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Centering women's voices and choices in COVID-19: learning from CARE's Women Respond initiative

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COVID-19 has disproportionately impacted people from historically disadvantaged gender, racial, and ethnic backgrounds and has worsened inequalities worldwide. The pandemic exacerbated existing gender norms and reversed hard-earned women's rights worldwide. Women in developing countries have faced severe gendered impacts, ranging from reduced livelihood and food security to increased risk of violence at home and in their communities. Despite the challenges, women showed outstanding leadership and contribution, yet their voices and needs remain underrepresented in decision-making. This calls for a deliberate shift in how development actors engage women; such a shift requires changes to the research processes to ensure women's voices are at the center of the decision-making process. This paper shares the lesson from CARE's Women Respond initiative that focused on listening to women's experiences in this pandemic and how women use findings to advance their leadership in their contexts. Women Respond is a global initiative implemented in countries CARE operates in; in this paper, we draw lessons from our early findings from Burundi, Ethiopia, Mali, Niger, Nigeria, and Uganda in Sub-Saharan Africa.

Keywords: CARE; COVID-19; Women Respond; women's voices; gender; epistemic justice; international non-governmental organizations

Introduction

As the world entered complex health, socioeconomic and political challenges aggravated by the COVID-19 pandemic, there was an increasingly disproportionate impact among people from historically disadvantaged gender, racial and ethnic groups (CARE, 2020b;

UN, 2020; Taylor & Tremblay, 2022). 'Inequalities are now acknowledged as one of the world's greatest challenges ahead, and one that has been worsened even further by the pandemic' (Taylor & Tremblay, 2022: 11). Since the onset of the pandemic, gender equality has been deteriorating, and the gendered impact is even more severe for women in developing countries (OECD, 2020). Women's rights have been rolled back by a generation, millions of women and girls are pushed back into extreme poverty, and women faced increased care burden, lower food security, higher job and livelihood losses, and increased risk of violence. These impacts are further amplified in contexts of ongoing climate change challenges and conflict, contributing to an increased vulnerability of women and girls (UN, 2020; World Economic Forum, 2021; CARE, 2020d).

Despite the patriarchal stereotype that diminishes their leadership, women's role in response to the pandemic is indisputable. Since the start of the pandemic, women have organized themselves to provide information to community members; they campaigned against early marriage and supported children's schooling; they collaborated with different entities to manage the distribution of essential goods and supported market-led efforts (CARE, 2022a; Agene & Onyishi, 2020). Despite their outstanding leadership and role in health care, household and communities, women were largely excluded from decision-making, with policies and programs ignoring their voices in decision making (WHO, 2021a; CARE, 2020d).

There is still a power asymmetry between international development actors and communities that often dictates how we listen to, engage and support communities. Whose knowledge, voice, and evidence are taken seriously, and how that defines program and policy intervention is still a contested power play in international development (Taylor & Tremblay, 2022; USAID, 2022). Such disparities in power are exacerbated in a crisis setting, with evidence showing limited consultation with women and women's groups during a crisis and limited direct funding for women-led organizations. These trends continued in COVID-19 (Walcott, et al., 2021; CARE, 2020a).

Development actors should also be aware of how they can facilitate access to information for women and communities. Data collected from communities are often inaccessible to communities, creating an extractive process where the organization or researcher who took the data and knowledge from communities benefits from the process, reinforcing a colonial process that alienates communities from their own knowledge and resources (USAID,

2022; Anderson B., Brown, & Jean, 2012; Manion & Shah, 2019). That is why many advocates are calling for not just the decolonization of knowledge but also the democratization of knowledge that allows the integration of multiple voices and facilitates community access to the development and research process (Taylor & Tremblay, 2022). Deliberate listening exercises with communities, especially those from historically marginalized groups, can contribute to the 'power shift' that often defines the relationship between international development actors and communities. By creating an approach that listens to women's voices, development agencies can contribute to transformative change that expands the space for women and community leadership through mutual learning.

In this paper, we share our learnings from CARE's Women Respond[1] initiative which was designed at the onset of the pandemic to reduce the data and learning gap between communities and aid efforts by listening to women's and communities' experiences with the pandemic to build an effective response. Through Women Respond, CARE applied context-specific, locally accessible digital and non-digital solutions to connect and listen to women and engage with them throughout the tool design, data collection, and findings sharing session to facilitate non-extractive data collection processes. The initiative's key objective focused on providing the findings back to women by sharing results with women's groups and communities to support their local activism and leadership and facilitate a feedback loop to continue to listen, learn and adopt. Armed with this data, women are acting in their own communities which we also highlighted in this case study.

This paper aims to show our lessons learned in our ongoing learning process to be more inclusive and deliberate in how we listen to and represent women's and communities' voices in our work. As we prepare and develop this case study, we, the authors, also recognize our role in international development and that we are part of the problem we are critiquing and trying to improve.

Women in the context of COVID-19

Each person's different identities – such as gender, sexuality, race, socioeconomic background, disability, and more determine how that person is affected, respond, and access resources to overcome the challenges of the crisis (CARE, 2020d). COVID-19 is not an exception. The pandemic exacerbated pre-existing inequalities across multiple and interesting identities, making

the impact of the pandemic more severe for people from historically disadvantaged groups (CARE, 2020d; Taylor & Tremblay, 2022). One area where we see such inequalities is gender. Although initial data indicated that COVID-19 caused severe physical symptoms or mortality among men more than women, findings across the globe showed that women everywhere felt the heavier burden of the pandemic due to structural inequalities (CARE, 2020d). Since the onset of the pandemic, gender equality has been getting worse; women's rights have rolled back by a generation as the gender gap increased from 99.5 years to 135.6 years, holding another generation of women by 36 years to close the gender gap (World Economic Forum, 2021). UN Women estimated that the pandemic pushed 47 million women and girls into extreme poverty (UN, 2021). Women lost their jobs at a higher rate than men between 2019 and 2020; women's employment declined by 4.2% globally, while men's employment declined by 3% (ILO, 2021).

Women's workload at home increased during the pandemic; women who already spend 3.2 times more on housework than men saw their time in housework rising by 30-40% (CARE, 2020a; Janoch, 2020). Women and girls also felt unsafe in their households and communities. Adolescents and young girls faced a higher risk of early marriage due to school closure, and when school finally opened, they were less likely to return than boys (UNDP, 2020; WHO, 2021b; Bryan, Ringler, & Lefore, 2022). The pandemic, climate change, and conflict also reduced women's access to food. Women were 6% more likely to be hungry than men before the pandemic, and that gap increased to 10% (CARE, 2021a). As of 2021, an estimated 150 million more women and girls are food insecure than men and boys, and the gap is expected to increase (Selva & Janoch, 2022).

The combined challenges of livelihood, food, safety, and burden of care work created physical and psychological limitations on women, pushing them further from employment opportunities, and limiting their ability to be involved in decision-making, diminishing their much-needed voices and perspectives in programmatic and policy efforts. Although women are almost 70% of the global health and workforce and provided much of the health and care work during the pandemic, they have not had an equal say in decision-making (World Economic Forum, 2021; UN, 2020). In places where the gender digital divide is high, such as Africa, Latin America, and the Caribbean, women were left out of accessing information (Bryan, Ringler, & Lefore, 2022; Janoch, 2020). To make things even worse, the pandemic resulted in cutbacks in social assistance programs designed to benefit women and children, particularly in countries where the government is short on cash. The extra pressure of reduced social services often falls on women

to serve as shock absorbers to provide unpaid health care and other essential social services (Bryan, Ringler, & Lefore, 2022), which perpetuate and aggravate structural gender inequalities.

The pandemic's gendered impacts are even higher for women in the poorest and historically marginalized countries and communities. Even in developed countries, the pandemic disproportionately affected women from historically disadvantaged racial and ethnic groups (World Economic Forum, 2021). Women in developing countries are more likely to do most unpaid care work, are highly concentrated in the informal economy with no or little security and have limited access to social services such as health, and public participation, putting them at higher risk of income losses, and higher risks to violence and harmful social practices (OECD, 2020; Dadzie, Ebron, & Kipenda, 2021; Janoch, 2020a). While the evidence clearly showed the disproportionate impacts of the pandemic among women, it is critical for development and policy actors that women are not just the impact they are facing; they are also active leaders in their communities. Contrary to the patriarchal stereotype that undermines women's leadership, past and current crises showed women's indispensable role during crises (Dadzie, Ebron, & Kipenda, 2021). In addition to much of the health work and care burden women shouldered in the pandemic, women acted with their communities and in collaboration with development actors. Women were the source of COVID-19 information and awareness in their communities and mobilized cleaning and hygiene efforts; women collaborated with government and NGOs to manage the distribution of goods such as food and masks and led market support (CARE, 2021a; CARE, 2022c).

Women's groups were even more powerful through collective action. Women in saving groups across Africa, Asia, and Latin America quickly adapted their procedures and made savings, loans, and social funds available to members. They were more likely to share information, not just about COVID-19, but also about the risks of violence and the safety of women and girls. They have also responded to market demands; women groups in West Africa trained members to make masks and sanitizers and supply them to the local market (CARE, 2021b; CARE, 2020c; CARE, 2022c; Agene & Onyishi, 2020). Even when women in saving groups wrestled with reduced livelihoods, savings, and restricted mobility, they stood in solidarity with one another and their community to overcome the hardship of the pandemic. Addressing the gender impact requires development actors to listen to women actively – not just their challenges but also their capabilities and align our work to support their priorities.

Shifting the paradigm: why we need to listen to women's voices

While international development actors long recognized the need to engage women in their interventions, translating their recognition and commitment into practical action has been slow, particularly in crisis settings (Quay, 2019). Oxfam's interview with 21 women's advocacy organizations in Latin America, South Asia, and sub-Sharan Africa showed that the majority felt 'sidelined' in crisis response and decision-making, mainly due to 'perceived lack of technical capacity and reach' (Ravon in Walcott, et al., 2021: 37). Findings from a 2020 survey with 18 women-led organizations in crisis contexts showed that little to no new or additional funding for COVID-19 response was provided through the UN system. Overall, less than 2% of tracked humanitarian funding for COVID-19 has directly reached local and national actors and only a fraction of that reached women's organizations (CARE, 2020a: 16).

Often, development aid focuses on what problem to solve rather than on identifying existing capabilities that can be supported so that communities lead in action. This reinforces the power dynamics and sidelines community members, leaders, and women from centering intervention on meeting their priorities (USAID, 2022; Anderson, Brown, & Jean, 2012). Communities also see problems in the way development actors share information. Data and information that are taken from communities are often published and presented in platforms, languages, and technologies that are not accessible to them (Kirimi & Wakwabubi, 2009; USAID, 2022; Anderson, Brown, & Jean, 2012). During crises, where women and marginalized groups' voices are further diminished due to the additional burden of the crisis, ignoring women and vulnerable groups from the process can further worsen their conditions and even put them at risk.

Listening intentionally and co-creating solutions with women and communities can help us move to an approach that builds on context and solidarity with communities. Extractive practices perpetuate the power imbalance between development actors and communities and strip local communities agencies and control over and access to their own stories (USAID, 2022). This is particularly key in our engagement with women, who often are not in control of their narrative in their own communities and are often held with stereotypical views that define them as 'weak', and extractive processes perpetuate that narrative.

Furthermore, extractive practices are an extension of colonialism that follows processes of dispossession where the information gained from communities ultimately serves the organization without the community gaining any power or access over their own voices (USAID, 2022;

Anderson, Brown, & Jean, 2012; Manion & Shah, 2019). When development practitioners become active listeners, they contribute to shifting and sharing power with communities. Communities are the experts of their own experiences. When development practitioners and organizations recognise this, they build trust into relationships with communities and support community ownership of the development agenda.

Shifting inequalities based on gender and other identities requires changing how development actors listen, learn, and collaborate with women and communities. A decolonizing approach helps these actors imagine and reimagine many possibilities for collective well-being, instead of one path to development outcomes. Achieving inclusive results demands that development actors stop implementing hierarchical research practices with communities and focus on facilitating opportunities and spaces for multiple voices to inform development policy and practice. Development actors should push themselves and their learning process to understand the many intersectional identities that challenge women's rights, choices and agencies, and reflect on how the actual and perceived power of development actors dictate engagement with women and communities (Megaw, et al., 2021; Manion & Shah, 2019; Potts, Kolli, & Fattal, 2022; USAID, 2022).

Lessons from CARE's Women Respond initiative

From the onset of the pandemic, CARE has been strategically working towards listening to women and girls' experiences to understand better and address the gendered impact of the pandmic. Many humanitarian agencies and practitioners have faced challenges in conducting gender analysis in crisis settings. While the gap still exists, CARE's Rapid Gender Analysis (RGA) tool, designed in 2013 in response to the Syrian crisis, has facilitated to capture of gender impact in crisis settings. Since 2013, the RGA has been used in more than 50 crises worldwide and notably featured as a good practice and adopted by other humanitarian actors. While the development of gender analysis tools can be extensive, time and resource-consuming at times of crisis, RGAs offer practitioners the tools talk to women and communities on the ground to understand different needs, vulnerabilities, and capabilities between women and girls and men and boys and quickly shape responses to meet their priority (Quay, 2019). In the context of the pandemic, CARE quickly adopted RGA and other assessment tools to listen to women across countries.

Women Respond was launched in April 2020 to prioritize women's voices in COVID-19 reponse. In September 2020, CARE published the 'She told us so' report (Janoch, 2020b) based on 37 RGAs and 14 need assessments conducted with 6,200 women and 4,000 men in 38 countries. The report was the first of its kind, recommending global changes based on women's voices and experiences. Besides showing the growing gendered impact and women's priority needs, the report articulated women's leadership in the pandemic, showing with evidence that women are responders and any intervention must provide pathways to work with them and address their needs in collaboration with them.

To date, Women Respond shared findings from evolving challenges and needs. CARE heard from more than 22,000 people, 80% of them women. Women Respond aimed to sustain dialogues with women and support their efforts to inform and influence local, national, and global responses. Through regular listening exercises, CARE is learning evolving priorities of women to inform decisions. By consolidating women's perspectives and directly sharing analyses with women respondents, CARE aimed to support women to contextualize their experiences, identify allies and pursue collective action. By sharing these insights with various decision-makers, power-holders, and advocates nationally and globally, CARE aimed to contribute to increased understanding of, engagement with, and support for women and girls.

Women Respond built on CARE's existing approaches of community dialogue and quantitative and qualitative data collection to understand the power and gender dynamics within communities and households to best support communities in their own actions and to ensure our programs and decisions by various power-holders recognize evolving gender dynamics within the pandemic in a meaningful way, and plan interventions that are well fitted to women and community priorities and to shifting structural power and gender imbalances.

Learnings from Women Respond's implementation

The primary process of Women Respond focused on flexible and adaptable tools that work for each context to facilitate discussion and learning from and with women and men. The core effort of the Women Respond design is that the information gained through this listening effort is shared first and foremost with women, girls, and communities. CARE's ultimate aim is to reduce the pandemic's disproportionate economic and non-economic impact on women and girls and ensure responses are gender inclusive through strengthening dialogue and feedback loop with women and communities. Women's time, consent, safety, and mobile phone access are among

the consideration CARE have analyzed with the in-country team, local partners, women, and community members.

The approach adopted quantitative and qualitative tools for the context. While CARE has a set of standard questions, the tools are not rigid. The qualitative tool included women participants in adaptation, to add on additional questions that they want to answer in their local context. The quantitative tool, where we used digital surveys, was limited by the remote digital technology, and we dramatically limited questions and choices so that we didnot take too much time and energy from women and community members. The depth of women's experiences and stories were facilitated through qualitative questions and case stories. These tools were designed to be an interactive dialogue with women individually and in groups to discuss their situations. For instance, in Ethiopia, in the consultative meeting, community members wanted to see questions about crises besides COVID-19, such as the desert locust, which was incorporated in the qualitative and focus group discussion. This created a sense of joint ownership over the research as women and community members saw their inputs reshaping the questions.

The tools were balanced with questions to discuss women's actions in response to the challenges. This helped us listen to their strengths and learn about available capacities working within the context. Talking about their own role in the pandemic created a sense of pride and captured different dimensions of women's experiences. CARE staff and partners took time ahead of the research to discuss with women, savings groups, and community members what Women Respond is about, the objective, and the process. Women leaders, particularly those in saving groups, also used their platforms to inform VSLA members and non-VSLA women and men community members about the process.

Digital methods required a special set of processes to ensure women's buy in. In countries where digital and phone survey was possible, the team informed participants ahead of time. In Burundi, participants received calls before the initial SMS survey to explain the initiative and asked if they wanted to receive the SMS. After the calls, initial SMS was sent before the survey questions, asking participants if they wanted to participate; respondents who opted not to participate were removed from the SMS list. Similar processes were applied in Uganda, Malawi, Tanzania, and Nigeria with IVR surveys. Most respondents completed the survey in all rounds, with less than a 10% dropout rate. When we reached out over the phone and for the IVR survey, women were asked their preferred time to receive the call, and the team ensured that women received calls in their chosen timelines. Respondents can also call back at a time that works for them free of

charge. Respondents in follow-up data-sharing sessions commented that the process made them feel respected.

Our key learning from this process is that we must be very deliberate in how we listen to women. The process and methodology are equally important as the objective of listening to women. Especially for women in crisis contexts, our objective to listen to women should be carefully balanced with processes that respect women's time, safety, and decision to not unintentionally put additional time, financial, and safety burdens on them.

Sharing findings with women and community members

Sharing the findings and discussing the result with women and communities was a crucial part of the process, which created a feedback loop where respondents commented on and assessed the findings. CARE recognized that it is not enough to simply listen to women and extract data from them. Rather, our effort to narrow the data gap was balanced with learning-sharing efforts with communities and women themselves, to support collective actions.

Data sharing is facilitated through workshops with communities, radio shows, local billboards, SMS, regular VSLA meetings, and public events such as International Women's Day and 16 Days of Activism against Gender-Based Violence. Findings were shared through discussions and infographics, and brochures in local languages. Most of the discussion was facilitated in interactive dialogues led by the CARE team, partners, and women leaders. For example, in Niger, women community leaders organized community radio shows and shared results widely. In Tanzania and Uganda, radio dissemination was among the platforms used for data sharing. In Peru, media messages were used to share critical messages about mental health and violence at home. In Burundi and Uganda, additional effort was put in place; in addition to the community workshop, SMS was used to share key findings. In Uganda, where the survey included women in refugee settings, discussions in refugee settlements were conducted regularly. Local government actors were also crucial in facilitating discussions with communities around the data. In Ethiopia, where Women Respond targeted adolescent girls, local schools and women and children's affairs office were essential in discussing findings and engaging local community leaders to support adolescent girls.

Due to power dynamics within the community, discussion workshops were planned with inputs from women and community members to ensure women and community members felt safe to share their insights. For instance, sharing sessions with women's associations and leaders were

organized in Mali. In Ethiopia, adolescent girls were consulted on how they wanted to receive the findings. They preferred the school setting and identified female teachers that could support their workshops at school—this strategy allowed for a more engaging discussion. Sharing the findings with women leaders and VSLA members, who discussed results in their group meeting, and the provision of multiple platforms to access and discuss findings meant that the findings are accessed through women and other community leaders. In addition to the results, case stories and videos were also shown to women; for example, in Nigeria, women leaders shared video stories with their group members through WhatsApp. This reinforced the notion that any products generated with their engagement are equally theirs to access and use.

Women appreciated the two-way collaborative process of the discussion. Women and community members commented on the results, asked questions, and commented on the data collection process by telling us what was working for them and what needed to change. For instance, women in Mali suggested that the quantitative survey should allow them to rank their responses instead of choosing an answer. In Ethiopia, adult community members noted that, although the highest impact among girls is education, the main push factor is not only school closure. They told us that implications for education are also aggravated by livelihood challenges affecting economically vulnerable households who cannot afford school materials. Respondents also noted livelihood as the driving factor for increased early marriage in the first year of the pandemic. The follow-up focus group discussion included these insights and provided the space for both adolescents and adult members to discuss this in detail in separate discussions. In Burundi, similarly, respondents felt responses around the impact of livelihood are not adequately captured through the quantitative survey. The qualitative interviews provided rich discussion around price inflation, limited cross-border trading, and reduced farming productivity to address the quanitative data gap.

The collaborative nature of Women Respond allowed our team to think through different aspects and implications of the data to adjust programming, outreach, and other components of the Women Respond initiative. Sharing the findings in local languages, using multiple platforms, and results being shared through women groups also helped to level the power dynamics between the team and the community by enabling access to and ownership of the data. Women told us that hearing about the findings helped them to understand the broader community impact. Women also said hearing other groups' adaptive mechanisms enabled them to take learnings into their group adaptations. Women are also using the findings to support community-led actions. Women used findings to mobilize community efforts against school dropout and

early marriage. In some cases, they mobilized resources from the community to support vulnerable children, especially girls, to resume schooling. In Ethiopia and Nigeria, community members and VSLAs successfully campaigned against early marriage, advocated for girls' education, and contributed money, in the case of Ethiopia, with the support of the local government, to provide school materials, including uniforms to kids from vulnerable households. In Ethiopia, community and women advocate discussions with school administration have led local schools to start tutorial programs to support students. In Burundi, data dissemination resulted in women VSLA leaders being selected to join local government administrative meetings. Initially, VSLA members worked with the administration to support health campaigns and awareness raising in the community. Now, they are using their representation to raise key issues around water, hygiene, and livelihood with local decision-makers, including lobbying for water installation at schools.

In Mali, women in VSLAs are using the data to influence the Ministry of Women to prioritize funding for women women's businesses that were created during the pandemic to support their sustainability. They are also using the data to campaign for more female representation and leadership at different stages of crises. Across Uganda, women VSLA members are using the data to advocate for women leaders in local governments to influence the linkage of VSLAs with government programs aimed at women's financial inclusion. In Niger, women support health centers to provide vaccine information to community members. In Nigeria and Uganda, women in savings groups are planning groups for for-profit businesses that the group will fund to support the most financially affected member of the group.

Women Respond is proving to be a valuable process of listening and co-learning that centers women's voices with engagement with women and the community throughout the process. The regular nature of the discussion, specifically in the context where we had two years of frequent discussion, allowed the team to build relationships and improve participation and the quality of the process.

Conclusions

Globally, the COVID-19 pandemic posed significant health, social and economic crises. In this crisis, people from historically disadvantaged groups faced a disproportionate impact. The post-colonial approaches to learning and problem-solving exacerbated the impacts of the pandemic by overlooking their leadership. Evidence across countries showed women, particularly women

from developing countries, faced significant challenges. Despite the challenges, women across countries have demonstrated outstanding leadership in response to the pandemic. However, their voices in decision-making have been significantly limited. Decolonizing the process of learning—centering not just women's voices and stories, but also their leadership and their use of data and learning—proved one powerful tool in responding to the crisis. Efforts in the COVID-19 recovery and other crises should focus on shifting power to women and communities to support inclusive programs and policy interventions. In this case study, we have shared how CARE's Women Respond initiative adopted a research process that focused on listening to women and girls' experiences in the pandemic. We have also demonstrated the importance of sharing findings with the women and ensuring access to the data to support community action.

The bigger question remains: is listening enough to shift power hierarchies between communities and development actors if most of the funding is still controlled by international development organizations? While there is a consensus on the need for community-led development programming, practical changes to shift funding, knowledge, and decision to the community have been very slow progress. One key lesson we can draw from the challenges of the pandemic is the need to do things differently if we truly want to address inequality. This requires changes in how we listen and engage with communities, support learning and evidence sharing with women and communities, and ensure resource availablity at the local level.

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