

The WPHF COVID-19 Emergency Response Window

Introduction

First detected in the Hubei Province of China, in December 2019, COVID-19 has since spread to almost all countries and territories in the world.

Until recently, transmission of the virus to developing and crisis-affected countries was limited. However, as the World Health Organization (WHO) confirmed the outbreak has reached levels of a global pandemic, such transmission is now occurring. In addition, COVID-19 is starting to impact humanitarian aid responses and conflict. Border closures are squeezing relief supply channels in some areas. Elsewhere, lockdowns and quarantines are erecting roadblocks in front of other operations. Restrictions on international staff and movement is also limiting the delivery of assistance.²

COVID-19 in conflict and humanitarian crisis settings

The COVID-19 outbreaks have significant impacts in all contexts. However, the dangers will be amplified in countries affected by conflict where governance and social systems, including health care systems, have seen substantial damage to their infrastructure and services. Dr. Mike Ryan, head of the World Health Organization's (WHO) Medical Emergencies Programme, noted most conflict-affected states have the weakest health infrastructure, and displaced populations are especially vulnerable due to the physical environments they live in as a result of armed violence.³ Similarly, Dr. Esperanza Martinez, the head of the International Committee of the Red Cross's (ICRC) health unit, said that the virus (...) could bring down entire medical systems in certain countries.⁴

Similarly, at particular risk are the more than 70 million people – half of whom are women – who have been forced to flee their homes due to persecution, conflict, violence and human rights violations. Refugees and IDP populations in camps and informal settlements are particularly at risk. With the high concentration of people, many of whom live in crowded living conditions (and with highly limited access to healthcare), there is grave concern that the spread of the virus will intensify.

⁵ Gender implications of COVID-19 Outbreaks in development and humanitarian settings, CARE, March 2020.



¹https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

² https://www.thenewhumanitarian.org/news/2020/03/19/coronavirus-humanitarian-aid-response

³ https://www.csis.org/analysis/impact-covid-19-humanitarian-crises

⁴Ibid.

The Gender dimensions of COVID-19 in conflict and humanitarian crisis settings

A growing body of reporting and analysis confirms that COVID-19 disproportionately impacts women in many ways. The most striking gender-specific challenges that have been identified in contexts of crises, particularly from early lessons learned from Asia, are the following⁶:

- Meeting the needs of women healthcare workers: Women constitute 70% of the workers in the health and social sector globally, and are on the frontlines of the response. Yet the immediate needs of women on the frontlines are often overlooked. Women health care workers have called attention to their specific needs beyond personal protective equipment, including to meet menstrual hygiene needs. Psychosocial support should also be provided to frontline responders.
- Impacts on women's economic needs: As noted for the Ebola outbreak, crises pose a serious threat to women's engagement in economic activities, especially in informal sectors, and can increase gender gaps in livelihoods. Confinement measures, especially in crisis setting where women rely on the informal sector for their livelihoods, will pose a significant challenge to women's economic needs.
- <u>Impacts on forcibly displaced women</u>: Women refugees and IDPs, especially but not only those in camps and informal settlements, are particularly at risk.
- Interrupted access to sexual and reproductive health: Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives, and exacerbate often already limited access to sexual and reproductive health services. In the case of COVID-19, confinement measures might limit further the access to these already limited services.
- Increasing GBV and protection risks: Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crises may place them at heightened risk, for example, of intimate partner and other forms of domestic violence due to heightened tensions in the household. Other forms of GBV are also exacerbated in crisis contexts. In addition, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted when health service providers are overburdened and preoccupied with handling COVID-19 cases.
- Exacerbated burdens of unpaid care work on women and girls: Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently "downloaded" onto women and girls, who usually bear responsibility for caring for ill family members and the elderly. The closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children.

https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y



⁶ UN Women Regional Office for Asia and the Pacific, March 2020.

The WPHF response to the COVID-19 Pandemic

Civil society organizations around the world are playing key roles in supporting efforts to respond to and stem the spread of COVID-19, and their work is particularly critical in contexts of conflict and humanitarian crises.8 The current pandemic will have an effect on active WPHF -supported organizations and projects, but also on the communities where the WPHF is present.

In order to support these communities through the pandemic, the WPHF secretariat has established a new COVID-19 emergency response window through consultations with various UN and UN Women Offices, including UNW Regional Office for Asia and the Pacific and UNW Offices implementing WPHF projects, as well as a survey to WPHF partners, to which 78 CSOs have responded.

The new WPHF COVID-19 Emergency Response Window will fund local civil society organizations in crisis settings through 2 funding streams:

- 1. Institutional support for local CSOs working on WPS and humanitarian issues and whose existence might be threatened by the current crisis
- 2. Programmatic support for local CSOs to prevent and respond to COVID19 and its gendered dimensions.

Funding stream 1: Institutional funding: from 2,500 USD to 30,000 USD

This funding stream will provide institutional funding to local civil society organizations working on women, peace and security and humanitarian issues to ensure they are able to sustain themselves through the crisis. Prospective applicants will need to demonstrate how the current crisis affects their institutional and financial capacities and how the funding would support them through the pandemic.

It will aim at financing a limited range of activities to support the development or strengthening of a CSO's institutional capacity. The activities include introduction or improvement of organizational systems, tools and processes, human resource, training of workforce in technical and managerial skills and support with adequate equipment. The purpose of this funding stream IS NOT to finance the delivery of a programmatic activity.

Funding stream 2: Programmatic funding: from 30,000 USD to 200,000 USD

This funding stream will finance projects which aim specifically to provide gender-responsive response to the COVID19 crisis.

Interventions could include, but are not limited to:

- Strengthening the leadership and meaningful participation of women and girls in all decision-making processes in addressing the COVID-19 outbreak.
- Mobilizing of women's organizations at community level to ensure that public health education messages on risk and prevention strategies are reaching all women (including through community radio, the use of technology, etc.).
- Supporting women who will be most economically affected by the crisis, namely daily wage earners, small business owners and those working in informal sectors. This could be done through cash transfers,

https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response# Toc35446584



community funds and support to women-led small businesses.

- Restoring and strengthening access to sexual and reproductive health services, including pre-and post-natal care.
- Supporting prevention and response to GBV, including through safe shelters but also campaigns on social norms targeting male engagement in domestic work and combatting domestic violence.

Civil society organizations in all 25 WPHF eligible countries are eligible for funding, i.e.:

AFGHANISTAN, BURUNDI, BANGLADESH (ROHINGYA CRISES), C.A.R., COLOMBIA, D.R.C., HAITI, IRAQ, JORDAN (SYRIA CRISIS), LIBERIA, MALAWI, MALI, MYANMAR, NIGERIA, the PACIFIC (Fiji, Palau, Tonga, Samoa, Solomon Islands, Vanuatu), PALESTINE, PAPUA NEW GUINEA, the PHILIPPINES, SOMALIA, SOUTH SUDAN, SUDAN, SRI LANKA, UGANDA, UKRAINE and YEMEN

For more information on the WPHF COVID-19 Emergency Response Window, visit WPHFund.org/COVID19

ABOUT US

The Women's Peace & Humanitarian Fund (WPHF) mobilizes critical support for local and grassroots civil society organizations working on women, peace and security and humanitarian action. WPHF is a flexible and rapid financing mechanism supporting quality interventions designed to enhance the capacity of women to prevent conflict, respond to crises and emergencies, and seize key peacebuilding opportunities. Since its launch in 2016, WPHF has funded over 130 civil society organizations in 12 countries working to support women to be a force for crisis response and lasting peace.

WPHFund.org

