Tracing Intersections of COVID-19: Gender, Water and Armed Conflicts

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Introduction

The current coronavirus pandemic (COVID-19) is having ramifications throughout the world, increasing human insecurity in fragile and conflict-affected states (FCAS).[1] A combination of prolonged instability and weak institutions hampers the ability of FCAS to deliver basic healthcare and water, sanitation and hygiene services (WASH), and this is exacerbated during a crisis. Many FCAS also face existing and emerging environmental challenges, such as water scarcity, that place further strain on their efforts to deliver basic services to the population. This in turn increases the burden on women as the main water and care providers for households and communities. The inability, or in some cases unwillingness, of state actors to ensure the delivery of basic services creates opportunities for non-state actors to fill the void. This undermines the legitimacy of formal governments and provides armed non-state actors (ANSA) with space to demonstrate their non-military roles in the communities that live under their de facto control. ANSAs with territorial or governance grievances can use non-traditional security threats such as the COVID-19 pandemic to strengthen their legitimacy in intrastate armed conflicts.

We argue that advancing women's empowerment and financing women-led organizations present an opportunity to prevent ANSAs from using natural disasters or disease outbreaks such as the COVID-19 pandemic to increase their legitimacy by providing public healthcare and WASH services, while also ensuring that the gendered consequences of disease outbreaks are taken into account. In areas where state actors have little or no reach, women play a central role in emergency response, both at the household level as water providers and at the community level through women-led organizations. This limits the space for ANSAs to demonstrate their governance legitimacy through community service provision. Furthermore, studies by the Organization for Security and Cooperation in Europe (OSCE) and the United Nations Development Programme (UNDP) show that women are vital to preventing radicalization in their communities, and that women's empowerment and gender equality are key to preventing an increase in violent extremism across the world.[2]

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[1] Fragile and conflict-affected states are states or territories that have been categorized by the World Bank Fragile, Conflict and Violence group according to their financial and security status. An updated list has been published annually since 2006. The World Bank defines fragile states as those with a weak institutional and policy environment, the presence of a UN peacekeeping mission or with more than 2000 refugees per 100 000 inhabitants, see

http://pubdocs.worldbank.org/en/333071582771136385/Classification-of-Fragile-and-Conflict-Affected-Situations.pdf.

[2] UNDP Concept Note, *Preventing Violent Extremism by Promoting Inclusive Development, Tolerance and Respect for Diversity*, 2016; and OSCE, *Women and Terrorist Radicalization*, Final Report, 2011.

> **A Gender Transformative Approach** (WHO, 2011)
> In development or humanitarian programmes, gender analysis and gender-sensitive approaches are considered, but it is not enough to simply *identify* gender inequalities. A gender transformative approach addresses the causes of gender-based inequalities and works to transform harmful gender roles, norms and power relations. This is accomplished by looking at the three dimensions of power:
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> - **Agency:** individual and collective capacities including attitudes, assets, and access to services etc.
> - **Relations:** expectations and negotiation dynamics between people in all spheres of life
> - **Structures:** informal/formal structures that control practices at the collective, individual, and institutional levels

This paper highlights the gendered consequences of disease outbreaks in FCAS globally and explores how ANSAs are responding to COVID-19 in the Middle East and North Africa (MENA) region.[3] We argue that a gender transformative approach is essential in this context, as women and girls are a vulnerable group but also agents of change and first responders on the ground. As United Nations Security Council resolutions 1325 and 2243, among others, emphasize, the inclusion of women is essential to achieving sustainable peace and sustainable societies. Based on the prerequisite of gender equality for achieving lasting peace and sustainability, and the important need for the inclusion of women's perspectives and solutions, the authors make a number of policy recommendations at the end of the paper for development partners implementing projects in MENA's conflict-affected region.

The MENA region has endured several intractable armed conflicts, severe water stress and significant economic losses related to environmental degradation in recent decades. Over 60 per cent of the region's population lives in water-stressed areas, almost double the global average of 35 per cent.[4] On access to WASH services, in fragile states only 63 per cent of people have access to drinking water and 41 per cent to basic sanitation, compared to non-fragile states where access is 90 per cent and 70 per cent, respectively.[5] An assessment conducted on MENA's hygiene baselines before COVID-19 outlines that 2 out of 10 households in the region do not have handwashing facilities with soap and water on their premises, and that a majority of the states in the region do not have the data on this.[6] As of 23 September 2020, statistics compiled by the Eastern Mediterranean Regional Office of WHO put the number of COVID-19 cases in the region at approximately 2.2 million and the cumulative deaths at 58721.[7]

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[3] This refers to the states covered under the OECD-MENA Initiative

[4] World Bank, *Beyond Scarcity: Water Security in the Middle East and North Africa*, MENA Development Report. Washington, DC: World Bank, 2018, https://openknowledge.worldbank.org/handle/10986/27659 License: CC BY 3.0 IGO.

[5] World Health Organization (WHO) and UNICEF Joint Water Supply and Sanitation Monitoring Programme, *Progress on Drinking Water, Sanitation and Hygiene*, WHO and UNICEF, 2017, https://www.who.int/mediacentre/news/releases/20

17/launch-version-report-jmp-water-sanitation-hygiene.pdf.

[6] This data is based on the 20 MENA states listed in the JMP data and includes the West Bank and Gaza Strip which are not included in the OECD-MENA list discussed above. UNICEF Regional Office for Middle East and North Africa, Hygiene baselines pre-COVID-19, JMP, available at washdata.org.

[7] This data represents the Eastern Mediterranean countries recognized by the World Health Organization (WHO). Data available from WHO

In disease outbreaks such as COVID-19, the situation is alarming for women and girls in FCAS experiencing water scarcity. Women are exposed to additional vulnerabilities and burdens of displacement, accessing WASH services, and sexual abuse and Gender-based Violence (GBV).[8] Women and children make up the vast majority in refugee and internally displaced persons (IDP) camps. In addition, prolonged conflicts have resulted in a surge in the number of widows and women-headed households in Syria, Yemen and Iraq, placing further burdens on women to provide for their families.[9]

The gendered costs of disease outbreaks in water-scarce fragile states

This section illustrates the gendered nature of previous disease outbreaks in FCAS contexts. Data from the ongoing COVID-19 pandemic is currently insufficient, so Ebola and cholera are used as examples to understand how the current COVID-19 crisis is likely to affect women and girls. There is an additional focus on the role of women as water- and care-providers for households and communities, which has short- and long-term consequences for their health and economic empowerment, and for gender equality processes.

The UN asserts that evidence from previous disease outbreaks indicates that girls are placed at higher risk of dropping out of school and never returning.[10] This has long-term consequences for women's economic empowerment and for community vulnerability. The Ebola outbreaks of 2013–2016 and since 2018 in FCAS such as Guinea, Sierra Leone and Liberia have had severe consequences for women and girls. The majority of the casualties were women, as civilian women were burdened with the role of main care providers to their sick families, and therefore at higher risk of exposure.[10] Women and women-led households also carried a disproportionate burden in terms of the economic consequences. In the three primarily affected states, women dominated the informal sector, and worked as small-scale farmers and cross-border vendors. When borders were closed in response to the outbreak, this had immediately devastating effects on income generation. In addition to the above consequences, there was an increase in gender-based and sexual violence in the Democratic Republic of the Congo (DRC) not only by active combatants, but also by aid workers, teachers and religious figures.[13]

Coronavirus Disease (COVID-19) Dashboard. Update from 23 September 2020, https://covid19.who.int/
[8] UNHCR, Sexual and Gender-Based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa, https://www.refworld.org/pdfid/568f9a014.pdf.
[9] World Bank, The central role of women in the Middle East and North Africa transition, blog, 24 May 2019,

https://blogs.worldbank.org/arabvoices/central-role-women-middle-east-and-north-africa-transition.
[10] UN Women Policy Brief, The Impact of COVID-19 on Women 2020, 9 April 2020, https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-Covid-19-on-women#view.

Cholera, which is a water-borne disease that is preventable with adequate access to WASH services, has been found to have disproportionate consequences for women and girls in various ways, mainly through their role as the primary care provider. This risk is intensified in areas of conflict. In western Nigeria, for example, which was the centre of a cholera outbreak in IDP camps in 2017, this resulted in economic instability for women IDPs and creating additional burdens of care providing.[11] Iraq and Syria experienced cholera outbreaks in conflict areas in 2015 that were also related to inadequate access to WASH services, and there have been reports of cholera outbreaks in Yemen in 2020.[12]

The COVID-19 crisis has put the spotlight once again on pre-existing inequalities and the gendered burdens associated with disease outbreaks, as well as the lack of access to safe and affordable WASH services in FCAS. There is a significant disparity in the distribution of work to provide safe water and sanitation work globally. Women and girls comprise nearly 73.5 per cent of those responsible for collecting drinking water for their households. These inequalities are exacerbated in FCAS, where there is a significant gap in the gender distribution of water collection for households (see Figure 2).[13] The risk of infection for women and girls in the ongoing pandemic is therefore much higher for those that have to collect water from crowded community water points, to travel long distances to a water source, or to provide care for sick family members.
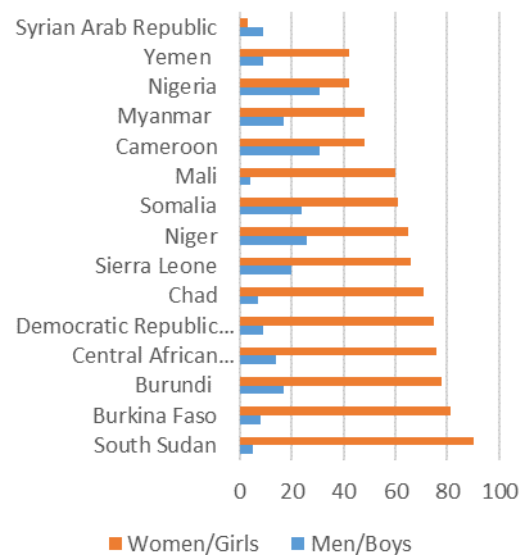

Figure 2. Primary responsibility for water collection in rural areas of fragile and conflict-affected countries, by gender and percentage

[11] Briefing Note: Integrating Gender in Cholera Prevention and Control Interventions in North East Nigeria, ReliefWeb 2017, https://reliefweb.int/sites/reliefweb.int/files/resources/briefing_note-gender_in_cholera_response.pdf.
[12] World Health Organization, Outbreak update: Cholera in Yemen, 12 January 2020, http://www.emro.who.int/pandemic-epidemic-diseases/cholera/outbreak-update-cholera-in-yemen-12-january-2020.html

[13] This data is restricted to states where at least 1 in 10 households collect water from off the premises. United Nations Children's Fund (UNICEF) and World Health Organization (WHO), Safely managed drinking water: thematic report on drinking water, 2017. Geneva: WHO and UNICEF, 2017.

Combating disease outbreaks in places where living conditions are dire, such as in detention centres or IDP and refugee camps, presents even more challenges, especially in FCAS. In such conditions, with shared toilets or latrines, maintaining social distancing is impossible and the already weak WASH conditions further compromise the health, safety and dignity of women and girls.[14] There are 3.6 million IDPs in Yemen, and more than 50 per cent of host sites do not have adequate WASH services.[15] Many IDP and refugee camps in Syria are inaccessible due to the ongoing conflict, which limits access to humanitarian aid and essential services, as well as supplies for the most vulnerable groups. In addition, cases emphasize the exposure to sexual abuse and GBV that women and girls face while accessing humanitarian assistance, such as being forced to pay for their inclusion on beneficiaries lists either in cash or through sex in lieu of cash.[16] In Yemen and Libya, for instance, women and girls are often exploited in exchange for resettlement promises.[17] Representatives of water utilities soliciting sex in exchange for water is also prevalent in some fragile states such as Colombia, but has not been widely studied or addressed in other FCAS.[18]

Gaining legitimacy: Armed non-state actors during the COVID-19 pandemic

Institutional fragility, a lack of capacity in local organizations and inadequate provision of WASH services in FCAS present opportunities for ANSAs to gain legitimacy among local communities by providing basic water and sanitation services. In regions where central government has limited reach, ANSAs have used the COVID-19 pandemic as an opportunity to rebrand themselves or to emphasize their legitimacy among the population. The inability of governments to provide services to civilians due to the inaccessibility of some areas, possibly because they are controlled by non-state actors, can cause chain reactions. If governments weakened by economic crises are unable to provide basic WASH services, insurgent groups are able to leverage this as an opportunity to expand their sphere of influence and enhance their recruitment. ANSAs have benefited in the past from exploiting other crises to

[14] Fisher, J., Reed, B., Vidal, J., Sissons, C., Lafreniere, J., and Hastie, R. (2018). Lighting the Way: Lighting, sanitation and the risk of gender-based violence, https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620606/rr-lighting-sanitation-literature-review-211218-en.pdf?sequence=4&isAllowed=y.

[15] Global WASH Cluster, Yemen WASH Cluster: COVID-19 Response Strategy, Preparedness and Response Plan, April 2020, https://washcluster.net/theme/preparedness-and-response-plan.

[16] ICRC, *Addressing the Needs of Women Affected by Armed Conflict*, 2014,

https://www.icrc.org/en/doc/assets/files/other/icrc_002_0840_women_guidance.pdf.

[17] Transparency International, Breaking the silence around Sextortion: The links between power, sex and corruption, Berlin, vol. 50 (2020), https://images.transparencycdn.org/images/2020_Report_BreakingSilenceAroundSextortion_English.pdf.

[18] UNDP-SIWI, Women and corruption in the water sector: Theories and experiences from Johannesburg and Bogotá, 2017, https://www.watergovernance.org/wp-content/uploads/2017/10/WGF-report-no-8_FINAL-WEB-edited.pdf.

their advantage.[19] This section highlights three conflict-affected states in which ANSAs have responded to the ongoing COVID-19 pandemic with efforts to increase or emphasize their legitimacy: Yemen, Syria and Iraq.

Yemen

Yemen is often described as one of the main forgotten conflicts of this decade. According to the Yemeni authorities, it has been badly affected by COVID-19,[20] the 2016 cholera outbreak and devastating flash floods in March and April 2020. Yemen is currently de facto administrated by three different entities: Houthis in the north, including the capital Sanaa; the internationally recognized government; and a United Arab Emirates (UAE)-supported secessionist group, the Southern Transitional Council (STC), which controls areas in the south that include the port city Aden, resulting in the existence of two ministries of health in the area. The escalation of the pandemic has led the insurgent groups to alter their COVID-19 response strategy from an initial dismissal of the problem. The Houthis were the first to shift, leading other groups in Yemen to also present themselves as responsible leaders that are following World Health Organization recommendations. All the groups in Yemen eventually tailored their COVID-19 responses to the actions of their respective regional allies (Iran, the UAE

and Saudi Arabia). As noted above, these interventions had direct, disproportionate and immediate implications for women. GBV and attacks on women have increased by 70 per cent since the start of the pandemic in Yemen.[21] There is evidence that the conflict has resulted in physical damage to the water infrastructure, and a "brain drain" of competence from the administration of water utilities, further reducing the quality of services due to a lack of capacity, knowledge and maintenance. Armed combat has not ceased, despite the call a global ceasefire from the UN Secretary-General in response to the ongoing pandemic. In the areas under Houthis control, COVID-19 patients, including women with no access to proper sanitation, were allegedly arrested in an initial attempt to combat the pandemic by containing infected persons. Cases have been reported of women being tortured in prisons, which is unprecedented in Yemen.[22]

Iraq

At the outset of the COVID-19 outbreak, the Islamic State (IS) group issued general health guidance to Muslims on avoiding epicentres of the pandemic and warning its members against travelling to affected areas of Europe.[23] In Iraq, IS issued an editorial on 19 March urging its militants to increase attacks. Although it did not mention COVID-19 by name, it

[19] Terrorism in the Time of Coronavirus, *Coping with Coronavirus Webinar Series*, 31 March 2020, EGIC. Accessed via https://www.youtube.com/watch?v=5O02Tw6bO58&feature=youtu.be.

[20] Policy Responses to COVID-19, *International Monetary Fund*, accessed 10 July 2020.

[21] Interview with a local organization, 2 June 2020.

[22] Skype Interview, Muna Luqman, Food4Humanity, 18 May 2020.

[23] Mina al-Lami, "Jihadists hail virus but some take precaution", *Monitor* no. 21 (Summer 2020), BBC Monitoring.

indicated that the virus was one of the factors weakening the Iraqi military.[24] The group also called on its members to free imprisoned IS family members from what it alleged were sparsely guarded camps amid concerns over dire health and sanitation conditions in those camps.[25] The group also focused on providing health services to communities beyond the reach of Baghdad.[26] Although it is not expected that IS will be able to reclaim its previous territorial losses, this strategy, combined with a renewed military offensive against government targets, symbolizes the group's resurgence in Iraq. Iraq's Shia Popular Mobilization Units (PMU), an Iran-backed framework organization for about 50 Shia paramilitary groups which was established to fight IS in Iraq, began a COVID-19 health awareness campaign mobilizing part of Iraq's government at the outset of the pandemic in Iraq in February 2020.[27] In its fight against the pandemic, the PMU has helped to repair a hospital, bury victims, spray public places with disinfectant, distribute aid packages and deliver oxygen in southern and central Iraq.[28]

Syria

In Syria, IS has taken advantage of the epidemic to re-emerge as a threat while members of the Global Coalition to Defeat ISIS Small Group are preoccupied with COVID-19 responses.[29] At the same time, other ANSAs are also trying to cement their legitimacy. In addition to issuing COVID-19 travel recommendations, IS is using rumour and reports of inadequate responses to COVID-19 in detention facilities for IS family members in Syria in its digital propaganda. Encouraged by this, there are reports of riots and breakout attempts by IS prisoners held in detention camps of northern Syria.[30] In addition, the so-called Salvation Government in northern Syria, which is backed by the militant Hayat Tahrir al-Sham, has set up a "crisis cell" to monitor the spread of COVID-19 in the territory under its control. It has also banned gatherings, closed markets and distributed brochures to local communities, while also sanitizing mosques and providing them with sanitation products.[31] They have also trained small groups of women in awareness-raising sessions, sharing

[24] Hoop messaging service in Arabic, 14 May 2020. Accessed through BBC Monitoring Services.
[25] "Islamic State calls for followers to spread coronavirus, exploit pandemic and protests", *The Conversation*, 23 June 2020 https://theconversation.com/islamic-state-calls-for-followers-to-spread-coronavirus-exploit-pandemic-and-protests-136224.
[26] Ranj Alaaldin, "COVID-19 will prolong conflict in the Middle East", *Brookings Institute*, 24 April 2020 https://www.brookings.edu/blog/order-from-chaos/2020/04/24/Covid-19-will-prolong-conflict-in-the-middle-east/.
[27] https://cadmus.eui.eu/bitstream/handle/1814/67433/PB_2020_24_MED.pdf?sequence=1&isAllowed=y
[28] "PMU pitches in as COVID cases surge in Iraq", *Al Monitor*, 14 July 2020, https://www.al-

monitor.com/pulse/originals/2020/07/iraq-covid19-pmu.html.
[29] Lisa Schlein. (May 09, 2020). UN: Syria Armed Groups Use Global Focus on COVID to Escalate Fighting. *VOA News*, https://www.voanews.com/middle-east/un-syria-armed-groups-use-global-focus-covid-escalate-fighting.
[30] Frank Gardner, IS prisoner issue a ticking timebomb for the West. BBC News, 24 July, 2020, https://www.bbc.com/news/world-middle-east-53428928.
[31] Covid-19 Responses: Idlib jihadist authority puts up awareness posters
Telegram messaging service in Arabic, 17 May 2020. Accessed through BBC Monitoring

information about how the virus affects the population and how it spreads.[32] Human Rights Watch reports that NGOs face a US$ 30 million shortfall for their work in north-east Syria to tackle and respond to COVID-19.[33] Meanwhile the ongoing armed hostilities between various non-state actors have disrupted the water supply from the Allouk water station, which provides water to nearly 500,000 people in al-Hassakah governorate, including the city and three IDP camps, further aggravating WASH-related issues. Doctors Without Borders reported in August that there is an increase of COVID-19 cases, with 394 confirmed cases across north-eastern Syria, and across the country WHO reported 3833 cases.[34]

Locally owned solutions and the challenges of combating COVID-19 in FCAS

An examination of previous disease outbreaks in conflict-affected regions highlights some of the ways that women and girls are disproportionately affected by the crisis, but also their role as first responders in affected communities. This section outlines some of the challenges linked to providing assistance during the ongoing crisis and illustrates the efforts made by women-led organizations to provide essential services to local communities in Yemen. Some of the most effective responses and assistance to struggling civilians during a health crisis come from women-led grassroots organizations that can gain access to many local areas where international humanitarian aid agencies are unable to go. In Yemen, Muna Luqman, the founder and director of Food4Humanity, listed several examples of grassroots organizations' assistance ranging from delivering health supplies and sanitary equipment, to providing drinking water to remote areas inaccessible to international organizations and devising digital local awareness campaigns. Despite these, and despite the existence of women-led organizations on the ground, the local partners of the UN Office for the Coordination of Humanitarian Affairs are predominantly male-led organizations, and women-led grassroots organizations often struggle to get direct access to and assistance from donor organizations.[35]

Over 70 million vulnerable people require assistance across the MENA region, indicating that these are the states that are also highly dependent on external support and humanitarian aid. Many humanitarian organizations working in the region have short-term funding cycles that do not allow large-scale operation or wide coverage. In the context of COVID-19 responses, there are several initiatives led by external support agencies such as the UN, but these initiatives are often unable to reach the most vulnerable in a timely manner.

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[32] IBA News Network in Arabic, 1707 GMT, 26 April 2020. Accessed through BBC Monitoring.
[33] Syria: Aid Restrictions Hinder COVID-19 Response, *Human Rights Watch*, 28 April 2020, https://www.hrw.org/news/2020/04/28/syria-aid-restrictions-hinder-Covid-19-response.

[34] Doctors Without Borders: Covid-19 has devastating knock effect Northeast Syria Accessed 22 September 2020, https://www.msf.org/covid-19-has-devastating-knock-effect-northeast-syria
[35] Skype Interview, Muna Luqman, Food4Humanity, 18 May 2020.

Humanitarian aid workers are also unable to access conflict-affected areas and camps due to the restrictions imposed by the ANSAs and the severe security threats to aid workers. In Syria, for instance, Human Rights Watch reports that the healthcare system across the north-west and north-east of the country has only limited capacity to handle a potential COVID-19 outbreak due to years of armed conflict, intermittent electricity supply and water scarcity. Of Syria's more than six million IDPs, two million are currently in north-east Syria. However, UN Security Council Resolution 2504 of 10 January 2020 indirectly led to a halt on all UN aid entering north-east and southern Syria from Iraq and Jordan, which makes it impossible for the region to get access to international aid. This highlights the crucial role of empowering grassroots and women-led organizations through training and direct access to funding to enable them to implement measures and provide essential support at that local level, and to reach the areas that cannot be accessed by development and humanitarian agencies.

Concluding remarks

In MENA, the years of armed conflict have had a long-lasting and detrimental impact on systems of governance, resulting in institutional fragility. This has created a vicious circle where weak governance leads to increased risk of conflict recurrence. The impact of COVID-19 will put further stress on the institutional capacity of FCAS. It is indisputable that a gender analysis and a gender-sensitive response must be included in measures for responding to the COVID-19 pandemic. To achieve lasting change, however, a gender transformative approach will be crucial. Responses in FCAS are thwarted by inaccessibility and the variable quality of governance structures in areas outside the control of formal governments. This prevents prompt and effective responses to crises, which further exacerbates humanitarian issues and has gendered consequences for gender equality processes. A study by SIWI and UNICEF on WASH responses to COVID-19, including in fragile and conflict-affected states in the MENA region, found that gender-targeted responses to water and sanitation problems were limited to the distribution of dignity kits.[36]

Although women and girls are disproportionately affected by the COVID-19 pandemic, they are also on the frontline, taking on key responsibilities at the household, local and national levels.[37] Women and girls must be seen not just as victims and vulnerable groups, but as an essential resource for the planning and implementation of responses to disease outbreaks such as the COVID-19 pandemic. Through a gender transformative approach, in addition to providing WASH services

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[36] COVID-19 WASH Responses by Governments, Water Utilities and Stakeholders in Middle East and North Africa (MENA) Countries, *SIWI*, August 2020, https://www.siwi.org/wp-content/uploads/2020/08/2020-WASH-COVID19-MENA_Final.pdf.

[37] United Nations Children's Fund, Water Under Fire, Volume 1: Emergencies, development and peace in fragile and conflict-affected contexts, UNICEF, New York, 2019, https://www.unicef.org/media/58121/file/Water-under-fire-volume-1-2019.pdf.

which they often do informally already, women can play a critical role in providing their communities with important knowledge during disease outbreaks. A gender transformative approach will lead to a more gender equal society and, in the long-term, could mitigate and prevent radicalization and recruitment to ANSAs. To help bring this about, the authors present following policy recommendations.

Policy recommendations

Engaging with and empowering local solutions led by women

In the context of intrastate armed conflicts, communication with ANSAs is often required to deliver aid and coordinate crisis response. Women play a vital role in peace and security, as mediators working to maintain key peace processes and to mitigate the resurgence of conflict.[38] Women and women-led grassroots organizations have key roles in water provision and the prevention of radicalization in their communities. Engaging with women in the planning and implementation of COVID-19 responses in these regions could lead to more sustainable results from such programmes. While most bilateral donors and multilateral organizations stress the importance of inclusivity and partnership with local organizations in their policy guidelines, practice from the field indicates the existence of obstacles to the implementation of these strategies. Bureaucratic and other security-related barriers mean that grassroots

organizations, particularly women-led entities, often struggle to achieve traction with donor organizations and external actors.

- **The leadership and perspectives of local communities across different groups should be included throughout a crisis response,** thereby ensuring that women from various communities are at the table. Where development partners are prevented from engaging with armed groups, non-aligned local women-led organizations can act as valuable proxies.

- **Promote local women's participation in peace processes in FCAS.** Women play a key role in providing support to communities during any crisis, but in the context of FCAS they are often essential to preventing a resurgence of conflict or radicalization in their communities.

Capacity Development for gender transformative and resilient WASH services

Secure funding and technical support for gender-sensitive WASH services during emergencies such as COVID-19 must be prioritized as part of broader WASH preparedness planning in the MENA region, but also as a measure for preventing the control of services by ANSAs. To this end, joint working and

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[38] Monica Reeves, "What does COVID-19 mean for women mediators?", *Conciliation Resources*, July

2020, https://www.c-r.org/news-and-insight/what-does-Covid-19-mean-women-mediators.

collaboration between emergency-focused WASH aid and development-focused WASH interventions that include infrastructure expansion, long-term social development and enhancing economic productivity in FCAS would facilitate a transition pathway to gender transformative WASH programmes. This in turn will help to ensure the continuity, affordability and safety of services to all during any given situation

- **Ensure and safeguard funding to local women-led and women's rights organizations for localizing aid, building partnerships with such organizations and providing the necessary capacity development support** to ensure that they are able to respond to local needs more generally, but especially during health crises such as the COVID-19 pandemic. Supporting women-led businesses, for instance in IDP or refugee camp settings, could boost the production of personal protective equipment (PPE) and WASH supplies such as soap, hygiene and dignity kits, and face masks.

- **Provide technical and financial support to strengthen small and local service providers in FCAS of secure and resilient WASH services, including through gender-targeted approaches.** This could include WASH guidelines, tools and protocols that are based on local contexts, gender sensitive and prioritized according to the age,

gender and disability disaggregated data in WASH plans. This would help to strengthen the fragile institutions in FCAS designed to implement inclusive, sustainable and resilient WASH services for households, schools, public spaces and healthcare facilities – interventions that are crucial to mitigating the impacts of disease outbreaks.

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