

# Unheard

## Unseen: A COVID-19 briefing

**Ensuring the inclusion of marginalised women in fragile and conflict-affected states in COVID-19 prevention, response and recovery.**

**“COVID-19 is worse than our usual South Sudanese war because when you hear gun shots, you can run or hide. But you cannot hide from coronavirus.”**

*Sipura, South Sudan*

The cracks in our systems have been brutally exposed. COVID-19 is amplifying inequalities and power disparities. Poverty, insecurity and gender-based violence are spiralling – and those who are already unheard and unseen will be hit the hardest.

2020 was set to be an important year for women’s rights, with an unprecedented number of global gatherings and political milestones planned – the beginning of a new era for global action to scale up gender equality in conflict-affected settings.

On 9th March 2020, on what should have been the first day of the 64th session of the United Nations Commission on the Status of Women (CSW), Women for Women International launched [‘Unheard. Unseen.’ - A Global Agenda for Action](#). Two days later, the World Health Organisation officially declared COVID-19 a pandemic.

‘Unheard. Unseen.’ identifies five priority action areas and provides analysis and recommendations on the important policy changes that are so urgently needed for marginalised women affected by conflict. In the report, we also outline how important it is to create space for marginalised women in conflict-affected countries to share their experiences and influence change.

Our Agenda for Action is more relevant and urgent now than ever. Were governments and international institutions to action these recommendations, it could set a pathway for a more just and equitable world that would be increasingly resilient to future disruptions – be they health, conflict, climate or other crises.

**Drawing from our Agenda for Action, insights and experiences, this briefing serves as a reminder that the existing, long-term challenges we face as a global community are exacerbated in times of crisis – and, as with all crises, the impacts of COVID-19 are deeply gendered.**



In support of Generation Equality



## The COVID-19 pandemic threatens women's power - and we are already hearing how women and girls living in conflict are disproportionately impacted:

- **Increased exposure:** Globally, women perform 76.2% of unpaid care work, and in conflict-affected countries - where unequal gender norms are often most pronounced - this imbalance is even higher.<sup>1</sup> This puts women on the frontlines of prevention and treatment of COVID-19 within their households, making them more susceptible to infection and illness. Lockdown is also a luxury that the poor cannot afford - women experiencing poverty and fragility are less able to avoid crowded spaces and are therefore at greater risk of contracting and transmitting the disease. Those living in refugee and IDP camps are at particular risk due to overcrowding and woefully inadequate sanitation - in Cox's Bazar in Bangladesh there are 40 people per 1,000 metres squared.<sup>2</sup>
- **Lack of access to healthcare:** Women are concerned about their ability to access clinics and hospitals should they need to, since conflict has destroyed and weakened healthcare systems. Afghanistan has just 7.26 doctors, nurses and midwives per 10,000 people<sup>3</sup> and health spending in the Democratic Republic of Congo (DRC) is just \$32 per capita<sup>4</sup>, compared to over \$3,300 per capita in the UK.<sup>5</sup> This is on top of existing barriers, with a quarter of women reporting that they are not able to make their own decisions around accessing healthcare.<sup>6</sup>
- **Reduction in vital services:** As the poorest countries are forced to divert scarce medical resources to respond to COVID-19, women will be among the first to suffer from gaps in the other vital services they need to survive - including water, sanitation, hygiene systems and essential sexual and reproductive healthcare. The 2013-16 Ebola outbreak in West Africa showed the catastrophic impact this can have, reducing access to health care services by 50%<sup>7</sup>, in turn leading to a 75% increase in maternal mortality.<sup>8</sup>
- **Barriers to information:** Women are struggling to acquire the information they need as a result of growing misinformation, limited literacy and limited or no access to technology. In low- and middle-income countries, women are 10% less likely to own a mobile phone.<sup>9</sup> Research from past pandemics has also shown that people who have low literacy or proficiency in the national language tend to face higher rates of the disease<sup>10</sup> and women make up more than two-thirds of the world's illiterate population.<sup>11</sup> These barriers to information are exacerbated by lockdown measures and prohibition of gatherings, making person-to-person information sharing more difficult.
- **Rising violence:** Globally, emerging data shows that since the outbreak of COVID-19, violence against women and girls (and particularly intimate partner violence) has intensified.<sup>12</sup> Studies of conflict and crisis have long shown that women living in conflict settings are much more exposed to violence during emergencies.<sup>13</sup> The impacts of this are being further compounded by lockdown measures that are unintentionally creating stressful and precarious environments<sup>14</sup>, as well as growing tensions caused by economic depression, hunger and poverty.<sup>15</sup> Less than 40% of women who experience violence tend to seek help, and if they do, they turn to family and friends - curfews and quarantines add an additional and life-threatening barrier.<sup>16</sup>
- **Exclusion from decision-making:** Evidence across sectors demonstrates that women are being excluded from the decision-making processes around COVID-19, despite their active participation in the response itself.<sup>17</sup> This is disappointing but sadly unsurprising; a 2018 study found that only 56% of the monitored crisis contexts directly consulted with local women's organisations in the humanitarian planning process.<sup>18</sup>

- **Economic shocks:** Women in conflict-affected settings are typically engaged in informal, low paid work, which is being hardest hit by the economic fallout from COVID-19.<sup>19</sup> Traders and small business owners cannot work remotely and isolate themselves, so face the choice of risking infection or exposing their families to financial hardship and compromised livelihoods. With 80% of schools closed globally, women are also taking on more childcare responsibilities which leaves less time for economic activities.<sup>20</sup> This will have lasting consequences - global GDP is expected to fall by 1.9% this year as a result of COVID-19, and the impact of this - as with everything else - will be felt more acutely by the most marginalised women in those fragile settings that lack resilient financial systems, governments and social safety nets.<sup>21</sup>
- **Food and resource insecurity:** The UN World Food Programme has warned that the number of people facing acute food insecurity will likely double before the end of 2020, naming fragile and conflict-affected states as 'food security hotspots'.<sup>22</sup> Women are being forced to make difficult decisions about how to use their limited resources, and may be forced to resort to negative mechanisms – as they did during the West Africa Ebola crisis - such as reducing food consumption, engaging in transactional sex, or borrowing money or going into debt to pay for food.<sup>23</sup>
- **A double burden:** Women living in fragile and conflict-affected states are facing all of the above in addition to the existing challenges they were facing before COVID-19 – in contexts where the effects of existing gender inequality, marginalisation and poverty were already devastating. COVID-19 threatens to exacerbate this, as epidemics can also be a driver of increased insecurity, violence and stigmatisation. During the West Africa Ebola outbreak, each new infection confirmed per 100,000 people increased the risk of conflict in that area over the following two weeks by 10%.<sup>24</sup>

**“Our leaders and influencers need to intensify efforts more in creating awareness and sensitisation on the pandemic. Most community members still have doubt on the existence of the disease, since none has been reported in the community. They need to be proactive in the preventive measures, as we don’t have functional health facilities.”**

*Asabe, Nigeria*

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**The striking feature of the past 25 years has been the lack of prioritisation of the specific needs and rights of the most marginalised women in fragile and conflict-affected states by the global community.**

**The same must not be the case with COVID-19 prevention, response and recovery.**

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# Critical priorities

The specific needs and rights of marginalised women affected by conflict must be integral to COVID-19 prevention, response and recovery. In line with our Agenda for Action, Women for Women International is calling for an approach that:

**1** **Is nuanced and does not treat 'women' as a single, homogenous group:**

*How?* Regularly conduct a gender analysis and collect disaggregated data throughout the evolution of this crisis to understand the varying dimensions and their impacts on different people, communities and countries based on their intersecting identities, including: gender, race, ethnicity, disability, class, age and socio-economic status in order to ensure representation of marginalised groups (disabled women, displaced women etc.). Importantly, use this insight to guide any interventions to ensure they are appropriate.

**2** **Is coordinated, holistic and puts gender at its core, while ensuring that emergency responses do not distract or divert funding, resources and attention away from the existing challenges that women affected by conflict already face:**

*How?* Ensure that any responses to COVID-19 follow implementation of existing commitments on gender equality (for example, the Women, Peace and Security Agenda) and take a holistic approach to meeting women's needs during this crisis (recognising that health, food security, economic power and safety are all interlinked).

**3** **Actively and meaningfully engages women and women's rights organisations as experts and partners, both during and beyond this emergency, at all levels of decision-making - from the household and community to the national and international levels:**

*How?* Formalise ways for women's voices to be heard in decision-making processes around COVID-19 and provide women's rights organisations with core, flexible and long-term funding as they adapt their work to respond to, and recover from, the gendered impact of this crisis.

**4** **Prioritises violence prevention and recovery, acknowledging the increased risk of violence that women affected by conflict face (particularly intimate partner violence) during times of crisis:**

*How?* Avoid falling into the typical, narrow rhetoric around sexual violence; categorise violence protection and response services as lifesaving, essential and non-negotiable in the same way water, sanitation, hygiene and food programmes are; and reinforce safeguarding policies and procedures.

**5** **Recognises COVID-19 as an economic crisis, as well as a health and humanitarian one, and considers women's immediate and longer-term economic rights and needs:**

*How?* Maintain existing economic support (through grants, cash transfers and stipends) and consider providing supplementary emergency funding to mitigate the immediate impact on livelihoods where possible. Consider longer-term economic interventions; for example, start-up capital for women microentrepreneurs to re-launch their businesses post-lockdowns.



# Action Area 1 Make women visible.

## Impact of COVID-19:

Efforts to consider the specific realities of marginalised women living in conflict were already lacking, prior to the outbreak of COVID-19. This is likely to result in a global pandemic response that does not sufficiently address their needs. Our collective approach to preventing and responding to COVID-19 must prioritise the needs of those left furthest behind.

We have already seen that adopting a 'one-size-fits-all' approach to tackling this crisis will result in a failure for the most marginalised groups. In particular, during this time of social distancing and increased restrictions on gathering, we cannot simply assume that all communities will have the means to access any vital information and adaptive support that is offered remotely or digitally. On the contrary, we need to understand the specific impact for women affected by conflict – and how this differs depending on the context, as well as each particular dimension of this crisis. Importantly, we must all work together to use this insight to ensure that the design, implementation and monitoring of interventions are appropriate and inclusive.

## What we're doing:

- **Data:** Collecting context-specific data to learn about and highlight the impact that COVID-19 is having on marginalised women in conflict-affected contexts. Donors and governments should consider funding work like this.
- **Inclusive adaptations:** We have temporarily suspended our traditional in-person programming to reduce spread of the virus. We are adapting so that we can continue to support women during this time, and had access to the information that has enabled us to do this in the right way. Technology and cell phone connectivity have been vital in some places during this time; for example, to distribute cash transfers by mobile, digital VSLAs, and online learning platforms. But, we know from our data that - in many of the countries where we work - a significant number of our programme participants do not have safe and secure access to digital technology or mobile connectivity. If we had taken it for granted that everything could be shifted online, we would have been at risk of excluding these women from our response. Instead, we are tailoring our adaptations to meet them where they are. Donors and governments should consider making their funding flexible to allow for these adaptations.

## Getting the right information to women, at the right time in South Sudan

We know from our data and conversations with women themselves that they do not have access to mobile phones and technology – but they have told us that radio is an important and widely accessed source of information. Using this insight to tailor communications can ensure that the right information can reach women living in the most rural and excluded communities, at the right time. Our staff and participants in South Sudan already co-host a local radio talk show with doctors to broadcast interactive discussions on the issues affecting women that we cover in our programme, such as gender-based violence, as a way of reinforcing this messaging and reaching a wider audience. They have adapted this platform during the COVID-19 outbreak by hosting health ministers, doctors and representatives of the World Health Organisation to share health advice and vital information in real time.



## Action Area 2

Increase coordination to address women's realities.

### Impact of COVID-19:

The work of the international community can often be siloed and gender-blind. The international community has already committed to taking a gendered approach to conflict and crisis through UN Security Council Resolution 1325 and its associated resolutions. Now is the time to put this commitment into practice.

For women living in fragile and conflict-affected settings, their experience of the various dimensions of COVID-19 are interlinked and not dictated by the superficial compartmentalisation of 'sectors' at the global level. Women living at a very specific intersection of conflict, poverty and gender discrimination face unimaginable challenges - displacement, loss of family members and livelihoods, extreme poverty, violence and lack of access to vital services such as healthcare.

No one organisation can address these alone. This pandemic is shining a bright light on the structural inequalities in our societies, especially gender inequality. These global challenges require partners to collaborate in an integrated way – both at the global level across agencies and governments and on the ground between coalitions and networks.

### What we're doing:

- **Bringing actors together to ensure a nexus approach:** During this crisis, we continue to play a role as a critical actor in discussions on how to improve coordination and collaboration, and bring a gender-based and women's rights approach across relevant sectors. This includes convening influential partners to advocate for a gender-focused approach to COVID-19 response and recovery, and to share our learnings and learn from others – including with those less experienced in building resilience after a disruptive and devastating event (similar to conflict).
- **Continuing to take a holistic approach:** Our priority is to deliver context-specific programming that maintains our focus on women's rights and gender equality, even in times of crisis. While we are not currently able to implement our usual programme, we are committed to adopting a holistic approach that truly responds to different aspects of a woman's life. That is why, even while we adapt and adjust to respond to this emergency, we are considering all of the various consequences that the pandemic might have – as well as the obvious immediate impact on women's health.

### Coordinating with partners in the Democratic Republic of the Congo

Due to the recent outbreak of Ebola in the DRC, our staff have experience sensitising and educating communities about infectious disease. We already have chlorine hand washing stations in training centers and can check the temperatures of participants. In recognition of our role in Ebola prevention over the last year, our office has now received official approval from the government and local authorities to be part of the coordinated efforts to respond to COVID-19 in South Kivu, Eastern DRC. This endorsement is an important step in enabling a cohesive and coordinated response with local partners, many of which we have existing relationships with such as the Panzi Hospital and International Medical Corps. Recently, this involved our team participating in a training session conducted by Dr. Denis Mukwege who has been named as the top official for local COVID-19 response. The training included a brief brainstorming of staff knowledge on COVID-19, symptoms of the disease, preventative measures, as well as vital information needed for response planning from discussions at the national and international level on care and the place of NGOs in fighting the disease.



## Action Area 3 Listen to women.

### Impact of COVID-19:

Women have the right to participate in the decisions that impact their lives. Interventions to prevent, respond to and recover from COVID-19 will be unlikely to succeed if they do not truly reflect the needs and realities of women in conflict-affected areas.

Women living in the most vulnerable communities are experts on what is needed to respond and rebuild with more resilience. Local women's organisations play a vital role in spearheading change for the most marginalised women. They must also be heard in decision-making around policies and programming.

What is more, as a new strain of an infectious disease, an added threat of COVID-19 can be women's existing marginalisation. Some of the women most affected by conflict live in particularly rural areas, are illiterate, and their social exclusion can restrict their access to important information. Combatting isolation so that women feel connected is an important way of overcoming this.

Despite the leadership roles that women are playing in the response itself, we know that they are already being excluded from the processes that guide decisions around the pandemic. This is happening at all levels, from local to global.

### What we're doing:

- **Meaningfully engaging to inform our own response:** As part of our ongoing commitment to strengthen mechanisms for the participation of marginalised women in our own programme development, delivery and monitoring, we have been keeping in touch with our programme participants and graduates. As the COVID-19 pandemic has spread, we have been trying to collect information as quickly as possible from women participants directly – via cell phone and phone trees – to hear from women in their own words, on their terms, what they are experiencing on the ground and what their needs are, especially those related to their health, economic, and intrapersonal situations. We have based our immediate response on what they are saying.
- **Supporting Change Agents to advocate to decision-makers:** Women Change Agents, trained through our advocacy and leadership programme, have already formed important networks and relationships with decision-makers in their communities. We are supporting and facilitating their participation in local decision-making about COVID-19 prevention, response and recovery.
- **Helping women to stay connected:** Our frontline staff are keeping in nearly daily touch with women and women's groups. We are doing this through direct calls, phone trees, apps like WhatsApp and Viber, social media and radio. We are employing any communication channels that work in our challenging contexts, in an effort to stay connected.

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**“Our leaders and influencers should train people and mobilise them into communities to educate people in our local dialect on the pandemic. Some don't believe the disease exists.”**

*Lydia, Nigeria*



## Action Area 3 Listen to women.

### Influencing decision-making in Nigeria

Change Agents in Nigeria have been working closely with the Deputy Chairman of Pankshin Local Government to form a committee - along with representatives of the Ministry of Health and religious leaders - to raise awareness of preventative measures such as hand washing and social distancing in an effort to contribute to 'flattening the curve' and preventing transmission. This is a recognition of their trusted position in the community, which is particularly important for dispelling myths and misinformation around the virus.

**“When it comes to COVID-19 prevention, we still keep doing what we learned from Ebola which are avoid handshake, wash hand with soap and avoid contact. The main source of information about COVID-19 comes from local radio and TV station, and through the rest of our community.”**

*Atosha, DRC*

### Listening to women's needs and distributing hygiene kits in Afghanistan

In Afghanistan, our programme participants specifically told us that they needed support in maintaining decent hygiene in efforts to prevent disease transmission. In response to this, we have been able to distribute hygiene kits among 4,700 participants so far. Kits contained gloves, masks, soap and hand sanitiser for the whole family. Importantly, they were also paired with accessible information that attempted to raise awareness on the virus, dispel myths and explain preventative measures that could be taken such as social distancing.

**“As our husbands lost their jobs due to COVID-19, they are staying at home and we cannot afford daily expenses. It has brought about violence among family members and we witness it on daily basis.”**

*Shireen, Iraq*





## Action Area 4 Prioritise ending violence against women.

### Impact of COVID-19:

It is widely acknowledged that crises can exacerbate existing and long-standing gender inequalities and therefore the prevalence of violence against women, especially for the poorest and most marginalised women living in fragile environments. COVID-19 is no exception. Through our daily contact with women, we have already been informed of and responded to several cases of violence against women participants in our programme, most at the hands of their husbands. We assume that more women are facing violence at home due to the lockdown, but are afraid to report it. Women may also be at risk of other forms of violence such as sexual exploitation, abuse and child marriage. There are also concerns that, in some countries, the measures that have been taken to contain the outbreak – for example an increased military presence – may contribute to this spike.

Isolation not only increases risk of experiencing violence, but makes it more difficult and dangerous to seek help. Less than 40 % of women who experience violence tend to seek help, and if they do, tend to turn to family and friends. Other measures to contain COVID-19, such as social distancing, and the diversion of financial resources may also lead to a reduction in the availability of vital services, including those providing sexual and reproductive healthcare. This also results in a shortage of important medications, such as contraceptives, antiretrovirals and safe abortion care.

### What we're doing:

- **Putting a special emphasis on prevention:** Along with partners, we have placed special emphasis on prevention of gender-based violence during this period, sharing positive messages about reducing tensions, promoting respect and sharing of household care work during the confinement period. We share this information by phone, social media, radio programmes, and Friday prayers at local mosques with women in the community, but also with participants of our Men's Engagement Programme who we know are important allies in behaviour change around violence against women.
- **Continuing to map services and provide referrals:** Many providers have had to either curtail their services or shift to online/ telephone provision. Our team is finding out the services – such as health, legal and psychological – that are still available to women who are facing illness, food insecurity, and violence in the home. We are providing critical referrals and helping women navigate the systems that keep adapting to the ever-changing environment. For women survivors and those currently facing violence, this includes sexual and reproductive services, access to justice, psycho-social support, the creation of safe spaces and mobilisation to challenge stigma and discrimination. We also recently conducted refresher training for our staff on how best to support women who that need a referral for gender-based violence.

### Continuing referrals in Iraq

In Iraq, we have been informed directly of two cases of violence against women in the areas where we operate. One was a case of harassment outside of the family, and the other was a case of domestic violence, where one of our participants had been beaten by her husband. In both cases, we responded immediately and provided referrals to our NGO partners that provide services to women survivors. These partners continue to provide services during COVID-19, by providing them online and over the phone - and we are following up on their cases.



## Action Area 5

## Invest in women's economic power.

### Impact of COVID-19:

The livelihoods of ultra-poor women affected by conflict are already being impacted, particularly where women are self-employed and involved in informal, low-paid and insecure work. For women producers, their businesses are limited by closed markets, fears of disease infection and transmission in public spaces, or decreasing demand due to the economic crisis. This is being particularly felt by the agricultural sector - 60% of the women in our programme are smallholder farmers and they are struggling to sell their produce.

For women as consumers, they also face spiking food prices coupled with increases in inflation like in Nigeria, and restrictions on their access to basic household items due to road closures limiting markets. Women also fear theft of business and food supplies from farms and stores. As a result, food becomes more insecure, savings dry up, and families start panic selling their assets. Predictions of starvation are increasingly alarming. Alongside this, they bear the lionshare of unpaid caregiving responsibilities. The impact of this – as well as the disruption of global and local supply chains – will be felt in the long-term. It will be further compounded by potential loss of earnings due to illness or death of other household income earners.

**“I am calling our leaders and influencers to put more preventive measures in place to enable us go and sell and also buy what we need. If not we will be dealing with hunger and malnourishment after this pandemic.”**

*Zainab, Nigeria*

### What we're doing:

- **Continuing to provide existing economic support:** Putting cash into the hands of the women we serve – via a monthly stipend – is a critical part of our approach, and we are quickly exploring how to safely deliver cash assistance to women in our programme through the COVID-19 shutdowns. In some places, this has been digitalised. In others, where women may not have phones or their own SIM cards, live in a place without cell coverage, and have limited literacy and technological skills, we are exploring ways to continue providing this cash, modifying the delivery so it is delivered and received safely.
- **Exploring supplementary cash and urgent assistance where it is most needed:** We are distributing soap in South Sudan, hygiene kits in Afghanistan and food aid in Nigeria for those who need it the most. If water is scarce for handwashing and food insecurity is increasing, any in-kind or cash contribution can reduce the burden women face where it can safely be distributed and does not make women a target. We are also exploring providing supplementary economic assistance where it is most needed, in addition to the monthly stipend included in our programme.
- **Supporting adaptations and innovations to ensure savings and income maintenance:** We are also supporting existing women-led savings groups (such as VSLAs and self-help groups), women-led businesses and cooperatives to maintain their savings, loans and incomes during this period. For example, we are working with women's groups to see if they can organise exchanges or sales between women for those that are producing more than their family is consuming.



**"The current situation has affected my cash flow. My fried groundnut business has been put on hold due to lack of customers, especially since the schools were closed. I do not want to sell my goods from home because I am practicing social distancing and would not want to endanger myself or my family."**

*Hassana, Nigeria*

### Mobile money in Rwanda

Before the programme's suspension and nationwide shutdown, trainers in Rwanda collected telephone numbers from leaders of each women's group to maintain contact. With the shutdown affecting banks and the circulation of cash in the country, and to encourage social distancing, our Rwanda team are now sending women their monthly stipends by mobile phone. While most participants do not have their mobile phone, most are able to access a family member or neighbours - so we are working to supply every participant with their own personal SIM card to receive money, as well as stay in touch with each other and receive updates from our trainers.

**"Most of time I spend staying home with my two children who are both staying home after the ban on attending class. The main challenge is how to feed them with less mobility and less economic activities."**

*Nabintu, DRC*

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- <sup>8</sup> [Smith, J. \(2019\) 'Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response', Gender and Development](#)
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- <sup>10</sup> [Peach, K. and Gray, I. \(2020\) '5 ways collective intelligence can help beat coronavirus in developing countries', The World Economic Forum COVID Action Platform](#)
- <sup>11</sup> [UN Women \(2012\) Facts and Figures](#)
- <sup>12</sup> [While it is too early for comprehensive data, there are already many deeply concerning reports of increased violence against women around the world, with surges being reported in many cases of upwards of 25% in countries with reporting systems in place. In some countries reported cases have doubled. More information here: <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>; <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>](#)
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- <sup>18</sup> [CARE and International Rescue Committee \(2020\) Global Rapid Gender Analysis for COVID-19](#)
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- <sup>22</sup> [Anthem, P. \(2020\) 'Risk of hunger pandemic as COVID-19 set to almost double acute hunger by end of 2020', World Food Programme Insight](#)
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- <sup>24</sup> [International Rescue Committee \(2020\) COVID-19 in Humanitarian Crisis: A double emergency](#)

This briefing provides Women for Women International's initial analysis on the impact of COVID-19 on marginalised women affected by conflict, as well as our broad recommendations across our five key Action Areas. At the time of writing (May 2020), the outbreak of COVID-19 is in the early stages in many of the fragile and conflict-affected settings that we work in.

This is likely to change, and we will update our analysis and recommendations accordingly.

# The challenge is great – but so is the opportunity

2020 was due to be a critical year for gender equality and women's rights – a moment to reflect on what is needed to deliver on our promises for all women, everywhere.

**We must redouble our efforts to turn the momentum around 2020 into action.**

In our Agenda for Action full report, we have identified specific ways in which the international community should implement these recommendations.

Find the report at [womenforwomen.org.uk/agendaforaction](https://www.womenforwomen.org.uk/agendaforaction)

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