



**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: **Echague, Isabela**

Introduction:

The coronavirus disease (COVID-19) is an infectious disease caused by a new strain of coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

On 30 January 2020, the Philippine Department of Health reported the first case of COVID-19 in the country with a 38-year-old female Chinese national. On 7 March, the first local transmission of COVID-19 was confirmed. World Health Organization (WHO) is working closely with the Department of Health (DOH) in responding to the COVID-19 outbreak. This brought about tremendous changes in the way people live. COVID-19 has pushed back economies, 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 spikes Violence against Women and Children (VAWC). As lockdowns ease, the Commission on human rights (CHR), being the Gender Ombud designated by the Magna Carta on 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 September 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 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 15, 2020

➤ PRELIMINARIES:

Making a continuance of its activity to create a baseline data on the legal referral mechanisms on GBV during COVID-19, CHR Region 2 undertook an FGD with duty bearers and key service providers in Echague, Isabela. This was done to validate a parallel activity- the Key Informant Interviews with community women and women's group in the municipality.

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 1-15, were a follow-through of the summit held last year.

CHR R2 scheduled and held the FGD with the following government service providers. (Refer to Table 1: FGD Profile of Participants). The attendees were made to understand that they are crucial in creating a bigger picture on legal referral mechanism re: GBV in their municipality and coming up with policy recommendations that ensure prompt and effective GBR 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	Legal Referral Mechanism
3	Local Government Unit Representatives	Governance, Provision of Support Services
3	Philippine National Police Representatives/ VAWC Desk	Reporting and Investigation
5	Municipal Health Office Representatives	Provision of Support Services
2	Municipal Social Welfare & Development Office Representatives	Provision of Support Services
2	Public Attorney's Office	Prosecution and Legal Assistance
	THERE WAS NO ABC PRESIDENT	

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

➤ **DISCUSSION OF RESULTS AND INFORMATION GATHERED**

1. Gender equality situationer in the municipality of Echague

- 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?

The government Service Providers present during the FGD shared that their offices keep demographic records. Each has its own profiling system for both walk-in and referral. This Standard Operating Procedure (SOP) was implemented and observed during the ECQ/ GCQ.

- 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?)

It was revealed that not a single service provider in the FGD is aware of any GBV policy in effect in their locality. The PAO shared that they have Officer of the Day who handles inquest of cases filed. PNP has VAWC Desk front-lined by a female enforcer. It was deduced that these policies are implemented but they are unaware of these due to lack of update mechanisms or Info- Dissemination Drive. Some of these GBV policies are assigning focal persons for GAD, PWD, Senior Citizens and Indigenous Peoples (IP).

- 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?

The GBV legal referral groups in Echague are keen on the formulation of GAD plan and the utilization of at least 5% from their budgets for GAD activities. These agencies make sure that the budget allocation is appropriated for gender-responsive programs and submit yearly report of such utilization to NEDA. Even the current pandemic that has caused setbacks to the government and the country has not interrupted or stopped the utilization of their GAD budget.

- 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 present during 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 although these are made more stringent and responsive to the pandemic.

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)

Prior to the pandemic, rape cases, and domestic violence have topped the list of GBV in the municipality. When the pandemic caused people to stay at home due to lockdown, VAWC in the forms of physical, emotional, verbal and economic abuse became the most common forms. It was noted though that there is a decline in the cases filed during the ECQ/ GCQ. The decrease can be due to more stringent VAWC IED of women's groups such as Mengal Women Organization led by the mayor's wife, Jessica Gallegos-DY, free legal clinic by SB member Gretchen Valdez and barangay level vigilance led by the over-all president of Mengal Women Organization.

- 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)?

During the ECQ/post ECQ, housewives and women and young women in the remotest areas are the most affected.

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 duty bearers were of one mind in identifying that restricted mobility has posed a challenge in their prompt action on GBV complaints during the pandemic. Victims in the remotest barangays cannot access justice promptly due to geographical locations. Transportation or restricted mobility, IATF- EID Protocols, and RA 11332 are some of the observed barriers in addressing and responding to GBV during ECQ/ GCQ. Ambulance and PNP patrol cars have been used to transport victims of GBV. Most cases are settled at the barangay level hence no cases are reported in their agencies.

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

There was a unanimous observation that restricted mobility due to lack of public transportation, strict implementation of RA 11469 that prohibits minors outside residence, and the IATF protocols have posed a challenge to these service providers in responding to complaints of GBV. One case was of the minor who was molested but there was no one to do medico-legal.

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

No ABC Representative attended the FGD.

- Reporting and Investigation (PNP/VAW Desk)

As was earlier mentioned, the restricted mobility was a barrier during ECQ/ GCQ. Some cases are not filed in the PNP/VAW Desk as out-of-court settlement or amicable settlement upon counselling usually takes place.

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

It was the same situation for the prosecution: the restricted mobility and the restriction of minors outside residence were barriers during ECQ/ GCQ.

- Providing Support Services (MSWDO, CSWDO, WCPUs)

Restricted mobility and restriction of minors outside residence were barriers during ECQ/ GCQ for accessing the support services of MSWDO. Despite these barriers, there was continuous provision of such services to victims.

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

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

For the MSWDO, intake forms were reproduced and distributed to barangays. The rest have walk-in cases as entry points.

- 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?

Just like one of the municipalities visited for FGD, counselling and referral services along with financial aid were the most-commonly accessed service by women during the period from the MSWDO and PNP respectively. These services were their most basic means of accessing justice.

- 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?

PNP and PAO: Women often exit the formal helping system of the service provider when these agencies explain to them the proceedings of the case. After realizing the course of the legal process, they usually desist filing charges.

MSWDO: Financial consequence and financial dependence of the woman usually makes her drop charges.

4. Documentation

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

With the exemption of the MSWDO which submits monthly report to the DILG, most of the attendees 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?

Inter-agency mechanisms 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. Conduct barangay orientation on Barangay Protection Order.
2. Create a webpage for “e-sumbong mo” or online platform for accessing justice.

- 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?

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 Echague ended 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 1-30, 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 was 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, 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 is a follow-through of September 2019's summit with these community women and it must be noted that of those attendees that time, few responded to the phone calls for remote interview. 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	55 y/o	Women Organization	Taggapan Chapter Mengal
2	52 y/o	Mengal Women Organization	
3	57 y/o		Barangay Rumang-ay
4	57 y/o		Villa Victoria,
5	57 y/o	Barangay Human Rights Action Center Officer	
6	55 y/o		Garit Sur
7	55 y/o		Maligaya

8		47 y/o	Barangay Rumang-ay
9		58 y/o	Pangat Norte,
10		28 y/o	Barangay Rumang-ay

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 Echague

- 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?

One Barangay Mengal Organization president shared how her community introduced through information dissemination drive among women the "Bawal Bastos Law" or Safe Spaces Act. In addition, members of the LGBTQ are staff members of the Mengal Women Organization. Other than that, there is no other 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)?

Among the programs on gender or GBV that were adopted by a barangay was the conduct of VAWC seminars with both male and female constituents. There was gender segregation even during the lockdown particularly in quarantine facilities. Moreover, they concurred that there are no specific programs or policies adopted by the LGU in responding to GBV during the COVID-19 pandemic. Standard policies and programs have been carried through and catered to the complexities of the ECQ/GCQ.

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- o During 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 man are functional and responding to GBV cases filed. They are Barangay officials who are also Mengal women Organization presidents with one being a juris doctor. On the issuance of Barangay Protection Order (BPO), it was seldom that they issue one. There is lack of knowledge on the process of issuing the BPO.

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, incest (2 cases) and child molestation (1 case) and emotional abuse of minor (1 case) as the documented 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. Housewives and IP are the usual victims and their husbands or common-law partners are the perpetrators. For the IP woman, customs and traditions restrict her from accessing justice.

- 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?

In a similar situation with duty bearers, the community leaders are not keen on issuing a BPO. There was usually no request for one as the client just wanted some confrontation with the perpetrator with the VAWC chair or barangay chairman for settlement and sanction. One VAW victim who was on her third barangay hearing was not issued a BPO but there was a summons for the husband. 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)

Victims who have transportation restrictions and IP women experience strains in reporting their cases. There was a case where the PNP personnel that documented the case were unaware of the Anti GBV. There was a child abuse case that the community leader as mishandled as there was no RHU or government doctor on hand to do the medico legal during the prescribed period.

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

There was no identified barrier in accessing justice since the Mengal Women Organization offers free legal clinic (*Libreng Konsultasyon para sa Kababaihan at Kabataan na Dumaranas ng Pang aabuso*) as well as distribution of emergency calling card.

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

There was no identified barrier to the access of support services from the MSWDO, etc. Unconditional Cash Transfer and the access to the Haven for GBV victims was continuous.

- 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?

These women leaders observed that limited or restricted mobility has posed a challenge in women and minors seeking legal remedies of GBV cases during the pandemic. Lack of knowledge on legal referral system is also a barrier to the access to justice.

The non-availability of public transportation or restricted mobility, IATF-EID Protocols, as well as minor not allowed outside residence, are added barriers. Most of the victims need financial support for transportation and meals during their quest for justice.

- What are their 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?
- Can you cite a specific case during the ECQ period that highlights gaps in the referral mechanisms?

One may highlight the geographical isolation of IPs as one exploitable gap in the referral mechanisms. But as a whole, there was a unanimous observation that the ECQ/GCQ has not produced difficult or challenging case that could have highlighted gaps in referral mechanisms since most had opted for out-of-court settlement due to reasons like: the long system of due process, fear of stigma for the family, keeping the family together and financial issues.

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

The active and prompt response and leadership of Mengal Women Organization, NGOs like The Green Ladies Organization, utilization of GAD fund, the construction of Half-way House or Dormitory for women victims are some of the identified best practices in responding to GBV. There were also the skills trainings for women to make them financially independent. There were massive seminar-lectures on anti VAWC and GBV among women, couples and children.

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 notifiable trend is that of aggrieved women accessing justice at the barangay level and very often refrain from filing for litigation or prosecution. Most of the times, cases are not pursued due to financial constraints and family stigma. A few have no idea on the legal referral mechanisms hence when explained to them the procedure, they often times exit from their access to justice.

- 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?

Victims who belong to IP and are culture-bound to be docile have difficulty in accessing legal remedies. They usually belong to the *Yogad* and *Gaddang* tribes that tend to be very clannish.

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?

Revise or update intake forms by adding the client's ethnicity, disabilities, source of income, and religion that may have contributed to her marginalization.

Make visible PNP and other emergency hotlines (specifically their mobile numbers).

Creation of therapy clinic for VAWC victims.

- 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.

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