BRAVING DISRUPTIONS, BUILDING RELATIONSHIPS

Lessons on promoting sexual and reproductive health and rights and addressing violence against women and girls in the Philippines
Gender equality is a fundamental human right and is key to eliminating poverty because it unlocks full human potential and accelerates sustainable development. Oxfam Pilipinas implemented projects to transform unequal power relations, unjust structures, and harmful social norms to ensure the protection of women’s rights and the promotion of gender equality.

This learning brief aims to distil lessons and reflections from three projects supported by Oxfam Pilipinas. Implemented by local partners, these projects seek to overcome barriers to the full exercise of sexual reproductive health and rights (SRHR) and to eliminate violence against women and girls (VAWG).

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Cover photo: ‘Giving birth is tough; raising kids, even tougher. I hope my 17-year-old daughter doesn’t end up having so many kids like me. It’s very difficult,’ said Farmidah, 37, mother of nine children. Photo: Oxfam Pilipinas

Back cover photo: ‘I was pregnant with my third child when the Marawi crisis happened. We had no money. We had nowhere to go. I gave birth in an evacuation center.’ Noronisah Rasned of Gonsongan Area 4, Lanao del Sur. Photo: April Bulanadi/Oxfam
SUMMARY

Gender equality is a fundamental human right and is key to eliminating poverty because it unlocks full human potential and accelerates sustainable development. Oxfam Pilipinas and its partners implemented three projects to transform unequal power relations, unjust structures, and harmful social norms to ensure the protection of women’s rights and the promotion of gender equality. These projects sought to overcome barriers to the full exercise of sexual reproductive health and rights (SRHR) and to eliminate violence against women and girls (VAWG).

Oxfam and its partners operated in an environment where legal frameworks exist to address SRHR and VAWG issues, which opens up opportunities to demonstrate what successful initiatives look like which could then be scaled up through programming and public funding.

Oxfam’s experience in implementing these projects shows one of the most difficult work environments – geographically isolated, with conflict-sensitive and disaster-affected communities – where the needs for interventions are most pressing. Success lies in applying an intersectional lens and working with local partners who have experience in navigating complex task environments.

Evidence points to inextricable links between poverty and the high prevalence of violence against women and girls and low rates of sexual reproductive health and rights. Education for girls significantly increases their decision-making power and their ability to make choices that affect their future. In Muslim areas, culture and religion play a potentially powerful role in promoting SRHR and the campaign against child, early, and forced marriage (CEFM) because of strong religious edicts.

Success in addressing SRHR and VAWG issues rest in capturing the individual choices of men and women and in conscious efforts to privilege the voices of those on the margins.
1 INTRODUCTION

Gender equality is a fundamental human right and key to eliminating poverty because it unlocks full human potential and accelerates sustainable development. Oxfam Pilipinas has been implementing projects to tackle this. These projects include Sexual Health and Empowerment (SHE) and Improving Availability of Reproductive Health Services in ARMM (ARCHES Project) which focus on SRHR and Creating Spaces to Take Action on Violence Against Women and Girls or Creating Spaces (Creating Spaces Project) focuses on the prevention of child, early, or forced marriages (CEFM). (Refer to the Annex for an overview of the projects). The overarching rationale for these projects is to transform unequal power relations, unjust structures, and harmful social norms to ensure the protection of women’s rights and the promotion of gender equality.²

This learning brief aims to distil lessons and reflections from these three projects supported by Oxfam Pilipinas. Implemented by local partners, these projects seek to overcome barriers to the full exercise of sexual reproductive health and rights and to eliminate violence against women and girls.

CONTEXT

The World Economic Forum (WEF) ranked the Philippines as the 8th ‘most gender equal country’ in the world, and the only Asian country in the top 10 of its 2018 Global Gender Gap Report.³ The WEF report based this ranking on four categories: educational attainment, health and survival, labor force participation, and political empowerment. However, despite the rosy statistics, anecdotal evidence of the lived experiences of women and girls, particularly those experiencing extreme poverty, as well as a review of the current legal and policy landscape, reveal a complex, contradictory, and disquieting picture.

While the Philippines has managed to close the gender gap in educational attainment, the quality of education received by women and girls still needs improvement, according to the Philippine Progress Report on the Implementation of the Beijing Declaration and Platform for Action.⁴ While Republic Act No. 9710, otherwise known as the Magna Carta of Women Act of 2009, has made significant strides in women’s rights and protection, it coexists with oppressive and anachronistic laws that deepen gender inequality. These laws are relics from an almost 90-year-old penal code, which in turn is based on the Spanish Código Penal. For example, the age of sexual consent under Philippine law is one of the lowest in the world at twelve years old – leaving children vulnerable to violence, exploitation, and abuse.⁵ Women’s life expectancy has increased globally, yet the Philippines remains plagued by unacceptably high levels of maternal mortality⁶ and barriers to accessing sexual and reproductive health services and information.⁷
Sexual and reproductive health and rights issues have always been an arena of contestation for a nation where around 80.6% of 92.1 million citizens are Roman Catholics (as of 2010 data). This is perhaps best evidenced by the tumultuous journey of the Responsible Parenthood and Reproductive Health (RPRH) Law, the passage and implementation of which was repeatedly delayed by sectoral interference and litigation, both threatened and actual. Policy roadblocks have succeeded in hindering open and unhampered access to contraceptives and reproductive health services. Regressive legal provisions, such as the requirement of parental consent for minors to access contraceptives, reinforce the culture of silence among adolescents. The problem is even starker in underserved and conflict-ridden communities, where poverty and marginalization exacerbate gender inequalities and result in deeper disadvantages for women and girls. Lack of access to SRH information and services, combined with discriminatory socio-cultural practices (for example, the prevalent belief that husbands need to consent to reproductive health choices of the wives) and limited decision-making power, and in some cases, sexual or gender-based violence, prevents the full exercise of sexual and reproductive health and rights.

Another critical area of concern is child, early, and forced marriages, which are prevalent in Muslim communities and indigenous cultural communities. While the Family Code of the Philippines sets the minimum age to contract marriage at 18, Presidential Decree 1083 (or the Code of Muslim Personal Laws) places the age of marriage for girls at 15 years old. In 2013, 12.2% of all registered marriages in the Philippines involved brides of 15 to 19 years of age. There is plenty of evidence to support the contention that CEFM leads to a host of problems such as unwanted pregnancies, health repercussions owing to these pregnancies, interruption of education, and denial of opportunities to develop one’s full potential.

Oxfam Pilipinas works on SRHR and the prevention of gender-based violence in areas of the country where the poverty incidence is high and where situations are highly complex and volatile due to conflict. These areas include Marawi City in Lanao del Sur, and provinces in the Bangsamoro Autonomous Region in Muslim (BARMM), Zamboanga Peninsula, Northern Mindanao, Caraga, and Eastern Visayas, among others. Aside from conflict, cultural and religious differences add another layer to making sure that such interventions are approached with sensitivity and appropriateness. Working in such areas required careful, resilient, flexible, and agile project management from Oxfam and partners to brave the challenges that often arose from these contexts.

THE LEARNING LENS

Intersectionality is used as an analytical lens in distilling lessons from the projects. There must also be awareness and recognition of the value Oxfam puts on partnership.

An Intersectional lens. Intersectionality is premised on the idea that gender oppressions intersect with other forms of oppression and mutually reinforce each other. It is a useful tool in understanding women’s experiences of violence and disempowerment in a wide array of contexts. An intersectional approach looks at how other aspects of identity – for example, race or social class – intersect with
gender to define experiences of oppression and/or privilege. Without an intersectional lens, interventions that aim to address injustice towards one group may end up perpetuating systems of inequities towards others. Further, using intersectionality as an analytical framework is critical in identifying the factors that, first, constrain the exercise of SRHR and drive VAWG; and, second, influence the degree to which interventions are effectively put into practice as intended and to meet local needs and contexts.

**Strategic partnerships.** Oxfam has made inroads in the areas of gender justice and women’s rights in the Philippines in partnership with local and national organizations, as well as government agencies and legislative bodies. Through this, Oxfam supports women’s empowerment and innovative ways to end violence against women and girls and improve access to information and services on sexual and reproductive health and rights. Oxfam has supported partners on a range of initiatives, including legislative advocacy and support which led to the enactment of the Responsible Parenthood and Reproductive Health Act of 2012 (or the Reproductive Health Law); ongoing work that spotlights gender issues during emergencies, whether from natural hazards or conflicts, and promoting local women’s humanitarian leadership; and working with national and subnational institutions in collecting and sharing gender-disaggregated data to further inform policy and practice. The SHE, ARCHES, and Creating Spaces projects build on these partnership-based efforts by continuing to address gaps in policy and implementation; and by prioritizing areas, particularly those which are geographically isolated and disadvantaged, where gender disparities need to be urgently bridged.

**CHALLENGES**

Working in complex environments requires Oxfam and partners to confront difficulties in the delivery of projects, some of these include:

- **Frequent and rapid displacement.** Frequent and rapid population movements make it difficult to provide life-giving support and assistance to the people we want to reach. This is more often experienced in Mindanao. The internally displaced people (IDPs) who have not been registered to receive assistance from the government have no access to clean water and tend to live in the poorest shelter conditions. Therefore, following up on the people reached by Oxfam to identify and address their needs and monitor their progress to build on knowledge becomes a struggle – usually addressed by Oxfam staff and partners through adaptive monitoring methodologies.

- **Natural hazards and other emergencies.** Emergencies, whether caused by natural hazards or conflict, reinforce deep-seated poverty and exacerbate gender inequalities. Exposure to natural hazards and conflicts result in a host of issues that have differential impacts on women and men. They place an extra burden on women as caregivers and increase women’s vulnerability to gender-based violence such as rape, domestic abuse, and even prostitution. All three projects had to operate within a context of humanitarian emergency when the Marawi siege took place in May 2017, displacing around 500,000 people in Lanao del Sur and affecting the operations of one of Oxfam’s partners, which had to relocate its staff and program operations. As a result, adjustments were made by partners in terms of delivery of interventions, especially on strategizing which areas to reach.
• **Data gaps.** A limitation that was flagged consistently, particularly in the ARCHES Midline Reports, is the reliability of data within the localities. Based on an interview with one of the project managers, no disaggregated data exist on contraceptive prevalence rates among adolescents. The Midline Report for Lanao del Sur stated that the only available data on contraceptive prevalence rates is from 2016, with none for 2014 and 2015. In the same report, there is also no available data on the number of clients using SRH services in the Rural Health Units of Bubong and Saguiaran Municipalities. On the other hand, the Midline Report for Maguindanao indicates that there is no available data on the number of clients who used SRH services, as the Rural Health Units only record those who use services specific to family planning. A rich database is useful in evaluating the interventions that work and do not work and in providing evidence-based arguments to push for local and national policy reforms. Therefore, enhancing partnerships with government, research institutes, think-tanks, or other individuals or organizations working on the same or related concerns to build collective knowledge is critical.
2    KEY LEARNING AND INSIGHTS

THE GENDER DIMENSION OF POVERTY AND UNDERDEVELOPMENT

The existence of gendered aspects of poverty and underdevelopment have been widely reported in various literature. There is evidence to support the linkages between poverty and gender-related violence, \(^1\) and poverty and access to sexual and reproductive health and rights. \(^2\) The Bangsamoro Autonomous Region for Muslim Mindanao (BARMM), \(^3\) the region which has the highest poverty incidence in the country, also has the worst reproductive health record and the lowest modern contraceptive prevalence rate. \(^4\) According to the 2013 National Demographic and Health Survey (NDHS), the regions encountering the most SRHR problems are BARMM, Zamboanga Peninsula, Bicol, MIMAROPA (Mindoro, Marinduque, Romblon, and Palawan), SOCCSKSARGEN (South Cotabato, Cotabato, Sultan Kudarat, Sarangani and General Santos City), and Northern Mindanao. \(^5\) The poverty rates in these regions are higher than the national average. \(^6\) This puts local communities in these regions at risk of a variety of challenges in their health systems, such as unavailability of basic health services and health providers which result in unsatisfactory health outcomes. For example, there are wealth-related disparities in the use of maternal health services, specifically facility-based delivery. \(^7\)

The lack of education impacts boys and girls differently. It curtails economic opportunities and profoundly affects the agency of girls, rendering them more vulnerable to gender-based violence. Education for girls markedly increases women’s decision-making power within households and their ability to make choices that affect their future which includes decisions linked to reproductive health, work, and personal development plans. It is interesting – and inspiring – to note that many of the young leaders mobilized to be part of the Creating Spaces project support the campaign against child, early and forced marriage because it had adverse effects on education. To quote one of the female student leaders, ‘Although we have some schoolmates who continue to go to school despite being married off early, I can imagine this to be very difficult. And sadly, you will soon realize that your studies are no longer your priority.’

It is important to see and recognize the linkages of poverty and underdevelopment with gender equality, because we need to understand the ways by which economic pressures define women’s experiences. A project manager who works primarily with women in the rural sector shared the experience of the Teduray Lambangian Women’s Organization, when they started profiling their community. The organization realized that it was poverty, and not so much cultural or traditional beliefs and practices, which was driving parents to allow their adolescent daughters to get married early.

The marital dowry offered economic incentives that may be difficult to refuse for families living in poverty. The understanding that drivers can be economic – and not just cultural – significantly alters how the issues and actors are viewed, and how interventions are developed, or can be further developed or refined in the future.
Cultural and religious norms and gender equality

While economic factors have an impact on the degree of likelihood of gender-related violence and gender inequality, cultural and religious norms play a critical role as well. Religion and culture are important, if complicated, points of consideration in the promotion of SRHR and the campaign against CEFM. In promoting SRHR in Muslim Mindanao through the ARCHES Project, Oxfam partner organizations reported that Muslim religious leaders (MRLs) play a crucial role in advocating family planning in communities and barangays. According to the ARCHES Midline Report, conservative Muslim husbands and wives were more receptive to family planning and contraception when these concepts were explained to them by their Imam. It was easier to mobilize the MRLs because of the ‘Fatwa on the Model Family in Islam’, which was written in consultation with religious experts in Egypt and clarified that family planning is not haram or forbidden under Islamic law. These MRLs were instrumental in convincing Muslim families to adapt family planning methods, amidst initial reticence or hesitation. It is worth noting that in Maguindanao, the head of Rural Health Unit of the town of Mamasapano reported that there is a perception that the underlying agenda of family planning programs is to ‘prevent the Bangsamoro people from multiplying’ – a perception that echoes deep-seated resentment and distrust by Muslim Filipinos of Christian Filipinos.

In both Maguindanao and Lanao del Sur, it was reported that the decision to practice family planning is still made by the husband. In Lanao del Sur, most women of reproductive age who do not access reproductive health services say that their husbands would not allow them to use family planning methods, their husbands are too aggressive and sexually active, or their husbands still want to have more children. While there was a persuasive rise in contraceptive prevalence rates across-the-board, virtually all the people reached by the project said that it was their husbands who decide on their family planning methods. To quote from the Lanao del Sur Midline Report: ‘(o)n the part of men, they said that [family planning methods] is not allowed in Islam. Thus, there is a need to focus education awareness among the husbands especially on the Fatwa on Birth Spacing and Contraception. This is aside from the reality that the husband usually decides on family matters in a Maranao family.’ Engaging and convincing the husband thus became a default – and effective – strategy for the project implementers.

On the issue of CEFM, the absence of a clear fatwa has made the advocacy of this practice quite difficult to pursue. The United Nations Office of the High Commissioner for Human Rights consider CEFM a human rights violation. The Philippine Legislators’ Committee on Population and Development (PLCPD), a national non-government organization, has stated that ‘ending child marriage is a moral and development imperative’. Cultural sensitivities at the local level, however, create a situation where such perspectives could not be easily welcomed. No consensus has been reached among Muslim organizations as to how CEFM could be viewed. The National Council on Muslim Filipinos has publicly opposed any amendment to the Code of Muslim Personal Laws, even as Anak Mindanao (Children of Mindanao), a political party which is made up of Islamic faithful, has thrown its support behind the moves to ban CEFM and committed to file the bill in the House of Representatives. Mindful of the divergent views and competing claims, one approach has been to advocate
against CEFM on the basis of its adverse effects, such as unwanted pregnancies and interrupted education, not against CEFM per se. There is difficulty in promoting the idea of CEFM as gender-based violence in and of itself, even absent its feared consequences, because of the high risk of alienating the project’s core audience. Indeed, one of the program partners, the Al-Mujadillah Development Foundation (AMDF), was reported to have experienced criticism because it was perceived to be ‘too liberal’ in its values.

An important debate that has surfaced is the question of how CEFM should be framed. On the one hand, framing it as gender-based violence alienates the target audience of the intervention, an audience already culturally and historically marginalized. The advocacy is seen as an imposition of ‘Western’ values on traditional norms and may thus be perceived negatively. On the other hand, framing CEFM from an impact perspective – as a practice that can (not ‘will’) result in adverse consequences, such as unwanted pregnancies – draws attention away from the harmful asymmetrical power relations that sustain the practice. A way forward may be to use a more tactical approach when engaging with community leaders and stakeholders, while ensuring that the interventions and services developed for those women and girls directly affected by violence are strategic, holistic, and empowering, and with a view toward helping them reclaim their agency.

**Gender and emergencies**

The Midline Review for Lanao del Norte observed a decrease in the contraceptive prevalence rate in 2016, which could be because of some information and education campaigns that were interrupted due to the on-and-off armed conflict between the Armed Forces of the Philippines (AFP) and the Bangsamoro Islamic Freedom Fighters (BIFF). Because residents had to be evacuated to safer areas, they no longer had access to reproductive health information and services. There was also a reported rise in sexually transmitted diseases after the Zamboanga and Marawi siege, including one involving a nine-year-old. It is concerning to see the data showing a decline in contraceptive prevalence rate during periods of conflict, not only because it speaks to the importance of consistent and uninterrupted information and education campaigns, but also because cases of gender-based violence spike during disasters, and it is precisely in periods of crises that contraceptive awareness and reproductive health infrastructure become even more critical.

It is not enough to take a gendered approach to conflict and disaster intervention. It is as important for SRHR interventions to be cognizant of the needs and issues of internally displaced communities. A positive experience in providing SRH intervention during a period of conflict is the *Family Conversations* activity of Al-Mujadillah Foundation (AMDF) in Marawi City, designed to provide psycho-social support to families displaced by the Marawi siege and living in temporary camps. In this activity, issues of SRH and VAWG were discussed in a manner mindful of and sensitive to their displacement.

A key learning is that there should be ready support infrastructure to provide services in the event of conflicts or disasters. For example, humanitarian workers, especially those in evacuation centers, should have the capacity to provide SRHR services and counselling for women and girls or, at least, to manage referrals. Disaster interventions and crisis response should always include SRHR and...
mechanisms against gender-based violence throughout the response until the post-conflict rehabilitation process. Similarly, those providing SRHR services should also take into account the trauma and psycho-social needs of affected community members.

It is also necessary to articulate a conflict transformation agenda, a critical component of which is to empower women in situations of conflict to take part in decision-making and leadership processes. Institutions, structures and discourses that drive and justify violence should be challenged and transformed. Essential to this is women-led organizing. ‘Like any other social injustice, the voice of the oppressed should be given premium’, says one of the leaders of Oxfam’s partner organizations.

**SRHR and GBV at the core**

Ultimately, a critical lens is needed to understand the ways in which multiple and structural oppressions shape and differentiate these experiences from those of men. Oppression must be seen structurally and while solutions can focus on specific aspects of the problem, they should be seen as building blocks towards more strategic change.

To illustrate this, one could look at the data on contraceptive prevalence rates and increased awareness of SRHR. While contraceptive prevalence rates went up and awareness of sexual and reproductive health and rights increased, the data in the ARCHES Midline Reports suggest that these improvements did not seem to have reshaped household-level gender relations to any significant degree. Family planning methods are by and large decided on by the husband, and the project implementers consider it a sound strategy to convince the man – as opposed to convincing the husband and the wife as a couple – to buy into the merits of family planning. While this has achieved some measure of success, it raises questions of whether or not the structural objectives were met.

There is a danger in looking at improved access to family planning methods alone as indicator of a change in mindsets. Increasing the access to reproductive health services and improving health-seeking behavior already have quantifiable welfare-enhancing benefits, but they should also be a means towards transforming gender relations, recasting gender norms, helping women and girls claim their agency, and ultimately reducing gender inequality and discriminatory practices even at the community level.
SRHR and EVAWG projects of Oxfam Pilipinas and its partners are in various stages of completion. While they may have differences in focus, approach and specific objectives, clear learning themes and reflection points emerge as a common thread among them. Intersectionality, as an overarching approach, allows us to see how poverty and gender, conflict and gender, culture and gender are intersections from which violence and oppression can grow and seep into lived realities.

First, the understanding that oppressions cannot be put into neat categories independent of each other, should give rise to the understanding that solutions – to be durable – need to be seen as part of a structural whole. Efforts to increase awareness of SRHR should be with the end in view of improving household-level gender equality. Pushing for SRHR in the context of disaster and armed conflict must necessarily take into account the inequities that bear upon individuals in periods of displacement and turmoil.

Second, it is critical to have an understanding of and a sensitivity to the factors – whether cultural, or political or economic – that shape one’s perspectives and choices. These factors are considered in crafting interventions that are responsive to the specific needs of the individuals who are reached by the interventions. As experience in the Creating Spaces project has clearly demonstrated, for instance, a one-size-fits-all approach in campaigning against CEFM would not have gained much headway in Muslim and indigenous communities.

Perhaps most importantly, the successes of the approach Oxfam and its partners have taken in their gender work in the Philippines lies in the conscious efforts to privilege the voices of those on the margins. Strategies crafted are participatory and empowering – identifying young leaders from among the youth of the community to be ambassadors of change within their peer groups; creating community conversations to discuss beliefs and misconceptions on SRHR; building the capacity of women’s rights organizations to do women-led organizing. In so doing, a textured narrative emerges: one that can sow the seeds of longer-term structural change.
ANNEX: OVERVIEW OF THE PROJECTS

Oxfam has supported three projects in the Philippines, directly implemented by local partners, which seek to address the barriers to the full and robust exercise of SRHR and to eliminate gender-based violence.

**Sexual Health and Empowerment (SHE).** SHE is a five-year project (from 2018 to 2023) funded by Global Affairs Canada (GAC). It works in six disadvantaged and underserved regions of the Philippines – Bicol, Eastern Visayas, the Autonomous Region of Muslim Mindanao (ARMM34), Zamboanga Peninsula, Northern Mindanao and Caraga – to empower women and girls to secure their sexual and reproductive health and rights. It seeks to increase knowledge and awareness of SRHR including preventing gender-based violence, strengthening health systems and community structures to deliver right-based, comprehensive SRH information and services; and improving effectiveness and capacity of women’s rights organizations (WROs) for advocacy. The project is being implemented with eight partners, namely: Al-Mujadillah Foundation (AMDF), United Youth of the Philippines Women (UnYPhil-Women), Mayon Integrated Development Alternatives and Services (MIDAS), Family Planning Organization of the Philippines (FPOP), Pambansang Koalisyon ng Kababaihan sa Kanayunan (PKKK), Sibog Katawhan Alang sa Paglambo (SIKAP), and Jhpiego.

**Improving Availability of Reproductive Health Services in ARMM (ARCHES).** ARCHES, more specific to disadvantaged areas and communities in the BARMM, is a five-year (2015–2019) project funded by Oxfam with support from the European Union and co-implemented by six non-government organizations from the Philippines, namely: Philippine Business for Social Progress (PBSP), Philippine Legislators Committee for Population and Development (PLCPD), Al-Mujadillah Development Foundation Inc., United Youth of the Philippines – Women, Pinay Kilos (PINK), and Tarbilang Foundation Inc. (TFI).

Phase 1 (implemented in December 2015 to April 2017) covers 14 municipalities within the five provinces of the ARMM; while Phase 2 (May 2017 to 2019) covers another 15 municipalities within the same region. The overarching goal is to increase and improve access of the people we want to reach to reproductive health services through the enhancement of health systems, support for an enabling policy environment, and consciousness raising on SRHR.

**Creating Spaces.** The Creating Spaces project seeks to reduce the prevalence of CEFM in Bangladesh, India, Indonesia, Pakistan, Nepal and the Philippines by leveraging experiences and lessons from Oxfam Canada’s Engendering Change project in Africa and Latin America. Funded by the Global Affairs Canada (GAC), this five-year project which began in 2016 takes an approach that prevents, responds to, and ensures the sustainability of interventions that aim to prevent violence against women and girls.

In the Philippines, the project is being implemented in the BARMM, particularly in the provinces of Maguindanao and Lanao del Sur, by two local women’s rights organizations, AMDF and UnYPhil-Women. Its two national NGO partners are the Philippine Business for Social Progress (PBSP) and the Philippine Legislators’ Committee on Population and Development (PLCPD). It aims to engage key community actors to support and promote positive gender norms, support women and girls who have experienced violence and build knowledge and capacity of institutions, and create alliances towards influencing change.
Key activities include engagement with key stakeholders, specifically legislators, community leaders, national and local government officials, Muslim religious leaders and youth. As of May 2018, 14 legislators had committed to file bills amending the Code of Muslim Personal Laws to increase the minimum age for marriage and to end CEFM. To date, two bills have been filed in the House of Representatives for the 17th Congress. Representatives of local government units and line agencies have likewise been mobilized to be part of a core group per municipality identified as project area. Youth groups and student leaders have also been identified as ‘change agents’ to carry out end-CEFM campaigns by working with young people in schools and communities.
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NOTES

1 The ARMM or Autonomous Region in Muslim Mindanao (includes 5 provinces, 2 cities, and 116 towns) was declared to be a part of the new Bangsamoro Autonomous Region in Muslim Mindanao (BARM), together with Cotabato City and 63 villages in North Cotabato, based on the results of the January 21 and February 6 plebiscite, as part of the ratification of the Organic Law for the Bangsamoro Autonomous Region in Muslim Mindanao (R.A. 11054). Retrieved from: https://www.mindanews.com/peace-process/2019/02/bangsamoro-is-armm-cotabato-city-63-villages-in-north-cotabato1/


5 According to UNICEF data, the sexual initiation of girls and women is more likely to be forced if it occurs at younger ages. Retrieved from: https://www.unicef.org/lac/media/28066/file


10 Section 7 of the Responsible Parenthood and Reproductive Health Act of 2012 reads: ‘No person shall be denied information and access to family planning services, whether natural or artificial. Provided, That minors will not be allowed access to modern methods of family planning without written consent from their parents or guardian/s except when the minor is already a parent or has had a miscarriage.’


13 A World Bank study, for instance, finds that increasing economic pressures on poorer households can lead to the male head of household feeling emasculated or humiliated, resulting in increased levels of tension, and then violence, in the home. Retrieved from: http://www.wpro.who.int/publications/docs/gender_based_violence.pdf


15 The BARM or Bangsamoro Autonomous Region in Muslim Mindanao (includes 5 provinces, 2 cities, and 116 towns), together with Cotabato City and 63 villages in North Cotabato, which was based on the results of the January 21 and February 6 plebiscite, as part of the ratification of the Organic Law for the Bangsamoro Autonomous Region in Muslim Mindanao (R.A. 11054). Retrieved from: https://www.mindanews.com/peace-process/2019/02/bangsamoro-is-armm-cotabato-city-63-villages-in-north-cotabato1/


from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4936303/


21 Midline Review of SRH Situations and Services (Maguindanao).

22 Midline Review of SRH Situations and Services (Lanao del Sur).


26 Interview with Cathy Gordo, 20 February 2019.


30 Interview with Daryl Leyesa, 14 March 2019.

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