



Republic of the Philippines
Department of Social Welfare and Development
Batasan Pambansa Complex, Constitution Hills
Quezon City
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Administrative Order # 17
Series of 2004

**SUBJECT : Guidelines in the Pilot Testing of the Community-
Based Rehabilitation Program for Perpetrators of Domestic
Violence**

I. RATIONALE

Domestic violence is one of the most serious problem in the society today. Domestic violence usually results to injury, sexual exploitation, impaired social functioning and danger to the life of the victim/s. People's awareness that domestic violence is not a private matter but a public concern is increasing.

In 2003, the Philippine National Police recorded a total of 8,011 cases of wife and partner battering involving women. About 53.66 % or 4,296 cases comprised physical injuries. Rape cases came in second with 1,117 or about 13.95 percent. Acts of lasciviousness came in third with 646 cases reported or about 8 percent. On the same year, DSWD also recorded a total of 9,331 victims of child abuse including victims of child labor.

The data indicated that majority of the victims are married women followed by single women with live-in partners. The husbands and male live-in partners commit most of the offenses. Further, the study conducted by Kalakasan on 1993 indicated that majority or 93% of the perpetrators of domestic violence are men.

To address the alarming number of victims of domestic violence, the Department of Social Welfare and Development piloted the National Family Violence Prevention Program in eight regions on 1999-2003.

One major learning from the said pilot program is the need for appropriate services to perpetrators of domestic violence. It was noted in the NFVPP experience that if not none at all, there has been little interventions to perpetrators and these are commonly focused to punitive approaches. Punitive approaches are not always applicable to all types of domestic violence perpetrators. NFVPP experience attested that, in most cases, perpetrators who were jailed and criticized became even more abusive. Moreso, the experience noted that only few agencies in the country are working into the total rehabilitation of perpetrators, who are also victims of the situation and in dire need of help to be treated.

In promoting a violence-free society, which we envision to start in the family, attention to perpetrators of violence is equally important to the efforts we provide to the victims. Recent studies (*Evaluation on Perpetrators' Program by Edleson and Tolman, 2000*) showed that the cycle of violence in the family would not reduce if not all members were accorded with appropriate intervention. Edleson study showed that the perpetrators of domestic violence are also the same perpetrators of various forms of violence in the larger society. This is because nothing has been done to address their concerns and inadequacies.

Implementing, however, a program for the rehabilitation of domestic violence perpetrators would greatly challenge the service providers and program managers. This is due to the fact that the skills and principles in the field of social welfare that have been honed through years are biased for the victims.

The Department will be venturing to new strategies and techniques that have to be appropriate to the needs of perpetrators and at the same time sensitive to the situations of the victims. Therefore, new mechanisms would have to be established in partnership with the local government units and other stakeholders.

The program is the DSWD's contribution to the implementation of Republic Act 9262 which mandates the DSWD to develop and provide rehabilitative counseling and treatment of offenders towards constructive ways of coping with anger and emotional outburst and reforming their ways.

It is in this light that this guidelines is hereby developed to provide direction to the implementers in the proper management of domestic violence perpetrators.

II. DEFINITION OF TERMS

1. **Domestic Violence**- defined by the Philippine Plan of Action for Gender Development as the inflict of physical, verbal, psychological, sexual, emotional and economic abuse of one's spouse, live in partner, parents and relatives to a member of the family.
2. **Offenders/Perpetrators of domestic violence** – refers to any person who commits the crime against any member of his/her family whether habitual or not.
3. **Community/ies** – pilot barangays which the project will be implemented.
4. **NFVPP**- "National Family Violence Prevention Program", which was piloted in eight regions as the Departments' response to Domestic Violence
5. **Program** – refers to the Community-Based Rehabilitation Program for Domestic Violence Perpetrators (CB-RPDVP).
6. **Rehabilitation sessions** – refer to the modular/curriculum based sessions with the domestic violence perpetrators which will be conducted by the social workers together with the Men's Support Groups

7. **Men's Support Groups** – group of men volunteers, preferable came from ERPAT groups who will be trained by the program with the proper handling of domestic violence perpetrators
8. **ERPAT Groups** – group of men who were trained with the Enhanced, Reaffirmed Parenting Abilities (ERPAT) courses and became volunteers in the communities in promoting gender fair child rearing practices.

III. PHILOSOPHICAL BASIS

1. Both victims and perpetrators of domestic violence are victims of cultural and socio-economic situation of society;
2. While the safety of the victims is paramount to all interventions for domestic violence, this alone cannot totally stop the cycle of violence in the society;
3. Violence can be stopped and abusive behaviors among perpetrators can be reduced only by providing appropriate interventions to the perpetrators;
4. Treatment holds the perpetrators accountable and responsible for their actions but is not a substitute for sanctions;
5. The importance of community involvement and initiative in responding to and reducing the incidence of domestic violence is recognized.

IV. LEGAL BASIS

1. **1987 Constitution of the Philippines** - Article III or the passed Bill of Rights values the dignity of every human person and guarantees full respect for human rights.
2. **RA 7610: Special Protection Act on Children Against Abuse, Exploitation and Discrimination** - Defines children in each sector who are under especially difficult circumstances and guarantees policies that will ensure their protection.
3. **RA 8369: Family Courts Act**- establishes family court in every region to attend to domestic cases and ensure protective services to all family members. Mandates the court to subject perpetrators of violence specifically if minors, for rehabilitation and counseling.
4. **RA 8551: Reform and Reorganization Act of 1998** - An act mandating the Philippine National Police (PNP) to establish the Women and Children Protection Desks in all police stations nationwide. Mandated PNP to submit immediately to DSWD minors who committed violence for appropriate intervention.
5. **RA 9262 or Violence Against Women and Children's Act of 2003, Section 41** - mandates DSWD to provide rehabilitative counseling and treatment of offenders towards learning constructive ways of coping with anger and emotional outburst and reforming their ways.

6. **Executive Order 209: The Family Code of the Philippines**- affirms the salient role of the family in nation building and recognizes the need for support in maintaining harmony. Recognizes the right of every member of the family such as children, parents and elderly.
7. **Executive Order #123 / 221** mandates the Department of Social Welfare and Development to care, protect and rehabilitate the physically, mentally handicapped and socially disabled constituents for effective social functioning and arrest the further deterioration of the socially disabling or dehumanizing conditions of the disadvantaged segment of the population.
8. **Presidential Memorandum signed February 5, 1997** - directing all concerned officials of national units for a call to Action Against Domestic Violence.

V. OBJECTIVES

1. General Objective

To institutionalize treatment and rehabilitation programs and services for perpetrators of domestic violence.

2. Specific Objectives:

- 2.1. To get offenders/perpetrators understand their selves and the situations of their victims
- 2.2. To teach perpetrators take responsibility for their actions and learn skills for managing and controlling their abusive behaviors
- 2.3. To organize/mobilize community support systems that would help the perpetrators transform their abusive behavior to a productive one
- 2.4. To enhance the capability of social workers/implementers in managing rehabilitation programs/services for perpetrators
- 2.5. To assist perpetrators to reintegrate with his/her family and community

VI. PROGRAM FRAMEWORK

The Community-Based Rehabilitation Program for Perpetrators is a program utilizing the Psychosocial and Reality Based Rehabilitation Model using various treatment approaches and interventions to restore perpetrators' social functioning as an individual and as members of the family and community.

Psychosocial and reality based rehabilitation model operates on the basic tenets that all behaviors are product of one's thought, belief system and socialization. Thus, through the process of unlearning the old thinking patterns, belief system and attitude towards relationship, one's behavior will be restructured. The model employs

techniques by which the perpetrator learns the skill of self-control and the attitude of taking greater responsibility with their action.

Considering that perpetrators differ in their nature and dynamics, they will be grouped depending on their psycho-behavioral typologies. The model shall employ interventions/ treatment approaches not only for the perpetrators but also to their respective families and to the community where they belong as a means to restore the total functioning

The perpetrators are the main actors of the program. Once rehabilitated and trained they shall be mobilized to facilitate the rehabilitation of other members of the community. The program shall use the group as the primary medium for intervention and work collaboratively with the selected community leaders to enable active community participation in the rehabilitation process.

VII. PROGRAM COMPONENTS

A. Data Banking and Documentation

The program shall establish base line/profile of perpetrators at the pilot areas which will be the basis of monitoring and evaluation.

B. Capability Building

Capability building activities will be conducted to ensure that the program implementors are competent in undertaking their roles and tasks in program implementation. The following training programs, among others shall be conducted:

1. Training of Implementers in the Rehabilitation of Perpetrators

This provides orientation on the principles, theoretical basis of rehabilitation program and the nature of domestic violence perpetrators .

2. Training of Implementors on the Management of the Rehabilitation of Perpetrators' Program

This training program aims at developing/enhancing the capabilities of the program implementers manage the rehabilitation program itself. It discusses the rehabilitation program framework, processes and procedures.

3. Training of Counselors and Support Groups on Anger Management and Basic Counseling Skills

Counseling techniques and processes applied with perpetrators shall be the major element of this training program. Specific skills in dealing with perpetrators' reasoning and perspective shall also be included.

Further, to enhance the skills and knowledge of the implementors and volunteers in implementing the program, appropriate skills training shall also be provided.

C. Delivery of Rehabilitation Services

Rehabilitation services and interventions such as counseling, therapy sessions/treatments shall be delivered to target clientele following specific processes.

Particular rehabilitation approaches shall be accorded to each type/category of perpetrators and their respective families.

D. Advocacy and Social Mobilization

Taking off from the gains of the NFVPP, the program shall mobilize and strengthen the existing inter-agency group in the community such as the BCPC or its counterpart Barangay Council for the Prevention of Family Violence/Bantay Pamilya/Family Council to ensure a violence free and conducive place where victims of domestic violence are ensured with safety and perpetrators are treated appropriately.

Conduct of continuous consciousness-raising activities shall be undertaken to generate more awareness on the issue on domestic violence and its impact to the society as whole. Awareness on the problem facilitates the effectiveness and efficiency of the program.

E. Monitoring and Evaluation

To assess the process and progress implementation, both on-site and desk monitoring shall be undertaken on a regular basis. Likewise, the conduct of annual program evaluation during the course of pilot testing shall be undertaken to ensure effective and efficient program implementation. Likewise, the evaluation shall be the basis in determining program sustainability at the LGU level.

VIII. TARGET BENEFICIARIES

Beneficiaries of the program shall be the perpetrators who have undergone the Family Group Conference or referred by volunteers in the NFVPP sites in regions III, IV, V, VIII, X, XI, CAR and NCR.

Considering that majority of the perpetrators are male, the program shall target only male perpetrators of domestic violence. For the pilot testing, perpetrators in jails are not included in the program.

IX. PROGRAM DURATION

The pilot test of the rehabilitation strategies including preparatory activities such as base lining and capability building shall be implemented in three years.

X. IMPLEMENTATION DETAILS

A. Social Preparation

1. Identification of Target Areas

As a complement to the National Family Violence Prevention Program the target areas for pilot testing of this project are where the NFVPP was implemented.

The municipalities however, shall establish baseline data on perpetrators using the NFVPP documentation. Aside from being an area of the NFVPP the following shall be the criteria in selecting pilot sites:

- 1.1. incidence of domestic violence cases
- 1.2. presence of Family Group Conference (FGC) team and/or presence of Enhanced and Reaffirmed Parenting Abilities (ERPAT) group/s
- 1.3. willingness of the barangay leaders to undertake the program
- 1.4. support from the LGU where the project will be pilot tested and willingness to undertake the project through the M/CSWDOs as partner implementers
- 1.5. support from PNP, DOJ and other concerned offices/agencies at the local level.

2. Identification of Target Beneficiaries

From the base line data of perpetrators identified from the FGC documentation or profile of families at risk, perpetrators shall be grouped according to the psycho-behavioral typologies of perpetrators as used in the rehabilitation program, namely:

- 2.1. Sporadic batterer – least to use physical violence especially when he is outside the home but when he hits, it is injurious. This type of batterer easily feels remorseful afterwards. He appears to become calm with abuse, rather than become angry. He likewise has the tendency to control himself of bursting out before actually harming others.
- 2.2. Chronic batterer – less injurious type of batterer but severely using the verbal and physical violence all at the same time. This batterer has high power and control needs and easily gets angry when their ego are put at stake.
- 2.3. Anti-social batterer – is extremely abusive physically, emotionally and verbally with his victims at home but he is afraid or embarrassed with people around him.
- 2.4. Sociopathic batterer – is extremely abusive not only to the members of his family but also to others. He uses high level of hostility with his victims and has the difficulty of expressing affection and forming trusting relationships. He likewise minimizes the severity, frequency and consequences of his behavior.

B. Capability Building

Once the program implementers and volunteers are identified, appropriate capability building activities shall be conducted to enable them effectively perform their tasks. The trained trainers are expected to transfer their learnings for the effective and efficient project operation.

C. Implementation of the Rehabilitation Strategies

The program requires the use groups as the primary source of intervention. The rehabilitation strategies shall be undertaken based on the following phases:

1. Identification of the Rehabilitation Coordinators for every Community

The trained Lupon Tagapamayapa-FGC Coordinators shall lead the team of volunteers who are tasked to identify target beneficiaries, assist in the facilitation of dialogues and other interventions. Likewise, they will be accorded with appropriate training and seminars for the implementation of the program.

2. Formation and Development of the Men's support group

The ERPAT group shall be utilized as the men's support group who are in-charge of identifying target beneficiaries, conducting necessary awareness campaigns and conducting rehabilitation sessions with the perpetrators.

Necessary capability building activities shall be conducted by the Department to ensure the efficient and effective delivery of services by the Men's Support Group.

3. Intake and assessment of target beneficiaries

Information surrounding the perpetrators shall be established to suit the rehabilitation approach to be used. The Rehabilitation Coordinator shall undertake the intake.

The social worker with the assistance of an expert (psychologist, psychiatric, police officer and the like) shall assess the capability of the perpetrator (based on the degree of crime committed and of the perpetrators psycho-behavioral make up) to undertake the program.

The Department shall develop intake form and assessment tools to be used by all target areas.

4. Signing of Service Availment

The program requires all perpetrators to get into an agreement that he is willing to avail of the service which includes the rehabilitation process, the length of helping relationship and role of each concerned party. Initially, as part

of the Family Agreement during the FGC will be to require the perpetrator to undertake rehabilitation sessions with to be conducted by the Men's Support Group.

5. Formation Peer Helping Group

The beneficiaries shall be grouped according to the categories of perpetrators based on the problems presented in the intake form. The rehabilitation strategies to be employed shall be dependent on the nature of the groups formed.

6. Community-based rehabilitation services/interventions

The program shall deliver the following rehabilitation interventions to the target beneficiaries:

a. Counseling and other psycho-social interventions

The perpetrators and their respective families shall be accorded with continuous counseling services that shall enable them to respond positively to the program.

For difficult cases, proper referral to experts such as psychiatric treatments and the like will be employed.

b. Rehabilitation Sessions

The perpetrators shall be accorded with rehabilitation sessions, which is dependent on their nature and situation.

c. Family Healing Sessions

When evaluated capable, the perpetrators and their families will be provided with family healing sessions that will enable them resolve their issues between and among its members.

d. Linkage to other support services

To lessen the risk factors (such as employment, education, etc.) that surround the perpetrators and family, the perpetrators and his family shall be linked with other support services that the family may need.

The MSWDO shall ensure the availability and accessibility of services such as livelihood and skills development programs, parent effectiveness service, and other psychosocial services.

e. Community Building for Peace

The program shall conduct activities that will form families as one community with mission that will build peace and harmony, such as :

- Strengthening Community Structures on Family
- Community Education on Parenting, Gender Sensitivity, etc.

D. Monitoring

To account the process and progress of the program, the Department shall devise a monitoring tool to guide the program implementers and service providers in ensuring the proper management and implementation of the program.

E. Documentation and Reporting

The Department shall develop a documentation tool, which will be applied by all pilot areas using common indicators. This is to capture necessary data and processes that have to be replicated. Reporting on the other hand shall be undertaken in two forms:

1. Quarterly reports

1.1. Date of Submission

The pilot areas thru the regional offices shall submit quarterly reports using both qualitative and quantitative indicators. The submission of quarterly reports shall be every 10th of the preceding month after the quarter such as:

- a. First quarter – 10th of April
- b. Second quarter – 10th of July
- c. Third quarter – 10th of October
- d. Fourth quarter – 10th January of the preceding year

1.2. Report Content

The areas that shall cover the quarterly reports are, among others the following:

- a. Nature of cases attended & significant improvements (Demographic, socio-economic profile and information on the perpetrators violent behaviors)
- b. Number of cases involved in the program
- c. Services/Interventions conducted/accorded
- d. Issues and Concerns

2. Annual Reports

2.1. Date of Submission

Submission of annual reports shall be every end of January of the preceding year.

2.2. Report Content

Annual reports shall cover, among others, the following areas:

- a. Total number of cases attended as against the baseline data per area
- b. Profile of Perpetrators
- c. Nature and Number of Services/Interventions Conducted
- d. Innovative Strategies Applied
- e. Learnings of the Implementers
- f. Case summaries of target beneficiaries including their significant changes/improvement in their lives (including the families of perpetrators and the community where they are residing) as against the intake information
- g. Other accomplishments
- h. Issues and Concerns
- i. Recommendation

F. Evaluation

1. Annual Evaluation

The program shall employ annual program implementation review to evaluate the process which the implementers had undertaken. The evaluation shall be conducted in the context of the appropriateness of the program and effectiveness of the strategies. The tool for evaluation shall be developed by the Department and shall consider the following indicators:

1.1. Appropriateness of the program in general as against to the needs of the target beneficiaries

- a. Appropriateness of the program framework;
- b. Appropriateness of the implementation mechanism;
- c. The sufficiency and quality of inputs from the Central and Regional Offices to the LGUs;
- d. The appropriateness of trainings provided to LGUs and volunteers;
- e. Competency of the program implementers and volunteers.

1.2. Effectiveness of Strategies Employed

- a. Number of actual beneficiaries versus baseline data
- b. Cost of inputs versus benefits
- c. Number of volunteers mobilized versus target beneficiaries
- d. Significant improvements in the family relationships
- e. Plan versus activity accomplishments

1.3. Output indicators

- a. Number of volunteers trained versus the target number
- b. Community structures strengthened/ organized to support the rehabilitation of perpetrators

- c. List and nature of community activities participated by the perpetrators and their respective families

2. Terminal Evaluation

After the program implementation a terminal evaluation shall be conducted to measure the over-all program effectiveness and efficiency. The following program indicators shall be considered:

2.1. Program Effectiveness

- a. Usefulness of program framework and guidelines in directing the implementers and managers
- b. Degree of innovations made versus original strategies inputted
- c. Quality of changes in the lives of the beneficiaries (both clients and volunteers)
- d. Number of beneficiaries as against the number from the baseline data
- e. There is a considerable decrease in the incidence of domestic violence cases in the target communities
- f. Number of sustainable mechanisms established
- g. Number of community volunteers trained, increased capability to provide para-professional services, ect.

2.2. Program Efficiency

- a. Number of beneficiaries versus program cost
- b. Resources (services, financial and kinds) mobilized
- c. Plan versus accomplishment per time line
- d. Technical and financial capabilities of LGU to sustain the program

2.3. Output Indicators

- a. Total number and quality of reports submitted
- b. Impact of training conducted with the program implementers and volunteers
- c. Types of family issues resolved
- d. Total number of Family Healing sessions conducted
- e. Total number of Rehabilitation sessions conducted
- f. Total number of graduates/ reformed perpetrators against baseline data
- g. Total number of volunteers mobilized

To ensure standardize evaluation, the Department shall develop appropriate evaluation tools.

XI. COMPETENCY STANDARDS

In the course of pilot testing, the Social Technology Bureau in coordination with the Standards Bureau shall develop core competency standards for counselors and therapist, which will be used as basis in regulating the profession.

For the implementation of the pilot program, the following minimum competencies shall govern the program managers in identifying implementors and volunteers.

A. Social Work – Program Coordinator

1. **Planning and organizing** – has the ability to understand the community's social and cultural conditions as context for the implementation of the rehabilitation program.
2. **Networking** – has the ability to link with other agencies, particularly linking with Peoples' organizations, NGOs and other groups/structures in the community.
3. **Counseling** – should have the basic training on counseling, CISD and sensitive to gender issues.
4. **Team player** – with good interpersonal skills; demonstrated ability to work with people, able to establish and maintain effective partnership and working relationship within the locality.
5. **Community organizing** – has the ability to mobilize community people, develop local leaders and build/enhance local capacities/organizations.
6. **Trainer** – has the ability to present and conduct trainings with groups of people.

B. Community volunteers

1. **Gender sensitive** – has been trained/oriented with gender sensitivity and early detection/prevention of domestic violence
2. **Teampayer** – with good interpersonal skills; demonstrated ability to work with people, able to establish and maintain effective partnership and working relationship within the locality.
3. **Communication skills** – able to express ideas and relate with other people well.
4. **Leadership capability** – has the ability to lead teams/groups and able to mobilize participation of other people
5. **Trainable** – capable of enhancing his/her knowledge, attitudes and skills on community organizing and counseling

C. Member of men's support group

1. Has been or an active member of the ERPAT group in the community;
2. Has been a perpetrator himself and already renewed;
3. With good interpersonal skills;
4. Recognized by the community; and
5. Has undergone various trainings on gender concerns, and the like.

XII. INSTITUTIONAL ARRANGEMENTS

The project shall be a partnership between and among the DSWD - Social Technology Bureau, the Field Offices and the Local Government Units (LGUs) where the project will be implemented.

A. DSWD – CENTRAL OFFICE Social Technology Bureau

1. Develop program implementation manuals, guidelines, and tools necessary for the program
2. Coordinate the over-all implementation of the program.
3. Establish partnership with DILG / LGUs and other agencies for the effective implementation of the program at the barangay level
4. Conduct capability building/training of program implementors in the pilot sites in coordination with the Social Welfare Institutional Development Bureau and concerned Field Offices.
5. Conduct regular monitoring/evaluation and provide technical assistance in the implementation of the project.
6. Allocate and release funds needed in the operation of the project.
7. Provide technical assistance to the Regional Offices in the program documentation.
8. Document program operationalization and establish/maintain data banking system.

B. DSWD – REGIONAL OFFICE

1. Identify and validate target areas/clients for the pilot testing
2. Assist the Social Technology Bureau in the conduct of the pilot testing.
3. Assist and provide technical assistance to Local Government Units (LGU) Social Workers in implementing the program.
4. Facilitate the provision of technical concerns/requirements relative to the implementation of the program.

5. Coordinate with GOs and NGOs for other support services that may be accessed to by the LGUs/clients relative to the implementation of the program.
6. Conduct quarterly or as necessary monitoring in the implementation of the project and submit report to the STB.
7. Review policies used as basis of the project and make recommendation to enhance program implementation.
8. Assign a permanent focal person for the project at the regional level to ensure continuity of the various stages of pilot testing.

C. LOCAL GOVERNMENT UNITS

1. Implement the program in the target barangays
2. Identify and assess program beneficiaries
3. Provide counterpart funds (e.g. GAD) and logistical support such as materials, transportation expenses of volunteers and the like that may be needed in the course of pilot testing and to ensure program sustainability.
4. Organize and strengthen inter-agency network to ensure timely provision of support services for the perpetrators and their families
5. Assign a permanent focal person for the project during the period of pilot testing to ensure efficient project operation.
6. Provide program support and technical assistance and conduct capability building/training at the barangay level particularly to the ERPAT groups, FGC Team, BCPC and the like.
7. Develop institutionalization scheme/ mechanisms that will ensure the adoption and continuity of the program implementation after the period of pilot testing.
8. Enact ordinances that will support the program

D. Barangay Officials

1. Assist LGUs in gathering baseline data and verification of target beneficiaries
2. Advocate for community participation in the implementation of the program
3. Assist program coordinators in the conduct of counseling, rehabilitation sessions and family healing sessions with target beneficiaries
4. Institutionalize a community surveillance system that will monitor the incidences and cases of domestic violence

5. Allocate fund augmentation / logistical support in the implementation of the program
6. Provide spaces for counseling and rehabilitation sessions at the barangay hall or to any other facilities available in the community
7. Enact ordinances that will support the program

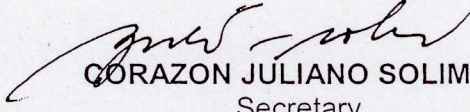
E. Community Volunteers

1. Assist the barangay officials in gathering baseline data and verification of target beneficiaries
2. Attend to capability building sessions with LGUs and DSWD
3. Advocate for community participation in the implementation of the program
4. Assist barangay officials and program coordinators in the conduct of counseling, rehabilitation sessions and family healing sessions with target beneficiaries

XIII. EFFECTIVITY

This order shall take effect immediately and revokes/ rescinds all previous orders inconsistent herewith.

Issued in Quezon City, this 14th day of May 2004.


CORAZON JULIANO SOLIMAN
Secretary
Department of Social Welfare and Development

A CERTIFIED COPY:


CARMELITA F. ZAFRA
Chief, General Services Division
and OIC, Records Unit