Community-Based Peer Monitoring
of Access to Services by

Women with Disabilities during COVID-19 Pandemic

During a health crisis...

persons with disability, especially women with disability face multiple barriers in accessing information and services. They are often excluded from decision-making spaces and have unequal access to information on outbreaks and availability of services. They can be socially isolated or dependent on other family members for support.

Amidst a health crisis like the COVID-19 pandemic, protecting and fulfilling the rights of persons with disability includes at its most basic ensuring the provision of accessible information, taking into consideration different accessibility needs, and ensuring that persons with disability are able to access government support and services. While international standards emphasize nondiscrimination, and while domestic laws offer de jure protection and assurance of reasonable accommodation, reality on the ground is often filled with many barriers and challenges.

Experts recommend that in order to ensure the protection of the rights of women with disabilities during health crisis, the following should be undertaken by the State:

- Ensure active outreach to collect feedback from persons with disabilities.
- Disseminate information that uses clear and simple language
- Provide information in accessible formats, like braille, large print.
- Offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Involve organizations of persons with disabilities in consultation and/or decision-making.
- Provide tailored approach to meet individual needs, work with personal carers and other social support networks.

In addition to the above guidelines, the Commission on Human Rights, as Gender Ombud reiterates the need to ensure accessibility, specially to information, health services, and support services for persons with disability. The Commission also reminds local government units, from the barangay to the city/municipal level, and on to the national government to prioritize needs of the vulnerable, including persons with disability, elderly, and single headed households.

Tale of Contents

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The Community-Based Peer Monitoring Project

As a response to the COVID-19 crisis, one of the programs adopted by the Commission is a community-based peer monitoring with women with disabilities. It focuses on the situation of women and girls with disability, leveraging on previous partnerships and engagements with women with disability advocates and organizations. It covered the following period:

Inclusive Dates	Location	Peer Monitors
March 17 to April 17, 2020	NCR	13
May 1 to May 30 and June 22 to 30	NCR	12
May 1 to May 30 and June 22 to 30	Region 7 *Cebu*	15
May 1 to May 30 and June 22 to 30	Region X *Cagayan de Oro City*	15

The first round (March 17 to April 17) of peer monitoring was focused on the access to services of women and girls with disabilities during the ECQ. **Thirteen (13) peer monitors** from W-DARE and NOVEL (Nationwide Organization of Visually Impaired Empowered Ladies) were tapped to conduct the monitoring.

The second round of peer monitoring was implemented for five weeks May 10 to June 30) and involved peer monitors who were based in NCR, Region 7 and Region 10. This round of monitoring was supported by the United Nations Populations Fund and engaged 42 peer monitors and 3 coordinators from NCR, Cebu and Northern Mindanao.. Aside from NOVEL and W-DARE, members of Women with Disabilities LEAP to Social and Economic Progress, Inc (WOW LEAP), DAWN, Blind Inc., Cebu PDAO and individual women with disability who have been involved in the CHR Inquiry and advocacy for disability rights became peer monitors. Women with disabilities which participated in the 2019 National Inquiry on the Reproductive Health of women with disabilities and the 2019 Peer Facilitators Training for Women with Disabilities in Cagayan de Oro were prioritized as peer monitors under the project.

By design, the project is primarily participatory. It recognizes the importance of working with organizations of persons with disabilities in planning and responding to the COVID-19 crisis. It also recognizes the capacity of each woman with disability to reach out to their peers, to identify and document issues among their sector, and to forward key recommendations and areas for action. The role of the Commission, through GEWHRC, is to support women with disabilities in this process, to facilitate and guide the documentation process, to document, and to forward key recommendations for urgent and continuing action.

Objectives

- To partner with women with disabilities and their organizations in selected sites for the conduct of community-based peer monitoring of situation of women with disabilities during the enhanced quarantine, GCQ, transition and recovery period of the pandemic.

- To monitor women with disabilities' access to services and support from local and national government, including access to health services and to the Social Amelioration Program (SAP) and other benefits under the Bayanihan to Heal as One Act, the gendered impact of the health crisis on women with disability, including possible experiences of discrimination and gender-based violence and other issues that they encountered during the crisis.

- To strengthen networks and community among women with disability and to contribute to individual and organizational empowerment of women with disability through evidence-based peer monitoring, immersion in sector-specific issues and concerns, and calls for state accountability.

Methodology

STEP 1

Selection of Peer-Monitors

Peer monitors were selected based on their organizational affiliation, involvement in disability rights advocacy, and previous monitoring or documentation experience.

STEP 2

Conduct of Peer-Monitoring

In observance of social distancing, monitoring and interviews were conducted through texts, calls, Facebook messages or other online platforms. No face-to-face interviews were conducted.

STEP 3

Selection of Interviewees

In the course of the monitoring, the peer monitors interviewed women and girls with disability even outside the areas where they were based or where they are residing.

STEP 4

Conduct of weekly peer monitoring with women with disabilities

STEP 5

Consolidation of weekly reports and referral of urgent concerns

Findings

Peer monitoring Period and Areas Covered In the course of gathering information from March to June 2020, the project generated nine (9) weekly reports. In all, during the 1st and 2nd phases of peer monitoring, a total of 2,382 interviews were conducted among 643 interviewees.

The number of interviewees is almost distributed evenly across two peer monitoring periods: specifically, March 17 to April 17; May 10 to June 7; and, June 22 to 30. This information is summarized in the table below.

Inclusive Dates	Location	# of Interviewees	Interviews Conducted
March 17 to April 17, 2020	NCR	136	321
May 10 to June 7, & June 22 to 30	NCR	168	553
May 10 to June 7, & June 22 to 30	Region 7 *Cebu*	163	698
May 10 to June 7, & June 22 to 30	Region X *Cagayan de Oro City*	176	810
Total		643	2382

Wave 1 of Peer Monitoring

The first batch of peer monitoring was conducted from March 17 to April 17, 2020. Tracking focused on peer monitors were able to monitor fellow women with disabilities in the NCR and nearby provinces (Bulacan, Pampanga, Nueva Ecija, Baguio and Laguna). The total number of interviews during this period was 321, with the highest number of interviews conducted in the 2nd and 3rd weeks.

Insights

For this batch of interviews, only 14% of the interviewees gave their age (18-59 years old and one who is 60 years old).

46% are single. Other civil or relationship status are as follows: married (31.6%); solo parent (13.2%); and in live-in arrangement (2.2%). There was no mention if those who identified themselves as solo parents and in live-in arrangement were married, separated or single.

55% are with children (average number of children is 2.2)

Wave 2 of Peer Monitoring

During the 2nd wave of peer monitoring (May 10 to June 30), interviews focused on access to services, sexual and reproductive health (SRH) and experience of gender-based violence. A total of 507 women and girls with disabilities were interviewed over a period of five weeks.

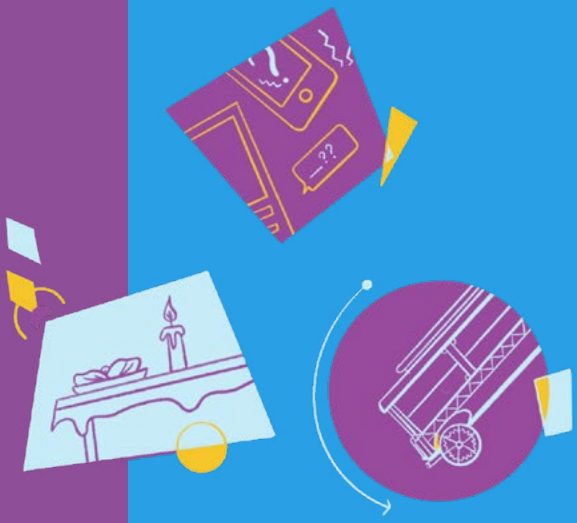
Insights

Majority (78%) belong to the age range of 18 years old to 59 years old while 9.7% are below 18 years old. Around 2% belong to 60 years old and above.

Forty-three (43) percent are single while 33% are married. Some (8%) identified themselves as solo parent, however, they did not say if there are single or married. Two (2) percent said that they are separated or divorced.

Forty-seven percent of the monitoring participants have children.

Results of the Community-Based Peer Monitoring



> Gutom, walang makain dahil walang trabaho at hanapbuhay sa pag drive ng sikad, rela o jeepney.

> Mahirap walang pambili sa araw-araw na gastusin.

Wave 1 | March-April

- Absence or Limited Access to Relief Goods (1st-2nd week)–less than 50%
- Gendered needs: Hygiene and menstrual kits, FP, formula milk (children with disability), diapers
- Lack or limited access to information–risk prevention, policies, support etc. (SLI)
- Absence of medical support–disability specific needs, maintenance medicines and vitamins; transportation Mental Health issues and VAW; depression, GBV, suicide contemplation;
- Limited mobility–basic necessities-PAs
- Loss of employment and income
- Multiple burden for carers

Wave 2 | May-June

- Financial and economic impact of ECQ-loss of job and income, food insecurity;
- Limited means of income even during GCQ
- Limited mobility even during GCQ
- Increasingly difficult circumstance (survival mode) as ECQ is extended;
- Exclusion from SAP/government support;
- Access to therapy and disability specific medication;

Challenges and Difficulties Encountered by Women and Girls with Disabilities During the Community Quarantine

- Inadequate distribution and delivery of relief goods
- Concern for health needs (particularly for senior citizens)
- Lack of access to information
- Transportation and mobility issues
- Effects on mental and psychosocial health
- Discrimination against women and girls with disabilities
- Women with disabilities as parents and caregivers

Positive Effects / Perceived Improvement of their Situation Amid the Pandemic, Lockdowns, and Quarantines

- The ECQ & MECQ made the family bond together since everyone was at home.
- Some families also had the opportunity to improve and clean their homes; grow a backyard vegetable garden to meet their food needs; grow spiritually, rest, and give importance to their health; and, learn how to save and budget.
- ECQ made them feel safer as they have to stay at home to avoid catching the coronavirus.
- During the transition from the stricter ECQ or MECQ to GCQ, women with disability also shared that they felt that there is a good chance for them or their family member to work again, with the opening of establishments, and to avail of transportation services making their mobility possible. However, they also felt fear and uneasiness if they or a member of the family would be going outside for work as there is still a big possibility of catching the virus.

Local Government Support

During the pandemic, support from the government comes in various forms such as Social Amelioration Program (SAP), LGU financial assistance/and relief packs, Social Security System (SSS) financial assistance, and maintenance medicine, check-ups or assistance to constituents such as providing the use of ambulance to bring patients to the hospitals.

Interviewees mentioned challenges they encountered in dealing with their respective barangay. These included: non-issuance of quarantine passes; delayed or failed distribution of relief packages and cash aid under the SAP.

With regard to the SAP, most of the women with disabilities have cited that they did not receive the SAP. The reasons given for disqualification are that most of them are single. Other reasons are they are not registered voters of their place of residence during the lockdown.

Many said the SAP only covered their basic needs. The lack of comprehensive disaggregated data and consultation with persons with disabilities resulted in assistance that obviously failed to take into account the cost of disability–related needs of persons with disabilities, which is part of the overall household expenses.

These are the results when the Interviewees were asked to rate Barangay LGU performance:

Gave BLGU a Passing Mark	Interviewees at least received food rations daily and assistance from the barangay helped in meeting families' needs, especially those who are members of the 4Ps (conditional cash transfer) program. However, interviewees said the listing and distribution systems had some glitches; rations were given only for a week and not for the entire duration of the quarantine.
Rated BLGU Satisfactory	Food aid was distributed house to house in a timely fashion, with persons with disability receiving the aid, or were even prioritized to receive the aid.
Rated BLGU Excellent	Distribution of aid (ayuda) was timely and observed anti-COVID 19 protocols. Finally, those who rated the BLGU poor said they did not receive aid at all, the aid was not enough, and the distribution system was faulty.

Availability of Family Planning and Reproductive Health Commodities during the Lockdowns and Quarantines

In terms of family planning, there are some interviewees who acknowledged use of family planning commodities/methods during lockdown, these include using condoms, IUD, injectable/depo, pills, calendar method, and ligation. However, most of the women with disability interviewees from NCR and Region VII, and Region X specified that they do not use reproductive commodities as they are single or do not have partners. The reason for not using is that interviewees are either in their past reproductive age (menopausal stage) or too young to use them. Some interviewees said that they would need a doctor's prescription before using said reproductive commodities.

Some of the reasons for not being able to obtain reproductive commodities are also due to the loss of income wherein women with disabilities would rather buy basic needs than contraceptives. According to one of the interviewees, reproductive commodities are difficult to obtain from barangay health centers as it is by scheduled. Access is also affected by current quarantine measures in place. As stated by one interviewee:

> *"Hindi po madaling makakuha (implanon) kasi per schedule po yung bigay at nitong linggo lang po ay namaga ang implant ko at pumunta ako sa health center, at ang sabi po dun sa akin ay baka imagination ko lang kaya pinauwi na din po ako, at hindi man lang chineck-up.*
>
> [It is not easy to obtain implants (implanon). You have to get it at scheduled times. Just this week, I experienced swelling at the implantation site. I went to the health center and was told it was just my imagination and I was sent home."]

Another woman with disability has to resort to using herbs as an alternative to pills since the latter is usually unavailable at the health center and women with disabilities have to endure long line queues, as they are not prioritized.

One pertinent issue and concern raised relating to family planning and reproductive health was the roles of women and their husband, especially at this time that their husbands are always at home. One interviewee shared that, "*Isyu namin ay yung role natin as wife. Sa panahong ito, na-observe namin na active ang mga husband sa sex dahil siguro hindi masyadong pagod sa trabaho, may mga kaibigang tumaba at nabuntis.*" [At this time, we (women) observe that our husbands are more sexually active, since they are not reporting for work. Thus, some of my friends became pregnant.]

Gender-Based Violence During the Quarantine

Majority of the women with disability interviewees had not heard any stories of violence against women. However, some interviewees told their peer monitors accounts of violence against women with disabilities and other forms of discrimination. Accounts of rape of women with disabilities were shared during the monitoring. One woman with disablity during the first wave monitoring of the Commission showed suicide ideations as a result of the ECQ and the sexual violence she experience. Immediate response was provided, and she was admitted to the Commission temporary GBV shelter during ECQ from April to May.

Most of the women with disabilities who participated in the monitoring project were aware where they can lodge their complaints or seek assistance in cases of gender-based violence. According to them they will be reporting to the following:

- Police/VAWC Help Desk
- Barangay/Purok Leader
- DSWD/CSWD
- DILG
- CHR
- Rescue 911 (in Region X)
- City Health Office/Hospital
- Frontliners

Some of the gender-based violence and issues that were collected based on the women with disabilities understanding of the definition of gender-based violence are the following.

From NCR-based peer monitor:

> A woman with disability was raped and got pregnant by a neighbour. The baby died soon after birth. The hearing is on-going but the perpetrator cannot be found. People were suggesting that the woman be brought to the mental health facility because she is unable to speak.

In Cebu, the interviewee shared that her friend almost committed suicide due to the tension that she experienced as she does not know what to feed her children anymore.

In Northern Mindanao:

> An interviewee mother was grieving that her children are not giving her importance/attention. The interviewee said she suffered harsh verbal bullying on social media from her neighbors and acquaintances (*sinabihan ako ng masasakit na salita dahil hindi daw ako qualified dahil 4Ps ako at hindi na makakatanggap ng ayuda sa barangay–posted on FB*). [Neighbors posted harsh comments on Facebook, saying I was not qualified for social support because I was already part of the 4Ps government program (conditional cash transfer). They said I also should not receive assistance from our barangay.]

Understanding the New Normal

Women with disabilities perceive the new normal to be the following:

- Abiding by and ensuring that health protocols are strictly followed such as wearing of masks, washing of hands, sanitizing with alcohol, practice of social distancing, and other health protocols that the government will be implementing;
- Limited public transportation service;
- Damage to the economy (closure of establishments, unemployment, etc.);
- Consciousness about keeping oneself healthy as well as the family;
- Work from home schemes;
- Vigilance in the environment so as to not to get infected and not to infect others; and,
- Maximizing the use of technology for communicating and other services (meetings, online classes, etc.)

Learnings During the Pandemic

The pandemic did not only bring negative impacts on the lives of women with disabilities but also learnings and realizations.

Most of the interviewees answered that the pandemic made them realize the importance of family by bringing them closer as they bonded while they stay home.

It was also a time to learn and improve themselves. Some grow their own vegetable and flower garden for their own consumption and for selling to have an extra income. Some engaged in online selling.

The importance of saving and budgeting has also been top-of-mind, as women with disabilities and their family members experienced financial struggle.

The importance of health has been a priority to them and their family members. According to them, strictly following the health protocols must be observed aside from keeping oneself strong and healthy. Keeping the house and the environment clean has also been a primary goal to defend against the virus.

Majority confessed that the abrupt changes in our daily activities and lifestyle as well as the long isolation period led them to discover and have better appreciation of life, people and things they previously took for granted. Some of the responses mirror how these women with disabilities see the significance of life as it is right now.

> *Ang buhay ay maigsi at dapat na pahalagahan ang bawat sandali na kapiling natin ang ating pamilya.*
> [Life is short and every second counts in being with family.]

> *Mahalaga ang buhay ng tao kaysa sa anuman bagay ditto sa mundo. Sa pandemic na ito, walang mahirap o mayaman, walang matanda o bata, lahat tayo ay maaring dapuan ng sakit na ito.*
> [Human life is more important than anything else in this world. This pandemic is a great equalizer. There is no rich or poor, old or young. Everyone is vulnerable to this disease.]

> *Ingatan nila ang kanilang sarili lalo na ang kanilang kalusugan. I-inform nila 'yong gobyerno tungkol sa kanilang sitwasyon upang makatanggap sila ng karampatang tulong.*
> [Take care of their / your health. Inform government regarding your situation so they can receive the necessary assistance.]

In order to make ends meet, the interviewees tightened their belts and learned to spend their resources wisely. Those who were laid off from their work saw its importance. It became apparent that preparation whether pandemic or not can be an advantage such as how savings can literally save them during rainy days. They are also fully aware that savings deplete and assistance from family, friends and the government will run out thus they should find ways to earn income for their basic necessities as well as their health and disability-related needs. *"Natuto ako mag-budget ng pera at maging wise spender. Inuuna ko ang mga pangangailangan naming bago ang luho."*

Aside from their own realizations, interviewees shared advice to their fellow women with disability during this time of pandemic.

> *Ang maipapayo ko sa Kapwa ko PWD is* **KNOW YOUR RIGHTS!** *May pandemic man o wala dapat alam mo kung anong karapatan mo hindi lang bilang isang PWD, kundi isa ring tao at mamamayang pilipino. At kung sakali na may mangabuso sa yo, huwag magpa-sindak at huwag mag-atubili na mag reklamosa ahensya ng Pilipinas na pupuwede tumulong sa'yo.*
> [Know your rights, pandemic or not. When someone tries to abuse you, do not hesitate to file a complaint or seek redress.]

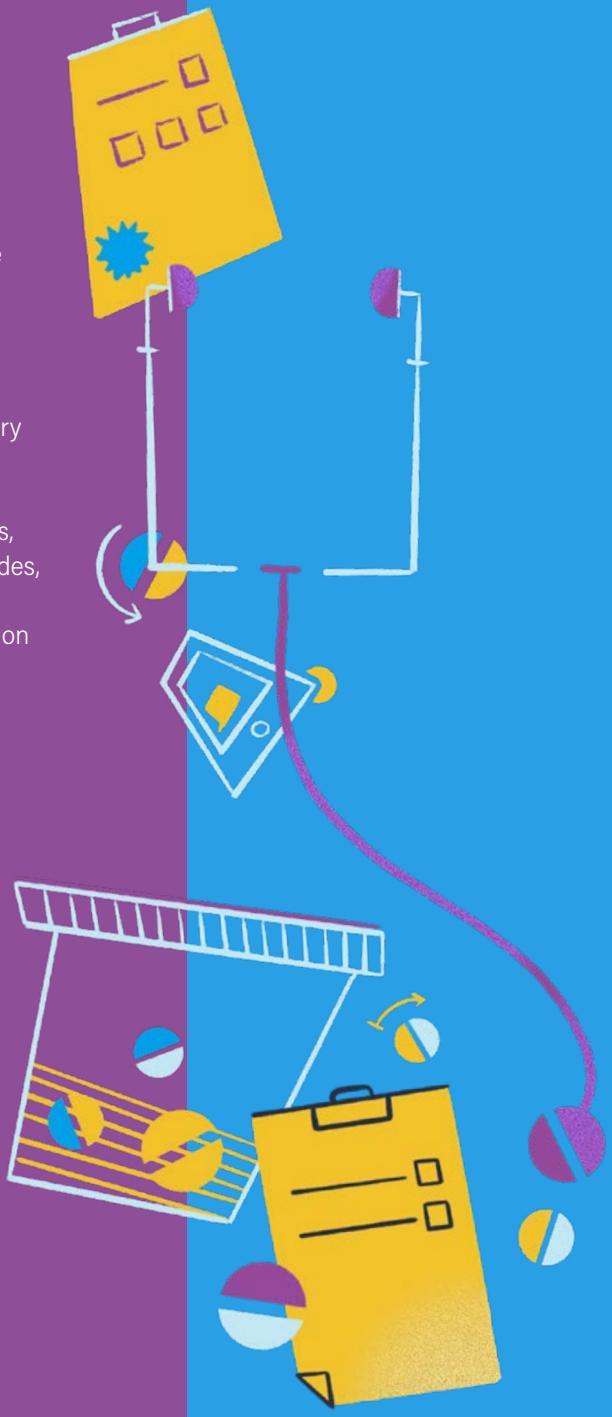
Peer Monitors in Action

During the course of the peer monitoring, peer monitors, together with the Commission's Center for Gender Equality and Women's Human Rights have been responding to the submitted results of the peer monitoring. The results were not only forwarded to key government agencies like DSWD and PDAO, they were not only disseminated through a series of webinars, they were also used to directly respond to women with disabilities' needs. Peer monitors flagged women they have monitored who were unable to receive releif goods, and CHR-GEWHRC, through its partnership with the feminist NGO Power in Her Story was able to send immediate relief consisting of food packs and sanitary napkins through lalamove or grab delivery. Medical needs were also communicated to PDAO officers, the Department of Health in the case of a child with disability, and to Power in Her Story or individual donors for assistance. In cases of GBV response, the report of one peer monitordocumenting suicide ideation and cases of sexual violence resulted in the provision of CHR temporary shelter support and psychosocial counselling referral for a woman with bipolar disorder. Another peer monitor actively reported cases of deaf women she monitored who became persons under monitoring (PUM) for COVID-19. This prompted the CHR-GEWHRC to refer to the City Health of Quezon City and to provide relief assistance through Power in Her Story.

During the onslaught of the typhoon Ulysses, and even beyond the period of the community based-peer monitoring program, peer monitors continued to monitor the situation of women with disabilities they were in contact with during the CBPM. This prompted person with disability specific relief drive of Power in Her Story and CHR-GEWHRC for blind masseurs and PWD organizations in Montalban, Rizal. More recently, a peer monitor also responded to a woman with disability in need who needed financial assistance during pregnancy and child-birth. Recognizing the important role of the peer monitors in monitoring human rights situations of women with disabilities, and as a follow through to webinars with government agencies and persons with disability on the monitoring results, the Commission also convened the peer monitors and formed the BKKK or Bantay Karapatan ng mga Kababaihang may Kapansanan. This formalized the role of peer monitors in continuing their advocacy and monitroing of the situaion of their fellow women with disabilities.

Summary and Conclusion

During this time of pandemic, addressing the needs of women and girls with disabilities is of prime importance. These include medical supplies like medicines, vitamins, supplements, hygiene products like diapers or pads, medical services such as regular check-ups, laboratory tests and treatment, physical and/or speech therapy, rehabilitation, access to sign language interpreters, personal assistants and sighted guides, and access to assistive devices and technologies. Access to transportation is also an essential need.



In the interview responses, women with disabilities have varying degrees of understanding on what disability-related needs are. Many of the interviewees linked these requirements to medical and rehabilitation support. Some peer monitors had to assist their interviewees in recognizing their needs particularly on assistive devices, transportation and personal assistance. Another factor affecting their recognition of their disability-related needs is the level of impairment and how frequently they need certain services. For example, those with more extensive disabilities and high support requirements were more vocal compared to those with less severe disabilities and require disability-related support less frequently.

The CBPM results provide a snapshot of how the pandemic degraded the quality of life of women with disabilities, putting them on higher health risks and restricting their participation even more.

Many experienced the unavailability and higher costs of transportation, aggravating the problem of accessibility. Some had to juggle which of their needs will be addressed. The prevailing sentiment shared is that if prior to the pandemic they already encountered disability specific barriers. These were exacerbated during the quarantine period.

Interviewees expected more from government – a better plan of action on implementing safety protocols and procedures, penalties for establishments that fail to comply with health and safety protocols, massive implementation of COVID testing, continued research and development on finding vaccination, and cleaning and disinfection of barangays.

Interviewees further expect changes in governance such that policies and practices would improve for women with disabilities toward eliminating barriers; ensuring comprehensive accessibility; enhancing participation and representation in decision-making in the community; and, updating and disaggregation of data, especially about persons with disabilities.

Equal access to health care was a concern, especially those related to sexual and reproductive health such as family planning, maternal health (program on breastfeeding and assistance on milk and diapers for mothers with babies and young children). Psychosocial support to help manage stress and anxiety brought by the pandemic was also articulated as one of those that must be given priority.

Programs must also be directed towards protection of women with disabilities and their families against violence and abuse, including recognizing the red flags and seeking immediate help. Hotlines for getting information and reporting cases must be accessible to women and girls with different types of disabilities. Women with disabilities must also be able to contact support groups within their respective barangays.

Women with disabilities in the community also emphasized the importance of being substantively consulted in all levels of decision-making. However key to this is having a reliable database of women and girls with disabilities that can be facilitated by the digitization initiatives of the government and the private sector. In order to participate, women with disabilities must be able to equally access government websites, and other online platforms used by public and private service providers. Interviewees said data is key in determining who are included and who are left behind thereby appealing for its inclusiveness.

Programs related to livelihood and employment still ranks high in the wish list of the interviewees. Establishment of a community-based cooperative of women with disabilities was one of the projects pushed alongside skills training, grants to start, recover or continue their business, work and livelihood opportunities suited for the New Normal. The need for assistance to include consideration of disability-related cost, family size and other vulnerabilities was highlighted.

Finally, women with disability strongly believe that all programs and services must be communicated to them by both the local and national governments in a timely manner and made available in accessible formats. Many believe social media is a good platform for information dissemination together with traditional means. Partnerships between organizations of women with disabilities and the local and national governments must be strengthened.

The women with disability interviewees are confident that having updated, reliable and disaggregated data and the issuance of person with disability ID to all persons with disabilities in the community will boost the inclusion and participation of the sector. Initiatives on data profiling and house-to-house assessment will help to register persons with disabilities in the LGU, determine their needs and concerns and track them for the provision of programs and services. Interviewees are aware that there are more persons with disabilities who are in worst circumstance and appealed to government to give them priority in programs and services.

Additionally, monitoring mechanisms on how effective these programs and services are must be inclusive. Eliminating the barriers and ensuring accessibility was underscored by other interviewees.

Empowerment, capacity building and development of women with disabilities and their families was also mentioned together with continuous gender and disability sensitivity trainings to all government personnel and private actors.

Plans to implement targeted interventions with the corresponding budget allocation is important in realizing the full inclusion and effective participation of women and girls with disabilities.

Recommendations

In consideration of the monitoring results and the New Normal this report recommends the State's compliance with its obligations under the United Nations Convention on the Rights of Persons with Disability, the Convention on the Elimination of All Forms of Discrimination Against Women, the Magna Carta of Women (RA 9710) and the Rperoductive Health Law (RA 10354), particularly ensuring reasonable accomodation and social inclusion of persons with disability and their disability specific needs during the pandemic and the new normal and in ensuring gender-responsive and intersectional interventions and responses, including gender-based violence response.

More specifically, the following recommendations are forwarded:

- Conduct continuous training of government officials and staff on how to be gender responsive and disability inclusive in all areas and levels of governance and service provision.

- Institutionalize the provision of monthly disability-support allowance for persons with disabilities. Refer to the policy brief by the Philippine Coalition on the UNCRPD for a rights-based design and implementation.

- Provide human, technical and financial resources to support the establishment, capacity-building and development of organizations of women with disabilities, locally and nationally.

- Ensure that new and existing employment and livelihood programs of the government adapted for the New Normal are accessible to persons with disabilities.

- Review and employ inclusive and intersectional approach on the current and future social protection and poverty reduction programs of the government.

- Educate persons with disabilities and their households on disability-related needs and cost including identifying, proper recording and tracking of expenses.

- Educate organization of persons with disabilities, women with disabilities and parents of children with disabilities to have better understanding of social protection for them to better lobby for inclusive policies and programs related to it.

- Reinforce the implementation of Section 27-E of Magna Carta of Women (RA 9710) in supporting women with disabilities on a community-based social protection scheme, and the provisions of the Reproductive Health law on ensuring availability and access to reproductive health needs of persons with disability;

- Conduct in partnership with persons with disabilities and accessibility advocacy groups extensive accessibility audit of all government online platforms such as websites, mobile apps and social media accounts to ensure that the public particularly persons with disabilities are able to equally access information, communication, programs and services. Work with persons with disabilities on making these digital platforms accessible based on internationally recognized standards.

- Fast track the updating of inclusive national and local data on persons with disabilities in close partnership with PDAO and organizations of persons with disabilities.

- Closely consult persons with disabilities through their representative organizations on how to make sure the availability and accessibility of government services in all localities.

- Adopt the policy recommendations of Commission on Human Rights on the empowerment of women with disabilities, addressing their SRH concerns and stopping all forms violence and abuse towards them and their families.

- Ensure access to information for persons with disability with regard to COVID-19 response of the government. Accessible information should be made on (a) access to relief; (b) access to quarantine passes; (c) policies relating to ECQ; (d) government assistance to persons with disability and the corresponding requirements;

- Prioritize, ensure, and fast track the provision of relief goods and support to persons with disability and to take into consideration in the distribution the household members as most persons with disability live in and are dependent on extended households.

- Emphasize the need to include essential medicines and hygiene kits in the relief goods and for the DSWD and PDAO to include provisions of medicines especially for those with mental or psychosocial disability;

- Take into consideration the multiple roles and burden of women with disability by ensuring access to food–by providing assistance or through mobile groceries/ markets/drug stores etc.

- Recognition of mental health as an emerging concern/issue that needs to be addressed and remedied especially for persons with psychosocial disability.

Recommendations for the LGUs

- For Local Government Units, down to the barangay level to ensure that all persons with disability, including women with disability are provided with the relief goods and other support provided by the government–including those not necessarily registered with the LGU or Barangay concerned;

- Respond to the data presented – particularly on uneven distribution of relief goods, the absence of hygiene kits, milk for children, and various medicines; the absence of quarantine passes in some areas and complaints of abuse/ insensitivity with persons with disability in other areas.

- Ensure access to information on SAP by women with disabilities– specifically information accessible for people with visual impairment, hard of hearing, deaf, and with intellectual disabilities. Clear and accessible information at the community level is crucial especially for the persons with disabilities sector;

- Take into account women with disabilities with intersecting vulnerabilities- e.g. senior women with disabilities, solo parents, carers of sick family members. The needs of these groups of women with disabilities must also be considered;

- Include in the LGUs response ensuring functionality of gender-based violence referral mechanisms that is disability-inclusive and responsive and to address mental health issues of women and girls with disabilities Ensure that all persons with disability are able to receive sustainable support from the government;

Recommendations for CHR

- CHR-GEWHRC to continuously monitor and coordinate with concerned CHR offices and other government offices, the concerns/issues and needs of women with disabilities and persons with disabilities in general.