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Resilience and Innovation Learning Hub



# Rapid Gender Analysis

## Philippines: Metro Manila

19 September 2020



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# Acronyms

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<b>ACCORD</b>	Assistance and Cooperation for Community Resilience and Development, Inc.
<b>BARMM</b>	Bangsamoro Autonomous Region in Muslim Mindanao
<b>BHW</b>	Barangay Health Worker
<b>CALABARZON</b>	"Refers to the five provinces comprising Region IV-A, namely Cavite, Laguna, Batangas, Rizal, Quezon and one highly urbanized city, Lucena"
<b>CHW</b>	Community Health Work
<b>ECQ</b>	Enhanced Community Quarantine
<b>ERF</b>	Emergency Response Fund
<b>GBV</b>	Gender Based Violence
<b>GCQ</b>	General Community Quarantine
<b>INGO</b>	International Non- government Organisation
<b>IUD</b>	Intrauterine device
<b>IPC</b>	Infection Prevention and Control
<b>LGBTQI</b>	Lesbian, gay, bisexual, and transgender, Queer, Intersex
<b>LGU</b>	Local Government Unit
<b>MECQ</b>	Modified Enhanced Community Quarantine
<b>NCR</b>	National Capital Region
<b>NGO</b>	Non- government Organisation
<b>PSEA</b>	Protection against Sexual Exploitation and Abuse
<b>RGA</b>	Rapid Gender Analysis
<b>SAP</b>	Social Amelioration Program
<b>SOGIE</b>	Sexual orientation, gender identity, and gender expression
<b>SRHR</b>	Sexual and reproductive health and rights
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>VAWC</b>	Violence against Women and Children



PARTNERS FOR RESILIENCE



# COVID-19 Response

In partnership with the LGU of Navotas City



# Executive Summary

The global pandemic coronavirus disease 2019 (COVID-19) has affected millions worldwide. Presently in the Philippines, there are more than 250,000 cases, with more than 58,000 active cases, and 4,000 dead.<sup>1</sup> The government responded to the crisis using public health measures including travel restrictions, strict community quarantine protocols, work suspension, and promotion of proper hygiene and strong immune system.<sup>2</sup>

Metro Manila is the centre of COVID-19 crisis in the Philippines. At least 54% of the total number of cases in the country is found in Metro Manila.<sup>1</sup> The protracted quarantine measures resulted to severe consequences for urban poor communities. This includes economic displacement particularly for daily wage earners and workers in the informal sector, limited access to basic services, and issues with safety and security. Restrictions were also met with difficulties as urban settlements are often densely packed, overcrowded, and often lacking basic facilities, thereby increasing the risk to spread infection.

The COVID-19 Philippines Inter-Agency Rapid Gender Assessment (RGA), of which the NCR RGA is a part, was conducted to document stories of women, men, and other vulnerable sectors from urban poor communities in Metro Manila. It is a collaborative study aimed at identifying the different needs, risks, capacities, and coping strategies of women, men, girls, and boys in the COVID-19 crisis. The research design was developed by GBV Sub-cluster member agencies UNFPA, Plan, CARE, and Oxfam.

The NCR Rapid Gender Analysis was conducted from 15 April- 27 May 2020 in six cities in Metro Manila. A total of 145 participants from multiple sectors form part of the study. Semi-structured phone interviews were used as the primary data collection method to ensure the safety of both partner organisations and participants.

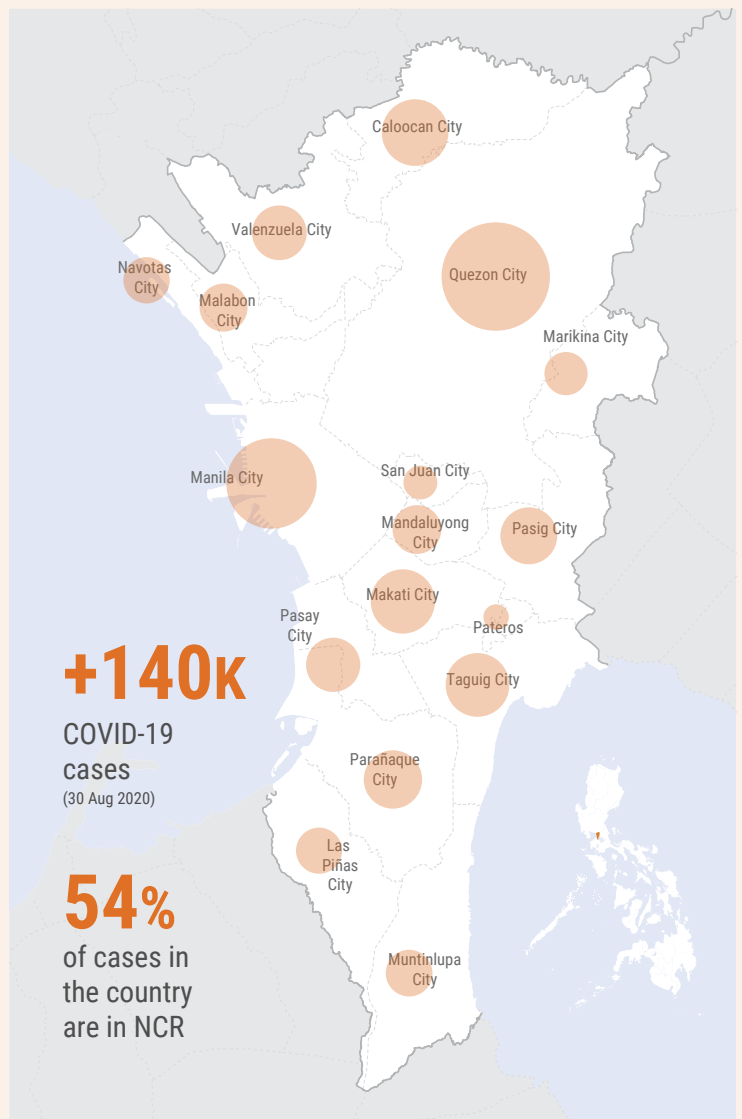
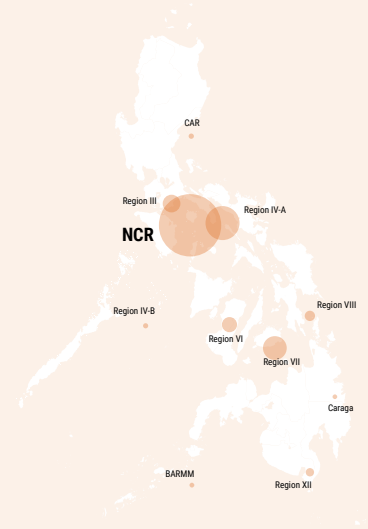
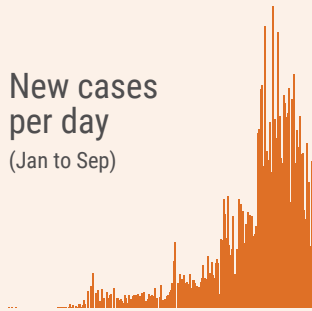
The NCR RGA is structured to surface stories according to eight (8) key areas of inquiry: 1) Gender Roles and Responsibilities, 2) Access to Basic Services, 3) Impact of Interventions, 4) Access to Information and Technology, 5) Coping Strategies and Capacities, 6) Addressing Social Stigma, 7) Protection and SRHR Issues, and 8) Leadership and Participation.

The NCR RGA is an inter-agency initiative coordinated by CARE, with participating INGOs Oxfam Pilipinas, Plan International, Asmae; local organizations ACCORD Inc., ChildHope, Kanlungan sa Er-ma Ministry Inc.; and individual volunteers from DFAT.

## +250k

COVID-19 cases  
(30 Aug 2020)

New cases  
per day  
(Jan to Sep)



# Findings and Conclusions

## Community



**People resume daily activities despite possible exposure to the disease because they feel they have no choice.** The lack of available resources, economic displacement, and the varying quality and quantity of government assistance push communities to find alternative ways to support themselves and their families. While generally compliant to government protocols, they continue to undertake activities to meet their everyday needs.



**People want to help in ways they deem possible.** Communities have articulated that they want to directly contribute to mitigating the spread of the virus. Identified ways of supporting the response include compliance with barangay protocol to stay at home; provide feedback to national/local government physically or online; work or volunteer as frontliners; and report VAWC suspect cases to authorities. This reflects a strong sense of social cohesion and reveals the spirit of bayanihan even among the urban poor.



**People overwhelmingly express fear due to uncertainty but continue to adapt.** Communities articulate willingness to participate in government response to “keep loved ones safe” but require clearer national and local information on infection prevention and control. A number of households have also equitably distributed domestic/care work in the household and display remarkable resourcefulness in coping with the impact of COVID-19.



**Local governance matters to communities.** Urban poor communities continue to trust and depend on the government to solve the COVID crisis. All decisions and actions of leaders with regards to the pandemic have lasting impact on the lives of the most vulnerable and most marginalised.

## Women, Gender-specific



Women and the most vulnerable groups (i.e., 4Ps,<sup>3</sup> solo parent), experience compounded burdens due increased work hours for care work, limited income opportunities, and participation in community work as health workers



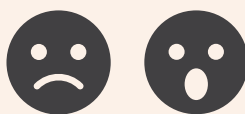
Movement restrictions increase fear and anxiety and limit opportunities for women and communities



Displaced economic activities limit the access of the most vulnerable groups to food and other basic needs



GBV continues to occur in communities, while SRHR needs are not adequately met



Social stigma exists and is linked to fear and anxiety due to lack of resources and information;



Women are at the forefront of the COVID-19 Response

# Recommendations

## Key Areas of Inquiry

## Directed to:



Develop programs and advocacy campaigns to sustain unpaid care and domestic work redistribution and make “the new normal” equitable and gender-responsive

LGUs  
Private Sector  
Humanitarian Organisations  
GBV Sub-cluster



Ensure hidden households, women who are persons with disability, urban poor, solo parents, homeless residents without a physical address are recognized as constituents and prioritised for resourced interventions, incl. the provision of mental health & psychosocial support services

LGUs  
Private Sector  
Humanitarian Organisations  
GBV Sub-cluster

Expand government, private sector, and CSO response activities to include support for care and domestic work, cash assistance, transportation, and resilient livelihood opportunities



Regularly monitor coping strategies of communities, include intrahousehold analysis

LGUs  
Humanitarian Organisations  
Local CSOs



Develop IECs (info, education, communication campaigns) for communities with low literacy, no access to tv mobile signal or other technology, and tailor messages to immunocompromised people through trusted pathways and communication channels.

LGUs  
Humanitarian Organisations  
RCCE Working Group



Recognise Gender-based Violence interventions as lifesaving especially during crisis situations

- integrate GBV in COVID-19 messaging across different information channels
- train and mobilise communities to report cases thru confidential and effective platforms
- ensure Violence against Women and Children (VAWC) and Sexual Reproductive Health and Rights (SRHR) services are accessible and operational across communities

LGU/barangay VAWC desk  
GBV Sub- Cluster  
Child Protection Working Group



Actively seek feedback from communities through inclusive and accessible pathways

LGUs  
Humanitarian Organisations

Continue to build local capacities of rights-holders, duty-bearers for addressing multiple disaster risks with a deliberate focus on women’s leadership and meaningful participation

Document and disseminate key lessons and best practices from different organisations and local governments on mainstreaming gender into the COVID-19 response

# Introduction

The global pandemic coronavirus disease 2019 (COVID-19) has affected millions worldwide.<sup>3</sup> Presently in the Philippines, the number of the cases continues to rise with an average 10% positive rate and 1.6% mortality rate.<sup>1</sup> The most vulnerable population to develop the disease is comprised of the elderly, those with comorbidities such as diabetes, hypertension, or those who are immunocompromised such as people living with HIV, also frontline workers in health and essential businesses.

The healthcare system is overwhelmed, with hospitals running full capacity with severe COVID cases.<sup>4</sup> Both COVID referral hospitals and non-COVID hospitals have limited regular outpatient clinics, postponed elective surgeries, while community health care facilities suspended routine services such as immunization and nutrition. There has been an extraordinary demand and shortage of supply of personal protective equipment (PPEs), mechanical ventilators, and equipment used in critical care. Health workers experience high rates of infection, and mortality due to inadequate access to PPEs and repeated exposure to patients infected with the disease.

The government's intervention to COVID-19 involves a combination of medical responses: encompassing early detection and diagnosis, quarantine systems, management of the disease, improved and expanded research capacity, and mobilisation of human resources for health services. A public health-centred approach was also utilized through restricting travel and movement and enforcing community quarantine measures. Community quarantines include imposition of curfew, ban on mass gatherings, closures of schools or congregations, work suspension, and modified work arrangements.<sup>2</sup>

Government response to mitigate transmission has negatively impacted the economy particularly in travel and tourism, trade and exports, remittances, and consumption. Since March 2020, more than 3.3 million workers have lost their jobs.<sup>5</sup> Unemployment rate is at 10% as of July 2020 which is double the rate of 5.4% last year of the same month. Highest unemployment rate recorded in the country is in NCR, which is 15.8%.<sup>6</sup> The loss of livelihood and lack of income opportunities has limited the access of the poorest families to food, water, and health services, and increased their reliance on aid. School suspension displaced learners, barred access to supplementary feeding, and increased care work for women. Moreover, the affected population articulated increasing feelings of anxiety and distress due to the continuing uncertainty of the situation.

16 March to 15 May  
**Enhanced Community Quarantine (ECQ)**

16 to 31 May  
**Modified Enhanced Community Quarantine (MECQ)**

16 to 3 August  
**General Community Quarantine (GCQ)**

4 to 18 May  
**Modified Enhanced Community Quarantine (MECQ)**

19 Aug to 30 Sept.  
**General Community Quarantine (GCQ)**



**30 January 2020**

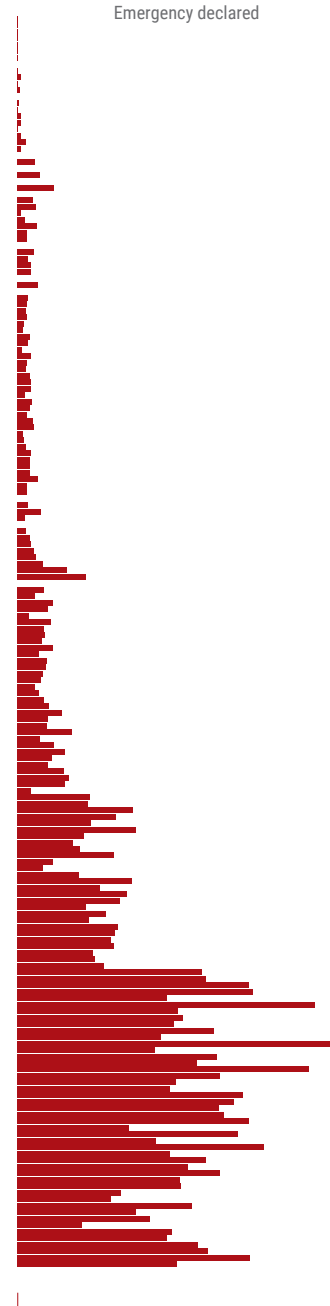
First COVID case spotted in country (DoH)

**7 January**

First local transmission confirmed

**8 January**

State of Public Health Emergency declared



**Philippines COVID-19 new cases per day**



## Metro Manila

Metro Manila, also known as the National Capital Region (NCR), is one of the COVID-19 hotspots in the country. During the conduct of RGA interviews the number of recorded cases in the Philippines were at 8,000.<sup>7</sup> As of writing more than 250,000 cases were confirmed, where some 140,000 (54% of the total cases) are from Metro Manila. Social distancing and community quarantine measures<sup>8</sup> put in place since 16 March 2020 resulted in socio-economic consequences that affected the entire urban population.

At least 238,000 persons or 47,600 families in Metro Manila are living below the poverty threshold. Poverty threshold per family of five is currently at PhP 11,950.00 (US\$ 239).<sup>9</sup> Prior to COVID-19, these communities already have limited access to social services and social protection. Employment is often low-paying, contractual, and informal in nature. Income ranges from PhP 50.00 (US\$ 1) to the current minimum wage of PhP 537.00/day (US\$ 11).<sup>10</sup>

Urban poor settlements are characterized as congested, overcrowded, lacking tenure and durable housing, and often located in high risk areas (e.g. near waterways, along roads). The average space per person in urban poor communities is estimated at 3-5 sqm. per person.<sup>11</sup> Access to potable water and adequate sanitation facilities are often limited. Poor living conditions in these communities significantly increase their risk to the spread of COVID-19 and other health-related issues.

The extended community quarantine measures resulted in loss of jobs, especially for daily wage earners and workers in the informal sector. These include vendors, drivers, service industry workers, and other service-producing activities of households.

The cases in Metro Manila continue to increase, which can be partly attributed to the improved contact tracing and testing capacity of the local government units through the Department of Interior and Local Government (DILG).<sup>12</sup> However, the consequences of the measures to *beat COVID-19*<sup>13</sup> continue to impact the lives and threaten the dignity of urban poor communities. Government services and humanitarian assistance are critical to ensuring that the affected population are able to respond, cope and recover from the pandemic.

“ **Gutom kami lahat, walang budget... wala kaming mga sabon, kahit panligo... 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...** ”

*( Marita, Babae, 38 years old, NCR, Homeless )*

## Women, Gender, and the Pandemic

The impact of COVID-19 to poor communities shows that pre-existing inequalities are exacerbated by the crisis. At the onset of the emergency, humanitarian agencies documented key issues that specifically affected vulnerable women and girls:<sup>14</sup>

- Lack of mobility due to suspension of public transport system
- Increase in unpaid care work due to suspension of classes and health-related issues in the household
- Increase risk to GBV as GBV survivors are confined in their homes with their perpetrators
- Economic displacement due to nature of paid work (informal, precarious, low paying)
- Increased exposure to COVID-19 due to traditional roles: caring for the sick, community volunteer, etc.
- Increased fear due to heightened policing and fear of apprehension of family members especially among the homeless, youth and male family members

“Compounded discrimination”<sup>15</sup> due to poverty, gender, and sexual orientation show that women, LGBTs, and urban poor communities are impacted disproportionately by the pandemic. Documenting their stories serves as an opportunity to: 1) recognize the value of their contribution to respond and resolve the crisis and 2) create a space for participation to ground public health strategies. Understanding the gendered impact of the crisis is fundamental to creating “effective, equitable policies and interventions.”<sup>16</sup>

The NCR RGA documents the stories of women, men, and other vulnerable sectors from urban poor communities during the first months of the pandemic. It is anchored on the Human-Rights based approach underscored by key protection principles. It aims to provide practical recommendations for integrating gender into the pandemic response in order to save lives and safeguard the dignity of the poorest and most marginalized communities.

“

**Bawal kasi  
talaga lumabas.  
Halimbawa nakita  
ka ng barangay sa  
labas huhulihin ka  
kaagad, lalo na pag  
wala kang mask**

*(Rose, Babae, 24 years old,  
Malabon City)*



# Objectives

1



Surface data highlighting the gendered experiences of urban poor communities, women, men, girls and boys throughout the COVID19 crisis

2



Formulate practical, targeted recommendations to strengthen COVID-19 interventions so they are gender sensitive and responsive to protection issues;

3



Engage and support women rights and civil society organizations in strengthening their local capacities to conduct Rapid Gender Assessments (RGA)

# Methodology

The Rapid Gender Analysis (RGA) for COVID-19 is a collaborative study aimed at identifying the different needs, risks, capacities, and coping strategies of women, men, girls, and boys in the COVID-19 crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, girls, and boys and to ensure that we ‘do no harm’. The RGA uses the tools and approaches of Gender Analysis Frameworks and adapts them into tight timeframes, rapidly changing contexts, and insecure environments that often characterize humanitarian interventions.<sup>17</sup>

## The Nationwide Rapid Gender Assessment

The COVID-19 Philippines Inter-Agency RGA research design<sup>18</sup> was developed by GBV Sub-cluster member agencies UNFPA, Plan, CARE, and Oxfam (“RGA Design Team”). The team adapted the global CARE COVID-19 RGA guidance, by adding context-specific key inquiry areas and localising the individual interview tool. Due to strict movement restrictions at the time of this study’s inception, remote phone interviews and desk reviews were the identified data collection methods, and Kobo was the platform used for data encoding and processing.

Recognizing that some groups may be more negatively impacted due to pre-existing vulnerabilities, nine priority constituencies were identified: local community-based health workers, solo/young mothers, indigenous women and men, homeless or internally-displaced women and men, urban poor women and men, persons with disability, young persons aged 12-21 years, persons of diverse SOGIE, and senior citizens aged 60 years or older. Five geographic regional areas were identified based on the participating agencies’ operational humanitarian presence: NCR, Samar, Bicol, Taal-affected areas in CALABARZON, and BARMM. Two sector-specific groups (persons at risk of statelessness and returning migrant women) were also engaged. The original design targeted at least 650 research participants equally divided across constituencies and regions, but at the study’s close, 950 respondents were tallied.

The same research design and interview kits were used across the five coordinated “regions” and two specialised sectors, with regional leads adapting the training orientations, coordinating smaller inter-agency teams, and providing technical assistance. The national RGA, later re-packaged as the national Gender and Inclusion Assessment,<sup>19</sup> coordinated 27 UN agencies, INGOs, and local civil society groups in various capacities over a three-month period.



Develop toolkit



Train interviewers



Conduct interviews



Data analysis



Validate findings



Draft report



Share with partners

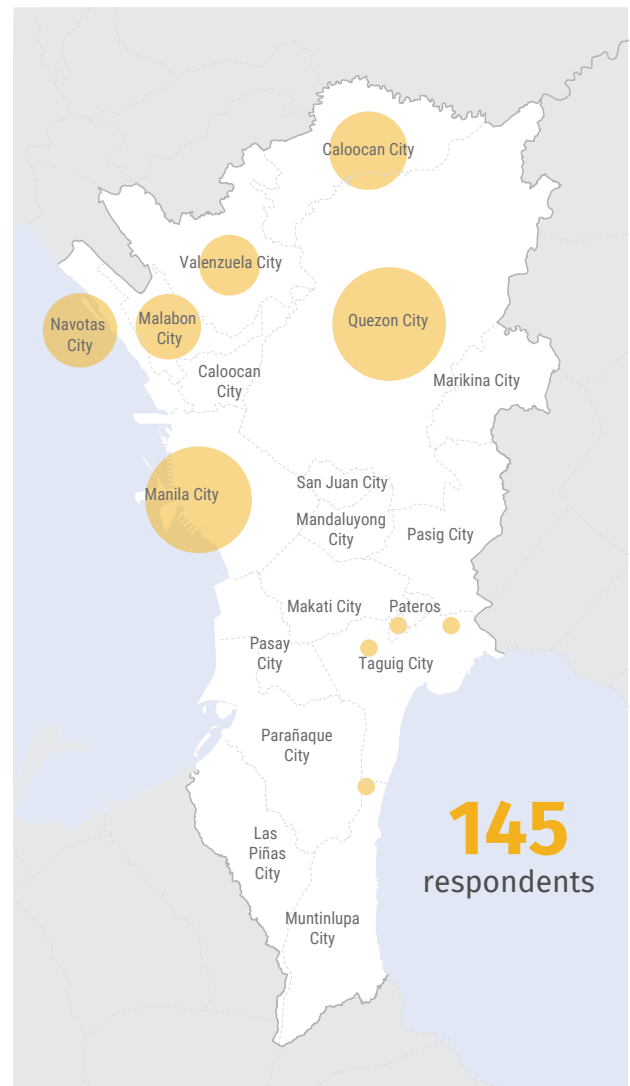
## The NCR Rapid Gender Assessment (RGA)

The NCR Rapid Gender Assessment (NCR RGA) summarises the gendered impact of the pandemic by putting into perspective the experiences of women, men, girls, and boys from different urban poor communities in Metro Manila. It recognizes the distinct situation created by urban poverty alongside the COVID-19 crisis. The NCR RGA contributes to surfacing knowledge by providing a space for dialogue and recognising the value of stories to understanding the COVID-19 situation.

The NCR RGA was an inter-agency initiative coordinated by CARE, with participating INGOs Oxfam Pilipinas, Plan International, Asmae; local organizations ACCORD Inc., ChildHope, Kanlungan sa Er-ma Ministry Inc.; and individual volunteers from DFAT. Agencies served as, or recruited, locally-based interviewers with backgrounds in community organizing or social work. RGA and Kobo orientations, toolkit training and simulation, and regular debriefings were facilitated virtually by CARE to support interviewers in data collection. As this assessment was during enhanced community quarantine in Metro Manila, face-to-face interviews and focus group discussions were not possible.

Research participants were engaged through a purposive sampling method. The main respondent criteria were (1) current residence in one of the six Metro Manila cities covered by this study; (2) self-identified or government-determined membership in one of the eight priority constituencies applicable to Metro Manila; and (3) willingness to take part in an hour-long phone interview. The NCR RGA agencies worked with existing local government partners to engage and contact these research participants. A form of snowballing technique was also employed, wherein an unwilling research participant would instead refer a family member or neighbour similarly fulfilling the criteria. The tool was designed to allow research participants to share and reflect on their individual experiences, while the interviewer served as facilitator and active listener in the learning process.

The stories of all research partners were then categorised into key thematic areas and were organised to explore eight (8) key areas of inquiry: 1) Gender Roles and Responsibilities, 2) Access to Basic Services, 3) Impact of Interventions, 4) Access to Information and Technology, 5) Coping Strategies and Capacities, 6) Addressing Social Stigma, 7) Protection and SRHR Issues, and 8) Leadership and Participation. Qualitative data, particularly open-ended questions, were manually coded and transformed into quantitative data. This allowed data to be explored and aggregated to surface trends and collective insights. All information under the different areas of inquiry are intersecting and contribute to a comprehensive analysis of the COVID-19 situation. Desk reviews to complement the primary data were also conducted iteratively from April to September 2020.





-  Gender Roles and Responsibilities
-  Access to Basic Services
-  Impact of Interventions
-  Access to Information and Technology
-  Coping Strategies and Capacities
-  Addressing Social Stigma
-  Protection and SRHR Issues
-  Leadership and Participation

## Ethical considerations

A number of practical, logistical, and ethical considerations were identified during the conduct of the RGA. A 'Do No Harm' approach was taken and prioritised throughout the process. This involved mitigating risks for staff and community members and ensuring that essential human, financial, and logistical resources were not diverted away from the response actions for COVID-19.

1. Phone interviews were conducted instead of face-to face.
2. Data protection, confidentiality and the safety of respondents was considered at all stages. In the interview process, regulations regarding informed consent of the respondents were observed.
3. PSEA/GBV. All staff and recruited interviewers involved in the data collection process underwent a mandatory CARE-facilitated GBV 101 orientation prior to interviews. This was done to ensure that they understood and are aware of available PSEA reporting mechanisms and GBV referral pathways. The identities of respondents who gave feedback regarding GBV cases are kept confidential.

## Limitations

The RGA strength is a purposeful process of inquiry. It provides a space for collective learning for both staff and research partners. It was not designed as an academic research, but as a practical, "rapid assessment" highlighting themes in respondent stories. Particularly for the NCR RGA, the *sample size* and composition may limit the generalisation of the findings to the entirety of Metro Manila.

1. Uneven representation of sex. The purposive sampling and snowballing technique used were unable to achieve an equal number of research participants per sex. This partly due to the limited access to communities due to quarantine restrictions.
2. Inability to combine with other qualitative research methods. The RGA was only possible through remote interviews (phone interviews) due to movement restrictions. Future iterations of this RGA can look at employing these research methods if local protocols permit.

# Demographic Profile

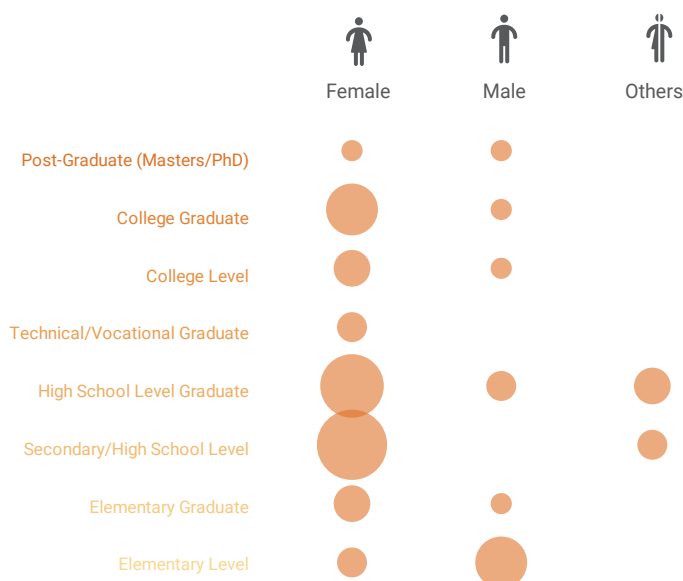
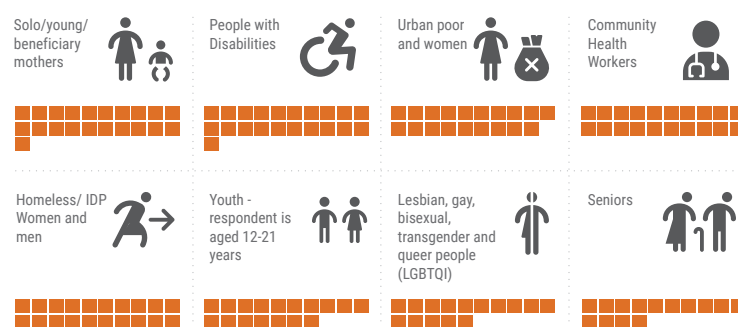
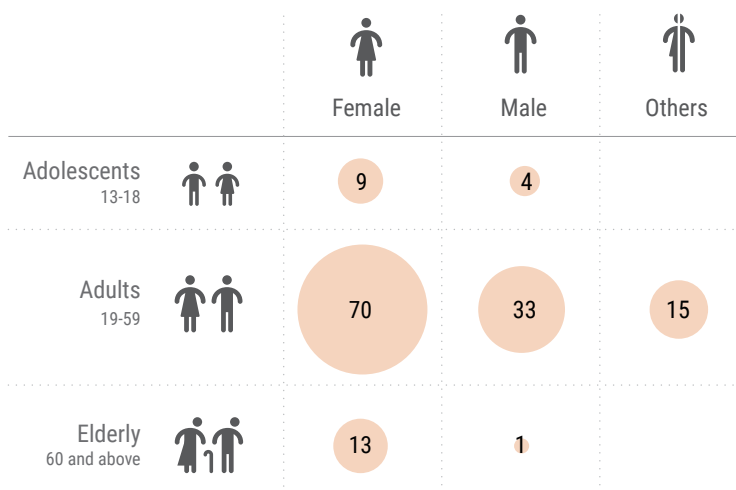
The poorest and the most marginalized often bear the brunt of the humanitarian crises due to their lack of access and control over resources and their limited capacity to participate in decision making. The impact of the pandemic highlights existing inequalities in Metro Manila's urban landscape. The RGA focuses on the unique experiences of individuals across multiple sectors from urban poor communities.

A total of 145 individuals participated in this study. This includes 92 female (64% of total), 38 male (26%), and 15 (10%) other non-binary individuals. The breakdown per sector are: 20 individuals are homeless, 19 are urban poor (women and men), 21 solo/young /4Ps parents, 15 LGBTQI, 17 youth, 21 persons with disabilities, 14 elderly, 18 community health workers (CHW). Representation of sex are uneven as identification of respondents were contingent to partners' available network in select communities. Moreover, the large number of female respondents is primarily attributed to women occupying multiple spaces of marginality in targeted communities. (e.g urban poor, solo parent, 4Ps beneficiary, health worker, etc.)

Participants of the RGA fall into the age range of 13-73 years old. Fifty-two percent (52%) were between 19 to 40 years old. The average household size during COVID-19 is estimated at 5.0- 6.9.

Literacy rate is high with 44% of respondents completing high school, 26% are attending college, or have completed technical or vocational school, and 13% were college graduates or are pursuing higher studies.

Some 81% of respondents report participating in economic activities prior to COVID. Both men and women primarily work in the informal sector with no social protection or benefits. Aside from working in the barangay LGU, households are engaged in a variety of activities: vending, operating sari-sari stores, driving cabs, jeepney, pedicab, boat, providing laundry services, and other contractual jobs.



# Findings and Analysis

## 1. Gender roles and Responsibilities

Men and women engage in an array of activities that reflect social norms, available opportunities, and aspirations. Understanding the impact of the pandemic to urban communities requires analysing gender roles and relations in the context of a worsening urban poverty. Living in urban communities' demand cash-incomes, but is marred with limited decent work opportunities, inadequate infrastructure, poor tenure and housing conditions, and high rates of violence.

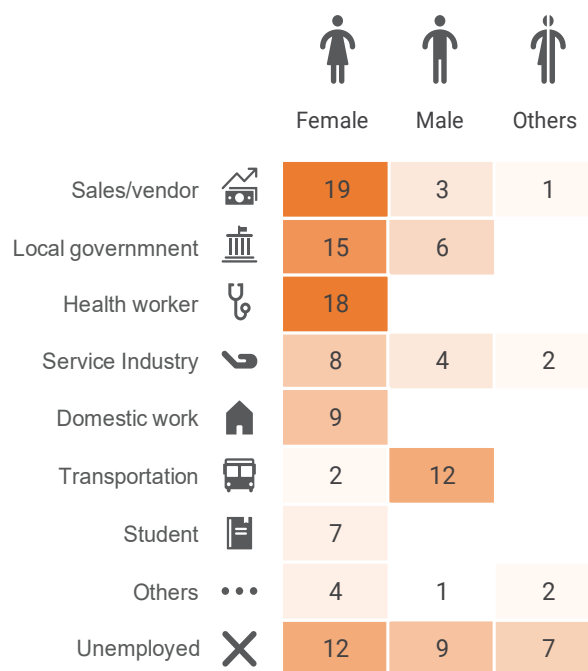
Prior to the pandemic, men in communities were primarily engaged in paid work. They were daily wage earners, drivers, manual laborers, and/or skilled workers (e.g., carpenter, welder, etc.) Workdays are irregular and the pay variable. Average daily income is pegged at PhP 300-500/day (US\$ 6-10) depending on the type of work. Women on the other hand, continue to bear the burden of unpaid care work while undertaking livelihood activities and supporting community activities. Corner stores and food stalls operated by women often line community alleyways or eskinitas. Subcontracting arrangements are also prevalent where women are recruited to undertake assembly-line activities in their homes. Younger women work in retail, service, and the manufacturing industry. In some instances, women also support community activities by working as barangay volunteers.

The RGA focuses on reproductive work to highlight changes in gender roles in the households due to the pandemic. Changes are assessed based on 1) the use of time in domestic work, 2) distribution of activities in the home, and 3) perceived change in the intensity of housework.

### Time spent on domestic work

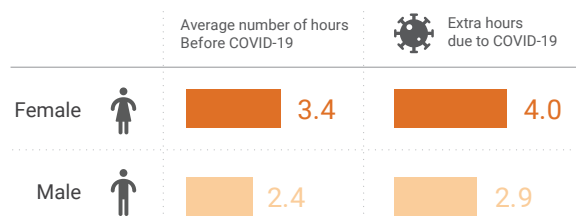
The displacement of livelihood activities and the strict quarantine measures result to more time spent at home. Currently, there is an increase in time spent in house work for all sectors except for community health workers. Women on the average spend 7 hours in housework compared to 4 hours prior to COVID-19. Men currently spend 5 hours in housework compared to 2.4 hours before the crisis. LBTQI domestic work also increased by twofolds. Solo/young/4Ps beneficiary mothers had the biggest average hours difference in domestic work at an extra 6 hours per week.

The increase in time spent in these roles highlights the intensification of care work during quarantine. Women continue to take a disproportionate share in taking on these burdens, marked by the new longer hours for house work and the added responsibility of infection prevention and community care work, as volunteers.

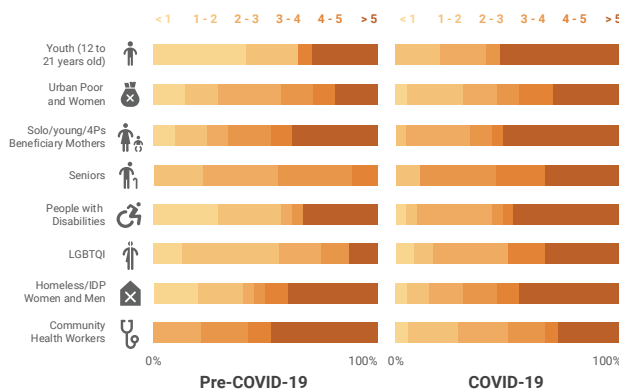


Total number of responses per activity type and category

### Domestic Work



### Comparison of the number of hours of domestic work pre and during COVID-19



## Types of household activities during covid

(Total number of responses per activity and category)

	Female	Male	Others	Homeless/IDP women and men	LGBTQI	Community-based health workers	People with Disabilities	Seniors	Solo/young/4Ps beneficiary mothers	Urban Poor and Women	Youth (12 - 21 yrs)
Cooking	45	21	6	8	7	7	12	7	13	8	9
Buy essentials	21	7	5	2	5	4	9	1	6	4	2
Clothes	54	19	10	10	10	15	11	4	16	10	6
Cleaning	48	18	8	10	9	9	10	8	10	9	8
Water collection	8	5		4			2		5	2	
Fuel collection	1								1		
Child care	26	9	2	5	2	5	4	1	9	8	2
Care for sick and community	1	1	1		1					1	
Home-schooling children	7	2						1	5	2	
Household management	3	1				1	1		1	1	
Find work	6	1	1		1	1			3	1	
Paid work	20	2		1		6	2		6	2	4
Studying	6	1	4		4		1		1	1	4
Leisure	13	4	3	7	2	1		2		2	6
Care for elderly family	4	2	0			1	3		1	1	

### Activities in the home

The increase in time spent on house work is consistent with the sharing of responsibilities in the home. Common activities done by men and women are child minding and cleaning the house. Men are currently responsible for cooking, water collection, and caring for the sick and the elderly. Women on the other hand take on overall household management, going to the market, laundry, and schooling of young children. Women are now primarily responsible for finding paid work to put food on the table.



...mas madaming nangangatulong sa mga bahay at naglalabada. Mas may opportunity sila sa mga trabaho ngayon....Mas madiskarte ang mga babae ngayon sa panahon ng covid.

(20f y/o youth, Quezon City)

### Decision-making

Women are the primary decision-makers in the household. At least 90 respondents (62%) believe that women are responsible for making important decisions in the household during COVID-19, particularly in allocating available resources to meet basic needs. This finding however, does not benefit from baseline information. It might be partly attributed to the lack of income generated by men, thereby limiting their capacity to make decisions in the home. The situation creates an ambiguity for women as they continue to take on more work to keep their families afloat.

The shift in decision-making and the reversal of roles in the household are adaptive responses to the crisis. These are currently perceived as temporary and contingent on economic opportunities available to communities. Monitoring the sharing of domestic work, paid work, and decision-making processes at the household level needs to be done regularly as the situation evolves and normalizes. This is helpful in proactively integrating advocacy for an equitable sharing of responsibilities in the household and community in COVID-19 response activities.

## 2. Access to basic services

Urban poverty aggravated by the socio-economic consequences of the pandemic threatens the dignity of poor communities. As the crisis continuously evolve, access to basic needs and services requires review. Particular attention is given to the most vulnerable to proactively determine appropriate actions and prevent further deterioration of their physical, emotional, and mental well-being. Provision of assistance must respond to the specific needs of multiple sectors and must be undertaken in a manner that strengthens their capacity for self-reliance.

### Availability of basic services

There is an availability of basic services across urban poor communities. Markets are fully functioning, water, electricity, and mobile/internet are available, health facilities, entertainment and food services are also operational. However, all sectors consistently identify family planning services and public transportation as significantly disrupted during the quarantine lockdowns.

### Differences in Needs

Reproductive health including contraceptive needs were identified to be more important for women in reproductive age. Elderly on the other hand require regular check-ups and maintenance medicines. Men are often more concerned about livelihood and income generating opportunities.

### Barriers to Access

While basic needs are available across all communities, there are barriers that limit their ability to access their needs. More than 50% of female respondents believe that there is no gender-based difference in the access for basic services during the COVID-19 crisis. However, communities consistently articulate that the loss of income resulted in inability to meet the needs of the families. There are also issues of invisibility of certain households, this includes homeless, solo/young mothers, and some elderly. Their status limits their ability to access government support and other key services. These households are often unregistered, hence, could not be listed as recipients of local government aid.

Mobility and safety are also contributory to poor access. The suspension of public transport has limited communities' access to economic opportunities and made access to markets more challenging. The increasing number of COVID-19 cases also raises safety concerns. Communities also register increased feelings of fear due to arrests for violation of quarantine protocols, enhanced community policing, and movement limitations for non-quarantine pass holders.

### What basic services are still available to you?

(Total number of responses per category and type of service)

	Female	Male	Others
Water	93	37	13
Electricity	92	34	14
Transportation	27	8	2
Money remittance	49	18	7
Healthcare	62	13	8
Mobile, internet	77	23	12
Entertainment	54	21	7
Food Services	57	20	10
Contraceptives	25	8	6
Market	83	32	13



**Nakakataba ng puso; nagbigay ng donation ang ibang pribado sa pag abot ng bigas, noodles, itlog, canned goods. Isa si Liza Soberano na nagbigay ng 100 sacks of rice sa komunidad.**

(Rhon, 20 years old, Youth, Malabon City)

### 3. Impact of interventions

The impact of the COVID-19 pandemic is best understood by assessing the impact of government interventions to the communities' everyday lives. The RGA only reports information from the first ECQ<sup>20</sup> window (15 March-15 May 2020). Public health measures undertaken to mitigate the local transmission of COVID-19 include community quarantines: restriction of land, air, sea travel, imposition of curfew, suspension of economic activities, suspension of classes, ban on mass gatherings, and infection, prevention, control measures.

To cushion the effect of community quarantine, complementary policies and projects were simultaneously implemented. Some of the key actions undertaken were the 1) utilisation of the emergency response fund (ERF) and reprogramming of the development fund at the LGU level to provide food and other essential goods to communities and strengthen primary health services and the 2) implementation of Social Amelioration Package (SAP) aimed at providing cash assistance to households who lost livelihoods.

**The negative impacts of the pandemic are interrelated.** For urban poor communities, the 60-day quarantine resulted in severe income loss limiting their ability to meet food and other basic needs including water, electricity, shelter, and medicine. Women and men articulated that they have either lost their jobs or were displaced economically due to pandemic. Women with small corner "sari-sari" stores, food stalls, ambulant vendors are unable to resume their livelihood activities. Restrictions in the lockdown have deprived sectors that rely on the informal economy for income. Majority of households currently depend on food aid

to supplement remaining resources. Other negative coping mechanisms were also identified that further exacerbate their already vulnerable conditions.

**Lack of public transportation proved difficult for all sectors.**

Women rely heavily on public transport (tricycle, train, and jeepneys) to move around. Following the quarantine, households without their own vehicle resorted to walking to get to their workplace, to markets to buy essential goods, and to seek healthcare. This was made more difficult by the implementation of "quarantine passes", which is a physical ID that allowed only one household member at a time to go out in public during the curfew windows. This increases the time and effort spent on both paid work and domestic work. For emergency situations, households often request transportation assistance from the barangay.

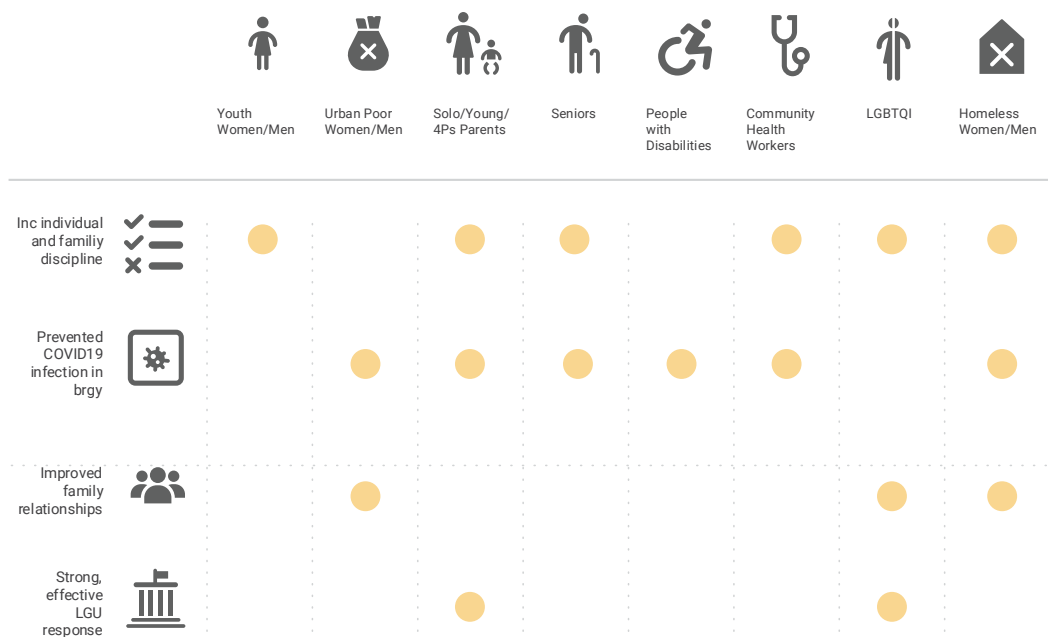
**Both men and women register feelings of helplessness and fear.**

The concern of being infected, lack of resources, limitations in movement, suspension of classes, and the general uncertainty brought about by the pandemic also shows an increase in anxiety and depression across different sectors. According to them movement restrictions limit their ability to creatively identify solutions to their problems. They are left to heavily rely on themselves, actively seek support from the government, families, and their community, and continuously hope that the pandemic ends. Solo parents and the homeless sector register the most number of concerns due to the pandemic.

While the quarantine measures were met with a lot of difficulties, communities also articulate some positive changes. Several

#### Positive reactions to government lockdown measures

(Based on summary of positive reactions per category)



research partners say that the lockdowns resulted in families having more time with each other, which was unlikely prior to COVID-19. Other positive responses were that the quarantine measures were perceived as helpful in stopping the spread of COVID-19. Lockdown measures were also said to improve local government response.

### Compliance to quarantine measures

Both women and men consistently reported high rates of cooperativeness and compliance with mandated government guidelines. However, they articulate that the situation is unfavourable and unsustainable for them. Extending community quarantine without adequate support will be severely challenging for them due to their inability to meet their needs.

**Negative reactions to government lockdown measures**  
(Based on summary of negative reactions per category)



### Government Assistance

Government assistance from the national to the local level is variable. Urban poor communities articulate that they have received some form of assistance from either the national or the local government. Food aid from the barangay was the most available. Youth, solo young parents, people with disabilities, LGBTQI and senior citizens have stated that they are less likely to receive immediate government assistance. Several respondents stated that they have also received cash assistance through the SAP, but articulate the assistance could have been provided much earlier. As for the homeless sector, they are least likely to receive cash assistance from the government due to their invisible status in the community.

Government Assistance is inadequate. While communities report feeling grateful for the support provided by LGUs, at least 60% of total respondents felt that the assistance is inadequate.

**“Kulang po talaga ang binibigay ng barangay minsan sabi ko sa anak ko pag humihingi ng pagkain inom na lang siya tubig para ma-survive ang gutom.”**

*(Mary, Babae, 49 years-old, Malabon City)*

## 4. Coping strategies and capacities

The impact of the COVID-19 crisis is different for each household and community. Coping Strategies are key actions undertaken by households/ individuals to adapt and recover from a humanitarian situation. Strategies used are usually dependent on their available material resources, social network, and intrinsic behaviour or attitudes.

Urban poor communities exhibited multiple coping mechanisms in response to crisis. However compounded worries continue to put a strain on their physical and emotional well being. Worries are primarily related to their ability to protect and support their families and themselves during the quarantine period.

**Men and women rely extensively on themselves to meet their own needs.** Households while limited by quarantine measures continue to find ways to feed their families and access basic needs. Women believe that during this crisis, they are more resourceful and are better at problem solving. Men are said to be more constrained by the lack of mobility and security fears. Women take on a range of paid work including selling, cleaning, and tending to laundry. Women also articulated that they are more willing to ask for help or support from relatives, barangay, and other organizations.

**Sectors utilise a combination of coping strategies.** Homeless respondents cope by utilising food stock, seeking help from community, being frugal, and being resourceful or “ma-diskarte” are the ways they cope. LGBTQ articulate living with the situation or “mag-tiis”, being frugal and being resourceful as helpful to them. The elderly primarily seek support from family for their needs. Persons with disabilities respond by staying home and relying on government support. Solo/young 4Ps beneficiaries remain frugal, utilise food aid, and even negotiate prices in the market. Urban poor and Youth articulate that they usually walk to their destination and seek help from their families. Urban poor respondents also highlight conserving water and electricity.

**Frugality (Pagtitipid) is the main coping mechanism across all communities.** Food, medicine, and utilities were the top expenses of households. Lack of income and saving across households and limited government support require them to prioritize needs and adequately plan the use of resources. Women are primarily responsible for budgeting and managing household resources. A number of research participants articulated limiting quantity and quality of food intake to conserve remaining food stock.

**Several groups including solo/young mothers, the homeless, the urban poor and people with disability are dependent on external assistance.** Support from family, neighbours, community, and the government are critical for this group to meet their daily food needs. However, their *invisibility* prevents them from accessing and demanding government assistance.

**Faith and spirituality were consistently mentioned as important in coping with stress and anxiety.** Majority articulated faith and prayer as a means to cope with the situation. Faith has a positive influence in providing emotional comfort and keeping individuals hopeful. It gives communities something to believe in and that things will and can get better.



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 COVID19

(Marife, Babae, 35 years-old, Manila)

### How do you cope with the lack of services during this pandemic?

(Total number of responses per type of coping strategy)

	Female	Male	Others
Avoid sex	1		
Being frugal	9	3	1
Borrowing money		3	
Buy water	1	2	
Diskarte	5	2	2
Don't know		1	1
Don't need services	1		
Efficient grocery runs	1		1
Follow rules	1	1	
Healthy habits	2		
Help from neighbors/community	5	4	
Help from family/relatives	10	1	1
Help from baraagay/government	7	2	1
House chores		1	
Negotiating prices	2		
No contraception	1		
Nothing you can do	5	2	3
Office service	3		
Online services	1	2	
Saving electricity	1	1	
Saving water	6	1	
Self-reliance	2	1	
Services are available	7	2	1
Stay at home	1	5	
Use food stocks	5	4	1
Use alternative service providers	5	1	1
Volunteering	1	1	
Walking	11	1	

## 5. Access to information technology

Access to reliable information is critical during a pandemic to ensure communities are able to adequately protect themselves and their families. Information also serves as a means to dissuade increasing fear and worries related to COVID-19. Well-targeted information from the government can enable vulnerable sectors– the homeless, the hidden households/solo or young mothers, PWD, LGBTI to better plan and determine possible courses of action to alleviate their own situation.

The range of topics households often sought out were COVID-19 local transmission updates, prevention protocols, community quarantine guidelines, and available government assistance. The Risk Communications and Community Engagement (RCCE) activities continue to document gaps and improve communication channels and share information to the most vulnerable groups.

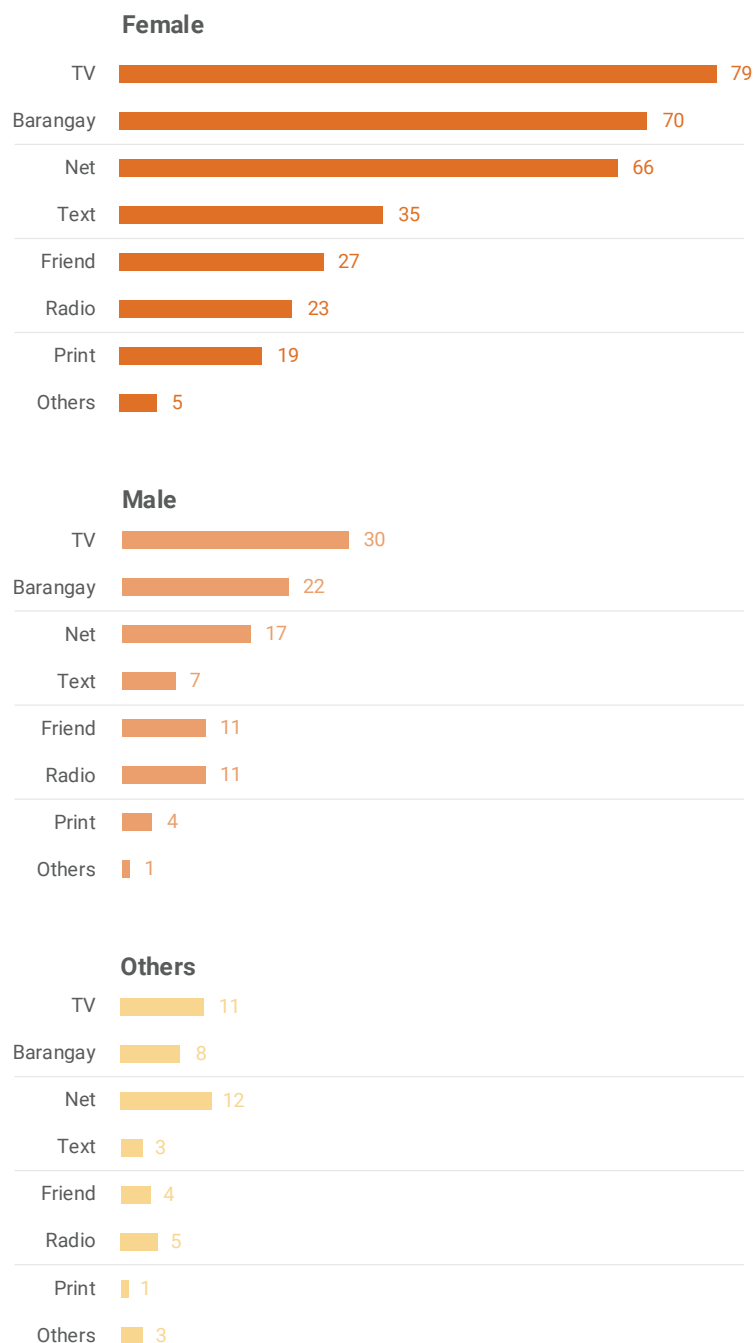
**Urban poor communities have access to multiple sources of information.** Both men and women access information on the crisis from the television, barangay officials, and the internet (particularly Facebook, which is available for free to most research participants). Women tend to access information from various sources.

**Both men and women trust information coming from the national government, barangay, and their relatives.** Men rely on the national government for information on livelihood opportunities. Women trust the barangay authorities due to its proximity.

**Both men and women across all sectors interviewed reported a need for regular and accurate COVID-19 information.** Based on their responses, communities expected the facts on COVID-19 to be explained to them using local and appropriate language. Elderly also reflects specific information needs that require a more targeted approach. According to communities, accessible and unambiguous information would lessen their anxiety in this pandemic.

### Sources of information

(Total number of responses per type of information source)

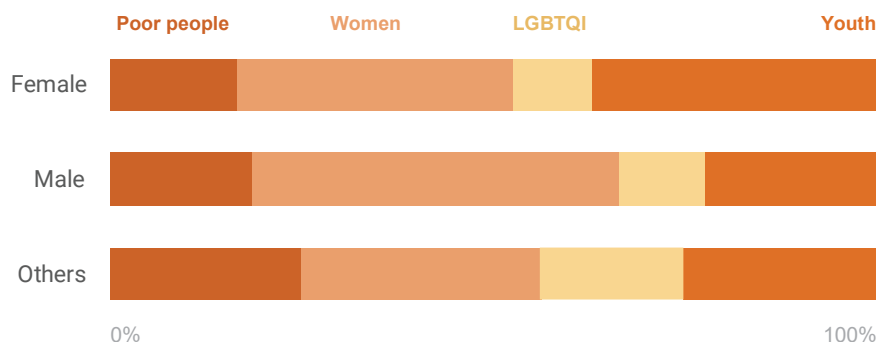


## 6. Protection and SRHR issues

The National Health and demographic survey (2017) show that at least 3 out of 20 women and girls aged 15-49 have experienced physical violence, while 1 out of 20 have experienced sexual violence.<sup>21</sup> Following the COVID-19 quarantine lockdowns, a total of 5,040<sup>22</sup> cases of violence against women and children in were reported through the from 20 March-15 June in Metro Manila. [18] The number of reported cases is lower compared to previous years, however experience from prior outbreaks and humanitarian crises show that shocks and stresses always compound existing gender inequalities thereby increasing the risk of women and children to abuse and exploitation.<sup>23</sup>

Tensions within the household due to loss of income and limited access to basic needs leads to increased risk to domestic violence. Caring for the sick and elderly as well as community work compete with childcare leaving children unattended, thereby putting them at risk to abuse and exploitation. Further, prolonged lockdown measures put survivors of abuse in isolation with their perpetrators. Lack of income may also lead vulnerable groups to engage in trafficking and sex work.<sup>24</sup>

### Who do you think are often victimized by the perpetrators of these incidents of sexual exploitation and abuse?

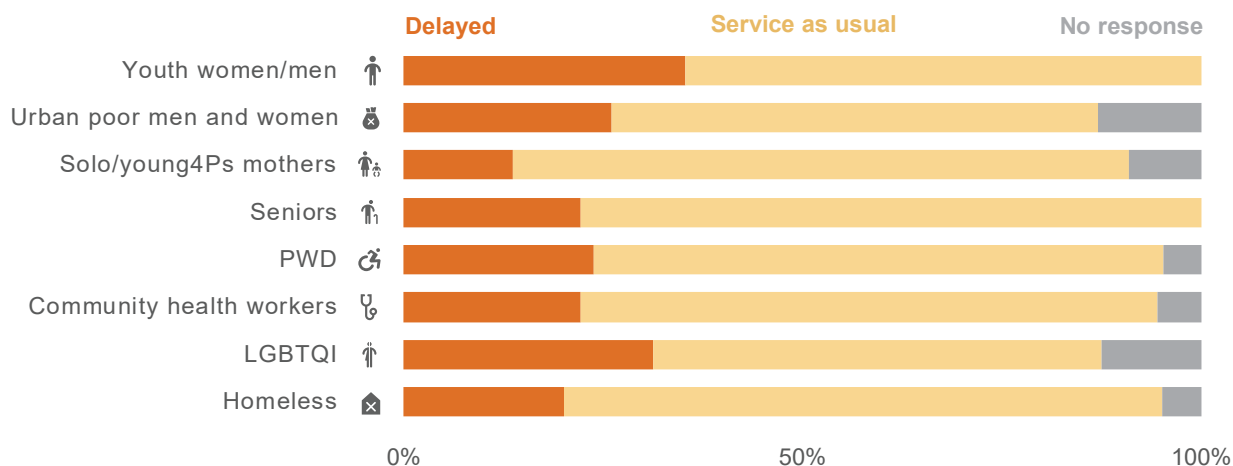


The COVID-19 situation lowers help-seeking behaviours of victims of sexual violence and abuse. Stay at home measures and household stresses also limit reporting to authorities. Disruptions in available government services due to community quarantine also contribute to the low number of reported cases. The RGA therefore delves into Protection and SRHR by understanding the communities' 1) response to gender-based violence, 2) knowledge of available referral systems, 3) SRHR needs and 3) availability of services.

### Availability of Health Services

Health facilities are open and accessible to communities. All sectors are aware of the availability of public and private health facilities. The most accessible for them are often Barangay Health Centres followed by Public Hospitals. Prior to COVID, women frequent health facilities for pre/post-natal care, vaccination for children, and contraceptive consultation and refill. Currently, most are unaware of the available services in the health centers following the quarantine.

### How are VAWC services affected by this pandemic?



## Family Planning

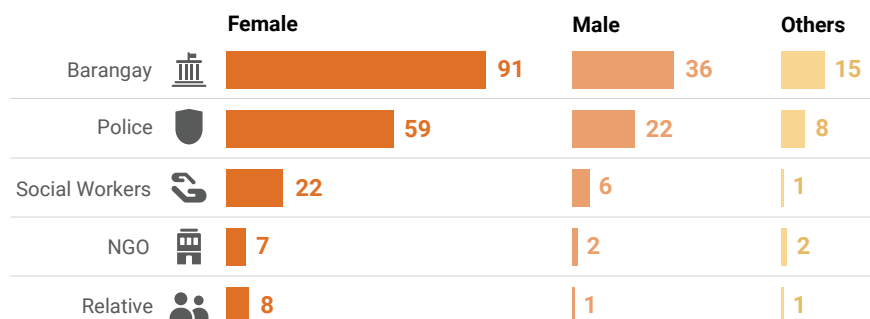
Some 40% of respondents confirmed having sexual relations the last six months. The average prevalence of contraceptive and family planning use across all groups is 51%. For women, some 55% use contraceptives regularly including pills, injectables, and IUD. On the other hand, 67% of LGBTQIs which are primarily gay use condoms. Only 30% of men articulated using family planning methods.

With the lockdown measures, sexual and reproductive health (SRHR) services proved to be disrupted. Research participants report difficulty in accessing HIV and AIDS services particularly in screening/testing, accessing antiretroviral medicines, and other treatment options for both LGBTQI and women. Women find access to family planning and contraceptive supplies and prenatal health services to be challenging. To meet SRHR needs, individuals are left to utilize their own resources to procure pills and acquire prenatal and birthing needs in pharmacies and private birthing clinics. Others seek help from the barangay, NGOs, use the internet to gain information, while some are referred to nearby health facilities.

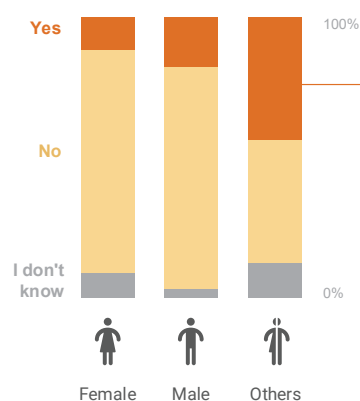
## Gender-based Violence

**Women are more aware of cases of violence against women and children (VAWC) in their communities,** but they are of the impression that cases like these are comparatively low during the community quarantine period. The low number of cases is possibly due to low or non-reporting during this period of isolation and the shift of social services priority to mitigating the outbreak. Twenty-four research participants shared that they know of several cases of VAWC occurring during the pandemic. Two of the incidents are in the communities covered by the RGA and were already reported back to authorities. Women are also more willing to intervene and report cases and are generally aware of referral pathways. Communities often refer incidents to the barangay or to the police. Solo young

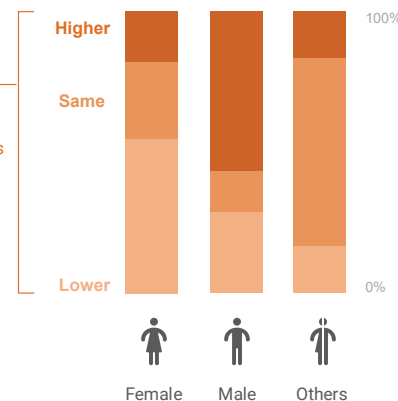
## Who will intervene if suspecting that neighbour is experiencing domestic violence



## Are there incidents of VAWC being reported in the communities during this crisis?



## Is this frequency different from before the crisis?



parents/4Ps beneficiaries said they would report to social workers while barangay health workers say that they would seek help from the relatives of the victim and from NGOs.

**There are reported delays in VAWC services across communities.** Some 30% of women from urban poor and youth sectors articulate that services are not the same prior to COVID-19. Poor women and children were perceived to be most vulnerable to exploitation and abuse due to their unsafe living conditions (slum or homeless) and lack of economic resources. Limited awareness of their rights and possible recourse also limits their capacity to take action and demand justice.

## Sexual Exploitation and Abuse

There was one reported incidence of abuse in exchange for food, relief, and essential goods. While not signifying prevalent in communities, an incidence of SEA continues to reflect the unequal power relations between the duty-bearers (public officials, service providers, and relief workers) and the most vulnerable communities. Protection and accountability mechanisms need to be strengthened to ensure that women and other vulnerable sectors have equal access to aid and necessary services and that they are not further put-at-risk because of the deteriorating humanitarian crisis.

## 7. Addressing social stigma

“Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.”<sup>25</sup>

Social stigma due to COVID-19 is hinged on the limited knowledge and understanding of the population about the pandemic. Worsening stigma can undermine the pandemic response by pushing people to hide symptoms, deter them from seeking immediate health care, and discourage them from adopting safe and effective hygiene practices. Stigma also erodes self-worth and dignity inhibiting them to achieve the highest standard of well-being. Addressing stigma requires recognising its prevalence and assessing how it affects communities and the most vulnerable.

Some 47% of the research participants personally know neighbours or family members that has contacted the virus. There are mixed reactions towards persons who tested positive for COVID-19. Reactions are one or a combination of the following: 1) avoid the person 2) fear the person and/or treat them with disgust, 3) ensure that they follow quarantine procedures, and 4) provide financial, medical and emotional support. However, the most common response across communities is avoiding the person or limiting interactions by dismissing them, asking them to move out, or putting them in strict quarantine. It is important to remember that at-risk persons are the elderly and persons with comorbidities. Discrimination can lead to isolation further limiting their access to food and health services and increasing the risk to mental health problems.

**The increasing number of confirmed cases, poor living conditions, and limited access to basic social services further increases their anxiety.** Communities consistently articulated that negative emotions and behavioural responses towards persons with COVID-19 stems from

fear of getting sick, dying, and suffering from further socio-economic losses. Others were concerned about being sick and discriminated upon by their peers/ neighbours. Both women and men were afraid that if any of their household members acquired the disease, they could not afford the necessary treatment. Households bear the responsibility of keeping themselves and their families safe and protected from COVID-19.













Some 40 persons articulated that they would like to help persons with COVID-19 through different means (e.g., praying for them, making them happy, sending them food or medicines, etc.) At least half of the respondents particularly community health workers, LGBTQI, young

women and men, solo young parents and urban poor women and men say that they want to help in the COVID-19 response, but highlights the need to have more information specifically on COVID-19 transmission and recommended treatments. According to homeless women and men, people with disabilities and senior citizens, the government needs to issue clearer guidelines and protocols on COVID-19.

Addressing social stigma must be part of the COVID-19 response plan. It requires reassuring the public that the pandemic is a temporary situation, and that it is being managed effectively. It is necessary to bridge information gaps in order to maximise the capacities of community to help themselves and each other.

### Reactions to persons suspected of having COVID-19

Total number of responses per reaction and category)

				
		Female	Male	Other
Scared/disgusted		30	5	5
Don't let out		16	2	2
Don't speak to		14	1	4
Want to help		15	0	3
Bring medicine		11	2	1
Give assistance		4	2	1
Hurt/harass		5	1	0
Make feel better		4	1	1
Kick out/don't welcome		2	1	0

## 8. Leadership and participation

Providing a space for participatory decision making in humanitarian crises empowers marginalized sectors to contribute to identifying and solving key issues that directly affect their lives. It strengthens programming by effectively responding to concrete needs and sharing accountability in delivering outcomes. Participation and accountability are aspects of good governance which play a critical role in building resilience and achieving collective recovery. The RGA focuses on identifying the spaces available for different sectors to provide feedback and support the ongoing response.

### Feedback Mechanisms are in place at the local level.

Communities articulate that they can engage with their local leaders. Across sectors, face-to-face consultations with barangay officials continue to be the most preferred and the safest means of providing feedback. Except for the homeless sector, most respondents feel that the LGU responds adequately to both their feedback and complaints. The homeless, due to lack of “official constituent” status, remain invisible and continue to suffer further marginalisation. There is no information as to whether national and sub-national hotlines and mechanisms are being used by the communities.

**There are opportunities for meaningful participation in the COVID-19 response.** Barangays recruit community volunteers as block leaders and health workers to support the COVID-19 response. Volunteer work, despite the long hours and minimal allowance provided, present an opportunity for women to have an alternative source of income and direct access to information from local government (barangay and city) on health and government assistance. However according to respondents, their main motivation for volunteering is “to protect loved ones and help the whole of the community.” For others that are not directly part of the response team, they articulate that their contribution is by staying at home and following community quarantine protocols.

**Women show leadership in crisis.** In communities covered by the RGA, all 18 B/CHW are women. Barangay/ Community Health Workers (B/CHWs) are persons with formal health training that voluntarily provides primary health care services to the community following accreditation of the local health board. They are the persons responsible for organising communities to increase awareness and implement projects related to health.<sup>26</sup> Currently, they serve as the primary linkage of the government to the community in communicating prevention and control information, identifying possible COVID-19 cases, and monitoring home quarantine and persons in isolation. They also support communities by bringing the issues of their communities to barangay and the city government.

Moreover, the contribution of women from urban poor communities has consistently been evidenced by the RGA. Women across sectors have taken on multiple roles in order to cushion the impact of the COVID-19 response to their families and communities.



**...normal lang ang pangamba, bandang huli maiisip mo na mala-lampasan din lahat ito. Kailangan lang makipagtungon.**

*(Alicia, 57, Babae, Valenzuela, Midwife)*



# Conclusions

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The situation of urban poor communities in Metro Manila presents a humanitarian situation where the COVID-19 pandemic puts extreme pressure on pre-existing inequalities linked to urban poverty. The NCR RGA examines the differential impact of the crisis to women, men, girls and boys, as well as to multiple marginalised sectors in communities. Review of physical,

social, and cultural vulnerabilities along with their adaptive capacities show that specific groups, particularly poor women and LGBTQI continue to be disproportionately disadvantaged. However, vulnerable sectors continue to engage in activities that continuously support their families and help their communities. The conclusions from the report are summarised below:

## Community



**People resume daily activities despite possible risk to exposure, because they feel that they have no choice.** The lack of available resources, economic displacement, and the varying quality and quantity of government assistance push communities to find alternative ways to support themselves and their families. While generally compliant to government protocols, they continue to undertake activities to meet their everyday needs.



**People want to help in ways they deem possible.** Communities have articulated that they want to directly contribute to mitigating the spread of the virus. Identified ways of supporting the response include: compliance with barangay protocol to stay at home; provide feedback to national/local government physically or online; work or volunteer as frontliners; and report VAWC suspect cases to authorities. This reflects a strong sense of social cohesion, and reveal the spirit of bayanihan even in among urban poor.



**People overwhelmingly express fear due to uncertainty but continue to adapt.** Communities articulate willingness to participate in government response to “keep loved ones safe” but require clearer national and local information on infection prevention and control. A number of households have also equitably distributed domestic/care work in the household and displayed remarkable resourcefulness in coping with the impact of COVID-19.

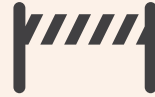


**Local governance matters to communities.** All decisions and actions of leaders with regards to the pandemic have lasting impact on the lives of the most vulnerable and most marginalised. Key issues confronting communities are lingering feelings of anxiety and fear brought about by their limited ability to access basic services, variable government assistance, and strict implementation of quarantine protocols. However, they articulate continued reliance on the government to address the crisis and help them recover. The government continues to hold public trust and have the opportunity to improve response actions by recognizing the contribution of communities and undertaking actions that promote equality, strengthen participation, and shared accountability.

## Women, Gender-specific



**Women and the most vulnerable groups, 4Ps, solo parents, experience compounded burdens.** Even with the increase in domestic work taken on by men, women continue to bear the brunt of the impact of COVID-19. This is reflected in the increased number of work hours for domestic work, responsibility of finding paid work, and supporting the community through volunteering in COVID IPC activities.



**Movement restrictions are linked to severe consequences.** Increase in fear and anxiety for both men and women were documented due to increased policing and arrests in communities. The lack of public transportation also limits the ability of households to engage in economic activities and access basic needs. It also directly contributes to increase in domestic work. E.g. going to the market, paying bills, etc.



**Displaced livelihoods limit access to basic needs even with government support.** Several sectors including 4Ps members, solo parent, urban poor men and women articulate that while services are functioning, they have very limited resources to access their needs. Some households are dependent on external support from the government and other organisations for their daily sustenance. Food and livelihoods are the immediate priorities of communities. Negative coping mechanisms including reduced quality and quantity of food and borrowing were documented. Moreover, stress and anxiety were observed to be high across communities.



**GBV continues to occur in communities.** While there is a marked decrease in the number of reported cases, a number of individuals articulated that they are aware of VAWC incidents that happened during the quarantine lockdown. Lessons from previous humanitarian crises show that strain in household resources increase the risk of GBV. Movement restrictions also puts victims at a higher risk as they continuously share the living space with perpetrators, with limited option for recourse. Reporting channels need to be strengthened to ensure that it remains accessible to women, children, and other individuals during the pandemic.

SRH needs were also not available in some communities. There are reported disruptions to reproductive health services as well as HIV and AIDS services. Women reported having to go to private clinics for pre/post-natal services and pharmacies for contraceptives. On HIV/AIDS, there was a reported difficulty in accessing antiretroviral drugs, screening, and accessing alternative treatment options for both women and LGBTQI.



**Social stigma exists and is linked to fear, and anxiety due to lack of resources and information.** Community articulate negative behavioural responses to individuals who tested positive for COVID-19. They say that they avoid, fear, and/or treat persons with COVID-19 with disgust because they are afraid of getting themselves and their families infected. They articulate not having adequate resources to access health services and “get better” from COVID-19. Information sources of communities are television, barangay officials and workers, and the internet. Information needs include information on Infection, Prevention, and Control, treatment options, and available government assistance.



**Women are at the forefront of the COVID-19 Response.** Women have taken on the lead role in the government pandemic response in their communities. Barangay/ Community health workers serve as a critical link between the government and communities in increasing awareness on COVID-19 IPC. They are also important in contact tracing, monitoring cases in communities, and providing timely feedback on needs to LGUs. Further, women have significantly contributed to the response by taking on the primary role of protecting their families, finding and managing resources, and undertaking an increasing amount of housework.

# Recommendations

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The recommendations identified in this section are anchored on the principles of Human Rights and Gender Equality. The objective of achieving a new normal where “Vulnerable Populations become Vibrant Communities” was collectively agreed on by members of the GBV Sub-Cluster.<sup>14</sup> Key strategies that were identified focused on protection activities that recognise gender and social inequalities that put the most marginalised at the centre of the response. All recommendations are iterations of the need to improve humanitarian responses to safeguard the rights and dignity of the poorest and most marginalised communities.

The recommendations were a product of the validation workshop conducted by NCR RGA partners. The final output is organised in this section according to key areas of inquiry and target stakeholders. The set of recommendations is a menu of practical actions that can be integrated into current COVID-19 response plan and programs, serve as an input to the updating of Contingency Plan for typhoons and floods, as well as inputs to the drafting of local annual and development plans.

## General Principles and Strategies: Human Rights and Gender Equality<sup>26</sup>

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### Directed to:

Employ rights-based approach and protection principles in implementing interventions, ensuring that all duty-bearers are fully aware of enabling policies, mandates, and strategies.

IATF  
NGAs  
LGUs  
Humanitarian Organisations

Strengthen accountability measures by establishing and improving community grievance mechanisms to safely report abuse, exploitation, or discrimination.

Train accountable duty-bearers to detect discrimination, exploitation and abuse of authority in accordance to humanitarian codes of conduct and minimum standards.

## Key Areas of Inquiry

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### Directed to:

Gender roles and responsibilities



Develop programs and advocacy campaigns to sustain unpaid care and domestic work redistribution and make “the new normal” equitable and gender-responsive

Increase communication efforts on how to handle or cope with the shift in the load of housework due to the uncertainty of the duration of unemployment or suspension of school brought about the crisis

Private and public sectors should implement gender-responsive and flexible working schemes and hours with considerations of the care and domestic work of their employees

LGUs  
Private Sector  
Humanitarian Organisations  
GBV Sub-cluster

## Key Areas of Inquiry

## Directed to:

Access to basic services



Ensure hidden households, women who are persons with disability, urban poor, solo parents, homeless residents without a physical address are recognized as constituents and prioritised for resourced interventions, incl. the provision of mental health & psychosocial support services

Expand government, private sector, and CSO response activities to include support for care and domestic work, cash assistance, transportation, and resilient livelihood opportunities

Employ a targeted approach to respond to vulnerable groups, e.g. strengthen programs for the unemployed, provision of psychosocial support to frontliners

Monitor the evolving needs of different sectors and identify ways to build resilience in the different response actions

LGUs  
Private Sector  
Humanitarian Organisations  
GBV Sub-cluster

Coping strategies/  
Impact of Government  
Interventions



Regularly monitor coping strategies of communities, include intrahousehold analysis to surface specific adaptation strategies;

Undertake participatory community risk assessments (CRA) that integrate gender equality and diversity;

Include gender analysis and indicators in local development plans, contingency plans, and response plans;

Utilise GAD funds for gender-responsive initiatives that innovate and respond to both practical needs: food, shelter, income, and strategic gender interests: equality and empowerment

LGUs  
Humanitarian Organisations  
Local CSOs

Access to info and tech/  
Addressing Social  
Stigma



Develop IECs (info, education, communication campaigns) for communities with low literacy, no access to tv mobile signal or other technology, tailor messages to immunocompromised people through their trusted pathways and communication channels.

Strengthen communication and info dissemination on locally-available public services and available spaces for participation (e.g. livelihood support, volunteer opportunities, Sexual Reproductive Health and Rights/Gender-based Violence services)

Conduct targeted risk communications through TV/brgy (preferred channels): provide accessible, trustworthy, regularly- communicated lay-person facts in local language:

- What is COVID-19;
- How is it transmitted, recommended prevention or treatment;
- Available government services to support persons infected;
- The implementing rules and regulations of gov't-issued protocol/guidance

LGUs  
Humanitarian Organisations  
Local CSOs

Protection and SRHR



Recognise Gender-based Violence (GBV) interventions as lifesaving especially during crisis situations

- integrate GBV in COVID-19 messaging across different information channels
- train and mobilise communities to report cases thru confidential and effective platforms
- Ensure Violence against Women and Children (VAWC) services are accessible

LGU/barangay VAWC desk  
GBV Sub- Cluster  
Child Protection Working Group

Leadership and participation



Actively seek feedback from communities through inclusive and accessible pathways (e.g. free online channels, face-to-face check-ins, feedback box, regular meetings) and purposively consult and engage vulnerable sectors

Continue to build local capacities of rights-holders, duty-bearers for addressing multiple disaster risks (e.g. conflict, natural hazards) with a deliberate focus on women's leadership and meaningful participation;

Document and disseminate key lessons and best practices from different organisations and local governments on mainstreaming gender into the COVID-19 response

LGUs  
Humanitarian Organisations

# End Notes

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# Select Case Stories

## Rosalina: Hunger during lockdown

“Problema talaga sa amin na maraming nawalan ng trabaho.”  
(Rosalina, female, 39 years old, Manila City)

“It is really a burden in our community that most of us lost our jobs.” (Rosalina, female, 39 years old, Manila City)

Nanay Rosalina lives with her husband and four children in a rented room in an urban poor community in UN Avenue, Manila. Her family used to be homeless for thirteen (13) years. Prior to the implementation of ECQ, she worked as a cook for a feeding program in a nearby orphanage (Kanlungan) while her husband worked at a tarpaulin factory. Following the quarantine, both suffered loss of income as the factory closed down and the services of the orphanage were disrupted.

Nanay Rosalina shared that on most days during lockdown, her family would experience hunger. It was a common routine for her family to eat only once a day to save food as they do not know how long the lockdown would last. They also drank tons of water to curb hunger.

According to her most households in their community shared the same problems with hunger and loss of livelihood. Since most of the women and men in their community were food vendors, they were unable to sell during the lockdown. Mothers who owned corner stores (sari-sari stores) did not have enough capital to continue with their small business.

When asked about their worries during this pandemic, Rosalina stated that her family was very scared of catching the virus. She said that they were scared because they did not know how COVID-19 was transmitted nor what the appropriate preventive measures were.

“Lahat nanganamba ‘pag may umubo wala na magpapanic na kaming lahat.” (Rosalina, female, 39 years old, Manila City)

“All of us are afraid, when someone coughs, we would all panic.”  
(Rosalina, female, 39 years old, Manila City)

When asked about government assistance, Nanay Rosalina said that although they were able to receive cash aid through the Social Amelioration Program (SAP) of DSWD. They received it almost two months after the start of the lockdown. Their savings had already run out and they barely had any money to buy food, facemasks and ethyl alcohol. Nanay Rosalina also shared that it was not very often that they received food aid. If they are lucky, assistance were provided at least once a month.

Nanay Rosalina shared that as of now she is most burdened by the additional expenses for the remote learning needs of her children. Two are currently in grade school while the other two are high school students. Their family does not have access to a computer or smartphones, nor do they have internet connection in their home.

Since the GCQ, Nanay Rosalina started earning from part time jobs such as cleaning houses and cooking meals for the orphanage but she shares that this is not enough to meet their basic needs including the education of her children.

*Credits/ Asmae*

## Jomar: Learning challenges

Jomar (21yo) is a third-year student from a state university. He lives with his grandparents and younger brother in Delpan in Tondo, Manila. A week prior to the ECQ, classes were already suspended. Two months later, the school announced that they will not promote students until they were able to complete the requirements for all their subjects.

Jomar shared completion of school requirements have been difficult and stressful for him since he did not have a laptop nor access to a stable internet connection. He had no choice but to finish his requirements using his cell phone. Most of his classmates and group mates encountered the same problems.

“Nakaka stress sa dami ng ginagawa na sinasabi nila minimum requirements... May mga kaklase nga ako na walang wala talagang magamit tapos mas mahirap ang groupwork kasi hiwa-hiwalay.”  
(Jomar, gay male, 21 years old, Tondo Manila)

“The workload was very stressful even though they said that these were just minimum requirements...I have classmates who did not own any gadgets (even smartphones) and groupworks were harder because some of my classmates were in their provinces.” (Jomar, gay male, 21 years old, Tondo Manila)

Jomar added that the pandemic has caused the loss of livelihood for his grandmother and loss

of income for their household. His 53-year-old grandmother sold breakfast meals for a living but had to stop due to quarantine restrictions. To survive throughout the lockdown, they accepted financial support from his uncle who lives in the province. According to him their household was able to receive cash aid from the Social Amelioration Program (SAP) of the Department of Social Welfare and Development (DSWD). They budgeted and managed their resources well because they do not know until when the lockdown would last.

Jomar was among those respondents who shared that he is aware of VAWC cases in the community.

He said that the incident took place in a house that was next to theirs. Prior to the pandemic, the couple always had fights and the neighbours could always overhear the arguments. But one night during the lockdown, the couple started throwing things at each other violently. Jomar called a barangay tanod to intervene.

When asked about health services in their barangay, Jomar said that they did not have a barangay health center. He also shared that they greatly feared catching the virus since there were several cases in the surrounding barangays. A two-day total lockdown in their community was implemented because of the spike in cases. As for COVID-19 response in their barangay, he said that the barangay chairman would always go on Facebook live to discuss quarantine regulations and he would also give reminders that those who are showing symptoms of COVID-19 should inform barangay officials.

*Credits/ Plan International*

## Rose: Sampaguita vendor

Rose (24 yo) is a resident of Sapa Panghulo, Malabon. Her household is composed of eight individuals which includes her mother, father, five children, her aunt who is a senior citizen and herself. Their family's main source of income is through distributing and selling Sampaguita flowers garland.

Rose described the loss of employment of their community. She mentioned that since most men in the community work at construction sites, all of them lost their jobs during the lockdown. Women were primarily responsible for caring for the children but also sold sampaguita garlands on the side. Due to the ECQ, they were unable to sell the garlands and had no sustainable source of income.

"Bawal kasi talaga lumabas. Halimbawa nakita ka ng barangay sa labas huhulihin ka kaagad lalo na pag wala kang mask" (Rose, female, 24 years old, Malabon City)

"We were not allowed to go out at all. If the barangay sees you outside of your house, they would be arrest you immediately especially if you do not have a face mask." (Rose, female, 24 years old, Malabon City)

Rose also mentioned that the quarantine protocol in their barangay is extremely strict. For each household, throughout the ECQ only one person is allowed to go out and do errands for the family. They did not have curfew hours since residents were not allowed to go out if they do not have a quarantine pass. Once caught, violators were apprehended and taken to the barangay. Rose also mentioned that those who guard and enforce quarantine protocols in their community were all men.

When asked whether they had access to face masks during ECQ, Rose shared that they could not afford a box of face masks. It was too expensive, so they used cloths and handkerchiefs as an alternative for protective gear. She also mentioned that practicing social distancing was difficult and almost impossible for them since they were forced to stay in a small house.

Rose shared that they received food aid four times during the lockdown. However, this was insufficient to meet the foods needs of the whole family. Most of the time they had experienced eating only twice or once a day in order to save food. As for the cash aid, she mentioned that there were a lot of households in the community that did not receive cash assistance even though they lost their jobs and applied for the Social Amelioration Program (SAP).

"Kulang po talaga ang binibigay ng barangay minsan sabi ko sa anak ko pag humihingi ng pagkain inom na lang siya tubig para ma-survive ang gutom." (Mary (rose's mother) female, 49 years-old, Malabon City)

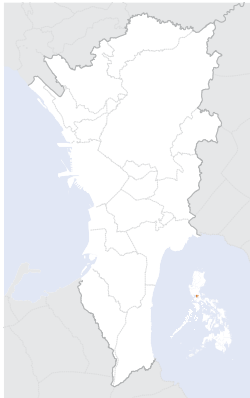
"The food aid given by the barangay is insufficient. Sometimes when my children ask for food, I just tell them to drink tons of water so that they can survive and reduce their hunger." (Mary (rose's mother) female, 49 years-old, Malabon City)

Since the implementation of General Community Quarantine (GCQ), Rose and her family was able to go back to selling and distributing Sampaguita garlands. However, it would take them 8 to 9 hours of walking every day since there is no public transportation. They also mentioned that as of now there is little profit from selling since the pandemic has caused the closure of many business establishments.

Credits/ ACCORD

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*Samar RGA*

# Annex

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 [Philippines Gender in Brief](https://bit.ly/PHLgenderinbrief)  
<https://bit.ly/PHLgenderinbrief>

 [RGA concept note](https://bit.ly/32K35vF)  
<https://bit.ly/32K35vF>

 [RGA toolkit for interviewers](https://bit.ly/3iM2glj)  
<https://bit.ly/3iM2glj>

 [NCR Validation Forum Deck](https://bit.ly/3iZ06W1)  
<https://bit.ly/3iZ06W1>

 [Participating Organization List](https://bit.ly/2FTqkuA)  
<https://bit.ly/2FTqkuA>

 [RGA Compiled Annex](https://bit.ly/3hOPtDL)  
<https://bit.ly/3hOPtDL>

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