

Community consultation on the Response Actions (CORA) for COVID-19 Report July 2020



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Community consultation on the Response Actions (CORA) for COVID-19 Report July 2020

Overview

The conduct of Community consultation on the Response Action (CORA) for COVID-19 last June 2020 was crucial in validating how responding agencies from the government and other organizations are able to maximize preferred platforms of the at-risk communities in the provision of various forms of life-saving aid, in getting feedback on the support received by the people in need, and in addressing those feedback or concerns through trusted channels and inclusive mechanisms in the affected areas.

More than four months since COVID-19 was declared pandemic, the overall CORA process and results are envisioned to improve the collective response actions on COVID-19 and to highly inform decision makers, implementors, partners, donors and funding agencies on how to best support the unmet, continuing and evolving needs of the affected communities in the next coming months.

CORA is one form of community engagement that is embedded in the holistic approach of the Humanitarian Country Team's Humanitarian Response Plan (HCT's HRP) on COVID-19. The conduct of CORA was necessary to ensure that the humanitarian response is more accountable, inclusive, and enabling. The collective initiative supports enhancing community participation and improving the overall quality of the humanitarian intervention programming.

The process includes utilizing communication mechanisms, accountability frameworks, and community participation channels to advance the people-driven response, safeguard the humanitarian principles and turn post-pandemic adversity into opportunities that will help better understand gender-age-disability sensitive vulnerabilities; enhance local resilience or adaptive capacity under the new normal; encourage meaningful participation; and emphasize equity of affected communities.

As the number of confirmed cases continue to rise, health facilities start to be overwhelmed, contact tracing remains the weakest link to minimize community transmission across the country, and lifting of lockdown and community restrictions contribute to the further spread of the virus, CORA provides an added value of establishing ways that protect and enable affected communities, regardless of sex, age or social status, to have access to the aid that they need to survive and recover.

Despite challenges and gaps to engage the at-risk communities and people in need, various agencies including local partners participated in the CORA not only to ensure that community voices are heard by responding agencies but also to ensure that humanitarian community members are accountable to respond to those issues or concerns. These include United Nation (UN) agencies, International Non-Government Organizations (INGOs), Private sector, National NGOs, Civil Society Organizations, (CSOs), Faith-Based Groups (FBGs) and the Community or People's Organizations (Cos/POs).

The Community of Practice on Community Engagement (CoPCE) has been working with Local Government Units (LGUs), and government agencies like Department of Health (DOH) and Department of Social Welfare and Development (DSWD) across the country, Cluster Leads, and other field partners at the local level in the actual conduct of inclusive community consultation in various at-risk areas across the country.

Timeline: Month of June 2020

Area coverage: Identified at-risk or affected areas across the country:

- Bangsamoro Autonomous Region of Muslim Mindanao (BARMM)
- Bicol Region
- Caraga Region

- Cavite-Laguna-Batangas-Rizal-Quezon (CALABARZON)
- Central Luzon
- Central Visayas
- Cordillera Administrative Region (CAR)
- Davao Region
- Eastern Visayas Region
- Ilocos Region
- Mindoro-Marinduque-Romblon-Palawan Region (MIMAROPA)
- Mountain Province
- National Capital Region (NCR)
- Northern Mindanao
- South Cotabato-Cotabato-Sultan Kudarat-Sarangani-General Santos Region (SOCCSKSARGEN)
- Western Visayas
- Zamboanga Peninsula

Agencies involved:

CoPCE members from UN agencies, International Non-Government Organizations (INGOs), Civil Society Organizations (CSOs), Faith-Based Groups (FBGs), People's Organizations (POs), Community Organizations (Cos) and local governments:

- Assistance and Cooperation for Community Resilience and Development, Inc (ACCORD)
- ACTED
- Action Against Hunger
- Bidlisiw Foundation
- Care-Philippines
- Caritas-Germany
- ChristofelBlindenmission International (CBM International)
- Community and Family Services International (CFSI)
- Caucus of Development Non-Government Organizations networks (CODE-NGO)
- Coalition of Services of the Elderly (COSE)
- Disaster Risk Reduction-Network (DRRNet)
- Far Eastern Broadcasting Compant (FEBC)

- FundacionEducacion y Cooperacion (EDUCO-Philippines)
- Ground Truth Solutions (GTS)
- Humanity and Inclusion (HI)
- Integrated Resource Development for Tri-people (IRDT)
- Mother of Hope Children Center (MHCC)
- National Council of the Churches in the Philippines (NCCP)
- National Secretariat for Social Action Center (NASSA)
- Office for Coordination of the Humanitarian Affairs (OCHA)
- Plan International
- Shared Aid Funds for Emergency Response (SAFER)
- Sumpay Mindanao, Inc.
- TiyakapKalilintad (TKI)
- The Moropreneur, Inc. (TMI)
- United Nation Children's Fund (UNICEF)
- United Nations High Commissioner for Refugees (UNHCR)
- World Health Organization (WHO)
- World Vision Philippines

Scope and delimitation:

- Restrictions on the mobility of the humanitarian actors at the field level
- Compliance on the minimum health protocol issued by the local government
- More on face-to-face dialogue and phone dialogue/conversation (household and key informant interviews)
- Areas covered dependent on the strong presence of agencies (with ongoing activities) and established relationship with the local government and at-risk communities.
- There are many questions in the CORA tool that took more than 1 hour for one respondent to be interviewed and consulted.
- Some of the community consultations were conducted in geographically isolated locations and those areas with communication issues.
- Some enumerators and field volunteers have limited time to be familiar with the CORA tool.

About CORA:

- The conduct of CORA serves as a direct follow-up to the Rapid Information, Communication and Accountability Assessment (RICAA) conducted last April 2020. CORA is an entry point towards collective and consultative closing the feedback loop in the COVID-19 affected areas. Rather than re-assessing the information needs and preferred communication channels, it captures the minimum response actions provided by various humanitarian actors.
- As support to the ongoing COVID-19 response, CORA highlights possible gaps affecting the provision of various humanitarian aids to the affected population and at-risk communities, focusing on the following impacts/contexts: humanitarian aid priorities and preferences, socio-economic, social-behavior change, protection, access to health services, and feedback on the type of aid received and opportunity of being consulted on the evolving needs.
- The conduct of CORA underlines how affected communities and people in need's feedback will change or influence the overall COVID19 humanitarian response.
- CORA is more of responding to unmet, continuing and evolving needs (including recovery) of the affected communities rather than another attempt to periodically capture the feedback of the at-risk communities including the vulnerable sector. CORA is sensitive in avoiding community consultation fatigue and overlap on community engagement activities that capture their perception, feedback and complaints on a weekly or monthly basis.

- To further corroborate the regular Who Does What (3W) mapping on the Risk Communication and Community Engagement (RCCE) activities, CORA delves into the issues and gaps affecting the vulnerable sector.
- As a collective approach and a common service platform, the conduct of CORA pushes for improvements in engaging the communities under the new normal.

Main issues or gaps being addressed:

- Unmet and continuing priority humanitarian needs (since the launching of the HRP on March 2020)
- Evolving priority needs in the next six months (revision of the HRP from July-December 2020)
- Community consultation fatigue (series of perception surveys, other types of assessment and consultation)
- Vulnerable sector
- Closing the feedback loop
- New normal

Sub-issue: localization

- Dependent on the local networks and existing partnerships/collaborations
- Limited response capacities and resources
- Gaps in the collaborations between government and other agencies
- Challenges of the lockdown and community quarantine protocol

Methodology:

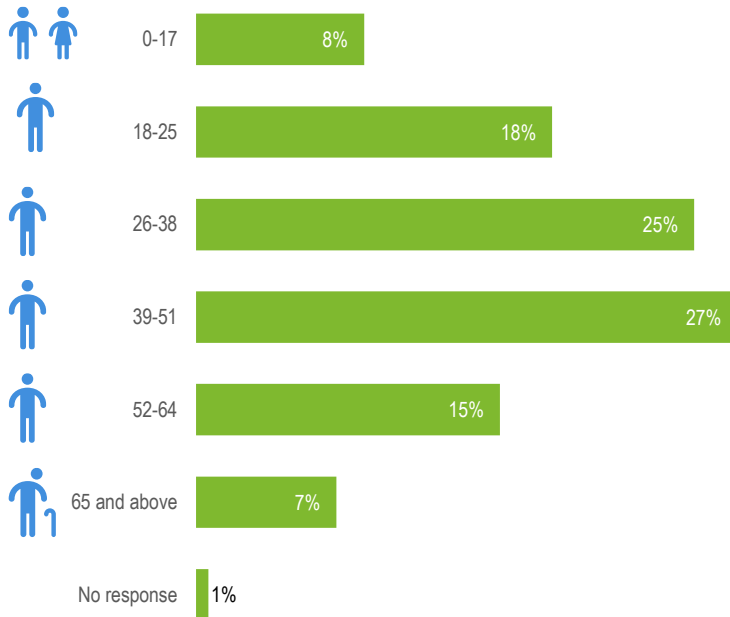
- Household and Key Informant Interviews
- Use of CORA tool
- Face-to-face consultation and phone call interview
- Common service partnerships at the local level in terms of target respondents and coverage areas.

General Information



1,309
respondents

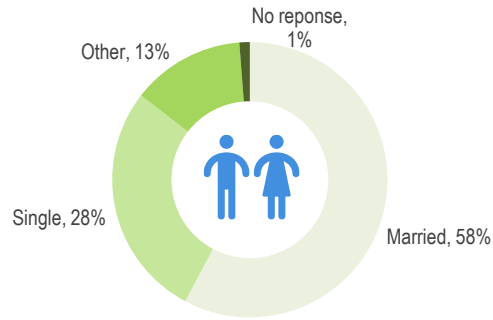
Age:



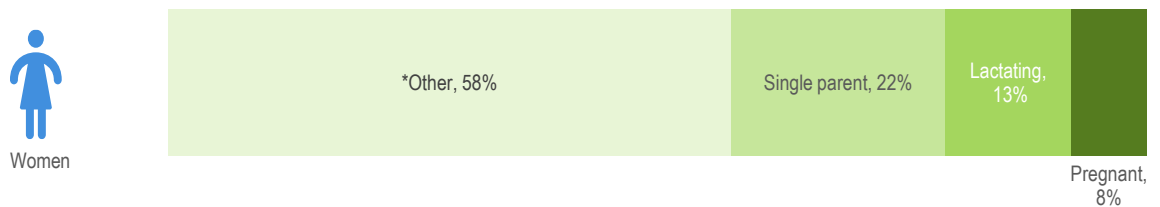
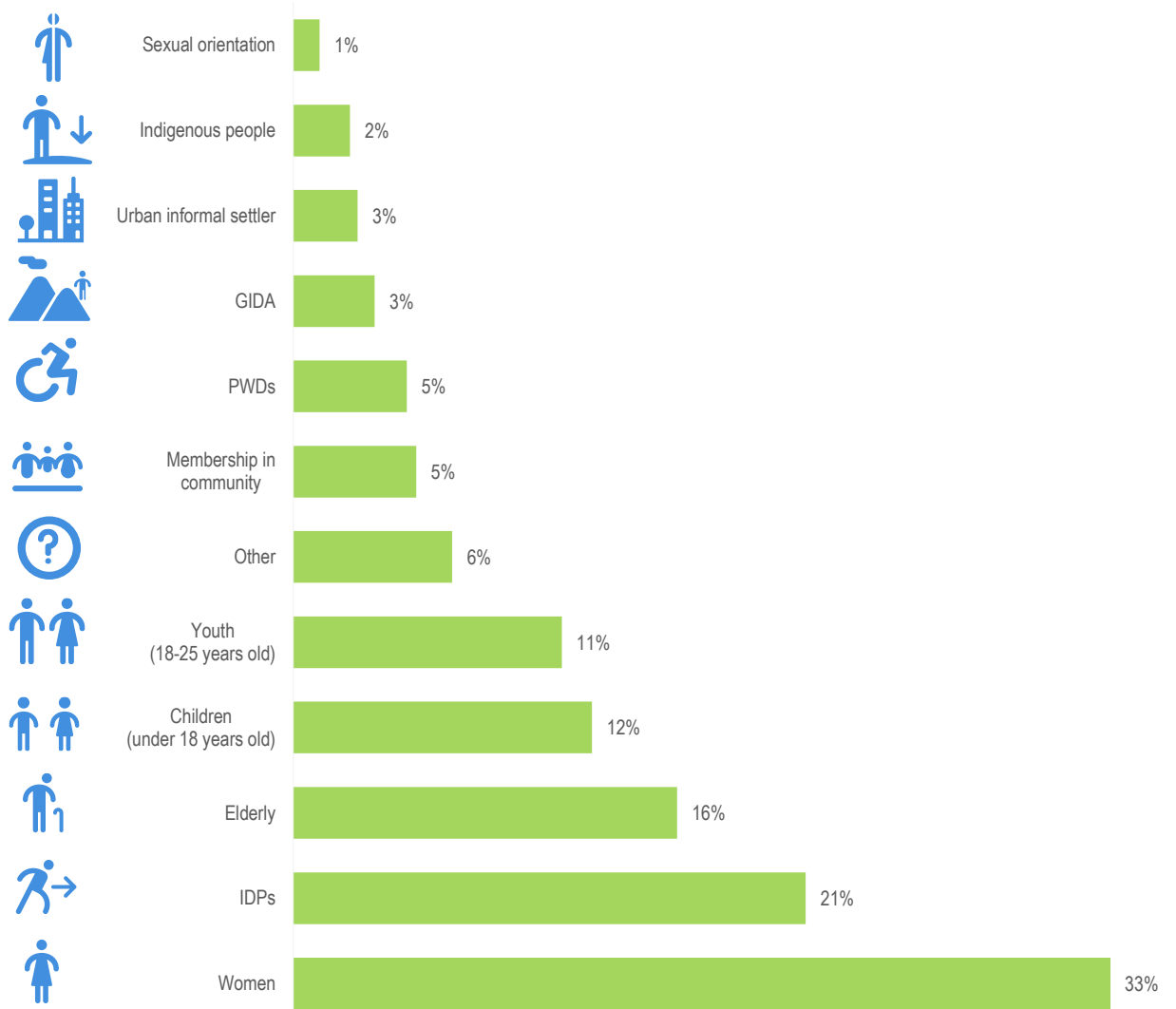
Sex:

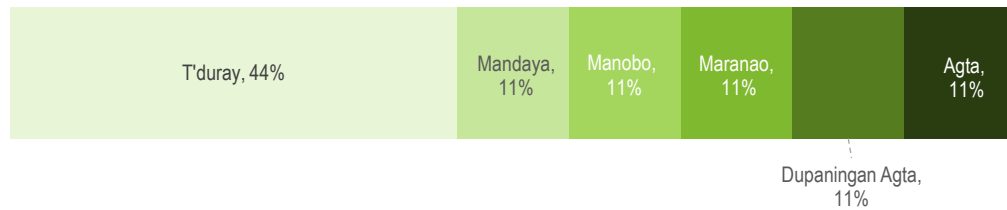
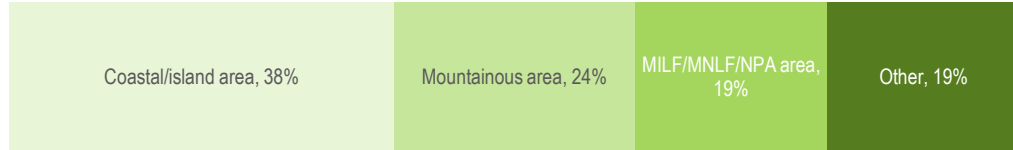
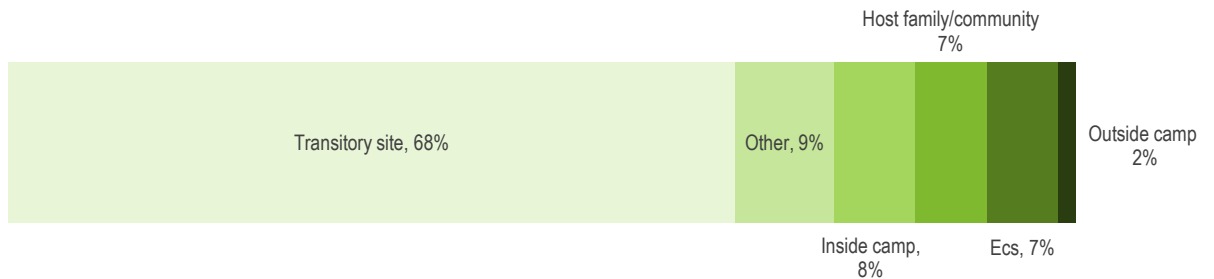
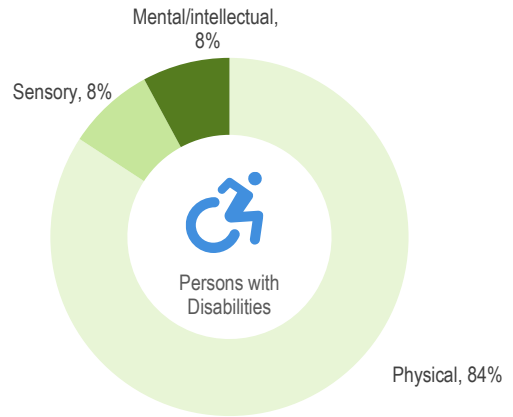
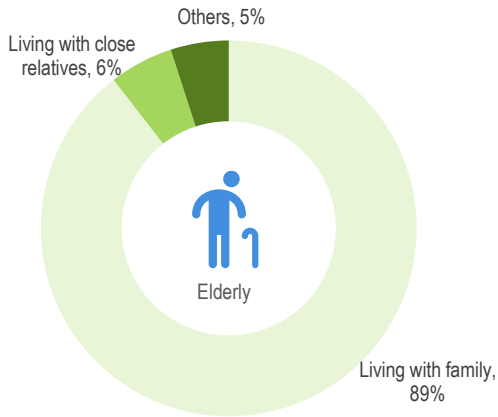


Marital status:



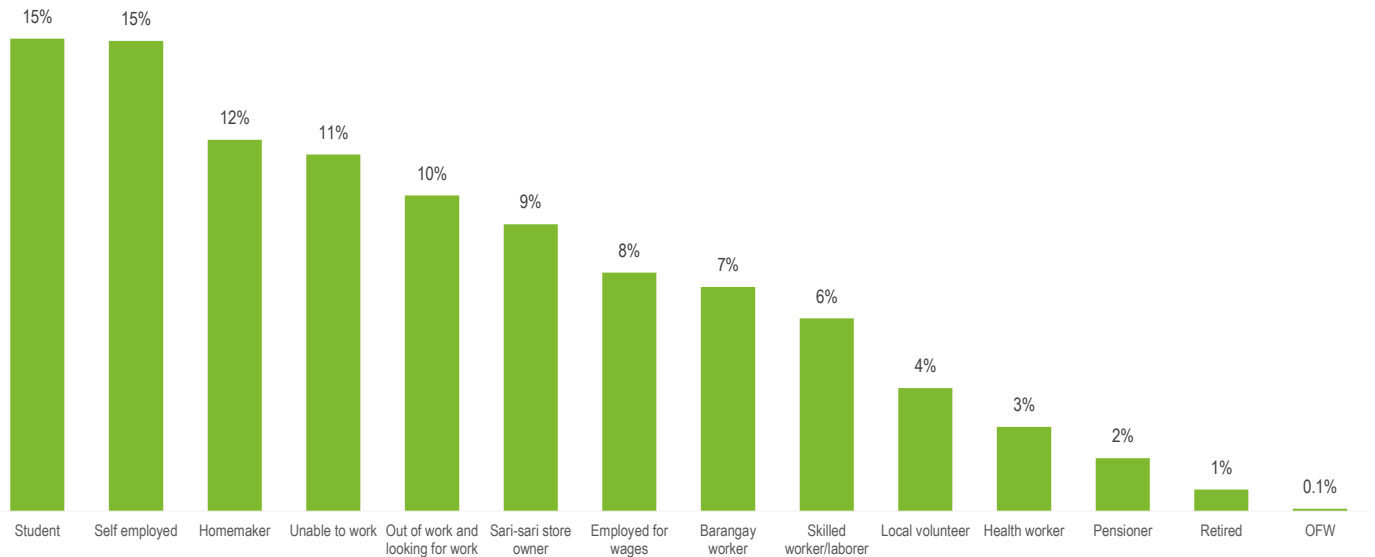
Respondents' category







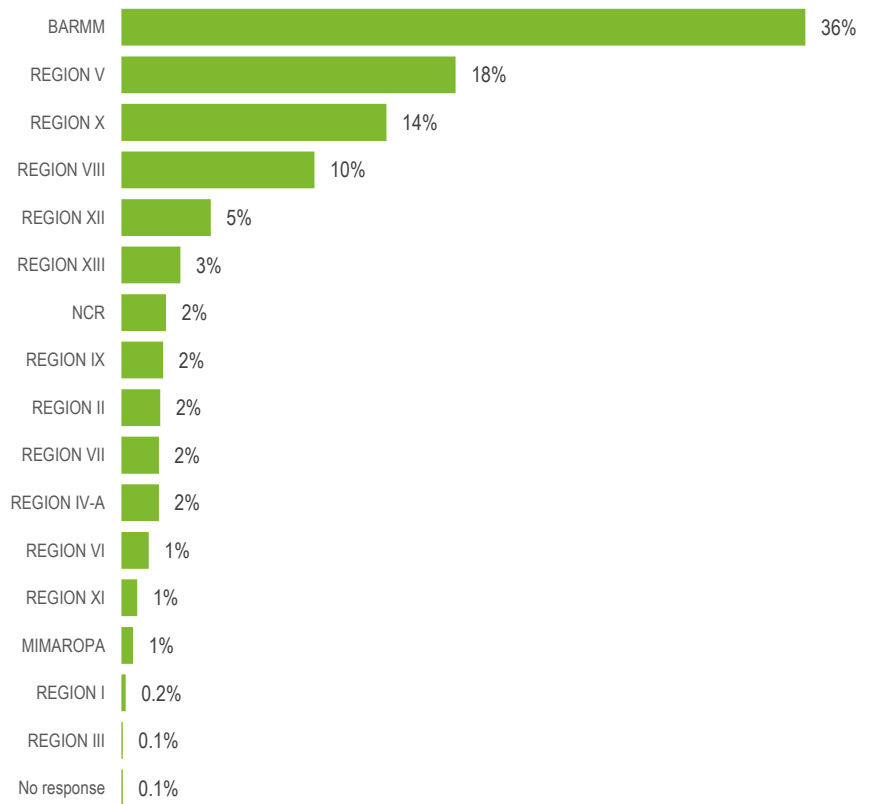
Employment status



Coverage area



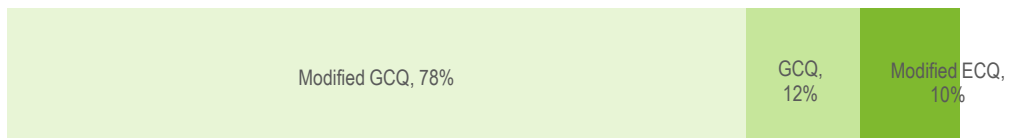
16 regions
50 provinces
191 cities/municipalities



Areas under ECQ (break in down to specific type as Modified GCQ, GCQ, Modified ECQ)

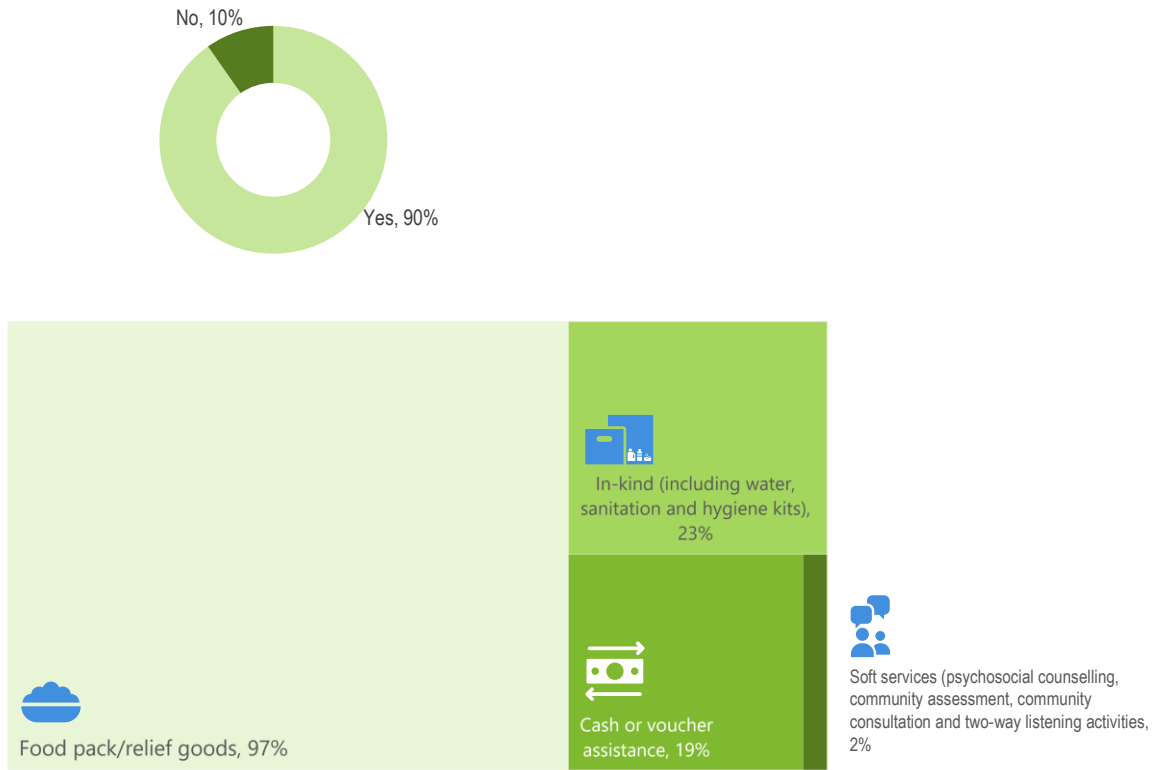


category of quarantine

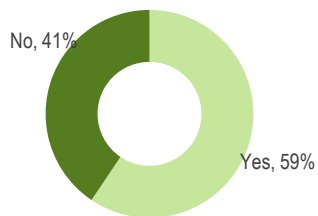


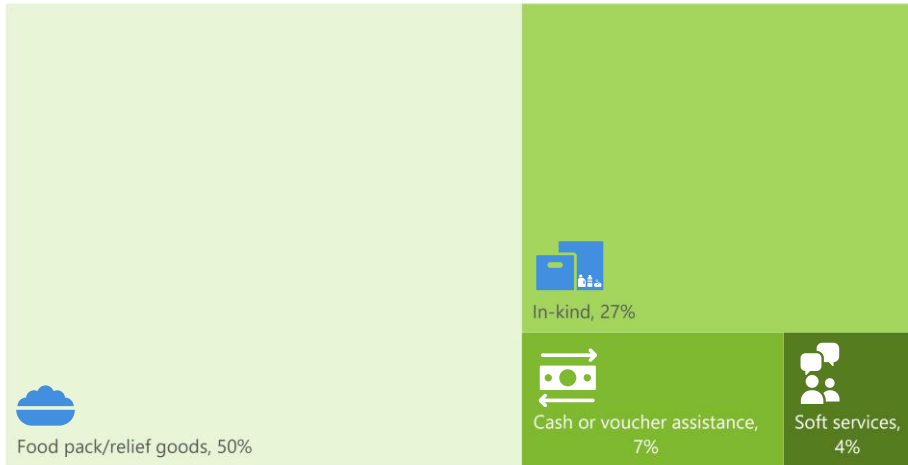
Humanitarian aid priorities and preferences

Humanitarian assistance coming from the government



Assistance from other organizations/agencies

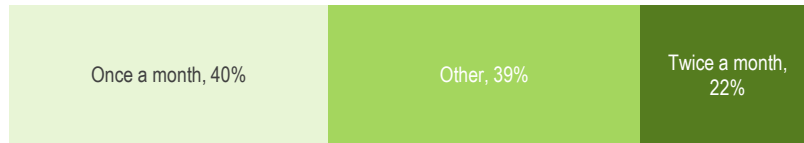




Frequency in the provision of aid provided by the government



Frequency in the provision of aid provided by the government



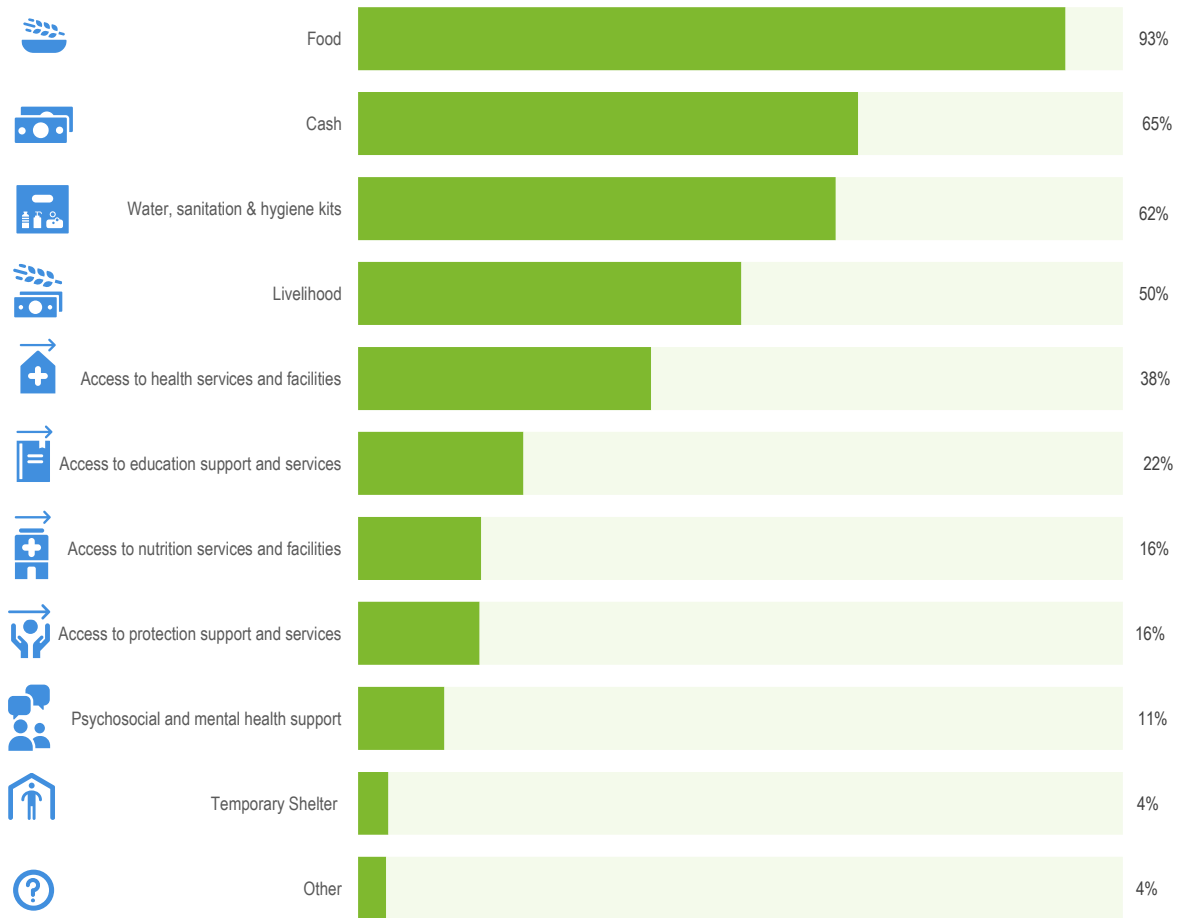
Frequency in the provision of aid provided by other organizations



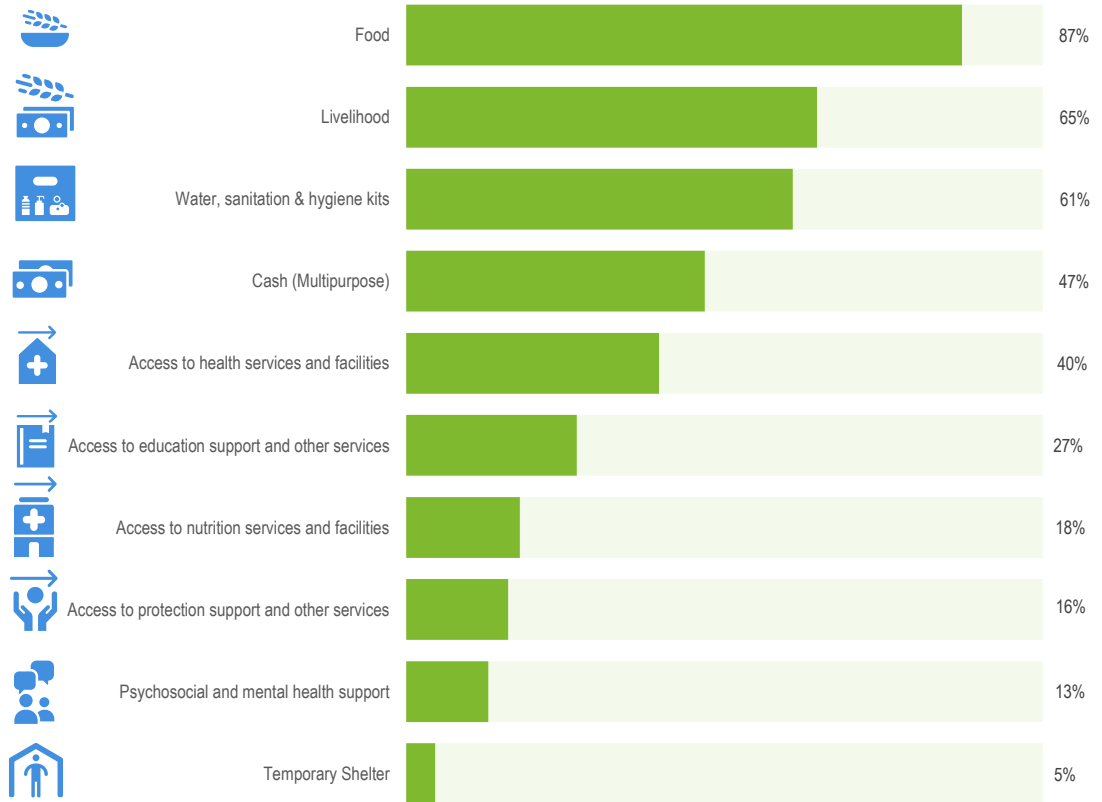
Frequency in the provision of aid provided by the other organizations



Priority and immediate needs in the next coming weeks or months



Evolving needs after 3-6 months (July-December 2020)



Findings and Analysis

1.) Humanitarian aid priorities and preferences

Over the past several months, the poor and vulnerable populations have suffered tremendously from the impacts of COVID-19 pandemic. Most of them are dependent now on the humanitarian support coming from the government and other organizations after losing their jobs permanently.

With limited access to financial support and other livelihood opportunities, undeniably, the affected communities' capacity and efforts to recover and rebuild their lives once the pandemic is declared over are restricted. COVID-19 exacerbates their vulnerability as it forces them to make desperate decisions or measures just to survive. For at-risk communities, unclear implementation of COVID-19 lockdown, community quarantine, and overall response to recovery plan simply mean extending uncertainties to their survival and prolonging their current woeful conditions.

Majority of the respondents (90 percent) have received assistance from the government while others (59 percent) have received aid from other organizations. These are food packs (relief goods), in-kind (water, sanitation and hygiene or WASH kits), cash voucher and soft services (psychosocial counselling, community assessment, community consultation, and two-way listening activities). Various levels of the government and other organizations such as INGOs, UN agencies, private sector, FBGs, POs and COs have been acknowledged by the respondents as their sources of humanitarian support. The frequency of distribution or provision of aid services varies as most of the respondents stated that they have received aid from both government and other agencies at least once a month; while others shared that there was no specific, consistent and predictable schedule in the distribution for some local governments and other groups.

The 626 respondents received cash assistance from the government and 154 received

assistance, including one-time Php5, 000 multipurpose cash and other amount to buy certain goods/services, from other organizations. Most of the Recipients have shared that cash aid were personally handed over (face-to-face delivery); while others received it via e-cash (electronic card) and other payment system (e-voucher and paper-based).

More than three months since the declaration of the lockdown (March 2020), the priority needs of the at-risk communities are food, cash, WASH kits, livelihood and access to the following



Food remains the top priority needs of the affected communities.

support services and facilities: health, education, nutrition, protection, psychosocial/mental health and temporary shelter.

Seventy-five percent of the respondents have high expectations that the government can provide support (from national to subnational level) while 25 percent have reasonably low expectations as they recognize government's limited resources and capacities responding to COVID-19. Expectation of support coming from other organizations is also higher at 78 percent, but respondents are aware that resources coming from other agencies or groups are

limited as well factoring in their mobility restrictions due to the lockdown and community quarantine protocols.

When asked what will be their priority needs in the next several months (July-December 2020 or beyond), most of the respondents have identified the following evolving needs: food, livelihood, WASH kits, multipurpose cash and access to the following support services and facilities: health, education, nutrition, protection, psychosocial/mental health and temporary



Providing alternative livelihood opportunities is one of the supports expected by the affected communities from the government.

shelter. On livelihood, respondents are considering alternative type of work or support that will be offered by the government and other agencies, cash subsidy wage program if work will be suspended indefinitely and lastly additional cash assistance to the displaced workers. While the government has distributed cash assistance (amount varies depending on the city or local governments' protocol) and other organizations have complemented this in some areas, most respondents especially living in the urban areas have appealed this is inadequate to meet daily family needs for two months or so because of continuous community quarantine.

2.) On information needs, preferred communication channels and accountability mechanisms

The Rapid Information, Communication and Accountability Assessment (RICAA) for COVID-19 June 2020 report stated that majority of the affected communities in Metro Manila and other at-risk regions across the country preferred TV as their communication channel (followed by radio, DOH and the barangay) to access right information on government's plan on COVID-19, humanitarian support, and other important declarations on the minimum COVID-19 protocols.

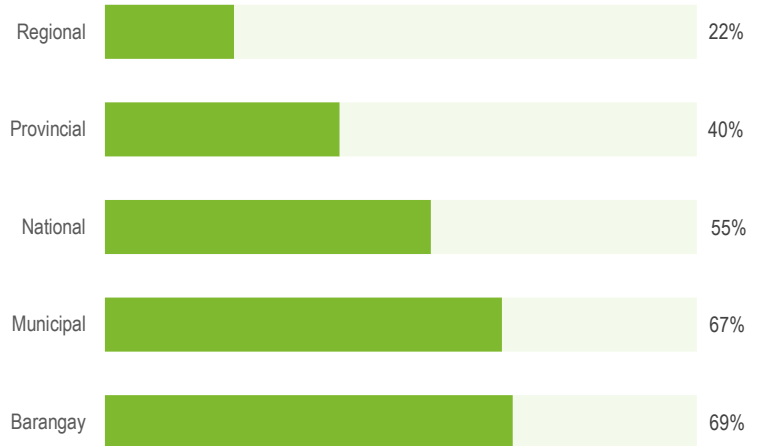
Shutting down of the country's largest broadcast network (ABS-CBN) by the Philippines Congress becomes not only a threat to the country's press freedom but a big blow to at-risk communities' access to life-saving information and crucial updates. The impact greatly affects those who do not have access to online platforms such as social media and even those who, despite being highly dependent getting information from local officials, friends, relatives and neighbors, are also getting more information through TV and radio. The largest broadcast network is being considered too as a means, through its TV and radio frequencies, to provide alternative learning modalities to affected students. Crucial in the time of the pandemic is provision of more credible, vibrant, independent and alternative source of information to people at risk to enable them to know what is really going on and provide the necessary feedback to government's action in responding to their needs.

The number of respondents who have received the right information about COVID-19 and the humanitarian response is higher at 92 percent. It is interesting to note that majority (about 74 percent) of the people received information from various government levels (from national to local level). About 64 percent also received information from other organizations (various sources include INGOs, UN agencies, CSOs, FBGs, POs, private sector).

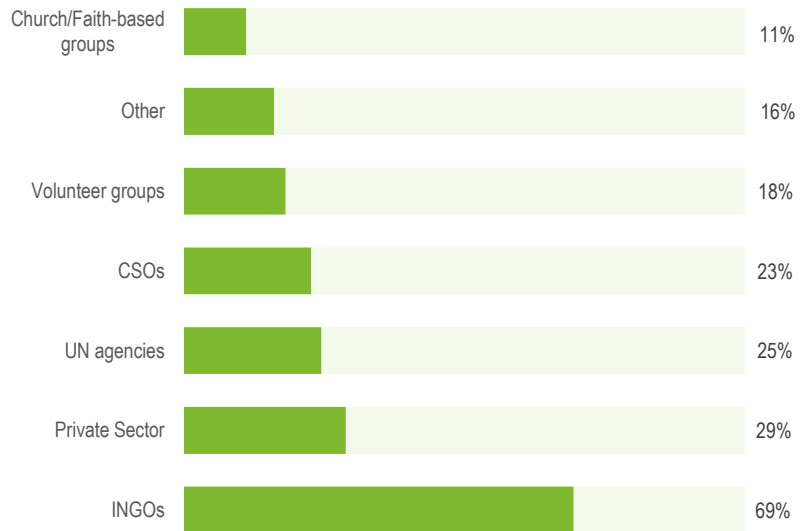
Information needs, preferred channels and accountability mechanism



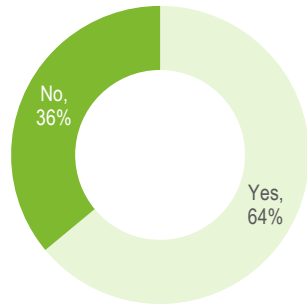
Information coming from the government



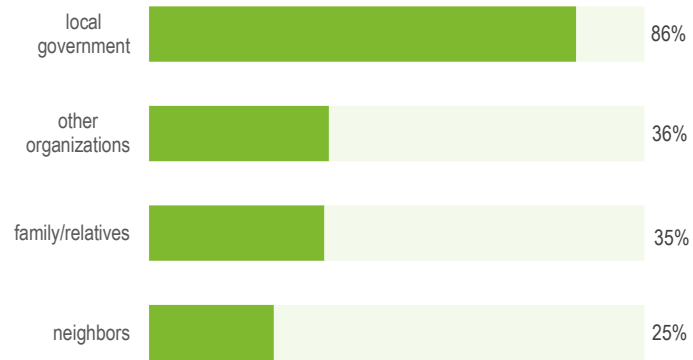
Information coming from other organizations



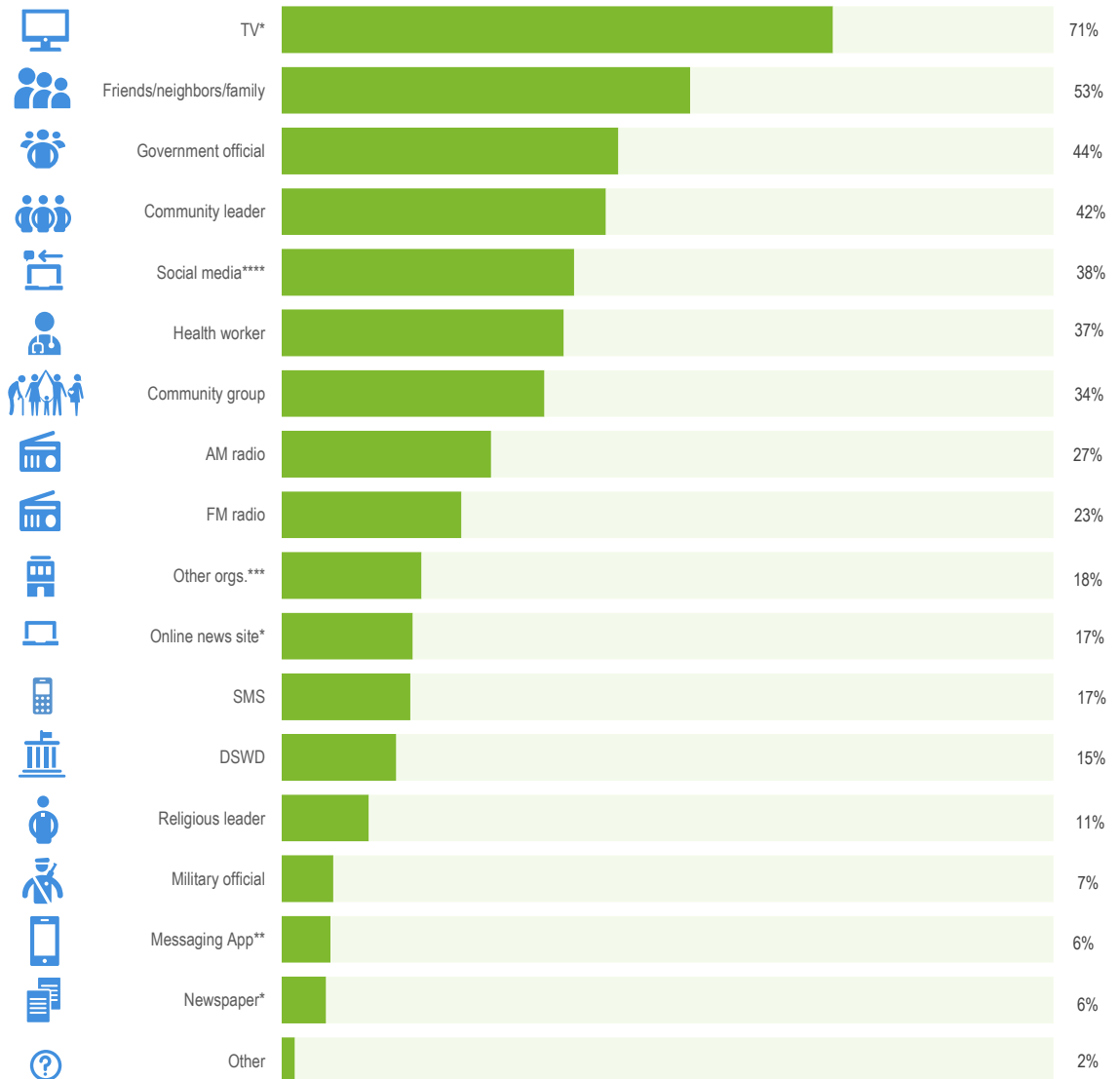
Were you informed of what should you received?



If yes (provide details or breakdown)

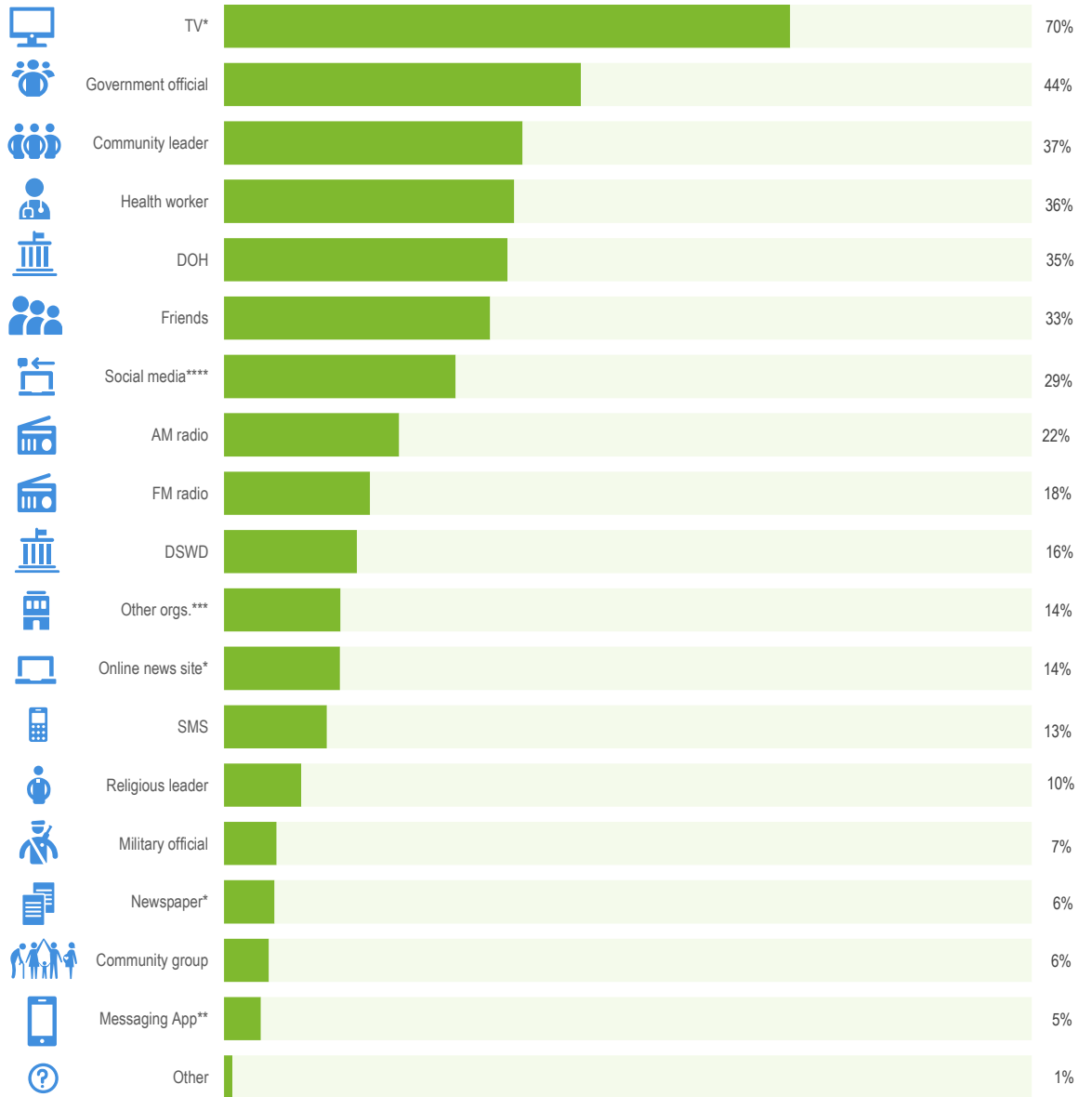


Main sources of information for COVID-19 response actions

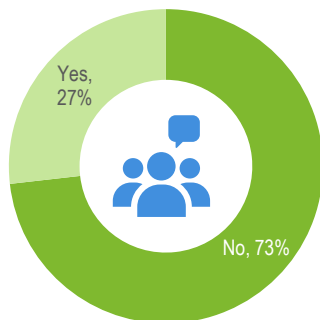




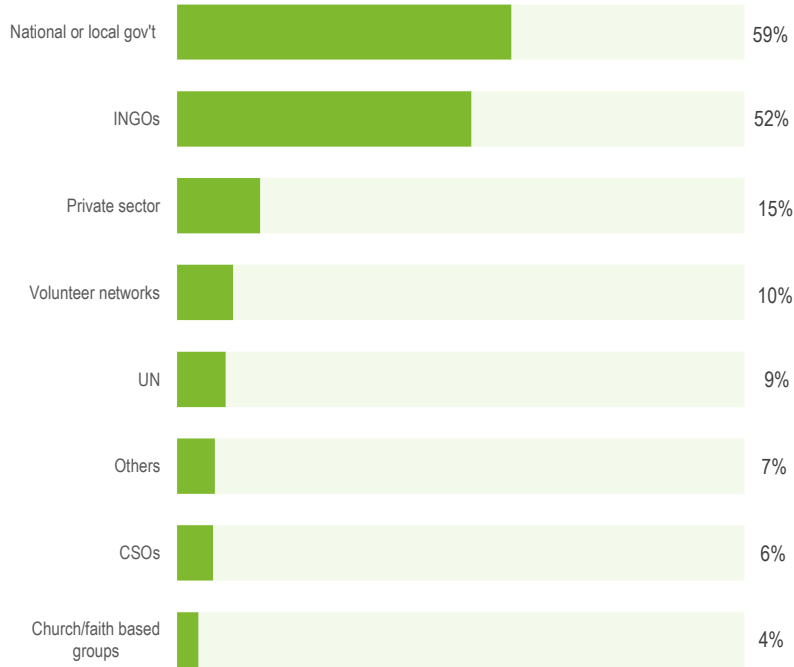
Preferred sources of information for COVID-19



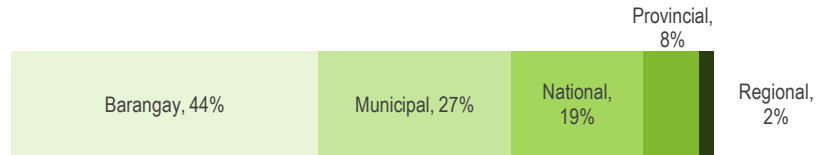
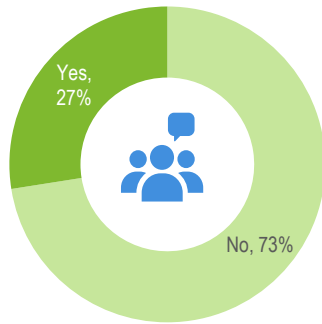
Provided feedback to the government and other organizations?



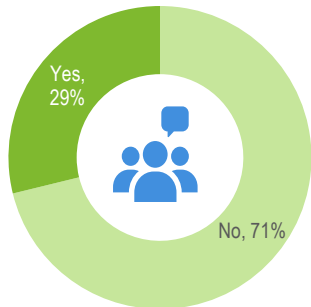
Details of those who responded "Yes" that they provided feedback to gov't and other orgs



Feedback given necessary action by the government



Feedback given necessary action by other organizations



Sixty five percent of the respondents acknowledged the government (from national down to the local level) as their main sources of information while 28 percent have maximized mixed sources of information (government and other organizations such as the combined DOH-UNICEF-WHO activities or local government and other organizations).

For preferred communication channel, most respondents (93 percent) have mixed options, with TV as the top choice followed by friends, government officials, AM radio, DOH, community leaders, health workers, social media, FM radio, DSWD, and volunteer networks.

About 54 percent were consulted on the aid and support they need, while 43 percent were not. Consultation were done by the government or combined government and other organizations (DOH, UNICEF, WHO, DSWD, CSOs, local government on joint project and existing implementation of projects). About 73 percent of the respondents have given or provided any feedback to the government and other organizations because the aid/support/help they received are not what they needed. The same number (73 percent) of the respondents shared that their feedback on the aid received or consultation on the preferred aid were given necessary action by the government (mostly from the barangay followed by municipal, national and provincial governments); while 71 percent were given action by other organizations--- mixed/combined coming from INGOs, private sector, UN, CSOs, FBGs and the private sector.

3.) Socio-Behavior consideration

Many of the respondents believed that they have no choice but to adapt to the restrictions and routine of the new normal. The same goes with drastically shifting their priorities over the next coming months. The toughest act for the most affected and vulnerable communities would be to live and work under circumstances where the country's economy is still reeling from the losses, government is struggling to respond on the affected population's evolving needs,



Under the new normal, many respondents believe that physical and social distancing will continue up to the end of the year or it can be extended up to next year.

vaccine has yet to be found, and livelihood opportunities are limited. To add more insults and injuries are the current skewed priorities and unclear plans of the government to address the surge in the COVID-19 cases, weak strategies on local contact tracing and lacking community engagement interventions to make sense of the rumors and misinformation.

COVID-19 pandemic has impacted negatively the overall community relationship (51 percent) in areas where the CoPCE members have conducted the CORA. Although, there were some who are neutral on their feedback (39 percent), in the past three months (since March 2020), most households interviewed (72 percent) were not able to work due to new movement and curfew related restrictions. Apart from the disruption of normal lives and activities, other challenges over the past three months include inability to meet basic needs due to lack of money (58 percent), loss of job income (80 percent), affected overall health condition within the family and the community (54 percent), loss of access to aid (23 percent), and family separation (23 percent). Considering there is no vaccine yet for the COVID-19 virus, more vulnerable people will need immediate support (31 percent).



Wearing facemask is not just a health protocol anymore but rather a way of life under the new normal.

Majority of the respondents (56 percent) think that indefinite restrictions due to lockdown and community quarantine are necessary and needed. Other respondents (43 percent) stress that family or community's adjustment under new normal is difficult while 25-27 percent consider the transition as moderate to very difficult. Understanding the change in the lifestyle of the at-risk communities reveals how they compliantly adapt to some stringent activities. Under the new normal, at-risk communities consulted (85 percent) will continue to wear face mask for a longer period of time up, most likely until the end of the year or even up to next year. This is equally important as observing physical and social distancing in schools, offices, public parks, malls, and public transport (79 percent). Even if there is a vaccine, some respondents think they will continue to wear mask for a period of time (24 percent).

Adjustment is difficult since priority of most of the respondents is to find work/alternative source of income (54 percent). Within the household, lack of access to water/hygiene products is a major barrier to strictly comply with the community quarantine (31 percent). In the same way, within the community, physical and social distancing is not strictly observed considering there is no space to distance or

isolate (27 percent). It is important to take note that within households, family decision and advice can influence the collective behavior to follow or not the lockdown protocols.

Going back to work and continuing education are the top two priorities for daily wage earners and parents that are restless to send their kids back to school. Working under new normal signifies that more people are obliged to bring their own water, sanitation and hygiene (WASH) kits to school or work (31 percent). Under budget constraints, some of them have no choice but to pack their own food or wait for longer hours to order take-out meals on first-come, first served basis long queue (13 percent).

Since the working poor usually take buses, jeepneys, tricycles, MRT trains, and "angkas or habal" (use of motorcycles), while under the severe lockdown, they had no choice but to walk, ride a bike and avail of any free or government-provided transport services to and from work just to be home on time (21 percent).

One of the recurring issues raised by other respondents is the lack of clarity in the preparations for a safe reopening of schools. Parents consulted (28 percent) believe that online education system will not work for public students unless access to online learning will be



Some local organizations are providing community tutorials to children with less access to online learning.

subsidized by the government. Substantial number of respondents (39 percent) agrees that face-to-face education will be suspended for a period of time. In the same way, some households (24 percent) believe that working from home or working remotely will continue up to end of the year and will be extended up to next year. Other respondents pointed out that more people will lose their jobs and it will be challenging to find new or another job before the end of the year (30 percent).

4.) Socio-economic factor

COVID-19's socio-economic impact deepens and widens the inequities for the vulnerable sector and the most at-risks groups including persons with disabilities, elderly, informal workers, internally displaced persons, ethnic minorities and those affected population. While still recovering from previous emergencies, they are now impacted again by the overlapping natural disasters since the first quarter of 2020.

Over the last five months, most respondents ranked less livelihood opportunities (70percent), financial instability (62 percent), loss of education (49 percent), affecting more



Despite of the lockdown, Bayanihan" spirit (sense of belongingness) is still alive within the community.

vulnerable and marginalized groups (30 percent) and increased vulnerability for members of the family (28 percent) as the top five socio-economic impacts to them since the lockdown

began. Others highlighted that overall community (16 percent) as well as domestic/family relationships (16 percent) were somewhat strained due to lockdown and less access to essential services.

All these conditions are exacerbated by the distribution of the first tranche of the government's social amelioration program (SAP). Although, it was critical as a lifesaving support and may contribute substantially in speeding up the affected communities' recovery, it also causes more harm than good. Most respondents (72 percent) shared that the SAP is mired by various complaints due to inconsistent distribution procedure, unclear beneficiaries' identification and validation, sudden suspension of pay-outs due to beneficiaries' exposure to transmission (face-to-face distribution), and unnecessary changes of the Barangay officials in prioritizing the recipients.

Since the lockdown started, the overall ability of the at-risk communities to meet basic needs has changed a bit (39 percent) although the struggle to sustain daily means remains the core issue for people to break minimum health and other security protocols. Some are able to cope up and improve their living conditions with support from the government and other organizations (23 percent). While others have worsened (20 percent) due to limited support from the government and most of them have lost their jobs or main source of income permanently (78 percent). Forty nine percent of the respondents have health related problems and are unable to physically meet basic needs. The worse conditions are also felt in terms of increasing prices of commodities (41 percent) and having no or less access to inclusive public transport (34 percent). There are respondents that despite strictly abiding the health protocols, their overall well-being is severely affected. Two factors contributed to this, the fear of accessing shops/markers (20 percent) and inability to access shops due restrictions or items critically needed are not available in the shops or markets (19 percent).

While the impacts seem unbearable, most affected respondents (67 percent) see silver

linings on the other side of what is happening. The expectation that things would be alright in the new normal is higher (66 percent). Basically, this reflects the positive outlook from the at-risk and affected respondents who think that income or economic levels would be better or have the chance to return to previous status as the country is gearing towards COVID-19 recovery. But more than just adjusting to the new normal, for respondents, the “Bayanihan” spirit (communal unity) is still alive within the community (37 percent). Some have observed significant positive changes in the lifestyle of their family members and neighbors (36 percent). Due to strict compliance with the lockdown and quarantine guidelines, others reported that the overall environment/surroundings in their respective barangays have significantly improved (36 percent) and over the last five months, this contributed to the improvement of personal relationships (32 percent). Albeit domestic issues and rifts in the community still existed, respondents (29 percent) have noted that local officials in their Barangay have become more proactive, especially on providing updates on COVID-19 coming from the national government, distributing humanitarian aid, and conducting strong campaigns on the minimum health protocol. Although enhanced community quarantine was modified in NCR, those working from home (10 percent) have managed to convince their employers to allow them to continue with their current work option.

5.) Protection

Overall social and economic disruptions due to COVID-19 pandemic have amplified the risks and vulnerability of children and women to domestic violence, exploitation and abuse. These further weakened the support that the affected communities need as lockdown and community quarantine limit, if not hinder, inclusive access to a system or platform that would protect them. Stressing violations and gaps on any protection measures have been crucial in the conduct of CORA considering the alarming reported cases of gender-based abuse and violence before and during the lockdown.

The lack of access to reporting or feedback channels, accountability mechanisms (both for government and other organizations) and basic information on the protocols on Protection against Sexual Exploitation and Abuse (PSEA) obliges the CoPCE and local partners to ask critical questions that can help both government and other organizations address collectively any protection issues in the time of COVID-19 pandemic.



Some respondents said that an in-depth follow-up consultation may be needed to monitor if the existing protection mechanism is effective, helpful and accessible.

Respondents consulted (91 percent) said that there are existing protection mechanisms at the community/barangay level. These include dedicated security and safety unit that are not limited to police and barangay patrol officers but also includes authorized social workers, local community health workers, volunteers as well women groups. Some (34 percent) added that there is an accessible feedback and general protection reporting mechanisms or referral pathways for any gender-based violence and safety/security issues, and others(11 percent) stated that in their barangay, the following services are functional: medical, psycho-social/trauma, legal and connecting family or relatives' services, safe space area/facility for children/young people, pregnant/lactating

mothers' person with disability, elderly/sickly and indigenous people. Most respondents (84 percent) feel that despite of the lockdown, their community and residents are safe.

An in-depth follow-up consultation may be needed to monitor if the existing protection mechanism is effective, helpful and accessible. The same goes with the overall accountability platform, to ensure that feedback and complaints of the at-risk communities related to protection are properly addressed without compromising their overall safety. This is crucial since some respondents (21 percent) shared that they are aware of some issues and complaints that were referred to service providers such as social workers, legal aid and the police. These include unverified GBV related issues (10 percent) and cases on separated/unaccompanied children (3 percent). As few information are available, it is a challenge to specifically identify the types of GBV cases (human trafficking, rape, intimate partners violence/domestic exploitation, force prostitution, sexual harassment, sexual abuse, verbal, psychological, economic and physical abuse).

6.) Access to health services

The lifting of lockdown and quarantine restriction in some areas increases the likelihood of large-scale local transmission. As big health facilities and major hospitals are beginning to be overwhelmed by the large number of confirmed positive cases, community transmission on mobile communities or those areas that are now under modified community quarantine has started to become widespread. The overall Philippine government's COVID-19 response enters the crunch time to operationalize a collective strategy in addressing surge capacity and looming large-scale transmission across at-risk areas in the country.

In a worse humanitarian case scenario, this will exacerbate the already vulnerable exposure of urban poor, those residing at densely populated areas (including slum dwellers), areas or

community with limited access to well-functioning WASH facilities, and places (due to socio-behavior-cultural factors) with hygiene, nutrition and sanitation malpractices.

As part of supporting the Department of Health (DOH) and local government, CORA gets to the bottom of asking questions on the overall access to health services by the affected



COVID-19's socio-economic impact deepens the inequities for the vulnerable groups such as persons with disabilities and elderlies.

communities. After more than 3 months since the declaration of the lockdown, people continue to be anxious about local transmission and the limited capacity of the Barangay health center to provide the first line of support. Adding to the fear of the respondents (52 percent) is that there was no single visit coming from local health workers in their respective area since the start of the quarantine period. Some (34 percent) have benefitted from at least two visits by health workers or volunteers.

Majority of the respondents (68 percent) have corresponding plans to access services from their local health center in the coming months. But in terms of how many times family have visited local health services, there are respondents (23 percent) who have accessed hospital center more often than before the quarantine. Reasons for this varies but the most common are the fear of being an asymptomatic

COVID-19 carrier and the pressure for regular immunization check-ups (children and elderly). Other respondents (18 percent) have lesser access than before and the same number of respondents (18 percent) has the same frequency of hospital visits before and during the quarantine. Interesting to highlight are those respondents (5 percent) with private physician and access to other form of health services.

Since the lockdown started, respondents interviewed would normally go to hospital for routine childhood immunization (35 percent) and in most cases for general COVID-19 related concerns (31 percent). The rest of respondents would like to avail of the following: essential medicines (29 percent), access to nutrition services (19 percent), access to maternal health facilities (17 percent), access to good WASH facilities and health education (both at 16 percent), elderly immunization (14 percent), access to reproductive health services and facilities (6 percent), adolescent health services (5 percent), and lastly, services related to mental health, substance abuse and tuberculosis (3 percent).

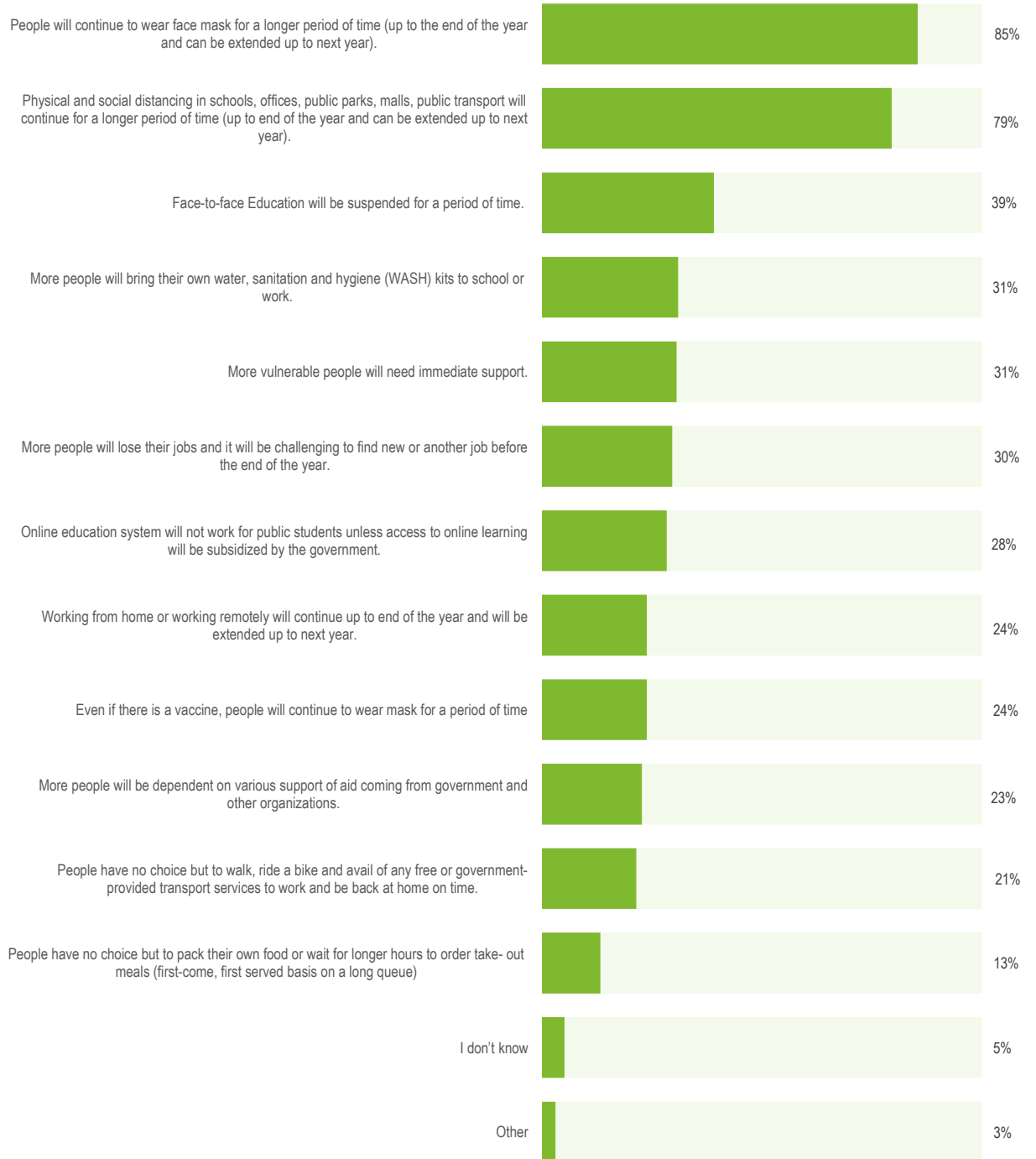
But inside the hospital or the health center is another story. There are other concerns affecting at-risk communities in visiting the health center during the quarantine period. Most respondents (34 percent) are worried that chances of being infected by COVID-19 within their community are higher. Not surprisingly is the fact that others (16 percent) would rather not go to hospital for fear of being infected by health workers and other patients. No income (10 percent) and the distance and travel time (11 percent) are contributing factors as well while others prefer not to go to the hospitals and avail of any health services at all.



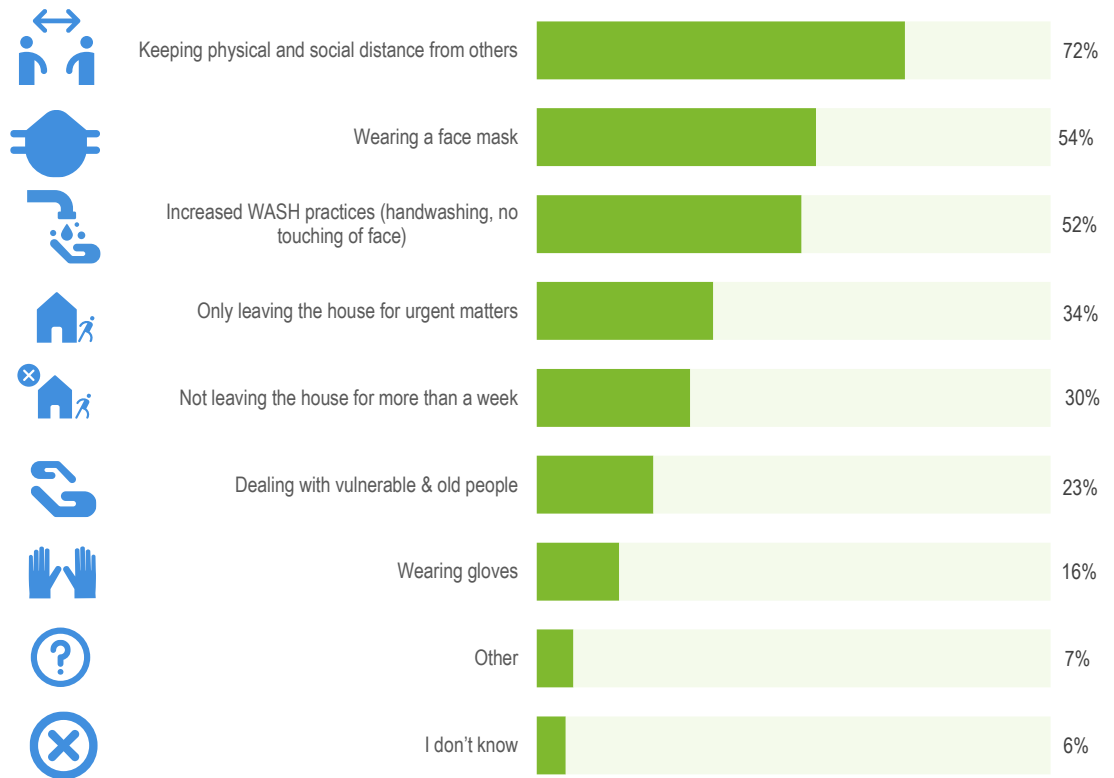
Parents consulted believe that online education system will not work for public students unless access to online learning will be subsidized by the government.

Socio-Behavior consideration

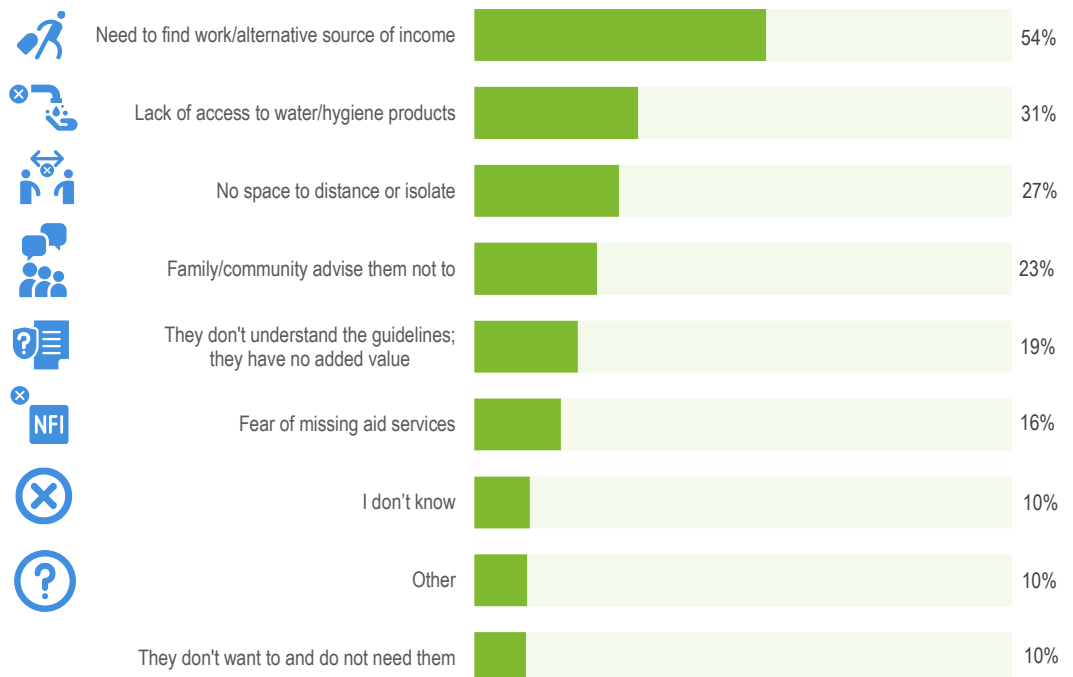
At-risk communities understanding of “new normal”



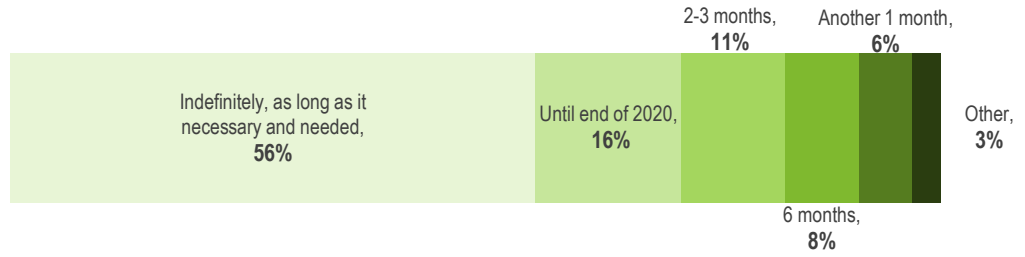
Precautionary measures that people or the community find most difficult in their daily life under “new normal”



Why is it hard to sustain precautionary measures under the “new normal”

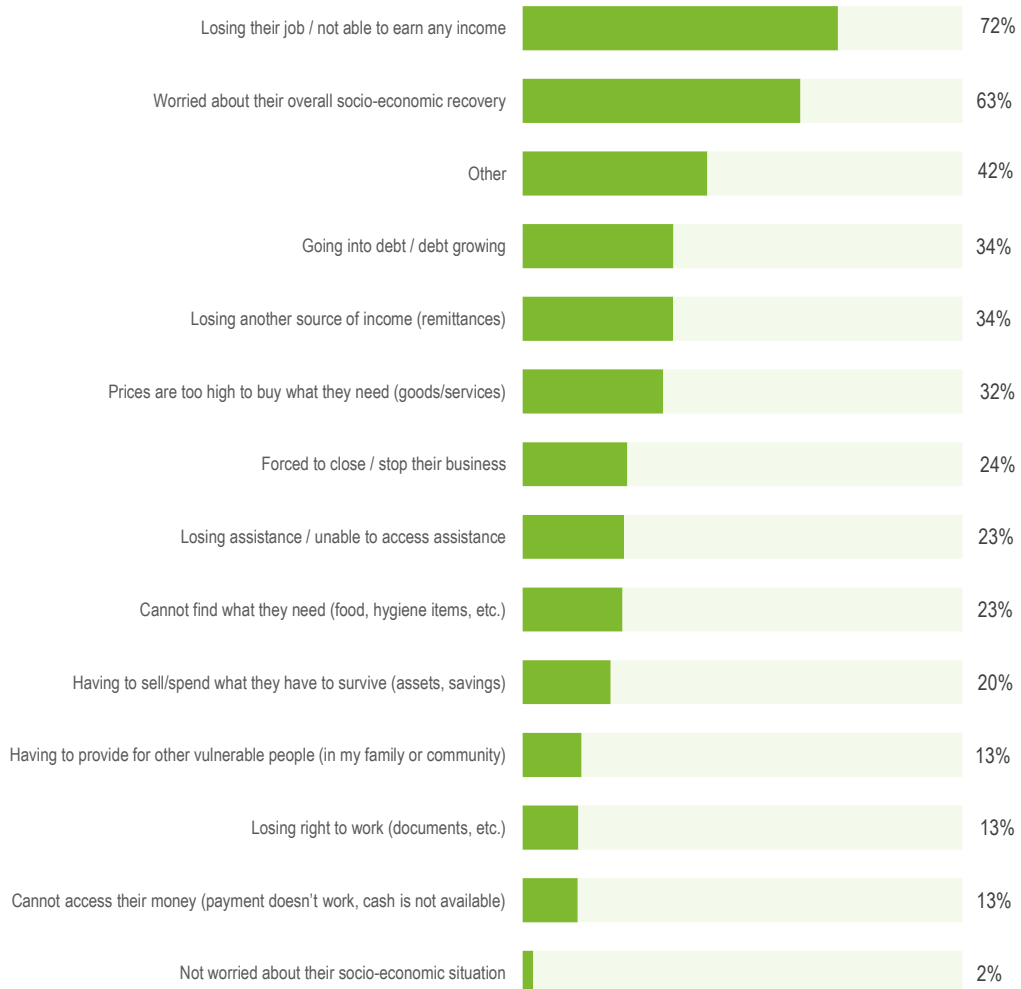


How long do you think Barangay or community would accept restrictions on movement and physical distance.



Socio-economic factor

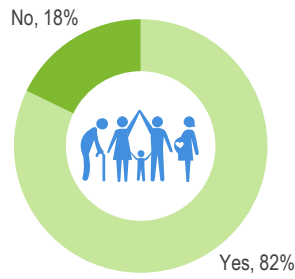
Based from observation... what is your barangay's main concern about their socio-economic situation due to COVID-19



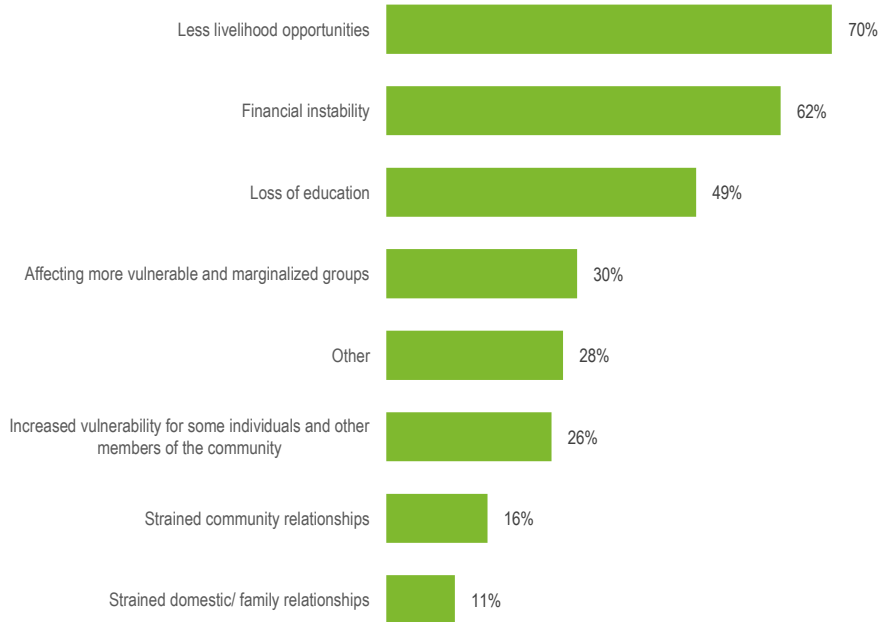
If the ability to meet basic needs doesn't change and has somewhat worsened, what could be reason?



Aside from health, do you see other negative related impacts of the COVID-19 in the community?



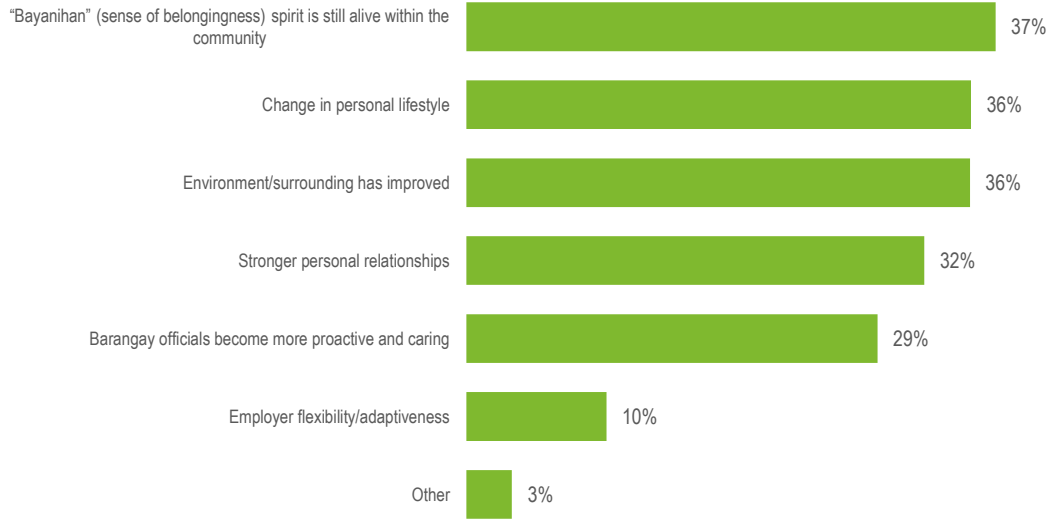
Details of those who answered "yes"



How about some positive impacts of the COVID-19 in the community/Barangay?

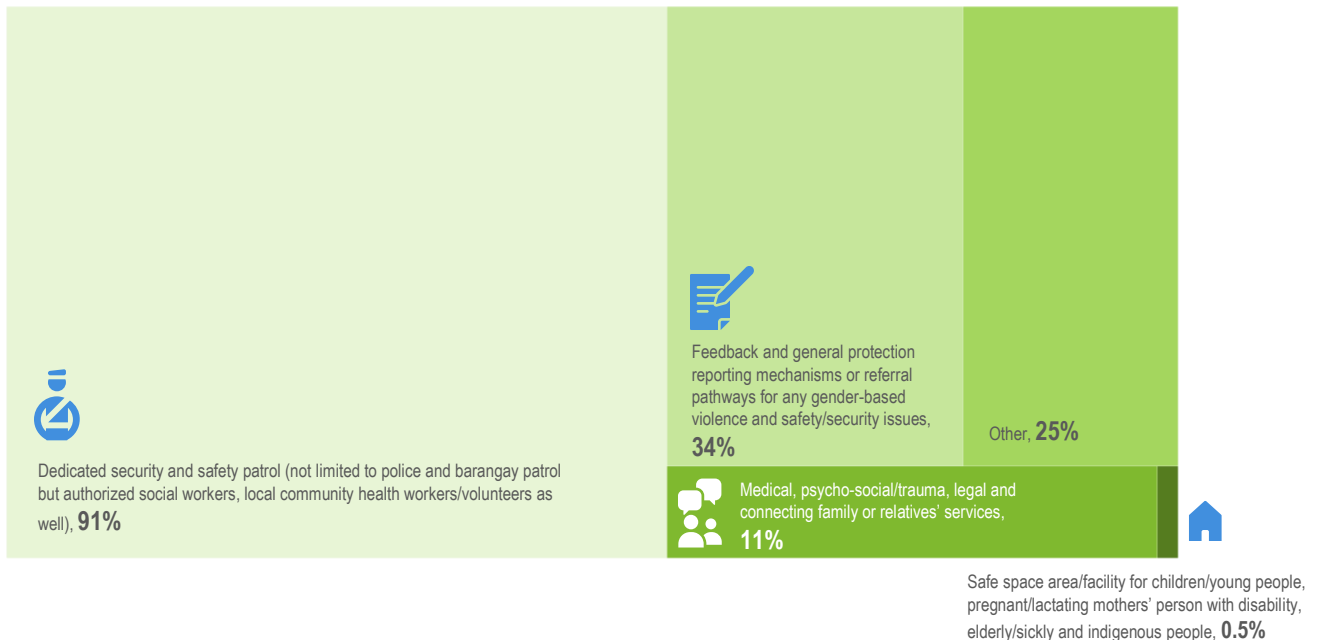


Details of those who answered "yes"



Protection

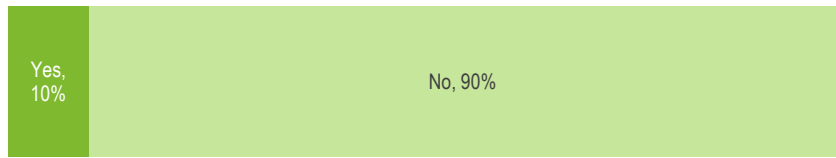
What are the existing protection mechanisms in the community/barangay?



Has there been any information (confirmed and unconfirmed) about cases of Gender-Based Violence (e.g. rape, human trafficking, forced prostitution, intimate partners violence/domestic violence, sexual harassment, sexual abuse, verbal or psychological as well as economic and physical abuse)?



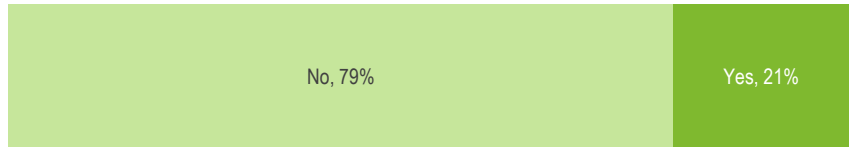
Information (confirmed or unconfirmed) cases of Gender-Based Violence



Have they been referred to service providers such as social workers, police, legal aid?



Cases referred to service providers such as social workers, police, legal aid



Access to health services

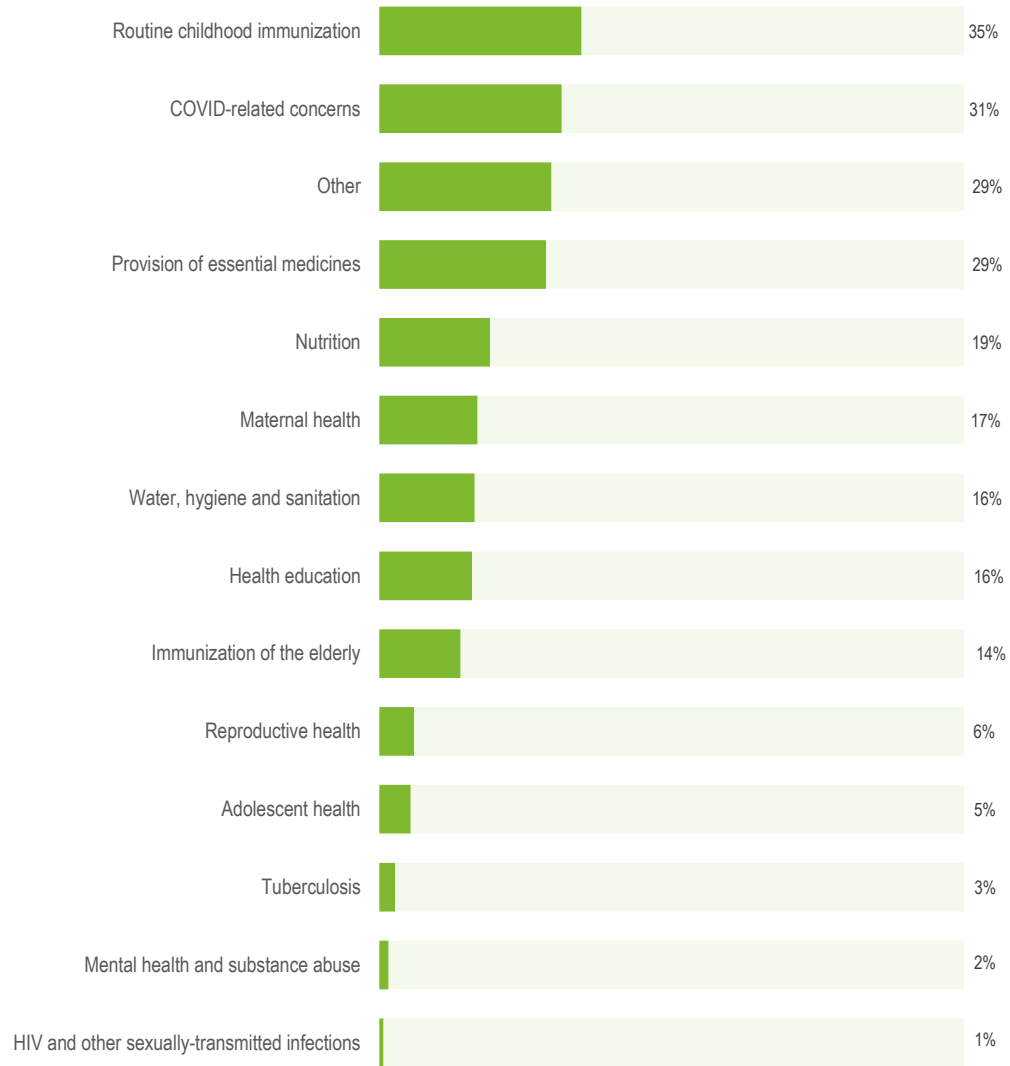
How many times your local health workers visited your household during the start of the quarantine period?



Local health workers visited the household during the start of quarantine period



If you have accessed the health center, what local health services has your family availed of during the quarantine period?



Next Actions

- The HCT's CoPCE will share this report to all humanitarian and health actors including various government agencies and local governments across the country to ensure that CORA findings and results can influence in improving the overall programming quality of humanitarian and recovery interventions on COVID-19.
- The CoPCE and other partners/networks will use the CORA results to further improve various closing the feedback loop initiatives at the local communities. This includes supporting risk communication and community engagement activities within inter-agency collective platforms under the revised HCT's Philippine Humanitarian Response Plan (PHRP) on COVID-19.
- Another inclusive and intensive community consultation/dialogue will be considered depending on the immediate results or outcome on how the response effort improved and the level of community engagement increased; or if there are still unmet needs and gaps in providing aid to the at-risk communities.
- Key questions, approaches, and methodologies in CORA tool will be revised and amended depending on the coverage, resources, capacities, and priorities within the response plan to complement the Philippine government's effort.

ACKNOWLEDGEMENT



Photo credits: NASSA, UNHCR, Bike Scout of the Philippines, CFSI, Educo, World Vision, Moropreneurs, Caritas-Germany



Community of Practice on Community Engagement (CoPCE)

The Humanitarian Country Team (HCT) advocates for community engagement and accountability to the affected population to be central component of disaster preparedness and response. Under the HCT, the CoPCE provides strategic direction and technical support to any field level working group on community engagement in an event of a major emergency. Support includes improving two-way communication platforms, feedback avenues, accountability pathways, closing-the-feedback-loop mechanisms, common services partnerships and innovations in the use of various technologies for communicating and engaging with the affected communities.