

Gendered Approach to Local COVID Management in the Philippines

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EXECUTIVE SUMMARY

The COVID-19 pandemic amplifies the vulnerabilities of marginalized groups, among them women, children, indigenous peoples, persons with disabilities, and senior citizens. While the disease does not discriminate who will be infected, there are differences in the way that the health crisis affects men and women from different sectors and areas in the country. Among the gendered impacts of the pandemic, particularly to women and girls are:

- Higher risk of exposure, given that majority of the frontline workers in health and social sector, as well as essential industries and services, are women.
- Increased burden of domestic caregiving due to school suspensions, care of elderly and sick members of the household, and responsibilities at work.
- Increased cases of domestic violence and other forms of gender-based violence.
- Limited access to health care and reproductive health services.
- Loss of income and livelihood, adding to women's economic insecurity and poverty, particularly those from the informal sector and migrant workers.
- Increased hardships for women in vulnerable situations.

While formal policies mandating a gendered approach in DRRM are in place, it is not always the case that plans actually recognize and address the gender-related concerns arising from disasters. The pandemic may also reveal the lack of institutionalized practices and application of gendered approach in managing the crisis.

Recognizing the importance of localized strategies in managing the crisis that cuts across health, social, political, and economic boundaries, local government units (LGUs) are strategically situated in implementing interventions that consider the differential impacts of the pandemic especially to women and girls. Based on review of related studies, policy briefs, insights of expert groups, and practices of LGUs, the following are recommendations for LGUs in the Philippines for a more gender-responsive local COVID-19 response:

- **Recognize Women's Leadership and Ensure Women's Participation.** LGUs should listen to the voices of women in the planning, implementation, and evaluation of their local policies and guidelines in support to the Republic Act No. 11469, ensuring gender-balance in local COVID-19 task forces and Barangay Health Emergency Response Teams (BHERTs), representation of women from the vulnerable sectors and low-income communities, consultation with gender experts, and partnership with Civil Society Organizations (CSOs).
- **Prioritize Women's Vulnerabilities.** LGUs should provide women-friendly personal protective equipment (PPEs) that include menstrual health materials and facilities for female frontline workers, set up hotlines to report domestic violence and other forms of sexual and gender-based violence, provide temporary shelters and psychosocial support for abused women and girls, assign female personnel in checkpoints, temporary holding areas, and precincts, ensure uninterrupted access to reproductive health services and emergency response, prioritize women in vulnerable situations for Social Amelioration Program (SAP), and employ women from the informal sector and those with unpaid care work.
- **Adopt Efficient, Transparent, and Evidence-based LGU response.** LGUs must collect and use sex-disaggregated data to inform medical response, safety nets, and SAP. They must also reduce bureaucratic red tape and patronage system, and increase transparency in relief distribution.

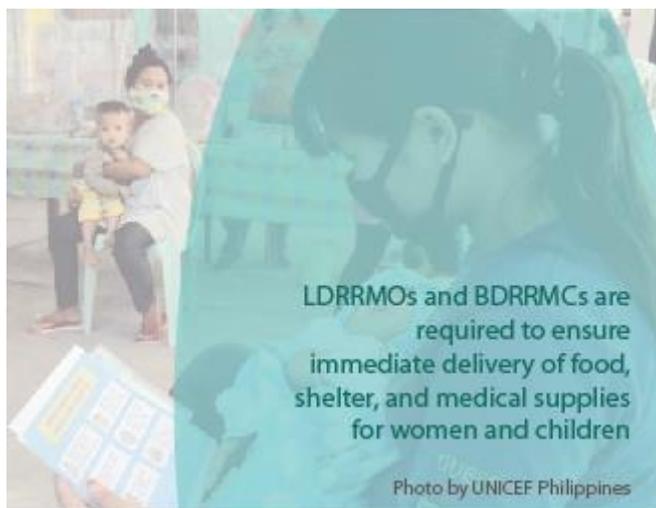
LGUs are well-situated to respond to the gendered impacts of COVID-19 at the community-level. The voice and vulnerabilities of women must not be sidelined and must be properly addressed. The crisis situation provides opportunities to bring the unequal power relations between men and women closer to the public's consciousness, and be addressed through inclusive, rights-based, gender-responsive approach in local crisis management.

Introduction

As the Philippines continues to grapple with the spread of COVID-19, the unprecedented global health crisis has not only exposed many weaknesses in the country's governance and political systems, particularly our public health system, it also magnified the existing inequalities in our society and their embeddedness in our institutions. The health risks, as well as social and economic impact, are amplified for marginalized groups, among them women, children, indigenous peoples, persons with disabilities, and senior citizens.

While the disease does not discriminate who will be infected, there are differences in the way that the health crisis affects men and women from different sectors and areas in the country. Thus, government response must employ a gendered approach that includes women's agency and incorporates the needs of the different genders in its actions to manage the health crisis and its physical, social, and economic effects. Failing to address the gendered impacts will not only reinforce but increase the vulnerabilities of women and girls during this crisis. Recognizing the importance of localized strategies in managing the health crisis, local government units (LGUs) are strategically situated in implementing interventions that consider the differential impacts of the pandemic especially to women and girls.

This paper provides insights for LGUs in adopting a more gendered response in managing the pandemic at the community level. First, it provides a brief discussion on gender perspectives in disaster response and crisis management, and the policies at the national level. This will be followed by a discussion on gendered impacts of COVID-19 and the current gaps at the local level. It concludes with recommended steps for LGUs. The discussion and insights are by no means exhaustive. It derives largely from a review of existing policies, relevant studies, news reports, policy briefs, and experts' insights.



Integration of Gender Perspective in National Policies on Disaster Response and Crisis Management

The role of women in nation building and the state's policy of promoting their welfare are enshrined in the Philippine Constitution. In times of disasters, calamities, and crisis situations, Republic Act (RA) 9710 or the Magna Carta for Women laid down the rights of women for protection and security and mandate a gender-responsive approach in disaster risk reduction and management (DRRM). Its Implementing Rules and Regulations require the participation of women in development of plans by national, regional, and local coordinating councils. Further, it requires LGUs and other concerned agencies to develop action plans that include:

- participation of established inter-agency and multi-sectoral humanitarian cluster mechanisms;
- collection and use of age and sex-disaggregated data (SDD) and reproductive health indicators;
- provision of relief goods and services such as food, water, sanitary packs, psychosocial support, livelihood, education and comprehensive health services including implementation of the Minimum Initial Service Package for Reproductive Health (MISP) for sexual and reproductive health at the early stage of the crisis;
- measures to prevent sexual and other gender-based violence in evacuation centers and relocation sites, such as proper facilities and security patrols by female police officers; and
- Active involvement of women in the various camp committees organized for food and water distribution, nutrition, sanitation and hygiene, shelter, health, education, protection and security and safety especially in the decision-making processes.

RA 10121 or the Philippine Disaster Risk Reduction and Management Act of 2010 likewise recognizes the imperative for gender-responsive approach in DRRM. Local Disaster Risk Reduction and Management Offices (LDRRMOs) and Barangay Disaster Risk Reduction and Management Councils (BDRRMCs) are required to ensure immediate delivery of food, shelter, and medical supplies for women and children, endeavor to create a special place where internally-displaced mothers can find help with breastfeeding, feed and care for their babies and give support to each other. The law also provides for the membership of the head of the local Gender and Development (GAD) office to the Local Disaster Risk Reduction and Management Councils (LDRRMCs). The Harmonized Gender and Development Guidelines (HGDG) of the PCW (2016) also provides checklist for NGAs and LGUs in ensuring their DRRM plans and projects are gender-sensitive and gender-responsive.

Gendered Impacts of COVID-19

The United Nations Women (2020) argue that one of the ways for governments to strengthen their COVID response is to pay attention to the needs and leadership of women. Government response will be more effective if they recognize the heavier impact of the pandemic to women while also enlisting their active participation as they serve as the “backbone of recovery in communities.”

Based on experience in disaster response and evidence from other disease outbreaks, such as Ebola and Zika, women are placed at higher risk of exposure and existing political, social, and economic inequalities increase the negative impact of the disaster. Following are the gendered impacts of the COVID-19 to women and girls in the country:

- **Higher risk of exposure**

Women are at the frontline of fighting the pandemic, with female workers constituting 70% of health and social sector workforce globally and 79% of nurses in Southeast Asia based on World Health Organization (WHO) data (Boniol et al, 2019). In the Philippines, women comprise 90% of the health workers (DOH, 2019). Aside from the medical workforce, there are more women employed in the utility, pharmacy, banking, food merchandise, and other service sectors that continue to

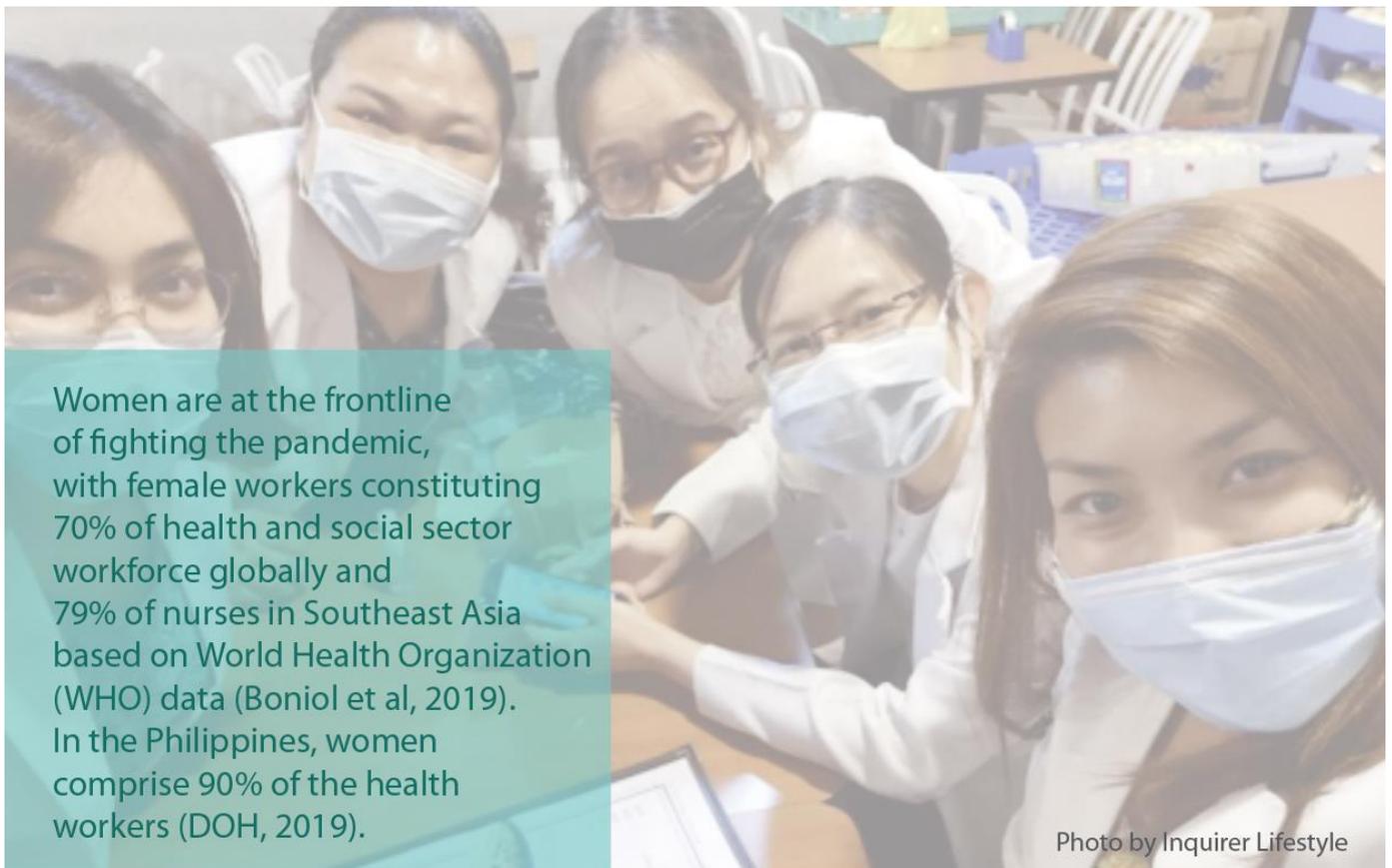
operate during the Enhanced Community Quarantine (ECQ) to provide essential services. Women employed under “No work, No Pay” scheme in essential industries are also forced to go to work.

- **Increased burden of domestic caregiving**

On top of professional caregiving, the responsibility of taking care of the children, the sick, and elderly members of the household usually fall to the women. For those who are employed, they must continue to attend to work assignments while fulfilling their tasks at home. With the suspension of classes, home schooling has added to these responsibilities of the females in the household. These multiple burdens can be taxing to the women both physically and psychologically, with long term negative effects on the women’s holistic wellbeing outlasting the ECQ.

- **Increased domestic violence and other forms of gender-based violence**

With the ECQ, more women and children are forced to stay at home with their abusers with little chance of escape. Concerns for security, health, and money can create more tensions and worsen the situation for women with abusive partners. Abusers and perpetrators may feel more confident, given the breakdown of social services and with forced confinement limiting the



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victims' access to people and institutions that can help them (Fakoya, 2020). These scenarios give way to an increase of cases of domestic violence in the country— a serious but often overlooked human rights problem even before the COVID. Considered by experts as a “shadow pandemic,” domestic violence is now on the rise globally, with many countries reporting an increase in reports and requests for help from victims, based on the statement from UN Women. With class suspensions, children's risk to prolonged sexual abuse can likewise increase. Without sufficient sensitization and adherence on the part of law enforcement personnel, cases of sexual and other gender-based violence may also rise as homeless women and women seeking help from abusers are taken to temporary shelters and those caught violating the ECQ are detained in precincts.

- **Limited access to health care and reproductive health services**

With the large portion of the health system focused on detecting and treating COVID-19 cases, provision of regular reproductive health services may be further limited. Given the ECQ and suspension of classes, access to health care services, especially reproductive health, will also be disrupted. Funding may also be reduced, as the resources are poured to the emergency response. According to the Commission on Population and Development, unplanned pregnancies may likewise rise, as is the case in natural calamities when families have to stay together for a prolonged period of time. Related to the rise of sexual violence, teenage pregnancies may also increase (Fakoya, Peyton, 2020). Pregnant women and nursing mothers also face challenges, as availing health services in hospitals and clinics may increase their risk of exposure to the disease, access to medicines and treatments for sensitive and high-risk pregnancies may also be limited, and patients who have contracted the disease may put their children at risk of infection.

- **Loss of income and livelihood**

The National Economic Development Authority (NEDA) estimates that job losses could reach up to 1.8 million (NEDA, 2020). This will affect not only women receiving salaries, but also those doing unpaid family work. Majority of the population doing unpaid family work are women (PSA, 2020), making them economically dependent on other members of the family. Their households may experience reduced income or lose their jobs as their employers struggle to sustain their salaries due to limited operations or temporary shutdown. They may have to find other sources of income or rely on the limited cash relief from the government and other organizations.

- **Female migrant workers and their families**

Of the 2.3 million Filipinos working abroad, 55.8% are women (PSA, 2019). The Corporate Responsibility in Eliminating Slavery and Trafficking (2020) discussed some vulnerabilities for migrant workers, including increased health risks, job insecurity, and travel restrictions. Closure or temporary shutdown of industries and enterprises pose risk of job insecurity and travel restrictions without assistance for repatriation may cause them to overstay their visa. Migrant domestic workers may become more vulnerable to abuse of their employers. At home, their families may suffer from delayed or even reduced remittances. NEDA estimates Php 5.7 billion losses if 30 % of overseas Filipino workers (OFWs) employed in tourism and tourism-related services lose their jobs.

- **Women in informal sectors**

The situation of women in the informal sector is even more problematic. Around 43% of the working population belong to the informal economy. This growth is attributed to women who chose self-employment in order to balance responsibilities of domestic care and contribution to household income (PCW, 2013). Even before the ECQ, informal sector workers are subjected to vulnerable employment due to lack of social protection and benefits, limited access to economic opportunities and government financial institutions, vulnerability to exploitation, and poor working conditions. With ECQ restrictions, their economic activities have been further limited, leading to reduced income and even loss of their livelihood with little chance of availing grants or loans from financial institutions.

- **Women in vulnerable situations**

The negative impact on women who are refugees or are internally displaced due to conflict, and those in areas in post-disaster recovery stage are also more pronounced given that health care system in these areas are practically decimated, income opportunities are limited from the beginning, and the high incidence of sexual and other gender-based violence. Women with disabilities may find it more difficult to access medical assistance. The vulnerabilities of female from Indigenous People groups, survivors of HIV, human trafficking and other forms of violence, and those residing in informal settlements are also multiplied as they face discrimination in accessing government assistance. They may be bypassed especially if they are not registered residents or voters in their communities. Further, women in deprived areas with no alternative sources of income may be forced to venture into paid prostitution to earn money.

Current Realities: Gender-blind COVID Response

While formal policies that require gendered approach in disaster response and crisis management are in place, it is not always the case that plans actually address the gender-related concerns arising from disasters. In their review of gender mainstreaming in DRRM in the Philippines, Abarquez and Parreno (2014) observed that “provisions already specified by law are not uniformly followed at the ground level” (p.57). For instance, a case study by Macalandang and Obenza (2016) on two disaster-stricken municipalities in Bohol show that gender differentiated needs of the citizens are glossed over in the planning process and the actual plans. The vulnerability of women and girls are mentioned formally, but the programs are largely gender-blind. Likewise, while there is a balance in number of sexes in the leadership structure of the LDRRMC and planning participants, this was only incidental to the fact that they were as ex-officio members and none represent women’s organizations. There is also lack of sex-disaggregated data which impede proper gender analysis. Another case study about Malabon City (Reyes and Lu, 2017) showed the lack of gender sensitivity in identifying and addressing the needs of the victims after the disaster. Further, weakness in gendered social protection, alongside politically induced discrimination and inadequate government services, made the institutional response to mitigate the effects of the disaster insufficient.

The pandemic may also reveal the lack of institutionalized practices and application of gendered approach in managing the crisis. At the start of the ECQ, DSWD temporarily halted the implementation of the Pantawid Pamilya Pilipino Program or 4Ps. These greatly affected families that are dependent on the relief, especially since they have insufficient or no savings at all. Jean Enriquez, Executive Director of Coalition Against Trafficking in Women-Asia Pacific, shared that many of the women and households they are serving who are survivors of prostitution, war on drugs, and human trafficking, experienced being bypassed by LGUs in the distribution of relief packages. There have been reports of rape and sexual harassment by law enforcement personnel (Amnesty International, 2020). One barangay captain reportedly made a group of violators belonging to the LGBTQ+ community do lewd acts in front of a minor as punishment for defying the curfew rules (CNN Philippines, 2020). Senator Risa Hontiveros has likewise raised the alarm on the possibility of increase on domestic abuse cases (Torrezoga, 2020). Further, bureaucratic resistance and the failure of systems to adapt to the speed of the crisis increase the negative impact to women and girls (Georgetown Institute, 2020), as with the case between the DOH and City Government of Marikina regarding the latter’s COVID testing facility.

Recommended Action Points for LGUs

It is an imperative for concerned government agencies to assess whether the differential impacts of COVID to men and women are visible in the policies and plans put in place to manage the crisis, both at the national and local level. The LGUs should be careful in assuming that local policies, projects, and guidelines are gender-sensitive. Drawing from recommendations of organizations and expert groups, and good practices of LGUs, the following are recommendations for LGUs to make their local COVID-19 management and response more gender-sensitive and pro-women.

1) *Recognize Women’s Leadership and Ensure Women’s Participation*

LGUs should listen to the voices of women in the planning, implementation, and evaluation of their local policies and guidelines in support to the Republic Act No. 11469 or the “Bayanihan to Heal As One Act” of 2020. The leadership style of women across the globe is being recognized as key success factor in the fight against COVID (Wittenberg-Coz, 2020).

While there are fewer female than male local chief executives in the country, many are rising to the occasion of implementing interventions that are sensitive to the differential needs of their citizens. During the virtual roundtable discussion organized by the University of the Philippines COVID Response Team, Mayor Kristel Lagman-Luistro of Tabaco City, Albay, for instance, shared that being a woman helped her in managing the LGU’s COVID response, given her experience as a household manager, enabling her to see the special needs of special sectors.

There must be a gender-balance in the composition of local COVID-19 task forces and Barangay Health Emergency Response Teams (BHERTs). Further, there must be representation of women from the vulnerable sectors and low-income communities. Since women form the majority of the medical and social frontline workers, they must be included in the decision-making process.

The LGUs should also include gender experts and partner with CSOs that promote rights and welfare of women. They must include the CSOs in the planning and decision-making process, making proper consultation regarding the state of welfare, needs, and challenges being faced by the women in their locality during the ECQ.

Given the experience of these organizations working with the women sector in the community, they have a vast knowledge of who are the most vulnerable and affected by the ECQ, their plight and specific challenges they face, and the social and health services that they

need. These are relevant information that the LGU should use in deciding who should be prioritized and in tailor-fitting the interventions to be implemented.

Likewise, they have the political capital that the LGU can use as leverage to ensure cooperation and participation of the community. They can also provide the LGU with the sentiments of the community and provide immediate feedback on how responsive are the guidelines and programs that the LGU has formulated regarding local ECQ and community lockdowns, curfews, transportation and mobility, distribution of relief packages and assistance, among others. These feedbacks will help the LGUs implement timely rectification and adjustments.

Instead of blocking the efforts of CSOs and other private organizations, the LGU should highly consider working with them in finding innovative solutions and programs, augmenting limited resources, and distributing social amelioration packages to the community.

2) *Prioritize Women's Vulnerabilities*

The following are specific actions that LGUs can adopt to address vulnerabilities of women in different sectors in the community during the ECQ:

- **Provide women-friendly PPEs and facilities for frontline workers.**

LGUs should provide their female frontline workers with complete PPEs that include sanitary materials for menstrual health. Facilities must also be provided where they can manage their menstruation with safety and dignity (Kamowa, 2020).

- **Set up hotlines to report domestic violence and other forms of sexual and gender-based violence.**

LGUs should dedicate hotlines where women and girls can immediately report cases of abuse and violence at home. VAWC desks should be mobilized in this effort. In localities with many deprived areas, mobile numbers and online helpdesks are more accessible than landline numbers. As lower levels of household wealth and urban residence contribute to higher likelihood of intimate partner violence (Ansara and Hindin, 2002), highly-urbanized cities (HUCs) should particularly focus their attention to informal settlements and areas with high reports of VAWC before the ECQ.

A challenge is the culture of silence that prevails even before the pandemic, hence the LGUs should be more creative in detecting cases of abuse and violence. They may find opportunities to interview female members of the household during distribution of relief

packages, or seek the assistance of CSOs who have been working with survivors of gender-based violence.

- **Provide temporary shelters and psychosocial support for abused women and girls**

Shelters must be made available for the victims seeking help from their abusers. Immediate psychosocial support must likewise be given. These shelters must be women- and child-friendly. The International Committee of the Red Cross recommends separate water, sanitation and hygiene facilities, or allocated separate times of use if the former is not possible. Women and girls must be provided with hygiene kits containing sanitary pads and proper facilities to ensure their safety and prevent further abuse by authorities or fellow evacuees, especially if the shelters also house other groups such as the homeless and fire victims. Female personnel should be assigned in these shelters to process and assist the female victims, and roving duties must be conducted with female personnel present.

- **Assign female personnel in checkpoints, temporary holding areas, precincts, and quarantine facilities**

Given the risk of harassment, LGUs and local law enforcement agencies should ensure that female personnel are assigned in all checkpoints and temporary holding areas and precincts. Body search and frisking of female citizens must only be done by female personnel. Following police protocols (PNP, 2013), female doctors and officers must be present to process and attend to female persons suspected of violating rules and guidelines. In cases of civil disturbance, female personnel must be included in the team deployed to manage the situation.

- **Ensure access to reproductive health services and emergency response**

LGUs should ensure uninterrupted provision of sexual and reproductive health services. This effort must go beyond reminders and issuance of guidelines. Family planning commodities must be available and accessible, such as pills and other contraceptives, to ensure family health and prevent unplanned pregnancies which may further burden not only the families but also the health system. LGUs should be proactive in providing these to their citizens, such as including MISPs in the relief packages for households. Taguig City, for instance, delivers these commodities house to house.

Likewise, LGUs should also prioritize maternal health care, including antenatal, postnatal care and delivery services, including infection prevention, especially for sensitive pregnancies, and pregnant women who are HIV and even COVID positive.

Due to suspension of mass transportation, LGUs should ensure availability of transportation for persons, especially women and elderly, who need to go to hospitals and clinics for treatment, such as dialysis, chemotherapy, and emergency treatments.

- **Prioritize women in vulnerable situations**

The implementation of the SAP should be targeted and prioritize women in the most vulnerable situations, particularly women who are solo parents, breadwinners, working in informal economies, with disabilities, and survivors of HIV, human trafficking, prostitution, and other gender-based violence, also the elderly women. The burden for LGUs in areas that are affected by conflict or in post-disaster recovery stage are even doubled, given the dire situation of government services and heightened insecurity. Nonetheless, the basic necessities, health, and security internally displaced women and female refugees should not be sidelined. Further, medicines, hygiene products, and MISPs in the relief packages. Cash assistance and relief packages should also prioritize low-income households headed by women. LGUs can also consider providing cash assistance to households that are dependent on remittances of relatives who are OFWs who are laid off or cannot send money at home temporarily.

- **Employ women from the informal sector and those with unpaid care work**

Aside from temporary relief assistance, LGUs can also hire women from the informal economy in their local COVID management activities. The City of Navotas, as an example, hired 1,000 workers from the informal sector whose livelihood were affected by the ECQ (Reyes, 2020). This is part of Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers Program Barangay Ko, Bahay Ko Disinfection/Sanitation Project (TUPAD #BKBK). Municipalities of Tabaco, Albay and Odiongan, Romblon have employed women in the community for production of face masks and PPEs.

There is also an opportunity for LGUs to assist women who are doing unpaid care work. Since husbands and other male members are also forced to stay at home during the ECQ, it is an opportunity to equally distribute the burden of domestic chores. LGUs can include this in its information and education campaign. Further, LGUs should strongly consider including women doing unpaid care work in its cash-for-work program (Mercado, 2020).

3) Efficient, transparent, and evidence-based LGU response

- **Use sex-disaggregated data to inform medical response, safety nets, and SAP**

All national government agencies and LGUs are mandated to collect and utilize SDD, particularly in developing local DRRM and GAD plans. The measures recommended in the previous section rely on the availability of SDD. For instance, LGUs that have good sex-disaggregated database of its personnel, especially the frontline workers, will have better estimates of the needed personal menstrual health materials. They are also in better position to target and prioritize female-headed households, displaced female workers, and those doing unpaid care work, women vulnerable to intimate partner and domestic abuse, as well as areas in the community with high birth rate which would need more contraceptive materials. The importance of SDD in ensuring that the local interventions to COVID-19 are not gender-blind cannot be overemphasized. Further, LGUs should collect SDD on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse (UN Women, 2020).

- **Reduce bureaucratic red tape and patronage system in relief distribution**

As mentioned earlier, the longer the response of the government is delayed, the greater is the negative impact of the pandemic to vulnerable sectors, especially women and girls. LGUs should ensure that steps within their mandate in the application process for projects under the SAP are as lean as possible, removing unnecessary steps and without charging unnecessary fees not required by law. Further, in this time of crisis, LGUs, especially local elective officials, must set aside the widespread patronage system in determining recipients of cash and relief packages. It must ensure the prioritization is based on the needs and vulnerability of the members of the community, informed by evidence and determined through consultation. List of beneficiaries and the qualifications must be published for transparency.

Conclusion

LGUs are well-situated to understand and respond to the gendered impacts of COVID-19 at the community-level. The voice and vulnerabilities of women must not be sidelined and must be properly incorporated in the emergency response and safety nets put up by the government. The crisis situation not only puts to test years of pushing for gender mainstreaming in DRRM and in local governance, but also provides an opportunity for gender norms and stereotypes and unequal power relations between men and women to be revealed and corrected.

**The views expressed in this policy brief are those of the author and do not necessarily reflect those of the author's institutional affiliation and other related agencies.*

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