

WORKING PAPER

Is the Philippine Government COVID-19 Response Gender-Blind?

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Abstract

The COVID-19 pandemic is exacerbating the already dire state of inequality around the world, particularly for women. While the Philippines is considered as one of the most gender equal countries in the world, Filipino women still experience very high discrimination in different institutions, including the family, and with regard to physical integrity, access to productive and financial resources, and civil liberties. This preliminary descriptive study investigates whether the negative impacts of the pandemic on women were considered and factored in the Philippine COVID-19 response. It finds that the government's pandemic response, both at the national and local levels, is not entirely gender-blind. Measures were taken to address sexual and gender-based violence. However, the government's pandemic response glosses over other critical gendered impacts of the health crisis in terms of economic security, unpaid domestic and care work, sexual and reproductive health services, and empowerment of women.

Keywords: COVID-19, Philippine pandemic response, gendered impacts, sexual and gender-based violence, sexual and reproductive health services, unpaid domestic and care work, labor force



More than a year has passed since the most devastating pandemic in recent history began. Vaccinations, advancements in treatments, and notable successes in interventions in many countries are a reason for hope. Yet, the world continues to suffer the damages that the COVID-19 pandemic is still inflicting not only on the physical health but also on the livelihoods and well-being of peoples, and on economies and societies, with long term consequences that will outlast the pandemic itself. The global health crisis that has so far taken more than 3.7 million lives (as of 10 June 2021, World Health Organization) has also created a global economic crisis, with the poor and marginalized sectors receiving the worst blow while having the least capacity to recover quickly.

Various organizations and movements continue to call for inclusive pandemic response and recovery measures at the international, regional, and national levels to arrest the worsening inequality and poverty. “Build back equal” has become a banner message of women’s and girls’ rights advocates as they flag the pandemic’s disproportionate impact on women, raise concerns about its setbacks on the equality agenda on women’s economic rights, education, and social security, and decry the relative gender blindness of many governments’ COVID-19 responses.¹

While the Philippines is considered as one of the most gender equal countries in the world (World Economic Forum, 2019), Filipino women still experience very high discrimination in different institutions including the family, and with regard to physical integrity, access to productive and financial resources, and civil liberties (Organisation for Economic Co-operation and Development, 2019). This discrimination perpetuates their vulnerabilities and marginalization, which are expected to worsen because of the pandemic. This preliminary descriptive study investigates whether the negative impacts of the pandemic on women were considered and factored in the Philippine COVID-19

response. It seeks to answer if the government’s pandemic response, both at the national and local levels, is gender-blind and whether concrete measures and actions were taken to address the intersectional vulnerabilities of Filipino women.

Gendered impacts of the pandemic: The case for gender-sensitive response²

Men and women suffer from the pandemic differently. Many early studies show that there is a sex difference in the severity of COVID-19 infection, with men being more susceptible to infection, experiencing severe symptoms, and dying from the disease due to combination of biological and psychosocial factors (Anca et al., 2021; Griffith et al., 2020; Jin et al., 2020; Klein & Morgan, 2020; Ueyama et al., 2020; Walter & McGregor, 2020). However, even while women are less likely to die from COVID-19 than men, the negative physical and socioeconomic impacts are amplified for women because of existing political, social, and economic inequality. And this inequality is further aggravated by the pandemic.

From the start of the pandemic when practically every country scrambled to act on the crisis of unprecedented scope and scale in recent history, international groups, experts, and advocates have been calling for governments to ensure that their policies on pandemic containment, including mass lockdowns and border closures, and measures to avoid total economic meltdown are inclusive and responsive to the vulnerabilities of women, children, indigenous peoples (IP) and minority groups, and the elderly. But more than a year after, what were once flagged as potential risks on these marginalized groups have become a reality, particularly for women and girls around the world.

The gendered impacts of the COVID-19 pandemic are interrelated and multidimensional, experienced differently by women and girls because of

¹ Based on United Nations Women and the United Nations Development Program’s COVID-19 Global Response Tracker, which covers 206 countries and territories, only 25 countries have COVID-19 measures that address gendered impacts on women in terms of violence, unpaid care work, and economic security while 42 countries have no gender-sensitive measures at all.

² In April 2020, the author wrote a policy brief that discusses the gendered impacts of COVID-19 on women and girls based on review of existing literature then, including government and news reports, policy briefs, fact sheets and experts’ insights (Castillo, 2020). This section provides an updated discussion, including most recent available data as of the time of writing.



intersectional vulnerabilities. This section provides an overview of these gendered impacts, with a particular focus on the experience of the Philippines based on review of existing data and literature, including government and news reports, policy briefs, fact sheets, and experts' insights. The discussion is by no means exhaustive especially as evidence to many of these impacts are still emerging and the pandemic is still ongoing.

Higher risk for health workers

In this health crisis, it is the frontline health workers who face the greatest danger, being three times at risk of COVID-19 infection compared to the rest of the population (Kluge, 2021). Women in the health and social care sector, who comprise approximately 70% of the sector's global workforce (Boniol et al., 2019), are even more at risk. In January 2021, 68% of reported COVID-19 infections among health workers around the world were women³.

In the Philippines, women make up 96% of health workers.⁴ Aside from the higher risk of infection, health workers in the Philippines are severely underpaid, overworked, and do not have job security (House Bill 5184, 2019). Their annual salaries are comparatively lower than their Southeast Asian counterparts (Pernia, 2021). Barangay health workers (BHWs) and barangay nutrition scholars (BNS), composed mostly of women, are considered as volunteers and receive only a meager amount of allowance every month. Yet, as part of the barangay health emergency response teams, they carry out critical tasks in the COVID-19 management at the community level. They face increased risk of infection not only for themselves but their families as well without the proper remuneration and benefits as they conduct house-to-house visits for information dissemination and

contact tracing, among others. This risk compounds with the burden they carry as mothers and caregivers at home. On top of battling the virus and insufficient funding and support, health workers also contend with discrimination and stigmatization, which affect their physical safety and mental health. Many health workers report being harassed and evicted from their boarding houses, refused rides, and receiving ridicule even at home and in their workplaces (Corpuz, 2021; VOA News, 2020)

Burden of unpaid care and domestic work

Several studies have also verified that unpaid domestic and care work in general have increased significantly during the pandemic and that women continue to carry a disproportionate share of the burden (Azcona et al., 2020a, 2020b; Dugarova, 2020; Power, 2020; Seck et al., 2021; Xue & McMunn, 2021). Before the pandemic, women already perform three times as much unpaid care and domestic work as men (UN Women, 2019, p. 15). Since the pandemic started, more women reported an increase in the intensity of unpaid domestic work and time spent for unpaid care work for children, elderly, and ill members of the household according to the UN Women (2020) Rapid Gender Assessments in 47 countries.

In a study in 16 countries (Azcona et al., 2020b), women spend an average of 26 hours per week on childcare before COVID-19. This increased to 31 hours during the pandemic. In comparison, men spend 20 hours per week caring for children before the crisis, which increased to 24 hours spent per week after the pandemic began. In the Philippines, more women compared to men reported an increase in time spent and number of activities of unpaid care work (see Table 1). But while more men reported an increase in their domestic work activities—an indication that more men are now involved—more women said the intensity of their unpaid domestic work activities increased. Suspension of face-to-face classes, the necessity of home quarantine due to congested quarantine facilities, on top of caring of the elderly or other household members who are unwell due to other diseases or conditions are cited as reasons behind this increase in domestic and caregiving

3 Based on WHO Case Report Forms (CRFs). Only 16% of the reported global COVID-19 cases included information on occupation status, including health workers (World Health Organization, 2 February 2021).

4 Includes medical doctors, public health nurses, dentists, midwives, nutritionists, medical technologists, sanitary engineers, sanitary inspectors, and active Barangay Health Workers. (Department of Health, 2019)

responsibilities, while social norms caused the burden to be disproportionately carried by women and girls. According to the UN data, more parents noted a higher involvement of daughters compared to parents who noted higher involvement of sons.

Table 1. Proportion of Filipinos who reported an

increase in time spent on unpaid domestic and care work since COVID-19, by sex and number of activities (percentage).

	Women		Men	
	At least 1 activity	At least 3 activities	At least 1 activity	At least 3 activities
Unpaid domestic work	66	40	81	32
Unpaid care work	69	19	67	16

Source: UN Women (2020)

This disproportionate amount of domestic and caregiving burden on women has consequences on their well-being and labor force participation. Emerging evidence in several countries show an increase in feelings of psychological distress and poorer mental health on those involved in caregiving during the pandemic, especially women (Hammarberg et al., 2020; Lorenz-Dant & Comas-Herrera, 2021; Mak, Bu, & Fancourt, 2021; Seck et al., 2021; Wade et al., 2021; Xue & McMunn, 2021). In the Philippines, more women reported higher rates of stress and anxiety compared to men since the pandemic started—and there appears to be an association with concerns on employment, particularly decrease in working time (Seck et al., 2021, p. 128).

Increased economic insecurity

Indeed, the pandemic has caused unprecedented disruptions in the world of work. Women, young workers, self-employed, and low- and medium-skilled workers are particularly hard hit, and women are worse affected than men globally and across all regions and country income groups (ILO Monitor, 2021). Before the pandemic, there has been a long-standing gender gap in labor force participation, and this has worsened with more women dropping out of the labor force during the crisis.

The global recession has resulted into what has been dubbed as “she-cession” (Worley, 2021; Yanfei,

2021). In countries where data is available, women are more likely than men to permanently lose their job, experience reduced work hours for those who retained their jobs, and sink to poverty during the pandemic (See also ILO Monitor, 2021; OECD, 2020; Strategy& & PwC, 2021; and Zarilli & Luomaranta, 2021)—a scenario that is directly associated with

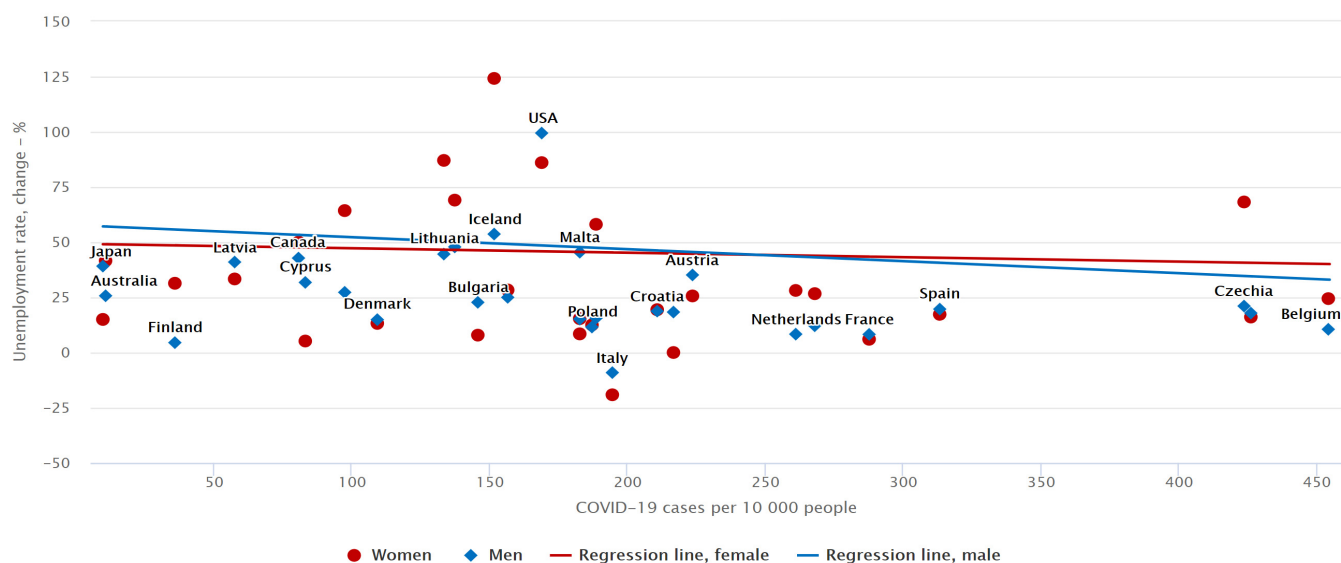
COVID-19 prevalence (see Figure 1). One possible factor, as previously discussed, is the increased demand for unpaid domestic and care work. The UN data showed that more women than men are shifting to fulltime childcare, indicating that more women are giving up paid work for unpaid care work during the pandemic and those that left the labor force are not likely to come back.

Another possible explanation is the pandemic’s differential impacts on sectors and industries at different stages of the crisis. According to the United Nations Commission on Trade and Development (UNCTAD in Zarilli & Luomaranta, 2021), more women lost their jobs than men during the early months of the crisis since the hard lockdowns and other measures to contain the pandemic greatly affected the sectors and jobs that employ women. As the crisis progressed, male unemployment rate increased as border closures took a toll on international trade where men are employed. Still, the overall employment loss for women is greater at five percent in 2020 compared to men at 3.9% based on the International Labor Organization (ILO, 2021) data. This might be due to higher labor force participation of women in sectors most affected by the pandemic, particularly tourism (Zarilli & Luomaranta, 2021) and services sectors (Dang & Viet Nguyen, 2021). There is also an observed difference across countries. In a study covering China, South Korea, Japan, Italy, the United Kingdom and the four largest states in the United States, more women

lost their jobs and indicate expectations of reduced income and weekly expenses in countries with higher COVID-19 infection rate and higher rate of female participation in labor force (Dang & Viet Nguyen, 2021, pp. 4-5).

2019 and 2020 figures, men experienced a higher reduction in labor force participation rate, and higher increase in unemployment rate and proportion of unpaid family workers compared with women (see

Figure 1. Female and male unemployment versus COVID-19 prevalence, November 2020.



Source: Zarrilli & Luomaranta (2021)

In the Philippines, over-all labor force participation rate fell from 61.3% in 2019 to 59.5% in 2020 (see Table 2). Unemployment also worsened during the pandemic, reaching the highest rate on record at 17.7% in April 2020. The annual unemployment rate in 2020 at 10.3% is twice the annual unemployment rate in 2019 at 5.1% (Philippine Statistics Authority [PSA], 2021). By April 2021, the number of unemployed Filipinos who are 15 years old and above registered at 4.14 million. Overseas Filipino workers (OFWs) also suffered significantly because of the travel restrictions and economic downturns in receiving countries. Based on a report from the Senate Economic Planning Office (2021), OFW deployment contracted by 74.5% and total remittances dropped by 0.8% in 2020. More than 600,000 OFWs have been displaced. Pre-pandemic data from the Philippine Statistics Authority (PSA, 2021b) shows that there are more female (56%) than male OFWs (44%).

It is worthy to note that in the case of the Philippines, the pandemic has worse impact on employment among men (ILO, 2020, p. 58). Comparing the

Table 2). Yet the story goes beyond what the figures portray. Female labor force participation rate is already significantly lower than among male before the pandemic. The 13% reduction, from 47% in 2019 to 34.5% in 2020, means this gender gap will remain. According to PSA, among the top five reasons cited by women for leaving the labor force in January 2021 are (1) schooling (especially for ages 15 to 18 years old); (2) household family duties (especially for ages 25 to 44 years old); (3) the enhanced community quarantine (ECQ)/lockdown/Covid-19 pandemic; (4) temporary illness/disability; and (5) awaiting results of previous job application (Ordinario, 2021).

Female unemployment rate increased from 4.9% in 2019 to 13.1% in 2020 (see Table 2). However, while women are more likely to keep their jobs through work from home arrangements, shorter work hours, or as frontline workers than their male counterparts, they become more vulnerable to contracting the disease (ILO, 2020, p. 58). Those who are able to work from home will still have to be responsible for the care and domestic work, including education of children as

schools remain closed. Unemployment and reduction in income, regardless of the sex of the employed family member/s or nature of family business, will also affect more women considering that four in every seven unpaid family worker or 1.5 million Filipinos are women (PSA, 2020). Unemployment or reduced income for male-led households increases economic insecurity and anxiety, which create a pathway for increased domestic abuse and violence when combined with the lockdowns that force people to stay at home (Peterman et al., 2020, p. 6). Increased economic insecurity has also led to an increase in human trafficking, especially female migrant workers, and online sexual exploitation and abuse of children (Giammarinaro, 2020; Servillos, 2021; UN Office on Drugs and Crime, 2020).

social protection, economic opportunities, and government financial institutions, and are vulnerable to exploitation and often poor working conditions since labor protection is not guaranteed. Widespread lockdowns mean loss of trade and therefore loss of income, and higher risk of poverty and food insecurity, among others. Unemployment in the formal sector also results to increased competition in the informal market as laid off workers are pushed to informal work (Enfield, 2021, p. 2).

Unequal Access to Quality Education

The pandemic has also severely affected the education of children and youth. According to UNESCO, 1.5 billion learners from 190 countries

Table 2. Annual Labor Force Participation and Unemployment Rates, and Proportion of Unpaid Family Workers, by Sex.

	Total population (15 Years Old and Over)		Women		Men	
	2020	2019	2020	2019	2020	2019
Labor force participation rate (%)	59.5	61.3	34.5	47.6	54.8	74.8
Unemployment rate (%)	10.3	5.1	9.9	4.9	11.3	5.1
Proportion of unpaid family workers (%)	6.3	5.7	9.7	8.9	6.3	3.9

Sources: PSA (2020, 2021a, 2021b)

Workers in the informal sector and those engaged in precarious work⁵ have it worse. Two billion out of the 3.3 billion workers around the world belong to the informal economy, and 1.6 billion are estimated to be affected by the pandemic (Lee et al., , 2020, p. 13). In 2018, 63% of Filipino workers, 56.4% of which are female, belong to the informal economy (House Bill 7532, 2020). Many high-risk sectors have considerable shares of part-time and vulnerable workers, including transportation and storage, accommodation and food services, and real estate activities (ILO, 2020). Before the pandemic, they already have limited access to health services,

experienced disruption in schooling in April 2020. More than a year later, more than 800 million learners, as well as 100 million teachers and school personnel, all over the world are still affected by school closures. Before the pandemic, 129 million girls are already out of school globally (UNESCO Institute for Statistics [UNESCO UIS], 2019). An estimated 11 million more might not return to school because of the pandemic (Global Education Monitoring Team & UNESCO, 2021). In the Philippines, girls comprise 63.3% of the 3.6 million Filipino children and youth who are out of school.⁶

⁵ Casual workers, temporary workers or daily or hourly wage workers are those engaged in precarious work (International Labour Organization, 2020)

⁶ Out of the 39.2 million Filipinos aged six to 24 years old, 3.6 million were out-of-school children and youth based on the 2017 Annual Poverty Indicators Survey (PSA, 2018). This increased to 10 million in 2019 but the number is not sex-disaggregated in the report.



Many countries reduced their budget for education (Global Education Monitoring Team & UNESCO, 2021). The disruption and lower investment have halted the slow but steady progress made in the past years in closing the gender gap in education. The reversal of this progress will worsen the inequalities and impacts for girls, especially those in lower income and crisis-affected countries (Inter-agency Network for Education in Emergencies [INEE] and the Alliance for Child Protection in Humanitarian Action, 2021; Malala Fund, 2020; UNICEF & UNESCO, 2020; UNICEF, 2020). Closure of schools means many girls would lose access to basic social services and child protection that schools provide (INEE and the Alliance for Child Protection in Humanitarian Action, 2021). While cases of violence in schools would go down due to school closures, there is a risk of increased violence for girls who are forced to stay at home with abusive relatives. In the long-term, it means losses in education premium for women including increased economic empowerment, health, and security, as well as higher human capital wealth and quality of life (Wodon et al., 2018).

There are concerns regarding the quality of education that students are receiving through home-based and virtual learning (Cho et al., 2021). Learning institutions have different levels of capacity to deliver online learning classes (Ignacio, 2021). The digital gender divide is also a great impediment for girls in accessing distance learning programs as alternative for face-to-face classes. Around the world, boys are 1.5 times more likely to own a phone than girls in low and middle-income countries and are 1.8 times more likely to own a smartphone that can access the internet (Girl Effect & Vodafone Foundation, 2018). In the Philippines, this digital gender divide is quite pronounced in the areas of access and empowerment, affordability, skills and education, relevance in content and services, and online safety (World Wide Web Foundation, 2017). To meet these needs for virtual learning, many children engaged in illicit activities and are being exploited, just so they can raise money to buy gadgets and afford internet connection for distance learning (Bernardo, 2020; Hernando-Malipot, 2020; Senate of the Philippines, 2021). Increased domestic work, cases of domestic violence, adolescent pregnancies,

and child marriages are also barriers for effective education at home and re-enrolment for girls (Global Education Monitoring Team & UNESCO, 2021).

GBV as shadow pandemic

While it has been arguably effective in curbing the spread of the virus, one unintended but anticipated downside of prolonged community lockdowns is the increase in violence against women and children (VAWC) (van Gelder et al., 2020). The United Nations Women has raised the alarm to VAWC—a shadow pandemic—accompanying mass lockdowns (Mlambo-Ngcuka, 2020). Studies show that community lockdowns and other stay-at-home policies reduce women's capacity and ability to escape abusive partners, and increase the day-to-day exposure of women and children to potential perpetrators who would resort to increased controlling behavior and violence as coping mechanism to the stress brought by crisis situations like pandemics (Peterman et al., 2020). As job losses increase and millions of women and girls are pushed further to poverty, trafficking in women and girls, sexual exploitation, and child marriages are also on the rise (UN ESCAP, 2020; United Nations, 2020). Given their situation even before the pandemic struck, refugee and displaced women become even more vulnerable to violence and exploitation (UNHCR, 2020). And with economic, education, and other daily activities becoming more internet-based, women and girls are more exposed to digital violence (UN ESCAP, 2020).

The Philippine government has implemented a mandatory community quarantine policy starting 16 March 2020. The policy has been modified several times, with varying levels of community quarantine imposed in specific areas in the country within particular periods depending on the intensity of the outbreak. Since the community quarantine started in March 2021, there have been 14,721 reported gender-based violence (GBV) cases as of 31 October 2020 (Philippine Commission on Women, 2021). However, this number is lower than the number of reported cases during the same period the previous year. It is important to note the difficulty in capturing the actual number of VAWC cases even before the

pandemic. Many cases are actually left unreported for various reasons. This challenge becomes worse during the pandemic. The Philippine Commission on Women (PCW) attributes the decrease in the number of reported cases to “restricted movement in the communities, suspension of public transportation, victims being locked down with their perpetrators, lack of communication channels, and lack of information on where/how to report” (2021). The reported online sexual exploitation and abuse of children (OSAEC) cases also tripled compared to pre-pandemic statistics (World Hope International, 2020) in the country, which is already dubbed as the global epicenter of OSAEC (International Justice Mission, 2020).

Aside from violence in domestic setting, violence also happens in quarantine facilities and holding areas for quarantine or curfew violators. There have been reports of rape and sexual harassment by law enforcement and other government personnel (Philippine Commission on Women, n.d.; United States Department of State, 2021). News outlets also reported cases of “sex-for-pass” scheme in which members of the police force in quarantine checkpoints allegedly coerced female victims to engage in sexual activity in exchange for quarantine passes (Domingo, 2020).

Limited access to health care and reproductive health services

Provision of health care and reproductive health services also suffered as significant medical and public health resources are redirected towards the COVID-19 response. UNFPA (2021) estimates that 12 million women in 115 low- and middle-income countries were unable to access family planning services due to travel restrictions, interrupted supply chains and overwhelmed health facilities, among others. This resulted to as many as 1.4 million unintended pregnancies. Emerging evidence shows worsening global maternal and fetal outcomes, resulting to increased “maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression” with “great disparity between high-resource and low-resource settings” (Chmielewska et al., 2021).

A study by United Nations Population Fund and the Population Institute of the University of the Philippines found that the utilization of facilities for ante-natal check-up and delivery of pregnant women is declining and access to contraception during the pandemic is limited (Bautista et al., 2020a). It estimates 67% increase or 2.07 million additional women of reproductive age with unmet need for family planning. This has implications on maternal health, which also suffered during the pandemic, with estimated 26% increase in maternal mortality and 42% increase in unintended pregnancies compared with 2019 level (Bautista et al., 2020b). These mean that for every month of the community quarantine, there will be 60 additional deaths and 79,000 additional pregnancies, including 17,000 additional induced abortions. Further, given the pre-pandemic situation, inequalities can be expected to persist, with those belonging to household with lower income (Paredes, 2016) together with the recently launched Sustainable Development Goals (SDGs) and urban poor (Carpio, 2018) experiencing more limited access to reproductive health service and poorer health outcomes.

Women and Girls in Vulnerable Subgroups

A national gender and inclusion assessment in the Philippines (Molina et al., 2021) reveals the disparities in the negative health, socioeconomic, and security impacts of the pandemic as experienced by women in vulnerable subgroups. More women with disability reported increased anxiety, stress, depression because of increased household work during the community quarantine. More women among the indigenous peoples (IPs), the elderly, those who live in urban settings and are internally displaced are more likely to report that government assistance was not adequate for their daily needs. Access to water, sanitation and hygiene facilities, which are critical anytime and are vital in the pandemic response, was also significantly disrupted, particularly for the LGBT, IP, internally displaced peoples, urban poor, and those living in Samar and Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The COVID-19 pandemic is also causing significant strain in the normalization and transition process in BARMM

(International Crisis Group, 2021) as grievances on the pandemic response, such as inequitable access to healthcare and social support, are causing increased community tensions and conflicts between clans and government forces (Torrado, 2020), heightening the risk of family violence, loss of livelihoods, and disrupted government assistance and essential services for internally displaced women and girls in the region.

This discussion, albeit not exhaustive, paints a picture of the ripple effects on the individual, the society, and the economy if women's concerns are left behind in the pandemic response. Before the pandemic struck, significant progress has been made to address gender inequality, but the impacts of COVID-19 threaten a reversal of the gains that have been achieved. Since the impacts of the pandemic are not gender-neutral, policies and interventions must be sensitive to these gendered impacts. It is worthwhile to assess how well the government is addressing the needs and risks experienced by women and girls.

Methodology

To identify the gender-responsiveness of the Philippine government's COVID-19 response, a content analysis of issuances and guidelines from the Offices of the President, the Executive Secretary, Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID), Department of Interior and Local Government (DILG), and Congress was conducted. The issuances were reviewed to identify whether the gendered impacts of the pandemic were considered in the framing of the crisis and in the development of interventions and strategies of the government and concerned agencies. A total of 110 issuances were reviewed, released between 30 January 2020, when the World Health Organization (WHO) declared the novel coronavirus outbreak a Public Health Emergency of International Concern (PHEIC), and 31 July 2020.

To assess the response at the local level, a survey was conducted among 71 local government units (LGUs) to identify whether their local COVID-19 responses factored in the gendered impacts of the pandemic on women in their community. They were assessed

in six areas: (1) participation of women, (2) gender analysis, (3) response to sexual and gender-based violence (SGBV), (4) sexual and reproductive health (SRH) services, (5) economic response, and (6) communication.

Participation of women was measured using two indicators: (1) number of women in the LGU COVID-19 Task Force and (2) consultation with women's groups, gender and development (GAD) experts, and/or the PCW. Collection and utilization of sex-disaggregated data (SDD) in the formulation of the LGU's policies and projects in response to the COVID-19 pandemic were used to measure *gender analysis*.

Response to SGBV was measured through four sub-indicators: (1) assignment of female personnel in relevant facilities, (2) presence or absence of operational VAWC hotlines, (3) presence or absence of operational VAWC desks, and (4) provision of services for victims of GBV. There are also four sub-indicators for *SRH services*, namely: (1) provision of menstrual kits in PPEs of female frontline workers, (2) inclusion of family planning commodities included in relief packages, (3) provision of transportation services for pregnant mothers, and (4) presence or absence of operational maternity wards/birthing clinics within LGU area of responsibility.

Economic response was measured through presence or absence of cash-for-work or employment programs for female displaced workers, women in the informal sector, unemployed mothers, female survivors of trafficking, and repatriated OFWs. Finally, *communication* was measured through the presence or absence of messages on SGBV, SRH services, and sharing the burden of care in the LGU's COVID-19 awareness campaigns.

Using a 10-point rating scale, the weighted average for the six areas was computed to arrive at a gender-sensitivity score for the LGUs. These LGUs were selected through convenience sampling. A total of 20 responses were received from 8 June – 27 July 2020.

Scope and Limitations

Majority of the national plans, issuances, and guidelines assessed in this preliminary study are from the Executive, with the exception of the Bayanihan Act, which was enacted by Congress (Republic Act 11494). Due to limitations in resources, initiatives and measures undertaken by the Congress and the Judiciary were not covered but are nonetheless relevant to get a more comprehensive picture of the government's COVID-19 response. Further, the analysis only covered the design and do not account for the actual implementation and outcomes of the measures.

Likewise, the turnout of LGU survey respondents was lower than expected. Several LGUs were not able to submit their response, probably due to time constraints considering the ongoing COVID-19 initiatives, and other ongoing tasks and projects they have to implement. As the sampling is not representative, the result of the survey cannot be used to describe the over-all gender-sensitivity of the COVID-19 pandemic response at local government level. Further, the gender-sensitivity rating was solely based on the self-assessment done by LGUs and can be further validated through review of local issuances and other relevant documents and reports.

As a preliminary study, the findings and discussions in this paper are not yet conclusive and should be considered as jumping board for further studies on a more comprehensive assessment of gender-responsiveness of the Philippine government's COVID-19 response.

Findings

COVID-19 related policies at the National Level

The review of policies and guidelines reveal a conspicuous absence of gender and women in the way the COVID-19 crisis is framed in the major interventions and strategies that were implemented at the national level. While the Social Amelioration Operational Framework hinges on "equitable and

gender-responsive mechanisms on all platforms and policies" (Joint Memorandum Circular [JMC] No. 1 s. 2020), the initial findings show that the gender dimension, while not entirely absent, is hardly visible in the national policies on containing the pandemic and addressing its health, social, and economic impacts.

For instance, the main policies and guidelines⁷ imposing the community quarantine made no mention of the risks of increased domestic violence. Issuances on isolation, quarantine facilities, and accommodations for frontline health workers⁸ did not specify provisions to ensure safety of women and children in these facilities.

Out of the 110 plans and issuances reviewed, two issuances outlined the gendered impacts of the pandemic and provided specific guidelines to address the multiple and intersectional vulnerabilities of women in the context of the COVID-19 health crisis. One advisory emphasized the risk of VAWC. Two issuances focused on the risks and welfare of children while one issuance highlighted the challenges of persons with disabilities.

First of the two issuances on gendered impacts is PWC's Memorandum Circular (MC) No. 2020-03, which provided the guidelines on adjustment and/or implementation of the GAD Plan and Budget (GPB) for fiscal year (FY) 2020 in view of the COVID-19 situation. Released on 27 April 2020, the circular recognized that gender issues and concerns due to the pandemic will arise from the unequal status of women and men. It enjoined the national government agencies and instrumentalities to review and revise their current GPB to address these issues and provided a list of measures that should be undertaken by the agencies.

7 Proclamation No. 922, Proclamation No. 929, Memorandum from ES dated March 16 and 18, 2020; Omnibus Guidelines Community Quarantine dated 29 April 2020; Executive Order No. 112; DILG MC No. 2020-062

8 DILG MC No. 2020-064, DILG MC No. 2020-067, DILG MC No. 2020-072

Second is the Joint Memorandum Circular (JMC) No. 1, s. 2020 by the Commission on Human Rights (CHR) and the DILG. It was released on 15 July 2020. The issuance provided a comprehensive discussion on the disproportionate impacts of the pandemic on women and girls and provided a guide on LGUs on how to undertake a gendered response to COVID-19.

In its advisory issued on 2 April 2020, the DILG reminded its regional directors to ensure that all barangay VAWC desks as well as Barangay Council on the Protection of Children (BCPC) are operational.

The two issuances addressing risks and welfare of children are DILG-Council on the Welfare of Children (CWC) JMC No. 2020-001 released on 6 April 2020 and DILG MC No. 2020-078 dated 28 April 2020. These issuances highlighted the plight of children in vulnerable situations, namely children in conflict with the law (CICL), who are detained in facilities with suspected and confirmed COVID cases, children at risk (CAR), and those who live in the streets. They also emphasized the application of child and gender-sensitive language and guidelines and other standing protocols in reaching out to children during the ECQ.

Meanwhile, DILG MC No. 2020-095 referred to the continuation of the implementation of Executive Order 71 on National Peace Framework during the pandemic. The framework identifies women as one of the target sectors.

Majority of the policy documents made no mention of gender or women. Only 17 out of the 110 documents mentioned any of the words “gender,” “female,” “sex” or “women.” Nine of these pertained to pregnant women as part of the population that are vulnerable to COVID-19 infection.

Only one document made a passing mention of the role of women. JMC No. 2, s. 2020 on the distribution of the second tranche of Social Amelioration Program funds mentions the assistance of the female soldiers of the Armed Forces of the Philippines in the distribution of the relief packages and cash aids.

Out of the four guidelines that have an attached monitoring or reporting template, only the DILG-CWC JMC No. 2020-001 and DILG MC No. 2020-078 collects SDD. The contact tracing team daily report template in DILG MC No. 2020-073 and the monitoring template required of OFW desks in DILG MC No. 2020-075 do not include sex in the required information.

With regard to the Bayanihan to Heal As One Act, the President’s report to the Joint Congressional Oversight Committee started dedicating a portion on assistance to women, children, and other vulnerable groups in its ninth report on 25 May, or two months after the law took effect. The number of VAWC cases was first reported on 1 June 2020 (tenth report of the President) and was last included in the President’s 12th report on 15 June 2020.

Gender in LGU COVID-19 Response

On average, the 20 LGUs got a rating of 6.09 out of 10 in terms of gender-responsiveness of their local COVID-19 action. Only in one out of six areas did the LGUs performed well, which is in their response to address SGBV where they got an average rating of 8.4. Six of the LGUs got an over-all rating between >7-9 points, nine whose over-all rating was between >5-7 points, and five whose over-all rating was between >3-5 points.

Table 3. Gender-responsiveness of LGU COVID-19 measures (n=20)

Over-all rating	6.09
Participation	5.20
Gender Analysis	5.85
SGBV	8.40
SRH	6.38
Economic Response	4.10
Communication	6.09

Participation of women

On average, women comprise 45% of the total membership of the local COVID-19 task forces. Only seven out of the 20 LGUs, or 35%, have local COVID-19 task forces that are composed of more than 50% women.

Seven out of the 20 LGUs consulted women's groups or non-government organizations on women's rights, and gender experts/ specialists in the formulation of their local COVID responses. Two LGUs said they consulted LGBT groups, solo parents organizations, and breast feeding support group.

According to the LGUs, they regularly assigned female personnel in checkpoints (80%), temporary holding areas for quarantine policy violators (65%), COVID-19 quarantine/isolation facilities (85%), and in emergency shelters/housings/evacuation centers (45%).

Gender Analysis

Seventeen out of 20 LGUs or 85% said they used and collected SDD in the formulation and implementation of their LGU's policies and projects in response to the COVID-19 pandemic. Among the areas where SDD are collected include rates of infection, economic impacts, care burden, incidence of domestic violence and sexual abuse, recipients of SAP, social services and health services, and locally stranded individuals.

Among those that said they did not collect SDD, one LGU cited the lack of time as the reason. "We did not have the time from ECQ to MGCQ as we had to focus on security, health, budget and hunger with limited time, financial and human resources." Another LGU said that they did not have to collect SDD because they already considered the welfare and interests of everyone in their COVID-19 policies and programs.

Sexual and Gender-Based Violence

Only one LGU said they did not set up a VAWC hotline and their VAWC desk was not operational during the community quarantine period. The cited reason was limitation in their workforce. They said that most of their personnel were dedicated for the relief operations of the LGU.

Six LGUs said they experienced an increase in the number of reports of SGBV during the community quarantine period, while seven said the number of reports decreased. Only two said there was no change, while five LGUs do not have the data or the respondent did not have the information.

Among the services provided to the SGBV victims were psychosocial support (100%), temporary shelter (70%), legal services (25%), financial/livelihood assistance (25%), medical services (10%), food packs (10%), and referral (5%). Nine LGUs said they have female personnel designated in the temporary shelters while 10 LGUs said they have separate facilities for men and women and girls in temporary shelters.

Quezon City implemented its project "Tindahan ni Ate Joy for VAWC survivors;" a livelihood support for all VAWC survivors in the city and sustained the operation of its QC Protection Center. Meanwhile, Alaminos City in Pangasinan activated VAWC officers in all its barangays.

Sexual and Reproductive Health Services

Nine LGUs said they included family planning commodities such as contraceptive pills and condoms in the relief packages distributed to households. Fifteen out of the 20 LGUs said they provided transportation for pregnant women for their pre-natal checkup or delivery during the community quarantine period.

Eighteen LGUs said all birthing clinics and maternity wards of hospitals in the LGU's area of responsibility open and operational during the community quarantine.

Nine out of 20 LGUs or 45% said that the personal protective equipment (PPE) provided to female frontline workers include menstrual health materials (e.g., menstrual pads or cups, tampons).

Talavera, Nueva Ecija and Quezon City implemented projects that catered to the nutritional needs of pregnant and lactating mothers. Talavera distributed vegetable packs, nutribuns, and hot meals for pregnant and lactating mothers in the community. Quezon City has the Kalingang QC for Lactating Mothers projects, which provides financial assistance for all lactating mothers worth Php2,000, and the Hope Community Caring Facility 3, which is a mother and baby-friendly quarantine facility for COVID-19 confirmed cases.

Economic Response

Based on the answers of the LGUs that have available information on their Social Amelioration Program (SAP), majority of the recipients of their Emergency Subsidy Program were households with female solo parents (87% of households with solo parents), women with disabilities (60% of households with persons with disabilities), elderly women (80% of households with old persons), and female-led households from indigenous people groups (63% of households from indigenous people groups).

Fourteen of the 20 LGUs said they implemented employment or cash-for-work initiatives that specifically targeted women. Specifically, these initiatives targeted female displaced workers (65%), women from informal sector (60%), unemployed mothers (50%), repatriated OFWs (15%), female survivors of trafficking (10%), and female survivors of prostitution (5%).

LGUs set up mobile *palengke* (wet market) that helped not only to ensure access to fresh produce

during the community quarantine period when mobility was severely restricted but also provided opportunities for women, especially unemployed mothers, in the community, local farmers, to continue earning. These initiatives were done by Talavera in Nueva Ecija ("Palengke sa Barangay"), Bacnotan in La Union, and Quezon City ("Quezon City Fresh Market on Wheels").

Financial assistance was also given to women who owns micro, small and medium enterprises (MSMEs) by the LGU of Malabon City and sari-sari store owners by the LGU of San Jose Del Monte, Bulacan ("Tindahan ni Maria").

Communication

All the LGU respondents held awareness campaign on COVID-19 and its impacts. Twelve of the LGUs included the SGBV and SRH while ten mentioned about sharing the burden of care among the members of the household.

Discussions

Based on these preliminary findings, the Philippine government COVID-19 response is not entirely gender-blind. In addition, from the time the country was placed under community quarantine, there have been several efforts by government agencies to highlight the gender dimension of the pandemic and implement measures to address its impacts on women. Aside from the issuances reviewed in this study, the government through Inter-Agency Council on Violence Against Women and their Children (IACVAWC) and the PCW ensured the referral system for victim-survivors of GBV remained operational (United Nations Development Programme - United Nations Women, 2021). The CHR set up an online reporting platform for victims of abuse and violence⁹. The Interagency Council Against Trafficking (IACAT) also sustained measures and held discussions to address the worsening human trafficking, particularly

⁹ e-Report sa Gender Ombud. Accessible at <https://www.gbvcovid.report/>



OSAEC, during the pandemic. The Philippines also has a gender-sensitive COVID-19 online dashboard¹⁰. The country collects collect SDD on infection, recovery, and mortality due to COVID. Based on Global Health 5050 data as of 20 May 2021 (Humanitarian Data Exchange, n.d.), out of 199 countries, the Philippines is one of the 96 that collects SDD on COVID cases and deaths, 54 countries do not collect and another 51 collects partial SDD.

Nonetheless, the pandemic reveals gaps in integrating a gender lens in the government's management of public health crisis. Both the analysis of the issuances at the national level and the survey of LGUs showed that the policies and mechanisms in addressing GBV in the disaster context are well in place and remained operational. GBV is indeed one of the most urgent and important concerns on the welfare of women even before this pandemic. In response to increasing reports of GBV during the community quarantine, several government agencies, including PCW, DILG, CHR, the Department of Health (DOH), Department of Social Welfare and Development (DSWD), and the Commission on Population and Development (POPCOM) released a joint statement condemning all forms of GBV¹¹. Although not covered by the analysis in this paper, both the Senate and the House of Representatives have likewise tackled the issue of rising GBV cases in several committee hearings and statements.¹²

10 Philippine COVID-19 Data Dashboard National Research Council of the Philippines COVID-19 Cases Monitor. Accessible at <https://datastudio.google.com/u/0/reporting/128a3245-a456-4c7f-be93-6f15d87892d1/page/S9chB?s=rWhJ8gT9g7U>

11 Joint Solidarity Statement on GBV during COVID-19. Available at <https://pcw.gov.ph/joint-solidarity-statement-on-gbv-during-covid-19/>

12 See Committee Daily Bulletin of the House of Representatives, dated 3 June and 9 December 2020. Available at <https://congress.gov.ph/legisdocs/cdb/cdb18-vli104-20200603.pdf> and <https://www.congress.gov.ph/legisdocs/cdb/cdb18-v2i73-20201209.pdf>; Senate of the Philippines Senate Bills and Resolutions of the 18th Congress accessible at <https://legacy.senate.gov.ph/GAD/GAD%2018th%20Congress%20Bills%20update%20April%2014%202021.pdf> and Committee on Women, Children, Family Relations and Gender Equality accessible at https://legacy.senate.gov.ph/18th_congress/ctte_notices/women030221.pdf

However, the other gendered impacts are largely invisible in the over-all COVID-19 strategy of the government. Gender is conspicuously absent from National Action Plan against COVID-19 and the resolutions and recommendations made by the IATF-EID, which leads the pandemic response of the government. Measures that specifically target the socioeconomic impacts of the pandemic on women and girls, especially in the more vulnerable subgroups, are not included. The data from the UNDP-UN Women COVID-19 Global Gender Response Tracker (n.d.) reveal that out of 20 policy measures that were reviewed, only one constitute a gender-sensitive measure and this pertains to strengthening existing services to address VAWC. There were no policy measures that specifically target women's economic security or address unpaid care. Indeed, while measures have been taken to address immediate physical needs through the Social Amelioration Program, which benefitted the elderly, solo parents, and workers in the informal sector, as well as assisted displaced OFWs, the gender tracker, however, shows that the over-all fiscal and economic measures are not gender-sensitive as they do not specifically target female-dominated sectors of the Philippine economy.

Second, while women form the majority of frontline workers in the COVID-19 response and they disproportionately experience the impacts of the pandemic, they are severely underrepresented in the primary decision-making and enforcement bodies. Out of the seven departments that compose the IATF-EID, only one is headed by a female Department Secretary.¹³ The National Task Force for COVID-19 is composed entirely of men¹⁴. While the findings cannot be generalized for the entire country, women

13 Department of Tourism Secretary Bernadette Romulo-Puyat is the only female member of IATF-EID (IATF-EID Resolution No. 02, s. 2020 dated 31 January 2020), as designated by Executive Order 168, s. 2014 creating the Task Force. The EO designates the Department of Health as chair, with the Department of Foreign Affairs (DFA), DILG, Department of Justice, Department of Labor and Employment, DOT, Department of Transportation and Department of Information, Communication, and Technology, as members.

14 IATF Resolution No. 55, s. 2020 dated 14 July 2020; UNDP-UNW COVID-19 Global Gender Response Tracker

are also underrepresented in the COVID-19 task forces in the LGUs covered in the study. Nonetheless, majority of LGU COVID-19 task forces are headed by male local chief executives, since 1,288 or 75% of all elected governors and mayors are male, while only 427 or 25% are female (PSA, 2021b).

Even with the strengthening of measures on GBV, the securitization of governments' COVID-19 response is a concern particularly because the prominent role of security forces has been cited as a factor behind increased GBV cases during health emergencies, similar with situations of humanitarian and conflict missions (Peterman et al., 2020; Smith, 2019). In previous studies on health outbreaks such as Zika and Ebola in Africa, communities where security forces conducted the disease outbreak surveillance reported feeling fearful of excessive use of force and of violence. With the community quarantine measures giving rise to new forms of GBV committed by enforcement personnel, there is a legitimacy in the concern against the highly militaristic approach adopted by the Philippine government in containing the pandemic, where police and military forces took the lead in enforcing the lockdowns.

Finally, the timeliness in releasing the issuances on gender and development budget and gender-sensitive LGU response is wanting, considering the emergency nature of the crisis and the early warnings made by groups such as the UN Women on the risk of domestic violence. The DILG was able to release its advisory early on reminding LGUs to ensure that barangay VAWC desks remain operational. Nonetheless, it is noteworthy that the first of the only two major national issuances that focused on gender dimension of the pandemic was released on 27 April 2020, 88 days after the outbreak was declared as PHEIC by WHO. The more comprehensive guidelines on gender-responsive COVID-19 response for LGUs was released on 15 July 2020. The timeline for these two more significant policies that frame the crisis from a gendered lens can be an indication that gender-responsiveness was only an after-thought and not truly mainstreamed in the policy-making process in general and in disaster response and health crisis management in particular.

Conclusion:

Barriers and Opportunities in Engendering the Philippine COVID-19 Response

The Tyranny of the Urgent

The policy framework for gender-responsive disaster risk reduction and management (DRRM) is well in place in the country. Republic Act 9710 or the Magna Carta of Women and the Republic Act 10121 or the Philippine Disaster Risk Reduction and Management Act of 2010 outline the rights of women for protection and security during disasters. However, the conspicuous absence of gender in the national policies of the Philippine government to contain the pandemic and address its health and socioeconomic impacts reveals gaps in translating the aspiration of a gender-responsive DRRM into concrete measures in the context of the public health disaster.

This observation reflects the findings of studies conducted on previous health emergencies. There are few studies tackling gender issues in health emergencies and disease outbreaks compared to natural disasters. Davies and Bennett (2016) highlighted this limitation in the literature, observing that gender, particularly vulnerabilities of women and girls, are not being studied in public health emergencies as much as in contexts of natural disasters.

The studies that exist, while few, showed the relative absence of gendered perspective in addressing public health emergencies. Eves' (2010) study on the case of Papua New Guinea's efforts to address the AIDS epidemic observed the lack of gendered approach and underscored the need to address masculinity and gender-based violence related to the epidemic. The study of Davies and Bennett observed the gender blindness of global health governance in general, and in public health emergencies particularly the Ebola outbreak in Guinea, Liberia, and Sierra Leone. This was also resonated by studies of Harman (2016) and Smith (2019) and preparedness policies and responses, by providing a multi-level analysis of gender-related gaps, particularly illustrating how the failure to challenge gender assumptions and

incorporate gender as a priority at the global level has national and local impacts. The implications of neglecting gender dynamics, as well as the potential of equity-based approaches to disease outbreak responses, is illustrated through a case study of the Social Enterprise Network for Development (SEND) which also focused on the Ebola outbreak.

Watson and Mason (2015) and Jacobson (2013) argued that the “tyranny of the urgent” is the primary reason why gender is sidelined in health crisis management. Women and gender issues are put aside in favor of immediate biomedical needs (Smith, 2019, p. 357) and preparedness policies and responses, by providing a multi-level analysis of gender-related gaps, particularly illustrating how the failure to challenge gender assumptions and incorporate gender as a priority at the global level has national and local impacts. The implications of neglecting gender dynamics, as well as the potential of equity-based approaches to disease outbreak responses, is illustrated through a case study of the Social Enterprise Network for Development (SEND).

This challenge is magnified for lower- and middle-income countries like the Philippines whose capacity and resources for public health and disaster response are severely limited to begin with. The discussion on the gendered impacts of the pandemic clearly shows that the costs of neglecting the needs of women and girls during the health crisis will have long-term effects for these vulnerable groups and state of development the world over. But this long-term gendered view can be barely seen as important by these countries who have millions of lives and livelihoods to save with the little resources they have and limited support from outside, since virtually all countries are struggling one way or another. With such constraints and framing of choices, and other contextual factors to consider, it is no surprise that gender is hardly visible in the COVID-19 response of the Philippine government.

Making Gender More Visible

The Philippine government’s response to the pandemic may not be entirely gender-blind, but major policies

and plans on COVID-19 response gloss over other critical gendered impacts of the health crisis in terms of economic security, unpaid domestic and care work, sexual and reproductive health services, and empowerment of women.

Nonetheless, the active role of government agencies, particularly the CHR and the PCW, in championing the welfare and empowerment of women offer opportunities to make the gender dimension of the pandemic more visible, especially in the recovery stage. The agency of women must likewise be recognized and collaborative efforts between the government and the civil society organizations must also be strengthened. Based on the response of the LGUs on whether consultations with civil society organizations and gender experts were held in the formulation and implementation of their local response, this is still an area where more can be done. These must be included in the framing of the health disaster and integrated in the formulation of policies and measures if we are to truly build back equal. Otherwise, policies and measures meant to save people from the pandemic will put more women in vulnerable situations at greater risk and great disadvantage.

The case for a more gender-sensitive COVID-19 response is quite evident. The disproportionate impacts of the pandemic on women and girls do not only affect them and their families, but their communities and the country’s development as well in the long run. Failure to include and address the gendered impacts of the COVID-19 crisis will not only mean reversal of the gains that the Philippines has been achieving consistently in the past towards gender equality but will have long-lasting impact on the country’s aspirations for a sustainable and inclusive development in the future.

References

- Anca, P. S., Toth, P. P., Kempler, P., & Rizzo, M. (2021). Gender differences in the battle against COVID-19: Impact of genetics, comorbidities, inflammation and lifestyle on differences in outcomes. *International Journal of Clinical Practice*, 75(2). <https://doi.org/10.1111/ijcp.13666>
- Azcona, G., Bhatt, A., & Love, K. (2020a). *The COVID -19 pandemic has increased the care burden, but by how much?* Retrieved from <https://data.unwomen.org/features/covid-19-pandemic-has-increased-care-burden-how-much-0>
- Azcona, G., Bhatt, A., & Love, K. (2020b, July 9). *Ipsos survey confirms that COVID-19 is intensifying women's workload at home*. Retrieved from <https://data.unwomen.org/features/ipsos-survey-confirms-covid-19-intensifying-womens-workload-home>
- Bautista, C., Kim, S., Singh, J., Cruz, G., Kabamalan, M., Laguna, E., & Marquez, M. (2020a). Estimates of the Impact of COVID-19 on Family Planning in the Philippines. In *The Demographic Intelligence Review: Behind the Numbers 2020* (pp. 73-81). United Nations Population Fund Philippines.
- Bautista, C., Kim, S., Singh, J., Cruz, G., Kabamalan, M., Laguna, E., & Marquez, M. (2020b). Estimates of the Impact of COVID-19 on Maternal Health in the Philippines. In *The Demographic Intelligence Review: Behind the Numbers 2020* (pp. 67-72). United Nations Population Fund Philippines.
- Bernardo, J. (2020, August 8). Students struggling to get gadgets for online classes fall victim to abuse, sexual exploitation. *ABS-CBN News*. Retrieved from <https://news.abs-cbn.com/news/08/08/20/students-struggling-to-get-gadgets-for-online-classes-fall-victim-to-abuse-sexual-exploitation>
- Boniol, M., Melsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). Gender equity in the health workforce: Analysis of 104 countries. In *Health Workforce Working Paper*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?ua=1>
- Carpio, P. D. (2018). Are Health Services Reaching Filipinos Living in Slums? *Health Research Brief*, 4(2). Retrieved from https://doh.gov.ph/sites/default/files/health_magazine/WHRB4.2_Service_Delivery.pdf
- Castillo, M. C. (2020). *Gendered Approach to Local COVID Management in the Philippines*. <https://doi.org/10.13140/RG.2.2.17425.17766>
- Chmielewska, B., Barratt, I., Townsend, R., Kalafat, E., van der Meulen, J., Gurol-Urganci, I., ... Khalil, A. (2021). Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis. *The Lancet Global Health*, 9(6), e759-e772. [https://doi.org/10.1016/S2214-109X\(21\)00079-6](https://doi.org/10.1016/S2214-109X(21)00079-6)
- Cho, Y., Avalos, J., Kawasoe, Y., Johnson, D., & Rodriguez, R. (2021). The Impact of the COVID-19 Pandemic on Low Income Households in the Philippines. *The Impact of the COVID-19 Pandemic on Low Income Households in the Philippines*, (3), 1-20. <https://doi.org/10.1596/35260>
- Corpuz, J. C. G. (2021). 'We are not the virus': stigmatization and discrimination against frontline health workers. *Journal of Public Health*, 43(2), 327-328. <https://doi.org/10.1093/pubmed/fdab031>
- Dang, H. A. H., & Viet Nguyen, C. (2021). Gender inequality during the COVID-19 pandemic: Income, expenditure, savings, and job loss. *World Development*, 140, 105296. <https://doi.org/10.1016/j.worlddev.2020.105296>
- Davies, S. E., & Bennett, B. (2016). A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies. *International Affairs*, 92(5), 1041-1060. [https://doi.org/10.1016/S0140-6736\(14\)60497-9](https://doi.org/10.1016/S0140-6736(14)60497-9)
- Department of Health. (2019). *Field Health Services Information System 2018 Annual Report*. Retrieved from https://www.doh.gov.ph/sites/default/files/publications/FHSIS_Annual_2018_Final.pdf
- Domingo, K. (2020, June 22). De Lima seeks probe on 'sex-for-pass' scheme. *ABS-CBN News*. Retrieved from <https://news.abs-cbn.com/news/06/22/20/de-lima-seeks-probe-on-sex-for-pass-scheme>
- Dugarova, E. (2020). Unpaid care work in times of the COVID-19 crisis : Gendered impacts , emerging evidence and promising policy responses. In *UN Expert Group Meeting "Families in development: Assessing progress, challenges and emerging issues. Focus on modalities for IYF+30."* Retrieved from <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>,
- Enfield, S. (2021). Covid-19 impact on employment and skills for the labour market. *K4D*. Retrieved from https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/16609/956_Covid19_and_employment.pdf?sequence=1
- Eves, R. (2010). Masculinity Matters: Men, Gender- Based Violence and the AIDS Epidemic in Papua New Guinea. In *Civic Insecurity: Law, Order and HIV in Papua New Guinea* (pp. 47-80). https://doi.org/10.26530/oapen_458878
- Giammarinaro, M. G. (2020). *The impact and consequences of the COVID-19 pandemic on trafficked and exploited persons*. Retrieved from <https://www.ohchr.org/Documents/Issues/Trafficking/COVID-19-Impact-trafficking.pdf>
- Girl Effect, & Vodafone Foundation. (2018). *Real girls, real lives, connected - a global study of girls' access and usage of mobile, told through 3000 voices*. 1-77. Retrieved from https://static1.squarespace.com/static/5b8d51837c9327d89d936a30/t/5bbe7bd6085229cf6860f582/1539210418583/GE_VO_Full_Report.pdf
- Global Education Monitoring Team, & UNESCO. (2021). #HerEducationOurFuture: keeping girls in the picture during and after the COVID-19 crisis;the latest facts on gender equality in education. *Global Education Monitoring Report*. Retrieved from <https://unesdoc.unesco.org/ark:/48223/pf0000375707>
- Griffith, D. M., Sharma, G., Holliday, C. S., Enyia, O. K., Valliere, M., Semlow, A. R., ... Blumenthal, R. S. (2020). Men and COVID-19: A biopsychosocial approach to understanding sex differences in mortality and recommendations for practice and policy interventions. *Preventing Chronic Disease*, 17, 1-9. <https://doi.org/10.5888/PCD17.200247>
- Hammarberg, K., Tran, T., Kirkman, M., & Fisher, J. (2020). Sex and age differences in clinically significant symptoms of depression and anxiety among people in Australia in the first month of COVID-19 restrictions: A national survey. *BMJ Open*, 10(11), 1-7. <https://doi.org/10.1136/bmjopen-2020-042696>

- Harman, S. (2016). Ebola, Gender, and Conspicuously Invisible Women in Global Health Governance. *Third World Quarterly*, 37(3), 524-541. <https://doi.org/10.4324/9781315853178>
- House of Representatives. (2019). *House Bill No. 5184 An Act Providing for the Magna Carta of Private Health Workers*.
- House of Representatives. *House Bill No. 7532 An Act Institutionalizing the Registration and the National Database of Workers, Economic Units, and Organizations for Associations in the Informal Economy and for other purposes.*, (2020).
- Ignacio, A. E. (2021). Online classes and learning in the Philippines during the Covid-19 Pandemic. *International Journal on Integrated Education*, 4(3), 1-6. <https://doi.org/https://doi.org/10.31149/ijie.v4i3.1301>
- Inter-agency Network for Education in Emergencies (INEE) and the Alliance for Child Protection in Humanitarian Action. (2021). *No Education, No Protection. What School Closures under COVID-19 mean for children and young people in crisis-affected contexts*. Retrieved from <https://inee.org/resources/no-education-no-protection>
- International Crisis Group. (2021). *Southern Philippines: Keeping Normalisation on Track in the Bangsamoro*. Retrieved from <https://d2071andvip0wj.cloudfront.net/313-philippines-normalisation-bangsamoro.pdf>
- International Justice Mission. (2020). *Online Sexual Exploitation of Children in the Philippines: Analysis and Recommendations for Governments, Industry, and Civil Society*. Retrieved from https://ijmstoragelive.blob.core.windows.net/ijmna/documents/studies/Final-Public-Full-Report-5_20_2020.pdf
- International Labour Organization. (2020). *COVID-19 labour market impact in the Philippines: Assessment and national policy responses*. Retrieved from International Labour Organization website: https://www.ilo.org/manila/publications/WCMS_762209/lang--en/index.htm
- International Labour Organization. (2021). ILO Monitor: COVID-19 and the world of work. Seventh edition Updated estimates and analysis. *ILO Monitor*, (Seventh Edition), 1-35. Retrieved from https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_740877.pdf
- Jacobson, R. 2013. "Women 'After' Wars." In *Women and Wars: Contested Histories, Uncertain Futures*, edited by C. Cohn, 215-241. Cambridge, MA: Polity Press.
- Jin, J. M., Bai, P., He, W., Wu, F., Liu, X. F., Han, D. M., ... Yang, J. K. (2020). Gender Differences in Patients With COVID-19: Focus on Severity and Mortality. *Frontiers in Public Health*, 8(April), 1-6. <https://doi.org/10.3389/fpubh.2020.00152>
- Klein, S. L., & Morgan, R. (2020). The impact of sex and gender on immunotherapy outcomes. *Biology of Sex Differences*, 11(1), 1-13. <https://doi.org/10.1186/s13293-020-00301-y>
- Kluge, H. H. P. (2021, May 4). *Statement - International Women's Day: The need to build back better, with women in the lead*. Retrieved from <https://www.euro.who.int/en/media-centre/sections/statements/2021/statement-international-womens-day-the-need-to-build-back-better-with-women-in-the-lead>
- Lee, S., Schmidt-Klau, D., & Verick, S. (2020). The Labour Market Impacts of the COVID-19: A Global Perspective. *Indian Journal of Labour Economics*, 63(s1), 11-15. <https://doi.org/10.1007/s41027-020-00249-y>
- Lorenz-Dant, K., & Comas-Herrera, A. (2021). The impacts of COVID-19 on unpaid carers of adults with long-term care needs and measures to address these impacts: a rapid review of the available evidence. *Journal of Long-Term Care*, 124-153. <https://doi.org/http://doi.org/10.31389/jltc.76>
- Mak, H. W., Bu, F., & Fancourt, D. (2021). Mental health and wellbeing amongst people with informal caring responsibilities across different time points during the COVID-19 pandemic A population-based propensity score matching analysis. *MedRxiv*. <https://doi.org/https://doi.org/10.1101/2021.01.21.21250045>
- Malala Fund. (2020). *Girls' Education and COVID-19*. Retrieved from https://downloads.la/3e1c12d8d827985ef2b4e815a3a6da1f/COVID19_GirlsEducation_corrected_071420.pdf
- Merlina Hernando-Malipot. (2020, July 24). Groups alarmed over child abuse, exploitation related to school opening. *Manila Bulletin*. Retrieved from <https://mb.com.ph/2020/07/24/groups-alarmed-over-child-abuse-exploitation-related-to-school-opening/>
- Mlambo-Ngcuka, P. (2020). *Violence against women and girls : the shadow pandemic*. Retrieved from <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>
- Molina, A., Santos, A., Pura, A., Dizon, A., Bautista, C. A., Cura, F., ... Kim, S. M. (2021). *Gender & Inclusion Assessment (GIA) of the Impacts of the COVID-19 Pandemic on Vulnerable Women and Girls in the Philippines*. Retrieved from <https://philippines.unfpa.org/en/publications/gender-inclusion-assessment-gia-impacts-covid-19-pandemic-vulnerable-women-and-girls>
- Ordinario, C. (2021, March 10). More women dropping out of the labor force- PSA. *Business Mirror*. Retrieved from <https://businessmirror.com.ph/2021/03/10/more-women-dropping-out-of-the-labor-force-psa/> ?
- Organisation for Economic Co-operation and Development. (2019). Social Institutions and Gender Index: Philippines. <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/PH.pdf>
- Organisation for Economic Co-operation and Development. (2020). Employment Outlook 2020: Facing the jobs crisis. <https://www.oecd.org/employment-outlook/2020/>
- Paredes, K. P. P. (2016). Inequality in the use of maternal and child health services in the Philippines: do pro-poor health policies result in more equitable use of services? *International Journal for Equity in Health*, 15(1), 1-11. <https://doi.org/10.1186/s12939-016-0473-y>
- Pernia, E. (2021). Are we fair to our health care workers? *Inquirer.Net*. Retrieved from <https://opinion.inquirer.net/138492/are-we-fair-to-our-health-care-workers>
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-prigione, S., & van Gelder, N. (2020). *Pandemics and Violence Against Women and Children* (No. Working Paper 528). Retrieved from <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/05/press/pandemics-and-violence-against-women-and-children/pandemics-and-vawg-april2.pdf>



- Philippine Commission on Women. (n.d.). *Sexual harassment has no place during ECQ, punishable under Safe Spaces Act and other existing laws*. Retrieved from <https://pcw.gov.ph/sexual-harassment-has-no-place-during-ecq-punishable-under-safe-spaces-act-and-other-existing-laws/>
- Philippine Commission on Women. (2021). *Fighting the virus called violence: PCW Message for the 2020 18-Day Campaign to End VAW*. Retrieved from <https://pcw.gov.ph/fighting-the-virus-called-violence-pcw-message-for-the-2020-18-day-campaign-to-end-vaw/>
- Philippine Statistics Authority. (2018). 2017 Annual Poverty Indicators Survey. <https://psa.gov.ph/sites/default/files/2017%20APIS%20FINAL%20REPORT.pdf>
- Philippine Statistics Authority. (2020). Fact Sheet on Women and Men in the Philippines 2020. https://psa.gov.ph/sites/default/files/2020%20Fact%20Sheet%20Women%20and%20Men_final.xlsx
- Philippine Statistics Authority. (2021a). 2020 Annual Preliminary Estimates of Labor Force Survey. <https://psa.gov.ph/content/2020-annual-preliminary-estimates-labor-force-survey-lfs>
- Philippine Statistics Authority. (2021b). Fact Sheet on Women and Men in the Philippines 2021. <https://psa.gov.ph/sites/default/files/Women%20and%20Men%20Fact%20Sheet%202021.xlsx>
- Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice, and Policy*, 16(1), 67-73. <https://doi.org/10.1080/15487733.2020.1776561>
- Seck, P. A., Encarnacion, J. O., Tinonin, C., & Duerto-Valero, S. (2021). Gendered Impacts of Covid-19 in Asia and the Pacific: Early Evidence on Deepening Socioeconomic Inequalities in Paid and Unpaid Work. *Feminist Economics*, 1-16. <https://doi.org/10.1080/13545701.2021.1876905>
- Senate Economic Planning Office. (2021). *Effect of COVID-19 Pandemic on OFW Deployment and Remittances*. Retrieved from http://legacy.senate.gov.ph/publications/SEPO/AAG_Migration and Remittances amidst COVID 19_final.pdf
- Senate of the Philippines. (2021, May 27). *Press Release - Gatchalian hails Senate nod on "anti-OSAEC" bill; bats for stronger law vs. human trafficking*. Retrieved from https://legacy.senate.gov.ph/press_release/2021/0527_gatchalian2.asp
- Servallós, N. J. (2021, May 29). The Filipino mothers selling their children for online sexual abuse. *Philippine Center for Investigative Journalism*. Retrieved from <https://pcij.org/article/6150/the-filipino-mothers-selling-their-children-for-online-sexual-abuse>
- Smith, J. (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response. *Gender and Development*, 27(2), 355-369. <https://doi.org/10.1080/13552074.2019.1615288>
- Strategy& &PwC. (2021). Women in Work Index 2021:The impact of Covid-19 on women in work. <https://www.strategyand.pwc.com/de/en/functions/organisational-strategy/women-in-work.html>
- Torrado, R. (2020). *Why women in the Bangsamoro are essential to keep the peace, and to tackle COVID-19*. Retrieved from <https://asiapacific.unwomen.org/en/news-and-events/stories/2020/09/why-women-in-the-bangsamoro-are-essential-to-keep-the-peace-and-to-tackle-covid-19>
- Ueyama, H., Kuno, T., Takagi, H., Krishnamoorthy, P., Vengrenyuk, Y., Sharma, S. K., ... Lerakis, S. (2020). Gender Difference Is Associated With Severity of Coronavirus Disease 2019 Infection: An Insight From a Meta-Analysis. *Critical Care Explorations*, 2(6), e0148. <https://doi.org/10.1097/cce.0000000000000148>
- UN ESCAP. (2020, November 20). *The Covid-19 Pandemic and Violence Against Women in Asia and the Pacific*. Retrieved from https://www.unescap.org/sites/default/files/20201123_SDD_Policy_Paper Covid-19-VAW.pdf
- UN Office for the Coordination of Humanitarian Affairs. (n.d.). Humanitarian Data Exchange - Global Health 5050 COVID-19 Sex-Disaggregated Data Tracker. <https://data.humdata.org/dataset/covid-19-sex-disaggregated-data-tracker>
- UN Women. (2019). *Progress of the World's Women 2019-2020: Families in a Changing World*. <https://doi.org/10.18356/894b85fa-en>
- UN Women. (2020). Whose time to care? Unpaid care and domestic work during Covid-19. *Gender and Covid*, (25 Nov), 1-10. Retrieved from <https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19>
- UNESCO UIS. (2019). New methodology shows that 258 Million children, adolescents and youth are out of school. In *Fact Sheet* (No. Fact Sheet no. 56). Retrieved from <http://uis.unesco.org/sites/default/files/documents/new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf>
- UNHCR. (2020, November 25). *UNHCR warns second wave of COVID pandemic driving further violence against refugee women and girls*. Retrieved from <https://www.unhcr.org/news/press/2020/11/5f8e0f594/unhcr-warns-second-wave-covid-pandemic-driving-further-violence-against.html>
- UNICEF; UNESCO. (2020, October 14). 'Building back equal' for girls' education: COVID-19 threatens to reverse hard-earned gains in girls' education in East Asia and the Pacific. *Joint UNICEF-UNESCO Statement*. Retrieved from <https://bangkok.unesco.org/content/building-back-equal-girls-education>
- UNICEF. (2020, October). Issue Brief: COVID-19 and Girls' Education in East Asia and Pacific October 2020. *UNICEF Education COVID-19 Response Issue*, pp. 1-8. Retrieved from https://www.unicef.org/eap/media/7146/file/Issue_Brief%3A_Issue_Brief%3A_COVID-19_and_Girls'_Education_in_East_Asia_and_Pacific.pdf
- United Nations. (2020, November 30). *COVID-19 worsening gender-based violence, trafficking risk, for women and girls*. <https://doi.org/10.1016/j.precon.2005.06.007>
- United Nations Development Programme - United Nations Women. (n.d.). COVID-19 Global Gender Response Tracker. <https://data.undp.org/gendertacker/>
- United Nations Population Fund. (2021). Impact of COVID-19 on Family Planning : What we know one year into the pandemic. *United Nations Population Fund*.
- United States Department of State. (2021). *Philippines 2020 Human Rights Report*. Retrieved from <https://www.state.gov/reports/2020-country-reports-on-human-rights-practices/philippines/>



- UNODC. (2020). *Impact of COVID-19 Pandemic on Trafficking in Persons*. <https://doi.org/10.21608/geget.2020.100470>
- van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*, 21. <https://doi.org/10.1016/j.eclinm.2020.100348>
- VOA News. (2020). *Philippine Health Workers Battle Coronavirus, Harassment*. 1-3. Retrieved from <https://www.voanews.com/science-health/coronavirus-outbreak/philippine-health-workers-battle-coronavirus-harassment>
- Wade, M., Prime, H., Johnson, D., May, S. S., Jenkins, J. M., & Browne, D. T. (2021). The disparate impact of COVID-19 on the mental health of female and male caregivers. *Social Science and Medicine*, 275(February). <https://doi.org/10.1016/j.socscimed.2021.113801>
- Walter, L. A., & McGregor, A. J. (2020). Sex- And gender-specific observations and implications for COVID-19. *Western Journal of Emergency Medicine*, 21(3), 507-509. <https://doi.org/10.5811/westjem.2020.4.47536>
- Watson, A. D., & Mason, C. L. (2015). Power of the First Hour. *International Feminist Journal of Politics*, 17(4), 573-594. <https://doi.org/10.1080/14616742.2015.1080908>
- Wodon, Q., Montenegro, C., Nguyen, H., & Onagoruwa, A. (2018). Missed Opportunities: The High Cost of Not Educating Girls. In *The Cost of Not Educating Girls Series*. Retrieved from <https://www.globalpartnership.org/sites/default/files/2018-07-gpe-high-cost-of-not-educating-girls.pdf>
- World Economic Forum. (2019). Global Gender Gap Report 2020. http://www3.weforum.org/docs/WEF_GGGR_2020.pdf
- World Health Organization. (2021 Feb 2). COVID-19 Weekly Epidemiological Update, 31 January 2021. <https://www.who.int/publications/m/item/weekly-epidemiological-update---2-february-2021>
- World Hope International. (2020). *OSEC : A Modern Face of Human Trafficking*. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/OSEC - MODERN FACE OF TIP_8.5-11.pdf
- World Wide Web Foundation. (2017). *Women's Rights Online Report Card: The Philippines*. Retrieved from http://webfoundation.org/docs/2016/09/WF_GR_Philippines.pdf
- Worley, A. (2021). *COVID-19 is reversing the important gains made over the last decade for women in the workforce - PwC Women in Work Index Contact us*. 1-7.
- Xue, B., & McMunn, A. (2021). Gender differences in unpaid care work and psychological distress in the UK Covid-19 lockdown. *PLoS ONE*, 16(3 March), 1-15. <https://doi.org/10.1371/journal.pone.0247959>
- Yanfei, Z. (2021). *How Women Bear the Brunt of COVID-19 's Damages on Work (Continued): The Gender Gap in Employment Recovery*. 5(29), 2-10.
- Zarrilli, S., & Luomaranta, H. (2021). *Gender and unemployment : Lessons from the COVID-19 pandemic*. Retrieved from <https://unctad.org/news/gender-and-unemployment-lessons-covid-19-pandemic>