SAFETY IN SOLIDARITY
HOW UNDERSTANDING THE GENDERED NEEDS OF COMMUNITIES MEANS SAFETY FOR ALL
ABOUT THE COVER: Elizabeth Asanion, 45, wears her protective goggles during a relief operation conducted by Community Organizers Multiversity, with support from 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. 9 June 2020. (Original photo by Basilio Sepe, illustrated by Vina Salazar)
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It’s not too late to implement a gender-sensitive and effective decision-making strategy to mitigate the disproportionate effects of COVID-19 on vulnerable groups in the Philippines. Neither is it a difficult task considering how these communities already practice forms of solidarity in order to guarantee safety for all. These two revitalizing insights come from the recently published Regional Rapid Gender Assessment (RGA) report of Oxfam Pilipinas: Voices from the Compounded Crisis: Oxfam COVID-19 Rapid Gender Assessment Regional Highlights in the Philippines. The report documents the gendered effects of the pandemic on the most affected individuals and communities. Specifically, it focuses on gender roles and relationships, gender-based violence, sexual and reproductive health and rights, and social inclusion. While providing indispensable insights on the specialized needs of those most vulnerable to the effects of the pandemic, the report also surfaces the necessity of solidarity as a means to guarantee safety for all.

In this note, Nastasia L. Tysmans highlights four key insights from the report which ought to urge us even more to integrate practices of solidarity into ongoing efforts to respond to COVID-19.
WE’RE IN THE SAME STORM, BUT WE’RE NOT ON THE SAME BOAT

As COVID-19 took the world by storm, governments and global organizations were immediately pushed to implement measures that would contain the spread of the virus. Meanwhile, at the level of the family and the individual, calls were made to compel people to stay home in order to stay safe. Early on, it was easy to believe the myth that everyone was equally affected by this virus. The message that seemed true then was that “we’re all on the same boat.”

Yet, as the months under lockdown wore on, concerns about the disproportionate effects of COVID-19 on marginalized groups surfaced. It then became obvious that although we were all affected by COVID-19 in some way or another, the effects of the pandemic were not the same for all.

In reality, we were all experiencing the same storm but we were not on the same boat. In fact, many people did not even have a boat or any type of shelter to begin with, and neither did they have the means to keep themselves afloat. Even prior to the pandemic, people were already enduring structural inequalities and poverty.

In the Philippines, this meant that the stricter lockdown measures negatively affected communities with pre-existing vulnerabilities like: local community health workers (CHWs), internally displaced and homeless people, Indigenous peoples (IPs), members of the urban poor, solo/young, and 4Ps beneficiary mothers, persons with disabilities (PWDs), young persons aged 12-21 years, 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.

Among the findings of Oxfam’s RGA is that, in the chaos of the COVID-19 storm, hardly anyone tasked to respond to the crisis seemed to be attentive to the needs of these groups. The Philippine National Action Plan (NAP) on COVID-19 shows no evidence of a targeted response that considers the different circumstances faced by these people and the specific needs that arise from their situation. Instead, the focus of the intervention was to limit people’s mobility in the hope that the virus would travel slower, too. We all know what happened next: The Philippines became the country with the longest, and one of the strictest lockdowns, with hardly anything to show for it.
THE GENDERED NEEDS OF COMMUNITIES

One of the most essential findings of the RGA was that the absence of a targeted and gender-responsive national approach to mitigate the effects of COVID-19 was also partly due to the lack of demographic data. Gender-related data and statistics are not systematically reflected and analyzed in national COVID-19 public reports. It can be assumed, therefore, that the interests of the most vulnerable could not adequately be championed by decision-makers who were not aware of the gendered impacts that the pandemic posed. Whether it is a true lack of awareness or negligence on the part of decision-makers, the importance of having the information to make better decisions cannot be understated.

A concerted effort must be made to understand the gendered needs of communities. This means putting effort in conducting 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. It also means increasing the visibility of women and other marginalized groups in already existing response strategies.

PRACTICES OF SOLIDARITY: KEY INSIGHTS FROM THE RGA

INSIGHT 1. SOLIDARITY AND TRUST IS WHAT HAS KEPT MARGINALIZED COMMUNITIES AFLOAT THROUGHOUT THE COVID-19 CRISIS. BUT KEEPING AFLOAT IS NO LONGER ENOUGH, NOR IS IT ACCEPTABLE.

According to the RGA, around 95% of respondents across regions cited work skills, a 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.
As the results show, people exhibit trust in government that manifests in their compliance with COVID-19 preventive measures. They comply with the rules even when these measures are not tailored to fit their needs, and in spite of the negative consequences this might have on their ability to work and have an income.

Keeping afloat in this context also means that respondents exhibit a seemingly inherent resilience. It was surprising to note how despite the sudden emergence of the COVID-19 pandemic, 16.25% of participants across regions responded with, “No Change” (52 women, 16 men, 7 LGBTQI) to describe their situation in light of the pandemic. This can be interpreted to mean that even in the face of something as impactful as a pandemic, there were still no efforts made to significantly improve their situation.

This response may also be interpreted as the resilience of already vulnerable populations due to their having no choice but to confront the challenges of survival. They develop this because 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.

Despite their difficulties, these people display solidarity in their willingness to trust in government and their leaders. While this trust is one reason they are motivated to survive, their capacity to thrive rests mostly on leaders expressing their solidarity in turn with these people by making better decisions and being accountable to them.

**INSIGHT 2. SOLIDARITY ARISES WHEN WE KNOW MORE ABOUT EACH OTHER.** This insight gleaned from the RGA refers to the need both government and marginalized communities have to access relevant information that allows them to make better decisions. Earlier this referred to the need for government to conduct more localized gender assessments to generate relevant information, shedding light on the experiences of the marginalized. However, beyond that, building solidarity also means creating the systems that allow communities to have a voice and giving the platforms to access the information and engage with others on issues that are relevant to them.

This means that there must be an investment in developing localized, accessible, timely, strategic,
and gender-sensitive communications materials such as infographics, posters, television, and radio talk shows. Social media and 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, and male involvement in gender-sensitive parenting that recognize the value of shared responsibilities in unpaid care work.

This is especially relevant considering that the RGA cited 32.53% of youth respondents mentioning the lack of information on reporting and referring GBV cases online and offline, including cyber trafficking support systems and other services.

**INSIGHT 3. COMMUNITIES WANT TO PRACTICE SOLIDARITY AND BE PART OF THE RESPONSE RATHER THAN BEING PASSIVE AND WAITING ON SOLUTIONS TO BE HANDED TO THEM.** So why not capacitate them? Help them identify, analyze and respond to potential gender-specific needs and protection measures aligned with COVID-19 key interventions. Responding to the pandemic should also mean finding creative solutions that address problems that may be exacerbated by the new normal.

For instance, gender-based violence can occur and not be addressed because there are no grievance measures or information about these available to the public. It has often also been assumed that since these can occur within households, it is unlikely that neighbors and other members of the community would intervene.

However, an interesting point that came up during the RGA interviews was the willingness of people in communities to respond directly to GBV should they be exposed to it. The participants stressed that if they discover cases of GBV, they would do what they could to protect those in harm’s way. Their inclination to respond must also be matched with ways to do so. After all, though these concerns are sensitive, they are not alien to the marginalized. In the RGA, they also expressed a great concern over the exposure of women and children to abuse, especially under lockdown.

While it’s not typical for cases of GBV and VAWC to be reported to the authorities, the Philippine National Police is aware of how numbers have increased since the start of lockdown in March. According to the Philippine Commission on Women’s report, VAW Under COVID-19, the Philippines recorded 4,260 VAWC cases characterized by 88% violence under intimate partner relationships and more rape cases (739 children, 235 women) from the lockdown period of March 17 to June 11. This is an unfortunate statistic to read in the face of community members expressing a desire to show solidarity with those experiencing violence.
Among community health workers, this eagerness to practice their profession in the service of others also comes at a high cost. According to the RGA, almost all (96%) the Community Health Workers who have children expressed how they braved their fears of contracting the virus and risking their family’s health whenever they conduct home quarantine visits and health emergency response activities. The heroism of CHWs acting as first responders in communities and often ensuring that the virus is contained gives us reason to celebrate them. Yet, it is sobering to be reminded that they serve with only the little means they have. Government must therefore capacitate them and respond to this pandemic in a way that strengthens the foundations of healthcare in the Philippines.

**INSIGHT 4.** INCREASING THE CAPACITY OF COMMUNITIES TO PRACTICE SOLIDARITY MEANS PROVIDING THEM WITH ACCESS TO SERVICES THAT HAVE LONG BEEN DENIED TO THEM. COVID-19’s effects are unprecedented and from a planning perspective, it is very hard to respond to the multiple challenges this pandemic brings. It begs the question: Where must we focus our resources and energy, and how do we respond in an impactful way? Ironically, the pandemic itself reveals the answer to this dilemma by surfacing the plight of often ignored and marginalized communities. The causes of COVID-19 also teach us about our interconnectedness, forcing us to contend with old realities that are magnified by this pandemic. Homelessness quickly came to light when people were called upon to stay home because, as we all knew, many had no homes to begin with.

Specific to sexual and reproductive health, those who provide services often forget that being homeless does not exclude people from their right to enjoy a decent and healthy sex life. It is not surprising that the RGA finds that more than 70% of homeless and internally displaced women respondents in CALABARZON and BARMM cite difficulty accessing contraceptives.

In the absence of contraceptives, the number of pregnancies does tend to rise, but the difficulty is not that people have children but rather that they cannot access adequate services to deliver safely. Almost 50% of women respondents in all regions, except NCR, expressed difficulty accessing prenatal and birthing services. While some women mention lack of mobility as one of the obstacles they face, especially with strict lockdown measures, it would stand to reason...
that even prior to the pandemic, the issue of access to reproductive health services and mobility was already felt. This is also true for 60% of women respondents from Bicol and CALABARZON, and more than a quarter from Samar also cited problematic access to STI, HIV/AIDS services.

What the data in the RGA tells us is that the best way to address these concerns is to provide the services full stop. The pandemic should not be an excuse for incompetence, especially when the solutions that help mitigate its effects involve addressing problems that existed even before it arrived.

SAFETY IN SOLIDARITY

While we may not be on the same boat, we all need to shelter ourselves and each other from the COVID-19 storm. It is difficult to say what the extent of the damage will be once it has passed but even so, we must respond to it bearing in mind those who suffer the most.

Oxfam Pilipinas’ RGA highlights the need for global and national strategic plans for COVID-19 that are grounded in strong gender analysis and reflect inclusivity in representation. It calls for decision-making that results in the implementation of equitable and effective policies that do not discriminate against those with little means and those who are disproportionately affected by the pandemic.

As the Philippines moves to implement the second phase of the COVID-19 National Action Plan, it is imperative that our response reflects reality. The RGA sought to surface data highlighting gendered experiences of community women, men, girls, and boys throughout the COVID-19 crisis and formulate practical recommendations to make COVID-19 interventions more gender-sensitive and keen on protection issues. It also attempts to engage and support civil society organizations and strengthen their local capacities to conduct Rapid Gender Assessments.

Expressions of solidarity are abounding. Let us continue this work together.
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