

RESEARCH PAPER

TRACKING THE PROGRESS  
AND IMPACT OF WOMEN'S  
LEADERSHIP IN COVID-19  
RESPONSES IN THE  
PHILIPPINES



MARCH 2021

HUMANITARIAN  
ADVISORY GROUP



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PHILIPPINES**



BASELINE REPORT  
PREPARED FOR UN WOMEN REGIONAL OFFICE FOR  
ASIA AND THE PACIFIC

March 2021

HUMANITARIAN  
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# ACKNOWLEDGMENTS

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# ACRONYMS AND ABBREVIATIONS

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CSO	civil society organisation
DFAT	Australian Department of Foreign Affairs and Trade
GBV	gender-based violence
HAG	Humanitarian Advisory Group
HCT	humanitarian country team
IATF-EID	Inter-Agency Task Force on Emerging Infectious Diseases
INGO	international non-government organisation
LGU	local government unit
NGO	non-government organisation
RGA	Rapid Gender Assessment
UN	United Nations
UNFPA	United Nations Population Fund
WASH	water, sanitation and hygiene
WRO	women's rights organisation

# INTRODUCTION

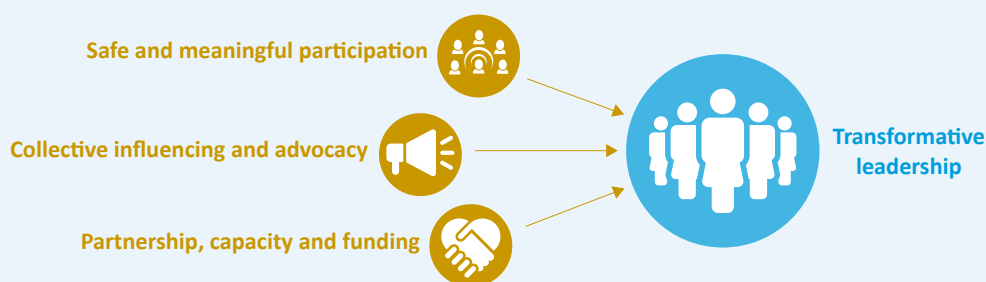
Over recent decades, there has been an increased focus on women’s leadership in humanitarian and development contexts. Evidence highlights the important role of women’s leadership in bringing ‘invaluable contextual knowledge, skills, resources and experiences to emergency preparedness, response and resilience building.’<sup>1</sup> This has been amplified in the context of the COVID-19 pandemic, with key humanitarian and development actors recognising the importance of women’s leadership in ameliorating the impacts of the health emergency, and in supporting locally led responses.

This report is part of a research project that contributes to UN Women’s broader project in Asia and the Pacific, ‘Women and Girls at the Centre of COVID-19 Prevention’, that has been made possible by supplementary funding from the Government of Japan. The purpose of this research is to develop a framework and tools to measure women’s

leadership and participation in the COVID-19 response in Bangladesh, Indonesia, Myanmar and the Philippines. The framework and tools were piloted in the Philippines. This report provides findings from our measurement of women’s leadership and meaningful participation in the COVID-19 response in the Philippines.

## ABOUT THE FRAMEWORK

The ‘women’s leadership and participation in COVID-19 responses framework’ includes three results domains: **safe and meaningful participation, collective influencing and advocacy, and partnership, capacity and funding.** Each domain has a result indicator and a set of progress indicators. There is also an overarching impact domain – transformative leadership – which includes a progress and impact indicator. The indicators and means of verification were drawn from the consultation process with key actors, in addition to building on existing approaches to measuring localisation.<sup>2</sup> This measurement framework assumes that when all three results domains – safe and meaningful participation, collective influencing and advocacy, and partnership, capacity and funding – are supported, diverse women and women’s rights organisations (WROs) can then have a transformative leadership role in COVID-19 and other humanitarian responses.



The four domains – transformative leadership; safe and meaningful participation; collective influencing and advocacy; and partnership, capacity and funding – are outlined further in Annex A.

In this report, we assess the level of evidence of activity against indicators in each of the four areas of measurement. The five levels of evidence are: **no evidence, limited evidence, moderate evidence, good evidence** and **strong evidence.** For more information, see the methodology section below.

1 ActionAid, [On the frontline: Catalysing women’s leadership in humanitarian action](#), May 2016.

2 Including: PIANGO and Humanitarian Advisory Group, [Measuring Localisation: Framework and Tools](#), December 2019; CARE, [Where are the women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them](#), June 2020, p.10.

### A note on defining Women’s Rights Organisations:

This research focuses on WROs and women-focused organisations.<sup>3</sup> The research team acknowledges that other organisations, such as organisations with a focus on sexual and gender minorities or whose focus area is ethnic minorities, persons with disabilities can raise the voices of women in an intersectional way (e.g. women with disabilities, trans men and women). These organisations were also included in the data collection process.

## Methodology

The baseline process used a mixed methods approach, including a desk review of key documents, key informant interviews and a self-assessment survey for WROs and other humanitarian actors. The self-assessment survey sought to capture quantitative data against key indicators in the framework, and was completed by representatives of WROs, national and local government, non-government organisations (NGOs), international NGOs (INGOs), United Nations (UN) agencies, local and national civil society organisations (CSOs) and academia. The team worked in partnership with the UN Women office based in-country to distribute the self-assessment survey to international humanitarian actors working on the COVID-19 response. In addition, interviews were conducted with key informants from WROs, UN agencies, national NGOs, INGOs, national government and local government units (LGUs) working on the COVID-19 response in the Philippines (see Figure 1).

The baseline process took a localised approach to the research, with two national researchers contributing to the design, data collection, debrief and analysis processes. This ensured the research tools were appropriate and contextualised, with

the research paying specific attention to ensuring the voices of diverse women informed the process. This baseline process was the first piloting of the framework and tools. A subsequent lessons paper will be developed to share reflections from the process, guide amendment of the framework and tools, and inform their future implementation.

Data was triangulated and assessed against the indicators in the framework, using an assessment rubric (see Annex A) to determine the level of evidence. Indicators were assessed as having one of the following: **no evidence, limited evidence, moderate evidence, good evidence** or **strong evidence** in each area.

FIGURE 1:  
Methodology



3 The Grand Bargain Friends of Gender Group uses the following definition: ‘1) an organization that self-identifies as a woman’s rights organization with primary focus on advancing gender equality, women’s empowerment and human rights; or 2) an organization that has, as part of its mission statement, the advancement of women’s/girls’ interests and rights (or where ‘women,’ ‘girls,’ ‘gender’ or local language equivalents are prominent in their mission statement); or 3) an organization that has, as part of its mission statement or objectives, to challenge and transform gender inequalities (unjust rules), unequal power relations and promoting positive social norms. Self-identification by local actors themselves is being proposed while the possible technical definition described above can be used for guidance or further verification.’ See, CCTRI Localization Work-stream, [Core Commitment Indicators and Target-Results \(CCTRI\)](#), pp.1-2; UN Women, [How to promote gender-responsive localization in humanitarian action](#), Guidance Note, Geneva: UN Women, 2020, p.59.



## Limitations

*Sample size:* The (unavoidably) small sample size for our self-assessment survey might mean the results do not fully capture the extent and impact of diverse women's leadership and meaningful engagement in COVID-19 response. However, using a mixed methods approach, qualitative interviews were analysed alongside the quantitative data to cross-check findings and provide further context.

*Interpretation bias:* The baseline data may be influenced by different understandings or interpretations of key terms amongst our participants.

*COVID-19 restrictions and country context:* The COVID-19 pandemic has resulted in volatile situations and restrictions on travel and movement around the world, although these restrictions differ from country to country. The evolving nature of the pandemic and the complexity of COVID-19 in conflict or disaster-affected areas may mean that certain stakeholders – either in relation to the sector or geographical location – were unable to contribute to baseline data collection. Moreover, understandings of COVID-19 and its impacts are rapidly evolving, making total coverage impossible.

# SUMMARY OF KEY FINDINGS

The initial premise of the ‘women’s leadership and participation in COVID-19 responses framework’ was built on three areas that were identified as vital in building transformative leadership.<sup>4</sup> The assumption was that if women and WROs:

- i. could participate actively and safely in decision-making processes and influence outcomes,
- ii. could collectively influence and advocate for women’s leadership and gender inclusion in COVID-19 responses, and
- iii. received targeted and relevant support through partnership, capacity building and funding,

then this would translate to transformative leadership. As outlined below, the research found that whilst there was moderate to good evidence in each of the three areas, this did not directly translate into a transformative leadership role. This suggests that important factors such as the type of forums and levels of engagement as well as the broader context of women’s empowerment in the country will influence the extent to which women and WROs are able to translate participation, advocacy and relevant support into strategic influence and transformation. This is further unpacked in the summary and detailed sections below.

## Summary of key findings



### Safe and meaningful participation



**KEY FINDING:** There is **moderate evidence** that women and WROs participate actively and safely in decision-making processes and can influence outcomes. Overall women and WROs have participated actively in the response at the community and local level. However, there is limited evidence that they have participated in national decision-making processes.

- *Progress indicator:* Diverse women and national and local WROs are represented and engage actively in country COVID-19 response decision-making and coordination forums: **MODERATE EVIDENCE**
- *Progress indicator:* Coordination and consultation forums address access and safety considerations for WROs: **MODERATE EVIDENCE**



### Collective influencing and advocacy



**KEY FINDING:** There is **moderate evidence** that COVID-19 responses are influenced by the priorities of national and local groups and movements that advocate for women’s leadership and gender inclusion

- *Progress indicator:* National and local WROs and grassroots networks are able to advocate for and engage in the development of policies and standards in relation to COVID-19: **MODERATE EVIDENCE**
- *Progress indicator:* International partners/donors amplify the voice of national and local WROs during COVID-19 responses: **GOOD EVIDENCE**

<sup>4</sup> The ability to identify and facilitate working together of different resources to solve problems.



## Partnership, capacity and funding



**KEY FINDING:** There is **good evidence** that WROs have targeted and relevant support through partnership, capacity building and funding to help them respond effectively and efficiently to COVID-19.

- *Progress indicator:* Equitable and complementary partnerships between local and national WROs and other responding actors are upheld: **GOOD to STRONG EVIDENCE**
- *Progress indicator:* WROs have targeted and relevant support from donors and partners to help them respond effectively and efficiently to COVID-19: **GOOD to STRONG EVIDENCE**
- *Progress indicator:* WROs have sufficient financial support and autonomy that enables them to respond effectively and efficiently to the impacts of COVID-19: **GOOD EVIDENCE**



## Transformative Leadership



**KEY FINDING:** There is **limited evidence** that diverse women and women's rights organisations (WROs) have a transformative leadership role in COVID-19 response planning and implementation

- *Impact indicator:* Women and diverse women's groups contribute to leadership of, and decision-making on, COVID-19 responses: **LIMITED EVIDENCE**

The findings above highlight some progress in all domains, but the research found that there was only limited evidence of women and diverse WROs having a transformative role in the overall COVID-19 response in the Philippines. Whilst women and women's organisations actively participated in many local and regional forums, they were not active or influential in national decision-making forums. Transformative leadership in the humanitarian

sector requires access to specific decision-making spaces where policies are determined, decisions are made, and strategies are set; the absence of women's organisations and voice in these spaces reduced their ability to lead or influence national approaches to the response. This is further explored under 'What does this mean for WROs and Leadership?.'

# COUNTRY CONTEXT: COVID-19 RESPONSE IN THE PHILIPPINES

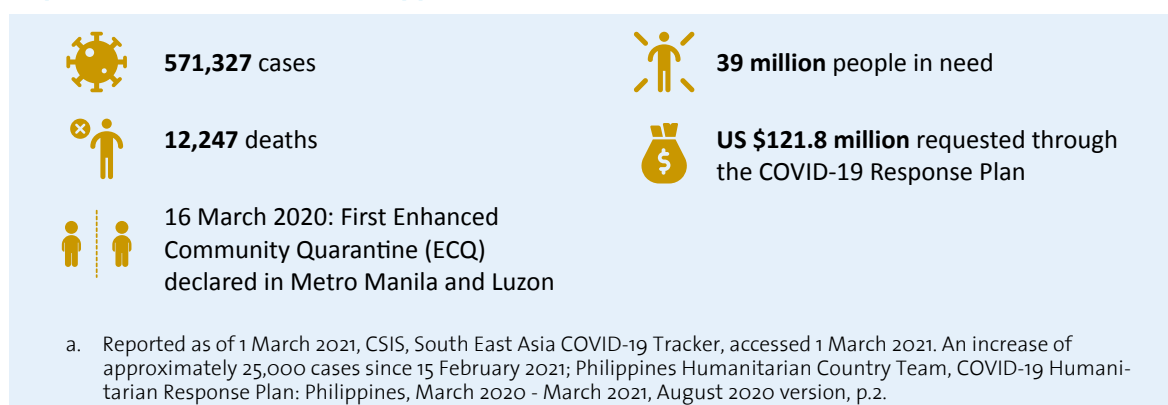
The Philippines has had one of the most severe outbreaks of COVID-19 in Southeast Asia.<sup>5</sup> The first case of COVID-19 was detected on 20 January 2020, and since then there have been 571,327 confirmed cases (as of 1 March 2021). These cases have resulted in 12,247 deaths.<sup>6</sup> A hard lockdown was enforced early in the pandemic, but as restrictions were eased, the virus spread rapidly, causing overcrowding in hospitals. The government declared a ‘state of

calamity’ on 16 March 2020, but despite its efforts, the restrictions were not enough to prevent the rapid spread of the virus.<sup>7</sup>

The COVID-19 Humanitarian Response Plan released in May 2020, by the Humanitarian Country Team (HCT), indicated that over 40 million people would need assistance during the pandemic.<sup>8</sup> See Figure 2 for further detail.

FIGURE 2:

## Impact of COVID-19 in the Philippines<sup>a</sup>



## Response context

Prior to the pandemic, the Government of the Philippines established the humanitarian coordination structure of national clusters in 2007. It was one of the first governments globally to adopt a national cluster approach based on the UN cluster system, and it has been utilised as a coordination platform since its adoption. Clusters are government led, with UN agencies and INGOs acting as co-leads. Wherever possible, HCT will work in support of, and in coordination with, national and

local authorities in order to facilitate a coordinated approach.<sup>9</sup>

The COVID-19 Humanitarian Response Plan for the Philippines by the HCT outlines three strategic priorities:

1. ‘Support the Government of the Philippines in containing the spread of the COVID-19 pandemic and decrease morbidity and mortality;

5 DFAT, [The Philippines COVID-19 Development Response Plan](#), October 2020.

6 CSIS, [South East Asia COVID-19 Tracker](#), accessed 15 February 2021; WHO, [Coronavirus disease \(COVID-19\) Situation Report 1 Philippines](#), 9 March 2020.

7 DFAT, [The Philippines COVID-19 Development Response Plan](#), October 2020.

8 Philippines Humanitarian Country Team, [COVID-19 Humanitarian Response Plan: Philippines](#), May 11, 2020 Revision, p.2.

9 [Philippines Humanitarian Country Team Terms of Reference](#), August 2010.

2. Augment government response efforts to decrease the deterioration of human assets and rights, social cohesion and livelihoods; and
3. Protect, assist and advocate for displaced people, indigenous peoples, vulnerable population, and marginalized communities particularly vulnerable to the pandemic.<sup>10</sup>

The response plan also outlines specific protection concerns for women, including increased instances of gender-based violence (GBV) such as sexual assault and family violence. The response plan also outlines commitment to gender mainstreaming, with the GBV sub-cluster undertaking the first-ever Gender and Inclusion Assessment in the Philippines, which found pre-existing gender inequality has been compounded during the pandemic.<sup>11</sup>

### Intersecting crises

In November 2020, Super Typhoon Goni (Rolly) and Typhoon Vamco (Ulysses) hit the Philippines, with 28.1 million people in severely affected areas. A combined 905,000 people were in need of assistance following the typhoons, which hit on 1 and 11 November respectively, and due to subsequent flooding and landslides. Challenges faced when responding to the typhoons were exacerbated by COVID-19, including challenge with social distancing in evacuation centres and restricted movements.<sup>12</sup>

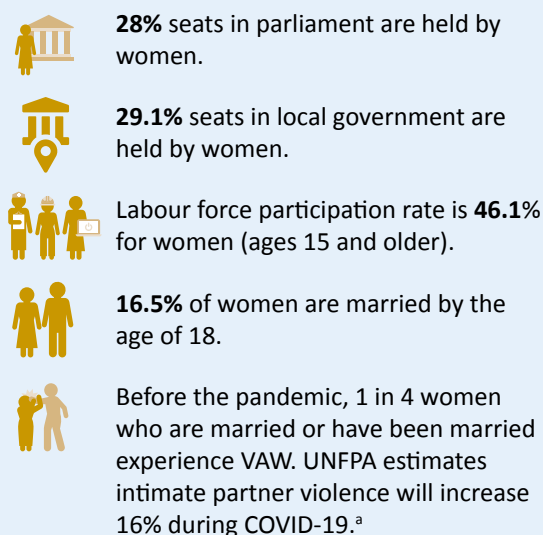
## A snapshot of women's rights in the Philippines

The history of the women's rights movement in the Philippines is tumultuous and dynamic.<sup>13</sup> Throughout the 20th century, women fought for women's rights and equality. The 1970s was a time of radical protests; women's organisations gained

momentum, focusing on women's liberation.<sup>14</sup> With the restoration of democracy in 1986, CSOs and women's organisations thrived. The government began to work with these groups on long-term projects, including laws criminalising violence against women and children, and the number of female political leaders increased markedly.<sup>15</sup> In recent times, government policies have reduced the role of civil society, including WROs, through for example, reduced funding and heavy surveillance. Inequality and conflict is still prevalent in the Philippines. Despite high levels of poverty and suffering, the country has high levels of women's education and participation in the labour force.<sup>16</sup> These successes are, however, eroded by GBV and lack of reproductive rights.<sup>17</sup>

FIGURE 3:

### A snapshot of gender in the Philippines<sup>a</sup>



a. Data from: UNDP, Human Development Reports: Philippines, accessed 15 February 2021; UN Resident and Coordinator in the Philippines, "Violence against women and girls: A pandemic we must end now," 14 December 2020.

10 Philippines Humanitarian Country Team, [COVID-19 Humanitarian Response Plan: Philippines](#), March 2020 - March 2021, August 2020 version, p.2.

11 Ibid. Multiple assessments related to gender took place following the onset of the pandemic. See, for example, UN Women, [COVID-19 Resources](#) n.d.

12 Ibid.

13 Mylene D. Hega, Veronica C. Alporha & Meggan S. Evangelista, [Feminism and the womens' movement in the Philippines: Struggles, advances, and challenges](#), Pasig City, 2018.

14 Hega et al, [Feminism and the womens' movement in the Philippines](#), 2018; Theresa Marino, "Women's Rights In The Philippines: A March For Equality" The Borgen Project, 1 July 2018.

15 Hega et al, [Feminism and the womens' movement in the Philippines](#), 2018; Asia Society, "Women in the Philippines: Inspiring and Empowered," n.d.

16 Hega et al, [Feminism and the womens' movement in the Philippines](#), 2018; Alison Brysk & Jesilyn Faust, "Women's Rights in the Philippines in an Era of Authoritarianism," global-e, volume 13, issue 38, 16 June 2020; Asia Society, "Women in the Philippines: Inspiring and Empowered," n.d.

17 Hega et al, [Feminism and the womens' movement in the Philippines](#), 2018; Alison Brysk & Jesilyn Faust, "Women's Rights in the Philippines in an Era of Authoritarianism," global-e, volume 13, issue 38, 16 June 2020.

# SAFE AND MEANINGFUL PARTICIPATION

This domain seeks to measure the extent to which there is safe and meaningful participation for women and the impact that this has had on broader COVID-19 response efforts. Meaningful participation can be understood as when ‘people not only have access to or are present within decision-making processes, but also that they are able to actively participate in and have influence over their format and outcomes.’<sup>18</sup> Safe participation can be understood as the ‘absence of trauma, excessive stress, violence (or fear of violence) or abuse, where women have the freedom to express themselves without fear of judgement or harm’.<sup>19</sup> Evidence also shows that in many contexts women’s participation increases the reach and impact of recovery efforts, revitalises economies and builds stronger and more durable peace.<sup>20</sup>

**KEY FINDING:** There is **moderate evidence** that women and WROs participate actively and safely in decision-making processes and can influence outcomes.

Overall, women and WROs have participated actively in COVID-19 operational responses in the Philippines at the community and local level, with women collectively organising to respond to needs and advocate for the inclusion of women and gender considerations. However, there is less evidence that they have been able to participate in operational and strategic response processes and influence outcomes at the national level.

**PROGRESS INDICATOR:** Diverse women and national and local WROs are represented and engage actively in country COVID-19 response decision-making and coordination forums: **MODERATE EVIDENCE**

Diverse women and national and local WROs are engaging with the COVID-19 response at the local

government level, particularly within barangays.<sup>21</sup> Evidence suggests that WROs participate in CSO forums and community meetings, but that most are not represented or engaged in national COVID-19 response decision-making and coordination forums. Eighty-five per cent of WROs surveyed said they participate in CSO coordination forums, followed by community meetings (55%) and LGUs (50%), whereas only 25% had participated in the inter-agency taskforce. Interview respondents reflected how coordination and engagement at the barangay level was where they saw themselves as able to advance their work and participate in or influence response activities.<sup>22</sup> Figure 4 below outlines participation of WRO in different forums compared to other actors.

**FIGURE 4:** Which coordination/decision-making platforms has your organisation participated in for the COVID-19 response?



<sup>18</sup> CARE, [Where are the women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them](#), June 2020, p.10.

<sup>19</sup> UNFPA, [Women and Girls’ Safe Spaces: A guidance Note based on Lessons Learned from the Syrian Crisis 2015](#); Action Aid, [Humanitarian Policy and Practice Research and Programme Policy](#) n.d.

<sup>20</sup> UN Women, [Preventing Conflict Transforming Justice Securing the Peace: A Global Study on the Implementation of United Nations Security Council Resolution 1325](#), New York, 2015, p.169.

<sup>21</sup> Barangay: Filipino term for village or ward. It is the smallest administrative division in the Philippines.

<sup>22</sup> Interviews 2, 5, 7, 23.

The research found that at a local government level, whilst women's representation was stronger than at the national level, this was also dependent on local leadership.<sup>23</sup> WROs augmented the national government's gaps through action at the local and community level. For example, one mayor reflected that the Local Council on Women was able to conduct gatherings and meetings to cascade information on the pandemic down to the barangay level. Furthermore, because health care workers are overwhelmingly women, they were able to influence front-line response operations and proactively identify and address some of the gender issues that were emerging.<sup>24</sup> For example, women health workers from one barangay were able to make changes to processes to reduce the risk of being infected through consultation and engagement with the Mayor's office.<sup>25</sup>

'They [women and WROs] were active in forming policies, implementing programmes, and making sure health protocols were followed [at a local level].'<sup>26</sup>

### Women with disabilities

The research found that people with disabilities, and in particular women with disabilities, had very little access to forums, even at the community level.<sup>27</sup> This was due to lockdown measures exacerbating pre-existing inequalities, in addition to the threat of health complications if they caught COVID-19. The lack of participation and representation in these forums contributed to their specific needs frequently going unmet, feelings of invisibility and increased feelings of isolation.

'It was really difficult for them [women with disabilities] to contribute because during the lockdown...they couldn't even participate on the barangay level.'<sup>28</sup>

There were low levels of WRO participation in and representation at humanitarian coordination platforms, such as cluster meetings. Only 25% of WROs reported participating in cluster meetings.<sup>29</sup> This lack of representation was reiterated by international actors, who reflected that there should be increased participation of WROs at these forums to ensure the needs of all women are met.<sup>30</sup> The GBV sub-cluster was last activated in 2014 during the Haiyan Response and resulted in numerous national policies and standards that operationalized survivor-centered GBV response; such as Women-Friendly Space Guidelines, Training Manual for Gender- Responsive Case Management.. During the COVID-19, the GBV sub-cluster was re-activated at the National Level in December 2020, but UNFPA, as the co-lead, supported DSWD in GBV preparedness and response activities prior to it, even without formal activation. This sub-cluster and the protection cluster were seen as critical fora for increased WRO representation over time.<sup>31</sup> The research found there was a perception that WROs can have impact across sectors (beyond protection), however other clusters tended to overlook WROs participation.<sup>32</sup>

'It [WRO engagement] did not cut across the WASH cluster, our response did not include engaging WROs.'<sup>33</sup>

23 Interviews 13, 19, 21; Validation debriefs 2, 3.

24 Interviews 1, 2, 3, 4, 5, 7, 13, 15, 23, 24.

25 Interview 13

26 Interviews 13, 21.

27 Interviews 4, 6, 9.

28 Interview 4.

29 The data was from survey responses and was not disaggregated by cluster type.

30 Interviews 16, 17, 18, 22.

31 Interviews 12, 16, 17, 18, 21.

32 Interviews 12, 13, 16, 18, 22, 24.

33 Interview 16

## Supporting WROs to participate

The Women in Emergencies Network (WENet) is a group of women's organisations who work 'towards women-led and gender responsive resilient communities claiming and defending the human rights of women and other vulnerable sectors in emergencies, particularly in disasters and conflict situations.' WENet members have been supported by a number of partners to strengthen their institutional capacity in areas such as conducting joint Rapid Damage Assessment and Needs Analysis and training. It is intended that this support will further facilitate their participation in meetings and coordination forums on disaster risk management.<sup>34</sup>

The lack of participation at a national level resulted in unmet needs for women or significant barriers to their needs being met. For example, women's multiple burdens increased during the pandemic, with little rest from unpaid care work. Furthermore, sexual and reproductive health became harder to access and there was an increase in GBV cases, and the necessity of these services had not been adequately considered in the response planning.<sup>35</sup>



**PROGRESS INDICATOR:** Coordination and consultation forums address access and safety considerations for WROs: **MODERATE EVIDENCE**

WROs have been able to participate in a wide range of forums (at certain levels) during the pandemic, with online platforms facilitating involvement.<sup>36</sup> However, online platforms create additional barriers to diverse women's participation. For example, persons with disabilities might be unable to participate if sign language is unavailable, rural

women may have difficulties joining if there is no or poor internet connection, and unfamiliarity with platforms and programmes might also present a barrier.<sup>37</sup> Women simply not being invited to meetings was noted as a particularly intractable problem.<sup>38</sup> However, there were some instances of WROs partners supporting them to attend events, by providing transportation support, per diem, and communication allowances.<sup>39</sup>

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'It's hard to say [if we felt safe] because we were rarely invited to any forums.'<sup>40</sup>

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The issue of safety was considered as both physical safety (e.g. security risks, physical access, transport requirements) as well as psychological safety to speak freely when participating in meetings and forums. WROs reported that they often felt safe in participating in the meetings that they could access. Eighty-four per cent of WROs agreed or strongly agreed that it is safe to participate, especially in CSO meetings and forums.

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'We feel safe because these are like-minded groups.'<sup>41</sup>

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However, it was noted that the more mainstream and less gender-focused forums women participated in, and the more senior these meetings became (at the national level), the less safe they felt. This was due to two key concerns raised. The first was the power dynamics that can exist between international and national organisations, with reflections from WROs that international organisations had a majority of power.<sup>42</sup> The second was the perception that the culture in some of these forums led to derogatory remarks being directed at them.<sup>43</sup>

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34 Interview 11, 16

35 Interviews 3, 4, 5, 6, 7, 14, 23.

36 Interview 3.

37 Interviews 1, 2, 3, 4, 6.

38 Interview 5, 7, 24.

39 Interview 11, 16, 21

40 Interview 15.

41 Interview 24.

42 Interview 1, 2, 3, 4, 7, 14, 15, 16, 24.

43 Interviews 2, 3, 4, 7, 10, 24



# COLLECTIVE INFLUENCING AND ADVOCACY

This domain measures the extent to which WROs are supported to advocate and engage with processes that influence COVID-19 responses. The result indicator reflects good practice in supporting women’s organisations to advocate for their priorities.

**KEY FINDING:** There is **moderate evidence** that COVID-19 responses are influenced by the priorities of national and local groups and movements that advocate for women’s leadership and gender inclusion

The evidence that COVID-19 responses are holistically influenced by the priorities of WROs has been assessed as moderate because, whilst there have been successful examples of advocacy influencing, these seem to be ad-hoc rather than sustained.

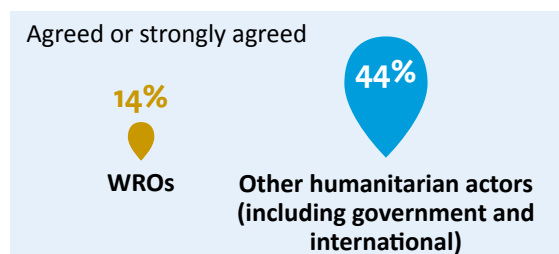
**PROGRESS INDICATOR:** National and local WROs and grassroots networks are able to advocate for and engage in the development of policies and standards in relation to COVID-19: **MODERATE EVIDENCE**

Advocacy can be understood as activities that are designed to ‘influence the policies and actions of others to achieve change.’<sup>44</sup> WROs and networks have been very active in advocacy during COVID-19. Eighty-five per cent of WROs surveyed stated that it was one of the ways in which they influenced decision-making during the pandemic.<sup>45</sup> For example, one WRO noted that they were able to advocate to the Registry System for Basic Sectors in Agriculture (RSBSA) to make gender part of the agenda in their response. Other examples include Quezon City, Odiongan, and Tabaco City consulting WROs on the design of their pandemic response plans.<sup>46</sup>

The review found specific entry points, particularly around violence against women, sexual and reproductive health and economic stimulus.<sup>47</sup> However, these remain isolated examples of WROs influencing changes to existing policies to make them more inclusive or gender responsive.

Despite the active advocacy and some examples of influence, impact on national policies and standards has been limited. Only 21% of WROs, and none of the international actors, believe that national and local COVID-19 policies and standards reflect the priorities of WROs. This gap between the wealth of work and advocacy happening at a grassroots level and the ability to meaningfully influence policies and standards is reflected in the poor opinion of the extent to which gender is addressed in COVID-19 response plans and programmes (see Figure 5 below).

**FIGURE 5:** COVID-19 response plans and programmes adequately address gender-based issues



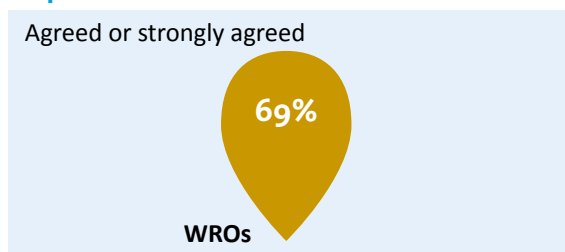
‘Our advocacy efforts did not included WROs, or focus on social protection.’<sup>48</sup>

**PROGRESS INDICATOR:** International partners/donors amplify the voice of national and local WROs during COVID-19 responses: **GOOD EVIDENCE**

44 International Women’s Development Agency, [Why Women’s Rights Advocacy is Different: Plan your Power Toolkit](#), 2020.  
 45 WRO Survey Q4. The following statements are about leadership and decision-making. Select the top three statements that best describe how your organisation has influenced key decision-making. Top option selected: “Advocated for stronger gender mainstreaming, inclusion and targeted activities in COVID-19 plans and activities.”  
 46 Interviews 7, 14, 16.  
 47 Interviews 10, 16, 21, 22  
 48 Interview 16.

**FIGURE 6:**

**International partners and donors have adequately supported my organisation to advocate for diverse women during the response:**



International partners and donors have amplified the voices of national organisations and WROs. For example, in one context, WROs were not recognised as humanitarian agencies even though they were front-line responders to the pandemic. International partners advocated for them to receive humanitarian passes to allow greater movement to implement programmes and

respond to needs.<sup>49</sup> This is also evident through the activation of the GBV sub-cluster.<sup>50</sup> Working with WROs and the government, donors and partners of WROs were able to advocate for the importance and significance of the GBV sub-cluster and its potential impact. This includes the role of the GBV sub-cluster in coordinating and implementing the Rapid Gender Assessment (see text box below).

However, the research found that even as international partners and donors amplify the voices of WROs, it is still not enough to ensure that the priorities and concerns of WROs, particularly those representing diverse groups of women such as women with disabilities and LGBTQI+ people, are fully reflected in the response.

Despite advocacy support on some of these specific issues as demonstrated above the efforts did not translate into COVID-19 response plans and programmes adequately addressing ‘gender-based issues.’

### Advocacy in action: Rapid Gender Assessment

A COVID-19 Philippines Inter-Agency Rapid Gender Assessment (RGA) for Metro Manila was conducted in order to capture and highlight the stories of women, men and other vulnerable sectors affected by COVID-19.<sup>51</sup> The assessment is an inter-agency initiative coordinated by CARE, with participating INGOs Oxfam Pilipinas, Plan International, Asmae, local organisations ACCORD Inc., ChildHope, Kanlungan sa Er-ma Ministry Inc., and individual volunteers from DFAT. The research design was developed by the GBV sub-cluster member agencies UNFPA, Plan, CARE and OXFAM. Partner WROs of the international organisations involved led on-the-ground data collection to feed into the assessment. International agencies noted that they provided resources to support the WROs collecting data.<sup>52</sup> This is reflected in the RGA, which notes that ‘GA and Kobo orientations, toolkit training and simulation, and regular debriefings were facilitated virtually by CARE to support interviewers in data collection’.<sup>53</sup>

These RGAs are seen as critical documents that can be used to advocate for donors and the government to give greater consideration, and funding, to gender and protection issues.<sup>54</sup> The findings from the Metro Manila assessment, as well as the Philippines assessment (forthcoming), feed into recommendations outlined in the Humanitarian Response Plan to ‘intensify efforts at gender equality and women’s and girls’ empowerment in planning and execution of COVID-19 response and recovery efforts.’<sup>55</sup> However some agencies reflected that whilst the document is a powerful tool in advocacy efforts, WROs were given little space to present at forums such as the HCT and clusters.<sup>56</sup>

‘I don’t think we’re doing enough on enabling (of WRO in leading of advocacy efforts for the RGA).’<sup>57</sup>

49 Interviews 16, 21.

50 Interviews 9, 16, 17, 18, 21; Validation debriefs.

51 CARE, [Rapid Gender Analysis Philippines: Metro Manila](#), 19 September 2020.

52 Interviews 11, 16, 17, 18, 21, 22.

53 CARE, [Rapid Gender Analysis Philippines: Metro Manila](#), 19 September 2020.

54 Interviews 11, 16, 17, 18, 21, 22.

55 Philippines Humanitarian Country Team, [COVID-19 Humanitarian Response Plan: Philippines](#), March 2020 - March 2021, August 2020 version.

56 Interviews 10, 11, 16, 17, 22, 24.

57 Interview 11.

# PARTNERSHIP, CAPACITY AND FUNDING

For WROs to shape COVID-19 responses, they must be supported to prioritise their organisational needs, to strengthen their capacity to deliver programmes, to access adequate funding, and to participate in decision-making over funding changes.<sup>58</sup> Measuring progress on the development of equitable and complementary partnerships between international and national actors and national and local WROs is therefore critical in understanding women's participation in response and recovery.



**KEY FINDING:** There is **good evidence** that WROs have targeted and relevant support through partnership, capacity building and funding to help them respond effectively and efficiently to COVID-19.

Overall there was good evidence of equal and complementary partnerships, targeted and relevant support, and funding for WROs. In particular, there was good to strong evidence of partnerships and capacity support, particularly where partnerships existed prior to COVID-19. Whilst there is good evidence that financial support was adequate, this could have been strengthened through increased financial decision-making for WROs.



**PROGRESS INDICATOR:** Equitable and complementary partnerships between local and national WROs and other responding actors are upheld: **GOOD to STRONG EVIDENCE**

There were some good examples of equitable and complementary partnerships between local and national WROs and other responding actors during COVID-19. Where project partnerships existed prior to COVID-19, WROs reported increased flexibility and more equal partnership dynamics.<sup>59</sup> For example, 72% of WRO survey respondents noted that their

organisation was involved in decisions about changing the focus of a project due to COVID-19.

**In cases where situations change (such as COVID-19), funders are pretty flexible to doing some changes.<sup>60</sup>**

There were also examples of COVID-19 response proposals being co-created, designed and implemented, with 73% of WROs interviewed noting this was the case. WROs noted that donors and partners provided technical advice on proposals and considered communities' identified needs.<sup>61</sup> International organisations reflected on the importance of co-design or partner-led design. When memorandums of understanding were used, they were considered a positive tool to ensure that both parties had an equal stake in and input to the project.<sup>62</sup>

However, these positive examples were not reflected across all partnerships. WROs and some international humanitarian organisations noted that programme design was often where unequal power dynamics emerged. In some cases, WROs reported no to minimal input to project design. WROs and other humanitarian actors reflected that this was exacerbated in the COVID-19 response due to the sudden time pressure and demand to create new programmes.<sup>63</sup>

**'There would be funders who will design their own projects, declare their own outcomes, and just put you or your organization in the project.'**<sup>64</sup>

Whilst WROs noted that there was some flexibility from partners, such as no-cost extensions when work was slowed due to COVID-19 restrictions,<sup>65</sup>

58 GIHA Asia-Pacific, [Closing the Funding Gap for Women-Focused Organizations Responding to COVID-19 in Asia and the Pacific](#), 2020.

59 Interviews 5, 7, 14, 24; Validation debriefs.

60 Interview 2.

61 Interviews 2, 5, 7, 14 24.

62 Interview 11; Validation debriefs.

63 Interviews 5, 6, 16, 22.

64 Interview 5.

65 Validation debrief 2.

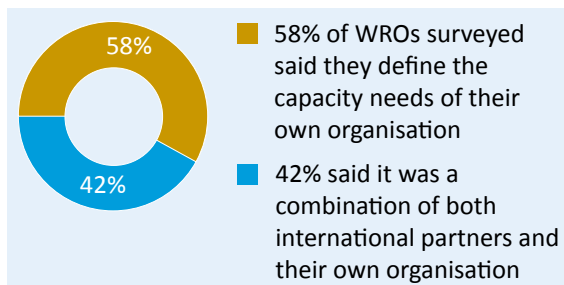
they indicated that this was an area that could be strengthened. These power dynamics were also reflected in reporting requirements, with a perceived lack of flexibility compounded by restrictions on movement and travel during lockdowns.<sup>66</sup>



**PROGRESS INDICATOR:** WROs have targeted and relevant support from donors and partners to help them respond effectively and efficiently to COVID-19: **GOOD to STRONG EVIDENCE**

There is **good to strong evidence** that donors and partners helped to build the capacity of WROs to effectively and efficiently respond. Support was provided in areas such as training for COVID-19 protocols or new technology (such as Zoom), conducting webinars for information sharing, and technical support, particularly around protection considerations for new cash programmes, or moving GBV and psycho-social support services online. WROs felt able to define their own capacity needs during COVID-19 and influence the capacity support they received (Figure 7).

**FIGURE 7:**  
**Defining capacity**



A diverse range of stakeholders reflected that conversations between WRO and their partners occurred quickly after the pandemic hit, and this early responsiveness helped facilitate appropriate capacity support. Conversations covered the operational barriers and opportunities COVID-19 posed, how to overcome or leverage them, what resources were needed, and what form of engagement was needed with government agencies.<sup>67</sup> In one example, a partner was supported

to pivot GBV programmes to online/telephone support services, and in another, community messaging modalities shifted to broadcasting from a loudspeaker from a car. International partners also provided information technology support, working with partners to access and learn to use online platforms such as Zoom. The use of online platforms then facilitated further capacity support, such as online webinars. Other good practice included connecting WROs with others across the country to support capacity development.<sup>68</sup>

‘[We had a] series of conversations that were comprehensive, high-level big picture, [we were] trying to understand what the impact of COVID was, trying to describe and articulate barriers [they were] all experiencing.’<sup>69</sup>

Although the overall picture in relation to capacity support was positive, some WROs felt they had not received a lot of support from their partners, aside from financial support. Technical support, leadership and organisational development were all areas in which organisations felt their partners could provide additional input.<sup>70</sup> These are challenges that were faced pre-pandemic and exacerbated during the pandemic. For example, one WRO stated resources should be allocated to institutional building and capacity building. They noted that this building of organisational capacity is important when considering the focus of donors on the sustainability of projects long-term, which also is made difficult without continuous funding. Another humanitarian actor highlighted how with their limited resources, capacity and funding, WROs often need to choose where their efforts were directed.

‘You need to spend a lot to have the capability to respond to disaster management, it’s a matter of priorities, where do you put your limited energy and capacity.’<sup>71</sup>

66 Interviews 2, 6.

67 Interviews 7, 16, 21, 22.

68 Interviews 21, 22.

69 Interview 21.

70 Interviews 4, 24.

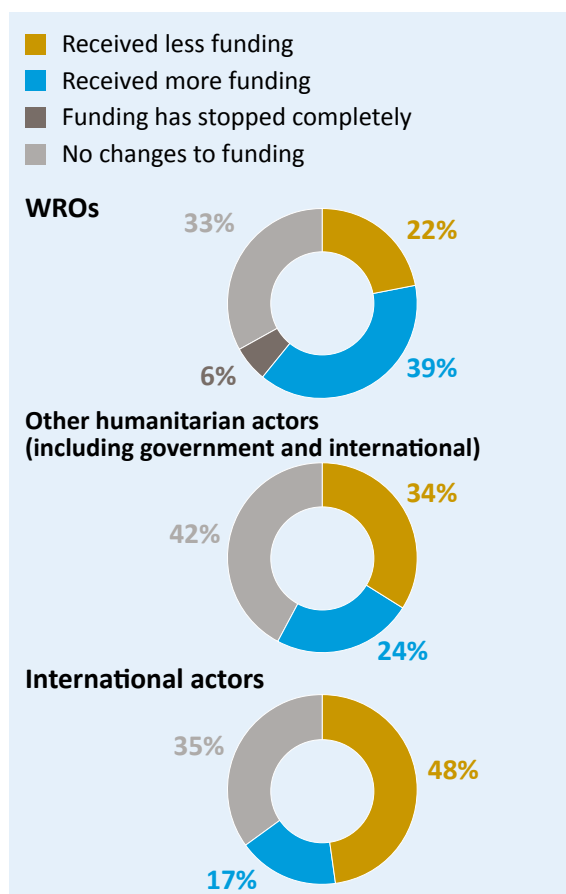
71 Interview 11



**PROGRESS INDICATOR:** WROs have sufficient financial support and autonomy that enables them to respond effectively and efficiently to the impacts of COVID-19: **GOOD EVIDENCE**

There is **good evidence** that WROs have sufficient financial support that enables them to respond effectively and efficiently to the impacts of COVID-19. Notably, for 72% of WROs surveyed, funding increased or stayed the same. Most interviewees accessed additional funding or were able to reallocate available funding for COVID-19 response activities. Figure 8 outlines how COVID-19 affected funding for those responding to the pandemic.

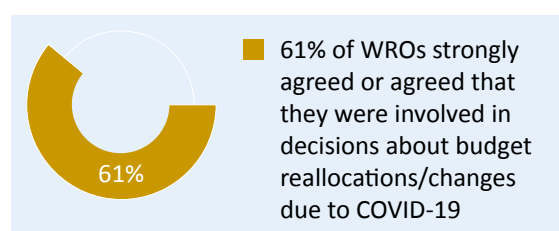
**FIGURE 8:**  
**How has your funding been affected by COVID-19?**



72 Interviews 4, 3, 15, 24  
73 Interviews 7, 15, 16  
74 Interviews 7, 15, 16  
75 Interviews 2, 5.  
76 Interview 3.

However, while many WROs reported that the COVID-19 pandemic did not reduce their overall funding, some would have liked greater engagement in and control over funding decision-making, and greater flexibility in the conditions attached to funding (Figure 9).<sup>72</sup> For example, WROs noted that no cost extensions were granted without conversations with them about the impact of this on operations and finances.<sup>73</sup> Another organisation noted that funding reallocation decisions were made based on what the donor thought was important with no consultation with WROs.<sup>74</sup>

**FIGURE 9:**  
**Decision-making about funding**



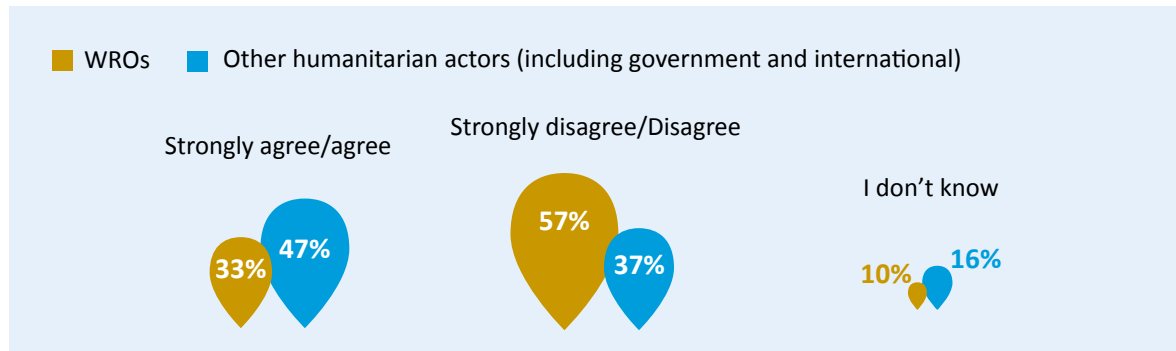
WROs reflected that donor and partner requirements were often unrealistic during the pandemic. They pointed to donors' inability to cover staff costs or allowances for volunteers, and to strict reporting requirements that were intensive in terms of the time required to meet them and impracticable in terms of the availability of, for example, receipts for minor day-to-day expenses.<sup>75</sup> WROs noted that partners' expectations did not shift, even as access to office space to process and submit reports was restricted, and in some instances, prohibited.

*'We had to hire another staff member just to do the requirements.'*<sup>76</sup>

In summary, it is evident that selected WROs have targeted and relevant support through partnership, capacity building and funding to help them respond effectively and efficiently to COVID-19. There are still areas where practices can be strengthened, and importantly it is not universally agreed (by all actors, but especially WROs) that the appropriate organisations are getting support to address gender-based issues during the pandemic (see Figure 10 below).

**FIGURE 10:**

**The appropriate organisations are receiving support to address gender-based issues**



# WHAT DOES THIS MEAN FOR WROS AND LEADERSHIP?

As outlined above, the approach taken to this research is that the three domains – safe and meaningful participation; collective influence and advocacy; and partnership, capacity and funding – combine to create the right conditions for transformative leadership. However, the transformative effect sought from progress in the three domains is not translating into the ability of diverse women and WROs to influence decision-making on a broader, strategic scale. Transformative leadership in the humanitarian sector requires access to specific decision-making spaces that claim the power to set strategies, determine policies, make decisions on implementation; the absence of WROs and their lack of voice in many of these spaces reduces their ability to lead or influence national approaches to the response. This finding is unpacked further below.



**KEY FINDING:** There is **limited evidence** that diverse women and WROs have a transformative leadership role in COVID-19 response planning and implementation in the Philippines.

There is emerging evidence that WROs are able to contribute to leadership and decision-making on COVID-19 responses at the community and LGU level. They have played a strong role in the operational response to COVID-19 leading activity implementation and service provision in the community and at a grassroots level. Key enablers for this included the facilitation of WROs' contribution to leadership and decision-making by LGU leadership, as well as pre-existing relationships with and support from, LGUs and partners to work at the local level.

Yet the significant involvement of WROs and women in local and operational contexts was not reflected in representation in national and strategic forums. As highlighted in the report, support is not consistently provided to WROs to engage in, influence and contribute to decision-making and leadership at the national level. Consequently, WROs' leadership in the COVID-19 response remains very localised and community-based (at these levels, they play a strong role in the implementation of projects and service provision). External factors, such as the cultural context and embedded gender norms and dynamics (as explored in the participation section), also represent significant barriers to participation and influence at higher levels of leadership.

Gender issues are not seen as crucial development issues like health, economic development, law and order.<sup>77</sup>



**IMPACT INDICATOR:** Women and diverse women's groups contribute to leadership of, and decision-making on, COVID-19 responses: **LIMITED EVIDENCE**

Overall, evidence suggests that WROs have been unable to participate and lead in decision-making at a national and strategic level, in many cases because they are simply not present in the relevant forums.<sup>78</sup> The Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) is the national task force organised by the executive of the Philippine government to respond to emerging infectious diseases in the Philippines. It is the policymaking body of operations for the COVID-19 response and released a National Action Plan to manage COVID-19. At time of writing the IATF-EID has 34 members, including the Chair and Co-Chair. It includes only two women (6%).<sup>79</sup>

<sup>77</sup> Interview 3.

<sup>78</sup> Interviews 3, 6, 8, 9, 10, 11, 12, 14, 16, 17, 18, 20, 21, 22, 24.

<sup>79</sup> See Republic of the Philippines Inter-Agency Task Force for the Management of Emerging Infectious Diseases, [IATF Resolution No. 23, Series of 2020, April 13, 2020: Recommendations Relative to the Management of the Coronavirus Disease 2019 \(Covid-19\) Situation](#); Validation debrief 3.

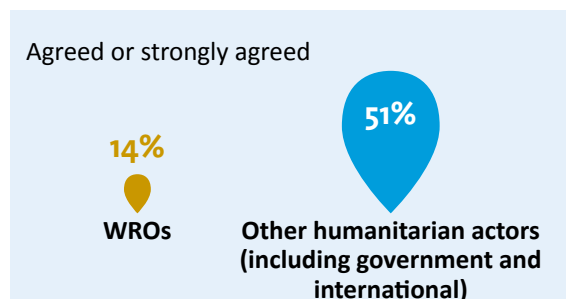
The impact of insufficient women’s leadership at the strategic and policymaking level is a lack of programming and support to address the gendered impacts of the pandemic and the needs of diverse women. Research in other contexts has shown that a lack of representation and gender parity at national COVID-19 decision-making forums results in these bodies being ‘less likely to consider women’s and men’s different experiences when shaping response.’<sup>80</sup> Research for this study underscored this point.

‘I think it was not even considered at all. That’s how I feel about the overall response. There was no consideration in terms of the gender responsiveness of the programmes.’<sup>81</sup>

Tellingly, of 30 sets of notes from different COVID-19 meeting forums at the national and humanitarian coordination level, only nine (30%) mention gender and/or women and girls.<sup>82</sup> Figures 11 and 5 (see page 15) outline the perceptions of how well gender has been considered in the response.

FIGURE 11:

**The needs of diverse women have been addressed adequately during the COVID-19 response**



<sup>80</sup> CARE, [Where are the women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them](#), June 2020.

<sup>81</sup> Interview 10.

<sup>82</sup> Reviewed 30 meeting minutes from across different forums, for references to gender and/or women and/or girls.



# CONCLUSION

While more comprehensive research remains to be done, there is distinct and encouraging evidence that WROs are participating safely, collectively influencing, and experiencing equitable partnerships in the response to COVID-19. Their roles have been particularly influential in community responses where women acted as primary responders and were able to direct the focus of activities. Their contribution is evident in activities such as providing relief packages to persons with disabilities, providing online counselling for those experiencing GBV or with unmet SRH needs, lobbying for household passes to allow for women’s economic mobility, and collectively establishing new networks to address unmet needs.<sup>83</sup>

challenges in accessing family planning and contraceptive supplies,<sup>84</sup> and the inaccessibility of health information communication for persons with disabilities.<sup>85</sup>

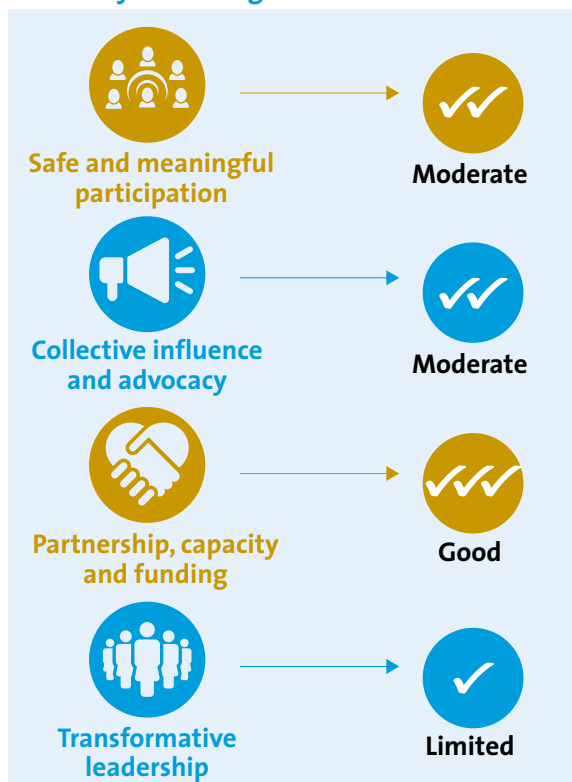
The good news is that the COVID-19 response has once again demonstrated the effectiveness of WROs in the frontline work of humanitarian actors. The potential and interest for WROs to reflect this engagement at more strategic levels of response operations is also clear. This report suggests that in order for this to happen, WROs’ participation, advocacy and partnership need to be elevated to key decision-making forums where influence and decision making is concentrated.

This baseline can act as a catalyst for change among humanitarian actors, including government, national and international NGOs, UN agencies, private sector and the Red Cross/Red Crescent Movement. It should prompt organisations and coordination forums to set targets and track change to better include, support and elevate the role of WROs in COVID-19 and broader humanitarian responses. In order to better facilitate leadership of WROs in COVID-19 responses, there are a number of key steps that partners and donors of WROs and other humanitarian actors could consider:

- Actively invite WROs to key coordination forums (such as clusters)
- Support WROs in preparing for meetings
- Ensure WROs activities and programmes are appropriately funded
- Discuss openly with partners the impacts of changes to funding, programme implementation, and no cost extensions on WROs
- Engage in iterative conversations about capacity support needed during different times in the response
- Provide support for WROs including women with disabilities and LGBTQI+ people to be present at advocacy opportunities at the national level
- Engage with WROs to better understand barriers to participation in forums and how partners, donors and other humanitarian actors can support their attendance

FIGURE 13:

## Summary of findings



Despite this strong contribution, WROs and women had relatively little impact on the overall direction of the response. WROs perceived that the appropriate organisations were not receiving funding and the national response was not responsive to gender-specific needs. This was evidenced in, for example,

83 Interviews 1, 2, 3, 4.

84 Interviews: 16, 17, 18, CARE, [Rapid Gender Analysis Philippines: Metro Manila](#), 19 September 2020.

85 Interview 4.

# ANNEX A: MEASUREMENT RUBRIC

Result indicator/ Impact indicator	Progress indicator	Means of verification	Evidence grading				
			0 None	1 Limited	2 Moderate	3 Good	4 Strong
Women and WROs participate actively and safely in decision-making processes and can influence outcomes	Diverse women and national and local WROs are represented and engage actively in country COVID-19 response decision-making and coordination forums	# of WROs represented at key COVID-19 platforms and forums		<b>X</b>			
		Perception that WROs can meaningfully and safely participate in key forums and information is made accessible				<b>X</b>	<b>Moderate</b>
	Coordination and consultation forums address access and safety considerations for WROs	Evidence that security risks, physical access, transport requirements & internet/technology access have been addressed			<b>X</b>		

Result indicator/ Impact indicator	Progress indicator	Means of verification	Evidence grading				
			0 None	1 Limited	2 Moderate	3 Good	4 Strong
COVID-19 responses are influenced by the priorities of national and local groups and movements that advocate for women's leadership and gender inclusion	National and local WROs and grassroots networks are able to advocate for and engage in the development of policies and standards in relation to COVID-19	Perception that WROs and networks have been engaged in the development of COVID-19 policies and standards			<b>X</b>		
	International partners/ donors amplify the voice of national and local WROs during COVID-19 responses	Perception that donors have amplified the voices of WROs during COVID-19		<b>X</b>		<b>X</b>	
		Evidence of investment of resources to support advocacy				<b>X</b>	
							<b>Moderate</b>

Result indicator/ Impact indicator	Progress indicator	Means of verification	Evidence grading				
			0 None	1 Limited	2 Moderate	3 Good	4 Strong
WROs have targeted and relevant support through partnership, capacity building and funding to help them respond effectively and efficiently to COVID-19	Equitable and complementary partnerships between local and national WROs and other responding actors are upheld	Evidence that projects are co-designed, implemented and evaluated in partnership				<b>X</b>	
	WROs have targeted and relevant support from donors and partners to help them respond effectively and efficiently to COVID-19	WROs define their own capacity-strengthening priorities in relation to responding to COVID-19				<b>X</b>	
	WROs have sufficient financial support and autonomy that enables them to respond effectively and efficiently to the impacts of COVID-19	WROs are supported by partners to undertake capacity-building activities for the COVID-19 response				<b>X</b>	<b>Good</b>
		WROs have direct access to COVID-19-related funding				<b>X</b>	
		Perception that WROs have increased control over COVID-related funding decisions				<b>X</b>	

Result indicator/ Impact indicator	Progress indicator	Means of verification	Evidence grading				
			0 None	1 Limited	2 Moderate	3 Good	4 Strong
Women and WROs have a transformative leadership role in COVID-19 response planning and implementation	Women and diverse women's groups contribute to leadership of, and decision-making on, COVID-19 responses	Perception that women and local and national WROs influence key decisions in COVID-19 responses		<b>X</b>			
		Proportion of leadership positions occupied by diverse women		<b>X</b>			<b>Limited</b>
		Gender perspectives, goals and desired impacts are included in COVID-19 response plans and reporting		<b>X</b>			

Score	Explanation
0	There is no evidence available
1	Evidence is limited and inconsistent
2	Moderate evidence, with some inconsistency reflecting genuine uncertainty
3	Substantial evidence, mostly consistent and inconsistencies between or within tools can be explained
4	Strong evidence, consistency between and within tools

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