**Nationwide Organization of Visually-Impaired Empowered Ladies and**

**Women Enabled International**

**Shadow Report to the CEDAW Committee, 86th session, for the Review of the Philippines**

1. **Introduction**

Nationwide Organization of Visually-Impaired Empowered Ladies (NOVEL) and Women Enabled International (WEI) appreciate the opportunity to contribute to the CEDAW Committee’s review of the Philippines during its 86th session. This submission provides a brief overview of some of the human rights violations women and girls with disabilities face in the Philippines and recommendations on how to address those issues.

The Philippines Statistics Authority estimates that 3.1% of the population over the age of five has a disability and that just under half (49.1 %) of all persons with disability are women. This percentage, however, is very much below the global average of 16% of the population,[[1]](#endnote-1) which may indicate an underestimation of the real number of women with disabilities by the authorities. Legal protections are also not fully guaranteed to women with disabilities in the Philippines. As a result—and due to stigma and discrimination they experience at the intersection of gender and disability—their exercise of rights is inhibited and they face unique and disproportionate violations of those rights.

This submission addresses some of the most concerning human rights violations women and girls with disabilities experience in the Philippines, namely, restrictions on their sexual and reproductive rights, heightened risk of gender-based violence, and violations of the right to education. This submission also provides suggested recommendations for the CEDAW Committee to consider directing to the Philippines to ensure rights at the intersection of gender and disability are respected, protected, and fulfilled.

The submission focuses on women and girls with disabilities because there was no available data on gender-diverse persons with disabilities in the Philippines while developing this submission. However, anecdotal evidence suggests that they experience violations similar to the ones described in this shadow report, as well as unique violations. In order to ensure inclusive implementation of CEDAW, it is crucial to take this group into consideration when providing recommendations to the Philippines government.

1. **Violations of the Rights of Women and Girls with Disabilities in the Philippines**

Women with disabilities in the Philippines face many forms of intersectional discrimination, based on both gender and disability, but there is a lack of information and data about their situation. As the Committee on the Rights of Persons with Disabilities (CRPD Committee) has stated in its concluding observations to the Philippines, there is an overall lack of information about the situation of women and girls with disabilities in the country.[[2]](#endnote-2)

Although there is a Magna Carta of Women in force in the country to recognize, respect, protect, fulfill, and promote all human rights and fundamental freedoms of women, especially marginalized women inclusive of women with disabilities, the law makes no reference to accessibility, accommodations, and support services, and the definition of persons with disabilities in the Magna Carta is not in line with human rights standards.[[3]](#endnote-3) Rather than adopting the human rights-based approach to disability—which recognizes that impairment is part of human diversity and that the legal, attitudinal, environmental, etc. barriers that “hinder [persons with disabilities’] full and effective participation in society on an equal basis with others” are what need to be changed to ensure human rights,[[4]](#endnote-4) the Magna Carta reflects an outdated “medical” model of disability, focusing on the individual and their impairment rather than on barriers to inclusion and rights. This gap in the seminal legislation on women’s rights is largely mirrored in other laws, policies, and practices in the Philippines, leading to rights violations against women and girls with disabilities.

To inform this submission, the authors relied on published studies and shadow reports presented by NOVEL to other United Nations treaty monitoring bodies, and a focus group discussion held with Filipino women and girls with disabilities on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte.

1. **Violations of Sexual and Reproductive Health and Rights (arts. 12 & 16)**

Women with disabilities in the Philippines experience significant barriers to exercising their sexual and reproductive health and rights (SRHR). This includes barriers to accessing sexual and reproductive health (SRH) information, as well as negative attitudes from healthcare staff towards women with disabilities.[[5]](#endnote-5) In this context, a study conducted in 2015 on sexual and reproductive health services for women with disabilities concluded that most healthcare providers have scarce knowledge of disability and limited capacity to deliver disability-inclusive services, and, in some cases, these providers discriminate against women with disabilities.[[6]](#endnote-6)

* For instance, a nurse interviewed for the study shared that women with disabilities did not need family planning, unless they experienced sexual violence: “They need medical health service but regarding family planning services, they wouldn’t really get married except if they are abused and get pregnant.”[[7]](#endnote-7)
* Another study described discriminatory attitudes from SRH providers towards women with disabilities, such as casting judgement on women with disabilities who were pregnant and having inappropriate curiosity about patients’ genitals.[[8]](#endnote-8)

In line with the above, the CRPD Committee has expressed its concern about the prejudice and discrimination of service providers, families, and the wider public that prevent women and girls with disabilities from accessing healthcare.[[9]](#endnote-9) To respond to this distressing situation, the Committee recommended that the Philippines:

ensure women, girls and persons with psychosocial disabilities comprehensive access to sexual reproductive health and community-based rehabilitation services for rural and remote areas without having to endure the prejudices of others; increase healthcare professionals’ training on the provision of sexual and reproductive healthcare education and services to women, girls, and persons with psychosocial disabilities, and their sensitization during the provision of such, in accordance with the Convention; and strengthen training for all regional health workers nationwide.[[10]](#endnote-10)

Even though research suggests there is an exacerbated risk of GBV faced by women with disabilities, as will be discussed in the following section, many healthcare staff are unfamiliar with this exacerbated risk and ignore the specific needs of women with disabilities seeking sexual and reproductive healthcare.[[11]](#endnote-11) This lack of knowledge may impact how SRH professionals treat patients with disabilities and assess them for signs of violence.

* A doctor reported that “we have not had such a case that the raped woman had a disability or was beaten by the husband. They are not prone to that, those with a disability/”[[12]](#endnote-12)
* Another healthcare professional stated there is no specific attention for persons with disabilities, which may in turn mean that services do not anticipate the specific needs of persons with disabilities and thus may not be inclusive. “[The attention] is not specific because we treat everyone as a regular client whether it’s women, young girls, young women or young people. So it is not exclusive for persons with disabilities because they might think that they are not like the others.”[[13]](#endnote-13)
* Many SRH staff in the abovementioned 2015 study called attention to the need for accurate data on the provision of SRH services for women with disabilities, data on the number of women with disabilities using the services available, and more information about their SRH needs.[[14]](#endnote-14)

In the Philippines, information about SRHR is difficult to access for all women, including those with disabilities. This is linked to a conservative social-political context[[15]](#endnote-15) and lack of disability-accessible information.[[16]](#endnote-16)

* As an NGO representative reported in the 2015 study, “it is very difficult [to talk about SRHR] because Filipinos don’t want to talk about sex and all those things about having children or having menstruation or things like that. It is usually a taboo among women in the Philippines as a whole right? …So all the more when it comes to disability”[[17]](#endnote-17)
* As a deaf woman stated, “SRH is very important as an issue in itself for poor people, especially women and young people with a disability. [There are] economic barriers to SRH. Many couples do not have access to the family planning services and contraception they need. Many women die from complications of pregnancy and childbirth. Family planning and modern contraception offer choice and opportunity for women to make informed decisions. SRH information and services are essential to efforts to prevent HIV and AIDS. People have the right to make their own choices and decisions.”[[18]](#endnote-18)
* A deaf 14-year-old girl who participated in the focus group held to inform this shadow report shared that there are no subjects related to safe sex in school, so all the information she receives comes from home. “My mother tells me not to have a partner yet. My mother tells me not to engage in it [sex].”[[19]](#endnote-19)

Sexual and reproductive healthcare is also largely inaccessible to persons with disabilities.

* As a government representative interviewed for the 2015 study explained, “the facilities are not accessible by the [persons with disabilities]. Second, the front liners are not able to handle the needs of [persons with disabilities], especially to the Deaf and to those with intellectual disabilities. And also the distance of health centres and health facility in the areas. The health centres are far, and the transport is not accessible”.[[20]](#endnote-20)
* A 2023 focus group participant called for more accessibility in healthcare, such as “proper communication between patients and staff, so that patients are treated properly. And a ramp in the building.”[[21]](#endnote-21)
* A woman with a disability shared that she has to use herbs instead of contraceptive pills because such medicine is either unavailable at the health center or obtained after enduring long lines.[[22]](#endnote-22)

Women and girls with disabilities further encounter communication barriers when seeking SRH, and there is no institutional support to overcome these barriers.

* A healthcare professional shared that “I have difficulty explaining what I will be doing, like when I need to inject her [the patient] for some medicine; that is our problem. We don’t know sign language; and it so happens that the mother doesn’t know sign language either; the only thing I know is that she’s pregnant, and she probably is aware that she needs to have a check-up; but we can’t understand each other. Because we have to get data, when her last menstruation was, neither the mother nor the daughter can provide the data; so what I did, I motioned through physical assessment to determine how many months is the baby in her womb; it’s really difficult.”[[23]](#endnote-23)
* Likewise, a nurse shared that she sometimes spoke about the patient’s health with the patient’s companion, rather than the patient herself, infringing on the patients bodily autonomy, “If it’s a physical challenge, that’s no problem. But if it is, let’s say, a mental challenge – you need to explain, be ready to understand, you need to explain to the parents. Another thing, it is difficult to communicate with the deaf. When the blind come to the centre, they are usually accompanied so you can communicate directly with the companion.”[[24]](#endnote-24)

Women with disabilities, particularly those with intellectual disabilities, also face an exacerbated risk of forced sterilization, In this regard, the CRPD Committee has expressed its concern about the situation and recommended that the Philippines take measures to protect women with intellectual disabilities from involuntary sterilization.[[25]](#endnote-25)

In line with all of the above, the legislation in force in the country does not respond to the needs of women with disabilities. For instance, although the Responsible Parenthood and Reproductive Health Act also applies to women with disabilities, their specific needs are not addressed in the law. Disability is only mentioned once, when referring to the definition of public health care service providers.[[26]](#endnote-26) And even though the law establishes that reproductive health care services and supplies must be accessible, there are no plans and measures in place on how to ensure accessibility. Comprehensive accessibility, support services, and provision of reasonable accommodation are absent in the law.[[27]](#endnote-27)

1. **Gender-based Violence against Women and Girls with Disabilities (art. 1; General Recommendations No. 19 & 35)**

Women with disabilities experience both the same forms of gender-based violence, as well as unique forms as a result of stigma around and discrimination at the intersection of gender and disability; they also experience distinct barriers to escaping such violence and seeking justice and support services.[[28]](#endnote-28) However, existing laws, policies, and programs on gender-based violence in most countries, including the Philippines, seldom address the specific concerns of women and girls with disabilities,[[29]](#endnote-29) and it is difficult to find accurate and comprehensive data disaggregated by both gender and disability. The current law on safe spaces addresses gender-based violence in public spaces and online and increases the penalty for GBV against persons with disabilities but does not establish provisions for accessible and inclusive information on GBV identification and prevention, reporting, and referral mechanisms for victims/survivors with disabilities.[[30]](#endnote-30)

Although data on gender-based violence is not disaggregated by disability in the Philippines,[[31]](#endnote-31) at least one in five women in the Philippines from age 15 to 49 experience physical violence, and evidence in the literature suggests such rates are higher for those with disabilities. Reinforcing this hypothesis, the CRPD Committee called attention to the high level of GBV, including sexual violence and abuse, against women and girls with disabilities in the Philippines,[[32]](#endnote-32) including among deaf and hard-of-hearing women and girls face an exacerbated risk.[[33]](#endnote-33) Their complaints on rape cases outnumber all other types of complaints of women with disabilities by a factor of 10 to 1, according to the Committee.[[34]](#endnote-34)

Likewise, women with psychosocial disabilities are overrepresented in Supreme Court cases about gender-based violence when compared to other women.[[35]](#endnote-35) They also may encounter stigma and discrimination related to their disability that elevates their risk of violence[[36]](#endnote-36) and, due to their disabilities, may not be believed when reporting violence.[[37]](#endnote-37)

To respond to this alarming situation, the CRPD has recommended that the Philippines “provide women and girls with disabilities with accessible information and reporting mechanisms to detect, prevent and combat all forms of violence, including sexual violence against women and girls with disabilities” [[38]](#endnote-38) and that it “adopt(s) measures to provide women with disabilities with redress in cases of violence, including access to rehabilitation, and compensation.”[[39]](#endnote-39)

In some cases, the stigma around disability dictates how society perceives women with disabilities experiencing GBV. For instance, in a study, a professional shared that a woman with a disability was raped by a neighbor. The perpetrator could not be found, but the hearing was ongoing by the time the interview was given. And people suggested that the victim/survivor was taken to a mental health facility because she was unable to speak orally.[[40]](#endnote-40)

In other situations, GBV is not taken seriously by the authorities. A young woman with low vision who lives in a rural area in the Philippines and participated in the 2023 focus group held to inform this shadow report shared that she experienced online harassment, but received no support from the police, which led to anger and disappointment.

* “Someone from Facebook kept on sending me lewd messages and asked me to have sex with him. He kept on sending threatening chats even if I did not reply. My father accompanied me when we went to the women’s desk in Laoang. We were welcomed by a woman police officer then referred us to a male police officer. The male police officer said that it happened because I was pretty. I showed him the screenshots of the conversation and he just laughed. They told us they did not have means to trace the account, they referred us to Tacloban office. We do not have money to go to Tacloban.”[[41]](#endnote-41)

The streets are also a threat for many Filipino women with disabilities, afraid of experiencing violence when out of the house. As a focus group participant shared, “If I go out, it is no longer safe. The school is also not a safe space. I have to be with someone, my sibling, when going out.”[[42]](#endnote-42) Furthermore, women and girls with disabilities living on the streets in the country face an increased risk of sexual assault and trafficking, and some of them reported participating in pornography in exchange for money.[[43]](#endnote-43)

Compounding this situation, accessible information is not available to women with disabilities about how they can identify, prevent, and respond to GBV. A Community Government Official shared that the government holds seminars on physical violence against women, including those with disabilities, but admitted that there is no designated sign language interpreter and that they were not sure how to support a person with low vision in case they asked for help.[[44]](#endnote-44) According to one of the participants in the 2023 focus group, there needs to be more discussions about GBV “so that other girls and women with disabilities become aware of the issues and realize they are not alone.”[[45]](#endnote-45)

1. **Violations of the right to education (art. 10)**

As the CRPD Committee has stated, intersectional discrimination and exclusion lead to significant barriers to the realization of the right to education for women and girls with disabilities,[[46]](#endnote-46) and the situation in the Philippines is not an exception. Even though Republic Act 11650, or the Inclusive Education Act, was signed into law in March 2022, the conclusion of its Implementing Rules and Regulations is still pending.[[47]](#endnote-47) The Act establishes that all cities and municipalities must have an inclusive learning resource center providing free services and that there must be a community-based approach to implement inclusive education policies in the country.[[48]](#endnote-48) As the law has not been enacted, the reality of students with disabilities is very different.

According to a report published in 2022, the education system lacks teachers trained to teach and support students with disabilities;[[49]](#endnote-49) professional Sign Language interpreters in schools and universities;[[50]](#endnote-50) and an understanding of disability and how to include those with disabilities in education.[[51]](#endnote-51) For instance:

* Some hard-of-hearing students and other with psychosocial disabilities shared preferring not to inform their schools about the disability because of concerns about how they would be perceived by the school community.[[52]](#endnote-52)
* A girl with a psychosocial disability reported going to a Catholic school and being discouraged from taking her medicine by the nuns, as they did not believe in taking medicine and instead asked her to pray.[[53]](#endnote-53)
* Teachers mentioned that training on how to work with learners with disabilities is not readily available.[[54]](#endnote-54)

Accessibility in schools is another major issue. Accessible transportation to school for students is scarce, which leads to additional expenses to ensure attendance in classes.[[55]](#endnote-55) Facilities and infrastructure are also frequently inaccessible for teachers and learners with disabilities despite the existence of the Accessibility Law.[[56]](#endnote-56) Although this law was passed in 1981, its implementation has been very slow, as organizations of persons with disabilities criticize,[[57]](#endnote-57) reporting that ramps, accessible toilets, and parking lots are missing in many buildings, including educational centers.[[58]](#endnote-58) Even though there was no reference to visual and hearing accessibility and accessibility in information, it could be inferred that implementation in those spheres has been slow too. Civil society also claims for an update in the Accessibility Law, which currently does not include exclusive parking space for drivers with disabilities, who could be heading to school facilities, and effective provisions to ensure access to education.[[59]](#endnote-59)

In addition, many girls with disabilities enrolled in schools experience bullying. This is a common and frequent reason for dropouts,[[60]](#endnote-60) and girls experience bullying at a higher rate compared to boys.[[61]](#endnote-61) According to a 2022 report, 70,5% of female students inquired had experienced bullying at least once, against 59,8% of male students.[[62]](#endnote-62)

* A student with a psychosocial disability shared that a teacher bullied her, mimicking her during her episodes.[[63]](#endnote-63)
* Another student with a disability got turned into a meme in class as they posted a photo of her online, and she had to leave her school group.[[64]](#endnote-64)
* Classmates of a student with a visual disability would flatten the braille dots and hide things from them.[[65]](#endnote-65)
* A focus group participant with a physical disability shared that “in high school, there was a vacant seat beside me, but nobody wanted to use it.”[[66]](#endnote-66)

Furthermore, there is no gender perspective when addressing disabilities and diversity in schools, with students with disabilities being considered one unique group, ignoring gender dynamics and specific needs.[[67]](#endnote-67) Nonetheless, there is an urgent need for a gender-inclusive perspective in schools, as gender-based violence remains a major barrier to women’s access to education, including those with disabilities.[[68]](#endnote-68) Reports show that parents and carers raised concerns about female learners reaching puberty, as they worry about their capacity to handle high-risk situations in school.[[69]](#endnote-69)

In certain circumstances, teachers reinforce gender stereotyping and victim-blaming in education. For instance, teachers are often more severe with girls in comparison to boys when asking for good behavior, based on the stereotype that females must be prim and proper, and males can be unruly.[[70]](#endnote-70)

The COVID-19 pandemic also highlighted the negative impact of gender roles in access to education. According to a study conducted by Plan International, the pandemic has significantly reduced the number of hours that girls and young women devote to learning. 28% of learners inquired said they studied for one to two hours a day. 20% said they studied for less than an hour, and merely 12% said they still studied between three and five hours a day.[[71]](#endnote-71) This inability to study at home has as main causes internet connectivity problems and the need to help with household chores.[[72]](#endnote-72) The latter disproportionately falls under women’s responsibility, as the study concluded female students are given much more responsibilities around the house than the male members of their families.[[73]](#endnote-73) Although this data was no disaggregated by disabilities, it is possible to assume that students with and without disabilities follow a similar pattern.

**Recommendations**

Considering the rights violations described above and the urgency that the Philippines government ensures measures to implement CEDAW that are inclusive of women and girls with disabilities, we suggest the following and hope that the CEDAW Committee will consider including these recommendations in its review and Concluding Observations to the Philippines:

* Include women, girls, and gender-diverse persons with all types of disabilities, as well as their representative organizations, in the planning, development, implementation, monitoring and evaluation of laws and policies on any issue that directly or indirectly affects their lives, and that their needs and rights are reflected in these laws and policies, with corresponding budget allocation and government representation.
* Directly support organizations of women, girls, and gender diverse persons with disabilities and the leadership of these individuals to undertake advocacy and programmatic activities in support of their rights, including through capacity-building and human rights education and training which highlights on the intersection of gender and disability and through financial, technical, administrative, and human resources that will ensure accessibility and that the specific support requirements are met.
* Ensure that SRHR is respected, protected, and fulfilled for women with disabilities, including by repealing all laws and policies that directly or indirectly discriminate against women with disabilities in health provision (such as laws that limit legal capacity), ensuring that health facilities are physically and financially accessible, including through accessible public transportation, and mandating disability rights training for SRH providers from national to local levels, in both private and public healthcare facilities, to ensure respectful and rights-based care for and dismantle stereotypes about persons with disabilities. Guarantee that persons with disabilities have access to information about SRH in accessible formats, including through comprehensive sexuality education that is inclusive of disability and provided inside and outside of schools, and free or affordable communication support.
* Increase the availability of accessible SRH and GBV prevention and response services, inclusive of legal services, in urban, rural, and remote areas, and provide accessible information about their work and importance. Ensure free or affordable accessible transportation to reach these services.
* Ensure that information about how to identify situations of GBV and how to seek help are available in accessible formats—such as plain language, Braille, sign language, and Easy-Read, among others—and are specifically targeted at to women, girls, and gender-diverse persons with disabilities, their representative organizations, and those that provide services to this group. Also, ensure the availability of GBV services in urban, rural, and remote areas and accessible shelters for those who experience GBV.
* Ensure human rights-based training for teachers and other educational staff, and raise awareness among parents (including Parent-Teacher Associations) and other students about the rights of persons with disabilities. Such training must include a disability and gender perspective to dismantle harmful stereotypes about persons living at this intersection.
* Implement measures to identify, prevent, and respond to bullying in school, including bullying that is centered in disability discrimination and stereotypes. Ensure a safe and healthy environment to learn and interact, with respect for diversity as a crucial value in education.
* Ensure that healthcare and educational services are accessible to all types of disabilities and that accommodations requirements are provided to patients and students with disabilities.
* Disaggregate data by gender, age, and type of disability, among other factors, and increase the research available on women and gender-diverse persons with disabilities, analyzing data and its impact accordingly.

1. World Health Organization, *Disability fact sheet* (2023), <https://www.who.int/news-room/fact-sheets/detail/disability-and-health> [↑](#endnote-ref-1)
2. CRPD Committee, *Concluding observations on the initial report of the Philippines*, ¶ 12, U.N. Doc. CRPD/C/PHL/CO/1 (2018). [↑](#endnote-ref-2)
3. Government of the Philippines, *Republic Act 9710: Magna Carta of Women: Implementing Rules and Regulations*

   (2009), https://library.pcw.gov.ph/wp-content/uploads/2021/09/PCW-RA-9710-Magna-Carta-of-Women-Implementing-Rules-and-Regulations-2011.pdf [↑](#endnote-ref-3)
4. Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, art. 1, G.A.

   Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611 (entered into force May 3, 2008)

   [hereinafter CRPD]. [↑](#endnote-ref-4)
5. Devine *et al*, *“Freedom to go where I want”: improving access to sexual and reproductive health for women with*

   *disabilities in the Philippines - Reproductive Health Matters* 56 (2017), <https://pubmed.ncbi.nlm.nih.gov/28784061/> [↑](#endnote-ref-5)
6. Lee *et al*, *Sexual and reproductive health services for women with disability: a qualitative study with service providers in the Philippines - BMC Women's Health* 10 (2015), <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-015-0244-8> [↑](#endnote-ref-6)
7. *Id.* at 5. [↑](#endnote-ref-7)
8. CEDAW Working Group Philippines, *Philippine shadow report: access to justice of*

   *marginalized women in the Philippines* 13 (2016). Submitted to the CEDAW Committee in July 2016, unpublished. [↑](#endnote-ref-8)
9. CRPD Committee, *Concluding observations on the initial report of the Philippines*, ¶ 42, U.N. Doc. CRPD/C/PHL/CO/1 (2018). [↑](#endnote-ref-9)
10. *Id.* at ¶ 43. [↑](#endnote-ref-10)
11. Lee *et al*, *Sexual and reproductive health services for women with disability: a qualitative study with service providers in the Philippines - BMC Women's Health* 5 (2015), <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-015-0244-8> [↑](#endnote-ref-11)
12. *Id.* [↑](#endnote-ref-12)
13. *Id.* at 4. [↑](#endnote-ref-13)
14. *Id.* at 7. [↑](#endnote-ref-14)
15. *Id.* at 4. [↑](#endnote-ref-15)
16. *Id.* at 5. [↑](#endnote-ref-16)
17. *Id.* at 4. [↑](#endnote-ref-17)
18. Devine *et al*, *“Freedom to go where I want”: improving access to sexual and reproductive health for women with*

    *disabilities in the Philippines - Reproductive Health Matters* 60 (2017), <https://pubmed.ncbi.nlm.nih.gov/28784061/> [↑](#endnote-ref-18)
19. Focus group participant, 14 years old, deaf. The focus group was held to inform this shadow report and was conducted on August 18, 2023. [↑](#endnote-ref-19)
20. Lee *et al*, *Sexual and reproductive health services for women with disability, supra note* 6, at 7. [↑](#endnote-ref-20)
21. Focus group participant with a physical disability, 59 years old. The focus group was held to inform this shadow report and was conducted on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte. [↑](#endnote-ref-21)
22. Commission of Human Rights of the Republic of the Philippines, *Community-Based Peer Monitoring of Access to Services by Women with Disabilities during COVID-19 Pandemic* 12 (2020). [↑](#endnote-ref-22)
23. Lee *et al*, *Sexual and reproductive health services for women with disability, supra note* 6, at 8. [↑](#endnote-ref-23)
24. Lee *et al*, *Sexual and reproductive health services for women with disability, supra note* 6, at 8. [↑](#endnote-ref-24)
25. CRPD Committee, *Concluding observations on the initial report of the Philippines*, *supra note* 9, ¶¶ 32,33. [↑](#endnote-ref-25)
26. Government of the Philippines, Republic Act No. 10354: The Responsible Parenthood and Reproductive Health Act (2012), https://lawphil.net/statutes/repacts/ra2012/ra\_10354\_2012.html [↑](#endnote-ref-26)
27. *Id.* [↑](#endnote-ref-27)
28. Women Enabled International, *Fact sheet on gender-based violence* 1 (no date), <https://womenenabled.org/wp-content/uploads/Women%20Enabled%20International%20Facts%20-%20The%20Right%20of%20Women%20and%20Girls%20with%20Disabilities%20to%20be%20Free%20from%20Gender-Based%20Violence%20-%20ENGLISH%20-%20FINAL.pdf> [↑](#endnote-ref-28)
29. *Id.* [↑](#endnote-ref-29)
30. Government of the Philippines, *Republic Act 11313: Safe Spaces Act* (2019), https://lawphil.net/statutes/repacts/ra2019/ra\_11313\_2019.html [↑](#endnote-ref-30)
31. Vaughan, C. *et al*, *W-DARE: a three-year program of participatory action research to improve the sexual and*

    *reproductive health of women with disabilities in the Philippines* (2015), <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2308-y> [↑](#endnote-ref-31)
32. CRPD Committee, *Concluding observations on the initial report of the Philippines*, *supra note* 9, ¶ 14. [↑](#endnote-ref-32)
33. *Id.* [↑](#endnote-ref-33)
34. *Id.* [↑](#endnote-ref-34)
35. *Id.* [↑](#endnote-ref-35)
36. Focus group participant with a physical disability, 59 years old. The focus group was held to inform this shadow report and was conducted on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte. (A woman with a disability from the Philippines shared that her friend with a psychosocial disability was raped in her own home by someone she did not know. After the crime, “she lost herself,” according to her friend. And as the woman has the tendency to get naked when having episodes related to her psychosocial disability, “people say she asked for it.”). [↑](#endnote-ref-36)
37. Focus group participant with a physical disability, 59 years old, sharing the experience of another woman with a disability. The focus group was held to inform this shadow report and was conducted on August 18, 2023. [↑](#endnote-ref-37)
38. CRPD Committee, *Concluding observations on the initial report of the Philippines*, *supra note* 9, ¶ 15. [↑](#endnote-ref-38)
39. *Id.* [↑](#endnote-ref-39)
40. Commission of Human Rights of the Republic of the Philippines, *Community-Based Peer Monitoring of Access to Services by Women with Disabilities during COVID-19 Pandemic, supra note* 22, at 13. [↑](#endnote-ref-40)
41. Focus group participant with low vision, 26 years old. The focus group was held to inform this shadow report and was conducted on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte. [↑](#endnote-ref-41)
42. Focus group participant with a physical disability, 59 years old. The focus group was held to inform this shadow report and was conducted on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte. [↑](#endnote-ref-42)
43. Philippine Coalition on the UNCRPD, *United Nations Convention on the Rights of Persons with Disabilities – parallel report* 6 (2013), https://www.slideshare.net/akkapppasig/2013-uncrpd-parallel-report-of-the-philippine-coalition [↑](#endnote-ref-43)
44. Focus group participant, 59 years old. The focus group was held to inform this shadow report and was conducted on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte. [↑](#endnote-ref-44)
45. Focus group participant with low vision, 26 years old. The focus group was held to inform this shadow report and was conducted on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte. [↑](#endnote-ref-45)
46. CRPD Committee, *General Comment No. 4: Right to inclusive education*, ¶ 46 U.N. Doc. CRPD/C/GC/4 (2016). [↑](#endnote-ref-46)
47. Philstar Global, *Landmark law for children with disabilities still unimplemented a year since passage* (March 2023), https://www.philstar.com/headlines/2023/03/27/2254876/landmark-law-children-disabilities-still-unimplemented-year-passage#:~:text=Law%20passed%20in%20March%202022,into%20law%20in%20March%202022. [↑](#endnote-ref-47)
48. *Id.* [↑](#endnote-ref-48)
49. Life Haven Center for Independent Living and Nationwide Organization of Visually-Impaired Empowered Ladies (NOVEL), *The parallel report on the implementation of the 2030 Agenda (SGG 4, 5, 17) in line with the CRPD, the Philippines* 10 (2023). [↑](#endnote-ref-49)
50. *Id.* [↑](#endnote-ref-50)
51. *Id*, at 38. [↑](#endnote-ref-51)
52. *Id*, at 38. [↑](#endnote-ref-52)
53. *Id*, at 38. [↑](#endnote-ref-53)
54. *Id*, at 64. [↑](#endnote-ref-54)
55. *Id*, at 10. [↑](#endnote-ref-55)
56. *Id*, at 10. [↑](#endnote-ref-56)
57. Mindanan times, *PWD group rues ‘very slow’ enforcement of accessibility law* (July 2023), <https://mindanaotimes.com.ph/2023/07/21/pwd-group-rues-very-slow-enforcement-of-accessibility-law/> [↑](#endnote-ref-57)
58. Philstar Global, *CHR lauds bills seeking accessibility and mobility for PWDs* (February 2021), <https://www.philstar.com/headlines/2021/02/08/2076233/chr-lauds-bills-seeking-accessibility-and-mobility-pwds> [↑](#endnote-ref-58)
59. *Id.* [↑](#endnote-ref-59)
60. Life Haven Center for Independent Living and NOVEL, *The parallel report on the implementation of the 2030 Agenda*, *supra note* 49 at 10. [↑](#endnote-ref-60)
61. *Id*, at 27. [↑](#endnote-ref-61)
62. *Id*, at 27. [↑](#endnote-ref-62)
63. *Id*, at 27. [↑](#endnote-ref-63)
64. *Id*, at 39. [↑](#endnote-ref-64)
65. *Id*, at 39. [↑](#endnote-ref-65)
66. Focus group participant, 56 years old. The focus group was held to inform this shadow report and was conducted on August 18, 2023 in Laoang, Northern Samar and Tacloban City, Leyte. [↑](#endnote-ref-66)
67. Life Haven Center for Independent Living and NOVEL, *The Parallel Report on the Implementation of the 2030 Agenda, supra note* 49,at 10. [↑](#endnote-ref-67)
68. *Id*, at 11. [↑](#endnote-ref-68)
69. *Id*, at 11. [↑](#endnote-ref-69)
70. *Id*, at 11. [↑](#endnote-ref-70)
71. Plan International, *Through Her Lens: The Impact of COVID-19 on Filipino Girls and Young Women* 16 (2020), <https://plan-international.org/uploads/sites/25/2022/02/through_her_lens_15oct2020.pdf> [↑](#endnote-ref-71)
72. *Id*. [↑](#endnote-ref-72)
73. *Id*. [↑](#endnote-ref-73)