

RESEARCH PAPER

LEADING FROM OFFSTAGE: A REGIONAL
SYNTHESIS OF WOMEN'S LEADERSHIP
AND PARTICIPATION IN COVID-19
RESPONSE AND RECOVERY IN ASIA



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LEADING FROM OFFSTAGE: A REGIONAL SYNTHESIS OF WOMEN'S LEADERSHIP AND PARTICIPATION IN COVID-19 RESPONSE AND RECOVERY IN ASIA

PREPARED FOR UN WOMEN REGIONAL OFFICE FOR
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From
the People of Japan

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ABBREVIATIONS

ADB	Asian Development Bank
ASEAN	Association of Southeast Asian Nations
CBO	Community-based organisation
CSO	Civil society organisation
DRR	Disaster risk reduction
GBV	Gender-based violence
GiHA	Gender in Humanitarian Action
HAG	Humanitarian Advisory Group
IASC	Inter-Agency Standing Committee
INGO	International non-governmental organisation
Lao PDR	Lao People's Democratic Republic
LGBTQIA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
NGO	Non-governmental organisation
PPE	Personal protective equipment
RGA	Rapid gender assessment
UN	United Nations
UNCT	UN Country Team
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
VAWG	Violence against women and girls
WHO	World Health Organization
WRO	Women's rights organisation

EXECUTIVE SUMMARY

Women's rights organisations (WROs) have had important roles in COVID-19 response and recovery across Asia. However, WROs' contributions are not being maximised, because they and individual women often lack representation in the forums in which strategic decisions are taken.

This report provides a regional snapshot of how women and WROs have been leading and participating in COVID-19 response and recovery, including barriers and enablers, and identifies recommendations for key actors in the recovery and future crises. It is based on studies commissioned by UN Women, as well as literature on experiences across the region since the onset of the pandemic.

Key findings and opportunities

Five key opportunities emerged from the study for allies to **value, integrate, facilitate, amplify** and **enable** women, WROs, and their work. Recommendations in different scenarios and for specific actors (national governments, donors, international partners and non-WROs) are presented in part 5 of the report (see page 30).



Finding 1: Women and WROs are playing critical roles in specific aspects of COVID-19 response and recovery

Operationally, women and WROs have been important contributors and leaders in COVID-19 responses, with their work often taking place at the community level and mobilising to fill gaps. In some coordination and decision-making forums, especially those with a gender or protection focus, WROs have had opportunities to advocate for diverse women's needs and provide technical advice.



Opportunity 1: Value **Recognise and draw on the expertise of women and WROs, building on existing good practice**

Summary of key actions:

- support documentation of WROs' impacts and learning
- strengthen relationships with representatives of diverse communities and needs
- consult and engage WROs
- strengthen two-way accountability to identify overlooked operational actors
- support WROs' outreach
- ensure that policies and frameworks highlight women and WROs' roles in response and recovery



Finding 2: Despite their contributions, lack of recognition and underrepresentation in decision-making forums are preventing WROs from undertaking transformative leadership at strategic levels

Women and WROs have been significantly underrepresented in critical spaces in which policy or program direction is set, such as at national level and in non-gender-focused COVID-19 forums. This often reflects a deeper lack of recognition of women's activities and expertise. Therefore, WROs' vital operational role has not translated into transformative leadership on a strategic level.



Opportunity 2: Integrate **Ensure response and recovery forums, groups and meetings have representation of women and WROs (as appropriate)**

Summary of key actions:

- facilitate women and WROs' participation in meetings
- advocate for diversity in representation
- jointly identify ways to increase representation
- strengthen leadership opportunities for women
- encourage partners to promote inclusion



Finding 3: Barriers to meaningful participation of women and WROs in COVID-19 forums are not consistently recognised or addressed

Despite progress in women’s representation at community level, barriers to the meaningful participation of women and WROs are experienced at all levels, although to varying degrees. Safety barriers include physical safety, such as security risks and transport requirements, and psychological safety, which relates to the level of inclusion of women. Access barriers also exist – in many instances, access for WROs is entirely lacking; they are simply not aware of meetings or not invited.



Opportunity 3: Facilitate Identify and address situational and structural barriers to women’s safe and meaningful participation in response and recovery initiatives and forums

Summary of key actions:

- fund WROs to facilitate access
- review meeting schedules and approaches
- support WROs to prepare for meetings
- consult WROs to identify barriers to participation and appropriate solutions
- request information from partners about how they support women
- use the Gender Equality Policy as an advocacy tool to create accountability and action



Finding 4: WROs play an important role in contributing to COVID-19-related advocacy efforts to elevate women’s priorities

WROs are important advocates for stronger gender mainstreaming, inclusion and targeted activities in COVID-19 response plans and activities. Partners and donors of WROs have supported the advocacy of national and local WROs during the pandemic, often because they could use platforms and networks to highlight issues affecting women and WROs.



Opportunity 4: Amplify Support women and WROs’ advocacy efforts

Summary of key actions:

- support platforms that bring WROs together
- create and maintain communication channels between decision-makers and advocates for women
- convene policy discussions
- amplify WROs’ voices
- ensure visibility of WRO partners in communications and advocacy
- increase awareness of the diversity and roles of WROs



Finding 5: Lack of long-term partnerships and funding for WROs is inhibiting their ability to lead response and recovery initiatives

Despite some positive examples, WROs are not consistently experiencing equitable partnerships, adequate funding, or appropriate and relevant capacity support. Funding for WROs during the pandemic response and recovery has generally been insufficient, in part because of administrative barriers. Capacity support from donors and partners has been inconsistent and not always relevant. WROs reported a lack of involvement in decision-making over priorities and budgets in partnerships.



Opportunity 5: Enable Ensure partnerships are long-term, with adequate funding and capacity sharing

Summary of key actions:

- provide long-term support that strengthens organisational capacity, including sustainable and flexible funding
- improve two-way accountability
- reduce due diligence burdens
- require intermediaries to report on partnership quality, including WRO views
- undertake capacity sharing that will enable WROs’ leadership
- co-design as much as possible
- advocate for WROs’ partners to play complementary roles rather than direct implementation
- support WROs to apply for direct funding

1. INTRODUCTION

Across the region, COVID-19 response and recovery efforts are not sufficiently meeting the needs of women and girls.¹ Women's rights organisations (WROs) have been essential to a range of response and recovery activities, including understanding needs, communicating with diverse groups, supporting livelihoods, and distributing relief and personal protective equipment (PPE). WROs' support is critical, but is not being utilised to the maximum possible extent. Despite their vital operational leadership, WROs and individual women often lack representation in the forums in which strategic decisions are taken. In short, women's needs are not being met because their priorities are not being heard.

'The exclusion of a diverse range of women from public and political decision-making leads to laws, policies, public decisions, budget allocations, services, and programs that fail to account – adequately or even at all – for women's experiences, needs, and rights.'²

Rectifying the neglect both of women's needs and roles is vital to a holistic recovery from COVID-19. Identifying and building on existing good practice is also essential to ensuring more effective and equitable responses to public health crises and other emergencies.

This report offers a regional snapshot of how women and WROs have been leading and participating in

COVID-19 response and recovery in Asia, including barriers and enablers, and outlines recommendations for further improvement. As detailed in the next section, it is based on a series of studies commissioned by UN Women on the roles of WROs, as well as literature on experiences across the region since the onset of the pandemic.

Part 2 of the report outlines the methodology of this synthesis report and of the studies on which it draws. Part 3 provides essential background on the contexts of, responses to, and impacts of the COVID-19 pandemic in Asia, focusing on implications for women and girls. Part 4 presents the key findings, with recommendations presented in Part 5.

Photo: Oxfam in the Philippines, UN Women Asia and the Pacific Flickr





Box 1: Terminology

Women's rights organisations and women-led organisations

The term 'women's rights organisation' is used throughout the report. It refers to a range of organisations that focus on issues affecting women, promote women's interests, or advocate and embody women's leadership, and which may use explicit rights-based language; some country studies used different terms to reflect specific contextual dynamics.³ The research team acknowledges that other organisations, such as organisations with a focus on sexual and gender minorities, or whose focus area is ethnic minorities or persons with disabilities, can raise the voices of women in an intersectional way. These organisations were also included in the data collection process.

Other organisations

For the purposes of this report, 'government' refers to governments of all levels and forms, such as federal, national and sub-national (e.g. provincial, state, local). 'Donors' refers to donor governments or philanthropic foundations. 'International organisations' refers to United Nations (UN) and international non-governmental organisations (I/NGOs). All of these organisations may partner with WROs, as may other local and national organisations.

Response and recovery

Response is defined as 'actions taken directly before, during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected'. Response focuses on immediate and short-term needs.⁴

Recovery is defined as 'the restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and "build back better", to avoid or reduce future disaster risk'.⁵

However, response and recovery phases are fluid, and responding actors and response and recovery mechanisms and plans often do not distinguish between them.

Photo: David Gardiner on Unsplash

2. METHODOLOGY

This is the final report in the portfolio based on the *Framework for Measuring Women’s Leadership and Meaningful Participation in COVID-19 Responses*.⁶ This series was originally commissioned as part of the UN Women program ‘Women and Girls at the Centre of COVID-19 Prevention’.

Humanitarian Advisory Group (HAG) and partners developed the framework in 2020 and adapted and applied it to baseline studies in the Philippines, Bangladesh, Vietnam and India (focusing on Tamil Nadu state).⁷ The purpose of these studies was to assess the state of women’s leadership and participation in COVID-19 responses. The framework has also been adapted to case studies in Nepal and Thailand (focusing on Chiang Rai province), which offer snapshots of practices and opportunities.

Methodology for baseline studies

The *Framework for Measuring Women’s Leadership and Meaningful Participation in COVID-19 Responses* provides a method to establish a baseline and measure progress. It includes three results domains: meaningful and safe participation; collective influencing and advocacy; and partnership capacity, and funding. It also contains an overarching impact domain: transformative leadership, understood as the ability to identify and facilitate working together of different resources to solve problems (see Figure 1). Incorporation of this impact domain helped the studies to identify factors supporting or inhibiting women’s leadership at high levels, positing that while leadership takes many forms, transformative leadership requires access to specific decision-making forums that claim the power to set strategies, determine policies, and direct implementation. Each domain area includes progress and impact indicators.

FIGURE 1:
Summary of framework



Research using the framework was conducted with a localised approach. Each study had an in-country research partner who contributed to all stages of the research: contextualising the framework (especially the indicators) and data collection tools, gathering information, analysing results, and presenting findings. UN Women Country Offices and Regional Office for Asia and the Pacific provided support and guidance for each study.

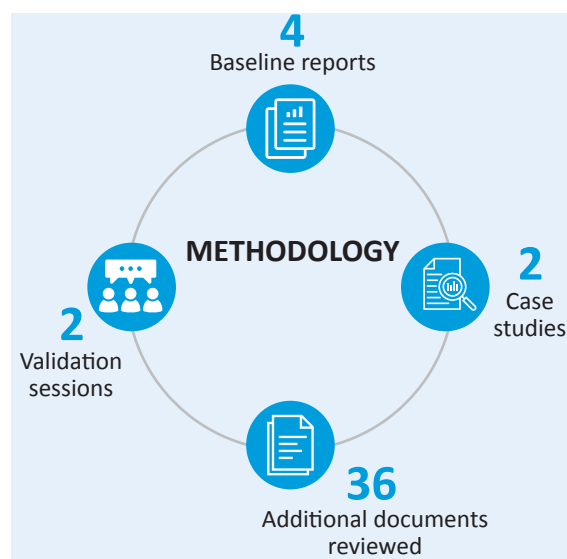
Methodology for the synthesis report

This study captures the current state of analysis of women's leadership and participation in COVID-19 response and recovery across Asia. Research commissioned by UN Women, including the baselines and case studies described above, makes a core contribution to this field and forms the foundation of this report. Sources were analysed according to a coding matrix based on the framework domains depicted in Figure 1.

Interactive sessions with key stakeholders were used to validate key messages and recommendations. Participants were invited on the basis of their familiarity with the regional situation, women's leadership and COVID-19. They received a summary of findings and recommendations and were invited to share feedback. The validation sessions were held in English.

FIGURE 2:

Methods



Limitations

- Asia is a large and diverse region, with many and complex differences between and within countries. This report does not capture all of these complexities, but highlights dynamics and trends relevant to organisations working on issues affecting women in the region.
- The research was intended to identify emerging enablers, barriers, good practices and recommendations for WROs' leadership and participation in COVID-19 response and recovery, rather than evaluate them. It used data drawn from existing studies, not new data.

Photo: UN Women



3. CONTEXT: COVID-19 IN ASIA

The responses to and impacts of COVID-19 across Asia have been significant and diverse, and continue to affect health, economic and social outlooks in many countries.

The region witnessed a spectrum of containment and mitigation strategies, underpinned by each country's health system's capacity to absorb and adapt to the crisis.⁸ Some countries (e.g. Brunei, Vietnam, Singapore and Malaysia) deployed ministerial-level centralised responses, whilst others (such as Indonesia and Lao PDR) used decentralised taskforces that comprised public-private, private-societal and co-governance partnerships between medical service providers, government agencies, private and corporate financiers and civil society organisations (CSOs).⁹ Countries with higher vaccination rates, facilitated by efficient transportation and logistics and strong public health systems, have seen recovery gains earlier than others.¹⁰

FIGURE 3.

A snapshot of COVID-19 impacts in Asia¹¹



Asian countries with highest COVID-19 fatalities: India, Indonesia and Iran¹²



Exacerbated deep-rooted socio-economic inequalities: An estimated 75–80 million people were pushed into extreme poverty because of COVID-19.¹³



Increased unemployment: It is estimated that job losses in Asia and the Pacific totaled 109–166 million, nearly 70% of global job losses.



Compounded risks: COVID-19, overlaid with social and economic vulnerabilities, has compounded existing risks in the region and added complexity and difficulty in managing conflict and natural hazards.¹⁴



Uneven recovery across the region:

Outcomes of recovery efforts have been shaped by access to COVID-19 vaccination, diagnostics and therapeutics, as well as the effectiveness of social protection systems.¹⁵

Photo: UN Women/Naruedee Janthasing



Several Asian countries also experienced overlapping crises in the midst of COVID-19. For example, since the pandemic, the region has been hit by multiple hazards that have hindered COVID-19 responses and had devastating impacts on communities (e.g. increased food insecurity), such as in the case of Cyclone Amphan in Bangladesh and Typhoon Goni in the Philippines, both in 2020, and the 2022 floods in Pakistan that have disrupted recovery efforts.

Women and COVID-19 impacts

The impacts of the COVID-19 pandemic have been significantly gendered: the crisis has exacerbated existing inequalities and challenges faced by women and other marginalised groups across Asia.¹⁶ Evidence suggests that gender inequalities and discriminatory social norms existing prior to the pandemic had profound impacts on women and girls in the region. See Figure 4 for a snapshot of COVID-19's impacts on women in the region.

'COVID-19 severely affected women economically and socially. There have been so many negative impacts on women. They get lower wages here. They have less opportunities to find jobs. They have also faced challenges when it comes to healthcare.' (Chiang Rai, Thailand case study)

FIGURE 4:

A snapshot of COVID-19's impacts on women in Asia¹⁷



Increased violence against women and girls.

Incidence of violence against women and girls (VAWG), including intimate partner violence and sexual harassment online, has increased.



Increased unpaid care work. Women are bearing a disproportionate burden of unpaid care work in the home.



Income reduction and losses. Women are overrepresented in sectors and jobs hardest hit by COVID-19 – manufacturing, textile and garments, care services, hospitality and tourism.



Disrupted access to sexual and reproductive services and commodities.

Resources have been diverted to COVID-19, contributing to a rise in maternal and newborn mortality, increased unmet needs for contraception, and increased number of unsafe abortions and sexually transmitted infections.

Gender and COVID-19 responses

Across Asia, governments have sought to overcome the challenges faced by women and ensure their needs are met in their response and recovery plans and strategies. Initiatives have been developed at multiple levels of government, some involving collaborations with CSOs and other experts. In the case study

Photo: UN Women/Nauredee Janthasing



countries, there were some specific actions in government response plans targeted at women and WROs (Bangladesh); CSOs collaborated with governments to launch initiatives aimed at improving services responding to or preventing violence against women (India) and communications campaigns for tracking and responding to gender-based violence (GBV) through an Ombudsman (Philippines).¹⁸ However, research continues to highlight a low level of gender-sensitive measures implemented in the response across East and South East Asia.¹⁹

At the regional level, networks and platforms for a variety of actors including governments, UN and CSOs have played important roles in advocating for gender-responsive strategies and programs. For example:

- The [Gender in Humanitarian Action Working Group Asia Pacific](#) advocates for accountability to women and girls in all actions taken in the context of COVID-19 and any further emergencies
- In March 2020, UN Women and Translators without Borders published an [inter-agency guidance note on including vulnerable and marginalized groups in risk communication and community engagement](#), which has been rolled out globally
- Regional platforms such as ASEAN convening [online dialogues](#) to support gender-sensitive business response to and recovery from COVID-19
- Regional campaigns such as the [#ThereisHelp](#) campaign for VAWG issues.

These government and non-government actions are operating against the backdrop of key policy commitments at the global and regional level that aim to support and enhance women's leadership and decision-making, including:

- The Agenda for Humanity
- Sustainable Development Goal 5
- The Sendai Framework for DRR 2015-2023
- The Convention on the Elimination of All Forms of Discrimination against Women
- The Women, Peace and Security Agenda
- The ASEAN Gender Mainstreaming Strategic Framework 2021-2025
- The Beijing Declaration and Platform for Action: Beijing+5 Political Declaration and Outcome
- The Asia-Pacific Declaration on Advancing Gender Equality and Women's Empowerment: Beijing+25 Review.

Despite these commitments and actions, many Asian COVID-19 response and recovery plans do not adequately integrate a gender lens or ensure the gender responsiveness of programs, hampering transformative change and recovery for all. There continues to be a critical gap in support for women and girls in Asia since the onset of the COVID-19 pandemic.

'I think it was not even considered at all. That's how I feel about the overall response. There was no consideration in terms of the gender responsiveness of the programmes.' (Philippines baseline)

4. FINDINGS

Women and WROs have positively shaped COVID-19 responses and recovery efforts in Asia, contributing directly and through advocacy to women and their dependents receiving much-needed support. Recognising and enabling these roles will be central to the ongoing recovery from COVID-19 and to preparedness for future emergencies. Awareness of how impacts are gendered and intersectional will improve the quality of responses, because inclusive public leadership and robust systems for gender equality are key pillars of recovery that bring benefits for all.²⁰



Finding 1: Women and WROs are playing critical roles in specific aspects of COVID-19 response and recovery

Women and WROs have been important contributors to and leaders of operational aspects of the COVID-19 response. Much of their work has taken place at the local and community level. Examples of women's leadership at the level of collective organising and grassroots activities include organising community meetings with groups such as youth and elderly, providing transport to support health care access,²¹ raising awareness about COVID-19,²² distributing relief items such as personal protective equipment and food,²³ livelihoods support,²⁴ and needs assessments.²⁵

'A group of women working as community health volunteers also asked us if we can advise them on how to effectively share info with everyone in the village, so they better understand about COVID. So we designed information, education and communication materials and organised training sessions for health volunteers.'
(Chiang Rai, Thailand case study)

Advocacy, discussed in finding 4, was another key area of WROs' activities. For example, in India, WROs highlighted how they could engage with communities to understand their needs and priorities, and take them back to the state government:

'They [WROs] had a lot of presence and these leaders moved [about] the community [...] they understood [things] from the grassroots level [perspective]. Their objective was to understand what the government should do.' *(Tamil Nadu, India baseline)*

Women's own agency has been a crucial enabler in these roles. WROs' actions were often self-mobilised and filled gaps in government-led responses. The baselines and case studies found that, in different ways, this operational leadership has been vital but, for reasons explored below, it has not necessarily been accompanied by transformative leadership on a strategic level. Spotlighted below are some examples of women and WROs mobilising to meet needs. Networks and knowledge built through these experiences may, if fostered, be valuable to future emergency responses.

*'In this time of great need, women have risen spectacularly to the occasion, and served their nation and its people well.'*²⁶
(Fathimath Nazla Rafeeg, Ministry of Health, Government of Maldives)

Good practice spotlight: mobilising by WROs



In India, long-established CSOs turned their activities towards pandemic support and drew on networks to increase the reach and inclusiveness of their efforts. For example, the women-led Centre for Social Equity and Inclusion, which focuses on children and young people from disadvantaged communities, provided relief, healthcare and cash assistance. It collaborated with other groups to reach rural youth and migrant communities.²⁷



In Nepal, WROs ran community kitchens, employing women and serving frontline workers as well as specific groups such as female-headed households or single women. Organisations such as Women for Human Rights, Maiti Nepal, Nagarik Aawaz and Nari Bikas Sangh received technical and financial support from UN Women and funding from the Government of Finland. While the programs were designed to provide direct relief, they also allowed WROs to increase their familiarity with humanitarian programming and provide evidence to local government of their capacity as responders.



In Pakistan, a network of female health workers built on experience accumulated during previous vaccination drives to help gather data about the spread of COVID-19 – information that then informed containment strategies. The network, called the National Program Health Employees Federation but often known as Lady Health Workers, has 100,000 members. The workers managed to continue their ongoing polio vaccination campaign while raising awareness of COVID-19 and prevention techniques.²⁸

Women's rights organisations with access to coordination and decision-making forums advocated for diverse women's needs during responses and recovery efforts. For instance, analysis of enablers to women's participation in the Philippines identified the important role of local government unit leadership. Local government units facilitated WRO contributions at a community level, drawing on existing relationships between local governments, WROs and other partners. This supported a strong role for WROs in COVID-19 responses at local levels.

In general, representation was stronger at the community and local levels than in national-level forums. UN Women-commissioned research found that community and community-based organisation (CBO) forums and meetings gave WROs the best representation, with an average of 58% of WROs reporting being represented in these spaces.²⁹ Gender-focused spaces also offered important opportunities for WROs to participate meaningfully in coordination and offer technical advice (see Box 2). The positive experience of feeling valued and included was thus most associated with spaces closer to local scales and dedicated to issues where women were perceived as key constituents.

'We feel safe because these are like-minded groups.' (Philippines baseline)

'We consulted with the local authorities on how to choose groups that have been seriously impacted by COVID-19 [and the] evaluation criteria toward such groups.' (Viet Nam baseline)

Box 2: Gender-focused spaces in COVID-19 response and recovery

Several spaces emerged during interviews for the baselines and case studies as crucial for the participation of women and WROs.

The use of a gender lens was perceived as contributing to a culture that values women's voices and contributions. In Bangladesh, for example, the Gender Monitoring Network established by UN Women, which includes 25 local organisations and focuses on challenges facing women and gender diverse people, was cited as a space in which WROs could participate meaningfully. In Nepal, women pointed to the Gender in Humanitarian Action task team, which held virtual dialogues so that WROs and representatives of other marginalised groups could share their perspectives with government, CSOs and international organisations. These examples point to the benefit of platforms that prioritise discussion of gender, increasing the visibility and engagement of advocates for women and marginalised groups.

Coordination groups that address safety and rights were also frequently cited. For example, in the Philippines, the national-level protection cluster and the gender-based violence sub-cluster were both spaces where WROs were active and where their representation increased over time. WROs' impact was perceived as weaker, but still relevant, outside of the protection sector. Contributions from WROs were also highlighted in the protection cluster in Nepal.

While the inclusion of advocates for women in protection-focused spaces is important, it raises questions about the potential privileging of certain types of expertise among WROs. Over time, this may reinforce the visibility, capacity and influence of certain WROs (primarily those identified as focusing on violence), leaving other organisations behind and overlooking linkages between factors shaping human security.



Finding 2: Despite their contributions, lack of recognition and underrepresentation in decision-making forums are preventing WROs from undertaking transformative leadership at strategic levels

One of the key obstacles to women's leadership and participation in COVID-19 responses in Asia is that women are simply not present in key spaces. While, as discussed above, women and WROs were often strongly represented in gender-focused and local-level spaces, they still face many challenges in accessing and participating in other forums, notably high-level decision-making forums. These challenges

reflect gendered norms and expectations that, in Asia and elsewhere, marginalise women and reduce attention to their priorities. This finding can be divided into issues related to a) underrepresentation and b) lack of recognition.

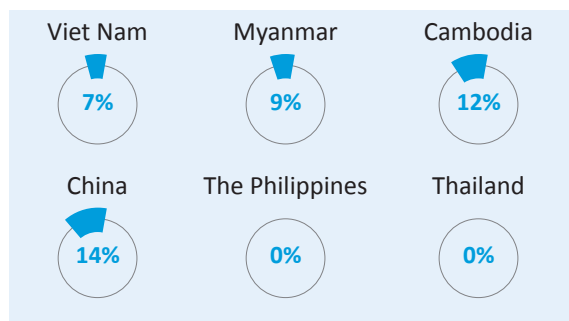
Underrepresentation

Women and WROs are significantly underrepresented at national level and in non-gender-focused COVID-19 leadership and decision-making forums across Asia.³⁰ These spaces are critical, because they are often where policy or program direction is set, priorities considered and emerging issues discussion.

'WROs have limited to no opportunity to participate in the decision-making forums. Thus, we are unable to contribute to the decision-making during the COVID-19 response.' (Bangladesh baseline)

Government-led national and subnational COVID-19 taskforces (sometimes referred to using terms such as units or committees) have held key decision-making and leadership forums on COVID-19 responses. While their precise mandates vary, COVID-19 taskforces are largely intended to provide policy direction and coordinate responses. Research shows that women are significantly underrepresented as both participants and leaders of COVID-19 taskforces.³¹ In East Asia, South East Asia and Oceania, on average, women made up 15% of COVID-19 taskforce members and 22% of leadership of taskforces (see Figure 5).³²

FIGURE 5:
Women's participation in COVID-19 taskforces³³



'Representation for women has been at the mercy of our male counterparts in the districts. In Dhankuta they formed a district-level coordination committee for [the] COVID-19 response, but there was not a single woman on the committee.'³⁴ (WRO, Nepal)

A similar pattern of underrepresentation was seen for WROs in the countries where research was conducted. A minority of WROs reported having engaged with COVID-19 taskforces,

for example through consultations (see Figure 6). In Chiang Rai, the provincial government worked closely with the private sector, but few NGOs and CSOs were invited to participate in the provincial-level COVID-19 committee. As a result, organisations working on issues affecting women were mostly not represented or engaged in provincial government COVID-19 response decision-making and coordination forums. In Viet Nam, while women-focused organisations had representation in various levels and forums, this was rare at national level. In general, there has also been a lack of clarity on how WROs contribute to recovery planning, with the frequent lack of distinction between response and recovery phases potentially reflecting WROs' marginalisation from decision-making in the transition from one to the other, as well as the difficulties of managing an evolving pandemic.

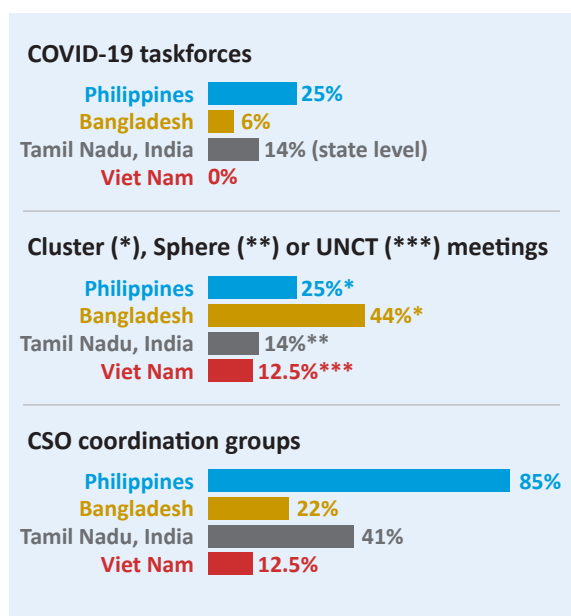
'There is no effort from the other actors to involve WROs to speak about their concerns through structured platforms, at least we have not been part of those discussions ... We have not [been] called by [the] government to be a part of the discussions.' (Tamil Nadu, India baseline)

The general trend of underrepresentation presents a significant challenge: it means that the priorities and needs of women are not cross-cutting outside of specific gender-focused forums. For example, in the Philippines and elsewhere, there were low levels of WRO representation in the official cluster meetings (separate to the COVID taskforces) that coordinate humanitarian response (see Figure 6). These experiences are backed up by surveys showing that an average of only 24% of WROs had engaged in cluster or UN Country Team (UNCT) meetings. This underrepresentation was also pointed out by international actors. While the make-up of forums varies between contexts (or do not exist at all), the pattern is clear.

‘It [WRO engagement] did not cut across the WASH cluster, our response did not include engaging WROs.’ *(Philippines baseline)*

‘Women’s rights organisations have very limited access to the humanitarian cluster meetings with humanitarian agencies, donors, governments – very limited.’ *(Nepal case study)*

FIGURE 6.
Proportions of WROs that report engaging with COVID-19 coordination groups, by country



Lack of recognition

Underrepresentation often reflects a deeper lack of recognition of women’s activities and expertise. Formal authority holders often underestimate or fail to recognise the expertise that women and WROs bring. For example, in Bangladesh, WROs were not always included in COVID-focused forums (whether at local or national level) because of perceptions they lacked the necessary technical knowledge. This also occurred in the Philippines, Nepal, and Chiang Rai and Tamil Nadu, and reflects a global pattern in which women dominate paid and unpaid caring, including as frontline

healthcare workers, but are poorly represented in healthcare leadership.³⁵ In Viet Nam, interviewees gave examples of bilateral, issue-based consultation between governments, women-focused organisations, and other actors, relationships which could become the basis for more systematic processes of inclusion.

‘We offer commitment, trust, challenge and knowledge, and we ask you to offer the same in making space for women’s leadership at the local level.’³⁶ *(Razia Sultana, RW Welfare Society, Bangladesh)*

‘Our suggestion was highly appreciated and received support from [the] government regarding recommendation of gender needs.’ *(Viet Nam baseline)*

In contexts where male leaders dominate political authority and/or community decision-making, only a few women may be in positions of authority, making it less likely they will receive critical information or be consulted.³⁷ Consultations of community leaders can unintentionally reinforce these dynamics if they are not taken into account. Even when women are represented, their contributions can be undermined. In Tamil Nadu, for example, engagement with women and WROs was seen as tokenistic. Interviewees noted that women elected to the Panchayat Ra, a forum in which 50% of seats are reserved for women, were often not listened to during COVID-19 response activities.

Lack of recognition can also reduce the utilisation of women and WROs’ expertise on key issues that significantly impact women. Many government approaches to issues such as economic stimulus packages, support to informal sectors and other measures to address the impacts of the pandemic do not draw on the expertise of women or WROs. Despite this, as the baseline studies

show, women across Asia are finding ways to mobilise to contribute knowledge and expertise. For example in Nepal, women and WROs mobilised through the Gender in Humanitarian Action Working Group (GiHA) to provide briefings to government officials on their work and areas of need.³⁸ WROs are calling for increased dialogue with decision makers.

‘There should be a platform where we coordinate and acknowledge each other’s work. In fact, the state already has government agencies at the district level, they should use that to link with our work. Just set up a space to listen to our opinions.’ *(Chiang Rai, Thailand case study)*



Finding 3: Barriers to meaningful participation of women and WROs in COVID-19 forums are not consistently recognised or addressed

Even when women and WROs are represented in COVID-19 forums, they face significant barriers to safe and meaningful participation. Representation does not necessarily mean inclusion. Despite progress in women’s representation at the community level, barriers are experienced at all levels to varying degrees. These barriers can be understood broadly as relating to safety and access.

Safety barriers

Several key issues reduce WROs’ and women’s safety when participating in COVID-19 forums. Safe spaces are characterised by the ‘absence of trauma, excessive stress, violence (or fear of violence) or abuse’ and allow women and girls to ‘express themselves without fear of judgement or harm’.³⁹ Although potentially widespread, issues that threaten or undermine women’s safety are difficult to document

because their very existence discourages women and WRO representatives from speaking up about them.

Safety barriers include physical safety such as security risks, physical access and transport requirements. This includes having meetings at high-risk times, such as evenings, or in locations that require lengthy and/or hazardous travel.

‘In the meetings I attended, there was no transportation cost. We do not get any transportation cost from the organisers.’ *(Bangladesh baseline)*

Risks to psychological safety, such as gendered power dynamics and discrimination, also presented barriers to women’s engagement in COVID-19 responses. For example, in forums dominated by men, women and/or representatives of WROs felt less comfortable speaking up.⁴⁰ As seen above, female participants were in the minority in most forums that took decisions relating to COVID-19, and this was especially pronounced in high-level gatherings. Power dynamics in these forums are pronounced, including between national and international organisations, and some women described feeling that they were the subject of negative remarks.⁴¹ Issues that affect many local and national organisations, such as levels of comfort in English or other dominant working languages of the humanitarian sector, were also raised by representatives of WROs.⁴²

‘For some meetings, I found there are some participants who dominate the discussion, they tend to share and talk too much and other participants cannot concentrate on the meeting content.’ *(Viet Nam baseline)*

Overall, these forums were not considered conducive to discussion of gendered issues and the experiences or needs of women. Although techniques exist to promote inclusive participation and decision-making, very few participants in the research conducted by HAG and partners mentioned any examples of such techniques being used.

‘In any dialogues happening these are largely led by men – it is a patriarchal society.’ (Tamil Nadu, India baseline)

When women were asked for positive examples, they often pointed to forums designed specifically to explore feminist or women’s issues as those in which they felt safest and were able to engage the most. These forums are those to which WROs have most access, such as gender-focused spaces, community forums, and women’s networks (see box 2 above).

Accessibility barriers

Safety barriers combine with accessibility barriers to produce the underrepresentation of women and WROs in joint spaces. In many instances, access for WROs is entirely lacking; they are simply not aware of meetings or not invited.⁴³

‘We are so used to being neglected. We can’t lead or voice out, or be bold in forums like that... The first reason is we do not know [of] such forums, we are not even invited.’ (Tamil Nadu, India baseline)

‘It’s hard to say [if we felt safe] because we were rarely invited to any forums.’ (Tamil Nadu, India baseline)

Various interconnected reasons were proposed to explain this exclusion. Lack of recognition was one; another was the focus on economic issues, often separated (incorrectly) from considerations of gender. Related to this, the government departments tasked with leading

COVID-19 responses and recovery efforts were rarely those with the strongest history of engagement with women’s networks.⁴⁴ Certain accessibility barriers affected a wide range of CSOs, not only those focused on gender. For example, some early responses were implemented too quickly to involve non-government actors, or some governments did not recognise the contributions of civil society. However, the exclusion of women specifically due to issues discussed in finding 2 may also be self-reinforcing: denied the opportunity to demonstrate their expertise, WROs can struggle to make themselves known. Some WROs have sought to overcome this by engaging with government representatives on the basis of their operational roles.⁴⁵

In other instances, WROs may be invited to meetings but practical obstacles prevent them from attending. Cost is a key factor notably related to travel and accommodation to attend meetings, which organisers may not cover. Local and national NGOs and CBOs in many countries report difficulty accessing overhead costs,⁴⁶ which also affects WROs, although some reported that partners had supported their attendance at meetings via travel expenses, per diems, or communications.⁴⁷ The drastically increased use of online forums after the onset of COVID-19 affected WROs in multiple ways, sometimes lowering existing barriers and sometimes creating new ones (see Box 3).

Additionally, the time required to attend meetings or the times at which they are held may disadvantage women with caring responsibilities. The existence and gendered nature of such responsibilities are not always recognised by meeting hosts or other participants, meaning that accessibility barriers often remain unaddressed. However, some participants in Viet Nam, where participation was generally described more positively, emphasised a relational element: where interlocutors understood WROs’ purpose and roles, they were more likely to help address barriers or provide other forms of support.

Box 3: The pivot to online forums

Technology has been seen as both an enabler and hindrance to WRO participation in meetings and forums.

In many ways, the shift to online made forums more accessible. Some actors noticed new participants joining forums after they went online.⁴⁸ As highlighted in the Tamil Nadu baseline, taking discussions online enabled the participation of women with disabilities, because it removed the main barriers of physically accessing the meeting space and exposure to the virus. The use of online forums helped mitigate challenges related to travel, such as safety, expenses, or lack of notice. Technology also enabled women/WROs to switch off video and not be watched, and still be able to listen to and communicate with other participants during meetings to align their messaging.

However, in other contexts, online forums proved challenging. While some WROs initially lacked access to or familiarity with digital platforms, these issues decreased over time, but in other cases the difficulties persisted. These included poor internet and digital platform access (including notably in rural areas), as well as other burdens when working from home.⁴⁹ Lack of sign language interpreting was also cited, highlighting the diversity of barriers to participation that need to be overcome.⁵⁰

*‘Since consultations moved online, it was definitely more difficult for many of the grassroots organisations to be able to participate, especially in the initial few months.’
(Bangladesh baseline)*

Women’s participation may also be hampered by wider issues of safety in public discourse and digital spaces. The prevalence of harassment, disinformation and hate speech hinders women’s participation in the public sphere and in governance and leadership, especially in the context of conflict prevention and in promoting social cohesion.⁵¹

Photo: UN Women

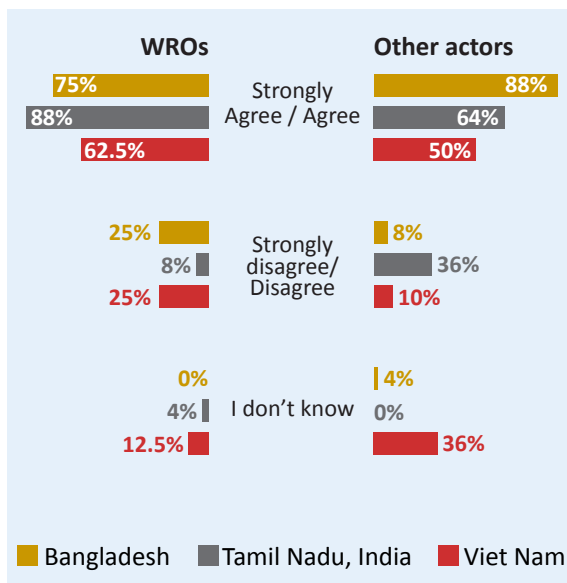




Finding 4: WROs play an important role in contributing to COVID-19-related advocacy efforts to elevate women’s priorities

One of the key ways that WROs participated in the COVID-19 response was through advocacy and influencing. Baselines and case studies conducted by HAG and partners found emerging evidence that WROs and grassroots networks are able to advocate for the development of policies and standards in relation to COVID-19 (see Figure 7).⁵²

FIGURE 7. Survey responses to the statement ‘advocacy by WROs and networks has influenced the development of national, provincial or district-level COVID-19 response policies or approaches’



Specifically, WROs played an important role in advocating for stronger gender mainstreaming, inclusion and targeted activities in COVID-19 response plans and activities. For example, WROs in the Philippines described successfully lobbying the Registry System for Basic Sectors in Agriculture to make their response more gender aware. In India, a collective initiative under the banner ‘All Women of Tamil Nadu’ brought together

about 30 women’s organisations to advocate for the rights of women workers during the pandemic, pushing for direct cash transfers and safety for women when using public transport. In Viet Nam, WROs undertook advocacy on issues facing women-owned small and medium-sized enterprises, migrant workers and ethnic minorities. Some also monitored the implementation of policies to ensure target groups were being reached and to advocate for any gaps to be filled.

‘They were raising issues of how they were suffering in lockdown, [taking an] intersectional approach, e.g. [to] single-women-headed households [...] When it comes to advocacy, online campaigns, women’s leadership was really here, and when it came to GBV, referral mechanism, and reporting processes.’ (Nepal case study)

Women’s rights organisations also took or created opportunities to draw attention to the wide range of needs and experiences of people with diverse genders in COVID-19 response and recovery activities. Research by the Feminist Humanitarian Network highlighted that many WROs are ‘representative of women who are considered “marginalised”, such as women with disabilities, indigenous women, and LGBTQIA+ women, and have been active in ensuring and advocating for their inclusion in humanitarian response’.⁵³ This shapes WROs’ awareness of critical gaps in responses. For example, WROs in Tamil Nadu state were concerned about barriers preventing elderly women, homeless women, women with disabilities and members of the LGBTQIA+ community from accessing support. One organisation had successfully pushed for greater support for women with disabilities, contributing to improved access to medical care; another had supported advocacy for

responses to recognise the needs of people from different castes. Research on recovery from other disasters in Asia has highlighted the challenges facing LGBTQIA+ people, who may be overlooked or specifically excluded from support.⁵⁴

Partners and donors of WROs also supported the advocacy of national and local WROs during the COVID-19 pandemic, often because

they could use platforms and networks to highlight their issues. They supported WROs to advocate for diverse women, invested resources to support advocacy, and facilitated the role between government and CSOs on policy development.

‘We got a lot of support connecting us to government, that was a very specific thing that helped.’ *(Tamil Nadu, India baseline)*

Good practice spotlight: joint advocacy between WROs and partners



In Myanmar in 2020, women’s rights networks and CSOs issued a joint statement calling on the Government of Myanmar to improve the consideration of gender in the COVID-19 Economic Relief Plan and to increase the meaningful participation of WROs in its implementation. This influence increased collaboration between the Government and UN Women (prior to the Tatmadaw’s intervention of February 2021).⁵⁵



In Nepal, WROs and other organisations working with marginalised groups advocated through Gender in Humanitarian Action (GiHA) task team meetings and presented on the issues their organisation was addressing. GiHA and UN Women then published gender equality updates, which were used to support GESI advocacy.



In Bangladesh, a rapid gender assessment (RGA) was led by an international organisation in collaboration with WROs, with the goal of informing national responses to COVID-19. The RGA was seen as amplifying the voices of WROs and generating a document that could be used to advocate for and prioritise funding for gender-focused work.



In the Philippines, where WROs were not initially acknowledged as ‘humanitarian’ responders to the pandemic, international partners advocated for them to receive passes to facilitate their movements and work. Partners of different kinds collaborated to establish the GBV sub-cluster and promote understandings of its role and potential impacts.

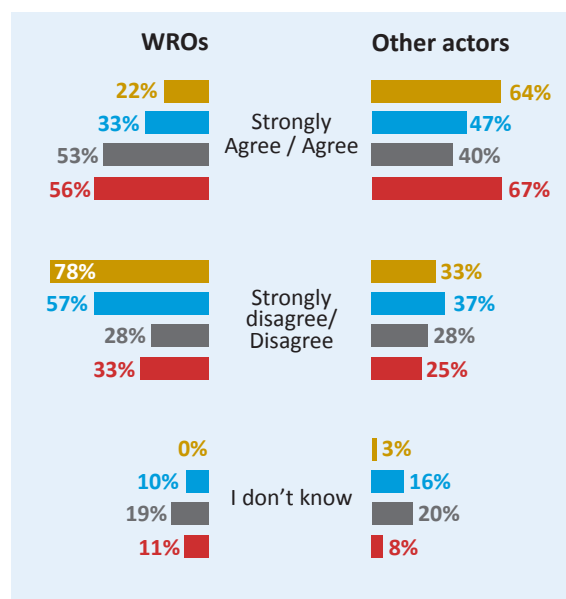
Emerging evidence of the impacts of advocacy presents a mixed picture. In some countries, there were perceptions of alignment between national and local policies and standards, suggesting advocacy has had influence.⁵⁶ In others, the assessment of gender specialists was less positive,⁵⁷ or examples of impact were difficult to identify.⁵⁸

Finding 5: Lack of long-term partnerships, relevant capacity-sharing approaches and funding for WROs is inhibiting their ability to lead response and recovery initiatives

Whilst WROs have mobilised extensively across the region to respond to COVID-19 impacts as outlined above, they continue to face gaps receiving adequate support. For example, for WROs to shape COVID-19 response and recovery, they must be supported adequately. Across the region, research found that – despite positive examples – support for equitable partnerships, adequate funding, and appropriate and relevant capacity support has been lacking. WROs continue to highlight gaps in this area. These challenges have been experienced by local CSOs more broadly, but are exacerbated for WROs due to issues such as gender discrimination and power dynamics.

This lack of support has important implications for response and recovery. Overall, WROs across the focus countries do not feel as though the appropriate organisations are receiving support to address gender-based issues, as outlined in Figure 8.

FIGURE 8: Survey responses to the statement ‘The appropriate organisations are receiving support to address gender-based issues’



Funding

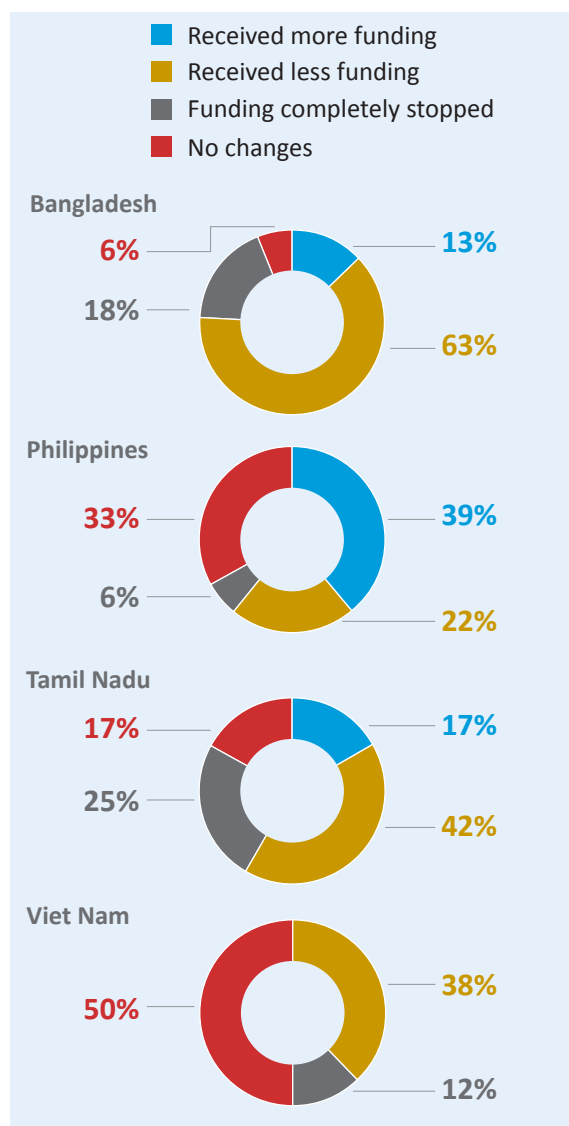
There are some positive examples of WROs receiving financial support. For example, in Bangladesh, 69% of WROs surveyed noted they had received specific funding for COVID-19. In the Philippines, most interviewees accessed additional funding or were able to reallocate available funding for COVID-19 activities. In Chiang Rai, Thailand, some WROs were able to access short-term funding or grants to support specific COVID-19 activities, including from foreign donors to support the provision of relief items. Across all studies, WROs noted their ability to raise funds from communities to support their activities.

Overwhelmingly, however, the current funding environment for WROs provides insufficient support for them to implement and lead response and recovery programs (see Figure 9). With the exception of the Philippines, WROs from the focus countries generally reported they either received less funding or funding stopped after the onset of the COVID-19

pandemic. In Viet Nam, a significant proportion of WROs reported static or even reduced funding in the face of increased operating costs and greater needs, despite some reported instances of flexibility from donors in allowing them to repurpose funds for the COVID-19 context. In Nepal, interviewees felt that the resources needed to meet critical needs were not readily available or accessible, and very little funding was available for recovery activities. In Bangladesh, WROs noted that there were limited opportunities to access additional funding or reallocate their existing funding.

This finding of funding shortfalls confirms previous research. For the first six months of the pandemic, there were zero direct donor contributions to local WROs through the COVID-19 Global Humanitarian Response Plan in Asia.⁵⁹ As another study highlighted, funding shortfalls are putting WROs under significant pressure, because many had been facing funding scarcity even before the pandemic.⁶⁰ Another study noted that WROs have poor access to UN funding, with just 3 of 18 (or 16%) of WROs accessing UN COVID-19 response funding.⁶¹

FIGURE 9:
Changes in WROs' funding since the onset of the COVID-19 pandemic



'We do not have enough funding. We have received funds, but it not easy and not enough [...] For women-led organisation[s], funding is a problem. Funding is more for [the] beneficiary level than organisation[al] capacity. No funding for institutional strengthening is supported by donor[s].' (Nepal case study)

Equitable partnerships

Lack of funding is also fundamentally linked to issues of equitable partnerships. WROs consistently reported a lack of involvement in decision-making over priorities and budgets within their partnerships, hindering their leadership. In the Philippines, for example, WROs reported international partners taking decisions on the reallocation of funding without consultation. Similar experiences were reported from other places where the pandemic brought a change of priorities. In Chiang Rai, an organisation working on issues affecting women outlined how it had been involved in data collection for a research project with an international organisation, however once the data collection was complete, they did not see how the data was used, highlighting how partnerships can be extractive and one-way.

‘All the decisions regarding reduced funding were made by the donors. They informed the decision to us and we had to take necessary steps accordingly.’
(Bangladesh baseline)

Administrative requirements, risk management and due diligence rules represent barriers. Analysing experiences in Bangladesh, the Feminist Humanitarian Network noted that INGOs’ due diligence processes were prohibitive, and the requirement that proposals be submitted in English created additional barriers, increasing the difficulty of accessing funding and tipping the scales of power.⁶²

‘Committed WROs who are doing really good work are not well-known because they are not fluent in English. In many cases, all the work was done by grassroots WROs but the big NGOs and/or networking organisations got most recognition and the major share of the budget.’⁶³ *(WRO, Bangladesh)*

Capacity support

Capacity support for WROs is critical in ensuring their sustainability and effectiveness. In the Philippines and Bangladesh, there were positive examples of capacity support, including training for COVID-19 protocols, new technology, conducting webinars for information sharing, and technical support including protection considerations for cash programs, or moving GBV and psychosocial services online. International partners mobilised quickly to discuss these priorities with WRO partners, allowing appropriate capacity support to be identified and resourced.

However, despite these positive examples, relevant and targeted capacity support is rare. There is still a need to better support institutional capacity strengthening, including in leadership and organisational development.⁶⁴ In some cases, WROs created opportunities for joint learning or supported each other to meet the demands of working under pandemic conditions.

‘We didn’t receive any training especially to how to operate Zoom, or a Zoom meeting like that. We didn’t have any capacity-building training [...] We learned from one another.’ *(Tamil Nadu, India baseline)*

As shown in Figure 10, many WROs continue to report that they are unable to define their own capacity needs.⁶⁵ In Bangladesh, only 46% of WROs surveyed felt decisions about defining their own capacity needs were appropriate. In Viet Nam, survey respondents reported receiving more tailored capacity support during the response phase of the pandemic than during the recovery phase - an opportunity to build on previous positive experience. There is a need to shift towards ‘towards support for capacity-sharing, rather than the top-down model of capacity-building’⁶⁶ between WROs and partners. Again, this is at least in part tied to funding, because a lack of sustainable and institutional funds harms WROs’ ability to develop organisational capacity and engage in advocacy.

‘We have not received any noteworthy support from the partners or donors to respond effectively to COVID-19.’
(Bangladesh baseline)

FIGURE 10:
Defining capacity needs

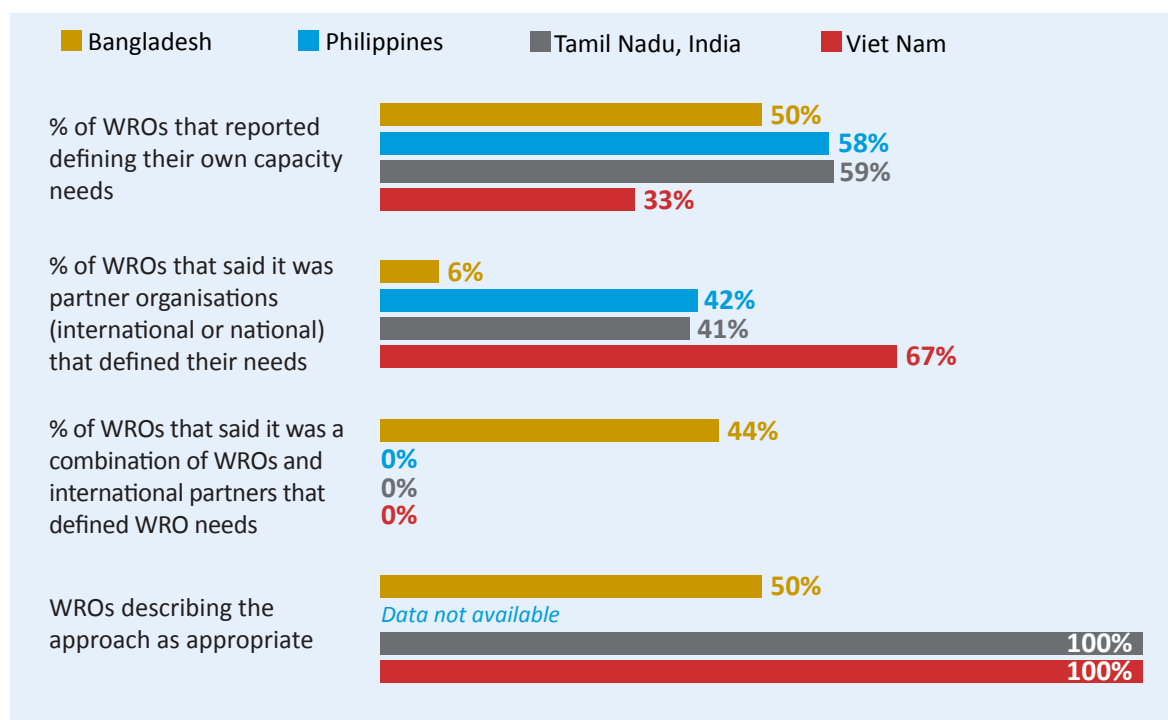






Photo: UN Women/Uma Bista





5. RECOMMENDATIONS

Decision-makers, partners and allies of WROs can take steps to advance women’s leadership in the ongoing recovery from the COVID-19 pandemic and future responses. These stakeholders must **value, integrate, facilitate, amplify** and **enable** women, WROs, and their work. Recognising the diversity of situations across the region, the following recommendations are divided by scenario, with priorities for the following kinds of actors:





-  Governments
-  National and local organisations other than WROs
-  International organisations, including UN agencies and NGOs
-  Donors

1. Value – Recognise and draw on the expertise of women and WROs, building on existing good practice

Where women and WROs are already involved, such as in gender-focused forums, allies should:


- ✓ Support WROs in documenting their impacts and sharing learning 
- ✓ Strengthen relationships with representatives of diverse communities and needs (e.g. refugee women, LGBTQIA+) 

Where the expertise of women and WROs is being overlooked, allies should:




- ✓ Identify and consult WROs and other representatives of diverse communities and needs 
- ✓ Create or strengthen two-way accountability mechanisms that can help to identify overlooked operational actors such as WROs 
- ✓ Support WROs to highlight their expertise, contribution and knowledge 
- ✓ Ensure that policies and frameworks highlight women and WROs’ meaningful participation in humanitarian, disaster and public health response and recovery 

2. Integrate – Ensure response and recovery forums, groups and meetings have representation of women and WROs as appropriate

Where women leaders and WROs are ready to step forward, allies should:




- ✓ As hosts of forums such as clusters and sub-national coordination groups: increase women’s representation, by identifying individual women to represent existing members and/or by expanding membership 
- ✓ As participants in such forums: support increased representation of women and WROs, e.g. by appointing women and by inviting WROs to share seats where this is relevant and appropriate to the forum 
- ✓ Advocate for the representation and inclusion of diverse women, including women with disabilities, sexual and gender minorities and elderly women 

Where medium to long-term efforts are needed to build women’s leadership, allies should:




- ✓ Work with WROs and other humanitarian actors to identify forums to target and ways to increase representation of women, e.g. by establishing quotas 
- ✓ Strengthen leadership opportunities and pipelines for women within organisations and structures 
- ✓ Encourage international partners/intermediaries to promote the inclusion and participation of WROs, and report on this 

3. Facilitate – Identify and minimise situational and structural barriers to women’s safe and meaningful participation in response and recovery initiatives and forums

Where barriers are known to reflect the ones highlighted in this report, allies should:




- ✓ Provide funds to facilitate access for WROs, such as for travel, childcare, or accommodation 
- ✓ Review schedules, locations and approaches of key forums to address physical barriers and ensure safety and appropriateness 
- ✓ Support WROs to prepare for meetings with a view to increasing participation 

Where there is limited attention on and understanding of barriers, allies should first:




- ✓ Consult WROs to identify barriers to participation and solutions for them, recognising that intersecting crises may exacerbate burdens on women 
- ✓ Request reporting from partners and intermediaries about how they support WROs’ engagement 
- ✓ Where applicable, use the Gender Equality Policy as an advocacy tool to create accountability and action 

4. Amplify – Support women and WROs’ advocacy efforts

At a systems level, allies should:






- ✓ Support and resource platforms that bring together WROs (with or without other actors), including engagement with existing WRO-focused networks 
- ✓ Create and maintain communication channels between decision-makers and advocates for women 
- ✓ Convene discussions to inform policymaking processes, and invite representatives of WROs and government 

Within these systems and spaces, allies should:





- ✓ Amplify WROs’ voices in discussions and messaging 
- ✓ Ensure visibility of WRO partners in their own communications and advocacy 
- ✓ Increase awareness of the diversity of WROs working to meet the varied and intersectional needs of women and other marginalised groups, particularly outside of gender-focused forums and at a local level 

5. Enable – Ensure partnerships are long term, with adequate funding and capacity sharing

In relation to new and ongoing partnerships, allies should:

- ✓ Provide long-term support that strengthens WROs' organisational capacity, including funding, administrative support, and technical advice as requested 
- ✓ Establish two-way accountability mechanisms with WROs to evaluate and improve partnerships 
- ✓ Provide and advocate for more direct, long-term and non-project-based funding to WROs 
- ✓ Reduce and streamline due diligence burdens 
- ✓ Require intermediaries to report on the quality and effectiveness of partnerships, including WRO assessments of partnership quality 

When preparing for and responding to future emergencies, allies should:

- ✓ Based on WROs' priorities, undertake capacity sharing that will enable their leadership during future emergencies 
- ✓ Co-design as much as possible with WROs, within the frame of jointly agreed partnership approaches and decision-making 
- ✓ Where relevant, advocate for partners to play a complementary role with WROs, rather than implement directly 
- ✓ Support WROs to apply for direct funding, e.g. through proposal development or by accessing regional and global grant mechanisms through intermediaries like the UN Central Emergency Response Fund 

6. LEARNING FOR THE FUTURE

Although several countries in Asia had already managed epidemics of infectious diseases prior to COVID-19, the onset and unfolding of this global pandemic have presented new challenges across the region and the world. Many countries have faced intersecting crises as the public health emergency of COVID-19 interacted with disasters, the impacts of the climate crisis, or conflict. For many women, the pandemic has increased insecurity and multiplied burdens or dangers at home and at work. Too often, responses to the pandemic have not been tailored to the specific and diverse needs of women.

'If women were part of the consultation process, their basic needs would have been considered. You can see the absence of the participation of women.' (Viet Nam baseline)

Despite these problems – and perhaps, because of them – individual women, formal and informal groups promoting women's rights, and networks of advocates for women have stepped in to make a difference. They have organised and delivered relief, supported women's livelihoods, enabled greater protection for women, shared information, and elevated women's priorities and perspectives. Recovery from the pandemic is continuing, yet lessons from these experiences can already be used to inform responses to future crises.

Experiences of COVID-19 in Asia have highlighted the power of women's agency. They show that women-led activities are often complementary to official programs. They are also often at grassroots or community level, although they may work through networks or leverage the support of allies. Investing in understanding gaps in official responses and who has stepped in to fill them may help to increase coordination with WROs over time.

Despite this self-mobilisation, it is clear that the responsibility for identifying and meeting the needs of women in all their diversity cannot lie with WROs alone. Current power holders need to become proactive in ensuring representatives of women can join and participate meaningfully in forums where decisions are made. At the same time, collective advocacy by different types of organisations can help WROs' voices to reach and influence decision-makers. Although speaking with women is important, consultation cannot replace representation; dedicated channels that reflect the diversity of perspectives are required to avoid leaving people behind.

"There should be a platform where we coordinate and acknowledge each other's work. In fact, the state already has government agencies at the district level, they should use that to link with our work. Just set up a space to listen to our opinions.' (Chiang Rai, Thailand case study)

Addressing the marginalisation of women from decision-making in response and recovery efforts will require not only concrete actions, but culture change. This synthesis of research on WROs' roles during COVID-19 highlights that expectations about what constitutes expertise or who holds it can inhibit women's participation. Therefore, negative attitudes to women's knowledge and abilities must be changed. Building trust is essential, and inclusive approaches must be adopted and tailored to each setting. Long-term thinking is required to sustain these processes and to support the current, next and future generations of women leaders.

ENDNOTES

- 1 ADB and UN Women (2022), [Two years on: The lingering gendered effects of the COVID-19 pandemic in Asia and the Pacific](#), CARE International (2020), [Where are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them](#); UN Women (2020), [Unlocking the lockdown: The gendered effects of COVID-19 on achieving the SDGs in Asia and the Pacific](#).
- 2 CARE International (2020), [Where are the Women?](#), p. 8.
- 3 Definitions proposed for the purposes of the Grand Bargain and since adopted in UN Women guidance, are:
 - *Women's rights organisation*: '1) an organization that self identifies as a woman's rights organization with primary focus on advancing gender equality, women's empowerment and human rights; or 2) an organization that has, as part of its mission statement, the advancement of women's/girls' interests and rights (or where 'women,' 'girls', 'gender' or local language equivalents are prominent in their mission statement); or 3) an organization that has, as part of its mission statement or objectives, to challenge and transform gender inequalities (unjust rules), unequal power relations and promoting positive social norms. Self-identification by local actors themselves is being proposed while the possible technical definition described above can be used for guidance or further verification'.
 - *Women-led organisation*: 'an organization with a humanitarian mandate/mission that is (1) governed or directed by women or; 2) whose leadership is principally made up of women, demonstrated by 50% or more occupying senior leadership positions.'
- See Grand Bargain Localization Workstream (undated), [Core Commitment Indicators and Target-Results \(CCTRI\)](#), pp. 1–2; UN Women (2020), [How to promote gender-responsive localization in humanitarian action, Guidance Note](#), p. 37.
- 4 UNDRR, 'Response', <https://www.undrr.org/terminology/response>
- 5 UNDRR, 'Recovery', <https://www.undrr.org/terminology/recovery>
- 6 UN Women & HAG (2021), [Framework and Tools for Measuring Women's Leadership and Meaningful Participation in COVID-19 Responses](#).
- 7 UN Women & HAG (2021), [Tracking the Progress and Impact of Women's Leadership in COVID-19 Responses in the Philippines](#); UN Women & HAG (2022), [Measuring women's leadership in COVID-19 responses in Bangladesh](#); UN Women & HAG (2022), [Measuring women's leadership in COVID-19 response and recovery in Tamil Nadu, India](#); UN Women & HAG (2023 – forthcoming), *Measuring women's leadership in COVID-19 responses in Viet Nam*.
- 8 OECD and WHO (2020), [The Impact of the COVID-19 Outbreak on Asia-Pacific Health Systems, Health at a Glance: Asia/Pacific 2020](#).
- 9 R Djalante, L Nurhiyah, V Minh, NTN Phuong, Y Mahendradhata, A Trias, J Lassa, MA Miller, [COVID-19 and ASEAN Responses: Comparative Policy Analysis, Progress in Disaster Science](#), 8.
- 10 J Munemo, EB Nyantakyo (2022), [COVID-19 Vaccination and Logistics Performance in Asia](#), *The Diplomat*.
- 11 This snapshot is meant to provide an overview of some of the impacts of COVID-19 in Asia. It drew on several resources, including UNESCAP, ADB, UNDP, 'Building Forward Together: Towards an Inclusive and Resilient Asia and the Pacific' (March 2022)
- 12 [World Health Organization Coronavirus \(COVID-19\) Dashboard](#) (accessed 27 February 2023).
- 13 ADB (2021), [Key Indicators for Asia and the Pacific 2021](#).
- 14 UNESCAP (2023), [2022: A Year When Disaster Compounded and Cascaded](#).
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