



**CHR: DIGNITY OF ALL**

**REGIONAL MAPPING OF LEGAL REFERRAL MECHANISMS ON  
GBV DURING COVID-19 PANDEMIC AND THE NEW NORMAL**

September 3, 2020

*Malungon, Sarangani Province*

*Documentation Report*

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FOCUS GROUP DISCUSSION WITH GOVERNMENT SERVICE PROVIDERS  
*and*  
KEY INFORMANT INTERVIEW & FOCUS GROUPDISCUSSION WITH WOMEN'S  
ORGANIZATIONS & CSOs.

**CHR REGIONAL OFFICE XII REPORT**

**I. INTRODUCTION AND OBJECTIVES OF THE ACTIVITY**

**C**ommission on Human Rights – Region XII conducted its **Mapping of Legal Referral Mechanisms on Gender-Based Violence (GBV) During COVID-19 Pandemic and the New Normal** on September 3, 2020 at Malungon, Sarangani Province. The venue was selected by the region by coincidence. There was an alleged case of GBV committed by a barangay official against a Locally Stranded Individual (LSI) being investigated by the region. During the investigation conducted sometime in June 2020, it was found out that the Municipal Mayor was the one helping and providing assistance to the victim in filing a case against the perpetrator. The barangay captain referred the investigating team to the Mayor of the town as she can provide more information with regard to the case.

On August 13, 2020, the team scheduled an initial coordination with the Mayor regarding the said case which eventually led to the sharing of the Commission's GBV Mapping Program. During the conversation, the Mayor shared some of the Municipality's GAD programs and policies, and readily accepted the conduct of the mapping in their Municipality. She likewise shared that the activity might serve as an opener and provides them opportunities for improvement in terms of their GAD programs. She then informed the GAD Focal Person of the municipality to talk to the Region's Team regarding the orientation and other details of the activity.

On August 19, 2020 a meeting and orientation regarding GBV Mapping was made with the GAD Focal Person together with the Municipal Social Welfare and Development Officer. The details were discussed and finalized and it was agreed that the same will be held at the conference room of the municipal hall on the above-mentioned date and that they will be the one to provide for the food and venue.

Because of the existing health protocol measures, it was agreed the that Key Informant Interview (KII) Guide Questions will be given in advance to the selected respondents and/or participants and will be collected by the region on the fixed date. However, the coordinator was not able to complete the administration of the KII to the community women's organizations and CSO's, thus, it was only administered and completed during the scheduled date as the participants were required to be at the venue to receive their food packs and load allowance. While the government service providers however were able to conduct a focused-group discussion (FGD) in the afternoon.

Prior to administering the Key Informant Interview to community women's organizations and CSOs in the morning, a brief orientation on the mandates of the Commission on Human Rights of the Philippines was conducted by CHR-Region XII Information Officer. This is to give the participants a perspective on how and why the

Commission exists. This was followed by an introduction of the rationale and objectives of the activity. The same was attended by the service providers as well.

The following are the objectives of the activity presented to the participants;

#### **Objectives of GBV Mapping During COVID-19 Pandemic and the new normal**

- Harness the capacities of the Commission's 16 Regional Offices in monitoring functionality of referral mechanisms, providing recommendations, and influencing enhanced functionality and responsiveness of local inter-agency mechanisms to respond to VAW; It aims to strengthen Commission's mandate as Gender Ombud;
- Gather regional data on GBV during the COVID-19 Pandemic and the new normal, particularly highlighting trends, gaps, challenges, best practices, and key recommendations to enhance response;

#### **Specific Objectives:**

1. Document and map GBV legal referral mechanisms during the COVID-19 crisis and the impact of the pandemic on legal referral mechanisms;
2. Partner with duty bearers and community women, women CSOs/NGOs in the conduct of mapping of legal referral mechanisms during the COVID-19 pandemic;
3. Identify the most prevalent forms of GBV during the ECQ and post ECQ period and observable trends in GBV and GBV response i.e. (case types, sectors, areas more prevalent, increase or decrease in reporting)
4. Document how the referral systems adopted to or failed to adopt to the ECQ period and the new normal in responding to cases of GBV (cite best practices – policies/programs adopted)
5. Document key challenges posed in responding to GBV during ECQ and new normal at the Barangay level, the Women's desk level, Prosecution level and also from the perspectives of community women and women's organizations
6. Identify lessons learned from the Pandemic in terms of improving GBV response.
7. Forward key recommendations to inter-agency mechanisms mandated to address different forms of GBV.

After the Key Informant Interview with community women and women leaders, they were given food assistance and relief and communication allowance. This was facilitated by the secretariat.

KEY INFORMANT INTERVIEW AND FOCUS GROUP DISCUSSION  
WITH COMMUNITY WOMEN/WOMEN NGO'S AND CSO'S

1. GENDER EQUALITY SITUATIONER IN THE CITY/MUNICIPALITY

- Are you aware of any local gender equality or GBV policies in your city/municipality? Do you know if you have a GAD Code or Anti-Discrimination, Anti-Cat-Calling ordinances or of their barangay counterpart?
  - ✓ Yes
  - ✓ *Yes I am aware but not yet adopted at the bryg. level*
  - ✓ *The LGU of Malungon has its GAD Code, VAWC Ordinance, Child Code and Anti-Forced Marriage Ordinance*
- During the ECQ/GDQ period, have you heard of any program or policy pertaining gender or GBV adopted by the LGU (barangay to City level)?
  - ✓ *Bryg. Pass, Stay-at-Home Policy, Medical Certificate, wearing of face mask*
  - ✓ *Social distancing*
  - ✓ *Social Amelioration Program (SAP)*
  - ✓ *Provision of food assistance*
  - ✓ *Comprehensive Juvenile Local Intervention Plan Program*
- Prior to the pandemic, are the VAW Desks in your barangay functional? (Established trained officials, able to record VWC cases, able to respond and issue BPO). Is the answer the same during the ECQ period?
  - ✓ *Yes, functional*
  - ✓ *All the VAW Desks in the barangay level are functional as they are required to submit a monthly report. The municipality is looking into the possibility of computerizing the GFPS to come up with a uniform report and easy access of the reports.*

2. GENDER-BASED VIOLENCE (GBV) IN THE CITY/MUNICIPALITY (IN RELATION TO GENDER-BASED VIOLENCE)

- Prior to the pandemic, what are the common forms of GBV in your municipality/city?
  - ✓ *Domestic violence*
  - ✓ *Drugs/Crime*
  - ✓ *Away mag-asawa*
  - ✓ *Lack of funds*
  - ✓ *Physical abuse*
  - ✓ *Psychological Abuse*
  - ✓ *Economic Abuse*
- During the ECQ, what are the common forms of GBV have you observed/documented in the community? During GCQ?
  - ✓ *Curfew hours*
  - ✓ *Hindi sumusunod sa protocols*
  - ✓ *Liquor (Drinking)*
  - ✓ *No income due to border lockdown*
  - ✓ *Unemployment*
  - ✓ *Sexual abuse*
  - ✓ *Rape/Incest*

- Do you see/observe incidents of GBV in your community increasing or decreasing during the ECQ? Who are the perpetrators and victims of these cases?
  - ✓ *Minimal case*
  - ✓ *No job*
  - ✓ *Husbands inflicting physical abuse against their wives*
  - ✓ *Head of the family*
  
- During the ECQ and GCQ period, what are the challenges/barriers women experienced in:
  - a. Reporting VAW and requesting BPO with the Barangay VWA Desk?
  - b. Reporting and investigation of cases of GBV (PNP/VAW Desk)
  - c. Prosecution and legal assistance (Prosecutor's Office, PAO, VAW Desk)
  - d. Providing support services (MSWDO, CSWDO, WCPUs)
    - ✓ *Brgy. level na ang nakabalo (only the brgy. knows)*
    - ✓ *The implementation of border lockdown and the quarantine pass requirement*
    - ✓ *I have not noticed any violations in our barangay because of the strict implementation by the Brgy. Captain of the protocols*
    - ✓ *Filing of cases in the Prosecutor's Office and Public Attorney's Office are done virtually. Likewise, the hearing and fast tracking are done using the same process with the help of the Multi-Disciplinary Team who are trained in UP-PGII*
  
- From your experience, which groups of women are most affected by the GBV forms identified (e.g. urban poor women, women farmers, women with disabilities, on the basis of sexual orientation and gender identity)? What group had challenges in accessing justice?
  - ✓ *urban poor women*
  - ✓ *women with disabilities*
  - ✓ *children and youth*
  - ✓ *women farmers*
  - ✓ *girl-child*
  - ✓ *Among IP Women, there are interventions made by the tribal leaders.*
  - ✓ *Chamber conference made by the judge to avoid longer prosecution of complaints*
  
- What are the specific challenges/barriers experienced by women and girls in seeking legal remedies in cases of GBV? What are the added challenges/barriers brought about by the ECQ and the GCQ/Normal?
  - ✓ *Financial problem*
  - ✓ *Conflicts involving IPs are settled in the barangay level through their Council of Elders*
  - ✓ *The imposition of health protocols and the many requirements hinders easy access to social services*
  - ✓ *The requirement of quarantine pass made it difficult to access services from the barangay*
  - ✓ *Unavailability of transportation vehicle*
  - ✓ *Teenage pregnancy*
  - ✓ *Kasfala' with IP Leaders*
  
- Can you cite a specific case during the ECQ period that highlights gaps in the referral mechanisms?
  - ✓ *Repeated offense (theft) by a minor. Need for a referral mechanism to stop his wrongdoings.*

<sup>1</sup> *The process of conflict resolution done by tribal leaders.*

- ✓ *Physical violence by the husband against wife and children*
  - ✓ *Implementation of curfew*
  - ✓ *The implementation of border lockdown and the prohibition of minors to go out hinders access to legal remedies*
  - ✓ *Presence of Kasfala delays the filing of case*
- Are there good practices/policies in responding to GBV that you have documented?
    - ✓ *Yes*
    - ✓ *Ordinance*
    - ✓ *VAW Counseling*
    - ✓ *Establishment of Multi-Disciplinary Team (MDT)*

### 3. FLOW OF CASE MANAGEMENT (SPECIFIC TO THE SERVICE PROVIDER)

- What are the available services for GBV survivors are community women often aware of?
  - ✓ *Conduct of legal assistance*
  - ✓ *Counseling*
  - ✓ *Presence of VAW Desk Officer that provides legal assistance and counseling*
  - ✓ *Information dissemination/ Campaign thru messenger*
  - ✓ *BCPC*
  - ✓ *WCPC as one-stop shop*
  - ✓ *Trained personnel as part of the MDT*
  - ✓ *Close coordination with BCPC/WCPC*
  - ✓ *Temporary shelter/ Sarangani Lingap*
- Which among the available services are most often accessed by community women? What are the possible factors affecting their choice of what to access?
  - ✓ *Counseling*
  - ✓ *Services provided by VAW Desk, DSWD and PNP*
  - ✓ *Family intervention*
- During the ECQ period, were services in relation to GBV uninterrupted? What services were unavailable or difficult to access? Why?
  - ✓ *The provision of legal counseling continues even during ECQ*
  - ✓ *Unfair/ Unequal provision of assistance*
  - ✓ *Not disappointed nor frustrated because they are being helped/intervened by the LGU to restore/ enhance their psycho-social functioning*
- What services during ECQ/GCQ are women most frustrated/disappointed?
  - ✓ *Seminars, Trainings*
  - ✓ *Many were angry because they were not able to receive cash assistance (SAP)*
  - ✓ *Culmination of Women's Day Celebration*
  - ✓ *Unequal treatment*
  - ✓ *Lack of resources*
  - ✓ *Financial Crisis*
  - ✓ *If kasfala case, not empowered*
- During the ECQ period, at which point in the process of GBV intervention do women often exit the formal helping system of the service provider? What do you think are the underlying reasons for these?

- ✓ *Hindi maiipagpatuloy ang kaso kasi walang kaya (means/resources) dahil maraming anak na pakakainin.*
- ✓ *No one will provide for the needs of children; Love for husband*
- ✓ *Family oriented*
- ✓ *VAWC cases are open for settlement*
- ✓ *Desistance of the victim*
- ✓ *Family members intervene not to pursue the case*

#### 4. DOCUMENTATION

- Does your organization conduct documentation/research on GBV in your area? Can you provide a brief description of the documentation/ research?
  - ✓ *Yes, like EFDS.*
- During the ECQ period, were you able to document GBV cases? Can you share trends and observations?
  - ✓ *Not so knowledgeable about the law re: RA 9262*
  - ✓ *If with family support/ economic dependent, the victims will pursue the case otherwise it will be settled*
- Is there also a case during ECQ that showcase difficulty in accessing justice/legal remedies in cases of GBV? What contributed to the barriers/difficulty?
  - ✓ *No, kay nagsunod sila sa balaod. (None, because they are following the law.)*
  - ✓ *No budget*
  - ✓ *Weak internet connection re: virtual filing of cases*
- From experience, is there a government good practice in responding to GBV? During COVID-Pandemic, are there also good practices?
  - ✓ *Yes, like proper hygiene.*
  - ✓ *Health protocols*
  - ✓ *Filing of cases are done virtually*

#### 5. RECOMMENDATIONS

- Considering the challenges and barriers you have observed during the COVID- 19 pandemic and the ensuing new normal, what are your recommendations on ensuring prompt an effective response to GBV?
  - ✓ *Sana may community orientation pa sa aming lugar/ sitio.*
  - ✓ *Continue what has been started in terms of assisting women in cases of violence*
  - ✓ *Installation of faster internet connection*
- Do you feel that government agencies (members of referral mechanisms) were able to properly respond to cases of GBV during ECQ/GCQ? What are your recommendations to improve response?
  - ✓ *Quick Response*
- Other recommendations for the CHR as the Gender Ombud as mandated by the Magna Carta of Women.
  - ✓ *Immediate response to any kind of problems*
  - ✓ *Follow through training on Gender Sensitivity to women Leaders, IP Leaders and Bgry. Captains*



## FOCUS GROUP DISCUSSION WITH GOVERNMENT SERVICE PROVIDERS

### 1. Gender equality situationer in the city / municipality

- Does your office keep basic demographics on GBV? For instance sex, gender, ethnicity, and disability segregated data of GBV complainants? Was this implemented during ECQ? Post ECQ?
  - ✓ *Yes, this is part of the report and data gathering of the LGU and this was implemented before, during and after ECQ.*
- Apart from national laws and international human rights instruments (e.g. CRC and CEDAW), what important gender equality or GBV policies are in place in your office? How are these policies operationalized? (e.g. do you have focal persons for women/LGBT/GBV?)
  - ✓ *The LGU of Malungon is the first municipality in Sarangani Province to formulate its GAD Code and it has also updated its Child Code. It also issued an ordinance on the establishment VAWC Desk. Proper office decorum was likewise implemented as mandated by the Civil Service.*
  - ✓ *The municipality is an ancestral domain to different Indigenous tribes thus it has to deal with many tribal practices although some of which are already addressed to but there are still practices that are existing involving settling dispute. Cases involving children are sometimes being addressed to by the elders which the LGU finds it disturbing since these are non-negotiable at their level.*
  - ✓ *The LGU has also issued the Anti-Forced Marriage Ordinance to address the issue on early marriage especially among girl-children. The ordinance prohibits the marriage of children at an early age especially among the Indigenous Peoples residing in the municipality.*
- Experience with GAD mainstreaming and GAD budgeting: Is your office able to utilize the GAD Budget in addressing GBV and gaps in addressing GBV? Is this also true during the ECQ/GCQ period?
  - ✓ *Prior to ECQ/GCQ, GAD Budget utilization are in compliance with the mandates and with the approval of proper authority since this cannot be done without proper authorization. The municipality is fortunate to have a leader (mayor) who is pushing for a women and child-friendly municipality, thus, the creation of a Multi-Disciplinary Team (MDT). The MDT will provide a one-stop shop in addressing violence against women and children personnel of which were trained at UP-PGH.*
  - ✓ *The municipality also establishes its temporary shelter although the same is still under construction. In the meantime, the LGU of Malungon is using the Lingap Center of the province.*
  - ✓ *It also established its Teen Center to address the issue on teen pregnancy and Crisis Center although the latter is still not operationalize.*

- DURING ECQ and POST ECQ – were there specific policies or programs adopted by the LGU to respond to Gender-Based violence during the COVID-19 Pandemic?
  - ✓ *The LGU of Malungon has consistently and religiously adopted and implemented the national laws at the local level during and post ECQ.*
  - ✓ *The LGU also formulated the Comprehensive Local Juvenile Intervention Program Plan adopted by the Sangguniang Bayan as mandated by the Juvenile Justice and Welfare Act.*

## 2. Gender-based violence (GBV) in the city / municipality (in relation to gender-based violence)

- Prior to the pandemic, what are the common forms of GBV received by your office?
  - ✓ *During the pandemic, physical abuse is the most common form of GBV received by the office. There were also no reported cases of CICL. It was also noted that there is an increase in the number of cases of rape. What is more alarming is that the victims are children.*
- During the Pandemic and post ECQ, what are the common forms of GBV being reported to your office? Has there been an increase or decrease in reporting? (inquire why/theories behind increase or decrease)
  - ✓ *As provided under the report, there were decreases in some crimes and there were increases to some other especially on rape among minors. All others are violations of the quarantine protocols.*
- During the ECQ/post ECQ, which groups of women are most affected by the GBV forms identified (e.g. urban poor women, women farmers, women with disabilities, on the basis of sexual orientation and gender identity)?
  - ✓ *There is no specific group of women who were mostly affected by the gender-based violence. Everyone is prone to abuse. However, it was notice that most of the victims during the pandemic are girl-child.*
- What are the specific challenges in addressing/responding to GBV during ECQ? During GCQ/New Normal? What gaps in the referral mechanisms have you observed?
  - ✓ *One of the difficulties encountered by the LGU is the existing traditional/tribal practice known as the "kasfala". Some of the cases are settled within their level even if it is non-negotiable. Despite trainings done by the LGU to the local leaders, the same are not put into practice.*
- What difficult/challenging cases have you encountered/responded to during ECQ? During GCQ/new normal?
- What are the challenges/ barriers experienced during ECQ and GCQ in:
  - a) Issuance and implementation of BPO?
  - b) reporting and investigation (PNP/VAW Desk)
  - c) Prosecution and legal assistance (Prosecutor's Office, PAO, VAW Desk)
  - d) Providing support services (MSWDO, CSWDO, WCPUs)

- ✓ *There were no challenges that were notice especially on reporting and investigation because of the virtual reporting. This made the process faster and easy. The LGU has already purchase a service vehicle to be use by the MSWDO and assigned to the WCPU to address the problem on transportation since there were times that the perpetrator and victim are in one vehicle to attend the hearing and this places the victim to a more traumatic situation.*
  - ✓ *Close coordination by the LGU with the Office of the Prosecutor made it possible for an easy access and referral of cases involving violence against women and children.*
  - ✓ *Relief operation and distribution of Social Amelioration Program (SAP) were facilitated by the MSWDO and Social Pension to Senior Citizen. The challenge however with regard to senior citizen is the existing prohibition to go out of their respective houses, thus, the personnel of MSWDO have to go to their houses and distribute the cash assistance and the additional documentary requirements.*
  - ✓ *There were also demands of services even during the night and on weekends to which the LGU has to respond.*
- **What factors contributed to the gaps/challenges in responding to GBV during ECQ/GCQ?**
    - ✓ *Since there is an established partnership among stakeholders there are no identified gaps/challenges in responding to GBV. The provision of service vehicles top all barangays likewise helps in providing fast and quick response.*
    - ✓ *There is a need to roll-out to the barangay the flow of VAWC Referral Mechanism although a tarpaulin was already provided to every barangay VAWC Desk Officer.*
  - **What are the best practices of the LGU or office in responding to GBV during ECQand GCQ/New normal?**
    - ✓ *Considering that the LGU of Malungon reported the highest incidence of teenage pregnancy, it launched the Buntis Tracking to monitor teenage pregnancy in the municipality. This is to address the increasing number of teenage pregnancy.*
    - ✓ *The municipality also passed the Maternal and Neo-natal Child Health and Nutrition Ordinance to prohibit giving birth in their homes so as to monitor cases of teenage pregnancy since the municipality recorded more than 700 cases of teenage pregnancy the youngest of which is 10 years old. The ordinance provided a reward system among "hilot" and midwives who report pregnant teens to the LGU.*
    - ✓ *Presence of WCPC and its Manual of Operations, the ordinances regarding protection of women, children and the Anti-Forced Marriage and the support of local leaders.*

### **3. Flow of case management (specific to the service provider)**

- **During the ECQ, what are the most accessible entry points for GBV cases?**
  - ✓ *The LGU of Malungon has established a referral system mechanism wherein an on-call psychologist will be available to provide counseling services to the victim. The same is being paid by the LGU. Likewise the municipality also provides financial assistance to the victims.*

- ✓ *As part of family management, the LGU provides counseling before reintegrating the victim to the family and likewise provides post-case management to monitor the situation of the victim-survivor.*
- During the ECQ what services for GBV survivors were uninterrupted? What were interrupted or difficult to provide? Why?
  - ✓ *The LGU continuously provides services despite the pandemic. There were limitations with regard to the access of some services due to some health protocols but the same are continuously provided by the LGU.*
- During ECQ/GCQ, which among the available services offered by the service provider are most often accessed by women? What are the possible factors affecting their choice of what to access?
  - ✓ *With regard to the services, VAWC Desk in the barangay is mostly being accessed to during ECQ/GCQ.*
  - ✓ *There were also individuals who avail the counseling services provided by the Women and Children Protection Center.*
  - ✓ *Some of the factors affecting their choice of what to access is their dependence on the support system of the family and the nuances on the ground. The lack of support also contributes to their choices.*
- At which point in the process of GBV intervention do women **often exit** the formal helping system of the service provider? What do you think are the underlying reasons for these?
  - ✓ *Mostly, their lack of interest and the long court processes. Sometimes there are those who often exit the helping system because of the intervention of their tribal leaders and the fear of retaliation from their husbands or perpetrators.*

#### 4. Documentation

- Are you able to share GBV data during the ECQ period? Can you share with CHR your data?
  - ✓ *The data of the LGU will be available should it be needed especially with the CHR.*
- Have you submitted or shared your GBV data during ECQ to any other office or inter-agency mechanisms?
  - ✓ *The LGU was able to share to the Local Inter-Agency Mechanisms on VAWC.*
- Were inter-agency mechanisms (RIACAT/RIACVAWC/RGADC) able to meet and discuss programs and policies for GBV during ECQ, GCQ and new normal?
  - ✓ *Due to restrictions and the implementation of health protocols between and among the provinces and municipalities in the region, there were no meetings that were conducted to discuss the programs and policies for GBV during ECQ and GCQ, however, there were plans, programs and activities on GBV that were implemented by the LGU despite the pandemic.*

## 5. Recommendations

- Considering the challenges posed by the COVID-19 pandemic and the ensuing new normal, what are your recommendations on ensuring prompt and effective response to GBV?
  - ✓ *Capacity and Enhancement Training among Brgy. Officials, Tribal Leaders to avoid settlement of GBV cases within their level.*
  - ✓ *Document success stories regarding teenage pregnancy*
- Do you feel that enough guidance have been provided by the national government in ensuring uninterrupted GBV response during Pandemic? What are your recommendations to improve response?
  - ✓ *Considering that most of the processes are using the internet and are done virtually, the problem on internet connection must be addressed.*
  - ✓ *The conduct of regular MANCOM meeting must be sustained.*
- Other recommendations for the CHR as the Gender Ombud as mandated by the Magna Carta of Women.
  - ✓ *Conduct of follow-through activities*
  - ✓ *Training of Brgy. Official by the CHR*
  - ✓ *Conduct of research on teenage pregnancy to determine the factors contributing to the high incidence of teenage pregnancy in the municipality.*

## PROFILE OF PARTICIPANTS

NAME	GENDER	ORGANIZATION	POSITION
1.	Female	WINDS – Upper Mainit	
2.	Female	PWD – Banate	
3.	Female		
4.	Female	WINDS – Poblacion	
5.	Female	WINDS – JP Laurel	
6.	Female	RIC - JP Laurel	
7.	Female	WINDS - Poblacion I	
8.	Female	RIC - Poblacion	
9.	Female	WINDS – Agdao I	
10.	Female	RIC – Kinabalan	
11.	Female	RIC – Upper Biangan	
12.	Female	WINDS – Datal Tampal	
13.	Female	WINDS – Tamban	
14.	Female	RIC – Malalag	
<b>GOVERNMENT SERVICE PROVIDERS</b>			
1. Bienvenida G. Llego		LGU-Malungon	Admin. Officer IV/GAD Focal
2. Ruth A. Arangate		LGU-Malungon	MSWDO
3. PCMS Mae Drilon-Villa		PNP	WCPD Officer/MDT
4. Rona Joy H. Pajinaro		LGU-Malungon	Social Welfare Officer I
5. Dr. Jec M. Pane		LGU-Malungon	WCPC Physician/MDT
6. Ildefonso B. Garganian		LGU-Malungon	PWD Focal Person
7. Ondeza G. Catada		LGU-Malungon	SI – I
8. Atty. Ma. Theresa D. Constantino		LGU-Malungon	Mayor
9. Fris Den Alconera			Brgy. Secretary
10. Iris V. Gonzales		LGU-Malungon	MSWDO/Women Focal
11. Aiza V. Tenorio		LGU-Malungon	MO-Admin staff
12. John Jerick C. Padua		LGU-Malungon	MO-Admin Staff
13. Princess C. Dogniles		LGU-Malungon	AA I/Admin Staff

**\*\*WINDS - Women in Nation and Development of Sarangani**

**RIC – Rural Improvement Club**

## PHOTO DOCUMENTATION



Ms. Bienvenida G. Llego, Admin Office IV and GAD Focal Person on Malungon-LGU giving a brief orientation to the participants and the role of the municipality in the conduct of the Mapping of Legal Referral mechanism on GBV.



CHR-XII Special Investigator and Gender Focal Person Rizalyn C. Isnani-Concha discussing to the participants the objectives of the activity as well as the mechanics on how to respond to the key informant interview guide.



CHP-XII Information Officer II Loreto B. Condesa providing an orientation on the mandates of the Commission on Human Rights (CHR) and the importance of their mandates to them.

## PHOTO DOCUMENTATION



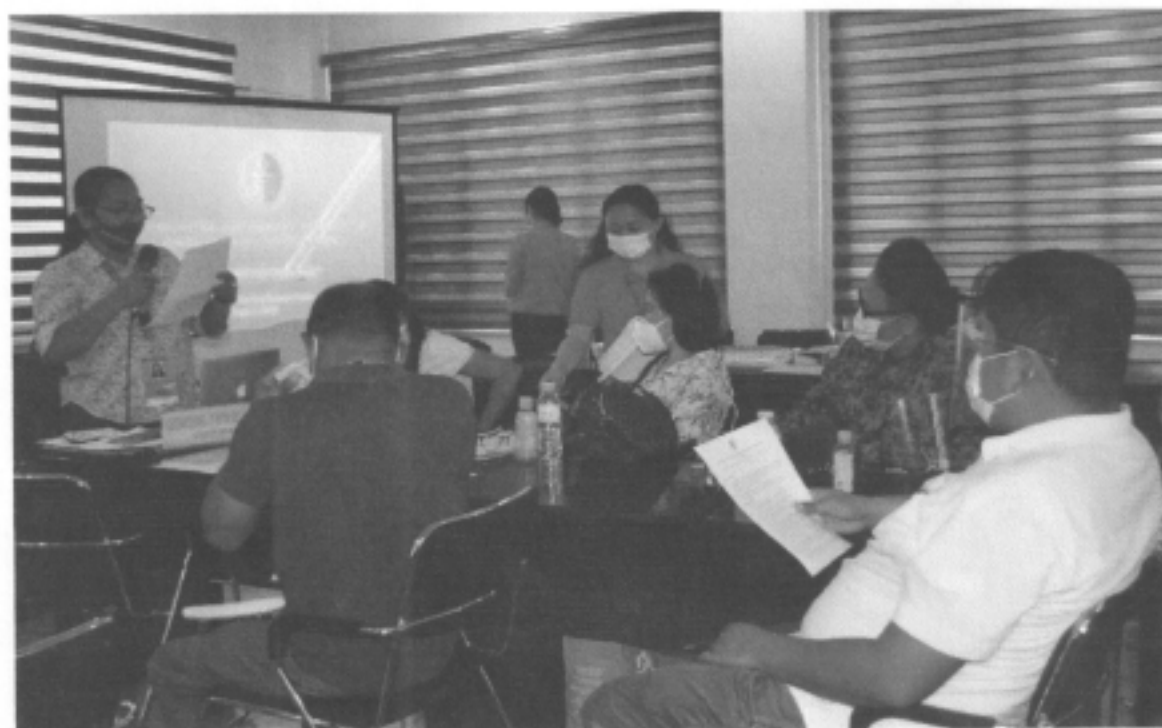
Mr. Giovanni S. Lega, Admin Officer IV and the staff of the Commission on Human Rights (CHR) giving a brief orientation to the participants and the role of the Commission on Human Rights (CHR) in the conduct of the Mapping of Legal Reform Mechanism on







Prior to the presentation of the final output, the service providers were oriented on the objectives and the purpose of the Mapping.



Presentation of output by the service providers to the plenary facilitated by the Administrative Officer and GAD Focal Person of Malungon-LGU.



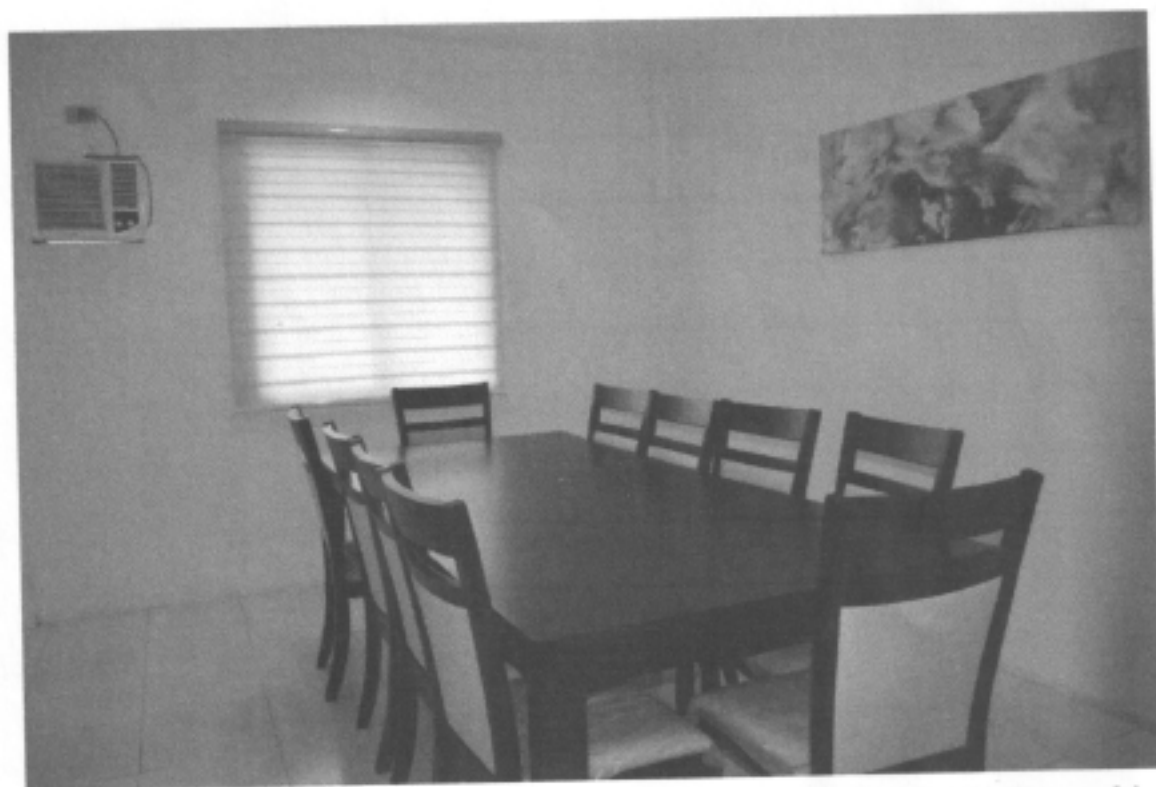
The Municipality of Malungon inaugurated its Women and Children Protection Center on June 24, 2020, the first in the province of Sarangani. It's a one-stop shop in providing services and in addressing gender-based violence in the municipality.



The Center houses the Women and Children Protection Desk Office of the PNP, The Multi-Disciplinary Team of the LGU and the MSWOO. There is also an interview room and a child's corner to make it more child-friendly.



The play corner where children who are victims of abuses may find comfort as they are being attended to by the members of the MDT of the Malungon - LGU.



The interview room furnished with furniture to provide comfort to those who are availing the services of the LGU.



Waiting area to accommodate clients comfortably while waiting to be served.



Members of the Multi-Disciplinary Team composed of WCPD Officer of the PNP, Municipal Doctor and Social Worker.