

MIRIAM COLLEGE

CENTER FOR STRATEGIC RESEARCH



Assessing the Organizational Responsiveness and Service Delivery of Local Government Units (LGUs) and the Department of Social Welfare and Development (DSWD) on Violence Against Women and Children (VAWC) amidst the Community Quarantine due to the COVID-19 Pandemic

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EXECUTIVE SUMMARY

The novel coronavirus (COVID-19) pandemic has affected millions of people worldwide. With more than 90 countries in lockdown and billions of people quarantined at home due to the pandemic, a shadow pandemic characterized by gender-based violence, in particular Violence Against Women and Their Children (VAWC), perpetrated by intimate partners is also happening.

This research aims to assess the organizational responsiveness and service delivery of local government units (LGU) in the country and the Department of Social Welfare and Development's (DSWD) prevention of and response to VAWC cases amidst the community quarantine imposed due to the Covid-19 pandemic. Areas covered in the assessment are policy, physical facilities and ICT infrastructure, human resources and staff complement, services and protocols, information and advocacy, monitoring, and evaluation, as well as resources utilized by government in its response to these cases. Online data collection methods such as virtual focus group discussions and key informant interviews were conducted from November to December 2020. The respondents were members of the Inter-Agency Council against Trafficking (IACAT) and the Inter-Agency Council on VAWC (IACVAWC) at the national, regional, and local levels of four regions in the country which reported the highest incidence of VAWC: Region III, IV-A, VII and XIII.

Extent of VAWC during the Pandemic: All the Regions, except Region III, are among the top 5 regions in the country with the highest incidence of gender-based violence. These are Regions IV-A, Region VII and Region XIII. With a total of 1,179 VAWC cases from March to June 2020 alone, 50% came from Region VII, 13% from Region XIII, and 11% from Region IV-A. More cases were reported from July to December 2020 when the community quarantine was lifted or relaxed in some areas and survivors were no longer subjected to mobility restrictions. Except in Region XIII (CARAGA), the number of VAWC case-reporting amidst COVID-19 is lower compared to the past year but this cannot be interpreted as reduced incidence of VAWC cases. In fact, mobility restrictions and communication connectivity issues may be responsible for the low number of reported VAWC cases.

Policy. LGUs have continued to implement anti-VAWC programs and services during the pandemic and within the community quarantine setup, based on existing national legislations and consistent with basic standards indicated in RA 9262 and related laws. No formal integration of VAWC policies or programming guidelines at the local level were made and no efforts to introduce new policies in response to the pandemic were evident.

Physical Facilities and IT Infrastructures. Minimum structures needed to respond to VAWC cases exist across all regions and provinces/cities/municipalities, such as the women’s desk, rape crisis center, social services, and health and transportation facilities. However, because transportation facilities are not utilized for VAWC rescue operations alone and are shared by all units in the areas covered, it is often difficult to respond to urgent cases in geographically isolated and disadvantaged areas (GIDA). It is only in Talisay City where there is a vehicle solely dedicated to the rescue of VAWC survivors. All areas also utilize online platform/infrastructure as alternative modality in the reporting of cases during the pandemic. However, this poses challenges not only to service providers but also to the survivors as not everyone has access to the internet, and some have limitations on the use of online communication technology.

Human Resources and Staff Complement. Across all sites, the lack of qualified staff or service providers is a common challenge. The sudden shift to online platforms as an alternative mode for the provision of services made it difficult for some service providers unfamiliar with the new technology to adjust to the system. There is likewise a lack of qualified professionals in the field. Moreover, multi-tasking having become the norm could easily lead to caregiver burn-out. This also impacts on the kind of assessment and interventions provided. The pandemic highlighted the importance of capacity building, retooling, and training on VAWC as there still exists stereotypes in the way VAWC survivors are perceived (e.g., that domestic abuse is a family matter). Also, since VAWC desk officers are coterminous with the incumbent local official, staff turnover is high and thus the need to constantly train and update personnel in order to ensure continuity of service. Finally, mental health was also a concern for both VAWC survivors and their families, as well as the service providers.

Services and Protocols. Some programs and services offered prior to the pandemic remain active and available during this period but are accessible only following health protocols. The referral system remains in place and ensures that strong coordination between LGUs and DSWD and other relevant agencies exists. Both online and physical reporting, as well as case management services, continue to be available. There is a follow up mechanism with regards to cases. Prior to the pandemic, home visits were conducted but now service providers rely mostly on SMS or text messaging. The primary entry point for VAWC or VAW services is through the VAW desks of the Local Social Welfare and Development Office (LSWDO) at the barangay level or the Women and Children Protection Desks (WCPD) located in police stations.

On the part of the LSWDOs and the barangay women’s desks, programs and services are readily available for VAW victim/survivors among marginalized women (e.g., indigenous women, senior women, girl children, poor women, women from other cultural minority groups) and women in especially difficult circumstances (e.g., women in armed conflicts, internally displaced women). These include crisis intervention, psychosocial services, medical assistance, medico-legal assistance, temporary shelter, emergency financial assistance, legal assistance, and provision of food, medicine, transportation allowance, as needed, livelihood and skills trainings for VAW survivors, and employment assistance. Standardized protocols and procedures are also applied to facilitate not only service delivery but also provide the terms that will be used in the case management, documentation, and monitoring and evaluation of VAW cases.

Information and Advocacy. Activities to increase awareness of the general public on VAW and women's human rights, as well as encourage their participation have been undertaken across all regions, provinces, cities/municipalities. These include information campaigns and the production and distribution of information, education and communication (IEC) materials; the observance of special dates related to anti-VAW and women's human rights such as the Women's Month and the 18-day campaign to end VAW; and training and orientation of other stakeholders within the LGUs. While prevention is, theoretically, a key opportunity for integration of VAW and VAC work, most prevention programs lack strong evaluation of outcomes and impact, thus making it difficult to understand the effectiveness of different approaches. Further, VAC and VAW projects tend to focus on different sets of outcomes making it difficult to gain insight into integrative, accelerative, or cross-cutting impacts of program interventions on both VAC and VAW. All regions are active in their information and advocacy activities on gender-based violence (GBV) that would enhance capacities and skills of service providers and organizations while increasing public awareness. However, it has been a challenge to mainstream GBV at the grassroots or community levels, especially because of barangay mediation in VAWC cases. This suggests that efforts at the regional, provincial, and even city levels do not necessarily trickle down to the level of the barangay.

Monitoring and Evaluation. Although there are existing mechanisms for monitoring and evaluation, the problem is in terms of sustaining initiatives. Another issue is the lack of a harmonized data system. For instance, monitoring of clients and cases are done by the Philippine National Police (PNP) through its Case Information Database Management System (CIDMS). Social workers have their own DSWD database system, while CHR for its part has the Gender Based Violence or GBV Observatory. Given the 3 different tools/data systems in place, there is a possibility of reporting duplication. And since service providers are overwhelmed with their work, they do not have enough time to encode and update cases.

Resources. Programs and services for VAWC have corresponding funding from the GAD budget. However, this has been realigned for COVID-19 related response. Though budget is perceived to be adequate, insights on the gaps and challenges reveal that there is a need for additional staff and social workers, capacity building activities especially on online reporting and counseling, legal support, and transportation facilities, among others.

I. INTRODUCTION

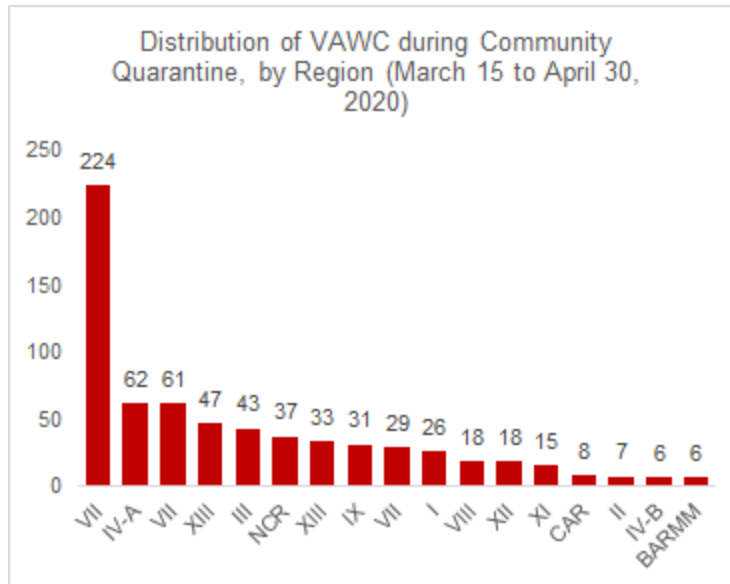
A. BACKGROUND

The novel coronavirus (COVID-19), which first appeared in Wuhan, China at the end of 2019 now affects millions worldwide. It was initially seen as a China-centric shock but is now understood to be a global crisis. According to the Organization for Economic Cooperation and Development (OECD), the increased uncertainty has led to financial market volatility last seen during the global financial crisis. On 16 March 2020, President Rodrigo Duterte issued Proclamation 929 which declared the Philippines under a State of Calamity for six (6) months and imposed a stringent community lockdown throughout the entire Luzon (including Metro Manila) for thirty (30) days, effective 15 March 2020. The Local Government Units (LGUs) across the country have also adopted the same measure due to the increasing cases of COVID-19 per day. With more than 90 countries in lockdown and billions of people quarantined at home due to the pandemic, one glaring concern is the increase of reported cases of Violence Against Women and Their Children (VAWC) perpetrated by the husband and or intimate partners.

According to the Inter-Agency Council on Violence Against Women and Their Children, a total of 4,242 Gender Based Violence (GBV) cases has been reported by the Philippine National Police from January to April 30,2020 alone. Meanwhile, the DSWD, through its Women/GBV focal persons in Field Offices, have received 733 GBV cases. Some of these cases were responded through provision of psychosocial counseling, home visits, temporary shelters, financial assistance and referrals to the concerned Local Social Welfare and Development Office (LSWDO) for follow through and continuity of the basic services. Survivors of trafficking were admitted to the Haven for Women. According to the United Registered Social Workers (URSW), an average of 50 cases of abuse per region was being handled by the group amidst community quarantine. In NCR alone, URSW handled 200 cases. The nature of cases was rape, incest needing rescue and medical assistance, panic attack, sleep disorder, and economic stranded among others. Majority of the survivors are female, mostly mothers and their children.

Furthermore, cyber tips of alleged Online Sexual Abuse and Exploitation of Children (OSAEC) involving Filipino children from the National Center of Missing and Exploited Children (NCMEC) tripled during ECQ, (March- May 2020), there's a 264% increase (DOJ-OOC) from 76,561 cases (March- May 2019) to 279,166 cases.

Meanwhile, data from PNP as quoted by the Philippine Commission on Women (PCW) has recorded 671 cases of crimes against women. Figure below shows the regional distribution of cases related to R.A 9262 or the Anti-VAWC Law of the Philippines.



The continued reinforcement of the community quarantine may put women and their children at a greater risk of experiencing violence. The cases on VAWC are expected to rise due to restrictions on mobility and inaccessibility of the existing basic services in the community which resulted them to prevent reporting with the duty bearers.

The DSWD would like to look into this aspect and to take into account the environmental situation posed by the said restrictions, as the underlying conditions for the under-reporting of cases. The evidence and results generated through the study shall feed into the policy recommendations that will eventually guide and strengthen the LGUs mechanism in responding to the cases of VAWC anchored on the context of new normal environment due to the pandemic. For the DSWD, the results of the study are expected to contribute to the downstream and larger plan to work towards the digitization of the case management system. The focus of the study is contextualized within the pandemic, an unprecedented and sweeping occurrence affecting the entire population, and adds to the significance of evidence and knowledge to be generated in order to advance the protection mechanism and programs of the Department.

B. OBJECTIVES

The overall objective is to assess the Local Government Units' responsiveness as an organization and service delivery to address violence against women and their children during the pandemic. This extends to the following specific objectives:

1. Assess the LGUs' organizational responsiveness to address violence against women's and children during the pandemic,
2. Identify the challenges in providing services to victim-survivors of VAWC and responding to cases of VAWC (as an LGU- organization) during the pandemic,
3. Determine the responsiveness of LGUs processes and the effectiveness of its referral networks in delivering its programs and services to VAWC clients,

4. Examine the applicability of existing case management protocols for VAWC related cases during pandemic,
5. Document the good practices being implemented in handling VAWC concerns during emergency situations, and
6. Identify policy and programs recommendations for a more responsive and efficient delivery of services for VAWC during emergency situations.

C. METHODOLOGY

1. Type and Approach

This study employs qualitative research design. Data and relevant information were collected through online means such as remote key informant interviews (KIIs), virtual focus group discussions (FGDs), and extensive policy reviews and analysis. Since the study operated within a tight timeline, existing data and information from various sources were also be utilized.

2. Sampling Selection and Design

The study was conducted in the regions with high incidence of reported VAWC cases and those with innovative practices on their VAWC response during the pandemic.

To measure the organizational responsiveness, the study involved the participation of Inter-Agency Council on Violence Against Women and their Children (IACVAWC) member agencies and the Secretariat and Local Committees on Anti-Trafficking and Violence Against Women and Their Children (LCAT-VAWC) from Provincial/City/Municipal Committee on Anti-Trafficking and Violence Against Women and Children (P/C/MCAT-VAWC).

For National level, representatives of the Philippine Commission on Women as IAC-VAWC Secretariat were interviewed. At the Regional Level down the City/Municipal levels through the LCAT-VAWC, member agencies were invited for virtual FGDs or KIIs to assess the enabling policies and organizational responsiveness of the Inter-agencies in delivering its mandates to respond to the emerging issues and concerns of VAWC. Arrangements to hold FGDs and KIIs were made to other IACVAWC member agencies were made but they were unable to participate in the data collection.

For LGU level, nine served as research sites due to time constraints and difficulty of confirming schedules with target participants. In-depth data gathering was conducted to assess the organizational and service delivery responsiveness of each LGUs in responding VAWC cases during pandemic. The LGUs were assessed on its organizational functionality and service delivery responsiveness to its VAWC clients using the assessment framework (See Section II of this report).

Research Sites in the Local Government Level

Area	Province	City	Municipal
Region III	Zambales	Olongapo	Bataan
Region IV-A	Rizal	-	Angono
Region VII	Cebu	Talisay	-
Region XIII	Surigao del Sur	Bislig	-
Total	4	3	2

3. Methods for Data Gathering

This research used remote key informant interviews (KIIs) and virtual FGFd to gather data. A questionnaire was also developed and shared to the Local Social Welfare and Development Officers (LSWDOs) to complement and enrich the online data collection methods.

- **Review of Documents:** All existing and available guidelines on the programs and services related to VAWC were reviewed and analyzed and served as references in developing the framework of the study. Previous local and foreign studies related to organizational and service delivery responsiveness on VAWC and related administrative data (e.g., SGLG, LSWDO Functionality and LCAT-VAWC functionality) were also reviewed and analyzed. Furthermore, a review and analysis of existing related policies, mechanisms, and processes will improve the understanding on the responsiveness and appropriateness of delivering the mandates of IACVAWC during the pandemic.
- **Virtual Focus-Group Discussions:** Per identified region, two (2) FGDs were conducted with the following composition:

Organizational Group	Service Delivery Group
Provincial/City/Municipal Planning and Development Coordinator Sanguniang Panglungsod Bayan LSWDO Chairperson of the Committee on Women, Children and Family, School Superintendent NGO representatives of the ff sectors: Women, Children and OFWs	LSWDO Provincial/City/Municipal Health Officer Provincial/City/Municipal Public Employment Services Officer Provincial/City/Municipal Prosecutor Provincial/City/Municipal Local Government Operations Officer Provincial/City/Municipal Chief of Police NGO representatives of the ff sectors: Women, Children and OFWs

Participants under Organizational FGDs are members of LCAT-VAWC that are mandated and have bigger role on the policy, programs, and planning development process at the local level. For Service Delivery FGDs, participants are members of LCAT-VAWC who are mandated to manage the programs and provide essential services to victim-survivors of violence against women and their children (VAWC). Due to time constraints and to accommodate availability of participants, some interviews and discussions with organizational and service delivery group were merged.

D. LIMITATIONS

Several issues were encountered in the online data collection. First, due to connectivity concerns, some participants were unable to join or participate in the data collection activities. One FGD in Talisay City, Cebu had to be stopped because respondents could not hear one another. Questions were emailed to the participants as an alternative, although only one participant replied to the questions.

Second, there was difficulty in confirming participants' availability and schedules for the data gathering due to competing duties, tasks, and activities. This is the primary reason why data gathering scheduled at the National Capital Region did not push through. In CARAGA, KIIs were undertaken for WCPD and PSWDO, while service delivery and organizational groups were combined in an FGD. In Region IV-A, the FGD for Provincial LCAT-VAWC (organizational group) became a KII since she was the only person available for the FGD. In Cebu, there was difficulty in getting participants in the provincial level because the provincial IACAT-VAWC has not been activated.

Third, there was a difficulty in collecting secondary data needed for the research. The team used sources from other relevant government sites.

II. GENDER-BASED VIOLENCE ASSESSMENT FRAMEWORK AND PRINCIPLES

A. Introduction

There are several international agreements and commitments that have been instrumental in creating a global response to gender-based violence (GBV). Among these include the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, 1979), Convention on the Rights of the Child (CRC,1990), UN Declaration on the Elimination of Violence Against Women (UN DEVAW, 1993), International Conference on Population and Development (ICPD, 1994), Beijing Declaration and Platform for Action (BPFA, 1995), among others.

UN CEDAW did not explicitly mention VAW in the document but defines discrimination against women as “gender-based violence....” (Article 1). It also has General Recommendations (GR) 12 and 19 that are specific to violence against women. GR 12 urges states to enforce legislation that will protect women against all incidences of violence in daily life, including sexual violence,

abuses in the family, sexual harassment at the workplace, etc.). GR 19 recommends that states shall include reports on violence and the measures to address them, as such states should reflect the close connection between discrimination against women, gender-based violence, and violations of human rights and fundamental freedoms.

The first international instrument to define and provide a national and international action framework on VAW is the UN Declaration on the Elimination of Violence Against Women (1993). DEVAW defines “violence against women” as “any act of **gender-based violence** that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. (Article 1). It encompasses but not limited to the acts:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

(UNDEVAW, 1993, Article 2)

The 1995 Beijing Platform for Action includes VAW as one of the critical areas for priority action where it expands the definition of VAW to include human rights violation in situations of armed conflict (i.e. murder, systematic rape, sexual slavery and forced pregnancy). It also includes forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide, and prenatal sex selection. Likewise, it recognizes vulnerabilities to violence of women belonging in minority groups, such as indigenous women, refugees, migrants, women in poverty, female children, women with disabilities, elderly women, displaced women, among others.

The Philippines already passed several legislations and policies that aim to eliminate violence against women and children. Among these include: Magna Carta of Women (RA 9710), Anti-VAWC (RA 9262), Anti-Trafficking in Persons Act (RA 9208), Rape Victim Assistance and Protection Act (RA 8505), Anti-Rape Law (RA 8353), Anti-Sexual Harassment Act (RA 7877), Anti-Child Pornography Act (RA 9775), Anti-Photo and Video Voyeurism (RA 9995), Safe Spaces Act (RA 11313), etc.

Specifically, RA 9262 aims to protect the family, particularly the women and their children, from violence and threats to their personal safety and security. It identifies that different forms of violence which include physical, sexual, psychological, and economic abuse. It also specifies the importance of protection order to safeguard the victim for further harm as well as who can apply, where and how to apply for protection order.

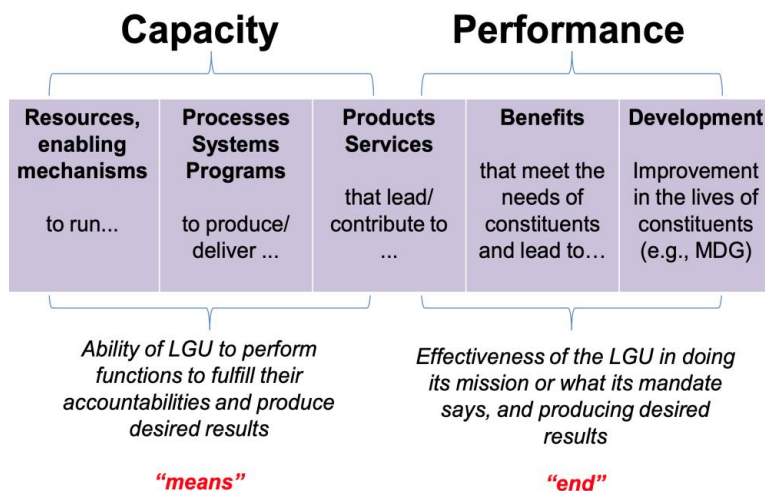
B. Guiding Principles of LGU's Organizational Capacities

The following are useful guiding principles in assessing the capacity development of LGUs (based on DILG's organizational capacity framework):



Principles	Standards/Parameters
Strategic	<ul style="list-style-type: none"> * Anchored on the LGU's vision, mission and priority development goals * Attuned to current realities and developments * Forward-looking
Performance-focused	<ul style="list-style-type: none"> * Aligned to the performance improvement objectives and priority thrust of the LGU * Reflects LGUs' striving for excellence and innovation
LGU driven and LGU-owned	<ul style="list-style-type: none"> * LGU identifies its priority needs and determines appropriate interventions * LGU-led but at the same time inclusive of the needs and interests of relevant stakeholders, and aligned with national priorities/development directions
Adaptable	<ul style="list-style-type: none"> * LGUs have different profiles, contexts, and needs * CapDev is customized and anchored on the LGU's context and change readiness * Anticipates and responds to changed circumstances
Integrated	<ul style="list-style-type: none"> * CapDev initiatives are linked and synergistic * Uses a holistic, whole-system approach (whole institution) * Recognizes and optimizes the interplay of different actors
Tracked and Assessed	<ul style="list-style-type: none"> * Evaluated for effectiveness in improving LGU performance, lessons are drawn and serve as basis for the LGU's continuous improvement; built in feedback mechanisms
Policy compliant	Compliant with laws, rules and regulations
Innovative	<ul style="list-style-type: none"> * Utilizes various modes of learning and knowledge management methodologies

Organization assessment focuses in capacity and performance. **Capacity** pertains to the ability of LGU to perform functions to fulfill their accountabilities and produce desired results. It looks at the LGU capacity in the areas of resources and enabling mechanisms; processes, systems and mechanisms; and the products or services being delivered. **Performance** measures the effectiveness of the LGU in doing its mission or what its mandate stipulates, and producing desired results. It focuses not only on the products or services but in terms of benefits and development of such product or service. The capacity is the “means” while the performance is the “end.” (Source-LGA).



C. Framework Principles for a Holistic GBV Response

and

GBV happens anywhere and anytime, but it is also exacerbated during times of crises, such as this COVID-19 pandemic where vulnerabilities of affected groups (mostly women and children) are heightened to multiple factors including tensions within the households, communities and society. There are already a number of discussions and studies on the impact of COVID-19 to gender which show significant cases where women and girls are put at a greater risk - from their health, economy, security, and social protection. The prolonged imposition of community quarantine put women and girls at a greater risk of experiencing violence at home; they are also experiencing economic instability which contributes to household tensions that trigger abusive behavior. There is also the restriction of movements because of the absence of public transportation where survivors are constrained from seeking help.

In 2015, DSWD issued enhanced guidelines in the implementation of comprehensive intervention against GBV. It highlights the different approaches in the implementation of the GBV intervention which are the following:

1. **Community-based approach:** involvement of local officials in engaging community efforts in the prevention and response to GBV.
2. **Multi-Sectoral approach:** involvement of key actors in innovating strategies for GBV programming in various areas of the humanitarian system in collaboration with the international community, government, civil society and local communities.

3. **Survivor Centered approach:** empowering the survivor by putting her/him at the center of the helping process.

Specifically, the guidelines identify the key principles in addressing GBV: (1) safety, (2) confidentiality, (3) respect, and (4) nondiscrimination.

Key Principles in Addressing GBV



The safety and wellbeing of the survivor should be the top priority, hence, service providers should ensure that the survivor will not experience the risk of repeat victimization, intimidation and retaliation. All cases must be treated with confidentiality and service providers to treat survivors with respect and non-discrimination.

These key principles in addressing GBV compliments the gender responsive case management (GRCM) perspective indicated in the AO Model in Handling VAW Cases (DSWD) which includes the following:

1. A **gender perspective** which pertains to the ability to analyze the socio-economic, political, and cultural differences between sexes and how these factors relate to discrimination based on sex;
2. A **strengths perspective** that recognizes the innate strength of women to heal and empower themselves; emphasizing that women are not to be blamed for being survivors of violence and discrimination, and therefore using the term “survivor” rather than “victim” is recommended to highlight women’s capacity to survive in situation of abuse; and
3. A **rights perspective** that recognizes that women and girls have the same social, economic, civil and political rights as males and that these rights are inherent, interrelated, and indivisible.

The Gender Responsive Case Management involves the process of coordinating and providing direct services to women and girl survivors of abuses starting from provision of immediate needs including healing and empowerment service delivery to long term needs such as livelihood opportunities. The GRCM is supported by the RECREATE principles - (R)espect for the inherent

worth, dignity, and rights of women and girls, (E)quality of men and women, (C)onfidentiality, (R)eflexivity, (E)mpathy, (A)cceptance, (T)eamwork, and (E)mpowerment.

In short, multi sectoral approach to GBV survivors entails main services for holistic GBV response taking into consideration all the above principles and frameworks. These services include among others:

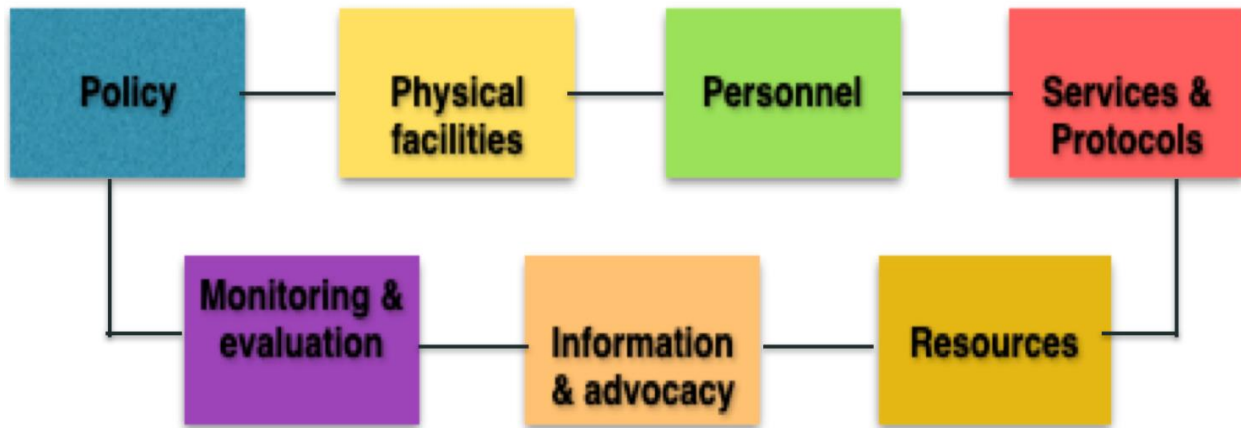
- Immediate material assistance
- Safety and security options
- Health/medical care
- Mental health and psychological support
- Legal/justice assistance
- Long-term assistance

D. Performance Standards and Assessment Tools for VAW-related Services

There is a number of existing guidelines and performance standards and assessment tools for services addressing VAW. These include the following: (a) Guidelines for the Establishment and Management of a Referral System on VAWC at the LGU, (b) Guidelines for the Establishment of VAW Desk in Every Barangay, (c) Manual on Gender Responsive Case Management, and the (d) Performance Standards and Assessment Tools for Services Addressing VAW. The latter aims to assess the quality and effectiveness of the services to survivors provided by the barangay officers, health workers, social workers, municipalities, and cities. There is specific tool kit for government agencies tasked to render services for VAW client: (1) the Philippine National Police for investigatory services or procedures, (2) Department of Health for medical or hospital-based services, (3) Department of Social Welfare and Development for psychosocial services, (4) Department of Justice for legal/prosecution services, and (5) Department of Interior and Local Government and the Local Government Units for Anti-VAW services at the barangay, municipal, city and provincial levels.

These standards and assessment tools specify what gender-responsive to VAW survivors means in the areas of (1) policy, (2) physical facilities, (3) personnel, (4) services and protocols, (5) monitoring and evaluation, (6) information and advocacy, and (7) resources, which are the areas for assessment in this research. The lines signify that these areas are interconnected and likewise critical for the effective, efficient, and holistic GBV response.

Areas for Assessment



The table below shows the general and/or specific standards and parameters for direct service providers to respond effectively to VAW cases:

Areas	Standards/Parameters
Policy	<ul style="list-style-type: none"> * VAW policies should be reflected in the vision, mission and goals of the agency * There should be Anti-VAW ordinances and GAD Codes for city/municipal and provincial levels * There should be functional women's committees within the Local Sanggunian/Councils * VAW policies integrated in the Manual of Operations * Current policies related to GBV response in time of COVID-19
Physical Facilities	<ul style="list-style-type: none"> * The structure, equipment and supplies needed to ensure that the confidentiality of VAW cases is maintained, that the required procedures are accomplished without delay, and that special needs of the victim/survivors are met. Provision is also made for creating an atmosphere where complainants would feel safe and at ease, and not be discouraged from seeking help for their problem * Minimum structures are needed to respond to VAW cases, i.e., women's desk, rape crisis center, social services and health facilities, and transportation facilities * Alternative facilities where victim/survivors can access and report cases of abuses in time of COVID-19

Areas	Standards/Parameters
Personnel	<ul style="list-style-type: none"> * Equipped with the right attitudes, ethical practices, and habits of work, and trained in gender sensitivity/responsiveness as well as particular aspects of their work related to the handling of VAW cases, comprise the basic standards on personnel. Other standards cover staff development, stress management activities, and pay incentives, among others. * See RA 9262 for the basic training that service providers should have (i.e., causes and nature of VAW, legal rights and remedies, services, and facilities available for survivors, * Training on gender-responsive case management
Services and protocols	<ul style="list-style-type: none"> * Avoid causing trauma to the victim/survivor * Seek to protect the privacy of the victim and the confidentiality of the case and to provide for the victim's special needs. Note should have a system of referrals to other service providers. * The social services units of the LGU/barangay women's desk should have the following crisis intervention programs/services: psychosocial services, medical assistance, medico-legal assistance, temporary shelter, emergency financial assistance, legal assistance, and provision of food, medicine, and transportation allowance, livelihood, and skills training, etc. * There should be a Committee on Decorum and Investigation (CODI)-VAWC * For provincial, city/municipal, there should also be services related to reproductive health and referrals to other health and social service facilities * Available service modalities and case management protocols/services in time of COVID-19
Monitoring and evaluation	<ul style="list-style-type: none"> * Ensuring that protocols are observed, services are delivered, and VAW cases are given priority. There should be a database of reported cases, including client/offender profiles, database on intervention and their outcomes, a feedback mechanism (including grievance mechanism), and a mechanism for monitoring compliance with procedures and protocols. * Monitoring tool(s)/ M&E reports / documentation of cases following the standard assessment forms provided in the GRCM Guidelines.
Information and advocacy	<ul style="list-style-type: none"> * Awareness raising on women's human rights and VAW-related issues for clients and service providers as well as the general public
Resources	<ul style="list-style-type: none"> * Budget provision for VAW services and the development of linkages with anti-VAW partners are the focus of the standards on resources * Budget allocation for VAW cases in time of COVID-19

III. AREA PROFILE, EXTENT AND MAGNITUDE OF VAWC

A. Area Profile

1. Region III (Central Luzon)



Located at the crossroads of Asia-Pacific, Central Luzon is one of the dynamic and vibrant regions in the Philippines. It caters to European and American business organizations desiring to penetrate Asia. Among the seven provinces comprising the region, Bulacan had the biggest population in 2015 with 3.29 million, followed by Pampanga (excluding Angeles City) with 2.20 million, Nueva Ecija with 2.15 million, Tarlac with 1.37 million, **Bataan with 761,000**, and Zambales (excluding Olongapo City) with 591,000. Aurora had the smallest population with 214,000. The region's two highly urbanized cities: Angeles City posted a population of 412,000 while **Olongapo City had a population of 233,000**.

Olongapo is a coastal highly urbanized city in the Central Luzon region. Although administratively independent due to its distinction as highly urbanized city, Olongapo is commonly grouped with the province of Zambales. **A charter city**, its governing system is defined by the city's own charter document rather than by state, provincial, regional or national laws. The city has been known for being recognized as a Child Friendly and Business Friendly City, Olongapo is also a recipient of several awards for its outstanding performance for its local health programs, best run City Hospital, National TESDA KABALIKAT Awardee (2016) for its Skills, Employment and Livelihood Programs and a two (2) time National Best Public Employment Service Office (PESO) for Highly Urbanized City category (2016 & 2017).

At present, Olongapo is currently headed by **Mayor Rolen C. Paulino Jr. and subdivided into seventeen (17) barangays, among which is Barangay Sta. Rita**. Barangay Sta. Rita is classified as a residential area under the land use plan of the city though there are selected portions wherein mixed land used (commercial and residential) was allowed brought about by the rippling effect of the economic activities in the city.

Pilar, Bataan is an independent municipality envisioning itself to the Agro-Tourism Center of the Region. Focusing on its strengths in agriculture and tourism, hoping to sustain its vibrant agriculture and fishing industry with sufficient post-harvest facilities, and optimize their tourism resources. The municipality would like to connect their agricultural resources to the requirements of their tourism industry in order to sustain and improve their income coming from agriculture and tourism sectors. In terms of health facilities, there is only one health laboratory and one rural health unit with a birthing facility. The Office on the Social Welfare and Development is the social welfare arm of the Municipal Government mandated by Local Government Code of 1991 to address poverty-related concerns and committed to the care protection and rehabilitation of individuals, families, groups and communities. The office shall enable its constituents and partners in social welfare development, to empower the needy, disadvantaged and marginalized sector to insure a self-reliant, self-sufficient and progressive community.

2. Region IV-A (Calabarzon)

Situated just south of Metro Manila in southwestern Luzon, the region is the most populous in the Philippines, having 14,414,774 inhabitants in 2015, and is also the country's second most densely populated. Prior to its creation as a region, CALABARZON, together with MIMAROPA, formed the historical region known as Southern Tagalog.

The region is the 12th largest region in the Philippines, with an area of 16,873.31 km². The region itself is relatively flat, but also consists of coastal areas and highlands. It is bordered by Manila Bay in the west, Metro Manila, Bulacan, and Aurora in the north, Laguna de Bay and Bicol in the east, and the Isla Verde Passage in the south. Each province in the region is composed of different environments, ranging from low coastal areas to rugged mountainous ones.



Province of Rizal

Rizal is one of the Philippines first class provinces that belongs to CALABARZON. The province enjoys a natural beauty of nature and a perfect setting for investments, business establishments and settlements. It is bounded by Sierra Madre Mountain Ranges and Quezon Province in the east, the province Laguna in the southwest, the province of Bulacan in the north, Metropolitan Manila in the west-northwest portion and by Laguna de Bay in south/south-western portion. Rizal is one of the neighboring provinces of Metro Manila. It takes an hour drive from major commercial districts and centers of Metropolis to reach the province's best places. Rizal is a green province which is the best place to unwind from crowded and polluted metropolises.

The province is inhabited mostly by Tagalogs. Minority of other ethnic groups are Visayans, Ilocanos, and other

local groups. It has a population of 2,284,046 with a labor force consisting of 1,272,000 or 55.7% of the total population. Its people are its number one resource, known to be consummate artists and craftsmen. The literacy rate is 100%. The primary dialect is Tagalog with English as the second language. Its capital is the City of Antipolo. Rizal has 13 municipalities and 189 barangays.

Angono is a municipality in the landlocked province of Rizal. The municipality has a land area of 26.22 square kilometers or 10.12 square miles. Its population as determined by the 2015 Census was 113,283. According to the 2015 Census, the age group with the highest population in Angono is 15 to 19. The age group with the lowest population is 80 and over (PhilAtlas).

Angono is known as the Art Capital of the Philippines, being the hometown of national artist for music Lucio San Pedro and national artist for visual arts Carlos "Botong" Francisco, as well as the site of the Angono Petroglyphs, the oldest known work of art in the Philippines. It is currently campaigning for its inclusion in the UNESCO Creative Cities Network as it is a center for visual arts. It is also campaigning for the inclusion of the Angono Petroglyphs (1 of 5 properties of the Petroglyphs and Petrographs of the Philippines UNESCO tentative site) in the World Heritage List. Currently, the Municipality of Angono's official website mentions Angono as the 1st UNESCO ASEAN Culture Capital.

San Isidro is a barangay in the municipality of Angono, in the province of Rizal. The 2015 Census records a population of 31,339 which represents 27.66% of the total population of Angono. Based on the 2015 Census data, the age group with the highest population in San Isidro is 15 to 19, with 3,025 individuals. And the age group with the lowest population is 80 and over, with 165 individuals.

The population of San Isidro grew from 14,227 in 1990 to 31,339 in 2015, an increase of 17,112 people. The latest census figures in 2015 denote a positive growth rate of 2.08%, or an increase of 3,206 people, from the previous population of 28,133 in 2010.

In terms of age dependency ratio, barangay members aged 14 and below, consisting of the the young dependent population which include infants/babies, children and young adolescents/teenagers, make up an aggregate of 28.05% (8,792). Those aged 15 up to 64, roughly, the economically active population and actual or potential members of the work force, constitute a total of 67.65% (21,200). Finally, old dependent population consisting of the senior citizens, those aged 65 and over, total 4.30% (PhilAtlas, 2021).

3. Region VII (Central Visayas)

Central Visayas lies at the center of the Philippine archipelago between islands of Luzon and Mindanao. Central Visayas is the third smallest region in the country with a total land area of 15,872.57 square kilometers (sq.km.). It constitutes about five percent of the country's land area. As of 31 December 2018, the region consists of 4 provinces, namely: Bohol, Cebu, Negros Oriental and Siquijor and 16 cities including the highly urbanized cities of Cebu, Mandaue and Lapu-Lapu, 116 municipalities and 3,003 barangays (PSA, 2018).



Central Visayas is the fifth most populous region in the Philippines. The 2015 Census of Population estimates the total population of the region to be 7,396,898 which is about 7.3 percent of the country's total. The average annual growth rate (AAGR) is 1.70 percent in 2010-2015. This is lower than the 1.77 percent AAGR registered in 2000-2010, is the fifth fastest in the country, and is slightly higher than the national average of 1.72 percent (NEDA, 2017). The region is known for its beautiful beaches, abundant marine lives, numerous caves, potential areas for mountain trekking, and is steeped in historical significance (PSA, 2019).



Cebu is located at the center of Central Visayas, to the east of Negros and to the west of Leyte and Bohol. The province consists of Cebu Island as well as smaller islands which include Mactan, Bantayan, Malapascua, Olango and the Camotes Island. The province is characterized by narrow coastlines, limestone plateaus and coastal plains but with predominant rolling hills and rugged mountain ranges traversing the northern and southern lengths of the island. It is one of the most developed provinces in the Philippines, with Cebu City as the capital of the province and center of commerce, trade, education, and industry in the Visayas and nicknamed as the “Queen City of the Southern Philippines” (NEDA, 2017). The province of Cebu was created under Act No. 2711 on March 10, 1917. Cebu has 3 highly urbanized cities, Cebu City, Lapulapu City, and Mandaue City, 6 component cities, and 44 municipalities. It has 1,203 barangays including barangays from

Cebu City (80), Lapulapu City (30), and Mandaue City (27). (PSA, 2020). Cebuanos speak Cebuano as their native language. The total population of Cebu is 4,632,359 inclusive of the populations of Cebu City (922,611), Lapulapu City (408,112) and Mandaue City (362,654) (PSA, 2020). Of the 4.6 million people in Cebu, 62 percent reside within the Metro Cebu area. Cebu had also the highest population growth rate of 2.14 percent, higher than the regional average of 1.8 percent (NEDA, 2017).

Talisay City is a coastal component city in the island province of Cebu. The city has a land area of 39.87 square kilometers or 15.39 square miles which constitutes 0.81% of Cebu's total area. Its population as determined by the 2015 Census was 227,645. This represented 7.75% of the total population of Cebu province, or 3.08% of the overall population of the Central Visayas region. Based on these figures, the population density is computed at 5,710 inhabitants per square kilometer or 14,792 inhabitants per square mile. According to the Bureau of Local Government Finance, the annual regular revenue of Talisay for the fiscal year of 2016 was ₱566,367,767.90. It belongs to the third income class (PhilAtlas, 2021). Based on the 2015 Census, the 15 to 19 age group has the highest population of 24,438 individuals. The age group with the lowest population is 80 and over, with 1,150 individuals (PhilAtlas, 2021).

Dumlog is a barangay in the city of Talisay, in the province of Cebu. Its population as determined by the 2015 Census was 17,785. This represented 7.81% of the total population of Talisay.

According to the 2015 Census, the age group with the highest population in Dumlog is 15 to 19, with 1,746 individuals. Conversely, the age group with the lowest population is 80 and over, with 85 individuals (PhilAtlas, 2021).



4. Region XIII (CARAGA)

Caraga Region is located in the northeastern region of Mindanao with a land area of 18,847 sq. kms., (DepEd, n.d.). The region is comprised of five provinces namely Surigao del Sur, Surigao del Norte, Agusan del Sur, Agusan del Norte, and Dinagat Islands (NNC, n.d.). More specifically, the region consists of one highly urbanized city, five component cities, 67 municipalities, and 1,311 barangays (PhilAtlas, 2021). As of 2015, Caraga has a population of 2,596,709; this number indicates an increase of roughly 1.28% compared to the population in 2010 (PhilAtlas, 2021). Majority of the population are Visayan and ethnic groups such as the Mamanwa, Kalagan, Umayamnon, Higa-onon, Kamayo, Manobo, and Banwaon (DepEd, n.d.). The region is abundant in natural resources with agri-fishery, agro-forestry, food production, tourism and mining as the common forms of livelihood and commerce activity (NEDA, n.d.). Caraga is noted for its wood-rich lands and has been dubbed as the Philippines “timber corridor” (Zaragoza, 2019). It is widely considered as the largest producer of timber in the country but government regulations have considerably slowed down wood extraction to preserve its forests (Zaragoza, 2019).

Surigao del Sur is a province in Caraga region with a land area of 4,932.70 square kilometers or 1,904.53 square miles. Surigao is comprised of 17 municipalities and 2 cities the total number of barangays in the province is 309 (PhilAtlas, 2021). As of 2015, its population sits at 592,250, accounting for 22.81% region while there is no sex disaggregated information on their demographic profile, there is data with respect to the age of the population in Surigao del Sur. Statistics indicate that children between the ages five (5) and nine (9) years old comprise of the majority of the population with 68,347. Persons aged 15-64 years old make up 60.24% translating to 356,758 while senior citizens aged 65 and above 5.39% 31,897 (PhilAtlas, 2021). Surigaonon and Tandaganon are the dialects spoken in Surigao del Sur however some areas such as Bislig and Hinatuan mostly speak Cebuano (Department of Agriculture, n.d.) Poverty incidence among

families in the province is at 19.2% in 2018, an improvement from 2015 when the poverty incidence rate was at 32.3% (Department of Agriculture, n.d.). The common resources of livelihood in Surigao del Sur are agriculture, fishery, food production and mining (NEDA, n.d.)

Bislig is a city belonging to the province of Surigao del Sur with a land area of 331.80 square kilometers or 128.11 square miles. It is comprised of 24 barangays and a population totaling 94,535 as of 2015 (PhilAtlas, 2021). Individuals aged 14 and below account for 32.33% of the population while people aged 15-64 constitute 62.12% or 58,723 and finally individuals aged 65 and over account for 5.56% or 5,252. As of 2015, Mangagoy, a barangay in Bislig City, is the most populous barangay in Caraga region with a population of 32, 464 (PhilAtlas, 2021).

B. Extent and Magnitude of VAWC

Except for Region III, all the 3 regions included in this study (Region IV-A, Region VII, and Region XIII) are among the top 5 regions in the country with the highest incidence of gender-based violence. With a total of 1,179 VAWC cases from March to June 2020 alone, 50% came from Region VII, 13% from Region XIII, and 11% from Region IV-A. More cases were reported from July to December 2020 as the community quarantine was lifted or loosened in some areas where survivors were no longer subjected to mobility restrictions.

Top 5 Regions with highest incidence of GBV

REGIONS	VAWC	RAPE	PHOTO VIDEO VOYEURISM	& SAFE SPACES ACT	TOTAL
Region VII	591	16	1	0	608
Region VI	181	15	0	1	197
Region XIII	154	18	3	1	176
Region IV-A	131	28	2	0	161
NCR	122	26	2	1	151
TOTAL	1,179	103	8	3	1,293

The data above describe the extent and magnitude of VAWC cases in the four regions.

1. Region III (Central Luzon)

With the global pandemic coronavirus disease 2019 (COVID-19) affecting the Philippines, both local government units in Central Luzon responded to the crisis using public health measures including travel restrictions, strict community quarantine protocols, work suspension, and promotion of proper hygiene and strong immune system. Nevertheless, such government response to lessen transmission has negatively impacted the economy particularly in travel and tourism, trade and exports, remittances, and consumption. Amid the implementation of these quarantine measures, it also resulted to rigorous consequences for urban and rural communities. This includes economic displacement particularly for daily wage earners and workers in the informal sector, limited access to basic services, and issues with safety and security.

The loss of livelihood and lack of income opportunities have limited the access of the poorest families to food, water, and health services, and increased their reliance on aid. School suspension displaced learners, barred access to supplementary feeding, and increased care work for women. Moreover, the affected population articulated increasing feelings of anxiety and distress due to the continuing uncertainty of the situation.

Though cases of gender-based violence (GBV) in Region III did not necessarily reach alarming levels during the height of the pandemic, the fact remains that there were still incidences of the same. The regional office of the Commission on Human Rights (CHR) recounts survivors seeking their assistance either via the agency's social media page or hotlines. This indicates that not only were GBV/VAWC cases happening even in the midst of a national emergency but that survivors are willing to reach out to anyone and whatever way possible for relief and redress of grievances.

In Olongapo City and Pilar, Bataan, the number of reported VAW cases was said to have lowered compared to previous years, however, the pandemic crisis presented a mix of existing gender inequalities thereby increasing the risk of women and children to abuse and exploitation. The prolonged lockdowns have seriously jeopardized the financial security of formerly productive breadwinners, triggering conflicts within families aggravated by imposed restrictions on mobility, loss of steady income, eventual depletion of savings (if any) and severely reduced purchasing power. Tensions within the household due to loss of income and limited access to basic needs led to increased risk to domestic violence. Caring for the sick and elderly as well as community work compete with childcare leaving children unattended, thereby putting them at risk to abuse and exploitation. Further, prolonged lockdown measures put survivors of abuse in isolation with their perpetrators. Lack of income also lead vulnerable groups to engage in trafficking and OSEC.

Despite different fields working to end VAC and VAW have largely developed separately in the region, recent incidents during the pandemic have identified multiple intersections between VAC and VAW including: co-occurrence, shared risk factors, similar underlying social norms, common consequences, intergenerational effects, and the period of adolescence as unique period of heightened vulnerabilities to both types of violence. These intersections suggest the need for collaboration between the sectors as essential to a more effective prevention and response. Integration of certain aspects of VAC and VAW prevention and response across services, programs, and policies may also be beneficial. Note, however, there are key areas of

deviation between the traditional approaches in the VAC and VAW fields that have created challenges to collaboration and may suggest some disadvantages to fully integrative approaches.

Furthermore, **while there are reports regularly submitted to provide VAWC data, there does not appear to be a similar or centralized system in the data collection thus making it difficult to monitor patterns and changes over time. It is also unclear how widely the VAW or VAC data are used for advocacy and policymaking.** Hence, there is a need to ensure that ethical and reliable national data documenting VAW and VAC incidents are collected and that the data are used to inform data-driven planning, policy development, programming and monitoring.

2. Region IV-A (Calabarzon)

Region IV-A belongs to the top 5 regions in the country with the highest incidence of gender-based violence. It had a total 161 Gender-Based Violence (GBV) cases reported to PNP from March to June 2020 alone, 131 of which are VAWC cases.

The Philippine National Police Region IV-A reported 1,087 cases with acts of lasciviousness, statutory, incestuous, and attempted rape topping the list while the Department of Interior and Local Government (DILG) Region IV-A, through the VAW Desks of local government units (LGUs), reported 1,044 cases which include physical, sexual, psychological or emotional abuse and neglect. The Department of Social Welfare and Development Region IV-A attended to 15 gender-based violence cases while the Commission of Human Rights (CHR) Region IV-A reported 7 VAWC cases which all involved economic abuse.

However, during the meeting of the Regional Inter-Agency Committee Against Trafficking and Violence Against Women and their Children (RIACAT-VAWC) last June 30 it was noted that VAWC cases in CALABARZON are lower for the first semester of 2020 compared to the reported cases in 2019. The decrease in the number of reported cases may be because of underreporting due to lockdown and home quarantine (Suyat, 2020).

In a Focus Group Discussion (FGD) with Regional Inter-Agency Council Against Trafficking-VAWC (RIACAT-VAWC) Regional Inter-Agency Council Against Trafficking and Child Pornography (RIACATCP) last December 14, 2020, the members mentioned that **the pandemic greatly affected VAWC clients in terms of employment opportunities, resulting to increased vulnerabilities of victim-survivors such as online sexual exploitation and other forms of violence in the CALABARZON region.**

An interview with representatives from Rizal province and the municipality of Angono likewise reported a decrease of VAWC related cases because of the community quarantine. The lack of transportation and restriction of movement were the reasons given for not filing a case.

The Rizal Planning Officer of the PSWD revealed that **mothers are most affected by the pandemic being solely dependent on their husbands to provide for the daily needs of the family.** The mothers have attempted to seek for work but being female and uneducated has been an obstacle for finding a job. The pandemic is especially difficult for them considering that their partners had lost their jobs and, being mothers, they worry about feeding their children on top of added burden of the need to assist their children adapt to online education.

The FGD of the Provincial Local Committee on Anti-Trafficking and Violence Against Women and Children (LCAT-VAWC) service group mentioned how COVID-19 impacts on the household finances because of lack of employment. It also affects relationships at home because of the stress of no work, no income. The situation triggers quarrels between partners that may result in violent behavior like hitting each other with the female as the most likely victim.

Those most affected are the individuals who are part of the informal economy because they cannot work from home. An example of these are the carpenters since building of homes and structures have been halted during the lockdown. The pandemic has also impacted our personal lives especially for those who are in a vulnerable situation since we are limited in our movements from one place to another.

The Provincial Public Employment Services Officer (PESO) validated this lack of employment, *“talagang naistop po kami sa pagbibigay ng referral and then nakikita po natin talagang marami po talaga ang nawalan ng trabaho and to this day po marami po kaming natatanggap na applicants.”*

The Municipal Social Welfare and Development Office (MSWDO) of Angono in an interview mentioned that COVID-19 has left families at home with nowhere to go. The situation plus the added tensions brought about by the lockdown caused stress and anxiety which have been trigger points for the men to commit VAWC. This has also resulted in separation of couples and children being abandoned. The MSWDO also verified that child trafficking and cybercrime were more prevalent at this time of pandemic.

MSWDO reported 42 VAWC cases from March 2020 to December 2020. Out of 42 cases, 28 were endorsed to Women and Children Protection Desks (WCPD) for filing of R.A.9262. Couple decided to reconcile with agreed *“Kasunduan”* after family counseling and dialogue facilitated by the MSWDO.

The FGD at the barangay level revealed lower VAWC cases this year compared to past reports. However, they are aware of the possibility that no reports were filed due to the imposed lockdown and quarantine guidelines because of the pandemic. The barangay leaders also admitted that they prioritized **COVID-19 responses like monitoring boundaries given that the incidence of reported COVID-19 cases was high in surrounding barangays so VAWC matters were not given priority especially during the lockdown.** The FGD with Angono LCAT-VAWC Organization group confirmed that VAWC response and prevention took a back seat especially during the lockdown because most government agencies focused their efforts and attention to adjusting to the new normal specifically on time and resources.

The VAWC desk officer of Barangay San Isidro suggested that lower reports of VAWC cases may have been because of the alcohol ban, no social gatherings or non-essential meet ups that entice a person to drink. She observed that perpetrators of VAWC are often under the influence of drugs and alcohol.

3. Region VII (Central Visayas)

Region VII has the highest incidence of gender-based violence in the country. It had a total 608 GBV cases reported to PNP from March to June 2020, VAWC cases comprised 591 (97%). From January to November 2020, PNP reported that a total of 3,077 (VAWC-2,520, GBV-557) cases came from Cebu province (927) and its cities: Cebu (365), Lapulapu (196) and Mandaue (78). Bohol contributed 756 cases, Negros Oriental – 725 and Siquijor – 30.

PNP data from January to November 2020 showed that the total number of VAWC and GBV cases decreased by 830 cases (21%). This may be attributed to the difficulty of reporting during the quarantine.

Number of VAWC and GBV Cases in Provinces and Cities in Region VII (2020)

AREA	JAN- NOV 2020		
	VAWC CASES	GBV CASES	Total
BOHOL PPO	673	83	756
CEBU CPO	272	93	365
CEBU PPO	717	210	927
LAPULAPU CPO	161	35	196
MANDAUE CPO	44	34	78
NEGROS ORIENTAL PPO	633	92	725
SIQUIJOR PPO	20	10	30
Grand Total	2520	557	3077

The DILG Provincial Office reported that as of October 2020, a total of 546 cases of Violence against Children (VAC) and 441 cases of VAW have been recorded from March to October 2020. VAWC cases totaled 987.

Number of VAC and VAWC Cases in Cebu Province

VAC CASES		VAW CASES	
Period Covered	No. of Cases	Period Covered	No. of Cases
March- May 15	100	March- May 15	142
May 16-June 15	85	May 16-June 15	56
June 16-July 15	58	June 16-July 15	54
July 16-31	68	July 16-31	58
August 1-31	118	August 1-31	44
September 1-30	76	September 1-30	37
October 1-30	41	October 1-30	50
TOTAL	546	TOTAL	441

From March to December 2020, there was a total of 97 VAW cases in Talisay City. The cases are classified based on the type of abuse: physical - 59, sexual - 5, psycho-emotional - 15, and neglect

- 19; perpetuated by 85 immediate family members. Actions taken are the following: referred to the LSWDO - 39, PNP - 14, medical treatment - 43, legal assistance - 7, court - 2. There were 27 clients who got a barangay protection order (BPO).

For Barangay Dumlog, there was a total of 22 VAW cases reported from March 15, 2020 – October 31, 2020; 2 VAW cases involved an LGBTQIA couple. The participants noted **the decrease of reported cases during the pandemic and surmised that this was primarily due to restrictions in movement.** Moreover, this does not mean that there is no incidence of abuse in the community. However, based on the data submitted by the CSWDO to DILG, from March to December 2020, Barangay Dumlog had only 5 VAW cases: 3 - physical abuse, 1 - psycho-emotional abuse and 1 - neglect of which 4 were perpetuated by immediate family members. One each was referred to the LSWDO, PNP, medical treatment, and legal assistance. One client was issued a BPO.

Financial abuse and emotional abuse are often the most common types/causes of VAWC during the pandemic. Fathers have no source of income and resort to violence. Also, fathers fail to provide support for their wife and children who are now separated from them. In Talisay City, because families are struggling financially, they are not able to find money for food and other necessities, resulting in physical and emotional tensions. It is possible that children are feeling stressed due to the enhanced community quarantine as they experience difficulties going out of their homes.

4. Region XIII (CARAGA)

Region XIII belongs to the top 5 regions in the country with the highest incidence of gender-based violence. It had a total 176 GBV cases reported to PNP from March to June 2020 alone, 154 (88%) of which are VAWC cases.

In a more recent data released by PNP, **all provinces in Region XIII showed an increasing trend of GBV cases during this pandemic as opposed to the GBV cases reported last year.** Region XIII has already a total of 1,032 GBV cases from January to October 2020 as opposed to 955 cases from January to December 2019. Specifically in Surigao del Sur, there were 261 cases reported from January to December 2019 while there are already 281 cases reported from January to October 2020, 170 of which are VAWC cases. This means that the figures will still increase as they are anticipating more reports to be received from November to December 2020.

GBV cases in Surigao del Sur

(January to December 2019 and January to October 2020)

Type of GBV	Surigao del Sur	
	January to December 2019	January to October 2020
Acts of Lasciviousness	9	34

Anti-Rape Law	10	51
Anti-VAWC Law	229	170
Rape	13	26
TOTAL	261 cases	281 cases

According to the CHR Regional Office, these figures are most likely to increase until December 2020 to early 2021 especially that mobility is no longer very restricted compared in the earlier months of the lockdown. Restrictions during the ECQ have stalled reporting of cases and data received during the months of March, April, May of 2020 were low in comparison to data for same months during 2019. However, upon transition to GCQ, the number of cases reported have gone up. The CHR observed that *“if movement is restricted, despite the occurrence of incidence, it cannot be reported.”*

Common forms of GBV during the lockdown include acts of lasciviousness, rape, and VAWC. The latter remains to be the highest among all GBV cases across all provinces in CARAGA. The most common perpetrator is the intimate partner or husband and the usual victim is the wife who are either retrenched from work or are working from home and the children who are always at home.

In a similar study conducted by CHR Region XII, the common group affected by GBV are the urban poor women, women with disabilities, IP women, lesbians, and urban poor single mothers. When it comes to the challenges/barriers women experienced in reporting and prosecuting VAW cases, access to legal assistance during the ECQ/GCQ period, CHR Region XII found the (a) lack/insufficient knowledge of women’s rights and the processes involved in reporting as well as the remedies available; (b) financial incapacity of the survivors to go through the whole process of filing a case; (c) lack of a strong family support system to pursue a case; and (d) delayed response from service providers, are among those identified by affected women in communities. (KII with CHR RD Atty. Jerome Tubigon-Bacang, Atty. Aurora Ramos and Ms. Maricha Neri, December 14, 2020).

Particularly in Bislig City, **the number of VAWC case-reporting has gone down significantly amidst COVID-19 due to mobility restrictions and communication connectivity issues.** Bislig City has always been in the top cities/municipalities in CARAGA region with highest incidence of VAWC cases. Though it was mentioned that the figures went down during the pandemic. This, however, does not mean that there are no abuses going on inside the household. As stressed by Bislig City social workers, there has been limited mobility and therefore survivors do not have freedom to report. They cannot even report to the police because of fear as the survivors are staying closely with the perpetrators. They, however, saw an increasing number of online sexual exploitation of children.

Infidelity, financial, and physical abuse are often the common types/causes of VAWC during the pandemic. VAWC cases in cities and municipalities in Surigao del Sur are both high and these cases according to PSWDO are often due because men have the tendency to commit infidelity or

engage in extramarital relationships. Among the common type of abuse is financial abuse, there are also incest and physical abuse, mostly committed when the perpetrator is a drug addict. In such incidence, the drug user go straight to the rehabilitation center with the help of the PNP.

Specifically for Bislig City, **physical abuse is the most common form of VAWC reported to WCPD.** But “minor” cases such as "yelled at, getting rejected, being neglected, being told demeaning word,” are no longer reported to PNP. WCPD observed that verbal fights which escalate to physical fights are the ones which reach the PNP. Furthermore, there are more cases of online sexual exploitation of children during the pandemic because students are at home all the timer rather than in school.

According to the PNP, not all survivors of VAW/GBV want to escalate their case to the PNP even if they are advised by the barangay to do so. The reason for this was not cited but based on the FGD with CHR, survivors hesitate to file official cases because they do not want the perpetrators to get incarcerated (often due to close familial relationship) and also due to financial constraints.

The common perpetrators of VAWC and GBV survivors are their family members. With areas becoming more restricted, having limited movement, and being contained and isolated at home, the number of cases of incest and family abuse rose.

IV. KEY FINDINGS AND ANALYSIS

This section highlights the important findings and analysis of the research, based on the following areas of assessment: (a) policy, (b) physical facilities and infrastructures, (c) personnel and human resource, (d) services and protocols, (e) monitoring and evaluation, (f) information and advocacy and (g) resources. It likewise covers the assessment for existing case management protocols and the effectiveness of DSWD’s referral system or networks.

A. Policy

LGUs have continued to implement anti-VAWC programs and services during the pandemic and community quarantine, based on existing national legislations and in compliance with the basic standards outlined by RA 9262 and VAWC related laws. However, there have been no formal integration of VAWC policies or programming guidelines, nor have there been any effort to introduce new policies in response to the emerging crisis situation.

Anti-VAWC programs and services are implemented based on the following: RA 9262 (Anti-VAWC Act); RA 9208 (Anti-Trafficking in Persons Act as amended by RA 10364); RA 8353 (Anti-Rape Law); RA 9710 (Magna Carta of Women); DILG-DSWD-DOH-DepEd-PCW JMC 2010-213 (Mandating the establishment of VAW desks in every barangay); DSWD AO on Handling VAW Cases; and the MC 2012-61 Guidelines in the establishment and management of a referral system on VAW. While there appears to be no specific local policy on VAW during the COVID-19 pandemic, local government units follow DILG protocols on safety and protection during quarantine. In terms of GBV, the CHR-DILG JMC requires the LGU to ensure gender responsive interventions to COVID-19 and the new normal by providing prompt, effective, and survivor-centered response to all forms of gender-based violence.

Generally, it can be said that **all the regions covered in the study are able to follow the basic standards indicated in RA 9262 and VAWC related laws**, such as the presence of VAWC desk in barangays and PNP women desk officer, residential facility, social workers in the province and city/municipality levels, legal and health support, among others. However, there will always be a question of the level of functionality. This pertains to resources (i.e., furniture, equipment, vehicle, people), the policies, plans and budget for VAWC, monitoring tools, among others.

Multiple government departments have a role in VAWC and serve on the Interagency Council on Violence Against Women and Their Children (IACVAWC) however, the committee does not appear to drive specific integration efforts that can trickle down to different local government units. Members of the IACVAWC are the Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), Philippine National Police (PNP), Department of Justice (DOJ), Department of Health (DOH), Department of Education (DepEd), Department of Labor and Employment (DOLE), Civil Service Commission (CSC), Commission on Human Rights (CHR), Council for the Welfare of Children (CWC), National Bureau of Investigation (NBI), and the Philippine Commission on Women (PCW).

In order that anti-VAW programs and services (especially for marginalized groups of women, namely poor women, prostituted women, senior women, indigenous women and other cultural minorities, refugees and others whose difficult circumstances make them especially vulnerable to VAW in the LGUs) are institutionalized, it is critical that these are supported by local policies such as resolutions and ordinances specifically dedicated to strengthen sustainability.

Meanwhile, although there are councils and committees set up to address VAC and VAW and many service providers interact with VAWC survivors; there is no formal integration of VAWC policies or programming guidelines. They mostly rely on national laws to implement VAWC programs.

B. Physical facilities and infrastructures

As mentioned earlier, **minimum structures that are needed to respond to VAW cases exist** across all regions and provinces/cities/municipalities. These are the women's desk, rape crisis center, social services and health facilities and transportation facilities. However, transportation facilities are not specific to VAWC rescue operation and are shared by all units, except in Talisay

City which has its own vehicle solely for VAWC survivors. This is the reason why it is often difficult to respond to urgent VAWC cases in GIDA (geographically isolated and disadvantaged areas).

All areas also utilize online platform/infrastructure as alternative modality in reporting of cases due to the pandemic. However, this also entails challenges not only for service providers but also for the survivors as not everyone has access to the internet or some also have limitations on the use of online communication technology.

In Region III, Olongapo CSWD manages three (3) centers/shelters for VAWC survivors: one for adult women, and one each for boys and girls of minor age. Each has a well-equipped interview/counselling room. for VAW survivors. Each police station has a designated private room ready for use during interviews/counseling of VAWC survivors. Quick Response Teams are in place to provide immediate assistance to the community. Frontline bases of operations like the police, fire department, social welfare departments and barangay offices are within walking distance to one another. Each of the 19 barangays in Pilar, Bataan has an operational VAW desk. The provincial government also maintains what is known as the *Bahay Panunuluyan* Drop-in Center which serves as a halfway home for VAWC survivors. All frontliners from the provincial to barangay levels were given pocket wi-fi and load allowance. The provincial government freely allows the usage of official vehicles for anti-VAWC activities since not all barangays have vehicles that could serve as patrols or could be employed for their respective anti-VAWC campaigns. The Provincial Government of Bataan also launched the BATAAN HOUSEHOLD TXT REGISTRATION to aid the LGUs in identifying the target beneficiaries of the LGUs and provide real time information to its constituents. Due to the extension of the ECQ, the Provincial Government of Bataan continuously provided aid and assistance to different households including the vulnerable sector through this mobile application. The latter is not solely dedicated to VAWC cases but to all pandemic-related concerns within the region.

In Region IV-A (Calabarzon), despite the adequate number of facilities, the need for additional facilities emerged due to the pandemic. Provincial hospitals, Women's Crisis Center, Bahay PAG-ASA, and counseling rooms are made available at the provincial and local levels. Meanwhile, initiatives such as the GAD center and multipurpose shelter were made, but are not yet operational. The lack of a Women and Children Protection Unit in Rizal province and isolation facilities in the region increased the vulnerabilities of clients, especially the latter which meant delays in referrals. The lack of isolation facilities posed a serious challenge to the regional, provincial, and local actors. However, a resolution together with the establishment of a quarantine facility in NGO shelters were introduced to close this gap. Transportation at the municipal level is insufficient, resulting again in increased vulnerabilities of VAWC survivors because of delays in conducting rescue operations. Mobility restrictions during this pandemic has been a challenge among key actors, affecting almost all areas of VAWC prevention and response; from decision-making, to capacity building of personnel and delivery of services, monitoring and evaluation efforts, and information and advocacy. These too have greatly impacted the ICT infrastructure of concerned agencies/offices as there had been a notable increase in the use of online platforms (e.g., Zoom) and social media (e.g., Facebook). This considerable shift in platforms happened as key actors struggle to adapt to the new normal. Finally, the lack of a stable internet connection

highlights the increasing role of internet service providers as they directly affect the performance of key actors in responding to VAWC concerns.

In Region VII (Central Visayas), a shift from face-to-face engagement to online communication meant the reliance on online platforms. Since there is no online platform for reporting of VAWC cases in the region, service providers had to rely on group chats and video conferences to provide services and serve as avenues for communication. Filing of cases could also be done online using digital documents. However, weak internet connectivity hampered swift provision of services. All offices had to practice government health protocols which limited the number of clients served in a day. Digital thermometers and disinfectants had to be provided for those who enter physical facilities. For the Talisay City residential facilities, schedules of house parents were adjusted from daily to weekly shifts. Houseparents are required to undergo swabbing before reporting to duty. Use of thermal scanners, disinfectants and disinfection of facilities are part of the health protocols. Entry to the center is limited to 50% capacity to avoid congestion. Less clients are therefore served. Meanwhile, **in most barangays in the region there is a lack of safety centers exclusively for VAWC clients.** In the emergency facilities, VAWC cases are not given priority in terms of swab testing and people need to wait to take turns. **Residential facilities are present at the regional and local levels.** The COVID-19 *Ligtas* Centers in Cebu Province also cater to COVID-19 positive VAWC clients.

In Region XIII (Caraga), there are available temporary shelters in the province to accommodate survivors. Consequently, Bislig City has its own residential facility which serves as a safe haven for VAWC survivors. The residential facility, Home for Girls, can accommodate a maximum of 20 persons. However, it is also a district facility because it shelters survivors from other municipalities, majority of which in Surigao del Sur do not have any residential facility. VAWC case files are kept with confidentiality, stored in separate folders and filing cabinets. Due to the pandemic, there has been a shift in protocols when visiting physical infrastructures and facilities. At the provincial level, a tent was set up and services outside the office were covered in cellophane wherein social workers could accept clients, giving rise to potential concerns over confidentiality. The PNP shared an incident of violation of privacy when a VAWC victim's photo was made public, making some students feel hesitant in reporting VAWC/GBV violations. Moreover, service providers have resorted to alternative and unofficial channels to facilitate case reports. Social workers and the PNP gave their personal phone numbers to Bislig residents for use in the reporting of VAWC incidents. Counsel is now provided via SMS. Social media has become an alternative tool of communication during the pandemic. The E-Gender Reporting, an online reporting platform of the Commission on Human Rights, may seem to be effective if more people will be informed about it and have access to the technology. Though online reporting is already in place for VAW clients, this is not readily accessible to those living in GIDA. Finally, health protocols are observed when admitting a client in the residential facility. This includes undergoing rapid testing and the designation of a separate space for those who tested positive in COVID-19.

C. Personnel and Human Resource

Across all sites, the **lack of qualified staff or service providers appears to be a common challenge.** The **sudden shift to online platforms as alternative mode for service provision**

made it difficult for many service providers who are not familiar with the new technology to adjust, a matter that remains a continuing concern.

Mental health was also another concern during the pandemic for both VAWC survivors and their families, as well as the service providers. In the field, qualified professionals are lacking. **Multi-tasking has become the norm** and this could result in caregiver burn-out, impact on the quality of assessments made and interventions applied. The pandemic highlighted the importance of capacity building, retooling, and training on VAWC as there still exists stereotypes in the way VAWC survivors are perceived (i.e., domestic abuse is a family matter). Finally, since VAWC desk officers are coterminous with the incumbent local official, there is a need for training and updating to ensure continuity of service.

1. **Region III**

Accessing comprehensive services for VAC and VAW is to some extent driven by whether or not there are enough social workers and VAWC Desk Officers to implement policies and handle cases in the location where they occur. There is a need to consider the number of qualified staff on duty at all times to render appropriate services and handle caseloads following the standard DSWD social worker-client ratio. Hence, there is a need to review recruitment, selection, hiring and retention systems for contractual (Memorandum of Agreement, Contract of Service and Job Order) employees based on the current pandemic situation, clientele needs and nature of social welfare and development programs and services.

Furthermore, VAWC frontliners would benefit from on-going training and capacity building in both VAW and VAC issues. Given the basic training programs required on gender sensitivity and VAWC work to upgrade their knowledge, attitude and skills, capacity building should also include:

- Medical, legal and para-legal literacy on laws and procedures on women and children, basic medico-legal information
- Human Trafficking
- OSEC
- Self-care such as stress management techniques and debriefing
- Psychosocial First Aid
- The use of online platforms for communication

Note that women are currently at the forefront of the COVID-19 Response. **Women have taken on the lead role in the government pandemic response in their communities.** Barangay/Community health workers serve as a critical link between the government and communities in increasing awareness on COVID-19 infection prevention and control. They are also important in contact tracing, monitoring cases in communities, and providing timely feedback on needs to LGUs. Further, women have significantly contributed to the response by taking on the primary role of protecting their families, sourcing and managing resources, and undertaking an increasing amount of housework.

Focal persons in different government agencies change a great deal of the time, resulting to disruptions in inter-agency coordination. This “Revolving door” policy also happens in the designation of Barangay VAW Desk Officers. Furthermore, COVID-19 fatigue appears to have

wilted frontliners. Frontliners are feeling burnt out with unprecedented workload, anxiety, and uncertainty.

2. Region IV-A

Insufficient staffing levels were reported as a challenge at all levels. At the regional level, it was mentioned that there was not enough personnel/staff in proportion to the case management of VAWC. Personnel were tapped to assist in the implementation of SAP. This divided their attention, time and effort, resulting in less attention to VAWC initiatives. At the provincial level, the ratio of personnel to inhabitants was disproportionate. There was a mention of budget concerns for salaries of personnel and puts emphasis on the heavy workload of personnel. **Limited capacity building** happened during the pandemic, given that training was harder to facilitate and monitor online.

At the municipal level, there was a need to assign specific personnel in addressing the problem on violence. The LCAT-VAWC found it challenging as it is dependent on the municipality's capacity to allocate funds for employment. There is also a **lack of registered social workers**. The **number of cases is not proportionate to the social workers** with the workload overwhelming the latter. At the barangay level, personnel were not always available due to existing conditions brought about by the pandemic. It was reported that some clients went to the barangay to avail of services, but the proper personnel to assist them were not present.

The **shift from face-to-face communication to an online platform was likewise considered a challenge since not all employees have the "know-how" on the use of technology** and this has affected how they work, officers feel that they have been limited and inhibited by technology. Computer literacy of workers affected the services delivered to clients as well, since some employees were not adept with using computer applications required for service delivery.

A response to the pandemic in terms of personnel and human resource were the attendance of webinars on capacity building. PCAT-VAWC provided capacity building training to VAW Desk Officers, LGUs, and PSWDOs, which included those from Angono, Antipolo, Rizal, and other areas. The said initiative was complemented by enhanced training/seminars/orientation on VAWC prevention and response. The International Justice Mission (IJM) had also provided assistance to capacitate newly hired personnel of shelter partners in areas which include case management trainings, trauma informed care, and orientation on online sexual exploitation of children (OSEC).

The municipality created new councils among its officers to respond to more specific needs because of the pandemic. An example of this is the local version of the IATF in Angono. Finally, health workers play an increasing role in delivering services as they complement both pandemic-specific concerns and violence concerns.

3. Region VII

In region VII, staff and personnel have been found to operate in a limited capacity, thereby resulting in less services. Health protocols mandated by the government means that staff and

personnel provide services in shifts. Across all levels, there is a combination of working from home and reporting to the office to maintain the safety and health protocols in enclosed areas.

Social workers are not trained in dealing with COVID-19 cases during the pandemic. DSWD deals with DOH on how to respond to GBV cases but DOH prioritizes persons with severe acute respiratory infection (SARI) over GBV cases. They are also apprehensive about infection when escorting clients to the different offices.

Providing service by service providers are limited and inhibited by technology. The full utilization of online platforms to provide services depend on the service provider's internet literacy and strong internet connectivity. Some service providers' internet literacy is limited to group chats and simple video conferencing. Internet connectivity in parts of the region is weak.

Online trainings for regional and provincial levels. Trainings usually conducted face-to-face by the Central office are now being conducted online because travel and big gatherings are prohibited. Talisay City social workers attend trainings conducted by DSWD online.

A multidisciplinary team provides services to the VAWC client. The team consists of a child protection specialist who is a medical doctor, the NBI, Cebu provincial police, and the DSWD with a retainer lawyer. However, the provincial DSWD does not have a retainer lawyer but instead is assisted by NGO partner lawyers from the Children's Legal Bureau. The social worker coordinates with the multidisciplinary team to set schedules for appointments and to assist in the process of filing the case. The medical doctor comes from the Pink Center of the Vincent Sotto Memorial Medical Center. However, clients complained about the schedule of the psychologist in the Pink Center, claiming that they had to return several times for counselling during schedules inconvenient for them (i.e., late afternoons). One client resorted to going to a private psychologist because of the difficulty in scheduling an appointment during the quarantine period. But the Talisay CSWDO claimed that there was a psychologist on call.

Local Social Welfare and Development personnel are trained on the basics such as how to assist clients, especially in VAWC and sexual abuse cases. All social workers in Cebu province are licensed. They are guided by clear protocols on how to handle VAWC cases. The seasoned social workers provide guidance to new social workers when consulted. Talisay CSWDO has 12 personnel: 8 registered social workers, and one not registered. There are 3 staff. Of these, 4 are permanent/regular personnel while 8 are non-permanent. Six registered social workers handle VAWC cases with a ratio of 1 social worker to 5 VAWC clients.

Seminars and trainings were hosted in support of VAWC and GBV related causes. Provincial DSWD regularly hold seminars and trainings. These include capacity building, livelihood, and counselling. LGUs conduct capacity building activities for VAW Desk officers, local officials, and other concerned staff, handlers, or employees. However, the number and nature of these activities vary from one LGU to another as these are demand driven activities. DILG C/MLGOOs however have direct and close coordination in the barangays so that the functionality of VAW Desks is ensured in all barangays of the Province of Cebu. DILG Cebu has also provided numerous technical assistance for barangays, particularly by providing resource speakers in the implementation of RA 9262 at the local level. The Talisay City prosecutors office requested a

training on handling gender-based violence clients and a training for police officers on handling interviews for children. The barangay VAW desk officer asked for more training because she only underwent one training.

4, Region XIII

All social workers in Surigao del Sur down to Bislig City are registered social workers. They appear to be all equipped with the right attitudes, ethical practices and habits of work. They have undergone several trainings on case management, women's rights, gender sensitivities and other topics related to the handling of VAW cases. However, their delivery of services is affected by the shortage of staff. All of them are multi-tasking and thus services tend to be hurried. Moreover, some personnel have also tested positive for COVID-19 resulting to a halt in their operations and services. Going to far-flung areas to rescue and/or monitor the safety of survivors has also been a challenge.

Seminars and trainings were hosted in support of VAWC and GBV related causes. At the province and city level, seminars and trainings are held regularly. Aside from capability building activities in the areas already mention, training in livelihood, counselling, and other relevant topics are also conducted.

Staff and field personnel are not at full capacity but operate with a skeletal workforce. Due to measures taken to ensure health safety, the staff and personnel have been assigned shifting schedules in the office and in the field, when monitoring clients.

The capacities of the officer are limited and inhibited by technology. Part of the new normal has been to utilize the internet in the shift to online platforms. Unfortunately, this has become a barrier to delivering services because the internet network signal in the Bislig City is weak and is weakened further by intermittent weather conditions in the region.

Focal persons are assigned in handling VAWC. The CHR explained that there are focal persons assigned to the women's sector. The focal person is trained to receive referrals on VAWC cases and in the event that they are not available to address said cases immediately, the client is referred to other lawyers who are able to attend to them. There are 6 people trained to handle VAW cases but only one focal person is in charge of handling VAW cases. In addition, the CHR explains that they have a total of 6 investigators, 2 of whom are female investigators plus a chief investigator who leads the team. They accommodate requests of clients to speak to a female investigator if clients are uncomfortable with a male investigator. The CHR also has a women's room to interview walk-in clients. During the pandemic, they communicate with clients mainly through social media. They closely monitor cases filed at the CHR, even though the PNP is already working on the case, in order to keep up to date with the progress of cases and the kind of assistance provided to their clients, as well as to provide legal service, if and when needed.

Social workers and WCPD officers are multi-tasking. Service responders had to adjust to changes during the pandemic. The CHR talked about how some of their responders had to adjust their skillset in order to keep up with the shift in activities during the pandemic. For example, some

of the staff increased their skillset in computer literacy. There were also some who were not previously known to be “techie” but who are now computer literate.

D. Services and Protocols

Some programs and services offered prior to the COVID-19 quarantine remain active and accessible even during the current pandemic. However, certain health protocols are observed. A referral system is also in place together with a strong coordination with other relevant agencies. **Both online and physical reporting, and case management services are available.** There is also a follow up mechanism regarding the case. Prior to the pandemic, they conduct home visits but now rely mostly on SMS.

The primary entry point for VAC or VAW services is through the VAW desks of the Local Social Welfare and Development Office (LSWDO) at the barangay level or at the Women and Children Protection Desks (WCPD) located in police stations. The desks situated within police stations are under the jurisdiction of the Philippine National Police and are staffed only by female police officers, who have their own counseling rooms. Available through these entry points are programs and services for VAW survivors, marginalized women (e.g., indigenous women, senior women, girl children, poor women, women from other cultural minority groups) and women in especially difficult circumstances (e.g., women in armed conflicts, internally displaced women). These programs and services include crisis intervention, psychosocial services, medical assistance, medico-legal assistance, temporary shelter, emergency financial assistance, legal assistance, the provision of food, medicine, and transportation allowance, as needed, livelihood and skills trainings for VAW survivors, and employment assistance.

Standardized protocols and procedures are likewise in place to facilitate not only service delivery but also ensure the uniform use of language or terms in case management, documentation, and monitoring and evaluation of VAW cases.

These protocols and procedures include:

- Protocols for intake and crisis intervention, including interviewing VAW survivors, and assessing and ensuring their safety;
- Protocols and procedures for VAW cases falling under the coverage of the *Katarungang Pambarangay* Law but not constituting the crime of VAWC;
- Protocols on mediating and conciliating cases, integrating women’s human rights principles;
- Protocols and procedures for referrals;
- Protocols on safekeeping VAW survivors’ documents and ensuring confidentiality
- Protocols and procedures on case management (e.g., service delivery, follow-up and monitoring); and
- Protocols and procedures on monitoring and evaluation of anti-VAW services.

Humanitarian emergencies such as the pandemic appear to offer good opportunities for innovation and collaboration on VAWC issues. However, these do not usually translate into ongoing cohesive and collaborative programming as shown by the following observations:

- Although some service providers may work in an integrative way in some cases, this is usually not systematic or protocol-driven and is dependent on the service provider and what the survivor discloses during the initial interview, thus needing the separation and specialization of VAWC cases.
- There are referral guidelines for VAWC survivors, but these have not been integrated into nor do these address intersectionality.
- Women and Child Protection Units (WCPU) are usually based in hospitals, and there are no specific integration protocols that provide guidance on managing the various intersections between VAC and VAW, only that adult and child survivors are allowed access to services from this Unit. The intake form for VAW cases does not include a query on the children's welfare. There is also no collaboration between medical doctors, social workers, and police officers under WCPU.
- Services and programs for adolescents are necessary since, generally, adolescents are considered children under the law; thus more advocacy, research, and innovation are needed to meet adolescents' needs regarding VAC and VAW.
- Though some communities or barangays led by purok leaders took to patrolling at night or setting up mobile hotlines to enhance protection of women and children, not all have adopted this initiative.
- The conduct of a post emergency analysis has been useful to bring together lessons learned and key success strategies to collaborative and innovative efforts that address VAWC in an integrative way
- Furthermore, there should be formal partnership indicated by a memorandum of agreement (MOA) or understanding (MOU) detailing the responsibilities of the LGU and agency stakeholders regarding a particular service or program for VAW survivors.
- Though volunteers are not discouraged, there is a need to have written and implemented policies on the recruitment, the qualifications, work expectations, their responsibilities as well as recognition of their contributions, and disciplinary measures on acts that are detrimental to the welfare of the VAW survivors.
- Monitor the evolving needs of different sectors and identify ways to build resilience in the different response actions. If needed, expand government, private sector, and CSO response activities to include support for care and domestic work, cash assistance, transportation, and resilient livelihood opportunities. Employ a targeted approach to respond to vulnerable groups, e.g., strengthen programs for the unemployed, provision of psychosocial support to front liners.
- Lastly, ensure hidden households - women who are persons with disability, urban poor, solo parents, homeless residents without a physical address are recognized as constituents and prioritized for resourced interventions, including the provision of mental health & psychosocial support services.

1. Region III

The pre-pandemic case management protocols were still applied during the pandemic, alongside the strict implementation of health protocols. These protocols were explained thoroughly by service providers to clients, especially those who come from locations with high

cases of Covid-19. In admitting clients to shelters, Olongapo mandatorily requires a negative COVID-19 test certification issued by the City Health Department prior admittance to temporary shelters.

Given that the safety of their staff is a primordial consideration, Olongapo's CSWDO expressed that it was almost impossible to reach out particularly to the homeless and street dwellers. Hence, coordination with the PNP and medical professionals was therefore imperative since they had the requisite personal protective equipment (PPE).

Comparably, provision of services in Pilar, Bataan also remains unhampered despite the inevitable limitations brought about by the pandemic. **Frontliners conducted house-to-house visits to extend aid.** For those housed in quarantine facilities, they were amply supplied with the basic necessities. VAW desks in each of the 19 barangays remained operational even at the height of the pandemic. Coordination facilitated via Facebook Messenger and phone calls.

Furthermore, both LGUs have social workers on call, available even during weekends and holidays. On the other hand, service delivery on the part of the DSWD's Regional Inter-Agency Council against Trafficking (RIACAT) was hamstrung during the early stages of the pandemic. Rescue efforts for survivors of Trafficking in Persons (TIP) were adversely impacted since very few members of the rescue team had PPEs and there were no facilities available to house foreign TIP survivors, i.e., Chinese and Vietnamese. Furthermore, the Department encountered challenges in terms of pursuing cases of Children in conflict with the Law (CICL), particularly in terms of coordination with the Commission on Higher Education (CHED).

DSWD observed that **referral pathways leave much to be desired which could be attributed, among other factors, to poor data systems.** The DSWD zeroed in on the effectiveness of referral networks with the pointed observation that some agencies they coordinate with tend to drag their feet when acting on the Department's requests. It also described the referral system as needing improvement and identified the **frequent changes of focal persons as causing disruptions on inter-agency coordination.**

On the part of the San Fernando Archdiocese, convincing parish priests to support the archdiocese's anti-TIP advocacy is always a significant hurdle to overcome. Although VAC and rape are public crimes – meaning anyone who becomes aware of it can report it – in practice people consider VAW between partners and VAC within families to be 'private matters'. There is significant stigma associated with airing family problems in public and thus, to avoid bringing shame to the family, many VAC and VAW cases are not pursued and instead undergo mediation. There are also multiple barriers to accessing justice including a large burden on survivors to collect evidence from multiple sources, long and drawn-out justice procedures, lack of sensitive or protective judicial processes (especially for children), as well as economic and social stigma issues.

VAW desks at the barangay level facilitate access to justice and support services for VAWC survivors primarily through referral to the Women and Child Protection Desk (WCPD) at police stations. Though protection orders, mediation, settlement, conciliation, or arbitration are remedies offered to survivors within the barangay level but the WCPD can refer cases for review to enter

the court system. **There are no guidelines for examining intersections between VAW and VAC in any of the judicial or law enforcement protocols.**

2. Region IV-A

At the provincial level, **utilization of social media and other online platforms were apparent.** Facebook is being used for prevention activities and response, including updates on existing issues. Zoom application and other online platforms are also used for meetings. Due to COVID-19, health workers played an increasing role in delivering services as they complement both pandemic-specific concerns and violence concerns. **The imposition of health protocols mandated the responders' strict compliance.** The use of PPEs during **home visits was observed** and assessments were made beforehand to ensure the safety of both parties. In addition, rapid testing/swab testing is being required by the government before allowing a client to enter a facility.

A series of webinars for the municipality was initiated for better response to the new dynamics brought about by the pandemic. Examples of these webinars were on helping mothers understand the situation they were in, at home with their families; how they can cope, and what they can do. **Counselling via phone was also practiced** both at the municipal and barangay level. Barangay clients attest to regular text updates from barangay officials, notifying them on what to do or programs and assistance that they can avail of.

Generally, standard protocols were followed by the offices in their delivery service such as wearing face masks and other protective gear, a more socially distanced environment with protective barriers, a temperature check prior entering the premises, and meetings done online among other things.

In terms of services, Region IV-A focused on the Social Amelioration Program (SAP), including mitigation and recovery programs especially during the early months of quarantine. **Agencies and offices were overwhelmed by the changes brought about by COVID-19 that they did not prioritize VAWC concerns and admit that VAWC functions were not in full capacity at this time.** Personnel and staff intended for VAWC concerns of the RIACATCP-VAWC were mobilized for the SAP operations. The same is true for Rizal province when the Provincial Social Welfare and Development Office (PSWDO) revealed that programs for women and children between March to July 2020 were deferred because the focus was on providing SAP assistance. But while adjustments were made after July in order to bring back the focus on women and children, the onset of typhoons again resulted to changes in the priority of the province.

Despite the limited attention to VAWC concerns, the province of Rizal continued to monitor VAWC cases in manners consistent with IATF protocols, such as social distancing. Services were not delivered the way these were before the pandemic because of existing restrictions on mobility and transportation. Restrictions were also implemented in other municipalities despite some provincial declarations that made it difficult for social workers and personnel to cross borders to rescue survivors of VAWC. Delays in communication and referrals were also observed, brought about by the slow cascade of information due to the lockdown and the shift to work-from-home arrangements which made stakeholders more difficult to reach.

The municipality of Angono too continued to deliver its services, while adhering to Inter-Agency Task Force (IATF) protocols. Like the province, the municipality struggled with mobility and transportation concerns that prohibited them from rescuing survivors of VAWC.

The **online move posed a challenge for services.** The staff and personnel in-charge were not computer literate and had to take time to figure things out. This made them feel that they were slowed down by technology. And because internet signal connections in Rizal are weak, especially with interference brought about by weather conditions, communicating and processing referrals through online platforms were also a challenge.

At the barangay level, specifically Barangay San Isidro, the VAWC desk officer was not able to immediately attend to clients as she is a senior citizen. The complainant would be asked first if she would like to pursue the case or just log it. When a case is pursued, the VAWC desk officer is called to assist. Services were primarily executed through mobile phones as in the case of Barangay San Vicente.

Another challenge that surfaced concerned clients who came to the office to complain only to withdraw the case later and then return to their partners despite the continuing threat of abuse. This seemed to have been exacerbated by the pandemic, possibly because the concomitant delay in communication and processing of cases impelled survivors to settle with their partners, believing that assistance was not forthcoming.

3. Region VII

A number of existing services offered to VAWC clients are still available. All related offices such as CSWD, PNP, DOH, have gender-based programs and thus, have a comprehensive program for GBV. Continuous services and provisions include financial assistance, residential care, hygiene kits, first aid kits, etc.

Multidisciplinary services in coordination with other agencies. When needed, the office coordinates with the PNP, DOJ, and LGUs among others. Crisis intervention is available. For assistance, victim survivors can call LGU social workers to provide whatever assistance is needed from them. The social worker usually does the first interview because that is the protocol for LGUs. However, if the VAWC client goes first to the police, the initial investigation is conducted by the police. The social worker takes a lead.

At the provincial level, and in the case of multiple VAWC cases occurring at the same time, social workers usually go to where the survivors reside and convene the Barangay Council for the Protection of Children or Barangay Council for Women and Children. The social worker is in-charge of scheduling and summoning the concerned parties for a conference. Present in these conferences are the council chair, the police, the family involved, the concerned women and children, the school, and other stakeholders.

According to DILG Cebu, LGUs have programs in place for GBV and VAW survivors. All services mentioned -- i.e., psychosocial services, financial assistance, and livelihood -- may be existing already. However, each LGU is unique in their implementation of these services. In

Talisay City, the multidisciplinary services are provided to clients. The CSWDO serves different groups ranging from VAWC clients, LGBTQIA, foreigners, OFW, locally stranded individuals, people with mental health issues, elderly, survivors of human trafficking, perpetrators of crime, youth, and children. The CSWDO also provides all emergency, health and well-being, housing, employment, education and training, and transportation, legal, and financial services. Doctors, lawyers from the Talisay Legal Office, the PNP, social worker and prosecutor hold case conferences. The social worker takes charge of these cases for coordination. Talisay City also provides financial assistance to VAW clients. Initially, a transportation allowance of Php 1,000 is provided to the client. Another Php 1,000 for medical and other financial expenses may also be given for one to two months. Talisay City clients report that they received immediate response at the barangay and city levels. A separate vehicle is dedicated for transport of VAWC cases.

However, the barangay clients perceived the difficulty of getting psychological services from the Vicente Sotto Medical Center located in Cebu City. They cited having to multiple follow-up visits, inconvenient schedules of appointment with the psychologist, or difficulty to get an appointment because of the community quarantine. But the Talisay CSWDO has a private psychologist on call.

Establishment of Psychosocial Support Hotline (233-0261, 0917 703 0967, 0918 912 2813) and reporting hotline. The DSWD regional office has dedicated hotlines (or direct phone lines) where social workers initially respond to calls on all forms of abuse and GBV cases. Reports are received not only through landline telephone but also via online platforms. The office manages the digital hub, online and helpline, tracking and monitoring of GBV cases, and provides information on existing hotlines of other agencies and referral.

Difficulty in responding to cases because of safety protocols in place and the lack of transportation facilities. At the regional level, the DSWD continues to provide temporary shelter for women and girls, but face difficulty in receiving cases due to safety protocols in place and the lack of transportation facilities. According to the representatives of the provincial SWDO, the pandemic affected the LGUs' mobility and access, especially in the island municipalities. Social workers can no longer do home visits to monitor VAWC clients. VAW-related family therapy sessions, intended to support healing, could no longer be held since face-to-face meetings are discouraged. Moreover, while welfare officers are trained to assist clients, the difficulty of providing health and psychological help to clients have hindered the adaption of a multidisciplinary approach to case handling.

Difficulty in filing and follow-up of cases. Although there is online filing of cases, securing requirements were difficult and takes a long time. For example, processing at the Vicente Sotto Medical Center's Pink Center requires at least two months finish because of health protocols and the lack of available medico-legal doctors. There is only one center for the whole province. Another center is in Camotes Island which is exclusive to its population. All ongoing cases were put on-hold since court houses were closed or had only a skeletal workforce. As a result, some VAWC clients simply decided to drop their cases.

The role assignment of social workers and the police officers has affected the delivery of services to VAWC clients. Social Workers across the region and in Cebu have been multi-tasking.

Having been put in charge of the implementation of the Social Amelioration Program (SAP), they had to, on top of their regular workload, attend to the listing of qualified beneficiaries, and the checking, monitoring and provision of benefits. They did these while expected to provide immediate response to VAWC clients. Police workers assigned to the women's desk were deployed to monitor the enforcement of health protocols in check points in different parts of the region. In the meantime, their counterparts in other agencies were busy attending to their own clients affected by the pandemic. Thus, while the social workers and police officers were busy attending to their COVID-19 related duties, many of the important offices expected to work with them on VAWC cases were closed. Fortunately, this was not the case in Talisay City as cooperating agencies are all housed in the City Hall and coordination among service-providers is efficient.

4. Region XIII

The Barangay VAW Desks were mobilized to update social workers on VAWC cases and other gender related issues occurring within barangays concerned. The role of the Barangay VAW desks are critical especially in far flung areas because it is through them that survivors are able to seek immediate help. To ensure that they are able to monitor all the barangays, these VAW desks have cluster-lead officers. Social workers handle one cluster each in coordination with the cluster-lead officer. Despite restrictions, the barangay VAW desk officers were and are still able to hold meetings with CSWD for updates on cases. VAW desk officers were also able to train on case management.

It is difficult to go to the barangays to rescue the children of survivors. According to the Surigao del Sur PSWDO, the virus has affected them “more than 100%”. This is because prior to the pandemic, the norm was face-to-face engagement with clients. Since the lockdown however, and with COVID-19 still very much a threat, many health protocols have to be followed. One great challenge for them, especially at the city and municipal level, is rescuing the children of perennial clients living in barangays under lockdown.

Health restrictions affect transportation and mobility, impacting the reach and accessibility of services. Because of national restrictions on transportation and mobility and the protocols put in place by the different municipalities, sometimes despite provincial government declarations, clients and survivors are not able to physically access offices. Moreover, social workers and personnel themselves have difficulties crossing borders in order to rescue survivors.

The services that address VAWC/GBV related concerns have been affected by COVID-19 restrictions. Service providers reported that meetings have been suspended for up to 8 months due to executive orders issued after COVID-19 that limit physical interaction. While zoom or online meetings replaced physical or face-to-face meetings, service providers reported that there too were times when using such platforms were challenging due to their “limited technical-know-how.” They admitted that these have affected their response to GBV and that in fact, during their last meeting prior to the interview, they have acknowledged this concern and discussed how they can improve on it. The CSWDO said, “....we have a lot to tackle, we did not have a meeting for 8 months. These meetings last for 1-5 hours and during our latest one, the LCPC was not there. In the context of this new normal, we admit that we are yet to be responsive to GBV (issues) and that

is one of the things to be discussed in our upcoming meeting; how we can be responsive to (GBV VAWC) during this situation.”

The immediate response to survivors is slowed down by the pandemic. The PNP reported that responses are delayed because COVID-19 protocols such as regular surveillance must be observed prior to going to a victim. **Protocols are observed in the filing of VAWC cases.** The following are protocols observed by the PNP when filing VAWC cases: The client goes through the director for operations where they are asked to explain the situation. For sensitive cases such as rape, the survivors are brought to CSWD. The PNP also conducts information dissemination to VAWC desks in every barangay on how to handle cases. They are also consulted by social workers on how to handle VAWC cases and they are able to guide them through it.

Some programs and services offered prior to the pandemic remained active and accessible. Responding to needs of clients such as financial assistance, residential care, hygiene kits, and first aid kits continue to be accessible to women. The social welfare officers shared that different offices such as CSWD, DEPED, PNP and the DOH have their own respective gender-based programs adding further that the region has a comprehensive gender-based program addressing the needs of women.

Majority of cases are filed in court. Respondents from the PNP noted that when survivors are referred to them, it is most likely that they have already gone through the barangay VAW desks and have been involved in prior incidents of VAWC. Thus, going to the PNP is the last resort. The PNP is of the opinion that survivors feel that “marriage is still sacred” and therefore has to be saved. Because of this, survivors generally endure the maltreatment for some time before coming forward to report to the VAW desk or the police. According to the PNP, 80% of cases reported to them are filed in court. However, the WCPD find it very frustrating that after all the groundwork on their end, the survivors end up filing an affidavit of desistance.

The programs most often accessed by women in the community are the barangay protection order and the police blotter. According to CHR, the barangay protection order and the police blotter were the services most frequently sought out by GBV/VAWC survivors. Reasons for which include the lack of interest to actually pursue legal action such as the filing of a case or the imprisonment of the perpetrator. Most of the survivors only want the incident to be documented in order to warn or to scare their perpetrators and possibly avoid similar incidents in the future.

The online blotter was not effective. The PNP introduced an online reporting of cases but the WCPD in Bislig thinks it not effective in the city. This is mainly because of connectivity issues and limited access to the technology by the survivors.

There are insufficient services to support the survivors psychologically. The only people available for this role are psychometricians, and there are a limited number of them in the municipalities. Moreover, social workers themselves are the ones handling the counseling of survivors.

Reporting and case filing during the pandemic take a longer time to be processed. The PNP reported that the pandemic has made processing of cases even longer as employees from the Hall

of Justice and PAO, as well as the fiscals all work from home. This long processing time has been one of the reasons why survivors are discouraged from filing cases in the first place. In addition, the PNP admitted that they are unable to interview survivors immediately because the survivors have to be screened first for COVID-19 symptoms.

E. Monitoring and Evaluation

This is one area where LGUs encountered a lot of difficulty. Although there are existing mechanisms for monitoring and evaluation, the problem is in terms of sustaining the initiatives. Another issue here is the lack of a harmonized data system. For instance, monitoring of clients and cases are done by the PNP through its CIDMS. Social workers have their own DSWD database system and CHR uses their GBV observatory. LGUs also report to DILG. Since they might be using different tools and data systems, there is the possibility of duplication of reporting. And since service providers are overwhelmed with their work, they themselves do not have enough time to do the encoding or updating of cases.

1. Region III

For its part, the CHR regularly visits LGUs in order to determine the presence and functionality of VAW desks. CHED's monitoring mechanism involves sending to HEIs and State Colleges and Universities (SCUs) a memorandum with a Google form attached for collection of data. As mandated, both LGUs of Olongapo City and Pilar, Bataan send reports on VAWC cases to the Department of the Interior and Local Government (DILG) on a quarterly basis. Monitoring and evaluation are done using existing forms on VAW cases reported to the city/municipality, accomplishments and impact reports, as well as financial status updates. The Olongapo City Government regularly sends reports on VAW cases within its jurisdiction using the standard template for all LGUs, as provided for and required by the DILG. This report is forwarded to the DILG on a quarterly basis. However, the City government recognizes that there are possible discrepancies in the number of cases reported by the LGU and the police because of duplication of reports, forum shopping, and others.

2. Region IV-A

The province of Rizal has an active pool of registered social workers who gather data, monitor and evaluate cases. Key findings are used to strategize and plan needed programs for the province. Continuous monitoring is done by the LCAT-VAWC service group. The DILG ensures compliance with reports to assess the impact of interventions/programs provided by concerned agencies/offices. NGOs assisting with VAWC prevention and response regularly submit reports to concerned agencies/offices, while regular assessment on the functionality of VAWC Desk is done with digital and continuous reporting.

An enhanced monitoring system was initiated requiring LGUs to submit VAWC reports monthly to DILG in addition to the quarterly reporting to monitor changes during the pandemic. These reports consist of two areas, namely, the quarterly report for VAWC and a report in relation

to COVID-19. The PSWDO initiated the *Online Talakayan*, where the MSWDO, EMP WCPTs, barangay networks, and residents per municipality, including barangay chairpersons of the top 25 barangays with the highest incidence of VAW during COVID-19, meet to capacitate and strengthen partnerships concerning VAWC during the pandemic. This initiative covered the gaps and challenges experienced by key actors in VAWC prevention and response.

Continuous monitoring is also evident in the activities that are currently being undertaken. Instead of requiring clients to go to the office, LGUs **visit clients at their homes** to check on them. Compared to the clients, LGUs are more mobile. It is easier for them to obtain border passes to reach and monitor clients. **Case conferences are also done for better evaluation of cases.** Telephone calls and texting were used for monitoring and updates both at the municipal and barangay levels. The barangay officer would regularly call the client and ask how they are in order to get updates on their current status.

There were difficulties and delays in meetings, and reporting and monitoring due to the restrictions brought about by the ECQ period at the regional level. Despite the existence of LGUs/PNP to accommodate reports of individuals, reliance on social media is high. Individuals prefer to raise their concerns to Mr. Rafael Tulfo during his daily radio program, as observed by the DOLE informant. The informant further explained that Filipinos view social media as a more helpful tool compared to the helpdesk of barangays. At the provincial level, difficulty to monitor survivors, especially those in far flung areas, were reported due to the restrictions on mobility which affected the functionality of services. There was a mention of women choosing not to report at all due to the pandemic, thus resulting in the underreporting of cases of violence.

A gap stated was the **lack of existing specific online platforms for reporting VAWC at the LGU level.** The absence of a more stable program for monitoring VAWC cases too was seen as a gap. The PSWDO mentioned the delay in reporting and monitoring due to the pandemic. Mobility issues are seen as a hindrance to reporting, resulting in delays. At the barangay level, the lockdown inhibited monitoring. Some officers were unable to schedule meetings or visit clients for monitoring and evaluation due to ECQ.

Restrictions, particularly brought about by the ECQ, resulted in difficulties and delays in the monitoring of key actors and the reporting of clients, especially those in far flung areas of the Region. There are no mentioned initiatives to monitor far flung areas, thus limiting the functionality of VAWC services. An informant mentions that women prefer not to report due to these restrictions, again resulting in higher numbers of VAWC cases that go unreported.

3. Region VII

There is no unified platform for online reports, monitoring and storage. Reports received through texts and chat messages need to be verified immediately. However, there is no unified system for reporting, monitoring, and storage. This is the case for most offices in the region, the province and in Talisay City. Thus, the number of cases covering the same period was inconsistent among the different offices.

The budget is not sufficient for monitoring gaps and challenges. For the DILG regional office, there is a lack of budget to operate properly and monitor LGUs, while observing safety and health protocols.

Health and safety protocols hinder the monitoring of clients. No face-to-face monitoring across the province has been done by DSWD because of the pandemic. For Talisay City, this unfortunately includes the failure to conduct family therapy for the clients.

The reporting and monitoring of VAWC cases are significantly more difficult due to mobility restrictions and communication connectivity issues, particularly during the ECQ period. At the regional level, there is difficulty getting data from cooperating agencies. Reports coming from the LGU and barangay levels are incomplete. Most barangays have not submitted reports on VAWC cases. There is difficulty for field officers to check incidences because of mobility restrictions resulting from lack of transportation and health protocol impositions. There is also no alternative reporting mechanism for survivors. The DILG has field offices in all LGUs tasked primarily to provide technical assistance to VAW desk officers and to monitor the functionality of LCAT VAWC. However, the DILG regional office reported that due to the pandemic, this service was put on hold and is expected to resume sometime in 2021.

At the provincial level, the flow of reporting cases was interrupted because the various agencies were responding first to their agency priority services related to COVID-19. The DILG intensified their monitoring in May 2020 by requiring monthly reports of VAWC cases instead of quarterly. The DILG also reminded LGUs to activate (the already-in place and otherwise functional) VAW Desks to ensure that the welfare of vulnerable women and their children remains a major concern despite pressing health issues. Memoranda on this have been sent to LGUs.

In Talisay City, barangay reporting resumed with most of the barangays reporting cases of VAWC to the LSWDO under the modified general community quarantine (MGCQ). During the ECQ, there was no report of VAWC and GBV cases. At the barangay level, the barangay *tanods* report to the VAWC desk through the chat group. Pre-COVID, the survivor would be visited by the barangay staff in-charge of VAWC cases. During the pandemic, the *tanod* advise the survivor to immediately report to the VAWC desk officer.

Regular meetings are conducted with social workers. Quarterly meetings on ongoing programs and services in the province have always been conducted with the city and municipal social welfare officers. The LGUs' issues and concerns are discussed during these meetings, and monitoring tools from the national level such as the standard monitoring forms and tools are distributed. These meetings have been conducted online using Google Meet or Zoom.

There is continuous monitoring of clients and cases. Quarterly monitoring of VAWC and GBV cases in the LGUs is conducted by DILG. Since May 2020, it has been conducted monthly. For Talisay, the monitoring and evaluation of VAWC cases is done at the month. The database is kept in the office of the DSWD, which also conducts monthly or quarterly and yearly monitoring and at the end of the 18-day campaign evaluation. Barangay Dumlog uses the DSWD issued forms (i.e., VAW intake form, VAW referral form, Feedback form) in their case management.

4. Region XIII

Role reassignments and added responsibilities of social workers, as well as changes in work setups have contributed to difficulties in monitoring VAWC cases. When the pandemic started and the Executive Orders were released, DSWDs limited workforce was divided among those who were to provide food supplies in the quarantine facilities and those to take charge of the listing and distribution of SAP. Since the movement is not so much restricted during the latter part of this year in Bislig City, DSWD has started to receive walk-in reports. However, looking at the progress of the case is another matter. Since courts are still in a work-from-home mode, many are inquest cases. CSWD acknowledged that their role assignment was affected because of COVID-19 and that there is an apparent struggle to return to the original: *“when COVID came, our work changed and our roles were realigned; the harmonization of our work is one of our struggles and something we want to bring back.”*

The number of cases filed and reported are inaccurate. Considering the effects of border restrictions and swab testing requirements, along with other reasons for being unable to report, the number of cases is suspected to be inaccurate.

Women’s Congress as a space for discussing Bislig women’s issues. The monthly Women’s Congress is slowly being reintroduced in the community as COVID-19 restrictions are relaxed. However, the focus of late is more on the emotional health of women given the amount of stress they going through during the pandemic as they try to cope with the loss of jobs and other source/s of family income.

Continuous monitoring of clients and cases are done both at the province and city levels; the PNP through its CIDMS while the social workers through their DSWD database system. **PNP employs the Case Management Information Systems (CIDMS) in updating VAWC cases.** The PNP explains that every police station requires the presence of a liaison officer from the Hall of Justice who get reports from the PNP to update the status of cases. The PNP officers are required to update their cases through the case management information system (CIDMS). At the time of the interview, there were 2 assigned investigators for women and children and no additional staff has been hired during the pandemic. **CSWD utilizes the online database for monitoring and evaluation of VAWC cases.** It is a database system of handled cases of social workers in Bislig City. Majority of their social workers have their individual accounts where they encode all activities they conducted for a particular client. Bislig City is one of the pilot areas for this online database project, thus, not all of them are trained to use the tool. One of the challenges encountered in using the tool is that due to the number of activities social workers had to accomplish on a daily basis, they do not have enough time to always do the encoding/updating. There are eight (8) social workers work in Bislig. Only five (5) currently have access to the system while the remaining three (3) have yet to be trained. Bislig has tried to develop a local tool for monitoring cases. Unfortunately, unforeseen events such as the transfer of the technical point person assigned to design the tool prevented it from happening.

Initiative of Bislig PNP for an interagency cooperation and involvement of other stakeholders. The Bislig PNP works with the Local Councils for the Protection of Children (LCPC) Inter-Agency Council Against Trafficking (IACAT VAWC) who have been supportive

to them in conducting WCPD's activities. The PNP also works with NGOs such as JPIC in raising awareness on VAWC/GBV related issues.

VAWC desk monitoring is conducted through the GBV observatory. Since 2019, VAWC desk monitoring has been conducted through the GBV observatory, and then the GBV mapping which is a nationwide activity participated in by all regions. Since the CHR aimed to cover two cities or municipalities per year, it had another GBV mapping scheduled in two cities or municipalities in Caraga prior to the lockdown. As expected, the pandemic has thwarted these plans.

(E-blotter) Online reporting was introduced as an alternative means of reporting during the pandemic. The PNP have made attempts to establish an e-blotter or electronic blotter which allows survivors to file a blotter online. However, unfamiliarity with the instrument and the new technology on both sides of the PNP and the complainant, have proven to be a challenge.

After care for clients are made through maintaining personal connection/communication with them by their WCPD officers. One means of monitoring their clients is by remaining in touch with them even after their cases have been resolved or otherwise. Connections are often developed in the process of filing affidavit of reports and beyond, when the PNP WCPD officers counsel the survivors even after they have been sent home.

Some VAWC survivors prefer not to pursue the filing of cases. The PNP faced the challenge of survivors withdrawing their complaint or report even before it has reached the court, something that has happened even before the pandemic. In some cases, the survivors are talked out of the situation by perpetrators themselves or family which only puts them back in the same high risk environment. Another reason for not pursuing the case is financial concern. According to CHR, survivors anticipate the financial burden involved in filing a case and that more often than not, their main reason for reporting is not to have perpetrators incarcerated but to scare them off with a warning not to commit the same offenses. With that in mind, survivors usually exit from filing cases the moment they have received counselling, have had the incident documented and a BPO or barangay protection order issued. Similarly, CHR data on service providers show that victim survivors usually do not avail of other legal remedies and there is no apparent intention to pursue legal action for the following reasons: First is economic dependence. Most victim survivors are stay-at-home moms or housewives who are dependent on their perpetrators for the provision of their daily needs. For those survivors who are working mothers, there is also the matter of who will take care of their children. If they send their perpetrator to prison, no one will be there to take care of their children. And again, most of the time, the intention is to only document the incident and warn the perpetrator against committing the same violations.

There were also several barriers women faced when it comes to reporting. These include:

- ***insufficient knowledge of their rights under the law, particularly laws for the protection of women and children.*** The CHR research reveals that women in the community lack knowledge pertaining to the processes involved in reporting and in prosecuting cases, and other remedies under the law such as the issuance of a protection order from the barangay or from the court. Moreover, they also fear retaliation from the perpetrator when they report.

- ***Lack of financial capacity to sustain the whole process of filing a case.*** Survivors are met with financial costs in every step of the process, from a filing fee down to the transportation expenses for going to their lawyer, and back and forth to the courts. It does not help either that there is usually a lack of strong family support to help the victim pursue the case.
- ***Delayed response from service providers also proved to be one of the challenges to pursuing cases.*** Survivors often reach an out of court settlement with their perpetrators during the interim between filing a case and the time it is acted upon by the service provider, a period of time that could take months or years. Survivors reportedly get tired of waiting while the perpetrators are adamant in reaching a settlement outside the court.
- ***Survivors also experience having trust issues with service providers.*** They have expressed a lack of confidence in the service providers' capacity in handling cases, especially those that involve delicate issues and there is a need to rely on service providers' complete discretion throughout the case.
- ***Some survivors have become desensitized towards the environment of abuse in their household.*** This is apparent in the data provided by the CHR. Particularly alarming is a quote shared by the respondent from one of their clients: *"A condition of abuse at home is just normal. We don't know about reporting. We don't have that in mind. We are just living normally with the condition of being respected sometimes by our partner."* The client explained that domestic abuse was common. They didn't consider reporting since it was a normal occurrence in their area. However, this may be mainly due to the fact that they were unaware of the existence of a law, R.A. 9262 Anti-Violence Against Women and Their Children Act of 2004, that penalizes such acts of violence.

F. Information and Advocacy

Activities to increase awareness of the general public on VAW and women's human rights, as well as encourage their participation have been undertaken across all regions, provinces, cities/municipalities. These include information campaigns, production and distribution of IEC materials, observance of special dates related to anti-VAW and women's human rights such as the Women's Month and the 18-day campaign to end VAW, as well as training and orientation of other stakeholders within the LGUs.

While prevention is, theoretically, a key opportunity for integration of VAW and VAC work, **most prevention programs lack strong evaluations of outcomes and impact, thus making it difficult to understand the effectiveness of different approaches. Further, VAC and VAW projects tend to focus on different sets of outcomes making it difficult to gain insight into their integrative, accelerative, or cross-cutting impacts on both VAC and VAW.**

In addition, the notion that women stay at home to care for the children while the men go to work still exists. In reality, women, especially mothers in poverty, are one of the sectors made most vulnerable by the effects of the pandemic. During this health crisis, women find themselves with multiple burdens. Husbands lose their jobs and are no longer able to provide for the daily needs of their family. This makes the situation at home worse for the women. Not only are they unable to feed their children, they are also unable to access materials for their children's education. On top

of these is the pressure for them to balance family life with everyone being at home. As already mentioned in the discussions above, women are also either not inclined to file reports because of what are perceived as norms or are afraid of retaliation from their husbands. Thus, there is a need to educate both women and men. Webinars on how to adapt to the new situations are often held for mothers but not for fathers when they too share in the burden of co-parenting. There is a need for education on making homes more gender fair, being able to divide tasks between both parents, and tear down the idea that everything that happens within the home is the responsibility of the woman.

The information provided in the research and findings of the study have emphasized the effects of the pandemic on other sectors and issues in society. The lack of a solution and efforts to mitigate the causes and effects of COVID-19 have exacerbated the situation of violence against women and children and/or the proliferation of gender-based violence.

It may seem that **all regions are active in their information and advocacy activities on GBV that would enhance capacities and skills of service providers and organizations while increasing public awareness. However, it has been a challenge to really mainstream GBV at the grassroots or community levels.** This is very apparent in the data provided by CHR and the sharing in the FGDs with the barangays showing that no one complains about barangay mediation in VAWC cases as it has been a common occurrence. It only shows that the **efforts made at the regional, provincial and even city level do not necessarily trickle down to the barangay levels.**

1. Region III

For its part, the GAD Office of Bataan has been conducting since 2015 information and advocacy activities centered on Trafficking in Person (TIP), sexual harassment and the Magna Carta for Women. Likewise, it has regularly tapped LGU focal persons for women to engage and mobilize solo parents and members of the *Kalipunan ng Liping Pilipina ng Bataan Inc. (KALIPI)* in the conduct of activities and enforcement of anti-VAWC initiatives. The KALIPI is a people's organization of women initiated by the DSWD and dedicated to strengthening and institutionalizing national and local programs for women. Flyers and posters on anti-VAWC are distributed. Contact details of offices dedicated to Handling VAWC concerns are reflected thereon.

The Olongapo City Government **regularly conducts webinars and orientations on the city's anti-TIP ordinance as well as on the persistent threat of online sexual exploitation of children (OSEC).** This is done through its various agencies and in collaboration with the 17 barangay anti-VAWC councils, the DSWD, DILG, PNP, child protection advocates and other non-government organizations (NGOs).

Among the NGOs is BUKLOD, a partner of the City Government, who spearheaded activities in celebration of Safer Internet Day. BUKLOD occasionally conducts trainings on RA 9262 for purok leaders. VAWC officers in the city and barangay levels also regularly revisit the

provisions of Republic Act (RA) 9262 to ensure that they do not run afoul of the prohibition against mediation in VAWC cases. Lastly, BUKLOD has joined hands with PACT-Olongapo City and other organizations to form a community watch group that would conduct orientations on TIP, OSEC and gender-based violence (GBV). Flyers bearing the hotline for VAWC concerns are distributed in saturation drives conducted on a regular basis by barangay operatives. The hotline, as well as other barangay emergency numbers, is in mobile number form given the fact that those needing assistance can reach out a lot faster using a cellular phone. Hence, citizens of Olongapo City from various walks of life have a working knowledge of the city government's policies on VAWC and therefore can be relied on in reporting cases. The focal people for Gender and Development (GAD) of the Subic Bay Metropolitan Authority (SBMA) regularly lend their support to the City Government's anti-VAWC campaign. They give talks on VAWC issues and concerns as well as conduct trainings on diversity and inclusiveness.

Many expressed that the 18-day anti-VAW campaign is too short to promote awareness, raise consciousness and mobilize people into action in ending VAWC in the workplace and the family. Presently, Pilar VAW desk officers are confined to photocopying anti-VAWC posters and flyers for distribution in some barangays.

2. **Region IV-A**

Avenues for information dissemination and advocacy had been moved to online platforms such as Facebook. Certain staff and personnel had to take time to learn the technology and how to navigate the internet. Despite having had an online platform to maintain access to people and spread information and awareness, the respondents feel that it was neither efficient nor effective enough to hold activities in person. With the rise of cybercrime, online platforms to raise awareness on Online Sexual Exploitation of Children (OSEC) and trafficking by Philippine Children's Ministries Network (PCMN) was made more active by the RIACAT-VAWC and RIACATCP. **House-to-house distribution of IEC materials such as posters and calendars were still made.** Upon the instruction of the Local Chief Executive, house to house information dissemination were conducted during the pandemic as an attempt to inform the community on VAWC and other related concerns. Health protocols were incorporated in disseminating information.

Part of the Rizal province's initiative to **involve the men in their community** is to have continuous training seminars that seek to integrate both men and women equally into the community. An organization composed of a group of males who are Rizal government employees, the Rizal Provincial Government Men Oppose to VAW Everywhere (RPG MOVE) was organized to uplift women's rights and facilitate progress in terms of raising gender awareness in the community. Continuous campaign activities are held in all 13 municipalities and 1 city in Rizal. The campaigns include Anti-Trafficking, VAWC, Magna Carta of Women, and cover other national laws affecting women. A recent advocacy was the Safe Spaces Act.

The **PSWDO provides flyers/pamphlets on VAWC.** The CSOs continue to advocate for women's rights and raise awareness on VAWC. VAWC information is printed and posters are posted in public places and public social media accounts. The language used is Filipino to better facilitate the understanding of GBV and VAWC. Women's Day Celebration, public displays, the 18-Day Campaign to End VAW are regularly held in the region. Although online platforms were

maximized, some civil society groups feel that the campaign's effectiveness are limited. This is apparent with the survivors who were afraid to report because of socio-cultural underpinnings.

A regional GAD initiative was the **launching of Project LILA to respond to cases of Violence Against Women and Children**. The regional office together with SMART telecommunications launched hotlines for VAWC cases to provide initial assistance to survivors and clients. An advocacy on the use of in-depth videotape interviews for children instead of a sworn statement was made to avoid retraumatization when children are asked to recount a violent incident. **The courts are presently accepting videotape interviews of children because of the pandemic.** To complement the said advocacy, IJM conducted mentoring with PNP-WCPC officers, which included understanding developmental capacities of children and formulating interviews.

3. Region VII

Daily information provided by various agencies and partners includes information on VAWC, and GBV prevention programs are now online. DSWD uses its Facebook and Twitter Accounts to disseminate information about VAWC and GBV together with other programs. Information dissemination is handled by the public information office. DSWD also sends news items and announcements to local radio and television stations for airing. In Talisay City, the WCPD also has a Facebook page which has VAWC information. However, the FB page has not been updated since August 30, 2019.

The WCPD has its daily distribution of materials related to COVID-19 which may include IEC materials on GBV prevention. Announcements regarding activities related to VAWC and GBV prevention are relayed to the different barangays by roving police using megaphones. At the barangay level, IEC materials distributed by the agencies are posted on the barangay bulletin boards.

In Barangay Dumlog, the following reference materials are available in their offices: a directory of service providers, VAW Desk Handbook, and VAW brochures and reading materials. A Flowchart of VAW Handling Cases is also on display. There are also tarpaulins with VAWC information and hotlines on display in the community center and surrounding areas of the barangay. However, it was not clear how they were able to translate this kind of information and advocacy activity in the context of the pandemic.

DSWD Province of Cebu maximizes online platforms such as Zoom, Google Meet, group chats, and calls and social media like Facebook. The Public Information Office uses local television and radio for information dissemination of programs and projects. Each agency involved in VAWC and GBV prevention programs uses Facebook for its information dissemination.

IEC regarding VAWC is dependent on the LGUs' support. The dissemination of referral pathways is through posters and tarpaulins in LGUs. The DILG lacks the funds to provide these posters and tarpaulins and depend on LGUs to print and distribute the posters in their respective barangays (e.g., barangay halls and bulletin boards for citizens chapter or community boards). Few hotlines exist in the LGUs, with the exception of Talisay City, which has a hotline managed by a staff.

4. Region XIII

Though most of the advocacy activities require in-person gatherings which have been restricted during COVID-19, information and advocacy activities on GBV were expanded to cover other COVID-19 related issues and were done through different means. These include webinars to promote mental health of students, online dissemination of government agency hotlines (PNP, DSWD, CHR, DILG), radio guesting to disseminate information on available GBV programs and services, dialogues with professional resource persons to help outline their work, etc. However, respondents find it difficult to conduct activities or gathering, they believe that the experience of a face-to-face interaction is better and more effective than a webinar or online engagement. At the same time, they also face the challenge of limited internet connectivity for conducting online activities. As such there were attempts to hold their Women's Congress to discuss GBV issues and how to combat it through a face-to-face modality but with limited number of participants and observation of social distancing. The WCPD, on the other hand, continues its daily distribution of IEC materials on GBV prevention where they do house-to-house visit even during the pandemic.

Women in the community were unsure whether the VAW desks are still functioning during the ECQ period. According to CHR respondents, the women in the community seem unaware if VAW desks are functioning during ECQ period. There were also others who were not familiar of the services available to GBV survivors. Furthermore, while rural health units continued its operations, their focus were on addressing concerns on COVID-19. RHUs were more concerned with COVID-19 cases rather than those related to GBV. Moreover, the respondents felt that all services in general were difficult to access because of the restrictions imposed during ECQ, the lack of personnel to assist them because most government agencies were operating on a skeleton workforce, and the overall pervasive fear of contracting the deadly virus.

Added challenges in the context of the pandemic is the delay in the immediate response and women are unaware of the process, the existing laws and their rights. Data from CHR reveals that women in the community observed that there were delays in the immediate response to issues on GBV during the pandemic, since health protocols are to be observed and they preferred not to risk their health during the pandemic; they would sacrifice the reporting of VAW incidents in fear of contracting the virus and just decide to stay at home. The others who do want to report, get discouraged by the amount of requirements (i.e. documentary requirements, like a quarantine pass, medical certificate) they must meet before they are allowed to travel to a certain area. Furthermore, quarantine restrictions made it difficult for survivors to monitor their own cases in court. Their work is affected by the pandemic, which in turn curtails their source of income and their budget for their case. They explained that service providers were also unable to monitor their case, so the survivors had to do it on their own and for reasons mentioned above, are also unable to do so. Women in the community further shared that *“GBV cases committed during the ECQ period are often not reported because women lack the knowledge and guidance of what to do and where to go”*. Women are unaware of the process, the existing laws on their rights with respect to VAWC, the agencies they can approach.

Difficulty in mainstreaming or integrating the knowledge base on GBV response to communities as the grassroots remain unaware about this. The facilitators observed that

despite numerous efforts on the part of the government and other stakeholders to raise awareness to GBV related issues and concerns, there is still a wide gap when it comes to mainstreaming such information at the community level. The CHR's take on this is that women have become desensitized or in their own words, "stubborn" towards their GBV/VAWC situation. They have developed a tolerance for the way they are treated by their perpetrators and no longer see it as GBV/VAWC situation.

A missing link between service providers and the community. The CHR also observes a "disconnect" between their programs and services and the community, and this stunts their potential to be effective and beneficial. The community is interested, is in fact described as "hungry" for what their rights are, the remedies and the services, and yet there is a missing link between the service providers and the community. This missing link is seen as an impediment to the community's access to such information.

D. Resources

Programs and services for VAWC have corresponding funding from the GAD budget, however, this has been realigned for COVID-19 related response. Though it is perceived that the budget is adequate, the sharing of the respondents when it comes to the gaps and challenges reveals that there is a need for additional staff and social workers, for capacity building especially on online reporting and counseling, legal support, transportation facilities, among others.

1. Region III

The DSWD pointed out that a portion of the budget allocated for meetings and anti-VAWC activities was realigned to augment the Social Amelioration Program (SAP). As for the CHR, its GAD budget was retained though regional directors were given considerable discretion in identifying activities for the usage thereof. Understandably, anti-pandemic efforts were prioritized. Among LGUs, a portion of the GAD budget was similarly realigned to support anti-pandemic efforts. Budgetary allocations for anti-VAWC activities from the provincial to barangay levels were not adversely affected despite the pandemic and the emergence of relative, supposedly more pressing needs in terms of resources. Still, the Olongapo City Government's budgetary allocation for anti-VAWC activities was not adversely affected despite the pandemic and the emergence of relative, supposedly more pressing needs in terms of resources.

All the respective agencies undertook **anti-VAWC campaigns using portions of the 5% GAD budgetary allocation** authorized by law (local and national) since anti-VAWC efforts are accorded priority. Olongapo has allotted an annual budget of PhP 300,000.00 For VAWC-related efforts. These efforts have so far been successful primarily in view of the strong political will on the part of the leadership from the city to the barangay level. The mayor of Pilar incorporates anti-VAWC activities in the municipality's annual budget. Barangays are likewise required to allot a portion of their budget for the campaign. Lastly, the Bataan Provincial Government ensures that

there is full utilization of the 5% Gender and Development (GAD) allocation from the Internal Revenue Allotment (IRA) for, among other pertinent things, anti-VAWC efforts.

2. Region IV-A

There was a **revision in the Gender and Development (GAD) plans and budget**. The budget allocated for assembly was used for purchase of hygiene kits, personal protective equipment, the construction of sink stations, and additional ICT infrastructures. **Funds are allocated for the economic recovery of survivors of violence and other cases**. However, the PESO informant mentioned that even before the pandemic, no case of VAWC was filed.

The LCAT-VAWC service group mentioned that LGUs work with CSOs in providing the assistance needed by VAWC survivors. CSOs extend both their material and human resources to LGUs, and even assist with rescue operations on certain occasions. The yearly 5% GAD budget is distributed to activities/programs/trainings of key actors. At the municipal level, a portion of the budget is specifically allocated to VAWC concerns.

The regional office provided budget assistance to the LGUs through the AICS Assistance to Individuals in Crisis Situation (AICS) for the funding of COVID-19 protocols such as rapid testing/swab testing of clients. **The budget for VAWC cases have currently not been fully utilized because of the pandemic**, but RIACATCP-VAWC were making efforts to search for clients to be able to utilize the allocated budget. A realignment of budget was made by the LCAT Angono service group. The budget was supplemented by the national government and revised to address the new normal during pandemic.

Budget management was reported as a challenge at the regional level. Concerned agencies and offices had to allocate funds due to the swab testing requirement. The regional office also had difficulties in disbursing funds due to the low number of client cases. However, prior to the pandemic, funds were often insufficient for VAWC cases.

3. Region VII

Programs and services for VAWC have corresponding funding from GAD budget at the LGU. In terms of budget, the barangays may allocate a percentage for the VAW offices including supplies and programs for interventions. More often, the barangays include VAW-related programs in their GAD plan and budget which is at least 5% of the total budget. In the City and Municipal levels, aside from the 5% GAD budget, regular programs may also already cover the budget for these programs and interventions. For Talisay City, these include programs on capacity building, livelihood, counseling, etc. There is a separate GAD budget which funds VAWC programs and services and is 10% of the LGU budget. However, the LGU was unable to fully utilize the budget for this year because programs and activities involving large gatherings had to be cancelled during the pandemic. For Brgy. Dumlog, the **GAD budget was not maximized during the pandemic** since there was no proper guidance as to what activities may be implemented.

Budget for cellular load and other online communication is allocated for key persons who handle cases. The amount varies depending on the social worker's scope of work. Some receive Php 600 a month while others with a smaller scope of work receive Php 300. This budget is not limited to VAWC cases but is allocated for all COVID-19 related cases under the DSWD. It is worth mentioning that in Brgy. Dumlog, barangay *tanods* responding to VAW complaints do not have a budget for communication expenses and spend out of their own pocket.

Partnerships with accredited NGOs augment the services for VAWC clients. The accredited NGOs may directly coordinate with the DSWD for shelter, counselling, legal assistance, and livelihood training which the LGUs cannot provide. If the NGO is not accredited, the LGUs are in-charge of coordinating with the DSWD regional office.

4. Region XIII

Programs and services for VAWC have corresponding funding from GAD budget. These include programs like capacity building, livelihood, counseling, etc. PDO explains that the GAD Plan 2020 is the region's main tool in responding to GBV and VAWC issues; They explained that budget allocated to CSWD and their programs cater to the aforementioned issues. The Regional Planning Office have had plans in hiring a GAD focal person but this has been thwarted by COVID-19. At the province level, there is also the provision of Php 20,000.00 for each VAW victim in need of financial support to start a new life. **No additional budget for GBV during the pandemic was provided.** There is no additional budget given to combat GBV during this pandemic, their budget relies on existing MOEs and GAD budget.

The budget was realigned and reallocated to COVID-19 response for cost efficiency and to accommodate the needs of staff and personnel. The budget mostly went to COVID-19 related responses, in particular food allocation for locally stranded individuals (LSI), returning overseas Filipinos (ROF), provision of personal protective equipment (PPEs) for frontliners, etc. Therefore, there had been some adjustments in the allocation for VAWC responsive items. Some items especially in terms of information dissemination (i.e., Women's Congress, Children's Month, etc.) were not implemented. At the provincial level, the training/capacity building budget was reallocated to purchasing PPEs, alcohol, face masks, face shields. The Governor approved the reallocation. Budgets for physical meetings and workshop were reallocated to budget for call cards because expenditure shifted from food to load spent on WiFi or data. They also have to spend on web-based programs such as zoom subscriptions, Microsoft team, etc.

Resources of the PNP are perceived to be adequate. The PNP reports that their survivors so far have no complaints with the services offered to them by the PNP. The PNP is of the opinion that they are able to serve their clients justly with the current budget allocated to them.

Swab testing requirements and the lack of financial resources to fulfill requirements was an obstacle to access. Before clients and/or survivors can report to the office they need to submit negative results of swab testing. As tests in the province are not free, survivors or clients who could not afford the cost of swab testing would just simply no longer report, or even hold back from reporting.

CONCLUSIONS AND RECOMMENDATIONS

1. LGUs covered in this study show basic compliance in addressing VAWC concerns, and efforts were made to ensure that they will be able to provide adequate and appropriate VAWC services even during the pandemic.

All LGUs comply with at least the basic requirements indicated in RA 9262 and other VAWC related laws, such as having a women's desk, a separate room for case reporting, provisions of health and legal support, transportation facilities, and residential facilities in some, if not all of the areas. Although the movement of service providers have been limited due to the restrictions and health and safety protocols for COVID-19 prevention, LGUs did not stop providing VAWC services. Alternative means to reach out to survivors and communities were utilized, such as but not limited to the use of online platforms (*i.e.*, government's social media accounts and websites), hotlines, and radio programs. However, the reliance on this technology or online platforms has both positive and negative implications. One positive thing is that the community, given mobility restrictions, has an alternative way to report VAWC cases. The same thing goes for service providers, they have other means to respond to the survivors and schedule immediate rescue operation. However, the study reveals several limitations on the use of online platforms: (a) internet connectivity in the areas is unstable, (b) not many people have access to electricity or the internet, (c) not all service providers are technologically savvy, etc. There are also opportunities like online counseling but not all service providers are equipped or have the skills to handle this.

2. On LGUs processes and effectiveness of its referral networks in delivery its programs

Referral networks for VAWC service delivery at the LGU were in place and functional during the pandemic but were constrained by mobility restrictions, inadequate personnel due to work from home arrangements, workload aside from VAWC response, or change of assigned focal persons to respond to referrals from other agencies.

3. On existing case management protocols for VAWC related cases during pandemic

VAWC case management protocols were observed by the service providers at the LGU level however these are dependent on the level of training of service providers in handling VAWC cases. There is a need to revisit the VAWC protocols to be made pandemic-responsive, particularly in using the online platform, to ensure the rights of VAWC survivors and the safety and security of service providers, following ethical practices. Online platforms were used for case management of VAWC cases to respond to the constraints posed by the pandemic and the quarantine but these are not covered by existing VAWC case management protocols. One observation from the study for further exploration is the attempt to mediate or conciliate VAWC cases between the survivor and the perpetrator ("*kasunduan*") at the barangay level.

4. LGUs have shown strict compliance to the health and safety protocols while still able to provide the critical services for VAWC survivors.

Many of the areas have residential facilities or temporary shelters for VAWC survivors and these facilities are open to survivors even during the pandemic. Rapid testing is done prior to admitting clients in the facilities and a separate space is allocated to those who tested positive in COVID-19. To also ensure that minimum exposure with a potential COVID-19 patient, online platform was used as an alternative tool of communication. It is also notable to mention the efforts done by the e-gender reporting platform by the Commission on Human Rights. This is a nationwide GBV monitoring portal which provide a way for anyone to report VAWC incidents during the pandemic. However, similar with the e-reporting program of the PNP, not everyone is familiar on the technology and may be difficult for some to navigate the portal. It is also commendable to note the efforts of the PNP in terms of continuing their house to house visitations to distribute information materials on GBV.

5. LGUs have implemented noteworthy practices using online platforms in handling VAWC cases in response to the pandemic. However, there is a need to put in place ethical guidelines and protocols on the use of online communication channels for the protection of both the VAWC survivors and the service providers and in compliance with Data Privacy law and other relevant government regulations.

The use of online platform through for VAWC reporting such as helplines/hotlines, Facebook page or chat groups was maximized in all regions during the pandemic. This was found to be very useful in ensuring that VAWC clients are able to seek help during the pandemic. In the absence of official hotline or online platform for reporting of VAWC, VAWC desk officers' personal numbers have served as a means for women and children to report GBV incidences. In the case of Olongapo City, children were also tapped as VAWC patrols in their barangays, using their mobile phones. The International Justice Mission (IJM) in Region IV-A adopted online inquest and video tape interview as a more effective and convenient way in assisting clients that saves time and protects the victim from re-telling their experience of abuse. Aside from VAWC reporting, the online platform was also used for anti-VAWC campaigns such as the dissemination of modules on mental health and psycho-social services and production of videos or anti VAWC materials and infographics which were posted in agency website and official Facebook pages. VAWC experts were also invited to speak in radio programs and webinars i.e. Safe Spaces Act were also done. Online data bases were also used for the monitoring and evaluation of VAWC cases such as in Bislig City and by the PNP through its case management information system. The use of online platforms for VAWC prevention and response, however, must be guided by a set of guidelines and protocols to ensure the protection of both the survivors and the service providers and in compliance with Data Privacy law other relevant government regulations.

6. Several policy and programs recommendations are identified for a more responsive and efficient delivery of services for VAWC during emergency situations.

Women and the most vulnerable groups, *Pantawid Pamilya* families, solo parents, have been experiencing compounded burdens. Even with the increase in domestic work taken on by men, women continue to bear the brunt of the impact of COVID-19. This is reflected in the increased

number of work hours for domestic work, responsibility of finding paid work, and supporting the community through volunteering in COVID-19 IPC activities. Hence, it is recommended that development of programs and advocacy campaigns to sustain unpaid care and domestic work redistribution and make “the new normal” equitable and gender-responsive. Communication efforts should be increased on how to handle or cope with the shift in the load of housework due to the uncertainty of the duration of unemployment or suspension of school brought about the crisis. Private and public sectors should implement gender-responsive and flexible working schemes and hours with considerations of the care and domestic work of their employees.

Among the specific recommendations per area include the following:

POLICY

- **National laws or policies to emphasize the functionality of centers for abused women.** The functionality for centers catering to abused women should be mandated to give more focus and attention to it. There is, especially, a need for more visibility so that people could locate, relate themselves and their needs, and access such centers. As such the following specific policy recommendations are noted: (a) make the 18-day anti-VAW campaign a year-long celebration, (b) Passage of legislation fixing an annual budget for the honoraria of Barangay VAWC Desk Officers. (c) elimination of the “Revolving Door” Policy on the designation of Barangay VAW Desk Officers to prevent re-training of new officers.
- Provide a policy that will provide **more financial funding for women’s health needs outside of COVID-19.** Health fund allocation has been more focused on COVID-19 response and less on other cases of illnesses such as cancer.
- **Revise policy regarding timeframe of filing of cases given pandemic restrictions.** Extend deadlines such as the 24-hour social worker standby time and the 72-hour filing time for cases. Due to the pandemic, it is difficult, especially in remote places, to report VAWC incidents and receive immediate response. Social workers are challenged by the travel restrictions and communication barriers which may delay response to clients. In some cases, opposing parties would file cases against the social worker due to time constraints.

PHYSICAL FACILITIES & INFRASTRUCTURE

- **Develop a more permanent and unified online platform for reporting, monitoring and referral of GBV related cases.** Although there are existing initiatives on the use of online platforms for reporting and documentation of cases, there should be a harmonized database system that makes it easier not just to monitor and evaluate cases but also to ensure that there is no duplication of reporting.
- **Ensure the functionality of VAW desk, facilities, and transportation service.** At the barangay level, a functional VAWC desk is the first line of defense for survivors of VAW. In order to ensure a safe space for these VAWC survivors, all barangays need to have a separate interview room as this is essential to every VAWC office. Having a designated transportation

vehicle for GBV response and services must also be in place. The importance of this was highlighted because of the restriction in mobility.

- **Improve connectivity infrastructures.** Internet connectivity is poor in most areas and although they have mostly functioning internet for basic messaging, it should be upgraded to respond immediately to the survivors. It is likewise necessary to purchase new hardware such as laptops and desktops with appropriate accessories for online conferencing and communication. If possible, every VAWC frontliner in all LGUs must be assigned a computer. As a means of capability-building, VAW desk officers should be trained in using the Zoom and other social media platforms as well as in providing psychosocial support and psychological First Aid (PFA).

PERSONNEL AND HUMAN RESOURCE

- **Organize the Purok Barangay Council for the Protection of Children (BCPC).** One of the suggestions from the social welfare officers was to organize purok Barangay Council for the Protection of Children (BCPC) so that they can consolidate GBV VAWC issues even from remote areas and not just urbanized areas.
- **Provision of capacity building for both organizational and service delivery group.** This includes training for new trends of GBV cases such as cybercrimes, as well as training personnel to conduct online counseling and psychological first aid. Conduct of capacity building trainings for VAWC desk officers is also suggested to better equip them on how to respond to GBV and VAWC issues. The PNP shared that VAWC desk officers are often the frontline responders to such cases and they often have to seek out the help of the police on how to respond to the survivors instead of attending to them immediately. The PNP feels that there is a need to fill in the information gap experienced by these VAWC officers. The PNP observed that the pandemic has brought about a significant increase in online crime because most of the time people are at home. The PNP hopes to be better equipped in cybercrimes as they are facing challenges in responding to clients who call them regarding online related offenses. The RGADC highlighted the importance of capacitating VAWC desk officers as they are the first responders to VAWC/GBV cases. COVID-19 has postponed plans to conduct capacity building seminars but plans are in the works to assess the areas of improvement to increase VAWC desk officer's efficacy and competence.
- **Increasing the number of personnel/staff numbers especially the need for more social workers and WCPD personnel.** Additional social workers are needed to better handle cases of VAWC and additional personnel to cater to the needs of survivors in the absence of the assigned officer. The said recommendation was based on the disproportionate ratio of VAWC cases being handled by social workers.
- **Provision of adequate and relevant capacity building for the multidisciplinary team.** Training on the case management protocol at all levels, especially the barangay level can be conducted for different agencies: training for service providers on the conduct of gender sensitive and child sensitive interviews; local officials on the relevant laws and policies pertaining to women and children; training on handling of GBV cases, particularly in handling

LBGTQIA clients; training for doctors on medicolegal services; training for service providers on handling clients during pandemics. Training in digital and internet literacy for service providers can accelerate the use of online tools.

- With the absence of psychometrics in all areas, there is a need to review the salary grade for the psychologist to attract takers/applicants.

SERVICES AND PROTOCOLS

- **Referral system should be tailored to the COVID-19 pandemic situation.** To make sure that the VAWC referral system will be responsive to the pandemic, existing system must be tweaked to address GBV but also considering the pandemic situation.
- **Develop GBV responses which are responsive to the pandemic.** DepEd is currently looking into how they can develop a platform for referral online, especially for reporting and monitoring of GBV and VAWC cases and while they have child protection policies in case, they are still looking into how these can be implemented in the midst of the pandemic and the lack of face-to-face interaction. This also includes provision of protection of GBV/VAWC cases in quarantine areas. GBV/VAWC cases should be given priority in testing so that they can be immediately sheltered. In non-DSWD facilities, protocols should be in place so that they can be protected against sexual abuse.
- **Temporary shelters for VAWC survivors should be made available.** CHR reported that it was difficult to pull out clients from their residence at times due to the lack of a transition house for them. The CHR feels that their service should not be limited to receiving complaints nor capturing perpetrators; in their own words, *“but how are we going to serve them, truly, sincerely, genuinely serve them if we don’t even have a shelter they can go to.”*
- **Improve the functionality and accessibility of the barangay VAW desks.** The procedure to be followed during an investigation should be made clear to the survivors and there should be reassurance from the service providers that confidentiality and discretion will be practiced at all stages of the investigation. Capacity building for VAW desk officers was once again highlighted by the survivors which will in turn build their trust in their service providers to be able to handle their case.
- **Examine the functionality of referral systems** whenever the perpetrator is a barangay official/personnel or relatives in which the Barangay VAW Desk is impossible to be utilized.
- **Strengthen RIACAT as the coordinating agency to combat GBV.** There is a need for a coordinating body, like the RIACAT, that will spearhead GBV concerns. This coordinating body will need partners in the barangay to represent them as well as city levels with experts like medical doctors that can give sufficient medical information to survivors. Collaborative efforts must also be seen in LGUs for more efficient management of cases and continuous communication with the LGUs. It would be better to have consistency in communication so as

to clarify situations and circumstances, minimizing the negative impacts that these lapses would impact on the client and their case.

- **Strengthen GAD councils and programs in the areas.** There is a recommendation to create an online portal where information is centralized and able to reach remote and interior areas. At the same time, LGUs and RLAs with the same thrust can log into the same data base and input GBV data. The site can serve as a common hub where cases are uploaded and are accessible to all. Through this mechanism, service providers can tap partners to get a massive dissemination of information, especially in the context of COVID-19. There is a need to aggressively publicize the access and sharing of information through this mechanism.
- **Continue to develop and identify tools that shall be maximized by all service providers capturing details of GBV survivors to reach a wider scope where GBV cases can easily be addressed sensitively.** Service providers have expressed that first-line responders or focal persons are not sensitive or aware that they are handling a GBV victim. Furthermore, service providers would like PAO hotline numbers to be posted in all barangay offices, so that clients can directly contact them for legal assistance. Moreover, they wish to strengthen the coordination among GBV service providers by conducting training to front liners who have direct assistance to clients on GBV cases in communities.
- **Regular re-tooling of VAWC frontliners on VAWC laws and case management including orientation and training on the forms used in handling VAWC concerns.** There is a regular refresher course under case management to allow for gender-sensitive cases, making those in charge more aware in handling gender-based violence survivors and less prejudiced in assisting survivors with their cases.
- **Other recommendations which were raised during the validation workshop with DSWD Central Office include the following:**
 - Provision of livelihood trainings for VAWC focal persons from the provincial to barangay levels and transfer of knowledge and skills acquired therefrom to VAWC survivors.
 - Look into protocols and Gender Responsive Case Management for boy survivors of gender-based violence (rape, sex trafficking, sexual exploitation)
 - Come up with an integrated assessment tool for VAWC clients that will guide ground level staff
 - National government to revisit policies and guidelines on VAWC response during pandemic
 - Strengthen mechanisms for interagency collaboration and inter-agency committees down to the barangay.

MONITORING AND EVALUATION

- **Develop and improve a harmonized monitoring and evaluation system.**

- **Support CHR in its VAWC Desk monitoring.** This will help determine the functionality of VAW desks all over the country.
- **Develop a reporting mechanism specifically an online platform.** Amongst the recommendations made to CHR include development of a reporting mechanism specifically an online platform to collect and report data from the local government units and concerned agencies. Moreover, since survivors are coming from the communities and LGUs have responsibilities over these cases, the CHR can request the DILG to suggest a tool within the department where the access of information on GBV will be easier and faster, and further strengthen the reporting system. The need for a more rigorous implementation of GAD budget was also seen, explaining that this will incite better transparency and accountability from LGUs and agencies on the actual implementation of the GAD allocation. Finally, they also encourage CHR to provide legal assistance to victim-survivors of VAW.
- **Increased involvement/representation of CSOs in local special bodies, provinces, and barangays.**
- **Highlight the role of CHR as Gender Ombud under RA 9710.**

INFORMATION AND ADVOCACY

- **Dissemination of good practices within/amongst LGUs.** They would appreciate to listen to the sharing of good practices from other LGUs and get an idea on how to execute them effectively.
- **Orientations and information should be tailored to specific LGUs.** Modules need to be translated to local dialects to make them more accessible and understandable. IEC materials should be available at the barangay level. Enhancement of information dissemination is also recommended. It was mentioned that many were still not aware that there is an existing institution where individuals can report to. Women are afraid to report because of socio-cultural underpinnings. PSWDO placed an emphasis on the need to educate women for them to speak up.
- **HEIs and SUCs should conduct, on a per-semester basis, orientations on GBV both for information and advocacy but also as a means of monitoring their compliance with the CHED's anti-VAWC programs.**
- **Intensify VAWC campaign by making the 18-day campaign to end VAW a whole year event.**
- **Present results and recommend actions of the research to DILG as oversight on the LGU administration**

RESOURCES

- **Increase budgetary allocations for VAWC efforts and specifications of the trickle down of the 5% in the GAD budget.** The GAD program is deemed vague to some respondents. Without specification and clarity of the allocation of the 5% budget, sectors cannot plan ahead what they can do and only request for budget and wait for approval. There are some specific suggestions that at least 70% of the 5% GAD Budget must be centered on clients, information and advocacy activities including capacity building.
- **Provide resources for assistance to service providers who were sued by VAWC perpetrators and their families.** There were instances when social workers are brought to court.
- **Added facilities dedicated to VAWC, GBV cases.** Equipment such as patrol cars which are used for responding to GBV and VAWC cases to be increased as there is currently only one patrol car in service to the PNP and is also used for other purposes and response missions not relating to GBV VAWC.
- **Continued support from national government is needed.** PNP expressed hopes for continued support financially/logistically from the government and the different agencies in fulfilling their duties as PNP in responding to GBV/VAWC issues.
- **Continued support from government and stakeholders.** The PNP looks forward to the continued financial and human resource support of other stakeholders in addressing issues related to GBV.
- Allocate budget for trainings relative to VAWC response that is not dependent on celebrations because there are very few celebrations relative to VAWC.

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DSWD Guidelines

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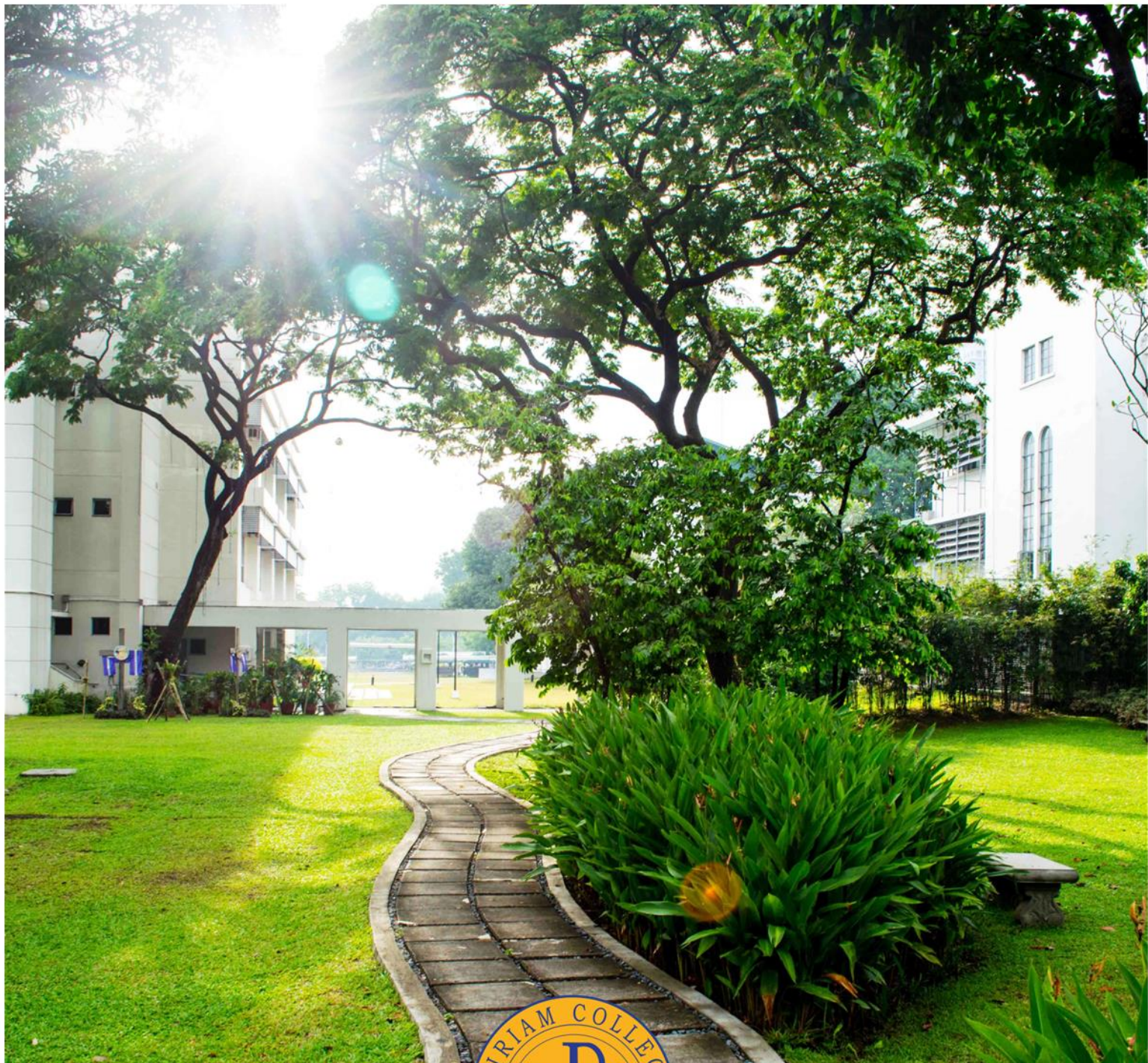
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