

RESEARCH PAPER

MEASURING WOMEN'S LEADERSHIP IN COVID-19 RESPONSES IN BANGLADESH



FEBRUARY 2022

HUMANITARIAN
ADVISORY GROUP



Institute of Innovations for
Gender & Humanitarian
Transformations *insights*



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LEADERSHIP IN
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BANGLADESH

PREPARED FOR UN WOMEN REGIONAL OFFICE FOR
ASIA AND THE PACIFIC

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ACKNOWLEDGEMENTS

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Humanitarian Advisory Group would like to thank the many people who contributed to this baselining process, including local, national and international actors in Bangladesh who participated in the research. In particular, HAG would like to thank Md. Shohel Rana and Dilruba Haider (UN Women Bangladesh), and Maria Holtsberg and Araya Arayawuth (UN Women ROAP) who provided critical input throughout the research.

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ACRONYMS AND ABBREVIATIONS

CEFM	Child, early and forced marriage
CSO	Civil society organisation
DFAT	Australian Department of Foreign Affairs and Trade
FHN	Feminist Humanitarian Network
GBV	Gender-based violence
HAG	Humanitarian Advisory Group
HCT	Humanitarian Country Team
HCTT	Humanitarian Coordination Task Team
IEDCR	Institute of Epidemiology, Disease Control and Research
INGO	International non-governmental organisation
MoHFW	Ministry of Health and Family Welfare
NGO	Non-governmental organisation
NTAC	National Technical Advisory Committee
RGA	Rapid Gender Assessment
SOD	Government of Bangladesh Standing Orders on Disaster
UN	United Nations
UNFPA	United Nations Population Fund
WASH	Water, sanitation and hygiene
WRO	Women's rights organisation

INTRODUCTION

This study examined the extent of women’s leadership in responses to the COVID-19 pandemic in Bangladesh. Across the world, the pandemic has amplified challenges facing women and girls. It is continuing to unfold and its effects will be felt for many years. There is therefore an opportunity to learn from the experiences of 2020-21 to inform ongoing responses and reforms.

The COVID-19 pandemic has had severe and gendered impacts in Bangladesh. Women are bearing the increased unpaid care workload due to the closures of schools and families staying at home. Women are also losing their means to earn an income – workers in the informal sector, of which 91.8% of women’s jobs are in, are losing their jobs rapidly.¹ At the same time as increasing these burdens, for some women the pandemic has reduced access to crisis support services and other networks. Our study looked at the roles women played in shaping the response to these and other challenges during the pandemic.

Overall, the research found there are significant opportunities to enhance and promote women’s leadership and participation in COVID-19 responses in Bangladesh. Whilst there were some good practices, particularly related to participation at the community level and efforts to support and elevate women’s voices, achievements were not consistent. Opportunities to bolster support to women and women’s rights organisations (WROs) include: increasing targeted and relevant capacity support, increasing funding to adequate levels, and engaging in equitable partnerships that enable women and WROs to lead and participate. This support may help to strengthen women’s contributions to higher-level and non-gender-focused COVID-19 forums to which their access is currently insufficient.

Why is this research important?

Over recent decades, there has been an increased focus on women’s leadership in humanitarian and development contexts. Evidence highlights the

important role of women’s leadership in bringing ‘invaluable contextual knowledge, skills, resources and experiences to emergency preparedness, response and resilience building.’²

This has been amplified in the context of the COVID-19 pandemic, with key humanitarian and development actors recognising the importance of women’s leadership in ameliorating the impacts of the health emergency, and in supporting locally led responses. This research has sought to contribute to addressing this gap by applying the [Framework for Measuring Women’s Leadership and Meaningful Participation in COVID-19 Responses](#).

This study in Bangladesh is the second baseline study using the framework, building on research in the Philippines.³

Report structure

After the summary of key findings below, this report includes four main sections. The first outlines the methodology and approach to the research. The second explores the COVID-19 and women’s rights contexts in Bangladesh. The next section presents the findings of the baselining process against the four results domains identified in the framework – safe and meaningful participation; collective influencing and advocacy; partnership, capacity and funding – and the impact domain of transformative leadership. Finally, the conclusion discusses overarching findings and future considerations for supporting and elevating women’s leadership COVID-19 responses.

Methodology

The research used the [Framework for Measuring Women’s Leadership and Meaningful Participation in COVID-19 Responses](#). HAG and partners developed this framework in 2020 and piloted it in the Philippines, then adapted it based on the outcomes of that process.⁴

Through this study we established a baseline for understanding the current state of women’s leadership and meaningful partnership in the response. While it considers possible explanations and implications of the findings, the research does not attempt to explain root causes. Instead, the baseline can be updated with additional studies to examine progress, a process that over time will help to understand which approaches to promoting women’s and WROs roles are most effective. It is important to consider the experiences of diverse individual women (who may or may not represent women’s organisations) as well as women’s rights organisations because the participation and leadership of both contribute to transformative leadership.

Text box 1: Defining Women’s Rights Organisations

This research focuses on WROs and women-focused organisations.⁵ 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.

The framework and indicators

The framework provides a method to establish a baseline analysis and to measure progress. It includes three results domains: 1) safe and meaningful participation, 2) collective influencing and advocacy, and 3) partnerships, capacity and funding. Each domain has a result indicator and a set of progress indicators. There is also an overarching impact domain – transformative leadership – which includes progress and impact indicators.⁶

The framework was built on three areas that were identified as vital in achieving transformative leadership.⁷ The assumption was that if women and WROs:

- i. could participate actively and safely in decision-making processes and influence outcomes,
- ii. could collectively influence and advocate for women’s leadership and gender inclusion in COVID-19 responses, and
- iii. received targeted and relevant support through partnership, capacity building and funding, then this would enable transformative leadership.

Supporting localised approaches to research

The baseline process took a localised approach to the research, with two national researchers contributing to the design, data collection, debrief and analysis processes. This ensured the research tools were appropriate and contextualised, with the research paying specific attention to ensuring the voices of diverse women informed the process.

Baselining approach

The baseline process used a mixed methods approach, including a desk review of key documents, key informant interviews and a

self-assessment survey for WROs and other humanitarian actors. The self-assessment survey sought to capture quantitative data against key indicators in the framework, and was completed by representatives of WROs, national and local government, non-governmental organisations (NGOs), international NGOs (INGOs), United Nations (UN) agencies, local and national civil society organisations (CSOs) and academia. The team worked in partnership with UN Women Bangladesh to distribute the self-assessment survey to international humanitarian actors working on the COVID-19 response. In addition, interviews were conducted with key informants from WROs, UN agencies, INGOs, and national and local governments working on the COVID-19 response in Bangladesh (see figure 1). Data was triangulated and assessed against the indicators in the framework, using an assessment rubric (see appendix 1) to determine the level of evidence. Indicators were assessed as having one of the following in each domain area: no evidence, limited evidence, moderate evidence, good evidence or strong evidence.

FIGURE 1:
Methods



Limitations

Sample size: The small sample size (n=55) for the self-assessment survey means the results may not represent the full diversity of women’s perspectives. However, using a mixed methods approach, qualitative interviews were sought with a broad range of women and these data sets were analysed alongside the quantitative data to cross-check findings and provide further context.

Interpretation bias: The baseline data may be influenced by different understandings or interpretations of key terms amongst our participants. We sought to address this by providing an explanation of key terms and responding to any clarification questions in the interview process.

COVID-19 restrictions and country context: The COVID-19 pandemic has resulted in volatile situations and restrictions on travel and movement around the world, although these restrictions differ from country to country. The evolving nature of the pandemic and the complexity of COVID-19 in conflict or disaster-affected areas may mean that certain stakeholders – either in relation to the sector or geographical location – were unable to contribute to baseline data collection. Moreover, understandings of COVID-19 and its impacts are rapidly evolving, making total coverage impossible.

SUMMARY OF KEY FINDINGS

The summary below shows scores against the result areas. Overall, findings demonstrate that there are significant opportunities to provide more effective support to women and women’s organisation so they can lead and participate in COVID-19 responses in Bangladesh. Further information about the framework is shown in the methodology section.

Table 1: Overview of scoring

Score	Explanation
None	Evidence is restricted or slight, and inconsistent
Limited	Evidence is limited and inconsistent
Moderate	Moderate evidence, with some inconsistency reflecting genuine uncertainty
Good	Substantial evidence, mostly consistent and inconsistencies between or within tools may be explained
Strong	Strong evidence, consistency between and within tools



Safe and meaningful participation



KEY FINDING: There is **moderate evidence** that women and WROs participate actively and safely in decision-making processes and can influence outcomes. Overall women and WROs have participated to some degree in the response at the community and local level. However, there is limited evidence that they have participated in national decision-making processes.

- *Progress indicator:* Diverse women and national and local WROs are represented and engage actively in in-country COVID-19 response decision-making and coordination forums: **MODERATE EVIDENCE**
- *Progress indicator:* Coordination and consultation forums address access and safety considerations for WROs: **MODERATE EVIDENCE**



Collective influencing and advocacy



KEY FINDING: There is **good evidence** that COVID-19 responses are influenced by the priorities of national and local groups and movements that advocate for women’s leadership and gender inclusion.

- *Progress indicator:* National and local WROs and grassroots networks are able to successfully advocate for the development of policies and standards in relation to COVID-19: **GOOD EVIDENCE**
- *Progress indicator:* International partners/donors amplify the voice of national and local WROs during COVID-19 responses: **GOOD EVIDENCE**



Partnership, capacity and funding



KEY FINDING: There is **moderate evidence** that WROs have targeted and relevant support through partnership, capacity building and funding to help them respond effectively and efficiently to COVID-19.

- *Progress indicator:* Equitable and complementary partnerships between local and national WROs and other responding actors are upheld: **MODERATE EVIDENCE**
- *Progress indicator:* WROs have targeted and relevant support from donors and partners to help them respond effectively and efficiently to COVID-19: **MODERATE EVIDENCE**
- *Progress indicator:* WROs have sufficient financial support and autonomy that enables them to respond effectively and efficiently to the impacts of COVID-19: **MODERATE EVIDENCE**



Transformative Leadership



KEY FINDING: There is **limited evidence** that diverse women and WROs have a transformative leadership role in COVID-19 response planning and implementation.

- *Impact indicator:* Women and diverse women's groups are present in the forums where key decisions are made for COVID-19 responses: **LIMITED EVIDENCE**
- *Impact indicator:* Women and diverse women's groups are listened to and their opinions respected: **LIMITED TO MODERATE EVIDENCE**

Photo: UN Women/Christian Aid and WE CAN Alliance



COUNTRY CONTEXT

BANGLADESH

Bangladesh routinely faces disasters from flooding, cyclones and storms, with more than 200 recorded disasters over the last 30 years.⁸ The country is also host to a significant group of Rohingya refugees from Myanmar. The addition of the COVID-19 pandemic to disaster and displacement responses has created new challenges (see text boxes 2 and 3) and all these responses are shaped by gender dynamics in Bangladesh.

Response context

There is extensive investment in disaster preparedness and response, including through the Emergency Preparedness and Response Plan for Climate Related Disasters and Response Preparedness Plan for Floods.⁹ The Government of Bangladesh's 2019 Standing Orders on Disaster (SOD) identify key roles and responsibilities of government agencies for disaster risk management.¹⁰ The Humanitarian Coordination Task Team (HCTT), co-chaired by the Government of Bangladesh and UN Resident Coordinator, is responsible for coordinating international humanitarian organisations within the cluster system, with national response mechanisms.

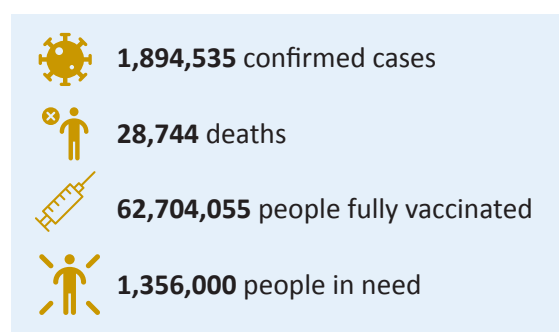
In addition to the COVID-19 response plan (see below), the Government of Bangladesh and UN are responding to the ongoing needs of the Rohingya population within the country. The United Nations 2020 COVID-19 Response Plan for the Rohingya Humanitarian Crisis is an addendum to the 2020 Joint Response Plan. It outlines three strategic priorities, highlighting the importance of reaching women and other vulnerable groups through the COVID-19 response:

1. 'Reduce the spread of the COVID-19 pandemic and decrease morbidity and mortality among Rohingya refugee and Bangladeshi women, men, boys and girls in Cox's Bazar District.
2. Ensure against the deterioration of human rights, social cohesion, food security, self-reliance and livelihoods by maintaining and extending critical services.
3. Protect, assist and advocate for Rohingya refugee and Bangladeshi women, men, boys and girls who are particularly vulnerable due to the pandemic.¹¹

COVID-19 in Bangladesh

The COVID-19 pandemic has significantly impacted Bangladesh over the last two years. As a densely populated country of almost 165 million people, the health system has come under significant pressure to cope with the increased caseload.¹² The first COVID-19 cases were reported in March 2020.¹³ As of February 2022, there has been over 1.8 million confirmed cases and over 28,744 deaths attributed to COVID-19.¹⁴ Thirty-eight per cent of the population is fully vaccinated.¹⁵

FIGURE 2:
Impact of COVID-19 in Bangladesh^{16,17}



Text box 2: Intersecting crises: Cyclone Amphan and the 2020 floods

In May 2020, Cyclone Amphan struck Bangladesh, affecting 10 million people across 26 districts. The Government of Bangladesh evacuated nearly 2 million people and more than 12,000 cyclone shelters were made available with COVID-19 prevention measures, including masks, sanitizers, and handwashing facilities and soap.¹⁸ As Bangladesh was recovering from Cyclone Amphan and continuing to respond to COVID-19, monsoon season brought unprecedented flooding in June 2020. The rain impacted one third of the country, with reports of the 'worst impacts seen in a decade and the longest lasting flooding since 1988.'¹⁹ The floods have affected more than 5.5 million people, and almost 890,000 people have been displaced.²⁰ The damage to households meant reduced access to clean water, creating challenges to maintain hygiene practices to reduce the spread of COVID-19. Challenges around resuming agriculture and non-agriculture livelihoods were exacerbated, further impacting income. This has also led to increased food insecurity.²¹

The government has undertaken a number of health measures to prevent the spread of COVID-19. The Directorate General of Health Services in the Ministry of Health and Family Welfare (MoHFW) published the Preparedness and Response Plan for COVID-19 in June 2020, which outlines the national government's ongoing response to the pandemic.²² The plan aims to prevent and control the spread of COVID-19 in Bangladesh in order to reduce its impact on the health,

wellbeing and economy of the country, as well as to set out a framework for the treatment of those infected. The National Technical Advisory Committee (NTAC), consisting of government and independent experts, was also formed in April 2020 to provide advice to the government on addressing the spread of COVID-19 and improving healthcare during the pandemic.²³ After a first national lockdown from March-May 2020, a second lockdown ended in August 2021.²⁴

As outlined in the introduction, the pandemic has had multifaceted negative impacts for women and girls. Child marriage is increasing due to economic instability, 49.2% of women and girls feel their safety and security is an issue in lockdowns, and access to gender-based violence, and sexual and reproductive health services has been limited.²⁵

In the Preparedness and Response Plan for COVID-19 gender and women are briefly acknowledged.²⁶ For example, it notes the need to liaise with appropriate line ministries to reduce violence against women; the aim to develop and disseminate awareness raising materials for vulnerable women, including messaging to address violence against women; and the importance of working with local networks, including women's groups, to build their capacity for awareness raising and promoting health practices. However, the plan does not specifically address women's representation or participation in the response.

Text box 3: Rohingya refugees in Cox's Bazar

Rohingya refugees living in Bangladesh, primarily in camps in Cox's Bazar, have also been impacted by the pandemic, exacerbating the existing crisis.²⁷ According to the Joint Response Plan for this year, over 880,000 Rohingya refugees are in need of humanitarian assistance.²⁸ The Joint Response Plan's four strategic objectives are:

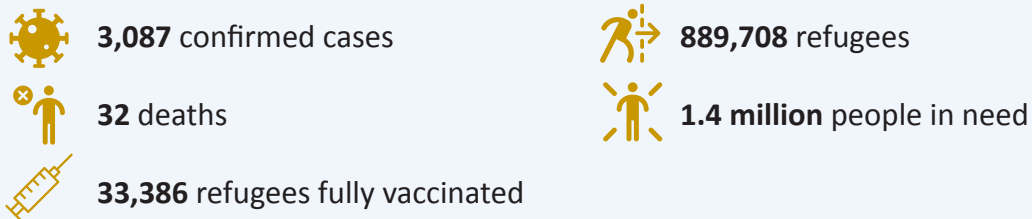
1. 'Strengthen the protection of Rohingya refugee women, men, girls and boys.
2. Deliver life-saving assistance to populations in need.
3. Foster the well-being of host communities in Ukhiya and Teknaf Upazilas.
4. Work towards sustainable repatriation of Rohingya refugees to Myanmar.'²⁹

In May 2021, camps throughout Cox's Bazar were placed under strict lockdown measures to stop the spread of COVID-19 and many services were suspended, with exceptions for health, food and fuel distributions, and WASH activities by community volunteers.³⁰ Restrictions eased and activities were resumed in September 2021.³¹ The vaccine rollout for Rohingya refugees commenced in August 2021 and as of 9 November 2021, 33,386 people, of the almost 48,000 aged 55 and over, have been vaccinated.³²

Continuous gender discrimination further exacerbates the situation for Rohingya women and girls who are refugees living in Bangladesh.³³ Many refugees arrived in Bangladesh having reported experiencing sexual and gender-based violence (SGBV) when fleeing the conflict in Myanmar.³⁴ Within Cox's Bazar, women continue to face discrimination and gender-based violence when trying to access humanitarian services.³⁵ Conservative social norms often restrict the movement of women and girls, and reproduce gender inequalities, such as hindering access to education, employment and other services.³⁶

FIGURE 3:

Impact of COVID-19 on the Rohingya in Cox's Bazar^{37,38,39}



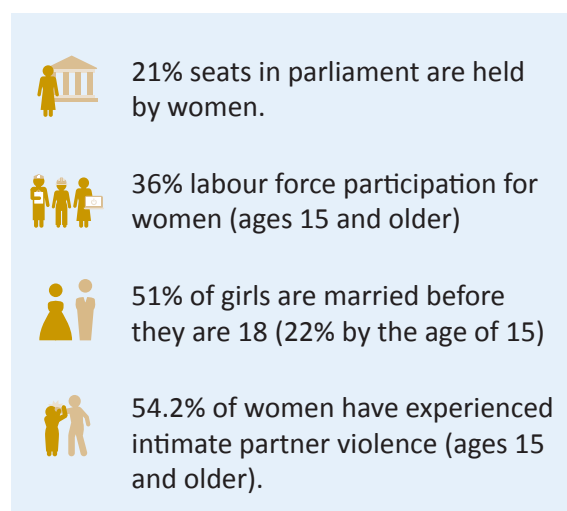
Women's rights in Bangladesh

Significant steps have been taken in progressing gender equality and women's rights in Bangladesh over recent years, including improving access to education and reducing maternal mortality.⁴⁰ The National Women's Development Policy (2011) outlines the Government of Bangladesh's commitment to gender equality, women's empowerment and equal rights and opportunities.⁴¹ The policy established equal rights for men and women but also included specific goals such as the elimination of all forms of abuse against women, ensuring increased participation of women in the cultural and sporting arenas, and ensuring an active role and equal rights for women in economic activities.

Despite this progress, there is a range of issues that women continue to face – for example, child marriage remains a challenge for many girls and labour force participation remains low for women (see figure 4).⁴² As in other countries, COVID-19 exacerbated existing inequalities.⁴³ A 'shadow pandemic' – a rise in the number of cases of violence against


women during COVID-19 lockdowns – was also reported in Bangladesh.⁴⁴ A report by the Feminist Humanitarian Network (FHN) found that rates of child, early and forced marriage (CEFM) and gender-based violence have increased since the beginning of the COVID-19 pandemic.⁴⁵

FIGURE 4:
A snapshot of gender in Bangladesh⁴⁶



SAFE AND MEANINGFUL PARTICIPATION

This domain seeks to measure the extent to which there is safe and meaningful participation for women and the impact that this has had on broader COVID-19 response efforts. Meaningful participation can be understood as when ‘people not only have access to or are present within decision-making processes, but also that they are able to actively participate in and have influence over their format and outcomes.’⁴⁷ Safe participation can be understood as the ‘absence of trauma, excessive stress, violence (or fear of violence) or abuse, where women have the freedom to express themselves without fear of judgement or harm.’⁴⁸ Evidence shows that in many contexts women’s participation increases the reach and impact of recovery efforts, revitalises economies and builds stronger and more durable peace.⁴⁹

 **KEY FINDING:** There is **moderate evidence** that women and WROs participate actively and safely in decision-making processes and can influence outcomes.

Overall, the research found inconsistent and mixed experiences of women and WROs in COVID-19 response decision-making and coordination forums in Bangladesh. There have been some examples of women participating more actively at the local level, however this is not consistent. Significantly, access and safety issues that impact women and WROs’ ability to meaningfully participate are not consistently considered or addressed.



PROGRESS INDICATOR: Diverse women and national and local WROs are represented and engage actively in in-country COVID-19 response decision-making and coordination forums:

MODERATE EVIDENCE

The research found that there is strong participation of women and WROs at the community and local level. Examples of WRO participation included organising community meetings with different groups of people, such as youth, elderly, teachers, farmers; sharing information about the key issues affecting women; and raising awareness about COVID-19.⁵⁰ WROs also supported the distribution of food and relief packages within the community. Sometimes this was by providing support directly to community members, whilst others reported that they were able to share information with other actors undertaking distributions about which vulnerable groups or individuals should be prioritised within communities.⁵¹

‘They sent us the money, we bought food and smoothly distributed [it] among local women.’⁵²

The research also found that whilst the number of seats at the high level and national tables are limited, WROs are not able to access them in proportion to their roles and as a result there are not enough channels for conveying views from the broader base of WROs to these higher channels.

The finding of women participating prominently at the community level reflects previous research. Research by the Feminist Humanitarian Network notes that during the first wave of COVID-19, WROs were ‘at the frontlines of action and led many types of community-based initiatives.’⁵³ This included distribution of cooked food, facilitation of Citizen Coordination Committees, awareness and education activities relation to violence against women and girls, hygiene and hand washing techniques, and compiling lists of vulnerable women for inclusion in programming. Other examples include helping evacuation of communities when TC Amphan hit and distributing masks and engaging in awareness raising about the importance of wearing one.⁵⁴

‘In response to the increased cases of GBV against women and girls during lockdown, WROs like SPaRC, Badabon Sangho, ELLMA and Naripokkho have provided communication support and the referral of GBV survivors to other WROs. Naripokkho and DCF have extended the assistance to survivors through engaging their associate WROs who are working at the grassroots level.’⁵⁵

In Cox’s Bazar refugee camps, the Women’s Committee, which is made up of more than 100 female Rohingya refugee and host community members, led engagement and awareness-building efforts in the camp and the nearby host community. It was reported that they were able to share information about COVID-19 to over 700 women and adolescent girls during these awareness sessions.⁵⁶

However, participation of women in some local and community-based forums did not carry through to other forums. Interviewees continuously reflected that high-level

and government forums were not spaces where they could participate. This includes government at local levels, in the Union parishads (the lowest tier of local governments in rural areas) and the Upazila parishads (the second-lowest tier). A rapid gender assessment conducted during the response noted that that representation of women in local level government is significantly low. Figures from 2017 highlight that only 0.7% of Union parishad chairpersons and 1.4% of Upazila parishad chairpersons are women.⁵⁷

‘I don’t have much scope to be involved in any coordination forums or meetings. I am part of the inter-agency task force and still now don’t get the opportunity to join or participate.’⁵⁸

‘We helped a few local government units to organise coordination forums and meetings, but were not part of or invited in the main forums and meetings.’⁵⁹

‘The national or civil society organisations organised a few meetings and we did not have opportunity to participate in those [government] meetings.’⁶⁰

Additionally, interviewees reflected that whilst women may have participated and been present in local meetings and forums, their ability to meaningfully participate remains inconsistent.⁶¹ Half of WROs surveyed did not feel they could actively participate and engage in relevant forums. This reflects findings from the rapid gender assessment that found ‘in terms of the ability of civil society women’s organizations to represent women’s needs and concerns to shape the government response, the Gender Monitoring Network members reported that women’s rights NGOs were

not being consulted by authorities on the COVID-19 response, neither at national nor at local level.⁶²

However, it is important to acknowledge that half of WROs surveyed felt they could actively participate. This is explored further down, as well as in text box 4.

Text box 4: Gender-focused spaces

Research found that WROs were better able to participate in forums and meetings that were focused on gender and/or women's issues. For example, 25 local organisations are part of the Gender Monitoring Network, established by UN Women. The network regularly gathers information from community-based women's organisations, CSOs, and gender-issue focused NGOs on the challenges that women and gender diverse people are facing. This is to ensure that the response plans and initiatives of the government, UN and development partners and civil society organisations are gender-responsive.⁶³ Interviewees reflected that it was in these sorts of networks and spaces that they could more actively participate in meetings or more easily establish coalitions or networks that were specifically for WROs to discuss the needs and priorities of women, as well as project based work.⁶⁴



PROGRESS INDICATOR: Coordination and consultation forums address access and safety considerations for WROs:

MODERATE EVIDENCE

Members of WROs often described feeling safe to participate. Seventy-two per cent of WROs agreed or strongly agreed that it was safe for their organisation to participate in COVID-19 coordination forums and meetings. WROs

noted the biggest safety factor was the risks associated with contracting COVID-19 itself and related health and hygiene matters.⁶⁵

'We have platform called Bangladesh women's humanitarian leadership academy where we work with grassroots organisations on feminist localisation. I have seen their immense capability and agency very closely.'⁶⁶

However, when unpacked further, there were several limitations to this picture which meant the evidence was classed as 'moderate' rather than 'good'. WROs noted that forums that were specifically designed to explore feminist or women's issues were where they felt safest and thus were able to engage the most (as above). The research found this was primarily due to those environments being more conducive to their participation. Beyond these forums, the theme of psychological safety was identified as an issue. For example, WROs noted gendered power dynamics and discrimination as issues that sometimes affected their safety. Fear of speaking up was also highlighted. This was particularly noted for government-led meetings or meetings dominated by international actors.⁶⁷

'We also surrender to the talking of big organisations. Because we think what they are talking [about] matters the most. Because of the existing norms, it's not easy for the WROs to assert [themselves].'⁶⁸

The review found access issues were sometimes addressed, however not consistently. Several access issues were identified as barriers to participation. Firstly, WROs noted the financial cost of attending and participating in face-to-face meetings such as transportation costs as a key barrier. WROs noted where travel was needed, WRO

partners and forum coordinators should cover transport costs.⁶⁹ Secondly, and linked to the above, due to traditional customs in Bangladesh, WROs noted that family members might not give permission for them to attend these meetings, impacting their ability to participate.⁷⁰ The time scheduled for these meetings, which sometimes required travelling in the evening, also meant there were a range of safety concerns for a number of interviewees such as travelling alone and in the dark.⁷¹ Thirdly, online meetings could involve challenges relate to technology access and familiarity, though some organisations found that online meetings increased opportunities for participation (see text box 5). Another barrier identified was knowledge and expertise. Interviewees reflected that WROs were not always included because of the perception that supposedly health-specific forums (whether at community or national level) require technical understanding or expertise to be able to participate.⁷² Other humanitarian actors and WROs noted that WROs were sometimes seen by other organisations as lacking the knowledge or capacity to engage and were not viewed as relevant to such forums as HCTT or local government units. This was for a range of reasons including their specific focus on women, because they were often local/ grassroots organisations, or because they were not trained on specific technical knowledge. Another barrier was language with interviewees reflecting on the challenges of some meetings being conducted in English.⁷³ Lastly, WROs noted that they were often simply not invited to meetings or given the appropriate notice that the meetings were being held.⁷⁴

‘There are many leaders of WROs who do not understand and talk in English. My suggestion is to arrange Bangla translator in those meetings which will be really helpful for the WROs.’⁷⁵

‘In the meetings I attended, there was no transportation cost. We do not get any transportation cost from the organisers.’⁷⁶

Text box 5: Technology – an enabler or hindrance

Technology was seen as both an enabler and barrier for WROs participation in meetings and forums. Some actors reflected that because meetings had moved online, accessibility had increased, and there was a greater degree of inclusion of different stakeholders. Some actors said this meant organisations were engaged in forums they hadn’t necessarily participated in before, particularly due to the reduced costs in accessing these spaces.⁷⁷ For others, technology was noted as a hinderance to WROs’ participation, with challenges remaining around internet connection, knowledge of technology, and knowing when the meetings were happening.⁷⁸

‘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.’⁷⁹

COLLECTIVE INFLUENCING AND ADVOCACY

This domain measures the extent to which WROs are supported to advocate and engage with processes that influence COVID-19 responses. The result indicator reflects good practice in supporting women's organisations to advocate for their priorities. Advocacy can be understood as activities that are designed to 'influence the policies and actions of others to achieve change.'⁸⁰



KEY FINDING: There is **good evidence** that COVID-19 responses are influenced by the priorities of national and local groups and movements that advocate for women's leadership and gender inclusion.

Overall, there is good evidence that COVID-19 responses are holistically influenced by the priorities of WROs, with national and local WROs are able to advocate for the development of policies and standards in relation to COVID-19. However, there is an opportunity to ensure that priorities outlined in policy and standards are implemented to ensure women's needs are met.



PROGRESS INDICATOR: National and local WROs and grassroots networks are able to successfully advocate for the development of policies and standards in relation to COVID-19: **GOOD EVIDENCE**

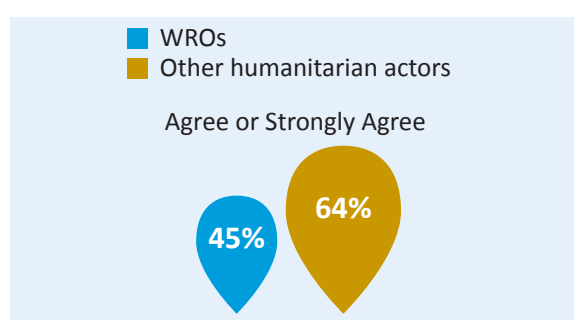
Eighty-one per cent of WRO survey respondents agreed or strongly agreed that national and local COVID-19 policies and standards reflected the priorities of their organisation. When unpacked further in interviews, interviewees reflected that it was primarily a small number of WROs, that were bigger in size and more well known, who have been able to influence the

response with their advocacy. For example, a number of WROs were able to raise awareness through the media on the gendered impacts of the pandemic and associated movement restrictions and lockdowns on women and girls, including GBV issues such as VAW and child marriage.⁸¹ As WROs lacked access to decision-making spaces (seen in the safe and meaningful participation finding of this report) they increased their focus on advocacy – trying to influence policy through their own spaces, channels and spheres of influence.

Encouragingly, the advocacy work being done at a grassroots level, and the ability to meaningfully influence policies and standards, is reflected in the moderately positive perception about the extent to which gender is addressed in COVID-19 response plans and programmes. Forty-five per cent of WROs and 64% of other humanitarian actors agreed or strongly agreed that COVID-19 response plans and programmes adequately address gender-based issues (figure 5). However, interviewees felt there was still significant room to strengthen existing policies and improve how they translated into practice.⁸² For example interviewees noted the increase in incidents of domestic and family violence, but felt there was limited action taken by the government from effective protection or services for women.

*In contrast to other strategies and policies, I believe gender was not heavily highlighted in the COVID-19 response.*⁸³

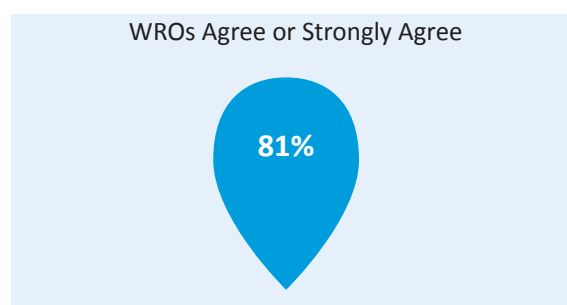
FIGURE 5:
COVID-19 response plans and programmes adequately address gender-based issues



PROGRESS INDICATOR: International partners/donors amplify the voice of national and local WROs during COVID-19 responses: **GOOD EVIDENCE**

International partners have amplified the voices of national and local WROs. For example, WROs were able to develop studies with the support of international partners to capture the voices of women and women’s organisations from remote areas in Bangladesh and then work closely with a number of ministries to ensure they were identified as key beneficiaries of programs.⁸⁴ A strong majority of WRO survey respondents experienced donors as supporting their voices (figure 6). For example, one organisation noted that they had been advocating for response coordination structures in Bangladesh to shift, in order to make more space for civil society, in particular women’s rights organisations. They perceived this as critical, particularly in the COVID-19 response, as they felt that they were better able to identify needs from their position in the community, to then feed that back up to the national level.⁸⁵

FIGURE 6:
Donors have amplified the voices of WROs during COVID-19

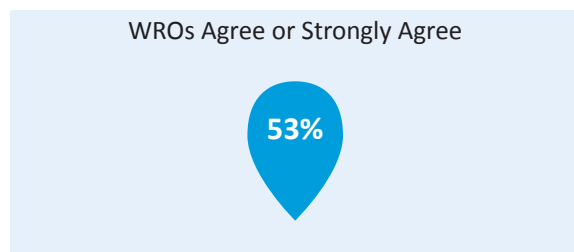


Text box 6: Rapid Gender Assessment

UN Women’s Rapid Gender Assessment (RGA) was seen as a key resource where partners were able to amplify the voices of WRO in Bangladesh.⁸⁶ The RGA, conducted by the Gender in Humanitarian Action (GiHA) Working Group, was aimed to inform national preparedness and response for COVID-19. The RGA outlines six gendered impacts of COVID-19 in Bangladesh: 1) increased risk and evidence of GBV in the context of the pandemic and its responses; 2) unemployment, economic and livelihood impacts for poor women and girls; 3) unequal access to health, education and WASH services; 4) unequal distribution of care and domestic work; 5) women and girls’ voices are not being included to inform a gender targeted response, and; 6) policy response mechanisms do not incorporate gender analytical data to inform gender responsive plans. Donors and INGOs noted this as a key document that they were able to use to advocate internally and with headquarters to prioritise and funding gender-focused work, and gender mainstreaming.

FIGURE 7:
International partners and donors have adequately supported my organisation to advocate for diverse women during the response

Whilst international partners and donors



have been able to amplify the voices of WROs, they could do more to support WROs to advocate directly for diverse women during the response. Just over half of WROs surveyed felt that international partners and donors had adequately supported them to advocate for diverse women (53%) and invested resources to support advocacy by WROs (57%). Some partners noted that they have not been able

to support WROs either because this was not prioritised within their organisation, or because they struggled to identify which organisations were women led or women's rights focused. This lack of clarity around identification created internal challenges for program planning within their own organisation as there was a lack of consensus on organisations to fund and partner with, and who was best placed to implement programs that reached target audiences.⁸⁷

*'I face a lot of debate with people in my organisation, saying they want to prioritise that organisation over this one, but we don't know if they are a WRO or a women's led organisation.'*⁸⁸

Photo: Marie Sophie Petterson/UN Women



PARTNERSHIP, CAPACITY AND FUNDING

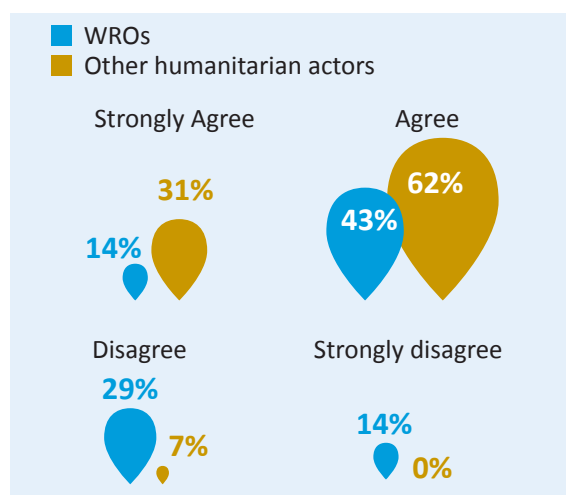
For WROs to shape COVID-19 responses, they must be supported to prioritise their organisational needs, to strengthen their capacity to deliver programmes, to access adequate funding, and to participate in decision-making about funding.⁸⁹ Measuring progress on the development of equitable and complementary partnerships between international and national actors and national and local WROs is important in understanding women’s participation in response and recovery.

KEY FINDING: There is **moderate** evidence that WROs have targeted and relevant support through partnerships, capacity building and funding to help them respond effectively and efficiently to COVID-19.

Overall, there is disparity between the way WROs and other humanitarian actors perceive and experience partnerships, capacity building and funding, with other humanitarian actors reflecting more positively on support provided to WROs.

PROGRESS INDICATOR: Equitable and complementary partnerships between local and national WROs and other responding actors are upheld:
MODERATE EVIDENCE

FIGURE 8:
My organisation/my partnership WRO is involved in decisions about changing the focus of a project due to COVID-19



Enabling partnerships is important for WROs and broader mechanisms to be able to respond effectively and efficiently to COVID-19. Other research examining the role of WROs in COVID-19 responses in Bangladesh also outlines the importance of partnerships, recommending that there ‘should be strong, gender-sensitive coordination and partnership between WROs and government agencies.’⁹⁰ Whilst there are some good practice examples of equitable and complementary partnerships, these are perceived by WROs as ad-hoc and inconsistent. Only 57% of WROs feel that they’re involved

in decisions about changing the focus of a project compared with 93% of other actors (see figure 8). WROs also noted that they have rarely designed or evaluated COVID-19 projects together with their partners.⁹¹ As a result, a gendered lens has not always been applied. Despite their generally more positive view of the processes, partners of WROs noted that due to COVID-19 and the need for urgent programming, as well as the disruption in communication, there was limited time and scope to design projects in partnership.⁹² Other interviewees noted that COVID-19 response projects were part of regional projects, and consequently regional offices were leading design, resulting in limited to no consultation with local and national WROs.

‘There is no way to be involved in co-designing and evaluation of the projects as donors come up with their own agenda. We have to implement the project as per donor’s agenda.’⁹³

‘COVID was a challenge – as soon as it hit, not everyone had the infrastructure, so we weren’t always able to consult.’⁹⁴

The research found that there was more of a positive perception about the complementarity of partnerships in relation to COVID-19 project implementation. Both WROs and their partners noted that this was where WROs were best placed to lead implementation due to the close ties to community, so that WROs were able to draw on their skill sets and knowledge.⁹⁵ This finding echoes other research on WROs and COVID-19 responses in Bangladesh, which found that ‘if WROs manage to collaborate and work with international NGOs in a project together it is mostly at implementation level.’⁹⁶



PROGRESS INDICATOR: WROs have targeted and relevant support from donors and partners to help them respond effectively and efficiently to COVID-19: **MODERATE EVIDENCE**

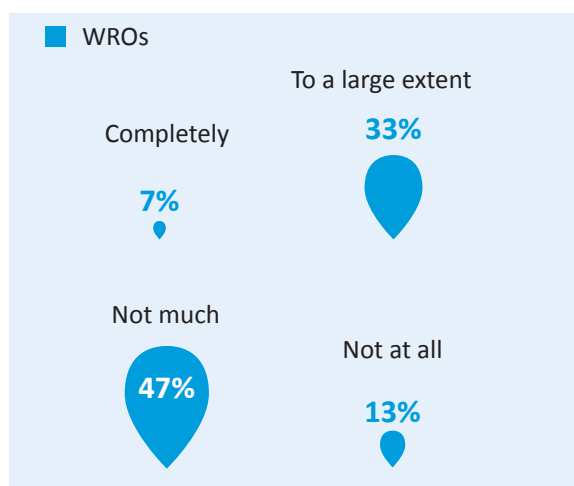
There are some positive examples of WROs having targeted and relevant support from donors and partners, however there is still room to strengthen and bring consistency to this approach. For example, there was some evidence that WROs have been able to define their own capacity-strengthening priorities in relation to responding to COVID-19. Interviewees reflected examples of support provided primarily in relation to online training on topics such as COVID-19 protocols (including health and hygiene) and COVID-19 PPE support; program pivoting, such as support on how to offer GBV services online; distribution models during COVID-19; and proposal/funding development support. Interviewees also reflected that new online technology, such as Zoom, was also a key component of the capacity support provided.⁹⁷ With the move to online platforms, some WROs felt they had greater opportunities to attend online trainings.

‘When lockdown started, partners started communicating with us and asking us how to communicate. They may not tell us they need IT training but they asked us what is Zoom? How we are we going to use Zoom? So we supported them.’⁹⁸

However, these positive examples were not reflected across all partnerships. Not all WROs felt they were able to define their own capacity needs during COVID-19 and influence the capacity support they received. Only 46% of WROs felt decisions around defining capacity needs of their organisation were appropriate, and only 40% of WROs felt donors and international partners had completely or to a

large extent focused on the areas of capacity that WROs had prioritised during COVID-19 (see figure 9). In some instances, WROs said they had not received any appropriate capacity support. Some WROs had to access trainings on their own, without the support of their partners. Others noted that they had to draw on peer support groups and their families for support in using new technology.⁹⁹

FIGURE 9:
Donors/international partners have focused on the areas of capacity that WROs have prioritised in COVID-19



'We have not received any noteworthy support from the partners or donors to respond effectively to COVID-19.'¹⁰⁰

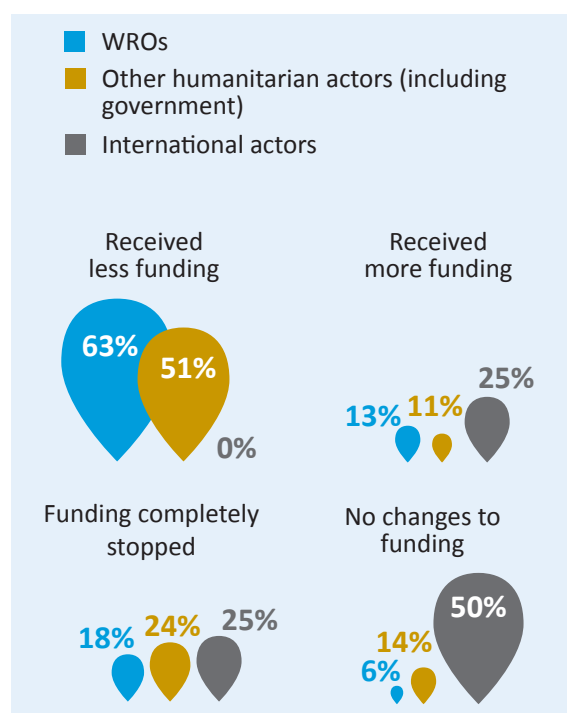
PROGRESS INDICATOR: WROs have sufficient financial support and autonomy that enables them to respond effectively and efficiently to the impacts of COVID-19: **MODERATE EVIDENCE**

There is some emerging evidence that WROs have sufficient financial support that enables them to respond effectively and efficiently to the impacts of COVID-19. For example, 69% of WROs surveyed noted that had received specific funding for COVID-19. However, research in other contexts has consistently

shown that increased needs related to the pandemic (on top of and amplifying existing needs) are not matched by proportionately increased funding.¹⁰¹

Beyond COVID-19 funds, overall funding has been significantly impacted. For 81% of WROs surveyed, funding decreased or stopped completely. Only 13% of WROs survey received more funding (meaning their overall funding increased). Most WRO interviewees noted that opportunities to access additional funding or flexibility to reallocate their funding was limited. Figure 10 outlines how COVID-19 affected the funding of different actors – national and local WROs, other humanitarian actors, including national and local government, and civil society organisations, and international actors including INGOs and UN agencies. It is important to note that no international actors reported receiving less funding and they seemed to have more stability in funding, with 50% reporting no changes to funding (although 25% reported that funding completely stopped).

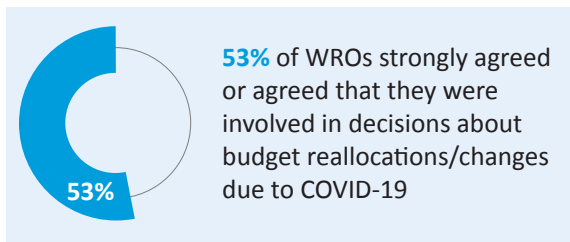
FIGURE 10:
How has your funding been affected by COVID-19?



Furthermore, WROs noted a preference for greater control over, and engagement in, decision-making in relation to funding (see figure 11). WROs noted that donors changed project funding without consultation and that this was particularly challenging as opportunities for receiving funding are already limited. Perceptions about funding are also linked to burden of risk. WROs noted they felt frustrated that they were taking the risk through leading programme implementation but that funding allocations did not reflect this.¹⁰²

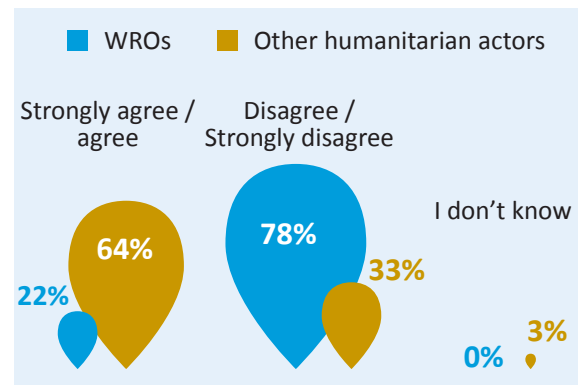
‘All the decisions regarding reduced funding were made by the donors. They informed the decision to us and we had to take necessary steps accordingly.’¹⁰³

FIGURE 11:
Decision making about funding



There is a diversity of views about whether the right actors are being financially supported to address gender-based issues (see figure 13 below). Only 22% of WROs agreed or strongly agreed that the appropriate organisations were receiving support to address gender-based issues. Comparatively 63% of other humanitarian actors agreed or strongly agreed. WROs felt they did not have adequate financial support in order to meet the needs of the diverse women they were working to support in response to COVID-19.¹⁰⁴ This further highlights the disparity of perceptions and experience between WROs and other humanitarian actors.

FIGURE 12:
The appropriate organisations are receiving support to address gender-based issues



WHAT DOES THIS MEAN FOR WROS AND LEADERSHIP?



KEY FINDING: There is **limited evidence** that diverse women and WROs have a transformative leadership role in COVID-19 response planning and implementation in Bangladesh.

The two indicators for this impact domain both show limited to moderate evidence of the existence of transformative leadership roles for women and WROs in COVID-19 responses in COVID-19. Transformative leadership presented weaker evidence than the three results domains (discussed above), despite the framework's working assumption that transformative leadership relies on performance in these three areas. This assumption has been undermined by the barriers for WROs in accessing more strategic coordination and decision-making spaces. This has significantly impacted their ability to lead or influence national approaches to the response, despite strong examples of positive influence in local level and specific platforms.

The research found opportunities for much greater investment in women and WROs through resources, capacity support, elevation of profiles, reducing barriers to accessing coordination and decision-making platforms, and enabling participation (and addressing barriers) in these platforms.



IMPACT INDICATOR: Women and diverse women's groups are present in the forums where key decisions are made for COVID-19 responses: **LIMITED EVIDENCE**

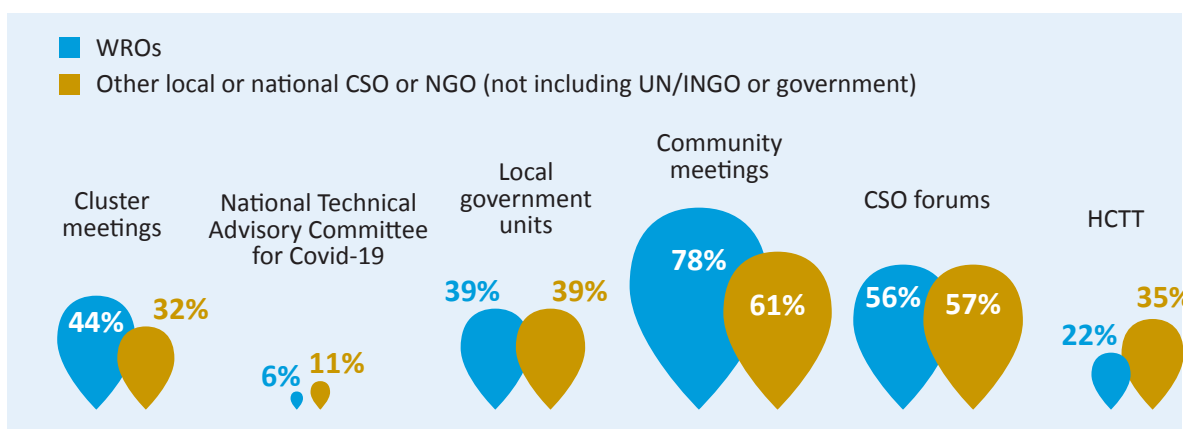
Overall WROs were often not present in high-level forums where key decisions were made during the COVID-19 response because of access and barrier issues such as a lack of resources, opportunities (including being invited to such leadership forums), and not being seen as having the critical skills or knowledge to contribute.¹⁰⁵ Whilst there was some emerging evidence of WROs and women participating in community and local level meetings, this became more limited at the national level. Figure 13 highlights that WROs' participation was higher at community meetings and CSO forums than in higher or larger forums.

*'As a community-based organisation, we have to prove every day that we have capacity to work in the community. To scale up our work nationally or to get recognition nationally, there is not enough opportunity and benefits.'*¹⁰⁶

*'WROs are able to participate in decision-making at the community level, not as much at the national level.'*¹⁰⁷

FIGURE 13:

Which coordination/decision-making platforms has your organisation participated in for the COVID-19 response?



A number of reasons were given for this marginalisation at high levels, including, perceptions of WROs and lack of recognition,¹⁰⁸ funding¹⁰⁹ and social norms around gender.¹¹⁰ The COVID-19 pandemic response was also seen as a new and different type of response, compared with previous disaster responses, that required specific health knowledge, and WROs were not seen to have this capacity by some actors.¹¹¹ This reflects the findings in the participation section of the report.

‘As COVID-19 is a new phenomenon, the WROs have [a] lack of capacity to respond.’¹¹²

‘WROs were excluded because there was limited to no opportunity for them to work as leader[s] as well as contribute to the decision-making program, mainly because of the nature of the pandemic.’¹¹³

In addition to WROs being underrepresented in decision-making forums, women are also strikingly underrepresented in key decision-making and advisory bodies for the COVID-19 response. At the time of writing, only 3 out of the 17 positions on the National Technical Advisory Committee (NTAC) were held by

women and the director of the Institute of Epidemiology, Disease Control and Research (IEDCR) is also a woman.



IMPACT INDICATOR: Women and diverse women’s groups are listened to and their opinions respected: **LIMITED TO MODERATE EVIDENCE**

The research found limited to moderate evidence that women and diverse women’s groups are listened to, and their opinions respected within the COVID-19 response. The perception that women and WROs have contributed to, or influenced, key decisions in COVID-19 responses is low. Eighty-three per cent of WROs interviewed noted that there was limited to no opportunity to contribute to, or influence, decision-making during the COVID-19 response. Many reflected that this was because they simply did not have access to those forums.¹¹⁴

‘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.’¹¹⁵

‘The WROs could contribute within their own organisation. But when it comes to contributing externally, they failed to do so.’¹¹⁶

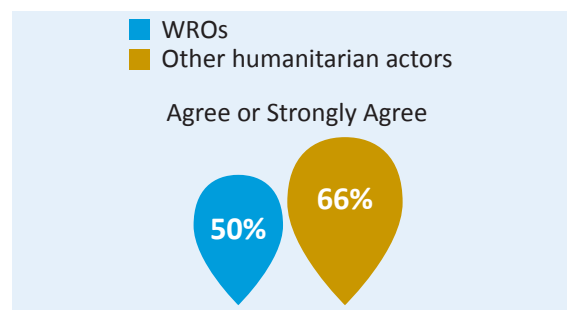
Others noted key government ministries who would promote or oversee the inclusion of women were absent from key strategy policies during the response to COVID-19, raising further questions as to the prioritisation of women.

‘The role of the Ministry of Women and Child Affairs is totally absent in the strategy paper. If the role of the Ministry of Women and Child Affairs is absent, how [will] women rights organisations [...] play a role?’¹¹⁷

There were some examples of WROs influencing donor decision-making in relation to programs. For example, some WROs tried to influence decision-making through publishing and presenting regular updates on issues such as gender-based violence. Interviewees reflected that this had some influence on funding commitments and actions from various agencies, but not consistently. Another WRO noted that when they raised awareness with a donor around the provision of food to women who had lost their livelihoods, that donor then provided food directly to those women in need.¹¹⁸

FIGURE 14:

The needs of diverse women have been addressed adequately during the COVID-19 response.



The impact of insufficient women’s leadership and participation at the strategic and policymaking and implementation level is then seen in a lack of programming and support to address the diverse needs of the gendered impact of the pandemic. Overall, only 50% of WROs and 66% of other humanitarian actors agreed or strongly agreed that the needs of diverse women have been addressed adequately during the COVID-19 response (see figure 14). Whilst some actors noted that some documents and policies highlight the need to address the needs of the most vulnerable, including women and children, persons with disabilities and sexual and gender minorities, they felt implementation was less clear.¹¹⁹ However others explicitly noted the lack of inclusion of women in the response and how women were not present when decisions around program priorities and design were being undertaken.¹²⁰ Interviewees felt this was amplified during the TC Amphan response, which occurred at the same time as the COVID-19 response, and emphasised the fact that the needs of women and WROs were overlooked.

‘One of the studies conducted by Oxfam found out that after Amphan, there was no women’s participation in the aid distribution and planning of government

and non-government organisations.... This whole situation indicates that the gender needs and impacts are totally ignored in the response.¹²¹

However, a crucial first step is the inclusion in the very forums and meetings where decisions are being made, and overall, there is limited evidence that WROs have been invited into these spaces.

‘There were several challenges for WROs to contribute to decision-making. For example, government doesn’t think that they should listen our voice. International organisations have their own policy/mandate and they implement these

policies/mandates accordingly. They also don’t think that any external consultation is necessary. Thirdly, national/grassroots organisations provided support as per their capacity. Because of these reasons, I think WROs do not have the opportunity to contribute to decision-making.’¹²²

‘I feel WROs didn’t have a space; space had to be created by some organisations, who had that influence over the government mechanisms, [and] they were not able to exert influence as much in that space where government is listening or trying to do something about these problems.’¹²³

Photo: UN Women/Fahad Abdullah Kaizer



CONCLUSION

Our research found limited to moderate evidence of women's meaningful participation and leadership across all areas. The report shows that there are opportunities to strengthen the support provided to women and WROs to ensure their inclusion and leadership in key COVID-19 forums.

Where we have seen action

There are important and strong examples where WROs have participated and advocated. This is particularly at the community level and in local spaces through programme implementation. There are also some good examples of how WROs and women have been supported by partners to engage in the response. Their roles have been particularly influential in community responses where women acted as primary responders and were able to direct the focus of activities. Their contribution is evident in activities such as advocating for programmes that address child marriage, identifying vulnerable women and women-headed households, supporting those experiencing GBV and collectively establishing new networks to address unmet needs, as outlined above.

Where there's opportunity to strengthen investment and support

Whilst there is some evidence of progress in each of the domain areas, there is significant work to do to ensure WROs are participating safely, collectively influencing, and experiencing equitable partnerships in the response to COVID-19. Furthermore, WROs and women had relatively little impact on the overall direction of the response. WROs perceived that the appropriate organisations were not receiving funding and the national response was not responsive to gender specific needs. The potential and interest for WROs to increase their engagement at more strategic levels of response operations is also clear. This report suggests that in order for this to happen, WROs' participation, advocacy and partnership need to be elevated to key decision-making forums where influence and decision making is concentrated (see text box 7).



Text box 7. Priorities for increasing women's leadership and participation in the COVID-19 response

There are several key steps that partners and donors of WROs and other humanitarian actors could consider to better facilitate leadership of WROs in COVID-19 responses:

- Actively invite WROs to key coordination forums (such as clusters)
- Support WROs in preparing for meetings
- Ensure WROs activities and programmes are appropriately funded
- Discuss openly with partners the impacts of changes to funding, programme implementation, and no cost extensions on WROs
- Engage in iterative conversations about capacity support needed during different times in the response
- Provide support for WROs including women with disabilities and LGBTQI+ people to be present at advocacy opportunities at the national level
- Engage with WROs to better understand barriers to participation in forums and how partners, donors and other humanitarian actors can support their attendance

This baseline can act as a catalyst for change among humanitarian actors, including government, national and international NGOs, UN agencies, private sector and the Red Cross/Red Crescent Movement. It should prompt organisations and coordination forums to set targets and track change to better include, support and elevate the role of women's rights organisations in COVID-19 and broader humanitarian responses. Improving inclusion during decision-making and increasing the gender-sensitivity of responses is vital to increasing the quality of humanitarian outcomes for affected communities during the COVID-19 pandemic and beyond.

APPENDIX 1: MEASUREMENT RUBRIC

Result indicator/ Impact indicator	Progress indicator	Means of verification	0	1	2	3	4	Evidence grading
			None	Limited	Moderate	Good	Strong	
Result domain: Safe and meaningful participation								
Women and WROs participate actively and safely in decision-making processes and can influence outcomes	Diverse women and national and local WROs are represented and engage actively in in-country COVID-19 response decision-making and coordination forums	WROs are present and participate at key COVID-19 platforms and forums				X		Moderate
		Perception that WROs can meaningfully and safely participate in key forums and information is made accessible			X			
	Coordination and consultation forums address access and safety considerations for WROs	Evidence that security risks, physical access, transport requirements and internet/ technology access have been addressed			X			

Result indicator/ Impact indicator	Progress indicator	Means of verification	0	1	2	3	4	Evidence grading
			None	Limited	Moderate	Good	Strong	
Result domain: Collective influencing and advocacy								
COVID-19 responses are influenced by the priorities of national and local groups and movements that advocate for women's leadership and gender inclusion	National and local WROs and grassroots networks are able to successfully advocate for the development of policies and standards in relation to COVID-19	National and local WROs and networks are able to advocate for the development of COVID-19 policies and standards that align with their priorities			X			Good
		Perception that advocacy by national and local WROs and networks has influenced policy development				X		
		Policies and standards reflect priorities of national and local WROs, and support women's leadership			X			
	International partners/ donors amplify the voice of national and local WROs during COVID-19 responses	Perception that donors have amplified the voices of WROs during COVID-19			X			
		Evidence of investment of resources to support advocacy			X			
Result domain: Partnership, capacity, and funding								

Result indicator/ Impact indicator	Progress indicator	Means of verification	0	1	2	3	4	Evidence grading
			None	Limited	Moderate	Good	Strong	
WROs have targeted and relevant support through partnership, capacity building and funding to help them respond effectively and efficiently to COVID-19	Equitable and complementary partnerships between local and national WROs and other responding actors are upheld	Evidence that projects are co-designed, implemented and evaluated in partnership			X			Moderate
	WROs have targeted and relevant support from donors and partners to help them respond effectively and efficiently to COVID-19	WROs define their own capacity-strengthening priorities in relation to responding to COVID-19			X			
		WROs are supported by partners to undertake capacity-building activities for the COVID-19 response			X			
	WROs have sufficient financial support and autonomy that enables them to respond effectively and efficiently to the impacts of COVID-19	WROs have direct access to COVID-related funding			X			
		Perception that WROs have increased control over COVID-related funding decisions			X			
Impact domain: Transformative leadership								

Result indicator/ Impact indicator	Progress indicator	Means of verification	0	1	2	3	4	Evidence grading
			None	Limited	Moderate	Good	Strong	
Women and women's rights organisations (WROs) have a transformative leadership role in COVID-19 response planning and implementation	Women and diverse women's groups are present in the forums where key decisions are made for COVID-19 responses	Proportion of leadership positions occupied by diverse women		X				Limited
	Women and diverse women's groups are listened to and their opinions respected	Perception that women and local and national WROs influence key decisions in COVID-19 responses			X			
		Gender perspectives, goals and desired impacts are included in COVID-19 response plans and reporting			X			

Score	Explanation	
None	0	Evidence is restricted or slight, and inconsistent
Limited	1	Evidence is limited and inconsistent
Moderate	2	Moderate evidence, with some inconsistency reflecting genuine uncertainty
Good	3	Substantial evidence, mostly consistent and inconsistencies between or within tools may be explained
Strong	4	Strong evidence, consistency between and within tools

ENDNOTES

- 1 UN Women, *Rapid Gender Analysis Cyclone Amphan*, 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/RGA%20Cyclone%20Amphan%20Bangladesh.pdf>
- 2 ActionAid, *On the frontline: Catalysing women's leadership in humanitarian action*, May 2016, <https://actionaid.org.au/resources/on-the-frontline-catalysing-womens-leadership-in-humanitarian-action/>
- 3 See Humanitarian Advisory Group, *Tracking the Progress and Impact of Women's Leadership in COVID-19 Responses in the Philippines*, UN Women: March 2021, <https://asiapacific.unwomen.org/en/digital-library/publications/2021/03/tracking-the-progress-and-impact-of-womens-leadership-in-covid-19-responses-in-the-philippines>
- 4 Humanitarian Advisory Group, *Tracking the Progress and Impact of Women's Leadership in COVID-19 Responses in the Philippines*, UN Women: March 2021, <https://asiapacific.unwomen.org/en/digital-library/publications/2021/03/tracking-the-progress-and-impact-of-womens-leadership-in-covid-19-responses-in-the-philippines>
- 5 The Grand Bargain Friends of Gender Group uses the following definition: '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.' See, CCTRI Localization Work-stream, 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, *How to promote gender-responsive localization in humanitarian action*, Guidance Note, Geneva: UN Women, 2020, p.59, <https://reliefweb.int/sites/reliefweb.int/files/resources/Guidance%20note%20-%20how%20to%20promote%20gender-responsive%20localization%20in%20humanitarian%20action.pdf>
- 6 The domains are outlined further in Appendix 1.
- 7 The ability to identify and facilitate working together of different resources to solve problems.
- 8 Center for Research on the Epidemiology of Disasters (CRED). Emergency Management Database (EM-DAT), 2021.
- 9 United Nations Resident Coordinators Office, Bangladesh, HCTT's Humanitarian Preparedness and Response Plan for climate-related disasters in 2020, 17 May 2020, <https://www.humanitarianresponse.info/en/operations/bangladesh/document/humanitarian-preparedness-and-response-plan-climate-related-o>
- 10 Government of the People's Republic of Bangladesh, *Standing Orders on Disaster 2019*, 28 October 2020, <https://reliefweb.int/report/bangladesh/government-people-s-republic-bangladesh-standing-orders-disaster-2019>
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