

Guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level



Philippine Commission on Women

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Inter Agency Council on Violence Against Women and Their Children

Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CM	Case Manager
C/MHO	City/Municipal Health Office
C/MIACAT-VAWC	City/Municipal Inter-Agency Committee Against Trafficking & Violence Against Women & Children
C/MSWDO	City/Municipal Social Welfare & Development Office
CorA	Coordinating Agency
CWC	Council for the Welfare of Children
DepEd	Department of Education
DFA	Department of Foreign Affairs
DILG	Department of the Interior and Local Government
DOH	Department of Health
DOJ	Department of Justice
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
FBO	Faith-based Organization
GAD	Gender and Development
IACAT	Inter-Agency Council Against Trafficking
IAC-VAWC	Inter-Agency Council on Violence Against Women and their Children
IBP	Integrated Bar of the Philippines
IRR	Implementing Rules and Regulations
LEA	Law Enforcement Agency
LGU	Local Government Unit
LHO	Local Health Office
LSWDO	Local Social Welfare & Development Office
NBI	National Bureau of Investigation
NGA	National Government Agency
NGO	Non-governmental Organization
PAO	Public Attorney's Office
PCW	Philippine Commission on Women (formerly National Commission on the Role of Filipino Women)
PHO	Provincial Health Office
PIACAT-VAWC	Provincial Inter-Agency Committee Against Trafficking and Violence Against Women and Children
PNP	Philippine National Police
PSWDO	Provincial Social Welfare and Development Office
RA	Republic Act
RecA	Receiving Agency
RefA	Referring Agency
RN	Referral Network
TESDA	Technical Education & Skills Development Authority
UNFPA	United Nations Population Fund
VAW	Violence Against Women
VAWC	Violence Against Women and their Children
WCCD	Women and Children's Concerns Desk
WCPU	Women and Children Protection Unit
WLB	Women's Legal Bureau

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Introduction

The Inter-Agency Council on Violence Against Women and Their Children (IAC-VAWC)¹ issues this *Guidelines in the Establishment and Management of a Referral System on Violence Against Women and Their Children at the Local Government Unit Level* which was developed by the Philippine Commission on Women (formerly National Commission on the Role of Filipino Women) in collaboration with the Local Government Units (LGU), the Department of Social Welfare and Development (DSWD) and the non-governmental organizations (NGO). The development of the Guidelines is pursuant to Section 54 (Functions of the Council) of the Implementing Rules and Regulations (IRR) of the Anti-Violence Against Women and Their Children Act of 2004 also known as RA 9262.²

The Guidelines is aimed at establishing a referral system at the local government level to have an integrated and coordinated community response to victims of violence against women (VAW). It provides a multidisciplinary and gender-sensitive response to ensure the safety of the women and children victims of violence and the accountability of the perpetrators. The Guidelines is aimed to complement the Guidelines on a Referral System on the Recovery and Reintegration of Trafficked Persons, as part of the agreement of IAC-VAWC and the Inter-Agency Council Against Trafficking (IACAT)³ to strengthen coordination and collaboration at the sub-national and local levels to facilitate implementation of the two related laws. In cases where the LGUs have developed their own referral systems, (some are mentioned herein), they may continue using these systems which best address their local situations and resources.

The Guidelines cover primarily a referral system for the implementation of four laws primarily addressing VAW namely RA 9262, Anti-Trafficking in Persons Act of 2003 (RA 9208)⁴, Anti-Rape Law of 1997 (RA 8353)⁵ and Rape Victim Assistance and Protection Act of 1998 (RA 8505)⁶. The Anti-Sexual Harassment Act of 1995 (RA 7877)⁷ is included only as far as community response is concerned.

The service providers from the law enforcement, prosecution, health, social welfare, and other local government agencies, NGOs, faith-based organizations (FBO) as well as the women and children who are victims-survivors of violence are the primary consumers of the Guidelines. The service providers shall make certain that the delivery of appropriate services is done on a timely, gender-sensitive and child-friendly manner to ensure the safety, recovery and reintegration of the victims-survivors.

The development of the Guidelines is part of the 6th Country Program of the United Nations Population Fund's (UNFPA) partnership with the PCW under the project "*Strengthening Government Mechanisms in Mainstreaming Gender in Reproductive Health, Population Development Strategies and Anti-Violence Against Women Programs*". Further, in the development of performance standards for service providers, the need to establish a referral system as part of the benchmarks for anti-VAW services was highlighted.

Rationale

Gender-based violence commonly known as violence against women (VAW) is a global concern affecting people of all ages and both sexes, but especially women and children. It is the most pervasive yet least recognized as a human rights violation. It stems in part from the woman's subordinate status in society. Many cultures have beliefs, norms and social institutions that legitimize and therefore perpetuate VAW. Only when women gain their place as equal members of society will VAW no longer be an invisible norm but, instead, a shocking aberration.⁸

In the Philippines, VAW such as domestic violence including those that happen in intimate relationships, sexual harassment and even rape were then considered private crimes. It took years of advocacy and lobbying by women-focused government and non-governmental organizations and the women themselves to have these forms of VAW considered as crimes against persons or public crimes.

The full extent and effects of the various forms of violence against women are now only becoming visible. The advocacy and awareness raising campaigns on the laws and services protecting the victims have led to more women reporting abuses committed against them. However, there are still legal, social and cultural factors, among others, which impede the women's access to justice and social services. Often times, victims go to a law enforcement agency or to the barangay for help and become frustrated due to lack of immediate action or concern about their situations. There is lack of coordination and standard procedures of work with VAW victims, much more a unified system of monitoring the victims-survivors.

The need for coordination is highlighted by the fact that women and children who are victims-survivors of violence have various needs. Rarely can a single facility, individual or agency/organization provide all the services to meet these needs. Meeting these needs such as physical health, psychosocial well-being, economic security and legal protection, requires the coordinated efforts of several agencies through the establishment of an efficient and effective referral system.

The need for standard procedures of work particularly ensuring that these are gender-sensitive and responsive to the needs of VAW victims-survivors led to the development of performance standards by partner agencies of the PCW in 2005. The Performance Standards and Assessment Tools for VAW Services defined the roles and expectations for an effective VAW service delivery by the Department of Health (DOH), Department of the Interior and Local Government – Local Government Units (DILG-LGU), Department of Justice (DOJ), Department of Social Welfare and Development (DSWD) and the Philippine National Police (PNP).

An integrated, multidisciplinary approach is imperative as borne by the need for coordination and the performance standards of the various government agencies with mandates to provide protection and support to VAW victims-survivors. Everyone should work towards developing the women's capacities to have control over their lives and be able to decide their own future. For a holistic and timely response, the multidisciplinary team shall be located at the local government units, primarily at the city and municipal levels which are mandated under the Local Government Code to provide basic social services to women and children.

The development of “an integrated referral system between and among stakeholders to ensure a holistic approach in handling VAW cases and standards of delivery of services for victims-survivors of VAW to ensure the timely, systematic, synchronized and effective response to cases of VAW”⁹ is one of the functions of the IAC-VAWC. In addition, mechanisms shall also be created by the Council to ensure the participation of NGOs, academe, private sector, civic and religious groups in the implementation and monitoring of VAW cases. Thus, the development of the Guidelines on a Referral System on Violence against Women¹⁰ at the Local Government Units for reference and use of all stakeholders is imperative pursuant to this mandate.

Policy Framework

This section on policy framework includes the international and national laws which are directly related to the protection of the rights of women and children who are victims-survivors of violence. However, there are provinces, cities and municipalities which have promulgated ordinances, resolutions and other policies such as the Gender and Development (GAD) Code and the Children's Code which provide details on the implementation of the national laws considering the ethnic, social, cultural, economic and political factors of the province, city and municipality.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

is the first and only international treaty that comprehensively addresses women's rights not only within civil and political spheres, but also within economic, social, cultural and family life. It defines discrimination and emphasizes that discrimination against women violates the principles of equality of rights & respect for human dignity that hampers women's participation, on equal terms with men, in all fields for development and peace. Among others, it guarantees women's right to be free from all forms of traffic in women and exploitation of prostitution (Art. 6). General Recommendation Nos. 12 & 19 specifically deals with gender-based violence and that State Parties shall report legislations in force to protect women against all kinds of violence in everyday life and the existence of support services.

Declaration on the Elimination of Violence against Women (DEVAW) defines violence against women (Art.1) and its various forms (Art.2) which includes but is not limited to: a) physical, sexual and psychological violence occurring in the family, including battering, sexual abuse, 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 with the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and c) physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Beijing Declaration and Platform for Action (BPA) seeks to promote and protect the full enjoyment of all human rights and the fundamental freedoms of all women throughout the life cycle. One of the twelve (12) priority areas is violence against women and girls which is seen as an obstacle to the achievement of the objectives of equality, development and peace. A strategic objective is the integration of measures to prevent and eliminate violence against women. Further, developing a holistic and multidisciplinary approach to the challenging task of promoting families, communities and State that are free of VAW is necessary and achievable (par. 119).

Convention on the Rights of the Child (CRC) recognizes that the child, by reason of physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth. It provides under Art. 19 that "State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of the parents, legal guardians or any other persons who have the care of the child."

Anti-Violence Against Women and Their Children Act of 2004 (RA 9262) defines violence against women and their children and makes this a public crime. It provides for the security of the woman-complainant and her children through the availment of the barangay, temporary or permanent protection orders. It also identifies the duties of barangay officials, law enforcers, prosecutors, court personnel, social welfare and health care providers and the LGUs to provide the necessary protection and support for VAWC victims.

Anti-Trafficking in Persons Act of 2003 (RA 9208) defines trafficking in person in terms of the acts, means and purposes of trafficking. The trafficked person is considered as a victim thus, she/he should be provided protection and support services by the State. Government agencies are mandated to provide services to the trafficked persons at the international, national and local levels for his/her early recovery and reintegration.

Rape Victims Assistance and Protection Act of 1998 (RA 8505) provides assistance and protection to rape victims, establishing for the purpose a rape crisis center in every province and city, authorizing the appropriation of funds for the establishment and operation of the rape crisis center. Aside from the provision of services, capacity building/training is also mandated for law enforcement officers, public prosecutors, lawyers, medico-legal officers, social workers and barangay officials on human rights and their responsibilities, gender sensitivity and legal management of rape cases.

Anti-Rape Law of 1997 (RA 8353) reclassifies rape as a crime against persons, defining it as public rather than a private crime. It recognizes marital rape and questions the notion of sexual obligation in marriage. It also notes that rape happens even without penile penetration and the use of objects as constituting sexual assault, which is also considered as a form of rape. The law also increased the penalties against rape.

Anti-Sexual Harassment Act of 1995 (RA 7877) makes incidents involving unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of sexual nature, made directly or indirectly in the employment, education or training environment unlawful. Sexual harassment is about abusing power relations – using one’s power to extract sexual favors.

Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act of 1992 (RA 7610) enshrines the obligation of the State to provide special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination, and commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination. It shall protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development and over which they have no control. The best interests of children shall be the paramount consideration in all actions concerning them.

Guiding Principles

Best interest of the child. All assistance and protection provided to a child should be based on the principle of the child's best interests which shall be considered paramount. It includes respecting and realizing all the rights of a child.

Comprehensive continuum of care. A holistic approach is necessary to guarantee an effective recovery and reintegration of the victim-survivor of violence. As such, a comprehensive continuum of care in accordance with the economic, physical, psychological and social condition of the client should be made available in collaboration with other agencies/organizations. A referral mechanism must be in place to assist the client gain access to all available services and resources in the community. Programs and services must be child-sensitive and gender-responsive to the specific needs of women and their children.

Confidentiality and right to privacy. Only relevant information should be gathered by the case manager/service provider and any release or disclosure of such information must be with the consent of the victim-survivor. The referral system must ensure the protection of the privacy of the client and the confidentiality of information. No identifying information should be released to the media or the public.

Empowerment is the process of increasing personal, interpersonal or political power so that individuals, families and communities can take action to improve their situation.¹¹ The focus is on the enhancement of the innate strengths and capacities of the woman victim-survivor to make decisions for herself, assist her to secure access to and control over needed resources and to acquire knowledge and skills to function independently.

Gender-sensitivity. This is the ability to recognize that women's perceptions, experiences and interests may be different from those of men, arising from an understanding of women's different social position and gender roles. The provision of gender-sensitive services necessarily includes a rights-based approach, i.e. according to women at all times and in all stages of responding to their needs, their respect and dignity as their inherent right.

Individual treatment and care. While recognizing that victims-survivors share a number of common experiences and circumstances, the service provider should consider the individuality of each client not only in terms of age and sex but also socio-cultural and family background, personality characteristics and experiences before, during and after the violent incident/situation. Provision of services must be appropriate to the individual needs and circumstances of the client based on an assessment conducted by the referring and/or receiving agency. Special consideration must be undertaken for children considering their level of development and needs.

Informed consent. All assistance to the victim-survivor should proceed on the basis of her full and informed consent. It is incumbent on the service provider to explain relevant actions, policies and procedures from the initial contact with or admission to the agency until the termination of the assistance, in such a way that the client understands before seeking consent to any action or proposal. If necessary, an interpreter of the same sex should assist the client. For a child, their views and opinions must be heard and taken into account. Information must be given to the child appropriate to his/her level of maturity and understanding. It is recommended that the client indicate his/her consent in writing. The client shall sign documents in behalf of her child after considering the child's opinion on the matter.

Non-discrimination. Every individual is entitled to equal protection and rights regardless of age, race, color, nationality, language, status, religion/faith, political or other opinion, ethnic/cultural or social origin, disability, property, birth or other status. Therefore, provision of services and all actions related to the victim-survivor by the agencies/organizations in the referral network should not be contingent on any of the aforementioned factors.

Participation, self-determination and right to information. This is in recognition of the right and need of the victim-survivor to make her own informed choices and decisions on all matters related to her life. Opportunities for the client to express her views and participate in the decision-making process should be provided by the case manager/service provider. For a meaningful participation, the client must have access to accurate and complete information about her legal options and services available or other information as tools in making crucial decisions about her future. A child's level of development and understanding must be considered in areas of participation and decision-making.

Respect for and protection of human rights. As VAW is a human rights violation, all assistance and protection efforts should strive for the restoration of the victim's rights and prevent further violations. The victims themselves should be made aware of their rights and responsibilities and all service providers/agencies should respect these rights.

Right to access to justice refers to the ability of people to seek and obtain a remedy through formal or informal institutions of justice and in conformity with human rights standards.¹² The victim-survivors must be provided legal counseling and information on the various legal options, processes, procedures and timelines in seeking protection orders, filing complaints, witness protection and compensation and understanding the justice system, among others.

Definition of Terms

Violence against women (VAW) is any act of gender-based violence that results 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 private life.¹³

Gender-based violence is violence that is directed at a person on the basis of gender or sex.¹⁴ Thus, it is any violence inflicted on women because of their sex.

Violence against women and their children (VAWC) refers to any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which results in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty.¹⁵

Gender-responsive case management is the process of coordinating and providing rights-based direct services to women taking into context the socio-cultural biases existing between women and men in the family and society, while working together towards empowerment.¹⁶

Victim-survivor refers to a woman or child who has suffered gender-based violence. While as a victim, she should be treated with compassion and sensitivity, referring to her as a survivor recognizes her strength and resiliency.

Client refers to a victim-survivor who is being assisted by an agency/organization, who shall, in all stages of assistance, be given the opportunity to express his/her views and have a direct participation in the decision-making process.

Recovery is a process by which a victim of VAW is stabilized and her well-being is restored psychologically, socially and physically.¹⁷ It implies a package of measures on rehabilitation of physical and psychological health of the victim aimed at eliminating the consequences of physical and psychological traumas and stabilizing her condition. Recovery serves as the foundation for subsequent reintegration to family, community and society.

Reintegration is a process focused on reuniting the victim-survivor with her family and community or integration with a new family or/and community. It implies a package of measures towards restoring the victim-survivors' rights, social status and health, helping her regain self-respect and interventions such as education, vocational training and employment. Reintegration is the concluding stage of an integrated system of rendering protection and support to VAW survivors.

Referral is the process by which the immediate needs of a victim of VAW are assessed and are helped to gain access to a comprehensive and supportive services provided by various agencies/organizations.

Referral system is a co-operative framework through which government agencies carry out their obligations to protect and promote the human rights of victims-survivors of violence, coordinating their efforts in a strategic partnership with NGO/FBOs and civil society as a whole. The main purpose is to ensure the human rights of victims of violence are respected and to provide an effective way to refer these victims to support services to address their various needs.

Referral Network (RN) is a group of agencies/organizations working together within a cooperative framework and coordinating their efforts in a strategic partnership in the protection and provision of comprehensive services to victims-survivors of VAW and their families.

Receiving Agency (RecA) is the agency/organization to which the victim is referred for services; is also called the agency/organization that fulfilled the referral.

Referring Agency (RefA) is the agency/organization that first makes the referral; is also called the point of initiation of the referral.

Coordinating agency (CorA) is the agency/organization designated as the central focal point for the referral network at the local government level – provincial, city and municipal.

Focal person (FP) refers to the individual in the agency/organization who is responsible in the processing of referrals efficiently and expeditiously such as tracking and documenting referrals and attending network meetings. She/he may also be the case manager.

Case manager (CM) refers to a social worker/focal person of the social service provider who is responsible for the provision and monitoring of services of a particular woman victim-survivor of violence. She/he ensures that services needed by the victim-survivor are provided by the agency or by other agencies in the referral network. She/he is in-charge of case management.

Service provider (SP) refers to an agency/organization/individual providing protection and assistance to a victim-survivor of violence whether government or non-government/faith-based organization/agency providing social welfare and development services, health/medical/psychological/psychiatric services, legal assistance, educational (formal, non-formal/alternative) services, and others for the recovery and reintegration of a victim-survivor.

Local government unit (LGU) refers to the province, city, municipality and the various departments, offices and units under it. The barangay is part of the LGU but it will be specifically mentioned as such. Under the Local Government Code (RA 7160), basic social services were devolved to the provinces, cities and municipalities. The provision of services to women, children, youth and other sectors is within the auspices of the city and municipality, thus, the referral system is based in the city or municipality.

A Referral System

The Guidelines creates a referral system on the protection, recovery and reintegration of victims-survivors of rape¹⁸, trafficking¹⁹ and violence against women and their children. This referral system is congruent with the referral system on the recovery and reintegration of trafficked persons at the city/municipal level. This is also in accordance with the Resolution of the Inter-Agency Council Against Trafficking (IACAT) and the IAC-VAWC to establish sub-national and local inter-agency committees against trafficking in persons and violence against women and children.²⁰ The requirements for the effective implementation of the four laws at the local level have been considered in the referral system.

The advantages of establishing a referral system, are:

- Obtain the highest of quality care and treatment, assistance and protection to victims-survivors of violence;
- Facilitate the provision of services to meet the various needs of victims-survivors and ensure their recovery and reintegration;
- Establish a feedback mechanism between and among concerned agencies to ensure that requested services are provided;
- Make possible the exchange of knowledge, skills, practices and experiences geared towards enhancing capacities of service providers; and
- Achieve a more rational use of financial and human resources for more efficient and effective delivery of services.

A referral system entails a process of coordinating service delivery which results to the following:

- Access to needed services is expedited;
- Confidentiality is maintained;
- Referrals between the agencies/organizations of the network are tracked;
- Referrals and their outcomes are documented;
- A feedback loop informs the agencies/organization initiating the referring agency/organization that the requested service has been delivered and has met the needs of the client; and
- Gaps in services can be identified and steps taken by the agencies/organizations in the network to bridge them.

Essential Elements of a Referral System

There are certain essential elements to optimize the referral system's operational effectiveness and outcomes. These essential elements are:

a. A group of agencies/organizations that, in the aggregate, provide comprehensive services to meet the needs of the victims-survivors of violence and their families. (Referral Network)

- The needs of victims-survivors span the continuum of care, encompassing the medical/health, psychological, social, economic, legal and spiritual domains.
- To effectively address these needs, the network must include a broad range of services and organizations as possible.
- Resolving access issues is essential to service delivery, and barriers to access should be removed so that the victims-survivors can have their needs be met.
- Referrals can go both directions among agencies/organizations in the network; i.e. they can both refer and receive referrals.

b. An agency/organization that coordinates and oversees the referral network. (Coordinating Agency/Organization)

- A specific agency/organization or unit in the network serves as the locus of responsibility for the network and its performance (in addition to its regular duties) at the provincial, city or municipal levels.
- It is responsible in convening regular meetings of service providers, working with them to address gaps and other challenges in the system, updating the service network directory, providing standardized tools and forms and performing quality assurance for the referral system. Such regular meetings and other activities are aimed to promote collaboration and commitment to the referral process.
- A specific unit/focal person is designated to carry out the tasks of the coordinating agency/organization.

c. A designated focal person at each agency/organization

- This designated person/focal person is responsible for the processing of referrals efficiently and expeditiously such as tracking and documenting referrals and attending network meetings. She/he may also be the provider of services in her/his own agency/organization. (Case Manager)
- Any responsible staff member of the agency/organization may be designated as the focal person.

d. A directory of services and agencies/organizations at the international, national, regional and city/municipal levels

- A directory provides an inventory of services available within a geographical area, including the name, location and contact numbers of the organization, type of services provided and name of designated focal person. Individual specialists or experts or volunteers maybe included in the directory.

- A directory of services facilitates referrals by making it easy to get information on available services within and outside the geographical area.
- The directory is managed by the coordinating agency and the members of the referral network and each member organization must update its information periodically.

e. Standardized referral forms

- Standardized referral forms to be used by the members of the network ensures that the same essential information is provided whenever a referral is initiated and that this information is received by the agency/organization fulfilling the referral. It specifically states the services needed by the trafficked person.
- The referring agency/organization should follow up with the receiving agency/organization and with the client on the service/s provided. The receiving agency/organization must also give a feedback to the referring agency/organization.

f. A feedback loop to track referrals

- A system to track a referral is needed to ensure that the client used the service/s needed.
- A written feedback must be done by the receiving agency/organization on the status of service delivery and other pertinent information.
- The feedback from the client must be sought whether she is satisfied with the service received and whether her need/s was/were met.

g. Documentation of referral

- The referring and receiving agencies/organizations must both document their respective roles in the referral processes and outcomes.
- A standardized referral registry is one way of documenting referrals.

Establishing a Referral System

A referral system involves a network of stakeholders to achieve a common goal. The referral process should be transparent and the responsibility and authorities of each participant should be strictly determined in such a way as to guarantee the protection of victim's interests and observance of human rights.²¹ Starting a referral system involves several steps as enumerated below and shown in Chart 1.²² The CorA or a RecA/RefA may establish a referral system within any level of the LGU or at the agency level as a service provider.

a. Convene an initial stakeholders' meeting/workshop

- The Head of the agency/convener shall identify the stake holders on the issue of VAW at the community, regional and national levels. If a Directory of Resources is available, this would be a good reference for the CorA/RecA/RefA on whom to invite in the meeting/workshop.

- Invitees must come from different national and local government agencies, NGOs/FBOs and if possible, a representative of the victims-survivors or support group of VAW survivors.
- The purpose/agenda of the meeting/workshop must be clear in the letters of invitation so that the staff/persons involved in handling VAW will be in attendance.

b. Conduct a participatory mapping exercise

- The mapping exercise should identify community resources, services available, requirements for referrals, potential barriers to access and how the network will be linked to existing support services of community-based organizations, regional and national structures.
- More than one meeting/workshop may be held to review flow of referral from one agency to another and clarifying roles and functions geared towards a referral system within the province, city, municipality, barangay or agency.
- As a result of the process, a referral system is established and a Directory of Resources can be created or if one exists, be updated.

c. Establish a referral network

- The members of the referral network need to define their working arrangement and clarify their roles and expectations. They need to know the focal/contact person in each agency, contact numbers and alternative designated person/s when the focal person is not in.
- In addition, they need to agree on their protocols and procedures, including the forms to be used, the services to be rendered and to what extent, fees to be collected if any, etc. It is helpful if these procedures are written down, and each member provided a copy for reference.

d. Put systems in place to develop and support the referral network.

- A Protocol or a Memorandum of Agreement with clear terms of reference of partners is encouraged to be forged among the members of the referral network (refer to Appendix 3, page 79). A formal agreement formalizes their commitment to support victims-survivors of VAW. The MOA or protocol should also include the NGOs and other service providers.
- The network's activities must be periodically evaluated and appropriate changes in the terms of reference/agreement be made.
- The RN may advocate for the passage of an Ordinance creating the P/M/CIACAT-VAWC (if not yet created) and/or the passage of a Resolution/ordinance by the Regional Development Council/ PIACAT-VAWC/M/CIACAT-VAWC adopting a comprehensive program including the referral system, for VAW victims-survivors.
- The establishment of a referral system needs the support and endorsement of the local chief executive through a provincial/city/municipal/barangay ordinance/resolution/executive order. The policy serves as the mandate of the referral system as well as that of the service providers to be involved. It also becomes the basis for resources to be allocated as needed.

- Identify and train the CorA, RefAs and RecAs and focal persons/case managers on the referral system where roles and responsibilities of each agency are clear and understood by everyone. Training should be on the use of standardized forms, procedures of referral and documentation of the process of referral including tracking of cases.
- Service providers particularly the case managers must vigorously observe/implement the performance standards for the delivery of VAW services.²³ Further, aside from their specific skills inherent in their respective professions/functions, they must also:
 - be trained on gender analysis of the nature and causes of VAW, gender-responsive approaches to crisis intervention and case management, medical (e.g. recognizing signs of abuse) and legal (basic laws on VAW and procedures in responding to VAW cases) literacy, self care, including gender-sensitive and child-friendly interviewing and case documentation.
 - possess and demonstrate attitudes that show empathy and understanding of the victim-survivors and ensure confidentiality of the cases.
 - be equipped with proper knowledge and attitudes to avoid double victimization because of insensitive and ill-equipped service providers.
- While the referral system does not require a physical space per se to operate, it needs to be associated with a specific place where victims-survivors could go to for immediate relief. The service provider must have the basic amenities and facilities as recommended by the performance standards for VAW services at the LGU. Some of these are: a separate room for interviewing and counseling, receiving area, tables and chairs, cabinets or shelves for records and documents, communication facilities, and basic lighting, ventilation and water provision
- For an effective referral system, the members of the referral network must install a documentation and recording procedures for VAW which should be part of the agency's overall management information system. The basic forms such as the incident and intake forms, progress case recordings, documents such as police report, medical evaluation and the referral forms must be part of the case record of the VAW client. All records of cases need to be in proper order and kept in a secure place to safeguard confidentiality.
- The referral network needs resources to assist the service providers in meeting their commitments in the provision of services to VAW clients. In addition to their basic agency budgets, funds for food, toiletries, transportation, etc. for VAW clients must be provided to enable them to be safe and comfortable for the duration of several hours to a few days. Equally important, is the need for additional personnel to secure the crisis/women center/office and its premises for the client's safety and security.
- To have an effective referral system, it is important to have tools which are uniform and utilized by agencies in the referral network. This is to maintain accuracy, efficiency and consistency and for data-banking purposes.

The tools used in this referral system are:

- VAW Client Card
- Referral for Service form
- Referral Feedback form

- Referral Registry form
- Directory of Resources

e. Mobilize the community to use and support the referral network

- Public awareness about the referral network and services offered by the agencies should be undertaken to get the support of the community and other institutions such as the church, schools, local government officials and others.
- Community education and the tri-media maybe used for the information, education and communication campaign.

f. Monitoring and Evaluation of Referral System

Monitoring and evaluation of the referring system provide information on to what extent the objectives are achieved. Further, such feedback can lead to redesigning of the system, quality assurance and filling up the gaps in services. Some indicators are as follows:

- Total number of referrals
- Number of follow-up referrals made
- Number of referrals made to which services e.g. medical, legal, etc.
- Number or percent of referral services completed
- Number or percent of clients who report their needs were met
- Number or percent of clients who report satisfaction with referral process

The CorA shall be responsible to discuss status of referrals in the periodic meetings with the agencies and address issues and concerns.

Chart 1. Steps in Establishing a Referral System

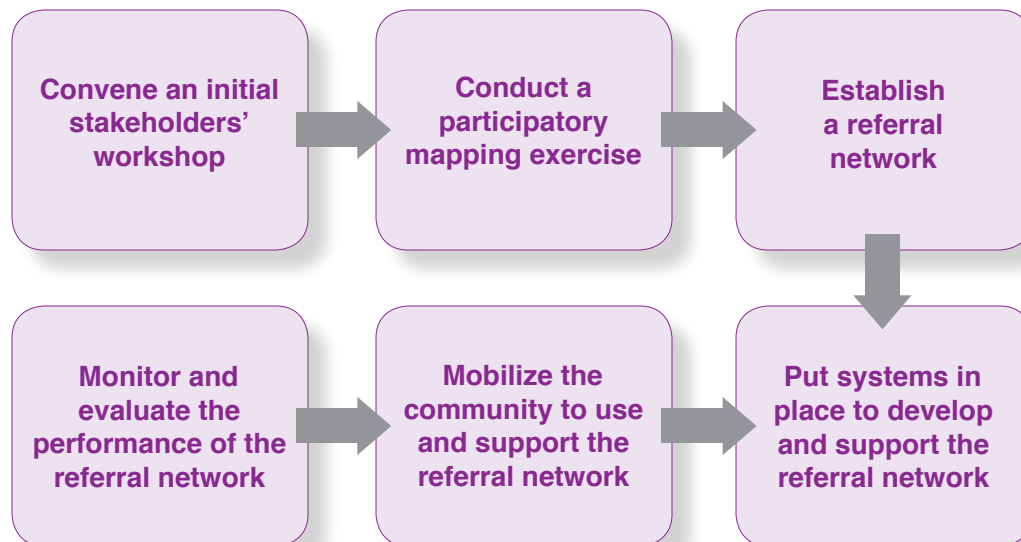


Chart 1 shows the process of establishing a referral system from initial meeting to monitoring and evaluation.

The Referral Networks at Various Levels

The Inter-Agency Council on Violence Against Women and Their Children is the monitoring body on VAWC in compliance with the provisions of RA 9262. The members of the IAC-VAWC are tasked to formulate programs and projects to eliminate VAW based on their mandates. The DSWD and the LGUs are mandated to provide the victims temporary shelters, counseling, psychosocial services and/or recovery, rehabilitation programs and livelihood assistance.²⁴ The DOH shall also provide medical assistance to victims. Further, the DSWD shall provide rehabilitative counseling and treatment to perpetrators of violence.²⁵ On the other hand, barangay officials and law enforcers shall respond immediately and provide protection to the victim and report to the DSWD/LSWDO for assessment and assistance.²⁶

Two other anti-VAW laws (Anti-Trafficking in Persons Act of 2003 and the Rape Victims Assistance and Protection Act of 1998) give mandates to the DSWD to provide rehabilitative and protective programs for trafficked persons²⁷ and act as the lead agency in the establishment and operation of rape crisis centers²⁸ where a comprehensive network of services and support services for victims of rape are provided. These mandates of DSWD are shared with the Local Social Welfare and Development Offices (LSWDO) at the provincial, city and municipal levels in view of the devolution of social welfare services under the Local Government Code.

The multidisciplinary approach is implicit in the implementation of the VAW laws. It calls for an integrated response by members who are professionally competent to provide gender responsive intervention at each level (provincial, city, municipal and barangay) to protect the women and children victims-survivors of VAW from being re-traumatized. They understand and perform their respective roles in service delivery and work under an agreed upon terms of reference, procedures and protocols. Basic services geared toward the recovery and reintegration of VAW victims-survivors are medical services (LMHO/medical facilities), psychosocial and economic support (LSWDO/TESDA/LGU), legal and access to justice (DOJ/IBP/Courts) and safety and security measures (PNP/NBI). Interagency coordination and collaboration are imperative to have an integrated and comprehensive delivery of services.

In view of difficulties to access or due to inadequate facilities/services in some cities and municipalities, the multidisciplinary team members must facilitate the referrals to other cities and provinces (Provincial/District Hospital) and even at the regional (DSWD Field Office: Haven for Women) and national (UP-PGH Women and Child Protection Units) levels.

Chart 2. Interagency and Multidisciplinary Framework for the Prevention and Response of VAWC

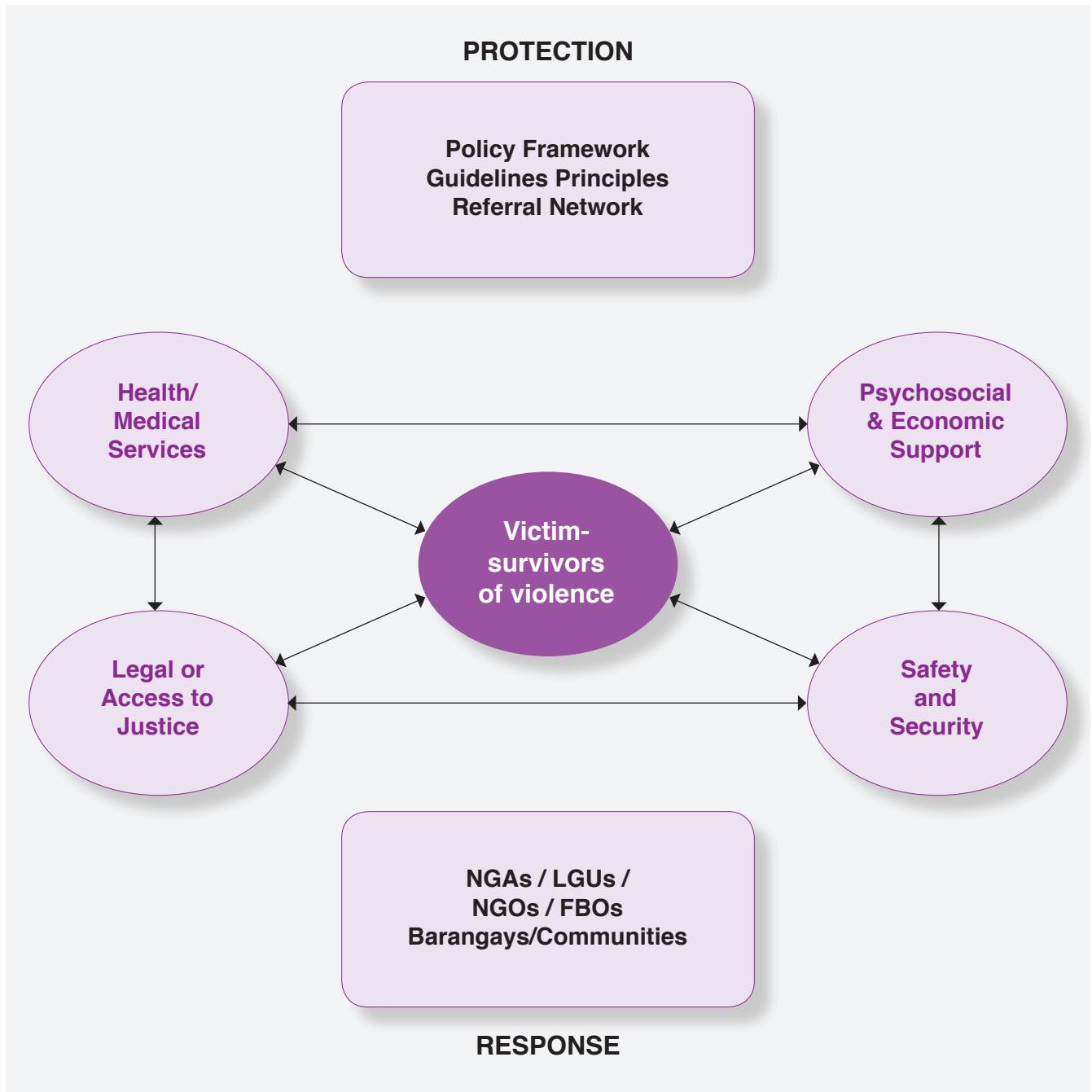


Chart 2 shows the various services to victims-survivors of violence provided by different agencies, collaborating and coordinating thru a referral system. The Protection Framework (policy framework, the guiding principles and the referral network) is the foundation in the provision of services (Response) by the government, NGOs and the barangays/communities. It is through a multidisciplinary and interagency approach that prevention and protection services to victims-survivors are carried out.

City/Municipal Social Welfare and Development Office as the Coordinating Agency

Pursuant to the provisions of the Local Government Code (RA 7160), the City/Municipal Social Welfare and Development Office (C/MSWDO) is the unit mandated to provide social services for women and children and other vulnerable and disadvantaged sectors. In view of the foregoing, and under the referral system, the C/MSWDO shall be the coordinating agency (CorA) of the referral system at the city or municipal level. As the CorA, it must take on the responsibilities stipulated hereunder, in addition to its regular functions as a service provider. The City/Municipal Social Welfare and Development Officer, as head of office, shall:

- Designate a Focal Person to coordinate referrals within the city or municipality and other activities of the referral network;
- Convene/conduct meetings, consultations and case conferences with agencies of the referral network on operational issues/concerns between and among agencies such as, but not limited to:
 - solutions for the inaction or delayed action on referrals;
 - improving feedback mechanisms and documentation of referrals;
 - identifying gaps in services for VAW victims-survivors and innovative measures to cope with these gaps;
 - sharing of knowledge, strategies and good practices and identifying capability building needs; and
 - assessment of the referral system and how it could be more effective.
- Maintain a data bank on cases and services provided to VAW victims-survivors at the city or municipal level;
- Keep and update a Directory of Resources and a Referral Registry;
- Assist the C/MIACAT-VAWC in advocacy for policies, program development and resource allocation for VAW;
- Present reports to the C/MIACAT-VAWC on issues/concerns and recommendations for a more effective implementation of the VAW laws; and
- Submit periodic reports to the DSWD Field Office and the NCRFW to update them on the referral system.

The City/Municipal Referral Network on VAW is composed of the representatives of concerned government agencies e.g. M/CIACAT-VAWC, NGOs and other organizations and individuals engaged in the provision of services to VAW survivors. Members of the P/C/M IACAT-VAWC maybe invited to be members of the network.

The Provincial Social Welfare and Development Office (PSWDO), the Provincial Health Office (PHO) and other offices/agencies at the provincial level may be invited to this network. A few PSWDO operate Women's Centers which provide shelter/residential services and the PHO's Women and Child Protection Unit provides medical and psychosocial services to survivors. Services from other provinces may also be used.

There are situations where the PSWDO or the PHO are the case managers of some VAW cases. However, it is deemed necessary that they become part of the city/municipal referral network because eventually, the client/survivor returns to her family or residence in the city or municipality. It is appropriate that referral be made to the city/municipal agency (C/MSWDO or NGO) for reintegration services.

Chart 3. Referral Network in the Case Management of VAW Victims-Survivors

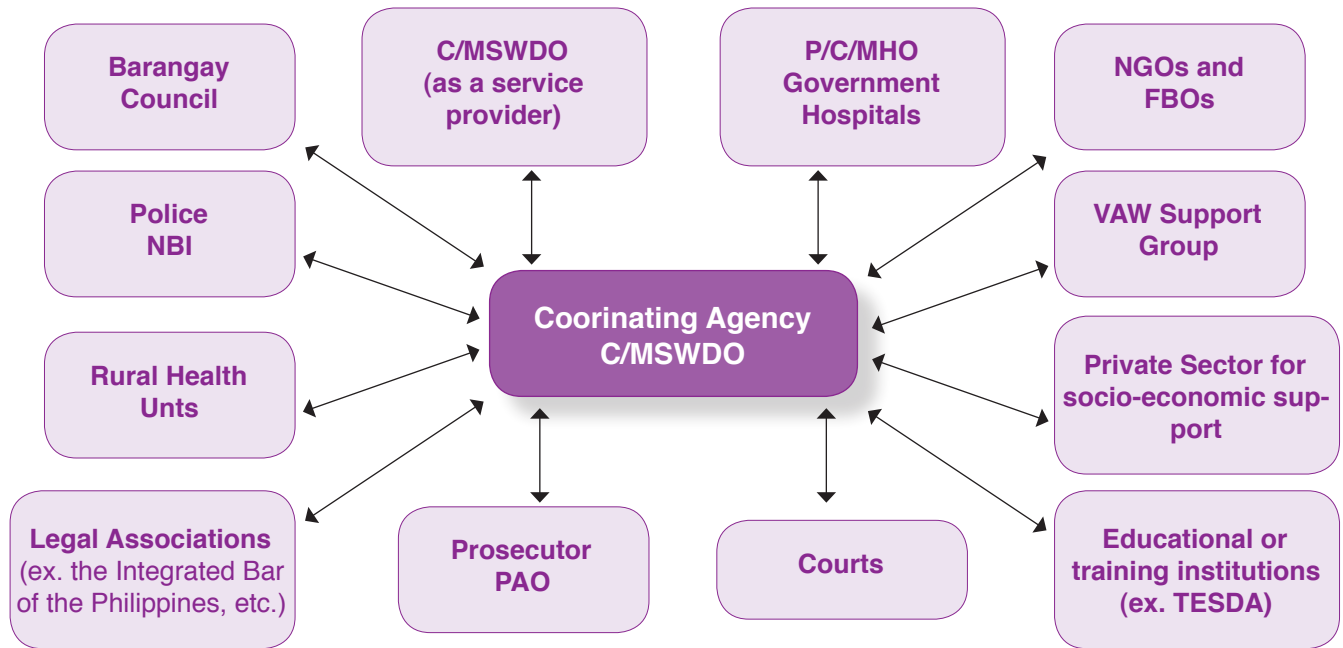


Chart 3 shows the referral network in the provision of services to VAW victims-survivors from initial contact (left side) to recovery and reintegration (right side).

The Service Providers as Receiving Agencies and Referring Agencies

The service providers (SP) are government agencies (P/C/MSWDO, P/C/M Health Office/medical facility/ rural health office, law enforcement agency (LEA), barangay council and NGOs/FBOs and are both RecA and RefA. They shall ensure that service delivery is harmonized and services are responsive based on the assessment of the needs and situation of the individual victim-survivor. The various needs of the client²⁹ are met by referring to appropriate agencies for services not provided by his/her own agency.

The Head of the agency shall:

- Assign a focal person (FP) for VAW who shall be responsible in coordinating referrals with other agencies, update referral registry and the directory of resources;
- The FP may also be responsible in handling the case and providing services such as in the investigation/interview, medical care/treatment, counseling and other services as necessary;
- Accomplish VAW Client Card (VAW Form 1) or the appropriate portion of the said form, if client is referred to agency for specific services;

- Refer the client to appropriate agency and accomplish Referral for Service form (VAW Form 2) and enter this in the Registry of Referral (VAW Form 4);
- Provide requested service, if client is referred and accomplish Referral Feedback form (VAW Form 3) and enter this in the Registry of Referral (VAW Form 4);
- Conduct/attend case conferences with members of the multidisciplinary team in the management of the VAW cases.

The C/MSWDO as a service provider: The C/MSWD Officer shall:

- Assign a social worker as the case manager (CM) responsible in the management of a particular case. The case manager is oftentimes the Focal Person of the agency in view of the limited staff of the RecAs.
- The CM ensures that the client's needs are met by the agency or by referring the client to other agencies such as for medical care, legal assistance and others. The CM shall be responsible for the following tasks, among others:
 - conduct child-friendly and gender-sensitive interview to assess the specific needs of the client and actively engage her in analyzing and planning her recovery and reintegration program; fills up the individual VAW Client Card (VAW Form 1) and the agency's intake form including the supplemental form;
 - refer client to appropriate agencies to address specific needs of client; fill up the Referral for Service form (VAW Form 2) and enter in the Referral Registry (VAW Form 4);
 - continue providing services within the context of the over-all recovery and reintegration plan; record/document such actions in the client's case folder;
 - provide services as requested by other agencies and accomplish the Referral Feedback form (VAW Form 3) and enter in the Referral Registry (VAW Form 4);
 - follow up action on such referrals and reviews feedback forms (Referral Feedback: VAW Form 3);
 - assess periodically the achievement of the goals of the recovery and reintegration program and make adjustments as necessary;
 - conduct a final assessment and prepare to terminate the case; accomplish a transfer or closing summary of the case.
- Ensure a successful referral and an effective case management through supervision and case consultation; and
- Conduct case conferences with members of the multi-disciplinary team to assess achievement of goals and provision of services to specific clients; assess gaps in services and recommended measures to enhance the agency referral system.

The Head of the agency may call a coordination meeting among the receiving agencies assisting their clientele. The agency referral network consist of government agencies, NGOs/FBOs, civic organizations, community volunteers and others involved in the implementation of programs and services for VAW clients.

Concerns on coordination/implementation of programs and services not resolved at the agency level should be brought to the attention of the CorA (C/MSWDO).

Making a Successful Referral at the Agency Level

Referral service is a major component of the case management process due to the fact that rarely does any one agency has all the resources to meet the needs of a client. The following are tips in making a successful referral:

- Assess with the client and decide what are his/her immediate needs. Accomplish VAW Client Card (VAW Form 1) and the agency's Intake Form.
- Outline the various options available and help the client choose the most suitable in terms of distance, cost, and services.
- Assess with the client the factors that may make it difficult for him/her to complete the referral, such as lack of transportation fare, care for the child, work schedule, cost, etc., and try to address them.
- Discuss shared confidentiality with client and support him/her what information he/she may share and with whom.
- Give the client the referral request (VAW Form 2), the name of case manager, contact numbers and address of RecA.
- Make a note in the client's file; follow-up and monitor the referral; expecting to receive a feedback from the RecA (VAW Form 3) and the client.
- Document the referral in the agency's referral registry (VAW Form 4).
- Update Directory of Resources (VAW Form 5) as the need arises.

Chart 4. Agency Referral System

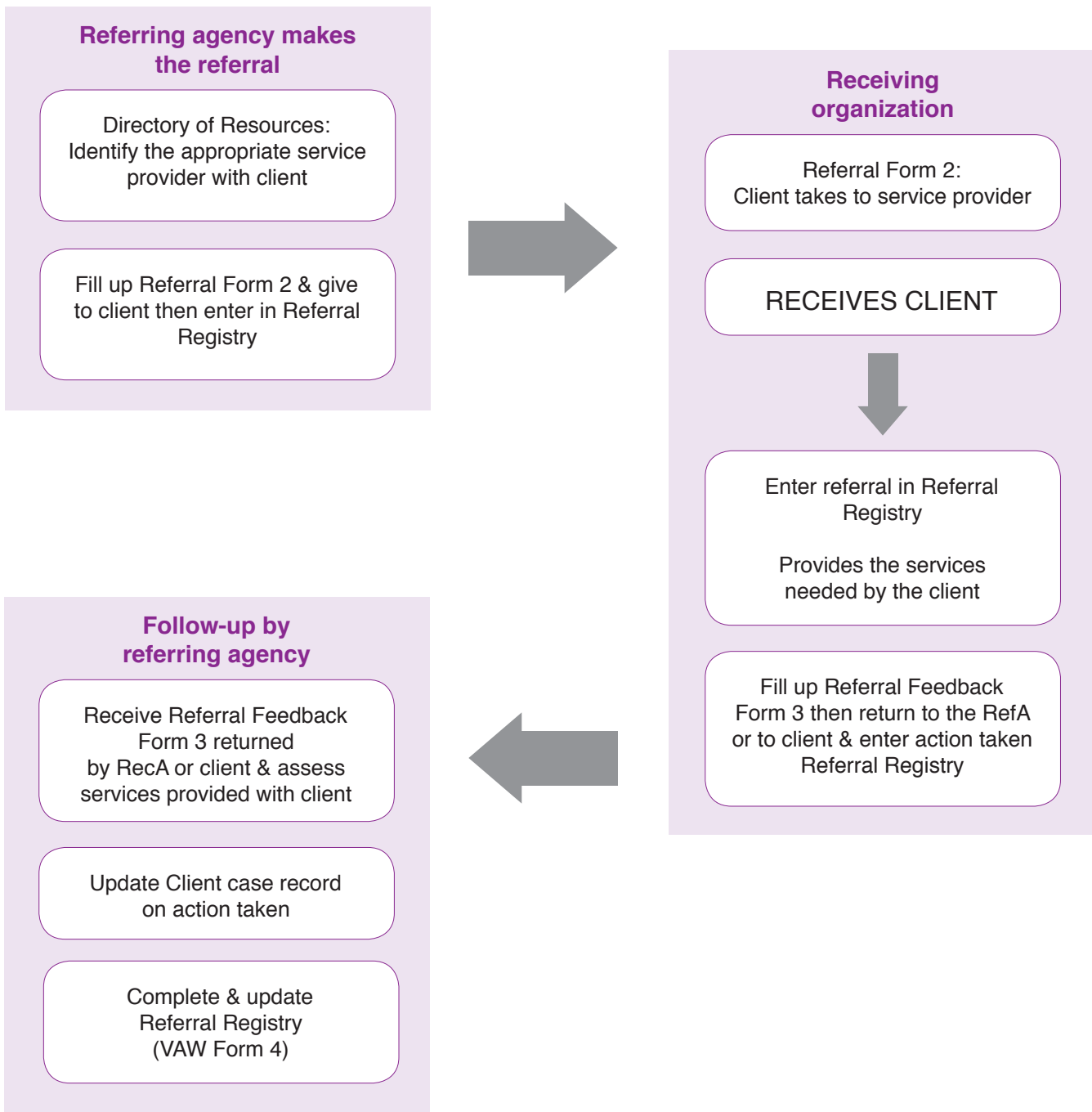


Chart 4 shows the steps on how a referral is made at the agency level or by a service provider whether government, NGO or community-based agency.

Operationalization of the Referral System

The following sections will show how the referral system works in the management of VAW cases using the multidisciplinary approach.

Entry of VAW Victim-Survivor in the Referral System

A victim-survivor of violence, usually, come to the attention of law enforcement agencies, other government authorities or non-governmental/faith-based organizations through:

- Referrals from NGAs, LGUs, NGOs, FBOs and other organizations thru:
 - rescue operations of LEAs;
 - hotlines and other crisis intervention mechanisms;
 - family, friends and individuals known to the victim-survivor;
- self-referral of victim-survivor (walk-in client);
- community outreach of social, health agencies, legal associations and other social development agencies; and
- case finding during build-up of similar cases, discussion during meetings or case conferences and other similar circumstances.

A victim-survivor of violence enters the referral system through the following (Chart 5):

- National agencies and its regional/field offices/bureaus including the members of the IACAT-IACVAWC;
- Local government executives and their offices at the provincial, city, municipal levels;
- Prosecutor's office and legal/lawyers associations such as the Integrated Bar of the Philippines, Women's Legal Bureau, LEAD, etc.;
- Barangay Council;
- Provincial/City/Municipal Social Welfare & Development Offices;
- Provincial/City/Municipal Health Offices and medical/health facilities;
- Law enforcement agencies (PNP, NBI); and
- Non-governmental organizations/faith-based organizations/civic organizations

Chart 5. Entry of a victim-survivor to the referral system

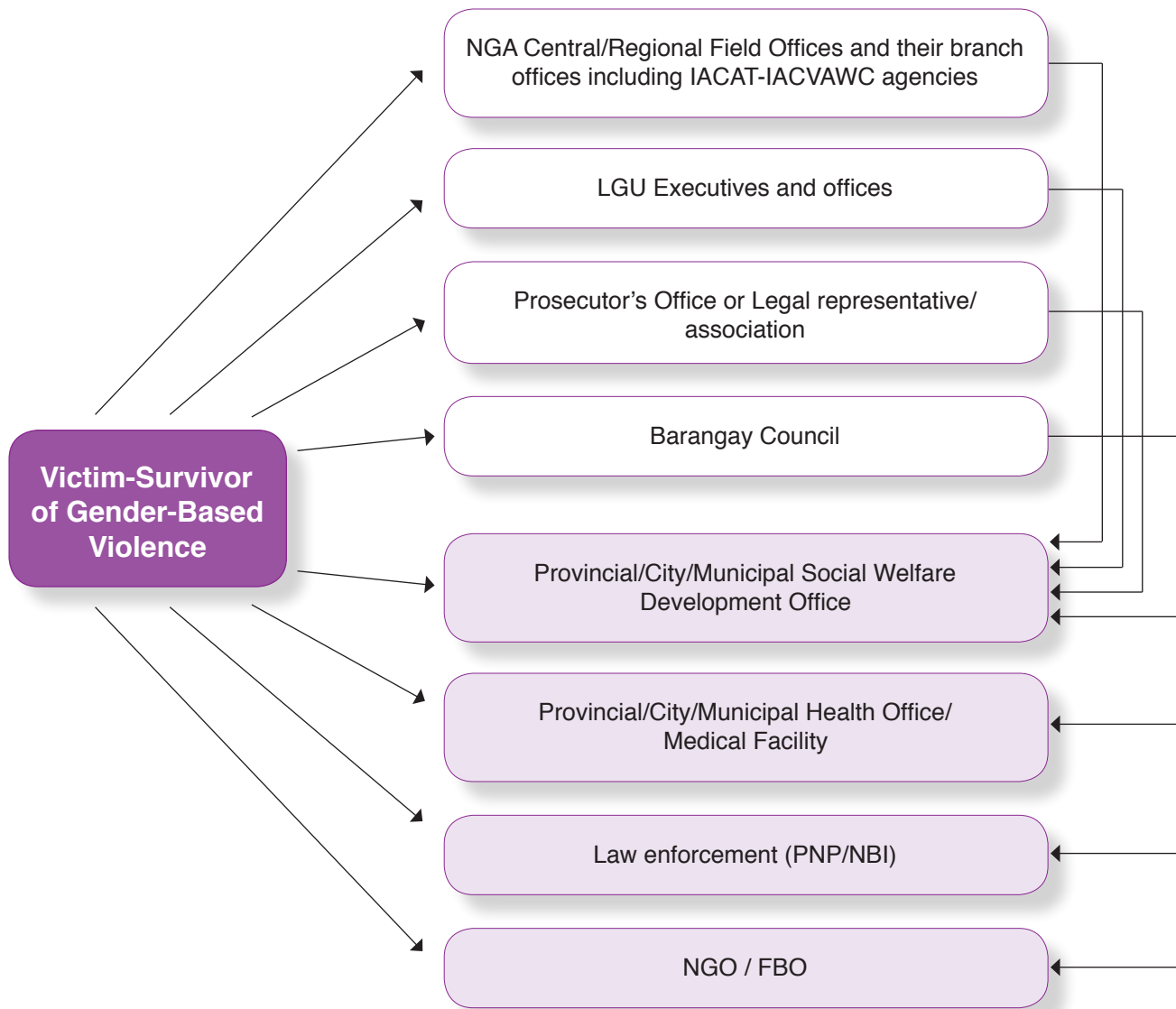


Chart 5 depicts the major sources of referral for VAW clients and the RecAs which are primarily the LSWDO, LHO, LEA and the NGO. In view of the mandates given to the DSWD/LSWDO to provide recovery and reintegration services to victims-survivors of violence, the referring parties, in general, will directly refer the clients to these offices. On the other hand, since the barangay is the nearest agency for victims-survivors to approach, they may refer directly to the concerned agencies to meet the immediate needs of its constituents and a referral to the C/MSWDO for long-term and comprehensive services.

Chart 6. The General Referral Flow

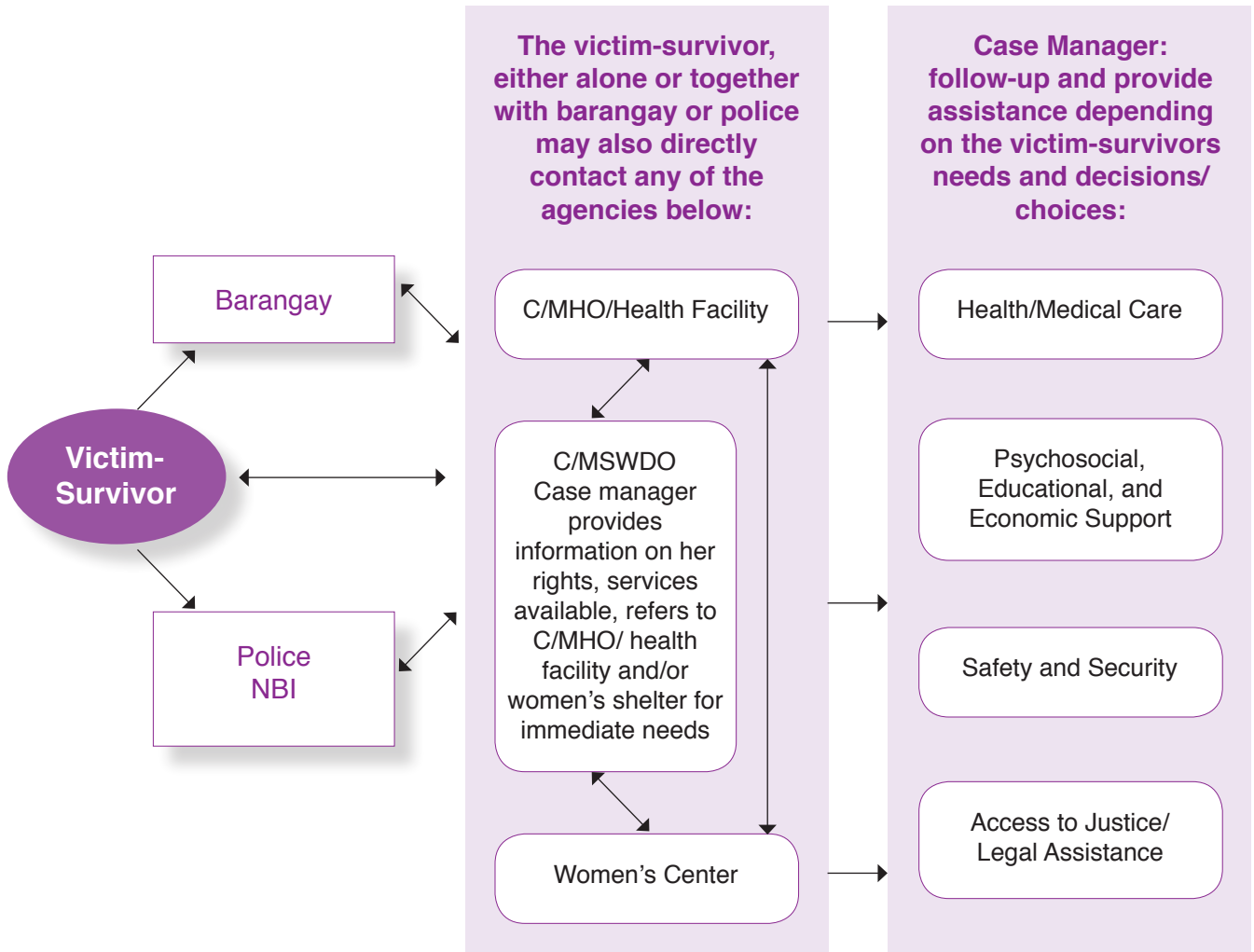


Chart 6 shows the general referral flow where the entry of victim-survivor is either from the barangay, police or the C/MSWDO. The first box shows the basic services provided at initial contact – medical care and emergency shelter based on initial assessment of the victim-survivors needs. The second box shows the recovery and reintegration services available to the victims-survivors taking into consideration their needs, capacities and other resources.

Entry of victim-survivor at the barangay level

The VAWC law (RA 9262) mandates the barangay officials to take immediate action upon being informed of a violent incident and is mandated to issue a Barangay Protection Order (BPO) on the date of filing after *ex parte* determination of the basis of application.³⁰ Please note that all forms of amicable settlement under the *Katarungang Pambarangay* such as mediation, settlement, conciliation, arbitration shall not apply to cases of VAWC.³¹ Further, under the same provision of the IRR, the barangay officials shall report the incident to the PNP and to the C/MSWDO within 4 hours from the time of reporting.

At the initial contact, the concerned barangay official shall undertake the following based on their mandate:

- Interview the victim-survivor and the witnesses to determine the facts and inform the victim-survivor of her rights and remedies. The interview must be done in a child-friendly and gender-sensitive manner with a non-judgmental and non-blaming attitude towards the woman and her children, if any. **Fill up the VAW Client Card (VAW Form 1).**
- The victim-survivor and her child/ren, if any, must feel safe in a secure place where they have privacy and separate from the perpetrator.
- Transport or escort the woman and her child/ren to the nearest hospital or available medical facility for treatment and medico-legal examination. **Fill up the Referral for Service Form (VAW Form 2) addressed to the C/MHO or medical facility or PNP/NBI and enter these referrals in the Referral Registry (VAW Form 4).**
- In the event that the woman and her child/ren wish to be placed in a shelter or a safe place of their choice, the barangay official shall assist them in taking their personal belongings and taking her children and transfer them in a safe place of shelter. **Fill up the Referral for Service Form (VAW Form 2) addressed to the Women's Center or any residential facility and enter the said referral in the Referral Registry (VAW Form 4).**
- In accordance with the IRR of RA 9262, report shall be made to the C/MSWDO within four (4) hours from the time of reporting as well as to the PNP's Women and Children's Concerns Desk (WCCD) within the same period. **Fill up the Referral for Service form (VAW Form 2) addressed to the LSWDO and the Women and Children's Concerns Desk (WCCD) and enter the referrals in the Referral Registry (VAW Form 4).**
- Arrest the perpetrator or advise him to temporarily leave the house to prevent further violence.
- Assist the victim-survivor in filing the appropriate complaint with the PNP WCCD or the NBI and forwarding all pertinent documents to them.
- Ensure the privacy of the victims-survivors and the confidentiality of all records, including having a separate logbook for VAW cases.

Roles and Responsibilities of the Barangay

The Barangay Council is composed of the Barangay Chairperson and his/her Kagawads are assisted by the Barangay Tanods, Barangay Health Workers/Nutrition Scholars and other staff. In some barangays, a Barangay Women's Desk or the Committee on Social Services is responsible in assisting the VAWC victims-survivors.

The roles and responsibilities of the barangay are divided into *immediate interventions* and *intermediate functions* particularly to carry out their mandated functions in the implementation of the VAW laws.³² A third function is on the prevention of VAW in terms of information and advocacy on women and children’s rights and capacity building of the service providers.

Table 1. Roles and Responsibilities of the Barangay

Service Provider	Immediate Interventions	Intermediate Functions	Anti-VAW Prevention Functions
Barangay council/ officials	<ol style="list-style-type: none"> 1. Crisis intervention & other services <ol style="list-style-type: none"> a. Rescue and quick response to VAW reports b. Secure police assistance c. Secure medical treatment/services d. Secure temporary shelter 2. Arrest of perpetrator & confiscation of weapons 3. Conduct interview & orientation of victim-survivor <ol style="list-style-type: none"> a. Assessment of immediate needs & safety, including risk to life b. Information about their rights, legal assistance & remedies & available services c. Information about BPO 4. Issuance of BPO & serving copies to victim-survivor, perpetrator, PNP, C/MSWDO & LGOO 5. Monitoring compliance of perpetrator on BPO 6. Referral to LEO (law enforcement officer) for filing of complaint 7. Report/referral to C/MSWDO for further assessment & assistance. 	<ol style="list-style-type: none"> 1. Ensuring the confidentiality of VAW records & documents. 2. Follow-up of provision of services by C/MSWDO & carry out their recommendations. 3. Provide assistance for the reintegration of victim-survivor in coordination with C/MSWDO’s plan and the client. 4. Issue barangay ordinances and resolutions for the prevention of VAW and protection of victims-survivors. 5. Act on referrals from other agencies, fill-up/return the Referral Feedback form (VAW Form 3). 	<ol style="list-style-type: none"> 1. VAW community education and advocacy <ul style="list-style-type: none"> • Dissemination of IEC VAW materials • Seminar and orientation on VAW and other laws of barangay leaders, neighborhood associations, women, men & children/youth 2. Resource mobilization for community programs 3. Training of the duty & claim holders on management of VAW cases 4. Seek technical assistance/support from the LGOO, C/MSWDO, LEA, etc. for the effective implementation of anti-VAW laws.

Chart 7. Referral at the level of the Barangay

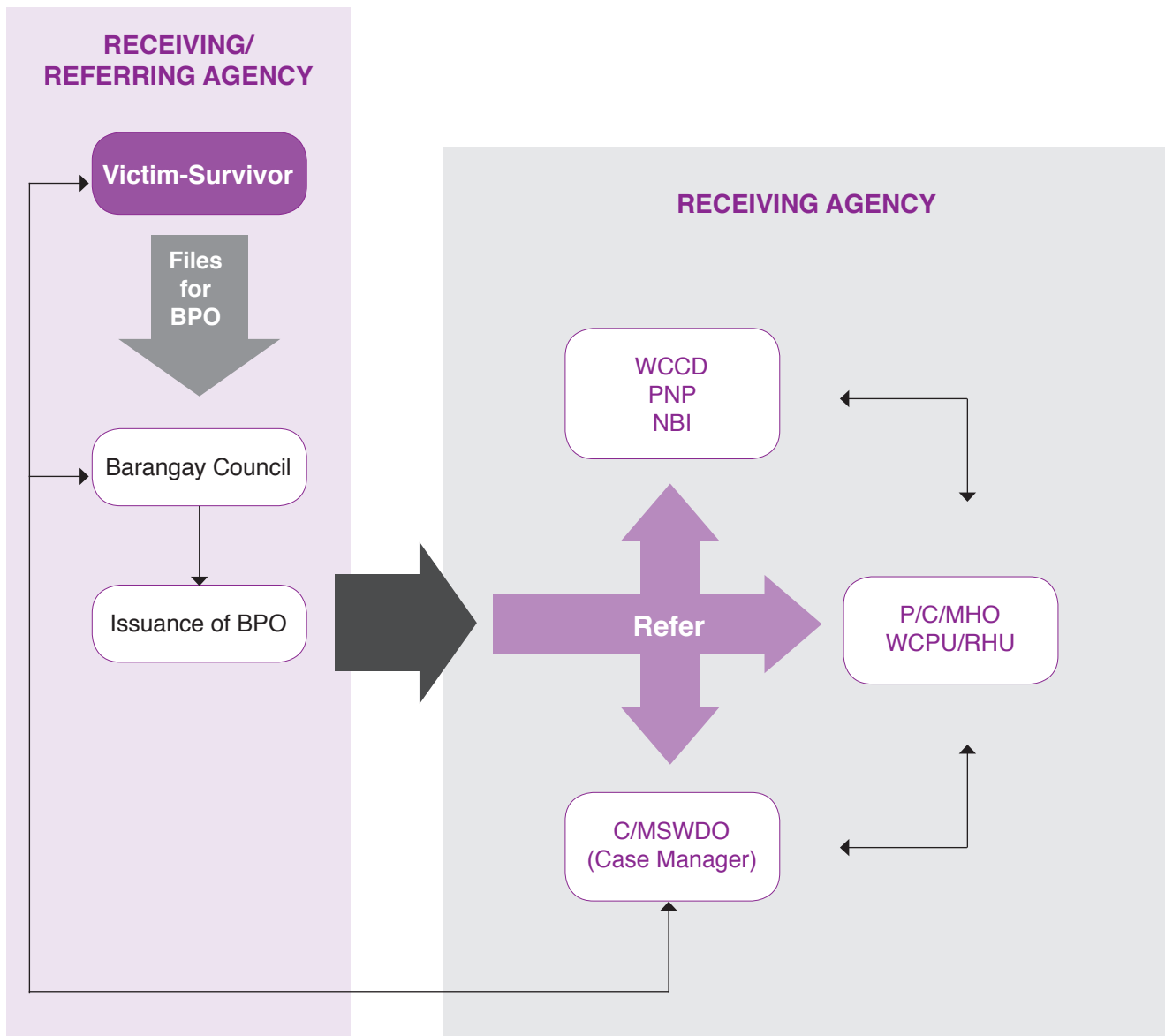


Chart 7 shows the entry of the victim-survivor at the barangay level and the actions to be taken by them based on their roles and responsibilities particularly in the issuance of a Barangay Protection Order. As mandated under RA 9262, they are to report within four hours, after the report of any VAW incident to the PNP and the C/MSWDO. Emergency services such as counseling, but not mediation, and medical treatment (referral to the Rural Health Unit/medical facility) may be provided as deemed necessary. The Barangay also has to assist in the reintegration of victim-survivor in coordination with the C/MSWDO/case manager.

Entry of victim-survivor at the law enforcement agency/officer

A common flow of referral for VAW cases is for the victim to report the incident to the law enforcement agency, in most cases to the PNP since the NBI is not always available at the city/municipal level. In some instances, the victim may approach the barangay for information and support which may assist the victim by referring her to the police to file a complaint and subsequently to the C/MSWDO.

The police officer who handles VAW cases must be female and trained in conducting child and gender-sensitive interview. At initial contact, the following are to be undertaken based on the PNP set of performance standards.

- The victim-survivor is made comfortable and assured of her safety before the initial interview. Be sensitive to her need for water, food or appropriate clothing.
- An initial interview is conducted before the in-depth investigation to give the victim an opportunity to settle down and to express her feelings relative to the violent incident. It is to be conducted in a separate room from the perpetrator and in a place where she can have privacy. **Fill up the VAW Client Card (VAW Form 1).**
- The victim-survivor is informed about her legal rights, the processes and time involved and the services available to her. In cases of sexual and physical violence, the purpose of a medico-legal examination must be made clear to her. She must sign a consent form for such examinations and other services.
- In cases where the victim-survivor is injured, raped and/or severely traumatized, the victim must be referred immediately for medical attention and the interview is conducted after the treatment. Such referral, including medico-legal examination, must be understood by the victim and she must be assured of the confidentiality of results.
- Records of VAW complainants are in separate logbooks and only the handling officer has access to individual records of VAW victims which are held confidential including all pieces of evidence. Identifying information must not be disclosed to the media nor the victims-survivors be interviewed by them.
- **The handling officer must fill up the Referral for Service form (VAW Form 2) and enter the referral in the Referral Registry form (VAW Form 4). The client maybe referred to the C/MHO or any medical facility for medical treatment/medico-legal examination and to the C/MSWDO for further assistance such as counseling and temporary shelter.**
- The handling officer shall continue to collaborate with the case manager assigned by the C/MSWDO relative to the progress of the investigation, subsequent endorsement to the Prosecutor and the arrest of the perpetrator.

Roles and Responsibilities of the Law Enforcement Agency

Similar to the barangay, the roles and responsibilities of the LEA is divided into three categories: immediate interventions, intermediate functions and the prevention functions against VAW.

Table 2. Roles and Responsibilities of the Law Enforcement Agency

Service Provider	Immediate Interventions	Intermediate Functions	Anti-VAW Prevention Functions
<p>City/Municipal Philippine National Police/Women and Children's Concerns Desk</p> <p>National Bureau of Investigation/ Women & Children's Unit</p>	<ol style="list-style-type: none"> 1. Receive complaints and calls for assistance <ol style="list-style-type: none"> a. Provide immediate assistance/ response to emergency calls b. Initial interview & investigation within 24 hours 2. Conduct rescue operations <ol style="list-style-type: none"> a. First response within 30 minutes from call for assistance b. Female police officer is part of the rescue team c. Arrest & apprehension of perpetrators d. Victim-survivor interviewed and informed of her rights and remedies available to her particularly about the protection order e. Ensure presence of legal representation for the victim-survivor during investigation f. Refer/escort victim-survivor to C/MCHO/medical facility for medical treatment g. Refer/escort to C/MSWDO for further assessment and assistance 3. Ensure confidentiality of police blotter/ logbook, records and reports <ol style="list-style-type: none"> a. Maintains separate logbook for VAW cases and separate police blotter b. Records of VAW cases are kept separately and in a secure place 	<ol style="list-style-type: none"> 1. Evidence gathering 2. Assist victim-survivor in filing complaints 3. Assistance in serving TPO/PPO 4. Enforcement of the protection order (PO): <ol style="list-style-type: none"> a. Monitoring to ensure compliance of PO b. Attend court hearings and testify in court as require c. Follow-up status of case in court and inform all concerned 5. Participate in case conferences with the multi-disciplinary team <ol style="list-style-type: none"> a. Coordinate with medico-legal examiner and public prosecutor on the results of the investigation b. Coordinate with the C/MSWDO case manager 6. Act on referrals, fill up/return the Referral Feedback form (VAW Form 3) 	<ol style="list-style-type: none"> 1. Dissemination of information on the services of WCCD 2. Conduct of community-based crime prevention program on VAW and the anti-VAW laws through: <ol style="list-style-type: none"> a. Community dialogues b. Radio/TV programs c. School-based programs d. IEC materials 3. Assistance in capacity building of other professionals and victims-survivors on evidence preservation and other investigation concerns on VAW cases

Chart 8. Referral at the level of Law Enforcement

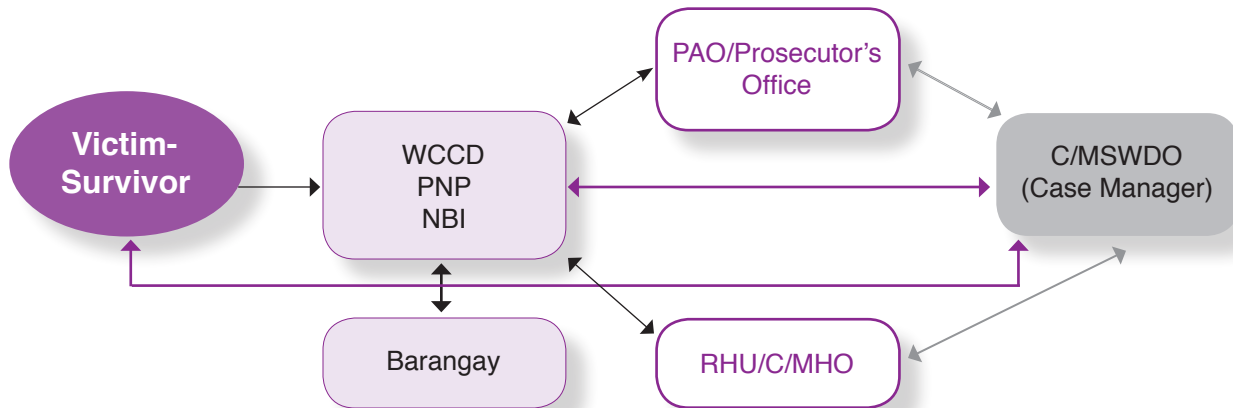


Chart 8 shows the entry of the victim-survivor at the law enforcement level. The PNP-WCCD or the NBI takes appropriate action in consonance with their mandated roles and responsibilities and refers the victim-survivor to the C/MSWDO for further assistance or may directly refer to the RHU/CMHO/medical facility for treatment of injury, if any and to the Public Attorney's Office (PAO) or any legal association for legal representation/advice, as necessary. After the investigation and the victim-survivor decides to file charges against the perpetrator, the PNP/NBI forwards report to the Prosecutor.

Entry of victim-survivor at the Public Prosecutor's Office and Public Attorney's Office or Legal Associations

The victim-survivor may contact directly the Public Prosecutor's Office, the PAO or any of the legal associations for legal information and advice. In such a situation, the prosecutor and others shall:

- Communicate with the victim-survivor in a language understood by her and her child/ren bearing in mind their ethnic and educational background;
- Provide information in clear and simple manner the provisions of anti-VAW laws and the legal remedies available to her including witness protection and compensation, the processes and requirements;
- Inform the victim-survivor of her rights and the services available to her particularly legal assistance from the PAO, IBP or other legal associations and make such referrals, if agreeable to her; **fill up the Referral for Service Form (VAW Form 2) address to a legal association for legal assistance and enter in the Referral Registry (VAW Form 4);** and
- Refer the victim-survivor for support services to the C/MSWDO or NGO providing such services; **fill up the Referral for Service form (VAW Form 2) addressed to the C/MSWDO or NGO and enter this referral in the Referral Registry (VAW Form 4).**

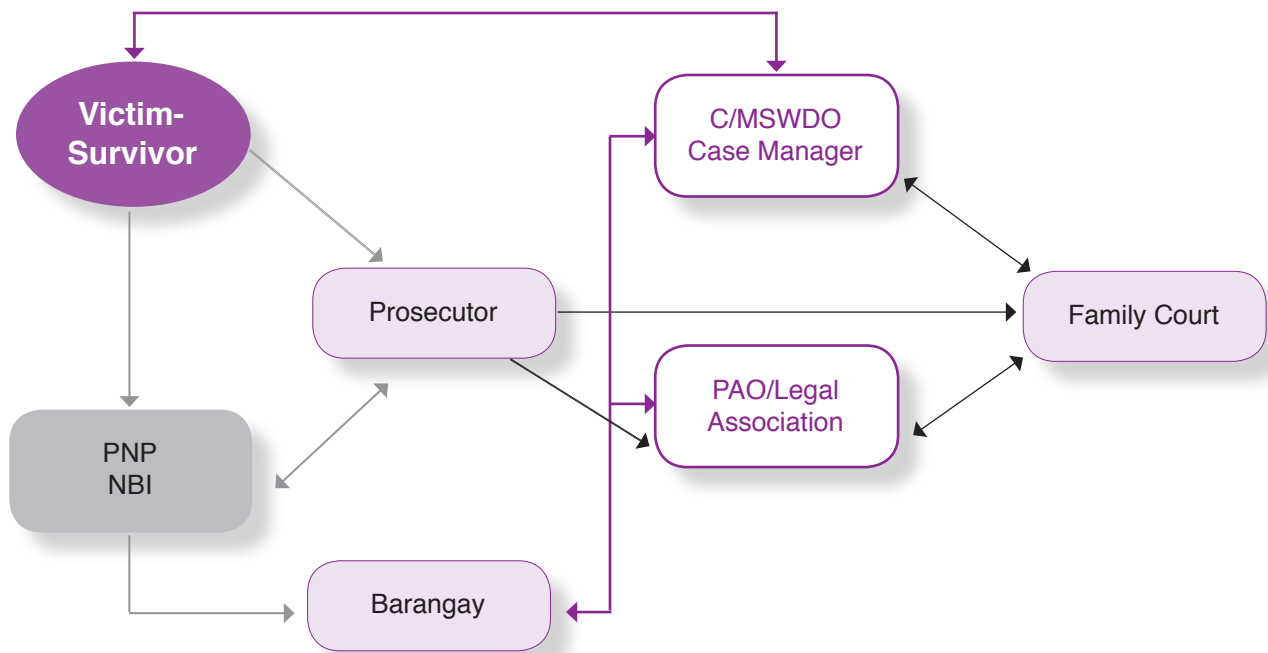
Roles and Responsibilities of the Prosecutor, PAO and Legal Associations

The LEA works closely with the prosecutor in seeing to it that the victim-survivor is able to seek justice. The prosecutor is under the DOJ and has offices at the city and provincial levels. They are assigned in the Regional Trial Courts which are designated as Family Courts for the prosecution of VAW cases. On the other hand, the victims-survivors may also be represented by the Public Attorney's Office (PAO) or the members of the Integrated Bar of the Philippines (IBP) or volunteer legal associations such as the International Justice Mission (IJM), Women LEAD and the Women's Legal Bureau (WLB).

Table 3. Roles and Responsibilities of the Prosecutor, PAO and Legal Associations

Service Provider	Immediate Interventions	Intermediate Functions	Anti-VAW Prevention Functions
Prosecutor Public Attorney's Office Legal Associations	<p>For criminal cases:</p> <ol style="list-style-type: none"> 1. Filing of complaint <ol style="list-style-type: none"> a. Inform the victim-survivor of her rights and legal remedies b. Refer victim-survivor for other legal assistance and support services 2. Investigation (Prosecutor) <ol style="list-style-type: none"> a. Conduct inquest and/or preliminary investigation b. Evidence gathering & case build up c. Preparation & subscription of affidavits d. Prosecution of VAW cases 	<ol style="list-style-type: none"> 1. Facilitate the application and inclusion of VAW victims-survivors in the Witness Protection Program and Victim Compensation Benefits 2. Referral of victim-survivor to other agencies for other legal assistance and support services; fill up Referral for Service form (VAW Form 2) 3. Maintain a database on VAW cases 4. Act on referrals from other agencies fill up/return the Referral Feedback form (VAW Form 3) 	<ol style="list-style-type: none"> 1. Conduct/assist in IEC/ advocacy on anti-VAW laws and other related laws. 2. Make available IEC materials, manuals, pamphlets and other handouts on women and children's rights. 3. Conduct/participate in case conferences of VAW cases. 4. Undertake capability building activities on VAW and gender.

Chart 9. Referral at the Prosecutor Level



The victim-survivor seldom contacts directly the Prosecutor for assistance. In Chart 9, the victim-survivor gets in contact with the Prosecutor through the law enforcement officer who files a report to the Prosecutor’s Office for preliminary investigation or inquest. The Prosecutor then contacts the C/MSWDO and the PAO/legal association for legal representation, if such has not been done earlier by the PNP/NBI. He/she files the case in Court and pursues its disposition. On the other hand, the Family Court may require the C/MSWDO to submit a case study report in coordination with the Court Social Worker. Meantime, the PAO/legal association continues to provide legal assistance to the victim-survivor. For cases involving violation of the Anti-VAWC law, special proceedings such as the application of T/PPO may be referred to PAO or a private legal counsel (IBP or any legal association providing free/paid legal services).

Entry of victim-survivor at the P/C/MHO, WCPU/medical facility/ Rural Health Unit

A victim-survivor may go directly to a medical facility or be referred by the police or the C/MSWDO for provision of immediate medical treatment and other medical services. The Women and Children Protection Unit of a Provincial Hospital is primarily in-charge of handling women victim-survivors of VAW. Aside from medical intervention, the WCPU provides a holistic approach for the recovery of the victims-survivors as it has a medical social worker, a psychologist or a psychiatrist as members of the team.

The Rural Health Unit (RHU) is the most accessible in the community to provide immediate medical care/treatment. However, for services not available at the RHU such as laboratory and other medico-legal related examinations, referrals to the WCPU or to tertiary level hospitals must be made.

- The victim-survivor is attended to by competent service providers, preferably female, and trained in the principles and methods of child friendly and gender-sensitive medical and health care and treatment, in crisis and long-term counseling and support, in investigative interview techniques and in the collection of forensic evidence. **Fill up VAW Client Card (VAW Form 1).**
- The victim-survivor is made comfortable and informed of the medical processes to be undertaken and getting her consent for the required intervention/treatment assuring her of confidentiality of information and her privacy. Necessary fixtures and non-traumatizing supplies and equipment for medical examination are readily available.
- Privacy is ensured by having a separate room for medical examination, for interviews and crisis counseling as well as a play room for children and a reception/waiting area for family members.
- Records and files are treated with strict confidentiality.
- **The physician in-charge or the medical social worker accomplishes the Referral for Service form (VAW Form 2) to the C/MSWDO for other services such as temporary shelter and/or for the client's reintegration in the community or to the LEA for investigation. In case the referral came from the LEA, the physician in-charge shall accomplish the Referral Feedback form (VAW Form 3) and return to the LEA thru the client or other means. The referrals made to an agency as well as the action taken on the referrals received are entered at the Referral Registry (VAW Form 4). The Directory of Resources (VAW Form 5) maybe updated periodically.**

The Head of the WCPU may assign the medical social worker as the case manager. However, the case manager must coordinate with the C/MSWDO as this is the CorA in the referral system.

Roles and Responsibilities of P/C/MHO, WCPU/medical facility/RHU

Table 4. Roles and Responsibilities of P/C/MHO, WCPU/medical facility/RHU

Service Provider	Immediate Interventions	Intermediate Functions	Anti-VAW Prevention Functions
P/C/M Health Office Women & Children's Protection Unit Medical/health Facility/hospital Rural Health Unit	1. Provision of immediate medical treatment/care a. history taking, physical and ano-genital examination b. conduct of forensic examination (if applicable) c. documentation & recording of injuries & findings d. collection of evidence e. issuance of medical certificate f. psychosocial counselling/interventions by medical social worker & psychologist g. psychological/psychiatric evaluation/ care/treatment h. provision of food, medicines, transportation, as needed by victim-survivor i. ensure privacy of victim-survivor and confide 2. Referrals to the LEA for investigation & the P/C/MSWDO for assistance and support services (Referral for Services form: VAW Form 2)	1. Coordination and participation in case conferences and consultation with partner agencies/RN 2. Coordination with LEA and P/C/MSWDO on risk assessment of victim-survivor 3. Assessment of safety of woman and child/ren 4. Respond to subpoena and testify in court as necessary 5. Act on referrals from other agencies & fill up/return the Referral Feedback form (VAW Form 3).	1. Participation in IEC and advocacy activities on anti-VAW 2. Orientation of medical practitioners & other related professionals on VAW laws 3. Inform LGUs and others on the provision of the Magna Carta for Public Health Workers on the provision of fees for medical certificates for VAW cases

Chart 10. Referral at the level of P/C/MHO or WCPU/Health Facility/RHU

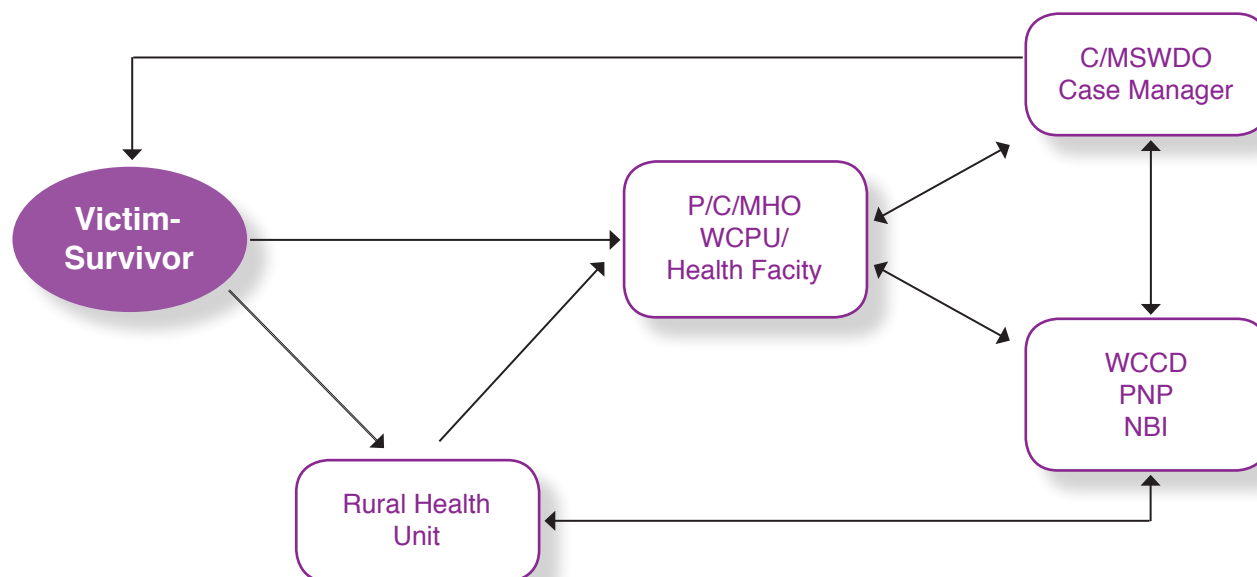


Chart 10 shows the entry of victim-survivor at the RHU or at the P/C/MHO/medical facility. Emergency medical services maybe provided to the victim-survivor by the RHU in view of its accessibility. However, referral must be made by the RHU to the P/C/MHO or tertiary level medical facilities for laboratory, medico-legal examination and other needed interventions. The results of medical examinations must be submitted to the LEA particularly if the victim-survivor plans to file charges against the perpetrator. Medical practitioners need to coordinate with the C/MSWDO for reintegration services. Oftentimes, they are also required to testify in court proceedings on VAW cases.

Entry of victim-survivor at the P/C/MSDWO

As a service provider, the P/C/MSWDO is mandated by the various anti-VAW laws to provide a comprehensive program for the recovery and reintegration of the victims-survivors of violence. If services are not available within its jurisdiction, the Head of Office/case manager make referrals to other government agencies and to NGOs which are part of the referral network.

The social worker, preferably female, has the responsibility to manage the VAW cases assigned to her. She must have undergone training on women and children's rights as well as gender-responsive case management. At initial contact, the social worker must undertake the following:

- Ensure that the victim-survivor is safe and comfortable, giving her time to rest and be psychologically stable;
- Conduct intake interview and assess the immediate needs of the victim-survivor such as medical treatment and temporary shelter. **Fill up VAW Client Card (VAW Form 1);**
- Inform the victim-survivor about her rights as a victim and the services available to her and her child/ren, if any;

- Work out with the victim-survivor an initial plan for her recovery and reintegration which must be reviewed periodically to assess progress or make adjustments;
- With the consent of the victim-survivor, make referrals to the LEA for filing of complaint; to the PAO or IBP/Legal association for legal counseling or representation; to the Women’s Center, if she prefers to stay in a shelter temporarily; or to contact family members or other significant persons for help and support. **Fill up the Referral for Service form (VAW Form 2) addressed to the individual agencies and enter them in the Referral Registry (VAW Form 4). Update the Directory of Resources (VAW Form 5) periodically.**
- Guarantee her privacy and confidentiality of information and case records including non-disclosure of identifying information to the media; and
- Provide crisis counseling and other support services such as transportation, etc. as she moves on with the next phase of her life.

Roles and Responsibilities of P/C/MSWDO

Table 5. Roles and Responsibilities of P/C/MSWDO

Service Provider	Immediate Interventions	Intermediate Functions	Anti-VAW Prevention Functions
P/C/M Social Welfare & Development Office Social Worker/ Case Manager	1. Gender-sensitive case management *Start where the client is a. Provide immediate comfort to client and meet immediate needs (medical care and treatment, temporary shelter, food, clothing, transportation, etc.) b. Inform her of her rights and available services c. Conduct intake interview and assessment 2. Crisis intervention a. Conduct therapeutic counseling b. Facilitate safety and security planning with the client	1. Case management a. Work with family & community including the barangay officials on client’s needs and resources for reintegration b. Assess client’s readiness for reintegration and review/adjust initial plans c. Conduct individual/family counseling and provide or refer for other support services like psycho-social interventions, educational assistance, vocational/skills training, livelihood, self-employment, etc.	1. IEC/advocacy on women & children’s rights, anti-VAW laws & other related laws and policies 2. Alliance building, networking & mobilization of community (P/C/MIACAT-VAWC and RN) for prevention of VAW and improved response to victims-survivors 3. Organize support groups of Men Opposed to Violence Against Women Everywhere (MOVE)

Service Provider	Immediate Interventions	Intermediate Functions	Anti-VAW Prevention Functions
(Continued) P/C/M Social Welfare & Development Office Social Worker/ Case Manager	c. Refer client for other services based on initial assessment and plans: <ul style="list-style-type: none"> • Immediate remedial care/ treatment • Temporary shelter, if needed • Legal advice or counseling d. Work out initial recovery and reintegration plan with client	d. Document referrals made; follow-up results & assess actions taken with client e. Prepare & accompany client to attend court hearings f. Provision of after-care services after discharge from the women's center g. Work on the rehabilitation of the perpetrator, if indicated h. Conduct/ coordinate/ participate in case conferences with multi-disciplinary team i. Monitoring and evaluation of reintegration of client with family & community 2. Act on referrals from other agencies/referral network; fill-up/return the referral feedback form	4. Conduct/coordinate capacity-building programs for service providers & other stakeholders 5. Coaching and mentoring other service providers on gender-responsive case management 6. Develop a social marketing plan for resource generation and community support

Chart 11. Referral at the Level of C/MSWDO

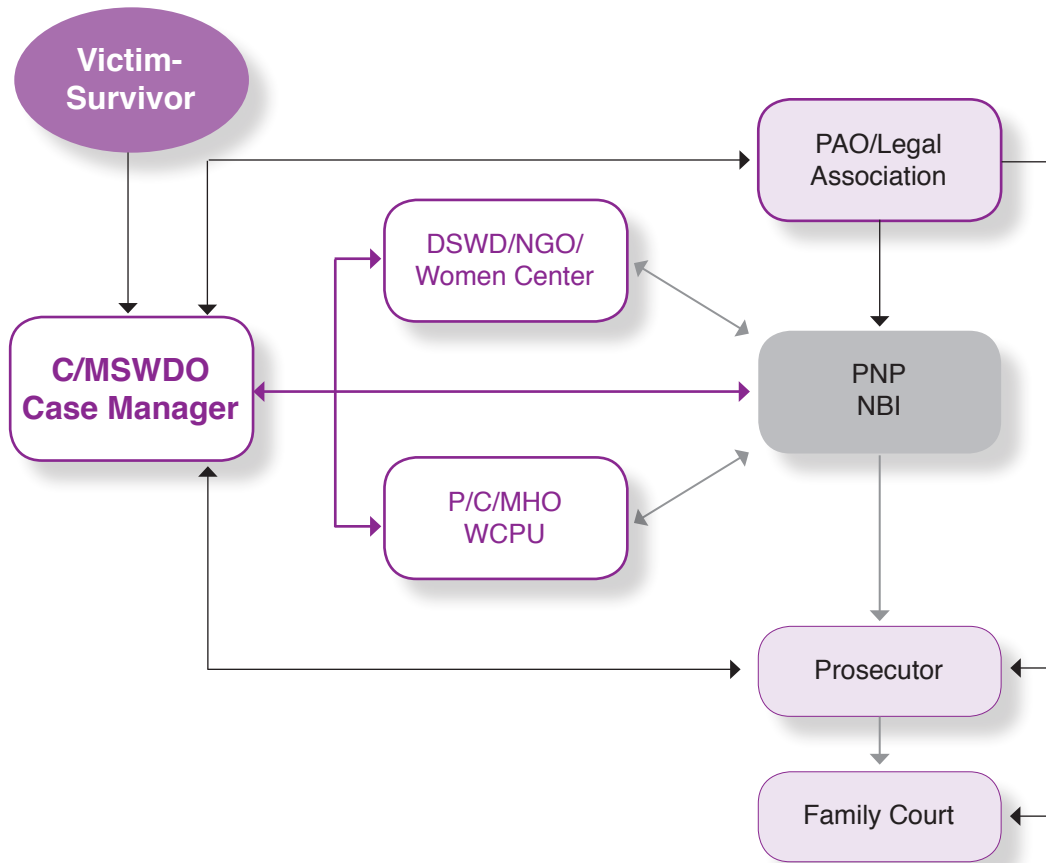


Chart 11 shows the P/C/MSWDO as the entry point for a VAW victim-survivor and as the case manager, the referral/coordination made with various agencies in order to respond to the various needs of the victim-survivor. At initial contact, safety and security and medical needs are attended to by concerned agencies. Victims-survivors must report any incident on VAW to the LEA with the support of the P/C/MSWDO. Legal advice and assistance are available in cases where the victims-survivors decide to seek justice and pursue their cases in court.

Entry of victim-survivor at the NGO/FBO

There are situations where the victim-survivor is more comfortable reaching out to an NGO or FBO. Most NGOs involved in women’s rights advocacy also provide direct services for victims-survivors of violence. In some instances, they partner with government agencies or other NGOs/FBOs. They have comprehensive programs for the recovery and reintegration of the survivors managed by trained social workers and other staff members. Thus, their roles and responsibilities are similar to that of the P/C/MSWDO.

For faith-based organizations, they may not have the capacity and experience as that of the NGOs in terms of the implementation of programs and services for the recovery and reintegration of victims-survivors of violence. In general, they work with government agencies and NGOs.

NGOs and FBOs are encouraged to be part of the referral system/network in the area and coordinate with the C/MSWDO as the referral coordinating agency. They are encouraged to use the referral forms and be included in the data base for VAW clients.

Protocol Development

To ensure the effectiveness of the referral system, protocols or a set of rules and procedures must be in place. As such, this should be specific, easy to follow and should enhance the safety and self-sufficiency of the victims-survivors of violence and lead to their recovery and reintegration. Safety means that the violence and other risks faced by women because of the abusive behavior of the perpetrator will be reduced. On the other hand, self-sufficiency means that the victims-survivors will be able to secure food, health care and other life necessities for themselves and their children. Recovery and reintegration lead to their family, community, economic, social and cultural reintegration toward independent living.

The primary goal of developing protocols³³ is to ensure that the victims-survivors get access to programs and services through a safe and effective administrative process. To make the referral system work effectively, the members of the referral network must adopt a protocol of strategic partnership for the delivery of services based on their mandated functions or enter into a memorandum of agreement (MOA).

Elements of a Protocol

There are elements of a protocol to make it an effective measure for VAW victims-survivors:

1. Goal statement – the partners in the referral network must adopt a goal statement and a shared mission. In general, the goal is to promote and protect the human rights of victims-survivors of violence and the shared mission is to ensure that the various needs of the victims-survivors are addressed through an efficient and effective delivery of services.
2. Legislative and administrative bases – the anti-VAW laws, agency administrative orders, memorandum circulars, local ordinances and issuances by the Local Chief Executive. Actions to prevent VAW and to protect/assist VAW victims-survivors must have legal and administrative bases to ensure that polices, rules and procedures are enforced/complied with and resources (financial and personnel) are allocated and utilized for the implementation of VAW programs and services.
3. Provisions to establish effective responses – basic guidelines in handling VAW cases within an agency and the cooperative and collaborative relationships with other agencies in the referral network. This should include provisions to ensure the privacy of the victim-survivor and the confidentiality of the case from the media and the public.

Considerations for Effective Protocol Implementation

1. Training and capacity building of stakeholders primarily the duty holders in the performance of their roles and responsibilities provided by law, to enhance their knowledge, skills, attitudes and behavior and to provide quality services for the victims-survivors of violence. The performance standards adopted by the respective agencies of the duty holders guarantee the provision of quality care and services to the VAW victims-survivors.
2. Implementation, monitoring and evaluation of the protocol determine the degree of achievement of its goal/mission, gaps in services and approaches in problem-solving and recommendations to improve policy, procedures and programs/services.

Refer to the Appendices for examples of Protocols and a Memorandum of Agreement based on the Masbate Provincial One-Stop-Shop VAW Referral System.

Chart 12. The Referral System: Creating a Coordinated Community Response to Violence against Women and Children

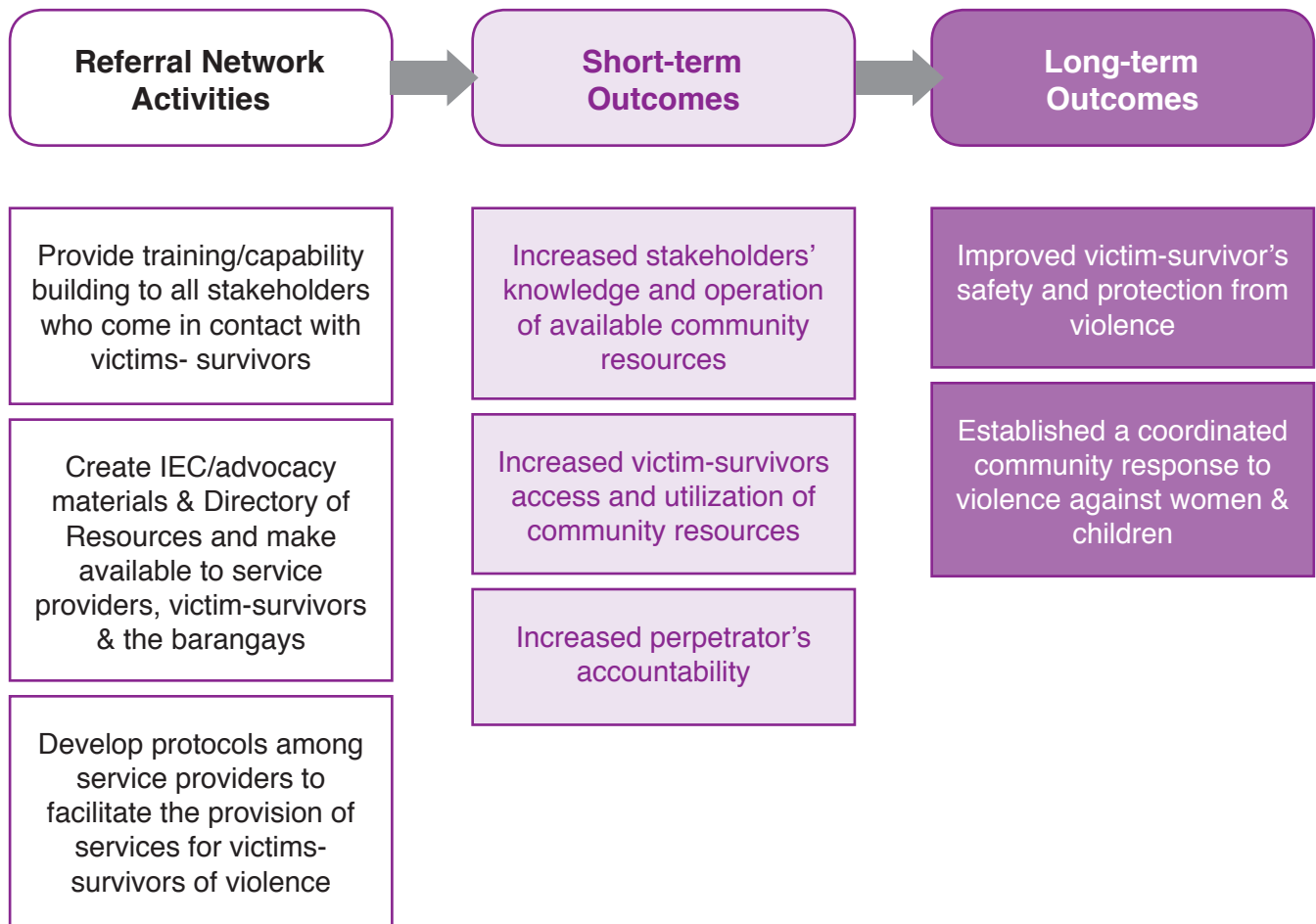


Chart 12 shows the results and outcomes (short and long-term) of the referral system. The first three major results of the Referral Network's activities on the first column of boxes are capacity building of stakeholders, advocacy/IEC VAW materials/campaign and protocols. The short-term outcomes relate to the stakeholders' increase knowledge on VAW, the victims-survivors' increased access and utilization of services and the perpetrators' increased accountability to the community. The long-term outcomes are the institutionalization of measures for the protection of safety of VAW victims-survivors and a community response system against VAW.

Evaluation of the Referral System

The referral system established a referral network which will result in a coordinated community response to violence against women and their children. The referral coordinating agency in the system is the C/MSWDO as the focal unit in the provision of services in accordance with the various anti-VAW laws. This section further discusses the evaluation of the referral system under the section on *Establishing a Referral Network*.

Evaluating the referral network is necessary for checks and balances³⁴as members learn more about what is happening in the management of cases and whether services reach those in need or not. It also highlights the steps or measures need to be undertaken to address the issues and problems in the referral system. Further, since service providers have obligations to fulfill which affect the lives of victims-survivors of violence, it is important to review their ethical responsibilities in the provision of services.

Periodic evaluation of the RN – how often, duration, measures and mechanics for evaluation – must be decided by the members of the RN. It is envisaged that the Chairperson of the RN initiates the evaluation. The C/MSWDO as the CorA may initially chair the RN but members may decide to rotate chairpersonship.

Evaluating the Effectiveness of the Referral Network

1. Evaluating the quality of internal working climate entails looking at the nature and quality of relationships among members of the network and the degree to which they have imbibed their shared mission. This should involve open communication between and among members in the discussion of issues and problems leading to more effective problem-solving for more creative solutions and participative decision-making. Conflicts may arise between service providers due to differences in handling situations which must be resolved effectively through dialogues, case conferences and consultations.
2. Evaluating the organizational structure entail looking at how the referral network was organized, its membership, leadership and services.
 - It is best that there is a formal or legal basis for the organization of the referral network including the membership, leadership and services, i.e. issuance of the LCE, an ordinance or a part of IRR.
 - In terms of membership, a common problem is the different representation of agencies during meetings which can be addressed by designating an agency focal person as required in the referral system. Having a regular meeting by designating a specific date such as every last Friday of the month will ensure better attendance during meetings. The meetings may be hosted alternately by the members. Special meetings as the need arises maybe called by the chairperson, C/MSWDO, in case of the CorA.
 - Leadership is vested on the Head of the agency for RecA and RefA and to the C/MSWDO for the CorA. It is expected that she/he is knowledgeable about the rights of women and children, anti-VAW laws, policies and procedures and is child-friendly and gender-sensitive as reflected in her/his attitudes and behavior. She/he must promote equality and collaboration among the members of the network and be able to generate resources for the programs and services and the referral network as well. Appropriate capacity building activities on women and children's rights, anti-VAW laws/policies, leadership and management maybe undertaken as necessary.

- Quality of services is a major concern of the RN. Standards of services set by concerned government agencies are met, in addition to the VAW Performance Standards and Assessment Tools developed by the PCW in partnership with the DOH, DSWD, DOJ, DILG and the PNP. Capacity building of all personnel involved in VAW service delivery must undergo training and other capacity building activities in specific areas mentioned in the VAW performance standards. Documentation and data base of cases ensure the quality of services to VAW victims-survivors as it assesses the services provided as well as the tracking of referrals to member agencies of the RN.
3. Evaluating the breadth and nature of the network's activities entail the tracking of activities, including the referrals made and received, and monitoring the satisfaction of the members and the clientele served. It is envisioned that as a result of the exchange of information and resources among the members, there will be increased knowledge and access to services by the victims-survivors and improved community responses to violence against women and children. The Directory of Services must be updated periodically which should be made available to the stakeholders. Referrals must be monitored and documented including the satisfaction of the recipients of services.

Considerations in the Evaluation of the Referral System

1. Ensure the privacy, confidentiality and safety of the participants. Special attention should be given to the victims-survivors who may be involved in the evaluation which may jeopardize their safety.
2. Involve the stakeholders. It is important that all the stakeholders or those concerned are part of the evaluation.
3. Frame the evaluation as informative and not threatening. The questions must be framed in such a way that it does not put the respondent in a defensive stance.
4. Focus the evaluation on the system, agency or programs and services and not on the individual. The individual service provider is not the one being evaluated but the agency's programs and services or the referral system itself.
5. Create an evaluation plan consistent with its resources, reality and philosophy. The evaluation must not be too expensive considering the network's or agency's financial and technical resources.
6. Choose a realistic focus. The focus must be towards the strengthening of the referral system and the achievement of its goals.
7. The collection, analysis and interpretation of the data as well as the presentation of findings must preserve the privacy and confidentiality of those concerned particularly the victims-survivors. Their informed consent shall be taken if they are part of the evaluation.
8. The results of the evaluation must be presented and discussed by members of the RN. Gaps, issues and concerns must accordingly be addressed. A report must be forwarded to the R/P/C/MIACAT-VAWC, which may share these with the PCW and the DSWD as it deemed necessary.

End Notes & References

- 1 Created by RA 9262 as the policy and coordinating body chaired by the Department of Social Welfare and Development and co-chaired by the Department of Justice with members: National Commission on the Role of Filipino Women, Civil Service Commission, Commission on Human Rights, Council for the Welfare of Children, Department of Education, Department of Health, Department of the Interior and Local Government, Department of Labor and Employment, National Bureau of Investigation and the Philippine National Police.
- 2 RA 9262 was signed into law on March 8, 2004 and the IRR was adopted on September 24, 2004.
- 3 Created as the policy and coordinating body under RA 9208 with the Department of Justice as Chairperson and the Department of Social Welfare and Development as co-Chairperson with members from the Department of Foreign Affairs, Department of Labor and Employment, Philippine Overseas Employment Administration, Bureau of Immigration, Philippine National Police and the National Commission on the Role of Filipino Women with three NGO representatives from the children, women and overseas Filipino workers' sectors.
- 4 RA 9208 was signed into law on May 26, 2003 and the IRR was adopted on September 17, 2003.
- 5 RA 8353 was signed into law on September 30, 1997.
- 6 RA 8505 was signed into law on February 13, 1998 and the IRR was adopted on February 7, 2002.
- 7 RA 7877 was signed into law on February 14, 1995.
- 8 John Hopkins University School of Public Health, *Population Reports: Ending Violence Against Women*, Vol. XXVII, No.4, December 1999, Baltimore, Maryland.
- 9 Rule IX, Section 54 (Functions of the Council) of the Implementing Rules and Regulations of RA 9262.
- 10 The Guidelines shall cover all situations of violence against women (VAW) under the four (4) laws earlier mentioned and therefore VAW will be used instead of VAWC in this document.
- 11 Brenda DuBois & Karla Krogsrud Miley (1996) *Social Work: An Empowering Profession*. Mass.: Allen and Bacon
- 12 Global Alliance Against Traffic in Women, Access to Justice Programme accessed at www.gaatw.net.ati on July 4, 2008
- 13 UN Declaration on the Elimination of Violence Against Women, 1993
- 14 Recommendation 19, No. 6 of the 11th CEDAW Session.
- 15 RA 9262, Section 3. Definition of Terms.
- 16 DSWD (2006). *A Manual on Gender-Responsive Case Management*. Quezon City

- 17** Surtees, Rebecca. (2007). Listening to Victims-Experiences of Identification, Return and Assistance in South Eastern Europe. International Center for Migration Policy Development: Bulgaria.
- 18** Refer to definition of rape in RA 8353.
- 19** Refer to definition of trafficking in persons in RA 9208.
- 20** IACAT- IAC-VAWC Resolution on the Guidelines on the Creation of Regional and Local Inter-Agency Committees Against Trafficking in Persons and Violence Against Women and Children (IACAT-VAWC). The joint inter-agency committees was agreed upon by the IACAT and the IAC-VAWC in order to strengthen coordination and collaboration between and among agencies at the regional (sub-national), provincial, city and municipal (local) levels to facilitate the implementation of the two related laws.
- 21** La Estrada Express Issue1, February 2005, Chisinau, Republic of Moldova
- 22** The steps is from the Family Health International (January, 2005). Establishing Referral Networks for a Comprehensive HIV Care in Low-Resource Settings. Arlington, Virginia
- 23** Refer to performance standards and assessment tools for services addressing violence against women developed by DILG, DOJ, DOH, DSWD and the PNP.
- 24** Section 40. Mandatory Programs and Services for Victims, RA 9262.
- 25** Section 41, Counseling and Treatment of Offenders, RA 9262.
- 26** Section 30. Duties of Barangay Officials and Law Enforcers, RA 9262.
- 27** Section 16. (b) Programs that Address Trafficking in Persons, RA 9208.
- 28** Section 3. Rape Crisis Center, RA 8505.
- 29** The VAWC survivor shall now be referred to as Client.
- 30** Sec.14 Barangay Protection Ordes (BPO): Who May Issue and How, RA 9262.
- 31** Section 47. Duties and Functions of Barangay Officials, Rule VIII, Implementing Rules and Regulations of RA 9262.
- 32** This format is based on the Masbate Provincial One-Stop-Shop VAWC Referral System.
- 33** Reference for this section is *Family Violence Protocol Development* (2003) by Jill Davies of the National Resource Center on Domestic Violence, Harrisburg, Pennsylvania, accessed at www.nrcdv.org.
- 34** Reference for this section is on *A Practical Guide to Evaluating Domestic Violence Coordinating Councils* (2003) by Nicole E. Allen and Leslie A. Hagen of the National Resource Center on Domestic Violence, Harrisburg, Pennsylvania accessed at www.nrcdv.org

Appendices

The Appendices to the Guidelines are the following:

1. VAWC Forms for use in the referral system

These forms are consistent with the forms used in the referral system for the recovery and reintegration of trafficked persons.

2. Protocols in Service Provision

These protocols are revised versions of the protocols developed for the Masbate Provincial One-Stop-Shop VAWC Referral System. Other references were the Mountain Province One-Stop-Shop Referral System and the Love a Victim (LAV) Center of Cagayan Province.

3. Memorandum of Agreement

This is a sample of the MOA among the members of the referral network. The MOA of the Masbate Provincial One-Stop-Shop VAWC Referral System and the Love A Victim (LAV) Center of Cagayan Province.

4. IACVAWC Resolution No. 04 s. 2009

A Resolution issued and signed by member agencies of the Inter-Agency Council on Violence Against Women and Their Children, adopting the Guidelines in the the Establishment and Management of a Referral System on VAW at the LGU level.

VAW Form 1 - VAW CLIENT CARD

CONFIDENTIAL

Instructions	Form to be completed by fully trained and designated staff. Part I must be filled up at initial contact and forwarded to the RecA, while the CM shall accomplish Part II. Attach additional pages with narrative, if needed. Retain a copy and ensure that confidentiality is observed.
Note	Separate intake sheets are used in accordance with the requirements of the concerned agencies. However, there are supplemental information which are needed for the data base.

Part I. Initial Information

Name of Referring Person/Party	Address	Date of Referral:
Designation or relationship with victim-survivor:	Contact Numbers: Landline: Mobile Phone:	Time of Referral:
A. Victim-Survivor Information		
Name:		
Date of Birth:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Place of Birth:	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> "Live-in" <input type="checkbox"/> Separated <input type="checkbox"/> Widow	
Address:		
Ethnic Background:	Head of family (self or name and relationship to victim-survivor):	
Highest Educational Attainment:		
Occupation:		
No. of children and ages (if any):		
If victim-survivor is a child		
Name of parent/caregiver/guardian:		
	Relationship:	
	Address:	
	Contact number:	
	Relationship:	
	Address:	
	Contact number:	

B. The incident:			
Type: <input type="checkbox"/> Sexual abuse (Specify) _____ _____ _____		<input type="checkbox"/> Psychological <input type="checkbox"/> Physical (Battering) <input type="checkbox"/> Economic <input type="checkbox"/> Others _____	
Location	Date	Time of day	
Description of incident (Summarize circumstances, what exactly occurred, what happened afterwards) Attach additional pages with continued narrative, if needed.			
C. Perpetrator Information			
Name:	No. of perpetrators	Sex:	
Address:	Nationality:	Age:	Ethnic Background:
Relationship to victim-Survivor:	Civil Status:	Occupation:	
If perpetrator is unknown, describe him/her including identifying marks:			
Current location of perpetrator if known: Is the perpetrator a continuing threat?			
If perpetrator is a child, Name of parent/caregiver/guardian:			
		Relationship:	
		Address:	
		Contact number:	
D. Witnesses: (Use additional paper if necessary)			
Name, address, and contact number		Describe the event witnessed:	

E. Action Taken		
<i>Reported to:</i>	<i>Date reported:</i>	<i>Action Taken:</i>
BARANGAY/ LOCAL LEADERS Name and Address		
POLICE Name and Address		
C/MSWDO Name and Address		
HEALTH CARE Name and Address		
PROSECUTOR/LEGAL Name and Address		
OTHER PERSON/S Name/s and Address/es		
More action needed and planned action (as of the date this form is completed)		
Physical security needs assessment and immediate safety plan:		
Has the victim-survivor received any kind of counseling – if yes, which kind? From whom?		
Is the victim-survivor going to report the incident to the police?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is she/he seeking action from the barangay?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What follow-up will be done by the service provider or case manager?		
What further action is needed?		
Form Completed by: (Print name/signature & Position)		Date:

Part II. Recovery and Reintegration Plans

CLIENT'S PRE-REINTEGRATION PLANS	
<ul style="list-style-type: none"> <input type="checkbox"/> Reunification with family <input type="checkbox"/> Resettle elsewhere (with relatives/friends, etc.) <input type="checkbox"/> Temporary residential care <input type="checkbox"/> Seek psychosocial intervention <input type="checkbox"/> Seek medical care/assistance <input type="checkbox"/> Return to school <input type="checkbox"/> Undergo vocational/skills/livelihood training <input type="checkbox"/> Engage in a livelihood <input type="checkbox"/> Seek local employment <input type="checkbox"/> Migrate for overseas employment <input type="checkbox"/> File : <input type="checkbox"/> civil action <ul style="list-style-type: none"> <input type="checkbox"/> criminal charges <input type="checkbox"/> labor claims 	<p>Remarks: (indicate any concern expressed by client)</p>

PLANNED ACTION (as of date this form is completed)	
<p><i>Psycho-social intervention:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Counseling <input type="checkbox"/> Legal services <input type="checkbox"/> Witness protection <input type="checkbox"/> Medical/health services <input type="checkbox"/> Alternative care <input type="checkbox"/> Temporary residential care <input type="checkbox"/> Peer-to-peer activities <input type="checkbox"/> Family assessment/orientation <input type="checkbox"/> Community education <input type="checkbox"/> Educational services <input type="checkbox"/> Others: _____ 	<p><i>Economic reintegration program:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Career counseling and occupational guidance <input type="checkbox"/> Skills assessment/recognition <input type="checkbox"/> Technical/vocational skills training <input type="checkbox"/> Livelihood training <input type="checkbox"/> Capital assistance <input type="checkbox"/> Access to micro-finance assistance <input type="checkbox"/> Job-placement services <input type="checkbox"/> Others: _____

Prepared By:

Date:

_____ **Case Manager/Focal Person/Interviewer**

Conforme:

Date:

_____ **Name & Signature of Client**

Part II. B. Individual Expert/s

Name _____

Office Address _____

Contact Nos. landline _____ fax _____

Home Address _____

Contact Nos. landline _____ mobile _____

Area/s of Expertise

Fees, if any _____

Membership in Professional Organization/s

Other relevant information

VAW Form 2 - REFFERAL FOR SERVICE

Instructions	This form should be accomplished when referring client for services not provided by own agency. Be specific what services are requested.
Note	As the RefA, please be reminded to attach appropriate documents to the RecA to complete the referral. Seal the envelope containing this form and the documents, then give this to the client to bring to RecA. After completing this form, fill up the Referral Registry (VAWC Form 4)

Case No. _____ Date of Referral _____

To: _____

Address _____

Contact Person _____

Name of Client _____

Age _____ Sex _____ Address _____

Name of Family/Guardian _____ Contact No. _____

Address _____

Reason/s for Referral

Specific Service/s Requested

Please refer to attached report/ intake form/case summary for more information.
Feedback requested and send to Referring Party/Agency:

Address _____

Cell Phone No. _____ Landline No. _____

Email address: _____ Fax No. _____

Contact Person _____

Referred by:

Signature over Printed Name

Designation

VAW Form 3 - REFERRAL FEEDBACK FORM

Instructions	This form should be completed by the receiving agency (RecA) after provision of requested services which must be forwarded to the referring agency (RefA). The inclusive dates of provision is needed both at the initial contact and the succeeding services. The last column is to be filled up only by the case manager of client. This form may be given to the client in a sealed envelope or sent to the RefA through courier or other means.
Note	The information on this form will be part of the data base thus accuracy of information is imperative.

Case No. _____ Date _____

Name of Client:		Age:	Sex:	Address:
Date referred:		Referred to:		

Services requested	Service/s provided	Names of service provider/s and designation	Inclusive dates of provision		Other pertinent information such as problem/s encountered	Client's satisfaction feedback (Only for case managers)
			Initial	Update		

VAW Form 4 – REFERRAL REGISTRY

Instructions This form should be completed by the RefA and RecA in order to keep track of referrals sent or received and corresponding actions taken on these referrals. The sources of information are the VAWC Form 3.

Name of client	Age	Sex	Service/s needed	Referring/ Receiving agency	From/to whom	Date of referral	Date referral received/sent	Action taken by receiving organization	By whom	Remarks

VAW Form 5 - DIRECTORY OF RESOURCES

Instructions	This form should be completed by the CorA, RefA and the RecA which serves as a reference before referrals are made. Part I is a list of agencies and individuals providing services for easy reference while Part II gives the details of these agencies and individuals as to their eligibility requirements, specific services and other information about them. Information must be updated periodically to include new partners in the referral network.
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Part I. Agencies and individuals classified in accordance with the services they provide:

A. Residential Care Services

Organization	Address	Contact person	Contact numbers

B. Medical Services

Organization	Address	Contact person	Contact numbers

C. Psychological/Psychiatric Services

Organization	Address	Contact person	Contact numbers

D. Educational Assistance/Scholarships

Organization	Address	Contact person	Contact numbers

E. Vocational Training/Skills Development

Organization	Address	Contact person	Contact numbers

F. Livelihood Assistance

Organization	Address	Contact person	Contact numbers

G. Self-Employment Assistance

Organization	Address	Contact person	Contact numbers

H. Micro-finance

Organization	Address	Contact person	Contact numbers

I. Job Placement

Organization	Address	Contact person	Contact numbers

J. Others

Organization	Address	Contact person	Contact numbers

VAW Form 5: DIRECTORY OF RESOURCES (continuation)

Part II, A. Agencies/Organizations

Name of agency/organization _____

Address _____

Contact Nos. landline _____ fax _____

Executive Director _____

Contact Person on Trafficking _____

Contact Nos. landline _____ mobile _____

Geographical Coverage _____

Clientele Served

Eligibility Requirements:

Services Provided

Fees, if any: _____

Agency/Organization's Membership in Community Affairs

Protocol in Service Provision for VAW Victims-Survivors (Barangay)

BARANGAY LEVEL				
Situation	Barangay Council Members/Women's Desk	Notes for the Barangay Council	Documentation needed	Recommendations
<p>1. A victim-survivor of violence is accompanied by someone to the barangay or the victim herself goes to the barangay</p>	<p>1. Make the woman & children comfortable in a safe & private room giving her water & other immediate needs, if any.</p> <p>2. Assess the situation & get initial information to determine the risks on hand & if immediate medical attention is needed. If so, bring her/them to the nearest medical facility or else, first aid may be given by the Barangay Health Worker (BHW) or any trained personnel.</p> <p>3. After the victim-survivor has stabilized, conduct an investigation in a gender-sensitive and non-judgmental manner in a language understood by her.</p>	<p>1. Referrals to other agencies must be with the informed consent of the victim-survivor; she must also give her consent to whatever interventions are to be undertaken relative to her child/ren, unless it is in the child's best interest not to do so.</p> <p>2. The various forms in the referral system must be accomplished accordingly: the VAW Client Card (VAW Form 1) which include information about the incident; Referral for Service Form (VAW Form 2) to be used for referrals to PNP, C/MSWDO or C/MHO; and Referral Registry Form (VAW Form 4) to contain all referrals made and actions taken on such referrals based on the Referral Feedback Form (VAW Form 3) from the RecA.</p> <p>3. The barangay must also act expeditiously on referrals received from other agencies and must accomplish the Referral Feedback Form (VAW Form 3) and return to RefA or to the client in a sealed envelope to ensure confidentiality.</p>	<p>1. Record all VAW incidents in a logbook separate from other cases.</p> <p>2. The referral forms must be filed in the case folder of the concerned client.</p> <p>3. The Directory of Resources (VAW Form 5) must be regularly updated.</p> <p>4. A copy of the BPO must be obtained and filed in the client's case folder.</p>	<p>1. The concerned barangay officials and personnel involved in handling VAW cases must undergo training on women & children's rights, on gender-responsive case management and others.</p> <p>2. Orientation must be made on the referral system, the use of the various forms & how to accomplish them.</p> <p>3. Arrange a meeting with the PNP, NBI, C/MSWDO, C/MHO & NGO/FBO involved in VAW in the barangay to further thresh out the referral system.</p>

BARANGAY LEVEL				
Situation	Barangay Council Members/Women's Desk	Notes for the Barangay Council	Documentation needed	Recommendations
	<p>4. Inform her of her rights & the remedies available and the processes involved particularly in relation to the Barangay Protection Order (BPO). Assist her to file application, if she decides to have a BPO.</p> <p>5. Conduct an ex parte proceedings and issue the BPO within the same day after the ex parte proceedings.</p> <p>6. Immediately serve the BPO copy to the perpetrator & monitor his compliance, copy furnished the victim-survivor, PNP and the C/MSWDO.</p> <p>7. Assist the victim-survivor to file for a TPO or PPO with the nearest Family Court within 24 hours after issuance of the BPO, if victim-survivor so desires or she applies directly for a TPO/PPO instead of a BPO.</p>	<p>4. All communications, documents, records, files on VAW are to held confidential and no identifying information is to be disclosed to the public including the media. They must be filed in individual folders and kept in a secure place within the barangay's office.</p> <p>5. A separate room where one can have privacy should be designated for interview and investigation of VAW and other family cases. It must be equipped with furniture and amenities to make clients comfortable and safe.</p> <p>6. If the perpetrator is armed, call the police to make the arrest.</p> <p>7. Attend case conferences, meetings, consultations and dialogues with the members of the RN as well as training, skills enhancement programs.</p> <p>8. Seek technical assistance as needed from the RN members particularly LEA, C/MSWDO and the C/MHO.</p>		<p>4. Make available the Directory of Resources as reference, identifying focal persons & services provided.</p> <p>5. Strengthen the Barangay Council for the Protection of Children, the Barangay Human Rights Action Center (BHRAC) and other women and children similar community structures or organizations for the prevention of violence in women & children as well strengthen measures for their protection.</p>

BARANGAY LEVEL				
Situation	Barangay Council Members/Women's Desk	Notes for the Barangay Council	Documentation needed	Recommendations
	<p>8. If victim-survivor desires to be in a safe shelter, assist her to get her belongings and refer to a shelter/women's center directly or refer to the C/MSWDO.</p> <p>9. Report the incident within 4 hours to the PNP and the C/MSWDO.</p> <p>10. For other cases such as rape and trafficking which do not fall under the jurisdiction of the Lupong Tagapamayapa, assist the victim to file a complaint at the PNP/NBI.</p>			
<p>2. A victim-survivor of violence is reported by a community member</p>	<p>1. Verify the information & if needed, seek assistance from the PNP</p> <p>2. Assess the situation & rescue the victim-survivor when necessary to ensure her safety & her child/ren.</p>	<p>1. Referrals to other agencies must be with the informed consent of the victim-survivor; she must also give her consent to whatever interventions are to be undertaken relative to her child/ren, unless it is in the child's best interest not to do so.</p>	<p>1. Record all VAW incidents in a logbook separate from other cases.</p> <p>2. The referral forms must be filed in the case folder of the concerned client.</p>	<p>1. The concerned barangay officials and personnel involved in handling VAW cases must undergo training on women & children's rights, on gender-responsive case management and others.</p>

BARANGAY LEVEL				
Situation	Barangay Council Members/Women's Desk	Notes for the Barangay Council	Documentation needed	Recommendations
	<p>3. Inform the victim-survivor about her rights and remedies available particularly the BPO and its processes. Assist her to apply for a BPO, if she so desires.</p> <p>4. Arrest the perpetrator & confiscate deadly weapons of the perpetrator; bring him to the PNP for proper investigation.</p> <p>5. Once victim-survivor has stabilized in a safe place with privacy, conduct the investigation/ex parte proceedings, if she had applied for a BPO.</p> <p>6. Issue a BPO, serve a copy to the perpetrator & monitor his compliance; copy furnished the victim-survivor, PNP and C/MSWDO.</p>	<p>2. The various forms in the referral system must be accomplished accordingly: the VAW Client Card (VAW Form 1) which include information about the incident; Referral for Service Form (VAW Form 2) to be used for referrals to PNP, C/MSWDO or C/MHO; and Referral Registry Form (VAW Form 4) to contain all referrals made and actions taken on such referrals based on the Referral Feedback Form (VAW Form 3) from the RecA.</p> <p>3. The barangay must also act expeditiously on referrals received from other agencies and must accomplish the Referral Feedback Form (VAW Form 3) and return to RefA or to the client in a sealed envelope to ensure confidentiality.</p> <p>4. All communications, documents, records, files on VAW are to held confidential and no identifying information is to be disclosed to the public including the media. They must be filed in individual</p>	<p>3. The Directory of Resources (VAW Form 5) must be regularly updated.</p> <p>4. A copy of the BPO must be obtained and filed in the client's case folder.</p>	<p>2. Orientation must be made on the referral system, the use of the various forms & how to accomplish them.</p> <p>3. Arrange a meeting with the PNP, NBI, C/MSWDO, C/MHO & NGO/FBO involved in VAW in the barangay to further thresh out the referral system.</p> <p>4. Make available the Directory of Resources as reference, identifying focal persons & services provided.</p>

BARANGAY LEVEL				
Situation	Barangay Council Members/Women's Desk	Notes for the Barangay Council	Documentation needed	Recommendations
	<p>7. Refer victim-survivor for medical care and temporary shelter and other needs based on an assessment done.</p> <p>8. Report the incident if not done earlier, within 4 hours, to the PNP and the C/MSWDO.</p>			<p>5. Strengthen the Barangay Council for the Protection of Children, the Barangay Human Rights Action Center (BHRAC) and other women and children similar community structures or organizations for the prevention of violence in women & children as well strengthen measures for their protection.</p>

Protocol in Service Provision for VAW Victims-Survivors (Law Enforcement)

LAW ENFORCEMENT LEVEL			
Situation	WCCD-PNP/NBI	Notes for the Law Enforcement Agency	Documentation needed
<p>1. A victim-survivor of violence is accompanied by a barangay, referred by an agency or the victim-survivor herself goes to the LEA's office.</p>	<p>1. Conduct an initial interview to assess the situation & victim-survivor's readiness for an investigation. She must be given time to rest, be comfortable & feel safe in a separate room from the perpetrator & in private.</p> <p>2. Inform the victim-survivor of her rights & remedies available, the processes and time involved including the need for medico-legal examination, if indicated.</p> <p>3. Take the victim-survivor's formal statement and pieces of evidence, as necessary, in the presence of the barangay official or social worker & her legal representative i.e. PAO/IBP or other legal associations.</p>	<p>1. Referrals to other agencies must be with the informed consent of the victim-survivor.</p> <p>2. The various forms in the referral system must be accomplished accordingly: the VAW Client Card (VAW Form 1) which include information about the incident; Referral for Service Form (VAW Form 2) to be used for referrals to PNP, C/MSWDO or C/MHO; and Referral Registry Form (VAW Form 4) to contain all referrals made and actions taken on such referrals based on the Referral Feedback Form (VAW Form 3) from the RecA.</p> <p>3. The PNP/NBI must also act expeditiously on referrals received from other agencies and must accomplish the Referral Feedback Form (VAW Form 3) and return to RefA or to the client in a sealed envelope to ensure confidentiality.</p>	<p>1. Record all VAW incidents in a separate blotter from other cases.</p> <p>2. The referral forms must be filed in the case folder of the concerned client.</p> <p>3. The Directory of Resources (VAW Form 5) must be regularly updated.</p> <p>4. A copy of the BPO/TPO/PPO must be obtained and filed in the client's case folder.</p>
			<p>1. Female police officers/investigators should always be assigned and available to handle VAW cases.</p> <p>2. All personnel involved in handling VAW cases must undergo training on women & children's rights, on child & gender-sensitive investigation methods, and others.</p> <p>2. Orientation must be made on the referral system, the use of the various forms & how to accomplish them.</p>

LAW ENFORCEMENT LEVEL			
Situation	WCCD-PNP/NBI	Notes for the Law Enforcement Agency	Documentation needed
	<p>4. Refer her for medico-legal examination to be conducted by a female medical officer at the PNP/NBI Crime Laboratory or the P/C/MHO/medical facility, where services are available.</p> <p>5. Refer her & her child/ren to the C/MSWDO for temporary shelter, if she so desires, and other services.</p> <p>6. Assist the victim in the application for a TPO/PPO, if she so desires.</p> <p>7. Assist the Barangay in the enforcement of the BPO, TPO or PPO.</p> <p>8. Forward the LEA's investigation report together with relevant evidence, including the formal statements of witnesses & results of medico-legal examination to the Public Prosecutor's Office for filing of appropriate criminal action.</p>	<p>4. All communications, documents, records, files on VAW are to held confidential and no identifying information is to be disclosed to the public including the media. They must be filed in individual folders and kept in a secure place within the WCCD office.</p> <p>5. A separate room where one can have privacy should be designated for interview and investigation of VAW and other family cases. It must be equipped with furniture and amenities to make clients comfortable and safe.</p> <p>6. Make available rape kits for use of rape victims-survivors.</p> <p>7. Unauthorized persons should not be present during the investigation.</p> <p>8. Orient the media practitioners on policies & procedures in handling VAW cases in the police station. They shall not have access to identifying information of victims-survivors.</p>	<p>4. Make available the Directory of Resources as reference, identifying focal persons & services provided.</p>

LAW ENFORCEMENT LEVEL				
Situation	WCCD-PNP/NBI	Notes for the Law Enforcement Agency	Documentation needed	Recommendations
	9. All files, records, documents, etc. are to be held confidential & kept in a secure place.	9. Attend case conferences, meetings, consultations and dialogues with the members of the RN as well as training, skills enhancement programs.		
2. A victim-survivor of violence is reported by an individual or thru hotlines, etc.	<p>1. Respond, with the assistance of the barangay officials & other police personnel, to emergency calls to ensure immediate protection of victim-survivor & her child/ren, including entering the dwelling, if necessary.</p> <p>2. Conduct rescue operations for women in exploitative situations, with female police officers and social workers.</p> <p>3. Effect the arrest of the perpetrator/s pursuant to existing laws.</p> <p>4. Ensure the privacy and confidentiality of VAW cases, including having a separate blotter/logbook.</p>	<p>1. Referrals to other agencies must be with the informed consent of the victim-survivor.</p> <p>2. The various forms in the referral system must be accomplished accordingly: the VAW Client Card (VAW Form 1) which include information about the incident; Referral for Service Form (VAW Form 2) to be used for referrals to PNP, C/MSWDO or C/MHO; and Referral Registry Form (VAW Form 4) to contain all referrals made and actions taken on such referrals based on the Referral Feedback Form (VAW Form 3) from the RecA.</p> <p>3. The PNP/NBI must also act expeditiously on referrals received from other agencies and must accomplish the Referral Feedback Form (VAW Form 3) and return to RefA or to the client in a sealed envelope to ensure confidentiality.</p>	<p>1. Record all VAW incidents in a separate blotter from other cases.</p> <p>2. The referral forms must be filed in the case folder of the concerned client.</p> <p>3. The Directory of Resources (VAW Form 5) must be regularly updated.</p> <p>4. A copy of the BPO/TPO/PPO must be obtained and filed in the client's case folder.</p>	<p>1. Female police officers/investigators should always be assigned and available to handle VAW cases.</p> <p>2. All personnel involved in handling VAW cases must undergo training on women & children's rights, on child & gender-sensitive investigation methods, and others.</p> <p>2. Orientation must be made on the referral system, the use of the various forms & how to accomplish them.</p>

LAW ENFORCEMENT LEVEL			
Situation	WCCD-PNP/NBI	Notes for the Law Enforcement Agency	Documentation needed
	<p>5. Proceed with the above procedures for victims-survivors referred by individuals/agencies or self-referral.</p>	<p>4. All communications, documents, records, files on VAW are to held confidential and no identifying information is to be disclosed to the public including the media. They must be filed in individual folders and kept in a secure place within the WCCD office.</p> <p>5. A separate room where one can have privacy should be designated for interview and investigation of VAW and other family cases. It must be equipped with furniture and amenities to make clients comfortable and safe.</p> <p>6. Make available rape kits for use of rape victims-survivors.</p> <p>7. Unauthorized persons should not be present during the investigation.</p> <p>8. Orient the media practitioners on policies & procedures in handling VAW cases in the police station. They shall not have access to identifying information of victims-survivors.</p> <p>9. Attend case conferences, meetings, consultations and dialogues with the members of the RN as well as training, skills enhancement programs.</p>	<p>4. Make available the Directory of Resources as reference, identifying focal persons & services provided.</p>

Protocol on Service Provision for VAW Victims-Survivors (Health/Medical Office/Facility)

Situation	P/C/MHO/WCPU/Medical Facility	P/C/MHO/WCPU/Medical Facility Notes for the Physician/Medical Practitioner	Documentation needed	Recommendations
<p>1. A victim-survivor of violence is accompanied by a barangay personnel, referred by an agency or the victim-survivor herself goes to the P/C/MHO/WCPU/medical Facility or the Rural Health Unit.</p>	<p>1. In life threatening situations, stabilize victim-survivor, provide emergency treatment & make referral to appropriate medical facility for further intervention.</p> <p>2. Inform the victim-survivor of her rights & remedies available as well as the needed medico-legal examination & other medical or surgical interventions.</p> <p>3. A comprehensive physical/medical examination conducted by a female physician/medical practitioner.</p> <p>4. Provide needed medical care or treatment for the victim-survivor and her child/ren.</p>	<p>1. All physical/medical examination & interventions including medico-legal examination must be with the consent of the victim-survivor.</p> <p>2. Referrals to other agencies must be with the informed consent of the victim-survivor; she must also give her consent to whatever interventions are to be undertaken relative to her child/ren, unless it is in the child's best interest not to do so.</p> <p>3. The various forms in the referral system must be accomplished accordingly: the VAW Client Card (VAW Form 1) which include information about the incident; Referral for Service Form (VAW Form 2) to be used for referrals to PNP, C/MSWDO or C/MHO; and Referral Registry Form (VAW Form 4) to contain all referrals made and actions taken on such referrals based on the Referral Feedback Form (VAW Form 3) from the RecA.</p>	<p>1. Record all VAW cases in a separate record book.</p> <p>2. The referral forms & results of all examinations done must be filed in the case folder of the concerned client.</p> <p>3. The Directory of Resources (VAW Form 5) must be regularly updated.</p>	<p>1. Female physicians & medical practitioners should always be assigned and available to handle VAW cases.</p> <p>2. All personnel involved in handling VAW cases must undergo training on women & children's rights, on child & gender-sensitive forensic interview and medical examination methods, and others.</p> <p>2. Orientation must be made on the referral system, the use of the various forms & how to accomplish them.</p>

P/C/MHO/WCPU/Medical Facility		
Situation	P/C/MHO/WCPU/Medical Facility	Notes for the Physician/Medical Practitioner
	<p>5. Manage the reproductive health concerns of the victim-survivor.</p> <p>6. Conduct/refer her & her child/ren for psychosocial intervention and/or psychological/psychiatric evaluation/treatment.</p> <p>7. Document properly the physical injuries, emotional/psychological state & record any complaints, observations & circumstances of the examination or visit.</p> <p>8. Issue a medical certificate, free of charge (public hospitals, clinics & rural health units), concerning the examination or visit.</p> <p>9. Safeguard medical records & make them available to the victim-survivor upon request at actual cost.</p>	<p>3. The P/C/MHO/WCPU/medical facility must also act expeditiously on referrals received from other agencies and must accomplish the Referral Feedback Form (VAW Form 3) and return to RefA or to the client in a sealed envelope to ensure confidentiality.</p> <p>4. All communications, documents, records, files on VAW are to held confidential and no identifying information is to be disclosed to the public including the media. They must be filed in individual folders and kept in a secure place within the WCPU office.</p> <p>5. A separate examination room where one can have privacy should be designated & with appropriate equipment, medical supplies and medicines.</p> <p>6. A separate room for interview & counseling of the victim-survivor, preferably with a play area for children with furniture and amenities to make clients comfortable and safe.</p> <p>7. Unauthorized persons should not be present during the physical/medical and medico-legal examination.</p>
		<p>4. Make available the Directory of Resources as reference, identifying focal persons & services provided.</p>
		<p>Documentation needed</p>
		<p>Recommendations</p>

P/C/MSWDO				
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed	Recommendations
		9. Seek technical consultation/assistance from supervisor or any member of the RN or from the DSWD.		9. Document of experiences, evaluation studies & good practices including data management for purposes of sharing or replication by other service providers and policy/program development.

Protocol on Service Provision for VAW Victims-Survivors (Social Welfare and Development Office)

P/C/MSWDO				
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed	Recommendations
<p>1. A victim-survivor of violence is accompanied by a barangay personnel, referred by an agency or the victim-survivor herself goes to the P/C/MSWDO or its district/unit offices.</p>	<p>1. Receives the victim-survivor, verifies report with the referring party or review referral request hand carried by the victim-survivor.</p> <p>2. Provide immediate comfort to the woman & her child/ren, if any; provide immediate needs e.g. water and food, & let them feel safe & secure.</p> <p>3. Conduct intake interview to assess family risks & safety situation & their needs & arrive at tentative plans i.e. a safety plan for her & child/ren, medical examination/treatment, temporary shelter, etc.</p>	<p>1. Referrals to other agencies must be with the informed consent of the victim-survivor; she must also give her consent to whatever interventions are to be undertaken relative to her child/ren, unless it is in the child's best interest not to do so; her children must not be separated from their mother, unless this is not in their best interest.</p> <p>2. The various forms in the referral system must be accomplished accordingly: the VAW Client Card (VAW Form 1) which include information about the incident; Referral for Service Form (VAW Form 2) to be used for referrals to PNP, C/MSWDO or C/MHO; and Referral Registry Form (VAW Form 4) to contain all referrals made and actions taken on such referrals based on the Referral Feedback Form (VAW Form 3) from the RecA.</p>	<p>1. Record all VAW cases in a separate record book.</p> <p>2. The referral forms, copies of BPO/TPO/PPO & results of all examinations done must be filed in the case folder of the concerned client.</p> <p>3. The Directory of Resources (VAW Form 5) must be regularly updated.</p>	<p>1. All social workers & other personnel involved in handling VAW cases must undergo training on women & children's rights, on child & gender-sensitive forensic interview and gender-responsive case management, and others.</p> <p>2. Orientation must be made on the referral system, the use of the various forms & how to accomplish them.</p>

P/C/MSWDO			
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed
	<p>4. Inform her of her rights as a victim-survivor and the legal remedies & support available to her including services of the different agencies, the processes & requirements to address their needs.</p> <p>5. Refer victim-survivor for physical/medical/medico-legal examination and treatment, if needed.</p> <p>6. Assist her in filing a complaint with the WCCD-PNP/NBI & if needed, contact the PAO or any legal association e.g. IBP/WLB/Women LEAD,IJM for legal assistance.</p> <p>7. Prepare & support client during inquest/preliminary investigation & court hearings, if case reach these stages.</p>	<p>3. The Social Worker must also act expeditiously on referrals received from other agencies and must accomplish the Referral Feedback Form (VAW Form 3) and return to RefA or to the client in a sealed envelope to ensure confidentiality.</p> <p>4. If services are not available in the municipality, appropriate referrals must be made to the city or provincial level or in some instances even at the regional level such as to the DSWD Haven for Women for temporary shelter. The use of nearby facilities from another or nearby province/city/municipality maybe resorted to and they can be part of the RN. This arrangement is best covered by a MOA between & among the concerned agencies.</p> <p>5. All communications, documents, records, files on VAW are to held confidential and no identifying information is to be disclosed to the public including the media. They must be filed in individual folders and kept in a secure place in the social worker's office.</p>	<p>4. Case recordings are up-to-date to show progress in the management of the cases handled by the case manager/social worker.</p>
			<p>4. Make available the Directory of Resources as reference, identifying focal persons & services provided.</p> <p>5. Intensify IEC/advocacy program on the anti-VAWC laws, CEDAW & CRC as well as the services available to victims-survivors.</p> <p>6. Initiate/conduct continuing skills enhancement of RN members particularly the new service providers.</p>

P/C/MSWDO			
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed
	<p>8. Provide comprehensive services including after care services for the recovery & reintegration of the victim-survivor & her child/ren based on a plan arrived at with the client. This must include counseling & other psychosocial interventions; temporary shelter; educational assistance for her and her child/ren; economic support in terms of vocational/skills training, livelihood assistance, self-employment assistance, etc. Refer to the services provided by the members of the RN to meet other needs of the victim-survivor and her child/ren.</p> <p>9. If indicated, work with the perpetrator for his rehabilitation such as in anger management, peaceful conflict resolution strategies, etc.</p>	<p>6. A separate room where one can have privacy should be designated for interview and counseling of victims-survivors of VAW and other family cases. It must be equipped with furniture and amenities to make clients comfortable and safe.</p> <p>7. Orient the media practitioners and others such as students doing research & if needed, including the RN members on policies & procedures in handling VAW cases. They shall not have access to identifying information of victims-survivors.</p> <p>8. Initiate/conduct/attend case conferences, meetings, consultations and dialogues with the members of the RN as well as training, skills enhancement programs for service providers.</p> <p>9. Seek technical consultation/assistance from supervisor or any member of the RN or from the DSWD.</p>	<p>7. Strengthen the local/community structures such as the Local Councils for the Protection of Children, GAD & women's advocates, women & children's organizations which are partners in advocacy for the prevention of VAW and protection of victims-survivors.</p> <p>8. Coordinate with the R/P/C/MIACAT-VAWC for policy and program issues & concerns to advocate for development of policies & programs for VAW victims-survivors as well as the allocation & mobilization of resources.</p>

P/C/MSWDO				
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed	Recommendations
	10. Monitor & continue providing support to the client's implementation of the reintegration as well as the progress of the case filed in court, if any.			9. Document of experiences, evaluation studies & good practices including data management for purposes of sharing or replication by other service providers and policy/program development.
2. A victim-survivor of violence is reported by an individual or thru hotlines, crisis intervention centers, etc.	<ol style="list-style-type: none"> 1. Verify the report & if confirmed, coordinate with the barangay officials & the PNP/NBI for rescue or any appropriate action. 2. Receive the women and children who were rescued & provide their immediate needs such as decent clothing, food, water, etc. 3. Ensure the privacy of the victims-survivors and that they should be in a separate room from the perpetrators, safe and secure from the prying eyes of the public and the media. 	<ol style="list-style-type: none"> 1. Referrals to other agencies must be with the informed consent of the victim-survivor; she must also give her consent to whatever interventions are to be undertaken relative to her child/ren, unless it is in the child's best interest not to do so; her children must not be separated from their mother, unless this is not in their best interest. 	<ol style="list-style-type: none"> 1. Record all VAW cases in a separate record book. 2. The referral forms, copies of BPO/TPO/PPO & results of all examinations done must be filed in the case folder of the concerned client. 3. The Directory of Resources (VAW Form 5) must be regularly updated. 	<ol style="list-style-type: none"> 1. All social workers & other personnel involved in handling VAW cases must undergo training on women & children's rights, on child & gender-sensitive forensic interview and gender-responsive case management, and others.

P/C/MSWDO			
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed
	<p>4. If investigation is to be done by the PNP/NBI, be present with the legal counsel of the women-survivors.</p> <p>5. Conduct the intake interview only after the women have stabilized.</p> <p>6. Proceed with the same case management as above.</p>	<p>2. The various forms in the referral system must be accomplished accordingly: the VAW Client Card (VAW Form 1) which include information about the incident; Referral for Service Form (VAW Form 2) to be used for referrals to PNP, C/MSWDO or C/MHO; and Referral Registry Form (VAW Form 4) to contain all referrals made and actions taken on such referrals based on the Referral Feedback Form (VAW Form 3) from the RecA.</p> <p>3. The Social Worker must also act expeditiously on referrals received from other agencies and must accomplish the Referral Feedback Form (VAW Form 3) and return to RefA or to the client in a sealed envelope to ensure confidentiality.</p> <p>4. If services are not available in the municipality, appropriate referrals must be made to the city or provincial level or in some instances even at the regional level such as to the DSWD Haven for Women for temporary shelter. The use of nearby facilities from another or nearby province/city/municipality may be resorted to and they can be part of the RN. This arrangement is best covered by a MOA between & among the concerned agencies.</p>	<p>4. Case recordings are up-to-date to show progress in the management of the cases handled by the case manager/social worker.</p>
			<p>2. Orientation must be made on the referral system, the use of the various forms & how to accomplish them.</p> <p>4. Make available the Directory of Resources as reference, identifying focal persons & services provided.</p> <p>5. Intensify IEC/advocacy program on the anti-VAWC laws, CEDAW & CRC as well as the services available to victims-survivors.</p> <p>6. Initiate/conduct continuing skills enhancement of RN members particularly the new service providers.</p>

P/C/MSWDO			
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed
		<p>5. All communications, documents, records, files on VAW are to held confidential and no identifying information is to be disclosed to the public including the media. They must be filed in individual folders and kept in a secure place in the social worker's office.</p> <p>6. A separate room where one can have privacy should be designated for interview and counseling of victims-survivors of VAW and other family cases. It must be equipped with furniture and amenities to make clients comfortable and safe.</p> <p>7. Orient the media practitioners and others such as students doing research & if needed, including the RN members on policies & procedures in handling VAW cases. They shall not have access to identifying information of victims-survivors.</p> <p>8. Initiate/conduct/attend case conferences, meetings, consultations and dialogues with the members of the RN as well as training, skills enhancement programs for service providers.</p>	
			<p>7. Strengthen the local/community structures such as the Local Councils for the Protection of Children, GAD & women's advocates, women & children's organizations which are partners in advocacy for the prevention of VAW and protection of victims-survivors.</p> <p>8. Coordinate with the R/P/C/MIACAT-VAWC for policy and program issues & concerns to advocate for development of policies & programs for VAW victims-survivors as well as the allocation & mobilization of resources.</p>

P/C/MSWDO				
Situation	Social Worker/Case Manager	Notes for the Social Worker/Case Manager	Documentation needed	Recommendations
		9. Seek technical consultation/assistance from supervisor or any member of the RN or from the DSWD.		9. Document of experiences, evaluation studies & good practices including data management for purposes of sharing or replication by other service providers and policy/program development.

Memorandum of Agreement

KNOW ALL MEN BY THESE PRESENTS

This agreement made between and among government institutions through their Heads of Offices and duly representatives, to wit:

AGENCY

HEAD OF OFFICE

1. City/Municipal Social Welfare and Development Office
2. City/Municipal Health Office
3. City/Municipal Philippine National Police
4. City/Provincial Prosecutor's Office
5. NGO
6. other agencies of the Referral Network

For the effective response and systematic implementation of programs addressing gender-based violence in the city/municipality of _____ committed of obtaining mutual agreement and cooperation concerning the implementation of the City/Municipal Referral System particularly with reference to the roles, responsibilities and obligations of each parties involved as mandated by international instruments, national laws and local policies and issuances on violence against women and children.

Declaring that this Agreement adopts the City/Municipal Referral System, the commitment and responsibilities of the agencies of the referral network will be fulfilled in the spirit of socially responsible coordination and cooperation.

Hereby agree as follows:

Article 1 Policy Framework

Whereas, the Philippines is a State Party to the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child and a signatory to the Declaration on the Elimination of Violence Against Women both signed at the United Nations and the Association of South East Asian Nations to promote the human rights of women and children and protect them from the various forms of violence;

Whereas, enabling national laws have been promulgated to meet our obligations under these international instruments namely the Anti-Violence Against Women and Their Children Act of 2004 (RA 9262), Anti-Trafficking in Persons Act of 2003

(RA 9208), Anti-Rape Law of 1997 (RA 8353), Rape Victim Assistance and Protection Act of 1998 and the Anti-Sexual Harassment Act of 1995 (RA 7877);

Whereas, violence against women constitutes violation of the rights and fundamental freedoms of women and impairs their enjoyment of these rights;

Whereas, alarmed by the increasing incidence of violence against women and their children nationwide and in our city/municipality;

Whereas, there is a need to undertake a comprehensive and integrated community response on violence against women and children;

Whereas, we agreed to work together and foster coordination, cooperation and collaboration to address violence against women and their children and adopt the City/Municipal Referral System to ensure the timely, systematic, synchronized and effective response to violence against women and their children.

Article 2 Definition of Terms

For the purpose of this Memorandum of Agreement, the definitions stated in the national laws on violence against women and their children, trafficking, rape and sexual harassment are hereby adopted.

The indigenous and ethnic definitions and practices relative to violence against women and their children shall be critically examined within the context of women and children's rights.

Article 3 Goals and Objectives

Goals:

1. To promote and protect the human rights of women and children in strategic partnership with civil society.
2. To fulfill mandates of the agencies in delivering services in a timely, synchronized/coordinated and effective manner to victims-survivors of violence.

Objectives:

1. Obtain the highest of quality care, assistance and protection to victims-survivors;
2. Facilitate the provision of services to meet the various needs of the victims-survivors and ensure their recovery and reintegration;
2. Make possible the exchange of knowledge, skills, practices and experiences geared towards enhancing capacities of service providers;
3. Achieve a more rationale use of financial and human resources for more efficient and delivery of services; and
5. Advocate for child-friendly and gender-sensitive policies, programs and services for women and children victims of violence.

Article 4 Agency Commitments

City/Municipal Social Welfare and Development Office

1. As the Referral Coordinating Agency,
 - Designate a Focal Person to coordinate referrals within the city or municipality and other activities of the referral network;
 - Convene/conduct meetings, consultations and case conferences with agencies of the referral network on operational issues/concerns between and among agencies;
 - c. Keep and update a Directory of Resources and a Referral Registry.
 - d. Assist the C/MIACAT-VAWC in advocacy for policies, program development and resource allocation for VAWC;
 - e. Present reports to the C/MIACAT-VAWC on issues/concerns and recommendations for a more effective implementation of the VAWC laws; and
 - f. Submit periodic reports to the DSWD Field Office and the NCRFW to update them on the referral system.
2. As a service provider: provide a comprehensive services for the recovery and reintegration of victims-survivors of violence.

City/Municipal Health Office/WCPU/Medical Facility shall provide appropriate medical services for victims-survivors and their child/ren. It shall also facilitate the admission and care of the victims-survivors in any of the health facilities within the city/municipality/province/region.

City/Municipal Philippine National Police and the National Bureau of Investigation shall assist victims-survivors in the investigation and filing of complaint with the Prosecutor's Office; conduct search and rescue operations; arrest perpetrators and provide police security, whenever necessary.

City/Provincial Prosecutor shall extend appropriate legal assistance to victims-survivors by giving preference to the conduct of inquest and preliminary investigation and if the evidence warrants, file the corresponding information in the Family Court and prosecute the same.

Other agencies

Article 5
Final Provision

This Agreement shall take effect upon signing of this instrument and will remain in effect until unless the agencies have modified or terminated the same in writing.

This Agreement is made upon the mutual consent of the concerned parties.

IN WITNESS WHEREOF, the undersigned, being duly authorized, have signed this AGREEMENT this _____ at _____

Name

Office

Print Name and Signature

Position and Office



Inter-Agency Council on Violence Against Women and their Children

National Commission on the Role of Filipino Women Building
1145 J.P. Laurel St., San Miguel, 1005 Manila
Tel Nos.: (632) 735-8918; (632) 735-1654 Local 109; Fax No.: (632) 736-4449
E-mail: pad_vaw@yahoo.com

MEMBER AGENCIES

Department of Social Welfare and Development (DSWD) *Chair*

Department of the Interior and Local Government (DILG) *Co-Chair*

National Commission on the Role of Filipino Women (NCRFW) *Secretariat*

Civil Service Commission (CSC)

Commission on Human Rights (CHR)

Department of Education (DepED)

Department of Health (DOH)

Department of Justice (DOJ)

Department of Labor and Employment (DOLE)

Council for the Welfare of Children (CWC)

National Bureau of Investigation (NBI)

Philippine National Police (PNP)

Republic of the Philippines INTER-AGENCY COUNCIL ON VIOLENCE AGAINST WOMEN AND THEIR CHILDREN (IACVAWC)

ADOPTION OF THE GUIDELINES IN THE ESTABLISHMENT AND MANAGEMENT OF A REFERRAL SYSTEM ON VIOLENCE AGAINST WOMEN AND CHILDREN AT THE LOCAL GOVERNMENT UNIT LEVEL

RESOLUTION NO. 04 Series of 2009

WHEREAS, Section 3 of Republic Act 9262 defines Violence Against Women and Their Children (VAWC) as any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which results in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty;

WHEREAS, the IACVAWC recognizes the participation of local government units and field offices of national government agencies in the implementation of programs at the local level that address VAWC;

WHEREAS, Section 54 (c) of the approved Rules and Regulations Implementing Republic Act 9262 states the need to develop an integrated referral system between and among the stakeholders to ensure a holistic approach in handling VAWC cases and ensure the timely, systematic, synchronized and effective response to cases of VAWC;

WHEREAS, the NCRFW recognizes the fact that a single facility, individual or agency/organization can rarely provide all the services needed by victim-survivors of VAW, and meeting their physical, psychosocial, economic and legal needs requires the coordinated efforts of several agencies through the establishment of an efficient and effective referral system;

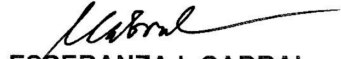
WHEREAS, the NCRFW in collaboration with the Local Government Units (LGUs), the Department of Social Welfare and Development (DSWD) and the nongovernmental organizations (NGO) developed the Guidelines in the Establishment and Management of a Referral System on Violence against Women and Children at the Local Government Unit Level with support from the 6th Country Program of the United Nations Population Fund (UNFPA);

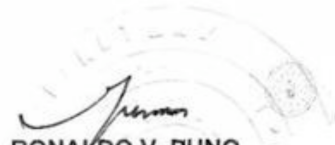
WHEREAS, the Guidelines has undergone consultations with a number of municipalities, service providers, and other stakeholders;


WHEREAS, the Guidelines aims to establish referral systems at the municipal level to ensure an integrated and coordinated community response to victim-survivors of violence against women (VAW);


NOW THEREFORE, for and in consideration of the foregoing premises, the IACVAWC hereby approve and adopt the GUIDELINES IN THE ESTABLISHMENT AND MANAGEMENT OF A REFERRAL SYSTEM ON VIOLENCE AGAINST WOMEN AND CHILDREN AT THE LOCAL GOVERNMENT UNIT LEVEL.

DONE this 19th day of June in the year of the Lord, Two Thousand Nine, in Manila, Philippines.

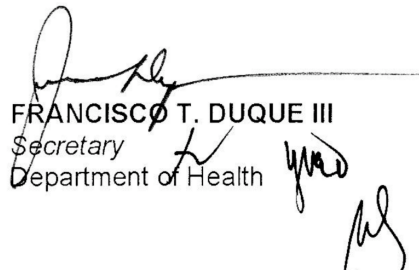

ESPERANZA I. CABRAL
Secretary
Department of Social Welfare
Development
Chairperson

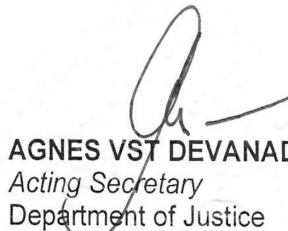

RONALDO V. PUNO
Secretary
Department of the Interior and
Local Government
Vice-Chairperson



RICARDO L. SALUDO
Chairperson
Civil Service Commission



LEILA M. DE LIMA
Chairperson
Commission on Human Rights


JESLI A. LAPUS
Secretary
Department of Education


FRANCISCO T. DUQUE III
Secretary
Department of Health


AGNES VST DEVANADERA
Acting Secretary
Department of Justice

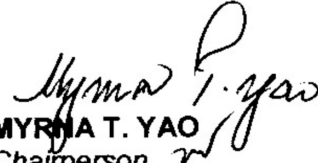

MARIANITO D. ROQUE
Secretary
Department of Labor and Employment

 Dept. of Labor & Employment
Office of the Secretary





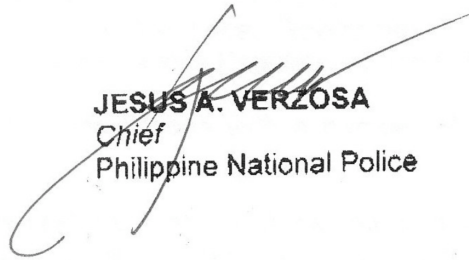
PARISYA H. TARADJI
OIC- Executive Director
Council for the Welfare of Children



MYRNA T. YAO
Chairperson
National Commission on the Role
of Filipino Women



NESTOR M. MANTARING
Director
National Bureau of Investigation



JESUS A. VERZOSA
Chief
Philippine National Police



Inter-Agency Council on
Violence Against Women and their Children



United Nations Population Fund