



## IN BRIEF

PARTNERING TOWARDS GENDER RESPONSIVE RECOVERY:



# A REGIONAL DIALOGUE WITH SOUTH ASIA CIVIL SOCIETY ORGANIZATIONS ON LESSONS LEARNED FROM THE COVID-19 PANDEMIC

Photo: UN Women/Sharon Grobeisen

## Introduction

Over the past three years, COVID-19 has had a significant impact across the world, disproportionately affecting women and girls and increasing gender inequality, especially in the areas of health, protection, economic inclusion, education, and livelihoods. While women have been drastically affected by the impacts of the pandemic, women-led civil society organizations have played a critical role in the COVID-19 response efforts. Achievements and the insight from women-led CSOs are often overlooked and the perspectives of women working at the center of the COVID-19 response are often not included in recovery planning and decision-making.

Key women-led civil society organizations from across South Asia convened to discuss and highlight the achievements in gender-responsive COVID-19 response efforts and identify key support needed to empower these CSOs. To guide the discussion, civil society leaders were presented with the following questions:

- 1) What actions did your organization take to help women during the COVID-19 response and what gender-responsive actions is your organization taking into the COVID-19 recovery?

- 2) What achievements did your organization accomplish in terms of women's empowerment and inclusion in COVID-19 decision-making and action?
- 3) In what ways are women-led organizations and CSOs being included in current post-COVID19 recovery efforts?
- 4) What more can be done to facilitate women's inclusion in COVID-19 recovery efforts?
- 5) How can we use the lessons learned from the COVID-19 pandemic to include women-led organizations in crisis response planning and decision-making for the future?
- 6) How can we direct investment and attention toward gender-responsive COVID-19 recovery? What support is still needed from donors?

This brief presents an overview of the work and highlighted achievements of several key civil society actors in gender-responsive COVID-19 response and recovery across South Asia. These profiles provide insight into lessons learned from the COVID-19 pandemic and offer recommendations on prioritizing the needs of women and girls in COVID-19 recovery efforts.

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## Perspectives from Women-Led Civil Society Leaders on COVID-19 Response and Recovery

### CHALLENGES TO GENDER-RESPONSIVE COVID-19 RESPONSE AND RECOVERY EFFORTS

The COVID-19 pandemic continues to disproportionately affect the lives of women and girls, impacting their ability to rebuild their lives following the crisis and affecting their full participation and inclusion in COVID-19 recovery decision-making. Women civil society leaders highlighted the following challenges that their organizations have encountered in ensuring gender-responsive COVID-19 response and recovery work:

- Women are underrepresented in decision-making bodies both at the local and national levels. More support is needed to conduct gender-responsive needs assessments of women in local communities to identify how specifically CSOs can tailor their support.
- Severe funding shortages have dramatically impacted the ability of women-led CSOs to fully support women's empowerment programmes.
- COVID-19 response activities and government structures often do not fully address the diverse need of vulnerable groups, including women and underrepresented and/or marginalized groups.
- Women are struggling to gain access to employment and livelihoods opportunities due to the economic impacts of the pandemic and need investment in skill development. Likewise, women continue to have difficulties accessing government services through social protection and judicial systems, which impacts their ability to protect their rights and receive the help they need.
- Gender-based violence and intimate partner violence rates increased during the pandemic and remain high.
- Women from marginalized communities often lack digital literacy and tech skills, which has made it more difficult for them to access government services and information during the pandemic.
- Women face social discrimination related to mental health and psychosocial challenges, and often have difficulty getting assistance and accessing resources. Limited funding and lack of prioritization for mental health issues in national response plans remains a major challenge.

### SNAPSHOT OF CIVIL SOCIETY LEADERSHIP DURING THE PANDEMIC



Association For Advocacy and Legal Initiatives Trust (AALI)

**Association for Advocacy and Legal Initiatives Trust (AALI)**  
*India*

The Association for Advocacy and Legal Initiatives Trust (AALI) has been working for over two decades on access to justice for women and marginalized communities in India, with the goal of creating an egalitarian society where women and marginalized groups are seen and treated as equal human beings. The organization operates in 4 states – Uttar Pradesh, Jharkhand, Bihar and Uttarakh – and 96 districts within those states. AALI prioritizes helping vulnerable communities receive access to justice and active citizenship, while promoting partnerships and collaboration across sectors and institutions.

#### **COVID-19 Response and Recovery**

COVID-19 has had a tremendous detrimental impact on women and girls in India. Incidents of domestic violence went up by a rate of 2.5 and pandemic lockdowns directly impacted women's ability to seek access to justice and legal recourse, as courts were closed during lockdowns and no relief was granted. This put women at even higher risk for GBV and domestic violence without any legal recourse.

To address these issues, AALI provided essential services to vulnerable women and marginalized communities in need despite the lockdown challenges. AALI's core achievements included:

- Responding to and providing support for over 4000+ GBV cases. To encourage incident reporting, AALI circulated a helpline number for survivors to report incidents and to receive assistance.

- Providing training and guidance for frontline women human rights defenders online, engaging in activities to promote leadership among young women, and building collaborative networks of CSOs and lawyers to work together to address GBV.
- Training frontline human rights defenders and lawyers on using COVID-19-focused resources to inform communities of their rights and services available and linking women and marginalized communities to pandemic response systems for support.
- Providing monthly food rations to over 16,300 very vulnerable households, focusing on women-led households in the region, to address rising food insecurity.
- Working with government officials to help them develop new gender-responsive laws, as well as incorporate a gendered lens in the government's COVID-19 response mechanisms.

AALI is working urgently to ensure women have access to legal resources, building partnerships to help provide women and girls with leadership and governance skills, and working with local and national government authorities to be more responsive to the needs of GBV survivors. AALI continues to strengthen institutional capacity so that women and girls can readily access the justice system and receive support for their cases.



**International Foundation for Crime Prevention and Victim Care (PCVC)**  
India

The International Foundation for Crime Prevention and Victim Care (PCVC) – based in Tamil Nadu, India – provides support services for women and LGBTQ individuals affected by domestic and interpersonal violence. PCVC is a rights-based and survivor-centered organization that employs a full team of social workers, psychologists, and welfare officers to provide crisis intervention services, through which women and LGBTQ individuals have access to immediate information about devising safety plans, leaving abusive homes, negotiating with families, legal and medical referrals, and specialized services for children. PCVC also provides long-term psychosocial, economic, and residential services for women, LGBTQ+ individuals, and children, as well as counselling and

emotional support, financial support, education, skill-building and employment opportunities to empower marginalized communities.

### COVID-19 Response and Recovery

Throughout the pandemic, women and LGBTQ persons experienced and reported more incidents of gender-based violence (GBV) in India. Prolonged lockdowns and restricted movement increased the risks of GBV that marginalized groups faced and reported mental health issues also increased due to the psychological stress and socio-economic impact of the pandemic.

In response to the situations generated by the COVID-19 pandemic, PCVC expanded services to marginalized and at-risk communities, shifting services online and adjusting delivery mechanisms to ensure that the most vulnerable community members could continue to receive help. PCVC provided phones to people at high risk of GBV to report incidents and set up a multi-channel hotline system using phones, video, chat functions, WhatsApp, and social media to enable survivors of GBV to access resources and assistance. In addition, PCVC lobbied the government to expand the capacity of local shelters and lift some restrictions to enable persons in need to access the shelter, provided medical and grocery support for GBV survivors and their families, and provided cash-based assistance for women who had lost their jobs in the COVID-19 economic downturn and were having challenges reentering the sector, particularly women-headed households. PCVC also worked on building strong linkages with local actors and led multistakeholder meetings to facilitate case coordination, streamline support for women in need, and pool resources to initiate and sustain action to address GBV.

To respond to the urgent needs of women in COVID-19 recovery efforts, PCVC continues to provide groceries and medical supplies to vulnerable households and is providing training and economic empowerment activities to help women gain employment after the pandemic. PCVC also continues to lead consultations between civil society organizations and various government ministries and authorities to share lessons learned during the pandemic and initiate conversations on COVID-19 recovery.





## Balochistan Rural Support Program Pakistan

Balochistan Rural Support Program works with local support organizations (LSOs) and community support organizations to promote sustainable development support in over 440 towns and rural councils within 29 districts across Balochistan province in Pakistan. BRSP's work focuses on organising and building the capacities of communities at the grassroots level to pursue their own development agenda through integrated sectorial, needs-based, and sustainable interventions. BRSP is driven by a community-led and participatory approach, believing that communities impacted by poverty and economic inequality have the potential to change their lives and end poverty through organization, resource provision, and skill development. BRSP seeks to ensure every intervention is led by communities for communities and works with community resource persons (CRPs) who help facilitate access to and networks within communities, enabling BRSP to effectively provide services and facilities to communities in need.

### COVID-19 Response and Recovery

Women and girls in Pakistan were disproportionately impacted by COVID-19, with significant ramifications for economic, social, and mental wellbeing. Overstrained health systems, lack of ability to freely move around the country, shortages in personal protective equipment (PPE), high COVID rates among women caretakers, and rising malnutrition rates and food insecurity drastically affected women and girls across the country. The pandemic spurred a dramatic rise in GBV and mental health cases – exacerbated by women being trapped at home while communities were in isolation – as well as high levels of unemployment and job loss.

BRSP's widespread community reach at the grassroots level empowered the organization to be one of the first responders on the frontlines of community level pandemic response in Balochistan, reaching communities most drastically impacted by the pandemic. The organization's extensive gender-responsive COVID-19 work included: training 3,000 men and women on health care; distributing 940,205 PPE resources, including masks, sanitizers, and other materials; providing community awareness sessions on virus prevention and gender

equality to 4965 men and women in local communities; providing 5,237 gender-based violence survivors with psychosocial support; distributing 5709 hygiene kits, 1,500 food packages, and 300 cash grants to women in need; providing 17,500 assistive devices to women with disabilities; delivering 20,000 IEC material, radio messages, and awareness campaigns in mosques, and providing telemedicine services to 3,811 women.

Moving into the COVID-19 recovery phase, BRSP is continuing to support women and girls and help them rebuild their lives through providing psychosocial services, supporting livelihoods activities, and facilitating trainings and community awareness sessions.



## National Mental Health Self Help Organization (KOSHISH) Nepal

The National Mental Health Self Help Group (KOSHISH) works to increase women and girls' access to mental health services and promotes mental and psychosocial wellbeing among communities in Nepal. Since 2008, KOSHISH has served over 27,000 people with mental health needs, providing them with safe spaces and empowering them through Self Help Groups (SHGs) and psychosocial support.

### COVID-19 Response and Recovery

Throughout the COVID-19 pandemic, KOSHISH advocated to include mental health as an integral part of COVID-19 health response efforts and lobbied government officials and policymakers to address the needs of persons with mental health concerns and expand government mental health services. KOSHISH provided tele-counselling services through free phone helplines to over 1000 women and children from marginalized groups and socially excluded communities. In addition, KOSHISH provided relief support to 300 women, including single mothers, new and lactating mothers, child-headed families, gender-based violence survivors, women with mental health needs, and women with disabilities. In addition, the organization also provided virtual case discussions and counselling sessions for adolescent girls experiencing mental health issues and social stigmas and created a virtual safe space for these girls to talk with trusted parents, teachers, and other adult figures in a supportive environment. KOSHISH's work

during the pandemic also entailed providing tailored support for LGBTQ+ individuals, including providing cash assistance to LGBTQ+ community members, persons living with HIV, and food insecure individuals. KOSHISH also trained local authorities to provide services to LGBTQ+ 19p11.5



**Feminist Dalit Organization (FEDO)**  
Nepal

Feminist Dalit Organization (FEDO) as a non-profit, apolitical, and secular non-governmental organization in 1994 by a group of Dalit women – the most marginalized ethnic community in Nepal – with the goal of eliminating caste and gender-based discrimination in Nepal. The organization seeks to advocate for Dalit rights and women’s rights simultaneously, recognizing the intersection of vulnerabilities that Dalit women face in Nepal. As an organization focused on Gender Equality and Social Inclusion (GESI), FEDO seeks to bring about a just and equitable society and puts Dalit women at the core of its initiatives.

**COVID-19 Response and Recovery**

During the height of the declared COVID-19 pandemic,, FEDO recognized the disproportionate risks Dalit and other marginalized women faced in Nepal with the growing health and socioeconomic crisis, noting how the pandemic exacerbated intersecting vulnerabilities of Nepal’s marginalized communities. In response, FEDO provided the most marginalized communities with lifesaving assistance, prioritizing providing 2,000 Dalit and marginalized women with cash assistance, comprehensive relief packages (consisting of food and non-food items, sanitary items, gas canisters, and medicine), and medical/PPE kits to prevent the spread of the virus and offset the socio-economic impacts.

- Provided counseling services through trained counsellors for women experiencing mental health issues brought on by the pandemic.
- Used FM radio broadcasts and social media platforms to raise community awareness on COVID-19 prevention measures, preventing and reducing GBV, and addressing discrimination.

- Supported local government authorities in monitoring COVID-19 isolation centers and helped authorities ensure that the centers upheld gender equality and social inclusion standards.
- Successfully lobbied local government bodies to provide citizenship documents for 146 women from socially excluded groups so they could open bank accounts to receive cash assistance.

As Nepal enters the COVID-19 recovery phase, FEDO continues to work on addressing the needs of Dalit and marginalized women affected by the pandemic. This includes conducting a study on the socio-economic status of Dalit women and the challenges they continue to face in the aftermath of COVID-19 to help the organization develop more appropriately tailored response interventions. FEDO is also conducting policy advocacy at the national government level to help develop policies and programmes to address the needs and issues facing Dalit and marginalized women. In addition, FEDO continues to provide entrepreneurship activities for women to support livelihoods recovery post-pandemic.



**Association for Alternative Development (AFAD)**  
Bangladesh

The Association for Alternative Development (AFAD) is a non-government, non-political, women-governed organization working in the Kurigram District of Bangladesh to empower impoverished and marginalized women and adolescent girls. Since its inception, the organization has been implementing diversified programmes to lift women out of poverty and ensure their inclusion and full participation in society. AFAD’s vision is to establish an enabling environment for the realization and protection of fundamental human rights of women and men and to ensure their self-reliance. In particular, AFAD aims to empower women towards building a better world by developing their capacities and ensuring they can actively contribute within society.

**COVID-19 Response and Recovery**

During the COVID-19 pandemic, AFAD served as a first responder on the ground, addressing the urgent needs of women and girls during the crisis by providing hygiene

kits, food and cash assistance, and masks and PPE as well as sharing information and government helpline numbers for COVID-19. AFAD provided assistance to GBV survivors, including connecting them with referrals for medical support, and provided guidance to local government officials on directing assistance to the most vulnerable communities, including women, transgender individuals, single mothers, pregnant and nursing mothers, and other vulnerable people. In addition, AFAD provided

psychosocial counselling across communities, recognizing the significant psychological impact of the pandemic on mental health, and provided legal aid to women and girls in urgent need of support from the judicial system. AFAD is leading the COVID-19 recovery efforts on the ground through focusing on providing livelihoods and employment activities for women affected by the economic impact of the pandemic to help them earn incomes and rebuild their lives.

## Supporting Women-Led Organizations in COVID-19 Recovery Efforts

Building on their expertise in delivering gender-responsive services during the pandemic, the women civil society leaders participating in the dialogue shared several key recommendations for supporting women-led organizations leading gender-responsive COVID-19 recovery efforts. These recommendations include:



**Ensure women CSOs have spaces to share their expertise and perspectives and ensure their inclusion in decision-making platforms and bodies**

Women-led civil society organizations are first responders in their communities – first to identify and address the specific needs of women and girls within their communities and first to respond to crises when they emerge, including the COVID-19 pandemic. Support for women-led CSOs’ inclusion in platforms and decision-making spaces is critical to helping them to share their expertise and communicate the specific needs of women and other marginalized groups with decision-makers on gender-responsive COVID-19 recovery.



**Provide funding and support to women-led and women’s rights organizations**

Women-led and women’s rights organizations continue to lack sufficient funding to continue their crucial work on the ground at the forefront of crisis response. Many women-led organizations remain underfunded and were not included in consideration for larger funding pools when the pandemic crisis hit. More efforts are needed to direct financing to these CSOs and to ensure they are considered as equal players in

pandemic recovery. Moreover, more visibility and recognition for the accomplishments and achievements of women-led CSOs in COVID-19 response and recovery is needed.



**Develop and strengthen the capacity of women leaders and enhance women’s leadership**

Support is needed to train CSO staff and provide opportunities for skill development and networking to help CSOs continue their grassroots work and effectively advocate for their own inclusion in decision-making processes. Stakeholders should support activities to increase women’s participation in leadership, governance, and decision-making. In particular, more support is needed to train and empower young women in communities and to connect them with opportunities to help shape COVID-19 recovery activities and planning.



**Ensure that the diverse needs of women are incorporated into program design and planning**

Robust and effective gender-responsive COVID-19 recovery interventions and programmes should take the specific needs of different groups of women and other marginalized communities into account. Programme and activity design should be more inclusive and engage women with specific needs – eg women living with disabilities, LGBTQ persons, single heads of household, pregnant and lactating women, GBV survivors, etc – to ensure that activities and programmes reflect and address their needs.



### Put prevention and response to gender-based violence at the forefront of COVID-19 recovery

Prevention and response to GBV needs to be integrated into all response, recovery, and preparedness activities during periods of crisis and stability to ensure planning and programming have a gender lens. Women-led CSOs and local actors need to be part of the planning and decision-making processes at the onset of a crisis to ensure that adequate support is given to GBV survivors.



### Invest in and diversify livelihoods programmes

Investing in effective and resilient livelihoods programmes and vocational training is critical to empowering women and helping them rebuild their lives after the pandemic. Support is needed to identify market needs and connect women with vocational training and employment in different sectors. Support should include expanding women's digital inclusion, closing the digital gender gap, and investing in tech, business, and STEM skills for women entrepreneurs through support to CSOs. Providing documentation – such as citizenship documents, ID cards, etc – is crucial for facilitating women's financial inclusion and access to social safety nets, loans, and financial instruments to support income generation.



### Prioritize the integration of mental health support into longer term COVID-19 recovery and sustainable development work

Mental health support is critical for effective COVID-19 recovery. Mental health support is tied to education, livelihoods, health, and prevention and response to GBV, and should be included into COVID-19 recovery planning. Services and resources like providing free helplines and tele-counselling and setting up mental health resource centres are key for improving women and other vulnerable communities' access to essential services.



### Strengthen coordination and collaboration with government institutions and authorities

Government institutions and authorities should prioritize collaboration and engagement with CSOs at all stages of pandemic recovery and ensure gender considerations are taken into account in planning and decision-making. In places where digital access is available, virtual communication mediums can be effective platforms for engaging in advocacy, allowing civil society members to meet with government officials and other key stakeholders and decision-makers.

## Conclusion

Successful COVID-19 recovery work requires including and engaging women-led civil society organizations in recovery planning and decision-making. Ensuring gender-responsive COVID-19 recovery and helping women and marginalized communities recover from the pandemic and rebuild their lives requires committed effort from and collaboration between the civil society organizations, UN agencies, development institutions and banks, governments, NGOs, and the private sector. There are substantial opportunities for building collaborative partnerships to empower women's leadership in COVID-19 recovery work. For example, donors and other stakeholders can share technical expertise and contribute to project development, while the private sector can develop innovative approaches to crisis recovery. As countries move forward from the pandemic, governments, civil society, UN agencies, and the private sector have an opportunity to bring women-led CSOs to the forefront of post-pandemic recovery and help communities can build back better and stronger.