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人权理事会

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促进和保护所有人权——公民权利、政治权利、 经济、社会及文化权利,包括发展权

菲律宾人权委员会* 提交的书面材料

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人权理事会秘书处根据理事会第 5/1 号决议附件所载议事规则第 7 条(b)项的规定,谨此转交下文所附菲律宾人权委员会提交的来文,** 根据该条规定,国家人权机构的参与须遵循人权委员会议定的安排和惯例,包括 2005 年 4 月 20 日第 2005/74 号决议。





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^{**} 附件不译,原文照发。

Written statement of the Commission on Human Rights of the Philippines for the 47th session of the Human Rights Council:

Annual Full-Day Discussion on the Human Rights of Women, July 5-6, 2021

The Commission on Human Rights of the Philippines¹ (hereafter "the Commission") submits its written statement for the 47th Session of the Human Rights Council's Annual Discussion on Women's Rights. This statement gives particular focus on the following issues:

- (a) Violence against women and girls with disabilities
- (b) Socio-economic situation of women during the COVID-19 pandemic

The Commission upholds the promotion of gender equality as part of its mandate. It has been designated as the Gender and Development Ombud (Gender Ombud) by the Magna Carta of Women (RA 9710), which represents the Philippine government's commitment to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Violence against women and girls with disabilities²

In 2019, the Commission's *Mapping of Gender Based-Violence Legal Referral Mechanisms*³ revealed continuing gaps in accessing justice in cases of gender-based violence. The gaps include: (1) lack of information and knowledge of the laws, protection and referral mechanisms; (2) accessibility of and availability of services especially for women with disabilities, women in geographically isolated and disadvantaged areas (GIDA), and other women facing multiple intersecting forms of discrimination.⁴

Violence and discrimination are aggravated in the context of women and girls with disabilities who also confront the burden of overcoming physical barriers, stereotyping, and social exclusion.

According to data gathered by disability rights groups on gender-based violence against women and girls with disabilities, rape cases filed by deaf women and girls outnumber all other types of complaints of deaf women in a ratio of 10:1.5

The COVID-19 pandemic magnified the vulnerabilities of women and girls with disabilities as it compounded existing gender inequalities and increased the risks of gender-based violence and sexual exploitation and abuse. Pre-existing physical barriers became more burdensome with containment and quarantine measures imposed by the government. Such

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The Commission of Human Rights of the Philippines is an independent human rights institution committed to the mission to "ensure the primacy of all human rights and to their protection, promotion and fulfillment, on the basis of equality and non-discrimination, in particular for those who are marginalized and vulnerable" pursuant to the Universal Declaration of Human Rights, and in accordance with the powers and functions granted by the 1987 Constitution of the Philippines.

² Commission on Human Rights of the Philippines, Gender Ombud Situationer for 2nd and 3rd Quarter: Gendered impact of the Pandemic and the need for gendered and intersectional responses (March 15 to 30 September), 2021.

The GBV Mapping of Legal Referral Mechanisms funded by Go Just was undertaken in 15 of the Commissions' 16 regional offices, through focus group discussions with the government agencies, women's organizations and community women the Mapping has gathered data from 30 cities/municipalities all over the country. The final report is still being consolidated by the CHR Gender Equality and Women's Human Rights Center. Link to GBV observatory: https://chr-observatories.uwazi.io/page/x4zyavfe0g.

⁴ These include: Indigenous Women, Elderly Women, Women with Disability, Rural Women, Urban Poor Women, Women in context of armed conflict and other humanitarian conditions.

Submission of Philippine Alliance of Women with Disabilities (PAWID) to the CEDAW Committee for the consideration of the review of the Philippines, http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/PHL/INT_CEDAW_NGO_PHL _24222_E.pdf (last accessed: 28 December 2017.).

measures deprive women and girls with disabilities of their right to leave the household to escape violent or abusive situations or to access protective orders and other essential services.

While an advisory has been issued by DILG in late March of 2020⁶ reminding barangay offices to ensure the functionality of barangay VAW⁷ desks, barriers to reporting and accessing remedies were noted by the Commission. Barriers included accounts of barangay VAW desks refusing to issue Barangay Protection Orders (BPOs) and of women's desks personnel advising women and girl survivors to file their complaints after the enhanced community quarantine (ECQ).⁸

If the government considered more carefully gender-based violence (GBV) in their COVID-19 response, proper measures could have been placed to ensure access to GBV reporting, access to shelter and psychosocial services and transportation, and containment measures exemptions for women survivors fleeing unsafe spaces. Gender-based planning could have also led to continuous and uninterrupted access to sexual and reproductive health services and the provision of women's gendered needs in government-issued relief packages.⁹

The Commission recommends the following to ensure prompt, effective, and survivorcentered response to gender-based violence, especially to women and girls with disabilities:

- (a) Guarantee adequate access to justice, particularly to protection orders, medical and psychosocial assistance, shelters, and rehabilitation programs, particularly for women and girls who are victims or at risk of gender-based violence, including those in detention and other institutions.
- (b) Ensure accountability and due diligence in holding perpetrators accountable, especially perpetrators who are members of the law enforcement and part of the government;
- (c) Establish localized temporary shelters and financial and transport support for survivors of violence;
- (d) Update referral mechanisms, protocols to cater remote assistance, and strengthen the local and national referral mechanisms;
- (e) Efficiently implement hotlines for reporting of GBV and remote psychosocial counseling;
- (f) Strengthen mechanisms of access to justice for women and girls with disabilities and improve data collection on VAW cases involving women and girls with disabilities.

Socio-economic situation of women during the COVID-19 pandemic

Women and girls are disproportionately affected during health emergencies. They face multiple forms of inequalities due to disability, sexual orientation, gender identity, age, and being a member of the ethnic minority are more vulnerable. Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. They are more affected by economic shocks brought by crises such as the COVID-19 pandemic as they are more likely to lose their jobs than men. As in many countries, women's participation in the labor market is often temporary, lacking in social protection, health insurance, paid sick and maternity leave, pensions and unemployment benefits. Moreover, female-dominated service sectors such as food, hospitality, and tourism are among those expected to feel the harshest economic effects of containment measures. ¹⁰

With the COVID-19 pandemic and resulting policies, women face a greater risk of slipping into food and shelter insecurity, poverty and reduced income, and unemployment. ¹¹ Traditional gender roles resulted in increased domestic labor during the quarantine period for

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ODH. Interim Guidelines on the Continuous Provision of Maternal Health Services during COVID-19 Pandemic. 28 May 2020.

Violence against women.

⁸ Supra note 2.

⁹ Id.

¹⁰ Id.

¹¹ Id.

women and girls. Women's overrepresentation in the informal economy means that they are more vulnerable to economic shocks brought about by the lockdown and they often lack social protection.

On women with disabilities - The Commission conducted a three-week "Community Based Peer Monitoring of Access to services by women with disabilities during the COVID-19 Pandemic that aimed to survey access to services of women with disabilities and the impact of the enhanced community quarantine on their health, their families, and their communities. Results of the survey reveal the following:

- (a) There is a lack of available public transportation limiting the movement of women with disabilities within the community with this, women with orthopedic disabilities struggle with accessing drugstores and clinics for their regular therapies. ¹²
- (b) Access to information by women who are deaf or hard of hearing remains to be a problem along with the unavailability of sign language interpreters.
- (c) There is insufficient data at the barangay level, particularly on women and girls with disabilities. The lack of data affects the provision of reasonable accommodation and disability-targeted assistance.
- (d) Respondents who are mostly breadwinners who lost their source of income during the lockdown expressed stress and fear of the threat of COVID-19 infecting family members and neighbors and the piling up of bills and food expenses.

On Rural women_— Rural women and indigenous women are among the most affected by the current pandemic. They are rendered more vulnerable due to pre-existing inequalities in accessing and control of resources, access to basic health and other social services, and due to their frequent exclusion from community and local decision-making processes.¹³

In 2020, the Commission conducted focus group discussions (FGDs) and Key informant interviews (KII) with women fisherfolks. FGDs and KII highlighted the dire circumstances of many women fisherfolks because of the pandemic. While some were able to identify assistance provided to the fisherfolks community, there are still accounts of exclusion as women fisherfolks and as beneficiaries of other forms of assistance. Reports of GBV against women fisherfolks were also documented.

On urban poor women – The urban poor face many constraints in finding stable economic opportunities, acquiring decent living conditions, exercising their political rights, accessing social and labor protections, and enjoying the same levels of inclusion as the rest of the urban population. However, urban poor women, as a particular subgroup, experience additional non-income dimensions of poverty, such as time poverty brought about by the unequal distribution of social reproduction activities in the home. ¹⁴

Sectoral monitoring by the Commission with urban poor women for example in Navotas, Metro Manila, highlighted how the pandemic exacerbated their already difficult situation. Prior to the health crisis, the women members of the *Pederasyon ng mga Maralitang Navoteno* already shared their issues pertaining to their tenure insecurity, lack of access to utilities, absence of social protection and violence experience in the hands of State forces. During the pandemic, the accounts of women showed heightened food insecurity due to loss of income sources/employment and heightened threats from State forces due to containment measures. The situation in Navotas does not necessarily mean it reflects the entire situation in the country but sectoral monitoring on women's rights for instance can illustrate what certain groups of people in society are experiencing and how health emergencies affect their rights.

On older women – In March 2019, dialogues with older women, including those deprived of liberty, highlighted their situations, including access to needed medication, access to social

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¹² Commission on Human Rights, Monitoring of Women With Disabilities' Access to Services, 2021.

¹³ Supra note 2.

¹⁴ Id.

pension and other forms of social protection, and the limited services for the vulnerable ageing population.¹⁵

Older women who rely on income from informal work are particularly vulnerable during the pandemic because of the community quarantine, physical distancing, and closure of businesses and transportation. Without income and without adequate support from the government, their right to be free from hunger, among other human rights, is in danger of being infringed.¹⁶

It is clear that the COVID-19 crisis brought with it economic struggles felt in all levels of the economy and all countries worldwide. However, it must be stressed that this socio-economic impact is more prominently felt among the most vulnerable and marginalized, especially women in the marginalized sector. Pre-existing inequalities are exacerbated with the economic devastation, and the prolonged crisis into the new normal further deepens economic disparities and injustices.¹⁷

In 2020, the Philippine government quickly formulated a 4-pillar socio-economic recovery plan¹⁸. Pillar I of the plan focuses on emergency support for vulnerable groups. Under the said pillar, the government plans to provide financial support in the form of loans for small business, emergency subsidy program for low-income families in the informal sector, unemployment benefits, cash assistance and other immediate and essential support services.

In 2021, the Philippine government started its vaccination rollout with the aim of attaining herd immunity in the next five (5) years. Since the beginning of the vaccination rollout, local government units have been proactive in fighting misinformation that leads to increased vaccine hesitance. With the initial limited vaccine supply, the government prioritizes vulnerable groups such as older persons and the indigent population guided by the principle of equity.

Although the government's recovery plan that puts the vulnerable sectors at the forefront and the continued vaccination rollout efforts are commendable, the government must ensure that various sectors of women are involved in the planning and implementation process to ensure that sufficient measures are in place to address pre-existing and emerging issues confronted by women in the pandemic.

The Commission recommends the following measures to address women's rights issues aggravated by the COVID19 pandemic and to ensure inclusive socio-economic recovery:

- (a) Ensure participation of women organizations in the design, planning, and implementation of crisis interventions, transition, and recovery plans;
- (b) Unpaid care work and multiple burden of women should be recognized such that community consultations are designed to ensure their meaningful participation;
- (c) Provide socio-economic support to women in the informal economy. COVID-19 response and economic recovery plans should address gender inequalities in employment, promote transition of women in the informal economy to the formal economy and provide relevant social protection systems for them. The government should also formulate post-pandemic programs and targets for women's economic empowerment. This should be accessible to women with disabilities, internally displaced persons, indigenous peoples, rural women and other marginalized groups.
- (d) Ensure continuing education. Due to the shutdown of educational institutions and children staying at home, many women and girls are relegated to stereotyped roles in

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¹⁵ Id.

¹⁶ Id.

¹⁷ Id.

Department of Finance, We will rise as one brochure as of October 31, 2020, available at https://www.dof.gov.ph/wp-content/uploads/2020/11/We-Will-Rise-As-One-brochure-as-of-Oct-30.pdf.

Commission on Human Rights of the Philippines, Statement of the CHR Spokesperson, Atty. Jacqueline Ann de Guia, on local government efforts to speed up vaccination, 5 jUne 2021, available at https://chr.gov.ph/statement-of-the-chr-spokesperson-atty-jacqueline-ann-de-guia-on-local-government-efforts-to-speed-up-vaccination/.

domestic work. Inclusive and accessible alternative educational tools free of charge, including in rural or remote areas where internet access is limited, should be provided.

(e) The distribution of social amelioration programs in the Philippines have helped ease the financial burden of older persons. However, post-Covid -19 measures should closely look at non-contributory social pensions. A comprehensive pension system is critical not only to support dignity in later life, but as part of a broader strategy to tackle poverty and inequality.

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