MAPPING TOOL

Mapping of Violence Against Women (VAW) Services, Programs and Facilities in the Philippines

FORM A | LGU PROFILE

This form should be accomplished by the **province**, **city, and municipal LGUs**, if possible, through their Local Committee Against Trafficking and VAWC (LCAT-VAWC) or other appropriate mechanisms, such as the GAD Focal Point System (GFPS). Please make sure to provide complete information. Write **NO DATA** if the required data are not available or **Not Applicable** (NA) if the question is not applicable to your locality or organization.

Part 1: Profile

A. Name of Local Government Unit (LGU) (e.g. Province of Capiz; Municipality of Bacoor; City of Manila)	
LGU Address (building no., street name, barangay, city/municipality, province, zipcode)	
B. Contact Information	
Official Mobile no. (ex. 0912-3456-789 or write "N/A" if none):	Official Facsimile:
Official Landline (for Greater Metro Manila, indicate the correct 8-digit phone number [ex. 8735-1654] and for provinces, indicate the local area code [ex. (053) 785-6825]):	Official Email:
C. Projects and Budget	
1. Are programs, projects, and activities to address VAW included in the approved GAD Plan and Budget (GPB) of your LGU?	☐ Yes ☐ No
2. Is the approved GPB included in the LGU Annual Investment Program (AIP)?	☐ Yes ☐ No

D. Approved annual GAD Plan and Budget (Please provide a copy of GPB for 2019)			
Year	**Total approved GAD budget**	**Amount allocated for VAW-related activities**	**Amount utilized for VAW-related activities, if available**
2019			
2020			

Part II: VAW/GBV Mechanisms

A. Do you have an existing mechanism/s related to VAW or GBV in your locality? (please tick all that applies)		
Local Committee on Anti-Trafficking and VAWC ☐Provincial (PCAT-VAWC) ☐City (CCAT-VAWC) ☐Municipal (MCAT-VAWC) ☐None **Date established:** _____ _	☐ **GAD Focal Point System (GFPS)** ☐ None **Date established:** _____ _	☐**Other existing VAW/GBV Mechanism/s** (please specify full name and acronym) ☐ None **Date established:** _____
Basis in establishing the mechanism ☐ Executive Order (issued by LCE) ☐ Resolutions (issued by Sanggunian) ☐ Others (please a provide a copy of the document)	**Basis in establishing the mechanism** ☐ Executive Order (issued by LCE) ☐ Resolutions (issued by Sanggunian) ☐ Others (please a provide a copy of the document)	**Basis in establishing the mechanism** ☐ Executive Order (issued by LCE) ☐ Resolutions (issued by Sanggunian) ☐ Others (please a provide a copy of the document)
A.1 Composition (indicate the position only, e.g. Provincial Legal Officer)		
Chairperson:	Chairperson:	Chairperson:
Members:	Members:	Members:

Secretariat:	Secretariat:	Secretariat:
Contact Information Official Mobile:	**Contact Information** Official Mobile:	**Contact Information** Official Mobile:
Official Landline:	Official Landline:	Official Landline:
Official Email:	Official Email:	Official Email:
Official Facsimile:	Official Facsimile:	Official Facsimile:
Frequency of committee meetings in 2019 ☐ Monthly ☐ Quarterly ☐ Bi-Annual ☐ Annual ☐ None *(please provide sample minutes of the meeting)*	**Frequency of committee meetings in 2019** ☐ Monthly ☐ Quarterly ☐ Bi-Annual ☐ Annual ☐ None *(please provide sample minutes of the meeting)*	**Frequency of committee meetings in 2019** ☐ Monthly ☐ Quarterly ☐ Bi-Annual ☐ Annual ☐ None *(please provide sample minutes of the meeting)*

B. If there are two or more mechanisms (e.g. LCAT-VAWC & GFPS), how are these committees being coordinated internally?

☐ Joint meetings
☐ Joint Projects/activities (please attach at least one activity report)
☐ Not Applicable

C. Do you coordinate with external VAW/GAD mechanisms in other provinces and independent component cities? *[e.g. RCAT-VAWC or Regional GAD Committee (RGAD) of the Regional Development Council (RDC)]*

☐ No
☐ Yes, please state the purpose of the coordination:

_____
_____

D. Do you document/generate and analyze VAW/GBV cases handled by your agency?

☐ No
☐ Yes. How often is the report generated?
____ Monthly
____ Quarterly
____ Bi-annual
____ Annually

E. Do you disaggregate VAW/GBV data by group, apart from the usual demographic classification?

Disaggregation of cases *(Please tick all that apply)*.

_____ age
_____ civil status
_____ sex
_____ educational attainment
_____ employment status
_____ relationship of perpetrators with the victims
_____ persons with disabilities
_____ indigenous
_____ lesbian, gay, bisexual, transgender, etc.
_____ other disaggregation (please enumerate)
_____ not applicable

F. Where are the reports submitted?

☐ City/Municipal Local Government Operations Office
☐ DILG Provincial Office
☐ DILG Regional Office
☐ Others (*please identify)* _____
☐ Not Applicable

Part III: VAW-related Policies, Programs, and Services directly implemented by the provincial government/ city/municipality. Please use additional sheet if needed.

A. Enumerate if you have existing policies/ordinance that address VAW/GBV, including in times of emergencies, natural disasters, crisis, and pandemic. Provide a copy of each policy. *(ex. Women Friendly Space, Anti-Street Harassment, Establishment of LCAT-VAWC, Anti-Discrimination, Anti-Prostitution, etc.)*	1.
	2.
	3.
	4.
B. Enumerate if you have existing programs for VAW victims. *(e.g. Comprehensive Program for VAW Victim-Survivors)*	1.
	2.
	3.
	4.
C. What types of services do you provide for VAW victim-survivors? *(please tick all that apply)*	☐ Medical ☐ Legal ☐ Psychosocial ☐ Shelter (e.g. residential care facilities, crisis intervention units)

	☐ Economic ☐ Safety and security ☐ Legal assistance (outside PAO) ☐ Financial assistance ☐ Transportation assistance ☐ Referral ☐ Others (please identify) _____
D. Profile of clients served (please tick all that apply)	☐ Women in crisis ☐ IP Women ☐ Clients with no visible means of support ☐ Abused women ☐ Persons with disability (PWD) ☐ Women Migrant Workers/OFW ☐ Muslim women ☐ Lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) ☐ Others:_____
E. What are the challenges that you have experienced in providing VAW/GBV services ***(please tick all that apply)***	☐ Lack of budget to support victims' needs, particularly the indigents ☐ Desistance of victims in pursuing the cases in court: ☐ Peace and order ☐ Lack of trained staff to provide psycho-social and legal services ☐ Lack of temporary shelters ☐ Lack of awareness among victim survivors on available services within their locality ☐ Low reporting/help seeking behavior of victims ☐ Limited knowledge of victims on their rights ☐ Other factors (please identify) _____
F. Do you follow a protocol on confidentiality (keeping of documents, data, and record books of victims)?	
☐ None ☐ Adopted protocol *(procedures or system of rules)* ***Please provide an e-copy of the protocol***	
G. Do you monitor the progress of cases in the legal system?	
☐ No ☐ Yes, we monitor cases up to resolution of cases in the court ***Please describe the procedures.***	

Part 4: Network with other organizations

A. Do you have a VAW referral system with other frontline service providers/ organizations?

☐ No

☐ Yes, please enumerate network members, including CSOs/NGOs, and outline the referral system:

(Note: A referral system involves organizations that, in aggregate, provide comprehensive services to meet the needs of the victim-survivors of violence and their families. Please use additional sheets as necessary.)

B. Is your VAW referral system formalized?

☐ No existing referral system

☐ Yes, with Terms of Reference (TOR)/ Memorandum of Understanding with members *(Please provide a copy)*

C. Does your existing referral mechanism include CSOs, NGOs, Faith-based organizations, and academic institutions

☐ No

☐ Not Applicable

☐ Yes (please list them)

_____

_____

D. Do you have existing MOUs with the above institutions

☐ No

☐ Not Applicable

☐ Yes (identify institutions with MOUs)

_____

_____

E. Do you coordinate with other organizations on VAW that are not part of the referral system?	
☐ No ☐ Not Applicable ☐ Yes, for what purposes?	☐ Advocacy/Promotion ☐ Funding/Donations ☐ Outreach ☐ Others:

F. What LGUs have existing VAW mechanisms?	
F.1 For provincial LGUs: *(Please provide the list of municipalities and cities with LCAT-VAWCs and GFPS)*	**No. of established LCAT-VAWC:**
	No. of established GAD Focal Point (GFPS):
F.2. For cities and municipalities: *(Please provide the list of barangays with established VAW Desk)*	**No. of established Barangay VAW Desks:**

Part V. Best practice/s in handling VAW/GBV Cases

Describe your agency's best practice that other institutions could replicate. Please include the process and how it benefited the VAW victim-survivors.

Part VI: Information Source *(person who accomplished the form)*

Name	
Position/designation	
Office/Department	
Contact number	Official Mobile No.: Official Email address:

	Official Landline No.: Official Fax:
Date accomplished	

By using this form, you are giving consent as Data Subject to the Inter-Agency Council on Violence Against Women and their Children (IACVAWC) to process your contact information in accordance to Data Privacy Act of 2012 (Republic Act No. 10173), and its Implementing Rules and Regulation.

I hereby acknowledge that I have been fully informed of the foregoing and that I give my consent with regards to the sharing of my contact information by the IACVAWC.

_____

Name and Signature