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Department of Social Welfare and Development

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SUBJECT: GUIDELINES ON THE INSTITUTIONALIZATION OF GENDER RESPONSIVE CASE MANAGEMENT (GRCM) AS A PRACTICE MODEL IN HANDLING VIOLENCE AGAINST WOMEN (VAW) CASES

I. **RATIONALE:**

Reports from the sixteen (16) DSWD Field Offices (FOs) throughout the country show an average of 6,511 cases of women in difficult circumstances (WEDC) handled over the last five years, from 2004 to 2008. In 2011 alone, cases were of record high at 52,198 and an average of 801% increase from 2008. Of these, 225 were cases of sexual abuse; 920 were physical abuse/maltreated, 786 are emotionally abused and some 3,142 are in the form of neglect and economic abuse. While 45,614 were provided with crisis intervention services whose cases are not categorized.

The Republic Act 9262 or Anti-Violence against Women and Their Children Act of 2004 (RA 9262) under the Section 61 of its Implementing Rules and Regulations states that DSWD should develop program, rehabilitation, counseling and other support intervention to facilitate the recovery/healing and reintegration of victim-survivors of abuse into the communities. Further, DSWD is mandated to conduct technical assistance and capability-building for social welfare officers/social workers of LGUs, NGOs and other interest groups.

Given the volume of VAW victims throughout the country and mandate of the Department, there is a need to strengthen the capacity of social workers as case managers in responding and handling clients in the most appropriate and gender-sensitive manner. There is a need for these frontline service providers to improve their knowledge of conducting case management and to enhance their skills with regards to the application of the various methods and techniques in case management with a gender perspective.

Thus, the DSWD through the Social Technology Bureau developed Gender Responsive Case Management (GRCM) as a Practice Model to ensure healing and recovery of victim-survivors and to capacitate social workers as case managers in handling VAW cases in various forms and magnitude. A manual was developed to guide the social workers and address the following areas of limitations:

- **Knowledge:** in understanding that causes and dynamics of violence against women and girls are gender-based, and in using gender practice perspective
- **Skills:** in application of methods and techniques in case management with gender as a practice perspective
- **Attitudes:** in upholding the ethical standards of practice in the face of physical and emotional difficulties experienced as a consequence of working closely and constantly with victim-survivors

After three years of pilot-test in 29 municipalities of 10 provinces and 1 city, the GRCM as a practice model was found to be effective in handling VAW cases. This guideline is therefore issued to promote, institutionalize and obtain the highest quality of case management, support and protection to victim-survivors provided by DSWD, LGU and NGO-managed residential care facilities for women-girls and all local social welfare offices providing direct services to victim-survivors. Further, it advocates for a timely, coordinated, age and gender-appropriate case management and services to survivors of violence.

II. LEGAL BASES:

1. **The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** provides the basis for realizing equality between women and men through ensuring women's equal access to, and equal opportunities in, political and public life -- including the right to vote and to stand for election -- as well as education, health and employment. States parties agree to take all appropriate measures, including legislation and temporary special measures, so that women can enjoy all their human rights and fundamental freedoms.
2. **The Beijing Declaration and Platform for Action (BPFA)** is a document adopted by governments at the Fourth World Conference on Women that sets forth governments' commitments to enhance women's rights. It also identified other acts of VAW include violation of human rights of women in situations of armed conflict, in particular murder, systematic rape, sexual slavery and forced pregnancy. The Beijing document also stated that VAW also includes forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.
3. **The Declaration on the Elimination of Violence against Women (DEVAW)** which was adopted in December 1993 by the United Nations General Assembly, recognizes that violence against women is a violation of women's human rights. The Declaration affirmed that violence against women "constitutes a violation of the rights and fundamental freedoms of women and impairs or nullifies their enjoyment of those rights and freedoms." It also explicitly recognized that VAW is based on gender inequality.
4. **1987 Philippine Constitution** provides that the State values the dignity of every human person and guarantees full respect of human rights. The state shall defend the right of children to assistance, including proper care and nutrition and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.
5. **Republic Act 7610 or Special Protection of Children Against Abuse, Exploitation and Discrimination Act of 1992** declares the policy of the State to provide special protection to children from all forms of abuse, neglect, cruelty exploitation and discrimination and other conditions, prejudicial their development; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination.
6. **Republic Act 7877 or the Anti-Sexual Harassment Act of 1995** declares that the State shall value the dignity of every individual, enhance the development of its human resources, guarantee full respect for human rights, and uphold the dignity of workers,

employees, applicants for employment, students or those undergoing training, instruction or education. Towards this end, all forms of sexual harassment in the employment, education or training environment are hereby declared unlawful.

7. **Republic Act 8353 the Anti-Rape Law of 1997 and RA 8505 or the Rape Victim Assistance and Protection Act of 1998** declare rape is a crime and the State to provide necessary assistance and protection for rape victims. A rape crisis center shall be established in every province and city to provide counseling, free legal assistance, ensure the privacy and safety of rape survivors, and to develop and undertake a training program for law enforcement officers, public prosecutors, lawyers, medico-legal officers, social workers, and barangay officials on human rights and responsibilities, gender sensitivity and legal management of rape cases.
8. **Republic Act 9262 or Anti-Violence against Women and Their Children Act of 2004** declared that the State values the dignity of women and children and guarantees full respect for human rights. The State also recognizes the need to protect the family and its members from violence and threats to their personal safety and security
9. **Republic Act 9710 or Magna Carta of Women** spells out every woman's right to protection from all forms of violence, including those committed by the State. Section 9 underscores that agencies of government shall give priority to the defense and protection of women against gender-based offenses and help women attain justice and healing. Section 10 women have the right to protection and security in times of disasters, calamities or other crisis situations especially in all phases of relief, recovery, rehabilitation and construction efforts.
10. **Joint Memorandum Circular No. 2010-1** entitled Creation of Local Committees on Anti-Trafficking and Violence Against Women and their Children
11. **Joint Memorandum Circular No. 2010-2** provides guidelines on the establishment of a Violence Against Women Desk in Every Barangay

III. Operational Definition of Terms:

For purposes of this guideline, the following definition of terms has been adopted:

1. **Violence Against Women (VAW)** refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. It shall be understood to encompass, but not limited to, the following:
 - i. Physical, sexual, psychological, and economic violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;
 - ii. Physical, sexual, and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in

educational institutions and elsewhere, trafficking in women, and prostitution; and

iii. Physical, sexual, and psychological violence perpetrated or condoned by the State, wherever it occurs. Under the Magna Carta of Women, this term is used interchangeably with gender-based violence.¹

2. **Social Work Case Management** is a method of providing services whereby a professional social worker assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs.²
3. **Victim-survivor** refers to a woman, or female child who has suffered GBV. While as a victim, she should be treated with compassion and sensitivity, referring to her as a survivor recognizes her strength and resiliency.³
4. **Gender-sensitive** means understanding and consideration of socio-cultural factors underlying sex-based discrimination. Gender-sensitive planning uses specific methods and tools to provide women and girls more opportunities for their participation in the development process and to measure the impact of planned activities on women and men.
5. **Gender-responsive programming** for women and girls intentionally allow gender to affect and guide services, creating an environment that reflects an understanding of the realities of the girls'/women's lives, and is responsive to the issue and needs of victim-survivors being served. To be **gender-responsive** requires attending to women/girls' needs so that programs, services and policies can be designed to address their development and help them establish and sustain consistent and supportive relationships. **Gender-responsive** programming provides women/girls with safe opportunities to heal from trauma without fear that disclosure and discussion will carry negative consequences. It also provides women and girls with opportunities for success in which they can produce something of value to themselves and those around them.⁴
6. **Multi-disciplinary Team (MDT)** shall refer to the composition of the response and helping team in the community: the doctor, the social worker and the police officer. For residential care facilities, the houseparent, psychologist and other staff helping the victim-survivor may become members of the MDT. In emergencies, the members of the MDT may also include doctors and social workers from the hospitals and non-government organizations providing such services, faith-based organizations and members of the barangay councils for security and protection.
7. **Service Provider (SP)** refers to an agency/organization/individual providing protection and assistance to a victim-survivor whether government/NGO/FBO/agency providing SWD services, health/medical/psychological/psychiatric services, legal assistance, educational (formal, non-formal/alternative) services, and others for the recovery and reintegration of a victim-survivor.⁵

¹ Joint Memorandum Circular No. 2010-2 Guidelines in Establishing VAW Desk in Every Barangay

² National Association of Social Workers, June 1992

³ Guidelines in the Establishment and Management of a Referral System on VAW at the LGU

⁴ https://www.nttac.org/views/docs/jabg/grpcurriculum/track2/mod2/Handout_2-1.pdf

⁵ Guidelines in the Establishment and Management of a Referral System on VAW at the LGU

8. **Case Manager (CM)** refers to a registered social worker trained and/or coached on GRCM, who is responsible for the provision and monitoring of services to a particular victim-survivor provided by the agency or other agencies in the referral network. She is in charge of the case management.⁶
9. **Empowerment** refers to increasing the spiritual, political, social or economic strength of women. It often involves the empowered developing confidence in her own capacities. Empowerment may be the totality of the following or similar capabilities:
 - Having decision-making power of her own
 - Having access to information and resources for taking proper decision
 - Having a range of options from which she can make choices (not just yes/no, either/or)
 - Ability to exercise assertiveness in collective decision making
 - Having positive thinking on the ability to make change
 - Ability to learn skills for improving one's personal or group power
 - Involving in the growth process and changes that is never ending and self-initiated
 - Increasing her positive self-image and overcoming stigma

IV. **OBJECTIVES:**

General Objective:

Improve case management of victim-survivors by using the GRCM as a practice model, guiding principles, framework and tools thereby promoting and protecting the human rights of every VAW survivor.

Specific Objectives:

1. Institutionalize the use of the GRCM principles, approach, framework and tools in assessing, designing and implementing a rights-based and gender-responsive helping plans for GBV survivors;
2. Facilitate and advocate timely, coordinated, age and gender-appropriate delivery of services to meet the various needs of the survivors;
3. Promote exchange of knowledge, skills and good practices to enhance the capacities of social workers to undertake GRCM.

V. **COVERAGE/TARGET BENEFICIARIES**

The GRCM as a practice model, its principles, framework and tools are to be used for VAW cases including those resulting from emergencies or disasters, by the ff:

- Social workers and members of the MDT in all DSWD-centers/institutions for women and girls;
- LGU social welfare officers particularly those operating residential care facilities (e.g. GAD centers or women crisis centers) and community-based social workers providing direct services to victim-survivors; and
- Service Providers and/or NGOs operating residential care facilities and providing direct services to VAW survivors.

⁶ Guidelines in the Establishment and Management of a Referral System on VAW at the LGU

VI. **FRAMEWORK**

A gender responsive case management (GRCM) involving violence against women and girls incorporates the following perspectives:

1. **A gender perspective.** This is, “the ability to analyze the socio-economic, political, cultural and psychological implications of an issue to understand how the difference between the sexes affects and is affected by policies, programs and projects, and assesses how these factors relate to discrimination based on sex and how they impose obstacles to the person’s opportunities and self-development.” (National Commission on the Role of Filipino Women)
2. **A strengths perspective.** This is recognition of the innate strength of women to heal and empower themselves. Violence inflicted on them is not of their own doing. Neither does it arise from their shortcomings. Violence is borne out of gender discrimination and women’s subordinated status in society. Using the word “*survivor*” instead of “*victim*” highlights the strength of the woman to survive the situation of abuse and subsequently, fosters a positive empowering image of herself that will enable her to actively make choices in life.
3. **A rights perspective.** Women and girls have the same social, economic, civil and political rights as their male counterparts. These rights are inherent, interrelated, indivisible, and non-derogable. However, in view of the discrimination women experience in both private and public spheres, CEDAW grants them specific rights as women such as the right to be free from violence and discrimination, as well as the right to decide on their reproductive health.

VII. **PROJECT DESCRIPTION: GENDER RESPONSIVE CASE MANAGEMENT (GRCM)**

GRCM is the process of coordinating and providing direct services to women and girl survivors of abuses that starts from the recognition of gender biases against women and girls in the home, in the community and in society; pursues empowerment as the goal of the healing partnership and service delivery where the woman sees her value and status in relation to herself, in the family and in the society; and addresses the victim-survivor’s immediate needs and long-term needs.

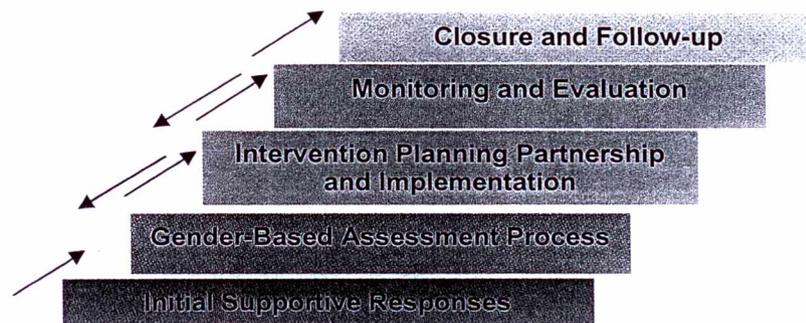
The GRCM provides an integrative framework which uses gender as a practice framework and the empowerment of the survivor as a practice intervention. It inspires and challenges social workers to analyze and intervene in the interrelated and interacting sub-systems of the survivor, his/her family, community and society at large. It is supported by the RECREATE principles:

- R - Respect for the inherent worth, dignity and rights of women and girls
- E - Equality of men and women
- C - Confidentiality
- R - Reflexivity
- E - Empathy
- A - Acceptance
- T - Teamwork
- E - Empowerment

The social worker uses Gender Violence Survivor Assessment Tool, Domestic Violence Survivor Assessment Tool and Interdisciplinary Gender Assessment Tool in order to analyze situation of the victim-survivor. The result of the assessment would provide the worker basis in formulating appropriate intervention or helping plan.

VIII. **THE GRM APPROACH**

The dynamics of case management allows that one can go up and /or slide down in the phases depending on the situation and circumstances of the healing partnership. Thus, the GRM was designed into five phases as follows:



Each GRM Phase entails a set of steps to ensure proper management of case survivor.

PHASE 1. Initial Supportive Responses

Disclosure is very critical in the helping process in situations of violence. It is a turning point for the survivors and the beginning of their healing process. This is one of the most difficult steps towards healing. Therefore, social workers must give supportive responses. To get started, social workers must:

1. Identify the state of mind of the survivor
2. Create a safe environment and stabilize the survivor
3. Use a gender-sensitive interviewing process
4. Make the initial assessment and identification of the problem
5. Respond to the survivors immediate needs. If the victim is a minor, involve the immediate family members in the decision-making.

PHASE 2. Gender-Based Assessment

This phase is the basis for both immediate and long term interventions. It involves the collection and analysis of comprehensive data that include the dynamics of gender relations and violence in the survivor's family, sources of support, and negative pressures on the survivor in her family, workplace and community.

The social worker shall utilize the following tools in conducting gender-based assessment:

- **Gender Violence Survivor Assessment (GVSA) Tool**-this uses a simplified listing of internal and external factors that are relevant to the presenting problems of the survivor. It can be used generally with various cases of violence (*Annex A*). It has

five parts namely: (1) identifying Information (2) presenting problem (3) gender analysis of the family situation (4) internal power of the survivor (5) external power support systems (6) summary statement and (7) helping plan

Internal factors refer to the survivor's strengths and constraints which may significantly affect the survivor's management of her problems.

External factors are elements outside of the person that contribute to the presenting problem an outcome such as the (1) dynamics of gender relationships existing in the family (2) sustaining and constraining support systems of the survivor in the family, community and from other agencies.

How to use the GVSA Tool

1. Write down the identifying information. Use current standard format (*attached as Annex A*)
2. Clearly identify problem in behavioral terms.
3. Analyze gender relationships in the survivor's family in terms of:
 - Each member's roles and activities in the family and in the community
 - Each member's access to and control (i.e. decision-making powers) over income and resources; and
 - Implications of the roles and activities, access to and control of economic resources by each member on family relationships
4. Identify the internal strengths of the victim-survivor (e.g. positive attitude, resiliency) and the personal factors that hinder the realization of her potential.
5. Identify the survivors existing external support system at the level of the family, workplace, and community as well as the hindrances to her healing (e.g. Barangay Council does not adhere to the provisions of the Anti-VAWC Act)
6. Summarize your statement.

- **Interdisciplinary Gender Assessment (IDGA) Tool**-this requires almost the same data as the GVSA (*Annex B*). The only difference is that IDGA has an additional section containing the assessment of the survivor by an interdisciplinary team. The team is composed of people from different disciplines who use their talents, perspectives, knowledge and experiences towards the common goal of helping the survivor.

How to use the IDGA Tool

1. Coordinate with other service providers for the needed assistance/services for the survivors.
2. Request professional assessment of the case as needed such as:
 - Medical assessment from health professionals re: physical condition;
 - Psychological testing re: intellectual ability and personality;
 - Psychiatric evaluation, mental status examination and diagnosis; and
 - Legal opinion on the case
3. Call a case conference with other professionals, validate their findings, and agree on collaborative measures to assist the survivor. As the case manager of the survivor, the main responsibility rests on the social worker.
4. Clarify the active participation of the survivor in decision-making and ensure, above all, that the interest of the survivor is served well.

5. Discuss the findings with the survivor and together plan the intervention accordingly.

- **Domestic Violence Survivor Assessment (DVSA) Tool**-the DVSA tool was developed specifically for survivors of Domestic violence (*Annex C*). It is used in the context of the Change Model. The said Model evaluates issues in two areas: the **relationship** and the **survivor**. Below are the five stages that a survivor may locate herself in based on her responses to the questions with the corresponding Strategies for Change:

STAGES	STRATEGIES of CHANGE
1. The survivor is committed to Continuing the Relationship with the Abuser.	The role of the Social Worker is nurturing.
2. Survivor is Committed to the Relationship but Questioning	The role of the Social Worker is to engage the survivor in a rational discussion.
3. Survivors considers Change and Options, Decides to put an End to Abuse	The role of the Social Worker is to assist the survivor in exploring options and in making “informed choice” not to provide moral/value judgment on the survivor’s decision
4. Survivor Breaks Away or Partner Curtails Abusiveness	The role of the Social Worker is to offer encouragement using what has been learned from the previous stages.
5. Survivor Lives Apart From or Together with reformed Husband/Partner	The role of the Social Worker is to provide support to the survivor to prevent regression

How to use the DVSA Tool

1. Prepare well for the interview. Knowledge on the Change Model and the key questions are prerequisites.
2. Study the survivor’s data on hand to avoid repetitive questions.
3. Interview the survivor using the DVSA interview questions (*attached as ANNEX D*) to be asked by the social worker. Write down the survivor’s viewpoint on each issue.
4. A Domestic Violence Self-Assessment Tool (*attached as ANNEX E*) may also be used to double –check the stage in the Change Model that the survivor is in.
5. Based on the collected data, analyze with the survivor the Stage of Change she is in. The validation of data is part of the consciousness-raising aspect of the healing intervention.
6. After validating the data, plan with the survivor the necessary and appropriate interventions using the steps in intervention planning.

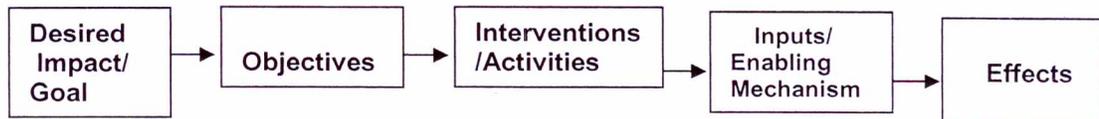
PHASE 3. Intervention Planning, Partnership and Implementation

Responses to violence vary widely and are based on the characteristics of the ff:

- (1) The violence and abuse
- (2) The survivor
- (3) The violator, and

(4) The context or environment in which violence occurs and to which the woman must respond and heal from. Not one approach can possibly be the cause of the complexities of violence.

The social worker/case manager and MDT, with the client must plan the necessary interventions which should involve the five steps illustrated below:



The following are selected intervention strategies:

- **Dienemann's Change Model and the Stage-Specific Interventions with Sexual Violence**-identifies strategies of change and the roles of the social worker in each stage the survivor is located based on her own assessment and that of the social worker.
- **Organizing survivors into a group** – whether it be for therapeutic and/or support purposes. Some group therapeutic themes are surviving victimization, coping with the effects of stigma, conflict resolution, gender relations between a husband/partner and wife, witnessing abuse by children
- **Support building** for survivors is also a possible intervention. A support group is composed of empowered survivors, survivors in the process of healing, survivors' relatives, friends, and other supporters.
- **Interagency partnership** is another important strategy-collaboration among law enforcement agencies, legal aid groups, health care organizations, public health programs, educational institutions, NGOs and agencies devoted to social services and economic development.

Other targets of interventions aside from the survivor include family members, local government units and the community. Depending on the set goals, changes can be measured in terms of:

- Understanding of violence as gender-based, as a crime, and a human rights violations as a result of awareness-raising activities on gender women's rights and laws that protect women and girls;
- The responsiveness of LGUs to cases of VAWC as a result of advocacy;
- Mechanisms that are oriented and/or institutionalized;
- Organizational formations that have been set up to combat VAWC

PHASE 4. Monitoring and Evaluation

In this phase, the social worker must track the survivor's progress towards the goal of empowerment. This phase directs the social worker and the survivor to an evidence-based intervention, where interventions and decisions are based on the continuous evaluation of the women/girl survivor's change process.

The objectives of monitoring are the ff:

- assess progress or lack thereof of plan implementation
- identify gaps /problems in implementation
- find alternative courses of action

- basis for decision-making re what adjustments and/or modifications have to be made in relation to the plan
- identify strengths and weaknesses of the plan: inputs, implementation, desired/expected outcomes
- cull out learning / insights on inputs, interventions and process
- identify facilitating and constraining factors

On the other hand, the objectives of evaluation are the ff:

- determine the effectiveness of the interventions
- identify strengths and weaknesses of the plan : assessment, problem identification, goals/objectives implementation, inputs, enabling mechanisms, process, desired/expected outcomes
- recommend policies, protocols, mechanisms to improve GRCM
- cull out lessons and insights to serve as inputs to the continuing improvement of our GRCM and capabilities of Case Managers
- summarize facilitating and constraining factors to the successful conduct of GRCM

The monitoring and evaluation is done through home visits, monitoring, self-assessment of client, collateral interviews, conversations with the client, evaluation meeting with the client, case conference, use of monitoring tools/indicators. The indicators would cover *knowledge, attitudes, skills and behavior*. Sample indicators are as follows:

Knowledge

- Understand salient provisions of RA 9262, 9710, 7610
Understand the meaning, nature, forms of VAW , specially that VAW is a crime, a human rights violation and is gender-based
Understand legal procedure in filing for support
- Understand salient provisions of the Family Code
- Knows how to access the different resources in the community e.g. IGP and health services
- Recognition of her economic abilities
- Understand the importance of loving herself (regaining self-worth)
- Understand dynamics of how violence affected her well-being and her children as well
- Understand the importance of support-group for her well-being
- Understanding the nature of depression and trauma
- Knows stress management techniques and alternative coping mechanisms

Skills:

- Able to devise a safety plan for her and her children
- Core life skills: critical-analytical skills (Note: it is better to specify what these are in relation to the goal and objectives)
- Skill in managing her resources
- Acquire skills from job-training
- Communication skills
- Problem-solving skills
- Life processing/synthesizing skills
- Stress-management skills
- Can express her thoughts, opinion and asks questions

Attitudes:

Appreciate the importance of Barangay/Temporary Protection Order (B/TPO)

- Recognition of her inherent worth
- Recognition of her rights as an individual and as a woman
- Recognition of the accountability of the perpetrator for the acts of violence
- Belief in her right to pursue an end to violence
- Belief in her capability to move on and build a life for her and her children
- Reinforced confidence in exacting legal responsibilities from the husband/partner
- Belief in her capability to move on with her life
- Belief in her competence
- Determination to look for alternative source of income
- Rejects self-blame, assertive on her rights and has positive outlook in life

Behavior:

- Continues to follow up until the B/TPO are granted
- Able to explain how RA 9262 can protect her and her children
- Takes the initiative in following up her legal case vs perpetrator
- Regularly attends court proceedings
- Self-confident, happy/pleasant disposition
- Gives testimony during seminars, symposia, fora
- Assists other women survivor of VAW in securing BPO
- Practice stress management and self-care techniques

Guide in the M & E process:

- Ensure the participation of the survivor, agency/center supervisor and other partners. Bringing in the all the important stakeholders can make the M&E more objective, enriching and educational
- Exercise flexibility. Changes in the design are sometimes needed to conform to more realistic measurements
- Gather all available information. It may be collected from progress reports, case studies, group work proceedings, intake interviews, incidents reports etc.
- Cull out lessons and insights, especially on the part of the survivors, from the healing/helping partnership

PHASE 5. Closure/Termination and Follow-up

Closure is seen as the end of the previous “healing” relationship and the beginning of a new one wherein the survivor ventures out on her own. However, the survivor is confident that she can always depend on the social worker/service agency should she need further support in the future.

Conditions for Closure/Termination:

1. The intervention goal and objectives set have been successfully achieved.
2. The survivor is empowered to manage her life and its challenges.
3. The danger to the survivor is no longer present and the survivor wants to end the helping relationship.
4. The survivor decides to end the relationship even before reaching the objectives.
5. The survivor acts unilaterally and seeks the help of other people/agencies and fails to come back per agreement.
6. The survivor relocates to another place of residence and requests for an intra-agency turnover or a referral to another service agency.

How to conduct closure and follow-ups:

1. Make sure that the closure phase is clear to the survivor.
2. Discuss each other's feelings in relation to the closure.
3. When an adult survivor wants to terminate the helping relationship even with unmet objectives, the social worker should explain the possible consequences of such a decision. Should the worker and survivor agree, they may put the agreement into writing e.g. waiver terminating the helping relationship to legitimize her decision.
4. Celebrate the closure with a symbolic event that will make each one feel good during the parting.
5. Assure the survivor of a follow-up to make sure everything is well with her.
6. For follow-up services, centers should coordinate with the DSWD; make appropriate referrals to the concerned LGU social service units/NGOs.

The case manager shall discuss with the survivor that disengagement is the natural conclusion to such relationship, regardless of the nature of the problem. The other ways to end the relationship is through transfer and referral because the service that the survivor's need is beyond the agency's or worker's competence or the survivor needs additional service that the present agency cannot provide. A discharge conference should be conducted wherein the survivor and referring agency social workers are both present. Agreements should be documented and copies will be provided to all parties.

AFTER CARE SERVICE

The After Care Service shall be provided by the LGU social workers. This is in view of their role per Local Government Code. They shall monitor the development of the client after the reintegration and follow up agreements between and among the client, the clients' family and the community represented by the barangay officials. Everything has to be documented and be reported to the concerned DSWD office to inform them of the development of the re-integrated survivor. Provisions of necessary basic support services/help should be provided by the LGU to ensure the successful reintegration of the client. Although in some instances, the SWAD Teams are requested to do After Care Service as well.

For survivors who were helped in a residential care facility, it is suggested, if possible, that case managers of centers will do the follow-up and after care for continuation of the helping relationship to prevent re-victimization in coordination with LGUs. However, program fund is subject to availability and conduct of visit shall consider proximity of the area.

Note: The printed copy of the Manual on GRM is available as a ready reference and it contains all the "How Tos", framework, and tools in managing cases.

IX. Institutional Arrangements

A. Department of Social Welfare and Development

1. Social Technology Bureau

- a. Provide technical assistance (TA) for the institutionalization of GRM to Protective Services Bureau (PSB) and Field Offices e.g. Conduct National Training of Trainers during transition period;
- b. To spearhead the conduct of advocacy activities to promote GRM within the context Social technology Development Process;

- c. Provide complete documentation of the project;
 - d. Formulate logical framework, operation manual and monitoring tools;
 - e. Conduct National Training of Trainers and allocate funds for this purpose; and
 - f. Ensure smooth turn-over of the project for national implementation
- 2. Protective Services Bureau**
- a. Monitor the adoption, replication and use of the GRCM as a practice model (approach, framework and tools) through the Field Offices.
 - b. Provide technical assistance and resource augmentation to the Field Offices in their provision of appropriate services e.g. funds for roll-out training, coaching sessions
 - c. Provide technical assistance to residential/non-residential care facilities providing services to VAW cases through coaching
 - d. Install system for monitoring of the case management for reporting purposes.
 - e. Conduct monitoring and evaluation on the effectiveness of GRCM approach
 - f. As a result of the evaluation, revise the manual, as needed.
- 3. Capacity Building Bureau**
- a. Develop a training manual for case managers and center heads/supervisors on the use of GRCM, to include Gender Sensitivity Training as a prerequisite course to prepare social workers, members of the MDT and even house parents
 - b. Provide technical assistance along capability building activities to FOs, LGUs and/or NGOs providing services to VAW cases.
 - c. Facilitate the conduct of Training of Trainers and participate in the development of cadre of trainers who will do roll-out trainings for LGU social workers.
- 4. Standards Bureau**
- a. License and accredit non-government organization providing services to victim-survivors of VAW ensuring standards are complied for both community and center-based services for GBV survivors.
 - b. Develop/monitor/recommend standards for center and community based services of NGO and LGU to survivors of VAW to include GRCM as a practice model in case management
 - c. Provide technical assistance on the capability building needs of case managers of NGOs providing services to VAW cases.
- 5. Social Marketing Service**
- a. Provide technical assistance along the advocacy activities for GRCM in the FOs and LGUs.
- 6. Information and Communications Technology and Management System (ICTMS)**
- a. Install reporting system among FOs in coordination with PSB.
- 7. DSWD Field Offices**
- a. Conduct advocacy activities and roll-out training and coaching on GRCM to all center case managers, center heads, NGO and LGU social workers who are managing cases of VAW;
 - b. Come up with an inventory or a situationer of VAW cases at the FO and LGU levels as basis for implementation of the project in a particular area/advocacy in adopting the project;

- c. Conduct inventory of LGUs and NGOs managing cases of VAW or with program along this line as subject/target for advocacy in adopting the GRCM which will also serve as pool of resources for the project.
- d. Feature success stories that serves as an inspiration not only to other survivors but also to implementing agencies/offices;
- e. Provide technical assistance and resource augmentation to LGUs, licensed and accredited NGOs and other service providers at the local levels on the use of GRCM;
- f. Act as Resource Person and Coach in the conduct of capability building activities in their respective regions;
- g. Ensure utilization of GRCM by case managers in DSWD-managed center and institution and appropriate funds thereof;
- h. Conduct case conferences and upgrading of skills of members of the multi-disciplinary team (MDT) to thresh out issues, problems and concerns to ensure healing, recovery and empowerment of survivors.

B. Local Government Units through the P/C/MSWDO

In view of their adoption of GRCM, the P/C/MSWDO shall...

- a. Implement GRCM as a practice model in case management of all VAW cases as it may be applicable;
- b. Ensure case managers handling VAW cases are trained and coached on GRCM;
- c. Ensure the use of GRCM to survivors of GBV and that survivors are provided with adequate services;
- d. Conduct case conferences, consultation meetings with members of the MDT to thresh out issues, problems and concerns to ensure healing, recovery and empowerment of survivors;
- e. Appropriate funds for the continuous training of social workers and members of the MDT;
- f. Allocate funds for services to clients;
- g. Participate in the periodic evaluations spearheaded by the FO relative to case management; and
- h. Provide aftercare program/services to returned/reintegrated clients.

C. NGOs

In view of their adoption of GRCM, the NGOs shall...

- a. Implement GRCM as a practice model in case management to all cases it may be applicable and appropriate funds thereof;
- b. Ensure case managers handling VAW cases are trained and coached on GRCM;
- c. Conduct case conferences, consultation meetings with members of the MDT to thresh out issues, problems and concerns to ensure healing, recovery and empowerment of survivors;
- d. Provide services to clients based on assessed needs and helping plan;
- e. Participate in the periodic evaluations spearheaded by the FO relative to case management

D. Residential Care Facilities (RCF)

In view of their adoption of GRCM, the RCF social worker shall...

- a. Ensure case managers handling VAW cases are trained and coached on GRCM;
- b. Implement GRCM as a practice model in case management to all cases it may be applicable

- c. Appropriate funds and conduct case conferences, consultation meetings with members of the MDT to thresh out issues, problems and concerns to ensure healing, recovery and empowerment of survivors.
- d. Provide services to clients based on assessed needs and helping plan.
- e. Participate in the periodic evaluations spearheaded by the FO relative to case management

X. Reportorial Procedure

Periodic reports on the status and accomplishments on the use of the GRCM shall be included/integrate in the regular reports submitted by P/M/CSWDOs to the FOs and to the Protective Services Bureau every quarter.

Further, for NGOs, the Standards Bureau at the CO and Standards Unit at the FO shall likewise include/integrated and reflect in the regular quarterly reports of accredited and licensed NGOs implementing direct services for GBV survivors. The reporting template should contain pertinent information. See attached *Annex F* as a sample template.

For FOs, PSB and SB to provide the following:

- analysis of the semestral report
- list of facilitating and hindering factors in the conduct of GRCM; and
- actions taken at each level, on any issues/concerns raised by the implementing office

Monitoring and Evaluation

The Protective Services Bureau and the DSWD regional focal persons shall include/integrate the application of the GRCM in the conduct of their regular monitoring of center-based and community-based services. During the mid-term or year-end evaluation, the regional focal person shall assist the PSB in identifying issues/gaps and in the development of the recommendations.

The results of the monitoring should be anchored on the attached (*Annex G*) Logical Framework for GRCM and monitoring tools which shall be developed by the STB.

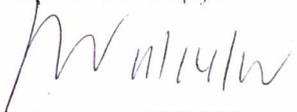
XI. EFFECTIVITY

This Administrative Order shall take effect immediately.

Issued in Quezon City, this 12th day of November 2012.

CJS/PHT/PBL/GBG/ADM



CORAZON JULIANO-SOLIMAN
 Secretary
 Certified Copy: 
MYRNA H. REYES
 Officer in-Charge
 Records Unit

Gender Violence Survivor Assessment (GVSA) Tool

I. IDENTIFYING INFORMATION:

Name of client:
 Address:
 Contact numbers:
 Date of Birth:
 Age:
 Educational Attainment:
 School:
 Religion:
 Family Composition (name, age, relationship to the survivor, occupation)

II. PRESENTING PROBLEM:

PROBLEM	FREQUENCY	WHERE	WHEN	CIRCUMSTANCES	EFFECTS

III. GENDER ANALYSIS OF THE FAMILY SITUATION:

Member	Roles and Activities		Access and Control Over Income and Resources	Implications
	Family	Community		

IV. INTERNAL POWER OF THE SURVIVOR

Strengths (positive)	Constraints (negative)

V. EXTERNAL POWER SUPPORT SYSTEMS

Sustaining (positive)	Constraints (negative)

VI. SUMMARY STATEMENT:

VII. HELPING PLAN

Interdisciplinary Gender Assessment (IDGA) Tool

I. IDENTIFYING INFORMATION:

- Name of client:
- Address:
- Contact numbers:
- Date of Birth:
- Age:
- Educational Attainment:
- School:
- Religion:
- Family Composition (name, age, relationship to the survivor, occupation)

II. PRESENTING PROBLEM:

PROBLEM	FREQUENCY	WHERE	WHEN	CIRCUMSTANCES	EFFECTS

III. GENDER ANALYSIS OF THE FAMILY SITUATION:

Member	Roles and Activities		Access and Control Over Income and Resources	Implications
	Family	Community		

IV. INTERNAL POWER OF THE SURVIVOR

Strengths (positive)	Constraints (negative)

V. EXTERNAL POWER SUPPORT SYSTEMS

Sustaining (positive)	Constraints (negative)

VI. INTERDISCIPLINARY SURVIVOR ANALYSIS:

- Medical statement
- Psychological testing
- Psychiatric evaluation
- Legal Opinion

VII. SUMMARY STATEMENT

VIII. HELPING PLAN

Domestic Violence Survivor Assessment (DVSA) Format

I. IDENTIFYING INFORMATION:

Name of client:
Age:
Address:
Case Category:

II. PRESENTING PROBLEM:

PROBLEM	FREQ.	WHERE	WHEN	CIRCUMSTANCES	EFFECTS

III. DOMESTIC VIOLENCE SURVIVOR ANALYSIS:

IV. SUMMARY STATEMENT:

DVSA Tool Interview Questions

The following DVSA interview questions assess the issues about the survivor and the relationship of violence to be asked by the social worker.

Issues about the relationship

Triggers of Abusive Incidents	What made the violence and abuse happen? When, where, and under what circumstances?
Managing Partner Abuse	How do you usually manage to avoid abuse? What works? What does not work?
Seeking Legal Sanctions	Have you ever applied for a Protection Order or called the police for help when you've been hurt?
Attachment	Do you still care for your partner? How long have you been a couple? Are you married? Living together? Do you have children? Who has custody? How isolated are you as a couple? As a person?
Views: Relationship and Options	What options do you see for this relationship? What has the abuser done to change? Are you or the abuser involved in domestic violence police charges?
Managing Loyalty to Norms and Own Beliefs	What do others important to you think of this relationship? Do they know about the abuse? What do you think is important about commitment to relationships?

Issues about the survivor

Accessing help	Do you know about domestic violence resources? Who helped you? Who could help you?
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**Guidelines on the Institutionalization of GRM as a Practice Model in
Handling VAW Cases**

Self-Identity	Some people in abusive relationships feel they lose their sense of who they are, do you ever feel that way? How do you feel about yourself?
Self-efficacy to be on her own	Do you think you could take care of your shelter, food, transportation, and health needs ? Do you have your own source of income? Have you ever lived alone? How was it?
Feelings	What feelings do you have every day? Do you feel angry? Sad? Worried? Afraid? Mixed Up? Like you might kill yourself or someone else? What do you do about your feelings?
Mental Health	How would you describe your state of mind now? What words would you use to describe it? Do you have alcohol or substance abuse problem or are you in recovery? What about your partner? Do you feel jumpy, have trouble sleeping or thinking about things other than this problem?
Control of money	Are you employed? Who makes the financial decisions in the relationship? Does your partner monitor your spending? Do you have personal money to spend? Do you share ownership of properties such as TV and car?

Domestic Violence Self-Assessment Tool

This self-assessment tool is to be accomplished by the survivor herself to further substantiate the issues of violence.

DIRECTIONS: Mark the letter by the statement that *most* fits your situation with your partner or spouse and your view of yourself right now.

1. What starts verbal or physical or sexual abusive incidents by your partner or spouse?

- A. It's not really my partner's fault, bad things have happened to him. My partner says I am to blame am to blame and maybe he is right.
- B. I keep trying to understand what starts it. I don't think it's really my fault. Sometimes I think about how my life would be if this relationship ended.
- C. I am not to blame. I try to protect us by making excuses to others, but deep down I know my partner chooses to harm me.
- D. My partner is the one responsible for the abuse. I need to be more safe and I am trying to figure out if my partner will change or not.
- E. Six or more months with no abuse, and I am determined that if abuse happens in my intimate relationships in the future I will immediately act to end the abuse.

2. How do you manage to avoid abuse or "cool it down"?

- A. I try, bad things happen, but there are so many good things in our relationship that it balances out.
- B. I try to keep my partner from getting upset, sometimes I feel trapped. My partner is a controlling person, I have asked him to get help.
- C. I just try to avoid my partner a lot of the time – I work, sleep a lot, visit friends, whatever I can do. I can't prevent the abuse, but I can avoid it.
- D. I have a plan to be safer and I use it. I must find a way to end this abuse.
- E. Six or more months with no abuse and I am learning new ways to work things out without violence or abuse. (If you left, I avoid my old partner who was violent.)

3. Have you ever asked for police or court help against your partner?

- A. No, we do not need it and I would never do that.
- B. No, but I would like to know more about what is available to me. I have mixed feelings about a protection order or making assault charges.
- C. I plan to, maybe that will make my partner realize this is a serious situation and he will change his behavior.
- D. Yes, I have and plan to continue to follow up and do whatever is necessary to end this behavior.
- E. Six or more months with no abuse, and I will continue to follow up. If I am harassed or stalked I will call the police and go to court to protect myself.
- F. No, where I live the police and courts are not helpful to abused persons.

Guidelines in the Institutionalization of GRCM as a Practice Model in Handling VAW Cases**4. How attached are you to this relationship?**

- A. I hope by keeping silent about our business, my partner will see my love and stop hurting me.
- B. I think my partner deserves another chance, that is what love is about. I try to keep the harm to me a secret, I am ashamed I let my partner hurt me.
- C. I have mixed feelings, I will lose a lot if this relationship ends. We could be great together but I know he is abusing me. I have to take care of myself.
- D. Less and less, it's embarrassing what I have put up with. I now realize love has nothing to do with abuse.
- E. Six or more months with no abuse, but I still remind myself why these changes had to happen. Love with abuse is no good and my partner was abusive.

5. How would you describe your relationship with your partner?

- A. Positive overall, these problems with fighting and verbal abuse are temporary.
- B. Overall, he is good and bad. He is not abusive all the time. I am thinking about what I can do to avoid fights and verbal abuse. My future is unclear.
- C. I feel mixed up, I don't want to lose my home, lifestyle or him, but this cannot go on. I wish my partner would change. Sometimes I go to a friends or family or even a shelter to get away for a while.
- D. I think it is in serious trouble, I am ready to do whatever it takes to become more safe, even if it takes a long time.
- E. Six or more months with no abuse, and my own safety is my first priority, even if he pleads, stalks or harasses me.

6. Do you think you should be loyal to this relationship?

- A. Yes, my family and friends will see me as a failure if it ends.
- B. I should stay with my partner to keep our family together even if he is abusive. My leaving would humiliate my partner. Plus, I would lose my home and friends.
- C. I am not sure, I really think relationships should be permanent, but what I am experiencing is unfair. I am thinking about my options.
- D. After what happened, my partner does not deserve my loyalty, no matter what others think.
- E. Six or more months with no abuse, and I think my actions to change this relationship, even to end it were needed. Some of my family and friends don't agree, but it doesn't bother me most of the time.

7. Have you gotten help to deal with your partner's violence and verbal abuse?

- A. No, it's really not a problem.
- B. Not really, I do not think anyone (friends, family, Counselors, Lawyers, DV services) really could help me. I wish there was some way they could help us.
- C. Some, I've hinted to or told a few people, but I worry my partner will retaliate and hurt me and them. I am still adjusting to the fact that what was done to me was abuse, so I do need help to keep focused.

Guidelines in the Institutionalization of GRCM as a Practice Model in Handling VAW Cases

- ___ D. Yes, it takes work and sorting out on my part. Some agencies are not really helpful. Some people I thought I could count on were no help, others surprised me and were very helpful.
- ___ E. Six or more months with no abuse, its hard but I still need support from others. Others knowing, helps keep my partner from hurting me anymore.

8. How do you see your “true self” and your own needs?

- ___ A. My needs are filled with my partner as head of the household, and myself as wife, homemaker and mother to our children.
- ___ B. My needs are less important right now, my partner needs me. I feel mixed up and guilty when I put me first, even when I know I should.
- ___ C. I am not who I used to be, I want to get me back. I still feel mixed up and guilty when I put me first, but I need to remember that I am worth happiness.
- ___ D. My partner hurt me so deeply. Sometimes I am angry at my partner and sometimes feel guilty about not acting sooner. My anger reminds me of what about me I have lost and what I am going to get back. I can see I am making progress.
- ___ E. Six or more months with no abuse, and I know more about who I am and look out for my own needs. My partner was not all bad, but the abuse was.

9. Do you see yourself as able to take care of yourself and live without your partner?

- ___ A. I cannot imagine not living with my partner or why I would want to.
- ___ B. I have been thinking about it, I am fearful about being lonely and taking on all that responsibility. Maybe everything will work out Okay.
- ___ C. I have made some small steps, I am working on overcoming my fears about taking care of myself and being able to live without a partner. I am able to do more than I thought I could.
- ___ D. I am learning how to take care of myself, it’s a hard road. I give myself small tests. I can see my progress and what I still have to learn.
- ___ E. Six or more months with no abuse, and I am learning I am capable, and will make it with help from others. Even in relationships, I need to take care of myself and maintain some independence.

10. What feelings do you have now about yourself and your relationship?

- ___ A. I feel good most of the time about me and us.
- ___ B. I feel numb and just overwhelmed but maybe I am over reacting.
- ___ C. I am afraid and nervous, angry and ashamed about us, but hopeful about me. I need to put me first and raise my self esteem.
- ___ D. I am increasingly angry, but I don’t let it overwhelm me. I use it and my other feelings to help me make some needed changes in my life.
- ___ E. Six or more months with no abuse, and I still have a lot of feelings about what happened. In changing, I lost some old comfortable ways and the future is not certain. I have a lot of hope for my future and my relationships.

**Guidelines in the Institutionalization of GRCM as a Practice Model in
Handling VAW Cases**

11. How would you describe your mental health?

- A. Overall it is good. I don't have any problems like that, I am just stressed a little.
- B. Some days are good, some days I feel stressed out, sad, nervous or have nightmares. I wish it would get better and I would be like myself again.
- C. Not good, sometimes I fear I'm going crazy. I have some of these symptoms: always feeling scared, panic attacks, very sad, thinking of suicide or that killing him would be a way out, thinking and worrying about him all the time, jumpy and nervous, can't sleep, nightmares or sleeping too much, not hungry or hungry all the time.
- D. Its not good, but I know I am not crazy, just under a lot of stress from the abuse. Some days I can control my reactions and others are not so good yet.
- E. Six or more months with no abuse and it is slowly getting better.

12. How much control do you personally have over money in your relationship?

- A. My partner is the provider and knows best how things should be taken care of. I tell him what I spend. (If you are the provider, check this if he takes care of the money)
- B. If I don't spend money, I think we will get along better. It seems wrong that he has the say about spending money, but maybe I don't understand finances that well. I think I would like to have some of my own money.
- C. It's not fair, he controls our money. I've begun to put away some money that my partner doesn't know about. I am thinking about learning more about money management.
- D. Most of the money we share decisions on how to spend OR my money is separate from his. I think I could support myself and manage my money if I had to.
- E. Six or more months with no abuse and I know about my finances. I will have equal say in spending in my relationships from now on. I am confident I can manage money.

These questions ask about violence in your relationship:

In the LAST 12 MONTHS:

How severe has the emotional/verbal abuse been?

- none
- frequent criticism (like about my clothes or cooking)
- frequently ridiculed who or what I am (like calling me ugly, worthless)
- put down in front of friends, family or at work, am more and more isolated
- humiliated and shamed in front of others
- frequently filled with fear and dread and/or threatened by a weapon (like gun or knife)

How severe was the physical violence?

- none
- I was hit, slapped, or pushed, but had no injuries or lasting pain.
- I had cuts or injuries from punches and kicks with lasting pain
- I was beat up causing burns, broken bones, deep bruises or other serious injury
- I was beat up or choked with severe head or multiple injuries, even some permanent health problems.
- I almost died from a gun wound or being strangled, or being beaten.

Did your partner ever force you to do sexual activities that you did not want to do?

yes no

How often was any abuse? Choose the closest fit.

- never
- less than once a month or just once
- once a month
- once a week
- twice a week
- daily or almost daily

How many counseling visits have you participated in (individual, support group, etc.)?

Source: Dienemann, J., et al., 2002

GRM REPORTING TEMPLATE FORM (PROPOSED TEMPLATE)

Date of this report: _____ Period Covered: _____

Name of Agency: _____ Office Address: _____

Name of Staff filing the report: _____

Total Number of Cases: _____

Nature of Incident	Have the incident been reported and/or referred to other agency?	Status of the Case	Psycho-social Status of the Client	Enumerate Interventions/ Helping Strategies Made
<input type="checkbox"/> Sexual assault <input type="checkbox"/> Rape <input type="checkbox"/> Attempted rape <input type="checkbox"/> Child sexual abuse <input type="checkbox"/> Incest <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Forced prostitution <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Early marriage <input type="checkbox"/> Forced marriage <input type="checkbox"/> Physical assault/abuse <input type="checkbox"/> Economic abuse <input type="checkbox"/> Confinement <input type="checkbox"/> Discrimination and / or denial of opportunities/services				

What support from the management that the case managers need to ensure healing and recovery of victim-survivors? Please enumerate.

ANNEX G: Logical Framework

GENDER RESPONSIVE CASE MANAGEMENT

Social Technology Bureau

GENDER RESPONSIVE CASE MANAGEMENT LOGICAL FRAMEWORK

Problem Situation		Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
<p>Reports from the sixteen (16) DSWD Field Offices (FOs) throughout the country show an average of 6,511 new cases of women in difficult circumstances handled over the last five years, from 2004 to 2008. In 2008 alone, new cases were of record high at 10,630 and an average of 47% increase from 2007. Of these, 254 were cases of sexual abuse; 1,281 were physical abuse/maltreated, 663 are emotionally abused and some 453 are in the form of neglect and economic abuse. While 7,462 were provided with crisis intervention services whose cases are not categorized.</p> <p>Further, the 2008 National Demographic and Health Survey (NDHS) also revealed that one in five women aged</p>	Goal	GRCM aims to improve case management of victim-survivors by using it as a practice model, its guiding principles, framework and assessment tools thereby promoting and protecting the human rights of every VAW survivor.	<ul style="list-style-type: none"> Available services/intervention are gender-appropriate and responsive to the needs of clients Assessment of the problem of each VAW survivor is seen, participation of the survivor in the helping relationship is guaranteed. 	<ul style="list-style-type: none"> GRCM Manual is readily available as a guide for social workers Case Studies of VAW Cases utilizing GRCM 	<ul style="list-style-type: none"> Social workers recognized that GRCM is relevant to their work. The GRCM manual gave a sense of security and confidence to social workers in working with survivors. It is a source of pride in their profession. Competency of social workers along case management of VAW increased
	Purpose	Facilitate utilization of GRCM principles, approach, framework and tools in assessing, designing and implementing a rights-based and gender-responsive helping plans for victim-survivors	<ul style="list-style-type: none"> Social workers utilized GRCM in a number of VAW cases from their locality Cases are monitored, issues and concerns are discussed in relation to the use of GRCM 	<ul style="list-style-type: none"> Quarterly Accomplishment reports submitted by the region/centers/LGUs 	<ul style="list-style-type: none"> Social workers developed appreciation and recognized relevance of integrating gender perspective in case management. Timely, well-coordinated and age and gender-appropriate case management is accorded to every survivor.
	Output	Victim-survivors be provided with timely, coordinated, age and gender-appropriate delivery of services to	<ul style="list-style-type: none"> Number of victim-survivors from pilot areas were provided with initial support response, situations assessed using GRCM tools and 	<ul style="list-style-type: none"> Case Study reports Case Recordings Accomplishment reports 	<ul style="list-style-type: none"> VAW survivors regain self-esteem; aware of her rights; processed feelings of helplessness and hopelessness; and learned to prevent, how to

ANNEX G: Logical Framework

GENDER RESPONSIVE CASE MANAGEMENT

Social Technology Bureau

Problem Situation		Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
<p>15-49 are physically abused and one out of 10 of the same age group are sexually abused. This figure also indicates more abused women nationwide who do not seek any help or assistance.</p> <p>Given the volume of VAW victims throughout the country and mandate of the Department, there is a need to strengthen the capacity of social workers as case managers in responding and handling clients in the most appropriate and gender-sensitive manner. There is a need for these frontline service providers to improve their knowledge of conducting case management and to enhance their skills with regards to the application of the various methods and techniques in case management with a gender perspective.</p>		meet their various needs	gender-sensitive way of interviewing, accorded with gender-responsive interventions	<ul style="list-style-type: none"> • Filled-up GRCM tools 	<p>cope or break away from violent relationships</p> <ul style="list-style-type: none"> • GRCM as a Practice Model including its tools, principles and framework was utilized as appropriate, useful and effective
	Activities / Inputs	Capability Building	<ul style="list-style-type: none"> • Training of all LGUs, Centers and Regional Social Workers on the Use of the GRCM • Training of Regional and Provincial SWs on How to conduct Coaching Sessions • Coaching and Mentoring Sessions 	<ul style="list-style-type: none"> • Approved Training Proposals • Documentation of Trainings conducted • Documentation of Coaching Sessions 	<ul style="list-style-type: none"> • LGU, centers and regional Social workers were trained and coached on GRCM • Regional and provincial social workers are equipped on how to conduct coaching sessions
		Technical Assistance and Resource Augmentation	<ul style="list-style-type: none"> • Quarterly Monitoring and Case Conferences of Regional Focal Persons with case managers 	<ul style="list-style-type: none"> • Minutes of the Quarterly Monitoring visits and case conferences 	<ul style="list-style-type: none"> • Application of GRCM by Social workers was monitored and cases were discussed, interventions were monitored as well
		Monitoring and Evaluation	<ul style="list-style-type: none"> • Quarterly conduct of case conferences • Yearly implementation Reviews • Evaluation-Workshop 	<ul style="list-style-type: none"> • Documentation of case conferences, yearly implementation, evaluation-workshop 	<ul style="list-style-type: none"> • CO-based, LGUs, regional and provincial and center SWs are gathered, able to thresh out issues and concerns relative to the application of GRCM