



SECURITY COUNCIL INFORMAL EXPERTS GROUP ON WOMEN, PEACE AND SECURITY

RESPONDING TO THE COVID-19 PANDEMIC

APRIL 29TH 2020

Security Council Resolution 2242 (2015):

*OP 5. Recognizes the ongoing need for greater integration of resolution 1325 (2000) in its own work in alignment with resolution 2122 (2013), including the need to address challenges linked to the **provision of specific information and recommendations on the gender dimensions of situations on the Council's agenda, to inform and help strengthen the Council's decisions, and therefore in addition to elements set out in resolution 2122 (2013), and in accordance with established practice and procedure: (a) Expresses its intention to convene meetings of relevant Security Council experts as part of an Informal Experts Group on Women, Peace and Security to facilitate a more systematic approach to Women, Peace and Security within its own work and enable greater oversight and coordination of implementation efforts.***

Security Council Resolution 2467 (2019):

OP 4. Recognizes the work of the Informal Experts Group on Women, Peace and Security, as expressed in resolution 2242, and expresses its intention to consider its information, analysis, and recommendations, acknowledging UN Women's important role in this regard, and emphasizes that sexual violence in armed conflict and post-conflict situations and all other aspects of the Women, Peace and Security agenda should continue to be addressed in this forum.

Security Council Resolution 2493 (2019):

OP. 7. Takes note of the work of the Informal Experts Group on Women, Peace and Security as expressed in resolution 2242 (2015) to facilitate a more systematic approach to Women, Peace and Security within its own work and enable greater oversight and coordination of implementation efforts; and acknowledges UN Women's important role in this regard.

RECOMMENDATIONS

Considerations for upcoming decisions of the Security Council

The Security Council should include language on women, peace and security in all decisions relating to the worldwide COVID-19 pandemic. For example:

Recognizing the gender-differentiated impacts of the pandemic, urges Member States to collect and share timely and transparent sex, age, and disability-disaggregated data on affected populations, health care workers, and the long-term impacts on the workforce.

Recognizing the differentiated social and economic impact of the pandemic on women, which is impacting their active and meaningful participation in peacemaking, urges Member States to increase efforts to facilitate and enable women's participation in all aspects of peace processes and their implementation.

Acknowledging the critical role women are playing in COVID-19 response efforts and the importance of inclusive decision-making to sustainable and effective responses, call for the full, equal and

meaningful participation of women in the development and implementation of all pandemic response efforts.

Recognizing that worldwide lockdowns have led to a marked increase in intimate partner violence and other forms of gender-based violence, urges Member States to support innovative services to prevent and respond to violence against women and girls and to designate these services as essential.

Noting the economic consequences that the pandemic will have in all societies, urges Member States to revise their spending on weapons development and divert those resources to protecting and funding public health sectors and workers, and to gender-inclusive long-term recovery strategies.

In line with the Secretary-General's call for a global ceasefire at this time of global emergency, recognize that all tactics and methods of war must cease, including the use of conflict-related sexual violence as a tactic of war or terror.

Other recommendations for the IEG and the Security Council

The IEG co-chairs and other Council Members should:

- Facilitate the participation of women civil society in virtual meetings held by the Security Council on thematic issues and context-specific situations and consult regularly with women, peace and security advocates to ensure the Council's deliberations and decisions are informed by gender analysis while it holds its meetings online.
- Support and monitor the full, equal, and meaningful participation of women, including through digital tools, in ongoing ceasefire and peace negotiations, political transitions, the implementation of peace agreements, and crisis recovery decision-making in contexts on the agenda of the Security Council.
- Urge governments and parties to conflict to respect women's rights and to refrain from using heavy-handed emergency measures that curtail their work, and ensure that these measures be proportionate, non-discriminatory, time-bound and subject to civilian oversight, including by women's civil society organizations.
- Encourage emergency funding for local women's organizations in conflict-affected countries, including through existing multi-donor funding mechanisms.
- Use all relevant forums to call for support to sexual and reproductive health and rights and adequate implementation of the Minimum Initial Service Package for reproductive health in humanitarian settings and crisis situations, and for special attention the increased protection risks affecting displaced women and girls.

Recent developments and precedents

In 2015, Security Council **resolution 2242**, which called for the establishment of this Informal Experts Group, recognized “the impacts of the global nature of health pandemics” as part of the women, peace and security landscape. A year earlier, the Security Council had adopted **resolution 2177** to respond to the Ebola outbreak in West Africa, and emphasized that “responses to the Ebola outbreak should address the specific needs of women and stresses the importance of their full and effective engagement in the development of such responses.”

On April 9th, the **Secretary-General** briefed the Security Council on the COVID-19 pandemic and outlined eight risks to international peace and security. Among these he noted that “economic instability will have particularly devastating impacts for women, who make up the vast majority of those sectors worst affected” and that “the large numbers of female-headed households in conflict-affected settings are especially vulnerable to economic shocks.” He added: “In furtherance of the Women, Peace and Security agenda, I

followed up my appeal for ceasefires with an explicit call to end the escalation of violence we are seeing against women and girls as the pandemic spreads.” That same day, the Secretary-General issued a [policy brief](#) on the impact of COVID-19 on women, which warned that the pandemic could reverse the limited but important progress made on gender equality and women’s rights, and called for women’s leadership and contributions to be at the heart of resilience and recovery efforts.¹ As of mid-April, more than 145 Member States and observers have expressed their strong support for the Secretary-General’s special appeal on Gender-Based Violence and COVID-19. On April 22nd, the CEDAW Committee issued [guidance](#) calling on governments and multilateral institutions to ensure women’s equal representation in formulating responses to COVID-19 and strategies to recover from the crisis, and included an appeal to protect women and girls in humanitarian settings and continue to implement the women, peace and security agenda.

It has been documented that **family and intimate partner violence** have risen significantly since quarantines and lockdowns were put into effect to mitigate the spread of the virus. Similarly, many have noted that women make up the **overwhelming majority of frontline healthcare workers** – serving as doctors, nurses, midwives, community health workers and up to 90 percent of personnel that clean and service health facilities – as well as shouldering most of the burden of **unpaid care work**. There have been warnings of the dangerous impacts on **sexual and reproductive health** that can result from the diversion of resources and services away from essential sexual and reproductive health services. Most countries collecting and sharing sex-disaggregated data show **sharp gender differences in fatalities**, with more men than women dying from the disease, but the **devastating socioeconomic impact of this crisis will be most acutely felt by women** who are disproportionately represented in the informal sector, which has the least protections.

It is also generally acknowledged that conflict-affected countries with already fragile systems will be amongst the hardest hit, and that women in these countries, especially marginalized and discriminated women, including refugee and internally displaced women, are the most vulnerable and at risk. The experience from the **Ebola outbreak in West Africa from 2013 to 2016** is often cited. The Ebola virus showed that quarantines can significantly reduce women’s economic and livelihood activities, increase poverty rates and vulnerability to gender-based violence, and exacerbate food insecurity. In Liberia, where approximately 85 percent of daily market traders are women, Ebola prevention measures (which included travel restrictions) severely impacted women’s livelihoods and economic security. While men’s economic activity returned to pre-crisis levels shortly after preventative measures subsided, the impacts on women’s economic security and livelihoods lasted much longer. A UNDP assessment found increases in both intimate partner violence, and sexual violence against women and children in Ebola-affected Sierra Leone, with reports mirroring the curve of the outbreak as safe places and pathways for GBV services were temporarily inaccessible. Another study estimated an additional 3,600 deaths of women due to decreased sexual and reproductive health services in the first year of the epidemic. Globally, **more than 50 per cent of all maternal deaths** from complications in pregnancy and childbirth occur in countries affected by fragility. Further impacts to these health sectors are likely to drive this number up even higher.

But much more needs to be said about **how this crisis** – which many have called the greatest test since the founding of the United Nations – **will impact women and girls in the contexts on the agenda of the Security Council, or about their role in preventing and responding to its consequences**. A visibly striking feature of the first few weeks of this crisis has been the very low representation of women in public policy decision-making related to COVID-19, something that many observers have drawn attention to when assessing favorably the performance of some of the very few women that head governments. However, the low representation of women has been evident not just at the highest level of governments, but in all relevant task forces, commissions, and national health institutions. As put by the International Rescue Committee

¹ Many gender-related issues were also highlighted in the Secretary-General’s [Policy Brief on COVID-19 and Human Rights](#), issued on April 23rd.

and CARE in their recently published gender analysis, there is neither a gender balance nor a gender lens in global COVID-19 decision-making.

It is also critical that the Security Council pays special attention to **the role and situation of women's organizations and human rights defenders in conflict-affected countries**. Many of them immediately pivoted from political and peacebuilding work to spreading awareness about the virus and how to prevent it, producing and distributing all kinds of materials and supplies to refugee and displaced women and female health workers, including masks, gowns, bedsheets, soap, sanitizer and disinfectants, reducing the spread of misinformation and hate speech and attacks against minorities or different ethnic groups, and finding alternative ways to shelter and support women that have been abused or need counseling during the lockdown. Journalists have drawn attention to their leadership role in the community level response, and some of the women they have featured are women who have been invited by Council Members to brief on country- and context-specific situations over the last three years.

In conflict settings, where the delivery of healthcare by the government can be further compromised by the political dynamics of the conflict itself and a lack of trust of local populations, the role of **local mid-level peacebuilders** becomes paramount, a lifeline for the most vulnerable communities, and one of the only hopes for the maintenance of social cohesion and the prevention of further conflict and instability. **Women's organizations** are prominently represented among these local peacebuilding actors and especially suited to respond to a public health emergency, and yet the very existence of many of them is under threat. In March, the Women's Peace and Humanitarian Fund surveyed 80 women's organizations across 8 countries and **almost a third expressed serious concern that their organization would not survive the effects of the pandemic**. As this survey was conducted in the early days of the crisis and when several of these countries had very few cases and had only just begun to implement preventive measures, this percentage is likely to increase significantly. Based on these results, the **Women's Peace and Humanitarian Fund**, with the approval of its Funding Board, launched a **COVID-19 Emergency Response Window** to support grassroots women's organizations responding to the pandemic across 25 different countries, including both programmatic support and institutional support for local civil society organizations whose existence may be at risk. As the **Peacebuilding Fund** rolls out another **Gender and Youth Promotion Initiative**, funding support for both these mechanisms is urgently needed. For example, the **Humanitarian Response Plan** earmarks 100 million for civil society organizations -five percent of the total of the appeal-, and it is imperative that women's organizations are prioritized.

As shown below, the threats to women's organizations are not merely financial. **Women's social leaders and human rights defenders continue to face attacks and have been assassinated while in quarantines**, as they become easy targets in their homes and with security personnel diverted to containing the virus. As they take most of their work online, they are also at risk of surveillance, digital sabotage, geolocation, and partial or full restrictions of access to the internet. The security and protection of women leaders and human rights defenders have a direct impact in their ability to actively participate in conflict prevention and peacebuilding. Furthermore, the **states of emergency** enforced by government as well as non-state military actors have also provided cover to persecute dissent and repress women's rights under the guise of battling the virus, including cracking down on sexual and reproductive rights. It is crucial that women's civil society organizations are supported to provide civilian oversight of emergency measures driven by the security sector, as these measures can be easily used to exacerbate existing patterns of gender inequality and target women human rights defenders.

The Secretary-General's appeal for a **global ceasefire** is supported by over a hundred Member States and regional organizations, including the African Union, the European Union, the Organization of American States, the Organization of Islamic Cooperation, the Gulf Cooperation Council and the Organization for Security and Co-operation in Europe (OSCE). The appeal has resonated with non-state armed groups in Cameroon, Colombia, Myanmar, the Philippines, Sudan, Syria and Yemen. Going forward, it is crucial that

women are engaged as part of efforts to develop comprehensive and sustainable peace agreements. Research shows that only 11 per cent of ceasefire agreements between 1990 and 2016 included gender-relevant provisions, only half as much as in other types of agreements, such as implementation agreements to comprehensive peace agreements.² As conflict resolution efforts move online, it is imperative that women's efforts to engage in peace and political processes continue to be supported and proactive measures are put in place to ensure their participation. Despite the impacts of these lockdowns, women's organizations continue to mobilize online, using social media and other available tools to organize, communicate their messages and perspectives, monitor the ceasefires that have already been announced, and petition for prisoner release, humanitarian access, coordination of various actors for effective COVID-19 response, and other **confidence-building measures**. For example, gender-specific social protections measures such as income replacement for informal and domestic workers could be an issue agreed by conflict parties and included in agreements.

Finally, the Secretary-General's policy brief on gender and COVID-19 highlights the importance of applying a gender lens to the design of fiscal stimulus packages, bailouts, social assistance programmes, and support from the International Monetary Fund and the World Bank, as these large packages are often adopted without being sufficiently gender-responsive or with adequate participation of gender experts and advocates. A longstanding commitment from member States, made in the Beijing Declaration and Platform for Action, and echoed by women, peace and security advocates, has been the urgent need to **reduce military spending** in favor of critical social and public services. At a time when even high-income countries are short on basic medical and protective equipment, this commitment is more relevant than ever. At the very least, spending on the development of advanced weaponry could be reallocated to support the frontline health care system and the social protection mechanisms that will be needed throughout the world. Disarmament advocates have produced multiple examples of countries continuing the development of advanced weaponry, at a very high cost, in the middle of this public health and economic crisis. Global military expenditure reached 1.8 trillion in 2018, the highest level over the past three decades. In 2019, global defense spending rose by four percent, the largest annual increase in a decade.

Examples from situations on the agenda of the Security Council

In **Yemen**, a meeting of the Special Envoy for Yemen with the Yemeni women's Technical Advisory Group (TAG) was held on 31 March by video conference. During the meeting, the Special Envoy consulted with the TAG members on how to resume the political process and enhance Yemen's capacity to respond to the threat of a COVID-19 outbreak. Yemeni women peacebuilders were the first to support the Secretary-General's call for a global ceasefire, including organizations like the Feminist Solidary Network, Taiz Women for Life, the Abductees Mothers Association, the Southern Women for Peace and the Yemen Youth Forum for Peace. In early April, seven women were killed and 26 others were injured, including children staying with their mothers, when shelling targeted the women's section of the main prison west of Taiz governorate in spite of the calls for ceasefire. In areas controlled by the Houthis, the closing of beauty salons for women and tailors for women's clothing were among the first measures taken to enforce lockdowns, but the Houthis had long been targeting these women-led centers. Previous epidemics, like cholera, have affected women disproportionately in a country where three-quarters of the population already need humanitarian health assistance and many of the health facilities have closed or been destroyed by the conflict.

In **Libya**, the Government's emergency response plan did not take a gender-sensitive approach and all the crisis committees and groups that have been set up have very limited participation of women. The Prime Minister's Supreme Committee does not include women. The Libyan Women's Union issued and

² Christine Bell and Robert Forster, *Gender Mainstreaming in Ceasefires: Comparative Data and Examples* (UN Women, 2019).

distributed a booklet to raise awareness about the virus and preventive measures. Since 6 April, 2.4 million social media users in Libya and elsewhere have engaged on a social media campaign, with technical support from UNSMIL, for a humanitarian pause to the fighting in Libya as part of the Secretary-General's call for a global ceasefire to address COVID-19. Women across Libya including migrants are still held in facilities without women guards, exposing them to increased risks of sexual harassment and violence. Whilst Libyan authorities released more than 1,600 prisoners as part of the measures to contain the spread of COVID-19, only a handful of women and children were part of this release. The UN, including the UN High Commissioner for Human Rights, has urged the release of all those arbitrarily detained and to consider releasing prisoners in pre-trial detention, in particular women, children, persons with disabilities, and migrants and refugees. In cities controlled by armed groups, the fear of attacks and sexual abuse for women leaving their houses to get food is very high, and femicides have already been reported in different cities.

In **Iraq**, restrictions in accessing government shelters for domestic violence victims and lack of protection and support for NGO-run shelters have become especially problematic as the needs and demand increase. Outside the Kurdistan Region, there is only one women's shelter in Baghdad run by the government. As precautions were taken to avoid the spread of COVID-19, many of its occupants agreed to return home on the basis of signed undertakings by the perpetrators that they would not re-offend. Other shelters are managed by a registered NGO, the Organization for Women's Freedom in Iraq, but lack legal protection as anti-domestic violence legislation is still pending. UNAMI's Human Rights Office has noted that the actual number of cases of domestic violence occurring during the current curfew is likely to be significantly higher than the number documented by the authorities. Since the imposition of the curfew in Iraq on March 17th, there has been increased reporting of violence against women in the broadcast and print media and social media platforms, but official figures show a marked reduction instead. One explanation is that for a complainant to lodge a domestic violence incident with a Family Protection Unit (FPU) they must appear in person, and movement restrictions make this very difficult. Furthermore, FPUs are operating at half their human resource capacity.³ With very low representation of women in the government, civil society actors worry about a complete halt in attention to women's rights issues. And yet, women are leading the response in places like Mosul, sewing disposable masks and medical gowns for local markets and pharmacies and spreading awareness. In surveys, women are more concerned about the spread of the virus than men. In many cases, due to social norms, families have refused to allow women who have tested positive for the virus to be quarantined.

In **Syria**, the capacity to respond to an outbreak of COVID-19 is compromised by a decade of armed conflict, which has caused the destruction of health facilities in the north, as well as economic hardship for Syrians across the country, who now also contend with inflated prices and lack of livelihoods. Approximately 80 per cent of displaced persons in northern Syria are women and children, who depend on humanitarian assistance and psychosocial support programmes for survival. Syrian civil society organizations have called for sustained and uninterrupted assistance, including medical supplies, testing capacities and access to medical care, especially in view of concerns over a spread of COVID-19. Scaled-up cross-line and cross-border assistance is urgent, particularly in the northeast where there is a gap in medical response following the adoption of resolution 2504, which did not renew the UN's authorization to use the Yaroubiyeh crossing from Iraq. Women's groups have also expressed concern over a rise in domestic violence with movement restrictions across the country. The Special Envoy continues to call for a nationwide ceasefire, and urges releases of detainees and abductees, particularly all vulnerable categories, at a meaningful scale, as well as for access by humanitarian organizations to detention facilities. A few hundred prisoners were recently released to mitigate the spread of the virus, but this did not include the women human rights defenders who have been in detention. The repatriation of third-country nationals from Al-Hol and Roj camps, which respectively hold 66,000 and 4,000 women and children associated with ISIL, had been proceeding at a very limited rate and have now been halted.

In **Lebanon**, calls to a government domestic violence hotline doubled in March 2020, compared to March 2019, as lockdown measures went into effect, and partners reported an increase in first-time callers and the severity of the threats. The National Commission for Lebanese Women is partnering with UN Women, UNFPA, and WHO to provide periodic alerts on gender and COVID-19 in Lebanon throughout the duration of the public health crisis. Syrian and Palestinian refugee women are especially vulnerable due to overcrowded living conditions. Refugees as well as migrant domestic workers are also affected by discriminatory practices in their access to healthcare.

In **Afghanistan**, the government announced a 21-member negotiating team, including only four women, for negotiations with the Taliban. In a context where women's participation in public life is already severely limited due to discriminatory gender norms, the introduction of lockdowns and quarantines risks undermining the hard-fought progress towards women's direct participation in intra-Afghan talks, as alternative modes of consultation are sought. The president has decreed the release of thousands of prisoners, and while women should be prioritized, the majority of prisoners released to date are men. Approximately 700 women and their children are expected to be released as part of the COVID-19 mitigation plan.⁴ Most women prisoners are in Kabul and Herat, the two provinces with the highest number of cases. The majority of women are incarcerated for non-violent crimes, and at least half of women in prisons have been charged with "moral" crimes, including sex outside of marriage or failing virginity tests. Women have very limited access to information and healthcare, especially in Taliban-controlled areas, thus face additional constraints to protect themselves from the virus and to access testing and potentially care. Unlike many parts of the world, the number of women healthcare workers is low and women are required to be escorted by a male chaperone when accessing healthcare services. The crisis is expected to worsen maternal mortality rates, already among the highest in the world, while domestic violence rates are sharply increasing. Gains in girls' education risk being eroded, as online education is not really a possibility for most of the population. Many structures to combat violence against women, including shelters and government offices, had either to close or severely curtail operations due to COVID-19. In spite of the calls for a ceasefire, the violence has continued to cause civilian casualties, many of them women and children.

In **Colombia**, almost a third of this year's femicides took place in the first two weeks of the national quarantine, and calls for help from domestic violence victims increased by 50 per cent. The Ministry of Justice issued a decree guaranteeing that family police stations would continue to work and setting up a dedicated hotline for domestic abuse, but these mechanisms are often out of reach for Afro-descendant, indigenous and rural women. As soon as the lockdown went into effect, a women's rights activist was killed outside her home, and a gay rights activist survived an assassination attempt. Security risks against women leaders and human rights defenders have continued. Many women migrants from Venezuela have lost their livelihood, and many have returned to Venezuela or stayed in Colombia under very vulnerable conditions. Women former FARC-EP members in process of reintegration have faced additional challenges in continuing their productive projects and access to care services. The Gender working group of the National Reintegration Council has developed specific guidelines to support their reintegration process.

In **Myanmar**, crowded and unsanitary conditions of detention sites and IDP camps, coupled with restrictions on mobile internet communications in Rakhine and Chin states, where the government has long imposed travel and movement restrictions are worrisome. The internet shutdown further hinders efforts to raise awareness and educate communities on how to prevent and respond to COVID-19 while further complicating humanitarian attempts to reach people in need, among whom many are women and children. In the refugee camps for the Rohingya in neighboring Bangladesh, gender experts have lamented that the first restrictions for access were imposed on actors working on gender equality and gender-based violence,

⁴ Gender Alert on COVID-19 in Afghanistan (UN Women, April 2019) at <https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/gender-alert-on-covid-19-l-afghanistan>.

even though gender considerations about social norms will be crucial to design an adequate response. For example, the construction of quarantine sites in Cox's Bazar ignores that many Rohingya men will not let their wives quarantine away from them.

In **Kosovo**, measures taken to combat COVID-19 appear to have led to a 36 per cent rise in domestic violence incidents in March 2020 compared to March 2019, according to the OSCE Mission in Kosovo. Many political leaders, including the acting Prime Minister and the Speaker of Parliament, have spoken about this issue, and the Ministry of Justice published contact numbers for all shelters in Kosovo for survivors of domestic violence, albeit only in Albanian, raising concerns for the right to information and language rights. Additionally, the Security and Gender Group, of which the United Nations Mission in Kosovo (UNMIK) is part of, has issued two statements addressing the disproportionate effects of COVID-19 on women.

In the **Democratic Republic of Congo**, the confluence of measles, Ebola, and coronavirus, coupled with the movement of armed actors in the East, the closure of the borders with Rwanda and Burundi, and a generalized feeling of distrust among the people, are all concerning factors. In Kinshasa and Bukavu, women are in the frontline to produce traditional face masks -as they have limited means to afford the medical ones- as well as mobilizing resources to acquire kits of basic necessities for vulnerable populations. Women's organizations are advocating with armed groups to heed the Secretary General's Call for a Global Ceasefire in Ituri and South and North Kivu, as well as using local radio, megaphones, and other means to spread awareness and prevention messages on both the epidemic and other potential consequences of the crisis, including domestic violence. Most women are engaged in the informal sector, characterized by daily income with no social security or savings, and they continue to travel and go to the local markets to trade, as the government has relaxed restrictions on movement. Just as with the Ebola epidemic, sexual exploitation and abuse by humanitarians and healthcare workers is a concern. A joint investigation with national judicial officers into a mass rape was suspended. In another example, the video recording of the gang-rape of a 13-year old had led to the arrest of the perpetrators, but they were then released because local authorities are overwhelmed with the response to COVID-19. The government-appointed committee to manage the crisis is composed by 12 members, two of which are women.

In the **Central African Republic (CAR)**, women civil society leaders disseminated public service announcements on COVID-19 via posters and radio broadcasts. The national chapter of the African Women Leaders Network is also developing a communications plan to further disseminate messages, both related to public health as well as the implementation of the peace agreement. Women's groups have called for signatories of the agreement to adhere to the Secretary General's Call for a Global Ceasefire and published a declaration condemning recent armed clashes. Women are also concerned with their need to continue to generate income, particularly in local markets, while balancing this with the risk of contracting COVID. Efforts to produce alternative employment opportunities from home are being explored.

In **Mali**, women's networks and women leaders supported the participation of women candidates and voters in the recently concluded legislative elections. In the first round of legislative elections, 29.44 percent of the candidates running for the National Assembly were women, close to the 30 percent representation minimum set by the law. The campaigns of women candidates and the mobility of women voters were affected by deteriorating security conditions and health risks associated with COVID-19, often due to limited access to accurate information about COVID-19 and how to protect themselves from the disease, as well as gender-based violence and harassment at polling stations. On the other hand, women's participation was helped by the provision of transportation for female voters to polling stations.

In **Sudan**, the UN has already warned that women will be affected by restrictions in access to reproductive health, increased gender-based violence, and the brunt of financial hardship as a result of an economic downturn and a sharp rise in commodity prices. Women's protection networks are working to ensure

women in PoC sites have access to COVID related protection and GBV information. Community violence reduction programs, especially in relation to DDR are also taking on greater importance. As women have been fighting for their meaningful participation in the political transition, they are continuing to communicate and develop advocacy messages, but fear that the current crisis will halt progress and silence their demands. they fear that the current crisis will halt progress and silence their demands.

In **South Sudan**, as the government of national unity moves forward with the transition, women's participation is likely to be negatively affected by the spread of the virus and the measures to contain it. Women have reported concern that their lack of virtual connectivity will make it difficult to participate in mechanisms to implement the Revitalized Agreement on the Resolution of the Conflict in South Sudan, including local government structures and the Transitional Assembly, as well as monitor its implementation overall. Important activities, like planned military trainings meant to enhance prevention of conflict-related sexual violence, had to be suspended. Activists worry that diverting midwives to serve as emergency personnel to respond to COVID-19 will result in more deaths, given the extraordinarily high rates of maternal mortality in South Sudan.

A similar concern is evident in **Somalia**, which has experienced conflict, drought, floods, and a locust invasion in the last nine months but also has one of the highest maternal mortality rates, with an estimated one out of every 22 women likely to die due to pregnancy and childbirth-related causes. Most working women in Somalia are in the informal sector and are significantly affected by the pandemic and curfews. Many initiatives related to gender equality have been suspended, with the exception of programmes for women defecting Al-Shabab. The issues that women's organizations have been fighting for, including better political representation, have taken a backseat as the Federal and State governments focus on responding to the pandemic.

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