ENSURING GENDER-RESPONSIVE INTERVENTIONS TO COVID-19 AND THE NEW NORMAL INCLUDING ENSURING PROMPT, EFFECTIVE, AND SURVIVOR-CENTERED RESPONSE TO ALL FORMS OF GENDER-BASED VIOLENCE

1. Background

1.1 Pursuant to Proclamation No. 929, s. 2020 dated March 16, 2020, President Rodrigo Roa Duterte declared a State of Calamity throughout the Philippines for a period of six (6) months, unless earlier lifted or extended as circumstances may warrant due to the Coronavirus Disease 2019 (COVID-19) pandemic.

1.2 In order to empower and authorize the President to effectively implement priority interventions towards addressing the COVID-19 crisis in the country, Republic Act No. 11469 otherwise known as the “Bayanihan to Heal as One Act” was approved and has taken effect last March 24, 2020.

1.3 To operationalize the provisions of the Bayanihan to Heal as One Act, several Joint Circulars have been issued by several agencies, including guidelines on the implementation of Social Amelioration Measures, provision of funds to LGUs to respond to COVID-19, rules on emergency procurement and others.

1.4 Among others, the Department of the Interior and Local Government (DILG) and the Commission of Human Rights (CHR) facilitated various joint issuances and initiatives with other agencies particularly to mitigate the risk of Gender-Based Violence (GBV) and Violence Against Women (VAW) amid the COVID-19 pandemic.

1.5 United Nations Population Fund (UNFPA) Guidance Notes on COVID-19 emphasize that women and girls are disproportionately affected by epidemics. In particular, women and girls who face multiple forms of inequalities due to disability, sexual orientation, gender identity, age and ethnic minority may be even more vulnerable.¹ Health crisis like the COVID-19 pandemic compounds existing gender inequalities; it is expected to disproportionately increase women and girls’ unpaid care work in the household and in taking care of the sick, and it also increases risks of gender-based violence and sexual exploitation and abuse.

¹ UNFPA Asia Pacific Program. Guidance Note on COVID-19
1.6 Women and girls experience a myriad of difficulties and exposure to risks amid the COVID-19 pandemic and the implementation of the community quarantine, such as but not limited to limited access to and lack of hygiene and menstrual health supplies from relief and aid distributions, as well as lack of family planning commodities, reproductive health supplies and contraceptives. There is also the need to address the special needs of pregnant and/or lactating women, as well as risks and discrimination experienced by members of the LGBTQI+ community. Further, there is a need to address the different barriers faced by women and children from Geographically Isolated and Disadvantaged Areas (GIDAs), including indigenous women and girls.

1.7 Pre-existing risks and prejudices against the aforementioned vulnerable sectors have been aggravated by the socio-economic impact of the COVID-19 pandemic and the implementation of the community quarantine. They are exposed to heightened risks of discrimination, violence, and insufficient access to essential commodities, while restrictions due to the community quarantine, render communication and reporting channels as well as access to support mechanisms somehow difficult and inaccessible, especially for those in Geographically Isolated and Disadvantaged Areas (GIDAs).

1.8 The CHR, as Gender and Development Ombud under the Magna Carta of Women (RA 9710), and the DILG, as the national agency tasked to supervise all local government units, issues this JMC to highlight the importance of a gendered response to COVID-19, and to guide all local government units on how this may be undertaken.

1.9 Guided by international human rights law and current human rights-based approach to COVID-19, grounded on the lived experiences of women and girls, and members of the LGBTQI+ communities, the following concrete recommendations are forwarded to Local Government Units to guide their actions during the crisis, during transition, and recovery period, including the new normal

2. Legal Basis

2.1 RA 11469 - Bayanihan to Heal as One Act
2.2 RA 10354 - Responsible Parenthood and Reproductive Health Act
2.3 RA 9710 - Magna Carta of Women
2.4 RA 7160 - Local Government Code of 1991
2.5 DILG MC 2020-072 - Temporary Shelter / Accommodation for the Safety and Protection against Discrimination of Health Workers in Provincial / City Hospitals and other Public Health Facilities catering to COVID-19 Patients
2.6 DILG MC 2020-071 - Mandatory Wearing of Face Masks or other Protective Equipment in Public Areas
2.7 DILG MC 2020-066 - Guidelines on Providing Proper Welfare of Persons with Disabilities during the Enhanced Community Quarantine due to the Corona Virus 2019 (COVID-19) Pandemic
2.8 DILG MC No. 2020-065 - Guidelines for LGUs in the Provision of Social Amelioration Measures by the National Government to the Most Affected Residents of Areas under Enhanced Community Quarantine
2.9 DILG-CWC JMC No. 2020-001 - Reiteration of Protocols on Reaching Out to Children, including those in Street Situations, in need of Special Protection, Children at Risk, and Children in Conflict with the Law during the Enhanced Community Quarantine

3. Purpose/Objective

3.1 Women and girls are disproportionately affected during pandemics. In particular, women and girls who face multiple forms of inequalities due to disability, sexual orientation,
gender identity, age and ethnic minority may be even more vulnerable. Health crisis compound existing gender inequalities and increase risks of gender-based violence and sexual exploitation and abuse. The pressure to respond to COVID-19 may disrupt care and support for GBV survivors, and referral networks and access to justice in cases of GBV may be disrupted\(^2\). During ECQ, women and men’s experiences and needs vary because of their different physical, cultural, security, and sanitary needs. It is important that government responses and interventions recognize this gendered nature of the COVID-19 crisis and to craft gender-responsive and intersectional response.

3.2 This Joint Memorandum Circular builds on the JMC issued by the PCW and DILG on the utilization of GAD Budget towards gender-responsive interventions during COVID-19 crisis, and on the advisory issued by Undersecretary Martin S. Diño, calling for the functionality of all their Barangay VAW Desks and Barangay Council for the Protection for Children. It also concretizes the Joint Statement issued by DILG, POPCOM, PCW, DOH, and CHR on ensuring prompt, effective, and survivor-centered approach to GBV.

3.3 This JMC also aims to make concrete directives and recommendations towards gender-responsive and intersectional interventions during the COVID-19 crisis, during transition, and even during the recovery period, including responses to the new normal.

4. Coverage/Scope of implementation

The guidelines set in this JMC shall cover all local government units, and shall guide programing and implementation by local chief executives of interventions in response to COVID-19.

5. General Guidelines:

5.1 Gendered and Intersectional Response to COVID-19 Crisis

To ensure that women and girls’ concerns, and the concerns of members of the LGBTQI+ communities are responded to during the COVID-19 crisis, during transition, and recovery, local government units are directed to:

5.1.1. Ensure participation in the design, planning, and implementation of crisis interventions, transition and recovery plans:

- As much as practicable ensure consultation and participation of women’s organizations, and/or LGBTQI+ organizations if available, in the planning, design, and implementation of community engagement strategies including containment, immediate response to health emergencies, and transition to recovery strategies through online platform and/or through other applicable means.
- In planning for community transition and recovery strategies, ensure the establishment of database of vulnerable groups as guide of the policy makers in the identification of direct beneficiaries of a specific program or intervention. Further, planning should also ensure women’s participation including those from the most vulnerable – taking into account their needs for specific interventions –

\(^2\) The Regional Risk Communication and Community Engagement (RCCE) Working Group. How to include marginalized and vulnerable people in risk communication and community engagement, p
girl-children, pregnant and lactating women, women with disabilities, the elderly, solo parents, women in the informal sector, indigenous women, internally displaced women, migrant women, women frontliners, and women deprived of liberty.

5.1.2. Render visible the needs of women and girls, of LGBTQI+ persons and other vulnerable and marginalized groups, and thus design and implement interventions with these needs and multiple and intersecting vulnerabilities in mind:

- Ensure food and nutrition security and access to government safety nets and support programs through ensuring accessible information especially for those living in GIDA or those persons with disabilities. Information made available regarding the government support during the crisis, transition and recovery should include clear and accessible explanation of the following: (a) what benefits are available; (b) who are entitled to benefits, what are the exemptions and the reasons therefor; (c) what are the process and documentary requirements; (d) where the benefits can be availed, what modification of the process is in place for those who are vulnerable; (e) when they may be available at the City/Municipality or Barangay level; and (f) who to contact in case of further queries and complaints etc.

- During crisis, and in the provision of immediate relief, LGUs are encouraged to consider inclusion of hygiene and menstrual kits or even infant and adult diapers in the relief goods to be distributed, when practicable and/or necessary, and as long as the provision of food allocation shall not be substantially reduced. It is also recommended to practice door-to-door distribution of such relief supplies as well as social amelioration benefits and financial aid especially for pregnant women, PWDs, elderly and other women-headed households as queuing and travelling may compromise their health and safety.

- Recognizing women and girls’ multiple burden during ECQ brought about by their traditional roles, ensure continuous access to water and electricity including ensuring effective implementation of moratorium under the Bayanihan to Heal as One Law; Ensure access to essential services such as public markets, pharmacies, clinics and hospitals this include provision of mobile markets and clinics and provision of alternate transportation from the Barangay to the Municipal/City level;

- LGUs to strengthen the functionality of Botika sa Barangay to help the vulnerable groups by providing easier access to their health care needs;

- In all these, give priority to the most vulnerable and at-risk populations, such as persons with disabilities, the elderly, solo parents, pregnant women, etc. Ensure that measures are adopted to address specific needs (e.g., house-to-house registration of social amelioration benefits for those with mobility
impairment and the elderly, provision of transport for those living in rural and GIDA to ensure access to and availing of government support.

5.1.3. Ensure that women’s and girl’s specific health needs are addressed at the community level, during containment measures, during transition, and recovery:

- Ensure continued access and availability of family planning and reproductive health commodities through the Barangay Health Centers and through other interventions, this include provision of alternative measures to ensure accessibility to contraceptive pills and other reproductive health and family planning commodities for women, e.g., house-to-house visits, mobile clinics, and online health counselling;

- Ensure protection of Barangay Health Workers and medical frontliners, particularly women, as community frontliners in the response to COVID-19, including the provision of face masks, Personal Protective Equipment (PPE) in cases where necessary, and the provision of hazard pay;

- Adoption of a strategy to ensure access of pregnant women to ante and post-natal care during the ECQ period with corresponding precautions to protect them from risks of exposures, e.g., provision of maternal health information for those who are pregnant, provision for continuous mobile clinics including mobile pre-natal check-ups, provision of online check-ups for applicable ante and post-natal care, updated referral hospitals and lying-in clinics during the ECQ and General Community Quarantine (GCQ) period. Thus, LGUs must ensure continued and eased access of health services to pregnant women and lactating mothers amid the implementation of ECQ/GCQ.

- Consider the use of new technology such as online mechanisms as a sustainable approach in ensuring accessible and affordable healthcare services (i.e., Conduct of Virtual Consultations or use of Telemedicine, and issuance of electronic prescriptions);

- LGUs are also advised to explore the possibility of promoting and utilizing alternative birthing centers and consultation arrangements if health centers are already overwhelmed with response efforts to COVID-19 to ensure the protection of pregnant women from exposure;

- LGUs are advised to consider the removal of unnecessary conditions that may add unnecessary burden to pregnant women, elderly and persons with disabilities in accessing government support and services as far as practicable. This is to mitigate the risk of COVID-19 exposure, considering their inherent vulnerabilities;
• LGUs to ensure access to essential services as well as to promote proper hygiene and sanitation, good nutrition, as well as gardening as an alternative food source.

5.1.4. Ensuring Prompt, Effective, and Survivor-Centered Response to Gender-Based Violence

• At the onset, all of Local Government’s response to COVID-19, should include as key component ensuring effective, prompt, survivor-centered response and interventions to cases of GBV;

• For LGUs to ensure the functionality of their GBV Referral Mechanisms during the ECQ/GCQ and period of early recovery, including ensuring the ability of Barangay VAW Desks, PNP Women’s Desks, City or Municipal Social Welfare Office to respond to cases of GBV and to assist complainants as incidents of GBV occur; to ensure continuous functionality, and to avoid situations where frontliners are unable to respond due to their COVID-related duties, designated focal persons for GBV should remain on GBV duty despite on-going COVID-19 response. A resolution to this effect can be issued by the Barangay or City/Municipality.

• For Provinces, Cities, Municipalities and Barangays to adopt a strategy in providing necessary support and temporary shelter for women and girls or persons of diverse SOGIE who are at risk of violence or are already victims of violence. This includes providing transportation and legal assistance in case of reporting, assistance in securing medico-legal certificates, and designating temporary shelters in the Barangay or in the City or Municipality for gender-based violence survivors and their children during the ECQ/GCQ and early recovery period. Referral to psychosocial support through an updated referral mechanism should remain available.

• In view of the overburdened tertiary and primary hospitals, for LGUs and the local PNP to update referral GBV referral pathways, identifying clinics and/or hospitals able to provide medical response to GBV cases without risk of exposure;

• LGUs and PNP to consider adopting strategies in monitoring households with previously reported GBV cases;

• For LGUs and the local Philippine National Police to adopt a separate GBV Hotline and to track reports and responses to GBV during the ECQ period;

• For LGUs and the PNP to widely disseminate updated referral pathways and hotline numbers;
• Explore the possibility of maximizing the use of television and radio networks, print and social media channels and other online mechanisms to augment GBV referral, reporting and information dissemination;

• LGUs are also encouraged to adopt programs that bridge the digital gap, address barriers in accessibility, and strive towards enhanced digital governance services;

• To emphasize for all frontliners to GBV the need for accessible and urgent response, as mobility during ECQ and GCQ is severely constrained, and those at risk are closely confined with alleged perpetrators. To further reiterate the importance of gender-sensitive handling of cases of GBV;

• To note that as communities transition to GCQ and early recovery and with the resulting ease of mobility, more women and members of LGBTQI+ persons are expected to be able to access reporting. LGUs, from the Barangay to the PNP women’s desk should be able to respond to the expected surge of reports with the same promptness, effectivity, and survivor-centered approach;

• Partnerships of key GBV frontliners with civil society organizations and with the regional offices of the Commission on Human Rights in referral and response to current, and further cases during transition is encouraged.

• To ensure compliance with previous directives and advisories, and of domestic laws mandating specific action on the part of the Barangay and other GBV front-liners, that LGUs should establish clear complaints mechanisms in case of inaction or refusal to process reports on GBV.

5.2. Gendered and Intersectional Response during transition and recovery

All women and girls are affected by the crisis brought about by COVID-19. Some women, due to their specific needs and context, face multiple and intersecting vulnerabilities. According protection to women during the crisis, and during transition to GCQ and early recovery, does not mean providing uniform intervention for all women. It requires paying attention, and addressing to specific vulnerabilities to ensure protection and full enjoyment of rights. This section reminds LGUs the need to accord particular attention, and specific interventions to address vulnerable and marginalized sectors. Below are some of the women facing multiple and intersecting vulnerabilities, and some recommendations for local government actors:

5.2.1. Women with Disabilities. Accessibility is a key issue for women with disabilities. Access to information on COVID-19 and other health needs, access to information on government services, and access to services and support once they are available are crucial. Considering how the ECQ and GCQ limits mobility, and considering most information materials are not accessible to many women with disabilities (particularly the deaf and visually impaired) extra steps should be
undertaken by LGUs to ensure access to services and support by the sector. Medical needs of PWDs, should also be included in the LGU’s support.

5.2.2. Girl Children. Girl children may be at risk of violence online, in the home, or in the community during the ECQ and GCQ period. As schools remain close, it is important for LGUs to remind parents to closely watch their girl-children and protect them from all forms of abuse, including online sexual exploitation. GBV frontliners in the LGU should be able to provide prompt and effective response to all forms of GBV against girl children. Homeless girl children, and those who are caught in violation of curfew are especially at risk, the local social welfare officers should be able to provide immediate response. In cases where violence was perpetrated by a household member, there should be special mechanisms to ensure protection of the girl child victim particularly the immediate provision of psychosocial support. If practicable, it is recommended to promote and/or implement community/neighborhood watch or similar mechanisms considering that there are cases where parents/guardians are the perpetrators of the GBV.

5.2.3. Elderly Women. The elderly are more at risk of COVID-19. With the ECQ and GCQ, their limited mobility also acts as barriers in reporting possible violence within the family. LGUs should ensure access to information by the elderly, and establish processes that respond to their specific needs, such as: house-to-house registration and release of relief and SAP benefits, exemption from long queues, provision of mobile clinics, and an accessible hotline for inquiries and complaints.

5.2.4. Women Deprived of Liberty. In times of crisis, women deprived of liberty face increased health risks, heightened anxieties, deprivation of hygiene and menstrual kits, as well as greater risk of violence. During this period, it is recommended that LGUs include in their gendered response to COVID-19 the provision of needs of women deprived of liberty. This includes provision of additional hygiene and menstrual kits to provincial/city female dormitories and PNP lock-up cells; ensuring that medical services are available through medical missions by the city/province during the lockdown, giving focus on the elderly, those with disability, or those who are pregnant, this may also include access to mental health support such as counseling and psychotherapy services if applicable; and distribution of facemasks. LGUs may facilitate technological support for e-dalaws and other online means that would enable PDL (Persons Deprived of Liberty) to connect with family members.

5.2.5. Children in Conflict with the Law (CICL): These children have special needs and require special attention even before the implementation of the ECQ. Being contained in specific detention facilities, they also share a significant amount of risk of being exposed to COVID-19. It is recommended that the handling and management of these children within the facilities should be adjusted to mitigate the risk of spreading the virus. Further, minimum health standards should be observed within the facilities as well as the conduct of regular monitoring for the said individuals.

5.2.6. Members of the LGBTQI+ community. Due to stigma and discrimination, members of the LGBTQI+ community are exposed of heightened risk to violence during the ECQ and the GCQ, particularly those who are quarantined with hostile family members. This stigma could also pose as barriers in accessing government provided relief and support like the SAP. It is recommended that LGUs respond
promptly to all forms of GBV against members of the LGBTQI+ community, and for it to ensure that qualified LGBTQI+ families and individuals are able to register and receive benefits under the SAP. Further, it is also recommended that LGUs must set-up a GBV reporting mechanism for LGBTQI+ victims of GBV. Lastly, LGUs must also ensure that LGBTQI+ members are not discriminated in accessing and availing of government services and programs on COVID-19.

5.2.7. **Urban Poor Women.** Urban poor women, due to the insecurity of their tenure, the cramped spaces and communities they live in and their over-representation in the informal sector render them among the most vulnerable during ECQ, and even during GCQ and early recovery. LGUs should ensure listing of and receipt of qualified urban poor women of their benefits under SAP. For effective implementation of the SAP, information as to coverage should be clearly communicated to the public; vulnerable sectors should be given priority; and complaint mechanisms should be established. Support for this sector should continue during GCQ and early recovery.

5.2.8. **Women in the Informal and Formal Economy.** Women in the informal economy lack access to social protection and are in need of support through ECQ/GCQ and period of transition. Their identification in LGUs and their access to benefits under SAP should be ensured. For women in the formal economy, including those in casual and/or contractual employment, alternative work arrangements should be made available to prevent their exposure to the virus, without sacrificing their work outputs. Whether permanent or non-permanent private or public, there should be a period of transition with due consultation with the concerned agencies and authorities. Work-from-home arrangement should be an option, if feasible. To those who are required to work in their workstations, they should be provided with the necessary health equipment (e.g., face masks, alcohol, etc.).

5.2.9. **Women PUs, PUMs and COVID Positive.** Women and girls, LGBTQI+ who are considered persons under investigation, persons under monitoring, or those who are COVID positive should be protected from all forms of discrimination. Provisions of confidentiality and protection of rights to privacy should be ensured. Regardless of the level of affectivity (suspected, probable, or confirmed) the immediate and required assistance should be given to them, especially those who are in need of observation (isolation of at least 14 days) and treatment. Their medical and personal needs should be given utmost attention.

5.2.10. **Moro and Muslim Women.** Having different traditions, cultural and religious beliefs, sensitive provision of services and support should be ensured for Moro and Muslim women. Provision of halal relief goods should be ensured, including accommodation of religious practices in accordance with LGU policies. As far as practicable, dealing with COVID-19-related deaths should observe religious and cultural sensitivity.

5.2.11. **Rural and Indigenous Women.** Rural and indigenous women are often located in GIDA. This may hinder them from accessing government services and programs. Recognizing these layers of vulnerability, it is recommended that LGUs be proactive in reaching out to rural and indigenous women to enable them to avail of government relief, and medical services including access to reproductive health commodities and maternal care. These affirmative actions are recommended: provision of mobile clinics in GIDA during distribution of relief goods, efficient SAP
registration, and provision of on-site registration and pay-out of SAP. Information in the language of indigenous and rural women should also be made available.

5.2.12. Internally Displaced Women. Prior to the COVID-19 crisis, IDPs are already in crisis situations. The current crisis exacerbates their already vulnerable status. During the pandemic and beyond, it is recommended that LGUs pay particular attention to the needs of IDPs. LGUs should ensure access of IDPs to information, medical care and services, relief support, as well as to SAP. Continuing issues in IDP camps should be addressed by the LGU despite the crisis through the following: ensuring continuous water and electric supply, shelter and on schedule transitions from temporary to permanent shelters, as well as provision of livelihood and cash-for-work programs.

5.2.13. Migrant Women. Migrant women are particularly at risk during the ECQ and GCQ period. Rehabilitated OFWs need support in reintegrating to their communities while OFWs who missed their deployment due to the ECQ/GCQ would need LGU intervention and support. It is recommended that LGUs track and provide support for their returning migrant workers as well as those who are stranded in their jurisdiction. Despite the crisis, migrant’s desk should still be able to render assistance even through hotlines or online services. The City or Municipal Social Welfare Officers should be able to respond to requests for Balik Probinsya, especially when ECQ transitions to GCQ.

5.2.14. Persons Living with HIV. Under a public health crisis, continuity of care for PLHIV is often not guaranteed. PLHIV, including women with HIV, are immunocompromised and at high risk of contracting the coronavirus. While strict quarantine is ideal, their health condition requires them to access ARVs and medical care in local HIV treatment hubs. In response to COVID-19, it is recommended that LGUs ensure continuity of care for PLHIV, as well as access to ARVs and treatment hubs in a manner that will not compromise their health. Lastly, LGUs may explore the possibility of online or remote consultation for PLHIVs in the LGU through its telemedicine program. As they are not included in the SAP, LGUs may consider indigent PLHIVs in their supplementary SAP beneficiaries.

5.2.15. Women Frontline Workers. Frontliners, particularly women, experience different vulnerabilities amid the COVID-19 pandemic like higher risk of exposure to the virus due to their line of work. Further, some also experience discrimination and abuse by several individuals in fear of the risk they bear as possible carriers of the virus. Thus, it is recommended that LGUs should spearhead support measures to mitigate the risks they are exposed to and provide for specific interventions to compensate and/or ease their living conditions amid the COVID-19 pandemic and the implementation of the community quarantine.

5.2.16. Women Human Rights Defenders. Women Human Rights Defenders may be at risk during ECQ and GCQ due to limited mobility and constricting civil society spaces. LGUs are reminded to respect the Bill of Rights, including freedom of expression, and freedom from arbitrary arrests and detention. In case of violations, Women Human Rights Defenders should be able to access legal remedies.

5.2.17. Single Mothers. The burden for single mothers has been aggravated due to the COVID-19 pandemic and the ECQ. Single mothers experience heightened vulnerabilities due to limited mobility and accessibility to goods and services. Some
may have even lost employment or businesses, and having no one else to rely on with the lack or even absence of financial, physiological, and mental health support, while ensuring that they are able to take care of their children properly. Thus, LGUs are recommended to provide specific and targeted interventions for single mothers by providing more support to them through specific programs.

5.2.18. Teenage Mothers. The implementation of the ECQ and GCQ has exposed Teenage Parents to more vulnerabilities than before. With the stricter provisions, Teenage Parents will have difficulties in securing not only their personal needs but also for their offspring. The LGUs are recommended to propose programs to aid the needs of teenage parents in order to address their special needs amid the COVID-19 pandemic.

6. Feedbacking

As a matter of feedbacking on the implementation and progress of this JMC, LGUs are required to provide update through their regional DILG and CHR Offices. The latter offices shall then transmit to the Central Offices of the DILG and CHR progress on the implementation of this JMC. LGUs are encouraged to highlight good practices and initiatives and the challenges in implementing the provisions of this JMC.

Hereunto signed and agreed upon by:

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