



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



Gender-Based Violence AoR
Global Protection Cluster



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

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ABBREVIATIONS

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

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MESSAGE FROM THE COMMISSION ON HUMAN RIGHTS

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

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

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

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

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

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

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




KAREN S. GOMEZ-DUMPIT
Commissioner

EXECUTIVE SUMMARY



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

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

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

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

KEY FINDINGS

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

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

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

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

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

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

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

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

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

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

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

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