

THE MUNICIPALITY OF NASIPIT AGUSAN DEL NORTE

GEOGRAPHY

The Municipality of Nasipit is a coastal municipality in the province of Agusan del Norte. The municipality has a land area of 144.40 square kilometers or 55.75 square miles which constitutes 5.29% of Agusan del Norte's total area. With a land area of 144.4 sq. km., Nasipit occupies the north-western portion of the province. It is bounded in the east and south by Buenavista, west by Carmen, and north by the Butuan Bay. It is 24 kilometres (15 mi) west of Butuan and 175 kilometres (109 mi) north-east of Cagayan de Oro.

Nasipit is politically subdivided into 19 barangays. Of these, 5 are urban and 14 are rural. Of the 19 barangays, 9 are coastal: Cubi–Cubi, Ata–Atahon, Punta, Barangay 1 Apagan (Poblacion), Talisay (home to the Port of Nasipit), Santa Ana, Camagong, Amontay and Aclan.

DEMOGRAPHICS

In the 2015 census, Nasipit had a population of 41,957 comprised of 21,142 male and 20,815 female. The population density was 290 inhabitants per square kilometer (750/sq mi). This represented 11.84% of the total population of Agusan del Norte province, or 1.62% of the overall population of the Caraga region.

GBV SITUATION IN THE REGION

According to the PNP Caraga Data, since March 17, 2020 to June 11, 2020, Caraga Region is the third region with highest incidence of GBV against Women with a total of 176 recorded cases distributed as follows: 154 VAWC cases, 18 Rape cases, 3 cases involving photo and video voyeurism, and 1 violation under the Safe Spaces Act.

As of October 31, 2020, Agusan del Norte recorded the highest number of GBV cases with a total of 290 cases, followed by Surigao del Sur with 281 cases, Agusan del Sur with 222 cases, Surigao del Norte with 197 cases, and Dinagat Islands with 42 cases. Butuan City tallied 160 cases.



Virtual Focus Group Discussion
with Service Providers on the GBV Referral Mechanism
October 16, 2020

Participants:

- | | | |
|---------------------------------|---|---|
| 1. Atty. Aurora Luanne C. Ramos | - | Attorney IV, Focal for Women Sector |
| 2. Atty Reshiel Casenas | - | Attorney IV , Co-Focal for Women Sector |
| 3. Ms. Maria Theresa R. Neri | - | Special Investigator IV,
Co-Focal for Women Sector |
| 4. Mr. Oliver O. Salino | - | Training Specialist II |
| 5. Rosalito Libres | - | GAD focal Person, LGU of Butuan |
| 6. Josefina Malazarte | - | GAD Focal, Brgy. Obrero, Butuan City |
| 7. Hon. Rosita M. Asaytona | - | VAW Desk Officer, Brgy. Doongan, Butuan City |
| 8. Janice Semana | - | CSWDO, Butuan City |
| 9. PCI Mirasol Torralba | - | Chief, Regional WCPD |
| 10. Atty Paula De Guzman | - | Public Attorneys Office |

Methodology:

The Focus Group Discussion was conducted last October 16, 2020 via zoom. The dialogue was facilitated by Atty. Aurora Luanne C. Ramos, focal person for the women sector, and co-focals Atty. Reshiel C. Calipayan and Ms. Maria Theresa Neri. The FGD was attended by PAO, PNP-Regional WCPD, CSWD, LGU Butuan, and selected VAW Desk Officers.

The FGD started with a message from Regional Director Atty. Jerefe D. Tubigon-Bacang followed by a discussion on the background and objectives of the activity by Mr. Oliver O. Salino.

Background

The CHR as the country's gender ombud has been mapping existing referral mechanisms of GBV cases or Gender-Based Violence cases. Through a series of discussion nationwide, the entire regional offices of the Commission on Human Rights conducted FGDs in the community level to document continuing gaps and challenges faced by both victim-survivors in accessing justice in GBV cases. Initial findings surfaced gaps existing in the referral mechanisms in the different levels in the referral structure.

Among these gaps observed are the following:

1. Lack of sufficient information and knowledge of laws pertaining to GBV
2. Agencies are unable to give full assistance and protection to victim-survivors
3. Lack of existing referral mechanism, in effect victims are referred back and forth to the same agencies because there is no established method prescribing on the step by step process for GBV cases reporting.
4. Less information on the availability of services especially for women with disability, and women in Geographically Isolated in Disadvantage Areas or GIDA.

There has been presence of gaps and challenges faced by women with multiple and intersecting forms of discrimination, particularly IP women with physical disabilities. In effect they have doubling incapacities, one as an IP and the other as a differently-abled woman.

The GBV mapping also highlighted gaps in the provision of basic support services. An exact example for women who are victims of GBV are women who live in remote and isolated areas where services from the MSWD and PNP are inaccessible.

At present, with the onset of the pandemic, GBV violations are often unreported and undocumented. Prior to COVID19, IP women had difficulties reporting violations and this situation has worsened because of the restrictions imposed by lockdown protocols.

In addition, according to the PNP, there is an alarming decrease in reporting GBV cases. The quarantine protocols and lockdown hinders the reporting of cases, basically.

It is the CHR's best interest to understand the challenges and issues that the local government, PNP, DSWD and all other structures' role concerning GBV cases in responding to victims and survivors.

It is also an opportunity to communicate with duty bearers the gaps and challenges and for everyone to recommend appropriate actions when it comes to responding cases.

GENDER EQUALITY SITUATION IN THE CITY/MUNICIPALITY

- Does your office keep demographics on GBV? For instance sex, gender, ethnicity, and disability segregated data of GBV complainants? Was this implemented during ECQ post ECQ

Service Providers keep demographics on GBV including a segregated data of GBV complaints. The same is implemented even during the ECQ and post ECQ.

- Apart from national laws and international human rights instruments (eg; CRC , CEDAW) what important gender equality or GBV policies are in place in your office? are these policies operationalized? (eg. Do u have focal persons for women/LGBT/GBV)

The PNP-WCPD has maintained accessible and functioning WCPD Desks throughout the region with respective focal persons assigned to handle cases involving women/LGBT as well as GBV cases. In addition, advocacy measures are in place to especially foster the restoration of perpetrators of GBV like the conduct of lectures and information campaigns. The PNP-WCPD is also introducing a monitoring mechanism to monitor GBV victims and perpetrators while the case is pending.

Barangays maintain operational VAW Desks in their respective barangays. It is also a policy that a woman be appointed as VAW Desk Officer and, in the absence or unavailability of the latter, a GAD Focal, who is likewise a woman, shall immediately take her place and receive complaints pertaining to VAW/GBV.

- How about GAD mainstreaming and budgeting? GAD mainstreaming and GAD budgeting, is your office able to utilized the GAD budget in addressing GBV and gaps in addressing GBV, is this also during the ECQ/GCQ period.

The participants unanimously maintain that their respective offices are still able to utilize their GAD Budget particularly in addressing GBV concerns. However, they are not able to share specific details in the utilization thereof as they are not the ones in-charge thereof.

- During ECQ and post ECQ, - where there specific policies or programs adopted by the LGU to respond to gender -based violence during the covid19 pandemic

Specific policies or programs adopted by the LGU to respond to GBV during the ECQ/GCQ:

- **Hotline Number.** - the LGU has established a hotline where victims can directly report incidents of VAW.
- **Online Reporting** through the Butuan City PIO Page.
- **Functional Women's Crisis Center** to house victim-survivors. The Crisis Center was donated by an NGO, Forward Filipina. This center has been operating under the supervision of the Butuan CSWD.
- The proposed **crisis center** in Barangay Antongalon to cater both girls and boys.
- At present there is no crisis center owned by the Butuan City government. However, a MOA is prepared between the LGU and the identified center/shelter for the admission of victim-survivors in special and urgent cases. services for the victim's debriefing and counselling shall be under the supervision of the CSWD, including the grant of financial assistance.
- Continuing capacity building for CSWD personnel are done in order to equip themselves in addressing GBV issues.
- City government is partnering with FSUU on webinars on mental health literacy and the promotion of programs that address mental care.

A good share from the GAD FOCAL of Butuan City, Rosalito :

“The city government of butuan strengthens its care on women, by reporting online using the assigned hotline number. This has been functional and installed and the city government is proud of this achievement. This is considered a milestone since it has been a longtime plan that the government's dire need for an emergency hotline. An ordinance was acted upon by SP Rema Burdeos and policies were enacted with specific considerations on the establishment of the Molecular Laboratory. In consideration with the huge project during this pandemic, it is visible how are health services incorporating policies on anti discrimination to frontliners are continuing without neglect. Apart from the hotline the lgu has another way of reporting and documenting issues and concerns thru the PIO page which is in a social media platform. Concerns and report of cases can be channeled thru this platform, similar to the CHR's other means of reporting violations and abuses.”

GENDER BASED VIOLENCE (GBV) (in relation to Gender Based Violence)

-Prior to the pandemic what are the common forms of GBV received in your office?

Common forms of GBV received before the pandemic include violations under RA 9262 or the Anti-Violence Against Women and their Children Act of 2004 particularly economic and physical abuses.

- During the pandemic and post ECQ, what are the common forms of GBV being reported in your office? Has there been an increase or decrease in reporting? (inquire why theories behind increase or decrease)

Common forms of GBV received during the pandemic still involves violations under RA 9262.

For the PAO, there has been no significant increase/decrease in the complaints received by their office.

The participants believe that the possible underlying reason why domestic violence persists even during the pandemic is because families are forced to stay at home 24/7. Added the financial burden brought about by the pandemic, the lockdown can easily trigger arguments and misunderstandings within and among family members.

- 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?

Specific challenges include:

- Lack of personnel to implement the usual programs and services as agencies are operating on skeleton workforce.
- Restricted movement and limited availability of transportation services to bring the agencies programs and services to the victim.

- What difficult challenging cases have you encountered /responded during ECQ/during GCQ/new normal

- Challenges are encountered in the referral of GBV cases due to the restrictions and strict health protocols.

- While an online reporting system is in place for VAW victims, this is not readily accessible to those living in GIDA where internet connection and mobile data are not readily accessible.

- What are challenges and barriers experienced during the ECQ and GCQ

a) Issuance and implementation of Barangay Protection Order

VAWD Desk Officers revealed that victims of domestic violence are easy to request for the issuance of a Barangay Protection Order but usually are the ones to violate the provisions of the said BPO by getting back together with their perpetrators.

b) Reporting and investigation process concerning the levels of PNP and PAO

Reporting and investigation processes at the levels of the PNP and the PAO remain generally the same. The PAO makes a regular reporting of all VAW cases handled by their office.

c) Prosecution and legal assistance (prosecution office, VAW desk, PAO)

For the PAO, they experienced a delay in their services because of their present “on-call” arrangement. Legal services, including mediation proceedings, have to be scheduled accordingly to avoid overcrowding.

What are the challenges barriers during the ECQ and GCQ in the prosecution of cases and in giving LEGAL assistance to clients.

Public Attorney’s Office

- Because of strict quarantine protocols imposed during the ECQ, legal consultations and mediation of cases are scheduled accordingly.
- Communicating with the parties is a challenge. And victims experience a delay in accessing legal remedies.

d) Challenges in Providing support services (MSWDO, CSWDO, WCPUs)

One of the biggest challenge encountered in providing support services include the unavailability of a transport vehicle. Under normal circumstances, social workers take the initiative in bringing their programs and services to those living in GIDA. However, because of the current health crisis where public commute is not readily available, there is difficulty in bringing the said programs to these areas.

- What factor contributed to the gaps /challenges in responding to GBV during ECQ/GCQ

Limited Workforce

Because offices are operating on a skeleton workforce, the lack of personnel to respond to GBV cases contributed to the already existing challenges in responding to GBV cases.

Restricted Movement

During the ECQ, a lot of places are in lockdown and thus not readily accessible to first-line responders.

Delay in the production of documents and witnesses for the prosecution of cases

Because there is a strict protocol on who may be allowed to visit public places and when they may do so, witnesses who are senior citizens, minors, or with co-morbidities have difficulty going outside of their residence.

Does the mental and psycho-social aspects of the couple and children significantly attended in areas where high incidence of domestic violence like wife and child battering , rape and even suicide?

The City Government has spearheaded the conduct of webinars on mental health and literacy as well as the promotion of programs that address mental care.

- What are the best practices of the LGU or office in responding to GBV during ECQ and GCQ/new normal

- Accessibility through mobile hotlines and online reporting
- Increased social media campaigns to raise awareness on mental health
- Ongoing trainings and seminars to equip first-line responders as we shift into the new normal

FLOW CASE MANAGEMENT (SPECIFIC TO THE SERVICE PROVIDERS)

> At which point in the process of GBV intervention do women often exit the formal helping system of the service provider? What do u think are the underlying reasons for these?

After the documentation of the incident (Barangay/PNP) victim-survivors usually do not avail of other legal remedies and there is no apparent intention to pursue legal action for the following reasons:

- a) Economic dependence
- b) The need of someone to take care of the children

- c) The intention is only to document the incident and possibly warn the perpetrator.

Documentation:

Are you able to share GBV data during ECQ period? Can u share with CHR your data

The LGU has expressed the willingness to share their data with the CHR Caraga upon request. The PAO, on the other hand, can share only the number of VAW cases received by their office and maintained that it has restrictions in the sharing of information regarding details of the cases they handle for the purpose of maintaining strict confidentiality in dealing with clients and their cases.

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.

1. Realization of a coordinating body, like the RIACAT or the Regional Inter-Agency Committee Against Trafficking that will spearhead GBV concerns. This can be represented among barangay and city levels with experts like medical doctors that can give sufficient medical information of victims.
2. Strengthen GAD Councils and programs.
3. Creation of a portal so that information will be centralized and will reach remote and interior areas. At the same time LGU and RLAs with same thrust can log in and input GBV data. By this mechanism we can tap partners to get a massive dissemination of information especially with this health emergency, we need to aggressively publicize the access and sharing of information thru this mechanism.

> 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?

As to the experience from the GAD focal of Butuan city government, the DSWD and CHR's efforts are visible even in the context of pandemic. Hotline numbers were maximized by them thru follow ups and initiatives were done to respond GBV victims.

The frequent follow ups is undeniably evident thus there is no chance of neglect in addressing GBV. Apart from the written reports, oversight agencies are really active in the same concern while facing the health emergency.

> Other recommendations for the CHR as the gender ombud as mandated by the magna Carta of women.

1. Develop a mechanism where an online platform will be created to collect and report data from the local government units and concerned agencies, thus levelling up of reporting mechanism.
 2. Since victims are coming from the communities and local government units have responsibilities over this cases, the CHR can request the DILG to suggest a tool within the department where the access of information on GBV will be easier and faster and further strengthen the reporting system.
 3. Strict implementation of GAD budget, thru this, there will be full disclosure of LGUs and agencies on the the actual implementation of the GAD allocaton. Adhere to sanctions stipulated by agencies (COA or DBM) for unspent GAD allocations.
 4. Provide legal assistance to victim-survivors of VAW;
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Key Informant Interviews (KII)
with Community Women
Nasipit, Agusan

Key Informant Interviews were conducted among 18 community women representing the different women's organizations within the Municipality.

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 an Anti-Discrimination, Anti-Cat-calling ordinances or of their barangay counterpart?**

	<i>Aware</i>	<i>Unaware</i>	<i>Not sure</i>
<i>GBV Policies</i>	8	10	
<i>GAD Code, Anti discriminating, Anti Catcalling ordinances</i>	3	15	
<i>Barangay Counterpart</i>			18

Majority of the respondents are unaware of any GAD Code or Anti-Discrimination, Anti-Cat-Calling Ordinances in their barangay.

- **During the ECQ/GCQ period, have you heard of any program or policy pertaining to gender or GBV adopted by the LGU (barangay to City level)?**

Yes	No	Unsure if implemented
3	13	2

- **Prior to the pandemic, are the VAW Desks in your barangay functional? (Established, trained officials, able to record VAWC cases, able to respond and issue BPO) Is the answer the same during the ECQ period?**

There is VAW desk but not sure if it functions	16
Before pandemic I heard its the Brgy Captain who attends to VAW desk functions	1
Yes VAWC desk is operational but im not sure if the officials are well-	1

trained, some Brgy kagawad don't even know about Gender	
Yes, Brgy officials are attending cases related to VAWC	2
Officials are well-trained and sensitive in attending GBV cases.	1
I am not aware and I don't have time to know all about this	1
Not aware of any GBV cases during pandemic	18

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?**

Alcoholism that leads to quarrel with spouse	7
No financial support leads to quarrel	2
Rape	1
Physical beating	6
Threatening	1
Bribery	1

- **During the ECQ, what are the common forms of GBV have you observed/ documented in the community? During GCQ?**

Rape	1
Physical abuse/violence	10
Alcoholism	3
No financial support	1
Harassment committed against minors	1
Double burden of women at home due to husband's unemployment	2

- **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?**

The degree of violence and abuse among victims remained **constant and continuing**. No noticeable decrease of GBV cases is observed.

Most common perpetrator is the intimate partner/husband. And usually the victim is the wife who has lost her employment due to retrenchment and whose children stopped schooling due to the pandemic.

- **During the ECQ and GCQ period, what are the challenges/ barriers women experienced in:**
 - **Lack/insufficient knowledge:**
 - Of their rights under the law
 - The processes involved in the reporting and prosecution of cases
 - Of remedies under the law for their protection (fear of retaliation)
 - **Financial incapacity** to go through the whole process of filing a case. There is not enough funds for logistics (transportation, etc.)
 - **Lack of a strong family support system** to pursue the case
 - **Delayed response from service providers.** A parent of a minor victim of attempted rape got paid by the perpetrators (this is a result of the delayed actions from concerned offices. The victim believes the delay is because offices are prioritizing COVID related concerns over GBV cases like rape)

A sharing of one of the participants on the level of awareness on common violence, said:

“A condition of abuse at home is just normal. We don’t know about reporting, we don’t have that in mind, we are just living normally with the condition of being disrespected sometimes by our partner”.

- **From your experience, which group 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?**

The group of women most affected by the GBV forms identified are the following:

- a. Urban poor women
- b. Women with disabilities
- c. IP Women
- d. Lesbians

e. Urban poor single mothers

The respondents believe that the existing discrimination experienced by these groups of women made them more vulnerable to GBV.

Among them, lesbians have more difficulty in accessing justice because there is less acceptance and the society is more dominated by the machismo thinking. Moreover, lesbians are categorized as women and are physically weak.

- **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?**

The challenges and barriers women experience in seeking legal remedies in cases of GBV are the following:

- A. **Establishing trust** to duty bearers on the issues on GBV. Are they protected from any form of discrimination in events that cases are forwarded to authorities? As expressed, are these authorities capacitated enough to handle delicate issues of women?
- B. **Knowing their rights as victims.** Basic awareness of women when to seek and claim justice when violated.
- C. **Financial difficulties** in processing complains and in seeking legal assistance

Added challenge:

- D. **Delays** in seeking urgent and fast results to issues on GBV during the pandemic since health protocols are to be observed and no woman would take any chance and sacrifice during this health emergency.

- **Can you cite a specific case during the ECQ period that highlight gaps in the referral mechanisms?**

One of the respondents shared that her minor daughter was a victim of rape. The incident has been reported and a case is already filed in court. However, the victim and her mother had difficulty monitoring the case because of quarantine restrictions. The mother works as a laundry washer (labandera). Because of the strict protocols and the issuance of quarantine passes, she is no longer earning as much as she used to. Because of this financial incapacity, they are unable to visit the court for regular updates on the case. They revealed that at this point, they do not know how the case will go or what

happens while the case is pending in court. They are not sure which office/agency they should seek assistance from in monitoring the case.

- **Are there good practices/policies in responding to GBV that you have documented?**

Unfortunately, the respondents cannot cite specific good practices/policies in responding to GBV cases for the following reasons:

- a) Lack of knowledge of any policy on GBV; and*
- b) There were no policies and good practices in responding to GBV cases in place.*

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

- **What are the available services for GBV survivors are community women often aware of?**

Seven (7) participants are aware that a Barangay VAW Desk is in place for each barangay to receive and handle cases on VAW. The remaining eleven (11) women said they are unaware of any service available for GBV cases.

- **Which among the available services are most oftenly accessed by community women? What are the possible factors affecting their choice of what to access?**

The most common services availed by victims of GBV are the issuance of a BPO by the barangay and the reporting/blotter of the incident before the PNP. Possible factors affecting these choices include the lack of interest to pursue legal action like the filing of the case or the imprisonment of the perpetrator. Most victims only want the incident to be documented to warn/scare their perpetrators and avoid any similar incident in the future.

- **During the ECQ period, were services in relation to GBV uninterrupted? What services were unavailable or difficult to access? Why?**

Eleven (11) women are not sure if VAW Desks are functional during the ECQ period while seven (7) women are unaware of any services actually available to GBV victims. It was also added that while the RHU continued its operations, it is more focused on addressing concerns on COVID.

The respondents felt that all services in general were difficult to access because of the restrictions attached to the ECQ period, the lack of personnel to assist them, and the fear of contracting the deadly virus.

- **What services during ECQ/GCQ are women most frustrated/disappointed?**

- a. Food and financial assistance from the LGU is not enough to sustain the family's needs amidst the pandemic
- b. In accessing government services, one must comply with a lot of documentary requirements.
- c. Delay in the filing of cases by the PNP.

- **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?**

The most common services availed are those available in the barangay like counseling, documenting the incident, and the issuance of a BPO. However, it is also at this point that victims usually exit the formal system of the service provider. They revealed that victims don't really want to file a case and have their partners imprisoned. They just want to have the incident documented by the authorities to scare/warn their perpetrators and hope to prevent any similar incident in the future. The possible underlying reasons are:

- a. Lack of financial resources to go through the process of filing a case
- b. Lack of moral support especially from family members
- c. Lack of awareness on basic women's rights

4. Documentation

- **Does your organization conduct documentation/research on GBV in your area? Can you provide a brief description of the documentation/research?**

The respondents are unaware of any documentation/research on GBV conducted by their respective organizations. However, respondents would usually document GBV cases on their own initiatives through the following:

- Reporting the incident directly to the police authorities

- Reporting the incident to the barangay and have it recorded in the logbook
- Taking a photo for purposes of documentary evidence
- **During the ECQ period, were you able to document GBV cases? Can you share trends and observations?**

Respondents revealed some were able to document GBV cases like physical violence and rape. They observed that the strict protocols imposed during the ECQ period made it very difficult for victims to seek help. They also noted that common GBV cases are results of heated arguments over unremitted salary (of the husband) and infidelity.

- **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?**

According to the respondents, GBV cases committed during the ECQ period are often not reported because women lack the knowledge and guidance of what to do and where to go. Possible factors contributing to these barriers are the lack of access to government services because limited movement and because some government agencies are operating on a skeleton workforce thus there is lack of personnel to cater to their needs. Another factor is the lack of financial resources as income-generating activities have been suspended for the whole period of the ECQ period. There is also a lack of support from the victim's family.

- **From experience, is there a government *good practice* in responding to GBV? During COVID-Pandemic, are there also good practices?**

The 18 respondents were not able to experience good practice in responding to GBV prior to and during the onset of the pandemic.

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?**
 1. Improve functionality and accessibility of Barangay VAW Desks.
 2. There should be an established procedure during the investigation which guarantees full and strict confidentiality.
 3. Barangay VAW Desk Officers should be trained to hand VAW cases.

- **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?**

The women participating the KII are unaware on any member from the government agency that actually takes part in the referral mechanism in addressing GBV.

To improve the government's response, there should be proper information campaigns at the community level to capacitate community women of their rights and remedies against GBV; Capacitate VAW Desk Officers in responding to and handling VAW cases.

- **Other recommendations for the CHR as the gender ombud as mandated by the Magna Carta of Women.**
 1. Impart proper orientation on the task of CHR to the LGU and community;
 2. IEC materials should be disseminated to the barangay level;
 3. Prioritize victim-survivors how belong to the poor sector.

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