

Republic of the Philippines
COMMISSION ON HUMAN RIGHTS
Diliman, Quezon City

HUMAN RIGHTS CENTERS MANAGEMENT OFFICE
Center for Gender Equality and Women's Human Rights

CGEWHR 30F-2021-01

MEMORANDUM

FOR : THE COMMISSION EN BANC

THRU : KAREN GOMEZ-DUMPIT
Focal Commissioner on Women



: THE COMMISSION SECRETARY

DR. RENANTE A. BASAS
Director, HRCMO



FROM : ATTY. KRISSI SHAFFINA TWYLA A. RUBIN
OIC, CGEWHR

SUBJECT : ADDITIONAL GEWHRC REPORTS/SITUATIONERS
FOR APPROVAL

DATE : 10 October 2021

The Center submits the following situationers and reports for the approval of the Commission en Banc. These reports have been previously submitted but has been subjected to editing prior to submission to the en Banc. For consideration

1. Community Based Peer Monitoring of WWDs (2020) - This is the edited version of report previously submitted first quarter of this year. It presents the results of the Community Based peer monitoring of women with disabilities. These results have been validated and presented already to key agencies like DSWD, DILG and NCDA.

Link:

https://docs.google.com/document/d/1pqA1VeOHETXwr_oEHxs9bbMMc6FXeK1ZhQzDxyyc7dw/edit?usp=sharing

2 Kwentong Krisis at Bahaghari: Stigma and Resilience of LGBTQI During the Pandemic and the New Normal - This is a compilation of submitted narratives from

LGBTQI individuals showing the impact of the pandemic in the LGBTQI community and organizations, the continuing experience of stigma and discrimination, and stories of resilience. It renders visible experiences of LGBTQI persons and organizations during the pandemic and new normal. These narratives have been published as social media cards last Pride 2020 in the Commission's website.

Link:

https://docs.google.com/document/d/1_3pvHoD2aY_M7pQRtXOUzfSQbtdnA9rXlpxTvO0RjTI/edit?usp=sharing

3. Bearing of COVID-19 Pandemic on women vis-a-vis the Achievement of Sustainable Development Goal No. 5 (2020) - This is a CHR-GEWHRC Commissioned research surveying the bearing of the COVID-19 pandemic on the achievement of Sustainable Development Goals number #5 on Gender Equality. The rich desk review ends with proposed areas for research and actions for government agencies.

Link:

<https://docs.google.com/document/d/1PF8xSSo3urNDRsQfJBvvQG6EJyEd5944PB5f3BSmEig/edit?usp=sharing>

4. Gender Ombud Situationer 2020 - This updates the 2nd and 3rd Q report and consolidated data for the entire year. It includes updated data on GBV from the reporting portal as well as comparison of GBV data from the PNP.

Link:

https://docs.google.com/document/d/1jQjKZeE1URV3tBYdw__c_9Nd2Gs6zwBzIBM2bxtCSHM/edit?usp=sharing

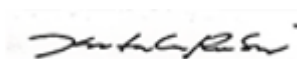
5. Gender Ombud Situationer First Semester of 2021 - This situationer provides an analysis of continuing gender issues with the continuing onslaught of the pandemic in 2021. It updates and builds on the 2020 report and incorporates some of the submissions from regional offices,

Link:

https://docs.google.com/document/d/1V8mWZNkLy3k0JfzprNxRw5_2TMDLj1Npqv85LoV3aqY/edit?usp=sharing

The Center looks forward to the favorable consideration of these submission to the En Banc. Lastly, the Center requests that should there be edits and comments, we request as much as possible that they be directly inserted in the document either as corrections or comments.

We also would like to follow up on the Status of the approval of the National Inquiry Report on the RH of Women with Disabilities, submitted by the Center way back.



Krissi Shaffina Twyla A. Rubin



REPUBLIC OF THE PHILIPPINES
COMMISSION ON HUMAN RIGHTS

RESOLUTION
CHR (V) No. POL2022-005

The Commission **RESOLVES** to **ADOPT** the following reports, submitted by the Gender Equality and Women's Human Rights Center, Human Rights Centers Management Office:

1. Community Based Peer Monitoring of WWDs (2020);
2. Kwentong Krisis at Bahaghari: Stigma and Resilience of LGBTQI During the Pandemic and the New Normal;
3. Bearing of COVID-19 Pandemic on women vis-a-vis the Achievement of Sustainable Development Goal No. 5 (2020);
4. Gender Ombud Situationer 2020; and
5. 1st Semester 2021 Gender Ombud Report.

SO RESOLVED.

Done this 12th day of January 2022, Quezon City, Philippines.


KAREN S. GOMEZ DUMPIT
Commissioner


GWENDOLYN LL. PIMENTEL-GANA
Commissioner


LEAH C. TANODRA-ARMAMENTO
Commissioner


ROBERTO EUGENIO T. CADIZ
Commissioner

ATTESTED BY:


MARIA ASUNCION I. MARIANO-MARAVILLA
Commission Secretary

CHR: Dignity of all



Gender Ombud Situationer 2020: Gendered impact of the Pandemic and the need for gendered and intersectional responses

Background

The COVID-19 pandemic has greatly affected nations world-wide, and in the Philippines, it has prompted the President to impose containment measures through the Luzon-wide Enhanced Community Quarantine last 17 March 2020. Since the declaration, containment measures have been adopted in various parts of the country aimed at mitigating and containing the spread of the virus, of flattening the curve, and preventing the overburdening of a fragile health system. The Congress of the Philippines has further responded to the crisis by passing the Bayanihan Heal as One Law (RA 11469). The law, declaring a national health emergency, aimed to equip the Chief Executive and the branches of the government to deal with the health crisis with the urgency that it demands. It also adopts measures to meant to cushion the impact of the crisis for the most vulnerable.

Since the passage of the Bayanihan Heal as One Law and its subsequent update, the Bayanihan II, the National Government has been proceeding with its implementation. Several joint circulars have been issued, including those pertaining to the implementation of the Social Amelioration Program, the provision of funds to local government units to respond to COVID-19, the rules on emergency procurement, and guidelines from the Department of Finance on access to credit and moratorium on interests. The Department of Interior and Local Government Units for its part has issued with the Philippine Commission on Women advisory on the use of Gender and Development Budget for Gendered COVID Response, it has also issued an advisory on the need to ensure functionality of Barangay VAW Desks. On the part of the Commission on Human Rights, statements from the Commission and letters to the DILG, the Philippine National Police, and the Inter-agency Council Against Violence Against Women emphasized the need for a gender responsive and intersectional response. A Joint Memorandum with DILG was subsequently adopted titled *“Ensuring Gender- Responsive Interventions to Covid-19 and the New Normal Including Ensuring Prompt, effective, and Survival Centered Response to All Forms of GBV.”*¹

While the Bayanihan Heal as One Act addresses the need for urgent response to the crisis, and while it emphasizes the provision of immediate assistance to affected families, especially the marginalized, and for the provision of support for recovery and rehabilitation including safety nets for all those affected, guidelines specific to the gendered nature of the COVID-19 crisis and its impact is currently not mainstreamed into interventions and strategies.

Gender and the Pandemic

According to the United Nations Office of the High Commissioner for Human Rights, interventions meant to respond to COVID-19 has to put in its center the protection of women and girls. Elaborating further on

¹ Dated 15 July 2020, DILG and CHR JMC 2020-01

the need to surface the gendered nature of the pandemic and its effects, the Policy Brief issued by Office of the High Commissioner for Human Rights emphasized how the ‘pandemic is deepening pre-existing inequalities’ and how ‘across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex.’²

Guidance notes from the United Nations Populations Fund on a gendered response to COVID-19 emphasize that women and girls are disproportionately affected by epidemics. In particular, women and girls who face multiple forms of inequalities due to disability, sexual orientation, gender identity, age and ethnic minority may be even more vulnerable.³ Health crisis like the COVID-19 pandemic compounds existing gender inequalities, it is expected to disproportionately increase women and girls’ unpaid care work in the household and in taking care of the sick, and it also increases risks of gender-based violence and sexual exploitation and abuse.⁴

In terms of support, women and girls’ needs are often left behind in the response, menstrual and hygiene kits are often forgotten, provisions for family planning and other reproductive health commodities and services are not provided for, and special needs of pregnant and lactating women may not be priorities.⁵ Access to relief and support services for Lesbians, Gay, Bisexual, Transgender, and Intersex persons may be affected by stigma and prejudice against them and LGBTQI++ families may run the risk of not obtaining safety nets accorded to families in general. They can also run the risk of GBV, being confined in possibly hostile spaces in their own families and communities during the Enhanced Community Quarantine. All these differentiated impacts of COVID-19 can leave huge protection gaps for women and LGBTQI++ persons.⁶

GBV Data Pre-COVID 19

In the Philippines, the 2017 National Demographic Health Survey reports that 1 out of 4 married women in the Philippine have experienced violence, it also reports that only 1/3 of those who experience violence seek help.⁷ The Commission’s Mapping of Gender Based-Violence Legal Referral Mechanisms⁸ last 2019 has documented the continuing gaps in accessing justice in cases of gender-based violence, the gaps include lack of information and knowledge of the laws, and of protection and referral mechanisms, accessibility of and availability of services specially for women with disabilities, women in geographically isolated and disadvantaged areas (GIDA) and other women facing multiple and intersecting forms of discrimination.⁹ Other gaps included the difficulty of referrals for psychosocial and shelter support, lack of support for women survivors’ livelihood and economic independence, as well gaps pertaining to the insensitivity of service providers. These initial reports were also echoed in the Commission’s 2019 National Inquiry on the

² OHCHR. COVID-19 Guidance Documents. <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

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

⁴ UNFPA Asia Pacific Program. Guidance Note on COVID-19

⁵ UNFPA Asia Pacific Program. Guidance Note on COVID-19

⁶ OHCHR. COVID-19 Guidance Documents. <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

⁷ NDHS 2017

⁸ The GBV Mapping of Legal Referral Mechanisms funded by Go Just was undertaken in 15 of the Commissions’ 16 regional offices, through focus group discussions with the government agencies, women’s organizations and community women the Mapping has gathered data from 30 cities/municipalities all over the country. The final report is still being consolidated by the CHR Gender Equality and Women’s Human Rights Center.

⁹ These include: Indigenous Women, Elderly Women, Women with Disability, Rural Women, Urban Poor Women, Women in context of armed conflict and other humanitarian conditions ;

Reproductive Health of Women with Disabilities.¹⁰ The inquiry highlighted physical, communication, and attitudinal barriers faced by women with disabilities in reporting and seeking justice in cases of GBV.

Situation of vulnerable groups prior to the pandemic

Prior to the pandemic, the Commission has conducted focus group discussions with marginalized groups highlighting urgent human rights issues of their sector.

In February of 2019, FGDs with urban poor women already highlighted the absence of social protection, their vulnerability to state and community violence, and issues pertaining to housing – including insecurity of their tenure, the cramped spaces, and the limited access to much needed utilities. Sometime in March 2019, dialogues with older women, including those deprived of liberty, highlighted their issues including access to needed medication, access to social pension and other forms of social protection, and the limited services for vulnerable ageing population. In August of 2019, a forum on Women, Peace, and Security¹¹ highlighted the plight of women human rights defenders, including those in rural areas with complaints of red-tagging and of shrinking civil society spaces. Monitoring of the situation of women in situations of armed conflict in Lianga and women IDPs in Marawi have also revealed continuing challenges. Filing of trumped up cases against residents and of continuing displacement due to protracted armed conflict were reported in Lianga. While in Marawi, IDPs continue to seek their right to return and of access to needed services and employment in their areas of resettlement.

Additionally, IDP women and girls continue to be subjected to threat of GBV due to the poor living conditions in IDP sites especially those who are in evacuation centers and transitory sites. For instance in Zamboanga City, IDPs affected by the siege in 2013, who are still staying in transitory sites continue to face issues on WASH facilities. Latrines in the areas are not working because the septic tanks are full. As a result, some of the displaced families had to construct makeshift latrines in the nearby forest areas, which render IDPs especially women and girls more vulnerable to GBV.¹²

On women in detention, the Commission's documentation on the situation of women in detention titled "Inside Stories" documented the challenges faced by women deprived of liberty. Even prior to the COVID crisis, the Commission's FGDs in female dormitories and correctional facilities for women deprived of liberty has already documented the cramped spaces of detention facilities, the very limited access to needed medicines and medical procedures, the slow progress of cases, and the additional vulnerability of older women, and lesbians, bisexuals and transgenders.¹³ For women in export processing zones, there were already complaints of rampant contractualization, attempts of union busting and attacks against union members, and absence of security and social protection. Key informant interviews with LGBTQI++ children on the other hand revealed unsafe situations in educational setting and even within the family and their impact on the mental health and well-being of children.

¹⁰ The 2019 National Inquiry on the Reproductive Health of Women with Disabilities was conducted from April 109 to October 2019. It covered five areas: Region X, CAR, Cebu, CARAGA, NCR. Each area included 3 focus group discussions with women with disabilities (Women with Mobility Impairment, Deaf and Hard of Hearing Women, and Women Visual Impairment) and a public hearing. Validation of the initial result was conducted November of 2019.

¹¹ Forum Documentation: Forum on Women, Peace, and Security

¹² CHR 2019 Annual Report on the Human Rights Situation of Internally Displaced Persons (IDPs) in the Philippines

¹³ Inside Stories: Situation of Women Deprived of Liberty, CHR

These above cited human rights issues of marginalized sectors pertain to situations prior to the pandemic. These existing vulnerabilities and marginalization were exacerbated, and their impact further heightened due to the pandemic.

Through this 2nd and 3rd quarter situationer, the Commission on Human Rights, as Gender and Development Ombud under the Magna Carta of Women (RA 9710), aims to provide key thematic areas highlighting the gendered and intersectional impact of the COVID-19 pandemic and the ensuing period of transition. It discusses in part situation of women and vulnerable sectors prior to the pandemic and how their situations have been exacerbated by the crisis. The situationer then provides for recommendations to the government, building on the previously adopted Joint Memorandum Circular.

2020 Situationer

Women and girls are disproportionately affected during pandemics. In particular, women and girls who face multiple forms of inequalities due to disability, sexual orientation, gender identity, age and ethnic minority may be even more vulnerable. Health crisis compound existing gender inequalities and increase risks of gender-based violence and sexual exploitation and abuse. The pressure to respond to COVID-19 may disrupt care and support for GBV survivors, and referral networks and access to justice in cases of GBV may be disrupted¹⁴.

During Enhanced Community Quarantine, women and men's experiences and needs vary because of their different physical, cultural, security, and sanitary needs. It is important that government responses and interventions recognize this gendered nature of the COVID-19 crisis and to craft gender-responsive and intersectional response.

The Commission, as Gender Ombud, highlights the following key human rights issues affecting women, girls, and members of the LGBTQI++ community, especially those belonging to the marginalized sector:

While the virus infects both men and women, there is need to highlight disproportionate impact on women and girls, and persons of diverse SOGIESC

Current Department of Health Data reveal that more men than women are currently affected by the Corona Virus. As of 13 October 2020 sex disaggregated data on COVID-19, there are currently 344,713 cases in the country, 55.05% were males with 44.95% females. The reported COVID-19 related deaths as of the 13th of October is 6,372 with men consisting of 60.42%, and women 39.58%.¹⁵ While the virus does not distinguish the sex or gender identity or sexual orientation of the person it infects, pre-existing inequalities render some groups more vulnerable to its effects. This include women, girls, members of the LGBTQI++ community and other marginalized communities.

Traditional gender roles and norms result in increased reproductive labor during quarantine period for women and girls. Women's over representation in the informal economy means they are more vulnerable to economic shocks brought about the lockdown and that they often lack social protection. The high number

¹⁴ RRCE. Guidance 'COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement' .March 2020.

<https://www.humanitarianresponse.info/ru/operations/ukraine/document/rcce-guidance-covid-19-how-include-marginalized-and-vulnerable-people>

¹⁵ Global Health 5050. The COVID-19 Sex-Dissagregated Data Tracker. <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker/?explore=country&country=Philippines&fbclid=IwAR3mb9VIDgUJLoQcP89y8ml6oEVC4p1GEQXKS0zrCmt98IF8aypzRy7EHtE#search>

of women in the health sector, including volunteer community workers mean that many are working as frontliners in hospitals and in communities, with increased risk of infection, and facing issues of stigma and underpayment. Increased risks of intimate partner violence for women and isolation and family violence for members of the LGBTQI+ community are also forms of the gendered impact of the crisis.

The Commissions' monitoring of the situation of women and girls highlight the gendered impact of the pandemic – pregnant urban poor women report of being unable to continue pre-natal check ups amidst lockdown¹⁶, rural women report that they are running out of pills and Barangay Health Centers are currently not dispensing family planning commodities.¹⁷ Urban poor women in Navotas report of the burden of looking after sons who were arrested for quarantine violations and of seeking legal assistance on top of focusing on daily survival.¹⁸ Members of LGBTQI+ community who live in hostile environment have to endure community harassment and bullying. In Cebu, a village poster maliciously accused gays as carriers of the virus.¹⁹

CSOs have also highlighted the gendered impact of the Covid-19 Pandemic. They draw attention to data gathered from communities on the ground, emphasizing that the COVID-19 crisis is not gender neutral.²⁰ Women's Legal and Human Rights Bureau for instance reports of women having to choose between food versus personal hygiene needs, the prevalence of multiple burden among women during the pandemic both within the household and in the community.

Results of the Gender Inclusion Assessment (GIA) led by UNFPA and other international organization reveal that during the period of ECQ, women's care work grew longer and riskier. Hours spent on domestic chores are longer, while community health workers report of being underpaid and stigmatized.²¹ The report also highlight other gendered impact of the pandemic – lactating women and member of the LGBTQI+ community worrying about their access to sexual, reproductive health and rights (SRHR) services, and of reports of disrupted service delivery. For transgenders under hormone therapy and individuals living with HIV in need of ARVs, access to needed hormones and needed therapy became challenging, if not unavailable.²² While the virus infects everyone, gender and other pre-existing vulnerabilities render women, girls, and members of the LGBTQI+ more vulnerable during crisis.

Initial government responses were unable to take into account needs of women and girls and gender is not mainstreamed in government's COVID-19 Response

Early monitoring conducted by the Commission betray the failure of initial responses to mainstream gender into government's response to COVID-19. This is observed in the provision of relief goods and assistance to families, the interruption of needed sexual and reproductive health (SRH) services and commodities

¹⁶ Interviews with community women in Brgy. Rolling Hills, Payatas by GEWHRC during relief drive

¹⁷ Interview with community women in Montalban, Rizal by GEWHRC during relief drive

¹⁸ Request for legal assistance by urban poor association of Navotas

¹⁹ Situation of LGBTQI Filipinos during COVID Pandemic. Presentation of Curls – Magdalena Robinson.

²⁰ Womens' Legal and Human Rights Bureau. Covid-19 is not Gender Neutral. 27 April 2020.

https://wlonline.org/covid19-update1/?fbclid=IwAR12zkYKcHH1OeQA6EP-EMpc3keZsGFWRXaOilBwHQMjZT_rBzgNTbk29ig

²¹ UNFPA et. al., Silayan: Voices from the Pandemic's Hidden Crisis, A Gender and Inclusion Assessment of COVID19-s Impacts. 2020

²² Webinar on Situation of LGBTQI Filipinos during Pandemic. Insights from Curls and TLF Share; CHR-GEWHRC.

"Krisis at Bahaghari: Narratives of Stigma and Resilience of LGBTQI Community During COVID-19 Pandemic. 2020

including maternal health, and the gaps in the responses to gender-based violence due to reporting barriers posed by the pandemic

On the provision of relief goods and assistance, initial monitoring of the Commission reveal limited inclusion, if not exclusion of much needed hygiene and menstrual kits in government provided relief packages.²³ This has been raised by urban poor women, women with disability and IDPs in Mindanao.²⁴ Women also complained of the absence of milk and food for toddlers/children.²⁵ For women with disability and older persons, the lack of provision for maintenance medicines has been repeatedly complained of and in one instance, the Commission has intervened and referred requests for medication for a child with disability to the Department of Health.²⁶

Disruption of SRH services have also been raised including access to information on pre an post-natal care, maternal health services, and access to family planning commodities. Results of the Gender Inclusion Assessment, led by UNFPA showed that 2 out of 5 female respondents cannot access contraceptives, 3 out of 10 female respondents reported limited access to pe-natal and delivery services, and 1 out of 2 LGBT respondents cannot access HIV and AIDS services.²⁷

The Commission on Population and Development itself has reported a drop of 50% in people using their services since March, and attributing the same to lack of public transport, limited clinical staff and reduced clinic hours.²⁸ Experts have also stated that the lockdown meant that more than 5 million women in the Philippines are likely to find their reproductive health services disrupted.²⁹ During the Commission's relief drive in Payatas, an urban poor woman related how her pre-natal checkups were interrupted due to the lockdown, the absence of transportation, and also of her fear of exposure to infection should she visit hospitals. In the community-based monitoring of women with disabilities, disruption of supplies of Family Planning (FP) commodities was also mentioned. The case of Catherine Bulatao, the woman who died on the 24th of April after having been refused by six hospitals presents the lethal impact of the failure to ensure SRH during the crisis. Catherine chose to give birth in her home in Brgy. 183 in North Calocan City, after having given birth, she suffered severe bleeding and was advised to proceed to a hospital. She was refused by six hospitals resulting in her death.³⁰

While commendable measures have been subsequently adopted such as mobile clinics and teleconferencing in local government units, the adoption of the Interim Guidelines on the Continuous Provision of Maternal

²³ Women with Disabilities Peer Monitoring by CHR-GEWHRC, 17 March-17 April 2020

²⁴ CHR-CCHP. Report on the COVID-19 Emergency Situation in IDP Areas in Region VIII and Mindanao Regions. 4-8 May 2020

²⁵ Women with Disabilities Peer Monitoring by CHR-GEWHRC, 17 March-17 April 2020; Interviews with women in Brgy. Rolling Hills, Payatas

²⁶ Women with Disabilities Peer Monitoring by CHR-GEWHRC, 17 March-17 April 2020, the case of a boy with disability in Bulacan;

²⁷ UNFPA et al, Silayan, see note 19

²⁸ Ana Santos. Philippine Faces Baby Boom after lockdown hits family planning. Aljazeera. 14 July 2020. <https://www.aljazeera.com/news/2020/7/14/philippines-faces-baby-boom-after-lockdown-hits-family-planning>

²⁹ Ana Santos. Philippine Faces Baby Boom after lockdown hits family planning. Aljazeera. 14 July 2020. <https://www.aljazeera.com/news/2020/7/14/philippines-faces-baby-boom-after-lockdown-hits-family-planning>

³⁰ Nikka Valenzuela. Women who has just given birth dies after being rejected by 6 hospitals. Inquirer. 27 April 2020. <https://newsinfo.inquirer.net/1265145/woman-who-had-just-given-birth-dies-after-being-rejected-by-6-hospitals>

Health (28 May 2020),³¹ and POPCOM's 24/7 hotline for FP services,³² enforcement of policy issuances, and enjoyment, especially for women in geographically isolated and disadvantaged areas, and those with multiple vulnerabilities have been uneven. There remains a huge gap in access for indigenous women, women living in rural areas, and even in urban areas where mobility has been constrained by containment measures.

Another gap in the responses pertained to gender based-violence. Ensuring prompt and effective response to GBV has not been mainstreamed in government response. While an advisory has been issued by DILG late March of 2020 reminding barangay offices to ensure the functionality of barangay VAW desks, barriers to reporting and accessing remedies amidst containment measures persisted. Reports made to the Commission's GBV portal include accounts of barangay VAW desks refusing to issue BPO and of women's desks advising women and girl survivors to file their complaints after the ECQ.³³ The experience of the Commission in referring women survivors to shelters and of providing transportation support for women seeking to escape unsafe environments revealed gaps in the current responses. On shelter, local government run shelters were on lockdown during the ECQ and Haven, a national shelter in Alabang required PCR tests before admission aside from referral letters and police reports. This placed the burden on women in complying with the requirements which proved difficult during the crisis. There was also marked absence of designated temporary shelters, which prompted the Commission to take in for two months five survivors of GBV in a temporary shelter within the Commission.

On transport, the constraints on mobility brought about by the issuance of limited number of quarantine passes, the requirement of travel passes to travel outside cities and regions, and the absence of explicit exceptions of GBV survivors from these restrictions made escape difficult for women. In two instances at least, the Commission provided transportation support from NCR to Region IV, and from Region IV to Region V for women survivor of violence and her child.³⁴ In these instances, CHR Regional offices had to secure travel passes and ensured coordination with local governments concerned.

Had GBV been part of the government's response to COVID-19, measures would have been adopted ensuring access to reporting of GBV, access to shelter and psychosocial services and transportation, and exemptions on containment measures would have been provided for women survivors fleeing unsafe spaces. It would have also meant ensuring continuous and uninterrupted access to sexual and reproductive health services, and provision of women's gendered needs in government provided relief packs.

Acute economic impact of the COVID-19 pandemic and the new normal on women and LGBTQI+ who are overly represented in the informal economy;

Persistently cited in many of the Commission's interviews, sectoral monitoring reports and situationers is the economic impact of the COVID-19 pandemic, especially on the women and LGBTQI+, and those who are overly represented in the informal sector. This has also surfaced in the GIA report led by UNFPA and mentioned in several webinars conducted by women's organizations.

³¹ DOH. Interim Guidelines on the Continuous Provision of Maternal Health Services during COVID-19 Pandemic. 28 May 2020.

³² Manila Standard. Pop-Com Steps up 'family planning' amid virus crisis. 8 June 2020. Manila Standard. <https://manilastandard.net/news/national/325461/popcom-steps-up-family-planning-amid-virus-crisis.html>

³³ See anonymized narratives in the Commission's GBV observatory:

³⁴ Rescue/Transport missions coordinated by CHR-GEWHRC and Region IV, and Region IV and Region V; Due coordination were made with the office of the Mayor, the local CSWDO, and local PNP>

Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. They are more vulnerable to economic shocks wrought by crises such as the coronavirus pandemic. They are more likely to lose their jobs than men as in many countries, women's participation in the labour market are often temporary, lacking in social protection, health insurance, paid sick and maternity leave, pensions and unemployment benefits. Moreover, female-dominated service sectors such as food, hospitality and tourism are among those expected to feel the harshest economic effect of containment measures.

Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBQI+) community historically face discrimination in accessing employment, resulting in high representation of members of the community in precarious and informal sectors. With the COVID-19 Pandemic and resulting containment measures, members of the community face greater risk of slipping into food and shelter insecurity, poverty, and homelessness. Possible stigma and discrimination against the LGBQI+ community could impact access to social and economic packages and relief from the government.

Results of the GIA led by UNFPA provide evidence-based and local data on the economic impact of the crisis on women, especially those facing multiple vulnerabilities. The results showed that the pandemic led to overwhelming loss of employment and significantly reduced income.³⁵ It also heightened existing vulnerabilities as in the case of an internally displaced senior citizen woman in the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) who said *'We can't earn a living. Which is why we find it hard to find food to eat. It was better during the Marawi Siege when we could at least go out to find a way to earn money.'*³⁶ This increased economic vulnerability has also been observed to lead to negative coping mechanisms such as resort to prostitution/sex work, mendicancy, or suicidal ideation. In the GIA, one urban poor woman from NCR stated *'Is there any way you can help women like me? Any way we can earn so we don't have to rely on our husbands' income or resort to selling our bodies to make money... just so we can buy food from day to day?'*³⁷ Another woman with disability who was homeless and a survivor of GBV admitted to walking along Mandaluyong bridge at night, contemplating of ending her own life.³⁸

Sectoral monitoring by the Commission with women with disability in NCR, Cebu and Cagayan de Oro and with urban poor women in Navotas and Brgy, Holy Spirit, Quezon City further reveal the economic impact of the pandemic. At the onset of the ECQ, women with disabilities in NCR, including blind masseurs bewailed immediately loss of income.

Rural women, including women farmers and fisherfolks also reported loss of income. In a webinar titled *"Kwentuhan Tayo: #PagkainFrontliners Share Real Stories from the Field in a COVID-19 Reality,"*³⁹ fisherfolks shared the difficulties they faced during the lockdown including food scarcity and food insecurity; loss of income and productivity brought about by limited mobility, closure of markets, prohibition on fishing, closure of iceplants and long check point queues resulting in fish spoilage. In continuing to leave their homes to fish, to find markets or areas to barter their catch, fisherfolks run the risk not only of infection but also of arrest. One of the speakers of the webinar, Cathryn Leonaga, is a woman

³⁵ Silayan, see note 19

³⁶ Silayan, see note 19

³⁷ Silayan, see note 19

³⁸ Women with Disabilities Peer Monitoring by CHR-GEWHRC, 17 March-17 April 2020

³⁹ Novio, Eunice. Webinar Report: Farmers, fisherfolk lament limited aid, logistical challenges brought by COVID19. 19 May 2020. Greenpeace. <https://www.greenpeace.org/philippines/story/9589/webinar-report-farmers-fisherfolk-limited-aid-logistical-challenges-covid19/>

fisherfolk from the organization Pangisda, in Bataan. She reported how a member was arrested by the Bantay Dagat for going out to fish during ECQ and how money, supposedly for food, was spent on bail.

The Center for Migrant Advocacy (CMA) reports that even before the crisis, topmost on the list of abuses experienced by women migrant workers even way back in 2017 is the non-payment or underpayment of wages. They reported that with the lockdown, this type of abuse all the more persisted.⁴⁰ This prompted the call from Migrant Forum Asia and other migrant organizations for the payment of wages of OFWs and establishment of a justice mechanism to ensure the same.⁴¹ Migrante on the other hand draws attention to the massive loss of employment suffered by OFWs, followed by massive repatriation.⁴² They criticized the failure of the government immediately adopt a comprehensive and systematic repatriation of OFWs, with many OFWs remaining stranded on site.⁴³ Those who have been successfully repatriated, on the other hand, do not only face lack of employment, they also become locally stranded individuals and are often excluded in the benefits provided by the local government unit.⁴⁴ As of August this year, the Department of Labor and Employment reported that the number of overseas Filipino workers seeking assistance due to the effects of the pandemic surged to more than 600,000, of this number, 349,977 are stranded overseas, while 254,426 are repatriated landbased and sea-based OFWs.⁴⁵

In a webinar sponsored by Gabriela and Center for Women's Resources, it was emphasized that prior COVID-19, women workers were already victims of contractualization. With the ECQ and lockdown of places of employment, many of the women contractual workers were unable to receive support from their agency or the government.⁴⁶ Half of what they received were advances from their 13th month pay, and which were not really shouldered by the company. This left many of the workers in debt. When work resumed with the declaration of GCQ, most companies lacked safety guidelines and protocols, putting already vulnerable workers at risk.⁴⁷

On the plight of LGBTQI+, activities undertaken by the Commission during the new normal also highlighted the economic impact of the crisis to the community. During a webinar sponsored by the Commission, UNDP, and Lagablab LGBT Network, on the situation of LGBTQI+ community during the pandemic, a Cebu based organization reported 68% of their research respondents reporting loss of income during the pandemic. The same report also revealed that during the conduct of the survey, 50% of the respondents feel that they are already financially struggling and having difficulties in making ends meet.⁴⁸

⁴⁰ CMA and UN Women Webinar "Preventing Violence and Violations: An Online RTD with Government Agencies on Providing, Coordinating, and Sustaining Support for WMWs" 27 August 2020

⁴¹ Migrant Forum Asia. Call for Urgent Justice Mechanism for Repatriated Migrant Workers. <http://mfasia.org/call-for-an-urgent-justice-mechanism-for-repatriated-migrant-workers/>

⁴² Joanna Concepcion, Chairperson, MIGRANTE during the "Women, COVID-19 Crisis and the New Normal", 1 June 2020, a webinar sponsored by Gabriela and Center for Women's Resources.

⁴³ Joanna Concepcion, Chairperson, MIGRANTE during the "Women, COVID-19 Crisis and the New Normal", 1 June 2020, a webinar sponsored by Gabriela and Center for Women's Resources.

⁴⁴ Silayan, see note

⁴⁵ DOLE. Displaced OFWs soar past 600k. 16 August 2020. <https://www.dole.gov.ph/news/displaced-ofws-soar-past-600k/>

⁴⁶ Avic Villanueva, Spokesperson, Kilusan ng Manggagawang Kababaihan during the "Women, COVID-19 Crisis and the New Normal", 1 June 2020, a webinar sponsored by Gabriela and Center for Women's Resources.

⁴⁷ Avic Villanueva, see note 41

⁴⁸ Cebu United Rainbow LGBTIQ Sector Inc (CURLs) "Situation of LGBT Community During the COVID-19 Pandemic" during the 'Webinar on the Situation of LGBTQI Filipinos During COVID-19 Pandemic' sponsored by CHR, UNDP, and Lagablab

The Commission's collection of narratives from the LGBTQI+ community, "Krisis at Bahaghari: Stories of Stigma and Resilience of LGBTQI+ Community" provide further accounts. One transwoman shared how the ECQ impacted income opportunities brought about by March-April graduation rites and Flores de Mayo "*Ang mga makeup artist na nag puhunan ng mga bagong make up para sa nalalapit na graduation at Flores De Mayo ay hindi rin kumita. Ang mga fashion designer at gown rentals na malakas dapat sa buwan ng Mayo ay kinailangan din mag sara, at marami pang iba ang hindi nakapag trabaho tulad din ng mga taong hindi nabibilang sa sektor ng LGBTQI+*" (Make up artists who invested in new make up for the graduation and Flores de Mayo season ended up not earning anything. Fashion designers and gown rentals expecting to earn during the month of May had to close shop, members of the community were unable to work just like everyone else). One transman on the other hand shared how he used to drive a tricycle for a living and when lockdown was declared, he was unable to work. He was grateful when ECQ lifted and when he was allowed to work, but his income of PhP150/day was not enough. He shared the difficulty of providing for elderly parents amidst the pandemic '*Sampu kaming magkakapatid, karamihan sa kanila may mga asawa't pamilya na rin. Mga senior citizen na rin ang mga magulang ko kaya't nakasalalay din sila saakin. Dahil sa pandemya, hindi pa rin naman kami araw-araw na nakakapamasada. Kaya puro utang na lang ako sa mga kaibigan ko, pakapalan ng mukha para sa sikmurang kumakalam.*' (I have 9 siblings, most of them are already married with families of their own. My parents are already senior citizens and they rely on me for support. Because of the pandemic, we can't go to work [drive tricycle] everyday. My debts from friends piled up but I had to swallow my pride just to have something to eat).

It is clear that the COVID-19 crisis brought with it economic devastations felt in all levels of the economy and in all countries all over the world. It must however be stressed that this economic impact and devastation is more acute and felt among the most vulnerable and marginalized, especially women in the marginalized sector and members of the LGBTQI+. Pre-existing inequalities are exacerbated with the economic devastation and the prolonged crisis into the new normal further deepen economic inequality and injustices.

Multiple Burden of Women and Girls

Before the COVID-19 outbreak women were already performing more than three-quarters of unpaid care work globally and that is likely to have increased. As emphasized in the Policy Brief of the UN Secretary General, the increased demand for care work during the pandemic is deepening already existing inequalities in the gender division of labor. Multiple burdens on women and girls increase with the closure of schools and with the overburdened health care systems. Due to traditional gender roles, women and girls are default caregivers for children and family members who are sick or elderly. Despite these, economic packages responding to the crisis fail to take into account women and girls' unpaid work. These additional caregiving responsibilities make it harder to maintain paid employment, or worse, make it impossible for women with caring responsibilities to continue work in essential services.

A study by OXFAM conducted during the COVID-19 crisis showed that more than half of women in 5 countries, including the Philippines, say they have had to do more household work because of the coronavirus pandemic.⁴⁹ Same study reported that almost half or 43% of the women respondents said they feel "more anxious, depressed, isolated, overworked, or ill" from having to take on more unpaid household

⁴⁹ Rappler. Over Half of Women in the Philippines Doing More Household work due to Pandemic. 20 June 2020. <https://amp.rappler.com/nation/264356-over-half-of-women-philippines-doing-more-household-work-coronavirus-pandemic>

work.⁵⁰ The results of the GIA also showed the same result – interviews with 799 respondents in 6 areas all over the country showed that women reported longer time spent on care work, with care work characterized as riskier, underpaid, and stigmatized. The latter is particularly for community health workers who are tasked as community COVID-19 responders. While the GIA also reported increased participation of men in sharing domestic work, its sustainability as communities transitioned from ECQ to GCQ remains to be seen.⁵¹

Sectoral monitoring by the Commission further provide evidence of women and girls’ multiple burden during the pandemic. A mother of a child with disability reported on the added burden of keeping children occupied during quarantine, “*Nahhirapan din sa pag-asikaso sa aming mga anak, kasi pag nauubusan sila ng maintenance medicine nila ay nag-tantrums na ang mga batang may autism, down syndrome, at iba pa, at sa kaso naman ng mga CP or may epilepsy ay mag-seizure sila lalo na pag stress.*” [It’s difficult to care for my child when maintenance medicine runs out. That’s when children with autism, Down syndrome start throwing tantrums. For children with cerebral palsy or epilepsy, they start having seizures especially when they’re stressed.] A sibling of a person with disability shared that, “*Kailangan bantayan 24/7 kasi di namin alam takbo ng isip niya baka may masamang gawin. At saka ang mga gamot nya ay sobrang mahal po at di makayang bilhin at dahil dito maisasakripisyo na ang iba naming pangangailangan. Kaya kami ay nalulubog sa utang.*” [We need to be care for them 24/7 because we do not know how he will (re)act. His medicine is so expensive. We’ve fallen into debt.]

On top of unpaid care work at home, women community workers further face multiple burden and risk in their community work. Prior to the pandemic, discussions of the Commission with community health workers, specifically Barangay Health Workers (BHW), already revealed tenure insecurity, multiple burden, and the very minimal allowances they are provided.⁵² This pandemic further added to the multiple burden of community health workers as they are tasked not only to become part of the COVID task force, but also in the conduct of relief packing and relief drive. Women doctors, nurses, midwives are not the only frontliners, barangay health workers and community midwives are also frontliners, and often lacking in protective equipment and provided with very little remuneration. Some of them also experience the stigma and discrimination from their own communities.

With the start of the online schooling and modules for distance learning, women provide account of the burden of reproductive labor coupled with overseeing and supporting their children’s education. In GIDA areas, even the task of obtaining modules from the school or barangay is laborious, with wifi signal or internet connection even more difficult, or worse, no signal at all. All these compound the impact of the pandemic on women’s unpaid care work inside the house and in the community.

Women and Girls, and communities previously marginalized and vulnerable are rendered even more vulnerable and at risk due to the COVID-19 crisis;

Previous discussion prove that crisis, like the COVID-19 pandemic exacerbate and deepen existing inequalities. This impact is amplified among groups that are already vulnerable and marginalized. In this section, the report further discusses how women, girls, and communities previously marginalized and vulnerable are rendered even more vulnerable and at risk due to the pandemic.

⁵⁰ Rappler. Over Half of Women in the Philippines Doing More Household work due to Pandemic. 20 June 2020. <https://amp.rappler.com/nation/264356-over-half-of-women-philippines-doing-more-household-work-coronavirus-pandemic>

⁵¹ Silayan, see note 19

⁵² CHR Forum on Community Health Workers, 2019

Earlier discussion has shown how the economic devastation of the pandemic hit the most vulnerable groups and population. This section discusses this further, taking on data from the Commission’s monitoring as well as data from partner CSOs as they document stories of women, girls, and LGBTQI+ communities on the ground. In particular, it expounds on the situation of women with disabilities, women IDPs, urban poor women who are mostly informal settler families, women widows of Extrajudicial killing during the pandemic, women in detention including women political detainees, and women and LGBTQI+ human rights defenders.

At the onset, it must be stated that various surveys already highlight how the pandemic exacerbate existing inequalities. The GIA led by UNFPA is among the earliest assessment highlighting this. It reported that vulnerable groups have been rendered more vulnerable by the crisis, specifically, 60% of Indigenous Peoples, IDPs, and Urban Poor women report not receiving enough ‘*ayuda*’ or assistance from the government.⁵³ It also responded that many respondents who are elderly, IDPs, urban poor, and members of indigenous communities perceive that government assistance is insufficient for their needs.⁵⁴ This section discusses how women and girls who are previously marginalized are rendered even more vulnerable by the pandemic. Supporting data were gathered from the Commission’s human rights monitoring with women in the marginalized sector and with the LGBTQI+ communities.

Kwentong Kababaihan at Krisis (Sectoral Monitoring: Urban Poor Women)

Sectoral monitoring by the Commission with urban poor women in Navotas highlighted how the pandemic exacerbated their already difficult situation. Prior to the crisis, the women members of the Pederasyon ng mga Maralitang Novoteno already shared their issues pertaining to their tenure insecurity, lack of access to utilities, absence of social protection and violence experience in the hands of State forces. This pandemic, the accounts of women showed heightened food insecurity due to loss of income sources/employment and heightened threats from state forces due to containment measures.

Of the fifteen women interviewed in Navotas, four had family members currently detained either for alleged drug cases or curfew violations. Two of the fifteen also complained of violation of domicile – with alleged state forces repeatedly entering and ransacking their houses without warrants. In all these instances, no complaint was filed as the women were afraid of reprisals. The strict implementation of quarantine rules and the ambiguity of protocols led to violation and arrests within the community. The burden of finding ways to address incarceration of family members further add to women’s burden during the pandemic.

One woman from Navotas shared ‘*sa mga protocol tulad ng curfew, araw ng pamamalengke hindi naiform ng barangay at sundalo ang mga tao. Minsan kahit araw ng labas namin ay nanghuhuli sila kahit nakalimutan mo lang ang iyong quarantine pass*’ [In protocols like curfew, and even during scheduled market days, the barangay and the soldiers would fail to inform us beforehand. Sometimes, even on days we are supposed to be allowed to go out, they would arrest us if we forget our quarantine passes]⁵⁵

Compounded issues could be seen in the case of Rina, 48 years old urban poor woman with 8 children and who takes care of a sick husband. She shared ‘*Sa ngayon wala na kami kuryente dahil ang kuryente sa lugar naming ay jumper lang. Ang aking mga anak na nag-aaral, sobrang hirap sila mag module – walang ilaw. Inaasahan naming ang pangalawang ayuda pero hanggang ngayon wala pa. Kaya pinagkakasya ko nalang ang kita ko sa paglalabada para sa pagkain... kung minsan lugaw, kung kulang kapi a tinapay*

⁵³ Silayan, see note 19

⁵⁴ Silayan, see note 19

⁵⁵ KKK: Kwentong Krisis at Kababaihan. Sectoral Monitoring of Women in the Marginalized Sector – urban poor of Navotas

nalang. Sa ngayon gumagawa ako ng paraan paano mabayaran ang penalty ng aking anak na nahuli sa curfew. ' [Right now, we don't have electricity as most of our electricity come from illegal connections. My children find it very difficult to work on their modules, they have no light. We are awaiting for the second wave of assistance but none arrived. So now, I try to stretch what I earn from doing laundry to buy us food – sometimes its just porridge, if not enough, coffee and bread will do. I am also trying to find ways to pay for the penalty of my son who was arrested due to curfew violations].

Some former residents of Navotas were relocated in Bulacan, even then, they still recounted the difficulties they experienced. One woman shared '*dahil bago palang kami sa lugar di kami nasali sa SAP⁵⁶, wala pa daw kami sa masterlist ng barangay. Dito po namin naranasan magutom. Mabuti nalang po may tanim kami na mga gulay at kamote, kamoteng kahoy at saging. Ang pagkain namin sa umaga kamoteng kahoy, tanghali kanin na bigas, at sa gabi saging kaming mag-asawa. Ang anak nalang naming ang pinapakain naming ng bigas para mapatagal namin ang bigas. Madalas tuyo o asin ang ulam at gulay na aming pananim*' [Since we are new in the place, we were not included in the SAP, they said we're not in the masterlist. It is here that we experienced hunger. It's good that we have planted vegetables and other root crops. In the morning we would eat cassava, for lunch we'd have rice. For dinner, my husband and I would only eat banana and only our children would eat rice so we could further extend our supply. Most of the time, we only have dried fish and the vegetables we've grown].

Community Based Monitoring with Women with Disabilities

For women with disabilities, pre-existing communication and physical barriers are further exacerbated during the crisis. Pre-existing physical barriers were compounded by containment and quarantine measures. Persons with disability were considered high risk and not allowed outside the home, and mobility was further constrained by absence of transportation. This made it difficult for persons with disability households, and those with other high risk population like the elderly and minors. The Commission received several complaints from persons with disability headed household who were unable to procure basic necessities because of restrictions and who were prevented from entering grocery stores with their personal assistants. Access to disability specific treatment, medication and rehabilitation services were also interrupted due to limited mobility and absence of transportation. One interviewee said, "*Mahirap kasi sa kaso ko on-going chemo therapy may kasama pang senior citizen*". [I find it difficult in my case to undergo chemotherapy, while (caring?) for a senior citizen].⁵⁷

Panaghoy sa Panahon ng Pandemya

During the pandemic, another group of already vulnerable and marginalized women were those left behind by the war on drugs. The CHR-GEWHRC, in continuation of an earlier research on the impact of the war on drugs on women and children, continued to monitor situation of women left behind during the pandemic. Data from the San Jose Tagapagtanggol volunteers show that prior to the pandemic, they were taking care of 45 families left behind by EJK, as of October of 2020, the number reached 67 families. In Barangay Holy Spirit alone, there was an increase of 22 cases. In June 2020, the GEWHRC, in partnership with a community church organization assisted in the documentation of cases of EJK during the ECQ/MECQ period. The interviews conducted with the widows and partners of EJK victims showed the difficulty of dealing with this human rights violations during a pandemic. It showed the multiple burden of women left behind in taking care of their families, and at the same time arranging funeral services, autopsy and filing of cases. According to the women interviewed by the Center, violent deaths of family members made their

⁵⁶ DSWD's Social Amelioration Program under Bayanihan Heal as One Law

⁵⁷ CHR. Community Based Peer Monitoring with Women with Disability. March to June 2020.

already difficult situation even more difficult. Even before the violent killing of their family members, the women were already dealing with the loss of employment and limited mobility due to COVID-19, with the killing, they had to arrange for autopsy and burial/cremation, and had to process documents needed for financial assistance or filing of cases. Due to limited mobility, most women were unable to file cases and some were not even able to process the death certificates immediately. Ceremonies honoring the dead were also shortened with very limited attendees to burials. In addition to all these, they also fear for their safety as the perpetrators remain at large.

One woman interviewed by the Center related how it was to lose a son during the pandemic. Lina⁵⁸ recounted how last 10th of May, her son went out to buy medicine for her. The son never came back, he was gunned down along Republic Ave., Quezon City, a case of mistaken identity by men riding in tandem. They wore mask and were unrecognizable. After the shooting, a neighbor fetched Lina and she immediately rushed to the place where the incident happened. She could not accept what happened to her son. In utter disbelief she said *'Hindi ko tanggap na mamamatay nang ganung situasyon ang anak ko – ang bait nyang tao, mistaken identity – napagkamalan talaga.'* [I can't accept that my son would die in these circumstances – he's a good person, it was really mistaken identity]. She shared that she was so angry then, she was shouting and she even shouted at SOCO when they told her she has to get a funeral parlor for her son. She accosted them saying *'bakit sisingilin nyo ako ng mahal para lang maipalibing ang anak ko?'* [Why? Are you going to charge me a lot of money just to bury my child?]. She was then referring to the known⁵⁹ practice of SOCO to bring cadavers to far and expensive funeral parlors making it more difficult for families. She also said that during that time, even though it was the height of the pandemic she was wailing and shouting, and without mask- she didn't care. *'Wala ako pakialam sa COVID COVID or mask mask, galit ako, galit na galit na ako. Ramdam ko ang pagkawala ng aking anak. Inaasahan at inakala ko na mag-aalalay sya sa aking habang buhay'* [I don't care about COVID or of wearing masks, I am angry, I am very angry. I felt the loss of my son. I depend on him and I thought he would be there to assist me until my old age.]

It was particularly difficult for Lina to lose her son during the pandemic, she relayed that she wasn't able to pay for their house since last April and May, as she lost her source of income with the ECQ. Previously she earned through PCSO's EZ2 lotto, this ceased when quarantine measures were implemented.

Another woman recounted the killing of her husband sometime in June. According to Anita, prior to her partner's violent death, the family already experienced threats. According to Anita, her partner already knew that his life was in danger. The partner intended to get away and he was only awaiting for his travel pass when the killing happened. According to Anita, they were unable to hold a funeral, and she was unable to ask assistance from Quezon City Social Services Development Department (SSDD) as the body was already cremated. She was also unable to get a copy of the police report because of the challenges in transportation. They were only able to process the death certificate. She said that even if she wanted to file a case, the family of her partner says it might be dangerous. *"Gusto ko sana magsampa ng kaso, sabi naman ng pamilya nya, wag na baka delikado"*

Aside from Lina and Anita, several accounts of women left behind were documented by the Center and with CHR-NCR in Barangay Holy Spirit. All these accounts showed the multiple vulnerability of women left behind by EJK, at a time that the country is struggling with a pandemic. It is also worth noting that the case of Barangay Holy Spirit is not isolated. Regional offices of the Commission continued to receive reports of drug related EJKs during the ECQ/MECQ period. Commission's record would show that from

⁵⁸ Not her real name, 66 years old, solo parent

⁵⁹ According to Lina it was common knowledge in the community that SOCO operatives do this

17 March to 30 September, there were 36 reports of drug related killings. Most number of cases came from CALABARZON with 11 killings, and Central Luzon with 10. Comparing data from 2019, it could be seen that there were 273 reports then, showing a percentage decrease of **86.81%** of reported drug related killings. It must be noted however, that like cases of GBV, reporting and requesting assistance has been difficult during ECQ/MECQ period. In the 22 cases of Brgy Holy Spirit, Quezon City, alone, majority of these cases have not been formally reported to CHR. They have yet to secure police reports and death certificates, constrained by very limited resources, transportation options, and also of their fear for their own safety. It is to be expected that like Brgy. Holy Spirit, there may have been drug related killings in other communities/localities that have not been properly documented and reported during this crisis.

Women Fisherfolks and Women and Girls at Risk of Trafficking

Rural women and indigenous women are among the most affected by the current pandemic. They are rendered more vulnerable due to pre-existing inequalities in accessing and control of resources, access to basic health and other social services, and due to their often exclusion in community and local decision making processes. In 2020, the Commission, through its 16 regional offices conducted FGDs and Key informant interviews (KII) with women fisherfolks. The FGDs and KIIs sought to assess situation of women fisherfolks and to inquire on the impact of the COVID-19 pandemic. Initial results of the FGDs and KIIs have started to come in and based on initial submission, the FGDs and KII highlighted the dire circumstance of many women fisherfolks because of the pandemic. While some were able to identify assistance provided to the fisherfolks community, there are still accounts of exclusion as women fisherfolks and as beneficiaries of other forms of assistance. Reports of GBV against women fisherfolks were also documented.

For instance, in CHR-I, KII with DSWD service provider revealed how the quarantine measures affected women fisherfolks access to the Sustainable Livelihood Project (SLP). Because of lockdowns, operationalization of the enterprises of the SLP program were interrupted, mobility was constrained and access to raw materials limited. This affected women fisherfolks who depend on their everyday living in said enterprises.⁶⁰ In CHR-II, regulations and protocols were in place regulating the number of fishermen who sail out to sea, ambulant vending (*padyak*) was restricted women fisherfolks had to travel as far as Ilocos Norte to sell their catch whilst complying with travel passes and quarantine measures. Despite lean catch caused by restrictions and protocols, stall lessees were still required to pay rental fees. Compared to other FGD areas however, the women fisherfolks in Claveria, Cagayan were organized and were able to collectively access government support amidst challenges. However, more vulnerable women fisherfolks, like ambulant vendors and market stall renters faced more difficulties in making ends meet and were often unable to attend meetings/trainings of women fisherfolks because of multiple burden.

In CHR-VII, in Cebu, women fisherfolks recounted the difficulty brought about by the pandemic, the lack of access to information on government services and their exclusion from SAP. One woman fisherfolk shared *“As a senior citizen fish vendor, I experienced financial difficulty. It doubled my worries in terms of money in this time of pandemic. I cannot easily sell my product to the market. Most of our previous customers do not have money as well. We have dried fish available. We can sell this to the market. One of the problems I encountered was nobody wants to buy our product.”* Another fisherwoman also shared *“I was once a vendor in Carbon Market. Since the start of the pandemic, I was not able to sell my products because of the difficulty in transporting my dried fish going to Carbon Market, Cebu City until now.”* And yet another recounted the difficulty of his husband and son catching fish *“Karon lang maam, migawas ko sa among balay naara sa duol naglawod akong bana ug anak pero wala, nanguha ug tempo kaso walay kuha ng isda. Akong bana ug anak nga grade 7 nangisda from 8am to 2pm wala’y nadala karon na isda,*

⁶⁰ CHR-1 FGD with Women Fisherfolks

so wala'y sud-an, wala'y kita" [Just this moment ma'am, I went outside my home, my husband and son are out at sea nearby. [They did not get anything. They tried to get a better timing but there's no fish. My husband and son went out to fish from 8am to 2pm, but they were unable to bring home anything. No fish, no viand, no income.] There were also complaints regarding access to information and SAP benefits, one woman fisherfolk lamented that they were not provided with updates on benefits, she complained that she has no access to internet, she cannot afford to buy a cellphone and she is not tech savvy. She does not know how to create a facebook account and she is unable to receive updates, she said "*wala gyud mi klaro nga tabang maam, wa mi kadawat ug SAP*" [There is no clear assistance for us ma'am, we did not receive SAP.]

Indigenous Women and Girls

Indigenous women and girls face exacerbated vulnerabilities due to the pandemic. As shown by the GIA results, they do not receive enough assistance from the government and they also report that in cases that they do, the assistance is insufficient for their needs.⁶¹

Monitoring by the Commission's Center for Economic Social and Cultural Rights and its regional offices also document continuing human rights violations against indigenous communities during the crisis. Reports were received during this period of violations of the Free Prior Informed Consent (FPIC) processes in the Cordillera Administrative Region, Region X, and Region VI.⁶² Development aggression affecting women and girls were reported in Region VI while displacement of women and girls, including a pregnant woman was reported in CARAGA.⁶³ IPs also reported transportation and mobility constraints during quarantine affecting access to economic opportunities and access to government support and services.⁶⁴ Some IPs like Badjaos in Region VII were also stranded as a result of the containment measures of the government.⁶⁵

Webinars held by NGOs working with indigenous women further highlight the impact of the pandemic on IP women and girls. Discussing the impact of the passage of the Anti-Terror Bill, and the continuing attacks of lumad schools, Save our Schools network emphasized that 'Lumad communities have been rendered vulnerable due to the pandemic,' that they 'continue to face militarization and displacement.' Further, according to SOS representative '176 Lumad schools were forcibly closed as of May 2020, stressing that 'the government's apparent priority is not to contain the coronavirus disease (COVID-19), but to silence its critics.'⁶⁶ Lilak Purple Action for Women, through a series of webinars highlighted issues faced by IP women including hunger, inadequacy or unavailability or relief goods and other government support,

⁶¹ Silayan, see note 19

⁶² Commission on Human Rights, Regional Office CAR (2020), *Situation of Indigenous Peoples/Indigenous Cultural Communities Amid COVID-19 Pandemic*, pp. 2-3; CHR Regional Office No. VI (2020), *Situation of Indigenous Peoples/Indigenous Cultural Communities Amid COVID-19 Pandemic*, pp. 22-44; Commission on Human Rights, Regional Office No. X (2020), *Situation of Indigenous Peoples/Indigenous Cultural Communities Amid COVID-19 Pandemic*, pp. 4-5.

⁶³ CHR Regional Office No. VI (2020), *Situation of Indigenous Peoples/Indigenous Cultural Communities Amid COVID-19 Pandemic*, pp. 22-44; CHR CARAGA Regional Office (2020), *Situation of Indigenous Peoples/Indigenous Cultural Communities Amid COVID-19 Pandemic*, p. 8.

⁶⁴ Commission on Human Rights, Regional Office CAR (2020), *Situation of Indigenous Peoples/Indigenous Cultural Communities Amid COVID-19 Pandemic*, p. 11.

⁶⁵ Commission on Human Rights, Regional Office No. VII (2020), *Situation of Indigenous Peoples/Indigenous Cultural Communities Amid COVID-19 Pandemic: Cebu*, p. 3.

⁶⁶ Pacasio, R. IPs fight vs anti-terror law gains global support. Vera Files. 14 August 2020. <https://verafiles.org/articles/ips-fight-vs-anti-terror-law-gains-global-support>

repressive implementation of lockdown policies, red-tagging and militarization, violence against women, the threats of the anti-terror bill, and access to education and other basic services by IP women during the pandemic.⁶⁷

Women in Detention, Women Political Detainees

During the height of the crisis, another group of vulnerable and marginalized women are those who are deprived of liberty. Around 21 April 2020, a little over a month into the ECQ, the Bureau of Corrections announced that 19 more people inside the jail facility have tested positive for COVID-19, around the same period, Quezon City Jail also reported COVID-19 infections among nine inmates and nine jail staff.⁶⁸ The situation of persons deprived of liberty, including women PDLs has been described as a ticking bomb considering the congested state of places of detention and the ease by which the virus could spread if proper health protocols are not in place. As part of the Commission's monitoring of places of detention, the Center wrote a letter inquiry/advisory to the BJMP inquiring on the situation of women deprived of liberty, inquiries also included measures adopted by BJMP to protect detainees from the virus. The response from the BJMP showed that containment measures have been adopted and provisions for *electronic-dalaw* (visit) has been established in some facilities. However, the BJMP admits that space in congested facilities remain a concern. While the Supreme Court issued a circular to fast track release of qualified PDLs, the process remain slow while women detainees face heightened risk of infection and mental health issues and anxieties.

The precarious situation of women in detention during a period of pandemic is further highlighted in the cases of Reina Nasino and Baby River and more currently, the case of the recently arrested and detained Amanda Echannis and her son. To recall, Reina Nasino was arrested in November 2019 for alleged possession of firearms and explosives, non-bailable offenses. She was pregnant while in detention, giving birth to her daughter in 1 July of 2020 - amidst the pandemic. Reina caught media attention when she was separated from her newborn daughter River, who was later diagnosed with acute gastroenteritis.⁶⁹ Baby River died on 9 October 2020, while Reina was seeking Court permission to be able to see her. This was followed by the Court's reducing the initial grant of 3 day to furlough for Reina to 6 hours - sparking outrage and calls for justice for both Reina as a woman human rights defender and for Baby River. The Commission for its part expressed deep concern over the State's handling of Reina's case, reminding them of the Mandela and Bangkok Rules in on the minimum rules for the treatment of detention prisoners, and of the importance for duty bearers to 'put in mind the best interest of the child' in decisions to allow children to stay with their mother in prison in accordance with Bangkok Rules.⁷⁰ The Commission, through Executive Director Jacqueline De Guia also took the opportunity to reiterate its concern over 'threats to lives, liberty, and security, both online and offline, against individuals and groups working to promote and

⁶⁷ See series of webinars posted in Lilak's FB page: <https://www.facebook.com/katutubonglilak/>; See also Martinez, Bianca 'COVID-19 exposes twin crises of Neoliberalism and Authoritarianism in Philippines.' 7 May 2020. <https://focusweb.org/covid-19-exposes-twin-crisis-of-neoliberalism-and-authoritarianism-in-philippines/>

⁶⁸ CNN. 18 inmates, one jail worker in Women's Correctional contract COVID-19. 21 April 2020. <https://www.cnnphilippines.com/news/2020/4/21/Women-s-Correctional-more-COVID-19-infections.html>

⁶⁹ Hallare, Katrina. CHR looking into Nasino case, 'deeply concerned on how government is handling it. 19 October 2020. Inquirer. Net. <https://newsinfo.inquirer.net/1348691/chr-looking-into-nasino-case-deeply-concerned-on-how-govt-is-handling-it#ixzz6jaXkh0Xc>

⁷⁰ Hallare, Katrina, see note 69; Araja and Casas. CHR Slams Handling of Nasino. ManilaStandard.Net. 17 October 2020. <https://manilastandard.net/news/national/337010/chr-slams-handling-of-nasino-.html>

protect human rights.⁷¹ The case of Reinna led to the filing of a bill in Congress addressing the situation and protection needs of incarcerated mothers.

More recently, another mother came into the limelight as she was arrested and detained together with her son. Amanda Echanis, daughter of slain activist Randy Echanis was arrested last 2 December 2020 in Baggao, Cagayan. Amanda is a peasant organizer, and mother to a one month old son. She was arrested for charges of illegal possession of firearms and explosives, all of which she denies and assert that these were planted. The arrest of Amanda and her incarceration with her son prompted groups to call for justice and vigilance - recalling the case of Baby River. On the part of the CHR, as Gender Ombud it called for consideration of the baby of Amanda stating ‘Considering that Echanis just gave birth, CHR reminds concerned authorities to give primordial consideration to the welfare of the one-month-old baby as required by the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders or the Bangkok Rules.’⁷²

Before the year ended and as part of the Commission’s continuing monitoring of the situation of women deprived of liberty, the CHR-GEWHRC partnered with Kapatid in reaching out to women political prisoners. Letters were sent by the Commission to wardens of female dormitories seeking permission to send out our sectoral monitoring form to women political prisoners. The questionnaires, like other sectoral monitoring questionnaires focused on women’s narratives detailing the impact of the COVID-19 pandemic. Among those who responded to the questionnaires was Reinna Mae Nasino who spoke about the very limited access to hygiene kits inside detention facilities. She wrote ‘*May panahon din na naubusan ang mga PDL ng sanitary napkins noong panahong buntis pa ako. Maramin gumagamit ng pasador mula sa ginunting nilang damit. Dahil hindi ko pa kailangan ang napkin, ipinamigay ko nalang*’ (There was also a time, when I was pregnant that the supply of sanitary napkins for PDLs ran out. Many women used cut up clothes as washable napkins. Since I have no need for sanitary napkins, I gave them away).⁷³ Reinna also shared how she was unable to access pre and post-natal care during detention and the impact of the Court’s ruling denying her request to visit her child who subsequently died. She wrote ‘*Kahit sa panganganak ko, ito na yung kinakatakutan ko dahil pinagkait din na pagsamahin kami ng anak ko. Hanggang sa namatay yung anak ko. Nagtatalo yung damdamin ko. Gusto kong tumakbo papunta sa anak ko pero di ko magawa dahil sinampahan ako ng gawa-gawang kaso. Kami ng anak ko ay biktima ng panggigipit ng gobyerno*’ (Even during childbirth, this has been my fear because they denied my request to be with my child. Until my daughter’s death. I felt very conflicted. I wanted to run to my child but I can’t because trumped up cases have been filed against me. Me and my child are victims of an oppressive government).

The questionnaires for KKK or Kwentong Kababaihan at Krisis from other political prisoners further highlight continuing issues face by women in detention: the continued congestion of detention facilities, scheduled water supply, the limited supply and sometimes absence of hygiene kits, the very limited E-Dalaw time of 5 minutes, the depression and worry brought about by thinking of the pandemic. their health and safety and the health and safety of their families outside. Access to justice was another recurring issue. With the lockdown of facilities, access to counsel is even more limited and cases further delayed by

⁷¹ Araja and Casas. CHR Slams Handling of Nasino. ManilaStandard.Net. 17 October 2020. <https://manilastandard.net/news/national/337010/chr-slams-handling-of-nasino-.html>

⁷² Lalu, Gabriel. CHR Calls for consideration to baby of jailed Amanda Echanis. 4 December 2020. Inquirer. Net <https://newsinfo.inquirer.net/1367930/chr-urges-authorities-to-give-consideration-to-amanda-echanis-newborn-daughter#ixzz6jaqozMw>

⁷³ Reinna Nasino. KKK: Kwentong Kababaihan at Krisis. December 2020.

cancellation of hearings. The continued clamp down by the government of human rights activists and the rampant red tagging and trumped up cases were also mentioned.

Women IDPs

Through the Commission's Center for Crisis, Conflict, and Humanitarian Protection (CCHP) and the regional offices, continued human rights monitoring of IDPs was ensured. This included monitoring of IDPs in region IV as a result of the 2020 Taal eruption, IDPs in Marawi, Tacloban and Lianga. Continued monitoring by the CCHP and the Regional offices surfaced the gendered impact of the pandemic. This included loss of income due restricted mobility, the exacerbated impact of lack of or interrupted access to water, and the multiple burden of keeping children in transition sites in compliance with quarantine measures. In Mindanao, most IDP sites monitored by CCHP, particularly, evacuation centers, lack latrines and bathing areas. Without such facilities, women and girls are more exposed to possible GBV.⁷⁴

May of 2020, CCHP also reported that IDPs still struggle with their access to water. As water supply runs out in the hot summer weather and personal water connection is still not in place, IDP communities had to rely on water rationing from the government. In the cities of Tacloban and Marawi, IDPs had already been reliant on water rationing pre-COVID-19 pandemic. With the rise of confirmed COVID-19 cases, communities need to access potable water in larger volumes, and rationed water by the government is no longer sufficient to meet the needs of affected persons.⁷⁵

On top of the threat of COVID-19, many women especially in Mindanao, continues to face challenges of displacement. In August, it was noted that most of the displaced persons in South Cotabato were women, children, and elderly.⁷⁶

Women and LGBTQI Human Rights Defenders

In view of the passage of the Anti-Terror Bill, and the numerous petitions questioning its constitutionality before the supreme court, human rights defenders are among those who are particularly vulnerable during the pandemic. The imposition of containment measures has also limited the movement and the right of persons to peaceably assemble and has resulted in the arrests of individuals conducting humanitarian services and those expressing dissent through rallies. Reports have also been reported in the Commission's regional offices of red tagging of activists, including those from indigenous cultural communities.⁷⁷

To cite some specific example, a group of volunteers in Marikina who were then conducting feeding program were arrested for quarantine violations. This included teacher Lita, a volunteer teacher in Batibot

⁷⁴ CHR Report on the COVID-19 Emergency Situation in IDP Areas in Mindanao Regions 27 June 2020 to July 31, 2020

⁷⁵ CHR-CCHP. Report on the COVID-19 Emergency Situation in IDP Areas in Region VIII and Mindanao Regions. 4-8 May 2020.

⁷⁶ CHR Report on the COVID-19 Emergency Situation in IDP Areas in Mindanao Regions 27 June 2020 to July 31, 2020.

⁷⁷ CHR IV, Human Rights Situationer report; See also 'Cultural Survival. Amid COVID-19 Crisis, Duterte Regime Seeks to Discredit Indigenous Humanitarian Organizers in the Philippines' 19 May 2020.

<https://www.culturalsurvival.org/news/amid-covid-19-crisis-duterte-regime-seeks-discredit-indigenous-humanitarian-organizers>

School.⁷⁸ The arrest of Pride 20 during the Pride March is another example. Members of the LGBTQI+ community were arrested during the exercise of freedom of expression.⁷⁹

As 2020 neared its end, concerns regarding red tagging and trumped up cases against activists continued. During the 18 Day Campaign to End VAW, women's human right organizations called out against the red tagging of women community leaders including health workers, union leaders, and indigenous women leaders. One speaker during the Commission's Online Rally on GBV, an indigenous girl from Bukidnon lamented the persistent red tagging against their community and even against young indigenous girl defenders. She called on the CHR and the government to stop red-tagging and to respond to the plight of indigenous community. In a webinar on indigenous girls held by Lilak Purple Action for Women's Human Rights, young indigenous girls, aside from raising the issue of their right to education at a time of e-learning and digital divides, also raised alarm on the persistence of red-tagging in their communities. These accounts are certainly alarming - coming from women in the marginalized sector who are facing multiple and intersecting forms of discrimination.

Alarming decrease in the reporting of GBV and documented accounts of breakdown of referral mechanisms;

In times of crisis, incidence of GBV are expected to rise. However, during the COVID-19 pandemic, especially during the height of the ECQ/MECQ period, the Commission observed an alarming decrease in the reporting of cases. It also documented cases of and received reports of gaps/breakdown in the referral mechanism.

The alarming drop of reported GBV cases is reflected in several data sources. GBV data from March to April of PNP and data from Women and Children Protection Units of DOH reveal an alarming drop from the month prior to the ECQ. Reports and requests for assistance with the Commission's 16 regional offices were also noticeably lower.

Comparing data from **14 February to 14 March 2020, with the data from 14 March to 14 April 2020**, there is a marked decrease in the number of reports before the PNP. For rape cases recorded by the PNP CIRRAS during this period, there is a **56.25%** decrease of reports for women, and a **59.84%** decrease of reports for rape of children⁸⁰, for violations of the Anti-Violence Against Women and their Children, there is a **39.92%** decrease.⁸¹ This is further confirmed in the records of the Women and Children Protection Units (WCPU) of the Department of Health. Across its 23 hospitals, a comparison of reported GBV cases from March and April would show an alarming 83% decrease. If compared with the number from January, the drop of reported cases is at 89%.⁸²

Comparing data from the previous years, the drop in reporting is even more obvious both for violence against women and violence against children. Comparing **PNP Data from 1 March – 31 May 2019 with**

⁷⁸ Talabong, R.10 Feeding Program Volunteers Arrested in Marikina. Rappler. 1 May 2020.

<https://www.rappler.com/nation/feeding-program-volunteers-arrested-marikina-may-2020>

⁷⁹ Rappler. At least 20 arrested at Pride march in Manila. 26 June 2020. <https://www.rappler.com/nation/cops-arrest-individuals-pride-month-protest-manila-june-2020>

⁸⁰ From 144 cases to 63 for women; From 386 to 155 reports of rape of children.

⁸¹ PNP Cirras Report as shared through PNP Women and Children Protection Center (WCPC)

⁸² Presentation by WCPU during the “

that of 14 March to 15 June 2020⁸³ would show that there has been a **56.97%** percentage decrease in the number of reported VAWC cases all over the country, and that in areas primarily affected by the ECQ the percentage decrease has been higher – with NCR at 72% decrease from 2019 data and region IV-A at 61.63 % percentage decrease. In cases of rape of women, the percentage decrease from 2019 data is at **65.25%**, with higher percentage decreases in higher quarantine measure area like NCR (73.86%), Region IV-A

| WOMEN – PNP CIRRAS | 2019 March to June | | | | 2020 March 15 to June 15 | | | | Percentage Decreases |
|---|--------------------|-----|-----|-------|--------------------------|-----------------|-----------------|------|-------------------------|
| | GBV Cases | NCR | 4-A | VII | Total | NCR | 4-A | VII | |
| ACTS OF LASCIVIOUSNESS - RPC Art. 336 | 132 | 73 | 40 | 534 | 31 (-76.51%) | 19 (-73.97%) | 25 (-37.5%) | 203 | 61.98% |
| ANTI-RAPE LAW OF 1997 - RA 8353 | 88 | 76 | 69 | 613 | 23 (-73.86%) | 24 (-68.42%) | 15 (87.2%) | 213 | 65.25% |
| ANTI-VIOLENCE AGAINST WOMEN AND THEIR CHILDREN ACT OF 2004 - RA 9262 | 405 | 318 | 824 | 4,151 | 113 (-72%) | 122 (61.63%) | 560 (32.03%) | 1786 | 56.97% |

This observed alarming decrease in reported cases is also true in cases of violence against children. In the table below, comparison is made of reports made in 2019 from 1 March to 31 May, with that of data from 15 March to 31 May 2020. Reports of acts of lasciviousness committed against children dropped by 53.54%, while reports on rape of children likewise dropped to 60.87% all over the country. The percentage decrease in reporting is likewise higher in areas with stricter quarantine measures. NCR records a drop of 65% while Region IV-A showed 68.77% drop in reporting of rape of children in the same period.

| CHILDREN | 2019 March to June | | | | 2020 March 15 to June 15 | | | | Percentage Decreases |
|---|--------------------|-----|-----|------|--------------------------|-----------------|-----------------|-----|-------------------------|
| | GBV Cases | NCR | 4-A | VII | Total | NCR | 4-A | VII | |
| ACTS OF LASCIVIOUSNESS - RPC Art. 336 | 36 | 29 | 45 | 381 | 9 (-75%) | 11 (-62%) | 32 (-30.95%) | 177 | 53.54% |
| ANTI-RAPE LAW OF 1997 - RA 8353 | 180 | 237 | 128 | 1820 | 63 (-65%) | 74 (-68.77%) | 73 (-42.9%) | 712 | 60.87% |

⁸³ Note: Dates were based on the reports shared by IACVAWC with the CHR-GEWHRC and as provided by PNP-WPCP. A more accurate percentage will be generated if we are able to obtain data for 2019 which starts from 15 March and ends in 30 June 2019;

| | | | | | | | | | |
|---|----|----|----|------------|-------------|----------------|------------|-----------|---------------|
| ANTI-VIOLENCE AGAINST WOMEN AND THEIR CHILDREN ACT OF 2004 - RA 9262 | 17 | 11 | 15 | 123 | 3 (-82%) | 3 (-72.72%) | 9 (40%) | 42 | 65.85% |
|---|----|----|----|------------|-------------|----------------|------------|-----------|---------------|

The Commission’s own data reflected this decrease in the reporting of case of GBV. Comparing requests for assistance in cases of rape of women, data from 15 March to 30 September 2019 is at 71; while 15 March to 30 September 2020 data is at 30, showing a **57.74 %** decrease in requests for assistance. Specific to the ECQ period of 15 March to 31 May, the percentage decrease is even lower, with 2019 data at 30 and 2020 data at 5, showing **88.33%** percentage decrease.

Comparing data on rape of girl children for 2019 and that of 2020, the data from the Commission’s regional offices would show there were 63 requests for protection services from 15 March to 31 September of 2019, however, for the same period in 2020, there were only 25 cases. This is a percentage decrease of **60.31%**. Comparing data during the ECQ period of 15 March to 31 May, the percentage decrease is even higher at **85.18%**, with 2019 data at 27 and 2020 request for protection services at 4.

Interpreting this drop, the Commission sees the low reporting of cases, not as an indicator of lower incidents of GBV but as a reflection of the many barriers to reporting during the ECQ/MECQ period. The decreased number of reports could indicate an overwhelmed system, with breakdown of referral mechanisms resulting in lack of action or delayed response to cases of gender-based violence. These are substantiated in the reports received by the Commission in its E-reporting portal for GBV, an online platform developed by the Commission to receive report of GBV during the quarantine period. Among the barriers documented are the following: breakdown of referral mechanisms in some instances, limited mobility, insensitivity of some duty bearers, and the fear of contacting the virus should the survivor venture out of the house.

Documented Breakdown of referral mechanisms.

One of the recurring complaints documented through the Commission’s “E-Report mo sa Gender Ombud” reporting portal are complaints regarding breakdown of referral mechanisms during the ECQ/MECQ period. Of the 42 reports filed within the ECQ/MECQ period, (March to May 30) there were 9 (21.4%) reports of women, girls who were denied of service, treated with insensitivity, or advised to file the report only after lockdown ends. This included the case of two minors who were survivors of 2 separate cases of rape and who were initially advised to file their cases only after the lockdown. Response to these cases only became positive after intervention by the Commission⁸⁴. It also included a daughter who assisted her mother in securing a BPO, and was initially refused and advised to proceed with a dialogue. In this case, after intervention by the CHR and calls to the Barangay, the BPO was eventually issued.⁸⁵ It also includes two other cases where the survivors proceeded to file a complaint with the police station but were instead advised to file their case post lockdown.⁸⁶ In the latter cases, communications were made to the PNP WCPU and the City concerned regarding the incident. In another case in NCR, the survivor who sustained physical

⁸⁴ Rape case of a girl with disability in NCR ; Rape case of a minor in CHR-IVA as referred by Pambansang Kilusan ng mga Kabaihan sa Kanayunan;

⁸⁵ VAWC case in CHR-IVA

⁸⁶ VAWC case in Mandaluyong, advise given by the Women’s Desk of Mandaluyong; and Physical Injury case in Antipolo City, where a sister sustained physical injuries from her brother;

injuries in the hands of her uncle proceeded to report to the barangay, despite the visible concussions, the barangay was unable to detain the perpetrator, and the barangay only took pictures of her injuries. She was also unable to proceed for a medico-legal examination as she knew they would be busy responding to COVID-19. Eventually, the woman decided not to pursue her case.

In cases where survivors were able to file with the PNP or the barangay, there continued barriers in terms of procuring needed documents for filing such as medico-legal examinations which would entail further cost, transportation, and exposure to possible COVID-19 infection. The closure of Courts during ECQ has also affected availability of remedies for women victim-survivors of violence. In cases of rape for instance, while sworn statements were already filed before the PNP, the closure of the prosecutor's office due to COVID-19 would mean that no arrests would be undertaken until preliminary investigation is conducted. Arrest of and detention are available only in cases where crimes were committed in flagrante delicto. While the Supreme Court adopted electronic filing of cases - there is very limited information dissemination about this among advocates, or even with the women's desks. Complainant's statement were still awaiting availability of prosecutors for filing.⁸⁷

The GBV portal also documented challenges in accessing support services for GBV/VAW survivors. During the height of the crisis, many of the local shelters were in lockdown and have ceased admission of new cases. While Haven Shelter for Women in Alabang continued to accept cases, they required medical certificates and would require commitment by women to stay at least 3 months. This prevented one referral from staying as she still hopes that upon lifting of ECQ, she will be able to resume work. Subsequently, Haven also made their admission requirement more stringent, particularly the need of a prior Polymerase Chain Reaction (PCR) test. The latter could become a barrier for women who may not have access to free and immediate access to PCR testing.

Transportation also continue to pose as barriers for many survivors. With the imposition of the ECQ and even until GCQ, mobility remained constrained with the very limited options for transportation. In several instances, to assist survivors, the Commission has also extended assistance in securing transportation and travel clearances from survivors. The imposition of ECQ has resulted in limited mobility and transportation. Often, only one person in a family is issued a pass, and travel, especially inter-region travel requires travel clearances and passes. In some cases, women survivors sought assistance of the Commission not to file cases against their perpetrators, but for assistance on how to travel to a safer place. In these instances, the Commission has processed clearances from City Mayors, Office of City Social Welfare and Development, and even barangays. These missions were undertaken through close coordination between CHR Central and its regional offices. Since ECQ, three missions have been undertaken of this nature: transporting a woman and her one year old child from NCR to Region IV-A to leave an abusive husband, transporting a woman from Region IV-A to NCR, to leave an abusive father, and more recently, transporting mother and child from Region IV-A to Region V. Transportation services were also provided in the filing of cases as in the case of a transwoman who was assisted by the Commission in filing a case of discrimination against a Barangay Captain. As the residence of the transwoman is far from the place of incidence, there is a need to provide a vehicle to aid in the filing of the criminal case, and to subsequently return for filing, as some of the offices were close or in lockdown.

The case of Fabel Pineda is a somber reminder of the impact of breakdown of referral mechanisms and of failure of duty bearers to provide prompt and effective response in cases of GBV. While Fabel was able to

⁸⁷ Commission on Human Rights of the Philippines (CHRP). Response to the call for submissions on COVID-19 and the increase of domestic violence against women.

file her case for sexual violence against the policemen, the manner by which the Police Station ignored and/or brushed aside her request for protection resulted in her untimely death.⁸⁸ While alleged perpetrators were already arrested and disciplinary actions initiated against officers who failed to respond, the Commission as Gender Ombud is also conducting its own independent investigation. This aims to identify gaps in the GBV response and to provide recommendations, especially that this case highlights the impact of GBV, the continuing challenges in accessing justice, and the brutal ways that women and girls are silenced in their attempt to access remedies.

GBV in time of COVID

During the pandemic, the Commission's "E-Report mo sa Gender Ombud," together with the "CHR's E-Lawyering Program" and the "OFW reporting portal served as entry points of requests for legal assistance and investigation. These innovations allowed remote requests for assistance at a time when most government offices were closed and transportation and mobility were very much limited.

Insights from the E-reporting Portal

Data from the GBV Reporting Portal shows that from the time that the site went live in 27 April 2020 to 17 October 2020, the Commission already received 111 reports. Of these reports, 35 (33.33%) reports involved Violence Against Women and their Children (RA 9262), 24 (21.6%) reports pertained to threats or harassment, and 20 (18%) cases of rape. The reports were made by survivors, organizations or concerned individuals, and also CHR staff tasked to monitor cases of GBV. Of the 111 cases, 35 were provided legal assistance and counselling, 29 were requested for investigation by regional offices, 25 were documented, 6 were referred for shelter support and 5 cases are currently pending.

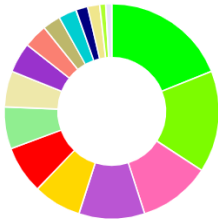
As to the sectors that the survivors belong to, 21 (18.9%) were minors, 17(15.3%) were rural women, and 12 (10.8%) were members of the LGBTQI+ community, reports from other sectors are also included. The summary also shows that of the 111 reports, 39 (35.1%) were committed by strangers, 30 (27%) by intimate partners, and 20 (18%) by other family members. While the perpetrators in most of the cases were private individuals, there were 18 (16.2%) cases allegedly committed by law enforcement officials, and 14 (12.6%) committed by government officials other than law enforcement.

⁸⁸ Halili, Nadine. Everything you need to know about the Fabel Pineda case. Preen. 6 July 2020. <https://preen.ph/113200/fabel-pineda-case>



Violations

| | |
|--|----|
| Karahasan sa kababaihan at bata mula sa asawa o dating asawa, kinakasama o ka-date, o dating kinakasama o ka-date (Violence against women and children under VAWC/RA 9262)/Intimate partner violence). | 35 |
| Threats/Harassment | 24 |
| Panggagahasa o tangkang panggahasa (Rape/Attempted Rape) | 20 |
| Pananakit na pisikal mula sa ibang tao (hindi asawa o kinakasama) (Physical violence) | 16 |
| Karahasan gamit ang social media or iba pang online platform(GBV Committed online) | 14 |
| Sexual Harassment | 11 |
| Refusal to accept or respond to complaints of GBV | 9 |
| Others | 8 |
| Karahasan bunga ng pagpapatupad ng ECQ rules o dahil sa paglabag sa quarantine or curfew (Violence in relation to implementation or violation of quarantine of curfew rules) | 7 |
| Karahasan laban sa women human rights defenders (Violence against women human rights defenders) | 7 |
| Misogynistic / Homophobic / Transphobic remarks or acts | 7 |
| Di makatarungang pag-tanggi ng mga karampatang benepisyo sa SAP o mga di maayos na pamamahagi ng SAP (Discriminatory denial of or irregularities pertaining to SAP benefits) | 5 |
| Murder/Homicide | 5 |
| Denial of health or reproductive health service | 3 |
| Discrimination/violence against frontliners and COVID-19 patients/PUIs/PUMs | 3 |
| Trafficking | 3 |



Sectors

| | |
|--|------------|
| Minor | 21 |
| Rural Women | 17 |
| LGBTQIA+ Community | 12 |
| Formal Economy Worker (Regular Employment) | 11 |
| Elderly/Senior Citizen | 8 |
| Student | 8 |
| Solo parent | 7 |
| Contractual Employee | 6 |
| Urban Poor | 5 |
| Government employee | 4 |
| Woman with Disability | 3 |
| Worker in the informal economy | 3 |
| Domestic worker | 2 |
| Women in detention | 2 |
| Migrant worker/former migrant workers | 1 |
| Women in armed conflict area | 1 |
| | 111 |

Countries

| | |
|----------------------|-----|
| Philippines | 105 |
| Singapore | 3 |
| United Arab Emirates | 1 |
| Taiwan | 1 |

Cities/Municipalities

| | |
|---------------------|---|
| Quezon City | 8 |
| Muntinlupa | 7 |
| - | 7 |
| Valenzuela | 5 |
| Caloocan City | 5 |
| Singapore | 3 |
| Cagayan de Oro City | 3 |
| Manila | 2 |
| Gen. Santos City | 2 |
| Baguio City | 2 |
| Ozamiz | 2 |
| Pasay City | 2 |
| Lipa City, Batangas | 2 |

While certainly, the data from the portal do not capture the prevalence of GBV (actual number of incidents of GBV), it shows the kind of cases reported in the Commission and of the different barriers experiences by women, girls, and LGBTQI+ persons.

End of the year data on GBV: Decreasing number of reports in key case types of Gender-Based Violence Against Women

Updating the data from the Commission 2nd 3rd Quarter report, and taking in data from the PNP from January 2020 to December 2020, the Commission is able to present the following analysis:

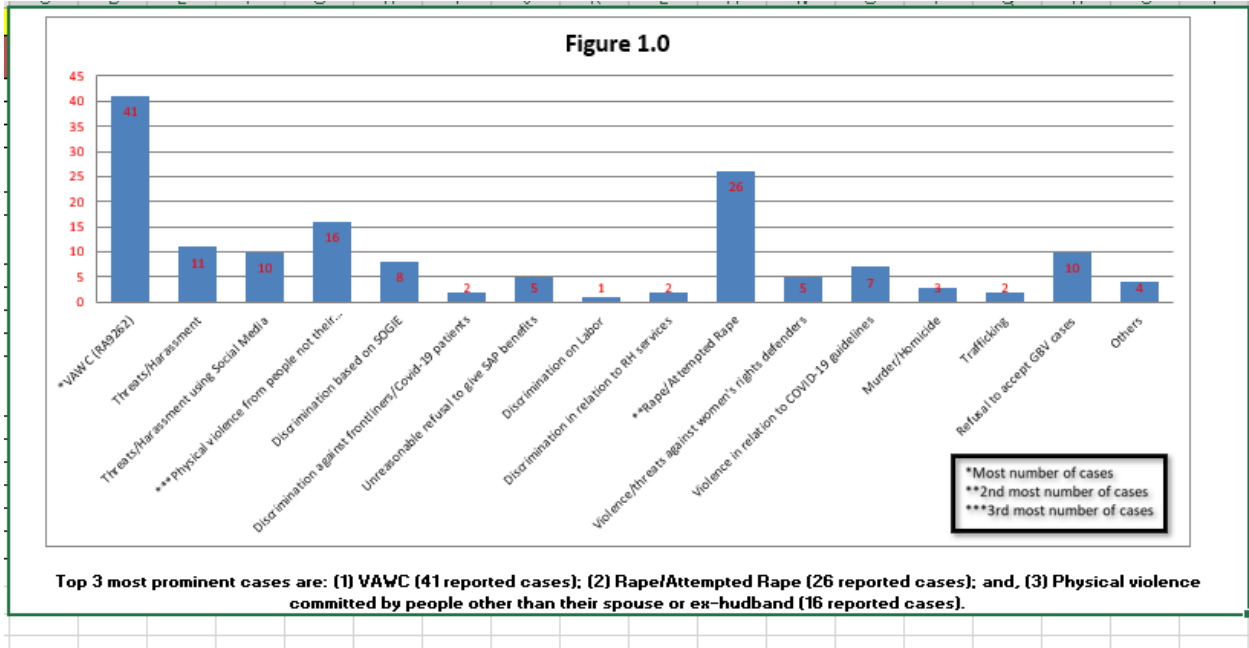
1. In addition to the previously discussed decrease in reporting during the months covered by the first wave of community quarantine, analysis of the 2019 PNP data and the whole of 2020 PNP data of GBV would reveal a general trend of decreased reporting. The following table shows the decrease in reporting in the following cases: violation of the Anti-VAWC Law, the Anti-Rape Law, and Acts of Lasciviousness. The percentage decrease is higher in these cases for women compared to the decreased for children:

| WOMEN | VAWC | Anti-Rape Law | Acts of Lasciviousness |
|----------------------------|-----------------------------------|----------------|------------------------|
| 2019 (Jan-December) | 15,438 | 2,560 | 2,014 |
| 2020 (Jan-December) | 11,200 | 2,122 | 1,550 |
| <i>Percentage Decrease</i> | 27.45% decrease in reported cases | 17.1% decrease | 23.03% decrease |

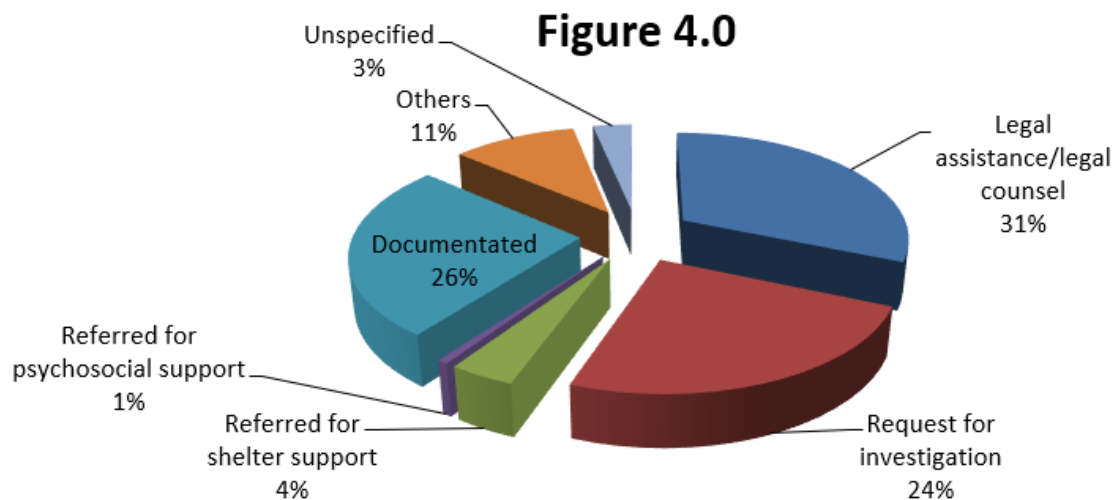
2. Covering the same period, there is also a comparable decrease in the number of cases reported for children:

| CHILDREN | VAWC | Anti-Rape Law | Acts of Lasciviousness |
|----------------------------|----------------------------|---------------------------|----------------------------|
| 2019 (Jan-December) | 420 | 7,078 | 1514 |
| 2020 (Jan-December) | 264 | 6,271 | 1,285 |
| <i>Percentage Decrease</i> | 37.14% percentage decrease | 11.4% percentage decrease | 15.12% percentage decrease |

3. Reports from the Commission’s Online reporting portal on the other hand post the following update report by the end of 2020: The most reported cases remain to be intimate partner violence (41 reported cases), followed by Rape/Attempted rape (26 reported cases); and (3) Physical Violence committed by a person other than intimate partners of former intimate partners.



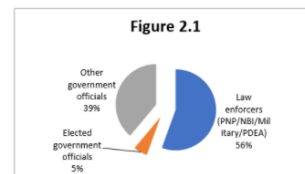
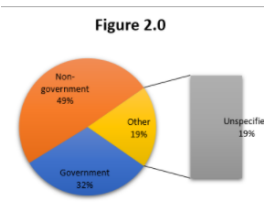
4. **By the end of 2020**, the Commission’s online reporting portal has received a total of 153 reports. Majority of the reports were responded to by the provision of legal assistance and counselling (31%), followed by request for investigation by the Commission (24%). Some 26 % of the cases were documented -particularly in instances when complainants or persons reporting could no longer be reached by the Commission after the report was submitted or in instances that complainants decided no longer to pursue the case.



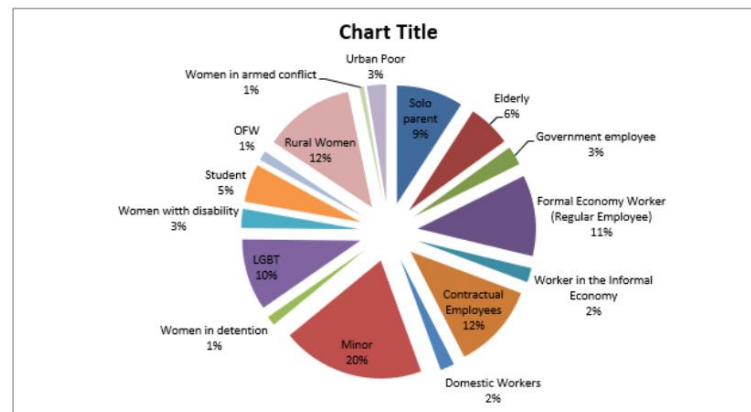
5. In terms of perpetrators, the reporting portal recorded **46 of the 153 (30%)** cases as those with law enforcement/other uniformed personnel, elected officials, or other government officials identified as perpetrators. Of the identified 46 reports, 22 or 47.8% identified members of law enforcement as perpetrators.

| CATEGORY 2: PERPETRATORS | |
|--------------------------|-------------------|
| Perpetrator | Number of Reports |
| Government | 46 |
| Non-government | 83 |
| Unspecified | 24 |
| TOTAL | 153 |

| CATEGORY 2.1: GOVERNMENT PERPETRATORS | |
|---------------------------------------|-------------------|
| Government Perpetrators | Number of Reports |
| Law enforcers (PNP/NBI/Military/PDEA) | 22 |
| Elected government officials | 8 |
| Other government officials | 16 |
| TOTAL | 46 |



6. In terms of sectors of complainants, reports to the portal show that many were minors, followed by rural women and contractual employees.



Top 3 sectors with the most number of reported cases are: (1) Minors with 30 reported cases; (2) Rural women with 19 reported cases; and, (3) Contractual employees with 18 reported cases.

Emerging forms of GBV in relation to the Government's Quarantine Rules

In addition to commonly reported and monitored cases of GBV, reports in the portal also documented emerging forms of violence against women, girls or members of LGBQI+ in relation to the imposition of quarantine rules. These pertained to violence in relation to: (a) curfew/ Enhanced Community Quarantine (ECQ) violations; (b) enforcement of containment measures; (c) violence in relation to access or lack of access to support from government; (d) violence against women human rights defenders or those criticizing government actions; and (e) heightened online violence for women and girls. In two cases, the Commission investigated and documented discriminatory penalties meted out for curfew/ECQ violations committed by members of the LGBQI+.

At the onset of the ECQ, complaint regarding sexual harassment in checkpoints were already made. The Commission received/monitored accounts of women who received unwanted attention from law enforcement officials manning check points this included comments on women's physical appearance, unwarranted inquiries of their destinations, or request or unwanted sharing of phone numbers.⁸⁹ At its worse, there were reports of law enforcement officials allegedly engaged in sex for pass – or demand for sex against prostituted women in exchange for passage in quarantined areas.⁹⁰ While the Commission sought to interview complainants of sex pass, their fear of retaliation from law enforcement prevailed, prompting the Commission to issue press statements against the practice and calling for accountability from the PNP, instead of the conduct of investigation. Early on the ECQ period, rape during detention committed by two Marikina policemen was also documented. The two women were arrested for alleged drug charges and were subsequently raped by their arresting officers. Cases were filed against the perpetrator, while CHR conducted an independent investigation. More recently, another alleged act of rape committed against a woman detained for curfew violation was documented in Bulacan. In both cases, these human rights violations were allegedly committed by agents of the State, and as against women who are already vulnerable.

In Region III, Central Luzon, members of the community were asked by the Barangay Captain to perform lewd dances and kiss; while in Region IX Zamboanga Peninsula, cutting short the hair of members of the community served as punishment. While both cases ended in mediation, the fact that these complaints were made highlighted very gendered implementation of quarantine rules and penalties – betraying stigma and discrimination against the LGBQI+ community. There were also several complaints against barangay chieftains who reacted violently against women constituents who air their complaints regarding the delivery of government services. Another case worth mentioning is the case of parricide in Region 1, Ilocos Region, which happened in 24 April 2020. Initial investigation by the CHR-regional office showed that a son killed her mother and the motive of the killing was the SAP benefit provided by the government. A criminal case was filed against the son.

Violence against human rights defenders and those expressing their grievance against the government were also among the cases documented by the Commission. The Commission has investigated the arrests of individuals for mere posts of discontent in facebook. It also conducted an investigation on the arrest of Marikina 10, which included a volunteer teacher who was arrested for quarantine violations while

⁸⁹ E- Report mo sa Gender Omud, See accounts at CHR GBV Observatory: <https://chr-observatories.uwazi.io/en/entity/ifrn6gsdqy> ;

⁹⁰ Rivas, Ralph. To Cross Coronavirus Border, prostituted women abused by cops first. Rappler. 21 May 2020. <https://www.rappler.com/newsbreak/in-depth/prostitutes-abused-by-cops-first-cross-coronavirus-border>

conducting a feeding program.⁹¹ The arrest of Pride 20 during the Pride March is yet another concerning event, as members of the LGBTQI+ community were arrested during the exercise of freedom of expression. Reports of red-tagging and raids of offices of human rights defenders were also received by the Commission's regional offices during this period of crisis.

The Commission has also noted with alarm and concern the rising misogyny and sexual harassment online. There is also a marked increase in online exploitation of children. Rampant victim blaming and misogynistic comments were brought about by a post made by the Philippine National Police (Lucban, Quezon, Police Station, Region IV) advising women on what to wear to avoid rape. This sparked an uptake of misogynistic remarks even from known media personalities. In both cases, advisories and statements were issued by the Commission. Online sexual exploitation of children, including girl children is also on the rise. With work and education shifting online, and with increased access and time spent online, the portal has also received uptakes in GBV committed in online spaces. Of the 111 reports, 14 (12.6%) involved GBV committed in online spaces. These included the case of a deaf woman who has been subjected to online sexual harassment by a friend and whose case has been referred to the NBI violence against women's desk.

Information gap on government assistance and services; Complaints of exclusion from Social Amelioration Program of the Government;

The Commission's monitoring also documented complaints and requests for assistance pertaining to accessing information in relation to government support services, and of complaints as well of exclusion from government's services like the social amelioration program (SAP). Reports from the Commission's regional offices reveal an uptake on requests for legal assistance in relation to exclusion from SAP benefits.

The results of the Commission's community based monitoring with women with disabilities showed that many of the interviewees said that they do not have enough information about COVID-19, and that they need more information on accessing government support like SAP. Specifically, the Community Based Monitoring raised the following concerns regarding access to information: absence of sign language interpreters in the community and local government level, this affect the deaf's ability to communicate requests and thier access to important community information; the lack of accessible information materials for persons with visual impairment on COVID-19, on government assistance and on Inter-agency Task Force (IATF) Guidelines; the deaf; isolation of deaf women from family members as most cannot communicate sign language while the wearing of masks also affect the ability to lip read; other disability groups complained absence of clear information on how to access SAP and the exclusions therefrom.

At the onset of the ECQ and in response to the information gap experienced by the deaf community, a group of sign language interpreters and deaf leaders, formed the FSL Access Team COVID-19. The group responded to the clamour of deaf community for access to life saving information regarding the virus and also of available government support. The group also provided sign language interpreting of news reports from major channels – making information available for the deaf community and making visible the needs of persons with disability. The group received no support from government and so early April 2020, the Commission provided a humble support for the group's operation. This is in recognition of the gap in the provision of accessible information to the deaf community and in recognition of the important service provided by the group. Subsequently, most TV stations adopted inset sign language interpreters during their

⁹¹ Talabong, R.10 Feeding Program Volunteers Arrested in Marikina. Rappler. 1 May 2020. <https://www.rappler.com/nation/feeding-program-volunteers-arrested-marikina-may-2020>

news programs and important government briefings. Despite these however, barriers remain, particularly due to the absence of sign language interpreters and accessible information in the community level.

Access to information on COVID-19 and of government support and services also prove to be challenging for groups of vulnerable women – particularly indigenous women who also face physical barriers in accessing government support, rural women like women farmers and fisherfolks who are unaware of government support or farmers and fisherfolks in general, and urban poor women who still complained of confusion in terms of inclusion or exclusion under SAP. The digital divide – the absence of available technology and infrastructure to access information for these group of women render it even more difficult for them to access information. As one woman fisherfolk from Cebu has stressed “*I have no access to internet, I cannot afford to buy a cellphone and I am not tech savvy. I do not know how to create a facebook account and I am unable to receive updates.*”

Exclusion from SAP is also a common complaint. Urban poor women in Navotas sought the assistance of the Commission to follow up their SAP benefits and to inquire on the reasons of exclusion for many members of the federation. In the Commission’s Regional Office 4-A, it was reported that during the ECQ/MECQ period, majority of the complaints received by the region pertained to the alleged arbitrary non-inclusion of qualified women beneficiaries to the SAP financial assistance⁹². Majority of these complaints of non-inclusion were received from persons with disability and/ or the elderly.⁹³

Stigma and Discrimination

The Commission’s monitoring also surfaced the stigma and discrimination suffered by health workers, by persons under investigation, persons under monitoring, and COVID-19 positive patients. Locally, LGUs responded to increasing cases of discrimination and stigma by passing ordinances penalizing discrimination against health workers, Persons Under Monitoring (PUMs), Persons Under Investigation (PUIs), and COVID-19 patients. These ordinances also strengthen confidentiality provisions. On the part of the Commission, advisories and statements regularly emphasize the human rights based approach with its standards of the need to ensure the right to dignity and non-discrimination, and emphasizing the right to security and freedom from violence.

The Department of Health itself acknowledged reports of stigma and discrimination against health care workers, “*We are receiving reports of our health care workers around the country being attacked physically, including being thrown bleach and splashed with chlorine.*” It also added that “*there are reports of health care workers being refused access to basic services such as public transport and laundry, blocked and fined at checkpoints and evicted from their homes.*”⁹⁴ The PNP also reported that as of 2 May 2020, it has recorded 104 cases of attacks, discrimination vs health workers amid COVID-19 crisis.⁹⁵ These forms of discrimination and stigma has also extended to the even more less protected community health workers, like barangay health workers and midwives, who are again mostly women.⁹⁶

⁹² CHR-IV-A 1st Semester of 2020 Human Rights Situationer

⁹³ CHR-IV-A 1st Semester of 2020 Human Rights Situationer

⁹⁴ VOA News “Philippine Health Workers Battle Coronavirus, Harassment”. 7 April 2020.

<https://www.voanews.com/science-health/coronavirus-outbreak/philippine-health-workers-battle-coronavirus-harassment>

⁹⁵ ABS-CBN. PNP records 104 cases of attacks, discrimination vs health workers amid COVID-19 crisis. 2 May 2020.

<https://news.abs-cbn.com/news/05/02/20/npn-records-104-cases-of-attacks-discrimination-vs-health-workers-amid-covid-19-crisis>

⁹⁶ Silayan

PUMs, PUIs, and COVID positive patients have also been reported to have experienced stigma and discrimination. In one report to the GBV E-reporting portal, a transwoman complained of being imprisoned by a Barangay Captain in the Barangay Hall for being a PUM, a treatment not accorded to PUMs who were not members of the LGBTQI+ community.⁹⁷ Another report in the GBV portal was by a PUI, who complained of discriminatory treatment from local government officers as she was being transferred to a quarantine area.⁹⁸

Stories of Solidarity and Resiliency

Despite the many challenges posed by the COVID-19 crisis, its impact in the enjoyment of women, girls, and LGBTQI+ rights, there were also accounts of solidarity and resilience. The Commission witnessed the solidarity of many marginalized groups and communities and the ways that women's organizations and feminists movements respond to the crisis of the pandemic. Within the Commission, regional offices have shown solidarity with communities and vulnerable groups – monitoring not only human rights situation but also actively seeking establishing partnerships to provide support.

Examples of noteworthy campaigns and initiatives observed among feminist organizations and women's movements and other social movements, include the following: *FSL Access Team COVID-19*, a group of sign language interpreters, Filipino Sign Language advocates, and deaf leaders providing accessible information for the deaf community through provision of inset interpretation and info-videos in FSL; the *BABAYEnihan*, a program of Lilak Purple Action for Women sourcing donations and supporting indigenous women; *Aksyon Kababaihan*, a platform discussing women's rights issues during the pandemic led by CAT-WAP; *Lunas Collective*⁹⁹, an online platform providing counselling for survivors of violence, they also provide access to reproductive health communities; *#HijaAko Movement*¹⁰⁰, a collective resistance by young women against misogynistic comments by a known media practitioner; *Oplan #ARVayanihan*¹⁰¹, which offers free ARV delivery service to HIV patients who are having a hard time getting their ARV refills due to restrictions of the quarantine.¹⁰² There are many other narratives and stories of local bayanihan at heroism during this period of crisis, highlighting continued solidarity and resilience amidst crisis.

Continuing burden, want, and vulnerability as the crisis stretches

It is important to recognize the continuing burden, want, and vulnerability, especially of marginalized women and members of LGBTQI+. The two tranches of SAP have been reported as not enough not only by women with disability, but also other marginalized groups directly monitored by the Commission – urban poor women, members of the LGBTQI+ community, IDPs, and women fisherfolks. This is particularly so in households with extended families, with elderly, with children, and with persons with disability and the ill.

⁹⁷ CHR-NCR case, the transwoman was assisted by CHR-GEWHRC and CHR-NCR in filing a criminal case against the Barangay Captain;

⁹⁸ CHR-NCR case, legal assistance and investigation is ongoing

⁹⁹ Cepeda, Cody. Lunas Collective: Keeping the distance that COVID-19 social distancing removes between abuser, abused. <https://newsinfo.inquirer.net/1253503/lunas-collective-keeping-the-distance-that-covid-19-social-distancing-removes-between-abuser-abused>

¹⁰⁰ Deyro, Elizabeth. Why do we fixate on women's clothing yet tolerate rapist mindset?. 16 June 2020 <https://www.cnn.ph/life/culture/2020/6/16/hija-ako-opinion.html>

¹⁰¹ Bernabe, Benedict. Supporting Filipinos Living with HIV during COVID-19.

<https://www.australiaawardsphilippines.org/pages/bernabe-benedict-bayanihan-story>

¹⁰² The Red Whistle Foundation partnered with MapBeks, an online LGBTI mapping community, to create the #ARVayanihan map of all treatment hubs and primary HIV care facilities across the Philippines. <https://www.corteidh.or.cr/tablas/centro-covid/docs/Covid-19/CEDAW-Guidance-note-COVID-19.pdf>

As the economy remains to be not fully open, and many who lost employment remained unemployed, the economic impact of the pandemic continues, with hunger at the door of the most vulnerable.

Recommendations:

This situationer has laid out in concrete terms, and with accounts from women, girls, and members of the LGBTQI+ community the disproportionate impact of the COVID-19 Pandemic. The Philippines is a signatory to almost all of the human rights treaty, it is a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). During this period of crisis and new normal, the Philippines is obligated to ensure compliance with principles of non-discrimination and equality. Under CEDAW, it is obligated *“that measures taken to address the COVID-19 pandemic do not directly or indirectly discriminate against women and girls. States parties also have an obligation to protect women from, and ensure accountability for, gender-based violence, enable women’s socio-economic empowerment and guarantee their participation in policy and decision making in all crisis responses and recovery efforts.”*¹⁰³

Pursuant to the principles of substantive equality, CEDAW advances intersectional approach in understanding obligations of states in ensuring fulfillment of rights. CEDAW stresses that ‘the discrimination of women based on sex and gender is inextricably linked with other factors that affect women, such as race, ethnicity, religion or belief, health, status, age, class, caste and sexual orientation and gender identity’. This reminds duty bearers to pay attention to how ‘discrimination on the basis of sex or gender may affect women belonging to such groups to a different degree or in different ways to men’ and of the need to ‘legally recognize and address such intersecting forms of discrimination and their compounded negative impact on the women.’¹⁰⁴ It is then crucial for approaches, not only to be gendered – that is duly recognizing inequalities on the basis of gender i.e socially constructed roles, norms and stereotypes, but also intersectional – recognizing how multiple identities could compound vulnerabilities. Concretely, this require duty bearers to recognize and render visible these vulnerabilities, and to eliminate the same through adoption of programs, policies, and where appropriate temporary special measures. This is more so in period of crisis and pandemic.

With the foregoing, the Commission reiterates its recommendations as set out in **JMC-2020-01 with DILG** (*herein attached as Annex A*), calling for a Gendered and Intersectional Response to COVID-19 Crisis, including ensuring prompt, effective, and survivor centered response to GBV. The Commission, taking off from the CEDAW Committee’s Guidance Note on COVID-19, the recommendations from the GIA, and during the sectoral and community monitoring further adds the need to:

1. Ensure participation of women and LGBTQI+ organizations in the design, planning, and implementation of crisis interventions, transition, and recovery plans.
 - Participation should be meaningful and shall ensure participation of community and people’s organizations;
 - Unpaid care work and multiple burden of women should be recognized such that community consultations are designed to ensure their meaningful participation;

¹⁰³ CEDAW Guidance note on COVID-19.

¹⁰⁴ CEDAW Committee. General Recommendation 28 on the Core Obligation of State Parties under CEDAW. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G10/472/60/PDF/G1047260.pdf?OpenElement>

2. Render visible the needs of women and girls, of LGBTQI+ persons and other vulnerable and marginalized groups, and design, implement interventions with these needs and multiple and intersecting vulnerabilities in mind. More particularly:
 - *Provide socio-economic support to women and LGBTQI+ in informal economy.* COVID-19 response and economic recovery plans should address gender inequalities in employment, promote transition of women and LGBTQI+ from the informal economy to the formal economy and provide relevant social protection systems for them. They should also formulate post-pandemic programmes and targets for women's economic empowerment. This should be accessible to women with disability, IDPs, IPs, rural women and other marginalized groups.
 - *Ensure continuous education.* Due to the shutdown of educational institutions and children staying at home, many women and girls are relegated to stereotyped roles in domestic work. Inclusive and accessible alternative educational tools free of charge, including in rural or remote areas where internet access is limited, should be provided.
3. Ensure that women's and girls specific health needs are addressed at the community level, during containment measures, during transition, and recovery:
 - *Address the disproportionate impact of the pandemic on women's health.* Women health workers and other frontline workers should be protected from contagion through measures such as the dissemination of necessary precautionary information and adequate provision of personal protective equipment as well as psychosocial support. They should be protected from all forms of violence and discrimination.
 - *Sexual and reproductive health services should be considered as essential services.* Provision of gender-responsive sexual and reproductive health services, including maternity care, should continue to be a part of the COVID-19 response, with targeted services for vulnerable populations; Continuation of telemedicine and mobile clinics, particularly in GIDA areas;
4. Ensuring Prompt, Effective, and Survivor-Centered Response to Gender-Based Violence;
 - Ensure that women and girls who are victims or at risk of gender-based violence, including those in detention and other institutions, have effective access to justice, particularly to protection orders, medical and psycho-social assistance, shelters and rehabilitation programmes;
 - Ensure accountability and due diligence in holding perpetrators accountable, more particularly perpetrators who are members of the law enforcement and who are part of the government;
 - Address protection gaps for women survivors of violence, providing protection from further violence and threats at the community and law enforcement level;
 - Establishment of localized temporary shelters and financial and transport support for survivors of violence;
 - Update referral mechanisms, protocols to cater remote assistance and filing, and strengthen the local and national referral mechanisms;
 - Establishment of hotlines for reporting of GBV and remote psychosocial counselling;
5. Ensure gendered and Intersectional Response during transition and recovery

- *Adopt targeted measures for disadvantaged groups of women.* Measures adopted to address COVID-19 should aim to ‘Leave no one behind’ promoting inclusive and intersectional approaches in interventions. Measures specifically adopted to support disadvantaged or marginalized groups of women, girls, and LGBTQI+ community should be adopted.¹⁰⁵
 - *Address needs of hidden households*¹⁰⁶ List of household beneficiaries and LGU beneficiaries in general should be updated to reflect multiple vulnerability brought about by extended families, and members in need of care: children, elderly, persons with disability, and those who are ill.
 - *Strengthen Shock Responsive Social Protections.*¹⁰⁷ Update beneficiary criteria for modified conditional cash transfers to near-poor and persons affected by emergencies; Recognize & advocate for displaced, houseless as constituents. Current LGU list should be reviewed and expanded, addressing multiple vulnerability and on the basis of equity/substantive equality;
6. Ensure access to information on the virus, and on government support and assistance, on complaints mechanisms, especially for the most vulnerable and marginalized.
- Ensure provision of sign language interpreters and accessible print materials;
 - Ensure alternative modes of providing information on government services and programs especially in GIDA areas, taking into consideration the wide digital divide;
 - Ensure access of information through traditional media especially local radio;
7. With the roll out of the Vaccination, to ensure gender equity and intersectional approaches in the roll out of Vaccine programs - this means recognizing and addressing barriers faced by women and marginalized groups in accessing needed vaccine information and services, as such the following should be taken into consideration:
- Unpaid care work and multiple burden of women - allowing flexible schedules for vaccination, providing if possible available child minding or child care facilities;
 - Address need for transportation and accessible vaccine sites for rural women, Indigenous women, and women with disabilities;
 - Recognized vulnerabilities of specific groups of women, their absence of needed documentation and their lack of access to LGU provided vaccines - e.g. internally displaced women, homeless women and families in street situations, and locally stranded individuals;
 - Address the risk and the possibility of gender-based violence and sexual exploitation and violence; ensure functionality of referral mechanisms;
 - Address women’s fears and apprehensions regarding vaccination;

¹⁰⁵ See JMC 2020-01

¹⁰⁶ Recommendation from Silayan, see n. 19

¹⁰⁷ Recommendation from Silayan, see n. 19

8. Continue to support community-based, community led efforts to address the COVID-19 pandemic; For government agencies and LGUs to continue to work with people's organizations and women's organizations in identifying gaps in the current government response to the pandemic, identifying issues and finding solutions/surfacing recommendations.