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ADMINISTRATIVE ORDER NO. 04
Series of 2006

SUBJECT : 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 reintegration 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.**

- a. **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.

- b. **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.

- c. **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.

- d. **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.

- e. **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.

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

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

h. 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.

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

j. 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:

- a. **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.
- b. **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.

- c. **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.
- d. **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.
- e. **Casework** – refers to an individual centered problem solving method aimed at restoring/enhancing the social functioning of the women and their children.
- f. **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.
- g. **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 RESIDENTIAL 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 Manger – 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/Crisis 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 teambuilding 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.4. There is an existing reward system for volunteers who have shown dedication and commitment in helping the clients.
 - f.5. 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.

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 licensed explained to the client by a licensed health professional.
- 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.

- 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 Aug 2006.



ESPERANZA I. CABRAL

Secretary

