



4 April 2020

Hon. EDUARDO M. AÑO

Secretary

Department of Interior and Local Government

Dear Secretary Año,

Greetings from the Commission on Human Rights during this time of crisis!

During the Enhanced Community Quarantine period, the Commission on Human Rights is conducting continuous monitoring of human rights situations, specially of vulnerable sectors. This is part of the Commission's mandate of promoting and advancing the rights of the marginalized, monitoring State compliance with its human rights obligations, providing advisories and recommendations, and of investigating alleged human rights violations.

One of the key areas that the Commission is particularly concerned during this period is ensuring that responses recognize differential impact of the COVID-19 pandemic to women and girls and to persons of diverse Sexual Orientation, Gender Identity and Expression (SOGIESC), including heightened risks of gender-based violence.

Guidance notes from the United Nations Populations Fund on a gendered response to COVID-19 emphasize that women and girls are disproportionately affected by epidemics. In particular, women and girls who face multiple forms of inequalities due to disability, sexual orientation, gender identity, age and ethnic minority may be even more vulnerable.¹ Health crisis like the COVID-19 pandemic compounds existing gender inequalities, it is expected to disproportionately increase women and girls' unpaid care work in the household and in taking care of the sick, and it also increases risks of gender-based violence and sexual exploitation and abuse.² In terms of support, women and girls' needs are often left behind in the response, menstrual and hygiene kits are often forgotten, provisions for family planning and other reproductive health commodities and services are not provided for, and special needs of pregnant and lactating women may not be priorities.³ Access to relief and support services for persons with diverse SOGIESC may be affected by stigma and prejudice against them and LGBTQI+ families may run the risk of not obtaining safety nets accorded to families in general. They can also run the risk of GBV, being confined in possibly hostile spaces in their own families and communities during the Enhanced

¹ UNFPA Asia Pacific Program. Guidance Note on COVID-19

² UNFPA Asia Pacific Program. Guidance Note on COVID-19

³ UNFPA Asia Pacific Program. Guidance Note on COVID-19

Community Quarantine. All these differentiated impacts of COVID-19 can leave huge protection gaps for women and girls and persons of diverse SOGIESC.

In the Philippines, the 2017 National Demographic Health Survey reports that 1 out of 4 married women in the Philippine have experienced violence, it also reports that only 1/3 of those who experience violence seek help.⁴ The Commission's Mapping of Gender Based-Violence Legal Referral Mechanisms⁵ last 2019 has documented the continuing gaps in accessing justice in cases of gender-based violence, the gaps include lack of information and knowledge of the laws, and of protection and referral mechanisms, accessibility of and availability of services specially for women with disabilities, women in geographically isolated and disadvantaged areas (GIDA) and other women facing multiple and intersecting forms of discrimination.⁶ Other gaps included the difficulty of referrals for psychosocial and shelter support, lack of support for women survivors' livelihood and economic independence, as well gaps pertaining to the insensitivity of service providers. These initial reports were also echoed in the Commission's 2019 National Inquiry on the Reproductive Health of Women with Disabilities.⁷ The inquiry highlighted physical, communication, and attitudinal barriers faced by women with disabilities in reporting and seeking justice in cases of GBV.

The above cited data on GBV pertain to gaps and barriers during normal times, in times of a health crisis like the COVID-19 pandemic, response to GBV is even more difficult. Incidence of GBV are expected to increase as an effect of tensions within the household during quarantine, and the survival mode brought about by the crisis is also expected to impact women, girls' and persons with diverse SOGIESC's reporting of violence. It is for these reasons that the Commission, as Gender Ombud, is reaching out to your office.

Adoption of gender-responsive and intersectional approach

Recognizing that women and girls are disproportionately affected during pandemics; Recognizing that in particular, women and girls who face multiple forms of inequalities due to disability, sexual orientation, gender identity, age and ethnic minority may be even more vulnerable; and recognizing further that during Enhanced Community Quarantine, women and men's experiences and needs will vary because of their different physical, cultural, security, and sanitary needs, the Commission forward the following recommendations for the Honorable Secretary's consideration:

Specifically, the Commission recommends the adoption of a policy to ensure a gender-responsive and intersectional approach in the Local Government's response to COVID-19, this includes a reminder for LGUs to:

⁴ NDHS 2017

⁵ 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.

⁶ These include: Indigenous Women, Elderly Women, Women with Disability, Rural Women, Urban Poor Women, Women in context of armed conflict and other humanitarian conditions ;

⁷ The 2019 National Inquiry on the Reproductive Health of Women with Disabilities was conducted from April 109 to October 2019. It covered five areas: Region X, CAR, Cebu, CARAGA, NCR. Each area included 3 focus group discussions with women with disabilities (Women with Mobility Impairment, Deaf and Hard of Hearing Women, and Women Visual Impairment) and a public hearing. Validation of the initial result was conducted November of 2019.

- Ensure the inclusion of hygiene and menstrual health kits in the government provided relief goods;
- Ensure continued access and availability of family planning and reproductive health commodities through the Barangay Health Centers and through other interventions, this include provision of alternative measures of ensure accessibility of pills and other family planning commodities for women;
- Ensure protection of Barangay Health Workers, as community frontliners in the response to COVID-19, including the provision of face masks, PPEs in cases where necessary, and the provision of Hazard pay;
- Adoption of a strategy to ensure access of pregnant women to ante and post-natal care during the ECQ period with corresponding precautions to protect them from risks of exposures;
- Prioritization of the most vulnerable and at risk including persons with disabilities, the elderly, solo parents, pregnant women, etc.;
- Recognizing women and girls' multiple burden during ECQ, ensuring continuous and uninterrupted water supply; Food security through provision of relief and other safety nets; mobility and access to essential services such as public markets, pharmacies, clinics, and hospitals;
- Ensuring that persons of diverse SOGIE and their families are able to access government support and that there is zero tolerance for discrimination on the basis of SOGIESC in accessing government support and safety nets;
- Ensuring accessible information on government programs and support as provided under the *Bayanihan We Heal as One Act*; The announcement of programs from the government under the law has created a clamour among communities for enhanced and accessible information dissemination on (1) what benefits are available; (b) who are entitled to benefits; (c) what are the process and documentary requirements; (d) where the benefits can be availed; (e) when they may be available at the Barangay level; and (f) who to contact in case of further queries and complaints etc.

Inclusion of concrete strategies to address incidents of GBV during the COVID-19 Pandemic

Recognizing that health crisis compound existing gender inequalities and increase risks of gender-based violence and sexual exploitation and abuse; Recognizing that the pressure to respond to COVID-19 may disrupt care and support for Gender-Based Violence survivors, and that in times of crisis, referral networks and access to justice in cases of GBV may be disrupted⁸, the Commission commends the issuance of an advisory by Undersecretary Martin S. Dino, directing that all Barangays ensure the functionality of all their Barangay VAW Desks and Barangay Council for the Protection For Children. The Commission also commends the advisory to ensure protection and response to women and children victims of violence during the ECQ period. To further enhance and operationalize the said advisory, and to elevate the same to the level of a memorandum circular, the Commission forwards the following recommendations for the Hon. Secretary's consideration:

⁸ RRCE. Community Engagement

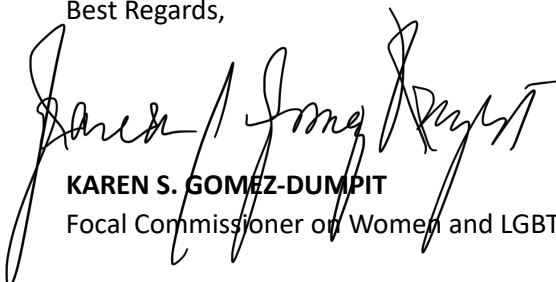
The Commission recommends the adoption of a policy to ensure that the Local Government's response to COVID-19 includes as a key component, ensuring effective and prompt response and interventions to cases of GBV, specifically, the following are recommended:

- For LGUs to ensure the functionality of their GBV Referral Mechanisms during the ECQ period, including ensuring the ability of Barangay VAW Desks and PNP Women's Desks to respond to cases of GBV and to assist complainants as incidents of GBV occur;
- For LGUs, down to the Barangay level to adopt a strategy on providing necessary support and temporary shelter for women and girls, or persons of diverse SOGIE at risk of violence or already victims of violence, this include providing transportation and legal assistance in case of reporting, identifying temporary shelters for gender-based violence survivors and their children during the ECQ period⁹, referral to medical and/or psychosocial support;
- In view of the overburdened tertiary and primary hospitals, for LGUs and the local PNP to update referral GBV referral pathways, identifying clinics and/or hospitals able to provide medical response to GBV cases without risk of exposure;
- For LGUs and the local Philippine National Police to adopt a separate GBV Hotline and to track reports and responses to GBV during the ECQ period;
- For LGUs and the PNP to widely disseminate updated referral pathways and hotline numbers;
- To emphasize for LGUs, the PNP and other key components of the GBV referral mechanism, the need for accessible and urgent response to GBV, as mobility during ECQ is severely constrained, and those at risk are closely confined with alleged perpetrators; and to further reiterate the importance of gender sensitive handling of cases of GBV;

It is the Commission's hope that the following recommendations will be duly considered in the adoption of policies to guide Local Government Units and the Philippine National Police in their response to COVID-19. We appreciate the Honorable Secretary's prompt response in providing LGU guidance for persons with disability, we are hopeful, that these recommendations pertaining to gender-responsive and intersectional interventions, and these recommendations on ensuring functionality of referral mechanisms and responses to GBV, will also receive positive actions on your part.

Thank you!

Best Regards,



KAREN S. GOMEZ-DUMPIT
Focal Commissioner on Women and LGBTI

⁹ In countries like France, the government has identified partner hotels as temporary shelters for GBV survivors; Partnership with support CSOs in the LGU can also be considered;