

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





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Cover photo: A youth peace volunteer of Nagarik Aawaj shows the correct way to wash hands in the COVID-19 awareness program for community members of Mahalaxmi Municipality-10, Lalitpur. Photo: UN Women/Uma Bista

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# **ABBREVIATIONS**

- GBV Gender-based violence
- GESI Gender equality and social inclusion
- GiHA Gender in Humanitarian Action
- HCT Humanitarian Country Team
- UN United Nations
- WLO Women-led organisation
- WOREC Women's Rehabilitation Centre
- WRO Women's rights' organisation

# **INTRODUCTION**

This case study examines women's rights organisations' (WROs) leadership and participation in COVID-19 recovery planning in Nepal. The COVID-19 pandemic has exacerbated existing inequalities and challenges faced by women and other marginalised groups in Nepal. There are examples of WROs' leadership during the response and there are opportunities to build on these in the recovery from COVID-19.

The case study found that:



WROs played a leading role in the COVID-19 response in their communities, despite limited support from other humanitarian actors and donors



WROs directly supported the economic recovery of individual women and advocated for gender-sensitive policies to support equitable recovery

Participation of WROs in response and recovery planning was largely in forums that featured an explicit focus on gender, with uneven representation in other forums



Lack of sustainable funding for longterm recovery, and for the role of WROs specifically, is limiting opportunities for WROs to participate and lead.

### Purpose of the case study

The objective of this case study was to identify opportunities for WROs' leadership and participation in government-led COVID-19 recovery planning in Nepal. The study focused on the ways in which WROs have been able to lead and participate in government-led COVID-19 recovery planning in Nepal, the barriers they face, and some of the good practices that can be supported and scaled up to support WROs' leadership and participation in COVID-19 recovery.

The case study 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 was guided by the <u>Framework for Measuring Women's</u> Leadership and Meaningful Participation in <u>COVID-19 Responses</u>. The portfolio of research will inform a regional report outlining the state of women's leadership and recovery in Asia and recommending avenues for improvement.

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#### **Text box 1: Definitions**

## Defining women's rights organisations and women-led organisations

The term WRO is used throughout the report. For the purpose of this study, WRO encompasses women focussed and women led organisations.<sup>1</sup> The research team acknowledges that other organisations, such as organisations with a focus on sexual and gender minorities, 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.

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

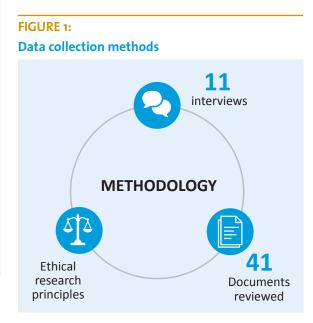
*Response* is defined as 'actions taken directly before, during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected'. Response is focused predominantly on immediate and short-term needs.<sup>2</sup>

*Recovery* is defined as 'the restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and "build back better", to avoid or reduce future disaster risk'.<sup>3</sup>

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

### Methodology

The research was guided by the themes outlined in the Framework for Measuring Women's Leadership and Meaningful Participation in COVID-19 Responses. Humanitarian Advisory Group and partners developed this framework in 2020 and used it to conduct baselines in the Philippines (2021), Bangladesh (2022) and Tamil Nadu, India (forthcoming). A localised approach to the research was supported, with a national researcher contributing to the design, leading data collection and contributing to the debriefing and analysis. This ensured the research tools were appropriate and contextualised, with the research paying specific attention to ensuring the voices of diverse women and organisations working on a range of issues informed the process. The research used a qualitative approach, including a desk review of documents and key informant interviews with WROs, international non-governmental organisations, UN agencies and government representatives working on COVID-19 response and recovery in Nepal, which took place in late 2022 (see Figure 1).



### Limitations

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

Limitations of scope: Given the small sample, the case study was intended to identify emerging enablers, barriers and good practices, rather than evaluate them.

Impact of COVID-19 and country context: The evolving nature of the pandemic and the complexity of COVID-19 in disaster-affected areas meant that some stakeholders were unable to contribute to the study.

### Structure of this case study

This report has five sections:

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

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



Photo: UN Women/Uma Bista

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

The COVID-19 pandemic placed considerable pressure on newly established local government infrastructure and health systems in Nepal.<sup>4</sup> As of November 2022, there have been over 1 million cases of COVID-19, resulting in over 12,000 deaths.<sup>5</sup> A country-wide lockdown was imposed from 24 March to 21 July 2020, and two waves of COVID-19 have been experienced since.<sup>6</sup> Nepal's Response Plan targeted 750,000 people, and requested USD 83.7 million to operationalise it.<sup>7</sup>

### FIGURE 2:

Impact of COVID-19 in Nepal<sup>8</sup>



Even before the onset of the pandemic, women in Nepal had inadequate access to basic rights, services and opportunities (see Figure 3). A snapshot of these challenges is provided in Figure 3 below, and further explanation of how COVID-19 has exacerbated them is provided in text box 3 (page 12).

#### FIGURE 3:

#### A snapshot of gender gaps in Nepal<sup>9</sup>

**33.6%** of members of parliament are women

**95.2%** female to male labour force participation ratio (East and South Asia region **56.3%**)

- 74.1% ratio of female to male mean years of education received (East and South Asia region 79.5%)
  - **0.186%** maternal mortality rate (186 deaths per 100,000 live births) (East and South Asia region 0.101% (101 deaths per 100,000 live births))
  - 61.9% of females aged 15–49 have their demand for family planning satisfied by modern methods (East and South Asia region 80.1%)
- **39.5%** women aged 20–24 were married or in a union before the age of 18

#### Response context and humanitarian coordination

The COVID-19 pandemic was the first nationwide crisis since the adoption of federalism in 2017. Nepal emerged from a 10-year conflict in 2006 with the signing of the Comprehensive Peace Agreement. A new constitution was promulgated in September 2015, and the country transitioned to a federal democratic republic, with three levels of government – local, provincial and federal.<sup>10</sup> The Disaster Risk Reduction and Management (DRRM) Act 2074 (2017) sets out the functions and responsibilities for disaster management at each level of government, and the National Disaster Risk Reduction Management Authority sits under the Ministry of Home Affairs.<sup>11</sup> Key disaster management policies include the National Disaster Response Framework 2070 (2014), the National Disaster Risk Reduction Policy 2075 (2018) and the Disaster Risk Reduction National Strategic Action Plan 2018-2030.12 The Government of Nepal leads humanitarian coordination and the cluster system. The Humanitarian Country Team (HCT) is led by the UN Resident Coordinator. Preparedness and response coordination by the UN at a sub-national level is done through the Provincial Coordination Focal Point Agencies, with different UN agencies responsible for coordination in each province.13

#### Text box 2: Intersecting crises

COVID-19 has been a major disaster, but Nepal is also a high-risk country for earthquakes, floods and landslides. In 2015, the largest earthquake in 80 years struck central Nepal, displacing 100,000 people and killing almost 9,000. This experience shaped the disaster management frameworks described above, which have been further tested by the pandemic. The 2022 Earthquake Emergency Response and Preparedness Plan sets out the planning assumptions and response objectives and activities in the event of an earthquake and includes a request for international assistance.14 Since the onset of the pandemic, floods and landslides have occurred between June and October;15 the most recent caused 46 deaths and 33 injuries, and 22 people remain missing at the time of writing.16

Following the outbreak of COVID-19, the Government of Nepal developed a Health Sector *Emergency Response Plan* in May 2020. It is intended to prepare and strengthen the health system response to minimise the adverse impact of the COVID-19 pandemic.<sup>17</sup> Simultaneously, the HCT developed a COVID-19 Preparedness and Response Plan, which aligned with the Government's Health Sector Emergency Response Plan, and was updated in January 2021.<sup>18</sup> The Government also established a High-Level Committee on COVID-19, led by the Deputy Prime Minister and Minister for Defence, along with a COVID Crisis Management Centre and Steering Committee. The humanitarian cluster system was activated, and the Provincial Coordination Focal Point Agency system came into effect to enable coordination between the Government and international humanitarian actors at the provincial level.<sup>19</sup>

In May 2021, the HCT published a more comprehensive COVID-19 Response Plan when cases started increasing significantly and were expected to exceed the worst-case scenario figure of 300,000 cases in a four-month period.<sup>20</sup> It had two main objectives:

- To prevent loss of life to COVID-19 through support to the response in health; water, sanitation and hygiene (WASH); logistics; points of entry; and risk communication and community engagement
- To meet urgent humanitarian needs arising from the secondary impacts of the pandemic and lockdown measures, including food insecurity, malnutrition, gaps in protection, and interrupted livelihoods and education.<sup>21</sup>

In addition to health and WASH needs, food security was a significant concern, with 23.2% of the population classified as food insecure during the first lockdown. The *COVID-19 Response Plan* also included early recovery priorities, with USD 3.5 million in funding required to reach 16,000 households, focusing on daily wage earners in tourism, the transport and construction sectors, and poor farmers.<sup>22</sup>

#### Moving towards COVID-19 recovery

A noted in Figure 2, 76.5% of the population in Nepal is now fully vaccinated (95.7% of those aged 12+ years).<sup>23</sup> As the focus shifted to recovery, it was estimated (after the first wave of COVID-19) that 2 million household heads had lost their jobs and USD 1.2 billion in remittances from migrant workers had been lost (figures likely to be higher after subsequent waves), exacerbating food insecurity and debt.<sup>24</sup>

The UN developed a *Framework for Responding to the Socio-economic Impacts of COVID-19 in Nepal,* which outlines five pillars for recovery:

- Health First, focusing on the immediate health response, as well as existing challenges in health systems and services
- Protecting People, through increased and more inclusive provision of essential services and building stronger social protection systems
- Economic Response and Recovery, creating jobs and other income-generating opportunities and supporting small businesses to jumpstart the economy
- 4. Social Cohesion and Community Resilience, combating discrimination, exclusion and other threats to the rights of at-risk people and groups, and building resilience to future crises and shocks
- Macroeconomic Response and Multilateral Collaboration, to support inclusive and sustainable growth and bring partners together to ensure more effective cooperation.<sup>25</sup>

The Framework emphasises the importance of prioritising social inclusion and meaningful voice and participation for groups who are often marginalised, including women, Madhesis, Muslims, indigenous people, elderly people, persons with disabilities, people without legal identity, refugees and sexual minorities.<sup>26</sup>

#### Text box 3: The gendered impacts of the COVID-19 pandemic

The COVID-19 pandemic and subsequent restrictions implemented to mitigate the spread of COVID-19 had significant impacts on women and girls in Nepal, as well as other marginalised groups. Some of the impacts on women are outlined below.

- Access to food was reduced due to COVID-19 restrictions, exacerbating food insecurity among marginalised people.<sup>27</sup> The World Food Programme reported that the proportion of Nepal's population experiencing food insecurity increased to 23.2% during the 2020 lockdown.<sup>28</sup>
- Access to health services reduced, with sexual and reproductive health services, including abortion care, antiretroviral treatment for people with HIV, and pregnancy-related particularly affected.29 services Pregnancy-related services were absent from one of the earlier interim health directives (2076), and hospitals in Kathmandu were initially ordered to close outpatient departments. Following this, the Supreme Court and a parliamentary committee ordered that basic health services, including maternal health, be available in all health facilities.<sup>30</sup>
- Socio-economic impacts: women's organisations such as the Women's Rehabilitation Centre (WOREC) have documented the socio-economic impact of COVID-19 on returnee migrant women workers and the increased household work and care

burden on women during lockdowns.<sup>31</sup> In 2020, 83% of respondents to the Rapid Gender Analysis said they had lost their jobs, with female daily wage workers particularly affected.<sup>32</sup>

Gender-based violence (GBV): the Nepal Monitor recorded an increase in reported GBV incidents from March 2020 to June 2021.33 Other protection included concerns increased vulnerability of adolescent girls to early marriage as a result of school closures, particularly girls living in lowincome households, and a 6% increase in suicide cases amongst women during lockdowns. The Federation of Sexual and Gender Minorities Nepal (FSGMN) also reported suicides amongst the LGBTIQ+ community.34

Despite the pandemic's gendered impacts, the High-Level Committee on COVID-19 included no women. Furthermore, of the 15 gender-sensitive measures introduced in Nepal during the pandemic, 14 focused on violence against women, one focused on women's economic security, but none on the burden of unpaid work.<sup>35</sup> These omissions detract from women's opportunities in the recovery phase.

'If we look into [the] 17-year peace process and the achievement we have had in terms of gender equality; after COVID-19, we are pushed back 20 years. There's many factors but COVID-19 is one of them.'<sup>36</sup>

Photo by Giuseppi Mondi on Unsplash

## KEY FINDINGS

Finding 1: WROs played a leading role in COVID-19 responses in their communities,
despite limited support from other humanitarian actors and donors.

Women's rights organisations were major contributors to local COVID-19 responses.<sup>37</sup> WROs performed needs assessments, advocated to local government and clusters about the needs of women and other marginalised groups, delivered relief and facilitated access to services.<sup>38</sup> They were involved in information sharing and awareness raising, including campaigns about COVID-19 and its symptoms, and informing their stakeholders about available government relief and support programs.<sup>39</sup>

Some WROs led the provision of meals through community kitchens as part of UN Women's COVID-19 response. Community kitchens provided food for frontline workers as well as groups, such as single women and femaleheaded households (see text box 4).40 WOREC documented and shared regular GBV updates during lockdown, and was seen as a reliable source of information by other organisations.<sup>41</sup> Interviewees also pointed to the strong role of WROs in providing psychosocial support services.42 The leadership of women mayors and deputy mayors was also highlighted, particularly how they worked to make isolation and quarantine centres more gender-sensitive and inclusive, often with limited resources.43

'Women-led organization[s] have their specific expertise. Some organisation[s] are working on laws and policies, some are service oriented organisation[s] and they are working with the community, some are working on legal aid counselling. Some organisation[s] are working on mental health issues that have increased after COVID-19. Overall, the engagement of the women-led organisation[s] are effective in response and recovery of COVID-19.'44

Women's rights organisations undertook these activities with little additional support from a wide range of donors; instead, they diverted existing funding, acting independently or with the support of local funders. Most of their funding (if any) is from other gender-focused organisations, and is generally flexible.<sup>45</sup> It was noted that international organisations were sometimes inflexible or neglected to consult widely when designing projects.<sup>46</sup>

'Often times I see [when] the international organisation, who are funding, want to implement any program, all the activities are set and defined and they are not flexible to change according to context.' <sup>47</sup>

However, there were some positive examples of partnerships with projects co-designed or designed by WROs based on the needs they identified. For example, one WRO highlighted how they design the project, and then submit this to the donor, and that during COVID-19, they were able to re-design their project. Another highlighted how they design their projects from needs assessments, and that the project is then implemented and evaluated with partners.<sup>48</sup>

### Text box 4: Community kitchens

Ten community kitchens were set up in four provinces and run by Women for Human Rights, Maiti Nepal, Nagarik Aawaz, and Nari Bikas Sangh, with technical and financial support from UN Women, and funding from the Government of Finland. The objective of the community kitchens was to provide food and nutrition through the women managed kitchens, providing income to the women working there. These community projects provided employment opportunities for women who either had no employment during the pandemic or minimal income.<sup>49</sup> They also enabled WROs to strengthen their capacity and familiarity with humanitarian programming, and demonstrate their capacity as responders to local government.<sup>50</sup>

'During the response, the community kitchens were a good practice. [...] It solved the problem of immediate food needs. [...] To support this practice, more organisations need to be involved and for a longer period.'<sup>51</sup>

Finding 2: WROs directly supported the economic recovery of individual women and advocated for gender-sensitive policies to support equitable recovery.

This study identified two key areas that WROs prioritised in COVID-19 recovery: mental health and psychosocial support, and livelihoods women's and economic empowerment. WROs identified these two areas in response to key issues they saw during the pandemic, including suicides, domestic violence, and loss of livelihoods for small enterprises.<sup>52</sup> There were examples of different levels of government coordinating and implementing recovery activities with WROs, such as livelihood and skill development trainings and psychosocial counselling.53 For example, some WROs worked with local government to conduct livelihood trainings for marginalised women.54 Another organisation conducted a rapid assessment that identified domestic violence, unemployment and mental health concerns as key issues. The findings from the rapid assessment informed that organisation's advocacy efforts.55

'To some extent they [WROs] have led the recovery efforts at district or community level but there are many activities that need to be done to strengthen the recovery process. The response to COVID was intensive but the recovery is slow.'<sup>56</sup>

Interviewees stated that WROs advocated effectively for the needs of, and opportunities for, women in COVID-19 recovery.<sup>57</sup> There are examples of collective mobilisation around shared advocacy priorities, as well as organisations advocating on an individual basis. A key example of WROs' collective mobilising during COVID-19 was the Charter of Demands (see text box 5 below).<sup>58</sup> Whilst this study found the Charter to be a positive example of collective efforts by WROs, the extent to which collective advocacy efforts have influenced COVID-19 recovery planning remains unclear.<sup>59</sup>

#### Text box 5: the evolution of the Common Charter of Demands by Women's Groups

The first Common Charter of Demands by Women's Groups was published following the 2015 earthquake. It highlighted four key areas for women's needs, concerns and engagement in response and recovery.<sup>60</sup> This was followed in April 2020 with a Charter of Demands for GESI Responsive COVID-19 Response. The 2020 Charter outlined immediate, short-term and longterm priorities for women and other marginalised groups during the pandemic, including children, the elderly, people with disabilities, rural women, LGBTIQ+ people, sex workers, those in the informal economy refugees, migrants, indigenous peoples, and people without identity documents.<sup>61</sup> Key issues for recovery included promoting women's economic security and rights as part of early recovery efforts; supporting women's networks and community-based organisations; ensuring women's leadership and representation in response and recovery decision-making; and increasing public provision for essential services and infrastructure.<sup>62</sup>

UN Women Nepal facilitated the work of women's organisations and networks, including compiling the 2020 Charter and supporting unified advocacy to government.<sup>63</sup> The Charter was submitted to the chief executives of seven municipalities, four provinces, and eight national government entities.<sup>64</sup> Representatives of various women's groups also came together, with the support of UN Women and the Nepal Administrative Staff College, and a Charter of Demands was developed, outlining the gender and social inclusion priorities ahead of the 2021/2022 budget. Four sectors were identified as priorities for the government's process of gender budgeting: education and nutrition; health; labour, employment and social security; and, agriculture and allied sub-sectors.<sup>65</sup>

The case study revealed numerous useful examples of WROs' advocacy activities. One WRO conducted a gender market analysis to gain an understanding of the local market and identify opportunities.<sup>66</sup> WROs and other organisations working with marginalised groups advocated through Gender in Humanitarian Action (GiHA) task team meetings and presented on the issues their organisation was addressing. GiHA and UN Women then published gender equality updates, which were used to support GESI advocacy.<sup>67</sup> Gender equality update 31 noted the impact of these collective efforts, notably the Ministry of Women, Children and Senior Citizens coordinating and advocating with local government units for GESI priorities to be incorporated into plans, and the Supreme Court referencing the efforts of the GiHA Task

Team in one of its judgements.<sup>68</sup> However, as mentioned above, the extent to which these activities have then influenced beyond the response phase, into COVID-19 recovery planning remains unclear.

'They were raising issues of how they were suffering in lockdown, [taking an] intersectional approach e.g. single women headed household [...] When it comes to advocacy, online campaigns, women's leadership was really here, and when it came to GBV, referral mechanism, and reporting processes.'<sup>69</sup>

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# Finding 3: Participation of WROs in response and recovery planning was largely in forums that featured an explicit focus on gender, with uneven representation in other forums.

Women's rights organisations participated in gender-focused COVID-19 response and recovery planning forums, such as protection cluster meetings and GiHA meetings. They also engaged with stakeholders in women's empowerment, such as the Ministry of Women, Children and Senior Citizens. WROs mostly felt that they could contribute in these spaces and that their inputs would be valued.<sup>70</sup> During the pandemic, the GiHA Task Team held virtual dialogues with women, vulnerable and excluded groups to enable representatives from government, civil society organisations, development partners, and UN agencies to listen to their concerns.<sup>71</sup>

## 'This is one platform [GIHA] [where WROs] are able to advocate.'<sup>72</sup>

Interviewees noted that WROs were unable to consistently access forums in which gender perspectives haven't been mainstreamed or that are led by stakeholders that have engaged rarely with WROs, including government ministries and UN agencies.<sup>73</sup> They claimed that this was due to lack of acceptance and recognition of WROs as having the knowledge and expertise to be involved in disaster response, civil society not typically being funded for this work, WROs not being invited to, or aware of, meetings, and some stakeholders being unaware of the diversity of WROs.<sup>74</sup> Instead, some WROs chose to engage government counterparts through the projects and programs they were implementing.75

'[Those] who do not directly work on the women's issues are not aware or [do not] have an equal understanding of how many women-led platforms there are [...] There is a limited understanding on what the women-led organisations are working on and how can they be best engaged in the forum or any platform.'<sup>76</sup>

Whilst interviewees gave differing perspectives on the extent to which WROs were present at different levels, ultimately there is a lack of consistency in WRO participation in spaces outside of those that are gender focused. For example, some interviewees noted that WROs were able to participate in communitylevel meetings and local government forums, others asserted that representation of WROs at national government level isn't always reflected at provincial and local levels, and that local governments aren't always aware of small, local organisations.<sup>77</sup> Whilst these perspectives offer different views, it highlights the need for stronger support to WROs to access key decision-making spaces at all levels.

'Women's rights organisations have very limited access to the humanitarian cluster meetings with humanitarian agencies, donors, governments – very limited.'<sup>78</sup>

'Even if there is participation, there is a question about significant participation, it is more quantitative than qualitative participation.'<sup>79</sup>

# Finding 4: Lack of sustainable funding for long-term recovery, and for the role of WROs specifically, is limiting opportunities for WROs to participate and lead.

Overwhelmingly, WROs emphasised that they lack sufficient funding. Almost all interviewees reflected on the importance of sustainable and flexible funding for long-term recovery.<sup>80</sup> Interviewees said that donors had demonstrated flexibility in adapting projects during the response phase of the pandemic, and that this was very helpful.<sup>81</sup> However, interviewees noted a lack of funding available for recovery.<sup>82</sup>

At the time of writing, data from the OCHA's Financial Tracking Service (FTS) shows that the COVID-19 Response Plan for Nepal was only 8.8% funded, and there is no indication of the extent to which this funding was then further directed to WROs. However, it is likely that there is funding that was not captured through the FTS. Nonetheless, the extent to which international and national funding for response and recovery plans is reaching WROs is unclear and further research outside this case study is needed.<sup>83</sup>

The impacts of insufficient funding included affecting WROs' ability to engage in advocacy, develop organisational capacity, and overall leadership.<sup>84</sup> Further, interviewees felt that the resources to support critical needs (see finding 2 above) being met were not readily available or accessible.<sup>85</sup>

'Support was more for response and less in recovery. [We] do not have enough fund to support economic recovery from COVID-19.'<sup>86</sup>

'We do not have enough funding. We have received fund, but it is not easy and not enough [...] For women led organisation[s], funding is a problem. Funding is more for beneficiary level then organisation[al] capacity. No funding for institutional strengthening is supported by donor[s].'<sup>87</sup>

Interaction programme on the impact of COVID-19 on Dalit women and marginalised communities in Kailali. Photo: Feminist Dalit Organization, Nepal



## BARRIERS AND ENABLERS

This section explores the key barriers to WROs participating and leading in COVID-19 recovery, and the enablers that drove progress.

#### **Barriers**

# Insufficient flexible and long-term funding available to WROs

Most interviewees saw limited access to long-term funding as a barrier. Information about funding isn't always shared with WROs, and heavy compliance and due diligence requirements can obstruct access to funds.<sup>88</sup>

'The barrier is again funding. COVID-19 has brought an economic paradigm shift.'<sup>89</sup>

### Lack of clarity and participation around COVID-19 recovery planning, approaches and input into strategy development

Whilst there was a clear set of priorities for the response that enabled WROs to contribute to the broader picture, there is not the same level of clarity in the recovery planning as yet. This has implications for situating the priorities that WROs have identified (as discussed in finding 2) within a broader approach, and also access the support to do so.<sup>90</sup> The Kathmandu Declaration was endorsed by the Government of Nepal and development partners in September 2021 for the development of a strategic action plan for Green, Resilient, and Inclusive Development (GRID). However this did not come up in this research.<sup>91</sup>

'At the national level the participation is less as compared to [the] response phase, the barrier is lack of strategy.'<sup>92</sup>

# WROs have limited access to meetings, particularly when they are online

Inability to access key decision-making forums is a key barrier to WROs' leadership in recovery. Specific issues include not being invited, lack of awareness or visibility of meetings, a lack of information to participate in the meeting, and meetings being online. Online platforms are not always accessible to WROs, either due to limited access to internet and digital platforms, as well as household work and care burdens when working from home.<sup>93</sup>

'A lot of things were happening virtual[ly] and WROs and [their] representatives were working from home and [...] different gender roles [...] was a key barrier ... it was like pulling us to be a hundred years back. Ensuring leadership of these different groups and networks was very challenging when it came to the COVID-19 context.'94

### Lack of awareness of WROs outside of genderfocused forums and a lack of coordination with WROs at the local level

Whilst gender-focused UN agencies and ministries might be aware of the diversity of WROs, this awareness does not exist outside such genderfocused forums. Interviewees identified a lack of awareness of WROs in the community by local government as a barrier, and this also contributed to a lack of coordination between local government and WROs. Some interviewees reported that WROs were not consistently valued for their role in response and recovery, limiting their ability to access and contribute to some critical forums.<sup>95</sup>

'[Those] who do not directly work on women's issues are not aware or have [an] equal understanding of how many women-led platforms are there, what are the issues that have been discussed or how many organisations or CBOs are working for the women's issues/development.'96

### Inconsistent coordination amongst WROs

Whilst there were some positive examples of collective contributions, coordination amongst WROs was not always consistent. Some stakeholders felt that limited coordination amongst WROs was a barrier to collective advocacy and ensuring those organisations representing women from excluded groups are also engaged in COVID-19 response and recovery efforts.<sup>97</sup> This has implications for duplication of efforts, overlap and confusion.

'It lacks coordination. We see many duplications of work and [a] preference to work more in city areas than remote areas.'<sup>98</sup>

### **Enablers**



### Sustainable and flexible funding for longterm recovery

Almost all interviewees reflected on the importance of sustainable and flexible funding for long-term recovery. Beyond enabling WROs to carry out their projects, sustainable and flexible funding supports WROs' advocacy, organisational capacity (and the consolidation of capacity developed during the COVID-19 response) and overall leadership.99

'Continuous engagement will help [...] in terms of sustainability of response, recovery and building accountability with local government. Resources are only [available] right after the crisis – then they are forgotten and the same process needs to be repeated again.'100

### Working with the community and ensuring a grassroots approach

Working from the ground up to ensure involvement of the community and community organisations that understand the context, and having that knowledge inform disaster response and planning, was identified as an enabler of good practice. A grassroots approach was also seen as important for effective use of resources.<sup>101</sup>

'[A] bottom-up approach helps to effective[ly] use the resources [...] Interacting with the communities and conducting a need[s] assessment leads to effective projects and best utilisation of resources.'102

#### Partnership with government

Partnership with government was identified as important for enabling WROs' participation and leadership. Additionally, interviewees spoke about strengthening coordination and collaboration between local government and WROs as something that would support the recovery process.<sup>103</sup>

'Government partnership is important.'104

#### **)** Supporting and resourcing platforms that bring together women's networks and WROs

Platforms that bring together women's networks and WROs, as well as providing funding and logistical support to enable these platforms, were identified as critical for enabling collective efforts. Such platforms enable effective use of resources, avoid duplication and strengthen advocacy approaches. Interviewees also felt that consortiums supported organisations to exchange expertise and participate in dialogue with other stakeholders, contributing to greater recognition and visibility vis-à-vis government.105

'If there is logistic support provided to such [a] platform, more dialogues can be conducted, more issues could be raised and discussed in the platform with experts [...] long-term funding is needed to support this kind of best practice.'106



Providing resources to support capacity development was identified as an enabling factor for taking on leadership roles. Supporting WROs to consolidate the skills and expertise developed during a crisis, and ensuring sustainability so that the process does not have to replicated when there's a new crisis, was highlighted as a key factor.107

'Women-led organisations also need capacity building for leadership [...] Capacity building requires funds and resources.'108

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# **OPPORTUNITIES**

As outlined above, donors and other humanitarian actors can adopt and strengthen various enablers and good practices to support the leadership and participation of WROs in the COVID-19 recovery. The case study also highlighted several opportunities to reduce some of the barriers that WROs face. Priority actions for stakeholders wanting to advance participation and leadership of WROs in the ongoing recovery in Nepal include:

- Providing sustainable and flexible funding for long-term recovery, particularly where WROs have identified a need for bottom-up approaches
- Supporting or advocating for WROs' engagement in recovery planning and identification of strategic priorities, and communicating transparently about recovery priorities
- Supporting or advocating for WROs' engagement in recovery implementation in line with priorities identified in participatory planning (see above)
- Inviting WROs to participate in key recovery planning meetings led by other actors (including government, UN agencies and INGOs) where decision-making occurs. This includes working to ensure these forums are more accessible for WROs (whether as meeting host or as WRO partners)
- Facilitating WROs and other organisations representing marginalised groups' access to meetings by removing physical, situational and structural barriers to attendance.
- Increasing awareness of the diversity of WROs working to meet the varied and intersectional needs of women and other marginalised groups, particularly outside of gender-focused forums and at a local level. In practice, this could involve directly fostering collaborations between government and WROs
- Supporting and resourcing platforms that bring together women's networks and WROs.
- Extending mechanisms that provide WROs a space to raise issues with key stakeholders (for example, GiHA) to reach sub-national levels
- Detailed analysis on the extent to which WROs can access humanitarian financing directly from donors and through other partners, and how barriers to accessing funding might be removed

This case study provides evidence to support UN Women's ongoing advocacy to promote and fund WROs' leadership and participation in government-led COVID-19 recovery planning. In addition, WROs and other humanitarian actors can use it in their advocacy and efforts to increase women's participation and leadership in COVID-19 recovery.

Photo by Tobse Fritz on Unsplash

# <u>ENDNOTES</u>

1 The Grand Bargain Friends of Gender Group uses the following definitions:

*Women's rights organisation:* '1) an organization that self identifies as a woman's rights organization with primary focus on advancing gender equality, women's empowerment and human rights; or 2) an organization that has, as part of its mission statement, the advancement of women's/girls' interests and rights (or where 'women,' 'girls', 'gender' or local language equivalents are prominent in their mission statement); or 3) an organization that has, as part of its mission statement or objectives, to challenge and transform gender inequalities (unjust rules), unequal power relations and promoting positive social norms. Self-identification by local actors themselves is being proposed while the possible technical definition described above can be used for guidance or further verification.'

*Women-led organisation:* 'an organization with a humanitarian mandate/mission that is (1) governed or directed by women or; 2) whose leadership is principally made up of women, demonstrated by 50% or more occupying senior leadership positions.'

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