RESEARCH PAPER

# MEASURING WOMEN'S LEADERSHIP IN COVID-19 RESPONSE AND RECOVERY IN TAMIL NADU, INDIA

DECEMBER 2022

HUMANITARIAN ADVISORY GROUP

UN WOMEN

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PREPARED FOR UN WOMEN REGIONAL OFFICE FOR ASIA AND THE PACIFIC

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HUMANITARIAN ADVISORY GROUP

UN WOMEN

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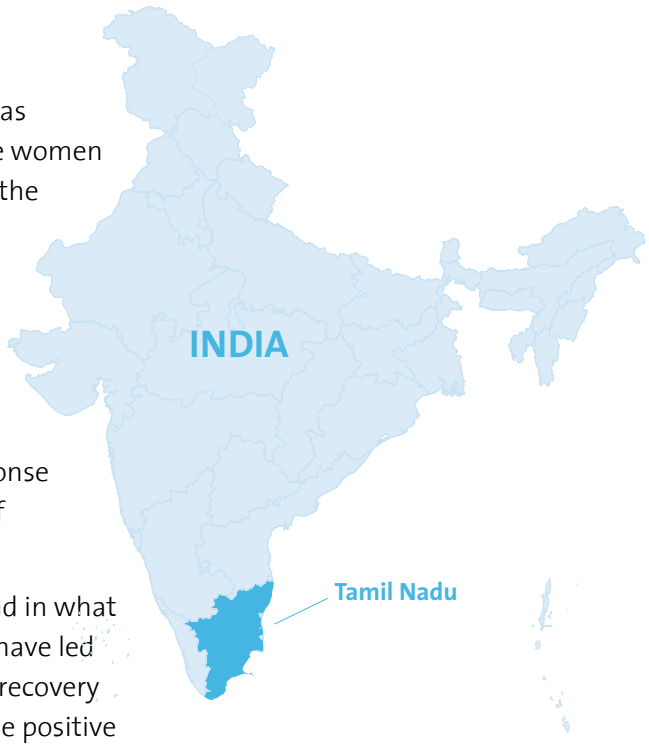
# CONTENTS

# ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| CSO | Civil society organisation |
| DRR | Disaster risk reduction |
| FCRA | Foreign Contribution (Regulation) Act, 2010 |
| GBV | Gender-based violence |
| HAG | Humanitarian Advisory Group |
| IAG | Interagency Group |
| INGO | International non-governmental organisation |
| NDMA | National Disaster Management Agency |
| NGO | Non-governmental organisation |
| PPE | Personal protective equipment |
| UN | United Nations |
| UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations International Children's Emergency Fund |
| WRO | Women's rights organisation |

# EXECUTIVE SUMMARY

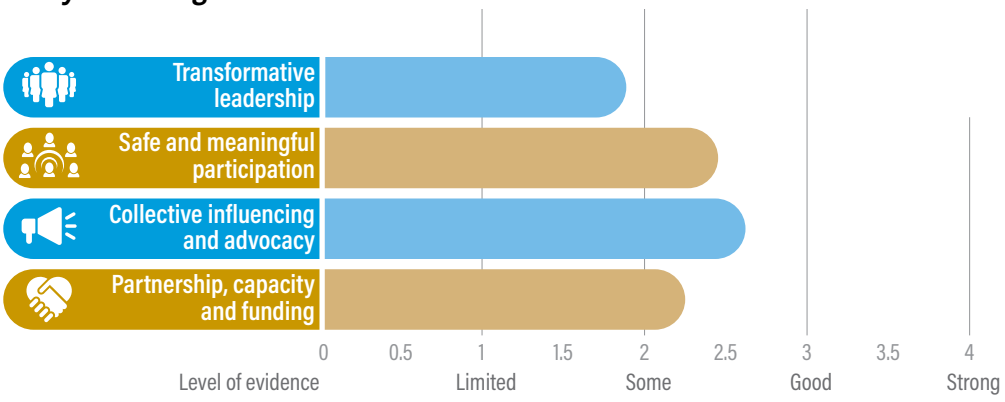



Women in India, like women elsewhere, have been disproportionally affected by the COVID-19 pandemic. It has exacerbated pre-existing gender equalities, pushing more women into poverty and increasing their unpaid work. Moreover, the pandemic has worsened gender-based violence (GBV) in India, with a 2.5-fold increase in reported cases of domestic violence, and a rise in the rate of child marriage. Women have also experienced more severe economic impacts, with 47% of Indian women losing their jobs in the first lockdown, compared to 7% of men. Therefore, it is critical to ensure women are involved in COVID-19 response and recovery planning and decision-making at all levels of government and civil society.

This report provides a snapshot of the extent to which, and in what ways, women and women's rights organisations (WROs) have led and participated meaningfully in COVID-19 response and recovery in the state of Tamil Nadu in India. While it identifies some positive examples of participation and advocacy led by WROs, there are opportunities to strengthen investment and support to WROs to bolster their leadership in COVID-19 response and recovery.

'We contribute to local decision-making. There is more acceptance than rejection. But we have to force and educate them ... If we want to influence the government we face a lot of issues. If we give them the knowledge, we can help them.' [Research participant]

**Summary of findings**




The research used the Framework for Measuring Women's Leadership and Meaningful Participation in COVID-19 Responses. The research looked at four key domain areas - 1) transformative leadership, 2) safe and meaningful participation, 3) collective influencing and advocacy, and 4) partnerships, capacity and funding

The findings outlined above highlight the need to improve the participation of women and WROs in COVID-19 response and recovery in Tamil Nadu. While better documentation may reveal more examples of good practice, concerted and sustained efforts are required to create the conditions for WROs to contribute to response and recovery. A continued lack of representation and engagement of women and WROs could mean that conditions for women in the COVID-19 recovery context in India deteriorate even further.

Partners and financial supporters of WROs and other COVID-19 response and recovery actors could facilitate greater leadership of WROs in COVID-19 planning and decision-making by:

- inviting WROs to participate in key coordination forums where decision-making occurs
- advocating for local civil society representation, with a focus on WROs in government-led committees and working groups
- creating specific forums or dialogues where WROs and government stakeholders can meet and discuss specific needs and priorities for WRO
- facilitating WROs' access and attendance at meetings (whether as meeting host or as WRO partner) by covering transport costs, providing online options and ensuring enough notice is provided
- encouraging meaningful participation by supporting WROs and women leaders to prepare for and debrief from meetings and identifying roles for allies to play during meetings
- ensuring that meeting protocols and processes intentionally seek out and systematically capture the voices of women. This could include ensuring meeting agendas have specific time allocated for women and WROs, and that minutes and action items reflect their priorities
- seeking opportunities to connect WROs with policy-making processes, for example, by consulting with them and feeding their priorities into policy forums, or directly fostering collaborations between government and WROs
- initiating regular and meaningful partnership processes based on shared priorities, partnership principles and ways of working, resourcing needs and opportunities, and long-term sustained capacity needs.

Through steps like these, UN Women and other actors looking to advance women's leadership and participation in Tamil Nadu can use their resources and influence to support partners. Increasing participation and leadership will take time, so it may be beneficial to identify short-term opportunities to optimise the participation of WROs that already have access to decision-making forums. This could be done while developing mid- to long-term strategies to promote representation of WROs in other forums to increase attention to women's experiences as part of economic recovery efforts.

# 1. INTRODUCTION

This study examines the extent of women's leadership in response to and recovery from the COVID-19 pandemic in Tamil Nadu, India. The COVID-19 pandemic is continuing to unfold. The impacts of the pandemic are continuing to affect communities across Asia and the Pacific, with cases still present and vaccination efforts still not reaching all communities. Furthermore, the pandemic has amplified the challenges women and girls face. As the focus shifts to addressing the long-term impacts of the pandemic, there is an opportunity to learn from the experience of women at the community, local, state and national levels who are involved in various aspects of the COVID-19 response and recovery efforts.

As in other countries, women in India have been disproportionately affected by the pandemic and COVID-19 restrictions. For example, cases of domestic violence has increased 2.5-fold[1] while 47% of women have lost their jobs in the first lockdown, compared to 7% of men.[2] It is therefore critical that response and recovery plans and approaches are gender responsive. This includes ensuring women and women's rights organisations (WROs) are involved in planning, leadership and decision-making for COVID-19 response and recovery. Despite this, women and the organisations advocating for them were underrepresented in COVID-19 decision-making.[3]

The objective of this research was to measure women's leadership and participation in the COVID-19 response and recovery in Tamil Nadu, India. The research was 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 used 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.

Overall, the research found there are significant opportunities to enhance and promote women's leadership and participation in COVID-19 response and recovery efforts in the Indian state of Tamil Nadu. While WROs' leadership, decision-making, and participation was evident at the local community and operational levels, there were fewer opportunities to lead in strategy and policy at the state level. Women's representation and leadership was often tokenistic, seen as a 'tick box' activity. Women and WROs felt this meant meaningfully engaging and influencing in these spaces was therefore challenging. However, it is critical to acknowledge WROs' ability to mobilise and be creative with other ways to influence and inform response and recovery efforts from the community level to the state level. There are opportunities to augment support to WROs, including: addressing barriers to women's full participation and providing appropriate capacity support.

When examining COVID-19 response versus recovery, the research found only limited distinctions between the leadership and participation of WROs. Interviewees often did not distinguish between response and

recovery unless prompted, and survey data did not reveal strong differences between the two phases. Overall, there was emerging evidence that women's lack of influence and input into leadership and decision-making during the response phase will have longer-term impacts on whether recovery efforts are able to meet the diverse needs of women. Interviewees reflected on how the recovery needs to address systemic issues such as gender inequalities in a long-term and meaningful way, avoiding the traps of short-term thinking and tokenistic approaches.

**Report structure**

This report is structured in nine sections:

- Section 1 introduces the report.
- Section 2 summarises the methodology and approach underpinning the study.
- Section 3 summarises the key findings.
- Section 4 explores the context of COVID-19 and women's rights in Tamil Nadu, India.
- Sections 5 to 8 detail the evidence against the four domains of the Framework for Measuring Women's Leadership and Meaningful Participation in COVID-19 Responses, which are: transformative leadership; safe and meaningful participation; collective influencing and advocacy; and partnerships, capacity and funding.
- Section 9 concludes the report and discusses what the findings mean going forward. It identifies how stakeholders can further support leadership and participation of WROs in the COVID-19 recovery and future responses.

### Text box 1: Definitions

*Defining women's rights organisations*

The term WRO is used throughout the report. For the purpose of this study, WRO also encompasses women focussed and women led organisations. 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. All these organisations were included in the data collection process.

*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 predominantly focused on immediate and short-term needs.[4]

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

# 2. METHODOLOGY

The research used the Framework for Measuring Women's Leadership and Meaningful Participation in COVID-19 Responses. Humanitarian Advisory Group (HAG) and partners developed this framework in 2020 and piloted it in the Philippines. It was then adapted based on the outcomes of that process. A subsequent baseline was also conducted in Bangladesh in 2021.

The framework was developed in 2020 to focus on the response phase of the pandemic. However, 2.5 years on, countries are now shifting to focus on recovery from COVID-19 as well. Consequently, for this baseline the research team revised and adapted the framework to capture both the response and recovery phases.

This study assessed WROs' leadership and participation in COVID-19 response and recovery in the state of Tamil Nadu, India. Given the size and diversity of the country, and resource and time constraints, it was decided to focus on one state only for this baseline. Tamil Nadu was chosen following consultations between the research team, the UN Women Regional Office for Asia and the Pacific (ROAP), and the UN Women India Country office.

While this study 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. Over time, this will help to clarify which approaches to promoting women's and WROs' leadership and participation are most effective.

It was important to consider the experiences of a diverse range of individual women (who may or may not represent or be represented in women's organisations) as well as WROs, because the participation of both contributes to transformative leadership. This was reflected in the identification of key stakeholders engaged for the research. This research team also acknowledges the intersectional identities of women and WROs representing them in Tamil Nadu including but not limited to caste, religion and disability. The research team was intentional in targeting a diverse range of WROs and women.

### The framework and indicators

The framework establishes a baseline analysis to measure progress. It includes three results domains:

- **safe and meaningful participation**
- **collective influencing and advocacy**
- **partnerships, capacity and funding**.

Each domain has a results indicator and a set of progress indicators. There is also an overarching impact domain – **transformative leadership** – which includes progress and impact indicators.[6] As part of the inception phase of the research, indicators and means of verification to capture the recovery phase were added to the research. The indicators were also amended to reflect the state-level focus, instead of the national level. A brief definition for each domain is provided at the top of each section in the findings section of the report.

The framework was built on three areas that were identified as vital in achieving

transformative leadership.[7] The assumption was that transformative leadership would be enabled 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 response and recovery, and

iii. received targeted and relevant support through partnerships, capacity-building and funding.

### Supporting localised approaches to research

The baseline took a localised approach to the research, with a national researcher contributing to the design, leading data collection and contributing to the debriefing and analysis processes. This ensured the research tools were appropriate and contextualised, with the research paying specific attention to ensuring the voices of 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 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 academics.

The team worked in partnership with UN Women's India Country Office to distribute the self-assessment survey to international and national humanitarian actors working on COVID-19 response and recovery efforts.

Key informants were interviewed from WROs, INGOs, UN agencies, and state and local governments working on COVID-19 response and recovery in Tamil Nadu (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**


The research team reached out to over 90 stakeholders for their engagement in this research.

## Limitations

*Scope and geographic representation*: The focus of this research is measuring women's leadership at the sector level (e.g. state and local COVID-19 response and recovery work) in Tamil Nadu, not the country more broadly.

*Existing framework:* The original focus of the framework was specifically on women's leadership and participation in COVID-19 responses. The framework implemented in this baseline was modified to include recovery. The research team adapted the tools where appropriate to capture WROs' leadership in recovery in Tamil Nadu.

However, progress from response to recovery has not been linear. WROs and other humanitarian actors are often switching between response and recovery activities, or sometimes conducting them simultaneously, depending on different COVID-19 waves. This has influenced how distinctions in response versus recovery were interpreted in the data collection process.

*Sample size:* the small sample size (n=50) for the self-assessment survey means that results may not represent the full diversity of WROs' or other humanitarian actors' perspectives. In particular, the lower number of other actor respondents (16 out of 50) meant the extent to which the survey captured other actors' perspectives was limited. To address this, the research used a mixed-methods approach: seeking qualitative interviews with a broad range of stakeholders. These data sets were analysed alongside the quantitative data to cross-check findings and provider further context.

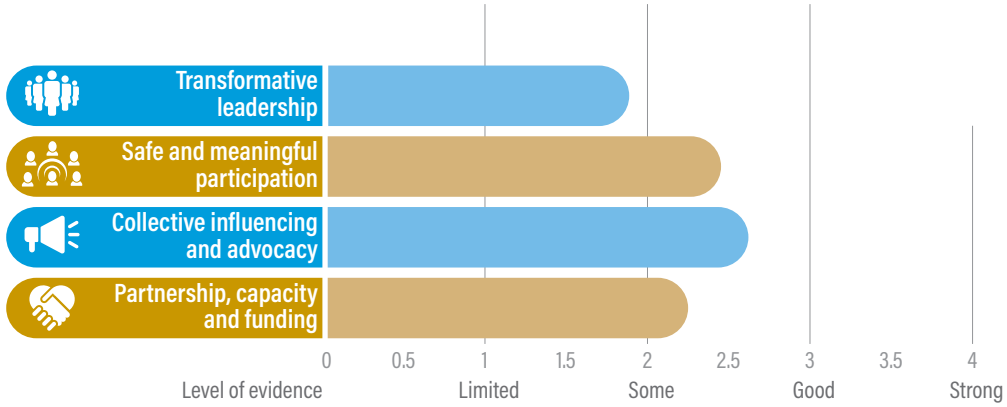
*Interpretation bias:* The baseline data may be influenced by different understandings or interpretations of key terms among our participants. The research team sought to address this by explaining key terms and responding to any clarifying questions during the interview process. The same may also be true in the reading of documents, interviews, and statistical survey data, where interpretations may apply. In interpreting all the sources, the research team have identified key themes most relevant to the framework. Not all experiences are reflected in this final report.

*COVID-19 restrictions and state 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, and even from state to state within a country. The evolving nature of the pandemic and the complexity of COVID-19 in disaster-affected areas may mean that certain stakeholders – either in relation to the sector or geographical location – could not contribute to baseline data collection. Moreover, understandings of COVID-19 and its impacts are rapidly evolving, making total coverage impossible. However, the flexible approach to data collection meant we were able to undertake a mix of face to face and online KIIs.

# 3. SUMMARY OF KEY FINDINGS

The summary below shows scores against the result areas.

**Summary of findings**




This report provides a snapshot of the extent to which, and in what ways, WROs have led and participated meaningfully in COVID-19 response and recovery in the state of Tamil Nadu in India. While it identifies some positive examples of participation and advocacy led by WROs, there are opportunities to strengthen investment and support to WROs to bolster their leadership in COVID-19 response and recovery.

**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 |

Factors that were considered in the scoring include the extent to which data was available, the level of positive and negative examples and perceptions shared in the surveys and KIIs, and consistency in results across different data collected from different sources.

# 4. CONTEXT: COVID-19 IN TAMIL NADU, INDIA

In India, there have been over 44 million confirmed cases of COVID-19. Over 528,835 people have died since the beginning of the pandemic. In Tamil Nadu, as of October 2022 there have been 3.5 million cases of COVID-19, resulting in 38,048 deaths.[8] India has had several COVID-19 waves, including in April 2021 when the second wave swept the country.[9] It was during the second wave when, on 12 April, India overtook Brazil as the country with the second-highest absolute number of COVID-19 cases globally.[10] It was also during this time that a general election for the Tamil Nadu Legislative Assembly took place.[11] Sixty-eight per cent of the population are now fully vaccinated and, over the last two years, national and state governments have introduced policies to prevent disease transmission and to ameliorate the impacts of COVID-19 restrictions and lockdowns.[12]

**FIGURE 2**

**Impact of COVID-19 in Tamil Nadu and India more broadly[13]**

**Tamil Nadu**

**3.5 million** confirmed COVID-19 cases

**38,048** deaths

**126,967,269** vaccine doses

**India**

**44 million** confirmed COVID-19 cases

**528,835** deaths

**2,190,969,572** vaccine doses

## Response context

The National Disaster Management Agency (NDMA), chaired by the Prime Minister, is the primary body responsible for disaster management in India. The NDMA, State Disaster Management Authorities and District Disaster Management Authorities are codified by the *Disaster Management Act, 2005*, and the Government of India constituted the first National Platform for Disaster Risk Reduction (DRR) in 2013.[14]

In response to COVID-19, the NDMA issued orders and advisories, including COVID-19 guidelines for different sectors, guidelines on how to use personal protective equipment (PPE), and psychosocial care for frontline workers and disaster management professionals. The NDMA also established a COVID-19 taskforce.[15]

In Tamil Nadu, the Revenue and Disaster Management Department issued state government orders relating to COVID-19 infection prevention and control, including lockdowns and restrictions on movement.[16] It established its own COVID-19 taskforce, and a unified command centre for COVID-19 was set up on 30 April 2021.[17] Text box 2 outlines non-government coordination networks and groups.

The Indian Government also introduced measures that partially addressed the needs of the community. These included food transfers, three-month advances on pensions, and direct cash transfers for poor families, women who have *Jan Dhan* accounts (a Government of India program

for financial inclusion to expand access to financial services) and farmers to ameliorate the impacts of COVID-19 restrictions and lockdowns. The Government also increased wages for workers in the rural public employment program and special incentives for women's employment. However, these policies largely excluded or did not provide sufficient support for some groups of women, such as urban women and those working in the informal sector.[18]

### Text box 2: Non-government coordination

In India, the UN Resident Coordinator leads the UN Disaster Management Team, which is convened by the United Nations Children's Fund (UNICEF) and supports the coordination of the UN's emergency preparedness and disaster response activities across 13 agencies: the Asian and Pacific Centre for Transfer of Technology (APCTT-ESCAP), the Food and Agriculture Organization of the United Nations (FAO), the International Organisation for Migration (IOM), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), UNICEF, the Economic and Social Commission for Asia and the Pacific (UNESCAP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Human Settlements Programme (UN HABITAT), the United Nations Industrial Development Organization (UNIDO), the World Food Programme (WFP) and the World Health Organization (WHO).[19]

Sphere India represents a national coalition of humanitarian, development and resilience actors in India. Its membership includes UN agencies, and national and international NGOs. There are also state-specific networks/interagency groups, including in Tamil Nadu. The core sectors of engagement are health; water, sanitation and hygiene; food and nutrition; education; protection; and shelter. Cross-cutting program areas include accountability to affected populations, interagency coordination, knowledge and capacity sharing, collaborative advocacy and linking humanitarian, development, DRR, climate change adaptation and peace.[20]

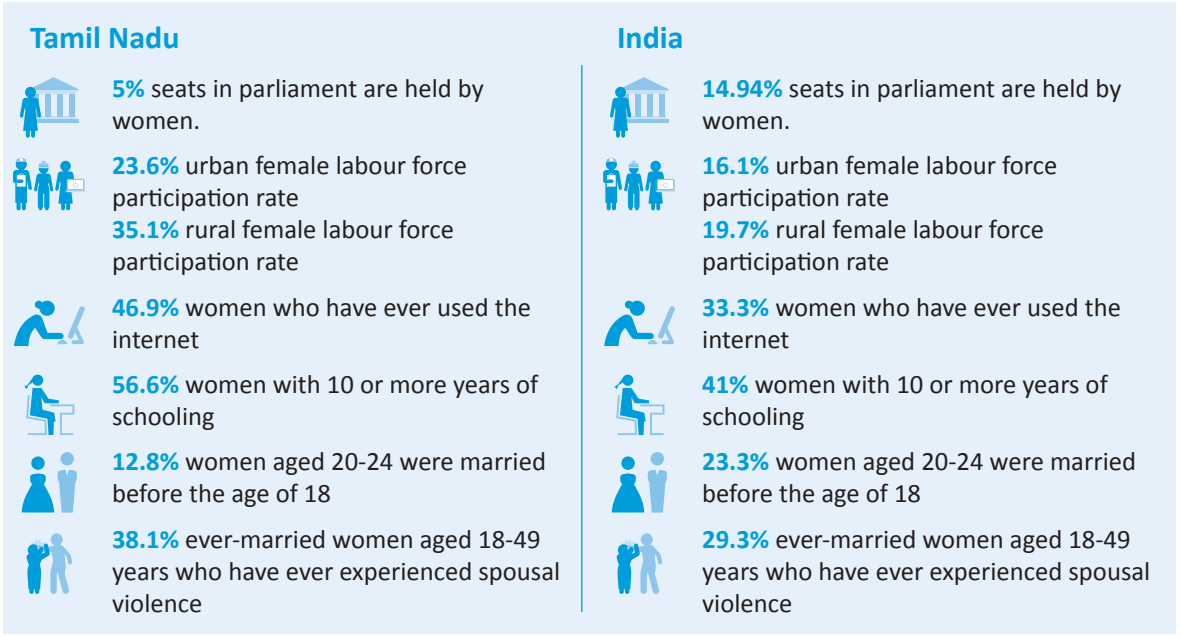
## The gendered impacts of COVID-19

As in other countries, women in all their diversity, in India were particularly affected by COVID-19 and subsequent lockdowns. Women's unemployment was already higher than that of the general population before COVID-19 (18% versus 7%). It was estimated that women were 23% less likely than other workers to retain their employment following the end of lockdowns.[21]

Women represent 81% of workers in the informal sector, which was heavily affected by COVID-19 lockdowns and restrictions. For example, one study found that 85% of domestic workers had lost their job during lockdowns.[22] The pandemic has also resulted in restricted access to, and neglect of, essential sexual and reproductive health care. Text box 3 unpacks the impact of the COVID-19 pandemic with respect to safety and the upholding of rights for women and girls.[23] Yet despite being disproportionately affected by the pandemic, women are underrepresented on the national COVID-19 taskforce, making up only 13% of its members.[24] This has implications for women's involvement and presence in the spaces where decision-making occurs in response and moving forward into recovery from the pandemic. It can also have implications for how women's needs are met.

**FIGURE 3**

**A snapshot of women's experiences in Tamil Nadu and India more broadly[25]**




## Text box 3: Compounding challenges for women and girls during COVID-19

In April 2020, UNFPA highlighted the lasting impact the COVID-19 pandemic could have on family planning, GBV and child marriage. It estimated that 47 million women in low and middle-income countries would be unable to use modern contraceptives if the lockdowns continued for six months, and that as a result, an additional 13 million child marriages would occur between 2020 and 2030. It was also estimated that an additional 31 million GBV cases would occur if lockdowns continued for six months.[26]

The impact of COVID-19 restrictions on GBV was evident in India, with the National Commission of Women recording a 2.5-fold increase in reported cases of domestic violence between February and May 2020.[27] As elsewhere, reports of domestic violence increased in Tamil Nadu in 2020 when the state went into lockdown.[28] Shelters were more difficult to access during the pandemic, with lockdowns restricting movement and shelters having to close to prevent the spread of the virus.

It is estimated that 23% of women are married before the age of 18 in India.[29] Rates of child marriage between states and districts can vary. Research has suggested an increase in child marriage in some states since the outbreak of COVID-19.[30]

## Moving towards COVID-19 recovery

The reopening of national borders for tourism has been one of the few markers that has indicated a shift towards recovery from the pandemic for many countries. On 15 October 2021, the Ministry of Home Affairs once again began granting tourist visas, after they were suspended in 2020.[31] In March and April 2022, many of the COVID-19 restrictions that had been in place were lifted.[32] COVID-19 preparedness, prevention, and mitigation and response measures have been included in some District Disaster Management Plans for 2021–2022. Ways forward out of the pandemic have also been noted, with the plan for Chengalpattu noting that 'the way ahead to recovery planning is to rethink approaches and mainstream COVID-19 response into development planning across sectors.'[33] As the focus has shifted towards recovery from the COVID-19 pandemic, the importance of women's participation in the economy and workforce as part of inclusive economic recovery efforts has been highlighted by stakeholders such as UN Women.[34]

*Photo: Shutterstock*

# 5. TRANSFORMATIVE LEADERSHIP

**KEY FINDING:** There is **limited to moderate evidence** that women and WROs have a transformative leadership role in COVID-19 response and recovery efforts in Tamil Nadu.

Overall, there is limited to moderate evidence that women and WROs have a transformative leadership role in COVID-19 response and recovery efforts. WROs are primarily present at community-level meetings. However, they are often not included in state government or formal-level leadership and decision-making forums. The expertise, experience and understanding they have of women's needs is not recognised and drawn on.

The research found barriers for WROs in accessing more strategic coordination and decision-making spaces. This significantly impacted their ability to lead or influence state-level approaches to response and recovery, despite strong examples of positive influence in at the community level.

**Progress indicator:** Women and diverse women's groups are present in the forums where key decisions are made for COVID-19 response and recovery: **MODERATE EVIDENCE**

There is moderate evidence that women and women's groups are present in the key decision-making forums for COVID-19 response and recovery efforts. Evidence suggests that women's organisations are primarily present at community-level meetings; however, they are not integrated into state government or formal-level leadership and decision-making forums. Figure 4 outlines the percentage of WROs surveyed that have attended different types of coordination and decision-making platforms since the onset of the COVID-19 pandemic.

**FIGURE 4**
**Coordination and decision-making platforms that WROs participated in**

| | Response | Recovery |
|---|---|---|
| Community meetings | 66% | 68% |
| CSO coordination forums | 41% | 61% |
| District Disaster Management Authority meetings | 38% | 35% |
| State Disaster Management Authority meetings | 14% | 18% |
| State Task Force for COVID-19 | 14% | 11% |
| National Task Force for COVID-19 | 17% | 11% |
| Sphere India interagency groups (IAGs)/ sector meetings | 14% | 14% |

At the local level, women were able to be present in the *Panchayati Raj*. A *panchayat* is the oldest system of local government in India and includes 'elderly and wise people chosen by the local community.'[35] Tamil Nadu has 50% of seats in the *Panchayati Raj* reserved for women. This is reflected in the Tamil Nadu Municipal Laws (Amendment) Act, 2016, and Tamil Nadu Panchayats (Amendment Act, 2016).[36] Interviewees noted it was important that women were present in these forums during COVID-19 as their purpose is 'people's participation' that reaches the most vulnerable – often women and other marginalised groups.[37]

Most interviewees felt that women's presence within formal state forums and spaces where strategic decision-making occurred was limited. However, government representatives felt these spaces were open to WROs to access, with limited barriers, and therefore that WROs could contribute. This perception-to reality gap highlights the limited awareness and recognition of the barriers to women being present in these spaces. For example, government representatives interviewed overwhelmingly stated that women and WROs faced no barriers when accessing these spaces. They thought that government offices and ministries were accessible because they have contact numbers publicly available.[38] These issues caused feelings of frustration and disheartenment during response and recovery efforts. There were two key barriers identified that inhibited WROs ability to be present in these forums.

1. **Travel and transport.** WROs felt that this was one of the more significant barriers to both their own and other WROs' participation in meetings, particularly in relation to accessing state-based or state-led forums. Interviewees felt the cost of travel was not affordable, or increased their risk, meaning they were far less likely to be able to participate. This included the distance of travel and time required, and associated costs such as transport and accomodation.[39]

'Most of the grassroots and women's organisations don't have funds to travel to attend meetings and stay, especially in Chennai.'[40]

2. **Awareness of meetings.** In many instances, WROs reflected that they simply were not aware of the meetings that were happening, or received last-minute notice, so could not attend. This is also reflected in figure 4, which highlights the decreased presence in state- and national-level and interagency/sector, meetings.

'Since we had no opportunity to attend any of the decision-making spaces, we were not able to influence any key decisions.'[41]

'We are so used to being neglected. We can't lead or voice out, or be bold in forums like that... First reason is we do not know [of] such forums, we are not even invited.'[42]

**Progress indicator:** Women and diverse women's groups are listened to and their opinions respected: **LIMITED EVIDENCE**

There was limited evidence that women and diverse women's groups are heard, and their opinions respected within the COVID-19 response and recovery efforts. WROs overwhelmingly felt that the expertise, experience and understanding they have of women's needs were not recognised and drawn on.

'I felt that we were sounding very hollow to people, especially the government, I did not see the understanding [that] it's a specialist subject or specialist services.'[43]

In many of the forums where women and WROs were present, their engagement was seen to be tokenistic and their ideas were not heard. For example, one interviewee reflected that women elected to the *Panchayat Raj* were often not listened to during COVID-19 response activities. This highlights that even if women are present in certain forums, that it does not automatically equate to their opinions being heard and respected.

'They [*Panchayat Raj's* leaders] are given directions and tasks by the state, they're not treated as equal participants.'[44]

Rather than being heard, women felt they were being directed to lead the implementation of activities that were often designed and decided at the state level. However, in some instances,

women Panchayati Raj leaders did not have the appropriate resources and tools to implement these decisions.[45]

Additionally, interviewees felt that WROs' expertise on key issues, such as GBV prevention and response, was not consistently recognised and drawn upon to the extent it could have been. However this was an area WROs felt they were leading on in their own work (see text box 4). Due to the limited documentation accessible to the study, it is difficult to triangulate these reflections against the response and recovery policy documents. The reflections may also demonstrate wider challenges facing CSOs seeking to influence state authorities' decision-making. Interviewees reflected that the expertise of women were not called upon for a number of reasons including a lack of engagement with civil society more broadly, a lack of understanding of the gendered impact of COVID-19, not recognising that women were able to bring specialist advice, and competing priorities, such as focussing on delivering health equipment.[46]

'It was not a collaborative effort in taking expertise from different organisations and coming out with a response.'[47]

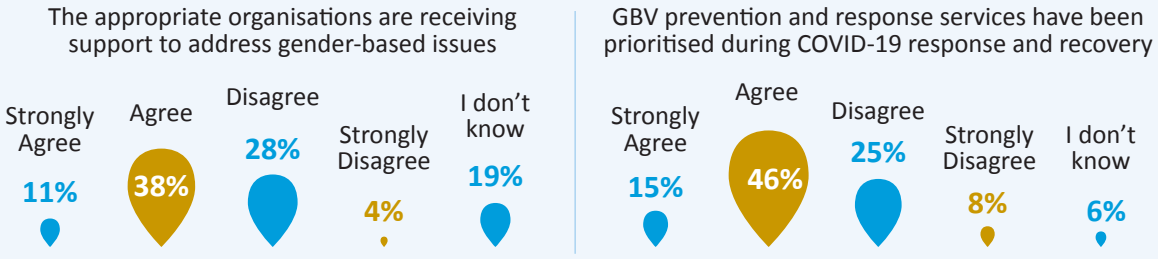
### Text box 4: The shadow pandemic: A spotlight on women's leadership

As discussed on page 17, COVID-19 has had a significant impact on GBV globally, with it often referred to as the 'shadow pandemic.' In Tamil Nadu, online media also highlighted the increase in domestic violence during lockdowns.[48] Elsewhere in the region, there have also been significant increases in GBV. One study across Asia noted an overall increase in the numbers of calls to helplines and of police reports of physical violence against women.[49] Other countries have reported a 65% rise in cases of registered domestic violence incidents at the start of the COVID-19 pandemic.[50] Lockdowns and more time at home, school closures, reduced access to support services, and stigma of reporting violence, are examples of how COVID-19 has exacerbated violence against women.[51]

Other research produced under this portfolio highlights how GBV is a key issue WROs have played a leadership role id during COVID-19.[52] This was also the case in Tamil Nadu, with WROs leading in GBV prevention and awareness raising, as well as sharing information about helplines, providing counselling and connecting survivors with other services and support.[53] This was also a stronger area where women felt their voices and opinions were respected. However, as highlighted in figure 5, there are opportunities to better elevate the efforts of WROs through strengthening prioritisation and resourcing.

**FIGURE 5:**

**The appropriate organisations are receiving support to address gender-based issues and GBV prevention and response services have been prioritised during COVID-19 response and recovery**



There was also 'passive exclusion' of women's organisations in state-led forums related to COVID-19. For example, one participant highlighted that during a meeting the WRO provided input, including documents, about the needs of women during COVID-19. When the minutes of the meeting were shared, these inputs were not included.[54] This experience occurred more than once.

Limited and insufficient space for WROs to lead and participate in formal, state-level COVID-19 meetings and forums contributes to challenges in women's needs being met. Overall, only 69% of WROs and 53% of other actors agreed or strongly agreed that the needs of diverse women have been addressed adequately in COVID-19 response, and 57% of WROs and 62% of other actors agreed or strongly agreed that recovery efforts have adequately addressed the needs of diverse women (see figures 6 and 7).

**FIGURE 6**

**The needs of diverse women have been addressed adequately in COVID-19 response**

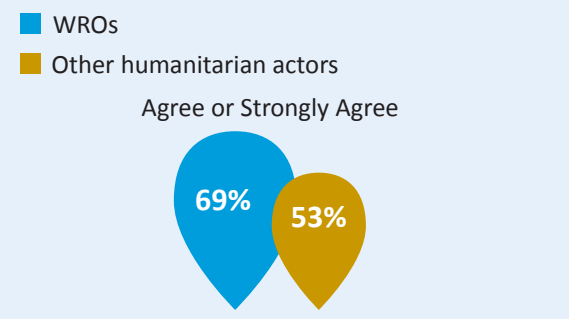
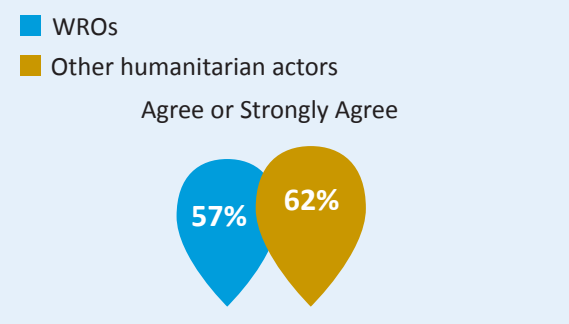



**FIGURE 7**

**The needs to diverse women have been addressed adequately in COVID-19 recovery**




In the logic of the measurement framework, women and WROs are enabled to play a transformative role in leadership and decision-making by building on supporting activities in various domains or at different levels of action: safe and meaningful participation; collective influencing and advocacy; and partnerships, capacity and funding. These are discussed below.

# 6. 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 and recovery efforts. Meaningful participation is defined 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.'[55] Safe participation is defined 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'.[56] 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.[57]

**KEY FINDING:** There is **moderate evidence** that women and WROs participate actively and safely in COVID-19 response and recovery decision-making processes and can influence outcomes.

Overall, women and WROs actively participated in COVID-19 response and recovery at the community and local levels. Despite having limited space to lead and contribute in spaces where decision-making occurs (as outlined in the previous section), WROs were able to participate in civil society-led and community-level processes, and organise collectively to support women's needs in communities.

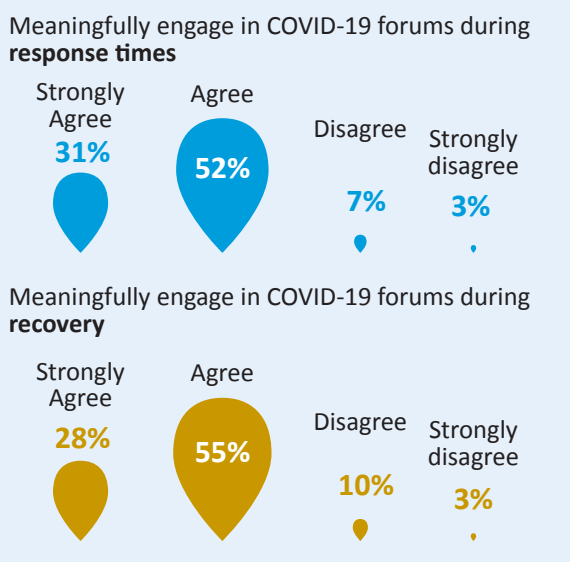
**Progress indicator:** Diverse women and national and local WROs are represented and engage actively in in-country COVID-19 response and recovery decision-making and coordination forums: **MODERATE TO GOOD EVIDENCE**

'Women leaders were participating, especially in the panchayat... there were also panchayat women leaders who we supported to participate.'[58]

WROs are engaging with COVID-19 response and recovery forums at the local and community levels, primarily *Panchayat Raj*, as highlighted above. Interview data found that women were mainly participating in the operational aspects, rather than strongly shaping strategic response and recovery spaces. They felt that they were seen as the implementers of activities, such as COVID-19 awareness raising or providing relief items such as food, or PPE, rather than the ones determining which activities would be undertaken. For example, interviewees highlighted that implementation-focused meetings in their communities were headed by women alongside women coordinators.[59] It is important to note that this operational versus strategic and policy focus was not strictly due to a gender divide, but also a civil society and government divide.

**FIGURE 8**

**WROs have been able to meaningfully engage in COVID-19 forums during response times and recovery times**




Some interviewees felt communities where women were participating could better respond and reach a broader range of community members than communities with just male leadership.[60] Furthermore, it was felt that because women's needs were not being met (see figures 6 and 7), they mobilised to fundraise and source food provisions, actively meeting their own needs.[61] There is a significant opportunity to further promote women's participation in strategic decision-making forums in order to directly close operational gaps.

For this to happen, barriers to women's participation need to be addressed. This is further explored below.

'Women's participation in implementation was higher than in strategic decision-making.'[62]

There is minimal evidence that WROs are engaging with state-level COVID-19 response and recovery forums. Only 13% of WROs noted they participated in the state COVID-19 task force. Interviewees reflected that the state government did not actively seek to involve or promote participation of women's organisations in its forums. However, as noted above, government representatives felt that these spaces were open to WROs to participate in.[63] Therefore, there needs to be greater attention and sensitivity to the barriers that might be preventing WROs from participating in these spaces.

'There is no effort from the other actors to involve WROs to speak about their concerns through structured platforms, at least we have not been part of those discussions... We have not [been] called by [the] government to be a part of the discussions.'[64]

The participation challenges articulated by women's organisations existed before COVID-19. However, they were exacerbated when the pandemic hit. Parallels were drawn between women's participation in state-level forums during the COVID-19 response and their participation in other disaster responses.[65] For example, one interviewee reflected that the barriers to women participating in key disaster forums are not new, reflecting that 'there was not a single woman member' on the committee that oversaw the assessment and response to the Chennai floods.[66]

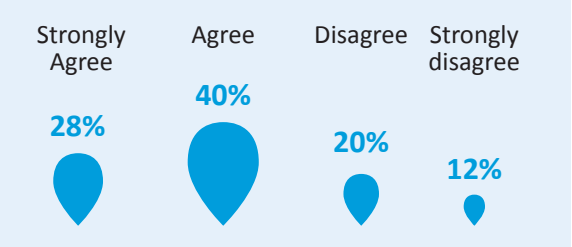
Overall, WROs felt they could meaningfully engage in the forums where they were participating (see figure 8 above). This was because issues of safety and inclusion were addressed and, as a result, women's organisations felt that their contributions were welcomed and that they could comfortably participate. This is explored in the second indicator below.

**Progress indicator:** Coordination and consultation forums address access and safety considerations for WROs: **MODERATE EVIDENCE**

Evidence highlights that, while barriers to attending coordination forums and meetings are sometimes addressed, this is not consistent. Survey data highlights that WROs believe barriers are addressed, with 68% agreeing or strongly agreeing (see figure 9). However, when unpacked further in interviews, this statistic primarily relates to the forums they are already attending, primarily local and community or district meetings rather than state or strategic decision-making forums. Interviewees felt that Tamil Nadu was one of the more progressive states in India, which is why many barriers were reflected upon or addressed.[67]

**FIGURE 9**

**Barriers to attending coordination forums and meetings are actively addressed**




The shift to holding meetings online during COVID-19 made forums more accessible. Enablers for WROs' participation included the ability to switch off video and not be watched, and being not only able to listen but also to communicate with colleagues and networks during meetings to align their messaging.

Technology also provided access to meetings and forums WROs may not have otherwise participated in due to factors such as to distance, accessibility or short notice. In one instance, meeting virtually meant that women with disabilities could attend a COVID-19 response forum with limited difficulties, as their main barriers had been physically accessing the meeting space and the increased risk of catching COVID-19.[68]

However, WROs identified social norms as the key barriers that need to be addressed to enable better participation in key COVID-19 forums. Interviewees felt that, while some progress has been made, the social norms in relation to gender dynamics were a barrier to women participating. When forums were dominated by men, women and WROs felt less comfortable speaking up and raising issues.[69] Interviewees overwhelmingly felt there needed to be a more concerted effort by the meeting or forum conveners to take these into consideration.

> 'In any dialogues happening these are largely led by men – it is a patriarchal society.' [70]

Critically, despite the key barriers to their participation, overall the WROs surveyed did not report feeling unsafe attending the meetings and forums that they participated in during the COVID-19 response and recovery (see figure 10). It should be noted, however, that the survey data reflects the forums WROs *did* attend, which, as noted above, were primarily community- and civil society-based.

**FIGURE 10**

**WROs' perceptions of safety when attending COVID-19 forums and meetings**

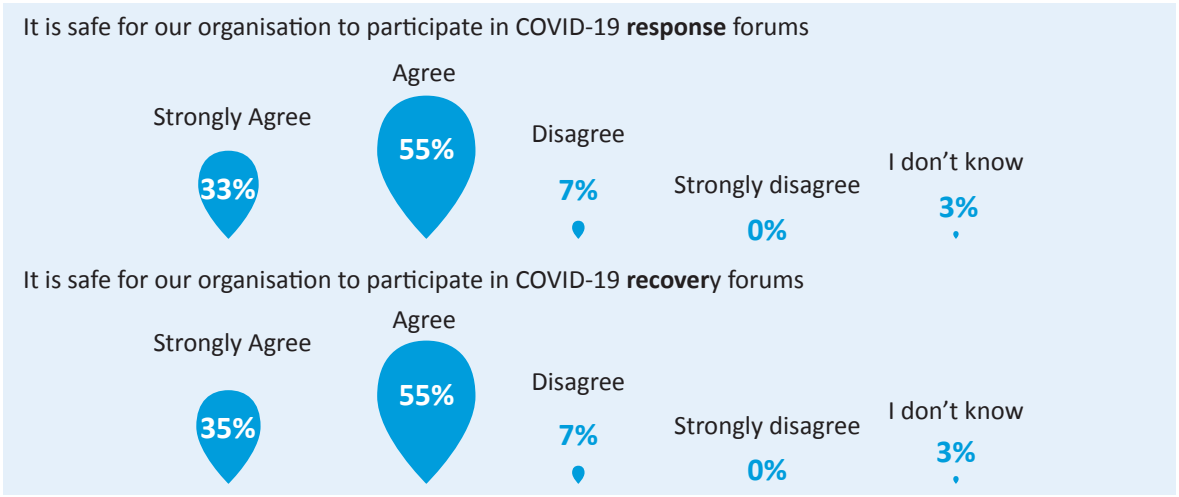



*Photo: Frederic Barriol on Unsplash*

# 7. COLLECTIVE INFLUENCE AND ADVOCACY

This domain measures the extent to which WROs are supported to advocate for and engage with processes that influence COVID-19 response and recovery. The result indicator reflects good practice in supporting women's organisations to advocate for their priorities. Advocacy can be defined as activities that are designed to 'influence the policies and actions of others to achieve change.'[71]

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

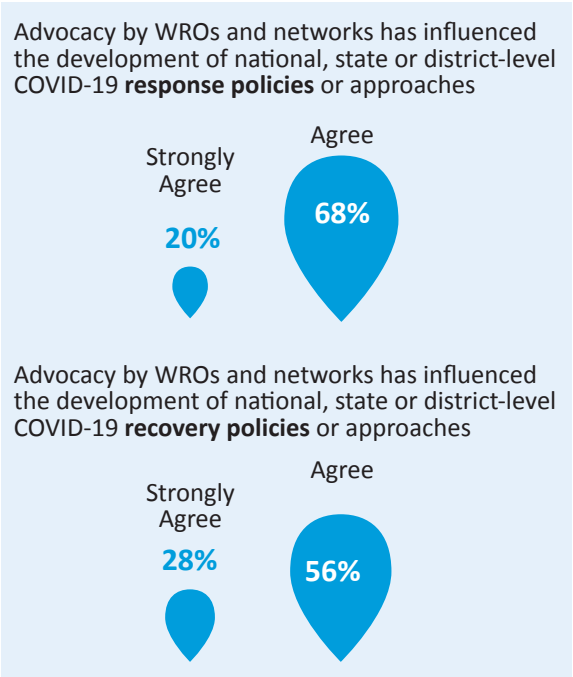
Overall, there is moderate to good evidence that COVID-19 responses are holistically influenced by the priorities of WROs, and that national and local WROs can communicate the needs and priorities of their communities to the state government. However, there is an opportunity to ensure that the policies and standards address the economic response and recovery priorities of women.

**Progress indicator:** State and local WROs and grassroots networks are able to advocate successfully for the development of policies and standards in relation to COVID-19: **moderate to good evidence**

There is moderate to good evidence that WROs have been able to advocate successfully for the development of COVID-19 policies and standards. Survey data from both WROs and other actors shows that advocating for stronger gender mainstreaming, inclusion and targeted activities in COVID-19 response plans and activities was a key way that WROs were able to influence decision-making in response and recovery (see figure 11). When this was discussed further in interviews, WROs highlighted how this was in relation to approaches more so than policies, and related to specific issues. For example, WROs highlighted how they could engage with communities and understand what their needs and priorities were, and take them back to the state government.

**FIGURE 11**

**Advocacy and influence of WROs in response and recovery policies**



'They (WROs) had a lot of presence and these leaders moved [about] the community [...] they understood [things] from the grassroots level [perspective]. Their objective was to understand what the government should do.'[72]

For example, one WRO reflected that they targeted the district-level task force with their advocacy. They used face-to-face meetings and training, and online spaces such social media, to raise awareness about women's safety during times of lockdown and isolation.[73] Another WRO mobilised to identify female COVID-19 advocates who could target community-based self-help groups through training and peer-to-peer support to increase vaccination rates.[74]

Advocacy by WROs and their associated relief efforts often focused on those in their communities who were most affected and marginalised. One WRO shared that they supported women's networks who were pushing for a tribal plan, that focused on meeting the needs of people from different castes.[75]

Another organisation shared how they were able to advocate for women with disabilities and, in particular cases, ensure continued access to medical care and medications when hospitals were inaccessible due to COVID-19.[76] One WRO shared how their previous advocacy and work with response actors following other disasters over the years, such as flooding, had played a role in ensuring that COVID-19 relief packages included items for women and the elderly.

'From the tsunami, [...] most of the women's groups were sitting in the government meetings, and influenced them, so now in all of the relief packages you'll see sanitary pads, drinking water, basic medicines, all these things are included, in some cases too they have adult diapers.'[77]

Despite overall reflections that advocacy efforts contributed towards response and recovery policies that reflected the needs of women, WROs shared concerns and gaps in these approaches. WROs identified that homeless women, women with disabilities, members of the LGBTQIA+ community, and the elderly were among those groups who were left behind in COVID-19 response efforts (see figure 12). Some WROs felt that response processes better aligned with priorities of women than recovery processes. Interviewees reflected that this was because the immediate focus on the response was on what was seen as the 'life-saving' priorities – medical equipment and resources to respond to the health crisis.[78] There were often gaps in support for menstrual hygiene and gender-based and family violence services.

There was limited evidence to suggest that policies and standards reflected the social and economic response and recovery priorities of women. For example, one interviewee reflected on how policies on issues such as gender equality, child rights or housing need to be in place and implemented in 'normal times', as they are exacerbated during crises:

'COVID taught us a bit of a lesson that vulnerable communities will keep getting marginalised more and more, a pandemic will make it worse.'

They also highlighted how intersectionality is important when addressing key issues and that 'rights are interconnected.'[79]

**FIGURE 12**

**Have there been any groups of women who have been left behind during COVID-19 efforts e.g. refugee or migrant women, homeless women, women with disabilities?**


### Text box 5: Women's organisations collectively mobilising

In 2020, approximately 30 women's organisations under the banner of 'All Women of Tamil Nadu' advocated for the rights of women workers during COVID-19, including direct cash transfers and providing safe public transport facilities.[80] Women's organisations also collectively came together in 2021 to provide input on the draft women's policy. This was seen as a good example of women's organisations coming together collectively to advocate to influence policymaking.[81]

"When [it] came to the women's policy [...] we did a good job of coming together and putting [in] comments."[82]

**Progress indicator:** International partners/donors amplify the voice of national and local WROs during COVID-19 response and recovery: **MODERATE TO GOOD EVIDENCE**

International partners have amplified the voices of national and local WROs and advocated for the needs of women in both response and recovery efforts. For example, through the initiation of one INGO, the IAG as a platform collectively highlighted to the district-level government how shelters for girls lacked basic resources, meaning 'girls were suffering a lot.'[83] An international partner organisation supported an INGO by connecting the WRO with key government stakeholders to have access to coordination committees and district administrators.[84]

Another WRO reflected that they see a key role for UN agencies, like UN Women, in playing a facilitating role between government and CSOs on policy development. They pointed to how UNICEF had worked with the government and civil society on child budgeting policy, and how this process might be replicated when pursuing gender budgeting.[85]

This was supported by another WRO, which separately highlighted the key role their partners and networks played in facilitating connections with government:

> 'We got a lot of support connecting us to government, that was a very specific thing that helped.'[86]

**FIGURE 13**

**Donors have amplified the voices of WROs during COVID-19 response and recovery**

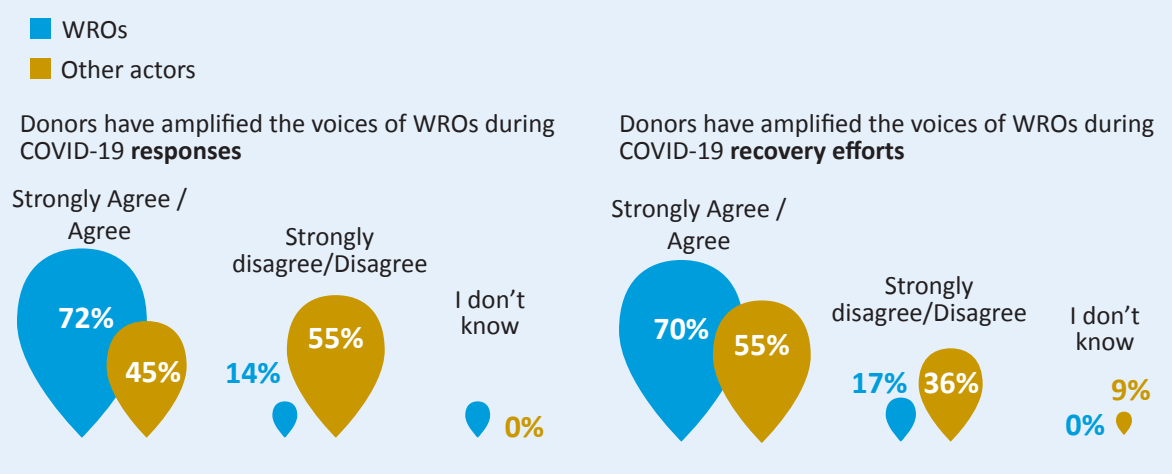



*Photo: Shruthi Parthasarathy on Unsplash*

# 8. PARTNERSHIP, CAPACITY AND FUNDING

For WROs to shape COVID-19 response and recovery, they must be supported. This support includes help to prioritise their organisational needs, strengthen their capacity to deliver programs, access adequate funding, and participate in decision-making over funding changes.[87] Measuring progress on the development of equitable and complementary partnerships between international and national actors and national and local WROs is therefore critical in understanding women's participation in response and recovery.

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

Overall, there was moderate evidence of equal and complementary partnerships, targeted and relevant support, and funding for WROs. In particular, there was good evidence that WROs were receiving the right capacity support to help them deliver effective and efficient COVID-19 responses. However, there was less evidence of equitable partnerships and funding. There are several key reasons for this, which are outlined below.

### Text box 6: Foreign Contribution (Regulation) Act

When discussing support to WROs, it is critical to take into account the recent changes to the *Foreign Contribution (Regulation) Act, 2010* (FCRA). The FCRA is the law that 'aims to regulate foreign contributions by regulating the acceptance and use of foreign contributions or foreign hospitality by certain individuals, associations or companies.'[88] In 2020, the Government of India made changes to the legislation, restricting the ability of NGOs to receive and use funds from foreign donations or grants. The changes also banned sub-granting, impacting medium and small NGOs and grassroots organisations the most.[89]

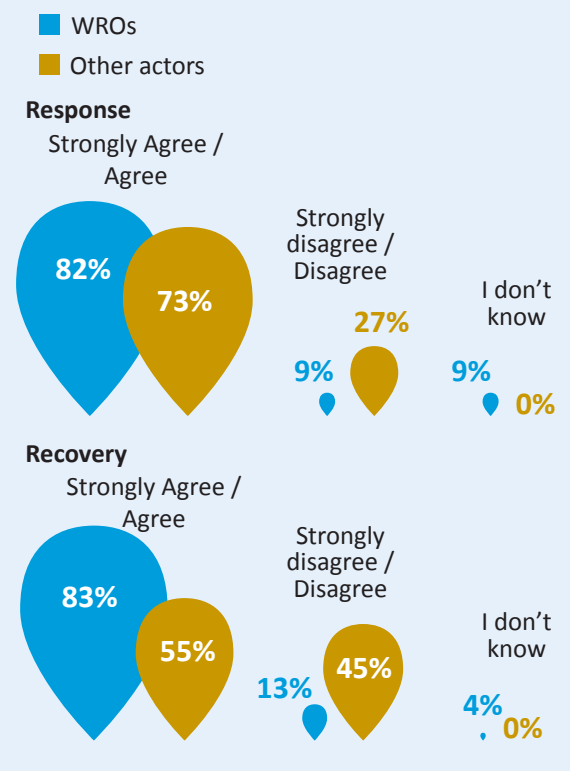
**Progress indicator:** Equitable and complementary partnerships between local and national WROs and other response and recovery actors are upheld: **MODERATE EVIDENCE**

Overall, there was moderate evidence that equitable and complementary partnerships between local and state WROs and other response and recovery actors were being upheld. WROs mostly felt that they were involved in the development of COVID-19 response and recovery programs with their partners. This was particularly in relation to identifying community needs and program activity development. As outlined in figure 14, WROs on the ground could use their expertise to help develop COVID-19 response and recovery programs.

'We got a little bit of support from different groups. Because we were down at the ground, we did most of it ourselves.'[90]

'[Programs were] designed by us, with the help of some technical assistance [...] the major things [were] decided by us.'[91]

**FIGURE 14**
**WROs are involved in the development of COVID-19 response and recovery programs with their partners**




Considering the funding environment related to the FCRA, there were fewer examples provided of funded partnerships, and therefore less reflection on the power dynamics of these arrangements. This contrasts with previous baselines conducted in the Philippines and Bangladesh, where there was greater reflection on the power dynamics in funded partnerships between donors (often UN agencies or INGOs) and WROs (although there were still some instances). Instead, WROs sought funding to support projects they had already designed and to provide relief items to the community.[92]

'We don't have a COVID-19 project, we got some money for distribution of dry rations and basic relief work.'[93]

Importantly, both WROs and other humanitarian actors overwhelmingly reflected that partnerships were not formal, funded partnerships. One WRO reflected on how COVID-19 had seen a shift in donors supporting WROs by organising forums and sharing learnings and stories:

'We've seen ourselves as one of the partners rather than as an implementing organisation. That's the way it's always been, it wasn't in any way different for us during COVID. From the donors, I don't think we've ever got this kind of support, be it funding or be it organising these kinds of forums, putting these stories out [...] that has been a huge change that I've seen, giving more space to implementing partners, and taking their learnings and sharing them.'[94]

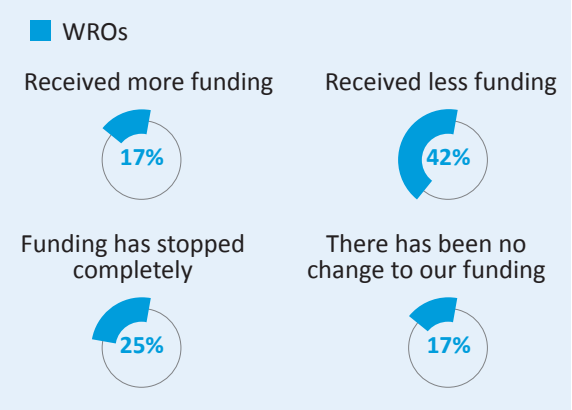
While funding is not the key determinant for what is considered a true partnership, it is important to acknowledge the connection between money and power, and what the financial flow between partners means for equitable partnerships. The changes to the FCRA legislation were seen as the key reason for this lack of formality and funding chains.

**Progress indicator:** WROs have sufficient financial support and autonomy to deliver effective and efficient COVID-19 response and recovery programs:
**LIMITED EVIDENCE**

There is limited evidence that WROs have sufficient financial support that enables them to respond effectively and efficiently to the impacts of COVID-19 and support recovery efforts. Sixty-seven per cent of WROs surveyed noted that they received less funding during the pandemic or that their funding had stopped completely. Figure 15 outlines how the pandemic conditions have affected funding. The lack of adequate funding has impacted not only WROs ability to focus on COVID-19 response and recovery programs, but also their very existence. For example:

'We [the WRO] have been limping literally with virtually nothing the last few years. We've been lucky that somebody, a friend of mine, gifted me a Zoom account and everything has been online, otherwise it would be we couldn't have functioned. We were barely making rent and salaries.'[95]

**FIGURE 15**
**How has your funding been affected by COVID-19?**

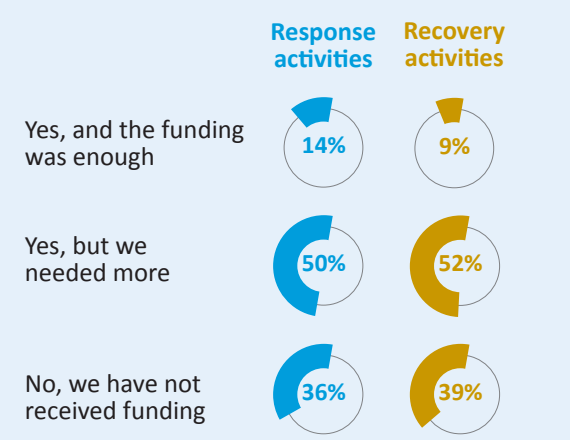



The FCRA changes occurred at the start of COVID-19 and have significantly impacted WROs. Seventy per cent of other actors noted that the FCRA changes meant that they either gave less funding to WROs or completely stopped funding WROs. This is echoed by WROs, with 71% noting they had received less funding or had their funding completely stopped because of FCRA changes.

The research found that the current funding environment for WROs was insufficient in supporting WROs to implement response activities, and even less so for recovery activities. Figure 16 summarises the extent to which WROs' response and recovery activities have been funded, highlighting that funding was either inadequate or non-existent.

'Our budget was decreased during COVID-19. It was only for COVID relief not for the projects and administration.'[96]

**FIGURE 16**
**Funding for WROs for COVID-19 activities**




WROs reflected that they pivoted their focus to engaging with individual donors who could donate directly to their own organisation. One WRO noted this was their preference as 'they don't give and try to control anything.'[97] Another organisation reflected

that they received a small amount of funds for distribution of goods; however, this was for the items themselves, not the time or resources of the WRO.[98]

**Progress indicator:** WROs have targeted and relevant support from donors and partners to help them deliver effective and efficient COVID-19 response and recovery programs: **MODERATE EVIDENCE**

There is moderate evidence that donors and partners helped build the capacity of WROs to effectively and efficiently respond to COVID-19 and support women to recover from the pandemic. In the survey (see figure 17), almost two-thirds (59%) of WROs surveyed said they define the capacity needs of their own organisation. The remaining 41% said it was a combination of both partners and their own organisation doing so. However, it also showed that their priorities were not consistently supported by donors and partners (see figure 18). This was reflected in interviews, where some WROs felt they had received targeted capacity support from donors and partners, while others said they had not received sufficient support from their partners.

**FIGURE 17**
**Defining capacity**

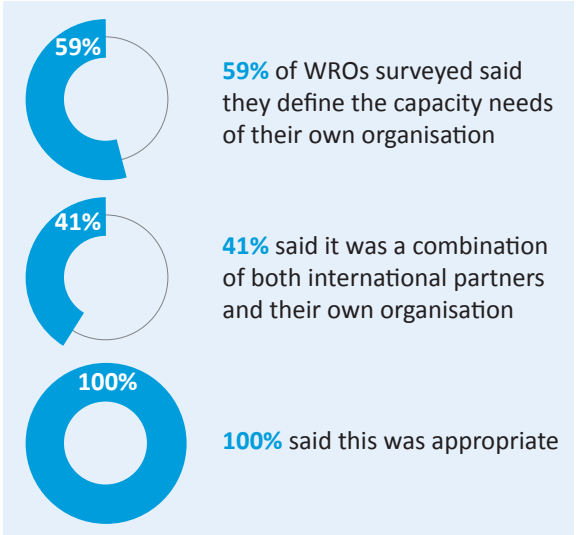
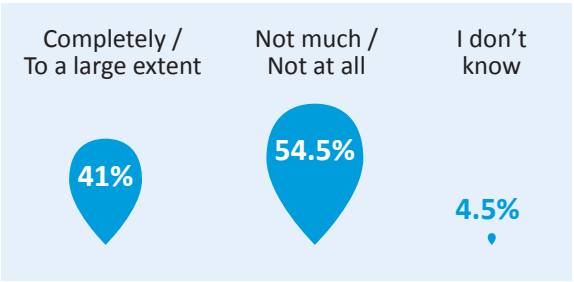



**FIGURE 18**
**Have donors/international partners focused on the areas of capacity that WROs have prioritised for COVID-19?**




Some WROs said they had received capacity support from donors and partners. Support was provided primarily through online training or learning sessions, connections to stakeholders, communications and internet support, and PPE processes and equipment.[99] For example, one WRO reflected that they were invited to an online forum by their international partner, which allowed WROs from different countries to understand approaches and innovations when responding to COVID-19.[100] Another WRO shared that they were invited to a number of training sessions by UN agencies that supported their knowledge and capacity to adapt programs to be COVID-19 sensitive.[101]

'There were several opportunities where we could build our capacities, I should say that, whether that be forums or formal... and we conducted also, for our partners and stakeholders, and I think that, I would say, yes, it was collaborative working and learning from each other.'[102]

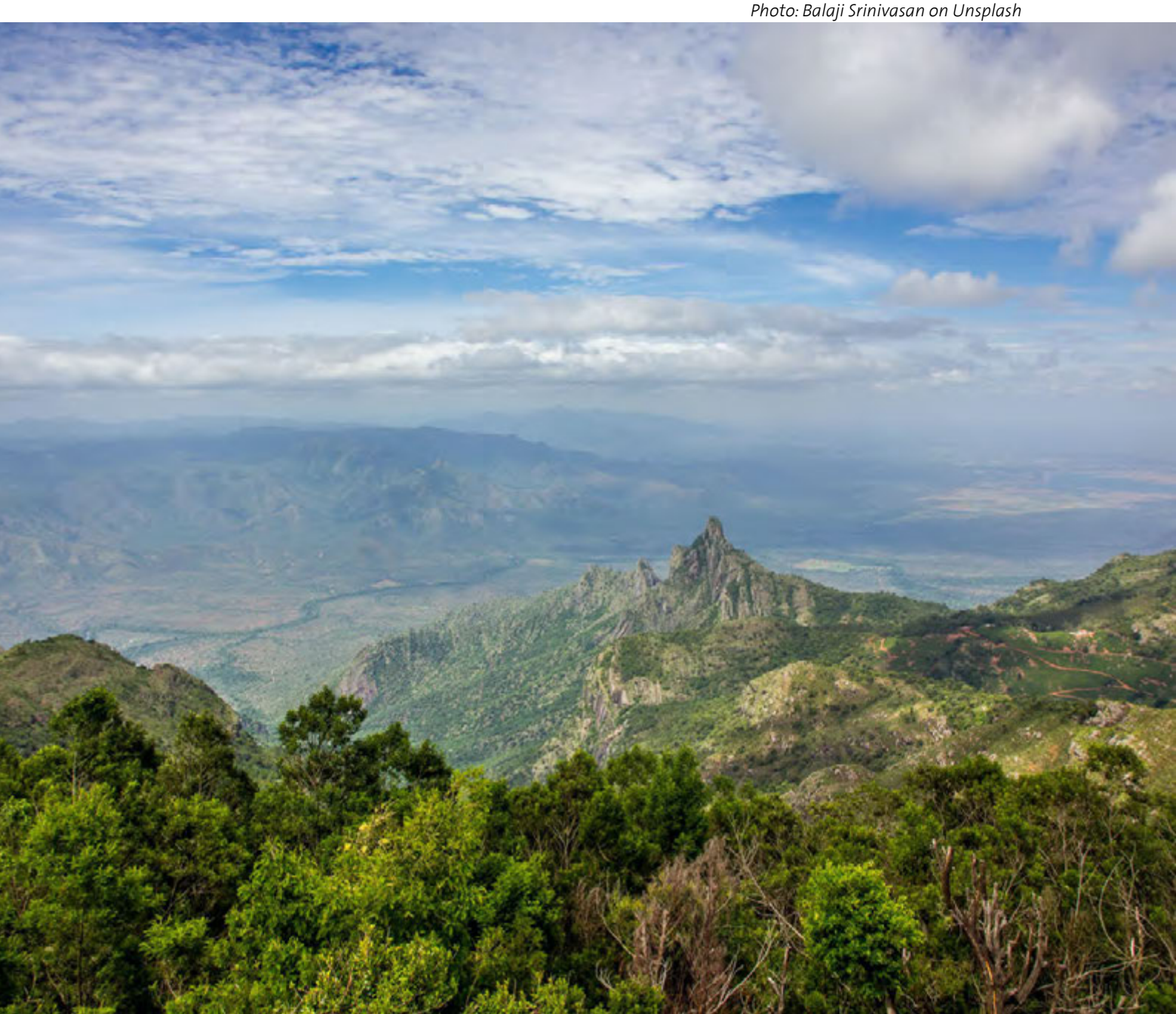
However, other WROs felt that they had not received sufficient capacity support from their partners.[103] For example, several WROs noted the need for capacity support in relation to online platforms. One reflected that technical support and moving online was their 'biggest challenge.'[104] Another WRO shared that their

donor agency expected them to pivot to virtual platforms, but there was no support on how to use these systems.[105]

'We didn't receive any training especially to how to operate Zoom, or a Zoom meeting like that. We didn't have any capacity-building training [...] We learned from one another.' [106]

Critically, there was also a reflection on how that capacity support is 'starting to fade', as people have become sensitised to COVID-19, countries have moved to 'living with COVID', and other crises and issues have become the focus.[107] The following section will explore in more depth what some implications might be for WROs' leadership going into COVID-19 recovery, as well as for future responses.

*Photo: Balaji Srinivasan on Unsplash*



# 9. CONCLUSION

Overall, the research found that more work is needed to address the needs of diverse women in COVID response and recovery. While there were examples of women participating and leading in response and recovery processes at the community level, women lacked systematic and meaningful inclusion, and active and safe participation in strategic and decision-making forums.

**FIGURE 19**
**Summary of findings**

**Transformative leadership**
Limited to moderate evidence ✓

**Safe and meaningful participation**
Moderate evidence ✓✓

**Collective influencing and advocacy**
Moderate to good ✓✓✓

**Partnership, capacity and funding**
Moderate evidence ✓✓

### Where action has been seen

There are strong examples where WROs have participated in civil society-led and community-level implementation and organised collectively to provide relief items for their communities. There are also important examples of advocacy by WROs, where they were able to raise awareness about women's safety during times of lockdown and isolation, and advocate for the needs of those in their communities who were most affected and marginalised during the response.

### Opportunities for strengthening investment and support

While there is some evidence of progress in each of the domain areas, there are opportunities to progress: WROs' safe and meaningful participation; collective influencing and advocacy; equitable partnerships with other humanitarian actors.

In particular, there is an opportunity to ensure WROs are included in government or formal-level leadership and decision-making forums, and that their expertise, experience and understanding of women's needs is recognised and leveraged to ensure better outcomes for women.

### Priorities for increasing women's leadership and participation in COVID-19 response and recovery

There are several key opportunities for partners and donors of WROs and other humanitarian actors to consider in advancing women's leadership in the ongoing recovery and future responses. Priority actions include:

- inviting WROs to participate in key coordination forums where decision-making occurs
- advocating for local civil society representation, with a focus on WROs in government-led committees and working groups
- creating specific forums or dialogues where WROs and government stakeholders can meet and discuss specific needs and priorities for WRO

- facilitating WROs' access and attendance at meetings (whether as meeting host or as WRO partner) by covering transport costs, providing online options and ensuring enough notice is provided
- encouraging meaningful participation by supporting WROs and women leaders to prepare for and debrief from meetings and identifying roles for allies to play during meetings
- ensuring that meeting protocols and processes intentionally seek out and systematically capture the voices of women. This could include ensuring meeting agendas have specific time allocated for women and WROs, and that minutes and action items reflect their priorities
- seeking opportunities to connect WROs with policy-making processes, for example, by consulting with them and feeding their priorities into policy forums, or directly fostering collaborations between government and WROs
- initiating regular and meaningful partnership processes based on shared priorities, partnership principles and ways of working, resourcing needs and opportunities, and long-term sustained capacity needs.

This baseline presents an evidence base that can catalyse change among humanitarian actors, including government, national and international NGOs, UN agencies, the private sector and the International Red Cross and Red Crescent Movement.

The baseline should prompt organisations and coordination forums to set targets and track change to better include, support and elevate the role of WROs in COVID-19 recovery and future humanitarian response and recovery processes. Enhancing leadership and participation during decision-making and elevating women's voices in response and recovery processes is vital to increasing the quality of humanitarian outcomes for affected communities in Tamil Nadu throughout the COVID-19 recovery, and beyond.

*Photo: Nandhu Kumar on Unsplash*

# APPENDIX 1: ASSESSMENT RUBRIC

| Result indicator/Impact indicator | Progress indicator | Means of verification | 0 None | 1 Limited | 2 Moderate (some) | 3 Good | 4 Strong | Evidence grading |
|---|---|---|---|---|---|---|---|---|
| **Result domain: Safe and meaningful participation** | | | | | | | | |
| Women and WROs participate actively and safely in COVID-19 response and recovery 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 and recovery decision-making and coordination forums | WROs are present and participate at key COVID-19 response platforms and forums | | | X | | | **Moderate** |
| | | WROs are present and participate in key COVID-19 recovery platforms and forums | | | X | | | |
| | | Perception that WROs can meaningfully and safely participate in key response forums and information is made accessible | | | | X | | |
| | | Perception that WROs can meaningfully and safely participate in key recovery 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 domain: Collective influencing and advocacy | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| COVID-19 response and recovery efforts 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 | | | Moderate to Good |
| | | Perception that advocacy by national and local WROs and networks has influenced COVID-19 response policies, approaches or legislation | | | | X | | |
| | | Perception that advocacy by national and local WROs and networks has influenced COVID-19 recovery policies, approaches or legislation | | | | 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 response and recovery | Perception that donors have amplified the voices of WROs during COVID-19 response efforts | | | X | | | |
| | | Perception that donors have amplified the voices of WROs during COVID-19 recovery efforts | | | X | | | |
| | | Evidence of investment of resources to support response advocacy | | | X | | | |
| | | Evidence of investment of resources to support recovery advocacy | | | X | | | |

| Result domain: Partnership, capacity, and funding | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| WROs have targeted and relevant support through partnership, capacity-building and funding to help them effectively and efficiently lead COVID-19 response and recovery efforts | Equitable and complementary partnerships between local and national WROs and other response and recovery actors are upheld | Evidence that response projects are co-designed, implemented and evaluated in partnership | | | X | | | Moderate |
| | | Evidence that recovery local and national WROs design, implement and evaluate COVID-19 recovery projects in partnership | | | X | | | |
| | WROs have targeted and relevant support from donors and partners to help them deliver effective and efficient COVID-19 response and recovery programs | 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 efforts | | | X | | | |
| | | WROs are supported by partners to undertake capacity-building activities for COVID-19 recovery efforts | | | X | | | |
| | WROs have sufficient financial support and autonomy to deliver effective and efficient COVID-19 response and recovery programs | WROs have direct access to COVID response-related funding | | | X | | | |
| | | WROs have direct access to COVID-19 recovery-related funding | | | X | | | |
| | | Perception that WROs have increased control over COVID-related funding decisions | | | X | | | |

| Impact domain: Transformative leadership | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Women and women's rights organisations (WROs) have a transformative leadership role in COVID-19 response and recovery efforts | Women and diverse women's groups are present in the forums where key decisions are made for COVID-19 response and recovery | Proportion of leadership positions occupied by diverse women | Means of verification not available | | | | | **Limited to Moderate** |
| | | Evidence that women have a key role in informing response efforts | | | X | | | |
| | | Evidence that women have a key role in informing recovery efforts | | | X | | | |
| | Women and diverse women's groups are listened to and their opinions respected | Evidence that women and local and national WROs influence key decisions in COVID-19 responses efforts | | X | | | | |
| | | Evidence that women and local and national WROs influence key decisions in COVID-19 recovery efforts | | X | | | | |
| | | Gender perspectives, goals and desired impacts are included in COVID-19 response efforts | | X | | | | |
| | | Gender perspectives, goals and desired impacts are included in COVID-19 recovery efforts | | 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 |

Factors that were considered in the scoring include the extent to which data was available, the level of positive and negative examples and perceptions shared in the surveys and KIIs, and consistency in results across different data collected from different sources.

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