

POLICY BRIEF

Bayanihan To Heal As One Act

We must address the unique vulnerabilities of women and girls amid COVID-19

As in most crises, the COVID-19 pandemic has disrupted access to critical sexual and reproductive health services and hampered authorities' ability to respond to gender-based violence, at a time when women and girls need these services the most. As the Philippines responds to this unprecedented health crisis at the global scale, it is imperative for the country not to overlook the unique needs of women and adolescent girls during the COVID-19 outbreak, either evident or hidden.

KEY POINTS

- Pandemics affect women and men differently, worsening existing inequalities for women and girls.
- Special attention needs to be given to front line female health workers. Personal Protective Equipment (PPE) should be regularly available for them, in the appropriate size.
- Health emergencies put health systems and their ability to deliver information and services under strain, contributing to a rise in pregnancy complications and maternal mortality, increased unmet need for contraception, and increased number of unsafe abortions.
- As the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, many countries are reporting an increase in gender-based violence (GBV).

Particular needs of women and adolescent girls

Health emergencies put health systems and their ability to deliver information and services under strain. As the national and local emergency response to the COVID-19 outbreak needs to scale up, it entails a risk that needed attention and resources for sexual and reproductive health services can now be diverted instead to deal with the outbreak. If that is indeed the case, it will result in a rise in pregnancy complications, maternal mortality and morbidity, as well as an increase in unmet need for modern contraception, and unsafe abortions. Pregnant women across the country have already been reporting to the Department of Health (DOH) that the closure of health facilities are preventing their prenatal checkups. Even for those that remain open, commuting to and from the facility presents a challenge because of the fear of the infection while in transit, in addition to sheer lack of transport options due to community quarantine. Accessing information on available health facilities for prenatal and childbirth services is becoming difficult. They also fear getting infected at the hospitals and birthing homes, which may increase home deliveries.



The closure of facilities and lack of public transportation also affect women's needs for Family Planning. Considering the increasing barriers to accessing Family Planning commodities easily and often, more women have now expressed their desire to shift to long-acting contraception, such as the intrauterine device (IUD) and progestin-only subdermal implants (PSI). These longer acting forms of contraception however require the physical provision by a health care provider, unlike hormonal pills and condoms.

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Particular needs of women and adolescent girls (cont.)

In addition to these sexual and reproductive health dimensions, as the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, many countries (e.g. Argentina, China, South Africa, Spain, Turkey, United States) are reporting an increase in gender-based violence (GBV), notably Domestic Violence. Many women and girls are locked down at home with their abusers, while at the same time the services to support GBV survivors are being disrupted or made inaccessible. Even before the COVID-19, one out of four (24%) ever-married women have experienced physical, sexual, or emotional violence by their current or most recent husband/partner, and 15% experienced such violence in the last 12 months. Pandemics compound these existing gender inequalities and vulnerabilities, increasing risks of abuse. Out of these ever-married women who experienced spousal physical or sexual violence, 40% sustained an injury. When health service providers are overburdened and preoccupied with handling COVID-19 cases, however, life-saving care and support to GBV survivors (i.e. clinical management of rape, mental health and psycho-social support, etc) may be cut off. Other vulnerabilities that women are facing connected to the lockdown have also been reported.

Estimated Monthly Risk Incidence on Women and Adolescent Girls that may Increase due to COVID-19*

	National	NCR	Luzon	Visayas	Mindanao	BARMM
births	143,000	18,000	63,000	27,000	28,000	6,000
birth complications	21,000	3,000	9,000	4,000	4,000	900
women with unmet need for family planning	234,000	22,000	105,000	45,000	50,000	10,000
spousal physical violence	63,000	4,000	32,000	15,000	20,000	900
spousal sexual violence	31,000	1,000	14,000	8,000	11,000	400

Note: Sub-national counts do not add up to the national total for the following reasons:
 1) The Census counts at the national level includes: Filipinos in embassies, consulates and missions abroad.
 2) The NDHS total rates/percentages do not represent the sum of the regional figures.

*UNFPA estimates based on 2015 Philippine Census and the 2017 NDHS

Call to Action

This UNFPA policy brief focuses on highlighting how women's and girls' lives can be impacted in the face of COVID-19, especially related to their sexual and reproductive health and rights and protection from violence, and outlining suggested priority measures to accompany both the immediate response and longer-term recovery efforts. UNFPA Philippines emphasizes, inter alia, three (3) cross-cutting priorities, which if addressed in an adequate and timely manner, will have positive impacts on meeting the unique needs and rights of women and girls during and after the COVID-19 outbreak.

1. Continuity of sexual and reproductive health (SRH) services and interventions, including protection of the health workforce

Ensure that women and girls maintain continuous access to information about SRH and public health, in addition to COVID-19 messages: Even during the massive inflow of COVID-19 related important information, women and girls, especially those of reproductive age should also be able to know what kind of normal SRH services are available and where. Health care must facilitate the development and dissemination of targeted messaging on public health to the different concerns of women and girls in different contexts. Such messages must be accessible, culturally appropriate and understandable by all.

Make provisions to ensure that standard health services are maintained, especially for sexual and reproductive health care: Particular attention needs to be paid to ensuring the continuity of healthcare services for women who are pregnant and lactating, those with unmet need for Family Planning, and survivors of gender-based violence. Necessary infection control measures should be in place. Introducing alternative models for delivery of care should be considered, such as tele-medicine, private clinics, pharmacies, and roving clinics.

Recognize and support the role of women as frontline health workers: Special attention needs to be given to the health, psychosocial needs, and work environment of frontline female health workers, including midwives, nurses, community health workers, as well as facility support staff. Personal Protective Equipment (PPE) should be regularly available for them, in the appropriate size. Those masks and covers produced using the 'default man' size often leave women more exposed. It is important to provide essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers, etc.) to female health workers, particularly those quarantined for prevention, screening and treatment. Given the heightened vulnerability of female frontline workers and community volunteers, and risks of exposure to gender-based violence, clear measures need to be in place to prevent and mitigate abuse, sexual exploitation, and harassment. The voices of female frontliners must be included in response planning.



2. Protecting women and girls from violence

Ensure the continuity of life-saving care and support to GBV survivors: As discussed above, it is critical to make provisions to ensure that the COVID-19 response would not hamper the critical health sector response to gender-based violence, including clinical management of rape, and mental health and psychosocial support.

Integrate prevention efforts and services to respond to violence against women into COVID-19 response plans: It is important to make sure that, despite the COVID-19 and associated quarantine measures, those women and girls who are vulnerable to risk of domestic violence can access "shelters". Civil society groups can/should be partnered as the frontline service for this purpose. The capacity of such shelters for victims of violence can be expanded by repurposing other spaces, such as empty hotels, or education institutions, to accommodate quarantine needs, and integrating considerations of accessibility for all. Also, women and girls need designated 'safe spaces' where they can report abuse without alerting perpetrators, e.g. in grocery stores or pharmacies. Some of the services for prevention or mitigation of GBV should now be transformed into online/virtual. Importantly, advocacy and awareness campaigns targeting men and boys at home for the prevention of GBV needs to be scaled up, e.g. again by online channels, SMS, TV spots, radio programme, info boards at facilities that are still open e.g. pharmacies and grocery stores.

Access to Justice: It is important for national/local governments' responses to the COVID-19 to include specific communications to inform the public that justice and the rule of law is not suspended even during periods of confinement or lockdown. Gender-based violence prevention strategies need to be integrated into operational plans of the justice and security sectors during the time of the COVID-19 crisis, to break any misconception of impunity and culture of silence.



3. 'Accelerator Interventions'

Leaving No One Behind: Particular emphasis must be given to women and girls in humanitarian and fragile contexts. In the midst or aftermath of fragility, conflict, natural disaster and other emergencies, social cohesion is undermined and institutional capacity and services become limited. There are many communities in the Philippines that are still trying to recover from natural disasters and conflicts such as the internally displaced persons (IDPs) from the Marawi siege and other peace and security incidents in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the North Cotabato earthquakes and the Taal Volcano eruption, etc. These already disadvantaged women and girls are now faced also with the effects of the COVID-19 too. National and local plans and initiatives to respond to and recover from the COVID-19 outbreak, therefore, must be inclusive to address the unique needs of these most vulnerable women and girls such as women with disabilities (WWD), indigenous peoples (IPs), the homeless, female sex workers, migrants, solo mothers, widows, and adolescent mothers.

Evidence-based policies, plans and programmes: The national and local government units and partner institutions need to consider the differentiated effects of the COVID-19 based e.g. on age, gender, location, etc. when assessing the health, social and economic impacts of the outbreak and planning and executing the response. For this, it is important to prioritize the collection of accurate and complete age and sex-disaggregated data to understand how COVID-19 impacts individuals differently, in terms of prevalence, trends, and other important information. It will be critical to apply a 'gender lens' in such analyses and actions.

Women and girls participation: Disease outbreaks affect women and men differently. Pandemics worsen existing inequalities for women and girls. Therefore, national and local government units need to strengthen women and girls participation. Women and girls must be active contributors to decision-making. Their representation in national and local COVID-19 policy spaces needs to be ensured. The voices of female front liners must be incorporated in preparedness and response policies and action plans.



Conclusion

A pandemic amplifies and heightens all existing inequalities. These inequalities in turn define who are more affected, the severity of the impact, and the effectiveness of response and recovery efforts. The COVID-19 pandemic and its social and economic impacts have created a global crisis unparalleled in the history of the United Nations – and one which requires a whole-of-society response to match its sheer scale and complexity. The Philippines is unfortunately not immune from this global COVID-19 pandemic, and the country has already seen its local transmissions.

Any response will be significantly weakened, if it does not factor in existing gender inequalities which have worsened because of the impacts of the crisis. Sexual and reproductive health and rights (SRHR) - people's most intimate yet essential needs - is a significant public health issue that requires particular attention during pandemics. The uninterrupted provision of quality SRH services, including for maternal health and family planning, as well as gender-based violence related services, are central to maintaining the health, rights and well-being of women and girls.

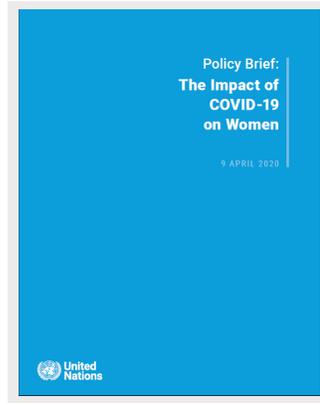
Treating both addressing sexual and reproductive health and rights of women and girls and protecting them from any violence as a priority, is a critical foundation towards building a strong and resilient Philippines, as we all work together to beat COVID-19 and heal as one.

Please also refer to:

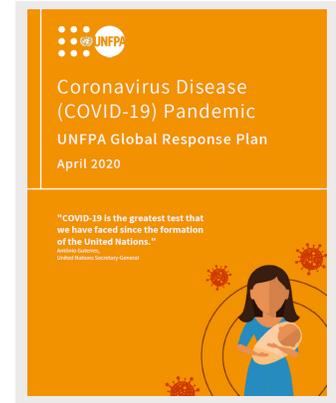


UNFPA COVID-19: A Gender Lens
https://bit.ly/UNFPA_COVID19_GenderLens

Other UNFPA technical briefs
<https://www.unfpa.org/covid19>



UN Secretary-General's Policy Brief: The Impact of COVID-19 on Women
https://bit.ly/UN_SG_ImpactCOVID19Women



UNFPA Global Response Plan for COVID-19
https://bit.ly/UNFPA_GlobalResponse_COVID19

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