



**Regional Mapping of Legal Referral Mechanisms on GBV
During the COVID-19 Pandemic and New Normal**

Title of the Activities: **Conduct of Separate Focused Group Discussions (FGDs) with Government Service Providers and Key Informant Interviews (KIIs) with Community Women**

Location: **Amulung, Cagayan**

Introduction:

The world has been battling a deadly virus for a period of time now. The first suspected case of COVID-19 in the Philippines was investigated on January 22, 2020, and the numbers have steadily climbed up without let up. Containing and fighting the deadly virus, the government has initially announced lock-downs but later eased out these restrictions due to numerous reasons. The Philippines government declared a state of calamity in the country on 17 March and this is still true until next year.

The pandemic has brought about tremendous changes in the way people live. COVID19 has pushed back economics, education and mobility to name a few. The government imposed lockdowns to prevent the spread of Covid-19. Along with this are reports of many women and children trapped at home with abusers. There is a noticeable spike in Violence against Women and Children (VAWC). As lockdowns ease, the Commission on human rights (CHR), being the Gender Ombud designated by the Magna Carta of Women takes a closer look at how government service providers and women's group side by side with the agency can protect women in times of crises in any possible form.

CHR conducted on October 2019 a summit aimed to map Gender Based-Violence Legal Referral Mechanisms. It has documented the continuing gaps in accessing justice in cases of GBV. The gaps include lack of information and knowledge of the laws, and of protection and referral mechanisms, accessibility of and availability of services especially for women with disabilities, women in geographically isolated and disadvantaged areas (GIDA) and women who are economically-challenged. The GBV mapping also highlighted gaps in the provision of crucial support services for women survivors of violence, particularly – provision of psychosocial support, livelihood, shelter, and also financial support to process the filing of cases.

Through this GBV mapping in the time of COVID-19 Pandemic, the CHR as Gender Ombud seeks to identify trends, issues, gaps, challenges, and best practices on responding to GBV during the pandemic. Moreover, it also presents an opportunity to communicate with duty bearers gaps and challenges, and for members of the referral networks to work together to ensure prompt, effective, and survivor-centered GBV response.

General Objectives of GBV Mapping during COVID-19 Pandemic and the new normal

1. 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;
2. 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;

✦ ACTIVITY 1: FOCUSED GROUP DISCUSSION with Service Providers

Date Conducted: October 13, 2020

➤ PRELIMINARIES:

The participants were made to understand that the activities, FGD for government service providers conducted that day and KII for community women and women's group conducted by a documenter from October 10-27, 2020 were a follow-through of the summit held last year.

CHR Regional Office # 02 Regional Director Atty. Jimmy Baliga, CPA, joined by Atty. Marie Grace R. Marcos, Regional Focal Person for Gender and Development, Lorraine C. Daquioag, CHR RO#2 Information Officer, Maria Theresa C. Duarte, Training Specialist, and Ma. Victoria Banatao, Finance Officer, travelled to Amulung, Cagayan upon the acceptance of the scheduled activity by its Chief Local Executive, Hon. Mayor Elpidio Rendon.

On October 13, 2020 RD Baliga welcomed the participants who represented their government agencies. (Refer to Table 1.) He expressed gratitude on the positive response of Mayor Rendon on the FGD. He elucidated to the participants how pivotal their roles are in data gathering. This enables CHR to come up with policy recommendations that ensure prompt and effective GBV response during the pandemic.

Atty. Marcos, CHR GAD Focal Person, shared with the small group the results of 2019 CHR Gender Based Violence Observatory Project. She recapped last year's FGD result which was presented during the 18 -day campaign to end VAW. She shared the results as well as the identified challenges and potentials of the GBV Observatory. More importantly, she expounded on the recommendations gleaned from the summit.

- **FGD PROPER:** (facilitated by Lorraine C. Daquioag, CHR Information Officer II)

Table 1: Focused Group Discussion Participants Profile

Government Service Provider	
1	Prosecution represented by the Fiscal
2	Philippine National Police – Women and Children’s Desk
3	Public Attorney’s Office- PAO of Iguig
4	Municipal Social Welfare and Development Office- MSWD Officer and Social Welfare Assistant/ GAD Focal Person
5	Municipal Social Welfare and Development Office- Social Welfare Assistant/ GAD Focal Person
6	Municipal Health Office- Nurse
7	Local Government Unit- Mayor Elpidio Rendon

Ms. Daquioag informed the group that the FGD used same set of questions posed prior the pandemic but was made relevant with the current situation of the New Normal.

➤ DISCUSSION OF RESULTS AND INFORMATION GATHERED

1. Gender equality situationer in the municipality of Amulung

- 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?

Prosecution: Walk-in clients use Investigation Data Form for profiling which has always been implemented even during the ECQ/ GCQ.

PNP: The same demographics profiling on GBV cases prior to the pandemic is implemented.

PAO: All walk-in or referred clients fill out interview sheet. This standard operating procedure (SOP) remains uninterrupted even during the lockdown due to COVID-19.

MHO: Data are kept as legal documents. The same template on data profiling has been utilized for clients.

Apart from national laws and international human rights instruments (e.g. CRC and CEDAW), what important gender equality or GBV policies are in placed in your office? How are these policies operationalized? (e.g.: Do you have focal persons for women/LGBT/GBV?)

Prosecution: There is no GBV or gender equality policies enacted that they are aware of. But the protocol is, whoever is “inquest duty” processes the inquest. They all have trained on GBV.

PNP: The assigned Women’s Desk personnel on the prosecution desk handles GBV even when there are trained males. This is observed for confidentiality and sensitivity of cases.

PAO: The Duty Lawyers of the Day take on walk-in clients. Resident Family Court lawyers are assigned to handle family disputes.

MSWDO: Newly- designated a GAD focal point, but earlier GBV cases are studied by the MSWD officer. It is SOP to act on any case or complaint filed using “What to do? How to do?” procedures.

MHO: They cater to medical aspect of the GBV referral mechanism system.

- 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?

LGU: The budget officer allots 5% for their program for women such as VAW. It is noted though that there is no separate GAD budget as the LGU implements centralized budget.

MSWDO utilizes 5% GAD budget which she acquires through proposal- initiative. Moreover, the Department of Interior and Local government (DILG) requires them to submit GAD plan despite absence of GAD Fund allocation given to the agency.

PAO is unaware if there is budget or even utilization

Prosecution Office has anti trafficking group and even training which need GAD fund.

- 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?

All government service providers who attended the FGD concurred that there are no specific programs or policies adopted by the LGU in responding to GBV during the COVID-19 pandemic. Run-of-the-mill policies and programs have been carried through.

2. Gender-based violence (GBV) in the 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 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)

Prosecution: On the part of Prosecution, rape cases had topped the forms of pre-COVID-19 GBV. But there is a decline in the cases filed during the ECQ/ GCQ. The decrease can be due to staying home allowing for more time spent with family. Noteworthy, though, that there are VAWC cases reported.

PNP: There is an increase in VAWC reports. But these are mostly late reports of earlier committed crimes. This could be due to awareness of the Anti VAWC Law.

There was a unanimous observation that there was a decrease in reported GBV cases during the ECQ/ GCQ.

Prosecution: The noticeable decrease is due mainly to families staying at home and time for bonding. The office deals with criminal case in nature. When there are unfiled or unreported cases, this usually is due to the MSWDO having responded to these on their level. There is a disparity in the number of cases between agencies due to this.

The Barangay Chairman does not know his role re: BPO. He is unaware that he is tasked to issue BPO for VAWC cases reported and not for MSWDO to issue one. There is a need for re-orientation on roles and functions of each service provider involved in legal referral mechanism for GBV.

MSWDO: The agency functions more as counselling arm. When there are complaints, there are dialogs between the victim and the perpetrators who are usually their partners or husbands. We counsel them and come up with a settlement or resolution of their marital disputes or complaints. There are few issued Barangay Protection Order (BPO) during the ECQ due to VAWC but these are not filed for litigation.

PAO: Rape and VAWC are the most common forms of GBV but the numbers are not reliable since it depends on the reports of PNP and prosecution.

roups 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)?

Housewives who are financially-dependent on their husbands/ partners are the most affected of GBV.

- 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?

The government service providers were in unison in their observation that restricted mobility has posed a challenge in their response or prompt action on GBV complaints during the pandemic.

Prosecution: Transportation or restricted mobility, IATF- EID Protocols, RA 11332 are some of the observed barriers in addressing and responding to GBV during ECQ/ GCQ

PNP: These are the same challenges that hamper response. We remedy by providing the vehicle such as patrol car for the client to attend inquests and others.

MSWDO: The ambulance is their mode of transportation.

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

There was a unanimous observation that the CQ/ GCQ has not produced difficult or challenging cases.

- What are the challenges/ barriers experienced during ECQ and GCQ in:
 - Issuance and Implementation of BPO?

No ABC Representative attended the FGD but it was shared that when the Barangay Chairman issues BPO, there usually is a supervisor who conducts a follow-up. What is seen as a gray area in the issuance of BPO is the perceived lack of awareness on the process of BPO. The chairman needs to be re-oriented on his roles and duties re: BPO.

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Investigation (PNP/VAW Desk)

"Kung walang magrereport, walang madocument." When there are no cases reported, there is nothing to investigate.

- Prosecution and Legal Assistance (Prosecutor's Office, PAO, VAW Desk)

It was shared that if minors were involved in the complaint or in the case and were assisted by parents, there were discrepancies in their complaints and blotter. There is inconsistency of facts. Moreover, their being minors proves to be a hindrance as they were not allowed to be outside residences during the pandemic.

PAO: To share an example, there was a rape inquest. The victim's family are apprehensive that if they file a complaint, it may make matters worse for them because they were not supposed to have allowed their child out during this time.

- Providing Support Services (MSWDO, CSWDO, WCPUs)

MSWDO sees no barriers in the provision of support services. Counselling and referrals of reported cases to PNP and Prosecution continued.

What factors contributed to the gaps/challenges in responding to GBV during ECQ/GCQ?

The service providers did not identify factors contributory to the creation of gaps/challenges in responding to GBV during ECQ/GCQ.

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

MSWDO: The office conducts thorough counselling with the complainant and the respondents even when the barangay has issued BPO. An all-inclusive discussion is held to resolve the case.

MHO: The routine practices such as Pre-marriage Counselling on Anti- VAWC Law are their best course of action.

Prosecution: Nothing innovative-Reports involving minors are entrusted to the DSWD.

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

- During the ECQ, what are the most accessible entry points for GBV cases?

The most accessible entry points are walk-in and referred clients.

- During the ECQ what services for GBV survivors were uninterrupted? What were interrupted or difficult to provide? Why?

Services for GBV were implemented and carried through during the ECQ.

- 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?

Counselling and referral services along with medical services (*medico legal*) were the most-commonly accessed service by women during the period from the MSWDO and PNP respectively.

- 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?

MSWDO: When the family is at stake, the complainants usually withdraw their complaints. Counseling both parties are usual exit points specifically when the victims considers the children who suffer the brunt of the marital spats and physical abuse. Financial consequence and financial dependence of the woman usually make her drop charges.

PNP: The exit points are inquest or litigation. They are even the ones bailing out the respondent.

WCPD: The issuance of Warrant of Arrest causes the victim to back out and desist charges.

Prosecution: Forgiveness, compromise and amicable settlement are exits points for most women. They usually do not intend to proceed with the trial. But rather to deter or to teach the perpetrator his lesson. But the office still exhausts the trial period or process.

PAO: Usually, the victim and the respondent reconcile at the onset of the filing.

It was brought up that even when the case did not proceed, there was still *"access to justice."*

4. Documentation

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

Most of the attendees agreed that there they have no opportunity or no instance for GBV data sharing during the ECQ but are willing to share data for legal purpose.

- Have you submitted or shared your GBV data during ECQ to any other office or inter-agency mechanisms?

MSWDO submits to DILG monthly report but apart from that, there is no other inter-agency data sharing mechanism or request received.

Were inter-agency mechanisms (RIACAT/RIACVAWC/RGADC) able to meet and discuss programs and policies for GBV during ECQ, GCQ and new normal?

The duty bearers have not conducted any conference or meeting to discuss programs and policies for GBV during ECQ, GCQ and new normal.

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?

1. Create Technical Working Group for GAD and conduct an orientation.
2. Conduct barangay orientation on Barangay Protection Order.
3. There should be assigned personnel to handle GBV apart from the duty lawyers for prompt response on cases.
4. Duty lawyers to undergo seminars or re-skilling on how to address GBV.
5. Conduct Information and Education Drive on VAWC and GBV.
6. Include in intake forms a range of identities of women that may have contributed to her marginalization such as ethnicity, disabilities, source of income and sexual orientation and not just NASL.
7. PNP and other emergency hotlines (specifically their mobile numbers) should be displayed on conspicuous areas for easy access and speedy response.
8. Allow videoconferencing in the conduct of trials to avoid resetting of trial dates.

- Do you feel that enough guidance has been provided by the national government in ensuring uninterrupted GBV response during Pandemic? What are your recommendations to improve response?

Among the service providers who joined the FGD, the prosecution felt insufficiency of guidance on the part of the national government in ensuring uninterrupted GBV response during the pandemic. The fiscal suggested that the national government should have prepared the local government on crisis such as COVID-19 or at the least, provided for a contingency plan in responding to GBV without prejudice to protocols and existing laws.

The rest concurred that the government have adequate guidance. Though there are suggestions to further make GBV response more effective. The following are their recommendations:

- Anti VAWC and GBV in each municipality be thoroughly and strictly implemented and monitored.
- Come up with innovative, relevant and contextualized mechanism in responding to complaints.

- Other recommendations for the CHR as the Gender Ombud as mandated by the Magna Carta of Women.

1. Provision of updates on GBV and VAWC policies and laws
2. Strengthening of IED on VAW
3. Re-orientation on the barangay level to equip the officials on the SOP in handling VAWC cases and of their duties and responsibilities
4. Strengthening the documentation, research and publication of capacities of direct service providers specially at the local level

The FGD with service providers in Amulung closed with the information that the result of the follow-through FGD held will form a composite report on GBV – the lived experiences of the victims, the referral and response mechanism of community women and women’s groups as well as the response and legal mechanisms of government service providers aligned with GBV.

⚡ **ACTIVITY 2: KEY INFORMANT INTERVIEW with Community Women**

⚡ **Date Conducted: October 10-27, 2020**

➤ **PRELIMINARIES:**

The other salient process of the GBV mapping of legal referral mechanisms during the COVID-19 pandemic is the conduct separate KIIs (Key Informant Interviews) with community women and women’s organization. Adhering to the protocols on physical distancing and the new normal, remote KIIs were done. This means the documenter conducted the interviews through phone calls and messenger. Responses to the KII included the KII’s lived experiences as front liners of GBV in their communities and a few VAWC victims themselves, the trends of GBV before and during the ECQ/ GCQ scenarios as well as the gaps and challenges they documented in responding to such cases.

The KII was a follow-through of September 2019’s activity with these community women. The same set of questions was asked but this time, taken in the context of the current pandemic situation. It aimed to distinguish any distinct trend that may have surfaced.

Before conduct of KII, the documenter introduced the GBV Project with the community women group or representative to be interviewed. Introduction included the CHR’s mandate as Gender Ombud and the general objectives as well as specific objectives of the activity.

In all instances, consent of women involved was obtained and data privacy rules applied.

➤ **KIIs PROPER:**

Table 2: Key Informant Interview Participants Profile

Community Women/ Women Organization			
1		44 y/o	Barangay Health Worker Tagga , Amulung
2		52 y/o	Barangay Kagawad Centro, Amulung
3		52 y/o	Barangay Kagawad, Annabukulan, Amulung
4		37 y/o	VAWC victim- domestic violence (2015), Barangay Unag , Amulung East

5		47 y/o	VAWC victim- economic and physical abuse (2020) /BHW, Unag,
6		43 y/o	Barangay Annabukulan,
7		26 y/o	VAWC victim- economic abuse, Barangay Anquiray
8		36 y/o	VAWC victim- physical and economic abuse, Barangay Unag
9		23 y/o	Economic abuse/ child support (2020), Barangay Unag
10		45 y/o	VAWC victim- Physical abuse (2007), BHW, Barangay Unag

N.B: The above profile of participants was obtained with the participant's consent.

➤ **DISCUSSION OF RESULTS AND INFORMATION GATHERED**

1. Gender equality situationer in the municipality of Amulung

- Are you aware of any local gender equality or GBV policies in your municipality? Do you know if you have a GAD Code or an Anti-Discrimination, Anti-Cat-calling ordinances or of their barangay counterpart?

Barangay Annabuculan has Anti-Chismis (Gossiping) Ordinance while Centro, Amulung bans the selling of liquor and cigarettes to minors. Other than that, there is no known Anti-Discrimination or Anti Catcalling ordinance that is implemented though the participants reveal that they probably have those though not systematized.

- 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)?

The participants do not have any knowledge or awareness of any program or policy on GBV adopted by their barangays. Moreover, they concurred that there are no specific programs or policies adopted by the LGU in responding to GBV during the COVID-19 pandemic. Run-of-the-mill policies and programs have been carried through.

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?

The VAWC desks that they are front-lining are functional and responding to GBV cases filed. Most of the staff members are Barangay Health Workers (BHW) and women community leaders. Some victims of GBV have become BHW who assist in documenting cases. Barangay Protection Order (BPO) is not issued by the Chairman and it was usually the MSWDO that issues it based on the narrative of a couple of GBV victims. There is lack of knowledge on the process of issuing the BPO. There is a noticeable decline in the issuance of BPO during the ECQ as there are no reported GBV cases.

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

- Prior to the Pandemic, what are the common forms of GBV in your municipality?

Marital disputes, domestic violence, physical abuse and rape are the most common forms of GBV in their respective barangays.

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

The community leaders recorded marital and domestic violence plus economic abuses as the most common forms of offense during ECQ/GCQ.

- 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 community leaders noted a drop in the number of reported GBV cases during the ECQ and GCQ. There was awareness of the Anti VAWC Law particularly in the case of a perpetrator who was imprisoned due to physical and economic abuse and concubinage. Housewives are the usual victims and their husbands or common-law partners are the perpetrators.

- During the ECQ and GCQ period, what are the challenges/ barriers women experienced in:

- a) Reporting VAW and requesting BPO with the Barangay VAW Desk?

There is contention on who rightfully issues a BPO: the barangay executive or the MSWDO? There are few reported VAWC complaints during the said periods which were promptly responded to by the barangay VAWC Desk.

- b) reporting and investigation of cases of GBV (PNP/VAW Desk)

Although there was no reported case to investigate during the ECQ/GCQ, one shared that she had experienced a struggle in reporting and pursuing her case. Local or grassroots politics and discrimination hindered her access to justice as the barangay chairman was his kin. The local PNP that time even notified him of the blotter which caused the victim to exit previously. But the CHR proved to be her ally who went through the proceedings. Access to justice was made.

- c) Prosecution and legal assistance (Prosecutor's Office, PAO, VAW Desk)

Women victims do not usually pursue prosecution when there was out-of-court settlement in the barangay. That could prove to be a barrier for grave offenses.

- d) Providing support services (MSWDO, CSWDO, WCPUs)

MSWDO sees no barriers in the provision of support services. Legal referrals and counselling were still accessed to by the women in distress.

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

- What are the available services for GBV survivors are community women often aware of?
- Which among the available services are most often accessed by community women? What are the possible factors affecting their choice of what to access?
- During the ECQ period, were services in relation to GBV uninterrupted? What services were unavailable or difficult to access? Why?
- What services during ECQ/GCQ are women most frustrated/disappointed?
- 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?

4. Documentation

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

Each case filed or reported was documented or received and booked by the VAWC Desk chair. There are no GBV researches yet.

- During the ECQ period, were you able to document GBV cases? Can you share trends and observations?

Very few GBV cases were documented during the pandemic (ECQ specifically) but the noticed trend is that of aggrieved women accessing justice at the barangay level and very often refrain from filing for litigation or prosecution.

- 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?

The community women of Amulung did not have a GBV case during ECQ that showcased difficulty in accessing justice/legal remedies.

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

Having a systematic and very procedural response mechanism to GBV reported cases is a good practice if only the barangay chief executive knows his functions.

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. Conduct Information and Education Drive and lecture series on VAWC and GBV in any possible platform.
2. Conduct barangay orientation on Barangay Protection Order.
3. Check for discrimination and kamag-anak system in the barangay.
4. Revise or update intake forms by adding the client's ethnicity, disabilities, source of income, and religion that may have contributed to her marginalization.
5. Conduct counselling of both parties.
6. PNP and other emergency hotlines (specifically their mobile numbers) be displayed on public areas for easy access and speedy response.
7. Contextualized and local dialects film-viewing or documentaries on local personalities who survived GBV.

- 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?

There is a unanimous response that the government agencies responded properly to cases of GBV during ECQ/ GCQ. Since there were just a few reported cases during the period, most of these were settled in the barangay level thus, there were no lengthy and inter-agency legal referral mechanism contacted or established.

- Other recommendations for the CHR as the Gender Ombud as mandated by the Magna Carta of Women.

1. CHR to conduct re-orientation on the barangay level to equip the officials on the SOP in handling VAWC cases and of their duties and responsibilities
2. Provide regular updates on VAWC and GBV laws and programs.
3. Create a Technical Working Group that will conduct skills training for women exposed to VAWC and survivors to financially equip them and make independent.