

Monitoring of Economic, Social and Cultural Rights of Women with Disabilities

I. Introduction

Persons with disabilities make up around 15 per cent of the global population with the majority living in developing countries.¹ In the Philippines, the 2010 Census of Population and Housing report shows that about 16 per thousand of the 92.1 million household population of the country has disability; 50.9 percent of which were males while females comprised 49.1 percent. Women with disabilities in particular face significantly more difficulties in both public and private spheres due to their gender and disability.

The Philippines signed and ratified eight core treaties namely the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Convention on the Elimination of all forms of Racial Discrimination (ICERD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Rights of the Child (CRC), the Convention on the Rights of Person with Disabilities (CRPD), and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (MCW). All these treaties have an underlying principle that all human beings are equal in dignity and rights without distinction of any kind.

The CEDAW and the CRPD oblige state parties to protect and promote in particular the rights of women and girls with disabilities. The former provides for non-tolerance for any form of discrimination against women on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. This provision is elaborated by General Recommendation (GR) 18 which specifies that women with disabilities are considered as a vulnerable group of which state parties should provide information on the measures taken to deal with their particular situation to ensure they have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life. The latter in its Article 6, as elaborated in its GR 3, states that women with disabilities face barriers in most areas in life that expose them to multiple and intersecting forms of discrimination including equal access to education, economic opportunities, social interaction and justice, and equal recognition before the law. With this they may experience limitations in access to health care, including sexual and reproductive health services. The intersectional issues of gender and disability among others that is faced by women with disabilities span the breadth of Economic, Social and Cultural Rights

¹ Factsheet on Persons with Disabilities: <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

(ESCR). These particularly relate to their rights to Education, Health, Housing, Food, and Water— which are the areas for monitoring for this activity. With almost half the said population is female, gender-specific information on the economic, social, and cultural conditions and situation of women with disabilities are crucial.

In the Philippines, a number of domestic laws and policies have been enacted to protect, promote and fulfill the rights of persons with disabilities. Most notable of these is RA 7277 or the Magna Carta for Persons with Disability of 1992. Formulated before the CRPD, the law already provides equal rights to persons with disabilities in employment, education, health, social services, telecommunications, accessibility, and civil and political rights. In 2012, the law was amended to ensure equal opportunity for persons with disabilities in terms of employment by mandating all government offices to reserve at least one percent (1%) of positions to persons with disabilities, and encouraging private corporations to do the same. In 2016, the benefits and privileges for persons with disabilities was expanded further to cover at least twenty percent (20%) discount and exemption from the value-added tax in the purchase of medicines, medical and dental services, transportation use of establishments, and burial and funeral services as well as provision of scholarships grants and financial aid.

II. Objectives of the Monitoring

The primary objective of this monitoring is to provide insights on the human rights issues and/or challenges with regard to the rights to housing, health, education, food and water of women with disabilities.

The first level of the monitoring covers the mapping of existing national policies as and government programs and initiatives that guarantee and promote ESCR of women with disabilities.

The second level of analysis is the conduct of focus group discussions (FGDs) which aims to render women with disabilities and their experiences visible. The FGDs aim to highlight intersectional issues of gender and disability in relation to their economic, social and cultural rights through the accounts of women with disabilities.

III. Methodology

Corresponding to the objectives of the monitoring, activities include:

- Mapping of national policies and programs through desk-review and interviews. This entails identifying how ESCR of women with disabilities are recognized in different domestic laws.

- Conducting 3 focus group discussions (FGDs) in Davao, Iloilo and Cavite which include persons with range of disabilities:

1. Deaf and Hard of Hearing
2. Orthopedic Impairment
3. Parents of Children with Disabilities
4. Chronic illness (with proven impairment) and psychosocial disability
5. Visual impairment
6. Older persons
7. Women with disabilities

IV. Specific Economic, Social and Cultural Rights of Women with Disabilities

This report draws from the result of a series of joint consultations of the ESCRC, CRC, and CGEWHR with civil society organizations, peoples' organizations, non-government organizations and national government agencies. It provides an overview of the ESCR of persons with disabilities particularly women with disabilities, a summary of issues of women with disabilities and finally recommendations for moving forward.

IV.A Right to Education

International frameworks on right to education of women with disabilities

The right to education of all, including women with disabilities, is guaranteed under Article 26 of the Universal Declaration of Human Rights (UDHR). Article 13 of International Convention on Economic, Social, and Cultural Rights (ICESCR) gives further detail to the Universal Declaration by formally acknowledging the right of everyone to free and compulsory primary education as well as, progressively, to free secondary and tertiary education. Most notably, Article 13 of ICESCR implicitly promotes the concept of inclusive education highlighting education's role of enabling, "all persons to participate effectively in a free society".

The principle of inclusive education is more explicitly acknowledged in articles 28 and 23 of the Convention on the Rights of the Child, with the former focusing on the purposes of education and the latter, relating specifically to children with disabilities, by imposing an obligation on States to ensure that children with disabilities have "effective access to and receive education, training, health-care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development". The Committee on the Rights of the Child in particular adopted General Recommendation 9 in 2006, in which it specifically views inclusive education as the goal of educating children with disabilities and indicates that States should aim

at providing “schools with appropriate accommodation and individual support” for these persons.

The Convention on the Rights of Persons with Disabilities unambiguously recognized the link between inclusive education and the right to education of persons with disabilities in article 24 as follows: “States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning.”

The Salamanca Statement on Principles, Policy and Practice in Special Needs Education of UNESCO in 1994 establishes the obligation of States to ensure an inclusive education system. It asserts that education for all could not be achieved without including all types of learners in one learning environment. Notably, its paragraph 2 states that “regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all”.

In CEDAW, the right to education of women with disabilities is contained in Article 10, which emphasizes the obligation of states to provide women equal opportunities, standards and conducive environment to pursue education including elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education, equal opportunity to access scholarships and study grants, active participation in sports and physical education, and access to specific educational information such as family planning.

National policies, programs and services targeting women with disabilities

The government has long institutionalized public policy support for inclusive education of women with disabilities. The 1987 Philippine Constitution provides for the establishment and maintenance of free public education in the elementary and high school levels, with elementary education being compulsory for all children. The Constitution also encourages “non-formal, informal and indigenous learning systems, as well as self-learning, independent and out-of-school study programs, and to provide adult citizens, the disabled and out-of-school youths with training on civics, vocational efficiency and other skills.”

The promotion of inclusive education of women with disabilities is contained in several laws. Most notably, the Magna Carta for Persons with Disability recognizes the right of persons with disabilities to quality and accessible education and highlights provisions of education assistance including scholarships, grants, financial aids, and subsidies for persons with disabilities to pursue primary, secondary, tertiary, post tertiary, as well as vocational or technical education in both public and private schools. This was further strengthened by RA 10754 or An Act Expanding the Benefits and Privileges of Persons with Disability. Likewise the Education Act of

1982 provides for a multi-sectoral integrated system of education in the implementation of inclusive education by mandating schools to provide for the establishment of appropriate bodies that would discuss issues and promote their interest.

In 1994, the Philippine government adopted the Salamanca Statement and Framework of Action on Special Needs Education, a policy on inclusive education that subscribes to the fundamental principle that “all children should learn together, wherever possible, regardless of any difficulties or differences they may have.”

Three government agencies namely the Department of Education (DepEd), the Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA) implement education and trainings for persons with disabilities. The CHED is in charge of seeing to persons with disabilities are accommodated in colleges and universities, while TESDA provides technical and vocational training.

The government promotes an inclusive education that mainstreams students with disabilities in regular classes as its main strategy. Through the DepEd, it has issued a number of implementing orders thereby expanding access to education of persons with disabilities.

- Department Order No. 14, s. 1993 entitled Regional Special Education Council which authorizes the regional directors to organize a Regional Special Education Council (RSEC).
- Department Order No. 26, s. 1997 entitled Institutionalization of SPED Programs in all Schools which institutionalizes the provision of equal educational opportunities to children with disabilities through special needs education.
- Department Order No. 12, s. 1999: Production of textbooks for learners with visual impairments.
- Department Order No. 11, s. 2000: Recognizes special education centers in the Philippines.

Other government agencies implement their own education-related initiative for persons with disabilities. For example, the Department of Social Welfare and Development (DSWD) launched the Continuing Education with Barriers (TAWAG) Program to enhance the physical, social, mental, and psychological functioning of children and out-of-school youth with disabilities through their integration into day care services, and special or regular schools.

Barriers in the full realization of right to education of women with disabilities

Inaccessible and inadequate educational facilities

The Magna Carta for Persons with Disability and the Accessibility Law of 1983 both seek to ensure that public spaces, including educational institutions, are accessible to persons with disabilities through structural features, such as ramps, elevators and railings. However, almost three decades after the passage of the law, accessibility features in school buildings are still lacking. In 2015, an accessibility audit of 20 buildings in the University of the Philippines –the country’s national state university, showed that most structures, whether built before or after the law, fails to comply with the accessibility law. The buildings lack accessibility features for persons with disabilities, particularly ramps, signages, accessible restrooms and designated parking spots.² The condition of school facilities is even more dismal in the provinces where accessibility features in school buildings are often non-existent. As shared by women with disabilities in the FGDs, the lack of accessibility features results to tardiness or absences in classes due to difficulty in moving from one classroom to another. In many cases, persons with disabilities are left to wait until assistance arrives.

“Pagkatapos noon, pumunta ako ng Maynila. Nagpakabit ako ng artificial bago ako nakapagpatuloy ng pag-aaral. Nahirapan din ako kasi ‘yong school namin is hanggang tatlong palapag. Nahahirapan akong mag-panik panaog. Lagi akong huli sa klase.”

“Ang problem naming mga wheelchair-bound na PWD – ay ang accessibility ng school. Minsan ang admin ay nasa 2nd floor kapag nag-enroll pupunta pa sa 2nd floor, tapos kami naka-wheelchair. Kung isang PWD lamang naman – ito ay hindi baba-baan, matagal na oras pa bago pansinin at kailangan ulit-ulitin.”

“The admin is in the second floor, and it’s a struggle during enrolment. Because there is only one PWD, they will not immediately go down and attend to your needs. They will let you wait for a long time. You need to repeatedly bug them to get their attention.”

As revealed in the FGDs, SPED schools are not evenly distributed across cities and provinces. There are also more privately managed SPED schools, which makes it difficult for women with disabilities coming from poor backgrounds to access education. The lack of nearby schools which can cater to their needs discourages them from pursuing education especially for women with disabilities located in rural areas. With poverty pervasive among women with disabilities, distance of residence from school is important consideration for studying due to expensive transportation cost.

² Padayon U.P. para sa P.W.D.: An investigative study on the admission and accessibility of the University of the Philippines Diliman for persons with disabilities, <http://iskwiki.upd.edu.ph/flipbook/viewer/?fb=2010-18626-Jhesset-#page-1>

“Ang isang school naman ng National Orthopedic Hospital na school for crippled children – makikita natin na ang mga school na nagbibigay ng mga opportunity sa PWD ay nasa malayong lugar wala po sa Cavite. Mabiigyan sana ito ng atensyon sa atin. Malaking bagay poi to sa mga PWD – ang iba ay hindi informed na may ganitong school para sa PWD.”

In rural areas, many communities can be reached only by foot due to lack of roads that connect them with the other parts of the community. Those with mobility impairment often complain about the poor quality of roads that they have which further constraints their mobility and limit their exposure to information and available resources around them.

High education cost

Poverty is the single biggest obstacle for women with disabilities trying to access education. As women disability shared in the FGDs,

“Hindi ang kapansanana namin ang dahilan kung bakit hindi kami nakapagtapos ng pag-aaral. Dahil iyon sa kahirapan talaga ng mga magulang magulang ko noong araw.”

Despite free public education, the need to purchase school uniforms and learning materials hinder poor families from sending their children to school. Women with disabilities are entitled to scholarships and educational assistance under Magna Carta of Persons with Disability, however, stringent requirements to access education such as entrance examination add burden and often discourage women with disabilities. Also, the logistical needs to be able to perform their learning tasks which require assistive devices (screen reader, playback machine and hearing aid), personal assistance (guide and sign language interpreter) and advance technology (digital accessible information system) makes such financial assistance inadequate. To deaf students for instance, the need for skilled sign language interpreters makes access to quality education more difficult and expensive. As shared in the FGD,

“Interpreters should not be shouldered by deaf – it must be subsidized by the government – most persons with disabilities are poor.”

Because overcrowded classroom is a problem in public schools, along with insufficient capacity to cater to the needs of children with disability particularly those with behavioral problem, poor families who cannot afford to send their children to private schools are forced to let their children stop from schooling.

Hostile learning environment

The FGDs showed disability itself does not hinder full and effective participation in education of persons with disabilities but rather attitudinal and environmental barriers existing

in society. Social stigmatization and traditional attitudes towards persons with disabilities remains deeply embedded in Philippine society. It is currently prevalent among teachers, school authorities, local authorities, communities and even families, which reinforces exclusion of learners with disabilities, and clearly hinder their inclusion. As one parent shared in the FGD,

“Hindi tinanggap ang anak ko sa SPED school dahil malikot daw. Ang tinatanggap lamang nila ay ang mababait na bata.”

While the Zero Rejection Policy requires all schools and educational institutions to accept any enrollees, including those with disabilities, there are still cases where persons with disabilities are rejected by educational institutions due to absence of appropriate built-in environment or devices that would address their needs.

Bullying of persons with disabilities is still prevalent in schools discouraging them from attending classes. The presence of a safe environment and culture of acceptance is important to increase attendance of persons with disabilities in schools. As parents of children with disability shared in the FGD,

“May mga nag-bu-bully na mga classmates. Ang mga bata na gustong (ganadong) pumasok sa eskwela, pero dahil sa treatment sa kanila ng mga ka-klase ay nawawalan ng gana na pumasok dahil sa pangangant“yaw – ito ang isang barrier kung bakit hindi sila naka-pasok.”

“The child was enthusiastic to go to school. However, the classmates would often tease the child, thus, was eventually discourage to attend classes.”

Persistent gender stereotypes to prioritize education of men

The belief that men are the head of the household and breadwinner of the family leads to de-prioritization of women with disabilities’ education. Given the high prevalence of poverty among families of persons with disabilities, if a choice has to be made between sending a boy or a girl to school, the boy will usually be given precedence. While women with disabilities themselves believe they can also provide food for their family, their parents think otherwise, who strongly believe that women’s primary role is to stay in the house and look after the family. The following were some of the sentiments shared by women with disabilities in the FGD,

“Ang treatment ng ibang tao sa mga babae ay kailangan ang lalaki ang mauunang pag-aaralin kasi iyon ang may kakayahang magbigay ng pagkain sa pamilya. Hindi naman nila alam kung ano ang kakayahan ng mga babae, na kaya rin ng babae ang ginagawa ng mga lalaki, na kaya rin buhayin ng mga babae ang kanilang pamilya.”

“Mayroon kasing law ‘ang aking tatay na pinagsisihan niya ngayon. Ang sabi kasi niya dati na ang mga babae ay hindi na dapat tumungtong ng college. Ang babae daw ay para sa bahay lang. Ngayon, nakita naman niya na ang babae pala ay pwede ring pumasok sa opisina, makatulong sa mga magulang, ‘yong ganoon. Kaya ngayon pinagsisihan niya iyon. Huli na ang lahat.”

“Tulad sa amin, ang nanay ko mas priority niya ang lalaki, kasi kapag nag-aasawa daw, siya ang head of the family, at siya rin ang naghahanap-buhay. Then, ang babae naman, pinapakain lang, o kaya naman nasa bahay lang. Pero sa sitwasyon namin, kasi wala akong asawa. Sabi ko sa kanila, sa tingin ko ang lalaki at ang babae pantay lang dapat. Pare-pareho lang, kasi ‘yong babae pwede rin naman maghanap-buhay. Kaya lang sa kanila, sa paniniwala nila at dahil iyon ang kinalakihan nila, ‘yong mas pinapaboran ang lalaki kasi sila ang naghahanap-buhay.”

Absence of tailored education programs based on disability and learning capacity

The government had made efforts to improve the adaptability of education to persons with disabilities. According to the 2015 UNESCO report on Monitoring of the Implementation of the Convention and Recommendation against Discrimination in Education, the Philippines has made great strides in equipping schools with assistive technology and devices to support student’s learning in classroom. However, there needs to be done to design curricula that pay attention to the needs of learners with disabilities as well as offering individual education plans and special follow-up for students with disabilities. In the FGDs, persons with disabilities raised the same concerns that level of learning should be tailored according to their needs. For instance, while many parents appreciate their children with disability are in school, putting them in regular classes without additional support makes learning difficult for persons with disabilities. As shared by a deaf parent,

“Deaf people have a hard time learning in Filipino subjects because their primary language in signs, gestures and theory are learned in English. There is a need for them to learn Filipino; however, they need to have transcription from Filipino to English.”

“In high school, MAPEH and TLE are considered the hardest subjects to learn. Children with disability need further assistance from the SPED Teachers or interpreters to support them in the regular class.”

Often, reasonable accommodation to facilitate persons with disabilities learning is lacking, with persons with disabilities themselves making the needed adjustments to cope with school work. As one woman with disability shared,

“Kadalasan hindi sila nag-adjust para sa akin. Ako ang nag-aadjust para sa kanila, ganoon. I was treated like normal person, parang ganoon. Nahihirapan din ako lalo na sa financial, kaya nga nag-stop ako ng ilang taon. Tapos, aral ulit, stop ulit. Pagpasok ko sa pag-aaral na may bagong curriculum na, balik ako sa first, ganoon ang nangyari sa akin. Mahirap talaga siya. Kadalasan talaga, hindi talaga nila nabibigyan ng atensyon ang kaibahan ng PWD (Person with Disabilities) at saka normal. Pagdating sa project fair kaming lahat, sa presentation ganoon din, sa financial, sa lahat-lahat. So, mahirap talagang mag-adjust. Pero at least, natapos ko.”

Inadequate skills among teachers and administrators

The success of inclusion education programs depends largely on the competency and quality of teachers and education personnel involved. While Human Resource Development Program for SPED teachers is in place, and the Bureau of Elementary Education, Special Education Division regularly conducts summer training programs, the numbers of well-trained teachers are few compared to the actual demand for them. There are not enough qualified SPED teachers in the country. In addition, the quality of services is severely strained resulting in the dropping out or withdrawal of pupils with disabilities.

“Ang mga teachers ng SPED ay dapat matuto ng sign language, ang PWD nating mga deaf and mute ay hindi nating kayang turuan dahil hindi marunong ng sign language – mabigyan sila ng training dahil kulang ang mga teachers natin.”

“Teachers of SPED should learn basic sign language. They are not capable of teaching the deaf and mute because they don’t know how to sign.”

“Teachers in Public School (assigned to handle the Children with Special Needs) should also be intellectually equipped (knowledgeable – or at least with proper training) on how to know the distinction and/or classifications of child’s disability; and at least emotionally prepared in handling the CWDs.”

Most of these teachers are overly tasked and not compensated in relation to their qualifications and workload. Due to small and non-competitive salaries, many teachers choose to work abroad in more developed countries. The delays in salary payments, non-conducive working conditions and excessive number of students in the classroom fuelled further the exodus

of qualified teachers abroad. Emigration of qualified teachers is seriously burdening Philippine's educational system. As one parent of children with disability shared,

"There is a need to teachers and interpreters higher salary and benefits such as insurance to encourage them to stay in the country. Many SPED teachers in Imus, Cavite go abroad due to better compensation offer."

Right to Health

International frameworks on right to health of women with disabilities

The right of persons with disabilities to enjoy the highest attainable standard of physical and mental health is a fundamental human right anchored in a range of international instruments. Article 25 of the Universal Declaration of Human Rights recognizes the right to health as a component of the right to an adequate standard of living and social protection. The ICESCR Article 12 also covers persons with disabilities right to health and mandates state parties to take necessary step to reduce stillbirth rate and infant mortality, ensure hygiene, prevention, treatment and control of all forms of diseases, and availability of medical services.

Likewise, under Article 12 of CEDAW, covers persons with disabilities particularly women with disabilities are entitled to access to health care services specifically on access to reproductive and maternal health services such as family planning, pre and post natal care and nutrition.

Article 23 of the UN Convention on the Rights of the Child recognizes the right of mentally or physically disabled child to enjoy a full and decent life. It highlights the state obligation to ensure access to health care services and rehabilitation services and promote international cooperation and knowledge exchange in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information.

Article 25 of the UNCRPD reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination on the basis of disability. It specifically underscores that health services must be gender-sensitivity. The range, quality and standard of health services provided to persons with disabilities must be the same as provided with other persons. Because of their disability, the provision put importance to early detection and intervention, and services designed to minimize and prevent further disabilities. It also highlights the health professionals' obligation to ensure quality care to persons with disabilities and to go through necessary training to properly fulfill duty.

Recently, the World Health Organization released the Global Disability Action Plan 2014-2021. This document intends to help countries direct their efforts towards specific actions in order to address health concerns of persons with disabilities. The Action Plan identified three major objectives: to remove barriers and improve access to health services and programmes; (2) to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; (3) to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

National Policies, Programs and Services

The 1987 Philippines Constitution explicitly referenced the prioritization of women and persons with disabilities in the health development of the country.³ It also mandates the state to “establish a special agency for disabled person for their rehabilitation, self-development, and self-reliance, and their integration into the mainstream of society”. The Magna Carta for Persons with Disability expounds further government’s obligation to integrate the concerns of persons with disabilities in all types of public services, including health and medical. The Magna Carta of Persons with mandates the DOH to develop national health programs aim at prevention of disability, early diagnosis and rehabilitation of persons with disabilities including the medical treatment and establishment and appropriating for funds for rehabilitation centers.

The Department of Health (DOH) acts as the lead agency in championing the health of PWDS, with health programs focus on prevention of diseases and conditions that may cause disabilities. The passage of RA 9288 or the Newborn Screening Act of 2004, requires hospitals to conduct six mandatory neonatal screening procedures upon giving birth to children to address the need for early and timely intervention to those who may have various impairments. Similarly, the department’s launched the Prevention of Blindness Program in 2017 where it integrates eye care into public health programs at the local government unit level for continued advocacy and promotion of comprehensive eye care with focus on avoidable blindness. The program utilizes service delivery network to ensure families especially the poor and marginalized are profiled, navigated, and referred and arrangements made with health providers in the different levels of care.

To ensure availability and affordability of medicines needed by PWDS for their health maintenance and treatment, the government enacted the Cheaper Medicine Act of 2008 or RA 9502 and the Generics Law of 1998 or RA 6675. Further, DOH issued Implementing Guidelines of Republic Act 10754, otherwise known as “An Act Expanding the Benefits and Privileges of Persons with Disability”, for the Provision of Medical and Health-related Discounts and Special Privileges,

³ Article XIII, Section 11

which covers at least 20 percent discount for the purchase of medicines in all drugstores and on medical and dental services.

As part of the Government's health sector reform agenda, under the Philippine Health Insurance System or Philhealth, persons with disabilities can apply for insurance coverage through organizations accredited by DSWD or NCWDP. The Government, through DSWD, pays for the premium or mandated contribution of persons with disabilities who cannot afford to shoulder this cost. They become beneficiaries of the Philhealth's indigency program. Persons with disabilities who are employed or who have the resources to pay prescribed annual premiums, either monthly, quarterly, or semi-annually, can also avail themselves of private health insurance coverage aside from Philhealth. In order to obtain such insurance coverage from nongovernment entities, persons with disabilities are no longer required to undergo thorough medical examinations (unlike in the past) as a condition for coverage, unless they declare having serious ailments apart from their disability.

Barriers in the full realization of right to health of women with disabilities

Lack of access to basic and specialized health services

Barriers remain in providing access to basic services for persons with disabilities. The limited infrastructural and health facilities especially in rural areas hamper the delivery of consistent high quality health services for persons with disabilities. There are still barangays without health centers despite the law's mandate for every barangay to equip itself.

"Malayo ang hospital sa bahay namin, nasa Davao City pa 'yong ospital namin. Mga tatlong oras 'yong biyahe. Mahal ang pamasahang papunta."

"Ako kasi nasa Poblacion, 'yong parents ko naman nasa bukid, kaya kadalasan kapag may sakit sila, dumidiretso sila sa private clinic, kasi paminsan-minsan lang pumupunta 'yong nurse sa barangay clinic. So, for safety purposes, dumidiretso na lang sila sa private."

In cases where there are clinics, it often lacks medicines needed by persons with disabilities. There are no health providers as well especially doctors to check on their conditions.

"Sa amin, malapit lang 'yong health center, pero walang gamut. Binigyan kami ng reseta tapos, nanghihingi lang ako sa munisipyo ng gamut. Pinapakita ko lang 'yong reseta, binibigyan naman ako. Mahirap ko siyang ihatag. Pero kung grabe na 'yong sakit, dadalhin ko na sa ospital pero malayo naman."

“The health center is close to our place, but there is no medicine. They gave us a prescription and I would go to the municipal to get medicine. They give me medicine but it is challenging. If the sickness is severe, I will go to the hospital but it is really far.”

“Isang nurse lang sa barangay clinic. Tapos, minsan wala pa kasi may lakad daw o pupunta sa mga patients nila, ganoon.”

“There is only one nurse in the barangay clinic. Sometimes the nurse is not available due to other obligations or have other patients to visit.”

The health needs of persons with disabilities vary with the type of limitation (e.g., mobility or cognitive) and by the condition underlying the disability. Certain persons with disabilities require specialized services and treatments that are often absent in public health institutions. For example, only tertiary hospitals, such as the Philippine Children’s Medical Center, provide free assessment for children with disabilities.

“In Davao area, there are only three Behavioral and Developmental pediatricians. There is no government facility that offers Occupational Therapy or any Applied Behavioral Analysis Test for children with behavioral problems. In private clinics, payment for therapy is very costly.”

“Specialization in the hospital was needed due to the delicate condition of the child. If we put the child in a low cost regular facility, the likelihood of complications was very high. The daily needs of parents are hard because it will all be given to the child.”

With long line queues and waiting period at public health facilities, persons with disabilities are forced to seek treatment in private clinics and have to pay exorbitant fees which prove to be too costly especially for mothers with no source of income.

“Oo, mayroon sa aming mga ospital pero puro private. Bago pa matanggap, kailangan pang pagdaanan ang maraming proseso. Kailangan rin na may dala kang pera na pang-down. Wala kasi nga kaming public hospital sa ngayon. Sarado ang Salamangka ngayon dahil nga under renovation. Kaya halos lahat dito ang takbuan. Kaya minsan kapag mayroon kaming emergency, minsan tumutulong ako na idiretso na sa Trese hangga’t maari. Sinasabihan ko sila na huwag na silang dumaan kung saan-saan. Kasi sa ngayon, wala talaga kaming public hospital.”

“Kadalasan kasi sa public doctor, minsan wala o kaya naman minsan nurse lang ang nasa clinic, ganoon. Tapos, marami pang nagpupunta sa public clinic, kaya siksikan at tapos may mga sakit pa.”

Because PWDs mobility is constraint by their impairment, the local government units have the obligation to provide one-stop health centers within the locality to facilitate the regular check-up and health monitoring of PWDs' conditions.

“There is a need for every municipality to have designated doctors for each chronic illness such as psoriasis, lupus, persons with kidney problems, etc.”

“PWDs experience depression as well. We need a psychologist in every municipality, a counselor, and a dietician clinic for PWDs.”

Rather than PWDs traveling far to look for treatment, the government needs to reach out to PWDs by bringing closer the services to where it is needed through regular medical missions particularly in remotes areas.

“It is difficult for PWDs to go to cities to get treatment. Bring the services where it is needed especially in remote areas.”

Expensive health maintenance cost and inadequate social protection

Maintenance treatments and medicines either to stop or delay the progress of further disabilities are among the daily struggles face by women with disabilities particularly those experiencing chronic illness such as lupos, psoriasis, kidney problem, diabetes complication and psychosocial disability. While the government provides free medical assistance for three to six months, it is insufficient to sustain a lifetime illness. In some cases, PWDs experience delays in getting the needed maintenance medicine due to government's stringent paper requirements.

“Sa health siguro ang masasabi kong nasa akin na lahat, kasi may monthly check-up ako dahil diabetic ako. At the age of 29, I was diagnosed with diabetes. Mayroon din akong diperensya sa heart. Ngayon, Insulin-dependent na ako. Every 8 p.m kailangan kong mag-inject ng gamut. Ako na lang ang nag-iinject sa sarili ko, kaya hirap na hirap talaga ako sa aking maintenance, kasi ang mahal ng mga gamut. ‘Yong honorarium ko this month inuutang ko na iyan for the next month, kasi hindi pwedeng hindi ako makainom ng maintenance. Kapag ganoon, hindi ako makakapagtrabaho. Ang maintenance ko sa diabetes ay mayroon akong tablet, Insulin tapos, -may Calcium din ako and mayroon din ako sa heart. Then, may monthly check-up ako, kaya minsan, nanghihingi ako ng assistance from DSWD. Binibigyan naman nila ako, kaya lang limitado ‘yong binibigay kasi marami din naman ‘yong nanghihingi.”

Social protection for persons with disabilities particularly in terms of health coverage is inadequate in the country. Persons with disabilities are not automatically covered by the Philippine Health Insurance System (PhilHealth). While persons with disabilities can avail

PhilHealth as indigent members, they cannot at all times avail discounts on medical fees as the insurance requires inpatient services or the person must be admitted in the hospital. There is a need to push for PWDs automatic membership under PhilHealth and to expand its services to include annual check-up and outpatient services such as x-ray and laboratory.

“Pero ‘yong discount sa gamut, hindi pa namin na-avail iyon. Mahirap sa akin kasi ‘yong Philhealth pwede mong gamitin iyon, pero kung sa susunod na buwan na-admit ka ulit at parehong sakit, hindi na pwedeng gamitin ‘yong Philhealth card mo.”

“We hope the government grants us same free lifetime health insurance as Senior Citizens. It should realize that like them, we are also prone to sickness. Many of the PWDs come from poor family.”

The Philippine Social Security System (SSS) also includes persons with disabilities in its membership. However, persons with disabilities have little or no access to the benefits derived from SSS due to their inability to pay the prescribed monthly contributions as a result of pervasive poverty and lack of employment among persons with disabilities. The expansion of coverage of the SSS and identifying sources of funds to provide long-term protection to persons with disabilities are important needs.

Lack of awareness on chronic illness and dismissive attitude of service providers

Stereotype that disability is manifested only thru physical condition is widespread, resulting to discrimination of persons suffering from chronic illness. Because persons with chronic illness appear fit and well, they are denied with the public benefits that are entitled to them.

“When we ride a bus, we are not given discount despite presenting our PWD ID. People do not understand chronic illness unlike the blind or crippled persons.”

The need to monitor the implementation of benefits that are intended for PWDS remains important. PWDs also experience discrimination from doctors who do not honor discounts when PWDs avail only check-up procedure. PWDs are discouraged to avail government services as well due to unaccommodating or dismissive attitude of service providers towards PWDS.

“I myself work in DSWD, and I often hear and see my colleagues asking PWDs - Why are you here again? It is you again. You are always asking.”

The belief that disability, especially in the case of psoriasis and lupus, is contagious is still common. Many PWDS are forced to isolate themselves, refused to go to school and socialize due to the stigma and insult they received from public. PWDs are seen as people without use, waste of their time and resources. One parent who was doing a fund raising activity for the liver

transplant of her child, instead of receiving encouragement from the community, she was asked why keep pushing for the fund raising activity when at the end the baby will not survive.

“What hurts us the most is not our illness, but the discrimination we experience – the way people look at and treat us.”

Right to Housing

International frameworks on right to housing of women with disabilities

Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) encompasses persons with disabilities right to adequate housing and mandates the Philippine government to ensure appropriate measures are in place to improve living conditions of persons with disabilities and his or her family. Further, [General Recommendation 4 of ICESCR](#) highlights security of tenure, affordability, habitability, accessibility, and availability of services, materials, facilities and infrastructure, location and cultural adequacy as criteria to suffice adequate housing. It explicitly mentions the prioritization and consideration of the special housing needs in both housing law and policy of disadvantaged groups including persons with disabilities. [General Recommendation 7 of ICESCR](#) promotes the protection of vulnerable groups from forced eviction, and recognizes the discrimination that women are likely to experience in relation to property rights including home ownership, rights of access to property or accommodation, and their particular vulnerability to acts of violence and sexual abuse when they are rendered homeless.

The Convention on the Rights of Persons with Disabilities (CRPD) further elaborates the meaning of the adequate housing for persons with disabilities and creates a new benchmark for the realization of their right. Article 28 of the CRPD recognizes the right to adequate housing as a component of the right to an adequate standard of living and social protection. In particular, this includes ensuring access by persons with disabilities to public housing programs, access to clean water services, and appropriate and affordable services, assistance from the state with disability related expenses, and access to social protection programs.

National policies, programs and services

Housing is one of the entitlements of every Filipino citizen guaranteed by the 1987 Philippine Constitution.⁴ While it does not explicitly mention persons with disabilities, it calls for urban land reform and housing with preferential option for the underprivileged and homeless citizens in urban centers and resettlement areas. The national government likewise has in place housing laws, policies and strategic development plans that prioritizes the needs of vulnerable

⁴ ARTICLE XIII: SOCIAL JUSTICE AND HUMAN RIGHTS, Section 9

and marginalized sector. The Local Government Code of 1991 or RA 7160 mandates local government units to prepare comprehensive land use plans and to implement low cost housing projects and mass dwelling that benefit the poor and the landless. The Urban Development and Housing Act of 1992, or Republic Act 7279 calls for the provision of decent shelters to the underprivileged and homeless citizens in urban areas and resettlement areas, rational use and development urban land, and equitable and secure land tenure system. The Philippine Development Plan 2017-2022 identifies implementation of alternatives and innovative solutions in addressing the housing needs of the lower-income classes and the vulnerable sector.

There are only two government policies that explicitly mention the right of persons with disabilities to live in the community as equals as the rest of the citizens. In 2002, Executive Order No. 105 was signed to put up housing programs intended for poor older persons and PWDs. Likewise, the Magna Carta for Persons with Disability mandates the national government to take into consideration in its national shelter program the special housing requirements of disabled persons.

Barriers in the full realization of right to housing of women with disabilities

Absence of comprehensive housing programs for persons with disabilities

There were three housing projects provided to persons with vision impairments and their families in 1983, 1987, and 1998, years before the enactment of RA 7277 and EO 105. They were located in Project 4 Munting Pamayanan in Quezon City, the Karangalan Village Shelters in Pasig City, and the Padilla Housing Village in Antipolo City. The houses were of bungalow and duplex types and were sold to the beneficiaries at PHP16 to PHP30 pesos monthly. Records show that the payment was aimed to serve as revolving funds so as to create more housing projects in the future. Since then, no other exclusive housing for persons with disabilities has been constructed.⁵

In 2000, a housing project for persons with mobility disabilities was started in Davao City. Most of the intended beneficiaries were persons with disabilities employed in the Local Government of the city and the Association of Differently-abled Persons (A.D.A.P.) of the same area. Others were employed in the school desk project of the Department of Education as stated in the General Appropriations Act which provides ten (10) percent of the budget for school desk production to cooperatives of persons with disabilities. At present the site which is 30-minute drive from the city is already being occupied by 75 families. Due to the seasonal nature of the employment of beneficiaries, the need to restructure the payment scheme has been forwarded. Other housing projects for the sector are found in Leganes, Iloilo and the Albay proving in the Visayas and Southeastern Luzon. Initiated by organizations of Persons with Disabilities, these

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latter housing projects were partnered by the Sectoral Council of Persons with Disabilities of the National Anti Poverty Commission, the National Housing Authority, the Housing and Urban Development Coordinating Council hudcc, the PAG-IBIG Housing Fund and the respective Local Government Units and the Department of Interior and Local Government.

Other housing schemes for persons with disabilities are still in the proposal stages. These schemes include allocating a certain percentage of the housing units to persons with disabilities who can demonstrate capability to sustain agreed payment schemes. The Gawad Kalinga program in partnership with Habitat International has started bringing a good number of capable persons with disabilities beneficiaries into its community and housing projects. The sector is positively responding to the scheme due to its inclusive and holistic nature.⁶

While persons with disabilities appeal to local government to create a PWD village in every municipality, there is a need to rethink housing programs for PWDS. Donors and observers like the National Committee on the UN CRPD on the Sectoral Council of Persons with Disabilities concluded that exclusive housing for PWDs may not be the best way of responding to their needs.

Unclear mechanisms to access housing programs

The available mechanisms to target right beneficiaries for the housing programs are unclear and flawed. Typically, the unintended beneficiaries are better educated (and sometimes, better connected politically), and can present themselves as worthy beneficiaries of government subsidy programs to the prejudice of the intended beneficiaries. This has happened not only in the housing subsidy programs but also in other government subsidy programs.⁷ As shared in the FGD,

“The problem encountered by PWDs, often the person handling and implementing the program has political bias. For example, if you are not known supporter of the Mayor, you are excluded in the program. I hope this kind of practice is stop.

Below standard housing units and poor facilities

In cases where persons with disabilities were able to avail housing units, it is not livable. Persons with disabilities seem more likely to experience problems associated with housing deprivation such as lack of access to electricity and potable water, no bath or shower in the dwelling, as well as absence of schools and health centers in the proximity of the housing units.

⁶ <http://www.yorku.ca/drpi/files/PhilippinesLawsRep.pdf>

⁷ <https://dirp3.pids.gov.ph/ris/books/pidsbk01-housing.pdf>

The housing units are too small for a family to live comfortably. Often, persons with disabilities were not consulted in the planning and design of the units.

“Parang kwarto lang kasi ‘yong tinitirhan namin. ‘Yong mister ko kasi ay may mga anak, kung бага, isang kwarto lang kami. Gusto kong baguhin doon ay magkaroon kami ng kisame kasi mainit. Mababa ‘yong bubong. Sa katulad kong may karamdaman, lalo na kapag nagpa-chemo ako, gusto ko malagyan ng kisame.”

“Sa ngayon, under renovation ‘yong bahay namin. Pero ang gusto ko pang mabago doon sa bahay namin ay ‘yong daanan po. Kapag kasi nagkaroon ng sunog, hindi basta-basta makakalabas, kasi ‘yong mga kapit-bahay namin, ‘yong pathway, o ‘yong harapan ng bahay nila ay ginawa nilang tindahan. ‘Yong daanan po ng palabas ng eskinita”

Lack of access to income, benefits and housing loans

Persons with disabilities are disproportionately poor having an income below of the national median average. Persons with disabilities who have regular incomes derived from either self-employment or open employment have access to housing loans from the Government Service Insurance System (GSIS) if they are employed by government; from the SSS if self-employed or working for private entities; and the PAG-IBIG Fund or commercial banks with lending facilities for house, lot, or similar property acquisition. However, persons with disabilities are disproportionately poor having an income below of the national median average, and often without employment, they cannot access these housing benefits. The requirement of the GSIS, SSS, and PAG-IBIG programs that participants contribute for at least two years before they qualify for assistance also discriminates against persons with disabilities and other poor people, including those employed in the rural and non-formal sectors.

Persons with disabilities can apply housing loans from commercial banks and other private lending institutions provided they satisfy the requirements prescribed by these lending entities, such as proof of adequate income. However, given the high number of persons with disabilities living in poverty, they seldom apply for housing assistance. Because many of them lack education, there is also little awareness of existing housing programs and how to access them. The high transaction costs of getting housing loans contribute as well to a lack of access to housing for persons with disabilities. Persons with disabilities are not also exempted from paying property taxes or given lower tax for their property and inheritance.

High household maintenance and utility cost

According to the Power Development Plan 2017 to 2040 the country’s power rates remains one of the highest in Southeast Asia, at par with the level in Singapore. The household

electricity rate at Php8.90 per kilo watt hour is highest in the region.⁸ Unlike other vulnerable groups such as senior citizens, persons with disabilities are not entitled to water and electric bill discount. Given the high number of disabled people living in poverty, most persons with disabilities are further burdened by high electricity cost.

Inaccessible and far from government and other social services

Inaccessibility to school, market, place of work and government services are common problems encountered by women with disabilities due to the remoteness of their houses from the city center. This further burdens women with disabilities especially those without sources of income as they have to pay higher transportation cost to be able to attend to their daily needs and avail government services. As shared in the FGD,

“Medyo malayo siya sa school. Ang transportation kasi sa amin ay tricycle, kaya mahal ang papasok na tricycle.”

Right to Food

International frameworks on right to food of women with disabilities

Generally understood as the right to feed oneself in dignity, the right to adequate food is a long-standing international human right. Article 25 of the UDHR and Article 11 of the ICESCR recognize the right to a “decent” or “adequate” standard of living, which implicitly includes access to adequate food as a basic human right. The Committee on Economic, Social and Cultural Rights in particular adopted General Recommendation 12 in 1999, in which it expressed that physical and economic access at all times to adequate food or to the means for its procurement is fundamental to the realization of right to adequate food. The text highlights the need for special attention and priority consideration with respect to accessibility of food for socially vulnerable groups and physically vulnerable individuals, such as infants and young children, elderly people, the physically disabled, the terminally ill and persons with persistent medical problems, including the mentally ill.

Article 28 of the UN CRPD recognizes the right to adequate food of persons with disabilities as a component of the right to an adequate standard of living and social protection. It identifies essential measures that the state must promote and ensure to achieve right to adequate food of persons with disabilities including access to clean and affordable water

⁸ <https://www.philstar.com/business/2017/08/24/1732332/philippine-electricity-rates-still-highest-southeast-asia>

services, access to social protection and poverty reduction programs especially for women and girls with disabilities, financial assistance, and retirement benefits.

Other international conventions that implicitly recognize the right to adequate food of women with disabilities are Article 12 of CEDAW which recognizes lactating and pregnant women's right to adequate nutrition; and Article 24 of the Convention on the Rights of the Child which provides for adequate nutritious foods and clean drinking-water to combat disease and malnutrition among children.

The right to adequate food of women with disabilities is also recognized in the food security guidelines of the UN Food and Agriculture Organization. The World Food Summit Declaration reaffirms "the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger."

National policies, programs and services

The Philippine legal framework does not sufficiently incorporate human rights obligations arising from the right to food. The explicit protection of the right to adequate food in the 1987 Philippine Constitution can be found in Article XV, Section 3 in relation to children's right to assistance including nutrition. The Constitution mentions the word "food", not as a human right per se, but as an obligation of government to "establish and maintain an effective food and drug regulatory system."

The guarantee of the right to adequate food is explicitly cited in the Section 20 of the Magna Carta of Women, in which it highlights quality and quantity of food to meet dietary needs of individuals, the physical and economic accessibility to adequate food, food safety, cultural appropriateness, and access to accurate information to the availability of food including how to produce and access them.

Different aspects of the right to adequate food and nutrition are scattered in various existing laws such as RA 6657 or Comprehensive Agrarian Reform Law, RA 8435 or Agriculture and Fisheries Modernization Act, RA 8550 or Philippine Fisheries Code, RA 7607 or Magna Carta of Small Farmers, RA 7884 or National Dairy Act, RA 7900 or High Value Crops Act, RA 8178 or Agricultural Tariffication Act, RA 7308 Seed Industry Development Act, RA 9168 or Plant Variety Protection Act, RA 7581 or Price Act, RA 71 or Price Tag Law, EO 51 or Milk Code and RA 8976 or Philippine Food Fortification Act of 2000, and RA 1061 or Food Safety Act.

The Pantawid Pamilya Pilipino Program (Conditional Cash Transfer Program)which aims to break the cycle of poverty by keeping children aged 0-18 healthy and in school, had identified

household of persons with disabilities a beneficiaries of the program. It provides conditional cash grants to the poorest of the poor in the Philippines including rice subsidies.

Barriers in the full realization of right to health of women with disabilities

High poverty incidence among women with disabilities

The link between poverty and disability goes in both directions – poverty can lead to disability through poor living conditions, malnutrition and lack of access to health services. At the same time, disability is a cause of poverty due to lack of employment and education opportunities. Persons with disabilities are among the poorest of the poor in any country including in the Philippines. While there is lacking studies on national poverty level among persons with disabilities, two studies conducted in select cities of Metro Manila and in Rosario Batangas revealed poverty incidence amongst persons with disabilities is higher compared to the general population. In Metro Manila, more than 40 percent poverty incidence amongst persons with disabilities compared to 2.6% for the whole Metro Manila while more than 60 percent poverty incidence amongst persons with disabilities in Rosario Batangas compared to just 10.3 percent for the general population in that region.⁹ The high poverty incidence among persons with disabilities makes them prone to hunger, particularly women with disabilities who shoulder the burden of looking for extra income to feed their family. As shared in the FGDs, their income is insufficient to cover other household expenses.

“Malapit lang ang bilihan ng pagkain sa amin. Pero mahal ang bilingin o ‘yong mga binebenta. Kung tutuusin talaga, kulang ‘yong income namin para sa ibang gastusin. Tamang-tama lang sa pagkain.”

Lack of sustainable income to purchase food

Access to food is directly related to income of women with disabilities – it determines what, when and how much is eaten. Most women with disabilities do not have opportunities to receive a quality education; hence, they also lack the opportunities to decent employment and income. Employment and social security are crucial means of obtaining food for women with disabilities. Women with disabilities source of income are often meager and irregular, either coming from informal employment or cash transfers from family and relatives. Because majority of women disabilities are primary care givers and shoulder the burden of household

⁹ Poverty Reduction for the Disabled in the Philippines <https://www.dropbox.com/s/7zp7b0ykcujc7g3/mori-JRP151-Philippine-PWD-Livelihood.pdf?dl=0> or <http://www.ide.go.jp/English/Publish/Download/Jrp/151.html> (accessed on May 12, 2015) and Persons with Disabilities in Rural Philippines: Results from the 2010 Field Survey in Rosario, Batangas, a discussion paper series number 2011-06 (accessed on May 12, 2015) http://dirp3.pids.gov.ph/ris/dps/pidsdps1106_rev.pdf

responsibilities including budgeting for their families, they are the first to be affected by any increase in food prices. When food prices rise faster than their incomes they easily fall prey to hunger and slide deeper into poverty.

“Yong sa pagkain naman, iyon ang medyo mahirap kasi para sa mga ina na laging nasa bahay, nahahirapan talaga silang mag-budget. ‘Yong inuuna ang mga anak kaysa sa sarili, lalo na kapag PWD, hindi ba? Mahirap na nga sa mga taong walang kapansanan, lalo na sa PWD.”

“In terms of food, it is difficult for mothers who are always at home. They have difficulty budgeting. They attend to the needs of their children before their own, especially if the child has disability. It is difficult already for people without disability, more so with PWD.”

“Tungkol naman sa pagkain, wala kaming source ng bigas. ‘Yong iba kasi mayroon silang mga farm, palayan. Kami naman ay bumibili lang ng bigas, sobrang mahal naman. 2,000 pesos ang isang sakong bigas. Kapag may mabibiling NFA rice, bumibili ako. Kaya lang sa ngayon, wala ka ng mabibiling NFA rice. Konting bigas lang ang nabibili ko tapos, mayroon kaming konting tanim ng gulay sa bakuran ng bahay, iyon lang ang pagkain namin. Hindi naman kami masyadong kumakain ng karne kasi isda at gulay lang ang kinakain namin talaga.”

Women with disabilities or mothers caring for family member with disability suffer hunger in silence as they put first the needs of their children. As shared by women with disabilities in the FGDs, sometimes they refrain from eating or eat less so that their children could eat first. Often when income of the family is insufficient it is often women who looked for other sources of income by engaging in side jobs such as selling fruit snacks.

“Hindi na lang kami kumakain para makakain ‘yong mga anak namin. (Minsan, lugaw lang ang pagkain namin. Nagbebenta ako ng saging para may pandagdag sa pambili namin ng pagkain. O kaya naman, ulam lang namin ay bagoong, ganoon lang.”

Absence of a law that expressly guarantee the right to adequate food

The Philippine legal framework falls short of the essential requirements to fulfill its obligation towards the full realization of the right to adequate food. The Philippine legal framework ensures availability of food, however, it does not increase physical access to food, and its contributions towards strengthening food economic accessibility are marginal, at best. While there are laws that contribute to hunger alleviation, these are not pursued in tandem and complementary with the rest of the laws. During the United Nations Special Rapporteur on the Right to Food official visit in 2015, it recommended that the Philippines passed the Zero-Hunger Bill or Right to Adequate Framework Bill, which aims to provide for a whole-of-government

approach to address the problem of hunger and eliminate it in 10 years. The laws are also gender blind and fail to consider the gender factors and issues affecting food production, purchase, preparation, consumption and distribution within the household.

Lack of access to clean water

Access to clean water is a continuous challenge in the Philippines. As revealed in the FGDs, lack of access to official water lines and providers such as NAWASA is a common problem in the households of women with disabilities. Women with disabilities are burdened from high water cost as they are forced to buy bottled water to be able to provide clean water for her family. The government strategy of providing deep wells with manual pumps presents accessibility barriers to women with disabilities who then have to shoulder additional costs to be able to avail of clean water.

Moving Forward: Recommendations

1. Prioritize sustainable employment and social protection program for women with disabilities

Poverty is the biggest barrier faced by women with disabilities. Improving the living standard of women with disabilities should be systematically taken into account in all national level development and poverty reduction efforts. There is a need for targeted action in order to enable women with disabilities to access decent work and emerge from poverty including:

- Access to education and skills development
- Development of viable self-employment, social enterprises, cooperatives, along with related support services and access to credit
- Engaging both the public and private sector to promote women's with disability access to employment
- Improving social protection systems that is tailored to women's with disability specific needs such as universal health coverage and insurance, cash transfer, housing programs, food subsidies, disability pensions etc.

2. Raise awareness to change public attitudes towards persons with disabilities

There is a need to spearhead initiatives that aim to correct misconceptions and remove the stigma attached to disability. Raising awareness must include the home, in communities and in schools. Awareness of persons with disabilities of their economic, social and cultural rights remains low particularly in rural and remote areas, resulting to their inability to participate or avail various programs intended to improve their living conditions.

The local government units, who have direct and daily reach to persons with disabilities,

must ensure the welfare of the sector is protected and promoted. There is a need to create information and educational materials that explains the rights of persons with disabilities, the services available to them and how they can access the said services.

The government should work with the media to increase their sensitivity and awareness on disability and gender issues to prevent stereotyping that reinforces discriminatory attitudes and perceptions towards women with disabilities.

3. Strictly implement laws to ensure protection and promotion of ESCR of women with disabilities

There is a need to strictly implement and strengthen policies which protect and promote the ESCR of women with disabilities. Particularly, immediate action is needed to implement EO 410 on the economic independence programs for persons with disabilities and of Section 27 of the Magna Carta of Women, on social protection for women with disabilities.

The national agencies and local government units should actively formulate policies, programs and services supporting women with disabilities particularly provisions to expand reasonable accommodation services, provide personal assistance services to persons with disabilities, and ensure sufficient public spending for disability-related programs and services.

The legislative body should take active measures to ensure institutionalization of the annual budget for programs and services for persons with disabilities. Relevant government agencies should ensure accountability and transparency in the allocation of the mandatory 1 percent of government budgets to disability-related programs and services, in particular for women and girls with disability.

4. Improve data on women and girls with disabilities

In the Philippines, data collection on disability is given low priority or often excluded from official statistics. Apart from the 2010 Census of Population and Household, there is no comprehensive source of data on conditions of women and girls with disabilities in the country. Data on women with disabilities across development indicators are non-existent or inadequate. For example, the Department of Education has no information on the participation of women and girls with disabilities on early childhood, tertiary, vocational education and other forms of other life-long learning. Similarly, the 2013 National Demographic and Health Survey failed to identify women with disabilities as respondents.

To effectively formulate policies and programs, there is an immediate need to improve the quality of data collection on demographic and socio-economic indicators concerning persons

with disabilities. The data should be disaggregated based on impairment, gender, geographical area, and time period all of which are important to address and prevent marginalization of women with disabilities. Stakeholders should work towards institutionalization in national statistical instruments, systemic mechanisms for data gathering and reporting across development indicators such health, education, poverty prevalence, housing, political participation etc. Comprehensive study on the root causes and barriers to access of women with disabilities should be conducted.