



# COVID-19 RECOVERY IN THAILAND: A CASE STUDY OF THE ROLE OF WOMEN'S LEADERSHIP

HUMANITARIAN  
ADVISORY GROUP



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**From  
the People of Japan**

# CONTENTS

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Acknowledgements	4
Abbreviations	6
Introduction	7
<b>Purpose of the case study</b>	<b>7</b>
<b>Methodology</b>	<b>9</b>
<b>Limitations</b>	<b>9</b>
<b>Structure of this case study</b>	<b>10</b>
Setting the scene: COVID-19 response and recovery in Thailand	11
Key findings	13
Barriers and enablers	17
<b>Barriers</b>	<b>17</b>
<b>Enablers</b>	<b>17</b>
Opportunities	18
Endnotes	19

# ABBREVIATIONS

CSO	civil society organisation
EOC	Emergency Operations Centre
KI	key informant
NGO	non-governmental organisation
PPE	personal protective equipment
RTG	Royal Thai Government
UN	United Nations
UNDRR	United Nations Office for Disaster Risk Reduction
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
WRO	women's rights organisation

# INTRODUCTION

This case study examines the leadership and participation of organisations working on issues affecting women in COVID-19 recovery planning in Chiang Rai province, Thailand. The COVID-19 pandemic has exacerbated existing inequalities and challenges faced by women, migrant workers and other marginalised groups in Thailand. However, examples of leadership by organisations working on issues affecting women during the COVID-19 response exist, and there are opportunities to build on them in the ongoing recovery from COVID-19.

The case study found that:



Organisations working on issues affecting women played a leading role in supporting women's economic empowerment and livelihoods during and in the recovery from COVID-19



Few non-governmental organisations (NGOs) or civil society organisations (CSOs) were represented in decision-making and coordination forums



Partnerships between organisations working on issues affecting women and other actors were critical to reaching marginalised groups



Access to appropriate resourcing contributed towards the ability of organisations working on issues affecting women to lead and respond.

## Purpose of the case study

The objective of this case study is to identify opportunities for organisations working on women's leadership and participation in government-led COVID-19 recovery planning in Thailand. The study focuses on the ways in which organisations working on issues affecting women lead and participate in government-led COVID-19 recovery planning in Chiang Rai, Thailand, the barriers they face, and some of the good practices that can be supported and scaled up to support their efforts.

The case study forms part of a broader portfolio of research overseen by UN Women on women's leadership and participation during COVID-19 response and recovery in Asia, and was guided by the [Framework for Measuring Women's Leadership and Meaningful Participation in COVID-19 Responses](#). The portfolio of research will underpin a regional report outlining the state of women's leadership and participation in COVID-19 response and recovery in Asia and recommending avenues for improvement.

*Photo by Note Thanun on Unsplash*

## Text box 1: Definitions

### Defining women's rights organisations

This portfolio of research uses the term women's rights organisation (WRO), which for the purposes of this research also encompasses women-focused and women-led organisations.<sup>1</sup> The research team acknowledges that other organisations, such as organisations with a focus on sexual and gender minorities, 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.

Additionally, the Chiang Rai case study illustrates the importance of looking beyond WROs to understand the roles of various actors whose work includes or has implications for the experiences of women. Compared with other contexts that this research portfolio has explored, a large proportion of the organisations that were approached and took part in this research did not define themselves as WROs, although their work had some focus on women's issues as part of a broader portfolio of work. Some did not use language of 'women's rights' specifically but had programming either targeting women or particularly relevant to them (for instance, by working on an issue that disproportionately affects women). Therefore, this case study uses the term 'organisations working on issues affecting women'. When 'organisations' is used in the report in an unqualified way, it refers to this group.

### Defining response and recovery phases during the COVID-19 pandemic

'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 is focused predominantly on immediate and short-term needs.<sup>2</sup>

'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'.<sup>3</sup>

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

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'We work on many issues. We are not working specifically on women's rights. But we work with women's groups.'<sup>4</sup>

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## Methodology

The research was guided by the themes outlined in the [Framework for Measuring Women's Leadership and Meaningful Participation in COVID-19 Responses](#). Humanitarian Advisory Group and partners developed this framework in 2020 and used it to conduct baselines in the [Philippines](#) (2021), [Bangladesh](#) (2022) and [Tamil Nadu, India](#), and Viet Nam (forthcoming). This is the second case study conducted using this approach, following a case study of the role of women's leadership in COVID-19 recovery in Nepal (forthcoming). The baselines and case studies are synthesised in a regional report (forthcoming), which captures the current state of analysis of women's leadership and participation in COVID-19 response and recovery across Asia.

This case study focuses on the leadership and participation of organisations working on women's issues' in COVID-19 recovery planning in Chiang Rai province in northern Thailand. Consultations between the research team, the UN Women Regional Office for Asia and the Pacific and the UN Women Thailand programme informed the decision to focus on one province given the size and diversity of the country, and resource and time constraints. Chiang Rai was selected due to UN Women's portfolio of work in the region. Research across this portfolio uses localised data collection processes, with a national researcher contributing to the design, leading data collection and contributing to the debriefing and analysis. This ensured the research tools were appropriate and contextualised, with the research paying specific attention to ensuring the voices of diverse women and organisations working on a range of issues informed the process. The research used a qualitative approach, including a desk review of documents and key informant

(KI) interviews with organisations working on women's issues, international NGOs, and government representatives working on COVID-19 response and recovery in Thailand (see Figure 1). A summary of the findings was shared with stakeholders engaged in the research and they were invited to share feedback as part of the validation process.

**FIGURE 1:**  
Methods



## Limitations

**Response and recovery context.** The case study focused on the COVID-19 recovery context. However, as mentioned above, response and recovery phases are fluid, and responding actors and response and recovery mechanisms and plans often do not distinguish between them.

**Limitations of scope.** Given the small sample, the case study was intended to identify emerging enablers, barriers and good practices, rather than evaluate them. Additionally, given the sample of the case study, and time constraints, some stakeholders were unable to contribute to the study.


**Limited number of organisations focussing solely on women’s rights issues.** Compared with other contexts that this research portfolio has explored, this study uncovered a smaller number of organisations determining themselves as having a unique focus on women. Organisations that were approached and took part in this research all had some focus on women’s issues as part of a broader portfolio, though most did not define themselves as WROs. No private sector organisations participated.

## Structure of this case study

This report has five sections:

- This first section introduces the case study and its methodology

- The second section explores the COVID-19 context and the gendered impacts of the pandemic in Thailand
- The third section unpacks the findings in more depth
- The fourth section highlights barriers and enablers for WROs’ leadership and participation
- The fifth section concludes the case study and discusses opportunities for stakeholders to increase the leadership and participation of WROs in the COVID-19 recovery in Thailand.

Throughout the case study, good and promising practices were uncovered. These are highlighted throughout the report and signposted with this symbol 

*Photo: UN Women/Naruedee Janthasing*



# SETTING THE SCENE: COVID-19 RESPONSE AND RECOVERY IN THAILAND

By February 2023, Thailand had recorded over 4.7 million confirmed COVID-19 cases since the first case was recorded in January 2020. The Royal Thai Government (RTG) declared COVID-19 a dangerous communicable disease under the *Disease Control Act (2015)* in February 2020, and the Ministry of Public Health subsequently developed the *Public Health Emergency Response Action Plan for COVID-19 and Roles of Relevant Agencies*.<sup>5</sup> As cases increased in March 2020, the Centre for COVID-19 Situation Administration was established, led by the Prime Minister, and a state of emergency was declared on 26 March 2020. Nationwide restrictions were introduced, including social distancing, closure of borders to foreign travellers, school closures, lockdown and a curfew (10pm–4am).<sup>6</sup>

Chiang Rai is Thailand’s northernmost province, sharing borders with Lao PDR and Myanmar. It is home to over 1.29 million residents.<sup>7</sup> Chiang Rai has three levels of government: provincial, district and sub-district. The province’s border location has meant the unregulated movement of goods and people has been important to political and economic dynamics, and has influenced the approach of NGOs and CSOs in the region, many of which focus on particular issues such as trafficking, migrant, stateless people and persons with no legal status rights, drug use and health. During the height of the COVID-19 response, the Provincial Communicable Disease Committee was activated, which was chaired by the Provincial Governor and involved representation from multiple relevant departments, and the Provincial Public Health Department was responsible for the Emergency Operation Centre (EOC).

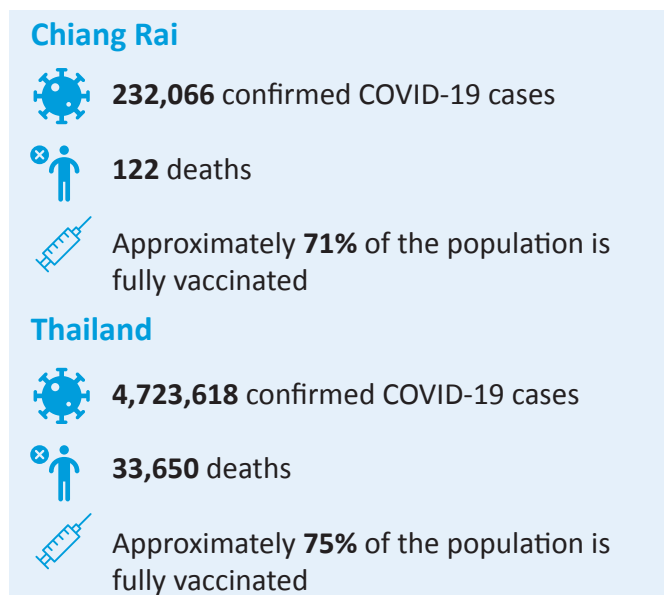
The COVID-19 pandemic has had myriad social and economic impacts, often related to the imposition of containment measures, in addition to impacting people’s health and public health systems (some of these impacts for specific groups, such as women and

migrant workers, are discussed further below).<sup>8</sup> The RTG measures aimed at mitigating the impacts of COVID-19 restrictions included a phased stimulus package with financial assistance to small and medium-sized enterprises, tax relief, cash handouts, an educational fund to support children in the most vulnerable families, social security (health insurance) to cover medical costs for those with COVID-19, increased unemployment benefits and tourism sector-targeted aid.<sup>9</sup>

## Moving towards COVID-19 recovery

Approximately 75% of the population in Thailand is now fully vaccinated (see Figure 2) and many restrictions were lifted from 1 July 2022, including most travel restrictions.<sup>10</sup> In Chiang Rai, the EOC has been deactivated and COVID-19 has been declared endemic, and the focus has turned to disease control, vaccination and socio-economic recovery.<sup>11</sup>

**FIGURE 2:**  
Impact of COVID-19 in Chiang Rai and Thailand<sup>12</sup>



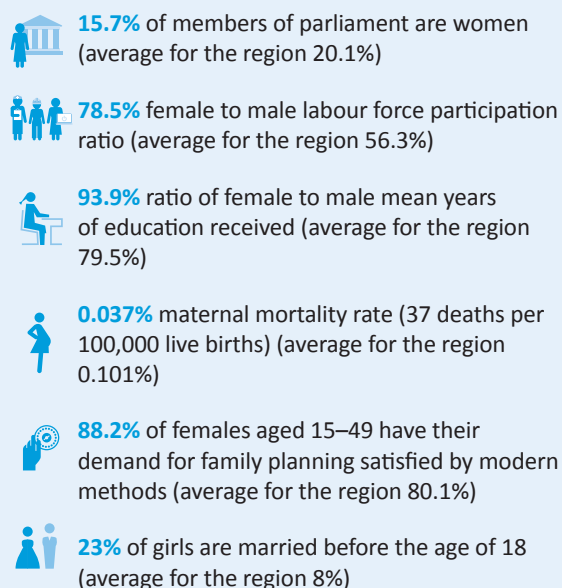
## The gendered impacts of the COVID-19 pandemic

COVID-19 has exacerbated existing inequalities for women (see Figure 3 for a snapshot of key gender equality indicators), including women employed in the informal sector, women in conflict-affected areas, women in rural areas, women migrants and women from ethnic minorities.<sup>13</sup> Impacts have included:

- **Increased gender-based violence.** The number of clients visiting One Stop Crisis Centre units in hospitals more than doubled in April 2020, and calls to the Ministry of Social Development and Human Security's Social Assistance Centre 1300 hotline increased by 34% over the same period in 2019.<sup>14</sup> Furthermore, a UN Women study of violence against women during COVID-19 found that 27% of respondents said that they or other women they know had experienced it.<sup>15</sup>
- **Mental and emotional health:** UN Women research found that the pandemic was strongly affecting women's mental and emotional health, with 84% of women (and 79% of men) reporting that their mental/emotional health was affected.<sup>16</sup>
- **Decreased working hours:** 54% of women in formal employment, compared to 46% of men, reported working fewer hours since the spread of COVID-19.<sup>17</sup> Furthermore, a rapid gender analysis conducted by Raks Thai Foundation found that migrants lost approximately 50% of their income due to COVID-19, and that cuts to working hours affected female migrants more than male migrants.<sup>18</sup>
- **Increased burden of unpaid care and domestic work.** A greater proportion of women than men reported an increase in both unpaid care work and unpaid domestic work since the onset of COVID-19.<sup>19</sup>

When COVID-19 hit, it made these problems worse. Most of the women without legal status faced restrictions of movements. [...] When COVID-19 hit, they lost their livelihood because they could not look for a job elsewhere. Another problem was because they neither have an ID nor legal status, they get sick [and] they had to spend a lot of money when going to the hospital. When it's a health emergency, a village headman must certify that this person lives in his village. Otherwise, the hospital will not treat them.<sup>20</sup>

**FIGURE 3:**  
A snapshot of key gender equality indicators in Thailand<sup>21</sup>



# KEY FINDINGS



**Finding 1: Organisations working on issues affecting women played a leading role in supporting women's economic empowerment and livelihoods during and in the recovery from COVID-19.**

Whilst some organisations did not identify as WROs or as working specifically on women's economic empowerment, the latter was often a component of programs focusing on other issues or sectors. These organisations have been supporting women's economic empowerment through their livelihoods programming during the COVID-19 pandemic and now in the recovery period.<sup>22</sup>

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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 face challenges when it comes to healthcare.<sup>23</sup>

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One organisation provided training for marginalised women on financial literacy, setting up a business, business management, and how to market products and sell them online. There was an increased demand for this during COVID-19 because those without ID cards saw selling goods, alongside having a smartphone and social media, as a means of earning income when they couldn't work. Other organisations' livelihoods programming focused on women who have difficulty accessing government services, those affected by COVID-19, women from ethnic minorities without ID cards, and single mothers from

ethnic minority communities. Programs included soapmaking, learning to sew, selling vegetables, fish farming and setting up food stalls. However, one organisation noted that it had to stop its project because it only received a small grant and lacked the livelihood capacity and expertise needed.<sup>24</sup>

Other ways that organisations working on issues affecting women supported the COVID-19 response included transporting people to or between COVID-19 hospital or quarantine centres, providing relief items and personal protective equipment (PPE) such as face masks, and supporting hospitals. They also played a role in sharing information about COVID-19 and domestic violence with communities. One organisation translated education and communication materials from central Thai to different languages used by ethnic communities and held training sessions for community health volunteers.<sup>25</sup>

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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-19. So we designed information, education and communication materials and organised training sessions for health volunteers.<sup>26</sup>

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## Finding 2: Few NGOs or CSOs were represented in decision-making and coordination forums.

During the COVID-19 response, 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, despite playing a leading role in supporting the response in their communities.<sup>27</sup> Reasons given for the absence of NGOs included because government response structures were seen to be complex; because NGO cooperation was traditionally led by departments other than those responsible for the COVID-19 response; and because the government was considered better placed to respond, with NGOs not seen as relevant to the response. While private sector organisations were included due to the emphasis on economic impacts and the tourism sector in particular, NGOs felt that the expertise and resources they could bring to the response were overlooked. One respondent also pointed to the pressure the provincial government was under in the early days of the pandemic to implement national directives.<sup>28</sup>

Most external stakeholders we worked with were from the private sector [...] We did not work much with NGOs.<sup>29</sup>

We [NGOs] were overlooked, but in fact, Chiang Rai has a lot of NGOs. And NGOs have resources to help the government respond to COVID-19. But we have been neglected.<sup>30</sup>

However, some organisations working on issues affecting women and NGOs supported the response through filling gaps that they identified or by using existing working relationships with district or sub-district government representatives to find out how they could help. Two examples of this were providing medical equipment and supplies such as PPE, which was in demand, and by supporting the government to reach vulnerable groups (see Finding 3).<sup>31</sup>

We supported the government agencies at the local level. We were not aware of the role and strategy of the Provincial COVID-19 Taskforce/Committee, and they didn't know about our organisation and our work. We used personal relationships to coordinate with provincial public health and hospitals.<sup>32</sup>

*Photo: UN Women/Naruedee Janthasing*





### Finding 3: Partnerships between organisations working on issues affecting women and other actors were critical to reaching marginalised groups.

Both government and non-government stakeholders recognised partnerships with NGOs as important for reaching marginalised groups, such as unregistered migrant workers, during the COVID-19 response. Existing relationships and partnerships with district and sub-district government stakeholders and subdistrict health promoting hospitals enabled organisations working on issues affecting women to support hard-to-reach communities, women and those who were unable to access government services.<sup>33</sup> One respondent noted how NGOs were able to facilitate connections through their networks and access to communities, as well as act as interpreters, to enable government workers to conduct health screenings. It was noted that there is greater trust between some NGOs working on specific issues and some marginalised groups, and that they were able to travel together to disseminate information about COVID-19 vaccination and conduct health screenings. It was also noted that, as mentioned above, these organisations provided face masks and other equipment to support the COVID-19 response.<sup>34</sup>

Most NGOs are well known in communities, and we need their help to gain access to community members. We have good relationships with NGOs. They play a supporting role, and we lead the response.<sup>35</sup>

Organisations working on issues affecting women also highlighted how they play a facilitating or 'intermediary' role between the community and other organisations or government agencies by connecting them with relevant services. During the pandemic, this included working with community leaders to understand the number of COVID-19 cases, referral of patients to health facilities, and information dissemination, complementing the existing work of the government.<sup>36</sup> Despite the recognition of the important role they played and the partnerships that were formed to reach marginalised groups, there was still a gap at the

level of systemic inclusion of NGOs in coordination forums (see Finding 2).

We planned a response together with community leaders. They informed us about the number of COVID-19 patients and their needs. In addition to this, we discussed the matter of referring patients to a more equipped facility. We tried to share more info on COVID-19 with communities as well to decrease their fear.<sup>37</sup>

We see that the collective work of NGOs (not just the work of our organisation) can really complement the work of government agencies.<sup>38</sup>



#### Text box 3: Government and NGOs working in partnership

Government and NGO partnership in the health sector was highlighted as an example of good practice. The trust and reach that NGOs often have in communities was seen as an asset, particularly when acting as intermediaries to reach marginalised and remote groups to carry out health activities. The grants available to NGOs through national pathways were seen as increasing access to funding for health activities, to ensure their continued presence in communities despite gaps in international funding.

One of the good practices I see is NGOs are intermediaries in approaching communities or target audiences. They are really helpful [...] sometimes there is an outbreak in communities. NGOs will act as an intermediary for us to reach the villagers.<sup>39</sup>



#### Finding 4: Access to appropriate resourcing contributed towards the ability of organisations working on issues affecting women to lead and respond.

Access to appropriate funding was a critical factor that supported organisations to respond during the pandemic. One organisation referenced its ability to raise funds locally, meaning it could respond quickly. It was able to pivot its activities in the community in response to restrictions, and developed three new livelihoods initiatives to enable it to continue operating and supporting both its staff and the community (see Text box 4). Some organisations mobilised resources through public donations, and some organisations received short-term funding or grants to support specific COVID-19 response activities. This included funding from foreign donors to support the provision of relief items and to conduct COVID-19 information sessions. However, one organisation reported that the funding received from an international donor was not appropriately flexible, including earmarked funding for specific activities that could not be used for the broader COVID-19 response, which limited their ability to respond to identified needs.<sup>40</sup>



#### Text box 4: Innovative approaches to resourcing models

As mentioned above, one organisation pivoted its activities and developed three new livelihood initiatives. These initiatives provided income earning opportunities in the community, as well as funding to support the organisation's operations. Whilst the initiatives themselves were unique to the needs and capacities of the actor, the organisation's innovation and generation of more sustainable resources locally could be replicated and scaled by other partners.

Despite these initial actions, there appears to be a lack of long-term, sustainable and equitable partnerships to support the COVID-19 recovery moving forward. One organisation working on issues affecting women did not consider that funding from donors ensured

their programs' sustainability. Another organisation highlighted 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. This echoes other stories of extractive humanitarian knowledge production and highlights its potential negative consequences, because the interpretation of data excludes organisations likely to be well placed to contextualise and understand findings.<sup>41</sup> These examples illustrate the importance of strategic, long-term resourcing for organisations working on issues affecting women in supporting their sustainability and their engagement in the COVID-19 recovery and more broadly.

#### Text box 5: Collective influencing and advocacy

The research revealed few examples of collective advocacy during the COVID-19 response. Instead, there was a focus on disseminating information about COVID-19 to communities; collective advocacy and influencing was either not integrated into COVID-19 programs (and therefore not funded) or individual organisations undertook it on an ad hoc basis. Furthermore, an existing NGO coordination network in Chiang Rai was not harnessed during the COVID-19 response and recovery period. The importance of platforms or networks in supporting visibility and coordination with government stakeholders was also highlighted.<sup>42</sup>

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.<sup>43</sup>



# BARRIERS AND ENABLERS

This section explores the key barriers that prevented organisations working on issues affecting women from participating and leading in the COVID-19 recovery, and the enablers that drove progress.

## Barriers



### **An absence of relationships at different levels**

While there was good partnerships and collaboration at the district and sub-district level, the absence of organisations working on issues affecting women from high level coordination forums was a barrier to partnerships and collaboration with other humanitarian actors. The absence of relationships at different levels contributed to a lack of awareness and visibility of organisations working on women's issues at a provincial level (as outlined above).<sup>44</sup>

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*We collaborate with stakeholders in the private sector. As for NGOs, we don't work or coordinate directly with them.*<sup>45</sup>

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### **Lack of awareness about provincial-level forums**

As highlighted in the key findings, organisations working on issues affecting women were not represented or invited to participate in COVID-19 response decision-making at the provincial level. In some instances, respondents reported that they were unaware of the work of the provincial committee, and that in turn, the provincial committee was unaware of their work.<sup>46</sup>



### **Insufficient flexible funding**

Lack of access to long-term, flexible funding (and therefore, the opportunity to pivot existing programs) constrained the ability of organisations working on issues affecting women to respond. Respondents highlighted how their organisations were unable to respond to COVID-19 because funds were earmarked for certain activities or they received small, short-term grants.<sup>47</sup> This has implications for the COVID-19 recovery, as one respondent highlighted:

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*The problems related to COVID-19, they don't just end with COVID-19.*<sup>48</sup>

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## Enablers



### **Existing relationships and partnerships with local level government**

The strong presence of organisations in the community, and their collaboration and existing working relationships with local-level government agencies (district and sub-district), enabled them to support the COVID-19 response.<sup>49</sup>

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*We planned a response together with community leaders. They informed us about the number of COVID-19 patient and their needs.*<sup>50</sup>

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### **Leveraging strengths and complementarity of different actors**

The strengths of organisations working on issues affecting women can be leveraged to complement the government-led response and enable them to contribute to the response. The high level of trust between communities and organisations was highlighted, particularly when reaching out to hard-to-reach communities.<sup>51</sup>

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*We see that the collective work of NGOs (not just the work of our organisation) can really complement the work of government agencies.*<sup>52</sup>

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### **Accessing local resourcing**

The ability to access locally mobilised resources supported organisations working on issues affecting women to respond rapidly. Resource mobilisation within Chiang Rai enabled one of the participating organisations to mobilise resources promptly, whilst international funding followed later.<sup>53</sup> Building on these experiences may require strengthening relationships between a range of actors.

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*We supported doctors from the district public health office and provincial public health office. In addition, we mobilised resources through public donations. After doing it for a while, we received funding [...] to purchase and procure care packets.*<sup>54</sup>

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# OPPORTUNITIES

The analysis above highlights specific opportunities to strengthen the leadership and participation of organisations working on issues affecting women in government-led COVID-19 recovery planning in Chiang Rai, Thailand. This case study identifies enablers and good practices that humanitarian actors can strengthen to further support the leadership of these organisations to lead and participate in the COVID-19 recovery, as well as opportunities to lower barriers to their leadership and participation. Priority actions include:

- **Consolidating relationships between NGOs and different levels and departments of government**

The research highlighted that relationships between NGOs and different government departments can be facilitated and developed. This could include facilitating access to meetings, creating space for information sharing, and creating platforms that enable this to happen.

- **Increasing dialogue/collaboration and exploration of partnerships between the private sector (including private foundations) and NGOs**

Existing relationships, both institutional and personal, were critical in facilitating access for organisations to important conversations about the response and recovery. Organisations and their partners should continue to build these relationships to facilitate more consistent access to key forums in future responses and the ongoing recovery.

- **Continuing to build on innovative approaches to resource mobilisation**

Good practice examples highlighted during this research demonstrated the success of innovative approaches to localised resource mobilisation. These practices enabled some organisations to respond in a way that supported both vulnerable groups and their organisational priorities. Organisations and their partners can build on these models to promote sustainable resourcing avenues for the benefit of communities and local actors.

- **Further consolidating existing networks and models**

Whilst this research uncovered examples of coordination networks that worked together pre-COVID, these were not harnessed during the response and recovery period. These networks could come together to discuss how they can use their existing platforms in future responses to achieve their collective priorities.

- **International partners and donors take approaches to partnerships that facilitate more timely and flexible support in response contexts**

Donors and international partners can work towards more flexible, long-term partnerships with organisations working on issues affecting women.

This case study illustrates the importance of looking beyond WROs to understand the roles of various actors whose work includes or has implications for the experiences of women. It also provides evidence to support UN Women's ongoing advocacy to promote and fund these organisations' leadership and participation in government-led COVID-19 recovery planning. CSOs and other humanitarian actors can use the case study in their advocacy and efforts to increase women's participation and leadership in COVID-19 recovery.

*Photo: David Gardiner on Unsplash*

## ENDNOTES

- 1 The Grand Bargain Friends of Gender Group uses the following definitions:  
*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.'  
*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 CCTRI Localization Work-stream (2019) Core Commitment Indicators and Target-Results (CCTRI), pp. 1–2, <https://gblocalisation.ifrc.org/wp-content/uploads/2019/03/CCTRI-Localization-Workstream.pdf>; UN Women (2020) How to promote gender-responsive localization in humanitarian action, Guidance Note, Geneva: UN Women, p. 37, <https://reliefweb.int/sites/reliefweb.int/files/resources/Guidance%20note%20-%20how%20to%20promote%20gender-responsive%20localization%20in%20humanitarian%20action.pdf>
- 2 UNDRR (nd) 'Response', <https://www.undrr.org/terminology/response>
- 3 UNDRR (nd) 'Recovery', <https://www.undrr.org/terminology/recovery>
- 4 KI6
- 5 A subsequent strategic plan was published in January 2021 on managing the new wave of COVID-19: Ministry of Public Health (2021) *Strategic Plan: COVID-19, Strategy: Managing the new wave of the Covid-19 epidemic*.
- 6 Department of Disease Control, Ministry of Public Health (2022) 'Weekly COVID-19 Situation Report,' week 52, <https://covid19.ddc.moph.go.th/>; Supakit Sirilak (ed) (2020) *Thailand's Experience in the COVID-19 Response*, Ministry of Public Health, August 2020, pp. 7, 29, 36; Oxford Policy Management & UN Thailand (2020) *Social Impact Assessment of COVID-19 in Thailand*, p. 4, <https://thailand.un.org/index.php/en/91973-social-impact-assessment-covid-19-thailand>
- 7 Department of Provincial Administration, Ministry of Interior (2021) 'Statistics of Population from Registration', [http://ittdashboard.nso.go.th/preview2en.php?id\\_project=121](http://ittdashboard.nso.go.th/preview2en.php?id_project=121)
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