



Elizabeth Asanion, 45, wears her protective goggles during a relief operation in partnership with Oxfam Philippines titled Care4Wife: COVID-19 Assistance and Response to Emergency Needs for Women in Informal Economy in Namapa Compound, Barangay North Fairview in Quezon City, Metro Manila, Philippines. **PHOTO:** Basilio Sepe/Oxfam

## VOICES FROM THE COMPOUNDED CRISIS:

Oxfam COVID-19 Rapid Gender Assessment  
Regional Highlights in the Philippines

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# TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	3
KEY FINDINGS AND RECOMMENDATIONS .....	5
INTRODUCTION .....	7
METHODOLOGY, SCOPE, AND LIMITATIONS .....	9
FINDINGS AND ANALYSIS .....	11
SOCIO ECONOMIC PROFILE OF THE RESPONDENTS .....	13
THE REGIONS .....	14
KEY FINDINGS .....	16
1. Sexual and Reproductive Health and Rights .....	16
2. Gender-based Violence.....	18
3. Unpaid Care Work.....	20
4. Social Inclusion.....	26
CONCLUSION .....	31
REFERENCES .....	33
ACKNOWLEDGEMENTS.....	34

## EXECUTIVE SUMMARY

Global and national strategic plans for COVID-19 preparedness and response must be grounded in strong gender analysis<sup>1</sup> and inclusive representations in decision making and implementation measures to create effective, equitable policies and strong COVID-19 key interventions. While this concept is no longer new, there is also no evidence suggesting the gender responsiveness of the Philippines National Action Plan (NAP) on COVID-19 response even with the concrete guidelines set by the Magna Carta of Women (MCW). Specifically, the State shall ensure that development of plans, policies, programs, measures, and mechanisms should address discrimination compounded by or intersecting with other grounds, status, or condition, such as ethnicity, age, poverty, or religion in the economic, political, social, and cultural life of women and men.<sup>2</sup>

Meanwhile, humanitarian agencies working with marginalized individuals and groups have documented the disproportionate effects of COVID-19 on women and girls, particularly in urban and rural poor communities including evacuation centers. In May 2020, Oxfam Philippines along with CARE Philippines, Plan International, and UNFPA, with UNHCR, UNICEF, UN Women and in collaboration with 19 other organizations and agencies conducted the National COVID-19 Rapid Gender Assessment (RGA) in selected areas in Bicol, Region IV-A (CALABARZON), Samar, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), and the National Capital Region (NCR).

The National COVID-19 RGA sought to: (1) Surface data highlighting the gendered experiences of community women, men, girls, and boys throughout the COVID-19 crisis; (2) Formulate practical and targeted recommendations to strengthen COVID-19 interventions and make it more gender-responsive and sensitive to protection issues; and (3) Engage and support civil society organizations in strengthening their local capacities to conduct Rapid Gender Assessments (RGA).

The National COVID-19 RGA prioritized highlighting the experiences of those with pre-existing vulnerabilities and with greater risk of being highly impacted by COVID-19. The categories of constituencies covered in the RGA include the following: local community health workers (CHWs), solo/young and 4Ps<sup>3</sup> beneficiary mothers, homeless or internally displaced persons (IDPs), indigenous peoples (IPs), members of the urban poor, persons with disabilities (PWDs), young persons aged 12-21 years, lesbian, gay, bisexual, transgender, queer, intersex(LGBTQI) communities, older persons aged 60 years and above, active/on-site Overseas Filipino Workers (OFWs), returning migrant workers, and persons at risk of statelessness.

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<sup>1</sup> The WHO emphasized the importance of ensure meaningful participation of affected groups, including women and girls in decision making and implementation. Gender and COVID-19 Advocacy brief. World Health Organization. 14 May 2020

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<sup>2</sup> As cited. Implementing Rules and Regulations, Magna Carta of Women. 2009.

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<sup>3</sup> Pantawid Pamilyang Pilipino Program (4Ps) is a human development measure of the national government that provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and the education of children aged 0-18.

This Regional Highlights Report documents the RGA processes and findings of Oxfam Philippines in the areas where it coordinated and conducted the RGA and the categories of the constituencies it covered. Specifically, Oxfam Philippines coordinated the conduct of RGAs in Bicol in partnership with the Center for Migrant Advocacy-Philippines (CMA-Philippines) and Educo Philippines, and in CALABARZON, engaging the municipalities of Talisay and Laurel, with the Pambansang Koalisyon ng Kababaihan sa Kanayunan (PKKK). This report also provides information on the impact of the COVID-19 crisis on the priority constituencies interviewed by Oxfam Philippines and its partners in select areas in Bicol, BARMM, CALABARZON, Eastern Samar, and NCR. The interviews were done to understand the risks and gender-differentiated impacts of the pandemic. Emphasis was placed on the compounded impacts of the pandemic on the most affected individuals and communities in relation to gender roles and relationships, gender-based violence, sexual and reproductive health and rights, and social inclusion.

This report aims to inform gender-sensitive and effective decision-making and response, especially the ongoing implementation of the second phase of the COVID-19 National Action Plan (NAP).

*“Experience from past pandemic outbreaks shows the importance of incorporating gender analysis into the preparedness and institutional response to improve the effectiveness of health interventions and promote gender and health equity goals.”*

- Wenham C., Smith J. and Morgan R., Gender and COVID-19 Working Group<sup>4</sup>

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<sup>4</sup> Gendered Impact of the Outbreak. [www.thelancet.com](http://www.thelancet.com) Vol 395 March 14, 2020.

[https://www.researchgate.net/publication/339756913\\_COVID-19\\_the\\_gendered\\_impacts\\_of\\_the\\_outbreak](https://www.researchgate.net/publication/339756913_COVID-19_the_gendered_impacts_of_the_outbreak) downloaded August 6, 2020

## KEY FINDINGS AND RECOMMENDATIONS

**Demographic data:** Gender related data and statistics are not systematically reflected and analyzed in national COVID-19 public reports. There are no identified gender data gaps on the direct and indirect consequences of COVID-19 in terms of risks of exposure and implementation measures. In terms of health, the sex data ratio of COVID-19 deaths manifested uneven sex distribution with twice as many men, compared to women, dying in the first two months of quarantine. This ratio eventually declined in the succeeding months suggesting that gender (social) and health (biological) dimensions of the pandemic can also be viewed in terms of social norms associated with health risk behaviors of women and men.

**Key Finding 1: Sexual and Reproductive Health and Rights** - In terms of access to sexual, reproductive health (SRH) services and supplies, men and LGBTQI communities cited the limited access to contraceptive supplies, sexually transmitted infections (STI), and HIV/AIDS services. The data demonstrated the challenges of accessing SRH services and how it yielded disproportional effects among vulnerable individuals and groups during the community quarantine period especially in the Samar and BARMM areas.

**Key Finding 2: Gender Based Violence** - Gender-based violence (GBV) was the most frequently reported and perceived fear during the pandemic period, including expressed concerns over the lack of adequate reporting and support systems. While the data accounted for emerging fears on GBV concerns, majority did not provide adequate responses to the spike of GBV during the pandemic. The reality of wide under-reporting of GBV also resulted in no known incidences of violence against women and girls (VAWG) in their areas; however, as per official reports<sup>5</sup>, CALABARZON and NCR are included in the top regions with the highest incidence of GBV. There are also expressed fears of the emergence of other forms of gender-based violence across the regions like online sexual abuse and exploitation of children due to the youth's excessive use of the internet and social media.

While the data suggested insufficient knowledge or information about actual cases, respondents across the regions and social categories, majority of the married/common law individuals indicated that they will act on known cases of GBV in their communities. Meanwhile, trust and confidence in government's capacity to deal with GBV cases remain high prior to and throughout the pandemic period. However, results do not indicate if the level of trust is due to the quality of service provided.

**Key Finding 3: Unpaid Care Work** - Female community health workers' (CHW) dual role as the family's primary caregiver and as community health workers across regions manifested extended time spent on care work both at the household and community level. Majority of CHWs in Bicol, CALABARZON, and Samar reported physical stress and financial distress as some respondents simultaneously performed their tasks as health workers while also doing care work at home along with livelihood activities to augment their income for basic needs such as food.

Women experienced an increased intensity in the amount of care work while men experienced more shifts in gender roles at home during the pandemic. The data suggests a consistent pattern of women carrying the brunt of the load of ensuring the emotional and physical well-being of the family during the pandemic.

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<sup>5</sup> Philippine National Police Data (March 17-June 11, 2020) as cited by the Inter-Agency Council on Violence Against Women and Their Children (IACVAWC)  
- Philippine Commission on Women report "VAW in time of COVID 19." June 2020.

**Key Finding 4: Social Inclusion** - The inherent resilience among the vulnerable population played an essential role in managing the negative impacts of COVID-19 on their psycho-social and physical health, economic and educational well-being. Majority of women experienced negative effects on their economic status and activities, mobility, and health, especially among solo mothers in Bicol and CALABARZON. The negative psycho-social health and economic impact of COVID-19 were mostly felt by PWDs in NCR, Samar, and Bicol and young, solo parents in Bicol, CALABARZON and Samar. Majority of youth respondents experienced impacts on their education in Bicol, CALABARZON, Samar, and BARMM.

The data also reflected high compliance with COVID-19 containment measures imposed by the government and an understanding of the root causes of COVID-19 despite the general lack of awareness on the COVID-19 situation in their communities across social categories. While majority of youth respondents relied heavily on online platforms to access COVID-19 related information, most of the respondents relied on television and radio to access information.

A gendered understanding of the higher rate of women's decision-making in the household does not necessarily equate to women being able to exercise power on the same terms as men. This trend also varies per region and across social categories.

***General Recommendations for actions include, but are not limited to:***

- Develop a National Gender Action Plan for the ongoing NAP COVID-19 key interventions based on evidence, data and knowledge.
- Scale up current GBV initiatives and review NAP COVID-19 to ensure inclusion of GBV as a public health response within the context of the pandemic and community processes which put women and children at a disproportionately increased risk of harm.
- Build national and local capacities to identify, analyze, and respond to potential gender-specific needs and protection measures aligned with COVID-19 key interventions.
- Conduct gender-sensitive, vulnerability and risk assessment studies to enhance social service systems and adjust pandemic preventive policies with specific measures to reduce socio-economic risks and ensure continuity of critical health care services.
- Promote the visibility of women and marginalized groups in the existing/proposed structures while also engaging gender focal point representatives doing COVID-19 response in government.
- Develop localized, accessible, timely, strategic and gender sensitive communications materials such as infographics, posters, TV and radio talk show content, and public addresses. Strengthen social media and Information and Communications Technologies for Development (ICT4D) support services covering topics like the prevention of wide-spread COVID-19, gender sensitive family mental health systems, prevention of GBV, sexual and reproductive health and rights, youth awareness on online sexual exploitation, male involvement in gender-sensitive parenting, and the value of shared responsibilities in unpaid care work.
- Set up measures to ensure the accountability of decision-makers and service providers or responders in relation to the policies, decisions they make, their use of public resources, and adequacy and quality of services they provide in the context of COVID-19 response.

# INTRODUCTION

After the World Health Organization (WHO) classified COVID-19 as a pandemic on March 11, 2020, the Philippine Government established the Interagency Task Force (IATF) on Emerging Infectious Diseases. Chaired by the Department of Health (DOH), it was tasked to implement the National Action Plan (NAP) that aims to manage the spread of the virus and mitigate its socio-economic impacts. In the same month, the “Bayanihan to Heal as One Act” (Republic Act [RA] 11469) was signed into law declaring a state of national emergency over the entire Philippines and granting special powers to the President over a 30-day period to expedite the implementation of the NAP.

The NAP on COVID-19 is anchored on a Whole-of-Nation Approach and states that implementing measures on containing the spread of the virus are also intended to mitigate the social, economic, and security impacts of the health crisis<sup>6</sup>. Specific measures included the appointment of the Department of National Defense (DND) and Department of the Interior and Local Government (DILG) to deal with the operational and tactical implementation in responding to the COVID-19 pandemic

The Oxfam Minimum Standards for Gender in Emergencies reflect its strong commitment to promoting gender equality and women’s rights through its programmatic strategies and institutional practices in humanitarian preparedness and response.<sup>7</sup> Strong gender analysis is applied as a standard process to inform the development and implementation of specific actions to address structural gender injustices. In its mission to end poverty, Oxfam affirms the role of women gaining power and taking collective action as the most important driver of sustained improvements in women's human rights.<sup>8</sup>

The availability of sex-disaggregated, and gender-related data remains a challenge in substantiating a reliable gender analysis resulting in effective, inclusive, evidence-based and targeted interventions across relevant social categories and intersectionalities<sup>9</sup>. As it is, gender-related data and statistics are not systematically reflected and analyzed in COVID-19 public reports such as the National Task Force Corona Virus Disease 2019 Situational Reports. Even the COVID-19 Tracker of the Department of Health does not include sex-disaggregated data for the total number of active and/or recovered cases as well as deaths associated with the virus. This also shows a gap in the implementation of RA 10821 which specifically provides that in the aftermath of a national or local state of calamity, the collection and reporting of data for the Disaster Risk Reduction and Management Information System at all levels, shall be disaggregated by **age, gender, ethnicity, and special needs**. Such collected data shall be utilized to understand and respond better to the needs of children affected by disasters and calamities.

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<sup>6</sup> Galvez: Gov’t will do everything possible to mitigate impact of COVID-19.

<https://peace.gov.ph/2020/03/galvez-govt-will-do-everything-possible-to-mitigate-impact-of-covid-19/>

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<sup>7</sup> Oxfam Minimum Standards for Gender in Emergencies

[https://www.gdnonline.org/resources/ml-oxfam-gender-emergencies-minimum-standards-291113-en\\_0.pdf](https://www.gdnonline.org/resources/ml-oxfam-gender-emergencies-minimum-standards-291113-en_0.pdf) downloaded August 6, 2020.

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<sup>8</sup> Oxfam Gender Justice: Online Course Vision and Approach.

<https://policy-practice.oxfam.org.uk/our-work/gender-justice#b891974b-880a-414b-890a-5bbcc114459c> downloaded August 6, 2020.

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<sup>9</sup> “the interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage”. This was introduced by Kimberlé Crenshaw in 1989, and intersectionality was added to the Oxford Dictionary in 2015.

<https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important>



Further, there are gender data gaps concerning the direct and indirect consequences of COVID-19 in terms of risks of exposures and implementation measures. These consequences vary under the different levels of community quarantine guidelines for movement of people within and among areas. Note that these guidelines have varied from the stricter enhanced community quarantine (ECQ) and modified enhanced community quarantine (MECQ) for high-risk areas,<sup>10</sup> to less stringent measures of general community quarantine (GCQ) and modified general community quarantine (MGCQ) for low-risk areas.<sup>11</sup>

The RGA Regional Highlights Report hopes to contribute to the scarcity of gender-differentiated data and information, especially as the NAP on COVID-19 is on its second phase of implementation. This also aims to influence policy makers and program implementers to consider the potential and actual impact of COVID-19 in assessing the national and local situation and developing timely, evidence-based, and gender-responsive responses and policies. Further, it aims to strengthen the provisions of RA 10821, or the Children's Emergency Relief and Protection Act, which mandates a gender-sensitive and strategic program of action to provide children and pregnant and lactating mothers affected by emergencies and disasters with the support necessary for their immediate recovery and protection; and Administrative Order (AO) 2019-0046, the National Policy on Disaster Risk Reduction and Management in Health (DRRM-H), which addresses the health needs of affected populations through effective health emergency management, including data collection and management.

This report documents the processes and findings of Oxfam Philippines in the COVID-19 RGA that covered the gendered experiences of 443 respondents coming from the priority constituencies. The findings help in understanding the risks and gender-differentiated impacts of the pandemic covering the RGA's eight 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 Sexual and Reproductive Health and Rights (SRHR) Issues and; (8) Participation and Leadership.

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<sup>10</sup> ECQ: stringent limitations on movement and transportation of people, strict regulation of operating industries, provision of food and essential services, and heightened presence of uniformed personnel. As cited in the "Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines with Amendments." " <https://www.doh.gov.ph/sites/default/files/health-update/omnibus-guidelines-on-the-implementation-of-community-quarantine-in-the-philippines0702.pdf> downloaded August 10, 2020.

<sup>11</sup> Ibid. GCQ: limiting movement and transportation, regulation of operating industries, and presence of uniformed personnel to enforce community quarantine protocols) and MGCQ in transition towards the New Normal.



## METHODOLOGY, SCOPE, AND LIMITATIONS

This report refers primarily to the comprehensive data analysis of the RGA survey results and documentations of the regional debriefing sessions conducted by Oxfam Philippines with its regional partners and enumerators from April to May 2020. The data collection methods also included a desk/literature review of existing data on the Philippine COVID-19 situation, including the initial analysis done by the RGA Oxfam focal person, relevant gender analysis reports, and other articles.

In compliance with the ECQ guidelines set by the national government, data collection was conducted remotely by Oxfam Philippines and its partners' team of enumerators through phone interviews and a small number of online surveys especially for PWDs and self-identifying LGBTQI respondents. The personal preferences of the respondents regarding the interview process were taken into consideration and responded to based on available technological tools, access and consent. Informants were recruited through purposive sampling as well as by "snowball" method. The RGA research design and interview toolkit was developed by the 'RGA Design Team' composed of member agencies of the GBV sub-cluster of the National GBV cluster specifically Oxfam Philippines, CARE Philippines, Plan International, and United Nations Population Fund (UNFPA). The toolkit was utilized and cascaded to the RGA regional teams through RGA tools training. The duration of interviews ranged from 45 minutes to 2 hours, depending on connectivity issues.

### Geography and Coverage

Oxfam Philippines covered 46.58% or 443 of the 951 total respondents (286 females, 125 males and 32 LGBTQI) in the National COVID-19 Rapid Gender Assessment. The respondents included females, males and LGBTQI from BARMM (44 respondents); NCR (23 respondents), Samar (64 respondents) and from the areas where Oxfam coordinated the RGA, specifically Bicol (202 respondents), and CALABARZON (110 respondents).

The constituencies interviewed by Oxfam Philippines and its partners are composed of local community health workers, homeless/internally displaced persons (IDPs), indigenous peoples, self-identifying LGBTQI respondents, people with disabilities, older persons (60 years old and above); solo/young/4Ps beneficiary mothers), youth (aged 12-21 year), and returning migrant workers.

### Challenges and Limitations of the Study

While it was established that the purpose of the RGA was to surface themes and stories to complement numbers and not to extract quantitative data, the study took into consideration the following:

- The data was collected through purposive sampling and the snowballing method of identifying respondents. The sample size and composition were not representative enough to generalize national findings or analysis.
- Secondary data analysis relied heavily on the authenticity and accurate representation of the original data collected. In the context of COVID-19, challenges experienced in the remote method of quantitative and qualitative data collection include the tight timeframe of data collection, connectivity issues between interviewers and respondents, and their availability. There were also a few challenges related to coordination, attention span, language translation accuracy, and hearing difficulties/impairment especially of older persons and PWDs, among others.

- Gender analysis or assessment requires an iterative process and a degree of flexibility for conducting observations as part of the process of inquiry among enumerators involved in social interactions. The RGA survey performed in an extremely short timeframe may have missed out on the importance of gender sensitive iteration processes to generate more useful data during interviews. This is especially relevant among the few respondents who preferred to accomplish the tool themselves, such as self-identifying LGBTQTI respondents.
- The data were collected during the implementation of the ECQ and even during the peak of the COVID-19 pandemic. Hence, some data and recommendations may no longer be reflected in the current MECQ situation.
- Data analysis and writing were expected to be done within a short time frame, which might have posed limitations on the extent of analysis given the volume of data available.

All the recommendations in this report were based on findings and validations such as debriefing sessions and were substantiated by comprehensive desk review research. Reflections and insights shared by the enumerators during the debriefing process were used as basis for understanding the context of data collection. The basic principles of confidentiality, respect, and trust were observed by enumerators as research protocols to ensure anonymity of and care for the respondents.

## FINDINGS AND ANALYSIS

### The Philippines During the COVID-19 RGA

While it was established that the purpose of the RGA was to surface themes and stories to complement numbers and not to extract quantitative data, the study took into consideration the following:

The RGA took place during the peak of the pandemic period when cases registered at a total of 11,350. At the time, the total expenditures amounting to Php 65 billion pesos for the Social Amelioration program were said to be intended to cushion the social and economic impact of the COVID-19 health crisis and the ECQ guidelines.<sup>12</sup> In terms of health, the sex data ratio of COVID-19 deaths show uneven sex distribution with twice as many registered deaths of men compared to women in March and April. Eventually, the ratio declined in the following months with a registered 163 male deaths per 100 female deaths as of 16 July 2020.<sup>13</sup> This data showed that aside from the shared vulnerabilities of individuals with pre-existing medical conditions, the gender (social) and health (biological) dimensions of the pandemic can also be viewed in terms of social norms associated with health risk behaviors of women and men.

As it is, the global outbreak of the pandemic and the effect of the prolonged community quarantine period slowed down the domestic economy and halted investment activities, affecting household consumption, tourism, export services and financial institutions among others. In March 2020, NEDA projected that the pandemic's economic impact could result in a cumulative loss of Php 428.7 to Php 1,355.6bn in gross value added (equivalent to 2.1 to 6.6 percent of nominal GDP) and is expected to reduce employment by 61,000 to 1 million in 2020.<sup>14</sup> The report also identified the urgent need to augment health care systems capacity during ECQ in order to handle the potential surge of COVID-19 in the country.

In managing the containment and the isolation of the disease, government's immediate stringent preventive measures included a hard lockdown that strictly confined residents to their homes and heightened the presence of uniformed personnel to fully enforce compliance with the law. These mobility restrictions affected access to essential goods and services except for frontline workers in health and security sectors. While emergency relief packages were provided to the affected populations through the Social Amelioration Programs (SAP), the lack of clarity on guidelines from the national government created unmet expectations from the general public including the local government units responsible for their distribution.

Many individuals and families experienced distress over the prolonged period of uncertainty and lack of available sources of income and/or savings. The government program also responded to a series of calls for the repatriation of Overseas Filipino Workers (OFWs) who lost their jobs and were stranded due to travel restrictions. In the first 35 days of the ECQ, there was a spike in the increase of quarantine violators, with a total of 130,177 individuals arrested, fined and warned against disobedience to persons in authority cited in

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<sup>12</sup> National Task Force Corona Disease-2019 Situational Report no.43 Report Coverage May 12  
[https://ndrrmc.gov.ph/attachments/article/4036/SitRep\\_No\\_43\\_NTF\\_for\\_COVID-19\\_as\\_of\\_13MAY2020\\_12NN.pdf](https://ndrrmc.gov.ph/attachments/article/4036/SitRep_No_43_NTF_for_COVID-19_as_of_13MAY2020_12NN.pdf) downloaded August 10, 2020.

<sup>13</sup> The changing demographics of COVID-19 infections and deaths in the Philippines: how age-sex structure, living arrangement, and family ties intersect  
<https://www.uppi.upd.edu.ph/sites/default/files/pdf/COVID-19-Research-Brief-07.pdf> downloaded August 10, 2020.

<sup>14</sup> Addressing the Social and Economic Impact of the COVID-19 Pandemic [https://www.neda.gov.ph/wp-content/uploads/2020/03/NEDA\\_Addressing-the-Social-and-Economic-Impact-of-the-COVID-19-Pandemic.pdf](https://www.neda.gov.ph/wp-content/uploads/2020/03/NEDA_Addressing-the-Social-and-Economic-Impact-of-the-COVID-19-Pandemic.pdf) downloaded August 10, 2020.

RA 11332 - Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act and RA 11469-Bayanihan to Heal as One Act.<sup>15</sup>

Even prior to the COVID 19 pandemic, the country's economy has been consistently burdened by disasters that take a huge toll on local resources. The Philippines ranked sixth out of the countries extremely vulnerable to climate change with the highest vulnerability to tropical cyclones and people exposed to seasonal events.<sup>16</sup> In CALABARZON, for instance, the residents were still recovering from the eruption of Taal Volcano when the pandemic spread. Meanwhile, Bicol and Samar's frequent exposure to strong typhoons and BARMM's conflict situation also contributed to the increased displacement of affected communities. The unique challenges of the ongoing pandemic crisis also compound the vulnerabilities of the most affected individuals and communities. Some of their stories will be represented as part of the results of this rapid gender assessment report.

*“With most families having multigenerational household members, social distancing is a challenge especially among poor households.”*

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<sup>15</sup> Community quarantine violators exceed 130K: PNP <https://www.pna.gov.ph/articles/1100314>

<sup>16</sup> As cited in National Climate Action Plan 2011-2028. <http://extwprlegs1.fao.org/docs/pdf/phi152934.pdf> downloaded December 16, 2019.

# SOCIO ECONOMIC PROFILE OF THE RESPONDENTS

## 443 RESPONDENTS

**286 FEMALE** **125 MALE** **32 LGBTQI**

AGE RANGE FROM 12 TO 92 Y/O

Youth	18.74 %
Solo Parents/4Ps Mothers	16.93 %
LGBTQI	13.54 %
Community Health Worker	11.74 %
Seniors	10.16 %
PWDs	11.51 %
Homeless/IDP	6.09 %
Returning Migrant Workers	5.19 %
Indigenous	4.74 %
Urban Poor	0.23 %
On-site OFWs	0.23 %

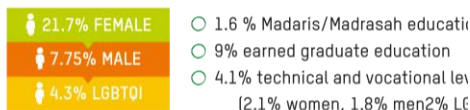
Average number of children across civil status is between 3-4 children.

## SOCIAL CATEGORIES

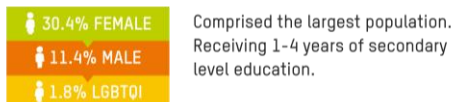
Community Health Worker	52
Homeless/IDP	27
Indigenous	21
LGBTQI	60
On-site OFW	1
PWDs	52
Returning Migrant Workers	23
Older Persons	45
Solo/Young/4Ps mothers	75
Urban Poor	1
Youth	83

## EDUCATIONAL ATTAINMENT

### 33.7 % UNIVERSITY GRADUATES/COLLEGE LEVEL



### 43.6 % HIGH SCHOOL GRADUATES/LEVEL



### 12.9 % ELEMENTARY LEVEL GRADUATES



**Household members** ranging from 2-13 individuals.

**64% EMPLOYED**  
**33% UNEMPLOYED**

**Major languages spoken include:**

- 24.5% Tagalog
- 13.6% Bicolano
- 11.1% Waray
- 7.5% Maguindanao
- 0.9% Teduray

### MALE RESPONDENT

34.4 % Married  
51.2 % Single  
6.4 % Common Law  
4.8 % Separated  
3.2 % No Answer  
95% have children;  
3-5 children on average

#### EDUCATION

0.2 % Post Graduate Degree  
4.5 % College Graduates  
0.9 % Madrasah Education  
3.2 % College Level  
1.8 % Technical Vocational Graduate/Level  
7.5 % High School Graduate  
3.9 % High School Level  
2.7 % Elementary Graduate/Level  
1.1 % Received no education

#### EMPLOYMENT

17.6% of men were employed and 10.4% unemployed.

### FEMALE RESPONDENT

40.56 % Married  
36.01 % Single  
6.29 % Common Law  
3.85 % Separated  
13.29 % No Answer  
96% have children;  
2-4 children on average

#### EDUCATION

0.2 % Post Graduate Degree  
10.4 % College Graduates  
0.7 % Madrasah Education  
10.4 % College Level  
2.1 % Technical Vocational Graduate/Level  
29.6 % High School Graduate  
21.8 % High School Level  
7.9 % Elementary Graduate/Level  
1.6 % Received no education

#### EMPLOYMENT

40.9% of women were employed and 21.5% unemployed

# THE REGIONS

## BARMM

### 44 RESPONDENTS

23 FEMALE 20 MALE 1 LGBTQI

59.09 % Married  
29.55 % Single  
4.55 % Separated

Majority of women and men engaged in informal work. Women work activities include farming, selling food and vegetables, and managing sari-sari store and bakeshop while men work as farmer, fisher folk, laborer (manual work, dike construction).

Some of the respondents including those from the LGBTQI communities are teachers, while older persons were engaged in farming.

43.81% had no job



Respondents included 1 solo/young/4Ps mothers, 16 older persons, 12 homeless/IDP, 8 youth, 5 Indigenous people, 1 LGBTQI, and 1 CHW.

## BICOL

### 202 RESPONDENTS

141 FEMALE 46 MALE 27 LGBTQI

33% Married  
48.28% Single  
4.43% Common Law  
2.46% Separated



Average of 4-6 members living per household

Majority of women and men are engaged in informal work. Women's work activities include laundry work, food vending, domestic work, tailoring, artisan/handicraft maker, salon worker, online seller, sari-sari store owner, hog-raising, etc. Men work as fisher-folk, drivers, farmers, and OFWs, etc. There were also individuals working in the government (teacher, LGU employee) and private sector (event coordinator, homebased work, branch manager, machine operator, etc.)

Community management work included elected barangay officials/government appointees, barangay health worker, local faith healer, and volunteer worker among others. Most of the youth were students and have no other occupation.

24% educational attainment was at High School Level Graduate

32.02% had no job








Respondents included 41 solo/young/4Ps mothers, 42 youth, 19 CHWs, 27 LGBTQI, 23 returning migrant workers, 18 older persons, 16 Indigenous people, 11 PWD, 1 urban poor, and 1 OFW.

## CALABARZON

### 110 RESPONDENTS

71 FEMALE 25 MALE 21 LGBTQI

30%  Married  
44.5%  Single  
7.27%  Common Law  
8.18%  Separated

 More than half has 4-6 members per household

 34.55% had no job

Majority of women and men are engaged in informal work. Women's work activities included being a seller (direct selling, online seller, buy and sell), vendor, athlete massage therapist, food server, housekeeping, nanny work, hog raising, and micro-small enterprises (printing shop and sari-sari store). Most women were doing multiple jobs. Men work as fisher-folk, factory worker, athlete, and tour guide. LGBTQI self-identifying respondents work in salon and take available extra work.. Most youth are students and have no other occupation. There were also individuals working in the government (public school teachers, LGU employees, firefighter) and private sectors (finance manager, operator).

Community management work included elected barangay officials or appointees, Barangay Health Worker, association leader, coast guard, and volunteer worker among others. Most expressed their difficulties coping with losing their business and jobs from the effects of Taal volcano eruption exacerbated further by the COVID-19 pandemic. Most youth are students and have no other occupation. From the 34.55% who have no job, most expressed their difficulties coping with losing their business and jobs from the effects of Taal volcano eruption exacerbated further by the COVID-19 pandemic.







Respondents included 22 solo/young/4Ps mothers, 23 youth, 21 LGBTQI, 20 CHWs, 15 homeless/IDPs (mostly solo parents), 8 PWDs, and 1 older person.

## NCR

### 23 RESPONDENTS

11 FEMALE 11 MALE 1 LGBTQI

31.82 %  Married  
59.09 %  Single  
4.55 %  Common Law  
4.55 %  Separated

 50% who have no job are mostly women including students.



Respondents included 21 PWDs, 1 solo/young/4Ps mother, and 1 LGBTQI.

## SAMAR

### 64 RESPONDENTS

40 FEMALE 23 MALE 10 LGBTQI

42.19 %  Married  
35.94 %  Single  
14.06 %  Common Law

Women work activities included being an online seller, farmer, vegetable vendor, food vending business, fisher folk, manicure, pedicure, and managing sari-sari store and bakeshop. Men worked as fisher folks, farmer construction worker, construction supervisor, ice maker, market vendor.

LGBTQI work as make up artist, documenter, part-time worker, massage therapist, and service to pageant event and teacher. Community work included day care worker, Barangay Health Workers, Barangay Elected Officials, and appointees.

 37.5% had no job



Responded included 10 solo/young/4Psmothers, 12 CHWs, 12 PWDs, 10 older persons, 10 youth, and 10 LGBTQI.

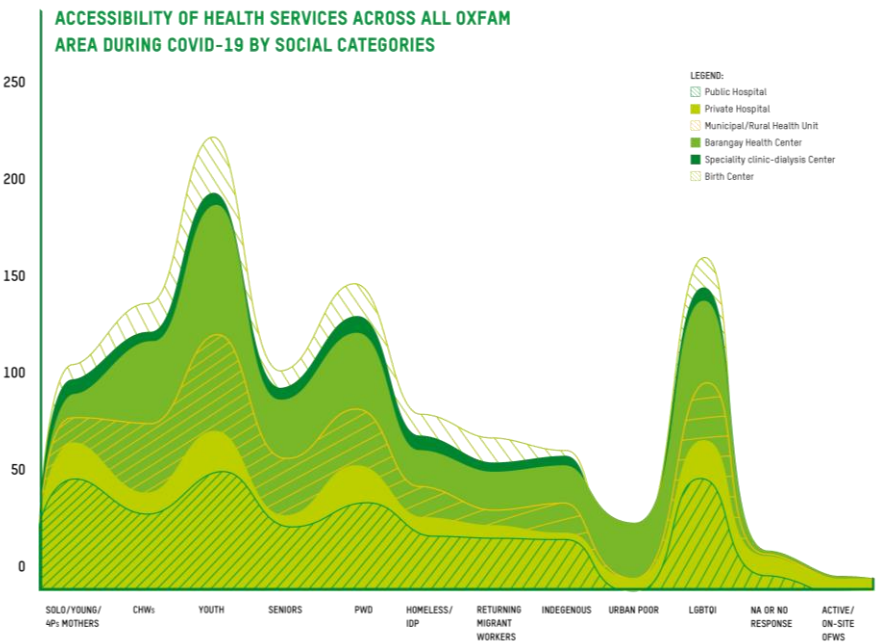


# KEY FINDINGS

## 1. Sexual and Reproductive Health and Rights

### 1.1. Challenges of accessing SRH services disproportionately affected vulnerable individuals and groups during the quarantine period.

Majority of the respondents reported easy access to Barangay Health Centers (BHCs) (81%), Rural Health Units (RHUs) (65%) and public hospitals (54%) given that BHCs/RHUs are closest to most of the respondents during the community lockdowns. However, services are limited to the referral to RHUs or public hospitals depending on the severity of health concerns. Less than half of the participants expressed that birth centers and private hospitals were easy to access, with less than 10% of the respondents expressing that they had access to specialty clinics. While there were birth centers open during the peak of quarantine, mostly solo/young mothers and IDPs reported having limited access to birth centers, because of limited mobility due to the absence and affordability of public transportation to and from the birth centers. Access to specialty clinics mostly affected IDPs, OFWs, older persons, LGBTQIs and CHWs. As the data shows, most of those who have the least access to health facilities are IDPs, solo/young mothers, PWDs, and older persons across all regions.



### SEXUAL ACTIVITIES IN THE LAST SIX MONTHS:

#### 286 WOMEN

- 91 with active sexual life in the last six months
- 169 inactive
- 26 no response

#### 125 MEN

- 35 with active sexual life in the last six months
- 71 inactive
- 19 no response

#### 32 LGBTQI

- 7 with active sexual life in the last six months
- 25 inactive

While almost 30% of the women and men respondents, including very few LGBTQIs, expressed that they were sexually active in the last six months prior to the quarantine, almost 60% of the respondents were not sexually active, and 10% opted not to respond when asked whether they were sexually active in the last six months. Majority of those who did not respond to questions concerning their sexual activities in the last six months were youth who considered talking about sex to be taboo. Meanwhile, stigma and fear among solo parents especially women, PWDs, and female older persons were the top reasons identified for why they opted not to talk about their sexual activities.



**Hindi na naaasikaso ang sexual reproductive services sa panahong ito.**

(Sexual reproductive services are not being attended to at this time.)

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45 MALE, MARRIED WITH CHILDREN, IDP

Around 18% of respondents (56 women, 21 men and 5 LGBTQI) across regions reflected the low rate of accessing family planning services prior to COVID-19. This low rate also remained or increased during the ECQ with majority of respondents from BARMM (70.41% 16 men, 15 women) and Samar (75% - 30 women, 18 men) having difficulty in accessing sexual and reproductive healthcare services during the said period. More than 70% of homeless/IDP women respondents in CALABARZON and BARMM cited difficulty in accessing contraceptives. Almost 50% of women respondents in all regions except NCR expressed difficulty in accessing pre-natal and birthing services. Sixty percent of women respondents from Bicol and CALABARZON, and more than a quarter from Samar also cited problematic access to STI, HIV/AIDS services.

**Lolobo ang populasyon sa aming lugar. Marami ang mga buntis sa edad na 19 years old, may 16 years old din.**

(The population will balloon even more in our community. As it is, many get pregnant at 19, as well as 16 years old.)

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41 FEMALE, MARRIED, CHW

Majority of men respondents from Samar and BARMM cited problematic access to contraceptive supplies (76.19%) and STI, HIV/AIDS services (47.62%). Meanwhile, 87.71% of LGBTQI respondents in Bicol, Samar, NCR, and CALABARZON experienced difficulty in accessing family planning services, STI, and HIV/AIDS prevention services. Most female CHWs cited low usage of family planning services. To cope with the lack of access, top alternative solutions included accessing drugstores for women and men, especially to avail of contraceptives. Women also resorted to traditional birth attendants (24.84%) and private lying-in clinics. The rest did not act on the inaccessibility of reproductive health services citing lack of knowledge, abstaining from sexual activities, restricted mobility, and financial problems in relation to affordability of supplies and private clinics.

These data demonstrate the challenges of accessing healthcare services and how this yielded disproportional effects among vulnerable individuals and groups during the community quarantine period, especially in Samar and BARMM areas. Women's reproductive health suffers with the lack of access to family planning and reproductive healthcare services. This situation might increase risks for contracting STIs and HIV/AIDS, as well as incidence of gender-based violence in case of failed negotiations for safe sex practices between partners. Furthermore, individuals with pre-existing medical conditions may not be able to access specific medical treatments that compromise their recovery during the pandemic given the limited access to specialized clinics.

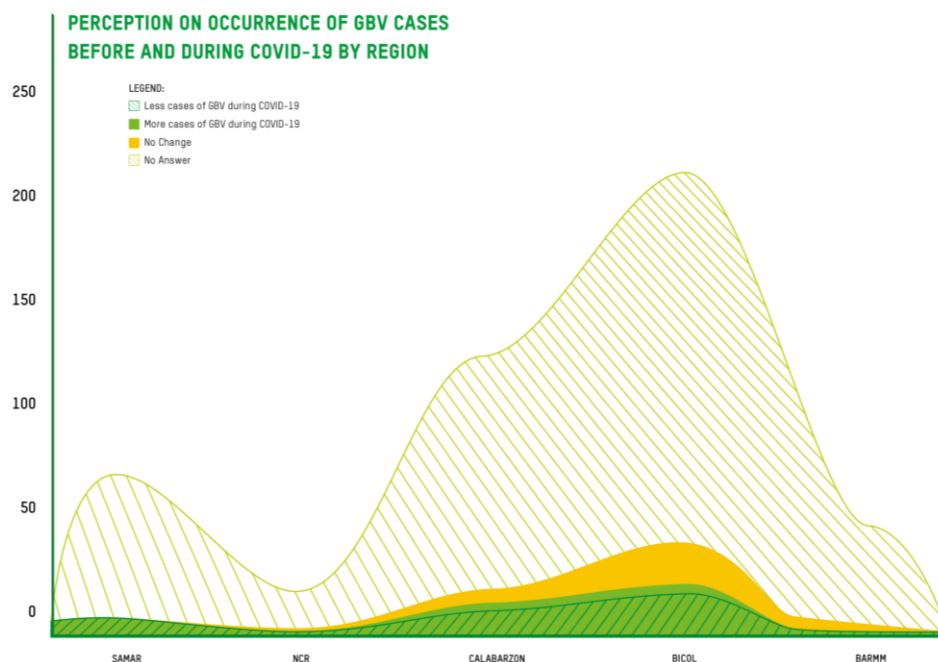
## 2. Gender-based Violence

### 2.1. GBV as silent issue among vulnerable and marginalized communities

The global rise of GBV cases has been referred to by the United Nations as a shadow pandemic affecting people worldwide with the prolonged imposition of community quarantine measures that put women and children at greater risk of domestic violence. The Philippines recorded 4,260 VAWC cases – of which 88% was violence in intimate partner relationships, and more rape cases (739 children, 235 women) from the period of March 17 to June 11, 2020.<sup>17</sup> CALABARZON (161 cases) and NCR (151 cases) are identified among the top five regions with the highest incidence of GBV against women.<sup>18</sup>

Gender-based violence was among the most frequently reported concerns during the pandemic period, with people raising fears about its occurrence. Across the regions, 179 respondents (67% women, 26% men and 7% LGBT) reported fears of gender-based violence being directed toward women and children. GBV was characterized to range from physical, emotional and sexual violence either in the private (intimate partner relationships/relatives) or public sphere (authorities, human trafficking and LGBTQI discrimination). Respondents also perceived that those who are most at risk of GBV are women, young girls and children, and those who have no access to basic services.

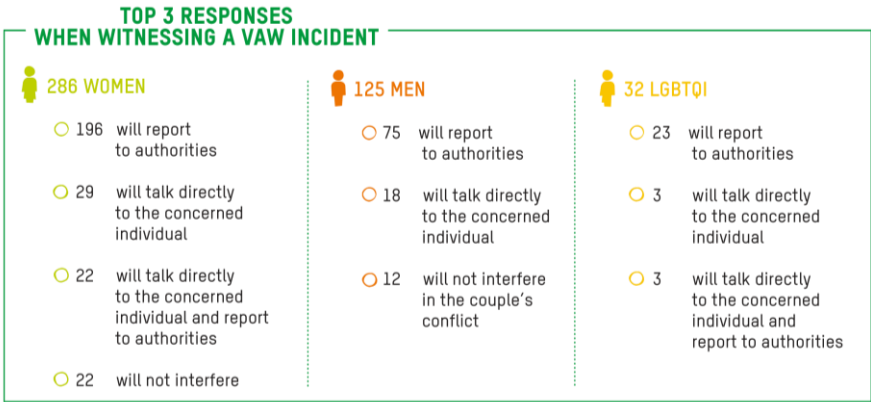
Sixty-seven percent of respondents who cited concerns about online sexual exploitation of children were youth (10 women, 7 men), solo/young/4ps beneficiaries (11 women, 1 men), and 12 LGBTQI coming from Bicol (39%), Samar (33%) and CALABARZON (26%). It should be noted that 27.54% of the total respondents across regions also expressed concern over the lack of access to information on reporting GBV cases including available support systems and services.




<sup>17</sup> Philippine National Police Data (March 17-June 11, 2020) as cited by the Inter-Agency Council on Violence Against Women and Their Children (IACVAWC) – Philippine Commission on Women report “VAW in time of COVID 19.” June 2020.

<sup>18</sup> Ibid.

While the barangay local government unit is the top authority identified by majority of the respondents to be the agency responsible for dealing with the reporting of GBV cases, the respondents gave no further information concerning the quality, workload, and competence of the barangay-based Violence Against Women (VAW) desks to handle GBV reports during the pandemic. It is also noteworthy that while the government focused on containment measures such as the implementation of community quarantines, setting up of check points and roving officials that are usually assigned to men, there were no clear safeguarding measures to prevent or monitor incidences of GBV.





**Irereport sa otoridad kung may ganyang cases sa kapitbahay. Mahirap makialam pero iyon ang unang gagawin.**

(I will report to authorities if [GBV] cases occur in our neighborhood. It is difficult to intervene but the first thing I will do is to report it.)

FEMALE, PWD

While the earlier data accounted for emerging fears on GBV concerns, 82% of respondents cited no known incidents of GBV or claim to not be aware of GBV cases in their areas. However, 80% and 87% of these respondents are from CALABARZON and NCR - two of the regions with the highest incidence of GBV. Meanwhile, only 5% perceived that there were fewer cases of GBV during COVID-19, except for women respondents who perceived that that there were more cases in Bicol and CALABARZON. Less than 5% identified “No Change” to the incidence of GBV, mostly coming from Bicol, CALABARZON BARMM and NCR.

Although the data suggests respondents had insufficient information, 64.56% of respondents across regions and social categories, including 92.12% married/common law individuals indicated that they will act on known cases of GBV in their communities. Less than 10% of total respondents across all regions said that they will not interfere in incidents of domestic violence. Finally, less than 5% from Bicol, CALABARZON, and Samar said they will only interfere during an emergency.

Those who opted not to interfere cited reasons such as not meddling in private matters and a fear of retaliation from those they would accuse of being perpetrators. The former represents the age-old problematic view of family violence as a “private affair” that must be resolved within the bounds of the household. The latter magnifies the ongoing challenges of harmful cultural practices which prevent survivors and concerned citizens from taking necessary action to prevent and end GBV.

**Hindi ako papasok sa eksena pero isusumbong ko sa barangay.**

(I am not going to meddle, I will just report it to the barangay.)

LGBTQI SELF-IDENTIFYING RESPONDENT

**Mananahimik ako kasi natatakot ako.**

(I will just keep quiet because I am afraid to meddle.)

FEMALE, SOLO PARENT

## 2.2. As majority of the workforce and student population were pushed into home isolation, youth respondents shared fears concerning the emergence of gender based-violence, including online sexual abuse and the exploitation of children.

Almost 75% of youth respondents (42 women and 20 men) relied heavily on online platforms like Facebook to access COVID-19 related information. Of this number, 20.48% socialize with friends/peers while 8.43% play online games as a coping mechanism. Across regions, 40.96% youth shared their fears of emotional, physical, and sexual gender-based violence, with 20% of them citing concerns about online sexual exploitation of children, with majority coming from Samar, followed by Bicol, and CALABARZON.

While this report provides no information on how individuals and families become vulnerable to online sexual predators, 32.53% of youth respondents did mention the lack of information on reporting and referring GBV cases online and offline, including cyber trafficking support systems and other services. Republic Act 10364 (Expanded Anti-Trafficking in Persons Act of 2012) and Republic Act 9775 (Anti Child-Pornography Act of 2009) have provisions on information dissemination and set out mechanisms; however, these have not been fully implemented and can thus create the gaps described by the respondents.



Hindi kami nakalabas ng bahay. Natigil ang trabaho ng mga magulang ko pero si Mama ay frontliner. Na-addict ako sa cellphone dahil walang pasok.

(We cannot go out of the house. My parents lost their jobs, but my mother is a front liner. I got addicted to using my cellphone because we don't have classes.)

FEMALE, YOUTH

## 3. Unpaid Care Work

*"Women, especially, are likely to be hardest hit – 70% of the world's health workers are women who'll be on the frontline of infection risk – and women shoulder the vast burden of unpaid care which is bound to increase dramatically, whether caring for sick relatives or looking after children at home because schools are closed."*

- Oxfam's response to coronavirus<sup>19</sup>

### 3.1. Women CHW as the perineal primary caregivers of their families and front liners in their communities may have faced exacerbated negative effects of lockdown

The CHWs' dual role as caregiver for the family and for the community results in gender inequities, specifically in the distribution of work at the household level. Seventy-one percent of the women have children; and more than 50% of them have specific care roles in the family. Almost all (96%) the CHWs who have children expressed how they braved their fears of contracting the virus and risk their family's health whenever they conduct home quarantine visits and health emergency response activities.



**52 COMMUNITY HEALTH WORKERS (CHWS): 96.15% WOMEN**

20 Women (Bicol)  
17 Women  
1 Man (CALABARZON)  
12 Women  
1 Man (SAMAR)  
1 Woman BARMM

<sup>19</sup> As cited in Oxfam's concerns for the most vulnerable: <https://www.oxfam.org/en/oxfams-response-coronavirus#:~:text=Right%20now%2C%20we%20are%20on,greatest%2Dat%2Drisk%20populations>. Downloaded August 14, 2020.

Some respondents reported facing discrimination, bullying, and threats from uncooperative and disgruntled residents. These experiences contributed adversely to their mental and physical stress, adding also to the fatigue of being exposed to the humid weather, not to mention the extended working hours they had to clock in as front liners. Further, in the absence of local transportation, some of them have to walk from home to work in order to perform their duties.

Almost 50% of CHWs in Bicol, CALABARZON, and Samar experienced increased intensity in the amount of care work they had to do. Some CHWs also cited feeling guilty for not taking enough time to care for their families. In addition, 61% of the CHWs in Bicol, CALABARZON and Samar reported financial distress while 25% of respondents noted having to simultaneously perform their health role tasks while doing other livelihood activities to augment their meager household income. This was necessary given how most of them receive only small amounts as allowances or wages from the local government. Also, some of them had to contend with the loss of their partner's income or livelihood due to the pandemic.

While majority of CHWs received subsidies from the government, more than half of the respondents in Bicol, Samar and CALABARZON cited the inadequacy of support from the government.



**Kapag nasa checkpoint naiisip ko nalang 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. Kapag nilalakad ko mula sa amin hanggang sa aming barangay ay inaabot ng isa't kalahating oras.**

(When I am at a check point, I worry about coming into contact with someone who is infected with COVID-19. It is so difficult; most of the time there are many people who complain about and do not follow protocols. Also, public transportation is still suspended, and when I walk from our house to the barangay, it takes me almost an hour and a half.)

FEMALE, MARRIED WITH CHILDREN, CHW

**Mas kailangan i-extend ang oras sa gabi sa 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 (aside from the usual tasks as Barangay Nutrition Scholar)**

(I need to work late into the night on household work because I am a front liner. More time is needed in the community because there are more tasks to do there including helping prepare relief goods aside from my usual task as a local health worker.)

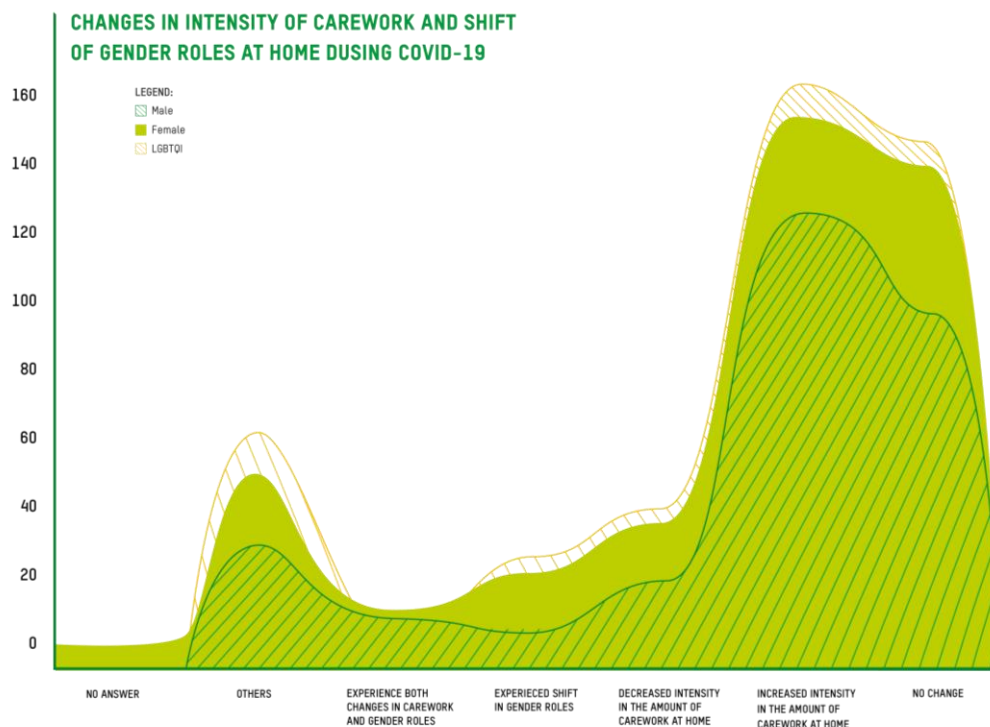
FEMALE, CHW

### **3.2. Women experienced increased intensity in the amount of care work while men experienced more shifts in gender roles at home during the pandemic.**

The data confirmed how the quarantine situation exacerbates women's experience of unpaid work. The data shows the major burden of unpaid care work across regions: 43% of total women respondents from Bicol, CALABARZON, Samar, and BARMM identified increased intensity in the amount of care work while 35% think their situation remains the same. In the NCR, 35% of women with disabilities also reported no changes in the intensity, with almost 20% of them citing dependency on family members for household tasks, given their physical conditions.

Prior to the pandemic, women's domestic (97%) and care work (55%) across regions involved longer hours than those of men (84% domestic and 61% care work). It involved a routine of regular and irregular tasks (i.e. buying medicines, finding resources or "pagdedelihensya,") for household management. Almost 23% of total respondents, specifically solo/young mothers, LGBTQTIs and PWDs across all regions assume responsibility for domestic work which includes providing care and supervising children and older persons.





More than 20% of men across regions also contributed to domestic work such as cooking, cleaning, and fetching water, but not contributing the same working hours as their women counterparts. Around 15% of men respondents who are youth, LGBTQI and PWDs expressed that they enjoyed more leisure activities than women (2.45%). Majority of LGBTQI respondents manifested both high level of domestic (91%) and care work (53%). Most of the respondents (52%) engaged in community care work as barangay volunteers, elected officials, 4Ps members, and church activity organizers during the pandemic.

During the quarantine, only 7% of women in Bicol, CALABARZON, and Samar reported experiencing a decreased intensity in the amount of domestic work they needed to do owing to their partners and children helping out with the household chores. Similarly, more men (12%) than women (3%) reported gender shifts in household roles such as cooking, marketing, cleaning and taking care of the children/older persons. A male respondent attributed this unusual gender shift or recalibration in gender roles to the issuance of a quarantine pass in his name.

**Gumagawa ng gawaing bahay dahil ang asawa kong babae ay patuloy ang trabaho habang ako ang naiwan sa bahay.**

[I do the house hold chores because my wife has work, while I stay at home.]

MALE, PWD

**"...Dati ang asawa ko (babae) ang namamalengke, ngayon ako na dahil sa akin naka pangalan ang Quarantine Pass.**

[My wife used to buy our food before COVID-19, but I do it now since the quarantine pass is under my name.]

MALE, IDP



For some male respondents, assuming domestic and care work is also a result of a shift in roles whereby, due to the loss of livelihood or jobs, men are left at home while their wives or partners continue with their economic activities outside of their homes. Most youth on the other hand contribute to the domestic work because of the suspension of classes and the limited mobility available to them because of the community quarantine which does not allow minors up to 21 years of age to go out. There are also very few older persons who provided childcare to school-aged children whose classes were suspended and whose parents are working.



**Naging mas mabigat ang responsibilidad ko bilang babae since ako lang ang tumatayong magulang sa aking anak, nagtatrabaho ako, at the same time, gumagawa ng mga gawaing bahay.**

[My responsibility as a woman has intensified since I am the only parent, and I work at the same time. I also do household chores.]

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FEMALE, SOLO PARENT

### 3.3. Women's paid work opportunities are limited to the informal economy in order to maintain care responsibilities

Although COVID-19 affected different people in different ways, 96% respondents across regions expressed loss of income as top negative impact of COVID-19. Majority of older persons, LGBTQI, CHWs, PWDs, urban poor and youth manifested their fear of hunger. While both women and men primarily expressed their inability to continue engaging in paid work as an immediate impact of the pandemic, women respondents shared mixed reactions. The positive impact, on one hand, includes more time for self/family bonding, benefits from the government social amelioration program (SAP), and appreciation of the over-all discipline manifested in their communities. On the other hand, the negative effects cited included economic ones such as loss of income due to loss of jobs or that of their partners or some household members, or disruption of livelihood activities. Restricted mobility is also the second most cited negative impact, followed by negative psychosocial effects such as increased anxiety.



**Para po kaming mga preso. Limitado lang din ang oras ng pag-igib ng tubig. At dahil mangingisda ang aking tatay, hindi sila pwedeng makapaglako ng isda sa ibang lugar tulad ng Catbalogan, Babatngon at iba pa. Ang mga bata naman ay sobrang bored na sa bahay, minsan nag aaway sila.**

[We are like prisoners. The time to fetch water is limited, and my father, whose livelihood is fishing, cannot sell fish in other areas. The kids at home are so bored, and sometimes all they do is quarrel.]

---

LGBTQI RESPONDENT

**Nawalan ng kami ng pinagkakakitaan, kailangang magtipid, nakaka stress kasi may iisipin ka pa kung ano ang susunod na mangyayari sa susunod na araw. Pero nagkaroon ng pagkakataon na mas maraming oras na nasa loob kami ng bahay at oras sa aking pamilya.**

[We lost our source of income, we have to be frugal, and it is stressful because we worry about what will happen in the coming days. But, finding ourselves just at home most of the time, we are now spending more time with our family.]

---

FEMALE, INDIGENOUS PERSON

**Nape-pressure kasi bawal lumabas, nahihirapan kapag may kailangan bilhin, nahihirapan sa paggamit ng Quarantine Pass, nangangamba na mahuli.**

[There is a lot of pressure because going out is prohibited. It is difficult when I need to buy something, and as quarantine passes are required, I am afraid that I might get caught.]

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FEMALE, PWD

Results also show a consistent pattern of women carrying the brunt of the mental load of ensuring the well-being of the family during the pandemic. Narratives from the women respondents illustrated the multidimensional and interlocking economic, health, and psychosocial effects, concerns, and fears that they must manage to ensure the daily overall well-being of their families. Some of these issues are captured below:

COVID-19 Situation and Containment Measures	Immediate Effects	Subsequent Effects (Health, Economic, and Psychosocial)
Curfew and Restricted mobility for non-essential workers (*changing policies affecting access to basic services)	Paid work discontinued for non-essential workers  No work no pay	<b>Financial and Mental Stress</b> <ul style="list-style-type: none"> <li>Loss of job and no income to meet daily household expenses;</li> <li>Pressure is on women to oversee household expenses, to manage and tightly budget household finances; and</li> <li>Fear of hunger because there is no money to buy food.</li> </ul>
	Limited banking and remittance center operations	<b>Financial and Mental Stress</b> <ul style="list-style-type: none"> <li>Women/older persons depend on family remittances to finance essential needs.</li> </ul>
	No public /costly transportation	<b>Physical and Mental Stress</b> <ul style="list-style-type: none"> <li>Stress over long marketing hours;</li> <li>Having to resort to walking or spending on costly transportation due to the absence of public transportation; and</li> <li>Exposure to humid weather when buying essential commodities for the family.</li> </ul>
	Limited food supplies and too many people in the market	<b>Mental Stress</b> <ul style="list-style-type: none"> <li>Worrying about limited food stock to meet daily food needs.</li> </ul>
Government Subsidy	Social Amelioration Program (SAP) distribution	<b>Financial and Mental Stress</b> <ul style="list-style-type: none"> <li>While most of the respondents received SAP, most of them also cited that it is not enough to meet the essential daily needs of their families; and</li> <li>Some families did not receive the subsidy. They claim that it is “unfair” for SAP distribution to be inequitable/problematic.</li> </ul> <p><i>“...dapat pare-parehong meron”  (“Everyone should receive the subsidy”)</i></p>

COVID-19 Situation and Containment Measures	Immediate Effects	Subsequent Effects (Health, Economic, and Psychosocial)
Home Confinement	Loss of jobs/livelihoods of husband/partner or family members  Suspension of classes	<b>Financial and Mental Stress</b> <ul style="list-style-type: none"> <li>• More household members to feed;</li> <li>• More electricity consumption;</li> <li>• Managing conflicts in the household;</li> <li>• Disciplining and home- schooling children; and</li> <li>• Increased time for child-care.</li> </ul>
	Disruption of social and family activities	<b>Mental Stress</b> <ul style="list-style-type: none"> <li>• Isolation and anxiety;</li> <li>• Cell phone addiction of youth; and</li> <li>• Increased dependency of older persons on family members due to their strict home confinement.</li> </ul>
Rising cases of COVID-19 infections	Fear of contracting the virus (self and family)	<b>Financial and Mental Stress</b> <ul style="list-style-type: none"> <li>• Feeling of anxiety over the possibility of contracting the virus; and</li> <li>• Additional expenses of buying health needs and hygiene kits.</li> </ul>
Pre-Existing Challenges (e.g. Taal eruption)	Internal Displacement	<b>Compounded crisis and stress</b> <ul style="list-style-type: none"> <li>• Respondents are still recovering from their displacement and loss of livelihoods due to the Taal volcano eruption; and</li> <li>• While recovering, the implementation of the ECQ limited their mobility and led to the loss of income and disruption of their economic activities.</li> </ul>

**Source:** Women respondents' aggregated responses on the impact of COVID-19 and effects of government measures to flatten the curve

The mental burden of unpaid care work that falls heavily on women has been made heavier by the additional caring responsibilities, parental stress, and financial pressures among others. As it is, 58.74% of women across the regions (86 Bicol, 42 CALABARZON, 24 Samar, 12 BARMM, 4 NCR) are engaged in the informal economy, while 22.38% (23 Bicol, 17 CALABARZON, 11 Samar, 10 BARMM, 3 NCR) are either unemployed or have no source of income.

The COVID-19 multi-dimensional challenges will further narrow women's paid work opportunities, pushing them to do more work in the informal economy in order to maintain their unpaid care responsibilities. Women with young children required to attend online schooling and solo parents of a disadvantaged economic position will be the most affected. Meanwhile, the reported gender shifts in roles among men and boys during the pandemic presents an opportunity to systematize and further amplify the promotion of shared care work at home and in communities including institutions that provide care support services.



**Magulo dahil lahat sila nasa bahay ngayon.**

(It is so chaotic now because every household members are in the house.)

FEMALE, WITH CHILDREN, PWD

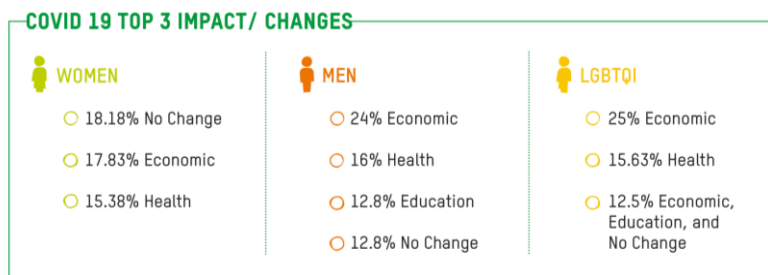
**Nawalan ng trabaho ang mga anak ko at walang maipadala sa aking pera para sa naiwanan na apo sa aking pangangalaga. Natigil din ang pag-aaral ng anak ko.**

(My children lost their jobs and they cannot send money to their children left under my care. My children stopped schooling.)

FEMALE, WITH CHILDREN, INDIGENOUS PERSON

## 4. Social Inclusion

### 4.1. The inherent resilience among the vulnerable population played an essential role in managing the compounded impact of COVID 19.



COVID-19 preventive measures must look beyond the risks of infection in managing the compounded impacts on health, education, and economic and social well-being among vulnerable sectors.

Thirty percent of the total respondents (86 women, 41 men and 12 LGBTQI) across regions experience the health-related impacts ranging from physical and mental

health to the more complex situation of health issues combined with economic (19.64%) and education impacts (12.19%). Specific mental health concerns as illustrated above contributed to the reported cases of increased body fatigue, headaches, anxieties, depression, lack of concentration, difficulty sleeping or insomnia.

Without the assurance that health-related initiatives and containment measures will suffice to contain the spread of COVID-19 and 'flatten the curve', it can be expected that **anxiety and mental health issues will increase and persist during and after this pandemic.**

The mental health impact of COVID-19 is mostly felt by more than half of PWD men respondents in NCR. The PWDs and solo parent respondents from NCR, Samar, Bicol cited health and economic impacts of COVID-19. Among the youth respondents, 60.26% (37 women, 10 men) experienced compounded impacts on education in Bicol, CALABARZON and Samar. Aside from prayers and family relations, almost 20% of youth respondents managed their stress through recreational activities and online social media.

Majority of women (87.5%) experienced negative impacts on their health, economic status, and on their education especially among solo mothers and community health workers in Bicol and CALABARZON.



Iniisip ko na lang na magkasakit na lang ako para mawala na itong problema ko kasi nahihirapan na po talaga ako.

(I think of getting sick so the problems will go away because I am having a difficult time.)

FEMALE, PWD

Nawalan ng kabuhasan dahil walang regular na trabaho, walang mapagkukunan ng mga produkto. Nakakuha ng ayuda sa gobyerno.

(I lost my source of income because I do not have a regular job, but I received a subsidy from the government.)

FEMALE, OLDER PERSON

Napakahirap din po kasi kailangan sumunod. Naapektuhan ang kita sa pagsasaka. Nawalan ng trabaho ang iba dahil ayaw palabasin. Tanim na saging nasira ni Tisoy tapos sumunod pumutok ang bulkan tapos sumunod ang sa Baboy o ASF tapos sumunod ang COVID-19. Hindi makapaghanap buhay dahil bawal pa mag alaga ng baboy. Hindi makapaghanapbuhay dahil hindi makalabas

(Life is very hard because we need to comply. My farming is affected. People lost jobs because they are not allowed to go out. Typhoon Tisoy destroyed my banana harvest and then the volcano erupted, then (African Swine Flu) affected the pigs and COVID-19 followed. We cannot work because it is prohibited to take care of pigs. We cannot earn a living because we cannot go out.)

FEMALE, CHW

Nagdidiskarte na lang lalo na kung nagkukulang ang serbisyo ng gobyerno. Umaasa muna sa tulong na nakukuha sa pamilya, sa mga kaibigan.

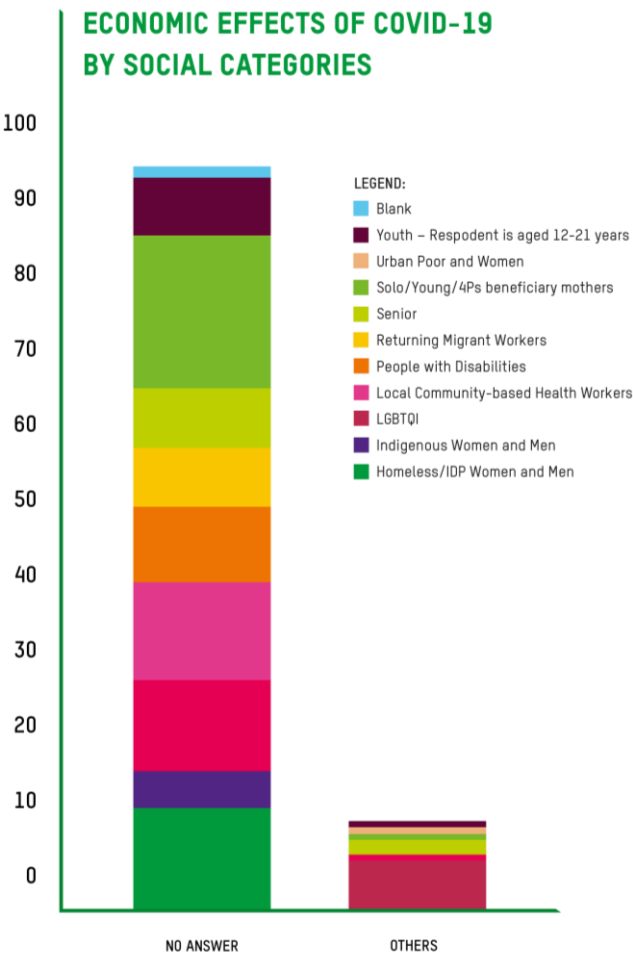
(I always find ways especially when the government cannot provide sufficient services. For now, I rely on the help of my family or friends.)

MALE, LGBTQI

Of the youth respondents, 83.13% also struggled with mental health issues, citing the combined impact of the disruption of their education (57.83%), health (25.3%), and economic issues (20.48%) due to COVID-19. Almost 20% of youth respondents from Bicol and CALABARZON shared how the loss of their parents’ jobs due to the pandemic affected their daily lives and disrupted their education.

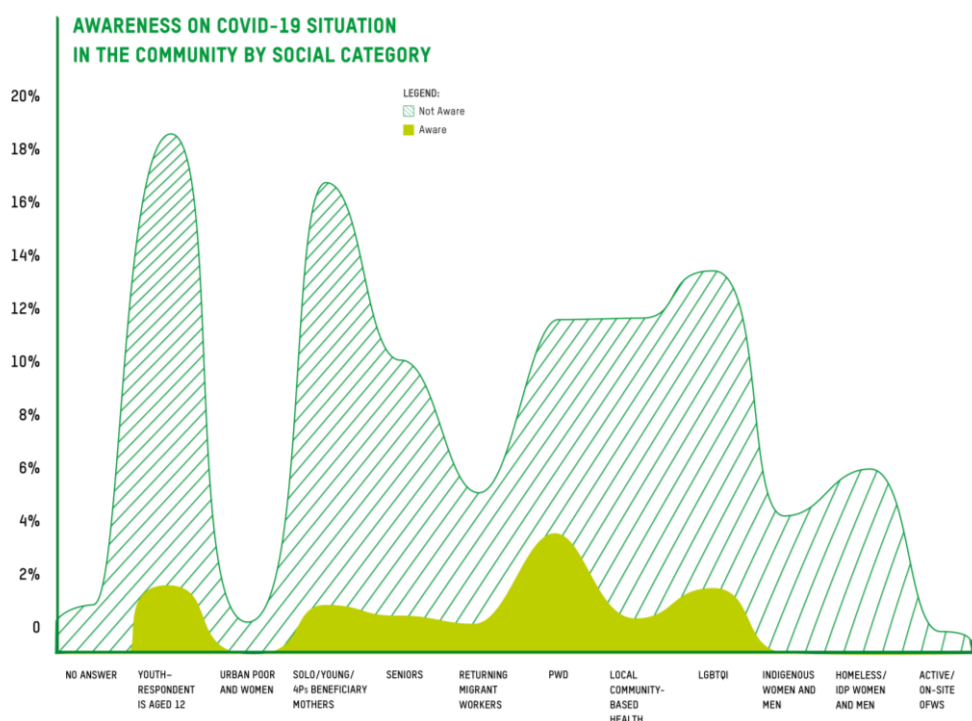
Although the sudden emergence of the pandemic unexpectedly disrupted the daily lives of the respondents, it is surprising to note that a significant 16.25% of participants across regions responded with “No Change” (52 women, 16 men and 7 LGBTQI) to describe their situation. This seemed surprising at first; however, upon closer inspection, these responses may be interpreted as already vulnerable populations having no choice but to confront the challenges of survival. They are forced to become acquainted with extreme and constant stress, barely surviving from lack of access to basic necessities, being displaced, marginalized, and exposed to multiple calamities even before the pandemic

Around 95% across regions (273 women, 120 men and 32 LGBTQI) cited work skills, positive attitude, family motivations and faith as their primary coping strategies. These include self-reliance through resourcefulness and flexibility, the availability of tangible and intangible resources (prayers, support systems, gardening, recreation activities, learning new technologies, income generating opportunities thru informal work, among others), diligence, reliance on government support and compliance with preventive measures among others.



## 4.2. The compliance with quarantine measures remains high. However, the quarantine measures also affected communities' socio-economic conditions and well-being.

The RGA results contradict the narrative popularly shared on social media of the 'pasaway' or the narrative of non-compliance by the general public with health and safety protocols. The results show that majority of the respondents complied with most of the quarantine measures. While most of the respondents cited compliance with the quarantine measures, and that this lessened the spread of COVID-19 in their barangays, some respondents also shared that these measures affected their mobility, participation in economic activities, and also resulted in anxiety because of limited access to health services and limited social interactions.



The social stigma on persons suspected to be infected and those who are infected with COVID-19 was also one of the concerns raised during the height of the ECQ. Across all the categories of respondents, one of the cited possible reactions to people suspected of or infected with COVID-19 is to avoid them. The expressed reasons for avoidance are the fear of being infected and the lack of information on COVID-19. Most of the respondents called for awareness campaigns on COVID-19 and clearer protocols from government.



**Ngayon hindi na nakakalabas at nakakasalamuha ang ibang tao, nawalan ng trabaho ang asawa, nagmahal ang pamasaha at ibang bilingin.**

[For now, we cannot go out and socialize. My partner lost his job, transportation and other goods have become expensive.]

YOUNG MOTHER

Television (83%) is cited as the top source of information on COVID-19, followed by the Barangay/City Hall (66%) and the internet, particularly Facebook (59%), except for Bicol and BARMM, where the radio is cited as one of the top three sources of information. Most respondents also rely on the barangay, their family members, and the government as sources of information, though they share mixed responses on trusted sources of COVID-19 information. Family is regarded as the most trusted source of information, followed by the barangay/local government and their neighbors.

ACCESS TO INFORMATION	
COMPLIANCE WITH HEALTH AND SAFETY PROTOCOLS	
99% Wearing masks	98% avoiding mass transit
98% Physical distancing	98% avoiding mass gathering
97% Use of Quarantine Pass	96% Home confinement
TRUSTED SOURCES OF COVID 19 INFORMATION	
25 % Church/ Masjid	25% Neighbors
24% Family	24% Barangay/City Hall
23% Government Agencies	32% Others (internet, friends, etc)

There is no further data to assess the quality of information and compliance practices in the survey results.

### 4.3. Compounded Crises

When the RGA was being conducted, IDP respondents in CALABARZON were in a dire situation due to the Taal volcano eruption in January 2020. This report shows how the COVID-19 pandemic exacerbated their difficult situations in the evacuation centers. First, IDPs experienced limited mobility as they could not go in and out of their location to look for jobs. The absence of public transportation also added limits to their freedom of movement. In turn, this led to mental stress and insecurity especially regarding shelter and finances. Exposure to major consecutive emergencies like the Taal volcano eruption, COVID-19, and later the impact of Typhoon Ambo that hit the region in May, clearly disrupted their lives and livelihoods.

However, throughout the interviews, participants cited a strong faith in God and praying as ways that helped them overcome the hardship brought about by the pandemic.

Returning migrant workers from Bicol who were not able to go back to work due to the ECQ share that they experienced mental anxiety. They also mention that they perceive government assistance to be limited and/or absent during the lockdown. This generated a feeling of having permanently lost work/income.





### WOMEN FROM MARGINALIZED SOCIAL GROUPS ARE MORE LIKELY TO IDENTIFY MEN AS PRIMARY DECISION MAKERS.

62.96%	Homeless/IDP in CALABARZON and BARMM
70%	Indigenous People in Bicol and BARMM
63.46%	Community Health Workers in Bicol, CALABARZON, Samar, and BARMM
71.15%	People with disabilities in Bicol, CALABARZON, Samar and NCR
60.87%	Returning Migrants in Bicol
55.42%	Youth respondents in Bicol, CALABARZON, and BARMM
46.67%	Older persons in Bicol, CALABARZON, Samar, and BARMM



**Day to day ay si misis ang nagdedesisyon. Ako ay alalay lang. Yung mga importanteng desisyon ay ako na. Pero kung hindi nagkakasundo, si misis na ang nasusunod pero minsan kapag kailangan talaga, ako na ang nagdedesisyon.**

[My wife makes the everyday decisions, but I make the important decisions. If there are times that we cannot reach an agreement, we follow my wife's decision, but sometimes I make the decision especially when it is need.]

MALE, MARRIED WITH CHILDREN

**4.4. Gendered understanding on the higher rate of women's decision-making in the household does not necessarily equate to women being able to exercise power on the same terms as men. The trend also varies per region and across social categories.**

When asked about the significant decision-making done at the household level, the overall-RGA results suggest that mothers (59.19%) exerted more influence compared to fathers (54.85%) in making important decisions in the household, especially among solo/young/ 4Ps mothers (73.33%) and LBGTQI (63.33%). Having women as primary decision-makers was reported by both women and men respondents in Bicol (64.36%), CALABARZON (66.36%) and NCR (56.52%). The result varies in Samar with more men (60.87%) than women (35%) while in BARMM there were more women (56.52%) than men (20%) identifying a strong women's role in making household decisions.

Women from marginalized social groups are more likely to identify men as primary decision makers. This is evident among 62.96% homeless/IDP in CALABARZON and BARMM; 70% IPs in Bicol and BARMM; 63.46% CHWs in Bicol, CALABARZON, Samar and BARMM; 71.15% PWDs in Bicol, CALABARZON, Samar and NCR; 60.87% returning migrants in Bicol; 55.42% among youth respondents in Bicol, CALABARZON and BARMM; and 46.67% among older persons in Bicol, CALABARZON, Samar and BARMM.

Meanwhile, 48.09% of the respondents also cited joint decision-making by mothers and fathers in the household.

## CONCLUSION

The COVID-19 pandemic demonstrates how the measures implemented to contain it fail to take into account the multi-dimensional gender concerns that have a direct impact on existing inequalities in the areas of health, economic wellbeing, and protection issues. Specifically, majority of women assume the frontline position and incur a disproportionate share of unpaid care work. Women being primarily responsible for household work limits their options for job opportunities since choosing work that can accommodate their care responsibilities at home is still an important consideration.

Addressing these gendered impacts requires immediate solutions with long term and strategic aims that go beyond the pandemic period. An emerging area for strengthening interventions includes enhancing connectivity and exploring information communications for development technologies (ICT4D) initiatives that support COVID-19 critical dialogues and remote access support to help bridge physical and cultural distances. However, reliance on technology during the pandemic should always be founded on principles of 'do no harm' and the basic prerequisites of developing self-reliance and collective action at the household and community level.

A key recommendation is also to require gender impact assessments for all national emergency crisis interventions. Below are specific recommendations towards gender responsive and multi-sectoral COVID-19 responses:

Recommendations	
<b>Development of multi-sectoral/inter-agency National Gender Action Plan (NGAP) for the ongoing COVID-19 NAP key interventions based on evidence, data and knowledge</b>	<ul style="list-style-type: none"> <li>• Conduct multi-sectoral gender impact assessment, vulnerability and risk assessment studies as input to the NGAP (with a specific focus on enhancing social service systems and adjusting pandemic preventive policies to reduce socio-economic risks and ensure continuity of critical health care services. This includes specific measures that support and sustain women's reintegration to the paid economy, male involvement in care work, youth and children online sexual exploitation online, among others).</li> <li>• Enhance the availability of sex, age, gender, ethnicity, and special needs and gender-related information for gender analysis, taking into consideration multidimensional factors of the pandemic, as well as intersecting identities, capacities, risks and vulnerabilities to better inform the Phase 2 of the COVID-19 National Action Plan (NAP) policies, plans, strategies, and actions.</li> <li>• Ensure that women's groups, human rights NGOs, gender focal point systems, feminists, women and men across relevant social categories are involved in the development of baseline scenarios, gender criteria, and parameters; including representation and participation in existing/proposed structures for COVID-19 responses.</li> <li>• Build national and local capacities to identify, analyse, and respond to potential gender-specific needs and protection measures using digital information-sharing platform aligned with COVID 19 key interventions.</li> </ul>
<b>Care for Community Health Based Workers</b>	<ul style="list-style-type: none"> <li>• Provide support to reduce/redistribute care work assumed by women at the household and community levels.</li> </ul>

Recommendations	
<b>Strengthen Male Involvement</b>	<ul style="list-style-type: none"> <li>Strengthen men and boys' involvement in preventing gender-based violence and promoting shared responsibility for the redistribution of care and domestic work as well as the practice of equal decision-making in the household (with emphasis on good practices arising from the shift in gender roles during pandemics).</li> </ul>
<b>Protection Against Online Sexual Exploitation Among Children, Women and Youth</b>	<ul style="list-style-type: none"> <li>Given the vulnerabilities and exposure of children, women and youth to mobile technologies, collaborative assessment studies can be conducted on the gendered effects of the pandemic to confront demands and respond to the potential surge of these GBV especially with the economic crisis.</li> <li>Provide social protection and livelihood opportunities to assist economically vulnerable individual and families against online sexual exploitation.</li> </ul>
<b>Scale up GBV Initiatives through partnership and linkages</b>	<ul style="list-style-type: none"> <li>All LGUs shall prioritize the establishment and functionality of the barangay violence against women and children (VAWC) desks. The VAWC desk shall serve as one of the key reporting and referral mechanisms for cases of violence, abuse, and exploitation of children in the barangay during all phases of emergency response and recovery.</li> <li>Conduct assessment/studies on the functionality of Barangay VAW desks during pandemics to serve as inputs in localizing remote GBV prevention and reporting for women, children, vulnerable individuals, and concerned citizens as well as gender-sensitive monitoring mechanisms that can be used without fear of retaliation and assured personal safety and security of survivors and service providers.</li> <li>Conduct assessment on the functionality of community-based GBV watch groups, support systems, especially those run by community women or local CSOs, during the pandemic, to include the challenges they faced, how they responded and how they can be better supported in their work by the government.</li> <li>Women's organizations, human rights NGOs, People's Organization (POs), should work together to institutionalize gender sensitive community-based support systems on the prevention and response to GBV, such as "Healing Wounded Families and Communities".</li> </ul>
<b>Development of COVID-19 Gender and Health Knowledge Products</b>	<ul style="list-style-type: none"> <li>Develop and disseminate clear, practical, local language-risk communications through television and radio programs, or barangay level information channels discussing COVID-19 transmission facts and the latest government responses to counter personal fear and the prevalence of unreliable news and wrong information.</li> <li>Utilize televisions, radios, barangay local government units, public address systems as the mechanism to disseminate COVID-19 related information.</li> <li>Develop localized, updated, accessible, timely, strategic and gender sensitive infographics on COVID-19 health information including a list of organizations providing psychosocial services during the pandemic.</li> <li>Explore ICT support services to build the capacities of concerned groups and families to institutionalize family/community based mental health support systems, shared responsibilities on unpaid care and domestic work and protection of youth and children from online sexual exploitation and abuse among others.</li> </ul>

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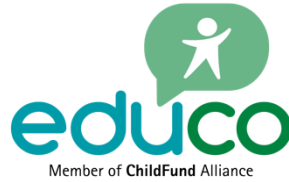
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