



**Republic of the Philippines**  
**Department of Social Welfare and Development**  
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Quezon City  
Telephone No. 931-8101 to 07

**Administrative Order No. 19**  
Series of 2005

**SUBJECT: Guidelines on the Medical Mission Services for Children with Special Medical Needs**

**I. Rationale**

Monitoring visits and provision of technical assistance to Residential Care Centers/Institutions for children reflect the increasing number of children for placement with medical needs ranging from mental developmental delays and impairments to physical impairments and malformation.

In the National Capital Region alone, as of August 23, 2005, there are 22 children awaiting adoption who were diagnosed with global developmental delay, cerebral palsy, attention deficit and hyperactivity disorder, mental retardation, hearing impaired, etc. Similar cases are also increasing in the other regions.

There is a very small chance for adoption of these children since adoptive parents prefer those who are healthy; i.e. without any physical and/or mental abnormality. As such, children linger on in the institutions.

Medical treatment for cases of children with special needs is very costly. Most of the government and non-government centers/institutions could not afford the high cost of medical check-up, treatment, medicines, etc.

Medical missions were already established with partner agencies, such as those cases that could hardly be treated in the Philippines and are sent abroad due to unavailability of medical technology or physicians in the Philippines, but not all cases are given attention due to high cost of treatment, transportation and incidental expenses. However, there are partner agencies that recognize the need to develop alternative modes of medical mission, like international organizations who are willing to visit countries where they could offer their services. As an offshoot of the Guidelines on the Medical Mission Services for Children or Administrative Order No. 36, series of 2004, these guidelines were developed to provide the implementing agencies, units, and partners with the parameters, directions and delineation of roles and responsibilities in the implementation of the Medical Mission Services for Children with Special Medical Needs.

## **II. Legal Bases**

### **1. Philippine Constitution**

#### Section 3 (2)

The right of children to assistance, including proper care and nutrition, special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.

### **2. R.A. 7610, Special Protection of Filipino Children – Article 1, Section 2**

It shall be the policy of the State to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development and over which they have no control.

### **3. The Convention on the Rights of the Child**

#### Article 3

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative or legislative bodies, the best interests of the child shall be a primary consideration”.

#### Article 24

State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

## **III. Description**

The Medical Mission Services for Children with Special Medical Needs such as for/in adoption, foster care and residential care, including those in the communities involves the evaluation/diagnosis and/or intervention/treatment, if appropriate, to be carried out by local/foreign physicians/medical practitioners in the Philippines to children who have serious medical conditions. The medical mission will be held in the center where the child resides, or whenever there is a lack of facilities therein, in the nearest hospital/clinic. The center’s medical staff if any, will assist the medical team during the conduct of the medical assessment.

## **IV. Objectives**

#### General:

To institutionalize a mechanism of cooperation between and among the stakeholders in order to facilitate a systematic/structured delivery of medical mission for concerned Filipino children in alternative placement.

Specific:

1. Provide medical evaluation/diagnosis and/or appropriate intervention/treatment to children in alternative placement who have serious medical conditions.
2. Transfer technology and basic know-how to center staff such as but not limited to early detection of developmental delays, diseases, etc.

**V. Policies:**

1. The Department and the partner agencies shall ensure that the child's best welfare and interest shall be the paramount consideration in the conduct of the medical mission.
2. Appropriate measures shall be taken by the Department and partner agencies in order to protect Filipino minors against exploitation, abuse and other conditions prejudicial to their physical, mental, emotional, social, moral and spiritual development.
3. The Department shall only approve a medical mission case to be sponsored by an individual/agency/organization which has forged a Memorandum of Understanding with the Department and is willing to adhere to this Protocol established for the purpose.
4. The Committee on Medical Mission created in this Order shall review the credentials of the sponsoring agency, review and approve the medical treatment of a child/children.
5. The participating agencies/organizations shall observe the principles of confidentiality on matters related to the medical mission case.
6. Other incidental expenses outside the medical treatment of the child/children shall be shouldered by the child caring agency who has custody of the child/children.

**VI. Children Eligible for Medical Mission**

A child eligible for medical mission is one who suffers from life threatening conditions or physical/developmental disability affecting the child's functioning and quality of life and where such conditions cannot be treated and managed by the present custodian in the center due to financial incapability, lack of training, to wit:

1. Child under the temporary care and/or protective custody of the Department or its licensed/accredited GOs/NGOs residential homes and foster homes.
2. Child from communities who are referred by the City/Municipal Social Welfare Office.
3. Child cleared for local and intercountry adoption with medical problems.
4. Child with possible suspicion on medical and neurological problem.

5. Child who is allegedly healthy but with history on certain medical problem/s.

## **VII. Documentary Requirements**

The following documents are required by the medical mission committee to determine eligibility of the child for medical mission:

### **A. Child/Children in Residential Homes or in the Community**

1. Affidavit of Informed Consent/Waiver executed by parents or legal guardian of the child in favor of the DSWD and the Sponsor Agency allowing them to exercise custody over the child including the right to make a medical decision.
2. Psychological Evaluation Report, if appropriate.
3. Medical Evaluation Reports to include the medical diagnosis, prognosis, and recommendations for the needed medical interventions.
4. Updated Child Study Report with photo of child
5. Certificate of Live Birth or Foundling Certificate in Security Papers (SECPA)
6. Deed of Voluntary Commitment or Declaration of Abandonment (DA), if appropriate;
9. Passport photo of a child 4.5 cm x 3.5 cm (6 copies)

### **B. Sponsor Agency/Organization**

#### **Foreign/Local**

1. Profile of the agency/organization to include background or history, registration, license or accreditation by the state/country, brief introduction of the agency's programs and services and previous experiences in handling medical mission cases of Filipino children.
2. Profile of the physician, background, specialization, license, accreditation, etc.
3. Acceptance from the agency/organization who shall provide free treatment and services for the child

## **VIII. Implementing Procedures**

### **A. Assessment/Identification of Child**

1. The DSWD center or community based social worker or licensed/accredited Child Caring Agencies responsible for the care of the child shall submit to the DSWD - Field Office the pertinent supporting documents of children who are recommended for medical mission.
2. Upon determination that the child is qualified for medical mission, the DSWD Field Office shall review and ensure that supporting documents

are in order and coordinate with the Social Technology Bureau (SOCTECH) for endorsement to the Committee on Medical Mission Service for review and approval.

3. The documents of children will be reviewed by the Committee on Medical Mission together with the sponsor agency/organization to ensure eligibility for the medical mission as well as the capability of the sponsor agency to conduct the treatment.
4. The schedule of the conduct of medical mission shall depend upon the availability of the sponsor/agency.

#### **B. Conduct of Medical Mission**

1. The DSWD Social Technology Bureau shall notify the GO/NGO CCAs /LGU of the approval of the sponsoring agency and the schedule of the evaluation/treatment.
2. The GO/NGO CCA/LGU with the assistance of the Field Office shall ensure that children approved to undergo evaluation/treatment shall be in the designated venue for the conduct of medical mission as scheduled.
3. Each GO/NGO CCA/LGU shall provide an escort of the child/children prepared by the social worker to assist the child and provide the necessary information on the child to the attending physician.

### **IX. Role Delineation and Responsibilities**

The following shall be the roles and responsibilities of all agencies/organization/ individuals involved in the medical mission service:

#### **A. Department of Social Welfare and Development (DSWD)**

##### **Social Technology Bureau**

1. Formulate guidelines governing the implementation of the medical mission involving Filipino minor/s in the country.
2. Establish a composite team from the staff of the Bureau/ICAB/Field Office and ACCAP as may be necessary to review the cases of children who shall undergo medical treatment.
3. Ensure that all person/agencies involved in the Medical Mission are competent and licensed/accredited by the appropriate Department and shall act in conformity with applicable laws of the country.
4. Coordinate with ICAB and FOs on the list of children not placed with families due to medical problem who may be beneficiaries to the medical mission.

5. Provide technical assistance to Field Office involved in the preparation/processing of documentary requirements for eligible minors under Medical Mission.
6. Coordinate with the sponsoring organization the progress of the medical condition and temporary placement of the child.

#### **DSWD – Field Office**

1. Identify children eligible for medical mission services.
2. Assist the sponsoring agency in the site identification and setting up the venue for medical mission.
3. Coordinate with the Social Technology Bureau, Child Caring Agencies (CCAs)/LGU relative to the identified children for medical mission.
4. Assist the CCAs/LGUs in the preparation/processing of documents of the child.
5. Ensure that Child Caring Agencies keep a separate folder of the medical history of the children for easy reference.

#### **B. Sponsor Agency / Organization**

##### **Foreign/Local**

1. Administer the evaluation/treatment of every child and provide the Social Technology Bureau with a written evaluation/diagnosis and/or intervention/treatment, after the conduct of the medical mission..
2. Provide reports to the DSWD and the child-caring institution on the progress of medical condition of a child beneficiary, as necessary.
3. Refer the child to other medical practitioners who have expertise on specific cases.
4. Recommend for treatment abroad if the medical case can not be treated in the Philippines due to lack of facilities, medical practitioners/specialists.
5. Underwrite the cost associated with the medical mission to be done abroad inclusive of accommodations and airfare to the Philippines and return to country of origin.
6. Conduct lectures/seminars to medical staff, houseparents and social workers on the early detection and handling/caring for children with specific medical needs, if appropriate and if time permits.

### C. GO/NGO Child Caring Agency (CCA)/LGU

1. Identify children eligible for medical mission service.
2. Prepare the child/children physically/psychologically prior to the conduct of medical mission.
3. Shoulder the cost of local transportation and board/lodging of child and escort, if/when necessary.
4. Tap other resources or shoulder the cost of other medical fees that cannot be provided by the sponsor agency.
5. Prepare required documents such as Affidavit of Consent/Waiver to be executed by parents, or Agency/Regional Director as necessary.
6. Identify medical staff, houseparent, social worker, or foster family who shall escort the child to the medical mission and who may undergo lecture or seminar on early detection as well as handling/caring of cases of children with specific medical needs, if offered by the sponsor agency/organization.
7. Keep a separate folder of the medical history of the children for easier reference.

### D. Committee on Medical Mission Services

This committee compose of the heads or representatives of the Social Technology Bureau, Inter-Country Adoption Board, DSWD-Field Office; Association of Child Caring Agency of the Philippines (ACCAP), Department of Health or Philippine Pediatric Society shall:

1. Review and recommend for approval of the Department the credentials of the sponsoring agency.
2. Coordinate with the Professional Regulating Bodies of the entry and practice of foreign medical professionals in the country.
3. Review and approve the participating child caring agencies and cases of children who will undergo treatment.
4. Facilitate the conduct of training or seminar of the sponsor agency/organization to staff or parents of children with specific medical needs.
5. Facilitate the approval of medicines by the Bureau of Food and Drug and other regulatory bodies brought by the sponsor agency for the treatment of the children.
6. Facilitate tax exemptions of medical equipment or drugs brought by sponsor agencies for the treatment of children to the appropriate agencies.

Issued in Quezon City, this 7<sup>th</sup> day of December, 2005.

*Yuan*  
**LUWALHATI F. PABLO**  
OIC - Secretary  
Department of Social Welfare and Development

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