

Commission on Human Rights
Center for Gender and Women's Human Rights

Making Data Work for Women: Report of the 2019 CHR
Regional Mapping of Legal Referral Mechanisms on
Gender Based Violence

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Abbreviations

CGEWHR – Center for Gender Equality and Women’s Human Rights

CHR – Commission on Human Rights

CSO – civil society organization

DILG – Department of Interior and Local Government

DOLE – Department of Labor and Employment

DOT – Department of Tourism

DRRM – disaster risk reduction management

EJK – extra-judicial killings

FGD – focus group discussion

GBV – gender-based violence

GBV Observatory - Gender Based Violence Observatory Project

GFP – gender focal person

IBP – Integrated Bar of the Philippines

LGBT – lesbian, gay, bisexual, trans

LGU – local government unit

LSWDO – local social welfare and development officer

NDHS - National Demographic and Health Survey

OWWA – Overseas Workers Welfare Association

PAO – Public Attorney’s Office

PNP – Philippine National Police

PWD – person with disability

SDG – Sustainable Development Goals

SOGIE – sexual orientation, gender identity, and expression

VAWC – violence against women and children

I. Background

Gender Based Violence in the Philippines

The Philippines is bound not only by the Universal Declaration of Human Rights (UDHR), but also by 7 other human rights treaties that uphold the equal rights and dignity of all. The respect, protection, and fulfillment of rights are obligations of the State, including upholding the UDHR's primary tenet that "all human beings are born free and equal in dignity and rights."

Gender-based inequality cuts across all factors of one's identity. Women, as well as those who identify with non-binary classifications of gender, suffer from multiple and intersecting barriers in the enjoyment of their human rights - on the basis of sexual orientation, gender identity, expression and sex characteristics, and other intersecting identities such as age, ethnicity, disability, class, religion, education status etc. The Yogyakarta Principle states that "human beings of all sexual orientations and gender identities are entitled to the full enjoyment of all human rights." Article II of the 1987 Philippine Constitution declares that "the State values the dignity of every human person and guarantees full respect for human rights."

Currently, many laws are in place to protect women and girls from different forms of gender-based violence. Key legislations include the Anti-Violence Against Women and their Children Law (RA 9262), the amended Anti-Rape Law (RA 8353), the Magna Carta of Women (RA 9710), and the more recently enacted, the Safe Spaces Act (RA 11313), among others.

Despite legal provisions, gender based violence (GBV) remains pervasive in the Philippines. The 2017 National Demographic and Health Survey (NDHS) shows that 1 out of 4 married women aged 15-49 experience physical, sexual, or emotional violence under the care of their current or most recent partners. Eleven percent of women believe they deserve battery by their husbands for accusations of neglecting their children, inciting arguments, refusing intercourse, engaging in activities without permission, and even accidentally burning meals. Eight of ten children who identify as lesbian, gay, bisexual, or transgender (LGBT) are abused by family. The 2017 NDHS also shows that only one third of women who experience physical or sexual violence sought help, and that the common source of help was not with authorities but with the woman's own family (65%) and friends (18%). This does not speak well of a country that boasts of placing 8th in the Global Gender Gap Report of 2018 and of being one of the most gender equal countries in Asia.

The Gender Based Observatory Project

As the Gender Ombud under the Magna Carta of Women, the Commission on Human Rights (CHR) promotes and advocates for women's human rights and gender equality. It also monitors the implementation of the Magna Carta of Women and the State's fulfillment

of its treaty obligations. Part of the Commission's work as Gender Ombud is addressing different forms of discrimination against women and girls, including gender-based violence.

Recognizing the continuing prevalence of gender-based violence and the persistence of barriers to women's access to justice, CHR, with funding support from Go Just, undertook its Gender Based Violence Observatory Project (GBV Observatory). It began in 2018 spearheaded by the Center for Gender Equality and Women's Human Rights (CGEWHR) and led by focal Commissioner for Women, Commissioner Karen Gomez Dumpit. The GBV observatory is envisioned as a resource hub for GBV with a repository of GBV data that include normative standards on GBV from the international to domestic level, GBV research on how related laws are implemented, and documentation of how GBV manifests in the lived experiences of women.

The GBV observatory contributes to the monitoring of the State's obligations in addressing GBV and in forwarding key policy recommendations. The project aims for a deeper and wider understanding of GBV, enhancing women's access to justice, and in general, making data work for women. This is significant to furthering one of the key targets of the Sustainable Development Goals (SDG) which refers to gender equality (SDG 5), emphasizing the elimination of all forms of violence against women and girls in public and private spaces, including trafficking and sexual violence as well as other types of exploitation.

Specific objectives of the project include 1) the review of the roles of state actors in addressing GBV; 2) the mapping of existing legal referral mechanisms, and; 3) the documentation of processes, key themes and discourses, including the identification of issues, gaps, and challenges.

The project has three key components. First, GBV framework and mapping of GBV legal referral mechanisms were developed in five key pilot areas from May of 2018 to February of 2019. Areas covered were the local governments of Marikina, Batangas City, Guian, Samar, Zamboanga City, Koronadal, and South Cotabato. Second, a call for GBV research was made in line with validation forums and other activities featuring a study on extrajudicial killings (EJKs) through a gender lens and a child's perspective. Third, regional mapping of legal referral mechanisms were carried out in other regions completing all the Commission's 16 regional offices. The latter ensures sustainability through building capacity among regional CHR offices to implement GBV mapping and monitoring in their respective areas of responsibility, as well as through strengthening local inter-agency responses to GBV.

II. Methodology

As part of the GBV Observatory, the regional mapping of legal referral mechanisms was carried out to identify existing mechanisms, policies, and protocols responding to GBV

issues and gaps in documentation and overall women's access to justice. Following pilot GBV mapping activities, CHR regional offices held capacity building activities in preparation for FGDs in selected local government units (LGUs). FGDs were conducted in two areas per regional office. In each area, one FGD was held for service providers who handle GBV cases, and another was for community women and civil society organizations (CSOs).

Representatives of the Philippine National Police (PNP), local Social Welfare and Development Offices (LSWDO), GAD Focal Persons, the Barangay VAW Desk, community women's organizations, City/Municipality hospitals, the city/ municipality prosecutor's office, and the Public Attorney's Office (PAO) took part in the FGDs for service providers. These were held on dates and venues summarized in the matrix below which also shows the number of attendees for each:

Region	FGD Venue	Date	Number of Participants
Region 1	Pangasinan State University, Lingayen	24 Oct 2019	4
	Provincial Capitol, La Union	6 Sep 2019	Fraction of 25
Region 2	SB Conference Hall, Municipal Building, Echague Isabela	13 Sep 2019	7
	Amulung Municipal Hall	11 Sep 2019	8
Region 3	Grace Crown Hotel, Angeles City	27 Aug 2019	
	CHR Regional Office III, San Fernando	27 Sep 2019	
Region 4A	Casa San Pablo , San Pablo City	19 Aug 2019	23
Region 4B	Municipality of Socorro, Oriental Mindoro	30 Sep 2019	Fraction of 12
Region 5	Bob Marlin Restaurant and Grill, Naga City	4 Oct 2019	20
	Bicol Food Delights, Barriada, Legaspi City	1 Oct 2019	25
Region 8	I's Plant Hotel and Restaurant, Calbuyag City	24 Oct 2019	15

	Hotel Consuelo, Tacloban City	30 Oct 2019	6
Region 9	Hotel Primera, Zamboanga City	16 Jul 2019	
	Dapitan City	30 July 2019	
Region 10	Cagayan de Oro City Hall, Misamis Oriental	5 Sep 2019	9
	Municipal Hall, Maramag, Bukidnon	3 Oct 2019	20
Region 11	Municipality of Bansalan, Davao del Sur	11 Dec 2019	4
	Casa Leticia, Davao City	24 Sep 2019	21
Region 12	Kidapawan City	19 Sep 2019	13
	Palembang, Sultan Kudarat	10 Sep 2019	9
CARAGA	PASAKK, Bunawan	10 Oct 2019	24
	San Franz, Agusan del Sur	11 Oct 2019	8

A list of agencies which participated in each region's FGD for service providers follows:

Region	Agencies and Orgs
Region 1	PAO, Lingayen LGU, Provincial Legal Officer, Pangasinan State University, Office of the Prosecutor, Integrated Bar of the Philippines – La Union, PAO, PLGU, City Government of San Fernando, PNP, CSWDO, CLGOO/DILG
Region 2	PAO, PNP, NHO, LGU, Women Social Welfare, Indigenous people in the provincial board, CDW, MSNPU, DSWD
Region 3	CSOs, VAWC officers, City Government of Malolos, Academe-Pampanga State, Academe- Our lady of Fatima University, CSFP, PNP- Mabalacat, Pederasyon ng Kababaihang Organisasyon
Region 4A	Regional Trial Court, DepEd, SWD, BJMP, PNP, DILG, PAO, City Legal Office, Metropolitan Trial Court in cities, Quezon Provincial Police Office, Laguna State Polytechnic University, Dalubhasaan ng San Pablo University
Region 4B	MSWDO, VAWC, barangay officers

Region 5	barangay women and LGU, DepEd, CSOs, DOLE, OWWA
Region 10	CSOs, PNP, MSWDO, DPP, DILG, MHO
Region 11	DOT, DA, DOH, NCIP, DILG, DOLE, CSWDO, DCPO, PCUP, RCDG, SJA, CSPMO
Region 12	LGU, PNP, MSWDO
CARAGA	RHU, VAWC, Alegria SFADS, PAO, AOV, PNP, Mayor's office, NCPO, barangay officers, SWO-1, MWF, Fiscal's Office, KPAKK Youth, PASAKK staff

FDGs for local community women, CSOs, and those who serve local government units or barangays for GBV related cases were held in the following venues and on dates listed in the matrix below:

Region	FGD Venue	Date	Number of Participants
Region 1	Pangasinan State University	24 Oct 2019	8
	Provincial Capitol	6 Sep 2019	Fraction of 25
Region 2	SB Conference Hall, Municipal Building, Echague Isabela	13 Sep 2019	18
	Amulung Municipal Hall	11 Sep 2019	14
Region 3	Grace Crown Hotel, Angeles City	27 Aug 2019	
	CHR Regional Office III, San Fernando	27 Sep 2019	
Region 4A	Queen Margarete Hotel Downtown, Lucena City	23 Aug 2019	30
Region 4B	Municipality of Socorro, Oriental Mindoro	30 Sep 2019	Fraction of 12
Region 5	Bob Marlin Restaurant and Grill, Naga City	4 Oct 19	17
	Bicol Food Delights, Barriada, Legaspi City	1 Oct 2019	14

Region 8	I's Plant Hotel and Restaurant, Calbuyag City	23 Oct 2019	11
	Hotel Consuelo, Tacloban City	30 Oct 2019	12
Region 9	Hotel Primera, Zamboanga City	16 Jul 2019	
	Dapitan City	29 Jul 2019	
Region 10	Cagayan de Oro City Hall, Misamis Oriental	5 Sep 19	4
	Municipal Hall, Maramag, Bukidnon		15
Region 11	Municipality of Bansalan, Davao del Sur	12 Dec 19	25
Region 12	Kidapawan City	19 Sep 19	
	Palembang, Sultan Kudarat	10 Sep 2019	9
CARAGA	PASAKK, Bunawan	10 Oct 2019	25
	San Franz, Agusan del Sur	11 Oct 2019	10

Discussions focused on determining participants' knowledge on VAWC as well as local women's access to related services. This covers specific procedures in handling GBV cases and at which points key stakeholders are involved in addressing GBV. This include discussions on their documentation practices and referral mechanisms. Good practices, gaps, and challenges in handling cases were also discussed to see possible points of improvement. Participants also established a local directory of GBV responder contacts and a map detailing corresponding responsibilities of agencies.

CHR regional offices, in close coordination with the local inter-agency mechanism on VAW (RIACVAWC), each held summits as a venue to discuss results of the GBV mapping. In some summits, research on local women's experiences of GBV were presented. Pressing issues and proposed solutions were discussed in an endeavor to foster better partnerships among stakeholders in preventing, monitoring, and generally addressing GBV issues at the local and regional level. Dates, venues, and attendance details are summarized in the matrix below:

Region	Venue	Dates Held	Number of Participants
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Region 3	Diosdado Macapagal Government Center	6 Dec 2019	
Region 4A	St Jude Coop Hotel	25 Nov 2019	22
Region 5	The Avenue Plaza Hotel, Naga	25 Nov 2019	40
Region 8	Hotel Rodolfo, Tacloban City	27 Nov 2019	18
Region 9	Dapitan City	30 Jul 2019	
Region 10	De Luxe Hotel, Cagayan de Oro	25 Nov 2019	46
Region 11	Episcopal Diocese of Davao	25 Nov 2019	
Region 12	Viajera Café and Diner, Koronal City	25 Nov 2019	22

This study consolidates data gathered from the Commission's 16 regional offices' summits, FGDs with service providers, and FGDs with community women. It features findings, analysis, and recommendations on the regional mapping of legal referral mechanisms based on experiences detailed in regional reports.

III. Discussion of Findings

Common Offenses Against GBV Victims: Prevalence of GBV among vulnerable and marginalized women

Regional reports show that Filipino women and children are most vulnerable to violence experienced at home and often perpetrated by a family member. Domestic violence is experienced in combinations of its verbal, physical, mental, psychological, economic, and sexual forms. In both public and private spaces, women and children are in danger of rape and other forms of sexual violence, among others. Younger children are in danger of falling prey to incestuous fathers or father figures. In poorer communities, cases of child trafficking and prostitution continue to rise as young children are coerced to participate in sexual activities in exchange for some money for day-to-day survival.

The lack of access to education and economic means among women and children place them at risk for GBV. Repeated abuse and intimidating conceptions of GBV services such as legal processes aggravate fear among GBV victims which discourages many from seeking help.

Though not exclusively, domestic violence is most commonly experienced for of GBV by poor women who depend on their husbands for financial support. According to service providers, many of these women married early as a result of unexpected pregnancies. Social expectations heavily influenced by religious values of chastity inversely equate the

value of a woman to her lack of sexual experience. The case being so, Filipino women are expected to keep their virginity until they are married. Hence, the unexpected pregnancy of an unmarried woman is viewed as scandalous and marriage is one way for women to “save face.”

As these young women take on their responsibilities as wives and mothers, they are often deprived of time and opportunities for their own economic stability. Financial dependence on their husbands becomes one major factor that keeps women in difficult relationships. Husbands may threaten to cease supporting their wives if they are not submissive enough for their taste. Husbands maintain control over their wives' lives which include decisions concerning women's bodies and their reproductive health. Indigenous women, farmers, and those who live in far flung areas with less access to basic needs and government information or services are more prone to abuse by their husbands or other figures of authority, often male.

Many of victims of violence lack the education or awareness of their entitlements for human rights. Violence is commonly perceived to be limited to the physical act, being the most widely known form of violence. Despite this interpretation, there were many instances that physical violence is condoned and accepted by victims who felt helpless in their situations. At times, experiences of violence are rationalized as acceptable if preceded by trivial mistakes in relation to one's domestic duties. Young wives or female partners among teen couples, persons with disabilities (PWDs) and those who are economically disadvantaged and uneducated, often fall prey to domestic abuse.

Other forms of violence—verbal, psychological, mental, economic, and sexual forms—are slowly becoming recognized by women. This is evident in observations by service providers and community women who enumerated the most reported cases in their areas. However, many tend to forego seeking justice out of fear, stigma, and the perceived and actual barriers that may arise from processes involved in seeking help. Perpetrators of violence are often aware of abused women's predicaments and further threaten victims to contribute to their fear of seeking justice.

Children and teens experience violence both at home and in public spaces. Incestuous rape is reportedly common in regions 2, 3, 4B, 5, 8, 9, 10, 12, and NCR. Perpetrators are usually fathers or close male relatives of children. In region 10, this crime is particularly common in relocation sites. A municipal doctor from region 2 tells the story of a speech-challenged child. Local orphanage staff brought her for a consultation for suspected gastritis. Upon examination, the doctor found the child to be pregnant. She was raped by her father.

Battery of children is reportedly common in regions 1, 4A, 5, 8, 10, 11, 12, and CARAGA. In region 12, a child could be beaten for one afternoon of refusing to study. In several regions, children who are perceived to be non-gender conforming often suffer from physical violence on the basis of their sexual orientation, gender identity, and expression (SOGIE). Street children are most vulnerable to battery in region 1. There is also a rise in

child prostitution in the same region. Regions 3, 8, and 10, also see an increase in trafficking and prostitution among the youth due to poverty. In region 10, this occurrence has been dubbed “akyat truck,” where clients are mostly truck or tricycle drivers who pay children minimally in exchange for sexual activity in their vehicles.

Rape and physical abuse are the most reported cases across regions in the Philippines. Some service providers receive at least one rape complaint every month. These are not necessarily the most rampant forms of abuse considering that there remains a low percentage of women who report abuse despite having experienced it. However, these two crimes are the most violent and traumatic to victims as many almost die from them. In region 12, a woman who was battered for years was stabbed on the face by her husband. Many others continue to suffer from battery which worsens over time and leads to mutilation.

Other forms of sexual abuse follow in frequency in terms of reports, followed by child abuse (RA 7160) and other violations of RA 9262 including economic, and psychological abuse. Other notable reported cases include trafficking in children, sexual harassment, acts of lasciviousness, gender discrimination, and cyber-bullying.

GBV Trends

Gender-related data on basic demographics is scarce in LGUs across the nation. Among FGD groups of service providers, only four were confident in saying they have basic information on their population’s demographics. Quantitative data on current trends on GBV is not always readily available, if at all. Instead, trend descriptions are based on observed behavioral patterns from personal experiences in case handling by service providers and community women who participated in FGDs.

Across regions, GBV trends highlighted in FGDs revolve around issues concerning women’s apprehensions in seeking help, referral system inadequacies, and specific regional issues. Domestic violence being rampant, this section features factors that prevent women from escaping their plight due to various threats they face from their perpetrators as well as stigmatization by their families and communities. Trends on the rise in specific regions are also discussed. These include child and LGBT sexual harassment and other forms of violence in public places, property disputes among couples, and other issues linked to poverty. Finally, FGD participants showcase trends hindering service provision such as bureaucracy, the lack in funding, and poor technical capacity, among others.

The first observed trend from the responses of service providers and community women is the difficulty and oftentimes hesitation of survivors in pursuing in cases of GBV for fear of losing financial support from their partners. Service providers and community women across all regions see more abused women in fear of losing financial support from their husbands if they reported their experiences. Majority of abused women are housewives or low wage earners in informal sectors. In many households of patriarchal values, women’s care work and household management are given less value in comparison to

compensated work. Losing their husbands may mean that they would not be able to afford feeding their children as well as provide for other basic needs.

The second trend is that of fear of stigmatization. This fear is almost as widespread as the fear of losing a breadwinner in the family. Apart from Filipino traditional values dedicated to maintaining ideal nuclear families, predominantly Christian religious beliefs in the country reinforce women's imposed responsibility to be submissive to their husbands. As a result, many women would rather endure abuse than be shunned by their families for being judged as a "defective" wife or mother. This fear of possibly failing at their roles reinforces among married women a skewed sense of duty to endure anything to keep their families together under the dominion of men. This consistently breeds a "culture of silence" among victims, and as a result, keeps the cycle of abuse going.

Discussions with community women and service providers also revealed how domestic/intimate partner violence has been often normalized and seen as acceptable, particularly among many who lack access to education and live in poverty. Family members and even local barangay officials attempt to talk some women out of filing complaints, dismissing such cases as "normal" in marriages. There were reports of barangay officials not taking domestic violence seriously and clinging to the traditional belief that men should rule the household as "head of the family". In NCR, there were women from the FGDs shared that they encountered misogynistic remarks while reporting GBV from officials who view women as "overly emotional." Some women are ridiculed and blamed for their husbands' actions, one official was quoted as faulting women for "allowing themselves to age and become less attractive."

Many times, women only pursue legal action when they see that their children are negatively affected by the abuse they endure. In regions 8 and 12, it has become common for victims to feel sorry for perpetrators after they have complained to authorities. Instead of going through legal processes, couples reach an informal settlement in their barangays and continue to live together, the woman once again left vulnerable to abuse. These kinds of settlements were also shared by the FGD participants from regions 2, 3, NCR, and CARAGA.

In regions 2, 4A, 4B, 8, 12, and CARAGA, service providers admit to having difficulty sympathizing with women whom they view as indecisive. This is reflective of the challenge faced by service providers with women survivors who refuse to follow through with complaints. It is also reflective of the persistence of victim blaming and the need for more survivor centered approaches. A common issue raised during FGS with service providers is the unwillingness to continue with the complaint and/or withdrawal of complaint for violence by many survivors. The reasons cited range from personal to practical reasons, including financial dependence on the perpetrator. The confusion and combinations of fear, pain, anger, and other jarring emotions from violent experiences may be difficult for women to overcome. On the other hand service providers may overlook victims' burdens and tend to focus only on case procedures. This disjuncture leads to frustration both for victims and service providers.

There are notable GBV trends specific to different regions, though these do not exclusively happen within those regions alone. In region 2 for instance, service providers mentioned that cases of physical injuries against LGBT persons have been increasing. There is also a rise in Filipinos unable to find decent paying jobs and ending up working overseas to support their families. Men who leave their families for work tend to commit adultery and stop sending their wives financial support. This is also a common form of violence mentioned in the region.

Region 8 sees an increase in gang-perpetrated rape in North Tacloban. The City Police representative stated that criminal gangs befriend girls to gain their trust. Once targeted girls willingly spend time with the gang, they are raped. In region 9, there is a reported practice of statutory rape among some families. Cases of suicide have also increased in the region. In region 10, property disputes have burdened women who need to defend themselves against more aggressive male counterparts. There is also a rise in cases of abortion by women who are abandoned by their partners due to unexpected pregnancy. In addition, region 10, like region 4A, also sees an increase in cases of sexual harassment in bars and other public places.

There is reportedly an overall lack of trust among women as regards availing of GBV-related services, especially in regions 2, 3, 4A, 5, 9, 11, and 12. Apart from having to deal with trauma and stigma, government services remain slow in many areas of the Philippines. The barriers that survivors perceive/expect to encounter in accessing justice keep them from reporting or proceeding with their complaints. Service providers' non-observance of survivor centered approaches also impact survivor's trust in the system.

Funding is also a common problem. Most victims of GBV are unable to afford miscellaneous expenses necessary for processing complaints such as transportation. Local barangays may also lack funding for logistical operation in assisting GBV victims. According also to FGD participants, while some GBV mechanisms are established, some are not functional. Some were established merely for compliance with government requirements but failed to deliver the services needed by survivors.

The padrino system is also common and survivors are faced with red tape when dealing with authorities. Come the need for investigations, they are not properly executed. In rape cases handled in regions 4A, 5, and 9, for example, some victims find the required evidence and witnesses to be difficult to provide. Instead of finding support, they end up feeling unnecessarily interrogated, and at times revictimized. Without access to good legal services, such victims are discouraged from proceeding further with their cases.

Deaf women, as well as those who do not speak the same language as their service providers suffer more difficulty in seeking justice as processes are not accessible for them without the provision of sign language or local language interpreters. The same goes for those who are unable to read or write.

General State of GBV Mechanisms and Services

Regardless of identity, all persons are born equal in dignity and rights, including the right to be free from discrimination and gender-based violence. It is the State's obligation to respect, protect, and fulfill these rights, including ensuring that remedies are available and accessible regardless of gender, social and economic class, or any other status. The Philippines has updated its legal framework in the protection of individuals, especially women from different forms of GBV. These include RA 9262, RA 8353, RA 9710, and RA 11313.

FGDs with service providers and community women discuss how the above mentioned laws are implemented and translated into services in each Philippine region. Of all represented regions, only six barangays currently have or are gathering data to record demographics in their area. These barangays are from regions 1, 3, 4A, 10, 12, and CARAGA. Updated demographics are important for context in providing services tailored to fit to the needs of the community or the sector concerned. These should include gender disparity in terms of access to basic needs, services, economic activities, and overall situation of residents of an area.

The GAD Code and ordinances are meant to guide local government units in operations regarding the protection of women, children, and persons of diverse sexual orientation, gender identity, and expression. Community representatives from regions 4A and 5 reported having local GAD policies and programs with projects and activities closely implemented in partnerships with CSOs and religious organizations. Region 5 holds regular awareness campaigns on GBV. Their LGUs conduct sectoral consultations on the GAD Code, women's health, and child protection. Other services included the establishment of women's centers, temporary shelters, and disaster risk reduction and management (DRRM) programs.

CSO representatives from regions 1, 2, 4A, and 8 report that local communities are often unaware of GAD policies in their regions. Regions 1, 9, and 12 FGD participants report that some national laws and policies on GBV are not well disseminated in their regions. Some local residents are only aware of specific policies such as the anti-gossip policy in region 2, region 9's anti-sexual harassment policy in the work place, and region 5's anti-catcalling policy. The absence or limited access to information on GBV and its remedies still persists.

CSO representatives in the FGDs also report that there is little opportunity for women to participate in policy-making. CSOs from region 9 are able to attend GBV orientations and immersions. CSOs from region 2 and 5 report having participated in public hearings on GBV. CSO representatives from region 1 report that government CSOs are often given priority over independent CSOs in invitations for hearings. Others have not been able to participate in policy-making activities in their regions. This highlights the continuing gap with respect of women's participation and representation during capacity building activities and in planning and programming on GBV response.

Several regional government offices also do not have budget, facility, or staff provisions to be able to attend to GBV cases. Some service providers do not have access to their office's 5% GAD budget allocation or have no idea how it is used. Some barangays in regions 2, 8, 10, and CARAGA are either not aware of the existence of the GAD budget or do not have access to it.

Service providers identify the wide availability of barangay VAW desks in areas of Lingayen, Amulung, Lucena, Legaspi, Tacloban, Cagayan de Oro, Davao del Sur, and Davao City. However based on the sharing by CSO representatives and community women, only VAW Desks in regions 2 and some in regions 4A, 5, and 8 are functioning. In other regions, women shared that not all barangays have VAW desks, and some, while established, lacked functionality. Women participants claimed that some were established for mere compliance with national requirements but are provide in the services they provide. Many community women are also unaware of the existence of VAW desks their areas, further suggesting that they do not function even if they exist at all.

In region 1, some barangay officials are unaware of the requirement for a VAW desk so victims rely on the PNP and social workers for GBV response. In many areas in regions 3 and 12, victim survivors of GBV only have CSOs to rely on for help. In region 9, PNP VAW desks seem to be the only institution prepared to handle GBV cases. Some FGD participants representing community women are unaware of the barangay protection order (BPO). In the same region, some teachers informally take on the responsibility of attending to GBV victims. Other barangays, particularly in region 5, do not get DILG funding for VAW desks. Several admit to having VAW desks but have no gender focal person (GFP) to run them.

Case Management of GBV Cases

The flow of GBV case management varies in different areas. There is not one standardized procedure for handling GBV cases that service providers and community women are aware of. Women's knowledge on institutions that manage GBV cases is often limited. Those who experience abuse and report their cases only approach institutions which they know can manage GBV cases.

In regions 1, 2, 3, and 4A, service providers from the PNP, PAO, CSWD, Barangay Hall, and DOH report that they accept walk-ins. The survivor determines what agency she/he chooses to file her/his report first. In region 1, most women seek GBV assistance directly from the PNP, the Prosecutor's Office, or DSWD. In region 2, CSO representatives assist women in filing GBV cases through appropriate offices of PAO, DSWD, and their barangays, ensuring that women receive proper legal, medical, and livelihood services.

Barangay halls are usually most accessible to women who seek help for GBV. Service providers from regions 4B, 5, 8, 9, 10 and 12 agree that the first step that women take if they choose to formalize their complaint is report to local barangay officials. Barangay

officials refer women to the PNP, PAO, MSWD, or DOH, if the officials and the complainants agree there is a need to do so.

In region 5, both FGD participants who represent service providers and community women report that the flow of case management in their regions have complete stages guided by a standard flowchart. Barangays or CSOs are often the first entry point of women who are assisted in filing complaints through the PNP and PAO. Women are examined medically and their accounts of incidents are recorded and kept as evidence. Region 5 is active in monitoring their VAW desks and in conducting research on GBV investigations and criminal patterns in their region.

Other service providers from regions 12 and CARAGA observed that if not the barangay, women file complaints through the PNP. According to CSO representatives from regions 1, 4A, 9, 10, 12, and CARAGA, most cases are settled only at the barangay level in their areas. In region 12, apart from the Barangay Health Office, GBV is reported to MSWDO or their local Muslim leaders. However, there is often no follow up to cases after they are reported and in some instances, cases are settled through the religious and cultural elders. It has been observed that even as settlement of cases, while prohibited under the law, is still often practiced on the ground.

Currently Available Services for Survivors of GBV

Service providers and CSO representatives offer basic services to women who seek help after experiencing GBV. This section describes commonly accessed services and institutional practices for GBV management according to different regions.

The most commonly accessed and widely available service in majority of regions is counseling. Through local CSOs and LSWD offices, counseling includes mental health first aid, planning, and guidance on legal procedures. Apart from counseling, legal assistance is commonly sought by women through government service provider referrals to PAO, PNP, and in some, the IBP. Of legal procedures, women often avail of the Barangay Protection Order (BPO), especially in regions 2, 3, 5, 8, 12, and CARAGA.

Government services for GBV victims include livelihood assistance in regions 1, 2, 4A, and 5. Indigenous people from regions 1, 4B, 5, 10, 8, and 11, are given financial assistance for transportation and logistical costs in filing cases. Medical expenses are provided by local governments in regions 5, 8, 9, 11, and CARAGA. Only regions 5, 8 and 10, have temporary shelter provisions for GBV affected women and children. Less common government provisions related to GVB include the referral of survivors to alternative learning systems (ALS) and child protection services.

Some CSOs support women through legal processes, this is by guiding them to through the legal maze and providing assurance and community support throughout difficult stages of their cases. In region 5, there are women's centers with rooms for breast feeding mothers, play areas for children, and private quarters for counseling. Other areas do not have the same provisions.

When possible, CSOs assist women in accessing medical, legal, and financial support to aid in pursuing their GBV cases and help them get back on their feet after surviving abuse. CSOs from regions 4A, 5, and 10 are able to provide women with temporary shelters or enlist them in a protection program. CSOs in regions 4A, 5, 10, and CARAGA, have livelihood programs to help women gain economic independence. In region 1, CSO staff make regular house visits to monitor progress made by survivors of abuse.

Both government and CSO representatives see the continuing lack of awareness on women's human rights and GBV among community women. Thus, the continuing conduct of awareness raising campaigns in barangays and local communities. In regions 1, 4B, 5, 9 government agencies and CSOs also distribute education materials and discuss among local communities rights of women and various concepts of abuse.

The FGD also provided an occasion for government service providers and CSOs to identify and highlight their best practices. Government services providers refer to information dissemination drives, training, and other awareness raising activities as their best practice. Regions 3, 4A, and 8 consider as best practice their multidisciplinary approach to case management where they coordinate with other agencies through multidisciplinary referral systems. If fully implemented, service providers from region 3 recommend that agencies follow DILG policies and guidelines in attending to GBV. Service providers from region 2 report on giving clients free medical, legal, psychosocial, and financial support.

CSO best practices on the other hand include capacity building and awareness raising activities on GBV. More importantly, they try to give enough support to GBV victims to ensure that they are not intimidated by the complicated processes involved in accessing remedies. In addition, CSOs monitor their clients' conditions and follow up on the status of their cases. As much as they can, they provide women with access to sustained legal assistance and livelihood opportunities. Some also organize support groups where women with similar experiences may share their thoughts with each other. Lastly, some CSOs are able to provide shelters and livelihood programs and conduct house visits for survivors.

GBV Documentation

Despite standard referral mechanisms developed through the Inter-agency council against Violence Against Women (IACVAWC), the responses during the FGDs still reveal that for many of the participants, there are differing ways of documenting GBV by different agencies. The varied responses could indicate lack of awareness by some service providers of the basic documentation and referral pathway or it could also indicate that to the present, there is no streamlined and standard documentation for GBV cases. From the government service providers' end, detailed reports of incidents of VAW are only consistently recorded in regions 4A, 5, 8, and 10. These records follow different templates. Across all regions, service providers keep their records confidential and only share them when benefiting GBV cases involved.

Local PNP in regions 2, 4A, 8, and 11 maintain an electronic database where data on GBV are kept. In other areas, namely regions 2, 3, 9, 10, 11, 12, and CARAGA, barangays have logbooks or what they refer to as “pink blotter” to keep count of cases they handle, though reports are not always detailed. In addition to logbooks, service providers from region 12 keep medical records related to GBV incidents. In region 1, GBV incidents are only documented when clients give their statements. In region 9, service providers have no formal record keeping system for of GBV cases or incidents.

Only service providers from region 5 have a systematic practice of documenting GBV cases. They have a process manual which standardizes GBV case documentation in the region. Many areas in the region maintain a database of GBV victim incident reports, and conduct service delivery surveys for client feedback.

On the other hand, majority of CSO representatives attest to having better focus on the documentation of cases they manage. Save for representatives from region 1 and one barangay in region 5, CSOs use logbooks and keep pictures, following DSWD standards for documenting GBV cases. Some regions conduct trace studies and impact assessments to enrich their GBV database. Like government service providers, CSOs protect the confidentiality of their data and only use them to advance their clients’ cases.

Challenges in Case Management and Premature Case Withdrawals

Government and CSO involvement in GBV case management is faced with many challenges. These problems are socio-economic, structural, cultural, and personal in nature. In many cases, such barriers cause case withdrawals by clients which can be frustrating to both GBV victims and those helping to advance their cases.

Clients, first and foremost, suffer from barriers in accessing legal remedies. As mentioned earlier, most victims of GBV suffer from poverty and barely earn to afford day-to-day survival. Particularly in regions 12 and CARAGA, many women live in remote areas and need time and money to travel to government offices where they can seek the help they need. It is not a standard across all government service providers to provide VAW victims with financial support. Victims who are mothers may be discouraged to report their cases especially if they earn on a day-to-day basis and they have children to tend to.

In addition to barriers related to accessibility, women living in poverty are also often lacking in knowledge about their rights under the law. They can be easily threatened by vicious perpetrators or those in better positions of power. In outskirts of regions 2, 8, and CARAGA, women are pressured to sign waivers in their barangays which state they are not filing cases against their perpetrators who have personal connections with authorities. Some perpetrators go as far as threatening service providers or social workers who help women survive their abuse.

Majority of GBV cases occur in intimate relationships, where perpetrators are partners. This is often overlooked by formal assistance systems. Trauma and fear from having been violated can be paralyzing and confusing to victims. In many cases, survivors of GBV are

blamed and humiliated by their family members and communities where they live. Victims are stigmatized for not being subservient to their husbands or for allegedly 'blowing up' or 'exaggerating' incidents which many believe should be kept as domestic issues. This reaction occurs among local barangay officials and other municipal offices as well. Children are even more easily intimidated and may be discouraged by their own parents from filing cases against their perpetrators.

Several women who experience GBV tend to fear the processes involved in filing cases against their perpetrator. They are unable to afford legal or medical services, and lacking the financial capacity to support the filing of cases. Women are faced with a long list of requirements. These range from documentary to object evidence, to witnesses able to provide testimonial evidence. They are confronted by instances of victim blaming and often required to repeatedly relive their experiences as they formalize their statements in different agencies that require them to do so. In all these, women tend to lose trust in formal systems, especially in those whose staff are apathetic to them. In region 12, filing cases of GBV can be life threatening. Muslim women could be killed if they are up against influential families and especially if authorities decide that they lack evidence in their complaints, thereby exposing them to possible retaliation.

Having little influence on government processes, CSOs find difficulty in helping GBV victims due to an unclear delineation of government agency responsibilities when handling GBV. Government service providers themselves are confused with their roles, aggravated by the lack in communication among agencies. CSOs also report that case processing is generally slow due to incompetent government staff who are unable to efficiently investigate cases. There is general dissatisfaction in some areas over services of PAO, the PNP, and barangay officials, whose operations are corrupted by red tape and padrino systems. There are also reports of biased judges and public lawyers who side with perpetrators especially if GBV victims come from poverty or do not have any connections with authorities. As a result, CSO staff and volunteers end up overworked and exhausted.

Despite national and local policies on GBV, local government service providers lack the resources to ensure efficiency in GBV case management. Many lack awareness in concepts of GBV and are unaware of its proper management. Several also do not know how to use the GAD budget. Regions 1, 3, 8, 10, and CARAGA do not have psychologists. Some do not consistently have medico-legal doctors either. Facilities such as temporary shelters or private rooms for victims of GBV and other gender-friendly facilities are scarce. Region 11 service providers face challenges in monitoring relocation sites and other shelters which are unsafe for women and children. However, the region lacks facilities to move women to safer shelters.

Many barangays officials are untrained in managing GBV. Often informally, a large majority of GBV cases are settled at the barangay level without forwarding incident reports to responsible government agencies. Some service providers actually think it best that cases are settled at the barangay level but such outcomes mean that women may

have been denied justice and/or forced to accept the arrangement. Moreover, priority for anti-VAWC measures are inconsistent and depends on whoever chairs the barangay.

Across all regions, language barriers in communicating with local populations hinder the whole process of tending to GBV victims: from failed attempts to educating the public, to the inability to gather case information, and then pushing cases forward to responsible agencies. This especially affects those from remote areas who speak different languages as well as deaf or those who are hard of hearing. It is reported that majority of government service providers are still in need of special training in handling cases of children who are also survivors of violence.

Service providers and the overall atmosphere of agencies may be quite intimidating for already confused and terrified victims of violence. There is a general distrust among GBV victims for government systems brought by the lack of understanding and awareness regarding the law and the legal process, as well as the slow progress in GBV case management. On the other hand, most service providers feel that women are indecisive and tend to withdraw their cases once they are intimidated or start to feel sorry for perpetrators.

Due to several gaps in the management of GBV cases, more complainants drop out even prior to beginning the legal processes. In regions 1, 2, 4A, 5, 8, and 11, many withdraw their cases soon after reporting the act of violence to their barangay officials. Some women decide not to pursue the case during the investigation stage for fear of being unable to prove their experience and the fear of re. Some women leave the process after counseling or a medical examination, in some instances, when assigned to doctors who are male. Some women go further but cease pursuing their cases when the legal process has taken too long without any resolution.

Many women run out of finances to proceed with their cases. A five year old PWD was raped in region 2 but the family could not file a case against the perpetrator because apart from receiving threats, they could not afford service fees. In the CARAGA region, some women repeatedly experienced battery and even survived stabbing by their husbands. None of them were able to file criminal cases because they could not afford the prolonged process.

Recommendations by Government Service Providers and Community CSOs

Government service providers and CSOs shared recommendations to improve the management of GBV cases in their regions. A detailed list may be found arranged according to regions in the annex section of this report. Following are key recommendations made during FGDs.

Both groups recognize the need for a much more aggressive awareness raising on women's human rights and on GBV across all regions especially in far flung areas. In region 11, for example, information on GBV do not reach Lumads who are more vulnerable to GBV. As such they are unaware where to seek assistance or help in cases

of violations. Information that need repeated dissemination include understanding the root causes and the different forms of GBV, the processes involved in reporting and pursuing cases, and the available government services, including CHR services. Some participants request for CHR satellite offices in their areas.

Widespread capacity building focused on service providers and members of the referral system is crucial in better identifying gaps and possible areas for improvement in their provisions. Being closest to communities, barangay officials need in depth awareness on GBV, especially in terms of case management and combating outdated gender norms that are oppressive to women. Mandated VAW desks need to be installed in all barangays with an assigned GFP. Consistent monitoring and improvement of these services is necessary. Other service providers should also have increased capacity in managing evidence, keeping confidentiality in documentation, and being sensitive to particular gender needs of GBV survivors including those belonging to the LGBTQI community.

Services under key government service providers should be clearly streamlined, with step-by-step guidelines to avoid confusion among service providers and clients. This may also address delays in legal processes as well as other support provisions for GBV survivors. Updating of the referral network directory and hotlines should be undertaken regularly. Following as well the provisions of the Rape Victims Assistance Act, one stop shops for cases of rape and other forms of GBV should be established. Close coordination and partnership with CSOs working on women' human rights and prevention of GBV should also be undertaken,

Temporary shelters and facilities such as private rooms for women and play rooms for children are necessary in giving GBV victims a sense of safety when in institutions that handle GBV. A translator in all languages used in corresponding areas of responsibility as well as sign language interpreters should be available for Deaf survivors or those who speak other local languages.

Access to free services should be given to women who cannot afford them. This ensures fairer access to justice among GBV survivors. These provisions should include psychosocial, medical, legal, and livelihood services which help women recover from their experiences. Other activities which could empower GBV victims include support groups, education on livelihood, health and wellness, and even self-defense as suggested.

Education on the use of the national GAD budget as well as access to it is necessary for hands-on government service providers. With a system that is transparent, funding could provide for GBV survivors their basic needs, access to programs, and anything that may help them regain their lives.

It is also necessary to ensure the protection of social workers or anyone involved in helping those who experience violence. Some of them receive threats from perpetrators as reported in region 12. Incentives may also be provided to encourage more volunteers from communities to help combat GBV.

IV. Key Highlights, Analysis, and Recommendations

The GBV Observatory is a GBV resource hub which seeks to provide updated information on normative standards on GBV from the international to domestic level. It features GBV research on the implementation of laws and how GBV manifests in the lived experiences of women, girls, and persons of diverse SOGIESC. In view of the continuing prevalence of GBV in the country coupled with manifold barriers to access to justice, the GBV Observatory monitors the State's obligations in addressing GBV and in forwards key policy recommendations.

As part of the GBV Observatory, the regional mapping of legal referral mechanisms was carried out in CHR's regional offices. Its goal is to build capacity among GBV responders and strengthen local inter-agency responses to GBV. FGDs were conducted in each region to document victim profiles and their common experiences, GBV trends, regional processes in GBV management, system gaps, and recommended solutions. Key highlights follow.

One key finding of the GBV Mapping conducted by the regional offices is the continuing lack of awareness and limited knowledge among community women, and some service providers on GBV. Poverty and the lack of education is also observed to be common among victims of violence across all regions. Women, children, PWDs, and sexual minorities, especially those unaware of their human rights, are vulnerable to GBV. Abusers are usually family members, often husbands or paternal figures Outside of home, GBV occurs in public spaces including schools, workplaces and places of leisure.

There is not one attributed reason for causes of violent acts by male perpetrators. Instead, service providers and CSO representatives see women abused for failing to conform with gender expected gender roles, things like accidentally burning meals or any act which makes their perpetrator feel defied. Religious and cultural belief systems reinforce patriarchy among communities across regions. Women residing in NCR are criticized as being overly emotional and sensitive if they make sexual harassment complaints. The same is experienced in other regions, and in worse cases as in predominantly Muslim areas, life threats are aimed at women who speak out against their abusers. This mentality is further encouraged by the country's current political landscape, where popular leaders promote machismo and the devaluing of other genders, promoting patriarchy more than ever. Patriarchy trickles down to the masses, encouraging the exercise of a sense of male power over other genders, often leading to various forms of violence.

GBV victims experience a variety of emotional states including fear, hopelessness, and devastation. Women, often mothers, face uncertainty over their violent experiences and their family's near future. Several consider enduring abuse in exchange of not losing their breadwinner. Children and teens who experience abuse have more difficulty in processing their emotions. In addition, GBV victims face intimidating investigation processes and a slow justice system, leading to their further discouragement from seeing

their cases through. Hence, firm guidance and support of CSOs and government service providers is critical to the recovery of GBV victims.

Case management among responsible agencies is not always streamlined in many regions. Majority of cases are informally settled at the barangay level with complaints regarding officials who lack the capacity to attend to cases of GBV. There are still barangays without VAW desks, and some, although not all service providers have shared the absence of uniform standards in documenting GBV.

Other agencies such as the PNP, PAO, and DSWD lack resources to fulfill their responsibilities in terms of updated capacity building on related topics on WHR and GBV, necessary infrastructure, and concrete guidelines in GBV management. Logistical costs for pursuing cases are unaffordable to many GBV victims and service providers are not always able to help, leading to premature case withdrawals.

A detailed set of guidelines on staff capacity building, GAD budget allocation for GBV response, and checklists of essential services for GBV affected persons, would guide agencies thoroughly through GBV policy implementation. Provision for sign and local language interpreters, even for on-call services, is necessary for inclusive access to GBV services. Non-negotiable and free of charge services should include referrals to gender knowledgeable medico-legal examiners, psychologists, investigators, and lawyers. Steps to make gender-friendly spaces in GBV service establishments need not be expensive and are also necessary for a welcoming environment for GBV victims.

Regular capacity building for all GBV responders on survivor centered approaches to case management, gender sensitivity in handling cases, and policy implementation, would impact the efficiency of serving justice. Widespread education among all communities on human rights and GBV, as well as empowerment trainings focused on livelihood and household management would also help prevent incidents of violence.

Furthermore, a standardized monitoring system across all regions is essential in producing information on the state of GBV in the country, its gaps in service provision, and possible solutions. Local documentation should have standard questionnaires that would have information necessary for legal use, as well as a thorough needs assessment which DSWD, CSOs and other agencies may refer to. Investigators or whoever extracts information from GBV victims should be well-trained in gender sensitivity. If organized and filed systematically, gathered information may aid in furthering access to justice and used as basis for policy updating and implementation.

V. Annex

ANNEX 1. Recommendations on Strengthening GBV Response According to FGDs Categorized by Region

The following section consists of organized details of recommendations by participants of FGDs and summits conducted in selected Philippine regions under the study.

Region 1

Recommendations by service providers:

- CHR provision of IEC materials including books and brochures for distribution to students, teaching and non-teaching staff, general public
- Established functional women's desks with assigned GFP
- CHR satellite office in Pangasinan
- additional staff, budget, and partnerships focused on GBV work
- assigned local Gender Ombud
- strengthened capacity of authorities to implement mandate and keep public awareness on GBV assistance, particularly for poorer communities
- government assessment of barangay VAWC desk function so that GBV cases are first resolved at the barangay level
- addressed cases involving women and children who are discouraged to pursue their cases due to humiliation from abuse by their own relatives
- financial aid for victims who cannot afford expenses from filing cases against GBV increase female investigators in the WCPD to properly handle VAWC cases (City Prosecutor's Office)
- free of charge psychological assessment for cases involving psychological abuse (PAO)
- online platform for easier reporting of cases such as an online messaging tool where GBV cases can be reported in real time (IBP)
- police priority on expediting GBV-related in consideration of perpetrators with close family ties to victims who tend to influence complainant withdrawal of cases (IBP)
- intensified training for women's desk officers on the proper handling of GBV-related cases especially involving children/minors (Legal Office, PGLU)
- localized inter-agency council for VAWC which can cater to the specific needs of a certain locality.

Recommendations by CSOs and local community women:

- assigned law and counseling expert in all organizations that cater to women's and children's rights
- standardized gender handbook to guide all organizations in implementing anti-GBV activities
- intensified awareness campaigns involving more women
- assistance from student body organizations in mobilizing and organizing activities to increase awareness campaigns in schools and universities

- additional female police officers under PNP to handle GBV-related cases
- increased trainings on proper handling of cases involving women, children and LGBTQI persons
- established local inter-agency council for VAWC

Region 2

Recommendations by CSOs and local community women:

- distributed copies of materials on women's HR and policies
- continuous lectures and FGD to share insights on GBV and update CHR on GBV status in barangays
- available lawyers who are fair and value justice
- psychosocial services for victims suffering from depression and traumas from GBV
- increased awareness on women's HR
- self-defense trainings for women to prevent physical abuse
- monthly FGDs to learn more about GBV and be able to contribute to improved case assistance
- CHR provision of emotional rebuilding programs
- involve men, especially husbands, to participate in GBV seminars
- increased awareness on economic abuse especially for community women
- increased capacity at the barangay level since they are closest to the community

Region 3

Recommendations by service providers:

- established advocacy program at the barangay level
- increased seminars and lectures about GBV
- counseling services by trained family psychologists
- available medico-legal officer dedicated to GBV cases
- increased activities for public dissemination of GBV information

Recommendations by CSOs and local community women:

- intensified information dissemination down to barangay level and city
- advocacy building and GAD trainings on domestic laws
- Reproductive Health and Responsible Parenthood (RHRP) awareness raising
- increased awareness on women and children's rights at the barangay level
- increased awareness on trafficking of persons, cat-calling, LGBTQ+ sensitivity
- capacity building for barangay officials handling VAWC complaints
- men's empowerment
- increased awareness of sexual abuse in academic environments
- properly documented GAD and strengthened information dissemination

Region 4A

Recommendations by government agencies:

- stakeholders equipped with trainings
- developed monitoring and evaluation strategy
- informed public on government services catering to GBV cases

Recommendations by barangay representatives:

- established functional VAW desk
- established linkages with local and national government agencies
- improved family and community relationships

Recommendations by private sector representatives:

- increased anti-VAW efforts by the government
- established action desks in places of work
- company policies for VAWC-free workplace

Recommendations by academic and training institutions:

- VAW concepts in lesson plans
- regular Anti-VAW activities
- established CODI

Recommendations by community women and women's rights allies:

- increased human rights awareness through information campaigns
- increased confidence in speaking out and reporting rights violations
- improved awareness among men on respect for women
- established groups for men against VAW
- perpetrator involvement in anti-VAW programs
- strictly implemented GBV and women's rights policies for students, school employees, barangay, and LGU constituents
- ensured confidentiality of cases among VAW victims
- increased awareness among all community members on GAD policies, services, and processes
- consistent legal, VAWC, and LGU assistance
- increased capacity of CHR to reach out to all 80 barangays
- established Citizen's charter
- counseling services made available to victims

Region 4BRecommendations by service providers:

- integrated comprehensive GBV re-orientation in barangays
- organized registered LGBTQIA++ community
- orientations on SOGIE

Recommendations by CSOs and local community women:

- orientations, information dissemination activities, and trainings on SOGIE made available to everyone
- further discussions on sexual harassment, rape, and acts of lasciviousness
- advocacy building approached through AIM WET (authority, influence, moral ascendancy, work, education, and training)
- extreme and comprehensive GBV orientations for barangays and municipalities
- better knowledge and understanding of women's rights among all stakeholders to prevent violations caused by ignorance

Region 5

Recommendations by service providers:

- basic sign language trainings for PNP
- regular situational analysis of root causes of VAW
- trainings covering 4 R's (recognition, recording, reporting, referral) of VAWC
- reviewed and updated GAD plan
- ensured privacy of cases
- clear task delegation of RA 9262 for DOH, PNP, DSWD, DOJ
- consistent updates on reported VAW cases
- documented cases at the barangay level
- improved LGU partnerships
- better access to financial assistance for victims of VAW
- trainings on sign language for service accountability mechanisms

Recommendations by CSOs and local community women:

- VAW incorporated in school curriculum
- operations manual on crisis intervention and counselling for students
- increased information dissemination in barangays and workplaces
- increased knowledge on HR
- improved access to CHR provisions
- improved access to financial assistance
- LGU trainings
- GBV mapping
- disseminated information on laws in easily understandable language
- widespread empowerment of women
- clearly understood and publicly known procedures for filing cases
- Seminars on women's HR

- trained barangay officials training
- sign language interpreters available for PWD victims
- MCW integrated in education materials
- men involved in GBV education

Region 8

Recommendations by service providers:

- active assistance by CHR in filing cases
- frequent awareness drives
- continued lobbying for EVRMC's GAD budget
- dedicated infrastructure for EVRMC-WCPU
- information dissemination on basic forms of VAWC
- VAWC awareness raised in remote areas (PAO)
- clearly delegated tasks among government agencies for VAWC response (CHO)
- informed child-friendly investigations
- varied and updated IEC materials
- increased awareness raising and capacity building activities especially in barangays

Recommendations by CSOs and local community women:

- increased awareness on referral systems and case process of GBV
- increased awareness on GBV among community
- awareness raising about the organization, Men Oppose Violence Everywhere
- better access to resources and livelihood programs
- LGU practicing responsive planning
- women's rights education
- increased legal aid access
- Magna Carta of Women promotion
- increased trainings by CHR on agency roles for PNP, MSWDO and LGU on VAWC response
- consistent public support
- family inclusion in GBV orientations
- installed visual IEC materials on GBV in public
- better community awareness on GBV
- free legal services
- developed VAWC Center infrastructure to provide all GBV services for victims

Region 9

Recommendations by service providers:

- established CHR office in Zamboanga del Norte
- competent barangay and PNP personnel
- PNP close participation in FDS of 4Ps

- established one stop shop for filing VAWC cases
- strengthened networks among agencies
- regular meetings on GVB updates
- coordinated agencies including BLGUs
- increased medical training
- increased CHR involvement in GAD activities

Recommendations by CSOs and local community women:

- established process flow for filing VAWC cases at the barangay level
- increased trainings on VAWC case handling
- dedicated trainings for men
- consistently monitored VAW desk
- increased IP education on HR
- BLGU transparency regarding VAW activities
- better NGO access to VAWC related IEC materials
- established suicide prevention mechanism for victims
- better access to legal and financial support
- trained barangay officials
- increased production of IEC materials
- empowered community
- consistent monitoring and evaluation of VAW desks by CHR and DILG
- active PNP support against VAW

Region 10

Recommendations by service providers:

- psychologists made available for VAWC victim counseling
- consistent dialogue with barangays
- intensified educational drives
- effects of tolerating violence incorporated in information campaigns
- barangay interventions as violence is ongoing
- increased educational campaigns
- speedy resolution of cases
- increased awareness on CHR services
- IEC provisions for communities
- adequate PNP personnel attending to VAWC victims
- available medico-legal doctors
- improved DSWD program on GBV
- educated public on sexual exploitation of women in bars and in other places
- addressed “Akyat Truck” problem, in which women (including students) have sex with truck & tricycle drivers for money
- enhanced livelihood programs for women

- digital counselling made available for everyone
- seminars conducted for teenagers

Recommendations by CSOs and local community women:

- barangay interventions as violence is ongoing
- increased educational campaigns

Region 11

Recommendations by government agency service providers:

- strengthened information and education campaigns on GBV
- better community awareness on CHR's Gender ombud role
- improved BHRAC function
- CHR assistance in preparation of legal documents
- 1% contribution of other agencies to NCIP
- Improved referral mechanisms
- continued partnership with CSSDO and wider community advocacy reach
- continued independence of CHR
- strengthened monitoring of partner offices
- continuous partnerships with other agencies
- collaboration between CHR and tourism office in identifying GBV violations
- intensified information campaigns on GBV in IP areas
- improved social media campaigns on GBV
- information dissemination on GBV in grassroots communities
- education campaigns at the barangay level
- Lumad access to education
- consistent dialogue and community consultations
- harmonious relationship between CHR and PNP
- improved knowledge of PNP in management of "difficult clients"
- increased capacity in counseling
- better awareness on PWD/ mentally challenged women
- better access to speedy trials
- accredited doctors involved in GBV cases
- decentralized Sub poena powers
- established MOA for data sharing
- GBV policies for agencies

Recommendations by barangay service providers:

- service providers trained in sign language to facilitate interactions with PWDs
- increased trainings on VAWC IRR
- increased trainings for health professionals
- strengthened annual GAD training program
- increased trainings VAW Desk responsibilities
- compliant relief operations by LGUs
- depoliticized disaster relief operations
- needs identified in urgent cases
- instated policy on liquor consumption (liquor ban)
- food provision support
- financial aid

Region 12

Recommendations by service providers:

- established barangay marriage counselors
- strengthened capacity of barangay officials
- enhanced information dissemination on GVB
- developed GBV center infrastructure
- protected social workers handling sensitive cases
- adequate support and salary for social workers
- established one stop shop for GBV managed by multidisciplinary team
- designated barangay VAW desk officer to handle GBV
- updated PNP blotter policies
- provision of sustainable livelihood assistance for GBV survivors
- incentive provisions for community members who participate in GBV activities
- revised GAD Code and IRR which includes a rights-based approach
- frequent trainings on RA 9262 and types of abuse
- established women and family committees
- adequate GAD budget
- functional VAW center
- increased information on referral mechanisms

Recommendations by CSOs and local community women:

- protected CSOs who handle GBV cases
- increased knowledge of CSOs on DSWD procedures
- improved documentation system by CSOs
- increased knowledge among public on GBV laws
- increased public knowledge on Bastos Law
- trainings in child protection for CSOs

- counseling services provided by barangay centers, LGUs, and NGOs
- increased support by agency heads for GBV prevention
- active participation of National Capacity Building for VRP
- 500 teaching and non-teaching personnel involved in anti-GBV activities
- strengthened values
- increased awareness of women on GBV
- increased awareness among men on GBV
- improved access to assistance for filing VAWC cases through referral mechanisms
- consistent updates on experiences among service providers
- improved assistance during calamities/disasters
- responsive GBV related campaigns

CARAGA Region

Recommendations by government service providers and CSOs:

- monthly seminars on VAWC awareness and women's rights
- monitored functions of VAW desk officer
- accessible social interventions, seminars, and rehabilitation services for VAW victims and survivors
- oriented and constantly trained barangay front-liners dealing with VAW victims and survivors
- free medico legal services
- instated policy allowing citizen's arrest especially if victims are under BPO
- allocated budget for psychologists assigned to attend to victims of psychological abuse
- wellness and livelihood programs for survivors of VAW
- trainings on counselling VAW victims and survivors
- established rehabilitation center/ temporary shelters
- free medicines for indigenous patients
- accessible birthing homes accredited by PhilHealth, especially for pregnant women coming from far flung areas
- strengthened information drive on women's rights
- trainings on marriage counselling, gender sensitivity and VAWC

Recommendations by CSOs and local community women:

- strengthened law enforcement
- VAW desk visibility
- trained anti-VAWC front-liners
- increased VAWC information dissemination activities covering MCW with translated versions in vernacular
- imposed incentives to increase attendance in VAWC seminars
- disseminated information on flow charts of referral mechanisms

- allocated livelihood programs for VAW victims and survivors
- CHR Office in Agusan del Sur

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