



POLICY BRIEF #3

ADDRESSING THE INTERSECTIONALITIES OF CLIMATE CHANGE:

IMPACTS ON WOMEN, WOMEN WITH DISABILITIES, AND d/DEAF WOMEN

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EXECUTIVE SUMMARY



Women with disabilities, including d/Deaf women and girls, are generally found to be at greater risk of climate impacts. Existing literature indicates that climate change exacerbates gender-based disparities, including social and economic inequalities faced by women. There is also evidence suggesting that the risk of gender-based and sexual violence are greater for women, and that they have less access to emergency information and coping or rehabilitation services, which are critical during disaster scenarios. While Philippine policies and strategies that aim to reduce vulnerability of women with disabilities to climate and disaster-

related risks appear comprehensive, these still lack concrete strategies to address the unique needs and requirements of d/Deaf women and girls.

Some notable gaps are the lack of disaster preparedness guidelines for the d/Deaf community and training for first responders to provide for the needs of the d/Deaf. This is compounded by the limited number of qualified sign language interpreters, which has proven to be a factor to d/Deaf women's access to services, including healthcare support in times of emergencies.

KEYWORDS

Women with disabilities, Human rights, Climate and disaster, Persons with disabilities, Deaf disaster resilience, Deaf and climate change

INTRODUCTION



The Philippines is well known for both the frequency of disasters impacting the nation and its proactive approach to enacting disaster risk reduction (DRR) legislation and plans (Nguyen, 2020). A review of these plans and policies, however, reveal that there are no laws on climate change or disasters that specifically identify the d/Deaf. Climate and disaster-related policies have broadly referenced persons with disabilities as among the vulnerable sectors, without explicit mention of the d/Deaf and their varying needs from the rest of the sector.

In times of disaster, d/Deaf individuals encounter dual obstacles, comprising both insufficient visual access to critical emergency information, as well as challenges in conveying their requirements to emergency responders and administrators (Craig et al., 2019, p. 341, as cited in Nguyen, 2020, p. 43). Communication barriers significantly hinder the preparedness of the d/Deaf in disaster scenarios, and adversely impact effective responses in providing them aid (Calgaro et al, 2021).

This is due to a number of factors. The first is that because of limited or interrupted access to education, the d/Deaf have lower literacy levels, making written preparedness instructions with

technical language difficult to access. Second, information is often unavailable in suitable formats (such as sign language or English closed captions) and/or platforms used for emergency communication (like TV, radio alerts, door-to-door messages, loud-speaker announcements, and social media), which are primarily audio-based. Finally, difficulties in communicating with emergency responders and shelter staff often tend to arise due to language barriers.

Alongside persons with disabilities, women and girls are most vulnerable to the adverse effects of climate change. This is said to be highly associated with physiologic, cultural and socioeconomic vulnerabilities that differ substantially between men and women (Sorensen, Murray, Lemery, & Balbus, 2018). Studies have shown that women are more susceptible to adverse health impacts (e.g. maternal health issues, hypertension, etc.) resulting from increasing temperatures, more frequent extreme weather events, and increased salinity of water sources (Desai & Zhang, 2021). The 'multiple-burden' roles imposed upon women in different cultures often result in poor coping strategies and disaster response. Some examples include women often being the last

to eat during times of disaster because they prioritize the needs of their children and family before their own (see Pross, et.al, 2020, as cited by World Bank, 2022), and young girls are often the first to be pulled out of school to support domestic responsibilities or forced into arranged/child marriages as a coping mechanism to compensate for losses after disasters (Asia-Pacific Resource and Research Center for Women , 2022; UNFCCC, 2022). In Pakistan for example, the norm of wearing “purdah” made it more challenging for women displaced by floods to move around and access emergency health care which pose potential health issues (Patel, Agrawal, Matthew, Patel, Mohanty, and Singh, 2020). In addition, it has been found that during evacuation situations, women and persons with physical and mental health concerns are doubly at risk. Studies conducted in Leyte and Eastern Samar, the ground zero of Typhoon Haiyan, found that cases of domestic and sexual violence increased (Nguyen, 2018), and another found that there were 85 reports of sexual and domestic violence related to typhoons between 2013-2015

with more than 40 cases of human trafficking involving women and children (Abano, 2019). This can still be assumed as an underestimation because women and children often refuse to report such cases due to fear for their safety and reputation (Abano, 2019).

Calgaro (2021) emphasizes that women and girls with disabilities face a significantly heightened vulnerability to violence, physical mistreatment, and sexual exploitation after disasters, as compared to people without disabilities. Considering the inherent vulnerabilities experienced by women and the varied and often overlooked needs of persons with disabilities, women with disabilities are faced with compounding challenges that lead to the prevalence of inaccessible services, and thus greater difficulties, including the “reduced ability to access critical services or act upon emergency information or communicate their needs effectively” (Fong, 2022, p. 14).



POLICY LANDSCAPE FOR WOMEN AND WOMEN WITH DISABILITIES

A review of relevant laws and policies makes it increasingly apparent that in the Philippine context, there is a limited characterization of persons with disabilities. Recognition of their various sub-groups and subsequent unique needs and conditions is particularly scarce, especially when applying a human rights-based approach to disability¹. It appears, in this case, that persons with disabilities such as the d/Deaf are viewed primarily as victims or beneficiaries of aid or assistance, rather than active members of society that are experts in their own right, particularly regarding their own challenges and circumstances.

Women and girls with disabilities deal with compounding challenges in the face of climate change and disasters. An important question to ask is: Is there anything in the existing policy landscape that can address the situation of women and girls with disabilities?



GENERAL FRAMEWORK OF RIGHTS IN DISASTERS

Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) mandates State Parties to undertake “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk,” including situations of disasters. Moreover, Article 9.1 enjoins States Parties to “take appropriate measures to ensure that persons with disabilities access, on an equal basis with others”, to critical services including “information, communication, and other services, including electronic services and emergency services”.

On the national level, the implementing rules and regulations (IRR) of the Magna Carta of Women (Philippine Commission on Women (PCW) Board Resolution No. 001-10 (March 30, 2010), guarantees protection for women affected by disasters, calamities, and crises. This protection spans “all phases of relief, recovery, rehabilitation, and construction efforts,” requiring the State to promptly provide humanitarian aid, allocate resources, and aid in early resettlement if necessary. Furthermore, the State is obligated to address women’s gender-specific needs to shield them from sexual exploitation and other gender-based violence. Disaster responses should encompass a range of services, such as psychosocial support, livelihood assistance, education, mental well-being, comprehensive health care, and pregnancy protection. The same IRR also provides due consideration for the specific requirements of persons with disabilities in the provision of relief supplies.

The Department of Health (DOH) also has an important role to play in protecting d/Deaf women. The “Strategic Framework and Operational Guidelines for the Implementation of Health Programs for Persons with Disabilities” (DOH Administrative Order No. 2006-0003) defines “special populations of persons with disabilities” as individuals with disabilities who have a higher health risk due to specific social or physical factors. This group encompasses persons with disabilities with coexisting health conditions, children with disabilities, women with disabilities, caregivers of persons with disabilities, and elderly individuals with disabilities. This classification is important for targeting and tailoring health programs to address the unique needs and vulnerabilities of these special populations among persons with disabilities.

¹ The human rights-based approach to disability views that impairments of the individuals “must not be taken as a legitimate ground for the denial or restriction of human rights” (UNICEF, 2021). It adopts the social model perspective that looks at disability as a result of the interaction between the long-term physical, mental, intellectual or sensory impairments and various barriers that hinder full and effective participation in society of persons with disabilities on an equal basis with those without disabilities.



PARTICIPATION OF WOMEN WITH DISABILITIES

According to Fong (2022), in the Pacific, women with disabilities are often left behind in the preparedness and response activities of countries during extreme weather events and climate disasters. Case studies from different global regions highlight the need to address disability inclusion in disaster planning and climate change policies (Engelman, et al., 2022, p.3, 5). The lack of emergency preparedness in Australia, for example, has disproportionately affected persons with disabilities during repeated disaster events like bushfires and floods (Engelman, et al., 2022, p.3).

Philippine policies reflect the similar dilemma of lacking institutionalized representation from the d/Deaf community in disaster risk reduction management councils. For instance, the National Disaster Risk Reduction and Management Council, which was established by virtue of **R.A. 10121 (“Disaster Risk Reduction and Management Act of 2010”)**, includes representatives from the National Commission on the Role of Filipino Women and civil society organizations but do not specify the inclusion of persons with disabilities, or more particularly the d/Deaf community.

In a more positive light, the IRR of **R.A. 9710 (“Magna Carta of Women”)** promotes the active participation of women in relief operations planning and management, following international standards like the Minimum Initial Service Package for Reproductive Health (MISP). Furthermore, during disasters, calamities, and crises, local government units (LGUs) and concerned agencies are required to develop gender-responsive and rights-based plans that involve the active participation of women. These plans encompass various stages of relief, recovery, rehabilitation, and reconstruction efforts. Inter-agency and multi-sectoral mechanisms are established for a coordinated and gender-sensitive response, and women’s involvement is emphasized

across various camp committees, including those related to food and water distribution, nutrition, sanitation, hygiene, shelter, health, education, and protection. Overall, while women’s role in participatory decision-making is institutionalized, a gap exists for persons with disabilities and the d/Deaf community for climate and disaster decision-making and planning.



TRACKING PERSONS WITH DISABILITIES AND CREATING NEEDS-IDENTIFICATION SYSTEMS

Tracking persons with disabilities before, during, and after disasters is essential for effective emergency preparedness and response (Engelman, et al., 2022, p.6). However, persons with disabilities are often invisible in government statistics and have not been adequately mapped or identified in terms of their presence and needs during these events (Engelman, et al., 2022, p.6). Efforts to create registries for persons with disabilities have had mixed success due to accessibility of registration process and other issues relating to discrimination that can influence the willingness of some persons with disabilities to disclose their disabilities (Engelman, et al., 2022, p.7).

In the Philippines, measures to ensure immediate delivery and prioritization of basic necessities and services for vulnerable groups, including children, pregnant women, and lactating mothers rely on efficient tracking methods. Section 3 of the IRR of **R.A. 10821 (“Children’s Emergency Relief and Protection Act”)**, lists evacuated families using the Disaster Assistance Family Access

Card (DAFAC), enabling the identification and collection of disaggregated data on various groups, such as children with special needs, pregnant women, lactating mothers, and persons with disabilities.

In Section 4, the IRR emphasizes the importance of rapid damage and needs assessment during emergencies. This involves conducting swift evaluations of areas under a state of calamity to determine the need for transitional shelters, food, water, sanitation, health and nutrition services, psychosocial support, education, and other basic social services. These assessments are guided by coordination mechanisms outlined in RA 10121. Disaggregated data on various factors such as disability are also collected in the rapid damage and needs assessment.

However, due to the expediency that disaster scenarios require, the Department of Health's (DOH) Administrative Order (AO) No. 2016-0005 importantly notes that the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health should be implemented at the beginning of an emergency or disaster, even without a site-specific needs assessment. It should use national estimates of population and healthcare, when available, and continue until comprehensive reproductive health (RH) services are established.



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) DURING THE CLIMATE CRISIS

The IRR of the Magna Carta of Women requires LGUs and relevant agencies to develop and execute gender-responsive and rights-based plans throughout all stages of relief, recovery, rehabilitation, and reconstruction efforts in the context of disasters, calamities, and other crises.

This includes several key components. First, LGUs and relevant agencies are to enhance data collection and utilization of age and sex-disaggregated data and reproductive health indicators to conduct comprehensive assessments for strategic gender analysis and humanitarian programming. Second, in the provision of relief supplies, due consideration shall be given to the specific requirements of persons with disabilities. This measure underscores the importance of inclusivity and tailored support to ensure that the relief efforts effectively address the diverse requirements of vulnerable populations, including persons with disabilities (Section 12). Third, LGUs and agencies shall provide timely, sufficient, and culturally suitable relief goods and services, such as food, water, sanitary supplies, psychosocial support, livelihood opportunities, education, and comprehensive health services. Notably, the implementation of the Minimum Initial Service Package (MISP) for sexual and reproductive health is emphasized during the initial crisis phase.

In implementing the MISP, the DOH's Administrative Order (AO) No. 2016-0005 outlines the National Policy on the MISP for Sexual and Reproductive Health (SRH) during health emergencies and disasters. The MISP for SRH is designed to be integrated into various aspects of the healthcare system, commencing at the early stages of an emergency or disaster, even prior to a site-specific assessment. It encompasses a range of essential services within safe motherhood, family planning, sexually transmitted infections (STIs), HIV and AIDS, and addressing gender-based violence. The MISP is regarded as a SPHERE standard that humanitarian partners must adhere to; SPHERE provides a "detailed set of minimum standards and indicators for the practical aspects of emergency relief" (Onyangco, 2013p, 346).

DOH is directed to expand the MISP for SRH to encompass additional services, including newborn nutrition based on Infant and Young Child Feeding in Emergencies (IYCF-E) guidelines, and Adolescent Sexual and Reproductive Health (ASRH) information and services. This expansion involves coordinating

ASRH issues, assessing needs, managing data, and providing adolescent-friendly health services as mandated by the law. Crucially, the implementation of the MISP for SRH is overseen by a national Reproductive Health Coordinating Team (RHCT). The RHCT coordinates the reproductive health response for pregnant and lactating women and **persons with disabilities** during emergencies and disasters.



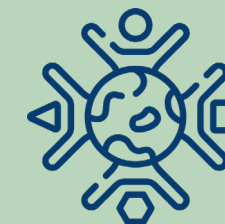
GENDER-BASED VIOLENCE (GBV)

Section 9 of the Magna Carta for Women emphasizes the protection of women during times of emergency. This protection extends to safeguarding women from all manifestations of gender-based violence, with particular focus on preventing rape and other forms of sexual abuse. Section 12 of the IRR of the Magna Carta of Women mandates the establishment of a Violence Against Women (VAW) Desk within all barangays. This desk is overseen by a designated person trained in gender-sensitive handling of cases, ideally a female barangay kagawad or tanod. Crucially, the VAW Desk's responsibilities include paying particular attention to senior citizens, **women with disabilities**, and other marginalized groups.

Section 13 of the IRR includes proactive measures to prevent sexual violence in evacuation centers and relocation sites. Such measures encompass key criteria like prioritizing security and safety for women and children when selecting evacuation sites; providing separate well-lit latrines with locks for men and women; ensuring private bathing facilities; conducting regular security patrols (preferably by female police officers); and prohibiting alcohol, drugs, and gambling.

In Section 9 of the IRR of R.A. 10821, special attention is given to addressing gender-based violence (GBV) for survivors and women with disabilities. Health workers deployed during

emergencies are required to offer clinical and psychological care through Women and Child Protection Units in public health facilities and LCAT-VAWC desks in evacuation centers or transitional shelters. In particular, camp managers have the critical role of ensuring the well-being of survivors, including those who are at high risk or have special needs, such as persons with disabilities. Camp managers are responsible for establishing linkages, conducting proper assessments, and facilitating timely referrals to relevant services in social welfare, health, and protection to ensure appropriate management and care.



GENDER MAINSTREAMING AS A GOVERNANCE TOOL

The IRR of the Magna Carta of Women also underscores the application of gender mainstreaming as a central strategy in implementing the Magna Carta of Women. This approach is particularly emphasized through the establishment or reinforcement of Gender and Development Focal Points (GFPs) within various governmental bodies, such as departments, attached agencies, bureaus, state universities and colleges (SUCs), government-owned and controlled corporations (GOCCs), local government units (LGUs), and others. The GFP system aims at ensuring the continuity of gender mainstreaming efforts. Crucially, one of the key components of the GFP at the LGU level is the executive committee which includes representatives from sectors like the PNP's Women's Desk, persons with disabilities, the private sector, and non-government organizations. This structure facilitates an inclusive approach to gender mainstreaming that may cater to the needs of persons with disabilities.

GAPS IN THE POLICIES AND RECOMMENDATIONS



While the existing policy framework in the Philippines regarding women with disabilities in disaster situations may appear quite comprehensive, there is a notable gap in adequately addressing the distinct requirements of the d/Deaf community, which can be traced to a lack of recognition of the various sub-groups among persons with disabilities and their subsequent unique needs. For instance, there is an absence of provisions outlining the necessary training for disaster responders to effectively assist d/Deaf individuals. National policies also lack explicit guidelines for disaster preparedness tailored to the d/Deaf population, consequently granting LGUs latitude and discretion in implementing what they would consider to be appropriate practices. According to Engelman, et al., (2022) it is important for disaster and climate managers to consider the complex and diverse experiences of persons with disabilities, in order to understand how the effects of disasters and climate impacts can propagate across communities.

Additionally, d/Deaf individuals who may experience GBV require post-disaster mental health support with sign language interpreters. A shortage of qualified sign language interpreters compounds this challenge, with these interpreters often being affected by the same disaster events. These are the nuanced and specific needs of the d/Deaf which may not be adequately understood without proper disaster legislation.

Even if provisions in law provide that the specific needs of persons with disabilities are to be taken into consideration (such as in the IRR of the Magna Carta of Women), it is a concern whether LGUs adequately understand the needs of d/Deaf women. The adoption of a dedicated law or policy tailored specifically to the needs of the d/Deaf community in disaster scenarios would cater to the cultural nuances of the d/Deaf community, especially with the human rights-based approach applied.



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