Women Lead in Emergencies – Guidance Note
Implementing Women Lead during the COVID-19 pandemic

This guidance note shares experience from Women Lead projects on how the Women Lead model can be adapted to continue support to women's voice and leadership during the COVID-19 pandemic.

Who and what is this guidance for?

For **Women Lead in Emergency project teams**, this supplementary guidance note:

- Shares **tips from other CARE teams** on how they have adapted planned Women Lead activities to COVID-19-related restrictions and/or have adapted Women Lead activities to meet new priorities and needs of women related to the pandemic.

- Identifies **minimum activities for Women Lead projects**, drawing on the CARE's experience of implementing Women Lead in Colombia, Niger, Mali, the Philippines and Uganda.

For **CARE Country Offices who want to integrate Women Lead in Emergencies in their humanitarian proposals/assistance**, or in their COVID-19 response specifically, the note provides guidance on:

- **Minimum activities required in a Women Lead in Emergencies project**, to help CARE offices to assess their ability to implement a full Women Lead in Emergencies during COVID-19 restrictions.

- **Elements of the Women Lead in Emergencies Model that can be used to strengthen women's voice and leadership** in the COVID-19 response and/or to prepare for full Women Lead in Emergencies project in the future.

Why continue Women Lead activities during the COVID-19 pandemic?

Women's lack of participation in humanitarian decision-making is recognised as a global problem.[1] Women have a human right to participate in the life of their community and government[2] and the international community has made specific policy commitments to promote women's participation and leadership in decision-making.[3] Yet most women affected by crisis still have little or no influence over decisions that affect their lives. When women's voices are not heard, women's rights and needs are not adequately met, and humanitarian responses can cause harm and reinforce gender inequality.[4]

The coronavirus pandemic has further demonstrated the failure of governments and humanitarian agencies to uphold women's rights to participate, and how emergency response and recovery that is not inclusive of different groups of women fails to meet their needs and priorities (Box 1 below).

> **Box 1: Where are the women? Leadership during the COVID-19 pandemic**
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> In a COVID-19 world, with multiple crises involving war, public health and natural disasters, women's leadership at all levels is essential to building recovery and resilience. The COVID-19 crisis disproportionately affects women and girls. They are more exposed to the disease as frontline workers and primary carers. Prevention measures that confine families to their homes are also exposing women to more domestic and intimate partner violence, limiting their access to sexual and reproductive health services and devastating women's livelihoods and economic opportunities. The direct and indirect effects of COVID-19 on women's health and livelihoods makes it essential that women's voices are equally heard in the decision-making spaces and processes where responses are formed.
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> Yet, in a survey of 30 countries, CARE's research[5] found that, on average, women made up only 24% of the national-level committees established to respond to COVID-19. In a quarter of countries, there was no evidence of government making funding or policy commitments for gender-based violence (GBV) or sexual and reproductive health services, or women-specific economic assistance, and over half of the countries had taken no action on GBV. Local women's rights and women-led organisations are also not receiving their fair share of funding: less than 0.1% of tracked humanitarian funding for COVID-19 has reached local and national actors directly, despite the Grand Bargain commitment of 25%. These findings are further reinforced by CARE's Rapid Gender Analyses on COVID-19,[6] which find that across the globe women are consistently being left out of response decision-making at the local and community levels, and that the crisis is only raising barriers to their participation.

Women's inclusion and meaningful participation in humanitarian response, recovery and decision-making at all levels is more urgent than ever. It is imperative that CARE and other humanitarian agencies continue to support women's participation and leadership in the design and implementation of assistance in ongoing and new emergencies, including and beyond the COVID-19 pandemic. The Women Lead in Emergencies Model and Toolkit provides practical guidance and tools on how this can be achieved.

Implementing the Women Lead in Emergencies during the COVID-19 pandemic

Women Lead in Emergencies is a CARE model for supporting the participation of women directly affected by crisis in humanitarian programming and emergency response. It is one of the four focal areas of CARE's Gender in Emergencies programming. Women Lead in Emergencies works with informal women's groups and women-led community-based organisations. Women Lead facilitators help collectives of women to reflect on and analyse their situation, to identify their priorities for participation, and to take action.

Group meetings and regular face-to-face interaction is therefore integral to this approach to women's empowerment, participation and leadership. This makes starting or sustaining Women Lead in Emergencies activities challenging when social distancing rules are in place and there are restrictions on CARE Staff visits or operation in project sites, including refugee and IDP settlements.

Challenging does not mean impossible, however. Women Lead project teams – in Colombia, Mali, Niger, the Philippines and Uganda – are finding creative ways to continue to implement. They are also finding ways to adapt the Women Lead Model without comprising the integrity of the model, including the centring of affected women's own reflection, choices – including about how to spend the activity budget – and actions.

For each of the five steps in the Women Lead Model, the table below outlines:

- **Minimum/required activities:** what all projects must do to deliver this element of Women Lead.
- **Recommended activities:** activities that should be implemented if conditions allow.
- **Tips from Women Lead project teams on how to adapt** activities to restrictions brought about by COVID-19.

Table: How to adapt the five steps of the Women Lead in Emergencies Model to COVID-19 restrictions

Required and recommended activities for each step of Women Lead	Tips on adaptations
Reflect Staff, partners & women's groups reflect on gender, power, participation and leadership **Required:** (1) Women Lead Orientation for CARE office and partners; (2) Reflect sessions with project teams **Recommended:** (1) regular reflection exercises with CARE staff outside the Women Lead team; (2) integrate reflection exercises/discussion into regular meetings with women's groups	• Hold virtual (e.g. Zoom/Team) Women Lead orientation and reflection sessions with small groups (e.g. 12 people max), using exercises that work without face-to-face interaction. • Women Lead project staff use 'reflection' journals to inform learning and reflection within their team and with other CARE staff and women's groups • Develop/adapt a participation & empowerment curriculum suitable for remote use with women's groups e.g. short videos, packs that can be used by women's groups without the facilitator, WhatsApp discussion groups.
Analyse Participatory anlaysis of gender, power and public decision-making **Required:** (1) conduct a Rapid Gender Analysis on Power and Participation (RGA-Power) using the Women Lead guidance and tools; (2) identity potential women's groups for Women Lead activities: (3) validate the RGA-Power with women's groups participating in Women Lead **Recommended:** (1) collect qualitative data from men and women of different ages and disability status (and any other identities relevant to the context); (2) collect qualitative data from government, humanitarian and community leaders/decision-makers; (3) share RGA-Power findings with CARE and other humanitarian actors.	• Refer to the COVID-19 RGA Toolkit and CARE MEAL tips for data collection methods during COVID-19. • Adopt an increment approach to RGA-Power data collection, beginning with secondary data and a limited number of essential key informant interviews. • Use phone calls to collect/validate data – and reimburse the costs for community members. • Hold small focus group discussion where possible and limit questions to essential information • Work with Women's Rights Organisations or other partners who continue to have access to the community. • Consider piloting CARE's RGA digital data collection applications (Fatima; Voice App) • Validate the RGA-Power with leaders of women's groups initially. • Break down the findings of the RGA-Power by theme and use short videos and WhatsApp to share and discuss with women's groups. • Disseminate the RGA-Power digitally, e.g. hold a webinar to share findings within CARE or with humanitarian actors or write a blog/article.

Co-Create
 	
Women's groups identify ways to change barriers to women's participation and leadership
 	
Required: (1) facilitate discussions with women's groups to voice their aspirations and identify common goals for increased participation and leadership; (2) support women's groups to identify specific activities – for them or other actors to take – to move towards their goals
 	
Recommended: Support participating Women's Groups to develop and agree their Women Lead Action Plan
	• Partner with women's rights organisations who have access to communities to facilitate co-creation
	• Adopt an incremental approach to co-creation of Action Plans where face-to-face facilitation with women's groups is not an option:
	  o begin with one-to-one conversations with members of groups by phone/video conferencing
	  o support group leaders to facilitate the discussions with their groups
	  o women's groups identify initial small actions, and build their Action Plan over time
	• Facilitate co-creation remotely:
	  o Provide women/women's groups with technology e.g. phones, data, tablets
	  o Use WhatsApp or other apps/platforms to ask questions and facilitate discussion with individual women's groups
	  o Suggest activities that women can perform together with their household to that facilitate collective thinking.
	  o Encourage group activities that promote team building e.g. deciding on a group name or slogan, discussing group values
	  o Set appointments at a specific time, as if it were a face-to-face meeting.
	  o Take attendance lists to monitor who is participating. Follow up privately with absent members to encourage them to attend.
	  o Try to respond to each of the women's interventions. If possible, videotape these responses so that women feel more confident.
	  o Use polls for members of the group to vote on their collective goals or preferred actions
	  o Facilitate the space but promote women's collective ownership of the group by asking them to make decisions (e.g. when meetings are held, whether new members can join, joint actions).

Act
 	
CARE supports/funds activities and strategies for change identified by women's groups
 	
Required: Fund/support implementation of activities that women's groups have chosen themselves
 	
Recommended: Interact/meet with participating women's groups on a regular (e.g. weekly) basis to support activities, including ongoing reflection, analysis and learning
	• Partner with women's rights organisations who have access to communities to support activities of women's groups within their communities
	• Remain in regular contact with participating women's groups and partners by phone/other technology when in-person visits are not possible
	• Hold sessions with some women's group members and support them to cascade information and onward discussion with other members of the group
	• Consider how the activity budget can be used flexibly to:
	  o meet new needs or priorities of women's groups arising from COVID-19
	  o use money planned for in-country travel to develop tech-based solutions/activities

Learn Structured action learning with women's groups to reflect and adapt project strategies and activities **Required:** Monitor three CARE Global Impact Indicators that are common to all Women Lead projects to track key changes in women's confidence, collective action and meaningful participation, and to support cross-project and organisational learning. **Recommended:** Support women's groups to identify collectively what success would look like and progress towards it, and facilitate regular reviews of activities, achievements and any necessary course corrections.	• Update the project MEAL Plan to reflect changes to the data collection methods • Prioritise collecting the most important data for MEAL • Identify which mode of communication is most relevant/accessible for the women's groups • Design short surveys or forms to send via SMS, WhatsApp, Facebook Messenger to collect input from all members of the groups regarding their priorities, personal updates, queries, as well as output/activity related data • Identify a focal person from the local partner organisations or women's groups to collect information in person related to the project indicators, compile and share via the selected platform. • Support women to do storytelling via audio or visual recordings on the changes they are experiencing, engaging community leaders and members in the story telling when relevant • Reflect periodically on the efficiency and effectiveness of Feedback and Accountability Mechanisms (FAM) under COVID conditions. Create a specific Whatsapp or group SMS to provide updates on changes in FAM or hold Q&A sessions • Ensure guidance and ongoing support is provided to participating women to support them in the documentation process.

Adapting Women Lead activities to support COVID-19 response and recovery

Project teams in Colombia, Mali, Niger, the Philippines and Uganda are not only adapting their planned Women Lead activities to social distancing and other COVID-19 measures. They are also using their Women Lead project as an entry point to understand and meet new needs and priorities of women and their communities and to support women's participation in the COVID-19 response.

• **COVID-19 Prevention:** Women Lead project teams have been providing public health information to women's groups participating in Women Lead and their wider communities. At the onset of the pandemic, project teams remained in contact with women's groups by phone and SMS to share information about the pandemic and preventative measures. Women's leaders then cascaded this information to other members of their groups and their broader community. Once field visits are possible, project staff have been able to provide hand washing stations to communities, and to support women's groups to continue activities, such as savings and loans, and cash operations, under the new COVID-19 requirements (see Box 2).

• **Meeting new needs:** In consultation with the women's groups, Women Lead project teams have reallocated Women Lead activity budgets or have accessed COVID rapid response funds to support unplanned COVID response activities – such as for water, sanitation and hygiene or food security.

• **Protection**: Home confinement and economic stress has caused a rise in gender-based violence during the pandemic worldwide. At the same time, many humanitarian organisations initially withdrew frontline staff from communities and refugee/IDP camps and settlements because of coronavirus – including GBV and Protection staff. Women's leaders stepped into this gap in GBV services. For example, in Omugo settlement in Northern Uganda where Women Lead has been operating since early

2019, motorbikes and loud hailers were used to inform communities that they could contact their community leaders – including women leaders – for information and advice. These women leaders had already become more prominent in their villages through their Women Lead-supported activities, including being called on women outside of their women's groups to mediate in domestic disputes.

- **Informing COVID-19 response:** In Pamplona, Colombia, the Mayor's Office agreed that CARE's Women Lead in Emergencies women's groups should contribute to gender diagnosis of the emergency, including COVID-19, and the development of public policy to strengthen families.

Box 2: Women Lead in COVID-19 response

The Niger Women Lead team held a training of trainers on key messages for preventing the transmission of the coronavirus at one of the project site (Bengaza village, Diffa). 24 women leaders were trained and equipped with communication tools to carry out community sensitisation on an ongoing basis. They have held 30 sessions, cascading prevention messages to a further 134 community members.

The West Africa Women Lead and Women on the Move teams convened a virtual learning session on Women Lead and how women groups are adapting to COVID-19, with 9 women leaders of VSLA networks from Niger, Mali, Cote d'Ivoire and Benin, representing 5,367 other women. The VSLA leaders said the virtual conference had inspired them and gave them courage to continue to raise awareness: 'It brought us out of the darkness and into the light'. Since then, the Women Leaders have reached out to 420 other people, men and women in addition to their own members.

Using Women Lead tools to support and strengthen women's participation in COVID-19 response and recovery

CARE offices that do not have a Women Lead in Emergencies project can use parts of the Women Lead Model and toolkit within other projects, in any sector, to support women's voice and participation in their COVID-19 response and recovery activities. Options include:

- Do a **Rapid Gender Analysis on Power** to understand how gender and other power relations affect women's opportunities to participate in COVID-19 response and recovery, and use the analysis to design activities that help women and other stakeholders to address barriers to participation.

- If you are doing a **Rapid Gender Analysis on COVID-19**, ensure that full attention is given to the section on participation and leadership in the COVID-19 RGA Toolkit. This is important to understand who is making decisions about the response at different levels, how gender and other characteristics affect whose voice and priorities shape the response, and the implications for meeting the needs of all within affected communities.

- Whatever the sectoral focus, support **communities to make their own decisions about project design and implementation** – and take measures to facilitate women's active participation in community meetings. For example:

  - hold meeting at times and places when women are most likely to be able to participate, recognising that gender norms mean women are often solely or mostly responsible for caring and unpaid domestic work and that they may not be able to move freely or unaccompanied outside the home,

  - provide creche facilities to enable women with children to participate *fully* in meetings,

  - hold separate consultations with women (and women of different ages) and men, recognising that women can be reluctant to speak up in front of men and/or to contradict them in public, and

especially women facing gender *and* other forms of discrimination (e.g. young women, women with disabilities, women from marginalised castes, religions, ethnic groups, lesbian, trans and queer women),

- ensure that feedback and complaints mechanisms are accessible to all – i.e. post information in places where women frequent, such as water or food distribution points, women's safe spaces, places of worship, and ensure that feedback is dealt with in an appropriate and timely way.

- Use RGA on Power or the RGA on COVID-19 to **initiate conversations and reflections within CARE offices about women's right to equal participation and leadership** in emergency response, and how the exclusion of women and other marginalised groups from decision-making limits the effectiveness of humanitarian response. These conversations can be a first step in thinking through with colleagues why and how to integrate Women Lead in Emergencies in multi-sector responses.

- If you are **already working with women's groups in your projects**, discuss the findings of RGAs with them to explore their understanding of who makes decisions that affects their lives, how they are participating in emergency/COVID-19 response and/or their aspirations for increased voice and influence in response and recovery design and implementation. Also consider **conducting participatory learning with women's groups in your projects**, collaborating with them to understand what success looks like for them and whether your interventions are making progress towards this.

- Use the findings from the RGA on Power and discussions with women's groups to **advocate for humanitarian agencies to fulfil their commitments** to women's participation and leadership in emergencies. Ask them to be proactive about including women groups and/or women-led/rights organisations in decision-making bodies and processes and to provide specific funding for women's participation and leadership.

- Whenever feasible, and in all sectors, **partner with women's rights/led organisations** for analysis, programme design and implementation, MEAL and advocacy.

Key resources

- Women Lead in Emergencies – Frequently Asked Questions
- Women Lead in Emergencies Programming Toolkit
- Rapid Gender Analyses on Power and the **Rapid Gender Analyses on COVID-19**

The Women Lead Toolkit is available for CARE staff on CARE Shares – Women Lead in Emergencies page and the COVID-19 page.

Want more information?

Women Lead in Emergencies is a joint initiative of the CARE Global Gender in Emergencies Team and the Global Inclusive Governance Team. Email the Global Women Lead Coordinators for more information:

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Notes

[1] CARE, "She is a humanitarian: Women's participation in humanitarian action drawing on global trends and evidence from Jordan and the Philippines," 2017.

[2] Countries that have ratified the UN Convention on Civil and Political Rights or the UN Convention on Discrimination Against Women have a legal duty and obligation to respect, protect and guarantee this right.

[3] Most notably the **UN Security Resolution 1325 on Women, Peace and Security**, the **Grand Bargain** and the **UN 2030 Agenda for Sustainable Development**.

[4] CARE, "She is a humanitarian: Women's participation in humanitarian action drawing on global trends and evidence from Jordan and the Philippines," 2017.

[5] Fuhrman, S. and Rhodes, F. (2020) 'Where are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them'. London: CARE International, available at: **https://insights.careinternational.org.uk/publications/why-we-need-women-in-covid-19-response-teams-and-plans**

[6] See CARE International (2020) 'Global Rapid Gender Analysis for COVID-19', available at: **https://insights.careinternational.org.uk/publications/global-rapid-gender-analysis-for-covid-19**; and regional and national Rapid Gender Analyses, available at: **https://careevaluations.org/homepage/care-evaluations-covid-19/**.