is something I started and I am happy to hold the fort. It is hard and the main issue is resources.

Women's Rights Activist
Kenya

Have you been able to access new funding for your services and/or activism to respond to COVID-19?



Over the past year, several donors have taken action to make their reporting and application procedures more flexible and easier on their grantees. Examples include groups such as the NoVo Foundation, Wellspring Philanthropic Fund, and the Oak Foundation. Some groups have also pulled together to create The Global Resilience Fund for Girls and Young Women. Some UN agencies have started trying to increase their ability to work with women- and girl-led organizations as direct grantees. For example, UNICEF has taken a number of concrete steps to strengthen the capacity of its internal systems to partner with local women's organizations. Through the *Call to Action on Protection from Gender-Based Violence in Emergencies: Road Map 2021-2025* and the new Core Commitments for Children in Humanitarian Action, UNICEF has made specific commitments on this topic. It also recently commissioned VOICE to develop a background paper summarizing feedback from local women's organizations on their actual experiences partnering with UNICEF in the field, which will inform development of the forthcoming Strategic Plan.

While some donors have recognized the needs of women- and girl-led organizations, and have made important efforts to accommodate the necessary changes and to support organizations to sustain services, most have not been so generous. A year into this pandemic, many organizations are still waiting to hear about funding decisions, and half of respondents have not received any additional funding to help with their response. As the needs of their service users increase, the needs for PPE and other resources for staff also increase.

> Our organization had no funds from 15 February until 15 September.
>
> **Women's Rights Organization**
> Bangladesh

Organizations have also reported donors reducing or canceling their grant-making. Others have had difficulty in getting donor funds transferred as banks have been closed. For some, the changes in funding have been catastrophic.

> Many potential donors canceled the granting process due to COVID-19 and they haven't opened any other opportunities yet. One of [our] donors had already approved their grant, but it took more than two months to have the funds transferred.
>
> **Women's Rights Organization**
> Malawi

Reliance on individual donations also becomes more precarious as grantors have fewer resources and increasing needs of their own. Organizations that rely on officers' side-jobs to stay afloat in lean times are now less able to do so. Not only are women's and girls' organizations shut out from access to and conversations with donors, but their self-financing mechanisms are also under threat.

When asked what kinds of funding support efforts they need, the majority of respondents noted wanting opportunities to build donor relationships and support in engaging in advocacy for funding with the UN and other donors. They also noted wanting application and disbursement processes that are easy and simple, not bureaucratic and convoluted.

2.3. FOOD INSECURITY

With incomes decreasing, women say they are now more likely to go hungry or distribute their share to children and elders in the household.

The World Food Programme reports that the number of people facing a food crisis will likely double because of COVID-19, with women and girls already constituting 60% of those facing a food crisis.[31] As women voluntarily or involuntarily sacrifice food to others in the household, they run the risk of malnutrition, making them more susceptible to disease.[32]

> *The women never really had access to these resources; only a few organizations provided... materials for women. Even our government did not do anything to respond to the needs of the women... The women and girls were left to themselves... If they were to wait for the government, everyone who is vulnerable would die.*

Women's Rights Association
Haiti

When faced with reduced resources and assets, including losing jobs, many women experience abandonment by their husbands. In the context of polygamy, men make choices about which wives and children to support, and there is little women can do to make themselves the priority. In other instances, women report having their assets effectively stolen by their husbands.

2.4. ACCESS TO INFORMATION AND REMOTE SERVICES

One of the key impacts shared by respondents was around the digital divide and limited access to information through technology. Many reported constrained access to their own devices and the internet.

The digital divide remains a gendered one: most of the 3.9 billion people who are offline are in rural areas, poorer, less educated, and overwhelmingly women and girls.[33]

They may be unable to access information about the pandemic or necessary health and support services, or to remain connected to family and friends during lockdowns.

They have been unable to utilize work-from-home opportunities, are excluded from consultations on the pandemic response, and experience a much greater sense of loneliness and isolation. Connections with their friends, women's groups, and support networks have also been seriously curtailed, leaving them much more exposed and vulnerable to violence, exploitation, and abuse.

> *[We are seeing] a lack of access to technology and places to access publicly available technology [because] libraries and community centers are closing.*

Women's Domestic Violence Response Service
Canada

At both the individual and organizational level, women and girls who did have access to technology struggled to fully utilize it due to less familiarity and their reduced access to education. Organizations reported a struggle to shift the delivery of their

services to online platforms. They may not have the resources or skills to provide support and information by phone or online, and survivors may not have the resources or technology to access remote services. Survivors living with domestic violence and confined to home with their abuser may not be able to safely communicate with service providers.

Younger organizations may be more able to work with technology, though they often lack the resources, having had less time to develop the donor relationships and funding sources.

> Some services have been provided online, [such as] mental health care. Some other health services are being provided through cell phones. [But] they are facing many difficulties.

Women's Support Association
Afghanistan

2.5. SOCIAL ASSETS AND ISOLATION

Respondents also described the effects of isolation due to lockdowns, loss of work, or increased workloads. Women are being isolated from groups that are their sources of support and solace, and the witnesses to their lives. This loss of networks, conversation, and access to informal information is detrimental to their sense of themselves, their drive and aspirations, their opportunities, and their potential to dream a future for themselves to bring into being. Through the reversion to the patriarchal isolation of women from each other, their collective movement building and advocacy are undermined, and their capacity to act is diminished. Women lose exposure to the "dangerous ideas" of their own liberation and freedom.

> It was no longer possible to visit family, friends, or even local or national organizations because everyone was... believing that anyone arriving had the disease. We missed out on many opportunities and meetings within our organization due to this virus.

Women's Rights Organization
Democratic Republic of the Congo

Women's groups and organizations reported being unable to convene meetings, describing being "robbed" of a sense of community and something vital to their work. Despite seeing an increase in caregiving responsibilities, women now have less personal and community support to maintain their mental well-being in a highly stressful time.

3. GIVING AND RECEIVING CARE

A third central theme in the survey was lack of access to services and fear around using the services that do exist. Many discussed the issue of services pivoting away from their core focus to offer pandemic care; they report that women's services in particular have suffered from this shift. These changes are happening in a context with increased levels of VAWG, fewer resources to pay for services, and a lack of services for women and girls specifically. As noted, a variety of gendered social norms also present barriers to seeking care.

> Women do not have access to services due to harassment or curfew while outside.

Women-Led VAWG Organization
Iraq

The increase in care work has been immense during the pandemic, and yet its importance has been continually unrecognized. Respondents also discussed caregiving in the context of women being more vulnerable to contracting the virus as they are more likely to be on the frontlines in healthcare work and taking care of those who are ill, as well as being afraid to access health care services.

> Access to health services is limited [due] to the lockdown and curfew, lack of transport,[and] facilities closed due to fear of infection.

Women's GBV Services
Uganda

Women whose levels of caregiving are increasing in their private lives are meeting similar demands for their skills and work in their public roles, with little or no support in either domain.

> We barely have time for our families because you are needed to respond almost everywhere... we do get burn out.

Leader of a Women's Organization
South Sudan

These reported concerns highlight the amount of care work that women take on, both within women's organizations and as individuals within their families and communities. The burden of addressing concerns that are not dealt with in mainstream spaces—often with no additional funding or support—is heavily gendered, and seen as a "natural" responsibility of women and their organizations.

The extraction, exploitation, and theft of women's labor and skills in the provision of care is the most significant stressor, affecting women's access to resources, time, and employment, as well as their experiences of social stigma concerning their proximity to the sickness. This reliance, and demand, that women provide care in the private sphere is foundational in patriarchal systems and the dynamic that underpins the increases in the marriage of girls; they can cease to be a fully equal person with needs of their own and instead become someone who is a reproductive resource for her husband and his family. It also makes it harder for her to be cared about and cared for, something that again reduces her humanity. These dynamics were reported over and over by respondents, in every area of the world.

3.1. ACCESS TO SRH SERVICES

Many respondents reported losses in access to SRH services, with pregnant women, women needing contraception, and women living with HIV unable to get access to the care they need, due to reduced income to pay for services or transport to services, restrictions on movement, the pivoting of clinics to pandemic response, or the need to be present in the home to care for others.

> What has changed is that most of the emphasis is placed on COVID-19 patients, and places that used to cater to SRH issues are now focusing on the pandemic instead.

Women's Organization
Liberia

The absence of consistent or accessible information, alongside the practical and logistical constraints, further discourages women from trying to sustain their connections with services.

Social stigma, the continued exposure to violence, and realistic concerns about a lack of confidentiality present further barriers to services. At the best of times, it is difficult for women and adolescent girls to sustain their privacy with SRH services, and during times of lockdowns and quarantining it is even more difficult for women to move around without their actions being noticed. The potential for women to be reported to their husbands when trying to seek services is higher during the pandemic, even without the logistical issues. Seeking services in relation to violence becomes even more difficult when there is uncertainty about how those services are being delivered, a lack of accessible information, and even fewer "public" functioning health services to provide cover for women seeking help.

> It has become more difficult, not only because health care is more focused on the pandemic but also because SRH is neglected overall. Abortion access is more challenging.

Women's Reproductive Health Organization
Sierra Leone

These findings overlap with the findings around access to physical assets (technology and information), economic assets in terms of reduced income, and the fiscal capacity to access services. This intersection is also found in reference to childcare support and lack of transport, which decreased women's ability to access these services. Government and aid funding were reported as being redirected into the COVID-19 response, even though VAWG resources are already scarce and limited. These services are not considered essential or integral in the pandemic response, and there is little consideration of the longer-term and wider impacts of this on women's reproductive and sexual health.

> Partners have become more violent and spousal relationships have [broken] down completely.

Individual Respondent
Iraq

3.2. INCREASES IN FORMS OF VIOLENCE

Many respondents recognized the increases in multiple forms of violence, from the pressure on women to see their daughters married young as a way to take some of the burdens away from the family, to sexual exploitation in the context of women's collapsing incomes. The connection between women's poverty and their exposure to sexual exploitation is a straightforward one and of grave concern to respondents.

> We have seen discrimination, domestic violence, FGM, forced and early marriages, sexual exploitation, and a shortage of jobs.
>
> **Women's Disability Rights Organization**
> Somalia

An increase in IPV was reported across countries; women talked about how their mechanisms of safety were eroded in multiple ways through the pandemic and about how insecure they are at home. The normal protections that provide them with some buttressing against violence—control over their resources, friendships with other women, and access to services—are increasingly unavailable.

> There is an increase in sexual and economic violence. They are seeking protection from abusers because safe spaces are either closed or inaccessible. There is also a lot of violence stemming from partners not providing for the household, leading to an increase in struggles for assets and subduing of women to prove power over them.
>
> **Women's Organization**
> Uganda

The lockdown and isolation policies implemented in many countries put women at a higher risk of domestic and sexual abuse as they are likely to spend more time with their abusers, while also suffering from loss of income, isolation, overcrowding in the home, and stress and anxiety.[34] One lamented that the global calls to "stay safe at home" have overlooked the reality that home may be the site of the most violence. This may be the starkest illustration of the ways in which women and girls are marginalized in the narratives of the pandemic with their lived experience ignored.

3.3. JUSTICE AS A FORM OF CARE

Judicial systems and policing have largely returned to the "traditional," shifting VAWG down the list of priorities as the world pivots to an enforcement of curfews and lockdowns. Authoritarian models of policing and security work against the needs of women and girls, reinforcing ideas of the guardianship of men over their families and relegating women and girls to the private and domestic sphere.

The reversion to informal mechanisms of justice does not serve the interests of women and girls either, embedded as they are in patriarchal systems of men's authority and framing VAWG as an issue between men, rather than against women and girls. As in other areas, the gains in access to justice made in the period before the pandemic are revealed to be fragile and precarious, and not holding up in times of crisis.

> Government agencies sit alone, dilly-dally with the issues, and stigmatize women-led and girl child organizations for being right in the field and reporting cases.
>
> **End Child Marriage Association**
> Kenya

3.4. EMOTIONAL HEALTH AND WELL-BEING

The mental health and well-being of women and girls have been devastated by lockdowns and social isolation. The sense of loneliness was universal and powerful, with respondents describing losing their connections to other women, their support groups and solidarity, and their collective power for advocacy and representation. The grief they feel in these losses is one of the most significant impacts of COVID; they sounded bereft as they talked about missing their friends, colleagues, and sister activists.

With limited movement and constrained ability to reach out to their networks for solidarity and social connections, women's insecurity is exacerbated and significantly increased. Despite seeing an increase in their caregiving responsibilities, women now have less support to deal with this shift, let alone the community support needed to deal with the impact on emotional and mental well-being as a direct result of the pandemic.

Unfortunately, despite realizing that it has taken a toll on our staff, we have not been able to come up with a solid health and well-being plan. Other than checking on the team over the phone, the organization does not have the capacity to offer any other assistance.

Women's Organization
Afghanistan

Increased restrictions on freedom of movement have also impacted mental health and well-being. Research shows that women seek help mainly from women with a similar profile to them,[35] and rely more on these informal support systems than formal support. Their trust in services is often predicated on what they have heard from friends.[36] This was confirmed throughout our findings, across contexts.

We need to be mentally fit to be able to serve others through our voices because wounded soldiers are no good for battle. This means that therapy is important. Some of the things we see [...] have affected us tremendously. Some of us cannot sleep at night or lose sight of our kids for even one second because of the abuse we witness. Another important thing is having dignity and comfort, even [as] frontier flag bearers of total self-autonomy and women empowerment. We need to be able to take care of our small problems before we can take care of others and right now even the little we could provide for one another is gone.

Women's Rights Activist
Kenya

CORE IMPACTS OF COVID-19 ACCORDING TO WOMEN LEADERS

A recurring theme from respondents was their fear of what this means for future work and that they will have to start again from a position of lost ground that will need to be rebuilt over the long term. They are also legitimately concerned that having done this work on minimal resources and with limited support—because they care about women and girls—they will be expected to continue to do it on the same terms in the future. Because it can and has been done on these terms, it does not in any way mean it *should* be.

> We are facing many security issues [as] victims of violence and death threats. Both for ourselves and our family, many of us cannot even leave our homes for fear that they could attack us. Several of us are in a delicate security situation.

Women's Human Rights Association
Colombia

At the same time, activists are sharply aware of how much ground they have lost, and how much of the work they have been engaged in for decades has disappeared through both the pandemic and the response to it. When asked what kinds of advocacy support women- and girl-led organizations need, many respondents noted the need for support in developing advocacy messages for decision-makers, developing social media content on VAWG and COVID, support for conducting assessments, and creative storytelling to document the realities that women and girls have faced in the pandemic.

> We have lost most of the gains made. We need to urgently go back to advocacy, training, empowerment, and re-strengthening the groups.

Women's Rights Activist
Nigeria

What organizations report they need shows us the limitations of their current access to the resources of the humanitarian response; they need access to donors and to be able to build donor relationships, and they need to be in the spaces where they can advocate for the needs of women and girls. That this access still is not available, guaranteed, or part of the response is an indictment of the sustained failure of the humanitarian sector to write women and girls into a response from the beginning. That women's organizations are not invited to participate in the planning and the response, and that consistently across regions there is no sustained or systemic space for the voices of women and girls to influence and shape the resources and priorities in the response, suggests a sustained lack of interest in the emergency needs and vulnerabilities of women and girls.

The centrality of women and girls in this crisis is seen in the responsibilities placed upon them; so many responsibilities for so many people, without the control or the resources to be able to meet these responsibilities safely. This combination of responsibility and lack of control is also visible in services: the reproduction of the personal in the public, organizational sphere.

Women, and women's organizations, are put into the same positions and dynamics that underpin their non-crisis lives, in sharper and more focused ways; the underlying power inequalities are both much more defined and much more defining.

Aligned with their sense of loss and grief around not being able to meet with their support networks and the activists that have a shared understanding of the specific pressures facing their organizations, it is little surprise that their overwhelming priority is to find ways to connect with others and spaces—even virtual spaces—for solace and recognition.

Respondents made clear calls for support that ranged from material needs such as PPE to operational support for staff safety and security and well-being. They also made loud calls for support on increasing and strengthening the leadership of women and girls, especially within the humanitarian system, and virtual network building and capacity-sharing support to increase access to information and resources on COVID-19 and VAWG.

CONCLUSIONS

Women and girls are at the center of this crisis; critical in the provision of care, disproportionately impoverished and marginalized, and highly exposed to violence and abuse. VAWG can manifest as a teaching tool, demonstrating precisely the limits of freedom and the consequences if those limits are overstepped. In times of crisis, when protective assets are under threat and undermined, potential violence is enabled, pushing back on women's rights and redefining limits. The reinforcement of women's dependency on the men around them, combined with their isolation from support networks, makes them more exposed to violence and less able to protect themselves. The reversion to starkly gendered control of resources puts women and girls at high risk of sexual exploitation in order to meet their own needs and the needs of those they care for.

The research has helped us to understand that women around the world (both as individuals and organizations) spend energy being forced to respond to immediate needs, leaving limited resources and ability to address their strategic needs.

As the demands of the immediate continue to take center stage and focus, women's strategic needs remain unmet, and de-prioritized, pushed further and further into an imaginary future, post-pandemic and post-crisis. Maintaining the focus on the immediate through under-resourcing,

presuming women's labor, and sustaining attention on the clinical needs rather than the people that these are happening to means that it is difficult for women and girls to advocate in their own interests and to think about the kind of world they want to build post-crisis. The parallel processes are visible; while women and girls are providing the immediate care and functionality, men are freed up to engage in thinking about what comes next and what kinds of recovery processes they see as a priority. Women and girls do not have this luxury and are routinely excluded from these conversations as they are pushed back into their traditional roles, meaning that decisions, strategies, and priorities are determined without them. These returns to traditional patriarchal dynamics undermine the progress women and girls have made and reinstitute old inequalities once more.

The aid sector and the donor system fail to not only recognize the needs of women in an emergency but also their enormous worth to the response.

Despite women being the primary frontline humanitarian actors in every crisis, they are not taken seriously and not supported.

Their organizations do not usually have the educational or class backgrounds, the networks, the language skills, or the technology to engage with foreign aid agencies and donors. Women's needs and contributions remain a lesser concern of international aid, and responses suffer as a result.

A further insight from this research is that "care" is a contradictory notion and a problematic one in the context of gender inequity. Questions about who cares, who is cared for, and whose needs for care are taken seriously are political ones that need to be unpacked in the planning of every response to a public health crisis. How do women and girls continue to care when they are so uncared for and uncared about, drained of care by the communities, authorities, and institutions around them? Who is committing resources to ensure they are cared for?

What has happened to the learning from previous health crises such as SARS, Ebola, and Zika? Why is VAWG the first priority to be under-funded in a crisis, despite being the biggest risk to communities? How are services for women and girls continually denied, when the evidence shows they are life-saving? And who benefits when women and girls are excluded from policy-making and planning for disaster response and recovery?

Within the humanitarian sector, we need to ask ourselves again why there is so little attention given to local women- and girl-led organizations, who have access to and are trusted by the women and girls who need them. We need to interrogate the colonial, othering assumptions that presume local women have little to contribute, when they are the ones with the most relevant knowledge and skills.

The response to COVID-19 denies the domestic realities of women and girls, effectively erasing violence and safety as relevant considerations.

Built on gender-blind assumptions and an unspoken, shared understanding of a theoretical crisis-affected male with "normal" characteristics, the response actively increases the life-threatening risks of violence to women and girls.

Major crises bring the dynamics of patriarchy into sharp focus; they quickly reveal

how gains toward equality were only temporary concessions. While the backsliding on the rights of women and girls might be seen as a symptom of the pandemic, in truth it is only another surge in the sustained attack on the safety and autonomy of women and girls over millennia.

RECOMMENDATIONS

Aligned with our commitment to feminist research ethics, and to solidarity with women- and girl-led organizations, our recommendations aim to make practical differences for and with women and girls, challenging duty-bearers to do better.

The primary, overarching recommendation is for duty-bearers to adhere to their own global commitments to localization and to get more funding and power into the hands of local crisis-affected people. The Grand Bargain, the 2016 agreement between more than 30 of the biggest donors and aid providers, called for "A participation revolution: include people receiving aid in making the decisions which affect their lives."[37] However, agencies continue to lag in their efforts to localize or, better yet, decolonize aid, which requires ceding control, addressing power imbalances, and investing in the grassroots, including women- and girl-led organizations.

A second overarching recommendation is for duty-bearers to fulfill their promise of Accountability to Affected Populations (AAP). The Inter-Agency Standing Committee (IASC) endorsed four commitments in 2017 around leadership; participation and partnership; information, feedback and action; and results, which would ensure that communities are "meaningfully and continuously involved in decisions that directly impact their lives."[38]

In support of many of the recommendations in this report, humanitarian actors should incorporate the views and contributions of women and girls affected by crises into all phases of the HPC.[39] In the preparatory stage, clusters or working groups[40] can ensure participation from women and girls in discussions on indicators and targets; harmonization of monitoring methods; mechanisms for affected people to provide ongoing feedback safely; regular reporting frequencies and formats; and the use and dissemination of findings. Clusters or working groups and inter-agency bodies should select outcome indicators that capture the perspectives of affected women and girls in all their diversity, as well as their satisfaction with humanitarian assistance, including the appropriateness and quality of goods, services, and participation. When gathering monitoring data, agencies should, to the extent possible, involve women and girls in any field data collection exercises.[41] [42]

RECOMMENDATIONS FOR PROGRAMMING AND POLICY

- Prioritize all life-saving issues, including addressing VAWG. The humanitarian system, including UN actors and INGOs, must always advocate for a specific objective around VAWG and GBV through global health partnerships.

- Bring a gender power analysis to all health interventions, to expose the specific risks and vulnerabilities of women and girls within the COVID response and for future responses.

- Design interventions and policies that take into account women's and girls' greater exposure to the virus and their greater responsibilities for care within their families and communities. Responses should be de signed for and by women and girls so that they contribute to better outcomes for all. Ensure that they have adequate PPE, means of communication, and hygiene kits and materials.

- Protect and enhance SRH services, including the provision of menstrual hygiene materials, and VAWG mitigation and response services, through ring-fenced funding in recognition of their essential and life-saving functions for women and girls. Explore models of outreach or mobile services to reach those confined at home.

RECOMMENDATIONS FOR LOCALIZATION

- Undertake mapping to identify specialist women- and girl-led services, associations, and networks who are trusted in their communities, and dedicate adequate resources for their support. Budget for their advocacy and representation in addition to service delivery.

- Provide multi-year flexible funding to local women- and girl-led organizations through partnerships grounded in trusting local expertise and knowledge. Funding should prioritize organizational strengthening and joint learning. Consider the use of participatory grant-making approaches that address the power imbalance between donors and grantees.

- Go beyond promoting the participation of women- and girl-led organizations in finding local solutions for addressing VAWG by letting them design and lead these interventions. UN agencies and other donor group members should include a focus on accountability and learning systems and procedural adaptations to facilitate funding for grassroots groups that may need to be different from the procedures of larger entities. Consider the diversity of groups that may be smaller, harder to reach, or working in different parts of a country.

- Commit to ensuring that all pooled funds and projects meet the highest mark of the Gender-Age Marker. Funding should be proportional; if an overall appeal is funded at 50%, then the VAWG request within that appeal should also be funded by a minimum of 50%, given how VAWG has implications across all sectors of humanitarian action.

- Commit a percentage of all emergency response funding to women- and girl-led organizations within the VAWG component of a response, and ensure that they can

receive the funds efficiently. Learn from the forthcoming UNICEF and VOICE partnership which includes the development of a partnership support tool to help foster relationships between donors and women- and girl-led organizations.

- Follow examples of UNICEF's Call to Action commitment that 100% of humanitarian needs overviews and humanitarian response plans for UNICEF-led clusters should include consultations with women and girls and that other cluster-lead agencies follow-suit.[43] This should be done especially given the limited progress that has been made based on the outcomes of CARE's recent Report Card review.[44] [45]

RECOMMENDATIONS FOR WORKING WITH AND FOR WOMEN- AND GIRL-LED ORGANIZATIONS

- Reach out to networks of women-led CSOs and NGOs to ask them what they need, and what roles they would like to play as partners in the coordinated response. Work with them to unpack any unintended risks that could come with their participation. Provide access to technology and address the other barriers to their participation. Connect them with donors, INGOs, and policy groups.

- Support and promote safe spaces (virtual or actual) for staff and volunteers in women- and girl-led organizations to meet, share experiences, and support each other. Ensure these are focused on care for staff and volunteers and not implementation of activities, and that they are regular and prioritized events.

- Convene and enable meetings (virtual or actual) for staff and volunteers in women- and girl-led organizations to connect regionally and strengthen their solidarity, networks, and advocacy. Provide access to technology and address other barriers to their participation.

- Commit to supporting networks and building movements; ensure that women- and girl-led organizations are part of all relevant clusters or working groups, are central in strategizing and designing responses, and are fully supported to do so.

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41 Clusters are groups of humanitarian organizations, both UN and others, in each of the main areas of humanitarian action. In refugee responses, the term "cluster" is not used. Instead, the refugee coordination model follows a coordination structure known as refugee protection working groups.

42 Adapted from: IASC, *With Us and For Us: Working With and For Young People in Humanitarian and Protracted Crises* (https://interagencystandingcommittee.org/system/files/2021-02/IASC%20Guidelines%20on%20Working%20with%20and%20for%20Young%20People%20in%20Humanitarian%20and%20Protracted%20Crises_0.pdf).

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