REPUBLIC OF THE PHILIPPINES
COMMISSION ON HUMAN RIGHTS

RESOLUTION
CHR (V) No. POL2021-012

The Commission **RESOLVES** to **APPROVE** the attached report entitled, "*Telling Our Own Stories*": *Report on the CHR National Inquiry on the Reproductive Health and Rights of Women with Disabilities*, submitted by the Gender Equality and Women's Human Rights Center, Human Rights Centers Management Office.

SO RESOLVED.

Done this 7th day of October 2021, Quezon City, Philippines.

(On Leave)
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COMMISSION ON HUMAN RIGHTS

CHR Gender Equality and Women's Human Rights Center

"Telling our Own Stories"

Report on the CHR National Inquiry on the Reproductive Health and Rights of Women with Disabilities

Commission on Human Rights
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Manila, Philippines

1. Rationale and Background of the Inquiry

Worldwide, women with disabilities are confronted by systemic and structural barriers that undermine their sexual and reproductive health and rights (SRHR[1]).[2] UN Women declared access to SRHR as one of the most critical concerns for women and girls with disabilities and asserted that mainstreaming these concerns is fundamental to the attainment of the Sustainable Development Goals (SDGs).[3]

The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the UN Convention on the Rights of Persons with Disabilities (CRPD) guarantee the sexual and reproductive health and rights of women with disabilities (WWDs). Both international treaties have specific provisions on the protection of women and persons with disabilities, particularly in matters pertaining to discrimination that threaten their SRHR, and at the same time, calling for measures to ensure their equal access to reproductive health care.[4]

The Commission on Human Rights of the Philippines (CHRP), as a National Human Rights Institution (NHRI), monitors the compliance of the State with its treaty obligations, including those under the CEDAW and the UNCRPD. Designated as Gender and Development Ombud (Gender Ombud) under the Magna Carta of Women (MCW), the Commission also monitors the implementation of MCW provisions and other related laws—including the Responsible Parenthood and Reproductive Health (RPRH) law.

In 2016, the CHRP, in partnership with the UN Population Fund (UNFPA), undertook a National Inquiry on Reproductive Health and Rights. The findings revealed that women with disabilities

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[1] Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (International Conference on Population and Development, Programme of Action, Para 7.3). In the RPRH Law, the terminology used is reproductive health rights, which refers to the rights of individuals and couples, to decide freely and responsibly whether or not to have children; the number, spacing and timing of their children; to make other decisions concerning reproduction, free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual health and reproductive health. It noted that reproductive health rights do not include abortion, and access to abortifacients.

[2] ASEAN Secretariat. ASEAN Enabling Masterplan 20125: Mainstreaming the rights of persons with disability. (ASEAN Secretariat, 15 November 2018) https://asean.org/asean-enabling-masterplan-2025-mainstreaming-rights-persons-disabilities/.

[3] UN Women. Making SDGs Count for Women and girls with disabilities. http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/making-sdgs-count-for-women-with-disabilities.pdf?la=en&vs=2823

[4] Article 12 of CEDAW, Article 23 (1) and 25 of the UNCRPD

face multiple and intersecting barriers in the exercise of their SRHR, such as limited access to RH information, services, and commodities; varied forms of stigma and discrimination; and exclusion from decision-making, particularly from decisions that affect their day-to-day lives. The CEDAW Committee made reference to the said findings in their Concluding Observations for the Philippines in 2016,[5] and underscored the need to: improve women with disabilities' access to justice through institutionalizing accessibility measures and raising awareness; collection of data on gender-based violence against women with disabilities; and ensuring their participation in legislative, administrative, and judicial bodies. The CRPD Committee reiterates the same in its Concluding Recommendations to the Philippine Report to CRPD (2018).[6]

The findings surfaced in the 2016 National Inquiry led to a series of initiatives of the CHRP for women with disabilities. In 2017, it launched an education and awareness raising program that ran for three months. The program was on basic human rights, and access to justice of women with disabilities. A training of trainers (ToT) was conducted with women with disabilities, followed by a roll-out of trainings for women with mobility impairment, women who are hard-of-hearing and deaf, and women with visual impairment. A total of 30 women with disabilities in Quezon City were trained by the peer action groups during these roll-out sessions.

The module used by women with disabilities in the roll-out went through a series of consultations, and was enhanced into a manual in 2018. The manual serves as a training, facilitation, and advocacy reference for trainers and advocates.

In 2019, another National Inquiry on reproductive health and rights was launched by the CHRP. This time, the inquiry was focused on women with disabilities' lived experiences, contexts, and realities. This report details the said National Inquiry's objectives and strategies; findings and analysis; and conclusions and recommendations.

[5] UN CEDAW Committee. Concluding observations on the combined seventh and eighth periodic reports of the Philippines. (25 July 2016). CEDAW/C/PHL/CO/7-8

[6] UN CRPD Committee. Concluding observations on the initial report of the Philippines. (16 October 2018). CRPD/C/PHL/CO/1

2. Objectives and Strategies

A national inquiry process is a strategy adopted by NHRIs, whereby a large number of individual complaints can be dealt with in a proactive and cost-effective manner. It addresses systemic violations of human rights, not just by looking into evidence from individual cases, but also by assessing the existing related laws, policies, and programs.

Hence, the design of the "National Inquiry on the Reproductive Health and Rights of Women with Disabilities" requires the participation of both WWDs as rights-holders, and the Philippine government, including its national agencies and the local government units, as primary duty-bearers.

2.1. Objectives

In order to examine and address the barriers experienced by Filipino women with disabilities in the access of their sexual and reproductive health and rights, the National Inquiry identified the following objectives:

1. Document individual and/or systemic barriers to women with disabilities' access to sexual and reproductive health information, services, and commodities (e.g. acts or omissions, structures, policies or practices, which result in denial of, and/or serve as a barrier to their access to SRHR). The following are areas of focus:
    a. Awareness on RPRH and RH rights;
    b. Availability, accessibility, affordability, adequacy of RH services, commodities, and information;
    c. Access to information and access to remedies in cases of Gender Based-Violence Against Women (GBV);
    d. Barriers pertaining to autonomy and self-determination; and
    e. Barriers pertaining to negative and/or discriminatory attitude of service providers and/or community

2. Document the barriers/ issues experienced by service providers in providing reproductive health information, services, and commodities to women with disabilities. The areas of focus are as follows:
    a. Availability, accessibility, affordability, and adequacy of RH services, commodities, and information;
    b. Availability of data as well as dedicated resources; and
    c. Availability of specific programs and services

3. Provide an analysis of women with disabilities' experiences in their claim of SRHR, with particular focus on the intersection of gender and disability, and the enjoyment of their rights and entitlements as ensured in CEDAW, CRPD, MCW, and the RPRH Law;

4. Provide concrete recommendations to the State, specifically to concerned government agencies, on mechanisms to tackle systemic/structural barriers to women with disabilities' access to reproductive health services

2.2. Data Collection

Led by the CHRP's Center for Gender Equality and Women's Human Rights (CGEHWR) and its respective Regional Offices, the National Inquiry was conducted in March to November 2019. The Inquiry employed the following data gathering methods:

1. Call for submissions from individuals and/or organizations of their experience with respect to—denial of/discrimination in/barriers to—access of reproductive health services for women with disabilities;
2. Survey of policies and/or programs for persons with disability, particularly focusing on women with disabilities and their access to reproductive health services among National Government Agencies (NGAs) and Persons with Disabilities Affairs Office (PDAO);
3. Conduct of fact-finding missions and public hearings in select regions in the country, namely: Region X (Cagayan de Oro, Malaybalay), Cordillera Administrative Region (Baguio City, La Trinidad), CARAGA Administrative Region (Butuan City, and nearby cities and municipality), Region VII (Cebu City, Cordova), and National Capital Region (Manila, Pateros);
4. Validation of inquiry results with women with disabilities, women's organizations, and relevant NGAs.

The inquiry was designed to allow women to tell the CHRP their stories. This is made possible through the conduct of fact-finding missions prior to the public hearing. In these fact-finding missions, women with disabilities are grouped for the conduct of a focus group discussion. There is one group for women with mobility impairment, one for blind and women with visual impairment, and another for deaf and hard-of-hearing. The design allows women to speak out and discuss disability-specific issues, even as separate key informant interviews (KIIs) are being conducted with duty bearers. The one day public hearing in each of the inquiry areas allows the women with disability to tell their stories in public and in the presence of duty bearers. Public hearings are presided by Commissioners Karen Gomez-Dumpit, Commissioner Leah Tanodra-Armamento, and Commissioner Gwendollyn Pimentel-Gana. Through these, stories and issues of women with disabilities are documented, together with programs, responses and challenges by the government duty bearers.

2.3. Participants

"Diversity of women with disabilities includes all types of impairments which is understood as physical, psychosocial, intellectual or sensory conditions which may or may not come with functional limitations"[7]. The range of this diversity is quite broad. Hence, the CHRP strived, as

[7] UN CRPD. 02 September 2016. CRPD/C/GC/3.

much as possible, to make the composition of the participants diverse and inclusive. The Inquiry was able to engage the following number of women with disabilities: 138 with mobility impairment, 39 with visual impairment, 72 with hearing impairment, 10 with psychosocial disability, six (6) with cognitive disability, 12 with chronic illness, and 13 with multiple disabilities.

Two days were allotted to the conduct of fact-finding missions in targeted locales. In the fact-finding missions, focus group discussions (FGDs) were conducted among women with disabilities and key informant interviews (KIIs) were done with government representatives from the LGUs' key offices, NGAs' regional offices (i.e., Department of Health, Philippine National Police), as well as provincial and city hospitals and public schools. Public hearings were also held to gather testimonies from women with disabilities and government representatives—including those from the PDAO, women's organizations, and persons with disabilities organizations (see list of organizations in Appendix).

In two of the inquiry areas, Cagayan de Oro and Butuan City, some representatives at the fact-finding mission and the public hearing also came from nearby provinces, cities, and municipalities. In Cagayan de Oro, speakers from Malaybalay, Bukidnon and Iligan City were present. During the Butuan City fact-finding mission and public hearing, there were participants from Agusan del Norte, Surigao del Sur, and Dinagat Islands. This made the actual scope of the inquiry wider than the five identified areas.

3. Findings and Discussion

The National Inquiry has documented the persistence of barriers that limit the access of women with disabilities to RH information, commodities, and services; including remedies in cases of gender-based violence against women and girls.

Women with disabilities suffer overlapping barriers, brought about by their intersecting vulnerabilities as persons with disabilities and as Filipino women in the marginalized sector. As persons with disabilities, access to reproductive health information and services is constantly challenged by physical, communication, and social barriers. Concurrently, women with disabilities suffer the same economic, socio-cultural, and political barriers to RH access experienced by many Filipino women, especially those living in poverty, and in geographically inaccessible and disadvantaged areas (GIDAs).

While the inquiry was able to document initiatives and programs from local government units and national government agencies, the presence of gender and disability-responsive data, policies, and programs remain very limited or wanting.

Guided by the objectives of the National Inquiry, the discussion that follows expounds on the findings of the Commission. It also weaves the stories of the women themselves within the discussion.

3.1. Women with disabilities continue to face persistent disability-specific barriers in accessing RH information, services, and commodities. These barriers include: the difficulties in communicating with duty bearers and service providers; Physical barriers and constrained mobility due to inaccessible, unsafe, and physically-challenging public spaces and transportation services; and discriminatory and insensitive services and treatment by duty bearers, including health service providers;

3.1.1. ***Communication Barriers****—difficulties in communicating with duty bearers and service providers*

Over the course of the National Inquiry, women with hearing and visual impairment have repeatedly expressed difficulties in communicating with service providers and duty bearers. This has been attributed to the absence of sign language interpreters for deaf and hard-of-hearing, and the absence of accessible materials and assistive devices in the case of women with visual impairment.

For instance, representatives from Women with Disability taking Action on Reproductive and Sexual Health (W-DARE)[8] in NCR and Kaisahan ng Nag Aaruga at may Kapansanan (KAINAKAP) also in NCR conveyed that deaf and hard-of-hearing women are unable, or have limited, access to RH services due to the absence of sign language interpreters (SLIs) in LGUS, particularly in barangay offices. Absence of SLIs in frontline government agencies such as the Social Security System (SSS), the Philhealth, and Bureau of Immigration was likewise raised. The same is true in government mechanisms and facilities providing direct services (i.e health centers, police stations, emergency rooms, wards, and other hospital facilities).[9]

One woman in Cebu recounts "*When I gave birth to my first born, I had difficulty because, in the hospital, there was no sign language interpreter and there was a lack of access to services for women with disabilities,[10]"* Another deaf woman in Cagayan de Oro recounted being scared witless during her delivery after seeing her doctor holding a metal contraption she does not recognize, and the use of which was not communicated to her.[11] Regarding medical check-ups and provision of prescriptions, a deaf woman in NCR shared that she often could not understand and is excluded in the discussion of diagnoses, and she would be taking prescription medicines without complete understanding of what they are for. The doctor would just talk to her companion or family member, leaving her out of the discussion.[12] The same account was shared by a deaf woman in Cagayan de Oro who recounted that during and after her labor, the doctors injected her with medicines,

[8] NCR Public Hearing

[9] Raised by deaf participants in all inquiry areas

[10] Cebu City FGD

[11] Cagayan de Oro, FGD

[12] NCR FGD- Pateros

but they never bothered to explain to her what they were for. While the doctor gave her a note regarding the medicine—it was written in Cebuano, which the deaf woman could not understand.[13]

The persistence of these communication barriers were further echoed by deaf women and women with hearing impairment in all areas where the National Inquiry was conducted. The absence of SLIs forced deaf and hard-of-hearing women to adjust with the situation, resorting to either writing or gesturing to communicate; methods which often were inadequate and caused them to be misunderstood.[14]

Persons with disability leaders from Region VII and CAR have related that communicating with service providers without the aid of their family members or SLIs was close to impossible. In instances where the deaf woman is unaccompanied, or in cases where her companion or husband is also deaf,[15] or when the deaf woman is unschooled, communication is even more difficult. Illustrative accounts from the inquiry include the experience of a deaf transgender woman living with HIV who could not convey her medical issues, and that of a deaf woman who relied on her mother to communicate her concerns regarding pregnancy.[16] In the case of unschooled deaf, even the presence of SLI's would not be enough; relay interpreters would be needed to communicate.[17]

For women with visual impairment, difficulties in communication arise from the lack of documents in accessible formats such as braille, inverted colors, and large fonts. In addition, women with disabilities reported that assistive communication devices such as magnifying glasses, screen readers, and hearing aids are often unavailable.[18]

The above-mentioned communication barriers led to further exclusion and dependency. Deaf participants from Butuan and Malaybalay related that they were not invited to learning sessions due to the unavailability of SLIs. In instances where visually impaired women were invited to similar activities, they complained that they hardly understood the discussion due to the absence of appropriate IEC materials. Additionally, facilitators and trainers often lack training in disability sensitivity, and would fail to make presentations more accessible.

In order to access RH information such as treatment plans and prescriptions, women with hearing and visual impairment rely on companions who are not always available and/or affordable. A woman with low vision from W-DARE related that *"Halos wala na akong*

[13] Cagayan de Oro, Public Hearing

[14] Cordova FGD; Cagayan de Oro Public Hearing

[15] As in the case of a deaf woman in Cagayan de Oro. The presence of PDAO provided SLI in the case facilitated communication during delivery;

[16] Cebu City, Public Hearing

[17] Cebu City, Public Hearing

[18] Cebu and NCR Public Hearing

mabasa. Hindi po ako makakabasa ng mga IEC (information, education, and communication) materials sa health center kasi ang liliit. Sa ngayon gumagamit po kami ng PA (personal assistant). Ang nakakalungkot po, pag kinakausap kami, ang kinakausap ay yung PA. Minsan hinahabol ko pa, "Uy, uy, uy, isama mo ako kasi ako ang tatanungin. Anong isasagot mo diyan?" ('I can't read IEC materials in health centers because the fonts used are so small. Hence, we seek the help of our personal assistants. What's sad is that people would talk to our personal assistants and not to us. They exclude us from the conversation. Sometimes I would even run after (my PA) and remind them, "Hey, bring me along because I'm the one who will be asked. How will you answer them?"')

Communication barriers affect not only access to information and to available government services; they do not only deny women with disabilities' active participation; they also impact access to legal remedies and access to justice. Several accounts of women with disabilities in the National Inquiry revealed that they did not pursue legal remedies in cases of sexual violence, due to lack of SLIs in relevant frontline offices. In a fact-finding mission in Cordova, Cebu, the experience of a deaf lesbian demonstrated helplessness and isolation in the absence of an SLI. According to her*, "I was raped and impregnated by an Indian. He threatened to kill me. Hence, I wasn't able to file a complaint against him. I was scared and didn't know what to do, as nobody seemed to understand me, because I am deaf and I have a hard time expressing my concerns. After I gave birth, he took my baby while I was sleeping. I felt very helpless as nobody could help me with what to do."*

In cases that do get to Courts, the limited availability of SLI's and the absence of relay sign interpreters for unschooled deaf pose continuing barriers and challenges.[19]

*3.1.2. **Physical barriers** and constrained mobility due to unsafe, inaccessible, and physically-challenging public spaces*

The non-recognition of, and indifference to, the mobility requirements of persons with disability is a source of extremely challenging, and even degrading, situations for women with disabilities—particularly for women with mobility and visual impairments. Despite the passage of laws ensuring reasonable accommodation for persons with disability, accounts from the Inquiry continue to include physical and mobility barriers. Those living in highly urbanized areas like Manila and Cebu complained about difficulties in navigating public spaces due to poor lighting and obstructions, as well as the constant refusal of public transport to carry passengers in wheelchairs. This impacts their mobility and access to needed information, services, and commodities.

In NCR, a woman with low vision complained of a traffic light that promised accessibility but then failed to sound the Go signal. This resulted in her waiting for a long time to cross the street. She recounted, *"Meron po kasi dun sa Project 4, ang sabi may voice na daw sa*

[19] Cebu City, Public Hearing

*pagtawid. Minsan po ako ginabi dun, galing ako sa Laguna; mag-isa po akong bumiyahe. Ang tagal ko pong nakatawid. May barker po sa kabila, gusto kong tawagin na itawid po ako. Walang tumulong sa akin; pero sabi nila may boses daw yun." ("*In Project 4, they said the traffic lights already have voices. One time I came home late from Laguna; I travelled alone. I waited for a long time and couldn't cross. I wanted to ask for help from people across the street—nobody helped me; but they said the lights already had voices"). In Cagayan de Oro and Cebu, speakers during the Inquiry recounted different experiences of being discriminated against when boarding public transportation services. In Cagayan de Oro, a mobility impaired woman complained of persons in the front seats of jeepneys refusing to give up their seats to persons with disability. She laments, "*Akong gusto ipa-abot, nga kami nga persons with disabilities, sabton unta mi. Kay magkamang man ko kung naa ko sa likod; dili gyud ko kakatkat."* (I just want to convey that they please understand us persons with disabilities. I will be crawling if they insist I ride in the back; I cannot get myself up).

Meanwhile, women with disabilities who are living in GIDAs, particularly those from Caraga and CAR, described the remote distance of health facilities as a deterrent in accessing RH information and services. In one account in CARAGA, a woman with mobility impairment described the ordeal of giving birth when one lives in a GIDA. She described having to ride a tricycle, then a bangka, and then another vehicle to reach a tertiary hospital.[20] In terms of RH information, more often, capacity building is only accessible for those near the city center. For women with disabilities in far flung barangays, access to these life saving information is often unavailable. While Barangay Health Workers (BHWs), and Persons with Disability focal persons try to bridge the gap, barriers remain. As stressed by a woman with disability leader in Cagayan de Oro *"Yung mga health providers, yung DOH, yung awareness maipaabot even to the hinterland barangays, kasi sila yung nangangailangan nito. Malayong malayo sa services, at hindi nila kaya kahit na pagpunta doon sa health center ng barangay, hindi nila makaya doon. Kailangan pa nila ng habal-habal at pera makaputa, makapag-prenatal at makapag-check up."* (Health providers like DOH should ensure that awareness reaches even the hinterland barangays, because people there are the ones who need it. They are so far from services, they cannot go even to the barangay health centers, they can't. They need to ride a motortaxi, and have money to have their pre-natal and check up).

Meanwhile, if and when they finally reach the RH facilities and/or other government offices and mechanisms to avail of the relevant services, they are confronted with mobility issues due to the built environment, and/or the infrastructures themselves. They do not have the required facilities, such as ramps, elevators, toilets, and breast-feeding facilities, as well as essential equipment like gynecological or adjustable beds, especially in labor wards.[21]

[20] Butuan City, Public Hearing

[21] CAR,CARAGA, Cebu, Cagayan de Oro and NCR Public Hearing and FGDs.

During the Cagayan de Oro public hearing, one woman with mobility impairment shared the indignity caused by the absence of an adjustable bed and the insensitivity of service providers: *"Kadto na ang table para sa buros, maglisod ko kay dako baya ko. Pag abot sa ila step board, maningkamot pud ko ug saka sa ilang table. Ang nurse galisod siya so nagtawag sa iyang kauban. Ang niduol miingon "nganong magboros boros man lagi ni uy nga maglisod man saka sa table." Niingon ko, "Tabangi nalang gud ko." Gikan sa Center naay discrimination, sa hospital, naa nasad"* ('That maternity table, I had a very difficult time because I am big. I tried using their step-board and tried to get onto the table. The nurse tried to help me, but she had a difficult time so she asked for help. Her companions who came to help me get onto the table said, 'Why did this woman get pregnant when she can't even get onto the table?" I replied, "Can't you just help me?" There is discrimination in the health center and even in the hospital.') In another instance, a woman with mobility impairment needed to have a computerized tomography scan (CT or CAT scan), so she proceeded to the provincial hospital. The scan was conducted in August 2018, but it was only in January 2019 that her results were released. She recounted the many times she had to follow up and climb the stairs in her crutches, and how, at one time, she slipped because the floor was wet. [22]

Similar to restricted communication, constrained mobility creates dependency on companions among women with disabilities. This impacts women with disabilities' participation and inclusion. For instance, due to failure of community outreach programs to recognize women with disabilities' accessibility needs, women with disabilities complain of being excluded from community-based outreach programs.[23] A woman with physical impairment from Cagayan de Oro explained their situation: "Because of physical circumstances, if there is a gathering at the center, we don't want to go because we don't have anyone to come with us or it's a hassle for us. They do house-to-house visits, but only for those who they already know well." Another woman with disability in Cebu shared that while she is able to access RH information, "There are blind persons who cannot go to the barangay because they don't have someone who can guide or accompany them to their barangay."[24]

The importance of physical accessibility was emphasized by a woman-with-disability-leader in Cagayan de Oro, Ms. Melagros Maquiling, when she said, 'Actually, you are telling us, "You are not welcome here!" The schools are actually telling us, "You are not welcome in this school," because the school is not accessible. Accessibility is our gateway towards inclusion and participation."

3.1.3. ***Social and Attitudinal Barriers:*** *Inability of service providers to provide disability-inclusive services, and prevalence of gender-and-disability-insensitive and discriminatory treatment*

[22] Cagayan de Oro, Public Hearing

[23] Fact Finding Mission in Cagayan de Oro and Malaybalay

[24] Cebu Fact Finding Mission

During the National Inquiry, women with disabilities told stories that highlight the inability of service providers to provide disability-inclusive services, and the prevalence of gender-and-disability insensitive and discriminatory treatment. In several instances, reasonable accommodation was not observed among health facilities nor considered in health services. There were also accounts that frontline service providers including health service providers (HSPs), municipality/provincial/city social welfare officers, Philippine National Police (PNP) and barangay Violence Against Women (VAW) desk officers lack sensitivity to the needs and rights of women with disabilities.

For instance, a woman with disability from Cebu shared that persons with disabilities face a multitude of challenges in accessing sexual and reproductive health (SRH) services. These include not only long queues, distant health facilities, and unfriendly physical structures; they also include high costs, negative attitudes of service providers, and negative perceptions by able-bodied people that persons with disabilities should be asexual.[25] Another woman with disability from Cebu also shared that, "Service providers are not trained to have the special skills needed to handle women with disabilities." She shared how health care providers get shocked when they receive pregnant women with disabilities at health facilities. She stressed that, "Catering to persons with disabilities requires particular skills, and at the moment we do not have them."

Women with disabilities also reported the unavailability or absence of personnel that provide assistance to mobility impaired and deaf or hearing impaired women with disabilities in hospitals and health centers. The public hearing in NCR surfaced that companions of women with disabilities who provide assistance for their mobility and communication needs were not allowed in maternity wards and delivery rooms. These narratives highlight the continuing gaps in health service providers' ability to provide disability-responsive and disability-inclusive services.

Due to limited understanding of disabilities, women with invisible disabilities such as those with chronic illnesses and those with psychosocial, cognitive, and hearing impairments are often denied "reasonable accommodation."[26] There are reports of

[25] Woman with Mobility Impairment, Cebu Fact Finding Mission

[26] It is the 'necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms' requiring that State parties guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds. See 'necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms' requiring that State parties guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds. See UN CRPD. 02 September 2016. CRPD/C/GC/3.

women with disabilities being refused in priority lanes, or made to justify and repeatedly explain their disability in public. As shared by a deaf transwoman in Cebu, "In the hospital, there is a long line for patients. I experienced unfair treatment because they treated me as if I do not have a disability. They wanted me to fall in line because they were not aware that I am a deaf and they could not understand me."

There is also confusion in defining what constitutes chronic illness, resulting in uneven provision of benefits in LGUs. In several of the Inquiry sites, queries were raised as to what constitutes chronic illness and the requirements to prove such. This confusion not only impacts recognition of disability, it also affects access to medications. One woman with psychosocial illness complained, *"Lagi ko 'tong sinasabi na milyon ang nag-eexpire na gamot. Libre yung mga gamot na yun sa mga regular na sakit pero walang gamot para sa psychosocial illness. Libre sa may mga chronic illness."* ("I always say this, there are millions of expired medicines. They are free for regular illnesses, but there are no (free) medicines for psychosocial illnesses. Medicines are free for those with chronic illnesses.")

Accounts from women with disabilities also highlight how the absence of sign language interpreters and the lack of disability and gender sensitivity training impact access to justice. In one account, a parent leader from Kaisahan ng Nag-Aaruga at may Kapansanan (KAINAKAP) disclosed that barangay peace and security officers (*barangay tanods*) have no training in handling PWDs, especially those with psychosocial disabilities. *"Ang mga barangay tanod, paano sila mag-aapproach? Siyempre kung minsan nagsisisigaw na [yung biktima], hindi nila alam na may disability na pala, may impairment na pala, hindi nila alam na may ADHD. At may ilang PWD member po na biktima ng pang-aabuso, ng rape, na hindi makapag-express kaya ang magulang wala na ring magawa. At kung minsan ang nangyayari pa ay tao ng barangay o malakas kay Chairman [ang perpetrator]."* ("The barangay tanods, how they will approach the victim if she is shouting, if they don't know that she has a disability, if they don't know that she has ADHD. A few of our members are victims of abuse, of rape, but they cannot express themselves so the parents can't do anything. Sometimes, the perpetrators are from the barangay or someone who is in favor with the Chairman.")

In a public hearing in NCR, Likhaan underscored the continuing gap in the provision of RH information and services, especially for women with disabilities. Likhaan stressed the importance of providing appropriate family planning methods for different women with different disabilities. However, the Inquiry revealed that this is not practiced. The fact-finding mission showed that health centers were not particular with the RH information being provided to women with disabilities (i.e. their options with regard to family planning methods to use, and commodities available that suit their needs. For instance, an FGD participant with a physical impairment had two unplanned pregnancies because she was not informed that there was an option to replace IUDs once removed. Another woman with disability had to use pills (procured from the health center) that made her drowsy due to lack of awareness of other types of pills.

Moreover, women with disabilities often experience discriminatory treatment, particularly from HSPs. This ranges from insensitive remarks to blatant nullity of their SRHR. Below were direct quotations from the conduct of FGDs, and public hearings from NCR and CAR, to illustrate:

- *"Ba't pa kasi kayo nanganganak eh bulag naman kayo."* ("Why are you still getting pregnant, when you are blind?")
- *"Bakit kasi ganyang edad eh nag-asawa ka pa?"* ("Why get married at your age?")
- *"Magpa-ligate ka na kasi hindi mo naman kayang mag-anak, tama na yang isa lang. Eh kasi pag nagkaanak ka ulit, iiwan ka ulit ng asawa mo!*" ("You should get ligated because you are not capable of taking care of a child. One child is enough. If you bear another child, your husband will leave you again!")

Women with disabilities' narration of their stories show deep-seated prejudice with regard to their SRHR. FGDs and public hearings surfaced that many women with disabilities received medical advice to undergo ligation or avoid pregnancy, due to the possibility that their child will inherit their disability. Some experienced being judged by health service providers as incapable of taking care of children. Others recounted how their own families prevented them from having relationships and families, for fear that they will become single mothers, as their partner will eventually leave them due to the mere fact that they have a disability. As related by a visually impaired participant from Butuan City in a public hearing in CARAGA, she was discouraged by her doctor to get pregnant. She expressed, "Upon consultation with my doctor, I was diagnosed with an infection in the uterus. I asked her if I would still be able to bear a child. She then told me, "Yes you can, but for me, considering your disability, I wouldn't want to."

Likhaan revealed that HSPs commonly take for granted women with disabilities themselves in the discussion of their health and treatment, in favor of their companions. This prejudice was articulated by another participant with mobility impairment from Cagayan de Oro, when she complained of the exclusion of women with disabilities from essential trainings, and in the provision of RH commodities. According to her, *"Kung kinsa ra gyud tong duol sa kasing-kasing ang mahatagan ug seminar, mahatagan ug condom, pills, etc. Unya tungod pud kay naa mi disability, abi nilag kay ing-ani mi dili mi kailangan makahibalo ana."* (Whoever is close to the officials will have access to seminars, condoms, pills, etc. and because we have a disability, they think we don't need to know about all that.)

Cases of coercion and/or non-consent were also among forms of discrimination documented in the Inquiry. Accounts of women with disabilities deprived of or denied reproductive and bodily autonomy were shared during the inquiry. In Manila (NCR), a woman with cerebral palsy was forced to undergo tubal ligation after giving birth in Quirino Memorial Hospital; a deaf woman confined in Fabella Hospital was injected with

a vaccine while sleeping—she claims she was uninformed of the procedure and was not consulted in the process. In Malaybalay, a woman with mobility impairment complained of being forced to breastfeed her newborn, despite her inability to produce breast milk. The nurses forcibly pumped her breasts, verbally accosted her, and confiscated her feeding bottle. She lamented that *'Nag sige na ug hilak akong anak kai gutom na kaayo. Kung ako lang pabut-on ipa-breastfeed gyud nako akong anak kay mahal kaayo ang gatas karon. Unsaun ta man wala jud gagawas. Nag-ingon dayon akong ate, "Nganong pugson man ninyo paggawawas nga wala jud gatas akong manghod, kay tungod tingali na sa sige ug inom ug tambal [as person with disability]?'* (My newborn kept on crying because of hunger. If it were up to me, I'd also want to breastfeed my child since baby milk is very expensive. But I couldn't do anything; there was no milk. My sister told them, "Why do you need to force it? My sister can't produce milk—maybe it is because of the many medicines she takes as a person with disability.)

3.2. Intersecting vulnerabilities as women and as persons with disabilities manifesting in limited awareness on RPRH; control over sexuality and reproductive health, and constrained access to justice in cases of Gender Based Violence against women;

The inquiry also surfaced how women with disabilities suffer overlapping barriers, brought about by their intersecting vulnerabilities as persons with disabilities and as Filipino women in marginalized sectors. These manifest in their lack of, or limited, awareness of RPRH and RH rights, and the legal remedies available in cases of gender-based violence against women. This is also manifested in how men and family members exercise control over women with disabilities' sexuality and reproductive health, and in the many challenges they experience in accessing justice in cases of GBV.

Several barriers previously identified in the 2016 "National Inquiry on Reproductive Health and Rights" were also documented in the "National Inquiry on the Reproductive Health and Rights of women with disabilities". This time, however, issues specific to women with disabilities were captured.

3.2.1. Lack of, or limited, awareness on RPRH, RH rights, and remedies in cases of GBV

Across target locales, women with disabilities showed limited awareness of the RPRH Law and existing relevant policies and programs, as well as legal remedies in cases of gender-based violence.

Among the 12 elements of RH identified in the RPRH Law, a high level of familiarity was recorded in only two areas: (1) family planning and (2) maternal, infant, and child health and nutrition. While little awareness was noted in the areas of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), reproductive tract infections (RTI) and sexually transmitted infections (STI), abortion prevention, and RH education and counseling. These indicate the limited availability and limited reach of RH information among women with disabilities. It also indicates the gap in terms of available

information on other RH elements, as most of the information focus on family planning and maternal, infant, and child health. Across target locales, the gap in available RH information and education for women with disabilities was raised; particularly so for adolescent girls with disabilities and women with disabilities of menopausal age. Women with disabilities in geographically isolated and disadvantaged areas also expressed limited reach of RH information and services. A woman with disability PDAO officer from Region VII, thus expressed "As PDAO officer and a president of an organization of women with disabilities, I met a lot of women with disabilities in far-flung LGUs, in mountainous and/or in islands, who do not have access to RH information and are discouraged by their own families from getting pregnant. This needs to be addressed so that they can exercise and enjoy their RH rights."

Specific accounts from the different inquiry areas highlight further accounts of limited to no available and accessible RH information. Across target locales, the right to RH information has been repeatedly raised. Women with disabilities from CAR and NCR revealed that they only became aware of RH services when they availed of them. During the public hearing in Manila, the PDAO representative claimed that women with disabilities have no access to information on where to access RH commodities. A participant from Cagayan de Oro related that she was only able to access RH information by word-of-mouth—through neighbors and friends, because her disability limited her from visiting health centers. She doubts said information, since they are often unreliable.

Lack of awareness of reproductive health and its components is even more prevalent among deaf women. The absence of sign language interpreters in government health facilities deny deaf women and girls access to RH information, including available RH services. This has been documented in CAR and Region VII public hearings and fact-finding missions. It was also observed that deaf participants in CAR indicated the most number of participants who admitted to having no awareness of RH. Most of the deaf participants in CAR were adolescent girls. Absence of knowledge in RH is also prevalent among the unschooled deaf who participated in the FGDs.

In NCR, Region VII, and Cagayan de Oro, there were several women with disabilities who confirmed having knowledge of RH services and commodities. Upon further inquiry, the women who confirmed knowledge of RH elements, services, or commodities were often women who belong to persons with disability or women with disability organizations.

The testimonies and accounts of women with disabilities during the Inquiry's fact-finding missions also reveal the absence or very limited knowledge of their husbands or live-in partners in RH. This in turn affects a woman with disabilities' access to RH information and services. A case in point is the account of a blind participant from Cagayan de Oro. She shared her partner's lack of knowledge in RH, coupled with his control over RH-related decisions. She shared how this dynamic is played out: "Bana ang ga calendar. Nasipyat. Naburos. Mahadlok man siya sa kanang mga contraceptives kay gusto siya'g natural. Pero generally, sila gapili sa RH commodities." (The husband keeps tabs on the

calendar. He makes a mistake, and gets the woman pregnant. The husband is scared of contraceptives because he wants it to be natural. But, generally, the men are the ones who choose the RH commodities.)

The major sources of information on RH identified by women with disabilities were media platforms (TV, radio, and social media, such as Facebook) and health service providers (Barangay Health Workers (BHWs), midwives, health centers, hospitals). Some of the participants cited schools, personal experience, and family members as sources of information on RH, but these sources of information do not capture women with disabilities' need for, and right to, information. The said information was targeted towards a different group of population. Moreover, they are lacking in elements, substance, and language that cater to women with disabilities. As pointed out by a woman with disability from La Trinidad, *"Mangmangeg mi radio ngem saan mi maawatan."* ("We hear them from the radio, but we don't understand.")

With regard to gender-based violence (GBV), testimonies of women with disabilities from all targeted locales indicated familiarity with GBV, except for deaf women and women with cognitive disability; recognizing VAWC remains a challenge for them. Across the targeted locales, women with disabilities related the emotional, verbal, physical, sexual, economic, and online abuses they experienced.

Women with disabilities participants in different locales targeted in the Inquiry have varied and limited awareness of legal remedies in cases of GBV. A few were aware that a GBV should be reported, but participants—particularly those from NCR—do not know how to go about it (i.e. entry points for reporting and how to proceed with the filing of a complaint). This hinders them from getting out and seeking help.

3.2.2. Control over sexuality, reproductive health, and access to justice in cases of GBV against women

The 2016 National Inquiry surfaced a lack of men's involvement in the RH agenda, as well as the strong influence of religious and indigenous leaders on women's decisions with regard to their sexual and reproductive health. The said finding is still relevant, given the non-inclusion of men in promoting the rights of women. Women with disabilities, in particular, are restricted from the exercise and enjoyment of their right to sexual and reproductive health. Across targeted locales, public hearings and fact-finding missions showed restrictions placed by men and family members over sexuality, reproductive health, and access to remedies in cases of GBV by women with disabilities. This hampered their agency—their right to control over their body and make decisions, particularly with regard to their sexual and reproductive rights.

Varied experiences of women with disabilities on restrictions over the exercise of their agency were noted across targeted locales of the Inquiry. A woman with disability from Cagayan de Oro shared that she did not have a voice with regard to sex with her husband.

Several cases were documented in Region X that women with disabilities' husbands prohibited them from using contraceptives and breastfeeding their children. Husbands or live-in-partners of women with disabilities from Pateros (NCR), barred them from accessing RH services, using artificial contraception, and vaccinating their children. A woman with disability said, "Ayaw ng asawa ko [ng contraceptives], saka yung mga libreng bakuna sa bata ayaw din niya—kasi daw nilalagnat, baka ano daw mangyari sa bata. Ang nagkaroon lang ng complete vaccines is my youngest." (My husband does not want to use contraceptives; he also does not want to avail of the free vaccines for the children—because he says they get a fever, and something could happen to them. Only my youngest was able to be fully vaccinated.)

Husbands restrict access to GBV remedies through economic control and social isolation. In Cagayan de Oro, a deaf woman was physically abused by her husband, but she did not file a case because he is the breadwinner of the family. As such, she fears that they will have no financial support if he gets arrested. In Pateros, another deaf woman experienced abuse from a partner; "Akala ko mabait. Dami ko pasa [pero] di [ako] nagsumbong dahil malayo [ang pamilya ko]. Sa deaf community [ako] nagkuwento. Naaawa sila pag binubugbog [ako at] pinatatahimik ng lalaki." ("I thought he was kind. I had many bruises but I couldn't tell my family because they live far from me. I told my story to the deaf community. They take pity on me when he beats me, and when he silences me.") The said partner even prevented the victim from reaching out to the deaf community.

Excessive interference of family members, including in-laws, in women with disabilities' control over their sexuality and reproductive rights was documented across Inquiry sites. Examples of this are the prohibition from having intimate relationships; restricting movements within households to limit acquaintances, the chance to meet a partner, and get married; prohibiting pregnancy; and forcing abortion.

Testimonies of women with disabilities from Butuan and Manila attributed the meddling of their family members to their overprotectiveness. They conveyed that their family members were worried that they could not take care of themselves and/or their children. They were also thinking of a possibility that their husbands/partners could maltreat and/or abandon them. Women with disabilities also attributed their family members' concerns about the possibility of their children inheriting their disability and/or having ill health as they could not properly attend to their needs. There were, however, women with disabilities who attributed the intrusion of family members to overt discrimination. Women with disabilities shared that they were prohibited from having boyfriends due to their disability. One was told by a family member that, "*Magbo-boyfriend ka pa e disabled ka!"* ("You should not have a boyfriend because you are disabled!"). Another was also told, *'Paano ka makakatagpo ng lalaki [na kasintahan] e panget ka! Sasabihan pa ng mga tao [ang magiging kasintahan] mo na, "Bakit siya pa na pilay?"'* ("How can you find a boyfriend, when you are ugly! And people will tell your boyfriend "Why choose her, when she has a disability."')

Despite the prevailing practice of meddling with and eventually controlling women with disabilities' exercise and enjoyment of sexuality and reproductive rights by husbands and family members, there were women with disabilities who claimed their autonomy, right to enter into intimate relationships and marriage, and found a family against the wishes of their family. One participant from Baguio conveyed the sentiments of women with disabilities, *"Just because you are a PWD, kasla awan karbengam nga agayat. We are humans too."* ("Being a PWD does not mean you can't fall in love. We are humans too.")

With regard to cases of GBV, it was documented across Inquiry sites that victim-survivors could not seek legal remedies whenever their families interfere. This happens particularly when one or more of their family members are the perpetrators. A girl with disability from Region VII was raped by her cousin, but the family did not file a case. A deaf woman, also from Region VII, claimed to have been verbally and physically abused by her siblings; she could not file a case because it would fire back on the family. A woman with disabilities from CAR was raped by a relative, but was settled through her parents despite her protests. Also, the CAR-DSWD did not pursue her case. Many cases of domestic violence involving women with disabilities in Region X were also reported, yet not a single case was pursued, due to either their husbands or their families begging them to withdraw the case. Many women with disabilities maintained that the pressure of keeping the family intact and prioritizing their children's welfare deter them from seeking remedies for the violence and abuse they experienced.

Meanwhile, with the help of organizations working for PWDs and with support from fellow PWDs, many women with disabilities surpass the violence and abuse they often experience from husbands and/or family members. A few women with disabilities were recognized as leaders in extending help. A woman with disabilities from Region VII has been relentlessly providing assistance to VAWC victim-survivors. Another woman-with-disabilities-leader from NCR always fights for the right of women with disabilities to participate in meaningful and productive activities—particularly those that enhance their awareness of PWD issues. Several women with disabilities who spoke during the inquiry are proud parents to successful children.

3.2.3. Persistence of previously identified gaps in the implementation of RPRH Law

Several issues raised in the 2016 National Inquiry continued to hound women with disabilities, based on the findings of the Inquiry on the reproductive health and rights of women with disabilities.

Section 3 of the Guiding Principles for the Implementation of the RPRH Law has distinguished the poor and the marginalized in the promotion and provision of RH information and programs. Yet, economic disadvantage remains to be a cross-cutting concern for Filipino women, including women with disabilities.

The 2016 National Inquiry established that the economic insecurity of women with disabilities was due to the absence of, or limited access to, education and/or training and lack of employment opportunities. This Inquiry surfaced the same issues as faced by women with disabilities. These resulted in women with disabilities living in poverty, and facing difficulties in accessing RH information and services due to their economic status. Fact-finding missions in Butuan and La Trinidad have cited financial constraints as a hindering factor in attending RH orientations and seminars. With limited means, other factors such as lack of time (as mentioned in Cebu), and care work such as taking care of a child (as cited in Cagayan de Oro), have kept women with disabilities from taking part even when invited.

The lack of responses to the economic vulnerabilities of women with disabilities places them at a disadvantaged position and/or at risk. A woman with disability from Cagayan de Oro complained, *"Atimanon ka nila kung naa kay kwarta. Kung wala kay kwarta, palangawon jud ka."* ("They'd cater to you if you have money. If you don't have money, they won't bother with you.") Several women with physical impairment reported going against medical advice and opting to deliver normally due to the high costs of cesarean surgery. Meanwhile, a woman with disability from Malaybalay admitted to having an abortion due to the economic costs of bearing and raising a child.

In cases of GBV, financial dependence on their male intimate partners prevents women with disabilities from going through the entire process of seeking justice. In Cordova and La Trinidad, there were accounts of women with disabilities who were discouraged to file cases, or to even seek medical treatment, due to the absence of a stable income. During the public hearing in Region VII, a WCPD officer claimed that she personally shells out financial assistance to women with disabilities so they could afford medical examinations.

One of the RH elements identified in the RPRH Law is "education and counseling on sexuality and education" which "refers to a lifelong learning process of providing and acquiring complete, accurate, and relevant age- and development- appropriate information and education on reproductive health and sexuality through life skills education and other approaches." Despite this, the Inquiry has documented evidence that knowledge of and attitude and behavior towards RH remains anchored on misguided beliefs.

Participants from Region X and Caraga have also described the persisting taboo and stigma on matters related to RH as an accessibility barrier. Due to the taboo on abortion, a woman with disability with strong religious beliefs had to push through with her pregnancy despite the threat of complications. In Cagayan de Oro, health workers explained that there is still a negative attitude towards RH in some communities, due to cultural beliefs. The PDAO officer from Caraga revealed that there are people who are still not open to SRH education. Meanwhile, the representative from DOH Caraga office reported that religious sectors continue to discourage women from using RH commodities, and that women, especially minors, are embarrassed to ask about family

planning methods. A story from a woman with physical impairment from Cagayan de Oro illustrates the persisting stigma surrounding RH, with the woman being judged for looking at RH related materials: “Unsa man ni uwagan man ah.” (What is this? So promiscuous!”). This causes her much embarrassment, discouraging her from asking more questions.

The RPRH Law guarantees access to “reproductive health care services, methods, devices, supplies.” However, lingering issues in the de facto availability, adequacy, and sufficiency not only of RH commodities and services, but of health services in general, were linked to delayed or denial of access. In Baguio and Cebu, RH commodities were reported to be in limited supply. In Malaybalay, deaf women in remote areas have no access to remedies in cases of GBV. In Butuan, a woman with disabilities was hospitalized for a week but was never visited by a doctor; while a woman with disabilities from Baguio had to get herself admitted to a hospital in order to have a check-up. A WCPU officer from Baguio admitted that they lack a colposcope, vaginoscope, and the testing tools of psychologists to assess the mental age of the patient. They also shared the challenges posed by insensitive prosecutors and other members of the criminal justice system.

Section 5 of the RPRH Law mandates that “LGUs shall endeavor to hire an adequate number of nurses, midwives, and other skilled professionals for maternal health care, and skilled birth attendants, to achieve an ideal skilled health professional-to-patient ratio, taking in consideration DOH targets.” Further, the section instructs “that the national government shall provide additional and necessary funding, and other necessary assistance, for the effective implementation of this provision.” Yet, across all Inquiry sites, participants, most especially those from the government, have lamented the limited funding support for HSPs and PWDs. Overworked and underpaid HSPs are still being reported. In Cagayan de Oro, volunteer health workers had to sometimes render 24 hours of service instead of the required 8 hours. In Malaybalay, a midwife could be assigned to three barangays. A doctor from Philippine General Hospital admitted that staffing is always their problem, as is the case with all government institutions, especially those in the health services.

3.3. Lack of disability-inclusiveness in the implementation of the RPRH Law

The multiple and intersecting barriers faced by women with disabilities results in discrimination that includes unequal access to RH services, commodities, and information; including remedies in case of GBV. This is attributed to a lack of concerted effort among relevant government agencies, lack of instrumentalities, and lack of mechanisms to fully implement the law.

3.3.1. Absence of policies and programs specific to the reproductive health needs and rights of women with disabilities

In general, government efforts towards promoting the reproductive health of women with disabilities is subsumed under existing programs and policies for women and persons and disabilities. When asked about programs and policies for women with disabilities,

representatives from government offices would identify RH programs and policies that they have for women at large. The exceptions to this trend were the City of Baguio, an LGU in CARAGA, and another in Cagayan De Oro, who were able to describe various RH efforts backed by policies specifically catered towards women with disabilities.

Another set of exceptions would be individual offices within LGUs with specific services for women with disabilities, such as the PDAO of Dinagat Islands, Cordova, and Manila; the Municipal Social Welfare Office (MSWDO) of La Trinidad; and in Region X—J.R. Borja Hospital, in partnership with the City Social Welfare and Development Office (CSWDO) and the City Health Office (CHO). However, these services were mostly driven by individual champions, rather than by official policies of the LGUs.

There are programs being implemented at the national level in compliance with Republic Act 11228 (the most recent amendment to the Magna Carta for Persons with Disabilities (MCPD)). Among them is the exclusive insurance package for PWDs that will be released by Philhealth and the Philippine Registry of Persons with Disability—a program that is being spearheaded by the Department of Health.

LGUs provide health programs and services that cater to all women and all PWDs, such as family planning services, prenatal services, and immunization for newborn babies, etc. The DOH at the regional level offers the same services. This is problematic, because this indicates that LGUs and the DOH regional offices treat women and PWDs as homogeneous sectors. They do not see the specific and varied needs of different groups of women, and the diversity of PWDs.

No PDAO was able to name a government program specific to women with disabilities. While a PDAO from Dinagat Islands talked about an assistance to women with disabilities VAWC victim-survivors, and a PDAO from Manila mentioned an information dissemination effort, these initiatives are yet to be verified as government programs.

When asked about the availability of resources for women with disabilities, representatives from LGUs, regional government offices, and women with disabilities themselves (based on the kinds of services they availed of), described a lack of funding. This was observed even in Baguio City where the City Council has passed multiple ordinances on the welfare of PWDs. In Manila and Dinagat Islands, increasing PWD support was attributed to politicians with an advocacy for inclusivity, but there remain to be no specific programs and services for women with disabilities. Dedicated funding for women with disabilities are limited to offices. In Cordova, the PDAO has minimal funding from the local government for women with disabilities. In Malaybalay, the City Health Office gets its funding from the family planning program.

Government offices—except for the Bureau of Jail Management and Penology (BJMP)[27] —at both the national and regional levels have no data on PWDs, or are still in the process of collection. In the case of LGUs, some have collected or have just initiated the data collection. Marikina (NCR) has data on PWDs; the kind of data was not mentioned, however. Pateros (NCR) has adopted a Community-Based Monitoring System (CBMS) in January 2019. The system will capture data on PWDs, such as their population and sex disaggregation per barangay. The City Health Office of Baguio has been profiling PWDs since before 2014. They collected data that are disaggregated according to sex (male and female) and according to disability (mental/intellectual, hearing, psychosocial, speech, visual, disability due to chronic illness, orthopedic, learning, and multiple disability). From 2014-2018, a total of 1,320 PWDs have been profiled. In 2017, the Baguio City Council released an ordinance mandating a PWD Desk in all barangays that would gather PWD data at the barangay level. In Caraga, the Butuan City Health Office and the PDAO have two separate databases of registered PWDs. They have 2,282 and 1,448 PWDs registered in their databases, respectively.

3.3.2. Only one or two agencies/offices/organizations with good practices in Inquiry sites

There were good practices documented as part of the findings of this Inquiry on the promotion of access of women with disabilities to RH services, commodities, and information, including VAWC remedies. Good practices were recorded in every Inquiry area, however agencies/offices/organizations involved in its implementation were limited to one or two. Most of these initiatives however were activity or progam-based , and not components of a strategically adopted RH agenda for women with disabilities.

- The Municipal Social Welfare and Development Office (MSWDO) of La Trinidad in CAR, in partnership with their doctor-pediatrician, conducted an early detection and prevention of disability activity, and other advocacy activities for parents. The passage of ordinances related to the welfare of women with disability also helped in developing more programs responding to their needs.

- The PDAO of Manila in NCR launched an information dissemination campaign on RH. Meanwhile, Likhaan has established health centers all over Metro Manila that provides RH services to marginalized women. It also developed a training module on SRHR, which it has been using in the conduct of capacity building activities for women with disabilities. It has also been very active in its advocacy for SRHR, particularly for the inclusion of women with disabilities.

- The Municipal Health Office of Cordova in Region VII worked closely with PDAO in order to deliver a “holistic approach” to health inclusive to PWDs. A special desk

[27] BJMP was able to present data on PWDs under custody during the fact-finding missions.Submission of programs for PWDs was also submitted by BJMP central office as part of the Inquiry Survey.

was installed in the health office to provide immediate assistance to PWDs. The office was also renovated to ensure accessibility for clients in wheelchairs. In the last four years, they have been organizing free HIV testing activities where PWDs were invited, and a “Family Planning Day'' where women with disabilities could get information on RH.

- The J.R. Borja Hospital, in partnership with the CSWDO and CHO in Region X, launched an information and education campaign on the reproductive healthcare of women with disabilities. They were provided with separate and special sessions in the weekly counseling on SRHR, which included discussions on sexual dysfunction.

- The PDAO of Cagayan De Oro City in Region X, has engaged the services of sign language interpreters as local government contractuals assigned to the PDAO. The sign language interpreters provide accessibility for deaf clients including response in cases of GBV and health emergencies and in ensuring accessibility for deaf participants in trainings.

- The PDAO of Dinagat Islands in Caraga was able to provide comprehensive assistance to a deaf woman who was raped and impregnated by the rapist. She was able to file a case against the perpetrator, obtain a scholarship and a subsidy for the child, with the aid of PDAO.

- The City Council of Baguio passed an ordinance supporting the conduct of extensive medical services for women with disabilities, with corresponding funding (Ordinance No. 69, s. 2018). It was also able to pass an ordinance that mandates all barangays in the City to establish and maintain a PWD Desk and to create a PWD committee to facilitate the data collection at the barangay level (Ordinance No, 47 s 2017). Another ordinance of the City declared a “Women with Disabilities Day” every July. Moreover, the City Health Office has been conducting trainings on disability-sensitivity and sign language. Through the leadership of Arthur Allad-iw, a person with disability councilor, the City of Baguio is among the most person with disability and specifically, women with disability responsive LGU in the country. Even then, these policy and programmatic gains have been challenged as well by limited funding for proposed activities and programs.

- At the national level, the BJMP has policies to ensure the welfare of PWDs, such as “cells with provisions suited for their disabilities,” and protection “from discrimination and exclusion because of their disabilities.” They also have policies that take into consideration the reproductive health rights of inmates, such as “medical services for illnesses related to their reproductive system” and “health education on gender-related health conditions.” Implementation of these policies and programs, however, would still be subject to further monitoring in the different BJMP facilities.

- The Commission on Human Rights' Gender Ombud Guidelines included a protocol on handling cases of women with disabilities. The CHR also regularly conduct activities promoting the SRHR of women with disabilities. These activities include consultations on the human rights issues of women with disabilities, peer facilitated capacity-building sessions and Training of Trainors for women with disabilities, module development on their basic human rights, and the conduct of a National Inquiry focusing on women with disabilities.

3.3.3. Health Service Providers' limited capacity to provide disability inclusive services, equipment, and facilities

The RH service providers' capacity to meet—at the very least—the minimum basic needs of women with disabilities, is constrained by a lack of personnel with appropriate skills, a lack or limited awareness of disability needs and rights, and a lack of facilities and equipment for women with disabilities.

There were limited to no specialists that could attend to the health and care needed by women with disabilities across Inquiry sites. The Women and Child Protection Unit (WCPU) of Agusan del Norte Hospital had no permanent psychiatrist in their office. This caused delay in a case that needed a psychiatric examination as court evidence. In a similar vein, the PNP in Manila is faced with delayed investigations due to the absence of an in-house clinical psychologist or psychiatrist who will conduct the evaluation of women clients with cognitive impairment. The Women and Children Protection Desk (WCPD) of Butuan City only had one male medico-legal in-charge of all cases in the CARAGA region. The chief of the WCPD acknowledged this as an issue when dealing with rape victims. The City Health Office of Malaybalay could not provide free hearing aids due to the absence of specialists that could provide a prescription.

Across all Inquiry sites, deaf and/or hard-of-hearing women with disabilities complained about lack of SLIs in frontline offices at the national, regional, and LGU levels. This was corroborated by interviews with service providers; they confided that SLIs remained a gap in their provision of services. Testimonies from CAR and Region VII surfaced issues related to the lack of sign language capabilities. A police officer from Cebu, for example, expressed the need for proper training in sign language, "We would like to ask the government to provide us proper training in sign language. It's hard to interpret the deaf or hard-of-hearing clients when we try to communicate with them. What we usually do to understand them is to ask them to draw or write on a piece of paper." According to a WCPU Officer from Butuan, "[Effective] communication with the deaf and/or hard-of-hearing victims of violence and/or abuse is critical. Getting their testimonies and other information relevant to their cases requires someone who has technical knowledge in understanding their language. Otherwise, the information that could be gathered will either be lacking, twisted, and/or exaggerated. Hence, unreliable." The gap in the

provision of sign language interpreters in government offices persisted, despite the passage of the Filipino Sign Language Act (RA 11106),

Meanwhile, a representative of an LGU from La Trinidad expressed that limited training related to the plight of PWDs hampers their ability to understand, and "know" or identify them; particularly those with invisible disability. This is also true when assisting them in accessing justice. A W-DARE representative claimed that VAW Desk officers encourage reconciliation among couples, which is illegal under the Anti-VAWC Law. She attributed this to persisting gaps in the training of VAW Desk officers in the handling VAWC cases. Also, she asserted that there is a lack of awareness on the predicament of women with disabilities that often result to misinformation, discrimination, and victim-blaming. "Ang hirap po, kasi hindi natitrain nang maayos ang mga nasa VAW Desk. Kasi hindi po ba bawal na pagkasunduin yung mag-asawa? Kaya po siguro ngayon ay nandito pa rin ako." (It's hard, because the VAW Desk officers aren't being trained properly. Isn't it illegal to make the couples reconcile? That's probably why I'm still here [at this stage of the process]."

There were efforts to fill in the needed skills or the skilled service provider positions, specifically for sign language. The Health Office of Baguio City provided sign language training and orientation to its staff. Their proficiency, however, on the language has "worn out," because they do not practice/use it regularly. Region VII opened a school for SLIs, but due to labor migration, their graduates left the Region to work somewhere else; of its 150 graduates recently, only two or three chose to work in the region.

Aside from the aforementioned limitations, ill-equipped facilities were documented across Inquiry locales. The PDAO of Baguio City lamented the physical features of some offices; there are no railings and ramps. The City Health Office of Butuan described the physical features of their office as PWD-friendly, but admitted that only a few of its barangay health centers have the same features. The Health Center of Pateros has an elevator to ease access of PWDs, but its PDAO has not yet been established. Therefore, there is no office in their LGU to take care of their specific needs, as yet. A CSWDO in Region X claimed that the infrastructure in the City are compliant with the PWD access requirements of the Office of the Building Official.

Despite the abovementioned, the health service providers interviewed across Inquiry sites admitted and recognized that accessibility of RH facilities increased access to health services. A nurse from the Municipal Health Office of Cordova narrated, "We renovated the office to make it accessible to our clients, so unlike before, we are now frequented by women with disabilities. We also placed a special desk for PWDs to ensure that they receive immediate assistance."

4. Conclusions and Recommendations

Disability is described by Article 1 of the UNCRPD "as the social effect of the interaction between individual impairment and the social and material environment." Due to their intersecting social

identities as women and as persons with disabilities, women with disabilities experience this interaction differently and, more often than not, in a disadvantageous position, due to inequalities based on gender and perceived ability.

General Recommendation 24 of CEDAW urges state parties to "implement a comprehensive national strategy to promote women's health throughout their lifespan. This will include interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women, and will ensure universal access for all women to a full range of high-quality and affordable health care, including sexual and reproductive health services."

International and national instrumentalities acknowledge the distinct position and condition of women with disabilities in the exercise of their sexual and reproductive and health rights, and thus, emphasize the responsibility of the State to take this into account.

Under Article 25 of the UNCRPD, the State is expected to "provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes."

Under Section 18 of the RPRH Law, cities and municipalities are directed to "endeavor that barriers to reproductive health services for PWDs are obliterated."

The findings of the National Inquiry point to a neglect of international and national laws and policies resulting in the invisibility of women with disabilities in RH programs and services. This invisibility has perpetuated the current situation where women with disabilities are prevented from fully enjoying their SRHR, due to multiple and intersecting forms of discrimination on the grounds of gender and/or disability, or other possible grounds. i.e. economic status and residence in GIDA.

While the National Inquiry has recorded good practices in all of the regions, they are yet to be institutionalized through official policies or fully implemented, except in the cases of the CHR, and the City of Baguio. At the same time, the institutions implementing the activities are limited to one or two per region. In other words, the efforts are neither comprehensive nor adequate to substantially improve the current situation of women with disabilities in terms of access to reproductive health care and access to justice in cases of gender-based violence.

In order to assist the State in realizing its obligation to protect, promote, and fulfill the sexual and reproductive health and rights of women with disabilities as guaranteed in the CEDAW, UNRCPD, MCW, and the RPRH law, the Commission, guided by the findings of the National Inquiry and the suggestions provided by its participants, submits the following recommendations:

For the Legislature

1. In view of the difficulties in delivering adequate and appropriate RH services in the face of unsustainable workload and compensation of health service providers and workers—to support the passage of the Magna Carta for Private Health Workers;

2. In light of the high incidence of rape cases, heightened economic insecurity, increased health risks in some pregnancies, and the absence of, if not limited, RH awareness due to lack of schooling and communication difficulties among women with disabilities—to review the provisions on the full ban on abortion;

3. In view of the vulnerability of many women with disabilities to VAW, including sexual violence—to review and to address the gaps in the implementation of laws addressing sexual violence (e.g. the Rape Victim's Assistance Act, particulalry the establishment of rape crisis centers per province; the Anti-Rape law—to ensure that lack of consent is at the center of its defintion, and to support the efforts to increase the age of sexual consent)

For the Executive: National Government Agencies, including their Regional Offices

4. For DOH and the National Implementation Team on RH to monitor the implementation of Section 18: Sexual and Reproductive Health Programs for Persons with Disabilities (PWDs) of the RPRH law in cities and municipalities, thereby ensuring that the accessibility measures guaranteed to women with disabilities are realized; and to ensure the implementation of Sec 8 of the Filipino Sign Language Act (RA 11106) requiring State hospitals and all health facilities to ensure access of the Filipino deaf to health services including the provision of FSL interpreters and accessible materials.

5. For DOH and the National Implementation Team on RH to develop an RH agenda and strategy for women with disabilities that would guide the development of gender- and disability- responsive RH policies and programs for them, and to allocate funding in support thereof;

6. For DOH and the National Implementation Team on RH to develop and launch a nationwide awareness campaign on RH that considers the disability-specific communication and mobility needs of women with disabilities, as well as the SRH issues of women with disabilities throughout their lifespan—including puberty and menopausal stages; This should include the conduct of inclusivity and accessibility audits of health facilities from community, to local to national level.

7. In response to the demand for RH education for adolescent girls with disabilities—for DepED to immediately and fully implement a gender- and disability- responsive Comprehensive Sexuality Education in schools as mandated by the RPRH Law; Adoption of CSE in SPED centers should be ensured and duly monitored.

8. In view of the increased tendencies of male intimate partners and family members of women with disabilities to impinge on their autonomy and self-determination, especially in relation to the exercise of their SRHR—to include and strengthen engagement with men and families of women with disabilities in the RH agenda and its implementation. Concurrently, empowerment of women with disabilities and support for women with disability organizations should be emphasized and promoted; With this, it is recommended that the National Council for Disability Affairs (NCDA), the Department of Social Welfare and Development(through 4Ps), Population Commission (POP COM), and the DOH should strengthen its programming including Gender Sensitivity and SRHR capacity building and empowerment sessions for women with disabilities and their families.

9. In light of the existing data gap on women with disabilities, for DOH to fast-track the implementation of Philippine Registry of Persons with Disability, while ensuring that collected data are disaggregated based on gender and disabilities;

10. For government agencies, especially those with frontline services, to ensure access of women with disabilities to information by providing sign language interpreters and local language translators, as well as communication materials in braille, large print, audio format, simple language, sign language, and pictures; full implementation of the Filipino Sign Language Law (RA 1110) is recommended;

11. For the DOH and the Professional Registration Commission to immediately issue a policy guidance upholding the patient rights of women with disabilities and prohibiting discriminatory acts against them, such as the issuance of advisories explicitly prohibiting dsicrimination and prejudice on the basis of disability, coercion to undergo ligation and other medical treatments, verbal abuse through discriminatory statements, and non-observance of PWD priority lanes, among others; Accountability and complaint mechanisms for discriminatory treatment should also be strengthened.

12. In view of the increased economic vulnerabilities of women with disabilities, impinging on their access to RH and remedies in cases of GBV—for the National Council on Disability Affairs (NCDA) in coordination with PhilHealth, SSS, GSIS, and LGUs to comply with Section 30 (E) of the MCW demanding for a community-based social protection scheme and the development of social protection programs for women with disabilities; Women with disability's rights to be protected from violence (sec, 9, MCW) should be fully implemented by ensuring responsive, effective, and accessible Barangay VAW Desks, Municipal Social Welfare Offices, and PNP Women's Desks;

13. For Philhealth to take into account the SRH issues of women with disabilities in the development of the exclusive insurance package for PWDs in compliance with the provisions of the Magna Carta for Persons with Disabilities, the Magna Carta of Women, and the Universal Health Care Law;

14. In light of the marked absence of disability awareness and widespread prejudice against women with disabilities among health service providers and GBV responders—to develop and implement a comprehensive training program that will enhance the capacity of service providers so that they may adequately and appropriately respond to the issues, needs, and concerns of women with disabilities;

15. To develop and implement a protocol on handling women with disabilities when they access RH information, commodities, and services, and VAW remedies; training should be conducted on a regular basis to maintain the same level of capacities, thereby addressing the issue of reduced proficiency due to lack of practice;

16. For the DPWH and DOTC to fast-track and intensify the enforcement of the provisions of Batas Pambansa 344: An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to Install Facilities and Other Devices in order to reduce the mobility constraints of women with disabilities as they try to physically access RH services, commodities, and information, and VAW remedies; Regular audits, with the participation of women with disability is likewise recommended;

17. In light of the difficulties in delivering adequate and appropriate RH services in the face of unsustainable workload and compensation of health service providers and workers, for DOH to implement and monitor compliance to RA 7305: Magna Carta of Public Health Workers;

18. In response to the persisting challenges arising out of the insufficient funding for health services, for the government to increase public spending for health services, including the budget for the implementation of the RPRH law;

19. In view of the RH accessibility issues suffered by women with disabilities due to the non-recognition of their less visible or invisible disabilities—for the National Council on Disability Affairs (NCDA) to develop and institutionalize a new PWD symbol that would represent all kinds of disabilities;

For Local Government Units

20. To reduce, if not completely remove, the barriers to RH access for women with disabilities by complying with the provisions of Section 18: Sexual and Reproductive Health Programs for Persons with Disabilities (PWDs) of the RPRH law;

21. To institutionalize the promotion of the SRHR of women with disabilities in their cities and municipalities by issuing relevant policies, with corresponding funding allocation, that would guarantee the provision of sign language interpreters in RH access points, the hiring of disability specialists such as psychiatrists; and the outfitting of local health

centers with PWD-friendly features and appropriate RH services, commodities, and information for women with disabilities, among others;

22. To take into account the specific mobility issues of women with disabilities in their localities, and to implement corresponding RH community-based programs such as mobile health clinics, legal caravans, and house-to-house visits that would increase the access of women with disabilities to services, commodities, and information, and GBV remedies;

23. In view of the marked absence of disability awareness and widespread prejudice against women with disabilities among health service providers and GBV responders—to develop and implement a comprehensive training program that will enhance the capacity of service providers so that they may adequately and appropriately respond to the issues, needs, and concerns of women with disabilities;

24. In consideration of the increased vulnerabilities of women with disabilities when they become victims of GBV—for LGUs to provide a comprehensive support package for the victim-survivors, which should include legal aid, scholarships, employment, housing psychosocial support, and allowances for the women with disabilities and their children, especially if the spouse is the perpetrator or if a baby is born out of the assault; Accountability and complaint mechanisms for inaction or insensitive and discriminatory handling of cases should be strengthened.

25. In recognition of the important role of organizing in increasing the RH awareness and facilitating the empowerment of women with disabilities—for PDAOs, CSWDOs/MSWDOs, and the barangays to aid women with disabilities in forming their own organizations and/or assisting existing PWD- and women's- organizations in organizing women with disabilities;

26. For the Office of the City/Municipal Engineer to comply with the provisions of Batas Pambansa 344 and MCDP in order to reduce the mobility constraints of women with disabilities as they try to physically access RH services, commodities, and information, and VAWC remedies;

27. In light of the difficulties in delivering adequate and appropriate RH services in the face of unsustainable workloads and inadequate compensation of health service providers and workers—for the LGUs to comply with the provisions of RA 7305: Magna Carta of Public Health Workers;

For the Judiciary: Supreme court and lower courts

28. To develop and implement a protocol on handling women with disabilities during court proceedings, especially in cases of GBV; training among relevant personnel should be conducted on a regular basis to maintain the same level of capacities, thereby

addressing the issue of reduced proficiency due to lack of practice. Regular review of gender-based violence cases, especially rape cases, pertaining to women with disabilities should be conducted. This is to ensure accessibility and sensitivity of handling and for the development of measures to address gaps, if necessary.

29. To ensure the full implementation of the provisions of the Filipino Sign Language Act (RA 11106), particularly section 6 thereof pertaining to FSL in the Justice System. Specifically, it is recommended that the Supreme Court and other concerned agencies promote appropriate training for those working in the administration of justice, including hearing interpreters, deaf relay interpreters, and other court personnel, police and prison staff. Support staff shall also be trained in translation from FSL to written English or Filipino. The development of a national system of standards, accreditation, and procedures for legal interpreting in FSL is also reiterated.

30. To ensure access of women with disabilities to information, by providing sign language interpreters and local language translators, and communication materials in braille, large print, audio format, simple language, sign language and pictures.