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with **women and girls**
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CREATING LASTING IMPACT: THE POWER OF WOMEN-LED LOCALISED RESPONSES TO COVID-19

What does COVID-19 mean for women in the Global South, and what can Grand Bargain Signatories, including donor governments, do to ensure women's rights are protected and effective and lasting impact is promoted?



Food Distribution
in Nepal as part of
ActionAid's C-19
response.

Credit: Sabin Shrestha

1. INTRODUCTION

Evidence and experience show that humanitarian emergencies magnify existing inequalities, with long-lasting and detrimental impact on women and their rights.¹ Learning from other epidemics and pandemics, including Ebola, highlights that in crises, existing gender discrimination is exacerbated. In these circumstances, women are more likely to experience an increase in gender-based violence (GBV), take on more unpaid care responsibilities, lose income and access to decent work, and have reduced access to critical public services and social protection.² Women are also consistently excluded from decision-making spaces and processes that determine their futures.³ When this happens, women's rights and needs are often overlooked, and their contributions are not valued, with devastating impact.⁴

As COVID-19 (C-19) spreads, its catastrophic public health impact coupled with a crippling effect on the economy is resulting in a humanitarian crisis of global scale. Women and girls all over the world, including those living in countries with existing humanitarian crises and high levels of poverty, will be hardest hit. As the international community mobilises resources to stop the spread and stem the impact of C-19, women's rights and local leadership must be prioritised. **A C-19 response, which not only places women's rights at the centre of coordinated efforts, but also promotes their leadership and collective action,** will require the global community to work differently at scale in order to 'build back better'.

This Policy Brief highlights why C-19 poses a significant threat to women's rights, and makes a series of practical recommendations for C-19 response efforts to be driven by local women, including women's groups, women-led organisations (WLOs), women's rights organisations (WROs)⁵, and women-led networks, **as decision makers and partners.** Investing in localised⁶ women-led approaches to C-19 will:

- Support **rapid and contextually relevant** efforts to curb the spread and impact of C-19, reaching families and communities at scale.
- Ensure the **gendered impact of C-19** is addressed and the rights of women and girls are protected and prioritised.
- Pave the way for **sustainable recovery efforts**, grounded in fairer and more gender-just communities and societies.⁷



OUR RECOMMENDATIONS – WORKING DIFFERENTLY

Women-led localised action should be prioritised across the following three areas:

- 1. WOMEN-LED ANALYSIS AND RESEARCH: INVEST IN ROBUST WOMEN-LED GENDER ANALYSIS AND RESEARCH TO GUIDE IMMEDIATE AND LONGER-TERM GENDERED C-19 RESPONSE**
- 2. WOMEN-LED RESPONSE EFFORTS: CHANNEL RESOURCES DIRECTLY TO LOCAL WOMEN-LED ACTORS**
- 3. WOMEN-LED REPRESENTATION AND DECISION-MAKING: INCREASE WOMEN'S REPRESENTATION AND POWER IN C-19 DECISION-MAKING SPACES AND STRUCTURES AT ALL LEVELS**

2. C-19 AND THE THREAT TO WOMEN'S RIGHTS

Growing evidence and commentary from both the Global North and South emphasises that the C-19 pandemic will have a more severe and sustained impact on women.⁸ Recognising the extent to which disease outbreaks affect groups of diverse women and men differently in both the immediate and longer term, and why, is fundamental to a socially just and sustainable response. An understanding of the primary and secondary effects of a health emergency on different individuals, groups, and communities, is the first step towards the design and implementation of effective, equitable policies and interventions.⁹ Without special attention and dedicated funding and expertise, we know that gender, and other inequalities will be exacerbated, and women's rights further eroded. Some of ActionAid's key considerations are that:

This is about structural inequality

Women are likely to be disproportionately impacted by the pandemic due to persistent, structural inequalities that cut across political sociocultural and economic life. For example, women are more likely to be exposed to C-19, as they represent the majority of carers, and frontline professionals in the health and social sectors.¹⁰ Women may also be more likely to experience the secondary impacts of the virus, including its psychosocial effects,¹¹ increased levels of GBV, and economic insecurity due to a higher likelihood of working in the informal sector.

We need to take an intersectional approach

Programme responses need to analyse and address how gender inequality intersects with other forms of discrimination. Many women will face additional barriers to care, protection and information due to where they live, their sexual orientation and gender identity, their age and ethnicity, and if they have a disability.¹² Using intersectional analysis to understand how different forms of exclusion and discrimination can be intensified for some groups will be crucial for C-19 response efforts to reach and be effective for all women. For example, early reports on C-19 highlight that people with disabilities may be at greater risk of contracting C-19 and more likely to develop serious illnesses and die because the discrimination and stigmatisation they face may result in them having limited access to public and health information.¹³

Experience from previous epidemics and pandemics highlights that women with disabilities may also be particularly at-risk of increased associated exclusion, harassment and violence.¹⁴

Ongoing exclusion from key decision-making spaces and as delivery partners

Almost four years on from the World Humanitarian Summit, Grand Bargain Signatories, including governments, donors, international and national non-governmental organisations (I/NGOs) and United Nations (UN) agencies are still failing to shift power and resources to local actors within preparedness, response, recovery, and long-term resilience efforts.¹⁵ Feminist voices have long called out the absence of women's rights actors in decision making, including during the Ebola epidemic.¹⁶ This has already been noted in relation to C-19, where women continue to be markedly absent from crucial decision-making spaces.¹⁷ The likelihood of critical responses for women being seen as less important or forgotten is acute. The UN Global Humanitarian Plan for C-19 is also a good reflection of this current state of play; the Plan makes the case for 'localisation' but does not mention women's agency and will channel 95% of its funds through UN agencies. To avoid further entrenching missed opportunities for reform and progress, and to help realise plans set at the World Humanitarian Summit, the UN – including UN Women¹⁸ and Grand Bargain Signatories, have an opportunity to step up their collective efforts to prioritise women's leadership and uphold women's rights.



Intensification of GBV, erosion of services, and funding shortfalls

UNFPA Minimum Standards on GBV in emergencies require all humanitarian actors to assume that violence increases in times of crisis. Increases in intimate partner violence (IPV) are particularly common and have already been well documented in relation to C-19 lockdown.¹⁹ As family tensions rise due to containment, alongside food insecurity and financial pressures, women and children are also at higher risk of sexual exploitation and other forms of GBV, including early and forced marriage – documented during the Ebola crisis.²⁰ In some contexts, C-19 is being used to justify ‘increasingly authoritarian measures to control populations’²¹ with reported sexual violence perpetrated by security forces and high levels of impunity.²² Self-isolation practices, overburdened health services, and the redirection of resource away from GBV protection and support, will also result in women being unable to access crucial help and guidance.²³ This comes at a time when the protection sector is already chronically and often disproportionately underfunded in relation to sectors perceived to be more ‘life-saving’.²⁴ This has led to a statement from the UN Secretary General noting the “horrifying global surge” in domestic violence.²⁵

Economic impact and limited social protection

Working age women are 25% more likely to live in poverty than men.²⁶ As the pandemic triggers a global financial crisis, women’s overrepresentation

in informal employment, disruption to supply chains, lockdowns and increased care responsibilities will mean that women are more likely to lose their jobs and livelihoods.²⁷ Unless governments undertake gender analysis of labour markets and take account of the gendered impact of the measures they take to protect economies and expand social protection schemes, responses designed to protect jobs and livelihoods will leave women in vulnerable employment out of work and with no social protection.²⁸ Unions are already reporting mass closures of garment factories in Asia, where many women work.²⁹

Sexual and reproductive health rights, needs, and services

Women have specific needs connected to their sexual and reproductive health (SRH), which are often deprioritised during humanitarian crises – and specifically epidemics.³⁰ For example, over 2013 – 2016 in Sierra Leone during the Ebola outbreak, more women died of obstetric complications than of the infectious disease itself.³¹ There is a further danger that, as health resources are diverted to address the pandemic, existing health services, including those for maternal health, are disrupted. According to UN Women, evidence from Ebola and Zika shows that efforts to control outbreaks often divert resources from routine SRH services including pre- and postnatal healthcare and birth control.³² There are also examples of C-19 being used as a reason to roll back women’s access to SRHR services,³³ and further risk of abusive partners using access to healthcare as a form of control.



Health and awareness sessions on C-19 held at community level in West Bengal.

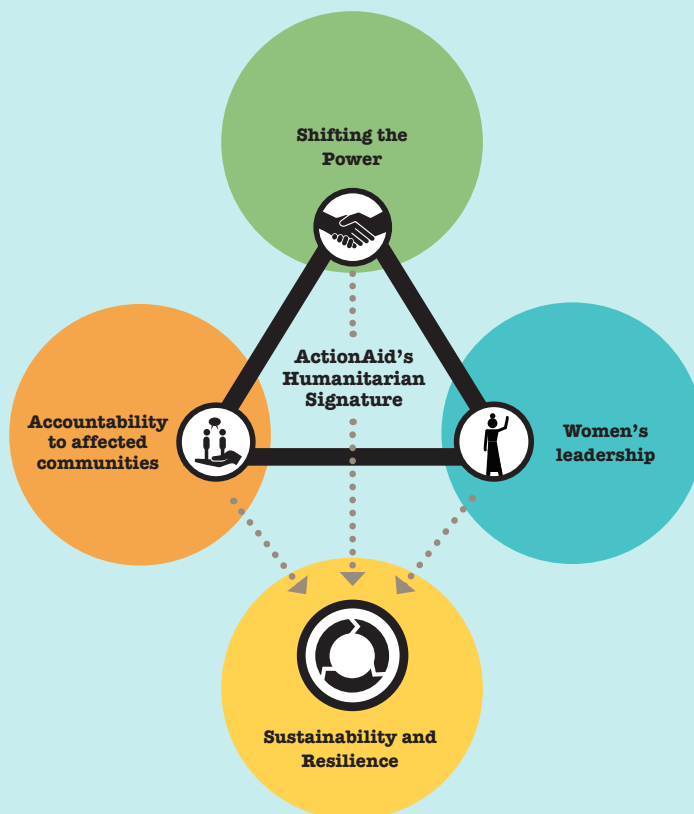
Credit: ActionAid India

3. SHIFTING POWER TO LOCAL WOMEN - OUR APPROACH AND EXPERIENCE

ActionAid has long-term relationships with communities and local partners, working through our local rights programmes.³⁴ This means that we can work with communities to adapt programmes during crises, to implement our unique rights-based³⁵ **‘Humanitarian Signature’** (see Box 1). This approach centres on accountability to affected communities and shifting power, and recognises the leadership of local women and their collective action as part of humanitarian action. And crucially, in focusing on resilience and sustainability, as well as meeting immediate needs, paves the way for the transition from response to recovery, building the foundations for long-term and transformational change.

Prioritising women’s leadership is not only the right thing to do from a rights-based perspective, evidence³⁶ and experience highlight that women and women-led actors bring valuable skills and assets to localised humanitarian action. They are often able to gain access to hard-to-reach communities and those most marginalised within them, they bring a strong understanding of the local context and the needs and realities of women, girls and the community as a whole, and they offer crucial insight into how to engage with key stakeholders. If local women and women-led organisations are not supported to lead within localisation processes there is the risk that the needs of communities will not be met, and that their exclusion will reinforce structural inequalities and maintain the vulnerability of their communities. When women are valued in society and supported by their community as active, respected, and valued decision makers, the resilience of the wider community to adapt and recover from shocks is enhanced.

BOX 1: ACTIONAID'S HUMANITARIAN SIGNATURE



BOX 2: THE FEMINIST HUMANITARIAN NETWORK

ActionAid is proud member and co-founder of the **Feminist Humanitarian Network** – an international network of women leaders committed to a transformed humanitarian system that promotes a feminist humanitarian agenda. The Network is member based, comprised of local and national women’s rights organisations, national and regional women’s networks, international NGOs, academic organisations, funding institutions, and individuals. Collectively, we are working to strengthen the agency and amplify the voices of women in emergencies, including during the C-19 crisis.



The UN has called for C-19 recovery to lead to a more equal and sustainable world. Policy responses that target the specific impacts of the pandemic on women, and which prioritise women’s rights

will save lives. An approach which prioritises women’s rights, getting resources to local women-led actors, investing in women’s protection, and supporting women’s leadership in communities will

multiply benefits for the wider community. Evidence and experience shows that women-led localised responses lead to:

Timely and effective response efforts that have the power to curb the spread of C-19 and tackle the economic impact on families and communities

As evidence and experience from many emergencies show, local women-led actors are often some of the first to respond during times of crisis and have an ability to leverage existing networks and connections to mobilise quickly and effectively. This has been notable in recent responses in the Southern Africa crisis, Cox's Bazar in Bangladesh, and in Central Sulawesi in Indonesia.³⁷ In relation to C-19 (see Box 3) and other health epidemics,³⁸ local women and women-led actors can be a powerful force in infectious disease control. They know the best ways of communicating health messages to, and are trusted by, families and communities. This means that they can lead an effective and inclusive response to stopping the spread of disease, increasing adoption of healthy behaviours based on accessible information.

ActionAid's experience responding to the Ebola crisis in Liberia, Sierra Leona and DRC found that public health campaigns led by local women and in local languages were the most effective strategy in preventing disease outbreak. As part of these efforts ActionAid worked with women-led actors across the country to mobilise door to door information sharing, providing information on disinfecting homes and safe management of contact with sick people. Women played a critical role in contact tracing and case management and the distribution of essential supplies for people in quarantine. For many countries, health infrastructure is weak and immediate investment in prevention and control strategies in communities is critical to avoid widespread disease outbreak.

ActionAid also recognises the crucial role of women in meeting the basic needs of families and communities, through the delivery of cash and income generating activities. Our experience working in Somaliland, DRC and Myanmar shows that receiving cash support early can prevent the uptake of harmful coping strategies such as early marriage.

Ensuring the gendered impacts of C-19 are addressed and the needs of women and girls are met at their roots

Experience from many other emergency responses also highlights that local women-led actors are more likely to understand and respond to the specific needs

of women and girls during times of crisis.³⁹ This is particularly noted in relation to GBV prevention and response work.⁴⁰ For example, ActionAid is working with local women's protection action groups (WPAGS) to respond to the Syrian Refugee Crises in Jordan and Lebanon and the Occupation in Palestine. Here, our local women leaders are sharing important messages and advice on C-19 and how to prepare for and prevent outbreaks in their communities, including rumour busting and hygiene kit distribution. They are also acting as crucial points of contact for women experiencing increased violence, and providing tailored advice, referrals and support in light of the C-19 context.

Paving the way for sustainable and equitable long-term change

Emergencies can be a catalyst for transformational social and economic change, disrupting longstanding inequality, violence and discrimination towards women and girls. In order for this to happen, local responders, international agencies, and donors need to demonstrate commitment to promoting women's leadership and protecting women's rights. This means working in a coordinated way and ensuring that women have a meaningful voice in decisions on funding, modalities of operation, capacity strengthening efforts and measuring success. It is also an opportunity to build a new feminist humanitarian and aid system that acknowledges and dismantles power dynamics which privilege the rights and needs of men and stakeholders from the Global North, and creates a system, which upholds the rights and contributions of diverse women from the Global South.



BOX 3: WOMEN-LED RESPONSES TO C-19 - ACTIONAID AND FEMINIST HUMANITARIAN NETWORK PARTNERS IN ACTION

Responding rapidly, tailoring advice, ensuring inclusive approaches, appropriate to the local context, reaching large numbers, prioritising women's protection:

- In **Haiti**, ActionAid's partner Peasants Movement of Papaye (MPP) is implementing a **women-led approach to cash**, providing monthly transfers to households to prevent malnutrition in food insecure regions and to respond to economic impacts of C-19.
- In **DRC**, ActionAid is supporting **local distribution of hygiene kits**, including to single parent households, led by **Women's Action Circles** previously trained by ActionAid during the Ebola crisis.
- In **India**, ActionAid has started food distribution through local partners and is training women to **hold awareness sessions within their communities to showcase best-practices on hygiene measures** around C-19. They are also working with women volunteers and women partners that are supporting the National Health Missions on providing support to women through **outreach and helplines**.
- In **Liberia** the Community Health Care Initiative, a member of the Feminist Humanitarian Network and an ActionAid Partner, has shared **self-care information and produced flyers to raise awareness** on the symptoms of C-19, best practice, and prevention, **translated information into local languages based on women's knowledge of different communities**, secured a slot in the daily radio to speak about the issues women and girls face during C-19, and created 'jingles/songs' that can be shared in school to raise awareness.
- In **Bangladesh**, ActionAid is providing C-19 awareness, and engagement on **personal health and hygiene measures** in designated **Rohingya camps through trained Rohingya Women Volunteers and frontline women staff** from ActionAid's **Women Safe Spaces** and provide psychosocial support and GBV Case management support.
- In **Vanuatu**,⁴¹ ActionAid has supported the locally-led initiative **Women Wetem Weta (Women Weathers Watch) to develop and distribute SMS in the local language Bislama** in order to prevent C-19 and promote social distancing among the population. This has been done in partnership with the Ministry of Health and Digicel.
- In **Kenya**, working with our local partners, ActionAid is supporting **Women Networks and Women-led Disaster Management Committees**, which have implemented measures aimed at C-19 risk reduction including **awareness raising and the distribution of soap and water** for handwashing at household and community level in all our local rights programmes. Working with women and young people, ActionAid has supported **advocacy for improved action by government in the provision of water and health services**.
- In **The Gambia**, ActionAid and our local partner **Network Against Gender Based Violence (NGBV)** have distributed **GBV registers** to all the one stop centres for recording GBV cases and supporting GBV frontline workers to follow up on cases and provide essentials for GBV case management such as pregnancy test kits and emergency contraceptives.
- In **Palestine**, SAWA, also a member of the Feminist Humanitarian Network, are operating a **free humanitarian helpline** to support Palestinian women, children, and refugees and raise awareness on C-19. They are currently operating from their homes due to travel restrictions and home isolation, and operate for 24 hours, 7 days a week.

4. OUR RECOMMENDATIONS – WORKING DIFFERENTLY

ActionAid urges that the **gendered impact of C-19 be addressed and for women’s leadership to be prioritised in a coordinated global response to C-19 and beyond.**

We are recommending sustained commitment and investment by **Grand Bargain Signatories**, including donor governments and national governments, OCHA global and national level funding and coordination mechanisms (including UN pooled funds and the COVID response task-teams) to ensure meaningful inclusion of, and accountability to, local women leaders, WLOs, and WROs as part of a coordinated global response.⁴²

As international institutions and governments mobilise in response to C-19 it is essential that a coordinated global response **moves quickly and decisively** to uphold and implement commitments⁴³ designed to ensure that the **rights of women and girls, and their leadership**, is valued, respected and strengthened in current and future funding decisions for responses to C-19 and its aftermath. A meaningful and legitimate localised approach will require international agencies and donors alike to adapt their compliance and due diligence processes by implementing more flexible approaches and **doing things differently**. As a partner, observer and ally in C-19 response efforts, and ongoing humanitarian action, ActionAid recommends investments in localised women’s leadership across three core areas:

1. **Women-led analysis and research**
2. **Women-led response efforts**
3. **Women-led representation and power in decision-making**

RECOMMENDATION 1 - WOMEN-LED ANALYSIS AND RESEARCH: Invest in robust women-led gender analysis to guide immediate and longer-term gendered response efforts

- **Moving beyond sex- and age-disaggregated data (SADD) to intersectional women-led analysis and research.** As a minimum, all actors involved in C-19 response efforts must systematically use available SADD to understand the direct and indirect transmission routes for the spread and the effects C-19 on different groups of women. Additional disaggregation of data for identified ‘at-risk’ groups, such as pregnant women and women with disabilities, should be prioritised to help document and analyse the likely intersectional gender differences and effectiveness of programming for them.⁴⁴ Building on SADD and rapid gender assessments,⁴⁵ ongoing research should be conducted with diverse local women and women-led actors,⁴⁶ using participatory methodologies and moving beyond consultation, to understand and document the gendered impact of C-19, and the root causes of exclusion and discrimination. These efforts will help support the design of immediate and effective holistic rapid response efforts, as well as long-term programming, policy and advocacy.⁴⁷
- **Supporting collective feminist dialogue and learning.** The donor community should fund, and Grand Bargain signatories should maintain a commitment to, sharing information and learning lessons across the sector on C-19 response efforts, in an open, honest and self-reflective way in order to shift power to local women-led actors, and encourage the uptake of best practice. These efforts will not only provide opportunities for shared learning and growth within and across the Global South and North but will also help strengthen the effectiveness and sustainability of current and future response activities. Networks can play an important role in facilitating these efforts, as illustrated by actors such as the Feminist Humanitarian Network who are already working to support and encourage their memberships to learn from each other and harness learning from women’s rights actors, as they respond to the C-19 crisis.

RECOMMENDATION 2 - WOMEN-LED RESPONSE EFFORTS: Channel resources directly to local women-led actors

- **Provide dedicated funding for C-19 response, which supports women-led partnerships (that work best to address gender inequality and promote women's rights).** Dedicated financing for gender equality and women's rights will be crucial to deliver an effective global C-19 response. A percentage of funds must reach and support local organisations, and specifically WLOs, WROs and networks. Implementing agencies and networks with robust feminist approaches and partnerships-based models should also be prioritised within these funding streams where women-led actors are not able to directly access funds. We recommend that donors make new funds available with these stipulated conditionalities, including through diverse and dedicated global response platforms such as the Global HRP. All C-19 response funding should include specific and mandatory targets to ensure that resource reaches women and girls, ensures gender responsive approaches, and supports the pursuit of gender equality outcomes and women-led approaches - including for GBV prevention and response.⁴⁸
- **Continue to fund existing women-led activities.** Dedicated C-19 funds should build on, and not replace, ongoing funding for pre-C-19 activities, which must continue in order to mitigate the secondary impact of C-19. Donors should be sure to map existing local responses when determining their own funding and response plans and ensure they do not redirect resource away from the crucial ongoing activities of WLOs and WROs.
- **Pilot new, flexible funding models informed and led by WLOs and WROs.** While donors and governments will be prioritising the immediate and quick dispersal of funds to support C-19 response activities, funding mechanisms which will support the leadership of women and local women-led actors in longer-term strategic recovery and resilience work, as part of their ongoing gender-justice and women's rights work is essential. Direct funding models must be led by women, provide long-term, predictable finance and include core funding to support local women-led actors 'to deliver their self-defined priorities', with the primary accountability to the communities they serve, as they adapt their work in the short and long-term to deal with the gendered impact of C-19.⁴⁹
- **Channel funding through existing fund models, which can scale and promote existing local and women-led responses.** The donor community could use existing fund structures, which have the infrastructure and capacity to channel funds directly to local women-led actors, have simple, innovative, accessible application routes, and are faster and more effective than working through the UN and (I)NGO intermediaries. Examples of existing fund structures include community foundations, national funds, and Global Funds such as the Global Fund for Women, Mamacash, the African Women's Development Fund, and promising and innovative practice from Canada such as the Women's Voice and Leadership Fund or, The Equality Fund - Funding Feminist Futures.

RECOMMENDATION 3 - WOMEN-LED REPRESENTATION AND DECISION-MAKING: Increase women's representation and power in C-19 decision-making spaces and structures at all levels

- **Strengthening the representation and power of local women and women-led actors within government planning and recovery mechanisms.** This could involve working with national gender machineries, female parliamentarians, and accountability bodies such as ombudspersons to contribute to and hold sectoral line ministries and national parliaments to account for the impact of decisions on women's rights in crisis response planning. These efforts must also crucially involve national governments actively sharing information on coordination mechanisms and funding opportunities for local women-led actors. This can help ensure that commitment to and accountability for women's leadership and women's rights in response efforts is an explicit and primary objective of national response plans.
- **Strengthening representation and power of local women and women-led actors in programme design.** Moving beyond tokenistic consultation⁵⁰ to meaningful engagement with, and accountability to, local women-led actors means that donors and international implementing agencies must provide accessible information

to local partners, and create opportunities for them to inform the design of programming responses, which are guided by and value local knowledge and women's priorities.

- **Strengthening the representation and power of local women and women-led actors at a cluster level.**⁵¹ National governments and UN coordination leads should share information with, and encourage the input and leadership of, women, and local women-led actors in C-19 cluster contingency planning, ensuring their meaningful engagement in all clusters and coordination mechanisms. What this means is taking advice on how to remove barriers to women's meaningful engagement, including travel and security restrictions, financial constraints, and addressing language issues. UN agencies and cluster leads could support these efforts by conducting mapping exercises to identify existing WLOs and WROs and taking action to ensure they have a meaningful voice in discussion and decision-making.



Awareness and hygiene measures in Senegal by women and ActionAid partners.

Credit: ActionAid

ActionAid is taking all necessary measures to protect the health and safety of our staff and partners worldwide to ensure that their vital work with women and girls can continue during the coronavirus crisis. With the coronavirus disease (C-19) spreading to the world's poorest countries, it's more important than ever that we support those who are most at risk, and best placed to respond. ActionAid stands in solidarity with all those affected.

ENDNOTES

1. As discussed across ActionAid's policy and research publications, <https://www.actionaid.org.uk/about-us/policy-and-research/womens-rights-in-emergencies>; see also, a collation of recent evidence in Gender & Development, Volume 27, 2019 - Issue 2: Humanitarian Action and Crisis Response
2. For example, over 2013 – 2016 in Sierra Leone during the Ebola outbreak, more women died of obstetric complications than the infectious disease itself – discussed by Lewis (2020) 'The Coronavirus Is a Disaster for Feminism, Pandemics affect men and women differently, The Atlantic', <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>
3. As discussed by Ruparel (2019) 'Why ActionAid promotes Women's Leadership in Emergencies', <https://actionaid.org/opinions/2019/why-actionaid-promotes-womens-leadership-emergencies>. See also O'Neil, T. and Domingo, P. (2016) 'Women and power. Overcoming barriers to leadership and influence'. London: Overseas Development Institute (ODI)
4. See, for example, Wenham, Smith and Morgan (2020) 'COVID-19: The gendered impacts of the outbreak' The Lancet Vol 395, <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930526-2>; UN Women (2020) 'Paying Attention to women's needs and leadership will strengthen COVID-19 response' UN Women (2020), <https://www.unwomen.org/en/news/stories/2020/3/news-womens-needs-and-leadership-in-covid-19-response>
5. For ActionAid, the terms 'women-led organisations' (WLOs) and 'women's rights organisations' (WROs) refer to organisations that are led or predominantly composed of women in leadership positions, and who work towards advancing gender equality and supporting the needs of women and girls.
6. Although there is no single definition of localisation, the signatories under the Grand Bargain have committed to 'making principled humanitarian action as local as possible and as international as necessary', while continuing to recognise the vital role of international actors. For ActionAid, localising humanitarian action involves shifting power and agency, as well as financial and technical capacity, to local and national responders. The shift must have women and women-led organisations, and women's rights organisations, at its forefront, bringing their invaluable contextual knowledge, skills and resources to emergency preparedness, response and resilience-building. ActionAid understands localisation as a transformative process which puts local women from affected communities at the centre and forefront of humanitarian preparedness and response, as part of a feminist approach to humanitarian action.
7. As part of ongoing ActionAid Federation wide work, see ActionAid Australia (2020) 'Covid-19: Women-led localised responses to the coronavirus pandemic' ActionAid, <https://actionaidglobal.sharepoint.com/sites/ihart/COVID19/Policy%20&%20Advocacy/COVID19-AdvocacyBriefing2020.pdf>
8. For example: Wenham et al (2020) COVID-19: the gendered impacts of the outbreak, The Lancet, Volume 395, ISSUE 10227, P846-848; CARE (2020) Gender Implications of COVID-19 Outbreaks in development and humanitarian settings, CARE, <https://insights.careinternational.org.uk/publications/gender-implications-of-covid-19-outbreaks-in-development-and-humanitarian-settings>; CARE and IRC (2020) Rapid Gender Assessment of the COVID-19 pandemic based, <https://www.rescue-uk.org/press-release/new-covid-19-global-rapid-gender-analysis-addresses-concerns-women-and-girls-pandemic>; GADN (2020) Feminist Responses to COVID-19 <https://gadnetwork.org/gadn-resources/feminist-responses-to-covid-19>
9. Wenham et al (2020) COVID-19: the gendered impacts of the outbreak, The Lancet, Volume 395, ISSUE 10227, P846-848
10. Research has shown that 70% of workers in the health and social sector are women - discussed in Boniol et al (2019) 'Gender Equity in the Health Workforce: Analysis of 104 Countries', Working paper 1, WHO, <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?ua=1>.
11. See IASC (2020) 'Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak - version 1.1' IASC, <https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%20%20March%202020-English.pdf>
12. See AWID (2004) Intersectionality: A Tool for Gender and Economic Justice, <https://www.awid.org/publications/intersectionality-tool-gender-and-economic-justice> in GADN (2017) Think Piece: Intersectionality: Reflections from the Gender & Development Network, <https://static1.squarespace.com/static/536c4ee8e4b0b60bc6ca7c74/t/5a130e9d53450a0abd9c0f8f/1511198367912/Intersectionality+GADN+thinkpiece+November+2017.pdf>
13. See Eadens (2020) 'LGBTQ community may be 'particularly vulnerable' to coronavirus pandemic. Here's why.' USA Today [Online Resource] <https://www.usatoday.com/story/news/nation/2020/03/18/lgbtq-coronavirus-community-vulnerable-covid-19-pandemic/2863813001/>; Broverman (2020) 'LGBTQ People Especially at Risk for COVID-19, Say 100+ Organizations' ADVOCATE [Online Resource]; <https://www.advocate.com/health/2020/3/11/lgbtq-people-especially-risk-covid-19-say-100-organizations>; IASC (2020) Briefing note on addressing mental health and psychosocial aspects of COVID-19 Outbreak, IASC, <https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%20%20March%202020-English.pdf>
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