



GENDER & INCLUSION ASSESSMENT OF COVID-19 PANDEMIC ON VULNERABLE WOMEN AND GIRLS IN THE PHILIPPINES



Gender-Based Violence AoR
Global Protection Cluster



ACKNOWLEDGEMENTS

This National Gender & Inclusion Assessment (GIA) on COVID-19 in the Philippines is part of a nationwide interagency initiative coordinated by United Nations Population Fund (UNFPA), Plan International, CARE Philippines, and Oxfam Pilipinas, with UNHCR, UN Women, and UNICEF.

Our collaborative efforts, working with 24 organizations, oversaw the design, implementation, and analysis of this Gender & Inclusion Assessment (GIA) that was conducted during the most severe period of quarantine conditions — coordinating nearly 100 interviewers, analysts, writers, layout artists and researchers. UNFPA would like to acknowledge Prof. Toby Melissa Monsod for her technical assistance, encouragement and recommendations.

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ABBREVIATIONS

4P	Pantawid Pamilyang Pilipino Program
BARM	Bangsamoro Autonomous Region in Muslim Mindanao
CHW	Community Health Worker
DILG	Department of Interior & Local Government
DOH	Department of Health
DSWD	Department of Social Welfare & Development
ECQ	Enhanced Community Quarantine
GBV	Gender-based Violence
GCQ	General Community Quarantine
GIA	Gender and Inclusion Assessment
IATF	Inter-agency Task Force
IDP	Internally Displaced Person/People
IP	Indigenous People
LGBT	Lesbian, Gay, Bisexual, Transgender
LGU	Local Government Unit
MECQ	Modified Enhanced Community Quarantine
MSSD	Ministry of Social Services & Development
PWD	Person with Disability
RGA	Rapid Gender Assessment
PARS	Person at Risk of Statelessness
SADD	Sex and Age Disaggregated Data
SAP	Social Amelioration Program
SRHR	Sexual and Reproductive Health and Rights
UCDW	Unpaid Care and Domestic Work

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MESSAGE FROM THE COMMISSION ON HUMAN RIGHTS

The Commission on Human Rights, as Gender Ombud, welcomes the release of the report **“Silayan, Voices from the Pandemic’s Hidden Voices - A Gender and Inclusion Assessment of COVID-19 Responses.”**

At the onset of the COVID-19 crisis, the Commission emphasized the disproportionate impact of the pandemic on vulnerable and marginalized populations. We endeavored to continuously advocate for a human rights-based approach in government interventions and support, highlighting and making visible the needs of the vulnerable and marginalized sectors of society.

Thus, when the UNFPA introduced to us the collaborative effort of conducting a Gender and Inclusion Assessment of COVID-19 responses, we were very excited. We immediately volunteered to be among the government endorsers of the process, committing to contribute as much as we can, particularly in the dissemination of the results among different duty bearers. Even at the onset, we saw the importance and urgency of initiatives that document and focus on the lived experiences of the basic sectors of society.

The Commission congratulates the team behind the gender and inclusion assessment for the success of the project. I congratulate you for completing the rigorous two months of data gathering and the subsequent analysis, writing, and presentation of results. I commend the partner organizations, advocates, and enumerators who conducted interviews and listened to stories and recommendations of the most vulnerable. It is through grounded and evidence-based work like this that we are able to consolidate recommendations and create strategies that truly respond to the realities on the ground.

Admittedly, data about the gendered impact of the pandemic and its impact on vulnerable populations is still inadequate. This initiative is among the few that covers six areas across the country and targeting those left behind — rural women, members of the LGBT community, migrant workers, persons with disability, and internally displaced persons. It surfaces gender inequality and bias amid the COVID-19 pandemic and analyzes important areas that duty bearers need to focus on, especially the urgent needs of vulnerable groups.

The Commission sees the release of this report not as an end, but another beginning. After the data gathering and analysis, and the crafting of key recommendations, we now have the opportunity to put to reality these recommendations. We need to ensure that the voices of the oft-excluded in society are included in law and policy reform. The inequalities and exclusions, and the identified gaps must be addressed so that the continuing response to the new normal will be inclusive, anchored on principles of gender equality, social justice, and human rights.

As Gender Ombud, the Commission commits to continue working with different stakeholders in ensuring that in this crisis, we leave no one behind. We will continue our interventions, monitor responses, and forge partnerships to address human rights issues and concerns. *Sama-sama nating tugunan ang ating nasilayan sa report na ito.*




KAREN S. GOMEZ-DUMPIT
Commissioner

EXECUTIVE SUMMARY



More than a year into the COVID-19 pandemic, untold suffering and deaths have now devastated millions of people throughout the world. The gendered impacts of this health crisis are emerging, particularly the constraints placed on sexual and reproductive health needs and an escalation in the incidence of gender-based violence. Yet these need further investigation as the differences vary across subgroups of women and girls.

But even before the COVID-19 pandemic hit, increasing gender inequality has already been documented in the Philippines as the country dropped from being 8th in the Gender Equality Index to 16th within the span of three (3) years.¹ Filipina women are being economically marginalized, politically subordinated, and restrictions put on their reproductive decisions. Women and girls experience multiple and disproportionate burdens of care work, and suffer from gender stereotyping, stigmatization, and sexual shaming. One out of four ever-married Filipina women report enduring physical, sexual or emotional violence.²

An inter-agency initiative, involving 23 diverse organizations, gathered qualitative and quantitative evidence from nearly 1000 respondents' interviews. The findings of the Gender & Inclusion Assessment (GIA) of the Impacts of the COVID-19 Pandemic on Vulnerable Women and Girls indicate that the COVID-19 pandemic has worsened the situation of many women and girls across vulnerable subgroups. They mostly come from "hidden household" - the homeless, internally displaced, indigenous, LGBT and the geographically isolated. Respondents who are historically disadvantaged by age, sexual orientation and gender identity, indigeneity, disability, displacement and other markers of marginalization reported significant suffering during the enhanced community quarantine conditions. They consistently reported the absence or insufficiency of government support, causing intense emotional distress. Constituents such as returning migrant workers, on-site OFWs and refugees/asylees/ people at risk of statelessness were affected in different ways given their transnational status but the impacts were no less harmful. Stigma directed towards them as potential "carriers" of the COVID-19 virus were perceived as reasons for their social exclusion.

Even as the COVID-19 pandemic affected all Filipinos, some of the severe consequences are gender-specific and exacerbate existing social inequities. They are best remedied by systemic social protection interventions and accompanied with risk communications tailored to their experiences, needs and barriers. Strategies must center the equitable well-being of vulnerable communities who are experiencing formal and informal exclusions if we are to mitigate the suffering of millions of Filipinos and prevent the ever-deepening gaps across multiple social groups.

KEY FINDINGS

WOMEN'S (ALREADY SIGNIFICANT) UNPAID DOMESTIC CARE WORK DISPROPORTIONATELY INCREASED DURING THE PANDEMIC YET THERE IS EVIDENCE THAT MEN'S GENDER ROLES SHIFTED DURING THE QUARANTINE.

More male respondents reported being proportionately unemployed than women, although interviewers found that much of women's work was in the informal, care work or service economy. Yet even as more female respondents were working outside the home than male respondents, they continued to carry the disproportionate burden of care work in their households. But there is also evidence that GIA male respondents took on a greater share of the domestic work than they conventionally do - across all age groups, they extended the number of hours they ran errands, cooked, did the laundry and took care of children. Whether this behavioral adaptation to disrupted livelihoods and schooling leads to a sustained redistribution of domestic work that will free women to pursue more economic opportunities, remains to be seen and incentivized.

ACCESS TO BASIC SERVICES AND HEALTHCARE IS SIGNIFICANTLY UNEVEN AMONG VULNERABLE SUBGROUPS.

Along with the economic loss, respondents reported that access to basic essential services were significantly disrupted during the pandemic. One of the most challenging disruptions was people's access to Water, Sanitation and Hygiene (WASH) facilities. This access was already tenuous before the crisis and now lack of access to water has become increasingly deadly.

There is a complex interplay between the pre-existing poor WASH infrastructure and quarantine measures that prohibit or regulate people from collecting water, often resulting in long queues and crowded water sources thereby increasing their exposure and risk to COVID-19. Those who are significantly more likely to report disrupted access to water were respondents who identify as LGBT, IP, IDP, urban poor, and those living in Samar and BARMM.

COMMUNITY HEALTH WORKER RESPONDENTS SHARED STORIES OF EXPERIENCING SOCIAL STIGMA CONNECTED TO THEIR WORK CONDUCTING COMMUNITY-BASED INFECTION PREVENTION & CONTROL.

Among the study's respondents, interviewers found women barangay health workers (BHWs) took on community based infection prevention efforts despite the high exposure to COVID-19 for a range of reasons. Some respondents did so because they thought it was their duty during this time of national emergency.

Others expressed aspirations to serve their communities and/or to be closer to the local government unit in order to access resources. For barangay health workers, however, the small stipend they receive disqualifies them from food relief and the government's social amelioration program. Barangay health workers interviewed also expressed how much they perceive receiving the brunt of people's frustration and fear, and how they are stigmatized as possible carriers of the disease. The sacrifice is perceived to be great given the paranoia and the restrictions to see their families.

AS FAMILIES' DEPENDENCE ON PUBLIC ASSISTANCE INCREASES, PEOPLE FROM VULNERABLE SUBGROUPS REPORT "AYUDA" AS INADEQUATE TO THEIR DAILY NEEDS. As women and their families experience devastating loss of work, they rely heavily on public financial assistance. Although the majority report receiving *ayuda*, more than 40 to 60% say it is not enough to meet their family's daily needs, particularly respondents who identify as indigenous, elderly, and internally displaced people. It was reported that some respondents don't receive a social amelioration package because they are not recognized as a constituent of the district. Reports indicate a number of ways that this is institutionalized by local governments - either respondents do not have a physical house or permanent address, or they are not a registered voter of the district or member of the housing association or they are a young mother who is assumed to be under the care of her father. Similarly, returning migrant workers shared as well that they are automatically considered ineligible for social amelioration without consideration of actual income or savings.

WOMEN'S NEGATIVE COPING MECHANISMS INCLUDE PRESSURE TO ENGAGE IN SEX WORK, MENDICANCY FOR THE FIRST TIME AND SUICIDAL IDEATION. Throughout these difficult circumstances, women shared stories of their negative coping mechanisms and of their resilience. The most striking were stories of women being pressured to engage in prostitution, begging on the streets for the first time, and for others, suicidal ideation.

WOMEN'S POSITIVE COPING MECHANISMS REFLECT RESOURCEFULNESS AND ENTREPRENEURSHIP. Many women expressed the importance of perseverance - in Filipino called "pagdedelihensya" or resourceful problem-solving. Some entrepreneurial women respondents shared new experiences of going online and finding new markets to trade in. A few reported their relational skills as assets in securing help and relief from others (e.g. not being ashamed to borrow money). A significant number of respondents shared stories of gardening and cultivating plots of vegetables to address their food security needs. A few respondents observed how women might be more mobile than men because security checkpoints make it less safe for men; where in some places the reverse was noted, especially as media reports have exposed sexual harassment by security personnel.

RESPONDENTS REPORT SIGNIFICANT DISRUPTION TO SRHR SERVICES. A specific concern for women and LGBT respondents is access to SRHR services. The pregnant women among our respondents worried about their access to prenatal services and medical treatment for their babies, and 2 out of 5 women respondents saying they have limited access to contraceptives and 1 out of 2 LGBT respondents too expressed concern regarding limited access to contraceptive commodities and HIV & AIDS services.

WOMEN AND IDP RESPONDENTS DISPROPORTIONATELY DEMONSTRATE A RELUCTANCE TO REPORT GENDER-BASED VIOLENCE (GBV) TO THE POLICE. It is well documented that crises escalate incidence of GBV - this pandemic was no different. Interviewers heard stories of increasing tensions in households because of the economic insecurity, women being locked down

with their abusers in unsafe homes. When asked whether they would report incidents of GBV to police authorities, women and internally displaced respondents significantly indicated they were less likely to do so.

LOCAL LEADERSHIP MATTERS. A recurring theme in the interviews is how much women's leadership is needed. The stories from women respondents were very attentive to the consequences and impacts of this pandemic - seeing both positive changes (increased individual and family discipline, improved family relationships and even stronger faith), as well as the negative impacts including increased surveillance and militarization. There were many stories of effective and responsive governance, such as when food relief and SAP distributions were fair, efficient, and frequent. Yet there were many stories of indifferent governance where the approach was more punitive and fear-based. Even as women had a frontliner role in their families and communities, few women actually sit in decision-making tables.

GENDER BIAS AND PREJUDICE AGAINST MARGINALIZED GROUPS CAN BE INSTITUTIONALIZED AND SYSTEMATICALLY EXCLUDE INDIVIDUALS FROM CRITICAL PUBLIC FINANCIAL SUPPORT.

Local government units have inconsistently implemented quarantine measures, raising the risk of gender discrimination. Where gender bias was institutionalized in the formulation of quarantine measures, this became a significant determinant in whether women were able to exercise freedom of movement, gain access to basic services or experience increased intensity in care work.

HUMANITARIAN RESPONDERS AND DUTY-BEARERS NEED SEX AND AGE DISAGGREGATED DATA (SADD) ACROSS VULNERABLE SUBGROUPS IN ORDER TO DESIGN EFFECTIVE AND EQUITABLE INTERVENTIONS. Even as this national pandemic affects the whole archipelago, it has resulted in a range of localized impacts.

Vulnerable subgroups are reporting varying levels of suffering and disruptions in their economic, educational, health and psychological well-being. The variance depends on different factors – individual and family assets and capacities, liabilities and limitations, local government restrictions, and the like. Granular data that is sex and age disaggregated can help policy-makers, duty-bearers and service providers comprehend the differential impact of interventions implemented, and who suffer the worst consequences of quarantine measures. By identifying how the most vulnerable are being affected differently, interventions could be tailored to be more responsive to their key immediate needs and circumstances.





1. INTRODUCTION

The coronavirus disease (COVID-19) is an infectious disease caused by a new strain of coronavirus unknown before the outbreak that was first reported in Wuhan, China, in December 2019. On 30 January 2020, the Philippine Department of Health reported the first case of COVID-19 in the country and on 7 March, the first local transmission of COVID-19 was confirmed.³

The COVID-19 pandemic has caused devastating impacts on the country's most vulnerable individuals and families across many marginalised communities who were already socially and economically disadvantaged before the health crisis, women and girls in particular. The response by the Philippine government as articulated in the "Bayanihan Heal as One Act" was to "provide a safety net for all affected sectors and protect all Filipinos during this pandemic."

Despite the global scale of this pandemic, the Philippines has utilized specific measures to curb infection and "flatten the curve" - closure of mass transit, the assignment of a quarantine pass to one designated household member in order to travel outside their homes, security checkpoints along the perimeters of cities and provinces, the imposition of an 8PM curfew among others. Arrests, or threat of arrests, were issued if these measures were violated. These interviews were conducted during the period of 6 April to 15 May, 2020 - when the Enhanced Community Quarantine (ECQ) measures were imposed on the whole country. These interviews thus provide insight on the impact of these very specific conditions on vulnerable sub-populations of women and girls. A gendered analysis of their experiences, capacities, coping mechanisms, and needs can inform the ongoing humanitarian efforts of government agencies, civil society organizations, local governments, donors and other stakeholders even as we advance into recovery efforts.

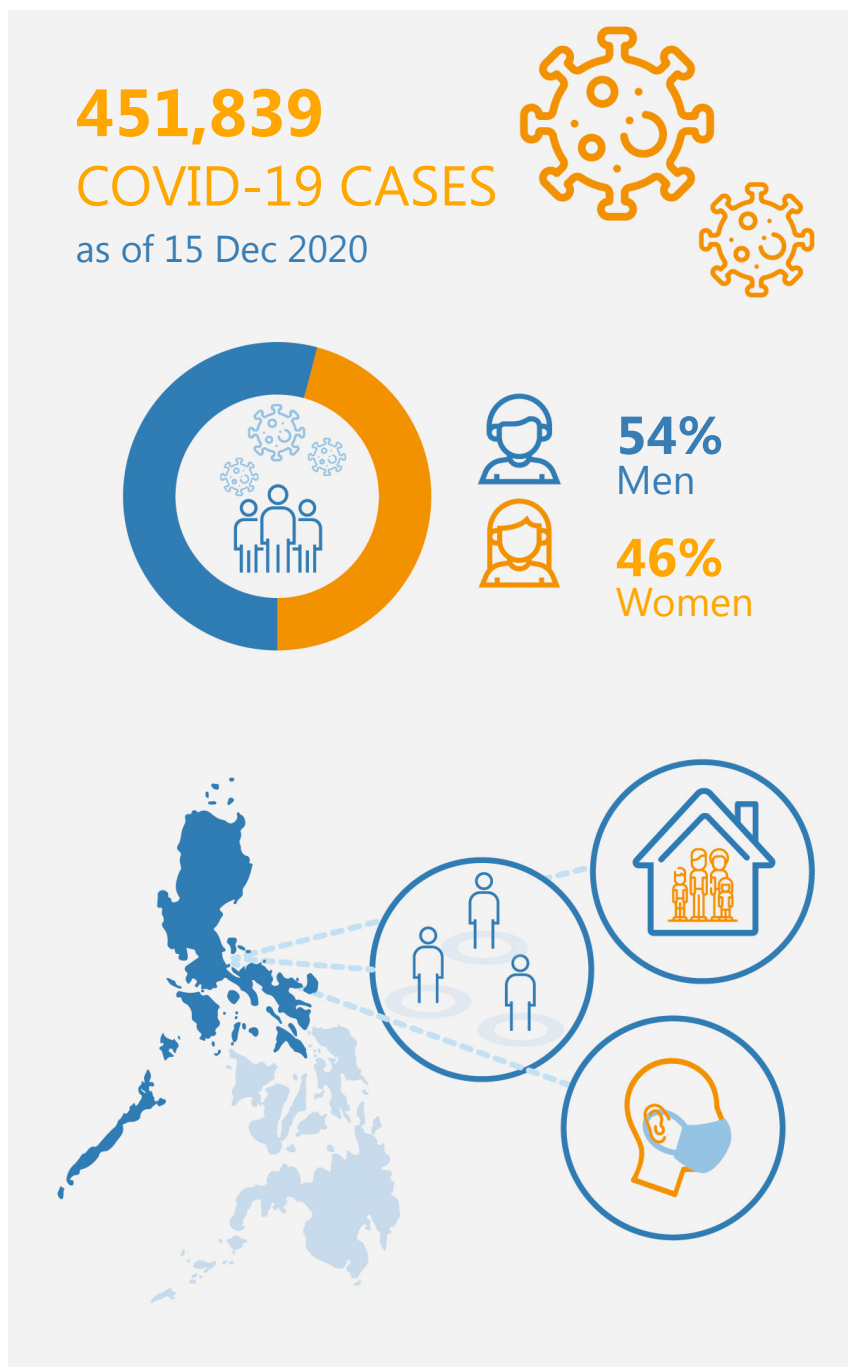
The Philippine government's Infection Prevention and Control (IPC) efforts, including community quarantine measures, were designed to curb people's movements in order to reduce the risk to COVID-19 infection. Respondents' reflections indicate that measures were unevenly applied across many communities in the regions the Gender & Inclusion Assessment (GIA) sampled in. The restrictions on people's mobility and closure of "non-essential" industries were accompanied by a terrifying loss in livelihood for many marginalized communities, making them increasingly dependent on public assistance. Food distribution and social amelioration by way of cash grants were key sources of support throughout the 60 days of enhanced community quarantine (ECQ) conditions.

1.1. BACKGROUND

The COVID-19 pandemic arrived in the Philippines following multiple humanitarian emergencies that have hit the archipelago in the last twelve months - Mindanao Earthquake, Typhoon Tisoy, Taal Volcano eruption and a history of protracted armed conflicts in numerous parts of the country, including the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). In 2019 alone, these disasters have left nearly 4.1 million people internally displaced in various regions.⁴ As such, the outbreak of COVID-19 in the Philippines has weakened and overwhelmed a humanitarian response system which had already been affected by a series of disasters.

As of 15 December 2020, the total number of reported cases has reached 451,839 in the Philippines. Amongst them approximately 46% are women and 54% are men. To respond to the pandemic, the Philippine Government imposed an ECQ in the island of Luzon initially from 17 March until 14 April. Followed by extensions of ECQ and a shift to modified ECQ (MECQ), Metro Manila and other areas in the Luzon island, have been placed under a general community quarantine (GCQ) since 1 June and a modified quarantine.⁵

Community quarantine is an emergency measure wherein people are temporarily prevented from entering or leaving a restricted area in order to control further transmission of the disease. Social distancing and community quarantines are the “new normal” and severely limits the mobility of vulnerable populations already experiencing significant socio-economic disadvantages. It has also affected the mobility of service providers, duty-bearers and decision-makers as well as disrupted supply chains, referral pathways and provision of essential health services.



There has been a growing understanding within the humanitarian sector that disasters and the interventions formulated in response to crises are not gender-neutral - they impact women, men, girls and boys differently. In this context, researchers attempted to understand how the COVID-19 pandemic has deepened pre-existing gender inequalities. Better demographic intelligence leads to better decisions and designs in humanitarian interventions. A few of the critical questions are:

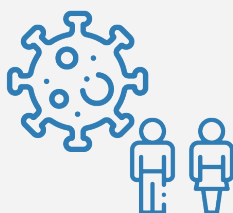
- How are women, girls, men and boys experiencing this pandemic differently?
- Has this pandemic levelled the playing field or deepened the gender gap?
- Have humanitarian responses been able to help the most vulnerable women and girls who were at the edge of the abyss before COVID-19 arrived?
- Are pregnant women able to seek the medical care they need at a time when health care systems are overwhelmed?
- Are women able to reach shelters or hotlines if locked down in an unsafe home?

1.2. OBJECTIVES OF GENDER AND INCLUSION ASSESSMENT

This Gender and Inclusion Assessment (GIA) was designed to examine the gendered experiences, capacities and needs of women, men, girls and boys within marginalised communities during this COVID-19 pandemic. The objectives of this GIA are:



To surface data illuminating the gendered experiences of community women, men, girls and boys throughout the COVID-19 crisis



To strengthen COVID-19 interventions so they are gender-responsive and sensitive to protection issues



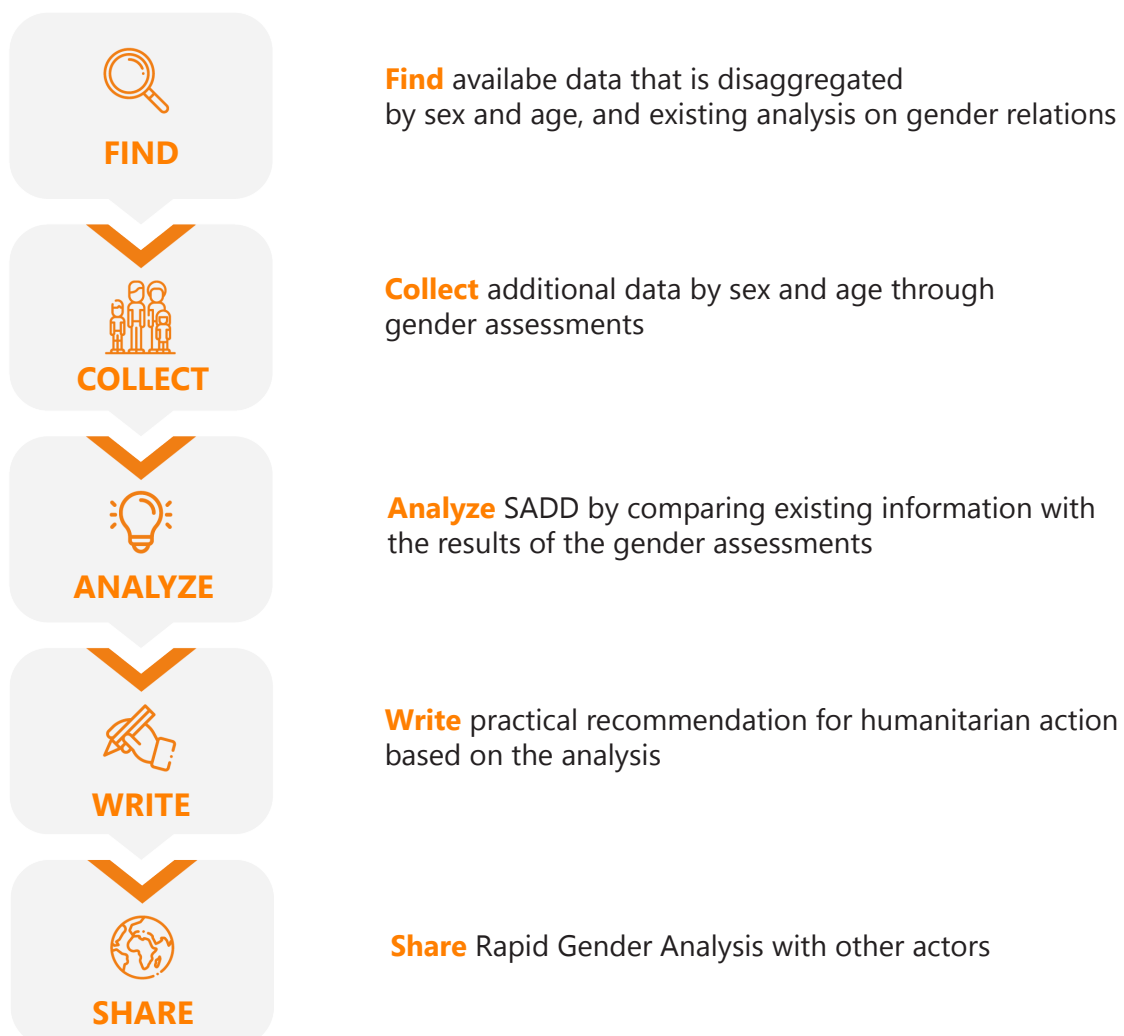
To formulate practical and targeted recommendations for various humanitarian stakeholders



2. METHODOLOGY

2.1. GIA PROCESS

From 6 April to 1 June, the COVID-19 GIA Design Team developed the research framework, established the 5 regional hubs, trained 100 interviewers, coordinated regional data-collection, and conducted data-coding and data analysis of 951 interviews. A series of regional data analysis sessions were conducted that led to and informed a collective deliberation of findings and recommendations at the national level.



2.2. AREAS OF INQUIRY

A traditional GIA is built up progressively to understand gender roles and relations and how they may change during a crisis. This assessment was designed to ask key questions, such as: What are the changes in people's experiences before and after the crisis? How are women, men, girls and boys affected differently by the pandemic? Is there systemic gender bias or discrimination against women? How do different communities of women and girls experience the pandemic? How do these different groups of women and girls survive, cope and thrive? What is a theme we see in people's stories that humanitarian actors need to know? What gap or harm does the data identify? How can we respond to mitigate the harm? Who are the key actors?

In this assessment, we examined the following focus areas:

- Gender Roles and Responsibilities
- Access to Basic Services
- Impact of Quarantine Interventions
- Capacity and Coping Mechanisms
- Access to Information and Technology
- Addressing Social Stigma
- Addressing SRHR & Protection Issues
- Participation & Leadership
- Population Groups of Interest


2.3. SAMPLING


The respondents of the assessment were selected using a purposive and snowball sampling method. The regions where partner agencies have operational programming and have access to respondents were selected as target geographic regions: Nueva Ecija, National Capital Region (NCR), Calabarzon, Bicol, Western Visayas, Samar, and BARMM. The vulnerable population groups in the respective regions were then identified by each regional team. Once an initial group of respondents were identified, the respondents nominated other participants who could potentially contribute to the assessment. A total of 951 interviews were accomplished, exceeding the target number of interviews (650).





Total Respondents: 951


Non Transnationals Breakdown: 799


 Area Breakdown	
Urban	204
Rural	500
IDP	95

 Age Breakdown	
Youth	144
Adult	552
Elderly	94
Not Disclosed	9

 Gender Breakdown	
Female	501
Male	234
LGBT	63
Not Disclosed	1

 Breakdown per Region	
NCR	144
CALABARZON	110
BICOL	173
SAMAR	134
BARMM	234

 Subgroups (no. of respondents who belong to the following subgroups)	
With Disability	193
4Ps	244
IP (Bicol and Samar)	40
CHW	103

 Total Trans Nationals =152	
OFW	52
Stateless	14
Migrant	86

For the purpose of quantitative analysis, the respondents are categorized into different subpopulation groups based on the respondents' self-identification as well as the regional team's categorisation. The categories and the rationale for categorisation are as follows:

Categorisation	Rationale
Gender (Male vs Female)	Based on gender question
Age (Youth/Adult/Elderly)	Based on age question
LGBT (LGBT/Non-LGBT)	Based on gender question
Disability (Yes/No)	Based on disability question
Internally Displaced Person (IDP) (Yes/No)	Based on regional team's classification
Pantawid Pamilyang Pilipino Program (4P) beneficiary (Yes/No)	Based on beneficiary question
Community Health Worker (CHW) (CHW/Non-CHW)	Based on occupation question
Location (Urban/Rural/IDP)	Based on regional team's classification
Mutually exclusive categorisation	Categorised by the regional team based on interviews with the respondents

In this report, the respondents will be referred to constituents and categorised as subpopulation groups. For the majority of the report, OFWs, individuals at risk of statelessness and those residing outside the country were excluded in the analysis, with the exception of the specific section focusing on these subgroups.

2.4. DATA COLLECTION AND ANALYSIS

In a traditional GIA, focus group discussions (FGD) are often used for data collection. However, during the COVID-19 crisis, such methods could not be implemented due to the risk of COVID-19 infection and restrictions in movement. Given these circumstances, in-depth individual interviews were conducted remotely via phone calls or online surveys using semi-structured questionnaires. The questionnaire was designed based on a rapid gender assessment (RGA) tool formulated by CARE and was localised to reflect the context of the COVID-19 pandemic in the Philippines.

The research team reviewed the responses they collected at least twice, to which they identified key themes. To support the qualitative analysis, the collected structured data was encoded and analyzed using STATA, while the collected unstructured data was processed further with subsequent coding done using the agreed upon themes by the team. This was then also analyzed together and triangulated with the structured data highlighting recurring situations that best describes the challenges these marginalized groups face.

2.5. LIMITATIONS

Many of the constraints placed on this study were largely shaped by quarantine measures. Nevertheless, it was critical to understand vulnerable communities' experience of COVID-19 pandemic and formulate remedies to expressed needs. The limitations of this assessment are as follows:

- The findings were drawn mainly based on qualitative analysis. Quantitative analysis was carried out to support the qualitative analysis.
- The data is not representative of the entire region, but only the specific subset or group to which respondents selected from;
- It will provide an idea as to the experiences, stories and themes arising from the identified vulnerable population groups, but will not be able to show magnitude;
- Non-marginalised groups (control group) were not included in the sample.



3. FINDINGS & ANALYSIS

3.1. GENDER ROLES AND RESPONSIBILITIES

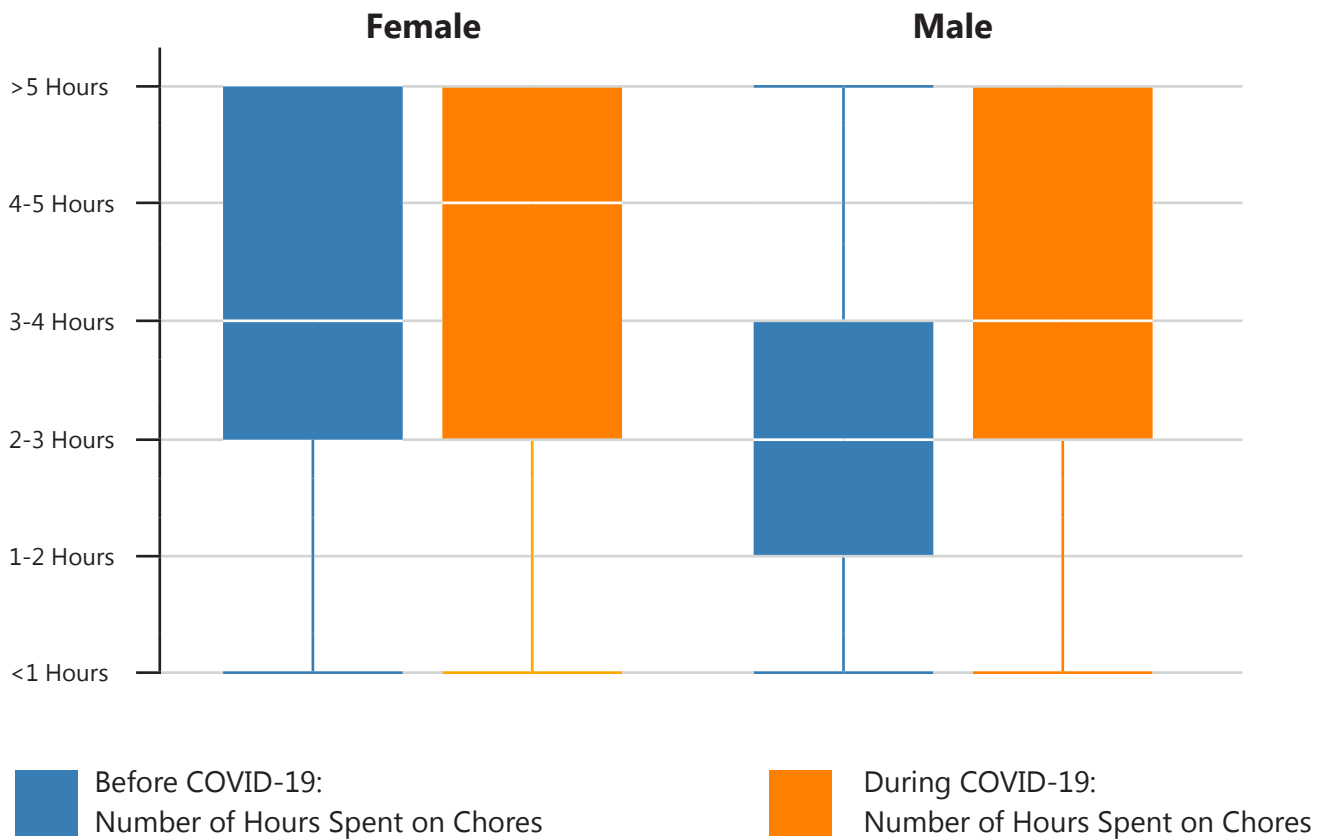
Globally, women and girls provide over 75% of all unpaid care and domestic work (UCDW) resulting in time poverty and opportunity costs for women's ability to take part in social, economic and political life.⁶ Even before the COVID-19 pandemic, there was increasing recognition that women and girls' disproportionate responsibility for UCDW is a social and economic issue that needs to be visible in both public and private domains. Yet it remains largely under-addressed in policy dialogues. The imposed community quarantine which led to school closures, restriction of movement, and 'work-from-home' scheme during the crisis clearly affected women and girls' care roles at home, increasing the heavy responsibilities already disproportionately assumed by them.

3.1.1. TIME SPENT ON UNPAID CARE AND DOMESTIC WORK INCREASED

Care and domestic work have increased for all respondents during the ECQ in all selected target areas. The data shows that 30% of female and 12% of male respondents reported that they spent more than 5 hours a day on UCDW before the outbreak of COVID-19. The study identified that there has been an increase in the number of both female (45%) and male (30%) respondents who spend more than 5 hours a day on UCDW during the COVID-19 crisis. Amongst these female respondents, 51% of solo/young/4Ps beneficiary mothers and 45% of internally displaced persons (IDP) reported that they spend increased time on UCDW during the COVID-19 crisis.

Whilst the results show that the male respondents spend more time on UCDW compared to pre-COVID-19, female respondents continue to play a major role in UCDW before and during the crisis. It was also observed that many female respondents are now overburdened by additional responsibilities as they spend an increased amount of time at home due to community quarantine measures.

FIGURE 1. CHANGE IN TIME SPENT ON CHORES BY SEX



Mas nadadagdagan ang mga gawain. Dati ang mga bata ay nasa school. E ngayon kinukulit ka ng mga bata habang lock-down.

(There is additional household and child care work due to the 'full-time' presence of children who otherwise should be in school. Right now the children constantly demand for attention during lockdown.)

Female respondent #1



Nadagdagan ang responsibilidad dahil laging nasa bahay. Naasikaso at naayos ang pamilya. Sa kanila iikot ang mundo.

(There are additional responsibilities given that [I] am always at home. Taking care of my family, my time revolves around them.)

Female respondent #2

The increasing hours that men spend on UCDW suggests an opportunity for a more equitable re-distribution of UCDW. Even though specific factors for these changes were not examined, insights from respondents suggest that community quarantine conditions and disruption of usual activities such as 'paid work' and closure of schools are likely to be primary factors.



Gumagawa ng gawaing bahay. Dahil ang asawa kong babae ay patuloy ang trabaho, ako ang naiwan sa bahay.

(Doing household chores since my wife is still working [even during quarantine] (sic) and I am the one left at home.)

Male respondent #1



May nagbago. Maraming 'di nagagawa dahil limita-do ang paglabas.

(There were changes. There are so many things that cannot be done due to the limited time allocated for going out of the house to do errands.)

Male respondent #2



3.1.2. AN OPPORTUNITY FOR MAKING THE 'NEW NORMAL' EQUITABLE AND GENDER-RESPONSIVE

Respondents' stories highlight that youth and men's behaviour may have changed during the community quarantine period by participating more in household tasks. Yet, this does not imply a sudden shift in *beliefs* and *attitudes* towards care work. Similarly, the time spent by men on UCDW appears to be a substitution of their 'main duty' that they are no longer able to do due to the stringent quarantine protocols. This analysis encourages further exploration of whether the increase in the number of men participating in household tasks is a matter of 'substitution' or a more equitable redistribution of UCDW that can be sustained beyond the pandemic.



Kasi dati (bago ang covid) po ang mga lalaki ay pumupunta sa bukid para maghanapbuhay, ngayon po ay tambay na. Ang oras na nilalaan ko dati sa hanapbuhay ngayon nailaan ko na sa mga gawaing bahay katulad ng pagbantay sa bata, paglalaba at pag iigib ng tubig kasi dati ang paglaba ay sa sapa pero ngayong bawal lumabas hindi na nakakapunta sa sapa paglaba kaya nag iigib nalang ng tubig para maglaba sa loob ng bahay. Sa mga babae po wala akong napansin kasi parehas po ang ginagawa, pag alaga at pagpasuso sa aming anak.

(Even before COVID-19, men used to go to the fields to earn income, however, right now, I am just doing nothing. The time I used to spend on paid work is spent on household chores and child care, washing clothes, and collecting water since it is no longer allowed to go out during these times and do the laundry in the rivers, thus, I fetch water so we can do laundry within the house. For women, I did not notice any change, as she continued to take care and breastfeed our kids.)

Male respondent #3



Mas nakakatulong ang anak na batang lalaki sa bahay ngayon dahil walang ibang pinagkakaabalaan.

(Currently, boys are able to help in the household chores because they have no other things that occupy their time.)

Female respondent #3

Although this shift in gender roles was reported more by male respondents, the existing disproportionate gender role of women continues. Data indicates they may even have increased as more women volunteer to be community-based health workers. The following stories from female respondents show that there has been increasing demand for their community engagement as health workers in response to the COVID-19 crisis.



Mas kailangan iextend ang oras sa gabi paggawa ng gawaing bahay dahil sa pagiging frontliner, mas kailangan ang oras sa komunidad dahil dumami ang mga gawain gaya ng pagtulong sa paghahanda ng relief.

(There is an increased need to extend time spent doing household chores especially at night time since I am a front liner. More time is spent doing community work since there is an increasing demand for voluntary help especially in preparing relief packs.)

Female respondent #4



Nakatutok sa gawain bilang frontliner– ang asawa na ang nag-aalaga ng bata at gumagawa ng ibang gawaing bahay.

(I am focused in doing my job as a frontliner, my husband does the childcare and other household tasks.)

Female respondent #5

Across other vulnerable subpopulations, such as respondents identifying as LGBT, it was noted that a change in the intensity of UCDW was observed.



Nadagdagan yung trabaho lalo na't tumutulong sa mga gawaing bahay kada araw, pero sa bahay kasi even before COVID-19 since ako ay gay, tapos yung mga kasamahan ko sa bahay mga lalaki tapos si nanay, ako talaga ang naatasan na magluto, maglaba tapos yung mga kapatid na lalaki ang nag-iigib. Kaya lang ng nagkaroon ng COVID, mas nadagdagan yung bigat ng gawain kasi tumutulong sa parents sa pag-gawa ng kakanin na paninda.

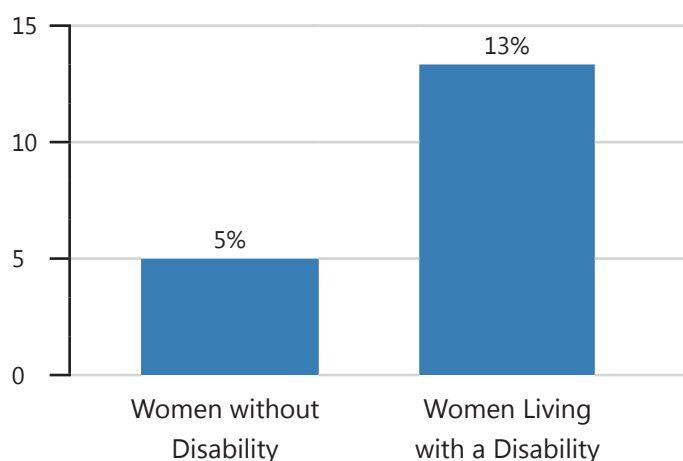
Male respondent #4

(I have added work esp. since I've been helping with housework every day. But even prior to COVID-19, because I'm gay and the only other folks at home are men and my mom, I was always assigned to cook, do the laundry and my brothers were tasked with fetching water. But since COVID-19, my share has even increased because now I have to help my parents prepare the rice pastries for selling.)

3.1.3. INVISIBLE IMPACTS ON SPECIFIC COMMUNITIES

The increase in household work has a significant toll on women with disabilities (WWD). More than any other subgroup of women respondents, WWD reported increased anxiety, stress, depression due to the additional care work. As they try to meet the increased demands for care work, resulting in insufficient rest, stress, and inability to provide adequate care for family, it disproportionately affects their mental health.

FIGURE 2. PERCENTAGE OF FEMALE RESPONDENTS WHO ARE ANXIOUS/STRESSED/ DEPRESSED DUE TO ADDITIONAL DOMESTIC WORK BY DISABILITY STATUS



3.1.4. IMPLICATIONS

Although there are more men than usual contributing to UCDW during the crisis, it is uncertain whether it is a behavioral change accompanied by changes in male respondents' belief system or a mere substitution of displaced work. It is legitimate to argue that more unpaid care and domestic work are carried on by women during the current 'new normal' resulting from COVID-19. Hence, it is pivotal to ensure the equity and gender responsiveness of the 'new normal'.

In this context, the following recommendations illustrate how humanitarian interventions can affirm and support a sustained shift in redistribution of unpaid care and domestic work.

- Investments in time and labour saving equipment and services in areas where there is significant increase of time spent on UCDW;
- Amplify advocacy campaigns on social norms, reinforcing value of redistributing UCDW within households and communities to include shared responsibility in promoting good health and hygiene practices;
- Care components should be included in cash for work projects and/or programmes by expanding the scope of existing cash transfers or creating new programmes targeting paid and unpaid workers;
- Private and public sectors to ensure flexible working hours especially for workers mostly affected by COVID-19;
- Subsidize childcare facilities to adapt to the impact of the COVID-19 pandemic.

3.2. ACCESS TO BASIC SERVICES

In any humanitarian crisis, a critical protection principle that humanitarian workers adhere to is the principle to “provide assistance in the safest possible environment and actively look for ways to minimise threats and vulnerabilities.”⁷ Duty-bearers, in particular, are mandated to help people find safe options for meeting basic needs in a way that reduces their exposure to risk of COVID-19 infection. It is essential to ensure people’s access to impartial assistance, according to need and without discrimination.

3.2.1. DISRUPTION IN ESSENTIAL BASIC SERVICES PROVIDE HARDSHIPS TO ALREADY VULNERABLE SUBPOPULATIONS

Overall, significant disruption in basic services for both female and male respondents was reported in transportation (60% vs 61%), remittances (52% vs 57%), health (36% vs 49%), food (56% vs 58%), and RH services (77% vs 85%). Significant gender differences across basic services, however, were not observed.

Across respondents from vulnerable subpopulations the data identifies significant differences in the degree of access to basic services. More specifically, their vulnerabilities might affect the extent to which they can access certain basic utilities and resources. Although this might be indicative of variable access even before the COVID-19 pandemic, access to these services was likely to have been disrupted even further by quarantine measures.



Limited Access to Water

- LGBT (16% vs 7% of non-LGBT respondents)
- Urban respondents (13% vs 6% of rural respondents) report significant loss of access to water



Limited Access to Transportation

- Elderly respondents (68% vs 63% adult or 52% of youth respondents) report reduced access to transportation
- LGBT respondents (73%) are more likely to have reduced transportation than non-LGBT (61%)



Limited Access to Remittance Services

More IDP (66%) vs non-IDP (53%) lost access to remittance services



Limited Access to Electricity

- More male respondents (15% vs 8% of female respondents)
- More IDP respondents (27% vs 7% of non-IDP respondents)
- More IP respondents (43% vs 11% non-IP respondents) lost access to electricity
- More rural respondents (8% vs 3% urban respondents)



Limited Access to Health Services

- More LGBT (56% vs 39% of non-LGBT report reduced access to health services
- More IDP (53% vs 38% of non-IDP respondents), IP (58% vs 41% of non-IP) and urban (53% vs 33% rural respondents) are significantly more likely to report reduced access to health services



Limited Access to Internet

- IDP (51% vs 39% of non-IDP)
- IP (58% vs 46% of non-IP) respondents were more likely to report limited access to the internet



Limited Access to Food

- Elderly (67% vs 52% adult and 59% youth respondents)
- IP (80% vs 59% non-IP respondents) have more limited access to food

Given the severe disruptions in livelihood and basic services especially for food and nutrition, respondents report a higher degree of reliance on their local government units to provide financial assistance and food relief.



Nawala po hanap buhay kasi bawal lumabas kaya ngayon ay umaasa kami sa bigay ng gobyerno.

(I lost my livelihood because they've prohibited going out so we depend on what the government gives us.)

30, Female IDP, BARMM

Across multiple communities and locations, an overwhelming number of respondents report high levels of financial assistance received. The vulnerable subpopulations who report they are less likely to receive public assistance are:

- IDP respondents (23%) vs non-IDP respondents (12%)
- Urban respondents (23% vs 10% or rural respondents) are more likely to report they did not receive public assistance.



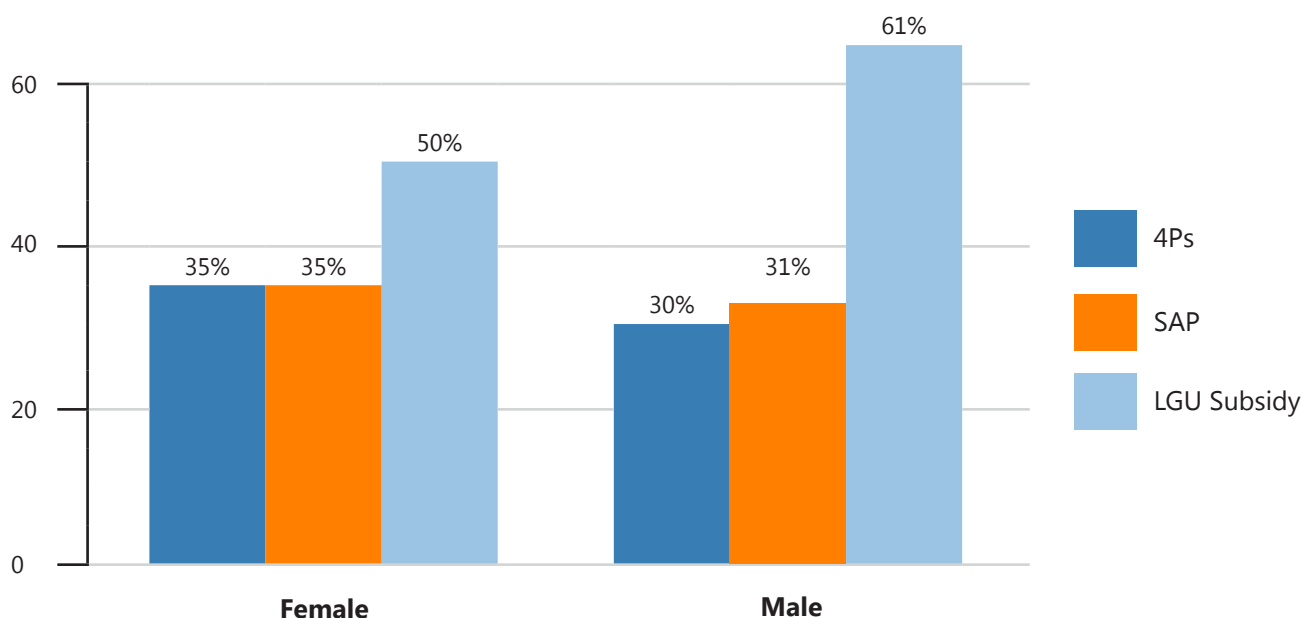
Malaki naging epekto sa mga taong nasa labas o nasa loob man, tulad ng ordinaryong bagay na hindi mo nagagawa ngayon dahil sa sakit, hindi ka makapunta sa ibang lugar, ngayon iisang lugar na lang napupuntahan mo, mga hanap buhay mo, hindi mo magawa o mabili ang pangangailangan mo, hindi naaabot ng gobyerno ang lahat kung sino lang ang maabot nila, lalo na pag wala kang bahay. Lalo na sa mga isang kahig isang tuka, kailangan magkaroon ng pasahero para makakain, wala naman kaming magagawa, hindi naman kami makapag-reklamo, napakalaki ng agwat ng noon at ngayon dahil sa sakit na iyan.

(There is a big effect on people, ordinary things that you could do before, you can't do anymore, you can't just go to any place, you can only go to one place, you can't work to earn money, you can't buy what you need, the government is unable to reach everyone with aid, especially if you have no house. Especially if you're living hand-to-mouth, we can't do anything, we can't even complain, there is such a huge difference because of that virus.)

39, Male Homeless, NCR

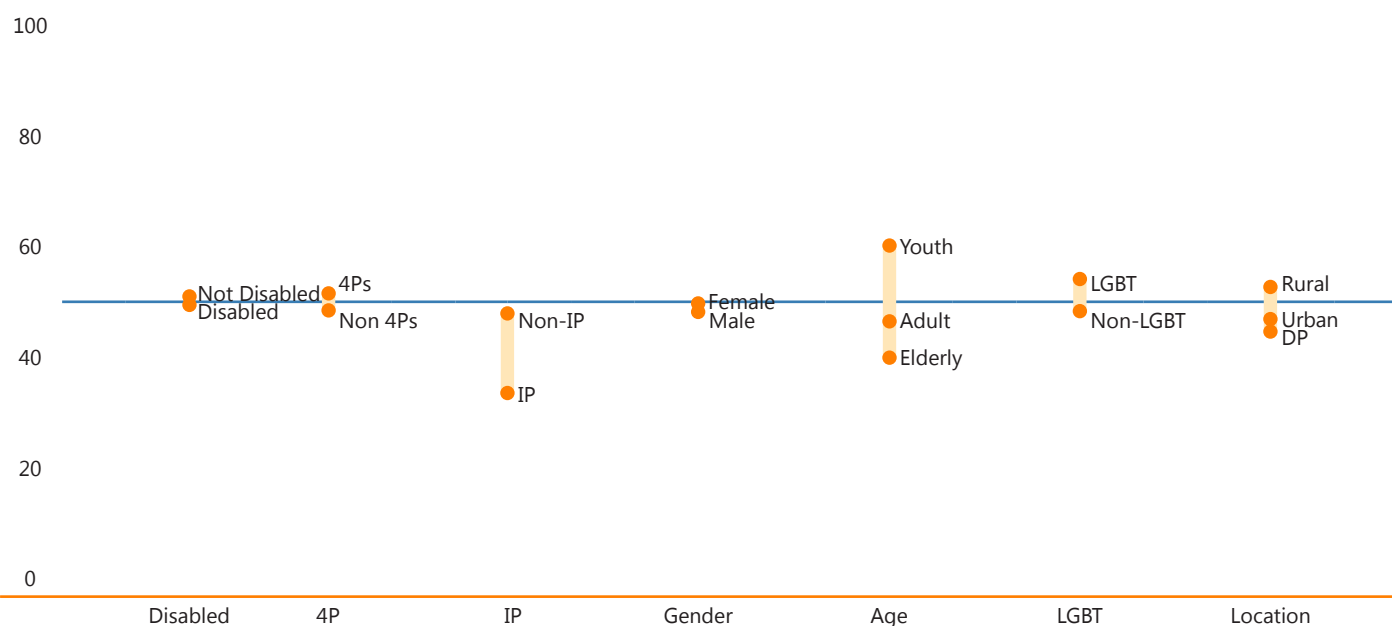
Although a high proportion of the respondents reported that they received government subsidy, a difference is identified in levels of financial public assistance and social amelioration packages from the various sources. For instance, 50% of female respondents received subsidies from LGUs, whilst 61% male respondents received subsidies from their local governments. The following graph shows the comparison of government subsidies received by population groups.

FIGURE 3. TYPE OF ASSISTANCE RECEIVED BY SEX



Despite the high number of respondents reporting that they receive public assistance, more than **40% across all constituencies** perceive public assistance as insufficient. Comparatively, male and female respondents do not differ significantly - they both agree in great numbers (49 - 51%) that public assistance is not enough. In addition, a particularly high number of respondents from specific vulnerable subgroups are more likely to report that public assistance was insufficient during the pandemic - **Indigenous (65%), urban and IDP (57%), elderly (58%) respondents.**

FIGURE 4. PERCENTAGE OF RESPONDENTS WHO FEEL THAT PUBLIC ASSISTANCE IS ALWAYS/SOMETIMES ENOUGH



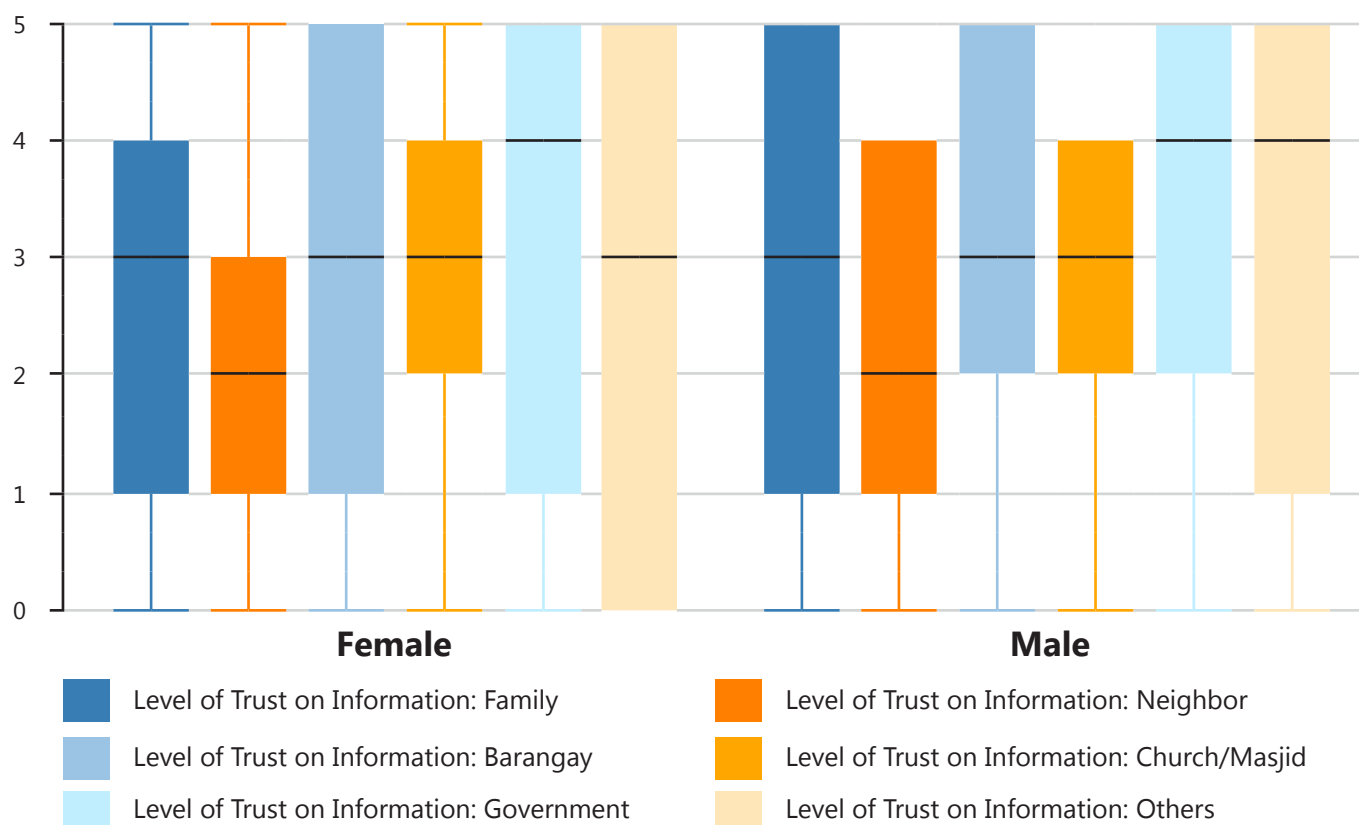
*** IP/non-IP Comparison only includes respondents from Bicol and Samar



3.2.2. HIGH TRUST LEVELS REPORTED FOR BARANGAY RESPONDERS TO PROVIDE SUPPORT BUT NOT EQUITABLE ASSISTANCE ACROSS ALL KINDS OF ASSISTANCE

The assessment identified the government is the most credible source of information among the respondents, while the respondents' stories showed that they trust Barangay the most in terms of actual provision of assistance during the COVID-19 pandemic. However, the respondents reported medical and livelihood assistance provided by barangay responders are insufficient compared to food relief.

FIGURE 5. LEVEL OF TRUST ON THE INSTITUTION AS A SOURCE OF INFORMATION BY SEX (1 LOWEST - 5 HIGHEST)



Female respondents are more likely than male respondents to agree that barangay responders provide food, medical and livelihood assistance during the COVID-19 pandemic but LGBT and youth respondents are more likely to disagree with the statement. This is potentially linked to perceived bias and inequities by the subgroups:



**Gender roles or stereotypes
- LGBTs are unfairly treated.
Mababa ang pagtingin,
hindi pinagkakatiwalaan.**

*(LGBTs are being looked down
and are not being trusted by the
community.)*

LGBT in Bicol



**Wala kaming natatanggap na
serbisyo, kasi Anti IDP's ang
aming kapitan. Di rin kami
nasasali sa mga binibigyan
nya ng mga relief goods.**

*(We don't receive any services
because the barangay captain is
anti-IDP. We are not even included
in the distribution of relief goods.)*

IDP woman, BARMM



**Natutuwa naman kasi nagkaroon
ng community quarantine na
nagprevent ng pagdami ng
cases; may hindi maganda sa
pag-implement kasi ung mga
mahihirap, di masyado nake-
cater ang concerns.**

*(We're glad that there's a community
quarantine that prevents increase in
infections; but there's something wrong
with its implementation because the
concerns of the poor are ignored.)*

18, Female urban poor, NCR



**Sa munisipyo minsan,
pahirapan pa kasi kailangan
palakasan system.**

*(In our municipality, it's difficult
because of the patronage system.)*

26, Female IDP, BARMM



**Sa barangay, maayos naman ang bigayan. Pero sa SAP, hindi. Unfair.
Nauuna pa mabigyan ang may pera na, pwera ang mga solo parent.
Nag-assist kami sa SAP distributions, magulo talaga, madaming tao
ang may form pero ayaw ipakita ang listahan kung bibigyan ang mga
taong naghihintay.**

*(In our barangay, the distributions are orderly. But during the SAP distribution,
it wasn't. It was unfair. They prioritized those already with money, except the solo
parents. I assisted with the SAP distributions, it was messy, a lot of people had the
form but weren't transparent with the list of who would be given among those
waiting.)*

65, Female BHW, NCR



3.2.3. RESPONDENTS REFLECTED THE STORIES OF RESILIENCE AND RESOURCEFULNESS AMIDST LIMITED ACCESS TO BASIC SERVICES AND THE CHALLENGES IN MEETING THEIR HOUSEHOLDS' NEEDS

A number of narratives shared by respondents reflect a range of strategies for addressing the gaps in service provision and how they remedy and increase their access to basic services. Many respondents used alternative technologies, deepened their resolve and disregarded their shame or embarrassment in seeking help from others. The notion of helping communities among neighbors has emerged as they share resources and develop hyper-localized barter economies and implement mutual aid strategies.



Sa amin naman ang mahirap talaga ay kuryente dahil hanggang ngayon wala. Ang ginagawa namin gumagamit na lang kami ng solar o ilaw na nilalagay sa bote at may kerosene.

(In our case, what's difficult is the lack of electricity. What we do is we use solar (lamp) or kerosene lamp.)

55, IDP woman, BARMM



Kadalasan dito sa amin ang kawalan ng kuryente (brown out) gumawa na lamang ako ng lampara sa gabi, kung sa kakulangan naman ng pagkain ay mga root crops ang kainin kung walang bigas at samahan ng mga gulay na itinanim sa bakuran. Sa tubig naman kung mawala ang tubig, sa ilog pwede mag-igib pero kailangang ilaga o pakulo.

(We often experience power outages so I just make a lamp; we eat root crops if there's no rice and we supplement with vegetables we planted in the yard. If there's no water, we fetch water from the river and just boil it.)

56, Male PWD, Samar



Sa transportation mahirap talaga dito kasi andito kami sa liblib mahirap sumakay ang ginagawa na lang kapag may maglabas o magpalengke nakikisakay na lang kami.

(Transportation is a challenge here because we live in this secluded place; what we do is we hitch a ride with those who have vehicles so we can go to the market.)

31, Female IDP, BARMM



Sa ngayon, kailangan meron kang lakas ng loob, minsan kakapalan mo yung mukha mo para makasurvive, nakakatulong naman ang gobyerno kaya lang hindi sapat. Katulad ko, lima ang anak ko, mabuti kung may ipon ako, biglaan naman kasi ang COVID-19.

(During these times, you have to be strong; you need to be thick-faced to survive; the government is able to help but it's not enough; I have 5 children, I don't have savings. COVID-19 really caught us by surprise.)

35, Female Homeless, NCR

3.2.4. IMPLICATIONS

Overall, the data demonstrates that the disruption in basic services has forced respondents to rely extensively on themselves and what available self help support is available. However, this is more pronounced in the case of solo/young mothers, the homeless, the urban poor and people with disabilities where reliance on public goods and services is critical to address their basic needs. It is also an indicator of how the COVID-19 response has failed to address these vulnerable subgroups that are falling through the public safety net. Hidden households like solo/young mothers appear to rely heavily on their families as assistance is mostly extended through heads of households, and their invisibility prevents them from accessing this “ayuda” despite their vulnerable condition. Important remedies include:

- Increasing public subsidies supporting health/medical and livelihood needs
- Review formulas for determining public financial assistance and weigh additional factors in formulating the amount received by different categories of constituents.
- Accountability measures need to be strengthened to ensure that constituents receive public assistance without perceived conditionality of political patronage or potential for discrimination by formalizing exclusions through definitions of constituency and eligibility.
- Government and humanitarian responses need to be evaluated and measured by the degree to which they are able to identify, reach out to and address the needs of the most vulnerable invisible subgroups suffering the worst consequences of COVID-19 pandemic.

3.3. IMPACT OF INTERVENTIONS

The Philippine government, similar to national governments across the world, instituted a series of precautionary infection prevention and control (IPC) measures, such as wearing masks, practising social distance in public spaces and operating heavily militarized security checkpoints. These Enhanced Community Quarantine (ECQ) measures were designed to reduce the risk of exposure to the COVID-19 virus by restricting movement and regulating individuals and communities’ mobility. As the community quarantines have been stringently implemented to varying degrees in different communities, the consequences of such interventions vary amongst individuals of different socio-economic status and identities.

To mitigate the impacts of the interventions, the government has dedicated funds to provide public assistance to Filipino families, especially for those of low-income households. However, as individuals and communities experience the consequences of these new rules, a one-size fits all approach has failed to provide equitable support to those who are left farthest behind. This, in turn, has led to violations of the IPC measures amongst those vulnerable individuals leaving them increasingly exposed to threat of harm.

3.3.1. COMPLIANCE WITH THE INFECTION PREVENTION AND CONTROL MEASURES

The assessment showed that the majority of respondents across age groups, sex, location (urban vs rural) and marginalised groups (i.e. 4Ps, IDP, IP, LGBT) reported that they comply with IPC measures. Anecdotal stories of respondents demonstrated a strong understanding and appreciation for these measures as they believe these directives and practices reduce their risk to COVID-19 infection and save their lives.



Sumusunod ako sa patakaran ng gobyerno. Hindi kami naglalabas ng bahay, may social distancing, nagsusuot ng maskara, naghuhugas ng kamay at iba pa.

(I follow the government rules. We don't go out of our house, we social distance, wear masks, wash our hands and other things.)

Female respondent



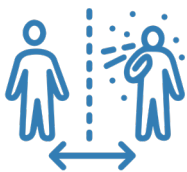
Para sa sariling kaligtasan pati kaligtasan ng pamilya. Sa alam ko po kasi ang virus ang hindi gumagalaw. Ang tao ang gumagalaw. Para mapuksa ang pandemic kailangan itong gawin.

(For my survival and my family's. As far as I know, the virus doesn't move. It's people who move. So that we can eradicate the pandemic, we need to do this.)

Female respondent

The results also revealed people's stories that demonstrate significant factors that drive these violations. When asked for the conditions that merit non-compliance, responses can be viewed within the following themes:

CATEGORY



Respondents' perception of risk mediates compliance

PEOPLE'S STORY

Hindi masyado nasusunod yung social distancing lalo na minsan sa mga kapitbahay at kamag-anak. Ang Basilan naman ay masasabing COVID-free, kasi nga isla kami rito medyo mahirap makapasok yung merong COVID kaya iniisip ng mga tao na parang hindi din kami apektado.

(Social distancing is not often followed among neighbors and family. Basilan is said to be COVID free, because we're an island so it's hard for COVID to come in so people think we can't be affected.)

39, Female solo 4P parent, BARMM

Minsan. Bagot, inip. Tingin namin walang positive sa community.

(Sometimes. Bored, restless, we think there's no positive case in the community.)

44, Female CHW, Samar

CATEGORY

PEOPLE'S STORY



**Absence
of PPE is a
barrier to
compliance**

Di kami sumusunod sa pag-suot ng mask, wala kaming mask at walang binigay na mask sa amin.

(We don't follow wearing masks, because we don't have masks and no one gives us a mask.)

38, Male PWD, Samar



**Difficulty with
breathing through
mask discourages
compliance**

Mahirap huminga 'pag naka-mask samin kasi di nakasanayan. Ang hirap po!

(It's hard to breathe through a mask because we're not used to it. It's really hard.)

27, Female IDP, BARMM



**Hunger &
homelessness
constrain
respondents'
ability to comply**

Naghahanap ng pagkakakitaan, namamasada kahit bawal.
Naghahanap buhay bilang namamasada ng kuliglig upang may mapangkain sa pamilya.

*(Looking for a way to make money - I go on a shift even though it's prohibited.
I drive a makeshift vehicle so that my family can eat.)*

39, Female Homeless, NCR

CATEGORY

PEOPLE'S STORY

Malaki naging epekto sa mga taong nasa labas o nasa loob man, tulad ng ordinaryong bagay na hindi mo nagagawa ngayon dahil sa sakit. Hindi ka makapunta sa ibang lugar, ngayon iisang lugar nalang napupuntahan mo. Mga hanapbuhay mo, hindi mo magawa o mabili ang pangangailangan mo. Hindi naaabot ng gobyerno ang lahat kung sino lang ang maabot nila, lalo na pag wala kang bahay. Lalo na sa mga isang kahig isang tuka, kailangan magkaroon ng pasahero para makakain. Wala naman kaming magagawa, hindi naman kami makapagreklamo, napakalaki ng agwat ng noon at ngayon dahil sa sakit na iyan.

(This has had a great effect on everyone - whether you live inside or outside the settlement. The most ordinary thing you can't do anymore because of the disease. You can't go to other places, you can just go to one place. Your different livelihoods, you can't do them anymore. you can't get or buy what you need. Government can't reach everyone, they just help those close to them, not those who don't have houses. Especially those living hand-to-mouth. I can't do anything and we can't even complain. There's a huge difference in our life before and after because of that disease.)

55, Male Homeless, NCR



**Lack of
water impedes
compliance**

Ang pagbabawal katulad ng lumabas ay nakahadlang para makapagtrabaho, nalilimitahan ang oras para makapaghanap buhay. Maganda din po ang epekto sa amin nung dapat maghugas ng kamay kasi naging disiplinado kami kaso nga minsan dahil sa limitasyon ng tubig sa bahay may pagkakataon na hindi nasusunod kasi iniigib pa namin ito at pumipila kami sa gripo na nililimitahan din ang bilang ng pumipila.

(Prohibitions like not being able to go out of the house prevents us from working; reduced hours for earning our keep. The directive to wash our hands has had a good effect on us and made us disciplined, but we don't always have water in our home. So there are times we cannot follow that order because we have to line up at the public water pump and they're limiting the number of people who can line up, too.)

21, Male young parent, Samar

CATEGORY

PEOPLE'S STORY



**Variance in
quarantine
measures can
drive non-
compliance**

Walang quarantine pass ang Valenzuela. Kasi pag pumupunta sa palengke, masyadong maraming tao.

(There's no quarantine pass here in Valenzuela. But when you go to the market there's so many people.)

56, Female Urban Poor, NCR

Curfew hours - hindi masyadong naiimplement, sana mas mahigpit pa.

(They haven't been implementing the curfew hours - I wish they'd be more strict.)

56, Female Urban Poor, NCR

3.3.2. GENDERED IMPACTS OF MOBILITY RESTRICTIONS

The restrictions on mobility imposed by ECQ measures are not gender-neutral. They have different impacts on women, men and girls. Anecdotes shared by respondents seem to indicate that where existing gender bias existed before the pandemic, these can be formalized in the quarantine measures and lead to the confinement of women in the home or to disproportionate unpaid care and domestic work. Either way, they have the potential to restrict and erode women's abilities to cope with the crisis and address their needs without relying heavily on others or on men.



**Sobrang hirap ma'am, hindi makakalabas...
nasa loob lang ng gym. Sa lalaki
nakapangalan ang quarantine pass.**

*(It's so hard ma'am — not being able to go out,
we're only allowed in the gym. The quarantine
pass is named to the men.)*

47, Female IDP, CALABARZON





Malaking kawalan po na nagka-COVID. Andun ang pangamba sa virus, hindi makapagtrabaho ang mga anak ko dahil walang masakyan.

(It's been such a huge loss since we've had COVID. Not only is there the fear of the virus, my children can't go to work because there's no mass transit.)

47, Female Homeless, NCR



Walang pangkain, mahirap maghanap ng pagkakakitaan, pag may manghuhuli nagtatago sa side car.

(Have nothing to eat. Hard to find livelihood. If someone's patrolling, I hide in the sidecar.)

43, Female Homeless, NCR



Nahihirapan ng walang ayuda, mahirap maghanapbuhay may nanghuhuli.

(It's so hard because I don't get government assistance.)

33, Female Homeless, NCR



Nawala ang paghahanapbuhay ko at mahirap ang nakakulong sa bahay, nakaka stress talaga.

(I lost my livelihood and I'm trapped at home. It's really stressful.)

42, Female IDP, BARMM

The impact on adult and young men is also noteworthy in that it has re-shaped their role and capacity to perform their traditional gender roles as breadwinners. In regions such as BARMM where the men are heavily surveilled and there is increasing militarization, the male respondents have remarked on their changing lives.



Pagkawala ng hanap-buhay at pangkabuhayan, napakahirap di ka makagalaw ng maayos, di makapag-isip ng direktong kasi iniisip mo ang pambili ng pagkain, gatas at iba pang pangangailangan, nagbago ang takbo ng pamumuhay. Sa bahay lang po kami ang hirap makalabas dahil bawal kaya hindi ako makapaghanap-buhay ng maayos.

(When we lost our livelihood and job, it was really bad - we couldn't move properly. You can't think straight because you're thinking of food to buy, milk and other needs. Our whole lives have changed. We just stay home because it's hard to go out because they've outlawed it - I can't work properly.)

52, Male IDP, BARMM



Yong curfew. Nagkaroon ng trauma.

(The curfew. It's traumatized me.)

28, Male IDP, BARMM



Mahirap kasi yung pag labas kahit na yung pangunahing pangangailangan mahirap tugunan. Mas humirap pa yung buhay namin. Minsan lang kami nakakatanggap ng mga bigas na binibigay. Hindi rin makabisita sa ibang kamag anak. Yung transportasyon mahirap doble-doble pamasaha.

(Going out is so hard including getting your basic needs met. Our hard life has gotten even harder. We only get rice once in a while. We can't even visit our family. Transportation costs have doubled.)

38, Male IDP, BARMM



Sa pamilya po namin malaki ang naging epekto. Una, ang asawa ko pag walang malaki laking pera, hindi maka labas kasi triple na ang pamasaha. Pangalawa, ang hirap lumusot sa mga checkpoint. Ang dami pong hinahanap sayo. Pangatlo, mas humihirap ang buhay namin sa ngayon.

(This has had a big effect on my family. First off, if my husband can't get enough money, he can't get out because transportation has tripled. Secondly, you can't get through the checkpoints. They keep asking so much from you. Thirdly, our life has gotten even harder.)

27, Female IDP, BARMM

3.3.3. IMPLICATIONS

This section examined how the government's interventions in response to the COVID-19 pandemic - quarantine pass, security checkpoints, requirement to wear a mask in public, social distancing in public - have impacted women, men, girls and boys differently amongst the target areas. These restrictions have worrying consequences on the public life and leadership of women who have long advocated for their meaningful participation in governance and public decision-making and are now being required to stay at home. Based on the above analysis, the following recommendations are proposed:

1. Support and capacitate different communities to comply with various quarantine measures, accompanied with IEC and awareness-raising materials and protective equipment, supplies and commodities. Adopting a public health, evidence-based approach as opposed to militarized, arrest-driven measures will reduce the mental health anxiety of constituents and increase trust in government.
2. Develop risk communication messages regarding COVID-19 IPC specific to men, youth and indigenous people who experience varying conditions that drive non-compliance of quarantine measures regarding mass gatherings and facemasks
3. Invest in public infrastructure that mitigate the health and socio-economic impacts on the communities experiencing the worst consequences of the COVID-19 pandemic, particularly on livelihood, transportation and mobility needs of IDPs, urban poor, homeless and young people.

3.4. CAPACITY AND COPING MECHANISMS

Majority of respondents have demonstrated remarkable fortitude and resilience during this pandemic, calling on their faith, cultivating a positive attitude and disciplined habits to reduce their risk of infection and to survive the crisis with robust mental health. In other disasters, affected populations are often centralized in evacuation centers, and collectivizing around camp activities is often seen as part of a repertoire of positive coping mechanisms and strengthened capacities. During this COVID-19 pandemic, where physical distancing is a government directive and established IPC practice, social isolation threatens to diminish people's coping mechanisms and capacities.

Respondents indicate a number of social determinants that significantly shape their ability to cope and survive the worst consequences of the pandemic - their urban or rural location, level of housing security and gendered ways of problem-solving.

Among urban poor, homeless and IDP respondents, the level of security of their housing is one of the key factors in dealing with the stress and anxiety generated by the pandemic as they expressed alarming levels of despair and shared severely negative coping mechanisms. Their distress seemed primarily linked to their ability to receive public assistance and food relief which is directly connected to their eligibility as constituents of their municipalities, often tied to physical address or voter status in their LGU. Sector, gender, and age play a role in who are hardest hit by the pandemic and the accompanying government interventions are particularly distressing for displaced communities with insecure housing such as the homeless and urban poor communities in NCR, and the internally displaced in CALABARZON and BARMM regions.



3.4.1. COPING MECHANISMS FOR STRESS AND ANXIETY

Pre-existing intersectional vulnerabilities are exacerbated by the pandemic and government's interventions. The uneven quality of localized responses reveal that some constituents are being left out. More specifically, homeless respondents are in a state of being 'non-citizens' due to the lack of domicile or proof of residence. The respondents also mentioned the heightened GBV risks. Most of the urban poor respondents are engaged in the informal economy as public transport drivers, itinerant vendors, market vendors, street food vendors, household helpers, etc. and do not, therefore, have access to safety nets. The equivalent of "no work, no pay" in the formal labor sector to the urban poor is "if I don't go out, we don't eat today".

When asked, "What has been the impact of the COVID-19 crisis on you and your family?" the overwhelming number of respondents, across age, sex or sector, reported its negative impacts on livelihood (hanapbuhay) and mobility (hindi makalabas ng bahay). Varied levels of anxiety and stress was also identified among respondents from the rural and urban areas. Such differences might be caused as the quarantine measure varies between urban and rural areas. The respondents in NCR showed the most evident level of desperation in comparison with other respondents. In a more extreme situation, a few female respondents expressed that they have thought of engaging in sex work to survive or suicidal ideation to end their suffering.



Gutom kami lahat, walang budget di namin alam saan kami kukuha, wala kaming mga sabon, kahit panligo sa katawan wala. Di ka pwedeng lumabas, dito lang kami sa loob ng ginibang building sobrang init pa dito. Nanghihina talaga kami kasi wala na talaga. Hindi kami pwedeng dumiskarte kasi huhulihin ka naman, sobrang hirap ni pisong duling wala na kami, si barang (baby) puro noodles at sabaw na madaming tubig, may araw talaga naranasan namin na walang-wala tinutulog na lang namin.

(We're all hungry, we have no budget left, we have no soap, even to wash ourselves. We can't go out, we all just live in these ruins even when it's burning hot. We are really growing weak because we have nothing. We can't even problem-solve because we'll get caught. We are so poor that we don't have a real one peso. I only feed the baby noodles with watered down soup. There are days we are so hungry but we sleep it off.)

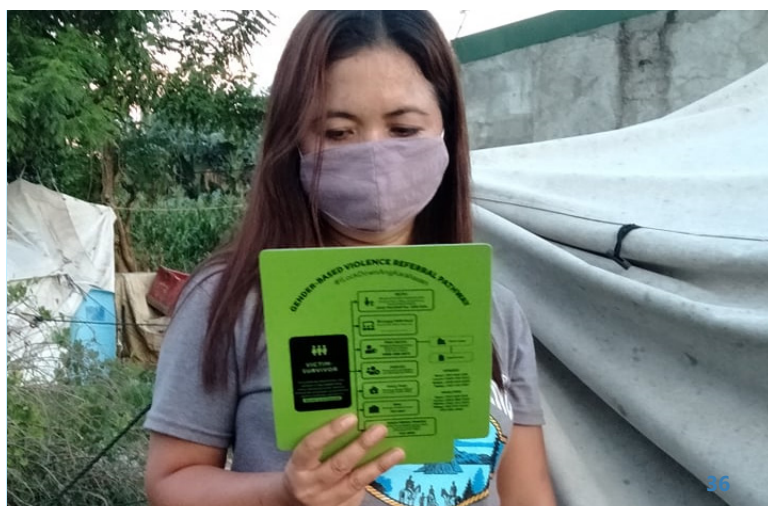
38, Female, Homeless, NCR



Iniisip ko na lang na magkasakit na lang ako (ng COVID-19) para mawala na itong problema ko kasi nahihirapan na talaga ako.

(I sometimes think that it's better to get sick (with COVID-19) so I won't have any more problems — because I can't take it anymore.)

39, Female PWD, NCR



The findings also identified that having a positive attitude is the most common strategy to cope with stress and anxiety among the respondents. It is followed by faith-related behaviors, more specifically, praying. These are cited as coping strategies though these are also affected by the information available to the respondents. Habits and behaviors range from vegetable gardening, watching movies and shows on TV, other hobbies, keeping well informed and making sure to follow protocols. Many youth respondents from Samar mentioned that growing food within their homes has been added to their daily chores. In BARMM, faith plays a major role in coping, coming second to having a positive attitude, that is also cognizant of following guidelines and rules.

FIGURE 6. PERCENTAGE OF RESPONDENTS WHO MENTIONED COPING MECHANISM THEMES IN THE ANSWERS BY SEX

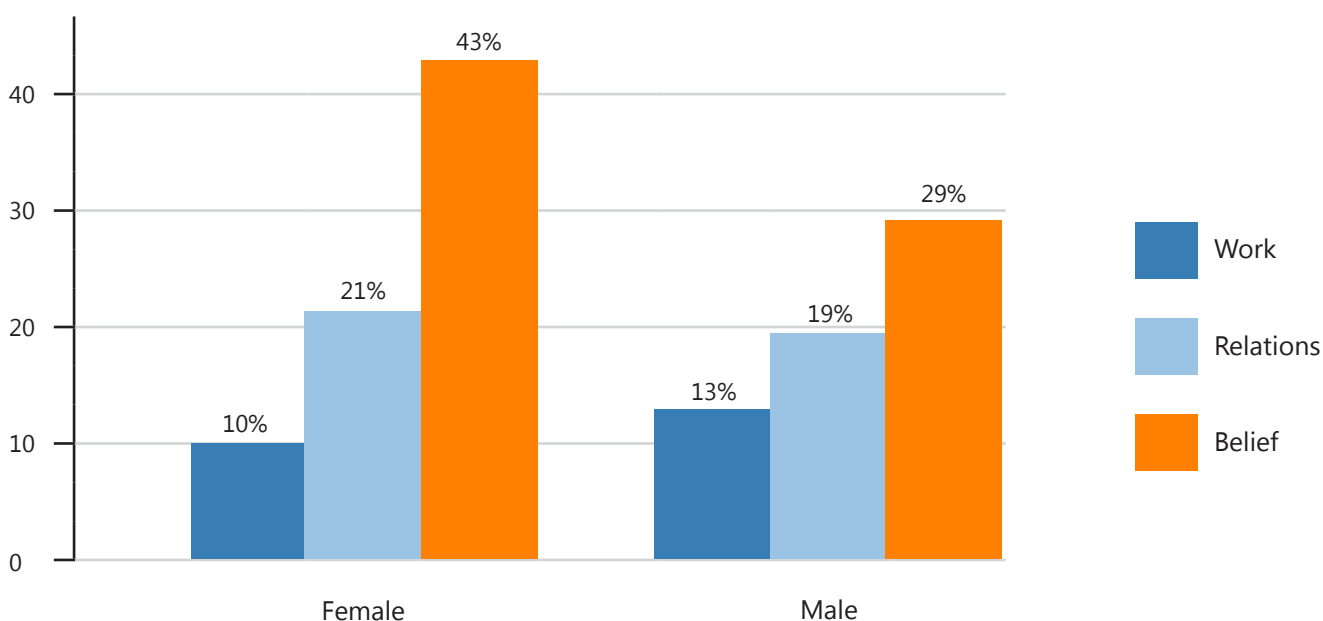
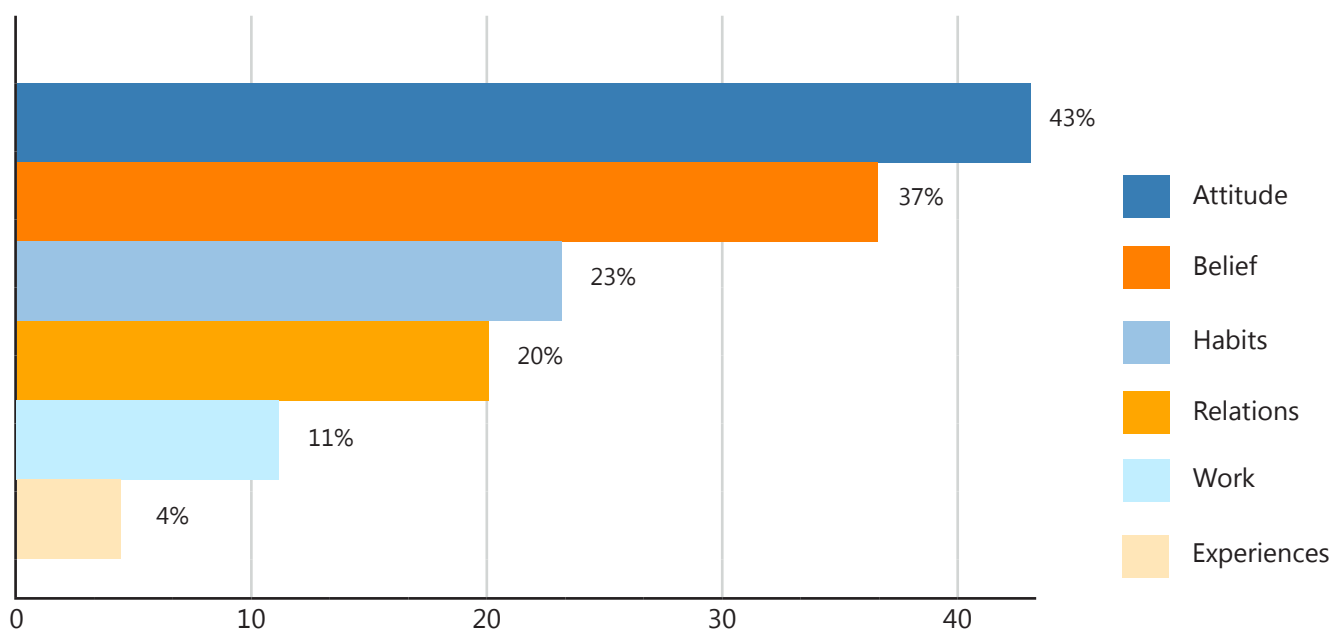


FIGURE 7. PERCENTAGE OF RESPONDENTS BY COPING MECHANISMS



3.4.2. FOLLOWING GOVERNMENT GUIDELINES AS A WAY OF COPING

It is noteworthy that many respondents, notably from Samar and BARMM, reported that “following government guidelines/rules” helps them cope or manage stress. This implies people are generally respectful of government regulations and policies and will follow guidelines/rules. However, respondents mentioned that the guidelines need to be clear and indicated a lack of information, especially in geographically isolated areas.



Meron po (pagkakaiba), kasi mas productive mga babae. Madaming nangangatulong sa mga bahay at naglalabada. Mas may opportunity sila sa mga trabaho ngayon. Mga lalaki kasi pag gawa ng bahay ang trabaho pero wala naman nagpapagawa ngayon, very limited. Mas madiskarte ang mga babae ngayon sa panahon ng COVID.

(There is a difference because women are more productive. Many are going in as househelp or washing laundry. There are more opportunities now to work. Men however work mostly in construction but no one's building right now, it's very limited. Women are more problem-solving right now, they find a way during COVID.)

20, Female youth, Quezon City



Opo may pagkakaiba po. Ako bilang isang babae, nagbebenta ako sa online ng paninda. Ang mga kalalakihan naman po ay naglalako ng paninda gamit ang sasakyan o kaya motorsiklo.

(Yes, there's a difference. As a woman, I sell online goods. Whereas men often sell things using their vehicles or motorcycles.)

44, Female solo parent, BARMM



Naparalyze ang trabaho. Dumating sa puntong hindi na kami kumaing mag-asawa, makakain lamang ang mga anak namin at ang manugang kong babae na nakikitira rin sa amin.

(Work completely stopped. We came to a point where my wife and I wouldn't eat anymore just so that our kids and our daughter-in-law staying with us have something to eat.)

50, Male IDP, BARMM



Para sa akin mas madali ang babae magdiskarte sa paghahanap ng mapagkukunan, kahit nawalan ako ng trabaho naghanap pa rin ako ng ibang mapagkakakitaan gaya ng pagtitinda ng mga meryenda, nagtitinda din ako ng mga gulay gulay, ang asawa ko naman inaayos ang mga gamit naming may sira at minsan din pumupunta sa bukid para mag-ani.

(I find women are more resourceful in finding food and funds - even though I lost work, I still found a way to earn money like selling snacks, vegetables while my husband has been fixing broken furniture in our home and sometimes going into the field to harvest food.)

22, Female, Young mother, Samar

3.4.3. IMPLICATIONS

The analysis demonstrated that people overwhelmingly express fear and uncertainty, but they continue to adapt. The urban poor respondents are “willing to participate in government effort to keep loved ones safe”, but they want greater clarity in national and city government information on the pandemic and the response. Some have equitably distributed domestic/care work in the household and display remarkable resourcefulness in coping.

Whether it is abiding by barangay protocols to stay at home, providing feedback to national and local government physically or online, working or volunteering as ‘frontliners’, reporting VAWC suspect cases to authorities, respondents reveal an incredible spirit of bayanihan in communities. This strong willingness to cooperate can be potentially harnessed in community-based IPC and IEC campaigns to prevent COVID-19 infection. Duty-bearers in turn can:

- Use an equity screen or evaluation when a quarantine measure is designed to ensure that people’s capacities and coping mechanisms to survive the pandemic are not compromised or eroded.
- Evaluation and accountability metrics should be established that can determine whether a measure disproportionately harms or impacts a socially disadvantaged community to ensure that it does not propagate bias or institutionalize inequity.
- Clear, timely, accurate, evidence-based and culturally resonant risk communications that speak to the specificity of people’s experiences, needs and capacities may strengthen individual and collective resolve to survive and thrive during this pandemic.

3.5. ACCESS TO INFORMATION AND TECHNOLOGY

3.5.1. SOURCES OF TRUSTED INFORMATION

As COVID-19 infection spread globally, and across the country, and strict measures have been put in place, access to correct and up-to-date information becomes critically important to all affected people to raise awareness on the dynamic and terrifying scenarios facing different communities and reduce their risks. To gauge the affected people’s access to information, a number of aspects need to be considered: the sources of information, the accessibility of the medium for conveying information, its trustworthiness and whether the information is understandable and meaningful to the people receiving them, especially those at-risk.

Based on respondents' answers across urban and rural settings, the main sources of information are television, the barangay and the internet, with print media as the least accessed, showing a clear preference for more visual formats and accessible language. Same tendency was observed among youth and adults but not among the elderly. Even 4Ps⁸ beneficiaries who obtain information from television, barangay and radio are their main sources. This differential preference, which may be accounted either by the level of technology literacy or affordability needs to be considered in strategizing and choosing the methods of information dissemination, especially among vulnerable subgroups.

In addition, the indigenous (IP) and internally displaced (IDP) respondents have significantly less access to television and the internet, which requires availability of other media outlets and means to obtain them such as reliable electricity, equipment or gadgets, and connectivity, which may not be reliable or beyond their expense priorities. This is reflected in the reliance of IPs on radio, and by IDPs in the information coming from barangay authorities. The figures above also show the relative access of different groups to mobile and internet services that highlights the limitations that different people face.

The importance of the use of language that is understandable and reliable access are key features of these sources that caters to the literacy level, relative isolation and unique circumstance of the IPs and the IDPs. Thus, this needs to be factored in developing communication messages for various target groups, especially in preventing the spread and circulation of infected persons in places with low-level health infrastructure.

In terms of the source or origin of the information that they are receiving, it appears that respondents tend to rely on the closest public information source, and this is across all categories of respondents. The barangay is the most common source of information, followed by family members and neighbors. But for female, urban, adults and LGBT respondents, they also identified national government as their second or third most common source of information, indicating accessibility to outlets disseminating information or policies from the national government that more or less make the distance barrier between source and receiver smaller, compared to say, IPs or IDPs.

SOURCES OF INFORMATION



Nanunuod ng TV upang malaman ang mga pangyayari.

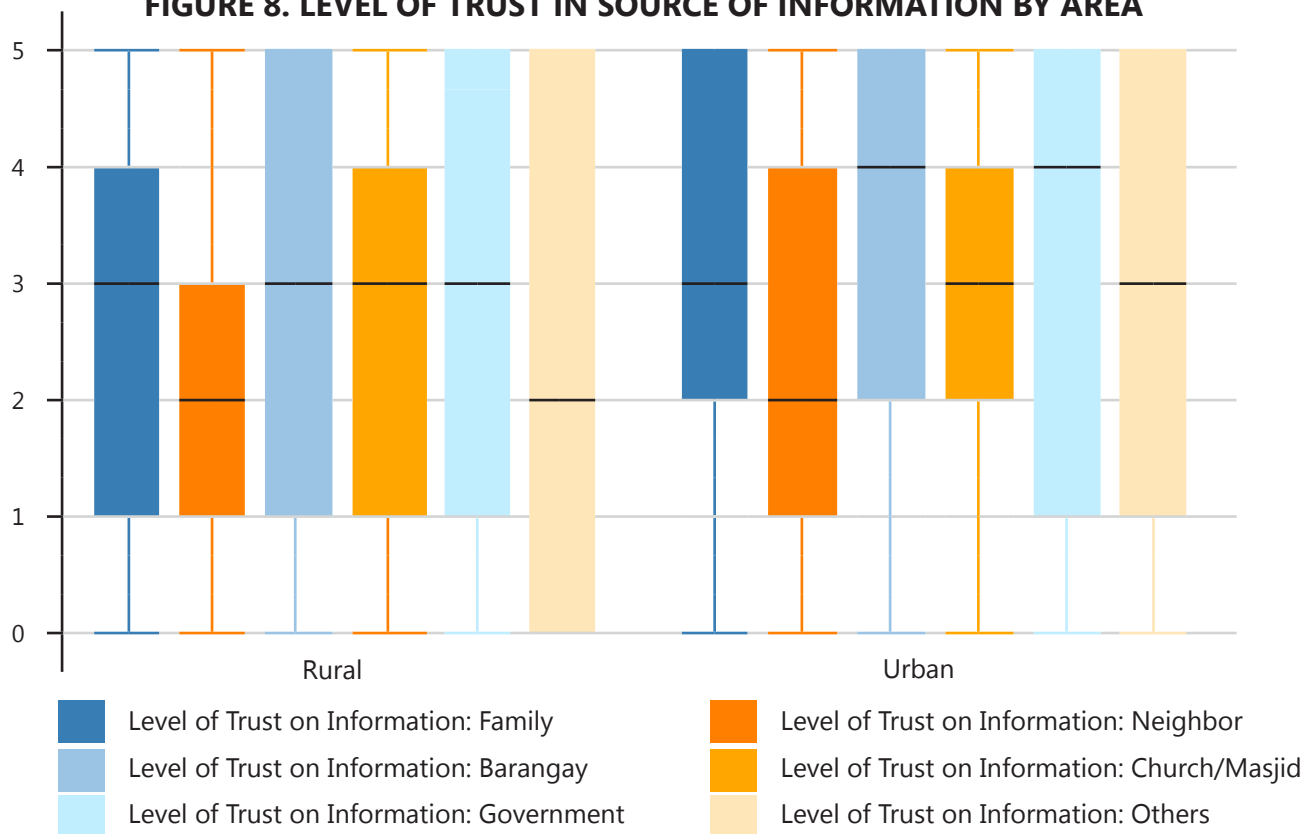
(I would watch television in order to keep abreast with what is happening.)

Male PWD, BARM

3.5.2. TRUST IN THE SOURCE OF INFORMATION

In terms of trusting their sources or the origin of the information they receive, there is variation across age groups and genders. Adults show greater trust in the barangay and the national government, and women express higher levels of trust than men, while young people tend to trust more what they hear from the national government than the barangay, as with the elderly, and the same is true among the LGBTs. Such results imply that the wider policy pronouncements of the national government will hold sway over the local governments, which in turn gets implemented on the ground, including in their barangay. Therefore, any dissonance between the information received from the national and local governments, i.e. barangay, can result in confusion, or worse, distrust at the community level. This is reflected, for example, over the frustration of barangay officials in dealing with confusing messages on the government social amelioration program (SAP)⁹ that started in April 2020 within the first 30 days of the strict government lockdown in areas of high COVID-19 transmission, leaving many people without access to their means of livelihood, exacerbating the demand for some form of social relief, especially among the poorest and the economically displaced. This has since been managed by local governments by providing local supplemental support to those left out by the national government SAP.

FIGURE 8. LEVEL OF TRUST IN SOURCE OF INFORMATION BY AREA



*** This graph excludes migrants, OFWs and stateless

The migration towards online platforms might leave some communities farther behind without additional and affirmative support, resources and capacity-building. The elderly, internally displaced and indigenous respondents reported having the most limited continuous access to the internet and mobile signal.

Television is the top-ranked source of information across all communities. In this regard, the government needs to enable more broadcast actors, ensure constituents' access to information and partner with broadcast companies to reach the most marginalized and isolated.

3.5.3. IMPLICATIONS

Access to accurate and up-to-date information is a public good that supports people in their ability to cope with uncertainties during a crisis. Thus, ensuring that access is available and that better and well-targeted messages are developed are some of the critical elements needed to deliver an effective risk communication strategy. By doing so, access to information becomes an invaluable life-saving intervention in itself.

To do this, design tailored risk communication messages to specific vulnerable subpopulation categories in culturally specific and resonant ways:

1. Increase and stabilize telecommunication infrastructure and increase access, examine feasibility of putting up telecom infrastructure in designated public access areas in LGU hotspots. During an emergency, access to communication and the internet is considered as a life-saving intervention, therefore access to free internet connection may be considered (e.g. free wifi connection this is available within LRT/MRT stations, and a number of city halls in NCR)
2. Integrate COVID-19 infection prevention and control, and GBV messaging in existing COVID-19 platforms such as SAFE PH, national TV stations public service broadcast, radio announcements, and the likes
3. Incorporate into needs assessments the inquiry into access to information and technology/lifeline; Consider provision of basic means of communication (e.g. analog for SMS communication) and communication kits (e.g. pocket wifis, data load) to vulnerable populations

3.6. ADDRESSING SOCIAL STIGMA

Social stigma during the COVID-19 pandemic has escalated as rapidly as the disease, generating a negative association between the disease and individuals or groups of people who share certain characteristics such as travel history, ethnicity or occupation. These harmful stereotypes can lead to discrimination, exclusion and isolation as has been identified in media reports. Belief and assumptions made on their health status may drive such treatment and would negatively affect those with the disease, as well as their caregivers, family, friends and communities.

Community health workers and returning migrants report some of the most stigmatized experiences during the pandemic. Returning migrant workers have suddenly shifted from being hailed as country's national heroes to being vectors of disease. This is similar to the experiences of community-based health workers who are often seen as carriers of the COVID-19 virus, shunned and sometimes evicted from their place of residence.

3.6.1. FEAR AND ASSUMPTIONS AMIDST LACK OF KNOWLEDGE AND UNCERTAINTY

Fears of COVID-19 transmission and infection drive the assumptions respondents have of those who are suspected of being COVID-19 positive. The invisible nature of the pandemic and the social isolation it has wrought has made this crisis and its consequences predominantly invisible to the general public. Fear-mongering as the info-demic is also rife on social media channels and has perpetuated myths and misconceptions on how transmissions happen and scapegoated certain groups as disease carriers.



Ang epekto sa akin ng COVID-19 ay ang takot na lumabas, makipag-usap sa mga tao kinatatakutan ko na rin.

(The effect of COVID-19 on me is that I'm afraid to go out, I'm even afraid of just talking to people.)

44, Female BHW, BARMM



Nahihirapan sa duty dahil sa skeletal schedule and sa pagsuot ng PPEs and the risk of acquiring the virus. It is very hard lalo na hindi maka uwi uwi sa pamilya.

(Doing my duty is difficult because of the skeletal force, wearing of PPEs and risk of acquiring the virus.)

23, Female CHW, BARMM



Grabe ang adjustment kasi nalockdown ang partner sa trabaho sa Bulacan at sa safety nya kasi may mga positibo doon sa COVID. Kahit na takot sa safety kaso dahil frontliner, kailangan gawin. Tiwala lang sa Diyos.

(The adjustment has been great because my partner was trapped in Bulacan because of the lockdown. Worried for his safety because there are positives there. Need to have faith in God.)

32, Female BHW, Bicol



First and foremost relationship sa family because of the threat of COVID-19, I officially handle the positive patients so I cannot stay sa house para narin protektahan ang family ko. The next impact is how to explain it to the patient at sa pamilya niya na positive sa COVID-19 ang patient na kailangan ma isolate at kung sasamahan ng isa sa kanila pati siya ma isolate din. Masakit at nakakalungkot pero kailangan natin gawin yun.

(First and foremost, there's an impact on my family relationships because of the threat of COVID-19 and I officially handle the COVID positive patients, I cannot stay at our house for the protection of my family. The second impact is how to explain to a patient and their family that they are positive of COVID-19 and need to be isolated. And if they insist on being accompanied, that person needs to be isolated as well.)

29, Female BHW, BARMM



Pagkawala ng allowances at notice in 3 months na walang kasiguraduhan sa work at takot na hindi maka-uwi sa Pinas.

(Loss of allowances and a 3-month notice where you don't have job security and you're afraid you can't go home to the Philippines.)

43, Female OFW, Kuwait

3.6.2. FEAR IS MULTI-DIRECTIONAL AND CONTAGIOUS

The fears on COVID-19 transmission and infection are propagated in multiple directions - both towards community-based health workers and migrant workers, and emanating from the CHWs and OFWs as well. Respondents from both groups express high levels of self-awareness of their own high levels of exposure and risk given their daily forays into the public due to their occupations. This self-awareness gives them a heightened sense of their own susceptibility and that of their families and communities. CHW respondents are constantly receiving official information regarding people reported to have contracted COVID-19, and this similarly drives their anxieties and fears for their loved ones.



Naghigpit, observe ng social distancing; takot na takot sa migrants ang locals especially nang mareport na COVID positive sa OFWs; pinag stay-in ng amo ang mga nasa bahay.

(They've become stricter, observing social distancing. The locals are very afraid of migrants especially when it was reported that an OFW was tested positive. The domestics have been required by their employers to stay home.)

43, Female OFW, on-site



Nakakaparanoid dahil exposed kami bilang BHW. Nakakalungkot dahil anim ang may COVID sa barangay namin, wala pang nakakarecover. Mahirap dahil hindi na nakapaghanapbuhay ang mga tao pero may ayuda at di naman pinababayaan. May matigas ang ulo, nakikiusap na lang kami kasi hirap na rin kami sa pag-aayos.

(It is making us paranoid because we're exposed to the virus. It's very sad because there are 6 who tested for COVID in our barangay and they haven't recovered yet. It's hard because people aren't able to work but there's public assistance and people haven't been abandoned. There are those who are stubborn and we have to plead with them as we're also struggling with fixing things.)

53, Female BHW, NCR



Lalabas at uuwi ka sa bahay na may pangamba, lungkot dahil hindi mo malapitan ang pamilya mo lalo na anak mo dahil isa ka sa frontliner at ayaw ko na baka may nahawakan ako o nasagap na virus sa araw-araw na trabaho ko na baka maiuwi ko sa amin.

(You leave and you return to your home with fear, sadness because you can't come near your family especially your children because you're a frontliner and who knows if I touched someone or got infected by the virus from your daily work and now you're bringing it home to your family.)

26, Female midwife & BHW, BARMM



Ang epekto sa akin nitong COVID-19, natatakot ako minsan para sa sarili ko lalo naman po na exposed ako sa labas dahil sa work ko. Kinakabahan at natatakot ako pag uuwi ako sa bahay dahil naiisip ko baka may virus ako at mahawaan ko pamilya ko lalo na mga anak ko.

(The effect of COVID-19 on me is that I fear for myself especially as I am exposed at work. I'm worried and afraid that when I go home I may have the virus and I've brought it to my family especially my children.)

29, Female, CHW, BARMM

3.6.3. INCREASED EXPOSURE BUT LIMITED PROTECTION EQUIPMENT AND MEASURES

Despite their increased exposure and potential risk for COVID-19 infection, community-based health worker respondents report they feel inadequately prepared with limited supplies of personal protective equipment (PPE) to dispense their duties and responsibilities in COVID-19 IPC prevention education and contact-tracing.

Even OFWs respondents who are actively on-site in remote locations share that they are being asked by employers to expose themselves routinely to the public for work and yet can be prohibited from wearing masks to avoid frightening customers or not adequately prepared nor protected to avoid infection.



Mas naging maingat sa sarili lalo na sa mga kinakain. Mas gulay ang kinakain kaysa karne. Pati sa pag-inom nilalagyan ko ng lemon at luya. Mas tsaa. Bihira na uminom ng malamig na tubig kasi iwas sa virus ang mainit. Negative impacts - Takot at kaba na hindi para sa sarili ko kundi sa pamilya. Kapag lumaganap sa area namin hindi ko alam kung makakauwi pa ako sa pamilya sa Pinas - Hindi normal ang buhay. Hindi mo alam kung ano ang mangyayari - Natakot ako magkalagnat at ubo ang kasamahan kong domestic worker dahil siya ay lumalabas ng bahay. Pero ngayon ay ok na siya.

(I've become more careful with what I eat. More vegetables than meat now. Even with drinking, I add lemon and ginger. I rarely drink cold water now to avoid the virus which is hot. Negative impacts are fear and worry, not for myself but for my family. If the cases rise in my area, I don't know that I'll be able to go home to my family in the Philippines. Life is abnormal. You have no certainty over what's going to happen. I'm afraid my fellow domestic will get a fever or cough because she's the one always going out.)

44, Female OFW, Qatar



Nangangamba dahil araw-araw na nakikihalubilo sa iba't ibang customers; pangamba para sa kaligtasan kasi noong April lang sila pinayagan ng kompanya niya na magsuot ng face mask - noong nagsisimula pa lang magkaroon ng mga positive na cases, pinagbabawalan silang magsuot dahil baka daw matakot ang mga customers; sumusunod lang ang kompanya niya sa mga hygiene protocols kapag nahuhuli o nag-iinspect ang Bahrain government; hindi rin nasusunod ang kontrata, lalo pagdating sa sweldo.

(I have fear because I interact daily with customers. Fear for my safety because we were only allowed by the company to wear face masks in April. When cases were first being reported, they were forbidden to wear face masks because they might scare away the customers. The company only complies with the protocols if arrests are being made or inspections are being done by the Bahrain government. They don't follow the contract either, esp. with when it comes to our salaries.)

29, Male OFW, Bahrain



Sa mga bata, takot na takot. Napapaiyak nalang. Kapag nasa check point naiisip ko nalang kung paano kung may nakakahalubilo na kaming positive sa COVID-19? Sobrang hirap, nandyan pa yung puro reklamo at maraming pasaway. Tapos bawal pa ang mga public transportation, bawal mag-angkas; lahat ay naglalakad. Kapag nilalakad ko mula sa amin hanggang sa aming barangay ay inaabot ng isa't kalahating oras. Sumusunod na lamang kami. Hindi pa nakakasimula sa trabaho, kulang naman ang supply galing sa mayor. Sa pag-aaral ng mga bata nasira na ang cycle ng mga bata. Sobrang gumulo.

(On the children, they are very afraid. They just cry it out. When we come to a checkpoint, I think to myself: What if we're interacting with someone with COVID-19? It's so hard, and then there are those who are stubborn and defiant. And now public transportation has been closed and you can't ride with someone. Everyone has been walking. Walking from my house to the arangay is already 30 minutes. We just have to follow. Even though work hasn't started yet, public assistance from my mayor isn't enough. On the children's schooling, their rhythm has been broken. It's so chaotic.)

53, Female BHW, CALABARZON

From respondents' anecdotes, their stories display a pattern of heightened abuse and exploitation from the public and employers specific to their circumstances. Community-based health workers receive angry comments, intimidation, hostile treatment from community members who are afraid of being reported or suspected of being COVID-19 positive.



Di kami makalabas ng bahay na pinagtrabahuhan namin, para kami nakakulong. Sa ngayon kasi dahil sa COVID-19 ay wala kami off day. Kaya ang nangyayari nag-trabaho pa rin sa bahay kahit off day. Kaya wala kami pahinga. Yun kapatid ko ay nawalan ng trabaho sa Dubai, at di sila naswelduhan. Wala pagkain siya na nakuha mula sa Phil embassy kaya ginamit na lang niya naipon na pera. Ngayon ay balik trabaho na.

(We can't leave our employer's house, it's like we're trapped. Because of COVID-19, we're not given a day off. So we end up working even on our days off. Which is why we have no rest. My sibling lost their job in Dubai and hasn't received any wages. We don't get any food packages from the Philippine embassy so they used their savings. Now they're back at work.)

39, Female Returning Migrant Worker, Western Visayas



Takot para sa kalusugan ko; hindi ko alam kung sino ang makakasalamuha; walang assurance na safe ako; ung employer ko me mga bisita ring tinatanggap sa bahay; trabaho -- kasi lockdown, no work, no pay (per hour).

(I'm afraid for my health. I don't know who I can interact with. There's no assurance that I'll be safe. My employer receives guests at home. I work during lockdown because no work, no pay.)

43, Female OFW, Jeddah



Napakahirap po ng aming sitwasyon ngayon. Bilang isang frontliner, kami po ay nakakaranas ng hindi magandang pagtrato at may ilan na hindi nauunawaan ang dahilan kung bakit kailangan maghigpit. Gusto pa rin nilang sumigi at kung saan-saan pa pumupunta. Talamak ang diskriminasyon at pagtuligsa sa aming mga kabarangay. Huwag sana kaming murahin... Mag-ingat na lang sila sa mga pulis. Sa pagiging nanay naman, naghihigpit kami ng sinturon sa ngayon. Sa maliit na honorarium lang (bilang barangay volunteer) kami ngayon umaasa ng pagkakagastusan. Sa ayuda naman ay disqualified kami makatanggap kasi kami raw ay nanunungkulan sa barangay.

(Our situation right now is really terrible. As a frontliner, I experience horrible treatment from those who don't understand why we need to be strict. They want to keep moving around and travelling to wherever. There's frequent discrimination and criticism from our fellow villagers. I hope they won't curse us. They should be careful of the police. As a mother, I'm tightening the belt. With the very small stipend I get as a village volunteer, they rely on me for our daily expenses. I've been disqualified from public assistance because they say I already receive from village officials.)

45, Female BHW, CALABARZON



3.6.4. IMPLICATIONS

The stories that were shared by the affected respondents clearly demonstrated that they have been constantly stigmatised and attacked yet no sufficient intervention nor protection have been provided by the government and various stakeholders. There is room for national and local government authorities to conduct stronger education campaigns on how COVID-19 is transmitted and how to assess risk exposure that explicitly address social stigma and support de-stigmatization efforts. In addition, national laws and local ordinances can be enacted that protect residents and community-based health workers from discriminatory behaviors that impact people's safety, livelihood, education, access to services and residence.

3.7. ADDRESSING SRHR & PROTECTION ISSUES

As governments respond to the COVID-19 outbreak, other essential health services have been temporarily deprioritised, causing disruption in sexual and reproductive health services (SRH) including family planning information and services. Limited access and availability of such services disproportionately affect women and girls. Such disruption in SRH services may also cause the lack of access to gender-based violence (GBV) services and support.

Globally, incidence of GBV is increasingly understood to escalate during the COVID-19 crises, more specifically, during the lockdown. The Philippines is not expected to be an exemption from this global trend. In this context, this section analysed the impact of the COVID-19 on addressing sexual and reproductive health and rights (SRHR) and protection issues.



3.7.1. SIGNIFICANT NEED FOR SRHR INFORMATION AND SERVICES

Significant proportions of respondents across multiple communities reported having sex in the last 6 months. Indigenous respondents are disproportionately more likely to report having sex in the last 6 months. Despite active sexual activity, sexual and reproductive health and rights services are observed to have been disrupted or delayed during the pandemic:

- Pregnant respondents reported observing a significant disruption in prenatal services. Both restrictions on their mobility and discontinued prenatal services in nearby local public and private health clinics have prohibited them from attending their prenatal check ups. Maternal mortality rates in the Philippines have been significantly high before the pandemic - the pandemic threatens to increase this.
- LGBT respondents have indicated significant delays in HIV services which have life-saving consequences.



Hindi ako makapag online selling dahil sa lockdown. Hirap lumabas at mag pa check up lalo na at buntis ako.

(I can't conduct online selling because of the lockdown. It's hard to go out and get my check-ups especially now that I'm pregnant.)

21, Female pregnant IDP, BARMM



Ang mahigpit na pinagbabawal lumabas sa bahay lalo na kapag buntis.

(They have strictly forbidden pregnant women from leaving their homes.)

20, Female Pregnant IDP, CALABARZON

Moreover, LGBT respondents show the lowest reporting rates of having sex in the last six months and data indicate LGBT respondents have reduced sexual activity during the COVID-19 pandemic. They similarly report challenges in accessing SH commodities and significant delays observed in HIV & AIDS services.



Naapektuhan dahil hindi na nakapagseks.

(I've been affected because I can't have sex anymore.)

19, Transgender respondent, NCR



Nababawasan ang pakikipag sex.

(I've reduced my sexual activity.)

26, Male gay, BARMM



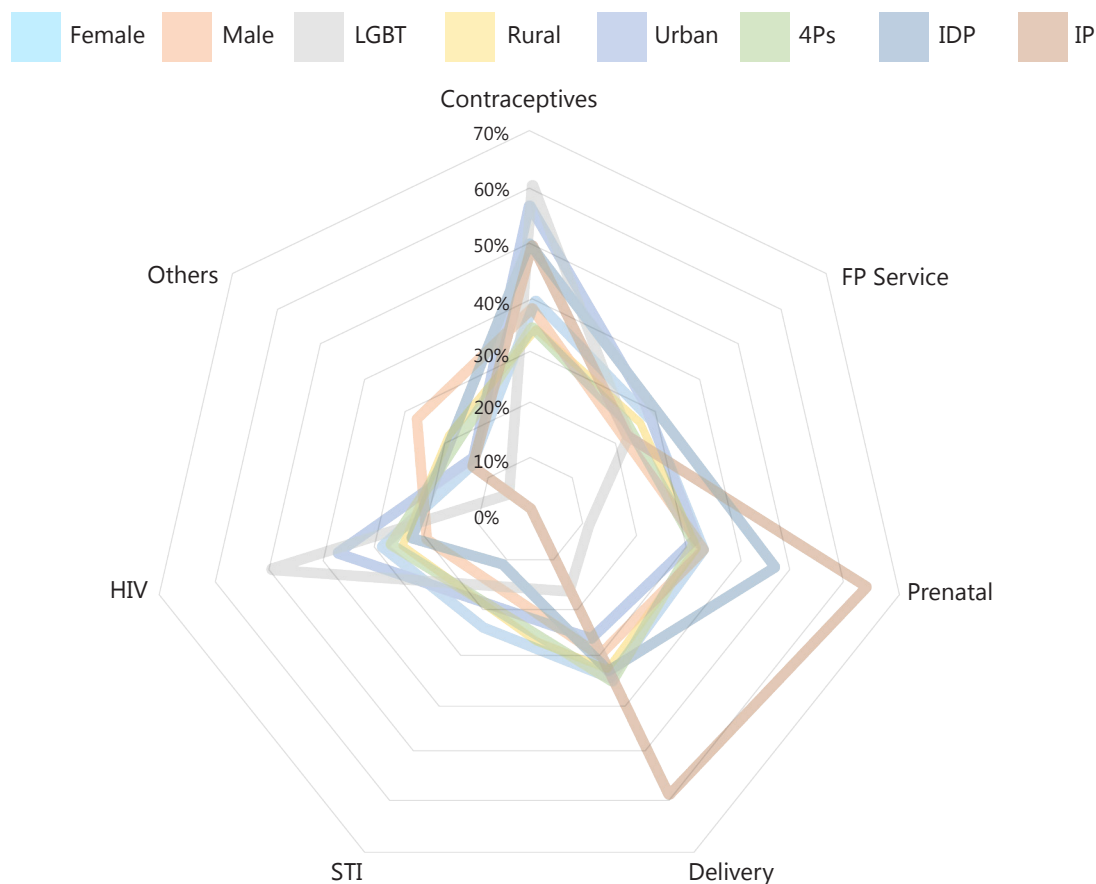
No jowa today.

(No sex partner today.)

25, Male gay, Bicol

3.7.2. MATERNAL & NEWBORN HEALTH ISSUES ESCALATE DURING THE COVID-19 HEALTH CRISIS

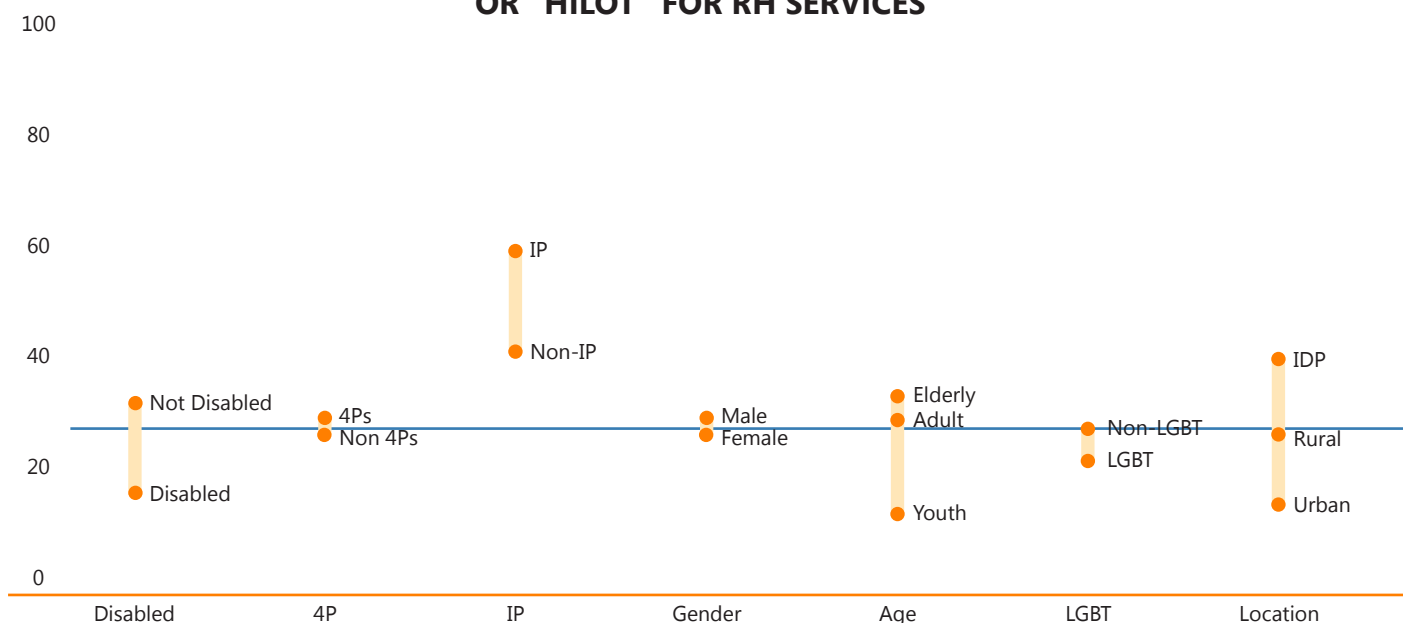
FIGURE 9. PERCENTAGE OF RESPONDENTS WHO HAVE DIFFICULTY ACCESSING RH SERVICES



*** This excludes those who had no response (Yes/Yes+No)

*** This excludes Stateless, OFWs, and Returning Migrants

FIGURE 10. PERCENTAGE OF RESPONDENTS WHO GO TO TRADITIONAL HEALERS OR "HILOT" FOR RH SERVICES



*** IP/non-IP Comparison only includes respondents from Bicol and Samar

Protocols for separating birthing women are not well-known and understood to COVID-19 health responders, thereby endangering pregnant and lactating women, including their infants. IAWG guidance strongly recommends that "Comprehensive sexual and reproductive health services should be maintained as long as the system is not overstretched with COVID-19 case management. This includes all antenatal care, postnatal care, newborn care, breastfeeding support, family planning and contraception services, cervical cancer screening, and care for those experiencing intimate partner violence."



Clariss* is a 24-year old first time mother with a 3-week old infant and from a family who is 4Ps beneficiary. Her common-law husband is a soldier and has been on duty since the enhanced community quarantine was put in place. Due to the closure of all money transfer services in the municipality in Samar, she used up all her savings for her delivery.

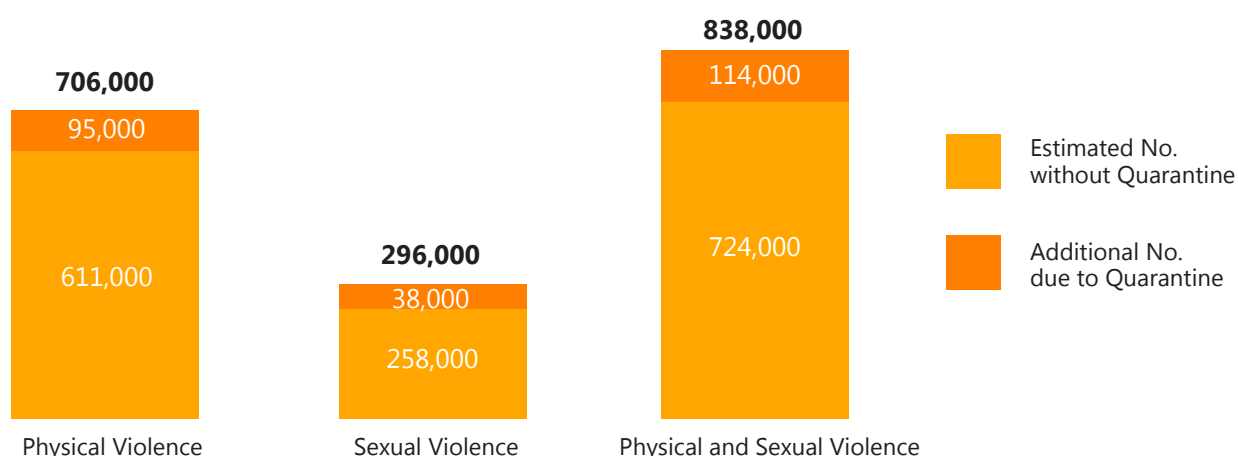
Since the delivery of her baby, she could not have her baby vaccinated nor scheduled for check-up which has alarmed her as her infant has begun to have difficulty breathing. As her infant's labored breathing pattern continued, her baby developed aspiration pneumonia due to feeding, a fairly common condition but dangerous nonetheless. Two pediatricians conducted online consultations with Clariss and they both concurred possible aspiration pneumonia and advised that the baby be sent to the hospital immediately. Upon admission to Samar Provincial Hospital, they designated the baby to be COVID-19 suspect. Despite WHO, DOH, and UNFPA recommendations to keep the mother and child together because the child is newborn and breastfeeding, the **doctor insisted that patient isolation shall take precedence and separated the mother from her newborn.**

-Phil de Leon, Plan International Philippines

3.7.3. PROTECTION – GENDER BASED VIOLENCE

Incidence of Gender-based Violence (GBV) is increasingly understood to escalate during humanitarian emergencies and anecdotal media reports seem to confirm this as GBV service providers across the world report spikes in reported cases and requests for support since the onset of the COVID-19 pandemic. The Philippines is not expected to be an exemption from this global trend. In a study commissioned by UNFPA Philippines and conducted by the UP Population Institute, mathematical calculations estimate an additional 12,000 GBV cases are occurring for every month of quarantine conditions.¹⁰

FIGURE 11. ESTIMATED NUMBER OF CURRENTLY MARRIED WOMEN (CMW) AGED 15-49 WHO EXPERIENCE INTIMATE PARTNER VIOLENCE (IPV): PHILIPPINES, 2020



Note: Assuming a 9.5 month quarantine period and scaled up by 20% following the assumption in UNFPA (2020)

Source: UNFPA & UPPI (2020)

However, reports from the Women and Children Protection Units seem to indicate a dramatic drop in utilization of WCPU services in hospital-based facilities.¹¹

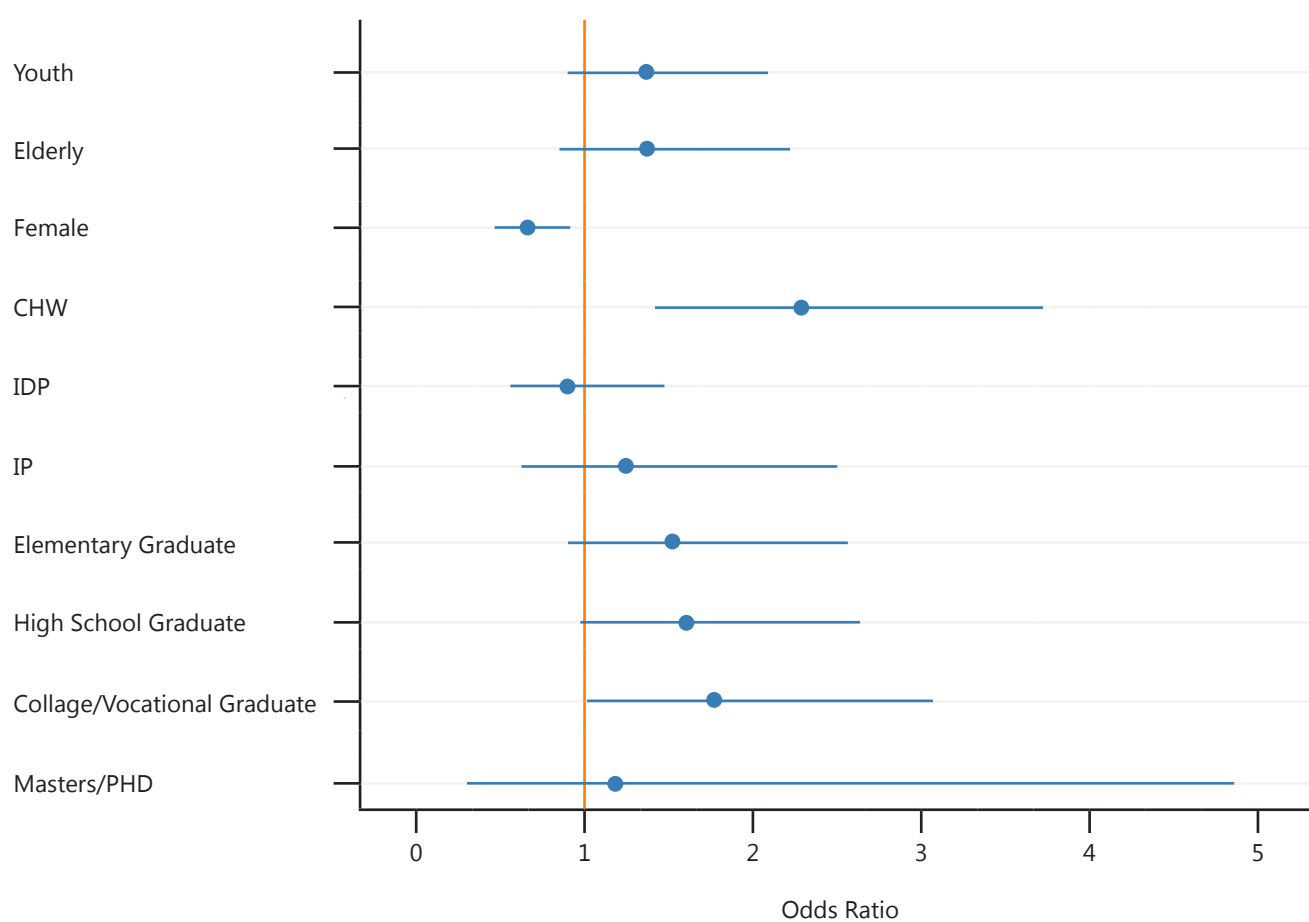
TABLE 1. BREAKDOWN OF REPORTED CASES OF VAWC CASES PER MONTH FOR 23 WPCPUS NATIONWIDE (JANUARY-APRIL 2020)

TYPE OF ABUSE	MONTH			
	January	February	March	April
Sexual Abuse	513	470	341	70
Physical Abuse	330	268	203	20
Sexual and Physical Abuse	9	13	7	0
Psychological Abuse	83	71	47	4
Neglect	34	35	16	11
Unable to Validate Abuse	12	7	4	1
Trafficking, Pending and other cases	15	9	9	2
TOTAL	996	873	627	108

Source: Dr. Bernadette Madrid, CPN

It would be illegitimate to infer that GBV incidence rates have decreased based on reports officially reported and documented on GBV service providers’ database. It is interesting, however, to note that women and IDP respondents reported low levels of trust in police as first GBV responders and are least likely to report GBV cases to them. Although this is not indicative of actual functionality of police reporting or responding mechanisms, it can bring about significant disruption within the GBV referral pathway. Police protection units are the most resource of the GBV service providers, especially as social workers have been re-directed towards food relief work and SAP distribution. This may indicate a need for referral pathways to be updated with new entry points, operational hours communicated to constituents. Trust-building activities with police and other duty-bearers will be needed accompanied by the establishment and expansion of community-based reporting and response systems.

FIGURE 12. LIKELIHOOD OF REPORTING GBV CASES TO POLICE



MARGINALIZED RESPONDENTS REPORT INCREASED ABUSE, TENSIONS WITHIN THEIR HOUSEHOLDS

LGBT respondents (4%) are more likely to report than non-LGBT respondents (0.47%) that they experienced increased conflict/criticism/abuse in the household during the COVID-19 pandemic. Intersecting vulnerabilities may increase respondents’ risk to GBV. Of the 5 respondents who reported increased abuse in their households, they were youth, adult, female, LGBT, 4P, young parent, CHW and PWD in rural locations (Batangas, Samar, Lanao del Sur, Maguindanao).

Positibo dahil alagaan ang mga anak, nagkasama ang pamilya. Negatibo at madalas magtalo dahil kulang sa budget.

(Positive effects have been that the kids have been more cared for, and the family are together. Negative impact has been that we're often fighting over the budget as it's not enough.)

49, Male Urban Poor, NCR

RESPONDENTS FROM VULNERABLE COMMUNITIES ARE WILLING TO REPORT AND INTERVENE DURING CASES OF GBV

Majority of respondents report that they are willing to report or intervene during a GBV incident. By gender, the LGBT respondents are more likely to act and intervene if they hear or observe occurrence of gender based violence. By sector, indigenous people, persons with disabilities, LGBT and seniors are more likely to act or intervene while urban poor, active OFWs and persons at risk of statelessness (PARS) are least likely to act or intervene.

By gender, the LGBT respondents are more likely to report GBV cases to service providers and authorities. By sector, LGBT, indigenous people, persons with disabilities, 4Ps parents and community health workers (CHWs) are more likely to report GBV cases. The urban poor are least likely to report.

According to the analysis done by the NCR group, “women aged 35 to 39, and 60+ will directly intervene, whether by the GBV referral pathway (reporting to authorities, meaning they are aware of the pathway) or personally acting directly; particularly relevant, as NCR’s urban setting expects a high increase in domestic violence cases.” For Samar respondents, across gender there is a similar pattern – majority will report and quite a number will directly act. A surprising smaller number of respondents will neither report or act.

Overall, LGBT persons are more likely to be aware, observant and likely to act on protection and GBV compared to those who do not identify as LGBT. This can be an indication of persistent gender-based discrimination and therefore higher level awareness of protection rights. Considering the discrimination, challenges, and constraints that LGBT persons encounter prior to the COVID-19 crisis with regard to access to GBV services, it will be helpful to monitor their experiences and access to GBV protection services during the pandemic.

Other key determinants of awareness/reporting/acting on protection or GBV are location (urban) and age (youth).

The finding that “indigenous people are least likely to report delays in VAWC services” can be rooted in social norms such as a culture of silence on one hand and prevailing conflict mediation practice in indigenous communities on the other hand.

Reluctance of the urban poor respondents, in comparison with all the other sectors, to act directly or report GBV cases begs an explanation. This can be explained by the pre-existing vulnerabilities of the urban poor as targeted victims of extra-judicial killings (widows, orphaned children), survivors of forced prostitution and human trafficking. The intersections of their vulnerabilities may explain the low level of trust to authorities and service providers. This could affect the urban poor respondents’ relationship with these authorities, indicated by them being least likely to act and report on GBV cases in their community.

TRUST IN GOVERNMENT RESPONSE VERSUS QUALITY OF SUCH RESPONSE

Key inquiries on protection, focused on GBV, examined the following areas:

- What are the protection concerns in the current context?
- Are gender-based violence prevention and response services and referral pathways available?
- Has there been a delay in GBV service provision?
- Are neighbors and bystanders likely to report? To intervene?

The findings suggested by the data indicate that certain respondents report high level of trust in government response to GBV, however, constituents that are disproportionately affected by GBV - women and IDPs, exhibit low reporting levels to the police. Is this matched by the quality of services being provided? To the question, how much has your trust level in GBV responders to provide services during the pandemic changed? Majority of respondents reported the same level of trust, with the elderly less likely to report lower trust level and with the IDPs, LGBT and the urban poor respondents more likely to report lower trust level.

The level of trust can be interpreted as trust in the quality of services for survivors of gender-based violence - this is quite possibly linked to a basic knowledge of what support should be in place at the barangay level, which is the VAW Desk. According to a 2010 joint memorandum that puts in place a VAW Desk in every barangay, "this facility would address VAW cases in a gender-responsive manner, managed by a person designated by the Punong Barangay. It is situated within the premises of the barangay hall."¹² As social workers and GBV responders know fully well, the VAW desk is primarily an entry point for mobilizing end-to-end assistance needed by GBV survivors.

Pre-COVID-19 GBV services reported by the majority of respondents as being in state of 'service as usual' vary across the country. The functionality of inter-agency protection mechanism at various governance levels (regional, provincial, city/municipal) and village-level VAWC desks continues to be an important subject of study with a broad agreement that it continues to be uneven, thus 'service as usual' needs to be unpacked as humanitarian workers across multiple clusters respond to the pandemic. Linked to this is the still fairly low level of awareness of the public about human rights and existing legislations and policies on anti-GBV or VAWC.



3.7.4. IMPLICATIONS

The assessment leads to the following recommendations:

- There is a significant need for life-saving SRHR information and services particularly within the communities with high risks even before the COVID-19 outbreak.
- Given an anticipated increase in the number of GBV cases, the findings imply the need for raising awareness and providing timely and appropriate information on GBV. Establishing alternative reporting mechanisms or modalities will be key in getting GBV survivors assistance in securing safety. Strong potential and support should be given towards re-establishing and expanding community-based reporting and response systems.
- Prioritise resources and efforts to ensure continuity and access to essential services to address SRHR including violence against women and girls, and to prepare for an increase in demand for emergency hotlines, shelters and other essential housing options, legal aid and other essential police and justice services.
- Fostering community engagement would ensure effectiveness and sustainability of the aforementioned efforts. For instance, the research showed that LGBT and youth are likely to be aware and willing to provide support to GBV survivors, thus mobilising them as community volunteers would provide ground level essential services and support to victims and survivors.
- GBV IEC campaigns may benefit by targeting bystanders and engage them in disrupting GBV incidents as they occur. There is a shortage in GBV service providers during this pandemic, diverted as they are in food and SAP distribution. DSWD and other protection agencies would benefit from the surge capacity of community members willing to be trained and provide GBV monitoring and referral support.

3.8. PARTICIPATION & LEADERSHIP

In a situation as unique as the COVID-19 pandemic, the study also wanted to examine if and how people are able to meaningfully participate in public spaces – not just in providing their complaints or suggestions, but in confirming that their feedback and inputs are reflected back in the design of LGU interventions to COVID-19. Which active feedback mechanisms do they prefer and find safe and are there differences in this across sector, sex, or age? What reasons do people have for volunteering their time and effort to support local government in COVID-19-related intervention measures? Responses may have implications on how communities can be mobilized and harnessed for COVID-19 IPC and protection-centered campaigns.

3.8.1. RESPONDENTS FEEL ABLE TO ENGAGE LGUS THOUGH NOT EVENLY HEARD ACROSS VULNERABLE SUBGROUPS

The national picture suggests community members are able to express their constituent needs to local duty-bearers but to an extent. In the six target regions, the majority of respondents (more than 51%) across sector, age, and sex affirmed that feedback mechanisms in their barangay, city, or municipality were active and that they felt their feedback “was reflected in government response”. Respondents elaborated, however, that this is not necessarily equivalent to response quality – for instance, aid or service delivery are more often than not slow or insufficient, and this seems to be more true for particularly vulnerable groups such as homeless persons in NCR. There are also some notable differences on the perception of being heard on the basis of sector; as an example, in BARMM it was observed that “authorities are less likely to listen to persons with disability and LGBT”.

Respondents do not hesitate to take their governments into account, participating in several avenues to share their input but preferring face-to-face communications with their barangay officials, with online platforms (Facebook groups, social media) as the second most-preferred mechanism. Anecdotes suggest that some barangay officials tend to respond more quickly to citizen reactions or feedback when posted on social media, but respondents use this space warily as quality and speed of responsiveness differ per LGU. Where internet connection is more intermittent or less accessible, SMS and phone calls are the identified second choice. Age may also play a factor – respondents aged 60 years old and above are more likely to utilize feedback mechanisms that are not gadget-based, such as personal conversations.

AVENUES FOR COMMUNICATION IN LGUS



3.8.2. WOMEN'S LOCAL LEADERSHIP CRUCIAL IN DRIVING LGU CAMPAIGNS AND SERVICES

As the COVID-19 response is decentralised and localised, the onus is primarily on local government to establish, facilitate, and maintain spaces where citizens are heard and listened to. This is made evident in how respondents interpreted “government” – when asked about ‘leadership’ and ‘participation’ in public spaces, respondents mostly referred to local contexts, speaking at length about their barangay-level and sometimes municipal-level experiences.

Perhaps worth noting is that key stories on women’s leadership were surfaced by the GIA, and present a unique opportunity for further research and examination. This seems a logical extension of the Gender Roles and Responsibilities finding that “diverse women find similarly diverse ways not just to cope, but to thrive”. Barangay and community health workers, mostly women, considered it their “moral obligation” to support COVID-19 response despite perceived risks to personal safety. In the Bangsamoro and in NCR, strategic support from women leaders on sub-national and local levels increased GIA buy-in, which shows much promise as incorporating gendered impacts enhances intervention and response. It may be worth further exploring what difference or impact women’s leadership can make in a situation as fluid, evolving, and uncertain as this pandemic.

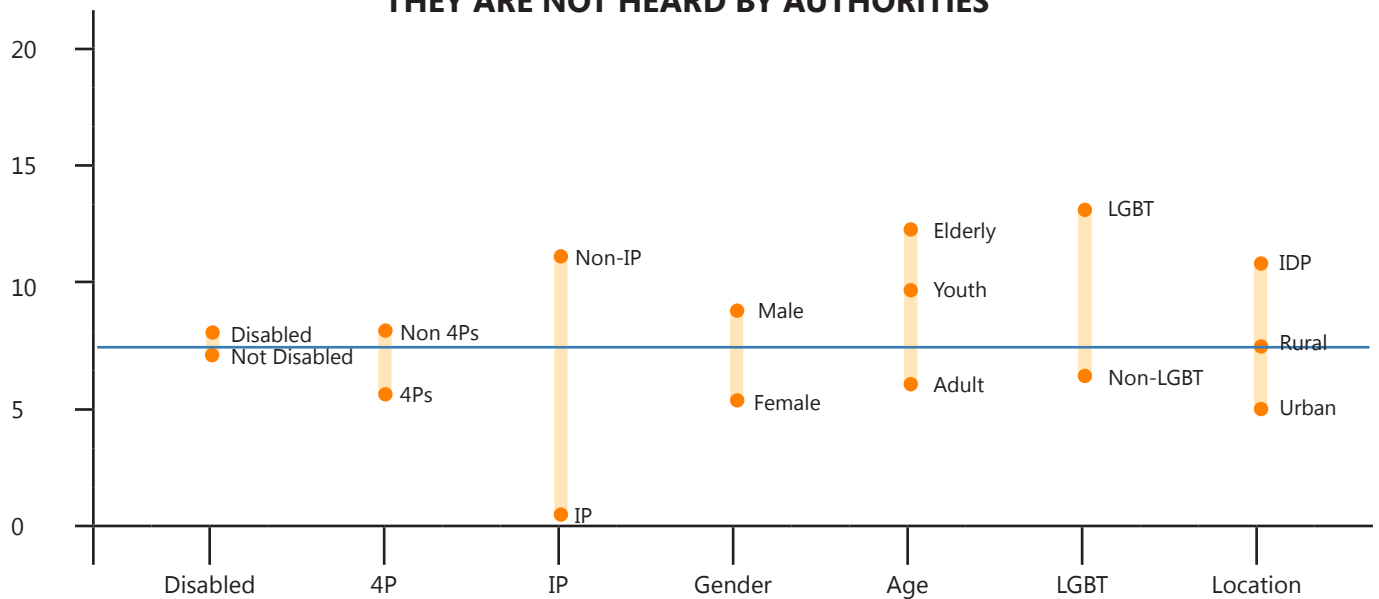
3.8.3. WILLINGNESS TO COOPERATE WITH GOVERNMENT CAN BE SHAPED INTO MUCH-NEEDED VOLUNTEERISM

In several areas such as Samar and NCR, more women than men indicated that they were volunteering time and skill to support COVID-19 response locally. “Who volunteers”, however, is determined less by sex or age and more by sector – for instance, since youth below 20 years old are required to stay home and adults above 60 years old are more susceptible to infection, they are less likely to volunteer simply because they are “not allowed to”. The homeless, being “in the margins” and not generally considered constituents of local government units, do not have the space to volunteer. Community health workers and the urban poor report higher rates of volunteerism (in Bicol, LGBT respondents report similarly high rates; in NCR, solo/young parents volunteer more too), while the homeless, persons with disability, and the elderly are by circumstance and condition kept at home.



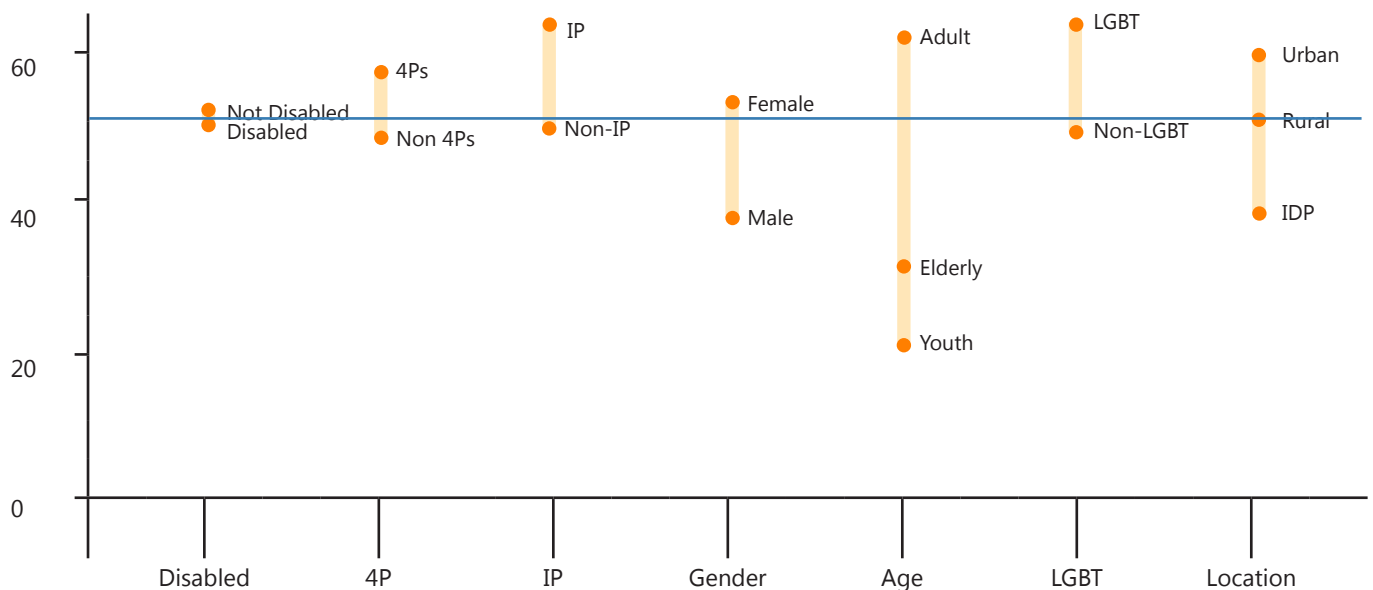
Yet, despite being non-frontliners, the sense of volunteerism is strong across most respondents. People are willing to “end the pandemic” and they do so in ways that they deem possible – young persons and the elderly elect to stay home as they feel it is how they are most helpful, while others support in relief distribution, express intent to report suspected VAWC cases, or generally cooperate with government-mandated security protocols as they wish to “protect their loved ones” or “help my community”. Where people are able to organise safely to hold their barangay officials to account, they do so, whether this is online or otherwise; where government response falls through the cracks, civil society and ordinary citizens endeavour to do what they can to bridge the gap. This bayanihan (a genuinely Filipino form of “collectivism”) is amplified in the time of COVID-19, but it is by no means a scapegoat for what good governance and steady leadership should be able to provide.

FIGURE 13. PERCENTAGE OF RESPONDENTS WHO FEEL THEY ARE NOT HEARD BY AUTHORITIES



*** IP/non-IP Comparison only includes respondents from Bicol and Samar

FIGURE 14. PERCENTAGE OF RESPONDENTS WHO HAVE VOLUNTEERED IN COMMUNITY FOR COVID-19



*** IP/non-IP Comparison only includes respondents from Bicol and Samar

3.8.4. MAJORITY OF RESPONDENTS REPORT A STRONG AWARENESS OF AND CONNECTION TO LGU LEADERSHIP, INCLUDING CONSISTENT ACCESS TO FEEDBACK MECHANISMS

On issues when inequitable distribution is being implemented, a few respondents report being able to organize neighbors to petition barangay leaders in order to remedy the gap. These examples of community spirit and redress should be lauded, documented and amplified as examples and best practices of meaningful community engagement by local government units.

Women respondents from IDP, homeless and urban poor communities reported their perceptions of invisibility — how their hidden households are often ignored and made ineligible for public assistance. LGUs need to examine their basis for eligibility, residency or included constituencies that may invariably exclude vulnerable constituents such as homeless, urban poor, and internally displaced people. Increased transparency or rationale for exclusion and re-emphasis of humanitarian principles for a needs-based determination of who can receive assistance.



Bilang matagal na akong BHW, parte ng buhay ang pagbibigay serbisyo. Natutuwa ako na mayroon akong natutulungan lalo pa't ang aming lugar ay sa may bundok na. Natutuwa ako at nagsisilbing akong tulay at hindi sila napapag-iwanan. Nasasama ang lugar namin.

(As I am a long-time barangay health worker, public service is already a part of my life. It makes me happy to see that I have helped people in my community especially as our area is in the mountains. I'm happy to serve as a bridge and that they aren't being left behind. Our communities are being included.)

Local Health Worker, F, CALABARZON



...Matindi ang paghahanda ng LGU. Pag may galing sa ibang bansa, naka quarantine. Nagbibigay sa bahay bahay [ng] food relief, bigas, de lata. Nabigyan halos lahat ng SAP sa lugar namin.

(Our LGU prepared very effectively. If someone comes in from overseas, they are quarantined. They go household to household giving food relief, rice, canned goods. Almost everyone was given social amelioration package assistance in our area.)

47, Female Returning Migrant, Nueva Ecija



Laking pasasalamat ko sa kanila, sobrang maganda pakikitungo nila sa amin. Saludo ako sa serbisyo na binibigay nila sa amin.

(I have a great sense of gratitude to them - they treated us well. I salute their service.)

Solo parent, BARMM

3.9. ANALYSIS ON POPULATION GROUPS OF INTEREST

3.9.1. REFUGEES, ASYLUM SEEKERS, AND PERSONS AT RISK OF STATELESSNESS SITUATION



During the GIA data collection, 20 persons of concern (POCs) including refugees and asylum seekers, persons of Indonesian descent (PID) and persons at risk of statelessness were identified amongst the respondents. Of these respondents, 10 are women and 10 are men, who are currently residing in the following areas: National Capital Region (NCR), Region IV-A, Region IX and Region XII. The COVID-19 pandemic that POCs experience under their particular circumstances might require different perspectives to analyse their needs during the crisis. Given the various areas that the respondents are located in, the study assumed their experiences may differ depending on inclusiveness of host communities and accessibility of basic services amid the pandemic. Accordingly, emotional and psychological challenges they experience may also vary. Therefore, this section pays specific attention to the impact of the COVID-19 on POCs. The following noticeable experiences were observed during the data collection.



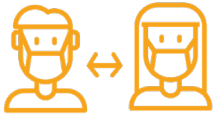
Gender Roles and Responsibilities

No changes on gender roles and responsibilities have been identified. However, the number of hours devoted for domestic work has increased during the COVID-19 pandemic. While women continue to carry the biggest share of domestic responsibilities, males and young people's time for domestic work significantly increased during the pandemic.



Impact of Interventions

Most of the respondents recognised and complied with the rules and regulations during the implementation of ECQ. They expressed that compliance with the rules would prevent the spread of COVID-19.



Coping Strategies and Capacities

Respondents expressed that their strong faith and family support help them to cope with the underlying effects of the quarantine measures. There is also an increasing awareness on the importance of taking care of one's health in order to protect oneself against the COVID-19.



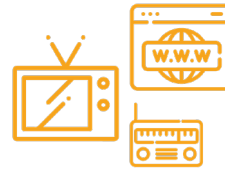
Addressing Social Stigma

Whilst 50% of the POCs are most likely to report neighbours in the community who are COVID-19 positive, they did not express negative reactions/labels to persons infected with the disease. Instead, they would refer them to the barangay or health centers in order to help them and to avoid further harm in the community.



Access to Basic Services

More than half of the POCs received basic services from the National Government and Local Government Units. However, the majority of them expressed that they are insufficient. It was also examined that asylum seekers and refugees have not been provided with the Social Amelioration Program. Based on the policy of the DSWD, the provision of SAP is limited to Filipinos only.



Access to Information

Most of the respondents received accurate COVID-19 information through the internet and TV. None of them, however, received IEC printed materials. Majority of them expressed that they have a high level of trust with the information shared by the local government unit through the Barangay authorities.



Gender-based Violence

Whilst there have been no reported GBV and child protection cases yet in the Sama Bajau community, the respondents are already aware of the GBV referral mechanism. Other POCs are most likely to report the GBV and child protection cases to NGOs.



Sexual and Reproductive Health and Rights

It was observed that the respondents have a low level of awareness of the services provided by special clinics and private hospitals in terms of SRHR.

3.9.2. RETURNING MIGRANTS, OVERSEAS FILIPINO WORKERS

MIGRANT WORKERS ARE EXPERIENCING STIGMA & EXCLUSION FROM PUBLIC FINANCIAL ASSISTANCE AS THEY RETURN HOME. The Philippines is one of the world's top migrant sending countries. The Commission on Filipinos Overseas (CFO) estimates that there are 10.4 million Filipinos migrants, located in more than 200 countries and territories around the world. In the past two decades, an annual average of 172,000 Filipino WMWs were deployed overseas as new hires.¹³ The ongoing COVID-19 pandemic has resulted in unemployment and repatriation of many of these migrant workers. In this context, this section aimed to highlight the specific impacts of COVID-19 on the returning migrants.

Another group of women doing care work who are experiencing social stigma are returning migrant workers. Interviewers heard from returning migrant workers who recall being hailed as the country's heroes and now report being viewed as disease carriers. Active OFWs shared that they were often being sent by their employers to run errands without protective gear, and made to face the public markets and customers in their stores, increasing their risk of exposure. Exploitative employers have also refused to give them a day off and because of quarantine measures, are forced to work non stop without rest. And for those whose contracts are terminated and sent home by their employers, they face exclusion upon their return.

The Philippines is one of the world's top migrant sending countries. The Commission on Filipinos Overseas (CFO) estimates that there are 10.4 million Filipinos migrants, located in more than 200 countries and territories around the world. In the past two decades, an annual average of 172,000 Filipino WMWs were deployed overseas as new hires.¹³ The ongoing COVID-19 pandemic has resulted in unemployment and repatriation of many of these migrant workers. In this context, this section aimed to highlight the specific impacts of COVID-19 on the returning migrants.

GENDER ROLES & RESPONSIBILITIES

Among OFWs and returning migrants, more women (40%) than men (14%) spent over five hours in domestic work before the pandemic. Most men (36%) spent less than one hour on chores. During the pandemic, more women (53%) and men (26%) reported spending more than five hours in domestic work. Interestingly, cleaning the house, cooking meals, and doing laundry remain to be the top three chores that take up the most time for both women and men before and during the pandemic. Most of the respondents among women and men reported that the increased time spent on domestic work during the pandemic has made it harder for them to do paid work, find paid work, and have enough rest.

At least 27 of 115 active OFW and returning migrants reported to be currently jobless ("Nasa bahay lang"). Some are stranded in the country, or have lost their jobs when the pandemic broke and have had to come home. Thirteen of the 17 respondents who reported to have taken up farming, running a sari-sari store, or operating their own business are women. "... [M]as madiskarte ang babae ngayon kasi marami silang kilala at nag-[online] din na pagbebenta." (47, Female Returning Migrant, BARMM)

Majority of the respondents among women and men OFWs and returning migrants said they did not have any responsibilities in the community before the pandemic, with males being less involved (54% compared to 35% of females).

ACCESS TO BASIC SERVICES

In the crisis, water and electricity remain the most available services to the respondents. Female active OFWs (71%) have the most access to remittance services. At least seven respondents specifically said that their access to remittance services has been restricted, often as a result of limitations in transportation. Over half (68% female, 58% male) of active OFWs reported to have continued access to transportation. Meanwhile, returning migrants find transportation services more difficult to access (only 30% female, 22% male reported to have continued access).

A mere 10% of females and 3% of males reported to have continuous access to reproductive health services. Over 80% of females and males know that the barangay center and public hospitals are open, and some have reported asking for pills and condoms from the barangay center. Forty percent of male respondents and 25% of female respondents said they are unaware if birth centers are open during the pandemic.

Almost half (48%) of women respondents and 71% of men respondents said that there are gender-based differences in sourcing basic needs and services in the time of COVID-19, with women being more “madiskarte” in finding resources. Male returning migrants (84%) are likelier to think this. However, the majority of the respondents believe that there is no difference in the kinds of services available to women and men during the pandemic.

Roughly half of active OFW respondents received aid and half did not. Around 90% of returning migrants received aid. Most of the respondents (40-50%) expressed dissatisfaction with the aid they received. “Kasi ang gobyerno natin pinipili lang nila ang tinutulungan at hindi lahat. Porket alam nila na nasa abroad ang nanay o kapamilya (gaya ko) di na nabigyan ng ayuda, automatic di na kasali. Eh paano yan, gaya ko na-terminate ako at wala maipadala na pera, di naman namin masabi sa gobyerno na na-terminate ang nanay nila sa trabaho kasi automatic disqualified na.” (54, Female OFW, on-site)

Among the 47% who reported that the government response to the pandemic affected them negatively, more women than men cited loss of employment and reduced income, as well as decreased freedom and mobility, as concrete effects of the crisis.

Over 70% of the respondents trust that the municipality and national government will help them seek treatment should they be infected with the coronavirus. More men than women trust that the municipality and national government will help them secure a livelihood, and provide food for their families, after the pandemic.

ACCESS TO CORRECT AND APPROPRIATE INFORMATION

All of the respondents said they understand why precautionary measures against COVID-19 need to be taken. More females (96%) than males (79%) said that they understand the roots of the crisis. An overwhelming majority (96%) of the respondents follow basic precautionary measures against COVID-19 such as wearing masks, avoiding public gatherings, and staying home/observing physical distancing.

The most common sources of information on COVID-19 among active OFWs are the Internet — government websites, Facebook and Messenger groups, and news agencies — and television. For returning migrants, all of the male respondents reported getting their information from television; 78% of males rely on the Internet compared to only 45% of females. Female returning migrants receive their information from television (91%) and the barangay (77%). Fifty-six percent of OFWs source their information from their families and government agencies. They also get their news from government circulars, NGOs, and their own employers abroad.

COPING STRATEGIES AND CAPACITIES

Like most of the respondents, OFWs and returning migrants strongly rely on attitude and faith/belief to cope with pandemic. Many of the returning migrants, in particular, have taken up gardening/backyard farming, baking, and cooking to distract themselves from the crisis. Communicating with families back home is the leading coping mechanism for OFWs.

ADDRESSING SOCIAL STIGMA

Majority (81%) do not know anyone positive for the coronavirus. Among those who know someone positive, most are OFWs.

The most common reaction to someone positive with coronavirus is avoidance followed by being afraid of them. However, over 40% of returning migrants believe that their communities would help those infected with the disease. Among OFWs, 60% of men said that their communities would help COVID-19 patients, compared to only 29% of women. "Help" would mean reporting the case to the barangay or authorities ("kinaukulan") like the DOH, having the patient quarantined, and offering comfort or advice. At least 12 respondents expressly said they would pray for the patient.

Most of the respondents believe that awareness on how COVID-19 is transmitted will help ease the fear and misunderstanding that people have of the disease. More men than women think that knowledge of government-issued protocols would accomplish this task.

PROTECTION & SRHR ISSUES

More women OFWs (75%) and male returning migrants (55%) than their counterparts had used family planning services prior to the pandemic. Sixty-two percent of the respondents across both sexes think that services responding to VAWC are the same as before the pandemic broke, while 38% think that the pandemic has caused delays in these services.

The top three health services that are nearest and most accessible to OFWs and returnees are the barangay health center, the public hospital, and the private hospital. One of the most difficult SRHR services to access during the quarantine is SRHR supplies such as contraceptives or pills (35% of females reported this compared to 14% of males; all returning migrants). If SRHR services are unavailable, 59% of women will try to access what they need from pharmacies. Forty-one percent of women said they would do nothing.

Majority of the respondents (87%) have not heard of or observed any cases of VAWC during the pandemic. Female active OFWs and male returning migrants are more likely to report incidents of GBV to authorities than their counterparts, although the majority of the respondents would report rather than not do anything. More than 70% of OFWs would report to cops while over 90% of returning migrants would report to the barangay. Some OFW respondents observed that swift action is enforced by local authorities, particularly the police, in countries like Dubai, Sharja, or Hong Kong. Not everyone feels confident that the Philippine embassy could provide the help that migrant workers face. "... [H]indi sigurado kung kakampihan ang Pinay OFW, lalo kung lokal ang nananakit. Karaniwang kumakampi ang PH embassy sa mga lokal. Papauwiin lang ang biktima kasi hindi naman makikipagtalos ang embahada natin sa Bahrain government." (29, Male OFW, on-site)

PARTICIPATION & LEADERSHIP

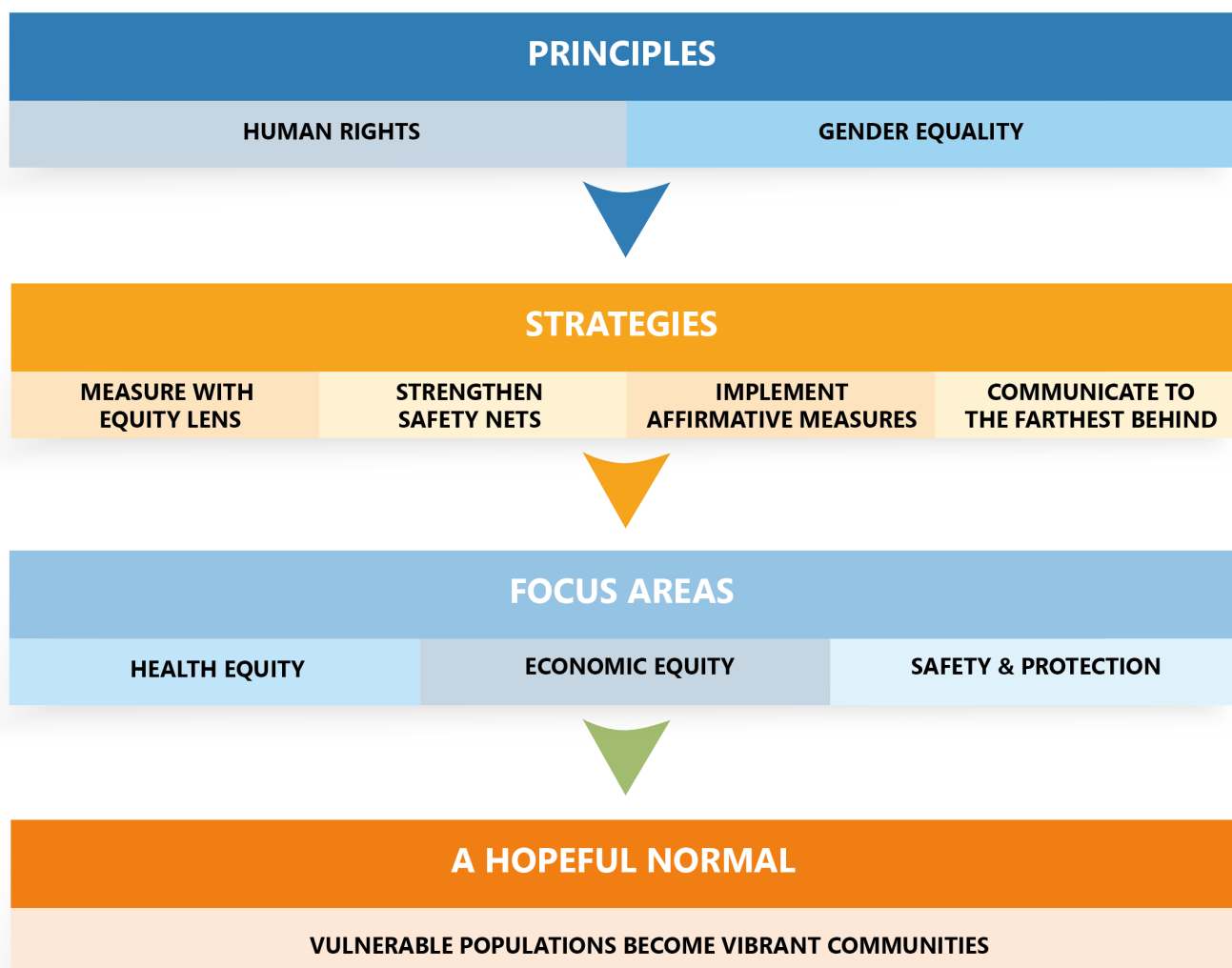
Only 21% of OFWs and returning migrants volunteer in community efforts to combat COVID-19. Majority (23%) of those who volunteer are women. They help with food and relief preparation and distribution; information gathering and dissemination; and organization of communities (chat groups) online. Some are actual barangay health workers or kagawad.

Some workers do not volunteer because they are only temporarily in the Philippines or they feel that the quarantine is a short-lived, temporary situation. They have also said that there are too many volunteers already or that no one invited them to volunteer. Many of those who did not volunteer expressed that staying at home and following government protocol are ways of helping.

Almost two-thirds (66%) of OFWs and returning migrants say that there are safe avenues to bring up criticisms and suggestions. Eleven percent of the respondents say there are no safe ways to bring up concerns and recommendations. More women (13%) feel this way than men (6%). Slightly more than half (56%) of OFWs and returning migrants feel that they are listened to by authority figures.

Among OFWs, more mothers than fathers serve as decision-makers in the families while slightly more fathers than mothers decide in families of returning migrants. Overall, mothers are the decision-makers in more families (56% compared to 52% that said fathers are the decision-makers).

4. RECOMMENDATIONS



The COVID-19 pandemic has overwhelmed and dominated the concerns of the global community within a short span of time and threatens to undermine and weaken governance and resource infrastructures. The communities that are historically most marginalised and disadvantaged suffer the worst consequences of this health crisis. The assessment demonstrated that the respondents repeatedly confirm that the historic social inequities that have pushed them into the economic brink and elevated their mental and emotional anguish has been aggravated throughout this health crisis. To ensure the future health and livelihood of all Filipinos and leave no one behind, those who are most vulnerable and marginalised need to be re-centered in all humanitarian and public health interventions.

As this acute pandemic stretches out into a protracted crisis, all humanitarian actors bear a responsibility to center them in their interventions and services and pay attention to the specific and varied ways they are bearing the brunt of IPC and quarantine measures. The recommendations formulated below reflect essential touchstones for all duty-bearers, including key government and humanitarian agencies, as they respond to a pandemic of global proportions.

1. UPHOLD HUMAN RIGHTS & GENDER EQUALITY

Elevating and integrating rights-based principles into the COVID-19 response is at its core about accountability. To ensure gender equality and women's empowerment, it will be key to build on existing human rights instruments, investments and successful education and advocacy efforts by institutionalizing the funding, capacity-building and accountability of duty-bearers. In this fight against the COVID-19 virus, efforts are measured by the degree to which they are able to reduce the risk of infection and "flatten the curve". Humanitarian interventions need to be measured against indicators that reflect back the well-being of the women and girls belonging to the most vulnerable groups in order to strengthen the duty-bearers' commitment to assure the implementation of public services, programs and assistance in respectful, safe, confidential and non-discriminating ways.

AGENCY	RECOMMENDATION
IATF	<ul style="list-style-type: none"> Employ rights-based approach and protection principles in implementing interventions, ensuring that all duty-bearers are fully aware of enabling policies, mandates and strategies Develop and adopt indicators for implementing agencies that measure the health and well-being of the most vulnerable constituents
DILG/LGUs	<ul style="list-style-type: none"> Provide training for LGU officials to implement equitable policy for quarantine pass and precautionary measures Evaluate and ensure that quarantine conditions or measures are evenly applied across the regions through a quarterly public report Strengthen accountability measures for LGUs by establishing and improving community grievance mechanisms to safely report abuse, exploitation or discrimination
DOH, DSWD, DOLE	<ul style="list-style-type: none"> Train accountable duty-bearers to detect discrimination, exploitation and abuse of authority in accordance to humanitarian codes of conduct and minimum standards

2. MEASURE WITH EQUITY LENS

To protect all Filipinos from discrimination and abuse whilst ensuring equitable provision of support, it is critical to conduct a regular evaluation of the government response to COVID-19 according to indicators that measure equity of outcomes. This, in turn, will enable the revision and implementation of more effective, appropriate and accountable measures.

AGENCY	RECOMMENDATION
IATF	<ul style="list-style-type: none">● Mandate the establishment of simple and easy-to-monitor equity indicators that will be used to evaluate the outcomes of cluster responses, prioritizing measures of health and well-being for the most vulnerable populations● Conduct and publish periodic reports on the performance of clusters to achieve these indicators
DILG, DOH, DSWD, PNP, DOLE	<ul style="list-style-type: none">● Capacitate responders and staff to assess programmatic services and interventions using these equity indicators as target outputs, setting progressive goals that will reach out to the most vulnerable and hard to reach



3. STRENGTHEN SAFETY NETS & SOCIAL PROTECTION MEASURES

Discourse and strategies that restrict definitions of constituency, residency or eligibility need to be challenged. Following recommendations emphasise how the stakeholders can assess and identify to what extent eligibility criteria (e.g. voter status, HOA membership), project design (e.g. pre-determined vs self-determined) and outreach strategies (e.g. barangay-centered vs house-to-house, time of operational hours) might exclude the hardest hit and farthest out of reach among LGU constituents.

AGENCY	RECOMMENDATION
DILG, LGUs, DSWD	<ul style="list-style-type: none">● Ensure constituents without a physical address are prioritised for resourced interventions - homeless, internally displaced, indigenous peoples and urban poor
NEDA, DOB, DSWD	<ul style="list-style-type: none">● Update the formula to include variable support levels for social amelioration/ayuda to adequately meet current needs. Assure such formulas are realistic need-based assessments by weighing variables that determine the level of support needed - family income, number of children, presence of other factors on vulnerability index needs such as disability, displacement, indigeneity, solo parenthood, etc.● Design specific interventions to women who are PWDs, IDP, IP, urban poor, solo parents, homeless residents who are experiencing compounding vulnerabilities and have increased reliance on LGU support● Increase attention to potential bias and exploitation by resourcing accountability measures
DOJ	<ul style="list-style-type: none">● Allow refugees, asylum seekers and people at risk of statelessness to receive financial assistance or be eligible for existing social amelioration program (SAP) assistance

4. IMPLEMENT AFFIRMATIVE MEASURES TOWARDS EQUALIZING THE FIELD FOR THE MOST VULNERABLE

Amid the COVID-19 crisis, the marginalised communities have received short-term government assistance such as food relief and distribution yet there is a need for LGUs' capacity enhancement to provide more effective and sustainable support and assistance to the communities. More specifically, strengthening barangays' capacities for larger and long-term health and livelihood response as well as social accountability and psycho-social support should be prioritised.

AGENCY	RECOMMENDATION
DILG	<ul style="list-style-type: none"> ● Increase budgetary allocations to LGUs for formulation and implementation of evidence-based, rights-centered, gender-responsive IPC and quarantine measures ● Mainstream gender-responsive measures by broadening financial resources beyond the annual GAD allocations ● GAD funds should be utilized for acute gender-sensitive initiatives that innovate and respond to immediate gender practical needs. All barangay, LGU and government programs and services should be gender responsive, and large infrastructure projects such as public daylong childcare centers, washing or community-based laundry stations, nutritional feeding centers, should be regularly funded through mainstream/non-GAD budgets ● Ensure equitable implementation and information dissemination on quarantine & IPC measures ● Ensure sufficient and gender-responsive provision of livelihood support
National Government and LGUs	<ul style="list-style-type: none"> ● Reprioritisation and sufficient budget allocation for the most demanded public facilities (e.g. WASH facilities, child care centers and schools, protection units)
NCDA	<ul style="list-style-type: none"> ● Specific interventions to support and protect PWDs whose reliance on LGU has been increased during the pandemic ● Provide financial, technical and communications support for indigent mothers, especially solo, young and 4P parents, to build their capacities for homeschooling ● Expand eligible activities for government services and cash assistance to include care and domestic work, daycare, transportation and entrepreneurial livelihood projects

5. COMMUNICATE TO THE FURTHEST BEHIND

Effective communication to reach the furthest behind is one of the most important factors to prevent and reduce the spread of disease. Hence, designing a culturally sensitive risk communication strategy to fit specific needs of the most vulnerable subpopulations should be emphasised by the government and humanitarian agencies. It is also crucial to consider the disproportionate information technology (IT) capacity and infrastructure amongst communities.

AGENCY	RECOMMENDATION
DOH	<ul style="list-style-type: none"> Develop information, education and communication (IEC) materials for communities with low literacy, no access to TV or mobile signal Tailor messages especially to the most vulnerable and marginalised communities and target 'hidden households', such as homeless, IDP, IP, urban poor, young mothers
DICT	<ul style="list-style-type: none"> Enhance and stabilise IT infrastructure in geographically isolated and disadvantaged areas (GIDA)
NPC, NDRRMC	<ul style="list-style-type: none"> Include GBV-integrated COVID-19 messages in the existing COVID-19 information platforms such as SAFE PH, national TV stations and radio
OWWA, DOLE, BOQ, NAIA, DFA OMWA	<ul style="list-style-type: none"> Provide COVID-19 related orientation and information to returning migrant workers Support reintegration of returning migrant workers into LGUs Establish two-way communication channels for returning migrant workers to provide feedback and complaints Provide mental health and psychosocial support (MHPSS) to returning migrant workers
DEPED	<ul style="list-style-type: none"> Mobilize and maximize youth-led organisations in IPC education
DSWD	<ul style="list-style-type: none"> Mobilize and support 4P beneficiaries, LGBT with CFW programs, to engage them in COVID-19 response programmes such as contact tracing and IPC prevention education Develop information, education and communication (IEC) materials for communities with low literacy, no access to TV or mobile signal Support LGUs in providing IEC to increase community awareness on the COVID-19 infection and prevention

6. HEALTH

Safeguarding the health of all Filipino citizens and Philippine residents is the imperative of the COVID-19 response. For the whole of government response to be effective and impactful in reducing risk to and treating the consequences of COVID-19 infection, strategies and services need to be mindful of the variance in constituents' experiences, conditions, capacities, needs and barriers. Gender identity is a critical consideration in the design and implementation of interventions.

AGENCY	RECOMMENDATION
DILG, LGU, DOH, DSWD	<ul style="list-style-type: none">● Mobilize and support 4P beneficiaries, LGBT with CFW programs, to engage them in COVID-19 response programmes such as contact tracing and IPC prevention education
DOH	<ul style="list-style-type: none">● Mobilize and support 4P beneficiaries, as CHWs for contact tracing and IPC prevention education● Provide accurate and rigorous IPC education to all volunteers, teachers, young people



7. ECONOMIC EQUITY

As IPC and quarantine measures restricted mobility in order to reduce risk of infection, the accompanying loss of income and livelihood for the most marginalized have driven vulnerable populations to severe coping mechanisms - sex work, mendicancy, and suicidal ideation. Design tailored interventions that mitigate the socioeconomic impact for communities farthest behind and ensure that LGUs are capacitated to respond to their complex socio-economic needs.

AGENCY	RECOMMENDATION
DOLE	<ul style="list-style-type: none"> ● Increase and strengthen programs and financial assistance to unemployed and underemployed constituents especially to women and those from excluded communities who are not associated with large industries with strong lobbying power (e.g. construction, manufacturing). Service industries, informal economies and community-based livelihoods have been historically excluded from DOLE programs, and disproportionately employ women such as laundrette, vending stores, small restaurants and retail stores
DOLE, DTI	<ul style="list-style-type: none"> ● Increase funds to livelihood programs such as seed capital ● Strengthen accountability of programs for public financial assistance to the unemployed and expand the assistance to informal sectors
DSWD, NEDA, DOF	<ul style="list-style-type: none"> ● Establish methodology that considers specific context of recipients, such as displacement, homelessness and indigeneity, for determining adequacy of social amelioration stipends
DOJ, DILG	<ul style="list-style-type: none"> ● Enable refugees, asylum seekers and people at risk of statelessness to receive public financial assistance
DSWD	<ul style="list-style-type: none"> ● Expand 4Ps program and extend its protective, economic and health benefits to the most vulnerable individuals who are at risk of exclusion due to the absence of permanent home address - homeless, internally displaced, indigenous people

8. SAFETY & PROTECTION

Existing gender inequalities and risks of gender-based violence are exacerbated as a result of the pandemic and of the socioeconomic impacts of prevention and control measures. Such circumstance urges government and humanitarian actors to prioritise the protection and promotion of the rights of women and girls and strengthen institutional capacities for effective resource mobilisation and utilisation.

AGENCY	RECOMMENDATION
DOH	<ul style="list-style-type: none"> Officialise GBV service providers as essential frontliners and advocates Provide education to demystify COVID-19 and reduce social stigma Institutionalise staff care and support for service providers (local and national government agencies, LGU) Strengthen MPHSS care for GBV survivors and provide technical guidance and training to relevant service providers
IATF, DSWD	<ul style="list-style-type: none"> Maintain and foster peacebuilding efforts especially for IDP camps Provide education to demystify COVID-19 and reduce social stigma Provide continuous rights-based orientation for security officers, and improve accountability and grievance mechanisms Institutionalise staff care and support for service providers (local and national government agencies, LGU)
DSWD, PNP, DOH	<ul style="list-style-type: none"> Quarterly assess GBV survivors' health, safety and rights Establish alternative ways for accessing GBV services, such as phone booths in safe spaces and access to internet and communication Strengthen surge capacity such as parasocial workers or extension workers, providing Cash for Work programs to community-based GBV & CP monitors Institutionalise staff care and support for service providers (local and national government agencies, LGU)
DILG	<ul style="list-style-type: none"> Ensure quarantine measures (e.g. municipal quarantine pass) are flexible and self-determined to reduce the risk of abuse, such as unnecessary requirements and inequitable application

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