



INTER-AGENCY RAPID GENDER ANALYSIS TAAL VOLCANO ERUPTION, PHILIPPINES

MARCH 2020



Acknowledgments

The conduct of the Inter-Agency Rapid Gender Analysis (RGA) was led by women's rights organizations in the Gender-based Violence (GBV) Sub-Cluster and members of CARE Philippines' Humanitarian Partnership Platform. CARE and the United Nations Population Fund (UNFPA) co-organized the initiative, with in-country technical support provided by the Regional Emergency Gender-based Violence Advisors (REGA) Team of Asia and the Pacific.

This RGA was made possible by the incredible commitment and enthusiasm of the inter-agency team:

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Our many thanks to Isadora Quay, Valentina Mirza, Holly Robinson, and the CARE Global Gender in Emergencies Team for their invaluable support to the RGA process and report. We are grateful as well to our Philippine colleagues from UN OCHA, IOM, Batangas Province, and the Department of Social Welfare & Development (DSWD).

Cover photos © Claro Cortes IV

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Abbreviations

CALABARZON	Refers to the five provinces comprising Region IV-A, namely Cavite, Laguna, Batangas, Rizal, Quezon and one highly urbanized city, Lucena
CCCM	Camp Coordination and Camp Management
COSE	Coalition of Services of the Elderly
CSO	Civil Society Organizations
DSWD	Department of Social Welfare and Development
DOST	Department of Science and Technology
EC	Evacuation center
FGD	Focus Group Discussion
GBV	Gender-based violence
IDP	Internally Displaced Person
IOM	International Organization for Migration
LGU	Local government unit
PHILVOCS	Philippine Institute of Volcanology and Seismology
REGA	Regional Emergency Gender-based Violence Advisors
UNHCR	United Nations High Commissioner for Refugees/The UN Refugee Agency
UNFPA	United Nations Population Fund
WASH	Water, Sanitation, and Hygiene

Introduction

Background information

On 12 January, alert level-4 (hazardous eruption imminent) was raised over Taal Volcano located in the CALABARZON region 70 km south of the capital Manila. Given the continuously evolving context of a volcanic eruption, the number of IDPs peak and dip accordingly.

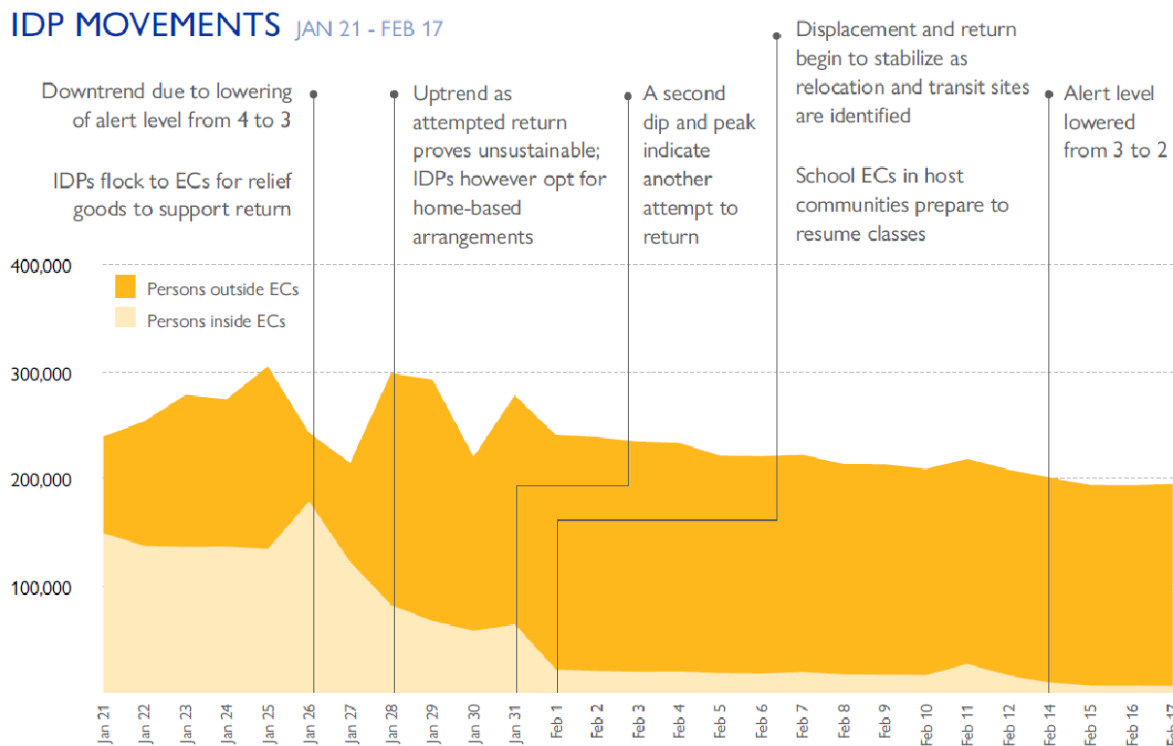


Figure 1. IDP movements as indicated in the Displacement Tracking Matrix Philippines - Taal Volcano Eruption as of 17 February 2020.

According to the National Disaster Risk Reduction and Management Council, over 565,000 people were affected by the eruption in the provinces of Batangas, Quezon, Laguna, and Cavite. More than 11,000 people remain in 76 evacuation centers while 198,000 people are staying with host families. Nearly 8,000 residents of the Taal Volcano Island will be permanently relocated by the Government as access to the island and several at-risk areas near the crater of the volcano remains restricted.

As of 17 February, fifty-nine percent (59%) of the originally displaced (67,226 families or 287,202 persons) have already returned to their homes; forty percent (40%) are still displaced (52,422 families or 193,662 persons) inside and outside evacuation centers (ECs).

Rapid Gender Analysis Methodology

Rapid Gender Analysis (RGA)¹ provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys, and girls and to ensure we do no harm.

Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterize humanitarian interventions.

This is the first inter-agency rapid gender analysis that has been organized and conducted in the Philippines. The agencies mobilized are a mix of women's rights organizations that are active in the Gender-based Violence Sub-Cluster and civil society organizations/INGOs with extensive humanitarian experience that are members of CARE's Humanitarian Partnership Platform.

The fieldwork (primary data collection) was undertaken from February 5 to 6, 2020. Focus group discussions were conducted with both EC and home-based internally displaced persons (IDPs) with a total of 194 participants—110 women, 42 men, 26 adolescent girls, and 16 adolescent boys. Out of the 194 participants, 114 are living inside ECs; 59 are with families and relatives; and 21 were formerly home-based but are now back in their own homes in the municipality of Cuenca. From the 194 participants, one-on-one interviews were conducted with 10 individuals to gather individual perspectives. Prior to the interviews, the purpose of the rapid gender analysis was explained to the participants and their informed consent obtained.

The research had several limitations that affected the conduct of the tools: (1) an abbreviated time for fieldwork that did not allow for an in-depth orientation of representatives from participating agencies and localization of selected RGA tools; (2) confined space at the ECs that limited privacy for key informant interviews, making it challenging for interviewers to surface respondents' perspectives on gender-based violence and protection-related concerns.

Rapid Gender Analysis Objectives

- To enhance understanding of the situation and vulnerabilities of women, men, girls, and boys affected by the Taal Volcano eruption
- To get a sense of urgent protection and gender-based violence concerns as a result of the displacement and changing gender dynamics
- To strengthen gender mainstreaming and GBV risk integration across the response and recovery efforts

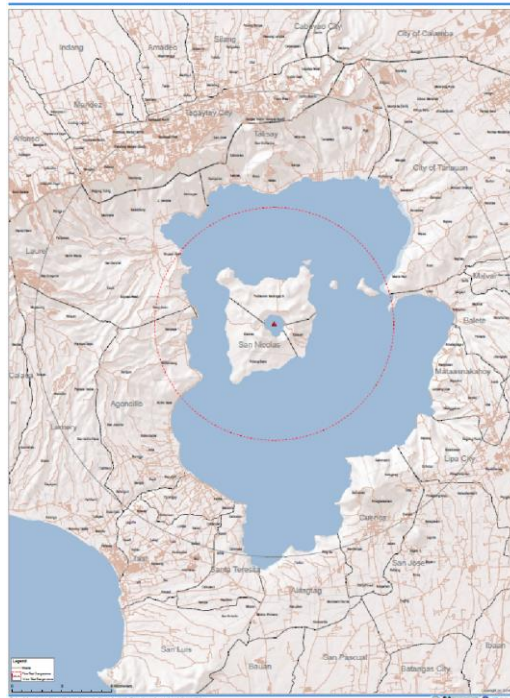
¹ CARE International (n.d.) *In Practice: Rapid Gender Analysis*. <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

Demographic Profile

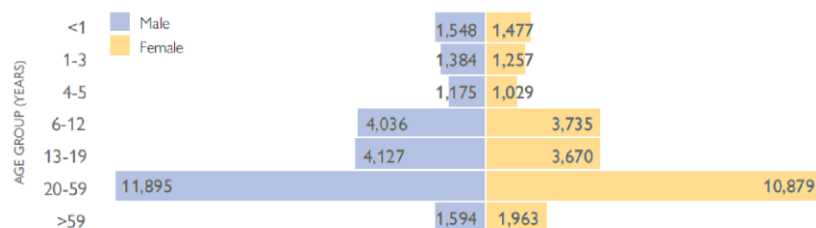
By 16 January, mandatory evacuation order was put into effect for municipalities in a radius of 14 kilometers from the main crater. The province of Batangas, which has the second-highest poverty incidence in Region IV-A CALABARZON at 9.3 percent (2018), has 14 areas affected by the Taal volcano eruption. Of these 14 affected areas, three are classified as 5th class municipalities (Balete, San Nicolas, Santa Teresita) and four are 4th class municipalities (Agoncillo, Alitagtag, Cuenca, Mataasnakahoy). Fourth class municipalities have an average annual income of 10 million or more but less than 15 million pesos while fifth class municipalities have an average annual income of five million or more but less than 10 million pesos.

Based on the Displacement Tracking Matrix (DTM) assessments conducted in 206 ECs from 21 January to 1 February, the majority of the displaced population are in the 20-59 age range. Concerning groups with special needs, 929 are breastfeeding mothers, 730 are persons with physical disability and 383 are single female-headed households.

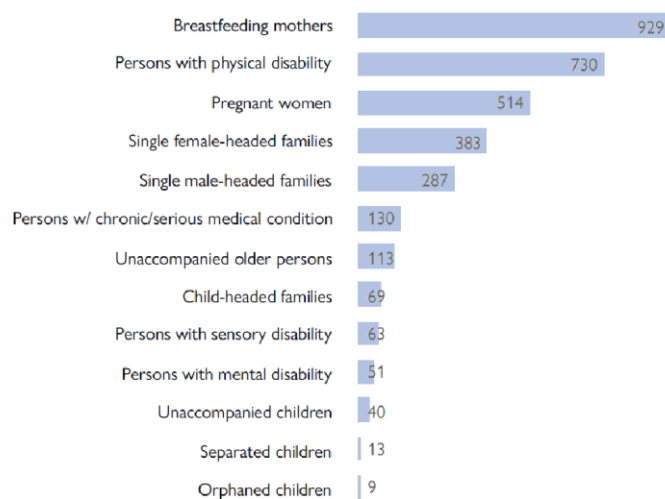
PHILIPPINES: Taal Volcano Eruption



SEX AND AGE BREAKDOWN



GROUPS WITH SPECIAL NEEDS



Findings and analysis

Gender Roles and Responsibilities

Productive activities (income generation, employment)

Many of the men in the region engaged in various industries - fishing, raising poultry, carpentry or construction work. They were identified as the primary decision-maker, deciding on livelihood assets, supplies and the like. Men are also more mobile, with skill to drive vehicles. Men and adolescent boys would do a range of heavier household chores, such as collecting water, but were more likely to spend their time on leisure activities with friends.

Before the disaster, a few women operated side businesses and traded fish, livestock or plants. Wives of fisherfolk would often support their husbands and sell their catch at the market. Women who worked would earn from PHP 300 to PHP 700 wages daily. Even when women did not work, they managed the family's finances as husbands would hand over their wages to their wives. This was often a burden as women were made disproportionately responsible for feeding their families and managing their households on very limited funds. The cultural expectation of unpaid care work on women included the management of meager finances wherein women would be held responsible for not making ends meet.

When the disaster struck, disruptions occurred and were observed in productive gender roles as women were finally "allowed" to work by their husbands even though few work opportunities are available. Many families reported losing a significant number of assets, but also that those pre-crisis occupations no longer existed (e.g. farming). Many struggled through this hardship by saving as much money as they can. This loss of livelihood beared heavily on the boys and girls, where respondents expressed anxiety and significant pressure to contribute financially to the family's economic security and well-being.

Post-disaster, women spent most of their time queuing for relief goods and/or securing loans for their families. Some families were in debt for up to PHP 12,000 since the volcano erupted. Respondents have heard of Calamity Funds, but many are unclear about how to access them, or the guidelines or the procedure in availing of them.

Reproductive activities (childcare, household chores)

Before the crisis, women were accustomed to household labor. Their routines were preoccupied with care work – taking their children to school, cleaning, and cooking. In response to the eruption, a shift in gender roles has been observed – more men are seen participating in care work and sharing in domestic chores and childcare. Increasingly though, some parents rely on their older daughters to help with the childcare of younger children. Evacuation center-based IDPs send the men back to their deserted houses to clean the ash fall while women in the ECs are disproportionately more responsible for cleaning in the shelters, increasing both their exposure and risk to carcinogenic ash fall. In some ECs, the cleaning of toilets has been assigned to women only.

Women are reporting that they are gaining much from the management of communal or community kitchens. In some ECs, the women share their food by operating community kitchens – gathering their food ingredients together and cooking for all the IDPs within the camp. They report feelings of shared struggle and solidarity, providing them with meaningful tasks and a preoccupation for their time. They describe an added benefit of having women and men working together in the preparation of meals.

Some parents are sending their children away to live in relatives' homes rather than have them experience life in an overcrowded EC. Some mothers shared their anxiety and perception that older daughters would be unsafe in ECs and that they opted to entrust them to their relatives temporarily.

Control of and Access to Resources

Across the focus group discussions, men, women, adolescent boys and girls shared that they had access to food, water, and livelihood (livestock and poultry, fishing, carpentry, sari-sari store, tour-guiding, and horse rental) before the disaster. Post displacement, access to food, water, including hygiene items, came only from relief operations and distributions.

For those who went to temporarily stay with their relatives, they mentioned that they had no access to relief goods. A 34-year-old mother with four children shared that she limits (or even foregoes) her food intake so her children can eat, saying *"OK lang na wala ako, basta mayroon ang mga anak ko,"* translated as "It's OK for me to go without food as long as my children can eat."

In both rounds of DTM, the top need identified is the sustainability of food supply. Although men are the primary breadwinners, the women take on the crucial role of ensuring food security – planning for and being resourceful enough to ensure their family is fed.

Capacity and Coping Mechanisms

Participants come with many capacities. For the men, this includes traditional skills such as fishing, farming, raising livestock, driving motorbikes and tricycles, and making bike and tricycle repairs. For the women this includes selling fish, riding horses for tours, making small tricycle repairs, sewing, washing, selling fish, child care, and plant care. Also, some women had small businesses before the crisis and had financial management skills. Many of the women interviewed, however, did not know how to drive motorbikes or boats which limited their mobility and made them dependent on men during and after the evacuations. A man with physical impairment also shared that he relied on his relatives with a vehicle so he can evacuate his own family since he and his wife cannot drive.

Pre-crisis, participants had little to no savings so many had either taken salary advances or microfinance loans to support their livelihoods and families. Post-crisis, this is causing concern particularly among women, as they worry about their inability to pay back their loans. Others had no idea there were any financial assistance options. As most participants no longer have any finances, both men and women said they have begun saving non-perishable food items for when they return home, so they will have some supplies to restart their lives with.

Other coping mechanisms highlighted by women include spending more time with each other in public areas, talking casually or discussing their situations. Their free time is spent checking for updates on the Taal response through news and calls with community members rather than resting or watching television as they did before the crisis. Many express a deepening of their faith in God, which can be a protective factor and source of strength in affected individuals.

Participation

Participation in the design of humanitarian services

Since the volcanic eruption, several rapid needs assessment activities have been conducted by government agencies and humanitarian organizations. Upon the request of the Department of Social Welfare and Development (DSWD), the International Organization for Migration (IOM) in particular supported these efforts with the rollout of a Displacement Tracking Matrix (DTM) that looked at general IDP needs such as food, WASH, and shelter. These assessments, however, have not deliberately applied a gender/GBV lens. The Rapid Gender Assessment methodology (FGDs, storytelling) is able to facilitate a more in-depth platform for surfacing women's voices and provides an opportunity for more tailored and gender-responsive interventions. Issues of protection, sexual and reproductive health, and psychosocial support were more clearly and consistently evident in the RGA.

Respondents report limited feedback and complaint mechanisms, both inside and outside of the ECs. Within the camps, it is possible that IDPs can approach the municipal office focal points or camp coordinators to voice their concerns, yet this same access is not available to home-based IDPs. Beyond verbal feedback that is designed to be initiated by the relief distributors

"We're being given relief goods without being asked exactly what it is we need...it would mean a lot to have people talk to us, see how we're doing, even without anything (material) in return."

Adult woman, 41, Home-based IDP

or camp managers, more robust and anonymous feedback and complaint mechanisms are yet to be found in any of the camps and communities visited. A gendered difference is that women were more likely to share feedback *only when deliberately asked*; men noted that they did volunteer feedback but were mostly unsatisfied with the response (or the lack of response), and adolescents were mostly not consulted.

Women's organizations

The RGA engaged the Women in Emergencies Network (WENet), a coalition of women's rights and humanitarian organizations working in emergency response. WENet, through its mother organization National Rural Women's Coalition (PKKK), previously provided gender-in-emergencies training and psychosocial support services to a few Batangas municipalities. There is a clear opportunity here for the government to partner more extensively with WENet, PKKK, and the coalitions and alliances of local women's organizations they already convene, to better surface and address the needs and priorities of the most vulnerable and marginalized IDPs. The access and relationships that these women's rights organizations have with affected communities will help solicit stronger inputs and feedback, as well as elevate the voices of displaced women, many of whom are the front liners in this humanitarian response.

Other relevant organizations working on gender equality and the services/programs they run

Several humanitarian organizations implement programs or services specific to gender equality. UNFPA has distributed kits for identified sexual and reproductive health needs; Humanity and Inclusion has partnered with CBM and HelpAge International/ Coalition of Services of the Elderly (COSE) to cater to persons with disability and the elderly, and CARE is looking at applying its gender-sensitive cash assistance services. Although these initiatives exist and are being implemented, there is still considerable space for overall response efforts to be better coordinated and standardized.

Protection

Safety and Security

While there is the observance of curfew hours in the evacuation sites, IDPs report still feeling unsafe in the evacuation areas due to various reasons:

- Lack of adequate lighting in some areas of the ECs;
- Lack of presence of barangay officials and roving security officers during the curfew hours;
- Modular tents do not have inside locks and there are instances that women and girls would be caught off-guard while changing their clothes as other IDPs would inadvertently enter into someone else's tent. This concern is also linked to inadequate markings of modular tents; and
- IDPs relocated into transitional shelters have reported that the housing has no doors in their bathrooms or entryways, so they make do by placing curtains.

To cope with security concerns, most men reported not sleeping at night to ensure the safety of their respective families. They would also take turns in patrolling the evacuation area. Also linked to security issues is the lack of child-and-women-friendly spaces or community recreational facilities. During the FGD, women, and girls were unable to express themselves freely given the presence of barangay officials in the FGD area.

Access to WASH Facilities (Latrines)

The number of toilets is inadequate and not proportional to the number of IDPs in the ECs (2 toilets to 103 people). Maximum of 50 people per bathing facility is the Sphere Standards. In one of the ECs (Laurel Gym), the bathing facility for men and boys is not functioning, and thus, there is a tendency for them to use the bathing facility designated for women and girls. This arrangement reduced the level of privacy for women and girls. The shared bathing facilities are likewise seen as places of potential danger for women and girls. Based on studies, when existing quality standards such as Sphere are not met, this significantly increases fear of GBV and decreases the usage of sanitation facilities. In some ECs, there are no separate toilets for women and men. Safety precautions in the latrine areas are not observed: windows and door locks are broken, making women and girls more vulnerable to gender-based violence.

Temporary Shelter

Overcrowding has been observed in the ECs visited. Three (3) families are sharing one modular tent (10-11 persons). Based on Sphere Standard, the minimum living space per person is 3.5 square meters (The Sphere Handbook, 2018).

Access to Information

FGD participants shared that there seems to be no established guidelines set by camp managers in the distribution of food stubs and non-food items, resulting in confusion. Sometimes exclusionary practices occur, such as female-headed households not being allowed to claim food packs as camp managers would only allow husbands to queue in the receiving area. IDPs are aware that calamity loans and micro-financing assistance are being offered by the Government, but they have limited information on the process and requirements to initiate the filing of the loan and request for financial assistance.



Residents affected by the Taal Volcano eruption in evacuation centers.
7 February 2020. Photo by Charles Salazar/Rappler

Separation of children

There is an increased risk of family separation as families send their children separately to their relatives in other provinces or cities.

Access to psycho-social support

Most of the families, specifically women, adolescent girls, and children, have psycho-social support needs. Women had mentioned that they are unable to sleep properly and under constant anxiety over the next “Big One”, a possible eruption that they may be unprepared for. This constant worrying and absence of sleep can be considered as significant mental health and psychosocial concerns.

On the part of the adolescent girls, they expressed that they feel the emotional burden of their parents. For adolescent boys, they feel that they should find ways to provide economic support to the family. As regards to children, they have been reacting viscerally to volcanic earthquakes and tremors since the eruption occurred on 12 January. To ensure that they would not resort to negative coping mechanisms - truancy, engaging in risky sexual or addictive behaviors - they require assistance through psycho-social counseling.

Gender-based Violence

In the pre-crisis context in Region IV-A CALABARZON, 16.2% of women and adolescent girls have experienced physical violence and 3.3% of women and adolescent girls have experienced sexual violence since age 15. In the case of spousal violence, 11% of ever-married women aged 15 to 49 have experienced physical, sexual, or emotional violence from their intimate partner in the past 12 months (Table 1). In terms of the prevailing attitude toward wife beating, 11.3% of women aged 15-49 agree to at least one specific reason where a husband is deemed justified in hitting or beating his wife (Table 2).

Table 1. Prevalence of physical, sexual and spousal violence (National and Region IV-A CALABARZON) Philippines NDHS 2017

Prevalence of violence	National	Region IV-A CALABARZON
Percentage of women age 15-49 who have experienced physical violence since age 15	17%	16.2%
Percentage who experienced physical violence during pregnancy	3%	2.3%
Percentage of women age 15-49 who have ever experienced sexual violence since age 15	5%	3.3%
Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, or emotional violence committed by any husband/partner in the past 12 months	15%	11%

Table 2. Attitude toward wife-beating. Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons (Region IV-A CALABARZON) Philippines NDHS 2017

Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason
1.8	1.8	2.2	9.2	1.2	11.3

Husbands shared in the FGD that there were instances that tensions around lack of money led to arguments with their wives. They admitted to verbal abuse but they were quick to note that the arguments did not lead to physical violence. The cramped space and lack of privacy in ECs and the homes of their relatives restricted opportunities for sexual intimacy between couples. Married women and men highlighted the lack of sexual relations, even describing that they have been in “total lockdown.” During this displacement and diminished livelihood and employment options, household tensions are likely to increase, and possibly increasing the rate of intimate partner violence (IPV).

Adolescent girls shared that they know someone within their circle of classmates or friends who have experienced child sexual abuse. They cited parents, grandmothers and barangay captains as possible sources of help. They also expressed difficulty in reporting for fear of retaliation from perpetrators, and verbalized the lack of privacy in the modular tents, which can be accidentally opened by other people while they are dressing. They said that they had to queue for 15 to 45 minutes for a toilet or bathing facility, and underscored the feeling of being unsafe while using latrines or bathing facilities with holes.

The RGA team noted that there are posters on how to apply for a protection order in cases of intimate partner violence in some villages where the FGDs were conducted. However, there was no information disseminated about service providers who can provide lifesaving care and support to GBV victims-survivors to EC- and home-based IDPs. The GBV Sub-Cluster has put together an initial list of functional women and children protection units (WCPUs) in the provinces of Batangas and Cavite, which was primarily for reference of the RGA team members in case they encounter GBV disclosures during the fieldwork and primary data collection.

Needs and Aspirations

The number one need identified by all participants was **cash assistance and/or livelihoods**. Women noted they could not afford any food or clothing beyond what they received through relief packages. Women who had microfinance loans pre-crisis were worried they would not be able to pay them back. Girls were particularly worried that as the money ran out, they would have to discontinue their schooling as they could no longer afford transportation or school-related fees.

Adult men noted they were eager to begin making repairs on their homes, farms, and fisheries, and had already used up any small savings they had doing this. They were struggling to afford transportation as well as fuel for their vehicles, which they were using to return home when allowed. Men were beginning to feel disenfranchised by not being able to contribute financially or support their families anymore. Boys also felt pressure to contribute financially to their families, but there is no work available.

The second most highlighted need was **psycho-social support**. Adult women and men both consistently noted they were sleeping less, waking up more often, and constantly worried about their families, and homes. Women and girls were particularly affected and saddened by being separated from close family members due to space limitations in homes and ECs. They were particularly afraid of another earthquake. While some of their husbands had returned home, the women said they were too afraid to return.

Girls requested psychological support sessions in schools so they could process their feelings and experiences. They felt intense pressure to support their families in whatever way they could. They noted they particularly felt the emotional distress of their entire families.

Women and girls’ noted the need for more private and secure toilets. There were broken or no locks on many of the comfort rooms, and broken windows in others. In two camps the toilets were universal. In one camp

they were segregated (but without locks). In another, they were multi-use, with multiple stalls and urinals. While the men said there was no issue and everyone was respectful, women and girls said the opposite and that they wanted more privacy. All participants noted the need for better-maintained toilets. However, women were especially affected by this as they were being assigned to clean the toilets and men were not requested to share this task.

While some women and girls were receiving menstrual hygiene products, others had been moved to new ECs and were no longer receiving any products. One girl noted that she was glad she had gone grocery shopping just before the crisis as she had her supplies. Men were also aware of this gap and alerted us to it. From observation, there were also no noticeable menstrual hygiene management facilities such as garbage or disposal units in or near the toilets.

Women respondents requested better sleeping mats, as many are sleeping on concrete in the ECs or the floor of the homes they have evacuated to. The main aspiration for adult women and men was to be able to return home. The main aspiration for adolescent boys and girls was to continue school. Boys also highlighted the desire to contribute to their families financially.

Conclusions

The inter-agency rapid gender analysis (RGA) complemented the quantitative results of the Displacement Tracking Matrix (DTM) assessments conducted by DSWD and IOM. The RGA methodology allowed IDPs to articulate their gendered needs and provide feedback to the responsiveness, safety, timeliness, and quality of humanitarian assistance that they have been receiving. The RGA documented specific needs and vulnerabilities of women, men, girls, and boys and identified several key gaps in the response (e.g. lack of clear guidelines concerning relief distribution which resulted in female-headed households not being able to claim food packs; lack of access to psychosocial support; protection and GBV-related issues around the provision of water, hygiene and sanitation facilities; and lack of information about financial assistance). Actionable recommendations were formulated for relevant stakeholders in how to immediately address these gaps.

Recommendations

Overarching recommendation

This Rapid Gender Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys, and girls. The findings and recommendations should be considered in the development of disaster preparedness and contingency plans. It is recommended that organizations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

A future iteration of the RGA may focus on engaging organizations of persons with disabilities to be part of the team and FGDs would be designed to gather voices from persons with disabilities with different types of impairment, including physical, visual/vision, hearing, intellectual and psychosocial impairments. Further to the RGA validation workshop, succeeding RGA may also develop context-specific guidance on how to appropriately and safely gather information from individuals with a diverse range of sexual orientation and gender identity and expression (SOGIE).

Targeted recommendations: Response

Recommendations	Directed to
<ul style="list-style-type: none">Take into consideration the level of care work of women and adolescent girls for response programming. This may mean adjusting the schedule of activities to accommodate their schedule and/or providing child care arrangements so women may be able to participate in awareness-raising or training sessions. Identify cleaning of ashfall as an eligible activity in Cash-For-Work programming, ensuring women are given access to this cash assistance program.	DSWD Humanitarian organizations
<ul style="list-style-type: none">Map available services for GBV survivors at the village and municipal level. Build on the list of service providers (hospitals with women and children protection units (WCPUs) at the provincial level) that the GBV Sub-Cluster developed for the RGA field team members.Share the GBV Referral Pathway to agencies responding in the affected communities and promote widely in popular forms.	GBV Sub-Cluster
<ul style="list-style-type: none">Enhance awareness on various forms of gender-based violence and child abuse including relevant legislation and policies among the affected population. The awareness-raising sessions may be delivered through safe spaces for women and children as well as through local CSOs/community-based organizations.	GBV Sub-Cluster Child Protection Working Group Local CSOs Local government units

Recommendations	Directed to
<ul style="list-style-type: none"> Conduct psychosocial support sessions² in safe spaces for women and girls, community centers where IDPs are currently located and schools where children and adolescents are returning. 	GBV Sub-Cluster Child Protection Working Group
<ul style="list-style-type: none"> Ensure the addition of doors in transitional shelters as a basic protection mechanism. Provide adequate lighting in ECs. Engage community-driven protection mechanisms (e.g. Bantay Banay or community/family watch groups against intimate partner violence and other forms of GBV; local councils for the protection of women and children) and/or organize community members to do security patrolling in ECs and affected communities. 	DSWD, IOM (CCM cluster co-leads)
<ul style="list-style-type: none"> Increase the number of sex-segregated toilets in remaining ECs to ensure privacy and safety. Redistribute the responsibility of cleaning the toilets between women and men. Monitor availability of menstrual hygiene management (MHM) materials and supplies and advocate for the provision of appropriate MHM materials. 	Camp Coordination and Camp Management (CCCM) Water, Sanitation, and Hygiene (WASH)
<ul style="list-style-type: none"> Work with microfinance lenders to provide some relief or delays without interest in loan repayment. 	

Targeted recommendations: Early Recovery and Rehabilitation

Recommendations	Directed to
<ul style="list-style-type: none"> Provide equitable access to livelihood training and opportunities for women. Consider the increased care responsibilities of women and make necessary provisions such as child care (this may be through the community's daycare center or child-friendly spaces) and adjustments to the scheduling of activities. 	DSWD Humanitarian organizations
<ul style="list-style-type: none"> Disseminate information more widely and regularly with the affected population about relocation options, financial assistance, and livelihood opportunities. Establish feedback and complaints mechanisms in a gender-responsive manner so that all groups feel safe and comfortable to engage. Take into consideration the gendered difference that women are more likely to provide feedback only when deliberately asked. 	DSWD Region IV-A Local government units

² Psychosocial support providers may refer to the resilience intervention, *Katatagan*, developed by the Psychology Department of the Ateneo de Manila University. The *Katatagan* intervention consists of six modules: *Kalakasan* (Finding and Cultivating Strengths), *Katawan* (Managing Physical Reactions), *Kalooban* (Managing Thoughts and Emotions), *Kinagawiang Gawain* (Engaging in Regular Activities), *Kalutasan at Kaagapay* (Seeking Solutions and Social Support), and *Kinabukasan* (Moving Forward). https://www.researchgate.net/publication/292150901_The_Development_and_Initial_Evaluation_of_Katatagan_A_Resilience_Intervention_for_Filipino_Disaster_Survivors

Targeted recommendations: Disaster Preparedness and Contingency Planning

Recommendations	Directed to
<ul style="list-style-type: none"> ● Address women's and persons with disabilities' mobility constraints. <ul style="list-style-type: none"> ○ Consult women, persons with disabilities, and other vulnerable groups such as the elderly about feasible options to address their mobility constraints and lack of access to vehicles. ○ Explore village-level transportation arrangements or shared mobility modalities, which may involve creating a pre-planned list of vehicles, drivers, and matching individuals and vulnerable groups that are unable to drive with vehicles provided by the local government unit or owned by relatives and neighbors. ○ Conduct emergency evacuation drills to familiarize community members with plans, procedures, and routes. 	Local government units
<ul style="list-style-type: none"> ● Draft a Standard Operating Procedure for an inter-agency RGA based on lessons learned from this first implementation. Include indicative costing, logistical arrangements and proposed assignment of tasks based on operational presence and capacities. 	GBV Sub-Cluster

Annexes

Annex 1: Gender in Brief

<http://bit.ly/rgataalph-genderinbrief>

Annex 2: Tools and Resources Used

Localized FGD Tool [<http://bit.ly/rgataalph-fgdtool>]

Localized Individual Storytelling Tool [<http://bit.ly/rgataalph-storytool>]

Annex 3: Participating Agencies and Organizations

<http://bit.ly/rgataalph-organizations>

Annex 4: OCHA Snapshot

<http://bit.ly/rgataalph-snapshot>

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