Women leading local humanitarian response during the Covid-19 pandemic

Case studies from South Sudan and Kenya

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Acknowledgements

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Content warning

Sections 2.3.4 and 2.4 reference sexual violence against children.

List of boxes

Acronyms

CSO   civil society organisation

FGM/C   female genital mutilation/cutting

FHN   Feminist Humanitarian Network

HPG   Humanitarian Policy Group

INGO   international non-governmental organisation

IP   Integrated Programme

LGBTQI+   lesbian, gay, bisexual, transgender, queer, intersex and others

NGO   non-governmental organisation

PPE   personal protective equipment

PwD   people with disabilities

SGBV   sexual and gender-based violence

SOGIESC   sexual orientation, gender identity and expression, and sex characteristics

SRHR   sexual and reproductive health and rights

UK   United Kingdom

UN   United Nations

WRO   women's rights organisation

Executive summary

This study explores the hypothesis that not only are women's rights organisations (WROs) working in crisis settings already active in providing humanitarian assistance, but also continued failure to support them in this capacity risks further marginalising and harming their constituencies, entrenching inequalities and undermining efforts towards gender justice. This research therefore examines WROs' experiences of the pandemic and related containment measures in South Sudan and Kenya, but it will hold relevance for international agencies engaged in gender-responsive and local humanitarian action with recommendations for doing this work more ethically, supportively and appropriately. It will also hold true for a range of other local or place-based civil society organisations (CSOs) serving marginalised communities.

Women-led humanitarian action in Kenya and South Sudan in the context of Covid-19

In Kenya and South Sudan, the pandemic exacerbated existing challenges and introduced new ones, including rising levels of sexual and gender-based violence (SGBV), disproportionate economic impacts, and struggles to access needed services in SGBV, sexual and reproductive health and rights (SRHR) and other areas. Against this background, WROs in Kenya and South Sudan pivoted rapidly to provide immediate support to communities, as well as to mitigate the economic and social effects of the pandemic on populations already in crisis, drawing on existing networks and connections. Interviewees repeatedly described both scaling up and diversifying their resources, programmes and services to meet increasingly complex needs, often without additional funding or capacity. They produced face masks, soap and hand sanitiser as both public health and livelihoods support; distributed relief supplies and sanitary kits; created and delivered public health awareness-raising activities; and combatted stigma against patients and their families.

Addressing gender-based violence has always been part of the WROs' core activities, but the pandemic increased the incidence of SGBV and therefore the impetus to respond. Due to Covid-19 restrictions, WROs integrated SGBV outreach and messaging into other activities, including personal protective equipment (PPE) distribution and handwashing stations, as well as innovating outreach via new platforms such as telephone hotlines, SMS-based services and WhatsApp, all of which became essential lifelines for women escaping violence. Importantly, WROs that normally did not provide psychosocial support began offering such services or referral pathways for them, in recognition of the severe impacts of the pandemic and related violence on their communities.

Challenges and constraints during Covid-19

The pandemic exacerbated the problems facing WROs operating in insecure humanitarian settings and the populations they serve. WROs in Kenya and South Sudan face many barriers to sustainable and sufficient funding, including limited pots of potential funding, onerous application processes and

burdensome reporting requirements. Recent evidence shows there was 'a slight fall in proportion of gender-specific funding allocated to local and national actors' during the pandemic (Fernández and Chicet, 2022: 30). Participants highlighted a multi-layered and obscure international system that cascades small portions of funding through international actors to WROs. Funding requirements are often justified as necessary to mitigate risks and guard against corruption, although there is scant evidence that local organisations are any more susceptible than international organisations to corruption or mismanagement. Participants also highlighted that they rarely received a salary, relying instead on family or additional work.

Even during ongoing efforts to 'localise' humanitarian response, WROs face barriers to decision-making and coordination spaces, sometimes due to intra-local and patriarchal power relations within the response in their setting and in the wider sector. Issues facing women, girls and gender-diverse people are sometimes deprioritised, and WROs and their staff often face disapproval from local authorities or other actors for their work or their outspoken positions, possibly due to conventional gendered norms about women's appropriate roles in their communities. Given that WROs in their large majority dedicate themselves to the inclusion of women experiencing marginalisation, sometimes on multiple fronts, their relationships with other local and national organisations may be a factor in how effectively they can carry out their work.

Similarly, our respondents suggested that the strategies of international non-governmental organisations (INGOs) have proven problematic and competitive, including those that brand themselves feminist or focus on women's rights. Interviewees report that INGOs exert pressure on them to conform to their priorities, provide information or access, and support INGOs' own proposals and funding applications, often without crediting them or sharing the benefits.

The pandemic has driven a move towards digital and virtual ways of working. However, small WROs in crisis contexts can barely afford the costs of connectivity and necessary technical skills. Services such as SGBV consultations, SRHR services and legal aid require private face-to-face interventions to be effective. Likewise, strain on staff and organisational leadership became a burden in the pandemic. Interviewees reported intense personal strain and psychological distress related to workloads, unstable funding and care work, and a heightened risk of contracting Covid-19 for frontline responders. Some WROs responded with mental health support for their own staff.

Interviewees also reported having no decision-making authoritiy at broader strategic and policy-making levels. Local actors were excluded from discussions on the disbursement of Covid-19 response funds, and WROs had no information on pandemic policies and decisions made on their behalf. Any inclusion was the result of advocacy.

Finally, the pandemic has exacerbated trends towards the restriction of civic space, with Covid-19 containment strategies used to restrict demonstrations and activism. Interviewees report a general regression on gender gains and increased threats to women's rights activists and WRO staff who are perceived to challenge men's power.

Lessons for more inclusive and effective humanitarian action

WROs have not received appropriate funding or inclusion in humanitarian decision-making or national response plans. These findings sketch out possible ways forward for international humanitarian actors – including donors, international institutions and INGOs – to learn from Covid-19 and support more inclusive, effective and nimble humanitarian action in partnership with WROs and other place-based CSOs serving marginalised groups.

Flexibility and innovation

Many local and national WROs are able to act quickly and effectively, using their grassroots connections and local knowledge. Working with WROs can bring about interventions that are responsive and contextually appropriate, speaking to people's real, immediate and evolving needs.

Improved funding

WROs have long called for more flexible, multi-year and core funding to support and expand their activities with communities in crisis. Long-term and flexible funding ensures that programmes run efficiently and less time is spent on proposal writing and fundraising. WROs that received flexible funding highlighted how they tailored their response to avoid duplication and prioritised activities specific to their community rather than responding and adhering to external donor or partner requirements.

Depth of expertise and experience

WROs are aware of gaps, needs, risks, norms and power relations, and frequently enjoy the trust of those same communities. Interviewees reported embedding pandemic information-sharing, SGBV response and even vaccination into their existing programming for more effective, accessible and proactive responses. Their contextual knowledge also helped WROs respond to problems such as mask-sharing, which resulted from the intersection of poverty and inaccessible health messaging for certain segments of the population in Kenya.

Such organisations are also crucial for achieving representation, participation and leadership of affected populations in humanitarian response. Many WROs, as well as organisations of people with disabilities or LGBTQI+ organisations, are led by marginalised people themselves – that is, those who have experienced various forms of SGBV, social exclusion, poverty and other forms of discrimination and harm.

Cross-nexus working and localisation

WROs are already playing a key role in fulfilling long-sought agendas on local humanitarian action and the so-called 'triple nexus'[1] because of their broad mandates, which are not siloed into any one sphere. WROs can therefore play a key role in reducing the impact of cyclical or recurrent shocks and stresses. They also regularly collaborate with local and national governments to ensure service delivery and reach. Driven by the needs of communities, rather than by international agendas, and therefore operating across the nexus almost by default, WROs offer real potential for effective localisation centred around the self-defined priorities of the most marginalised.

Conclusion

WROs are at the frontline of the Covid-19 pandemic response, as they have been in humanitarian responses happening before, during and alongside it. They have demonstrated their deep knowledge and understanding of crisis contexts and the communities they serve, as well as their capability and adaptability. The findings offer opportunities and openings for doing this work better – more ethically, appropriately and effectively – by funding, supporting and partnering with an underserved and little-recognised set of humanitarian actors.

Recommendations for the international humanitarian system

- All stakeholders operating in crises and humanitarian contexts must centre women leaders, WROs and other local and place-based CSOs serving marginalised groups (for example, people of diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC); organisations of people with disabilities; organisations representing those from ethnic and/or religious minorities; and refugee-led organisations) in their crisis response strategies, planning, decision-making, implementation and evaluations. These CSOs must be fully integrated into humanitarian response at every level.
  - To demonstrate and maintain this commitment, monitoring should be conducted to assess the quantity and quality of engagements with CSOs led by and focused on marginalised groups.

- Donors should prioritise providing direct funding for gender-specific humanitarian work to place-based CSOs, especially WROs, given the clear evidence of increased needs and that these organisations are uniquely positioned to respond. This will enable WROs to continue providing critical services, including for SGBV, without being constrained by limited and contingent funding. This should include:
  - Providing funding for WROs that is direct, flexible, core (not attached to short-term projects), free from unrealistic due diligence processes, and guided by WROs' own self-defined priorities rather than by the agendas of the funders. This includes when funding is channelled via INGOs as intermediaries.

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1   The 'triple nexus' describes the interconnections between the humanitarian, development and peace-building sectors, as well as an agenda to promote better coordination and coherence across the three.

- Shifting away from funding modalities that position international actors including United Nations (UN) bodies and INGOs as intermediaries between WROs and donors.

- The humanitarian system, and especially donors and other international organisations, needs to resist masking distrust as accountability.
  - Concepts such as capacity and due diligence should be interrogated for bias and embedded colonialist assumptions about the inherent or potential capacity of place-based movements, organisations or initiatives. This process should be explicit and result in clear statements on how these concepts will be operationalised differently going forward.
  - Requirements for funding bids, project proposals and reporting should be investigated and adapted to reduce undue administrative burdens imposed on place-based WROs.

- International actors should aim to work in complementarity rather than in competition with place-based WROs. WROs provide a unique contribution and should always be sought out as a complement to the actions of others. Better ways of working include:
  - Avoiding displacing or duplicating the work of place-based WROs wherever possible. For international actors, this means stepping back from activities in which WROs are engaged, including income-generating activities. This will provide WROs with opportunities to diversify their funding base, as they seek economic empowerment outside the humanitarian system. For donors, this means seeking out and directing funds to WROs already working in a particular setting rather than to international actors.
  - Ensuring that any partnerships between donors and/or international actors and place-based WROs are embedded in ethical partnership practices.

- INGOs and others should form cooperative partnerships based on equality rather than hierarchical, patronising or otherwise unequal power relations. Donors and international actors should not cast themselves in a superior role but rather recognise the critical role that both parties play in the successful delivery of appropriate and effective interventions.

- Finally, given calls for locally led humanitarian responses, it is important to recognise that localisation alone is not enough to ensure inclusion of the most marginalised or the organisations that represent them. Donors and international actors must integrate an understanding of intersectional exclusions and power dynamics, taking deliberate action to guarantee that place-based organisations representing marginalised groups including WROs are not excluded from these efforts. This includes organisations founded by, led by and focused on the needs of Indigenous women; impoverished women; girls and older women; women with disabilities; women of diverse sexual orientations and gender identities; and women from marginalised religious groups, ethnicities, language groups, castes or classes.

1   Introduction

There is growing recognition of the importance of women's full participation in humanitarian action, but the leadership roles that women and their organisations already play as early responders and promoters of community resilience in crisis settings are still not fully acknowledged in humanitarian policy, practice or funding modalities. Feminists and gender justice advocates have long argued for women's rights groups to be recognised for their humanitarian work, but they have lacked evidence to make that case to donors and major players in international humanitarian response. This study provides this evidence, using the Covid-19 pandemic as an opportunity to examine their role in detail, and to equip allies in the humanitarian sector to agitate for change from within. The findings offered here should also resonate with international agencies that are engaged in gender-responsive and local humanitarian action with recommendations for doing this work more ethically, supportively and appropriately.

The Covid-19 crisis and its secondary impacts in the context of other pre-existing humanitarian crises led to many international actors withdrawing or reducing their services. In their absence, place-based actors including women's rights organisations (WROs) and other civil society organisations (CSOs) have stepped up as never before to support their communities. WROs are uniquely positioned to support their communities through the pandemic – as they have been through other crises – but recognition of them as critical actors nonetheless remains patchy at best, with their work often being overlooked and invisibilised. Although the pandemic could have been an opportunity to empower and support local actors such as WROs, this has not come to pass (Barbelet et al., 2020; 2021).

This study focuses on WROs, understood as organisations with a strong focus on gender justice and women's rights, the vast majority of which are also women-led. It explores the hypothesis that not only are WROs working in crisis settings already active in providing humanitarian assistance, but also continued failure to support them in this capacity risks further marginalising and harming their constituencies, entrenching inequalities and undermining efforts towards gender justice. This research therefore examines WROs' experiences of the pandemic and related containment measures in South Sudan and Kenya.

Our findings will hold relevance for a range of other local or place-based CSOs serving marginalised communities and with a focus on human rights and inclusion, including organisations supporting people of diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC); organisations of people with disabilities (PwD); organisations representing those from ethnic and or religious minorities; and refugee-led organisations, amongst others.

1.1   Methodology

The research sought to address gaps in understanding around the role of WROs in crisis settings and the impacts of the pandemic on them and the populations they serve. It does so by answering the following research questions:

1.   What are the specific experiences of WROs in leading and influencing responses to the Covid-19
     crisis in their countries, including their ability to access funding and their relationships with
     their communities?
2.   What has been the role of WROs in supporting more inclusive responses during the crisis?
3.   What are some of the ways in which WROs have mitigated the new challenges presented by
     the pandemic?

The study sought to engage with smaller WROs and CSOs that work primarily on gender justice broadly
writ, including those with a particular focus on the multiply marginalised – for example, women with
disabilities, women and others with diverse SOGIESC, women living in poverty and rural women, as
these groups tend to be especially marginalised and left out of both humanitarian responses and
research. The study complements other research on WROs during Covid-19 (Women Deliver, 2019;
ActionAid, 2020a,b; 2022; FHN, 2021; WRC, 2021; 2022)[2] that had focused on other geographies and
participants. Our aim was to reach more marginalised WROs that had not featured in previous studies.[3]

Both Kenya and South Sudan have vibrant communities of CSOs, WROs and other humanitarian actors.
South Sudan is widely understood to be in crisis through an orthodox humanitarian lens, with an
intermittent civil war and resulting large-scale insecurity and internal displacement. It has a weak public
health system, experiences disease outbreaks and is heavily reliant on externally funded humanitarian
provision. Likewise, parts of Kenya face ongoing resource-based conflicts between communities, confront
serious drought risks and hunger, and also host refugees displaced from neighbouring countries.[4]

The majority of the WROs interviewed for this study are located in these regions, which are in arid and
semi-arid zones that have historically been marginalised. Both countries are also currently experiencing

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2   The majority of the research we cite here has been undertaken by international actors, as we were unable
     to access significant research authored or co-authored by place-based actors on the topic of their role
     as humanitarian actors and their reception by the sector. This in itself reflects the exclusionary nature of
     knowledge production and research funding that positions place-based actors mainly as implementers of
     programmes and research participants, rather than (co-)producers of knowledge. Importantly, multiple
     interviewees noted having been erased from research that they undertook in conjunction with international
     actors; another also highlighted that this erasure is self-perpetuating, because it limits the extent to which
     they can use the reports produced to lobby for further funding, opportunities or impact on policy and
     practice. A notable exception here is the Feminist Humanitarian Network (FHN)'s set of reports on women-led
     humanitarian response, which includes a global synthesis (FHN, 2021) and eight country reports: Bangladesh
     (FHN and Badabon Sangho, 2021), Kenya (FHN and Pastoralist Girls Initiative, 2021), Lebanon (FHN et al.,
     2021a), Liberia (FHN et al., 2021b), Nepal (FHN et al., 2021c), Nigeria (FHN et al., 2021d), Palestine (FHN and
     Sawa, 2021) and South Africa (FHN and Living University, 2021).

3   Our study focuses on WROs responding to sexual and gender-based violence (SGBV); this focus is not
     necessarily by design but rather due to our use of the snowballing technique to identify participants.

4   ACAPS (2022) highlights that at least 2.9 million people in Kenya are in need of humanitarian assistance due to
     drought. Siimilarly, 2.4 million people in the affected areas faced high levels of food insecurity (Integrated Phase
     Classification Phase 3 or above) in November 2021–January 2022. See www.acaps.org/country/kenya/crisis/drought
     (accessed in May 2022).

climate-related shocks such as drought and locust infestations, contributing to high levels of food insecurity (ACAPS, 2020a). This allowed us to examine the specific impact of the pandemic responses on existing crises, policies and programmes.

This study uses a qualitative approach based on anonymous, mostly remote, in-depth interviewing with representatives of eight WROs in South Sudan and 12 in Kenya, identified via a snowballing selection method. Two interviews with WROs were conducted in Swahili with the rest in English, including two with sign language interpretation. Seven interviews were conducted in person in Kenya, with the remainder carried out remotely via Zoom, Microsoft Teams and WhatsApp. This primary research was supplemented by a review of emerging literature on WROs as humanitarian actors and during Covid-19.

1.2   Challenges and limitations through an intersectional inclusion lens

Data collection for this research took place between July and October 2021, a year into the global pandemic. The challenges experienced while conducting this research are, in many ways, reflective of the barriers facing WROs themselves and are important as a lens through which to understand how multiple exclusions occur.

While the pandemic has driven the adoption of remote methods of data collection and communication, it has also led to critical analysis of the extent to which this process can itself be a driver of exclusion (see also Bryant, 2022). As we discuss here, participation in this research – which was conducted using remote interviewing – and the pivot to remote working required a similar set of resources: good access to technology including internet connectivity, phone lines, laptops, smartphones and data bundles. Some participants also required simultaneous interpretation or closed captioning or subtitling. Given their profound underresourcing and capacity strain during the pandemic, few were able to dedicate the time required for interviews. Others were experiencing burnout and 'Zoom fatigue' after more than a year of remote working. All of these factors are also reflective of the structural barriers limiting WROs' participation in humanitarian decision-making, funding and collaboration spaces within the current humanitarian system.

An intersectional lens is therefore key to understanding these layers of exclusion that produce not only compounded but also distinctive barriers and outcomes. Those WROs that we struggled most to reach were those in remote and rural locations with comparatively poor infrastructure and suffering from long-term social, political and economic exclusion due to government underinvestment (Kenya) or conflict and insecurity (South Sudan). Similarly, we had difficulties accessing those WROs led by or representing multiply marginalised constituencies, such as women with disabilities or from minority language communities, who face additional barriers to funding and participation. The implication of this is that the views of the most marginalised WROs are not adequately reflected in this study.

As a result of these factors, participation was highly conditioned by access to technology and capacity, despite our intention to reach marginalised and smaller WROs. The recruitment of participants in Kenya

in particular started slowly, where we eventually worked with a network of WROs. In South Sudan, the sample was more diverse in terms of organisational focus because humanitarian organisations were our entry point. This is also a reflection of the context: where Kenya is more development-focused and relatively peaceful, South Sudan is currently in conflict and therefore has more explicitly humanitarian-focused organisations. These factors therefore represent both a challenge for and a finding of the research: diverse voices and experiences are not as well represented in the research as intended, emphasising the need for researchers to be intentional in not replicating the same exclusions that exist in the humanitarian system.

For the Humanitarian Policy Group (HPG), these challenges also surfaced a number of lessons for our research practice. We attempted to innovate solutions to various barriers throughout the process, including embedding flexibility into our approach and supporting translation wherever possible, including sign language and ad hoc Swahili–English interpretation carried out by a researcher. This study, however, has also brought important learning about the additional time and resources that are needed – and that should be part of future planning and budgeting – to support marginalised WROs to more readily participate and have their perspectives feature in our research. HPG will also endeavour to maintain the network of WROs that we have assembled in the course of this study, in recognition of their critical and quintessentially humanitarian work, so that we can conduct future research with them without relying on international non-governmental organisations (INGOs) to facilitate and manage contacts.

1.3   Overview of the paper

This paper contributes to the growing pool of studies highlighted earlier, looking at WROs as unrecognised first responders and humanitarian actors. Chapter 2 explores the question of how WROs responded to the pandemic, highlighting the inclusiveness, flexibility and timeliness of their response. It also highlights ongoing challenges and constraints. Chapter 3 focuses on the lessons for humanitarian action that this study offers and provides possible ways forward for international humanitarian actors – including donors, international institutions and INGOs – to support more inclusive, effective and nimble humanitarian action in partnership with WROs and other place-based CSOs serving marginalised groups. Chapter 4 summarises the findings and situates the research against the backdrop of other existing agendas and priorities in the sector.

2   Women-led humanitarian action in Kenya and South Sudan in the context of Covid-19

The Covid-19 pandemic has had wide-ranging impacts in both Kenya and South Sudan. Both settings were already affected by humanitarian crises – principally, conflict in South Sudan and forced displacement in Kenya. As a major health emergency, the pandemic intersects with other structural issues, including limited health system capacity and growing economic and political inequalities. In South Sudan, 70% of health services are provided by aid organisations (UN Women and CEPO, 2020). Some six million South Sudanese face severe food insecurity, with nearly 1.3 million reportedly malnourished (The New Humanitarian, 2015; UN Women and CEPO, 2020). In Kenya, the health system faces multiple challenges dealing with malnutrition, HIV/AIDS, tuberculosis and malaria, alongside an emerging and increasing burden of non-communicable diseases such as cancer.[5]

The pandemic has also exacerbated already high rates of sexual and gender-based violence (SGBV) in both countries. In South Sudan, up to 65% of women and girls in some regions had experienced some form of physical and sexual violence (Global Women's Institute and International Rescue Committee, 2017: 12). New and exacerbated child protection concerns were also reported as key issues, including a rise in sexual assault, early and child marriages, female genital mutilation/cutting (FGM/C)[6] and child labour linked to school closures. In Kenya, school closures interrupted learning for over 17 million children; only 22% of students had any access to digital learning materials and even fewer had access to distance learning options provided by the Kenyan government (Angrist et al., 2021). WROs across both settings reported an increase in teenage pregnancy, linked to increasing rates of sexual assault, exploitation and transactional sex by girls needing access to food, menstrual products and other necessities. The pandemic further exposed women and girls to various forms of violence as they were confined to their homes with their perpetrators and had limited access to safe spaces such as schools.

Livelihoods were profoundly disrupted, especially for people reliant on informal or precarious forms of labour. In these settings where weak or non-existent welfare systems provided little cushioning, leading to spikes in the levels of stress among these groups, some resorted to violence as an outlet for their frustrations. Lockdowns and social distancing restricted women's access to markets to sell goods or prevented them from accessing farms. Harvests in both countries had already been threatened by an upsurge of desert locusts destroying key crops.

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5   The health system in Kenya is now a devolved function. While this is intended to bridge the gap in service delivery for the people, there are inconsistencies in responses due to a resource-constrained environment that eventually perpetuates the prevailing inequalities in the different regions.

6   While 'FGM' is the more widely used and recognised abbreviation, the word 'mutilation' can be stigmatising and 'cutting' is increasingly used in its stead (Chatterjee, 2018).

2.1   Innovating responses to Covid-19

Against this background, WROs in Kenya and South Sudan pivoted rapidly to provide immediate support to communities, as well as to mitigate the economic and social effects of the pandemic on populations already in crisis, drawing on existing networks and connections. Interviewees repeatedly described both scaling up and diversifying their resources, programmes and services in an effort to meet increasingly complex needs in compliance with evolving government restrictions, often without additional funding or capacity (see Box 1 for a summary of one WRO's pandemic response).

Box 1   Pandemic response in South Sudan

The following description, provided by a South Sudanese WRO, gives a good summary of the range of responses provided by individual WROs during the pandemic.

First, we did and continue to do a lot of grassroots awareness about the pandemic, on radio, on social media, as you will see on our social media pages. We printed out information material and went deep into the villages where the communities are – some of the places are inaccessible even with cars due to lack of infrastructure and insecurity. We went to educate people about the pandemic, how it affects us and how we can keep safe. We gave them information on what they should do for protection and what actions to take to prevent the virus from spreading.

We provided masks and soap to local communities to ensure that they washed their hands. We also discussed with them about issues of SGBV because violence towards women and girls had increased. Given that some of them were locked up with abusive partners or an abusive person, who may have lost his job due to the pandemic triggering their aggressive nature. We offered advice on how to respond in situations and highlighted options that were available to them including how to contact us for the provision of temporary accommodation. We provided and encouraged them to use the hotline to report violence against themselves or in the community.

We have also joined different groups, which we loosely created, we couldn't call them movements, but they are like coalitions that are working on the pandemic, like we have the Covid-19 Local Task Force, which is a group of civil society organisations. The government has been leading on Covid-19 pandemic response but has been ineffective, therefore this coalition came together to fill that gap. We feel that the government response is not people-centered. Having identified this gap we formed the network to collectively raise our concerns and speak more about it, and to advise the government on what to do including in raising awareness. The taskforce also provided policy recommendations as well.

Using local materials, WROs produced and distributed face masks and supported the manufacture of handwashing gels, soaps and sanitisers, both as a preventative measure for their communities and as a way of supporting income generation and livelihoods. They also distributed relief supplies, including hygiene and sanitary kits for girls who would normally have received these items through schools, and mobilised awareness-raising activities, including distributing flyers, alongside training on Covid-19 guidelines and prevention through mass media channels, such as radio programmes. Community members received training to manage handwashing stations in public places such as markets. One South Sudanese organisation operated 20 handwashing stations in different locations. Another reported being contracted by a United Nations (UN) organisation to produce 24,000 face masks 'using our beneficiaries, the women, and the youth and some of the men we had trained over the years' (WRO South Sudan).

WROs also worked to address stigma directed towards Covid-19 patients, or even suspected patients, and their families, including through social media campaigns and by dispelling rumours. WROs in both contexts translated Covid-related messages into local languages. WROs representing PwD campaigned for sign language materials to be developed and included in government campaigns. (See Box 2 for more details on the responses led by WROs representing PwD.) Radio broadcasts aimed at carers were used to provide information on where to get accessible materials and services.

Many organisations responded to the crisis by distributing food relief to affected individuals and families in recognition of the decimation of livelihoods for many. Most of the organisations interviewed for this study took leadership in initiating their own distribution of relief to their communities, independent of relevant authorities. Given their efficiency and success in these distributions, some were then approached to coordinate and distribute relief supplies, either by local government or by international organisations. In some instances they offered to coordinate the same. One WRO based in one of Nairobi's informal settlements reported negotiating with deputy county commissioners to specifically distribute food relief to the 'vulnerable groups, the old, pregnant women and women with disabilities … any time food came in, they would give us that portion' (WRO Kenya). This was in the wake of a chaotic distribution that resulted in the death of a member of the community. WROs also advocated for the equitable distribution of relief, making sure that distributions were inclusive and matched these organisations' assessments of who was most vulnerable and most in need.

Box 2   WROs at the intersection of gender and disability

While research on inclusion and exclusion in humanitarian action is still nascent, there is even less evidence available that deploys an intersectional lens. The impacts of multiple marginalisations can be not only compounded but also unique, and are therefore likely to be overlooked or not properly understood as the product of discrimination or social exclusion.

PwD are known to face particular risks and challenges in humanitarian settings (Barbelet and Palmer, 2020). Women with disabilities already experience significant marginalisation, and reports emerged early in the pandemic that they faced disproportionate negative impacts (e.g. Rohwerder et al., 2021). For this study, we engaged with two WROs that support deaf women and those with hearing impairments in Kenya and South Sudan, respectively. Some of the challenges these WROs faced were common to other WROs and CSOs and their communities, but women with disabilities experienced particularly harsh economic impacts, pushing them into deeper poverty, as well as heightened violence affecting both women and children. WROs responded with additional interpretation and sign language instruction to facilitate communication, as well as accessible psychosocial support programming and tailored SGBV outreach.

WROs led by and working with women with disabilities also faced unique challenges. Public health information has been fraught with accessibility barriers and lack of accommodations. Social distancing regulations and lockdowns also prevented contact with social or family networks, on which women with disabilities normally rely for information. Amidst school closures, many families encountered accessibility problems with remote learning provision. Mental health impacts of isolation have been widespread throughout the pandemic, but these were especially stark for those already facing complex barriers to communication and mobility. One WRO reported a death by suicide in their community as a result, describing new protocols established to check on the well-being of their members.

Perhaps most notably, measures such as face masks posed a particular barrier for those reliant on lip-reading and facial expressions for comprehension. Alternative modes of communication including printed information and closed captioning were rare; WROs noted setting up SMS and WhatsApp channels for information-sharing, but even these were insufficient for those without access to relevant technology or with low levels of literacy, all of which disproportionately affect women with disabilities. WROs lobbied their respective government health ministries for better accommodations, including sign language interpretation, to ensure that critical health messaging did not exclude PwD.

The experiences of women with disabilities in crisis settings illustrate the importance of seeking out people facing multiple marginalisations to participate actively not only in research but in humanitarian policy, programming and evaluations. WROs and other inclusion-focused CSOs are uniquely positioned to foreground the needs of these groups, given their embeddedness in the communities they serve and their offering of services and resources to these groups.

2.2   Gender-based violence during the pandemic

Addressing SGBV had always been part of the WROs' core activities, but the majority of interviewees reported that the pandemic had increased the incidence of SGBV and therefore the impetus to respond. One WRO reported that during the pandemic their organisation had seen the highest number of SGBV survivors since the organisation's inception, and 'we have been in this field for more than 20 years' (WRO Kenya). Due to fears of contracting Covid-19 and regulations on social distancing and mobility, WROs reported rethinking their methods of reaching and engaging with survivors of SGBV. Many integrated SGBV outreach and messaging into other activities, including personal protective equipment (PPE) distribution and handwashing stations. One Kenyan WRO set up a call centre and offered hotline support services and SMS-based safety planning and support programmes to reach people afraid to attend the hospital where the WRO was based. These became essential lifelines for women escaping violence. Similarly in South Sudan, one WRO explained that they

> had to think of new alternatives to continue providing our services. And that's even where the GBV [gender-based violence] hotlines initiative came from. It has now become a lifesaving service to survivors of violence during the Covid-19 pandemic. Through the call centre we provide other services under that, like referral for medical treatment, for temporary accommodation if needed, immediate counselling and also provide signpost for legal services and others (WRO South Sudan).

In response to increasing rates of teenage pregnancy and the exploitation of girls during school closures, WROs set up ad hoc programmes to distribute menstrual hygiene materials and conduct awareness-raising campaigns. As one WRO in Kenya explained:

> We had to respond, and we did it differently – we started working with teenage mums, because it was a serious issue, it was very clear that most of the girls were pregnant because they were too idle [due to school closures and the move to online learning] (WRO Kenya).

As well as providing specialised services for survivors of violence, including psychosocial support and clinical care, WROs sought to prevent SGBV through advocacy, for example calling on authorities in Kenya to incorporate key messages on SGBV in their Covid-19 briefings and responses. According to one WRO representative:

> At the onset of Covid, we were one of the organisations in collaboration with other [WROs] that came together and lobbied the government through the Ministry of Health in particular, to ensure that they incorporated key messages on GBV … This approach and lobbying worked well, because they did start talking about it. We had put in a joint statement and shared it with the presidency (WRO Kenya).

Many of the organisations interviewed highlighted that one of their core activities prior to the pandemic had been the provision of psychosocial support, mainly related to conflict and for survivors

of SGBV. The pandemic has only increased the need for this support, linked to higher rates of SGBV, the widespread loss of livelihoods and stress from isolation during lockdowns:

> For us having a component that maybe we never thought was going to be so important. Initially we are talking of psychosocial support only among the survivors, but now we are talking about mental health among everybody in the household. So, for us, we felt like the pandemic brought so many things that we are looking so much into details and every day we find that there is something new popping up and needs addressing (WRO Kenya).

WROs that normally did not provide such support began offering these services themselves or directed people to other organisations providing them. One WRO operating in northern Kenya reported extending their psychosocial support programmes to include responding to drug addiction among male youth, and to whole families rather than the individual. In both contexts, counselling services are not easily available, and where they are, they are not tailored to PwD, so WROs supporting those with hearing impairment created their own services to mitigate the impacts of the pandemic and prevent abuse:

> We tried to look for people who [were conversant in] sign language, so that they can speak to those who had lost their jobs, who were struggling with family issues. We were also trying to teach parents sign language, something I have never done before. Because now the children are staying at home, they were being abused [in their communities], they could not communicate with their parents (WRO Kenya).

In summary, WROs have pursued a multi-track approach in response to the pandemic. Having recognised the economic impacts of the pandemic and its effects on livelihoods, WROs responded by engaging communities in producing their own PPE and sanitising agents, both as an economic venture and to help mitigate the spread of the virus (the latter was also done through health messaging). Their contextual knowledge meant they understood pre-existing risks of SGBV, and their community engagement included messages around the mitigation of SGBV, alongside support to survivors. Similarly, informed by their own experiences, WROs – especially those representing PwD – were acutely aware of the potential for multiple forms of marginalisation and therefore deployed an intersectional lens to anticipate needs specific to their members. WROs were also aware that measures such as quarantines and social isolation would leave women and children unable to escape abusive family members, and therefore incorporated innovative methods for reaching them.

2.3   Challenges and constraints during Covid-19

The pandemic has not only brought to the fore the role that WROs have played in the response, it has also exacerbated the problems facing WROs operating in insecure humanitarian settings, impacting the populations they serve and conditioning their ability to function and deliver services.

Recent evidence gathered by Development Initiatives (a global research organisation) shows that at the height of the pandemic there was 'a slight fall in proportion of gender-specific funding allocated to local and national actors' (Fernández and Chicet, 2022: 30), despite the hope that the pandemic

would accelerate change including in the way funding is disbursed.[7] Similarly, a survey of 18 women-led organisations and WROs found that only three had been able to access new or additional funding for Covid-19 through the UN, while some even received less compared with the pre-pandemic period.[8] Given the rising number of cases of SGBV during the pandemic, it is concerning that even less support was made available to WROs that play a key role in addressing SGBV and that are already underfunded.

This funding problem presents these organisations with a double bind of increasing their offer to communities in crisis while experiencing intense strain on their funding, staff capacity and other resources, against a backdrop of insecurity.

2.3.1   Funding constraints

WROs in both Kenya and South Sudan have many barriers to sustainable and sufficient funding, including limited pots of potential funding and high burdens in terms of application processes and reporting requirements. Notably, the pandemic has opened some opportunities for additional funding; some larger and better established WROs have been able to negotiate with their donors to allow for the reallocation of funds, and others have accessed funding to implement projects responding to the pandemic. As one WRO explained:

> The first thing we did was to review our plan and make proposals to our donors. So, this is the situation, and this is the way we see it. And most of them were supportive and were like, we approve, go ahead, and make changes to the implementation in a way that aligns to the realities of the situation. So, there's that funding that we were allowed to review, then there is new funding that came in that was specifically geared towards Covid-19 responses (WRO Kenya).

Another highlighted how one United Kingdom (UK) non-governmental organisation (NGO), Womankind Worldwide, provided unrestricted funding in light of the pandemic:

> We decided how to use these funds and they went a long way. For example, rather than go to big hotels for meetings, we reached out to more girls by having mentoring sessions in our office compound (WRO Kenya).

That said, while some donors[9] increased their flexibility, many more did not. Participants in the study highlighted the challenge of navigating a multi-layered and obscure international system that cascades

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7   Kenya was one of the three smallest recipients of gender-relevant international humanitarian assistance (US$0.6 million).

8   The survey in question was undertaken in Lebanon, Jordan, Bangladesh, Uganda, the Democratic Republic of the Congo, Kenya, Nigeria, Occupied Palestinian Territories and South Sudan with an aim of gathering a snapshot of Covid-19 response, funding, partnerships and decision-making for WROs (ActionAid et al., 2020)

9   Some WROs refer to INGOs as donors, which is illustrative of the role played by INGOs relative to small, local organisations – that is, the role of a donor rather than a partner.

small portions of funding through international actors to WROs, often mediated by INGOs. As one WRO in South Sudan explained:

> As women-led organisations, we are not given grants because [donors say] we don't have capacity … when it comes to funding, women-led organisations are put on the same table with other international organisations, on the bidding aspect. So, at the end of the day, you are knocked down because as an organisation you cannot compete with the INGOs in a call for proposals (WRO South Sudan).

INGO funding was not only inflexible but also demanding, as approvals came with onerous reporting requirements. One interviewee outlined the administrative burden on WROs:

> You must reread their budgets with them, and it is worse whenever it comes to the projects and the reports. They [INGOs] mess with them, and this makes things complicated and disappointing (WRO South Sudan).

One WRO representative in Kenya felt that due diligence and compliance requirements deliberately exclude WROs and other local actors in favour of international organisations (see also Kanyako, 2016; Neufeldt, 2016). She argued that, even when an organisation put extra effort into meeting these requirements, funders[10] still seemed to find reasons to withhold finance:

> There are many times I have written proposals; I have never even received any answer or feedback. When someone says look at these proposals, I am like, I'm not going to waste my time because even if you go into organisation, like this big organisations, they will not fund you. I don't know what they want you to provide to get funded. Even if you tell them, you have demonstrated and that is what I do (WRO Kenya).

Interviewees described how requirements are often justified as necessary to mitigate risks and guard against corruption, although there is scant evidence that local organisations, including WROs, operating in crisis contexts are any more susceptible than international organisations to corruption or mismanagement of funds. While local organisations face similar challenges in accessing funding (see Ramalingam et al., 2013), women's organisations may be at a particular disadvantage. As one interviewee in Kenya explained:

> it is important to have spaces where women compete only based on their merits and value effectiveness. You will find that the women who are in these women-only spaces do very well, as opposed to those organisations that are competing in unlevel playing fields that are dominated by men. You will find organisations that are getting resources are men-led.[11] This is because these men have the extra privilege of sitting together after work, say at 8 or 9pm *wanapangia hiyo kazi huko* (they plan that

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10   Here, 'funders' includes INGOs, which tend to act as intermediaries by distributing funding to WROs to implement programmes. Interviewees frequently made reference to INGOs as funders or donors, which reflects the nature of their relationship with them.

11   Even when not headed by men, men hold key positions within such organisations.

> work there), while women are rushing home to take care of our families. We cannot compete, so they have already built rapport, but women don't have the opportunity to engage on that level (WRO Kenya).

Such challenges have sometimes led WROs to seek commercial income-generating activities to cover their overheads and ensure they can continue to provide core services to their communities. In some instances, UN agencies and INGOs that deliver aid by running the same or similar livelihoods activities then unwittingly marginalise WROs through these delivery modalities. The WROs therefore interpret this as competition from agencies who are better placed and better resourced:

> We started having discussions about ways of diversifying from our usual methods of seeking funding and support. Some of the women-led organisations started engaging in some activities to generate resources for their organisation. We came up with ideas like hairdressing salons, bakery, carpentry, etc. We then found these same ideas that we brought as a small local organisation were the same ideas a big INGO or the UN were doing. So, the place is flooded by the same ideas which doesn't make sense (WRO South Sudan).

The majority of interviewees, especially those representing small organisations, highlighted that they rarely received a salary. Some earned an income through consultancies, normally related to their work (e.g. providing training for private companies, UN and INGOs on gender awareness, mental health and SGBV, or taking up short-term contracts with INGOs). As one Kenyan WRO interviewee, a psychologist, explained:

> Now I am a consultant. I do consultancies, for example for judiciary, for their staff, and staff welfare. So, I get my money through consultancies I put something aside [to support women victims of sexual violence]. I tried getting funding until I gave up. I also consult for hospitals, for INGOs, the UN and human rights organisations (WRO Kenya).

One interviewee from South Sudan highlighted how she relies on relatives in the diaspora to pay her office expenses, rent and wi-fi. Another interviewee put it even more starkly:

> Our funding situation is not good … It is really challenging and sometimes I ask myself whether it is worth going on or the effort … you really try to save a bit from every source to fund and support and you would rather go without a salary yourself. Since I started there is only one project that has paid me a salary (WRO Kenya).

Another WRO reported that it had opted to work with structures within its community, for example forming partnerships with schools to implement projects.

2.3.2   Intra-local, international and patriarchal competition

For the populations served by the WROs in our sample, who serve women as well as people with diverse SOGIESC and PwD, their own local communities can be as much active participants in their marginalisation as agents of their inclusion and acceptance. This is also true for the organisations that serve marginalised populations, which often face resistance to prioritising and working with their target populations. Thus, even during ongoing efforts to 'localise' humanitarian response, WROs face barriers to entry into decision-making and coordination spaces. These can be attributed to intra-local power relations within the response in their setting, and power dynamics within the wider sector, which can be characterised as at best gender-blind and at worst patriarchal. This is sometimes experienced in terms of a deprioritisation of issues affecting women, girls and gender-diverse people, as one interviewee noted:

> Many of them come from the angle of, we don't know these things, we have never seen them. They've never existed in our community. So, who are you to come and talk about them? Because we have a moment when we would have a chiefs' conference to talk about child marriage specifically, and most of the chiefs are men. And these men would tell us we are not going to stop child marriage. This is our culture. So, penetrating through that is very difficult (WRO South Sudan).

Others pointed to the disapproval they experience personally from local authorities or other organisations, on account of their work on gender justice and women's rights. This includes entities such as the police and other local authorities – 'people who you would want to have in your corner', as one Kenyan interviewee put it – and whose cooperation may be essential for effective interventions. One interviewee in South Sudan described how conventional gendered norms about women's roles in their communities shape her reception by communities and by other organisations as a woman leader:

> There is all this, I would say, weirdness, because women are not in position in leadership roles, or in positions of power. There is that curiosity still within communities, okay, you're a woman. Okay, you are free to do this? But also, the way they approach the situations is totally different from how our male counterparts would approach it. There is that sense of motherliness, I think in the way they do their thing. There is that compassion that just comes around. By being the other gender. And the way they approach whether it is children, whether it is their fellow women, whether it is the men within the communities that they serve, it is totally different. I think that is the uniqueness (WRO South Sudan).

Given that WROs in their large majority dedicate themselves to the inclusion of women experiencing marginalisation, sometimes on multiple fronts, their relationships with other local and national organisations may be a factor in how effectively they can carry out their work, access resources or achieve recognition within the humanitarian sector. For example, two of the WROs representing women with disabilities interviewed for this research highlighted the prevalence of competition and exclusion of their organisations from other local actors, one citing how 'some NGOs are not interested in working with disabled persons'. This is echoed by research on organisations representing PwD and people with diverse SOGIESC (Myrttinen and Daigle, 2017), which often face discrimination towards their own staff and the populations they serve.

Along similar lines, our respondents suggested that the organisational strategies of INGOs have proven problematic, and these sometimes include organisations that label themselves or their approach as feminist or focused on women's rights. WROs reported finding themselves competing not only with fellow local organisations but also with international ones. For example, one interviewee representing a WRO in South Sudan recounted approaching an INGO to pursue joint advocacy on SGBV. The INGO withdrew from the planned activities at the last minute, but nonetheless took photos of the event and publicised it as its own. This not only misrepresented the respective roles of each organisation but also created the impression that the WRO had received funds from the INGO when it had not. Research by International Alert describes similar dynamics where INGOs exert pressure on place-based CSOs to conform to their priorities and consent to publicity that compromises CSOs' own priorities and even security (Anderson, 2017).

WROs also highlighted the prevalence of relationships and collaborations that are not based on trust; for example, several WROs reported being invited by INGOs to spaces and meetings to discuss ideas for projects. However, in subsequent proposals the contribution of WROs is left out, and they are not informed whether the proposal was successful or, if it was, the levels of funding received. Some reported only being aware of projects when they were being implemented by others, or when INGOs are required to implement programmes at short notice. One interviewee reported only being aware of a successfully funded project when the partner INGO called her requesting her to support the report to donors.[12]

Other interviewees discussed problems with identifying as a WRO at a time when more and more organisations at every level are seeking to position themselves strategically and opportunistically as focused on women's rights, women's leadership or using feminist approaches, regardless of how embedded they are in women's movements:

> Organisations called themselves women-led, just because a country director was a woman. But then in terms of organisational structure and in their programmes, it was totally different. Others would call themselves WROs because they were implementing protection activities. Our belief was that, as women, we need to be able to ensure that we can bring to light the specific gender context or needs within the humanitarian space … A gendered lens is what we want to retain and that remains our focus (WRO South Sudan).

WROs working on gender from a point of solidarity and common experience of oppression find themselves having to compete to 'sell' their gender expertise in a marketised humanitarian system. This has resulted in a marked increase in competition from other local organisations and from INGOs seeking to enter the gender space. This adds further complexity and difficulty to their work, their visibility and profile locally and internationally, and their ability to access funding.

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12   This particular INGO worker had just been recruited and was finalising donor reports; on their record, the interviewee for this study was recorded as the recipient of the funding, yet the WRO was unaware that the proposal had been submitted and successfully funded.

2.3.3   Digitalisation for operations and service delivery

One of the more profound effects of the pandemic has been to drive a move towards digital and virtual ways of working. While larger WROs were able to absorb the associated costs, in terms of connectivity and equipment such as laptops to enable home working, smaller and/or rural-based CSOs struggled to make this transition.[13] For small CSOs in crisis contexts, organisations and staff could barely afford the costs associated with connectivity; infrastructure is not available to support this,[14] and staff may lack the technical skills required to adopt new technologies such as Teams and Zoom. As one interviewee in South Sudan explained:

> It's not like Kenya,[15] the infrastructure is very poor … With all those poor infrastructures, it is difficult to tell staff to work at home. We have network issues. Where you can't even make a phone call, right now I'm speaking to you because I'm using the office internet (WRO South Sudan).

While the costs of operationalising remote working were in some instances covered by donors or international partners, this was limited to connectivity within offices, and did not stretch to supporting staff to work at home. Likewise, no funding was provided for equipment.

While the rapid transition to remote working allowed for some level of participation in coordination forums and facilitated team communication,[16] the same could not be said for service provision, especially reaching marginalised community members, many of whom did not have access to devices or data providers. Services such as SGBV consultations, sexual and reproductive health and rights (SRHR) services and legal aid require face-to-face interventions to be effective. Where the remote provision of services was possible, lack of space and privacy made sensitive conversations difficult, as highlighted by one interviewee:

> There was a certain class of people we could reach – for example, a middle-class woman who has been abused – we can have one on one … The challenge was the one who's coming from the slum. It is very difficult for her to go one on one. First and foremost, she might not even have a smartphone leave alone data allowance to allow her to connect. A thing like a laptop is unheard of (WRO Kenya).

Pre-Covid, the digital divide was notable, for example amongst women who were being left behind in an increasingly digitised world (Downer, 2019). During the pandemic, digitalisation has increasingly become a driver of further exclusion (Bryant et al., 2020): for smaller WROs, who are not digitalised;

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13   To enable the inclusion of some smaller and rural WROs in this study, we facilitated interviews by buying data for their phones.

14   See Bharania (2020), who notes that donors are reluctant to cover such infrastructure costs leading to chronic underinvestment in technology even in larger organisations.

15   It is worth noting here that Kenya also has its challenges and some of the WROs interviewed for this study are in remote locations where connectivity is a challenge.

16   Early predictions of a radical transformation have not yet been realised; WROs were included in the coordination forums, but this was not meaningfully done.

for rural communities and those living in places where there is little to no digital infrastructure; and for youth and women who cannot afford the equipment, or who do not have or no longer have financial independence. One interviewee commented on this exclusion:

> We have learnt to respect that the digital space is also a place that leaves a lot of people behind … Young people do not even have some of these devices. So, while everything is happening globally, at a local level marginalised communities are continually being left behind and being excluded (WRO Kenya).

The pandemic has clearly exposed a digital divide that risks perpetuating the exclusion of not only marginalised communities living in humanitarian and crisis contexts, but also the organisations that serve them, which are often themselves marginalised and excluded.[17] The question remains: can the humanitarian sector mobilise the requisite resources to support WROs to digitalise, and can this be done without recourse to funding that has been earmarked for communities?

2.3.4   Strain on staff and organisational leadership

Content warning: this section references sexual violence against children.

In both Kenya and South Sudan, interviewees noted the pandemic's impacts on individual women leaders, and the implications of this at the organisational level. Specifically for women leading these organisations, additional burdens came from travel restrictions, working from home due to quarantines, school closures and the increased risks faced by elderly relatives. The added responsibility also included managing staff and volunteers on the frontline of service provision, and therefore at heightened risk of contracting Covid-19 themselves:

> As the leader, you had to balance between exposing yourself and your staff to the risks out there and not neglecting the communities that you work with, and this was a tough one. For example, we went from mobilising before Covid, groups of say 70–100 people, down to groups of 25–30 to allow for social distancing. And we also went from coming into the office every day, to supporting the team with communication allowances, so that they can be able to work from home and didn't have to come to the office. If you had an activity to implement then they did the activity, and then they continued working from home (WRO Kenya).

Unsurprisingly, interviewees reported an intense level of personal strain related to their increased workloads, unstable funding and personal caretaking responsibilities. Small, grassroots organisations and CSOs tend to employ women, who faced increased care burdens at home due to school closures, sick family members, and additional cleaning and disinfection needs. School closures necessitated additional childcare, which often fell to women due to social norms and expectations that

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17   Bryant et al. (2020) argue that technology can 'facilitate distance', which can mean engagement without the meaningful involvement of aid users, therefore excluding communities rather than building participatory or inclusive models of aid.

this is women's work, not men's. The digitalisation of meetings has created an expectation, especially among partners working with these organisations, that they can participate in long online meetings, and travel restrictions have led to an assumption that, because meetings are online, allowances previously extended to cover time and travel to attend in-person meetings and events are no longer applicable. Yet, as highlighted by some interviewees, in some cases positions are voluntary and not salaried.

Several interviewees highlighted that teams were at risk of developing psychological distress and other mental health symptoms from having to deal with an overwhelming workload and extremely distressing cases. One interviewee described a partner organisation receiving a phone call from a young girl saying that she had been raped by her father:

> Recently a young girl called our partner organisation's helpline, 'my dad has raped me, and he has now locked himself in the room with my three-year-old sister'. What do you do when you receive such a call? How do you sleep? … It has become very difficult for community organisations to be at the ground without resources as the only representative for hope and justice, or help. Covid has also brought about mental health as a pertinent issue (WRO Kenya).

In response to distressing stories such as this, the interviewee described how a partner organisation had developed a mental health programme for community organisations and their staff.

As aforementioned, the pandemic inevitably brought the risk of WRO staff contracting Covid-19. To mitigate this risk, WRO leaders have had to make decisions that have financial implications. For example, one WRO in Nairobi resorted to using taxis to overcome the need for staff to use public transport. The organisation also negotiated insurance cover for staff for Covid-related expenses:

> So, I had to think about the needs of staff if they are going to continue supporting intervention. For us as [WROs], the thinking is about you, your team, families, and extending this to the communities that you've worked with. It is more personal (WRO Kenya).

However, this case involved a larger WRO with a sound funding base. Typically, governments and other actors have relied heavily on these organisations to lead work in communities, while providing no additional support or funding, and leaving them to assume the related risks of Covid-19 transmission. These risks were encapsulated in the course of this research when the team received a call for help from an interviewee, who was trying to raise funds for her medical expenses in Kenya after hospitalisation. At the time of writing, the interviewee was recuperating.

One interviewee described the fear of contracting the virus from colleagues within the organisation:

> People are sick, so that alone caused a lot of distress, a lot of trauma, as well, to all of us. It also created a dynamic within the team because in our organisations we believe in teamwork, we believe in sisterhood, but there was fear coming close to your sister, because you are like, are you going to

> give me Covid? Stay away from me. So that alone as well affected even our work. The responsibility of ensuring that the team were safe [was] stressful (WRO South Sudan).

The need to work in isolation during the pandemic may have implications on the long-term objectives of WROs that work in solidarity with each other, for resilience and collective power (Samaraweera, 2021).

Beyond health risks, most interviewees were acutely aware of the economic implications of the pandemic for their staff and the impact on staff well-being. In South Sudan, for instance, rocketing inflation – a problem prior to the pandemic that has been exacerbated by lockdowns and border closures that curtailed the movement of goods – has dramatically increased prices for food and services:

> So even we could not access food, or foodstuffs became expensive. So, it also affected the staff and the volunteers in a sense that what we are paying them is not enough to sustain their costs and standards of living and this worries me (WRO South Sudan).

Others mentioned being cut off from their own supplemental income sources, such as small businesses operated on the weekends to complement their inadequate salaries as WRO workers.

2.3.5 Exclusion from participating in decision-making processes

Although WROs were at the forefront of the Covid-19 response, their voices were excluded from decision-making processes led by relevant local and national authorities as well as humanitarian architectures. Interviewees reported having no decision-making authoritiy at broader strategic and policy-making levels, despite the fact that their ability as leaders and decision-makers within their own organisations and networks has been clearly demonstrated. None of the organisations interviewed were invited to contribute to the creation of national pandemic plans or the humanitarian sector's response planning. In many cases, WROs were not present in the relevant forums and only a small minority of those interviewed indicated having been invited to participate in relevant coordination forums.

A member of one of the WROs from South Sudan, who sits on a humanitarian decision-making forum, explained how local actors were 'considered noisemakers', seen as 'obstructing certain decisions' and therefore were excluded (mainly by international actors whom interviewees declined to name) from discussions on the disbursement of Covid-19 response funds. This was done through the formation of working groups without WROs' or other local actors' knowledge, effectively marginalising them not only from the decision-making but also from accessing the funding secured in those spaces.

While women across sectors and contexts have often been excluded from decision-making processes, WROs found themselves without access to information around the pandemic including any policies and decisions that were being made on their behalf, as other existing research confirms (ActionAid, 2020a; Fuhrman and Rhodes, 2020; Women for Women International, 2020). Such exclusionary actions further marginalised the work of some WROs (GAPS, 2021). Where there was inclusion, it was as a result of advocacy and agitating for participation, and even then WROs did not have decision-making power.

It is evident that, while WROs have been the primary care providers, they are experiencing especially detrimental secondary impacts of the virus due to increased levels of extreme cases of SGBV, and economic and livelihood insecurity (see also Davies et al., 2020). WRO leaders and their teams are already showing signs of burnout, exhaustion and trauma. Their growing workload is compounded by increased domestic burden, including difficulties accessing food, childcare and remote learning, and the obligation to support staff and volunteers encountering the same challenges, while responding to the high prevalence of emotionally and psychologically draining challenges such as SGBV. Operating in often highly insecure contexts, while confronting issues of their own personal safety and security, highlights the urgent need for support and more recognition of the leadership role of WROs. It is therefore vital that their rights are protected to prevent further entrenchment of inequality. Similarly, for an effective and inclusive humanitarian response, it is vital that WROs are included and permitted to meaningfully participate in decision-making.

2.4   Restrictions on civic space

Content warning: this section references sexual violence against children.

Research indicates that, pre-pandemic, there was already an incremental tightening of civic spaces happening around the world with authorities clamping down on CSOs, media and activists critical of state authorities (Anderson et al., 2021). The pandemic has exacerbated these trends, as the authorities have sought to undermine and silence critical voices. WROs interviewed for this study, especially in South Sudan, highlighted that containment strategies to control the spread of Covid-19 had been used to restrict their participation in demonstrations against the increased incidence of rape:

> At the peak of the pandemic, we had so many rape cases, our youngest survivor is about three months old, there was also a survivor who was eight years who had been gang raped. WROs saw that we took the initiative to protest and go to the streets to call out and demand for justice for her and other survivors. In the midst of organising, we got threats warning us not go to the streets, because if we did, it would be seen as a political rally and that we would be contravening the Covid-19 restrictions. But for us, if the argument was that raping women and a young girl for that matter was political, our bodies are political as well. So, we decided that if they wanted to arrest us, they could (WRO South Sudan).

In interviews for this study, WROs highlighted their concerns that the pandemic has contributed to a regression of gender gains, while introducing repressive measures that aim at stifling women's participation in rights-based advocacy. This reflects similar findings in the Middle East and North Africa (Phelps, 2020) and in Nepal (FHN, 2021). Two interviews for this research involved respondents who were in hiding because of their activism in calling out SGBV in South Sudan. One WRO in Nairobi hired extra security for its office, highlighting both the ambient danger these organisations face and the risk that agitating on issues of women's rights can pit WROs against men's entrenched power.

3   Lessons for more inclusive and effective humanitarian action

It is clear from the evidence gathered for this study that, while WROs are responding to escalating immediate needs within crisis-affected communities and innovating solutions amidst the pandemic, this critical role has not translated into appropriate funding or inclusion in humanitarian decision-making or national response plans.[18] This is despite providing needed resources in terms of PPE and public health information, food supplies, livelihood support, SGBV intervention and mitigation, and psychosocial support to people living in conflict-affected settings and in displacement.

Our research on WROs echoes the findings of emerging studies on place-based CSOs, and especially WROs, as humanitarian actors during the pandemic (Mollett, 2017; ActionAid, 2020a,b; Women Deliver, 2019; FHN, 2021; WRC, 2021). These describe the impossible situation that they face in terms of increasing demand amidst limited funding, shrinking civic space and rising threats to their safety. Such studies constitute an admittedly nascent and limited field, but it is growing against the backdrop of Covid-19 as well as ongoing calls for both place-based and gender-responsive humanitarian action. WROs and women in general have been excluded from decision-making processes in the humanitarian response to the pandemic (Fuhrman and Rhodes, 2020; Emandi et al., 2021). These processes of exclusion are driven by actors in the mainstream international humanitarian system, given that WROs lead their own humanitarian responses and decision-making as demonstrated in this and other studies.

Studies by the FHN (2021) and the Global Network of Women Peacebuilders (Gasperetti et al., 2021) affirm that WROs and women activists in a wide variety of crisis settings have consistently applied innovative ways of working and responded to widespread humanitarian needs, pursued collective action and intersectional approaches, and kept their voices from being lost. UN Women (2022: 1) highlights 'the predicament that many [WROs] face of increased relevance and demand at the same time as civic closure, restrictive work conditions and diminishing funding'. Clingain et al. (2021) write that refugee women have been hit by a 'triple disadvantage' of Covid-19, displacement and gendered discrimination, and that engaging with WROs led by or serving displaced women has rarely been a policy focus, leading to further marginalisation of an already excluded group.

These barriers are especially stark for organisations representing multiple marginalised groups, as shown by our interviews with organisations active on both women's rights and disability inclusion. Earlier studies (Kubenz and Kiwan, 2021; Humanity & Inclusion, 2020; Goyal et al., 2020) have confirmed that PwD face higher risks of contracting Covid-19 due to increased clinical vulnerability, but we have observed vanishingly few attempts in either primary or secondary research to include organisations

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18   The South Sudan National COVID-19 Strategic Preparedness and Response Plan 2021 acknowledges the gendered impact of the pandemic but makes no mention of engaging WROs in the implementation, and nor were the organisations interviewed involved in its drafting (www.humanitarianresponse.info/en/operations/ south-sudan/document/south-sudan-national-covid-19-strategic-preparedness-and-response).

representing women with disabilities in any decision-making processes in humanitarian settings, nor was accessible information prioritised. This is in line with findings by others on the impact of the pandemic on those with disabilities (Rohwerder et al., 2021).

Our overall findings are further supported by the work of others (Lukka et al., 2021; Fuhrman and Rhodes, 2020): during the pandemic there was limited change in the overall power dynamics and interaction between local actors (including WROs) and international agencies and donors (Barbelet et al., 2021). Local actors highlighted continued inequities in terms of power dynamics and decision-making authority as proof that localisation has not yet been delivered, despite the Grand Bargain commitments made in 2016 and renewed in 2021.[19] On these, there has been only limited progress. A system-wide shift in policy and practice on localisation has now become an established principle (Metcalfe-Hough, 2020), but giving resources and decision-making powers to local actors including WROs has not advanced (ActionAid, 2021; CARE, 2021). Worryingly, funding for the pandemic was still primarily channelled through UN agencies and INGOs, which risks reversing modest progress and exacerbating the chronic underfunding of place-based actors, including WROs (Metcalfe-Hough, 2020).

Our research reinforces what feminists and gender justice advocates have known for decades: locally led responses that incorporate the meaningful participation of women and gender-diverse people produce more inclusive, effective and appropriate responses to crises (see Holloway et al., 2019; Daigle, 2022). The pandemic has highlighted the potential of partnering with WROs for humanitarian response, but it has also revealed the profound gaps and structural exclusion that prevent this work from happening. With that in mind, the findings below sketch out possible ways forward for international humanitarian actors – including donors, international institutions and INGOs – to learn from Covid-19 and support more inclusive, effective and nimble humanitarian action in partnership with WROs and other place-based CSOs serving marginalised groups.

3.1   Flexibility and innovation

Our study suggests that, due to their smaller size, the majority of WROs are spared the encumbrances of excessive bureaucracy and rigid processes that can impede quick decision-making and sometimes hinder the innovative solutions that are needed at the onset of a crisis. The majority of our respondents demonstrated how they quickly mobilised, shifting activities to respond to the outbreak while using their grassroots connections and local knowledge to pivot quickly and effectively. WROs adapted to different methods of working, including remote working enabled by technology, and provided new services and resources for their target populations.

Our research further demonstrated that WROs and other grassroots movements that already had strong administrative structures, international networks and relationships with funders prior to the

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19   There is concern about the lack of an agreed definition on 'womens' rights organisations' or 'women-led organisations' within the Grand Bargain, and this has been cited as a factor that may hinder both the allocation and tracking of funding. See CARE (2021) and ActionAid (2021).

pandemic were able to scale up very quickly. A great deal of inventiveness and imagination was needed that would not have been the norm previously. Similarly, some WROs reported that, even with limited resources, they were able to respond to constituencies with which they had not previously engaged. For example, one WRO in South Sudan highlighted that, through the hotline service they had installed, they began to receive and respond to calls from men who had been subject to sexual violence. Although the organisation's focus is women and girls, it provided counselling and referral pathways to seek medical support. One WRO representing people with hearing impairment in Kenya also started offering sign language lessons to parents, something they reported never having done before, so that parents could communicate more readily with their deaf children at home during school closures.

In both contexts the pandemic forced WROs to create innovative approaches to reach their communities remotely, at local health points, and in public spaces (such as school fields) where they could maintain social distancing or through mobile units. For example, one WRO in South Sudan identified a school where it could train its staff safely; it used radios to continue to offer training on SGBV issues and to maintain its outreach to adolescent youth. Although only a small number of youths had access to radios, the organisation argued that it was better to reach some than none.

WROs created new livelihoods programmes of relevance to the current moment, such as producing PPE and improvised water dispensers, and found ways to reach isolated community members with food relief, PPE and accessible information. WROs also sought out workable options for text-based networks that built on existing women's groups and collectives. These mechanisms contributed to women and other marginalised people feeling connected and supported, as well as serving as an alert or mitigation mechanism for cases of abuse and violence.

These innovations suggest that working with WROs can strengthen humanitarian interventions that are responsive and contextually appropriate, speaking to people's real, immediate and evolving needs in the face of crises of all kinds, including but also well beyond the Covid-19 pandemic. This research demonstrates what others (e.g. Oxfam Canada, 2018) have argued: that WROs are flexible, and can successfully adapt approaches used in their long-term work to a humanitarian setting.

3.2   Improved funding

WROs have long called for more flexible, multi-year and core funding to support and expand their activities with communities in crisis. During Covid-19, when funders were motivated to lift restrictions and inject further funds into pandemic response in humanitarian settings, WROs were able to demonstrate the potential of more appropriate and better quality funding. Long-term and flexible funding ensures that programmes run efficiently and more time is spent on doing the job, rather than proposal writing and fundraising. In crisis settings and beyond, WROs – like other local and national CSOs – rarely receive support that covers overheads and organisational development; rather, they survive on project-based work that leaves them in a constant cycle of applications for small pots of money and reporting, be they from UN bodies, governments or other donors (Ford, 2016; Jayasinghe et al., 2020; UN Women, 2020; FHN, 2021). The need for funding is more critical in fragile and conflict-affected settings

such as Kenya and South Sudan, and our research found that this was the most common challenge highlighted by respondents from WROs. This has been exacerbated as the Covid-19 pandemic has diverted funding away from a wider range of development, humanitarian and peace-building issues.

The humanitarian system tends not to provide funding for institutional capacity strengthening as this is not seen as life-saving. This means that supporting smaller WROs with flexible funding that would help improve or build their capacity is not prioritised (UN Women, 2020). One interviewee noted that the conditionalities that come with funding are a limitation. She particularly highlighted the requirement that most of the funding received is expected to be utilised for programme activity or implementation. However, as an organisation, there were overheads that were not covered:

> Somebody from the donor country or organisation will be provided for to travel business or first class, with all expenses paid for, yet the locals are expected to do the work for free because the assumption is that the project/work is for their benefit. Furthermore, we are shamed as community organisations for requesting for resources to cover this (WRO Kenya).

This highlights continued inequities in terms of power dynamics and decision-making authority (Lindley-Jones, 2018; Oxfam Canada, 2018; Lukka et al., 2021).

The above examples illustrate that the 'gender work' or 'feminism' that international actors profess to support lacks critical analysis and engagement on the issue of power, which is fundamental and without which they cannot reflect on ways to strengthen women's leadership. Instead what they tend to crudely focus on is 'women's issues'. This means that they they do not meaningfully address issues of gender. Previous studies have made clear the failure to support WROs, with evidence showing that funding from donors, states and private foundations to women's organisations is at an all-time low. Similarly, evidence suggests that if the work of women's organisations does not fit donor priorities, they potentially lose access to funding to respond to emergencies (Jayasinghe et al., 2020: 25).

WROs that received flexible funding highlighted how they tailored their response to avoid duplication. For example, rather than establishing handwashing stations, one WRO in Nairobi increased the number of volunteers who went out to the handwashing stations to reach out to girls. This provided a safe space for girls to talk and for the WRO staff to listen to what they said. While this flexibility was positive, one WRO interviewee raised concerns around the need to manage community expectations. She argued that this short-term flexibility may have raised expectations in communities around future engagement.

This also demonstrates that with flexible funding, WROs are empowered to prioritise activities that are specific to their community rather than responding and adhering to external donor or partner requirements. They are free to set their own agendas.

3.3   Depth of expertise and experience

The WROs we interviewed demonstrated invaluable knowledge of their own crisis contexts and the needs of their communities – including those within their communities experiencing marginalisation and vulnerability – and this knowledge is relevant and useful far beyond the confines of their specific geographical setting. They have prior knowledge of their communities, sometimes before crises strike, and they are aware of gaps, needs, networks, risks and challenges in their own communities. They also frequently enjoy the trust of their communities, without having to negotiate for it. WROs operate within reliable networks of women and other actors to efficiently and effectively assess and respond to the needs of those affected. This means that WROs are in a position to lead community-based responses and resilience strategies related to the pandemic.[20]

WROs are first responders on the frontline of any crisis, including the pandemic (Lindley-Jones, 2018; Hilhorst and Mena, 2021). They have proximity to and are embedded in place-based norms including culture, language, gendered norms and other power relationships (Daigle, 2022). For example, one WRO with programmes on SRHR was aware of its constituents' reticence in the past to discuss and address issues such as contraceptive care and therefore anticipated that this would emerge when the vaccination campaign started. As such, it made plans for communication and trained its volunteers to reach out to communities. When the vaccination programme started in Kenya, it organised an elaborate event to show the community that it was leading by example. Another organisation reported how it relied on the local police to get cases of SGBV referred to them more efficiently, even when factoring in remote working. It had established an ongoing relationship with the authorities and was well known. Likewise, it was able to track and ensure that survivors of rape had been attended to in local hospitals. This proximity and WROs' first-hand knowledge, relationships with the local authorities and understanding of the system is difficult to match (McGoldrick, 2016), as they have insights into gender inequalities, power relations and cultural considerations that external actors may lack (Women Deliver, 2019).

A study based on a rapid survey by ACAPs on the impact of the pandemic on humanitarian operations highlighted the ability and therefore the centrality of WROs in community organising and engagement (ACAPS, 2020b). This is a result of years of community outreach. Evidence gathered by various studies (Action Aid, 2020b; Clingain et al., 2021; Voice, 2021) demonstrates that local women and their organisations and networks are a powerful force and are able to design better ways of communicating health messages because they are trusted by families and communities.

As outlined in this study, WROs in both contexts became active conduits of information on the pandemic, either directly or through social media. They did this while dealing with a lack of culturally and linguistically (for example, lack of sign language interpretation) accessible health messages and

20   See also the work of the Shifting the Power Coalition in the Asia-Pacific region, which found that place-based women's organisations are key to documenting the needs of diverse communities and fomenting evidence-based responses to natural hazards (Pacific Women and Shifting the Power Coalition, 2021).

information about Covid-19, and therefore had to innovate and begin promoting culturally inclusive health messaging. For example, WROs in both contexts reported having to tailor health messages such as 'handwashing' to fit the local context, especially where there was water scarcity. Government health messages did not always respond to these challenges.

One WRO in Kenya intervened when it realised that there was an issue of mask-sharing driven by poverty, meaning that families could not afford masks but risked trouble with police for not conforming to government guidelines. The organisation was able to convey the message to the community about mask safety, in collaboration with the police, to avoid further criminalisation of families living in poverty. Other measures, such as social distancing, had to be explained in ways that rural communities or those without significant levels of education could understand.

These organisations are also crucial for achieving representation, participation and leadership of affected populations in humanitarian response. Many WROs, as well as organisations of people with disabilities or lesbian, gay, bisexual, transgender, queer, intersex and others (LGBTQI+), are led by marginalised people themselves – that is, those who have experienced various forms of SGBV,[21] social exclusion, poverty and other forms of discrimination and harm. They therefore have not just knowledge of the local culture, but also experience and expertise related to the self-defined needs and priorities of the most marginalised.

As this research has demonstrated, these organisations are able to gain access to these communities, including those in hard-to-reach areas and the most marginalised. This is because WROs have a good understanding of their local context, as well as the needs and realities of women, girls and crisis-affected communities broadly writ. This information and understanding are critical to the stakeholders with which they engage. They also provide an entry point that supports a localised approach and the localisation process in their contexts (Action Aid, 2020a;b).

3.4   Cross-nexus working and localisation

This research offers insights into the role that WROs can play in fulfilling long-sought agendas on local humanitarian action and the so-called 'triple nexus'. Indeed, they are particularly well placed to undertake this work and have arguably been doing so already for many years, even while confronting humanitarian structures that are highly resistant to change. The mandates of WROs are not siloed into any one sphere – humanitarian, peace-building, development, or indeed human rights, health or gender justice – as they are focused on responding to their target communities' needs (whatever they might be), including meeting explicit humanitarian needs. The populations they serve – primarily women – confront risks and challenges that are not easily compartmentalised, a fact that is often true of other

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21   Three of the WRO representatives interviewed for this project identified as survivors of rape, early child marriages, FGM/C and other forms of SGBV.

marginalised populations and indicates the resonance of these findings across agendas for inclusion- and rights-based humanitarian response.[22]

Cross-nexus working was particularly evident in South Sudan, partly because of simultaneous and recurrent humanitarian emergencies, development backlashes and contexts of war and conflict (Quack and Südhoff, 2020). For example, one WRO in South Sudan supported women's empowerment, often thought of as development work, while also supporting conflict resolution and peace-building programmes. Some WROs reported that they had started programmes in refugee settings across the border in Uganda. Thus, WROs can play a key role in reducing the impact of cyclical or recurrent shocks and stresses, and in supporting the peace that is essential for development to be sustainable.

Similarly, in Kenya, WROs have responded rapidly and effectively, for example providing psychosocial support to survivors of post-election violence and in internally displaced persons camps, and providing training to other humanitarian organisations including UN bodies. One WRO based in a remote community in Kenya reported having previously responded to disasters such as flooding and having worked alongside organisations such as the Red Cross in that response.

> In 2019, there was a big landslide that killed 50 people. My organisation and the women network were the first on the scene. We didn't have to be invited, we forced ourselves there. If there were things to supply, we informed the authorities and other organisations that we were there and we knew our community and who the supplies should go to; we will do it. However, it is Red Cross who are recognised. But we were and the women were there. Yet we have always been there whenever there is any disaster (WRO Kenya).

One WRO in South Sudan reported that it worked on peace-building and had just completed a project strengthening young women's capacities through mentorships to ensure that they can participate in national and local peace-building processes. According to the interviewee, the WRO felt that it needed to ensure that the younger generation of women felt empowered and had the capacity to engage, and to feel that they owned and therefore were invested in the national peace process as peace-builders. They believed that, even while they worked at the grassroots level, the work they did was peace-building.

WROs in these contexts are driven by the needs of communities, rather than by international agendas, and therefore operating across the nexus is almost by default, as outlined by one of our interviewees:

> We are in the humanitarian space today, in the developmental space tomorrow, or some other times we are looking at the peace aspects. This is because of the dynamics in the country, is what drives the way we operate. We map the needs in our location, and sometimes it just can't have a humanitarian programming, so in those kinds of locations, we investigate issues to do with either

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22   With their call to 'stop looking for the nexus, it's here', Corbett et al. (2021: 27) concur that community-led responses have always delivered across the development–humanitarian–peace-building nexus in practice, long before this became a policy aspiration for international humanitarian actors.

> peace and development or sometimes purely humanitarian. Those kinds of components are what physically drives us in a sense of operation (WRO South Sudan).

Such an approach has real potential for effective localisation centred around the self-defined priorities of the most marginalised, supporting WROs to respond to humanitarian needs in their own communities. WRO's work instigating cooperation across the triple nexus is undoubtedly positive and reflective of their capabilities and flexibility. Yet there is a need for caution on the part of those who may want to tap into these exceptional abilities and this zeal to get WROs to do more, as financial resources remain rigid and limited.

Beyond that, evidence from this study demonstrates how WROs in both contexts work closely with local government response systems and have access to official authorities and local-level governance structures, such as municipal and district authorities. For example, WROs initiated partnerships and approaches with local authorities and with the police, working collaboratively during the pandemic. One WRO reported being given an award by the Ministry of Labour and Social Protection in Kenya for its leadership and role in responding to the pandemic. As a result, the organisation was invited to speak at an international event in the United Arab Emirates on its response to the pandemic as a local organisation. WROs working in close collaboration with local governance structures or with the humanitarian system can be a useful mechanism to engender representation of women and their organisations within government and humanitarian decision-making spaces. Publicising their role in responding to the pandemic presents an opportunity for women to lobby and advocate for their participation on issues that affect them, and to showcase their work.

It is important to note that some WROs we interviewed did not consider their role to be humanitarian as such, even though they specialised in responding to immediate needs and violence, especially SGBV. One organisation highlighted that, even when they did support communities during crises (e.g. the post-election crisis in Kenya, when they had to respond by supporting survivors of SGBV through the provision of psychosocial support), they always reverted to advocacy. This WRO suggested that even though it engaged with international humanitarian agencies to deliver this work, or indeed to support those agencies' own work, it felt that it did not qualify as a humanitarian actor because they lacked the requisite skills:[23]

> We won't be doing WASH [water, sanitation and hygiene], or sanitation, we might do governance, but not the actual infrastructure work. [WROs] have the capacity to respond in both development and humanitarian contexts, but our expertise lies at policy level. We are also very good mobilisers. Because we work on the ground all the time, we can help map out areas very quickly, because we work with the community. But in terms of the skill set that might be required for some of the interventions, you are looking at the wrong organisation. Can humanitarian organisations support

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23   While this comment reflects this and other interviewees' perceptions of their own abilities, it is important to note that the required skills are likely defined by the humanitarian sector broadly writ, rather than by the demands of the context or communities in which WROs are active.

> [WROs] to do that? It depends on their mandate and their strategy. Not all organisations want to be converted into humanitarian players. And so, I think those are the dynamics (WRO Kenya).

Here it is important to note that the determination of what work counts as humanitarian – and, by extension, which actors count as humanitarian actors – is itself an exercise of power that can shape access to particular funding streams, decision-making spaces and other opportunities. Thus, some of the WROs we interviewed felt that they did not qualify as humanitarian according to the standards, approaches and perceptions of capacity set by international actors, even if these often remain abstract to organisations operating on the frontlines of crises. Likewise, the professionalisation – and, arguably, mystification – of humanitarian work in recent decades also means that actors who are very much doing the work may still feel wary about adopting the label 'humanitarian'.

How these perceptions of purported standards and qualifications come to be, and which actors tend to propagate them, bear considerable critical reflection and reform if humanitarian commitments to local action – and to agendas such as decolonisation – are to hold water. These perceptions serve only to create and entrench further barriers to local and national actors' ability to access resources, form useful partnerships and participate in important decision-making. Such distinctions also speak to the wider points about cross-nexus ways of working: as an agenda, the nexus shoud ideally recognise and embrace a diversity of responders to any given crisis. As Slim (2020) has argued, subscribing to the Swiss model of humanitarian principles and internationally led action is not a prerequisite for appropriate, effective and quintessentially humanitarian response.

4   Conclusion

WROs are at the frontline of the Covid-19 pandemic response, as they have been in humanitarian responses happening before, during and alongside it. They have demonstrated their deep knowledge and understanding of crisis contexts and the communities they serve, as well as their capability and adaptability. This study should speak not only to gender justice advocates but also to donors, UN agencies and INGOs that are engaged in gender work broadly writ. The findings offer opportunities and openings for doing this work better – more ethically, appropriately and effectively – by funding, supporting and partnering with an underserved and little-recognised set of humanitarian actors.

As representatives of socially marginalised groups, and staffed by people who themselves come from such groups, WROs were aware of fault lines and vulnerabilities in their own communities; they pivoted quickly, ensuring a response that was inclusive and prioritising those most in need, including women and girls with caring responsibilities, those with disabilities, pregnant women, and the elderly. Despite restrictions on their advocacy imposed under the guise of the pandemic, they continued to agitate, call attention to rising rates of SGBV and demand action.

Pervasive claims that WROs lack capacity are therefore misplaced. There is also a disconnect between how international actors define and understand capacity and the specific capacities needed in a given context or crisis, which is underpinned by colonialism and paternalism on the part of donors and international actors. It is apparent that the lens used to determine capacity is motivated not only by concerns about fiduciary and reputational risks (see Barbelet, 2019) but also by a lack of political will and openness to sharing power, despite commitments to both local humanitarian action and gender-responsiveness.

Furthermore, while humanitarian actors continue to claim that WROs lack capacity, there is little or no evidence of action to remedy this. Funding modalities remain primarily project-based, without support for capacity development, and as a result any perceived gaps continue to be unremedied. While it was anticipated at the outset that the pandemic would represent a moment for rapid localisation, and indeed for increased direct and flexible funding, the evidence suggests that this did not happen.[24] The understanding and definition of capacity have been used, consciously or unconsciously, to exclude WROs and keep resources in the hands of a small number of more powerful actors. This should be concerning for anyone working on not only gender but also local action and cross-nexus ways of working.

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24   See IRC and VOICE (2019: 9). According to the global humanitarian funding reported in the Financial Tracking System, SGBV services accounted for just 0.12% of all humanitarian funding in 2016–2018, which is on average less than $2.00 to each targeted woman or girl at risk of SGBV in crisis and conflict settings. In 2019, this rose to 0.3% of humanitarian funding channelled towards SGBV programming (see Lafrenière et al., 2019, citing the Financial Tracking System, 2019). On local humanitarian action during the pandemic, see also Barbelet et al. (2020; 2021).

While the challenges faced by WROs can be similar to those experienced by other place-based organisations, localisation alone is not enough to ensure the meaningful inclusion of WROs in humanitarian policy and practice. Intra-local and patriarchal power dynamics amongst place-based actors, as well as local and national authorities, can see WROs shut out of even those spaces, funding pots and mechanisms that are aimed at place-based actors. Similarly, stigma against survivors of SGBV or access to SRHR services can lead to a deprioritisation of the core issues addressed by WROs. An awareness of these dynamics is therefore key to providing useful and appropriate support to WROs' humanitarian efforts.

When international actors work in partnership with local actors, those local actors tend to be more supportive of humanitarian accountability standards than the international actors that fund them (Barbelet, 2019). Supporting WROs in this way therefore serves the goals of more effective and accountable humanitarian response, and it is also in keeping with Grand Bargain 2.0 commitments to equitable and principled partnerships, accountability and inclusion, and support for local and national responders. Recognising women's leadership and forging more cooperative relationships with WROs in crisis settings is therefore a critical step on the path towards more accessible, inclusive and effective humanitarian response.

4.1   Recommendations

WROs' response to the pandemic has demonstrated their capacities and illustrated the essential role that they are already playing in responding to crises of all kinds. Given the evidence provided by this study, we make the following recommendations for the international humanitarian system, including donor governments and international actors such as UN agencies and INGOs.[25]

Recommendations for the international humanitarian system

- All stakeholders operating in crises and humanitarian contexts must centre women leaders, WROs and other local and place-based CSOs serving marginalised groups (for example, people of diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC); organisations of people with disabilities; organisations representing those from ethnic and/or religious minorities; and refugee-led organisations) in their crisis response strategies, planning, decision-making, implementation and evaluations. These CSOs must be fully integrated into humanitarian response at every level.
    - To demonstrate and maintain this commitment, monitoring should be conducted to assess the quantity and quality of engagements with CSOs led by and focused on marginalised groups.

- Donors should prioritise providing direct funding for gender-specific humanitarian work to place-based CSOs, especially WROs, given the clear evidence of increased needs and that these organisations are

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25   Our recommendations should be read in tandem with those of the FHN and its members in Kenya (see FHN and Pastoralist Girls Initiative, 2021).

uniquely positioned to respond. This will enable WROs to continue providing critical services, including for SGBV, without being constrained by limited and contingent funding. This should include:

– Providing funding for WROs that is direct, flexible, core (not attached to short-term projects), free from unrealistic due diligence processes, and guided by WROs' own self-defined priorities rather than by the agendas of the funders. This includes when funding is channelled via INGOs as intermediaries.

– Shifting away from funding modalities that position international actors including United Nations (UN) bodies and INGOs as intermediaries between WROs and donors.

- The humanitarian system, and especially donors and other international organisations, needs to resist masking distrust as accountability.

– Concepts such as capacity and due diligence should be interrogated for bias and embedded colonialist assumptions about the inherent or potential capacity of place-based movements, organisations or initiatives. This process should be explicit and result in clear statements on how these concepts will be operationalised differently going forward.

– Requirements for funding bids, project proposals and reporting should be investigated and adapted to reduce undue administrative burdens imposed on place-based WROs.

- International actors should aim to work in complementarity rather than in competition with place-based WROs. WROs provide a unique contribution and should always be sought out as a complement to the actions of others. Better ways of working include:

– Avoiding displacing or duplicating the work of place-based WROs wherever possible. For international actors, this means stepping back from activities in which WROs are engaged, including income-generating activities. This will provide WROs with opportunities to diversify their funding base, as they seek economic empowerment outside the humanitarian system. For donors, this means seeking out and directing funds to WROs already working in a particular setting rather than to international actors.

– Ensuring that any partnerships between donors and/or international actors and place-based WROs are embedded in ethical partnership practices.

- INGOs and others should form cooperative partnerships based on equality rather than hierarchical, patronising or otherwise unequal power relations. Donors and international actors should not cast themselves in a superior role but rather recognise the critical role that both parties play in the successful delivery of appropriate and effective interventions.

- Finally, given calls for locally led humanitarian responses, it is important to recognise that localisation alone is not enough to ensure inclusion of the most marginalised or the organisations that represent them. Donors and international actors must integrate an understanding of intersectional exclusions and power dynamics, taking deliberate action to guarantee that place-based organisations representing marginalised groups including WROs are not excluded from these efforts. This includes organisations founded by, led by and focused on the needs of Indigenous women; impoverished women; girls and older women; women with disabilities; women of diverse sexual orientations and gender identities; and women from marginalised religious groups, ethnicities, language groups, castes or classes.

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