

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

psychosocial counseling services

DSWD

PERFORMANCE STANDARDS AND ASSESSMENT TOOLS FOR SERVICES
ADDRESSING VIOLENCE AGAINST WOMEN IN THE PHILIPPINES



**PERFORMANCE STANDARDS AND
ASSESSMENT TOOLS FOR**
psychosocial counseling services
for women-victims of violence
and their children

**Department of Social Welfare and Development
National Commission on the Role of Filipino Women
United Nations Population Fund**
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**Performance Standards and
Assessment Tools for
Psychosocial Counseling Services
for Women-victims of Violence and their Children**

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Standards in the Implementation of Psycho-Social Services to Women Victims-Survivors of Violence and their Children in Center and Residential Facilities

I. Rationale

Violence against women and their children (VAWC) is a prevalent yet an invisible problem in our societies. Women and their children become victims of violence, perpetrated mostly by men in their own communities and in their own families. The family, which has always been presumed as an individual's sanctuary and refuge from the harshness of life, has been found to be the most frequent site of violence.

Women Victims-survivors of VAW as well as their children, are known to suffer a wide range of physical, sexual, mental and emotional problems, with profound and long-term effects if not given the right intervention. Thus, the government through its different agencies developed programs and services to address their needs. These programs and services however, failed to set women and their children specific standards that would address the particular needs of women and their children, who are experiencing violence inside their own homes. Unless these needs are attended to, women and their children especially the poor will continue to bear the burden of discrimination and the incalculable cost of suffering. Standards in service delivery should therefore vary according to the specific situation or circumstances that women and their children are experiencing.

In setting women-specific standards, a deeper understanding of VAWC and its different aspects is needed to help the survivors and their children undergo the process of healing and recovery. It is in this context that a woman-centered approach is the most appreciated and effective strategy in the provision of services for women victims-survivors and their children.

First, the women and their children centered approach recognizes violence as the result of gender inequality and abuse of power which results to the disadvantaged position of women and their children. A woman centered approach advocates to address the long term needs of survivors aside from their practical needs. The emphasis is on the external realities of women and their children's lives and how these influence and affect their problems. Self-help, empowerment and self determination are the ultimate goals of a women-centered approach.

"It takes the viewpoint of the woman's subordination and low status at home, in the community and in society, as the starting point of healing partnership; takes the issue of VAW as a violation of the human rights of a woman --that is, the right to be free from violence, the right to equal opportunities in all spheres of life; takes women empowerment as the goal of healing partnership and service delivery..." (Responding to VAWC – A Manual on Gender responsive Case management, DSWD, 2006. P. 39).

Second, it challenges direct service providers particularly the social workers and counselors, to re-examine gender issues and practices in the provision of services for women victims-survivors of violence and their children.

Third, facilities for victims-survivors have to deliver a wide range of accessible, women and children friendly services based on the needs articulated by survivors.

Lastly, a women-centered and survivor-sensitive delivery system will ensure the implementation of gender mainstreaming goal at the local levels. This will eventually inspire the stakeholders on the issue and will lead to a more coordinated and systematic approach to eliminate violence against women and their children.

These Standards serve as the guide for social case providers and other stakeholders involved in the provision of psycho-social services to victims-survivors of violence, in center-based and residential care facilities.

II. Legal Bases

Various international and national documents signed and promulgated by the Philippine government attest to the need for a more women and their children -sensitive delivery of VAW services. These include the following:

A. International Mandates

1. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

- Article 6 states that “Women have the right to be protected from all forms of trafficking, exploitation and prostitution.”
- General Recommendation No. 19, paragraph 6, states that “gender-based discrimination covers all forms of gender based violence.” It also defines gender-based violence as “violence that is directed at a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivation of liberty.”

2. Vienna Declaration on the Elimination of Violence Against Women (DEVAW)

- Article 1 defines Violence Against Women (VAW) as “any act of gender-based violence that results 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.”

3. Beijing Platform for Action (BPFA)

- Presented 12 critical areas of concern for governments with regard to addressing discrimination against women. Included in these areas is violence against women which was recognized as “an obstacle to the achievement of the objectives of equality, development and peace.”
- Enjoined national and local governments, along with stakeholders to undertake the following:
 - a. Provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counseling services and free or low cost legal aid, where it is needed, as well as appropriate assistance to enable them to find means of subsistence.
 - b. Establish linguistically and culturally accessible services for migrant women and girls, including women migrant workers, who are victims of gender based violence
 - c. Organize, support and fund community-based education and training to raise awareness of violence against women as a violation of women’s enjoyment of their human rights and mobilize local communities to use appropriate gender-sensitive traditional and innovative methods of conflict resolution
 - d. Recognize and support the fundamental role of intermediate institutions, such as primary health-care centers, family planning centers, existing school health services, mother and baby protection services, centers for migrant families and so forth in the field of information and education related to abuse
 - e. Organize and fund information campaigns and educational training programs in order to sensitize girls and boys and women and men to the personal and social detrimental effects of violence in the family, community and society; teach them how to communicate without violence and promote training for victims and potential victims so that they can protect themselves against such violence.
 - f. Disseminate information on the assistance available to women and families who are victims of violence.

4. UN Convention on the Rights of the Child (CRC)

- Article 19

States 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 parent(s), legal guardian(s) or any other persons who has the care of the child.

- Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts.

B. National Legislations

1. Article II. Section 14 of the Philippine Constitution

- Provides that the “State recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and men.”

2. RA 8505, the Rape Victims Assistance and Protection Act of 1998

- Section 3 states that “the Department of Social Welfare and Development (DSWD), the Department of Health (DOH), the Department of Interior and Local Government (DILG), the Department of Justice (DOJ), and a Non-Government Organization (NGO) with proven track record and experience in handling sexual abuse cases, shall establish in every province and city a rape crisis center located in a government hospital or health clinic or in any other suitable place for the purpose of establishing rape crisis centers.
- Rule 4, Section 12 (a) of the Implementing Rules and Regulations of RA 8505 also provides that “a healing, recovery and reintegration program for rape survivors shall be adopted and consistently implemented by all rape crisis centers.”

3. RA 9208, Anti-Trafficking in Persons Act of 2003

- Sec. 23 states that “to ensure recovery, rehabilitation and re-integration into the mainstream of society, concerned government agencies shall make available the following services to the trafficked persons:
 - a. Emergency shelter;
 - b. Counseling to trafficked victims and strengthen their family as a support system;
 - c. Free legal services which shall include information about the victims’ rights and procedure for filing complaints, claiming compensation and such other legal remedies available to them, in a language understood by the trafficked person;
 - d. Medical and psychological services;
 - e. Livelihood skills training; and
 - f. Educational assistance to a trafficked child.

- Article V, Section 17 of the Implementing Rules and Regulations of RA 9208 provides that “the DSWD shall:
 - provide psycho-social counseling, temporary shelter and other support services to victims/survivors of trafficking and their families;
 - make available skills training and livelihood services to victims/survivors of trafficking;
 - develop program and other support interventions to facilitate the recovery and reintegration of trafficked victims into their families and communities;
 - conduct technical assistance and capability building activities for social welfare officers/social workers of LGUs and NGOs;
 - accredit NGOs that provide programs and services to ensure that they meet the standards set by the Department; and
 - provide temporary shelter and psycho-social services to foreign nationals who are victims of trafficking in persons as confirmed by the Bureau of Immigration.

4. RA 9262, Anti-VAWC Act of 2004

- Section 35 enumerates the following rights of victims:
 - a. to be treated with respect and dignity ;
 - b. to avail of legal assistance form the PAO of the DOJ or any public assistance office;
 - c. to be entitled to support services from the DSWD and the LGUs; and
 - d. to be entitled to all legal remedies and support as provided for under the Family Code; and to be informed of their rights and the services available to them including their right to apply for a protection order.
- Section 39 of the Implementing Rules and Regulations of RA 9262 provides that “the DSWD and the LGUs shall:
 - a. Provide emergency shelter, psycho-social counseling and other rehabilitation services to victims-survivors of VAWC;
 - b. Ensure that service providers in institutions/centers for women and children are gender sensitive and uphold the rights of women and children;
 - c. Make available relevant skills training and other livelihood development services to victims-survivors of violence against women;
 - d. Ensure the successful social reintegration and after-care of victim-survivors and their children; and
 - e. Continue to develop relevant programs and strategies to ensure protection, healing, recovery and social reintegration and address emerging needs and concerns of victims-survivors of violence.

C. **DSWD Administrative Orders and Guidelines**

The DSWD, through the mandate of the local laws to protect women and children, has issued the following guidelines and administrative orders:

1. **Guidelines for the Implementation of the Special Project for “Women in Especially Difficult Circumstances (WEDC)” (Undated)**

- Discussed in detail the comprehensive services that should be provided to WEDC to respond to their physical, psychological, legal, shelter, economic, educational and spiritual needs. It also includes the management and running of the residential and community-based programs for WEDC, including the forms that will be used in documenting the management and reporting of the cases.

2. **Administrative Order No. 141, Series of 2002, Standards in the Implementation of Residential Care Service**

- Define the standards in operating residential care services and sets standards in an agency’s administration and organization – organizational purpose and commitment, governing board, human resource development and management, staff-client ration, financial and resource management, support services; physical structure and safety; and programs and services.

3. **Administrative Order No. 67, series of 2004, Guidelines in the Operationalization of a “Rape Crisis Center”**

- Facilitate the establishment of a Rape Crisis Center in every province and city in a government hospital or health clinic or any suitable place to provide a comprehensive rehabilitation program including psycho-social, health, legal, psychological and referral for rape victims and defines the tasks of DSWD and other partner agencies in establishing and running RCC’s. It also provides for the need of all center staff to undergo training on feminist perspective in looking at rape and responding to survivors in a gender-sensitive, non-judgmental way.

III. The following are the principles to be used in helping women-victims survivors and their children.

Gender-sensitive, women-centered, survivor-sensitive: The Agency integrates gender-responsive case-management (see meaning cited below, “Responding to VAWC (A Manual on Gender Responsive Case Management)”, DSWD, 2006, p. 39.

Women victims-survivors and their children are together in one facility to ensure healing and recovery.

Comprehensive/Holistic: The Agency must be a one-stop shop where the scope of services responds to a wide range of concerns of women survivors and their children and these are made accessible to them. This is done in coordination with other agencies.

Empowering: Women and their children are not passive recipients but are active participants in their healing and recovery; it means treating them with respect and dignity, informing them of their choices, and encouraging them to participate in decision making.

Accessibility: The agency is conveniently located; welcomes all clients regardless of social class, age and sexual orientation; its procedures provide ease and comfort for its clients; and waiting time is short.

Efficient and Comfortable: The competent Agency staff shows genuine concern and a caring attitude towards the women victims-survivors and their children who understood, not judged; whose privacy and confidentiality are assured. The facilities are adequate and clean.

Safety and Security: The Agency shall install mechanisms that will ensure safety and security of both staff and women victims-survivors and their children.

Awareness Raising: The Agency shall conduct public information campaigns to prevent VAWC.

Woman/child-centered crisis counseling: The Agency shall practice counseling where:

- All issues and concerns to be discussed in the counseling sessions will come from the woman and her child/ren as gathered from listening actively.
- The aims of the counseling are to help them identify their most pressing problem, help provide immediate relief, help them set goals (both short-term and long-term), provide support for plans they make and in the end, restore their ability to cope constructively with the situation.
- All action taken to address the woman and her child's situation is done with the full and well-informed consent of the woman. She must be the sole decision maker for whatever steps will be done.
- The woman must be informed of all procedures that she will undergo and has a right to refuse when she feels she does not want to proceed.
- In cases where the services she needs are not available and after crisis intervention, appropriate referrals are made.

Child-sensitive: As mandated under RA 9262 and RA 7610, the Agency shall also be respectful of children's rights.

Right to Access: Every woman victim-survivor and her child/ren has the right to and should not be denied access to VAWC services.

- Rivera, Roselle Leah K., "What is a Women-Friendly Clinic?" Policy Research Briefs 1999-2000. University Center for Women's Studies, University of the Philippines. UNFPA.

IV. Coverage

This administrative order shall apply to all centers and residential care facilities serving women victims-survivors of violence and their children that are managed by DSWD, non-government organizations (NGOs) and local government units (LGUs).

V. Definition of terms

- Center-Based Services** – are services rendered in physical facilities referred to as "centers" on a daily basis or during part of a day that address immediate crisis or developmental concern of an individual, group or family.
- Residential Care Services** – are services rendered in facilities 24-hour that provide alternative family care arrangement to poor, vulnerable and disadvantaged individuals or families in crisis whose needs cannot be adequately met by their families and relatives or by any other form of alternative family care arrangements over a period of time.
- Gender-Responsive Case Management** – refers to the process of coordinating and providing rights-based direct service to women and their children taking into context the socio-cultural biases existing between women and men in the family and society, while working together towards empowerment.
- Gender-Sensitive, Women-Centered or Survivor Sensitive Approaches/Interventions** – refers to interventions and approaches that are client empowering, non-judgmental, non-blaming, facilitative, supportive and sensitive to client's situation and feelings. It also highlights the right of the victim-survivor to be informed of her choices and ensures confidentiality and privacy.
- Casework** – refers to an individual centered problem solving method aimed at restoring/enhancing the social functioning of the women and their children.
- Group Work** – refers to a group centered problem-solving method aimed at using the group as a target of change and/or as agent of change.
- Psychological and Psychiatric Interventions** – refers to psychological and psychiatric services provided to assist women victim survivors and their children other modes of assessment extended to them to determine their aptitudes, capacities, interest and behavioral problems that would in turn facilitate treatment in accordance with their needs.

- h. **Medical Services** – refers to services that are health-related in nature including hospitalization if necessary. These also include referral to medico-legal services if indicated.
- i. **Legal Services** – refers to activities that would access the women and their children needing legal intervention while their cases in court are in litigation through coordination with other government agencies, private individuals, and groups of volunteer lawyers. This is in pursuance of the victim’s case, litigation of the perpetrator or termination of parental authority over the children.
- j. **Livelihood Services** – refers to the provision of skills training and grant of capital assistance to enable the family to engage in income producing activities to alleviate their financial difficulties and improve their economic conditions.
- k. **Lethality of Situations** – pertains to the seriousness of a situation or the danger that a women victim-survivor and her children encounter if they remain in the violent situation.
- l. **Non-Sexist Language** – refers to terminologies that are gender sensitive and promote equality of gender e.g. chairperson.
- m. **Victims-survivors** – refers to the women and their children victims of violence as defined in Section 5 (L) of the Implementing Rules and Regulations of RA 9262.
- n. **After Care Service** – refers to services and interventions provided to the women and their children after the goals and objectives indicated in the treatment plan are achieved/realized.
- o. **Psychosocial Interventions/Services** – refers to a series of intervention that promote and enhance the coping capabilities/potential of women victims/survivors of violence and their children such as economic pressures, psychological effects and trauma and need for resources and support services.

VI. Standards in operations of residence facility

The operation of a residential facility for women victims- survivors of abuse and exploitation and their children should be in accordance with the following standards.

A. Administrative and Organization

1. Vision, Mission, Goals and Policies

- 1.1. Has a vision, mission, goals and policies for the protection and promotion of women’s rights towards the elimination of all forms of discrimination and violence against women and their children. The MVG of the residential care varies from the mode of their services to the women victim survivors and their children and their thrust and directions.

- 1.2. Has gender-sensitive policies that are written and contained in the Manual of Operations.
- 1.3. Accessibility and availability of copies of guidelines in handling VAWC cases and other IEC materials; updated definitions and provisions of VAWC-related laws cited above are reflected in the Manual of Operations and does not reflect “non-sexist language”. Copies of the said laws and its implementing rules and regulations, and protocols of the Agency are also available.
- 1.4. Governing Board and staff are able to articulate the organization’s vision, mission and goals.
- 1.5. Registration and/or license certificates are displayed at the head office and conditions in the license are observed. In the case of a newly established facility, the SEC registration must be displayed while application for DSWD registration or licensing is in process.

2. Organizational Structure

2.1. Organizational/Functional Chart

- a. Organizational positions and lines of authority; relationships between and among these structural elements are shown in a chart.

2.2. Policy-Making Structure

- a. There is a policy-making body with identified members who meet regularly as stipulated by the organization’s by-laws, to address issues and to formulate policies for implementation;
- b. Policy-making body formulates and/or approves organizational directions and policies.

2.3. Management Structure

- a. Presence of personnel that provide leadership, guidance and support to the staff in all aspects of agency operations.
- b. Management personnel are specified in the organizational functional chart.
 - b.1. Executive Director/Program Director/Center Head/Center Manager – responsible for administering, planning, managing, and controlling the daily activities and for ensuring that the service quality requirements are met.

b.2. Supervising Social Worker – under the direct supervision of the director/head, he/she shall supervise 3 to 5 social workers and at most 5 other personnel at a time. If an agency has less than 3 social workers, an on-call supervisor, who may be the executive director or a consultant, must be present to provide technical assistance.

b.3. Administrative Supervisor/s – under the direct supervision of the director/head, he/she shall supervise no more than 15 non-social work or non-direct service workers and/or administrative personnel at a time.

2.4. Strategic and Operational Planning System

- a. Operations are aligned with a medium-term (i.e. three to five year strategic plan) addressing violence against women and their children, which is reviewed and updated at least annually to determine whether the operation being done is responsive to the needs of the women victims-survivors and in consonance with the plan.
- b. The strategic plan is translated to a yearly work and financial plan.
- c. The strategic plan is based on a set of desired client outcomes.
- d. Regular planning cycle is effected.

2.5. Policy-Making Process and Procedures

- a. Policy-making process is documented.
- b. Policies being implemented are written and known by all the staff and the public.
- c. Clients are oriented on the policies that involve them and put these into practice.

2.6. Ethical Conduct

- a. There is written and clear policy governing conflict of interest and ethical standards in dealing with survivors of violence and their children.
- b. There is a written and clear policy on the use of “non-sexist language.”

3. Financial Resource Management

3.1. Financial Management System

- a. Financial transactions with clients and non-clients
 - a.1. Processes for making financial transactions are transparent, and properly documented.

- b. Fund sourcing
 - b.1. Sources of funds are clearly indicated.
 - b.2. Regular reporting and feedback on funds utilization to donors and sponsors is done.
- c. Fund Allocation
 - c.1. Follows a program-to-administrative expenses ratio of 70%:30%. This is verified in the Periodic Financial Statements.
 - c.2. GOs and LGUs allocate Gender and Development Budget (GAD) from GAA that are utilized for VAWC services and must be reflected in their work and financial plan.
- d. Control
 - d.1. Appropriate internal control systems are in writing and are implemented.
 - d.2. Internal and external (independent) auditing of financial transactions are done regularly and are documented. Annual financial statement is certified by an independent Certified Public Accountant (CPA).
 - d.3. Disbursements are covered by vouchers and are properly authorized.

3.2. Material Resource Management System

- a. Facilities/Assets
 - a.1. The organization's facilities and physical assets are documented. Any disposal or acquisition activities are properly recorded.
 - a.2. Utilization, distribution, disposal, repair and replacement of physical assets are done in accordance with written policies.
 - a.3. Physical inventory of assets is done at least once annually and is recorded.
 - a.4. Facilities and assets are insured.
- b. Donation Distribution
 - b.1. There are written policies for securing, acknowledging, allocating and distributing donations. These policies are consistently implemented and in accordance with existing laws and policies and guidelines of concerned government agencies.
 - b.2. Distribution and utilization of donations is just, equitable and non-discriminatory.
 - b.3. Receipt and utilization of donations either in cash or in kind are transparent, properly recorded and accounted for.

4. Human Resource Management and Development

1. Human resource policies, procedures and rules are consistent with organizational policies and goals, applicable, understandable, reasonable and communicated to all levels of personnel in the organization.
2. Human Resource Management and Development System
 - a. Recruitment, selection, hiring and retention system
 - a.1. There is a written document specifying qualification standard for each position which are in accordance with the policy of the DSWD and the Professional Regulations Commission.
 - a.2. Job descriptions for all the staff in the organization are written. Actual tasks of personnel are aligned with what is written.
 - a.3. There is a functional system for acquiring new qualified personnel, assigning appropriate responsibilities and compensation for each level/position.
 - a.4. Qualifications and background of applicants are assessed based on the written policies on hiring personnel.
 - a.5. Appropriate number of staff are hired and maintained based on the size of the organization and nature of social welfare and development programs and services, which include among others:
 - Social Worker
 - Retained or referral doctor or a retained registered nurse to attend to the medical needs of the women-victims-survivors and their children
 - Helpline counselor to do telephone counseling
 - Retained psychologist with 1 year experience to address psychosocial needs of clients, especially to handle difficult cases
 - Staff to do advocacy, networking and public information functions, preferably graduate of any communication course.
 - House parents
 - Administrative Staff
 - Manpower Development Assistant
 - Security Guard
 - a.6. New personnel are given a program orientation and proper introduction to the organization – its vision, mission, goals, clientele group, programs and services, as well as guiding principles.
 - b. Training and Development
 - b.1. The Agency has the following basic training programs:
 1. Training program on gender sensitivity and VAWC upon assumption to

work to upgrade their knowledge, attitude and skills, including but not limited to the following:

- Gender analysis of nature, extent and causes of VAWC (minimum of 30 hours; topics: power dynamics, Gender Sensitivity Training (GST), analysis of different forms of VAWC).
 - Gender-responsive approaches to case management and crisis intervention (minimum of 30 hours; topics: crisis theories, crisis intervention methods, appropriate models in psycho-social interventions and psychosocial issues).
 - Medical, legal and para-legal literacy (minimum of 30 hours; topics: laws and procedures on women and children, basic medico-legal information).
 - Self-care (minimum of 15 hours; topics: stress management techniques).
 - Trauma/Crises Counseling (minimum of 24 hours; topics: stages of trauma, types of and handling trauma).
2. Training program that incorporates women and their children-centered attitudes, habits and ethics of work such as being accepting and non-judgmental, sensitive and sincere, patient and understanding, empathic, self-aware, and has a firm commitment to end VAW (see appendix).
 3. Training program for staff and residents on emergency situations.
 4. Orientation program for new staff/workers.
 5. Staff development activities to facilitate good communication, cooperation and consistency among the staff in implementing the services.
- b.2 There is a training plan for all personnel including volunteers to include proper interaction with client, standards of conduct, boundaries between appropriate and inappropriate behavior.
- b.3. There is an effective ongoing training and development program for all staff (at least 120 hours) based on a regular needs analysis in order that all personnel at all levels may be able to upgrade and acquire necessary skills and competencies.
- b.4 The Board supports this training program, consistent with the needs of the service, manifested primarily by allocation of necessary funding and resources.
- b.5. There is a system of sharing acquired knowledge and skills obtained by staff from agency sponsored trainings and scholarships, as applicable.
- c. Staff Support Services (group sharing, counseling)
- c.1. All staff members receive regular formal supervision, at least once in a quarter, the details of which are recorded.

- c.2 There is access to individual and group stress debriefing or informal counseling once every quarter or when it is necessary.
- c.3 Support mechanisms are provided to the staff, especially those who suffer stress and injury, which includes but not limited to:
 - An insurance system for staff is in place
 - Annual rest and recreation activities for staff and management.
 - Annual team building activities.
- c.4 For non-government crisis workers, the agency implements a program for additional wellness leave, retirement and medical benefits.
- d. Performance Appraisal
 - d.1 Assessment of staff performance is done periodically based on agreed upon plans and targets.
 - d.2 Tool for performance appraisal is developed and utilized establishing standards for quantity and quality of output, timeliness of results, manner of performance, effectiveness in use of resources, and includes trait-based criteria (personal character and attributes) especially in relation to dealing with clients.
- e. Compensation System
 - e.1. Compensation policies are developed and written by the organization as general guidelines to govern pay, incentives and benefit systems. These comply with existing wage, salary and labor laws and regulations and address at least, internal alignment (comparison among jobs or skills levels), employee contribution (performance-based or seniority-based comparison among employees), and management (budgeting, and communication).
 - e.2. Pay benefits systems are developed, implemented and monitored based on existing wage, salary and labor laws and correspond to the different job specifications in the organization. Every personnel are paid his/her salary according to the pay structures.
 - e.3. There is an existing Retirement Plan for the employees.
 - e.4. Rewards and incentives scheme are in place to motivate the staff to work towards the promotion and fulfillment of the rights of the clientele group they serve.
- f. Volunteer Management
 - f.1. Written and implemented policies on the recruitment of volunteers, the kind of volunteers that will be accepted, the work they are expected to do, their responsibilities as well as recognition of their contributions, and disciplinary

measures on acts that are detrimental to the welfare of the clients.

- f.2. Volunteers shall meet the qualification requirements similar to that of the organic personnel.
- f.3. Volunteers are given orientation to the organization and a programmed interaction between the volunteer and the clients.
- f.4. Mechanisms are existing to protect the clients from possible abuse by volunteers.
- f.5. There is an existing reward system for volunteers who have shown dedication and commitment in helping the clients.
- f.6. Support mechanisms for volunteers are in place, to include processing of experiences and an exit interview.

g. Discipline

- g.1. Progressive discipline system is developed and is properly administered.
- g.2. Appropriate grievance system is in place and functional.

3. Personnel Competencies and Qualification Standards

- a. All personnel at all levels of functions and authority have the following qualifications and competencies:
 - a.1. Necessary education and/or professional qualifications and skills to provide the services required, preferably female.
 - a.2. Knowledge of the agency's Vision, Mission, Goals and framework of service delivery
 - a.3. Facilitative of interdisciplinary collaboration
 - a.4. Knowledge of agency procedures and decision - making structures
 - a.5. Knowledge of agency target clientele and competence in dealing with them
- b. Head of Agency (named as executive director or center head) – must be Registered Social Worker (RSW) with at least two years managerial experience or its professional grade eligibility and relevant training in handling specific clientele group. A non-Social Work graduate can qualify on the conditions that he or she meets any of the following:
 - b.1. Has taken at least the core courses in Bachelor of Science in Social Work or 24 units in Master in Social Work.
 - b.2. Has completed formal training and 2 years relevant experience on social welfare administration/management or on areas of major services delivered by the agency e.g. violence against women and their children, early childhood care and development, community and organizing/ development, livelihood management, etc.
- c. Supervising Social Worker – must be a RSW who has at least one year of relevant supervisory experience in handling women survivors of VAW.

- d. Social Worker – must be RSW with at least 360 hours of formal training or one year of work experience in handling women.
 - e. Houseparent - at least college level and is trained at least 120 hours caring for women and their children who are victim of violence. An undergraduate of Bachelor of Nursing or a midwife is preferred.
4. Staff on Duty
- a. For residential care, a sufficient number of qualified staff shall be on duty at all times to render appropriate services in the center.
 - b. At night in temporary shelters, there shall be a staff person awake in each living unit and making regular visual checks throughout the night.
 - c. For residential center and center-based with temporary shelter: 1 houseparent per every 30 disadvantaged women and their children.
5. Support Services
- a. General Services
 - a.1. Transactions involving procurement, facilities and equipment repair and maintenance and transport use are recorded.
 - a.2. Regular review of the utility and efficiency of support services is done. Contribution to client outcomes is considered.
 - b. Information Management System
 - b.1. A mechanism for documenting critical organizational events is in place.
 - b.2. Administrative and program files and records are maintained and the recording system is kept functioning effectively in order to facilitate management and accountability.
 - b.3. Data base system is developed for significant information on cases managed by the agency in aid of organizational decision-making, of policy and program development and research.
 - b.4. There is an existing Social Marketing and Advocacy Plan and is periodically enhanced to suit the needs of the clients at the center.

B. PROGRAM MANAGEMENT

1. Program Management Structure

- a. Structures for program management are written in a Manual of Operation which uses non-sexist language.

2. Program Management Processes

2.1. Planning

- a. Assessment of the situation of women and their children is done, with sufficient data collection to support program design and strategies. A clear program plan consistent with the center's goals, objectives and helping strategies is formulated considering the program scope, time frame, resources needed and priorities.
- b. Plan is supported with baseline data and formulated in consultation with staff, residents, volunteers and other stakeholders.

2.2. Implementation

- a. Structures are appropriate to implementation
- b. Required resources for implementation of program are provided by the organization
- c. Schedule for provisions of services are consistent with organizational intent and program design
- d. Program implementation is documented

2.3. Monitoring

- a. Managers regularly monitor the quality of all program records, activities undertaken, availability and condition of facilities/resources and the decisions made by the staff and take appropriate action to remedy deficiencies of the staff in order to safeguard the interest and welfare of the service users and achieve program objectives.
- b. The agency prepares regular reports (quarterly, bi-annual, annual) to account for services provided and resources expended.

2.4. Evaluation

- a. End-of-year and project/program-end evaluations are done. This shall include securing feedback from service users on the services that they have received and a review of accomplishment of desired program and client outcomes.

2.5. Community Integration

- a. Immediate community of the agency is aware of the center activities.
- b. Local government unit (LGU) covering agency's operation is aware of center operation; agency coordinates its projects or activities with the LGU/s where the center operates.
- c. The center cooperates/participates in relevant projects of immediate community or organizations in the country.
- d. Referral system is in place for cases that are not within the services of the agency.

C. CASE MANAGEMENT

1. Caseload (per service delivery mode)
 - a. The following are the prescribed caseload for center-based and residential care facilities:
 - a.1. For residential care
 - One RSW shall manage no more than 25 clients including children at any given time. She may group them based on their needs and capability.
 - 1 house parent for 30 able bodied individuals
 - a.2. For center-based
 - Only one of these caseload schedule for casework, which may be combine with other methods of helping:
 1. at most 60 cases at a time;
 2. at most 20 individuals at a time in case of persons in crisis needing intensive casework;
 3. in case of mixture of cases requiring intensive or non-intensive case work, intensive cases shall not exceed 10 cases at a time, with a maximum of 30 mixed cases.
 - b. (1) RSW shall manage the following singly or simultaneously in terms of method in center-based and residential-care facilities:
 - b.1. For individual counseling
 - individual counseling sessions conducted once a week for critical cases
 - b.2. For group counseling
 - to be conducted after a minimum of 4 individual counseling sessions and upon recommendation of the counselor in charge.
 - b.3. For group work
 - at most three (3) groups at a time
 - b.5. For work with families
 - at most five (5) families at a time either for case work or group work;

- family conferences conducted as needed;
- for case conferences
- conducts monthly case conferences for collective case management and learning

2. Case Recording

1. Intake assessment is written for each, showing basis for contracting help or referral to other services. Intake sheet for individual cases is written completely and properly accomplished, indicating among others the following:

- Demographics
- History of abuse
- Effects of the abuse
- Victims-survivors behavior and physical condition
- Needs and concerns and actions taken/referrals
- Initial plans of the victims-survivors

2. Appropriate recordings

- a. A masterlist indicating names, date of admission/s and discharge/ termination, and a logbook, capturing significant information such as category of victims-survivors, names, age, addresses, names and ages of dependents, dates of admissions and discharges/terminations.

- b. Individual case folders are maintained, containing the following:

- Admission Slip
- Referral for Admission
- Intake Sheet
- Case Study Report
- Treatment Plan
- Medical Records (including dental reports, immunization of children, x-ray)
- Psychiatric Evaluation and Treatment (if available)
- Birth Certificate
- School Records
- Court Records
- Psychological Reports
- Progress Notes/Process Recordings
- All communication/correspondence concerning the client
- Latest Picture (upon referral) and after six (6) months
- Treatment Plan (to be evaluated and updated every six (6) months)
- Progress Report
- Inventory of belongings
- Transfer and Closing Summary

- b.1. Social Case Study Reports (SCSR) should be completed 5 days after initial interview and updated every six months or as needed depending on the nature of problems being worked on.
 - b.2. Process/progress recording, when understanding of specific situation/problem of a client is necessary and/or when required for supervision purposes.
 - b.3. Summary recording is provided when transfer of case to another worker/agency is effected (transfer summary) as well as when case is closed (closing summary); when a significant progress on a case or significant interaction between client and worker is noted and maintained (progress notes/block summary).
 - b.4. Assessment and evaluative statement, which is the worker's professional evaluation on victims-survivors situation; presented at the end of every recording.
 - c. Records/documents relevant to the objective of helping is properly kept (e.g. proposal for livelihood project or vocational training if interventions for this is indicated).
 - d. Case records should be easily accessible to service providers yet the record's privacy and confidentiality is ensured.
 - d.1. Case records and significant documents are systematically kept in a location that can be monitored and policies on records access and use are written.
 - d.2. Users of records are identified and only those identified are allowed records access. Use of records is according to agency policies.
 - d.3. Records of clients obtained by the agency from time to time are kept in corresponding folders.
 - e. Recordings/documentation significant to each case is updated and shows the history and development of the client's situation from initial interaction with the center, to the termination of services, based on helping goals. Records show participation of the client/s in decisions that affect her/them.
3. Helping Process
 1. Each client (individual, group, family) accepted by the agency for a helping contract has a written intake and case study/assessment, which clearly shows the following:

- a. Intake and Assessment
 - Intake interview undertaken within 30 minutes upon arrival
 - Intake interview and initial counseling should not go beyond an hour
 - Presence of an interpreter if a woman cannot articulate herself due to illiteracy or language barrier or disability, e.g. deaf, mute, etc.
 - Leveling of expectations between the agency and women victim-survivors and their children or residents
 - Thorough and adequate orientation regarding services of the Unit/ Center or shelter
 - Proper endorsement and referral of women victims-survivors and their children to other agencies if the agency cannot address their needs
- b. Problem Identification and Assessment
 - b.1. Presentation of information relevant to the problem system and priorities to be worked on
 - b.2. Assessment of the women victim-survivors and their children's situation which includes the following:
 - Psycho-social and emotional condition
 - Safety and security – including the lethality of their situation and their need for temporary shelter
 - Biological and medical, including reproductive health concerns
 - Need for legal assistance and protection
 - Strengths and weaknesses
 - Support systems (internal and external)
 - Dependents
 - Significant events that led to the current situation and their coping strategies
- c. Goal and Contract-Setting and Planning
 - c.1. Problem/development issues and directions are clearly discussed and recorded; shows agreement of client to participate in helping tasks, unless the client is mentally incapable to make the decisions (as in the case of an infant, a young child or someone with mental inability). This agreement/commitment should be concretely expressed in writing and in the language understood by the women victims-survivors and their children.
 - c.2. Recommended interventions/actions are clearly stated based on written objectives, identified resources and time frame.

d. Helping Process

d.1. Active participation and self-determination of women victims-survivors and their children.

- There are regular processes for eliciting victims-survivors contributions to her/their development / treatment plan.
- Decisions on short and long-term activities that affect the life directions of the women victims-survivors and their children are done with their participation.

e. Multi-disciplinary / Multi-sectoral involvement

e.1. Relevant professions/disciplines are involved in appropriate phases of the helping process (e.g. case conference/consultation) and such involvement is recorded.

e.2. Periodic conferences should be undertaken every three (3) months to provide update, re-assess progress of the case and re-plan for subsequent intervention/activities.

f. Implementation

f.1. Implementation of any intervention is based on a plan agreed by women victims-survivors and their children together with worker. When change/s in implementation is/are necessary, this is/are always agreed upon with the women victims-survivors and their children.

f.2. Assists the women victims-survivors and their children in implementing her plans through various activities and interventions, including but not limited to:

- Follow-up counseling
- Appropriate referrals
- Escorting of clients
- Group counseling sessions
- Advocacy

g. Monitoring and Evaluation

g.1. There is a monitoring and evaluation tool devised by the center/agency. Regular monitoring activities are conducted to ensure effectiveness and consistency of interventions.

- g.2. Assessment of effects of interventions is done regularly and results are incorporated in treatment/development plan revisions.
- g.3. Feedback of women victims-survivors and their children on the processes and on results is elicited and is responded to by the worker.
- h. Closure/Termination
 - h.1. Closure/termination is done according to written agency policies and procedures, which may include the following:
 - h.1.1. Termination plan is formulated with the women victims-survivors and their children and their families, if applicable, prior to actual termination.
 - h.1.2. Women Victims-survivors and their children transition is processed with them and their families if applicable. Exit interview and pre-discharge conference is conducted.
 - h.1.3 Sustainability of necessary services outside the agency is arranged prior to termination.
 - h.1.4 Support and action towards mainstreaming are planned. Aftercare services and re-integration plans are formulated in coordination with the receiving LGU.
 - h.2. Closure-termination is done when the helping goals are achieved, the women victims-survivors and their children can already manage their own lives, and when they have developed adequate support to continue their plans and when their needs are beyond the agency services.
- i. Follow-up and After Care Services
 - i.1. Referral to receiving agency or LGU
 - i.2. Presence of a mechanism that actually monitor aftercare services such as eliciting feedback from the receiving agency from six (6) months to one year.

D. Helping Strategies

The agency shall provide services that are gender-responsive and sensitive to the needs and concerns of women victims-survivors and their children.

I. Residential Care Facilities and Center-Based Facilities

1. Psychosocial Care

- a. Policies are aligned with practice with respect to the psychosocial interventions and are known to all staff and women victims-survivors and their children.
- b. Psychosocial interventions are handled by qualified and trained professionals (e.g. counseling; trauma and crises counseling; therapy; psychological testing, etc.)
- c. Confidentiality policies are discussed with the women victims-survivors and their children and decisions on this matter are arrived at with their participation.
- d. Discipline of women victims-survivors and their children is based on written policies and is always geared towards achieving helping objectives. Corporal punishment and deprivation of right-based needs in disciplining clients are prohibited.
- e. Psychological/psychiatric test are used in relation to other relevant information in assessment and in planning for interventions.

2. Medical and Health

- a. There is provision of or access to services of appropriate health professional to examine the health conditions and needs of the clients and prescribed appropriate treatment or intervention.
- b. Functional mechanism for referring emergency cases (to appropriate doctor or hospital) in order to provide timely and appropriate treatment.
- c. If medicines (apart from the over the counter medicines) are administered, these are according to prescriptions by a licensed health professional explained to the client
- d. Use of indigenous health management in the community is certified safe by the appropriate government agency.
- e. Health education is provided according to the life cycle and rights of clients (e.g. reproductive health for adult males and females; sexuality education for adolescents.) This may include, but not limited to the following specific RH and women friendly health services:
 - Referral to medico-legal examination
 - Rape kit (utilization)
 - Laboratory examination for STD, HIV Aids, Pregnancy test
 - Family planning (education and methods)
 - Provision of medical treatment as appropriate
 - Hygiene and self care
 - Maternal and child care
 - Breastfeeding
 - First Aid
 - Common Health Problems peculiar to women and children

- f. Conduct of laboratory exam, surgery or provision of assistance for physical restoration are according to the advice/prescription of appropriate medical/health professional.
3. Socio- cultural and recreation
 - a. Provision of woman and child centered activities, equipment and toys to women victims-survivors and their children according to age level, ethnicity/culture and physical and mental capability.
 - b. Conduct of special activities commemorating women's day, "16 day of activism against violence against women" and other special events.
 - c. Conduct of arts, crafts, music and drama and social games to help women and their children develop feeling of confidence among themselves.
 4. Protection and Safety
 - a. Provision of mechanisms for protection from mental, emotional physical, sexual and other forms of exploitation.
 - b. Registration of birth of all clients aged 17 years and below is monitored and facilitated.
 - c. Clients are trained on protective behavior (drawing self boundaries) such as assertiveness and self-defense training, etc.
 - d. Clients are trained on use of and/ or are given protective gadgets when involved in activities or job that pose physical risks/harm (occupational health hazards and safety standards)
 5. Nutrition
 - a. Provision of or access to adequate, safe, nutritious and fortified food that is appropriate for the client's age, developmental stage, and nutritional requirements and considers cultural/spiritual practices. Food menu plan is prepared monthly under the supervision of a qualified agency or community nutritionist/dietician.
 - b. Women victim-survivors are educated on preparation of adequate, safe and nutritious food and in proper feeding of children and/or the sick and person with disability.
 - c. Women victim-survivors are trained on healthy eating habits; facilities are established for children and youth to participate in food preparation according to developmental capabilities.
 6. Provision of clothing and personal items.
 1. a. Provision of or access to decent, clean, culture-sensitive, adequate (1:1) and appropriately-sized clothing and personal items needed for physical protection, good grooming and personal health and sanitation, as follows:

- Four sets of clothing, each set consisting of outer clothing, under wear and sleeping clothes. At least three sets of required regular uniform and at least one set of required P.E. uniform for clients who are in-school
- One pair of shoes and bath slippers
- Toiletries such as face towels, toothbrush, soap, shampoo
- Appropriate school bag and complete school supplies and materials for all residents who are in-school as required by the school
- Residents are allowed to bring personal belongings/possessions with them to the agency and to acquire belongings of their own.

If case of donated used clothing, appropriate fumigation is done or facilitated by the agency before distribution and use.

7. Education

- a. Provision of non-formal education according to the interest and needs and helping goals of women victims-survivors and their children.
- b. Access to formal education is facilitated, where appropriate.
- c. Provision of a study area conducive to learning.
- d. Conduct empowerment workshop focused on:
 - Nature, dynamics and social roots of VAWC
 - Women and children's human rights
 - Assertiveness
 - Practicing Non-violence
 - Balancing multiple roles of women

8. Value Education

- a. Clients are helped in identifying positive values, clarify personal vision and life goals in client's unique situation through values education sessions or other strategies; these activities are documented showing specific values intended to be learned or unlearned for each client.
- b. Development in client's personal plans and behavior in relation to specific values are indicated in the summary recordings and are taken into account in case of assessment.
- c. Access to worship services chosen by the women victims-survivors and their children.
- d. Spiritual activities are planned with the women victims-survivors and their children.

9. Paralegal/legal assistance

- a. Women victims-survivors and their children are referred to legal/paralegal services not provided by the agency.

- b. Women victims-survivors and their children are involved in the choice of the legal counsel.
 - c. Women victims-survivors and their children are guided, prepared and accompanied, if necessary, for legal processes especially before, during and after court hearings.
 - d. Options are provided to the women victims-survivors and their children before taking decisions on legal action/s.
10. Livelihood – Skills/entrepreneurial training, job placement, capital assistance, access to credit
- a. Income-generating projects, job placement and training's are planned and done with the participation of the women victims-survivors and their children. These are conducted according to written policies on which women victims-survivors and their children are oriented.
 - b. Clear policies are set and implemented; these govern profit sharing, income generation, earnings and savings on which women victims-survivors and their children are informed. Due credit is given client/s in products made by them or with their participation/application of their skills.
 - c. Accounting and bookkeeping requirements are met in all livelihood projects.
 - d. Capital assistance is complemented with appropriate training to acquire skills for livelihood project management. Training is appropriate to the client's age and capacities.
 - e. Training, proper matching and job orientation are done for clients recommended for the job placement.
 - f. Agency observes labor laws and regulations in livelihood and job placement programs; mechanisms are established to avoid and prohibit child labor.
11. Progressive Integration
- a. Volunteer work of women victim-survivors and their children is part of their treatment/ rehabilitation/ development plan.
 - b. Women victims-survivors and their children are provided with planned integration activities social events, sharing sessions, visits, volunteer work, etc. – to interact with the community to facilitate social integration and mainstreaming.
12. Advocacy
- a. Advocacy program is designed, planned, implemented and evaluated with the community to increase awareness among stakeholders and move them into action and support.
 - b. Conducts advocacy and networking functions to improve response to VAWC
 - c. Conducts public information campaign on VAWC at least once a year (women's month, 16 day campaign against gender based violence).

- d. Produces reader-friendly VAWC information education materials that are translated into different local languages.
- e. Develop a social marketing plan for fund generation purposes of the agency.

13. Family reintegration

- a. Family reintegration will be pursued if the case study reports for women victims-survivors and their children show that it is the best intervention for the achievement of treatment goals. Family re-integration entails coming and staying together with the supportive members of the family to enable the women victims-survivors and their children to re-gain or strengthen them after the experienced of abuse.

14. Aftercare support services

This is the provision of services and interventions, with the end goal of ensuring effective reintegration and prevention of abuse among women victims-survivors and their children such as:

- a. Program component and services includes:
 - 1. Educational assistance
 - 2. Family counseling
 - 3. Self-enhancement services
 - 4. Social and vocational/practical skills development
 - 5. Psychological services
 - 6. Spiritual services
 - 7. Referral services
- b. Developing support systems through networking and social mobilizations.

E. Physical Structure and Safety

The physical arrangements/facilities shall promote the physical, emotional and psychosocial well being of the women victims-survivors and their children and staff of the agency:

- A. Physical facilities provide opportunities for women victims-survivors and their children psychosocial recovery and protection for their health and safety including the staff.
 - 1. Location is accessible to, at least community facilities such as schools, churches, clinic or hospitals and must be far from conflict areas, cliff, rivers, gas and power stations and other structures that may pose hazards to all.
 - 2. Basic utilities for communication, adequate supply of potable water and electricity for the daily needs of the residents and staff. A standby vehicle to be used in cases of emergencies. Examination of appropriate authorities is conducted at least once a

year. In case of power/supply interruption, an alternative source such as emergency lights is available. An accessible vehicle for emergency use.

3. Accessibility features where facilities, rooms and spaces are barrier-free and properly labeled with appropriate signage for access of women victims-survivors, staff or visitors with disability.
4. Recreational facilities such as recreational supplies and materials appropriate for the residents. There shall be adequate space for indoor activities, open space for playground and other outdoor activities, and garden/space for reflection.
5. Laundry area – has adequate space and is located in an area where it cannot obstruct in the day-to-day activities of the staff and women victims-survivors.
6. Storage area/room – stockroom where foods, supplies and materials are safely kept and properly accounted for.
7. Cottages/rooms that care for different age groups to approximate family life.

7.1. A cottage measuring about 100 sq. meter shall have a capacity of eight (8) individuals including houseparent. Each cottage shall have a designated room for each function with amenities that may vary depending on the purpose such:

- 7.2. Dining room with chairs and tables arranged based on the age level of the women victims-survivors. A separate chair is provided for the children. For better interaction of women victims-survivors, there shall be a minimum of 4 and maximum of 10 per table, including their children.
- 7.3. Kitchen equipped with basic kitchen furnishings, tools and utensils.
- 7.4. Bedrooms with individual bed for each woman victim-survivor and their grown up children placed $\frac{1}{2}$ to a 1 meter apart and a storage/cabinet for clothing and other personal belongings for them. There must be a separate bedroom to accommodate infants/toddlers, who are dependents of women victims-survivors and their children.

In cases where an agency uses dormitory type rooms, a homelike atmosphere is adopted by dividing the rooms into cubicles for privacy and assigning at least fifteen residents per quarter.

Also sleeping accommodation meets the following supplementary conditions:

1. Each bedroom has a window;
2. No basement shall be used as sleeping accommodation unless declared fire-safe by the authorities;
3. Each victim-survivor and her children have her own bed, a clean mattress and bedding appropriate to weather conditions and climate.
4. No victim-survivor who has serious difficulty negotiating stairways shall be placed in a bedroom above or below the ground floor level of the group home.
5. Facilities for victim-survivor with communicable diseases (e.g. chicken pox, sore eyes, tuberculosis)

- 7.5 Living room/receiving room that is suitable for relaxation for leisure, friendly (welcoming, well-painted with light and bright colors and images friendly to women and children) and comfortable reception area for the women victims-survivors and their visitors.
- 7.6. Bathroom/Toilet:
- One functional bathroom for every ten (10) women victims-survivors and their children.
 - One functional bathroom for every ten (10) female staff
- 7.7 Study area or mini-library or resource center or study area where reading materials are available for women victims-survivors as well as their children.
- 7.8. Infirmary/clinic or its equivalent for women victims-survivors and their children needing medical attention and for use during medical consultation.
- 7.9. Interview/counseling room equipped with paraphernalia that would allow interaction between women victims-survivors and their children and social worker/s such as art materials, throw pillows, dolls, toys and other materials depending on the age and purpose of the interview/counseling sessions.
- 7.10 Conference room for use during staff meetings, and other related activities with adequate furniture and fixtures.
- 7.11. Office space that is ample and appropriately furnished and used exclusively by the staff of the center.
- 7.12. Training facilities are designed and equipped according to the requirements of the program. Bulletin board for posting of women victims-survivor's and their children activities.
- 7.13. Staff quarters – separate living and sleeping quarters for the staff
- 7.14. A wellness or resting room or reflection area or “leave me alone” area for women victims-survivors and their children and staff.
- B. Emergency measures are installed to deal with emergencies and other life threatening situations, which include among others the following:
1. Evacuation or exit plan, warning system and clearly marked emergency exits and escape route known to all women victims-survivors and their children and staff. All exit doors shall be equipped with hardware that does not require the use of a key to unlock the door from the inside. Exit doors should not be locked.
 2. safety measures that ensure periodic conduct of fire and earthquake evacuation drills and orientation on safety precaution, survival techniques and know-how when emergency and disaster occurs.
 3. fire fighting gadgets available (e.g. functional fire extinguisher or its functional equivalent, like sand, water, etc.).
 4. electrical wirings and computer devices are properly installed.
 5. presence of safety mechanisms and structures for physically and mentally challenged women victims-survivors and their children in similar condition.

6. first aid kits available and strategically located. Updated medicines are safely stored in a secure cabinet and are administered only by an authorized person and with proper prescription or medical advice.
 7. dangerous implements and substances, such as highly flammable materials, toxins and weapons are kept in a safe place and are properly labeled, with designated persons to monitor its use.
 8. Updated annual clearance certificate from proper authorities in compliance with basic building and fire safety requirements.
 9. Health and safety hazards in the center are properly recorded and dealt with promptly and properly.
- C. Waste management system in accordance with regulatory standards on health, safety and environmental conservation and protection, such as:
1. Segregation of biodegradable from non-biodegradable waste. Generally clean and free clutter, dirt or waste matter.
 2. Re-cycling
 3. Solid waste disposal supportive of Clean Air Act and environmental sanitation.
 4. Drainage and sewerage system
 5. Free from rodents, insects and stray animals.
 6. Client's participate in the upkeep of the center

VII. Effectivity

All issuances inconsistent with this Administrative order are hereby revoked.
Issued this 7th day of August 2006.

ESPERANZA I. CABRAL
Secretary

**ASSESSMENT TOOL ON THE ACCREDITATION OF SOCIAL WELFARE AND DEVELOPMENT AGENCIES
RESIDENTIAL CARE FACILITIES FOR WOMEN
PROGRAMS AND SERVICES**

Name of Agency : _____ : Date of Assessment : _____

Address : _____ : Rating : _____

Area of Coverage : _____ : Classification/Nature : _____

License No. : _____ : Date Issued/Renewed : _____

_____ : Bed Capacity : _____

Accreditation Status : **New** **Renewal** : No. of women served : _____

_____ : No. of children served : _____

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remarks
		Y	N	N/A		
I. ADMINISTRATION AND ORGANIZATION						
A. Organizational Purpose and Commitment	1. VISION, MISSION AND GOAL ARE CONSISTENT, CLEARLY STATED ON WHAT IT HOPES TO ACHIEVE FOR ITS INTENDED BENEFICIARY AND UNDERSTOOD BY THE BOARD AND AN AGENCY STAFF VMG ARE WRITTEN IN GENDER-SENSITIVE AND CHILD-FRIENDLY MANNER AND ARE KNOWN AND UNDERSTOOD BY THE GOVERNING BOARD & STAFF				Review VMG which are related to the protection of women's rights and elimination of discrimination Interview some Board members & staff to assess their understanding of VMG; observe their language, attitudes/reactions on VAW & other gender-related issues/concerns	
	2. INTENDED BENEFICIARY CLEARLY IDENTIFIED VMG, AGENCY'S REGISTRATION, LICENSE & ACCREDITATION CERTIFICATES DISPLAYED CONSPICUOUSLY IN THE PREMISES ADMISSION CRITERIA AND REQUIREMENTS ARE NON-DISCRIMINATORY AND GENDER FAIR				Check display of VMG, Registration, License & Accreditation Certificates in appropriate site Review admission criteria and eligibility requirements	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
B. Governing Board or the equivalent policy-making body at the DSWD/LGU levels	1. GOVERNING BODY MEETS REGULARLY TO FORMULATE AND CONDUCT REGULAR REVIEW OF RULES AND PROCEDURES, POLICIES FOR SERVICE DELIVERY, ADMINISTRATION OF PERSONNEL, FISCAL MANAGEMENT AND OTHER CONCERNS ON THE ADMINISTRATIVE AND PROGRAM IMPLEMENTATION Representation in the Governing Board is gender fair.				Review of minutes of Board meetings	
	2. Board members have training and experience on the management of social welfare institutions particularly in a residential facility for women.				Review membership of the Governing Board Review list of Board Members and training programs they have attended.	
C. Agency Policies	1. POLICIES, PLANS, PROGRAMS AND ADVOCACY MATERIALS CONTAIN RELEVANT LEGAL/POLICY FRAMEWORK IN THE DELIVERY OF SERVICES FOR VICTIMS-SURVIVORS OF VIOLENCE such as CEDAW, DEVAW, CRC, RA 9262, 9208, 7610, 8505 AND OTHERS AND ARE STATED IN GENDER SENSITIVE AND CHILD-FRIENDLY LANGUAGE. 2. Copies of Manual of Operations, & Guidelines, IEC materials accessible & available to service providers and other concerned parties				Review of Manual of Operations, operational/strategic plans, MOA/Protocols, guidelines, IEC materials, periodic reports and other VAWC related documents to ensure that language used are gender-sensitive and in non-sexist language and these contain laws and policies on women's rights & VAWC Check availability of these documents/materials Review Manual of Operations	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>3. Written policy on ethical standards in dealing with VAW survivors including the use of gender-sensitive & child-friendly language</p>					
D. ORGANIZATIONAL STRUCTURE	<p>1. CLEAR ORGANIZATIONAL STRUCTURE IS IN PLACE WHICH INCLUDES POLICY, PLANNING, PROGRAM, FINANCIAL & MANAGEMENT UNITS CONTRIBUTING TO THE ACHIEVEMENT OF THE AGENCY'S VMG</p>				Review organizational chart, checking positions and lines of authority, functions of units and their interrelationships.	
E. FINANCIAL & MATERIAL RESOURCE MANAGEMENT	<p>1. SYSTEMS/PROCEDURES ON FINANCIAL AND MATERIAL RESOURCES MANAGEMENT, FUND SOURCING/RESOURCE GENERATION, PURCHASE & INVENTORY ARE AVAILABLE AND OPERATIONAL.</p> <p>FINANCIAL TRANSACTIONS AND REPORT ON FUND UTILIZATION TO DONORS/SPONSORS ARE TRANSPARENT AND WELL DOCUMENTED.</p> <p>2. APPROVED 2 YEARS WORK & FINANCIAL PLAN</p> <p>3. AUDITED FINANCIAL REPORT INDICATING A 30-40% EXPENDITURES FOR ADMINISTRATIVE CONCERNS AND 60-70% FOR PROGRAM IMPLEMENTATION AUDITED BY EXTERNAL AUDITOR OR COA</p> <p>4. UTILIZATION OF FUND ALLOCATION FOR GAD FROM THE GAA INCLUDE VAWC SERVICES AS REFLECTED IN THE WFP</p> <p>5. INTERNAL CONTROL SYSTEM IS WRITTEN & IMPLEMENTED WITH INTERNAL & EXTERNAL AUDITING DONE REGULARLY.</p>				Review financial systems or procedures and report on financial transactions and fund utilization.	
					Review GAD Work & Financial Plan	
					Check existence of internal control system	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>6. Facilities and assets with documentation, utilization, distribution, repair & disposal activities are in accordance with written policies with yearly inventory conducted.</p> <p>7. Receipt, distribution and utilization of donations are covered by written policies ensuring transparency and equitable and non-discriminatory utilization of donations</p>				<p>Review documents on facilities and assets including annual inventory reports</p> <p>Review report on donations</p>	
F. Support Services	<p>1. SUPPORT SERVICES FOR DAY-TO-DAY OPERATION OF AGENCY IS AVAILABLE, INCLUDING VEHICLES TO TRANSPORT WOMEN AND CHILDREN AND OTHER RELATED TASKS</p> <p>2. INFORMATION MANAGEMENT SYSTEM INSTALLED FOR DATA BASE, DOCUMENTATION & RECORDS MAINTENANCE INCLUDING COMPUTERS & INTERNET CONNECTION</p>				<p>Review general services report</p> <p>Review MIS of the agency</p>	
G. Human Resource Development and Management	<p>1. PERSONNEL POLICIES AND PROCEDURES ARE CLEARLY WRITTEN, AND CONSTANTLY IMPLEMENTED WHICH COVERS THE FOLLOWING:</p> <p>A. STAFFING PATTERN/MANPOWER WITH CORRESPONDING JOB DESCRIPTION CONSISTENT WITH THE ACTUAL FUNCTION OF THE PERSONNEL AND ORGANIZATIONAL STRUCTURE OF THE AGENCY.</p> <p>B. PERSONNEL POLICIES ON THE RECRUITMENT, APPOINTMENT, PROMOTION, RE-TOOLING, TRANSFER AND SEPARATION INCLUDING PERSONNEL ENHANCEMENT AND PSYCHOSOCIAL SUPPORT.</p>				<p>Review personal policies and procedures, staffing pattern, qualification standards and job description</p>	
	<p>2. Rules and procedures dealing with personnel needing disciplinary action including a grievance system and use of progressive discipline</p>				<p>Review policies on disciplinary measures and grievance mechanism of agency</p>	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	3. WORK AND LABOR STANDARDS INCLUDING WAGES, BENEFITS AND PRIVILEGES, AND OTHER SYSTEMS/MECHANISMS FOR SALARY/STEP INCREMENT APPLICABLE TO THE AGENCY'S PERSONNEL ARE IN ACCORDANCE WITH THE POLICIES OF THE CIVIL SERVICE COMMISSION (CSC) AND/OR LABOR CODE OF THE PHILIPPINE AND OTHER RELATED LAWS SUCH AS RA 8505.				RA 8505 states the preference for the appointment of female staff to handle VAWC	
	4. SERVICE PROVIDERS ARE TRAINED TO IMPLEMENT SPECIFIC PROGRAMS AND SERVICES FOR VAWC VICTIMS-SURVIVORS				Review training program for service providers	
	5. QUALIFICATION STANDARDS a. EXECUTIVE DIRECTOR/HEAD OF AGENCY – MUST BE AT LEAST A GRADUATE OF A FOUR-YEAR COURSE, PREFERABLY SOCIAL WORK OR ANY BEHAVIORAL SCIENCE WITH AT LEAST TWO YEARS OF MANAGERIAL EXPERIENCE AND RELEVANT TRAINING OR EXPERIENCE IN HANDLING VAWC AND OTHER GENDER-RELATED CASES.				Review qualification standards and training of Executive Director/Head of agency	
	b. SUPERVISING SOCIAL WORKER - MUST BE A REGISTERED SOCIAL WORKER WHO HAS RELEVANT SUPERVISORY EXPERIENCE IN HANDLING VAWC CASES AND OTHER GENDER-RELATED CONCERNS. AN AGENCY WITH THREE OR MORE SOCIAL WORKERS MUST EMPLOY A SUPERVISING SOCIAL WORKER.				Review qualification standards, experience and training of Supervising Social Worker	
	c. SOCIAL WORKER – MUST BE A REGISTERED SOCIAL WORKER WITH AT LEAST 360 HOURS OF TRAINING OR ONE YEAR EXPERIENCE IN HANDLING VAWC & OTHER GENDER-RELATED CASES				Review qualification standards, experience and training of social workers	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>d. HOUSEPARENT/CAREGIVER – MUST BE AT LEAST HIGH SCHOOL GRADUATE AND IS TRAINED FOR AT LEAST 120 HOURS <i>ON CARING FOR ABUSED/EXPLOITED WOMEN AND CHILDREN</i> SERVED BY THE AGENCY.</p> <p>e. Other program and administrative staff must have completed required education, degree or obtained appropriate license of eligibility as provided by law and as stipulated in the agency's written policies as the requirement for the specific job position and function.</p>				Review qualification standards and training of houseparents	
	<p>1. PERSONNEL COMPETENCIES & QUALIFICATION STANDARDS TO INCLUDE: EDUCATION & PROFESSIONAL QUALIFICATION SKILLS; PREFERABLY FEMALE; KNOWLEDGE OF AGENCY'S FRAMEWORK OF SERVICE DELIVERY; FACILITATIVE INTERDISCIPLINARY COLLABORATION, KNOWLEDGE OF AGENCY PROCEDURES & DECISION-MAKING STRUCTURES & AGENCY TARGET CLIENTELE & COMPETENCIES IN DEALING WITH THEM</p>					

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
<p>a. Staff-Client Ratio</p>	<p>1. Number Of Cases Assigned Per Worker Is Proportionate With The Nature/Types Of Clients Being Served As Follows:</p> <ul style="list-style-type: none"> • Social Worker – One Full-Time Social Worker For 20 to 25 <i>Disadvantaged Women</i> • At Least 4 Houseparents/Caregivers (3 Shifts And A Reliever) i. One Houseparent Per Shift For Every 30 <i>Disadvantaged Women</i> ii. Shifting Schedule Eight Hours Per Shift, <p>2. Other staff hired and maintained to assist social workers and house parents for comprehensive delivery of services for VAWC victims-survivors such as doctor, nurse, psychologist, telephone counselor, human resource development assistant, advocacy worker on a retained or contractual basis</p>				<p>Review ratio of staff to women victim-survivor cases being handled by social worker</p> <p>Review ratio of houseparent as to the number of women being supervised/cared for</p> <p>Review shift schedule of houseparents and other concerned staff</p> <p>Review ratio of other support staff needed and hired by agency for delivery of services</p>	
<p>b. Training and development</p>	<p>1. THE AGENCY HAS A BASIC TRAINING & CAPABILITY BUILDING PROGRAM FOR ITS PERSONNEL & VOLUNTEERS DULY SUPPORTED BY THE BOARD;</p> <p>*ORIENTATION PROGRAM FOR NEW STAFF TO INCLUDE GENDER SENSITIVITY TRAINING AND HANDLING EMERGENCY SITUATIONS</p> <p>*STAFF DEVELOPMENT ACTIVITIES</p> <p>ONGOING TRAINING & DEVELOPMENT ACTIVITIES BASED ON PERIODIC TRAINING NEEDS ASSESSMENT (120 hours)</p> <p>*SYSTEM OF SHARING KNOWLEDGE AND SKILLS AMONG STAFF DEVELOPED</p>				<p>Review capability building & training plan as well as its implementation with emphasis on the content related to agency's services for VAW</p>	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>2 AGENCY SUPERVISORS & SOCIAL WORKERS HAVE UNDERGONE TRAINING ON THE FOLLOWING</p> <ul style="list-style-type: none"> *NATURE, EXTENT & ANALYSIS VAW (POWER DYNAMICS, GST- 30 HOURS) *GENDER-RESPONSIVE APPROACHES TO CRISIS INTERVENTION (CRISIS THEORY, CRISIS INTERVENTION METHODS, NETWORKING, PRINCIPLES OF COMMUNICATION – 30 HOURS) *LEGAL & MEDICAL LITERACY RELATED TO VAW (LAWS ON WOMEN & CHILDREN, PROCEDURES, BASIC MEDICO-LEGAL INFORMATION – 30 HOURS) *SELF-CARE (STRESS MANAGEMENT TECHNIQUES – (15 HOURS) *SHELTER MANAGEMENT (15 HOURS) *PSYCHO-SOCIAL ISSUES IN VAW CASES (HIGHLY TRAUMATIZED WOMEN & CHILDREN, CONDUCT OF FAMILY CONFERENCING, HANDLING PERPETRATORS – 30 HOURS) *TRAINING ON CISD (STAGES/TYPES AND HOW TO ADDRESS TRAUMA – 24 HOURS) 				Review training program for social workers & their supervisors	
c. Staff Support Services	Staff support services are available in terms of regular supervision at least once a quarter, individual or group stress debriefing, annual rest & recreation and team building activities with the NGO workers provided with additional wellness leave, medical and retirement benefits.				Review supervisory records and other records on agency social and recreational activities	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
d. Performance Appraisal	PERFORMANCE APPRAISAL SYSTEM IN PLACE WITH THE USE OF WOMEN-CENTERED ASSESSMENT TOOL INCORPORATING ATTITUDES, HABITS & ETHICS OF WORK TWICE A YEAR				Review performance appraisal system	
e. Volunteer Services	Policies on volunteer requirement, qualifications, responsibilities, orientation, recognition & incentives are developed & utilized.				Review volunteer program of the agency	
II. PROGRAM MANAGEMENT						
1. Planning	1. WORK PLAN IS CONSISTENT WITH THE AGENCY'S THRUSTS, PROGRAMS AND SERVICES				Review center work plan	
	2. Plans are supported with baseline data and situational analysis of women and children;				Review plans of the center and data utilized	
	3. Plans are formulated in consultation with staff, women residents and other stakeholders.				Review minutes/record of consultation meetings	
	4. Plans clearly indicated short and long term goals, activities, resources needed, expected output/outcome, and responsible units				Review plans in respect to goals activities, outcomes and responsible units	
	5. Performance indicators/measurement is in place.				Review performance reports	
2. Implementation	1. PROGRAM SERVICE MANUAL FOR IAWC INDICATING THE OPERATIONAL PROCEDURES, STRATEGIES, POLICIES, GUIDELINES IN THE IMPLEMENTATION OF EACH PROGRAM AND SERVICE IS/ARE AVAILABLE AND OPERATIONAL.				Review program manual and guidelines	
	2. PROGRAMS, PROJECTS AND ACTIVITIES ARE IMPLEMENTED AS PLANNED AND DOCUMENTED				Review performance reports	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	3. PRESENCE OF MANAGEMENT SUPPORT AS EVIDENCED BY PROVISION OF NECESSARY RESOURCES AND AUTHORITY OR POWER TO IMPLEMENTORS.				Review of performance reports	
3. Monitoring	1. Results of monitoring are utilized in managing planned activities and taking corrective actions				Review monitoring reports	
	2. A system of collecting, recording and updating information, incoming significant aspects of a service/plan established including preparation of periodic reports				Review of periodic reports	
4. Evaluation	1. PERIODIC ASSESSMENT IS CONDUCTED PLAN VS. ACCOMPLISHMENT	x			Review accomplishment reports	
	2. Result of program evaluation is utilized as a basis for program planning and enrichment, among others.				Review program evaluation reports and utilization	
	3. REFERRAL SYSTEM IN PLACE WITH THE LGUs - AWARE OF CENTER'S OPERATIONS				Review referral system and referrals received	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
III. CASE MANAGEMENT						
A. Case Management Process	1. INTAKE PROCEDURES WRITTEN & IMPLEMENTED SUCH AS: *INTAKE INTERVIEW UNDERTAKEN WITHIN 30 MINUTES UPON ARRIVAL, SHOULD NOT BE BEYOND AN HOUR *PRESENCE OF AN INTERPRETER IF WOMAN CANNOT ARTICULATE HERSELF DUE TO ILLITERACY OR LANGUAGE BARRIER *LEVELING OF EXPECTATIONS BETWEEN AGENCY AND VICTIM-SURVIVOR/RESIDENTS *THOROUGH & ADEQUATE ORIENTATION REGARDING SERVICES OF THE CENTER/UNIT *PROPER ENDORSEMENT & REFERRAL OF VICTIMS-SURVIVORS TO OTHER AGENCIES IF THE AGENCY CANNOT ADDRESS THEIR NEEDS				Review of Manual of Operation, program manual, guidelines and case records Interview a few staff	
	2. PROBLEM IDENTIFIED IN CONSULTATION WITH THE WOMAN VICTIM-SURVIVOR INDICATING WHETHER THE PROBLEM WOULD BE A CHANGE IN HER BEHAVIOR OR A CHANGE IN HER ENVIRONMENT/SITUATION;				Review case records	
	3. DIAGNOSIS/ASSESSMENT INDICATED SIGNIFICANT EVENTS IN WOMAN VICTIM-SURVIVOR'S LIFE, HER FEELINGS, BEHAVIOR, RELATIONSHIP AND SUPPORT SYSTEM AS WELL AS HER POTENTIAL FOR CHANGE (AWARENESS, WILLINGNESS, ABILITY);				Review case records	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>ASSESSMENT INCLUDES THE FOLLOWING:</p> <ul style="list-style-type: none"> *PSYCHO-SOCIAL AND EMOTIONAL CONDITION *SAFETY & SECURITY INCLUDING THE LETHALITY OF HER SITUATION & THE NEED FOR TEMPORARY SHELTER *BIOLOGICAL & MEDICAL INCLUDING REPRODUCTIVE HEALTH CONCERNS *NEED FOR LEGAL ASSISTANCE & <p>ROTECTION</p> <ul style="list-style-type: none"> *STRENGTHS & WEAKNESSES *SUPPORT SYSTEM (INTERNAL & EXTERNAL) *DEPENDENTS *SIGNIFICANT EVENTS THAT LEAD TO HER CURRENT SITUATION & HER COPING STRATEGIES <p>4. GOAL AND CONTRACT SETTING & PLANNING DISCUSSED AND RECORDED SHOWING VICTIM-SURVIVOR'S PARTICIPATION IN A LANGUAGE UNDERSTOOD BY HER IN AN AGREEMENT OR COMMITMENT IN WRITING AS WELL AS RECOMMENDED INTERVENTIONS</p>				Review case records	
	<p>5. TREATMENT PLAN FORMULATED IN CONSULTATION WITH THE WOMAN VICTIM-SURVIVOR AND IS CONSISTENT WITH DIAGNOSIS/ ASSESSMENT. IT INCLUDED BASIC INFORMATION SUCH AS GOAL/OBJECTIVES, ACTIVITIES OR VARIOUS HELPING STRATEGIES/ INTERVENTIONS AND TIME FRAME;</p> <p>*FAMILY INTEGRATION PURSUED IF FOUND TO BE BEST INTERVENTION TO ACHIEVE TREATMENT PLANS</p>	x			Review case records	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>*PROVISION OF INTERVENTIONS, APPROACHES & STRATEGIES FOR EFFECTIVE REINTEGRATION & PREVENTION OF ABUSE AMONG WOMEN SURVIVORS FOR AFTER CARE SERVICES SUCH AS:</p> <ul style="list-style-type: none"> -EDUCATIONAL ASSISTANCE, FAMILY COUNSELING, SELF-ENHANCEMENT SERVICES, SOCIAL & VOCATIONAL/ PRACTICAL SKILLS DEVT, PSYCHO-LOGICAL SERVICES & REFERRAL; AND -DEVELOPING SUPPORT SYSTEMS THROUGH NETWORKING & SOCIAL MOBILIZATION <p>ACTIVITIES CONDUCTED IN ACCORDANCE WITH TREATMENT PLAN; (INTERVENTION PLAN)</p>					
	<p>6. PROGRESS/STATUS OF ACTIVITIES OR HELPING STRATEGIES/INTERVENTIONS ARE MONITORED AND EVALUATED;</p> <p>PROCESS OF INTERACTION WITH WOMAN VICTIM-SURVIVOR ARE DOCUMENTED I.E. EVENTS, HER FEELINGS/REACTION, SIGNIFICANT CONVERSATION, WORKERS IMPRESSION/ CONCLUSIONS AND RECOMMENDATION, AMONG OTHERS.</p> <p>7. SOCIAL WORK METHODS & INTERVENTIONS ARE APPLIED IN THE CASE MANAGEMENT OF VAWC CASES</p> <p>*CASEWORK – SW'S CASELOAD; 25 NON-INTENSIVE CASES AT A TIME WITH A MAXIMUM OF 30 CASES OF INTENSIVE AND NON INTENSIVE CASES</p> <p>*INDIVIDUAL COUNSELING; ONCE A WEEK FOR CRITICAL CASES</p>				<p>Review case records</p> <p style="text-align: right;">✓</p>	
					<p>Review case records</p>	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p><i>*GROUP COUNSELING; CONDUCTED AFTER A MINIMUM OF 4 INDIVIDUAL COUNSELING SESSIONS</i></p> <p><i>*GROUP WORK; 3 GROUPS AT A TIME</i></p> <p><i>FAMILY CASEWORK; 5 FAMILIES AT A TIME; FAMILY CONFERENCES CONDUCTED AS NEEDED</i></p> <p><i>*CASE CONFERENCES – MONTHLY FOR COLLECTIVE CASE MANAGEMENT & LEARNING</i></p>					✓
B. Case Documentation	<p>1. CASE RECORDINGS SHOW THE ELEMENTS OF THE HELPING PROCESS</p> <p><i>*ACTIVE PARTICIPATION & SELF- DETERMINATION OF VICTIMS-SURVIVORS IN DEVELOPMENT OF TREATMENT PLANS & DECISION-MAKING ON HER SHORT & LONG TERM PLANS</i></p> <p><i>*MULTI-DISCIPLINARY/MULTI-SECTORAL INVOLVEMENT IN THE PHASES OF THE HELPING PROCESS</i></p> <p><i>*IMPLEMENTATION OF INTERVENTION BASED ON AGREED PLAN WITH ASSISTANCE OF SW & PARTICIPATION OF VICTIM-SURVIVOR</i></p> <p><i>*MONITORING & EVALUATION OF INTERVENTIONS DONE QUARTERLY</i></p>	x			Review case records	✓ Needs further enhancement.

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>*CLOSURE/TERMINATION PLAN WITH PARTICIPATION OF VICTIM-SURVIVOR & HER FAMILY ON THE REINTEGRATION PLAN & AFTER CARE SERVICES</p> <p>*FOLLOW-UP & AFTER CARE SERVICES SYSTEM OF MONITORING DEVELOPED</p> <p>2. CASE RECORDS ARE ACCESSIBLE TO SERVICE PROVIDERS BUT MAINTAINING CONFIDENTIALITY & PRIVACY WHICH CONTAIN THE FOLLOWING</p> <p>*INTAKE SHEET PROPERLY ACCOMPLISHED INDICATING DEMOGRAPHICS (identifying information), HISTORY OF ABUSE, EFFECTS OF ABUSE, VICTIM-SURVIVOR'S BEHAVIOUR & PHYSICAL CONDITION, NEEDS & CONCERNS & ACTIONS TAKEN ON REFERRALS</p> <p>*INDIVIDUAL CASE RECORDS TO CONTAIN ADMISSION SLIP, INTAKE SHEET, SOCIAL CASE STUDY REPORT COMPLETED 5 DAYS AFTER INITIAL INTERVIEW & UPDATED EVERY 6 MONTHS; TREATMENT PLAN, MEDICAL, DENTAL, PSYCHOLOGICAL, SCHOOL RECORDS, PROGRESS NOTES AND RECORDINGS</p> <p>* PSYCHOLOGICAL, PROGRESS NOTES</p> <p>*ASSESSMENT & EVALUATIVE STATEMENT</p> <p>*SUMMARY RECORDINGS, TRANSFER SUMMARY OR CLOSING SUMMARY</p>				<p>Review case records</p> <p>Review Individual Case Folder and check the following:</p> <ul style="list-style-type: none"> - admission slip - referral for admission - intake sheet - birth/baptismal certificate - psychological record - dental record - school record - court record - social case study report - assessment/ evaluative statements - treatment plan evaluated every 6 months - progress notes/ Recordings - transfer/closing summary - all communications relevant to the case - inventory of belongings - photo of woman and children 	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
IV. HELPING STRATEGIES/INTERVENTIONS						
A. Residential Care	<p>1. SOCIAL SERVICES – APPROPRIATE SOCIAL WORK METHODS ARE UTILIZED AND RELATED ACTIVITIES ARE CONDUCTED TO FACILITATE THE HEALING, RECOVERY AND SOCIAL REINTEGRATION OF WOMEN-VICTIM-SURVIVOR</p> <p>PSYCHOSOCIAL CARE USING WOMEN & CHILD-CENTERED COUNSELING TO INCLUDE:</p> <p>* ALL ISSUES & CONCERNS DISCUSSED IN COUNSELING SESSION IS FROM THE VICTIM-SURVIVOR</p> <p>* AIM OF COUNSELING IS TO HELP HER IDENTIFY MOST PRESSING PROBLEM, PROVIDE IMMEDIATE RELIEF & SUPPORT & RESTORE ABILITY TO COPE CONSTRUCTIVELY WITH THE SITUATION</p> <p>* ALL ACTION DONE WITH THE FULL & INFORMED CONSENT OF THE WOMEN</p> <p>* WOMEN VICTIM-SURVIVORS ARE INFORMED OF PROCEDURES & THEIR RIGHT TO REFUSE ASSISTANCE AS WELL AS CONFIDENTIALITY ISSUES</p> <p>* PROHIBITION OF CORPORAL PUNISHMENT AND DEPRIVATION OF RIGHTS-BASWED NEEDS IN DISCIPLINING WOMEN VICTIM-SURVIVORS ARE WRITTEN AND APPLIED</p>				Review of case records	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>2. HOMELIFE BASIC NEEDS OF EACH RESIDENT SUCH AS FOOD, CLOTHING, AND SHELTER WITH A WELL BALANCED AND ORGANIZED ACTIVITIES APPROXIMATING FAMILY EXPERIENCE APPROPRIATE TO MEET THEIR PHYSICAL, EMOTIONAL AND SOCIAL NEEDS.</p> <p>*PROVISION OF OR ACCESS TO ADEQUATE, SAFE, NUTRITIOUS & FORTIFIED FOOD</p> <p>*NUTRITION EDUCATION OF WOMEN SURVIVORS ON FOOD PREPARATION, FEEDING OF CHILDREN, SICK & PWDS</p> <p>*PROVISION OF DECENT, CLEAN, CULTURE SENSITIVE, ADEQUATE (1:1) & APPROPRIATELY SIZED CLOTHING & PERSONAL ITEMS NEEDED FOR PHYSICAL PROTECTION, GOOD GROOMING & PERSONAL HEALTH</p>	x			<p>Review records to include daily menu, allocation of clothing, toiletries and other personal care items</p>	
	<p>3. HEALTH – APPROPRIATE MEDICAL, PSYCHOLOGICAL/PSYCHIATRIC AND OTHER HEALTH SERVICES ARE AFFORDED TO RESIDENTS TO ENSURE THEIR PHYSICAL AND MENTAL HEALTH.</p> <p>*FUNCTIONAL MECHANISM FOR REFERRAL OF EMERGENCY CASES IS IN PLACE</p> <p>*PROVISION OF HEALTH EDUCATION BASED ON THE LIFE CYCLE & RIGHTS-BASED APPROACH WHICH INCLUDE REPRODUCTIVE HEALTH & WOMEN FRIENDLY HEALTH SERVICES; REFERRAL TO MEDICO-LEGAL EXAM, RAPE KIT UTILIZATION, LABORATORY EXAM FOR STD, HIV/AIDS; PREGNANCY TEST, FAMILY PLANNING, HYGIENE & SELF-CARE, MATERNAL AND CHILD CARE & BREASTFEEDING, AMONG OTHERS</p>				<p>Review medical/psychological/psychiatric records and on-site inspection</p>	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>4. SKILLS TRAINING/ VOCATIONAL COUNSELING – THERE ARE ACTIVITIES CONDUCTED TO GUIDE THE RESIDENTS TOWARDS THE CHOICE OF VOCATION</p> <p>*INCOME GENERATING PROJECTS, JOB PLACEMENT & TRAININGS PLANNED & IMPLEMENTED WITH THE PARTICIPATION OF THE VICTIM-SURVIVOR</p> <p>*CLEAR POLICIES SET & IMPLEMENTED RELATIVE TO PROFIT SHARING, INCOME GENERATION, EARNINGS & SAVINGS</p> <p>*Capital Assistance complemented with appropriate skills</p> <p>*TRAINING, PROPER MATCHING & JOB ORIENTATION GIVEN TO SURVIVORS RECOMMENDED FOR JOB PLACEMENT</p>			N/A	Review records and on-site inspection	
	<p>5. EDUCATIONAL ASSISTANCE – WOMEN SURVIVORS ARE ACCESSED AND OR PROVIDED EDUCATIONAL OPPORTUNITIES/ACTIVITIES THAT WOULD DEVELOP THEIR SPECIAL INTERESTS</p> <p>*PROVISION OF NON-FORMAL EDUCATION ACCORDING TO INTEREST, NEEDS, HELPING GOALS</p> <p>*Access to formal education is facilitated, if appropriate</p> <p>*CONDUCT OF EMPOWERMENT WORKSHOPS FOCUSED ON NATURE, DYNAMICS & SOCIAL ROOTS OF VAWC, WOMEN'S HUMAN RIGHTS, ASSERTIVENESS, PRACTICING NON-VIOLENCE, BALANCING MULTIPLE ROLES OF WOMEN</p>	X			Review records	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>6. RECREATIONAL AND OTHER SOCIO-CULTURAL ACTIVITIES – OPPORTUNITIES PROVIDED FOR PLAY, AMUSEMENT OR RELAXATION.</p> <p>*PROVISION OF WOMEN-CENTERED ACTIVITIES, EQUIPMENT & TOYS TO SURVIVORS ACCORDING TO AGE LEVEL, ETHNICITY/CULTURE, PHYSICAL & MENTAL CAPABILITY</p> <p>*CONDUCT OF SPECIAL ACTIVITIES COMMEMORATING WOMEN'S DAY, 18 DAY CAMPAIGN AGAINST VAW AND OTHER SPECIAL EVENTS</p>				Review records	
	<p>7. SPIRITUAL ENHANCEMENT & VALUES EDUCATION – THERE ARE OPPORTUNITIES FOR SPIRITUAL GROWTH CONSIDERING THEIR OWN FAITH AND CONVICTIONS.</p> <p>*SURVIVORS HELPED TO IDENTIFY POSITIVE VALUES, CLARIFY PERSONAL VISION & LIFE GOALS</p> <p>*ACCESS TO WORSHIP SERVICES CHOSEN BY SURVIVORS</p> <p>*SPIRITUAL ACTIVITIES ARE PLANNED WITH THE SURVIVORS</p> <p>*PROVISION OF MECHANISMS FOR PROTECTION FROM MENTAL, EMOTIONAL, PHYSICAL, SEXUAL & OTHER FORMS OF EXPLOITATION</p> <p>*REGISTRATION OF BIRTH OF ALL VICTIMS-SURVIVORS AGED 17 AND BELOW MONITORED & FACILITATED</p> <p>*SURVIVORS ARE TRAINED ON PROTECTIVE BEHAVIOR SUCH AS ASSERTIVENESS & SELF-DEFENSE TRAINING, ETC.</p>				Review records	
B. Protection and Safety					Review of records	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
<i>C. Legal/Para-Legal Assistance</i>	<p>*SURVIVORS ARE TRAINED ON OCCUPATIONAL HEALTH HAZARDS & SAFETY STANDARDS SUCH AS PROTECTIVE GADGETS</p> <p>*SURVIVOR REFERRED TO LEGAL/PARALEGAL SERVICES IF THESE ARE NOT PROVIDED BY THE AGENCY WITH APPROPRIATE GUIDANCE & PREPARATION FOR COURT HEARINGS, ETC.</p> <p>*OPTIONS PROVIDED TO SURVIVOR BEFORE TAKING ANY LEGAL ACTION</p>				Review of records	
<i>e. Advocacy Program Designed, Planned, Implemented and Evaluated</i>	<p>*CONDUCT OF ADVOCACY & NETWORKING FUNCTIONS TO IMPROVE RESPONSE TO VAWC</p> <p>* CONDUCT OF INFORMATION CAMPAIGN ON VAW AT LEAST ONCE A YEAR</p> <p>* Produces reader-friendly VAW information education materials in various local dialects</p> <p>* Develop a social marketing plan for resource generation of the center</p>				Review IEC/advocacy materials and social marketing plan	
<i>F. After – Care Services</i>	AFTER –CARE SERVICES IN PLACE UPON DISCHARGE OF WOMAN AND CHILD, IF APPLICABLE IN COORDINATION WITH LGU OR NGO IN THE COMMUNITY	X			Review of after care services plan as arrived at with woman-survivor. social worker and LGU/NGO	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remark
		Y	N	N/A		
	<p>8. DINING ROOM WITH CHAIRS AND TABLES ARRANGED BASED IN THE AGE OF THE RESIDENTS FOR BETTER INTERACTION BETWEEN AND AMONG WOMEN AND THEIR CHILDREN, MAXIMUM OF TEN RESIDENTS PER TABLE</p>				On-site inspection	
	<p>9. KITCHEN EQUIPPED WITH BASIC KITCHEN FURNISHING, TOOLS AND UTENSILS</p>				On-site inspection	
	<p>10. BEDROOMS</p> <ul style="list-style-type: none"> ▪ INDIVIDUAL BED PLACED AT LEAST ½ TO ONE METER APART AND A STORAGE/CABINET FOR CLOTHING AND OTHER PERSONAL BELONGINGS FOR EACH CLIENT ▪ Separate - bedroom to accommodate women and their children with special needs or condition that requires a separate quarter ▪ A ROOM MEASURING ABOUT 4M X 6M (24 SQM.) SHALL HAVE 5 TO 6 BEDS FOR WOMEN AND THEIR CHILDREN. ▪ IN CASE OF A DORMITORY TYPE STRUCTURE, SLEEPING CUBICLES SHALL ACCOMMODATE AT LEAST 15 WOMEN AND THEIR CHILDREN ▪ EACH WOMAN HAS HER OWN BED WITH CLEAN MATTRESS/BEDDINGS ▪ Each bedroom has a window ▪ Bedroom not to be located in a basement unless declared fire-safe 				On-site inspection	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remarks
		Y	N	N/A		
	11. Living room/receiving room which is suitable for relaxation or leisure of residents and visitors.				On-site inspection	
	12. BATHROOM/TOILET <ul style="list-style-type: none"> ▪ ONE FUNCTIONAL BATHROOM FOR EVERY TEN (10) FEMALE RESIDENTS ▪ ONE FUNCTIONAL TOILET FOR EVERY TEN (10) WOMEN RESIDENTS ▪ ONE BATHROOM/TOILET FOR FEMALE STAFF ▪ ONE FUNCTIONAL BATHROOM/TOILET FOR MALE STAFF 				On-site inspection	
	13. Study area for residents enrolled either in formal or non-formal school				On-site inspection	
	14. INFIRMARY/CLINIC FOR WOMEN AND CHILDREN NEEDING MEDICAL ATTENTION AND FOR USE DURING MEDICAL CONSULTATION <ul style="list-style-type: none"> • Isolation room for women and their children with communicable diseases 				On-site inspection	
	15. INTERVIEW/COUNSELING ROOM EQUIPPED WITH PARAPHERNALIA THAT WOULD ALLOW INTERACTION BETWEEN THE WOMEN AND SOCIAL WORKER, SUCH AS ART MATERIALS, THROW PILLOWS, DOLLS, TOYS, AND OTHER DEPENDING ON THE AGE AND PURPOSE OF THE INTERVIEW/COUNSELING SESSION FOR THE PSYCHOSOCIAL RECOVERY OF WOMEN & CHILDREN.				On-site inspection and check on materials available	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remarks
		Y	N	N/A		
	16. Wellness/resting room/corner or reflection area within or outside the center for women and staff				On-site inspection	
	17. Accessibility features of rooms, bath, toilet, facilities and spaces are barrier free with proper signages					
	18. LOCATION OF CENTER IS ACCESSIBLE TO COMMUNITY FACILITIES/SCHOOLS, ETC. AND FAR FROM CONFLICT AREAS				On-site inspection	
	19. Staff quarters – separate living quarters for male and female staff				On-site inspection	
6. Safety and Emergency Measures	<p>DOCUMENTED SAFETY PROCEDURES AND EMERGENCY PLAN CONSISTENTLY IMPLEMENTED TO ENSURE THE SAFETY OF ITS PERSONNEL AND RESIDENTS, WHICH MAY INCLUDE BUT ARE NOT LIMITED TO:</p> <p>a. FIRST AID KITS AVAILABLE AND STRATEGICALLY LOCATED TO DEAL WITH EMERGENCY & OTHER LIFE THREATENING SITUATIONS</p> <p>b. UPDATED ANNUAL CLEARANCE CERTIFICATE FROM PROPER AUTHORITIES IN COMPLIANCE WITH BASIC BUILDING AND FIRE SAFETY REQUIREMENTS.</p> <p>c. UPDATED CERTIFICATION OF ADEQUATE WATER POTABILITY</p>	x			Check availability of site located	
					Check clearance certificates	
					Check Certification	

Work Areas	Standards Variable and Operational Definition	Compliance			Documents Reviewed/ Source of Information	Specific Findings/Remarks
		Y	N	N/A		
7. Waste Management	<p>PRACTICES ON WASTE DISPOSAL IN ACCORDANCE WITH SANITATION REGULATION AND OTHER ENVIRONMENTAL CONSERVATION AND PROTECTION, SUCH AS:</p> <ul style="list-style-type: none"> ▪ SEGREGATION OF BIODEGRADABLE FROM NON-BIODEGRADABLE ▪ RE-CYCLING ▪ DRAINAGE AND SEWERAGE SYSTEM ▪ SOLID WASTE DISPOSAL SUPPORTIVE OF CLEAN AIR ACT AND ENVIRONMENTAL SANITATION 	x			On-site inspection, records/reports, if any	

Over-all Assessments/Recommendations:

Strengths

Areas for Improvement:

Recommendations:

Assessed by:

Social Welfare Officer ____

Reference:

Above compliance	Aside from meeting all the non-negotiable (NN) and negotiable standards, there are additional or innovative systems, programs and facilities installed in the agency.
Full-compliance	100% "yes" responses for both non-negotiable and negotiable standards
Satisfactory Compliance	100% "yes" responses for non-negotiable with 75-99% "yes" response to negotiable standards
Non-compliance	Any of the non-negotiable standards is not complied

PERFORMANCE STANDARDS AND ASSESSMENT TOOLS FOR SERVICES ADDRESSING VIOLENCE AGAINST WOMEN IN THE PHILIPPINES: Psychosocial and Counseling Services to Women Victim -Survivors of Violence and their Children in Center and Residential Facilities of the Department of Social Welfare and Development (DSWD)

Administrative Order No. 04 s. 2006 is the official policy issuance adopting the performance standards in the implementation of psycho-social services for VAW in centers and residential facilities. The DSWD standards will be used in the accreditation of national, regional, and local VAW centers.

This publication is part of a package consisting of five sets of performance standards for each of the five service categories, represented by government agencies tasked primarily to render such type of service, as follows:

Medical and medico legal services for victims-survivors of VAW referred or handled by the women and children protection units (WCPUs) in Department of Health (DOH) retained hospitals. The WCPU PS aims to set the standards for the operation of hospital based WCPUs all over the country.

Investigation, rescue and handling of victims-survivors of VAW provided by the Philippine National Police (PNP) through its Women and Children Protection Desks (WCPD). The WCPD is a principal component of the different police stations nationwide mandated to attend to cases of violence against women and children, including minors who violate the law and those at risk of danger, harm and exploitation.

Prosecution and legal services for victims-survivors of VAW developed with the Department of Justice (DOJ) in consultation with the members of the DOJ Task Forces on Women and Children and Trafficking. The DOJ standards will ensure gender-sensitive handling and prosecution of VAW cases. It is applicable to national as well as regional and local prosecution offices.

LGU-based services, developed with the Department of the Interior and Local Government- National Barangay Operations Office (DILG-NBOO) sets the standards for, among others, the provision of devolved social welfare and health services for VAW in local government units. It contains three types of standards and assessment tools for the three different levels of LGUs Barangays, Municipal and Provincial/Highly Urbanized Cities

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