



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAR 11 2013

ADMINISTRATIVE ORDER

No. 2013 - 0011

SUBJECT: Revised Policy on the Establishment of Women and Their Children Protection Units in All Government Hospitals

A. RATIONALE

The Aquino Health Agenda (AHA): Achieving Universal Health Care for All Filipinos embodied in Administrative Order No. 2010-0036, dated December 16, 2010 states that poor Filipino families "have yet to experience equity and access to critical health services." A.O. 2010-0036 further recognizes that the public hospitals and health facilities have suffered neglect due to the inadequacy of health budgets in terms of support for upgrading to expand capacity and improve quality of services.

AHA also states "the poorest of the population are the main users of government health facilities. This means that the deterioration and poor quality of many government health facilities is particularly disadvantageous to the poor who needs the services the most."

In 1997, Administrative Order 1-B or the "Establishment of a Women and Children Protection Unit in All Department of Health (DOH) Hospitals" was promulgated in response to the increasing number of women and children who consult due to violence, rape, incest, and other related cases.

For the past years, there have been attempts to increase the number of WCPUs especially in DOH-retained hospitals but they have been unsuccessful for many reasons.

The experiences of these 38 women and children protection units (WCPUs) reflect that: over the last 7 years from 2004 to 2010, all these WCPUs handled an average of 6,224 new cases with a mean increase of 156 percent. The 2010 statistics presented a record high of 12,787 new cases and an average of 79.86 percent increase from 2009. More than 59 percent were cases of sexual abuse; more than 37 percent were physical abuse and the rest on neglect, combined sexual and physical abuse and minor perpetrators. More than 50 percent of these new cases were obtained from WCPUs based in highly urbanized areas across the country.

Figures show there is a need to continue to raise awareness on domestic violence to have more accurate recording and reporting;

- The source of budget cited in A.O. 1-B is subjected to multiple interpretations and is dependent on the priorities of the local chief executive and/or the healthcare facility management;

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- Doctors and social workers hesitate to take on the task due to heavy workload of child protection work, lack of training and feelings of inadequacy, considering the nature of work, which among others requires responding to subpoenas and appearing in court;

This Administrative Order supports the Government Health Sector Reform Agenda, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, the Beijing Platform for Action, the Child Protection Law, the Anti-Violence against Women and Their Children's Act of 2004, the Anti-Rape Act of 1998, the Rape Victim Assistance and Protection Act of 1998, and the Magna Carta of Women of 2009.

B. OBJECTIVE

This Order aims to institutionalize and standardize the quality of health service delivery in all women and children protection units in support of the strategic thrust to achieve Universal Health Care as described in the Kalusugan Pangkalahatan Execution Plan.

C. SCOPE AND APPLICATION

This Administrative Order shall apply to the entire health sector, including the DOH health care facilities, LGU-supported health facilities, private health care facilities, other DOH attached agencies, development partners and other relevant stakeholders involved in its implementation.

D. DEFINITION OF TERMS AND OTHER RELEVANT LAWS:

1. **Children** – refer to persons below 18 years old or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of physical or mental disability.
2. **Violence Against Children** – refers to all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. (Definitions in Republic Act 7610, 9208, and 9775 and other relevant laws)
3. **Violence Against Women** – refers to any act of gender-based violence that results in, or is likely to result in physical, sexual, psychological harm or suffering to women, including threats of such acts, coercion, harassment or arbitrary deprivation of liberty, whether occurring in public or private life. It includes, but is not limited to, the following acts:
 - 3.1. 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;

- 3.2. Physical, sexual, 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
 - 3.3. Physical, sexual, and psychological violence perpetrated or condoned by the State, whenever it occurs. It also includes violence against women as defined in Republic Acts 9208 and 9262 and other relevant laws.
4. **Women and Children Protection Unit (WCPU)** - a unit composed of a multidisciplinary team of trained physicians, social workers, mental health professionals and police providing comprehensive medical and psychosocial services to women and children victims of violence.
 5. **CPMIS** - Child Protection Management Information System that assures retrieval and management of reports; research and data capture of the WCPU.
 6. **Peer Review** – is a process of examination of professional or academic efficiency, and competence by others in the same occupation. In cases of child abuse, the peer review would be the process whereby child protection specialists would examine forensic evidence in order to analyze findings of the physician-examiner in the absence of examiner and reviewer bias.
 7. **Standard Protocol** – A protocol is a legally binding or otherwise authoritative document that provides directions for the actions of a group or groups as benchmark of performance.
 8. **Gender Sensitivity** - The ability to recognize gender issues and especially the ability to recognize women's different perceptions and interests arising from their varying gender orientation and gender roles.
 9. **4Rs** – refers to the processes of Recognition, Recording, Reporting and Referral of Violence Against Women and Child Abuse Cases;

E. DECLARATION OF PRINCIPLES AND POLICIES

The DOH shall contribute to the realization of the country's goal of eliminating all forms of gender-based violence and promoting social justice based on the following:

1. Identification and treatment of violence against women and children are anchored on respect for and recognition of the rights of women and children as mandated by the Philippine Constitution, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, and the Beijing Platform for Action.
2. All actions concerning victims of abuse, neglect, and maltreatment shall be taken in full account of the children's best interests. All decisions regarding children shall be

based upon the needs of individual children, taking into account their development and evolving capacities so that their welfare is of paramount importance. This necessitates careful consideration of the children's physical, emotional/psychological, developmental and spiritual needs. Adequate care shall be provided by multidisciplinary child protection teams when the parents and/or guardians fail to do so. In cases whether there is doubt or conflict, the principle of the best interest of the child shall prevail.

3. Care should be focused on the whole person addressing the bio-medical, psycho-social, and legal concerns.
4. Holistic and appropriate health care delivered shall be coupled with respect for cultural, religious, developmental (including special needs), gender and sexual orientation, and socioeconomic diversity. All women and children victims of violence shall have a right to receive medical treatment, care, and psycho-social interventions.

F. GENERAL GUIDELINES

1. Policies and guidelines shall be developed in accordance with recent data gathered through prevalence surveys, efficacy studies, and other research done locally and internationally. Recommendations from international organizations may also be utilized when appropriate.
2. Recognition, reporting, and care management of cases involving violence against women and children shall be through medical and psycho-social teamwork including the mental health intervention and local government unit response and cooperation, whenever necessary.
3. Every province/chartered city shall establish at least one Women and Children Protection Unit;
4. All health facilities shall ensure to have competent and trained gender-responsive professionals who will coordinate the services needed by women and children who were victims of violence;
5. The quality of health care services shall be standardized and maintained by all women and children protection units;
6. A mechanism shall be created and a harmonized database be maintained for all reports submitted by the different women and children protection units.
7. Public-Private Partnership shall be enhanced by establishing a service delivery network within their area to ensure sustainability of WCPU human resource.

G. IMPLEMENTING GUIDELINES

1. Steering Committee on Women and Children Protection (SCWCP)

The Steering Committee on Women and Children Protection, hereinafter referred to as the "Committee," shall be created primarily responsible for policymaking, coordinating, monitoring, and overseeing the implementation of this Order.

1.1. SCWCP Membership, Structure and Functions

The Committee shall be composed of the following:

- Undersecretary of Health or representative as chairperson of SCWCP
- Undersecretary of the Department of the Interior and Local Government or representative,
- Undersecretary of the Department of Social Welfare and Development or representative,
- A director of the Department of Health - NCDPC,
- A director of a DOH - retained hospital,
- A director of DOH - Legal Service
- Executive Director of the Philippine Commission for Women
- Executive Director of the Child Protection Network Foundation,
- One representative each from the Philippine Obstetrics and Gynecological Society, Inc., the Philippine Pediatric Society, the Philippine College of Emergency Medicine, the Philippine College of Surgeons, the Philippine Academy of Family Physicians, Inc., and the Philippine Psychiatric Association.

The Chairperson shall appoint a Vice-Chair from among the Committee members who shall preside over the meeting in the former's absence.

1.2. Functions: The Committee shall have the following functions:

- a. Provide overall leadership, policy and program directions;
- b. Monitor the progress of the program with the assistance of NCHFD and CHDs using the Performance Standards and Assessment Tools for Services Addressing Violence Against Women in the Philippines. (This can also be downloaded from the website of the Philippine Commission on Women pcw.gov.ph);
- c. Provide assistance in the security/protection of WCPU staff from perpetrators;
- d. Ensure that networking and inter-organizational linkages are available at the national, regional and local levels;
- e. Resolve issues, concerns and/or problems, make recommendations and decisions that may affect the execution of the project in terms of strategic direction, significant change of scope, timing, resource, and cost requirements.
- f. Nominate the members of the Technical Working Group (TWG);
- g. Draft / review / comment and recommend approval of Resolutions / Circulars / Memoranda and Administrative Orders on VAWC.
- h. Sustain Public-Private Partnership to assist in the sustainability of WCPU human resource;
- i. Submit to the Office of the Secretary of Health its annual report on policies, plans, programs, accomplishment and statistical reports and narrative description of activities on or before the last working day of February of every year.

- j. The Committee shall meet regularly at least once every quarter. The venue shall be agreed upon by the members. Special meetings may be requested by the Chairperson or any Committee member, as the need arises.

1.3. Term: The Committee members shall hold office for three (3) years and may be reappointed or until their successors shall have been appointed and duly qualified.

The Committee members shall designate the Director III of the NCDPC-FHO as the Chairperson of the Technical Working Group (TWG), as well as the members of the TWG representing the NGO, specialty organizations, faith based, and community based organization. The selected staff from the Family Health Office will act as the secretariat as may be necessary to discuss and address particular concerns to ensure functionality of WCPUs.

2. Technical Working Group (TWG): Functions

- a) Identify/Map out health care facilities that need to establish WCPU using demographic and population ratio criteria;
- b) Formulate standard protocols and procedures for multidisciplinary care for women and children victims of abuse and violence;
- c) Set the criteria and procedures on certification standards of women and children protection units;
- d) Set minimum competency requirements for training programs that are gender-responsive which include but shall not be limited to Certification for Women and Child Protection Specialty Training Program;
- e) Monitor and evaluate the efficiency, effectiveness and sustainability of the WCPUs;
- f) Recommend policy reforms and new guidelines anchored on evidence-based interventions and approaches; and
- g) Perform other functions as may be necessary for the implementation of the revised issuance

3. The Secretariat

The selected staff from the Family Health Office shall act as the secretariat whose functions are the following:

- a) Provide administrative support to the Steering Committee and TWG in all activities related thereto;
- b) Facilitate and organize meetings, workshops, symposiums, for a and other activities as instructed by the Steering Committee and/or TWG;
- c) Prepare minutes of the meeting and other required documentation;
- d) Ensure availability of logistics requirements during the conduct of the activities

The members of the Technical Working Group and the corresponding members of the secretariat previously appointed by the Steering Committee members shall hold permanent appointment for continuity purposes.

REQUIREMENTS FOR THE ESTABLISHMENT OF WOMEN AND CHILDREN PROTECTION UNITS

- a) The Committee is mandated to ensure that all WCPUs and those that have yet to be established meet the criteria enumerated in the attached Manual of Operations.
- b) All WCPUs, depending on the number of their personnel, range of services rendered and annual budget, should meet the service requirements as enumerated in the Manual of Operations.

MINIMUM REQUIREMENTS FOR ALL HOSPITALS

- a) Training – The Committee is mandated to ensure that all hospital personnel undergo training on the recognition, reporting, recording and referral (4R's) of cases of violence against women and children.
- b) Women's and Children's Protection Coordinator – Hospitals without a women and children protection unit must have a women and children's protection coordinator (WCPC) responsible for coordinating the management and referral of all violence against women and children cases in a hospital facility. The organizational structure is provided in ANNEX B

H. ROLES AND RESPONSIBILITIES

1. National Center for Disease Prevention and Control (NCDPC) shall:

- a) Manage, supervise and monitor the overall execution of the revised WCPU Policy;
- b) Provide overall policy direction and guidance;
- c) Monitor and evaluate the impact of WCPU in families and survivor of violence against women and their children;
- d) Conduct capacity building activities for Women and Child Protection;
- e) Monitor WCPU reports and analyze data for decision making

2. Health Human Resource Development Bureau shall:

- a) Develop and implement plans and programs on the recruitment, selection, deployment, and utilization of health human resources for WCPU.
- b) Assist in the development of training programs, designs and manuals for various stakeholders of WCPU;
- c) Identify and coordinate with institutions that provide capability building on WCPU
- d) Institute career development based on training needs;
- e) Together with the steering committees, monitor standards on the health human resource of WCPU;

3. National Epidemiology Center (NEC) shall:

- a) Manage the development of the operational policies, practices, standards and protocols to ensure the effective and efficient implementation of Online National Electronic Injury Surveillance System (ONEISS);
- b) Develop an efficient and effective surveillance system for WCPU

4. Information Management Service (IMS) shall:

- a) Ensure that the system is updated and that all software-related problems are properly addressed;
- b) Conduct orientation and training on the ONEISS-VAWC System among the Information Technology staff of the hospital who will manage the ONEISS;
- c) Maintain ONEISS-VAWC records submitted to them

5. Legal Service shall:

- a) Render legal assistance and advice to the Secretary of Health and his support staff on matters, policies on VAWC;
- b) Prepare legal opinions on VAWC matters regarding provision of laws, circulars, rules and regulations as well as VAWC legal queries within the DOH;
- c) Perform legal counseling and advice regarding the enforcement, application of VAWC laws, rules and regulations;
- d) Answer all VAWC legal queries and communication referred to Legal Service regarding VAWC laws

6. National Center for Health Promotion (NCHP) shall:

- a) Translate the evidence based WCPUs research findings into key messages prototype IEC materials that are appropriate for specific population segments.
- b) Develop communication plan for the WCPU Events/campaigns

7. National Center for Health Facility Development shall:

- a) Set standards for the technical operation/management of WCPUs to include reporting mechanism;
- b) Provide implementation support for hospitals to comply with the service requirements of WCPU

8. Bureau of Health Facilities and Services shall:

- a) Integrate standards on WCPU service requirements of health facilities in licensing checklist;
- b) Set basic standards for WCPU service requirements for health facilities;
- c) Inspect WCPUs to establish compliance to the set standards.

9. Centers for Health Development shall:

- a) Ensure the adoption and implementation of this policy by LGUs in the different localities within their respective regions in public and private health care facilities;
- b) Certify health care facilities in the regions meeting the standard service requirements of WCPU through their Licensing Operations Unit;
- c) Provide technical assistance to leverage resources and monitor implementation of WCPUs in health facilities;
- d) Formulate and implement advocacy plans for local chief executives to generate stakeholders' support from relevant partners;
- e) Monitor the implementation of this revised policy and guide in both public and private hospitals, and in different localities in their respective regions.

10. Local Government Units shall:

- a) Conduct training and orientation on the 4Rs for medical and non-medical staff;
- b) Orient/train public and private health workers on the revised WCPU policy and manual of operations;
- c) Translate this Order into local ordinances/resolutions for its adoption;
- d) Provide budgetary allocation for an effective/efficient operations of WCPUs, particularly on the hiring of dedicated staff to manage the unit;
- e) Advocate with municipalities/cities and other concerned agencies and stakeholders to adopt and implement the revised policy and manual of operations of this AO;
- f) Generate and allocate logistics and human resources in support of WCPU provision of services for victims of violence (e.g., counterpart funds for training, procurement of supplies); and
- g) Maintain an accurate, complete and timely database on WCPU clients.

11. Child Protection Network Foundation, Inc. & Women Protection Unit of UP-PGH (Women's Desk) shall:

- a) Provide technical expertise and support for the establishment of WCPUs;
- b) Support the training of physicians and social workers in WCPUs as facilitators/resource persons;
- c) Converge efforts with the Council for the Welfare of Children, Philippine Commission on Women, and other organizations working on women and children health and gender concerns.

12. Council for the Welfare of Children (CWC) and Philippine Commission on Women (PCW) shall:

- a) Provide expertise and technical assistance on gender-responsive delivery of services to the WCPU service providers;
- b) Assist the DOH in monitoring the implementation of WCPU in coordination with the Steering Committee. Likewise, the Standard Performance Assessment Tools shall be used for this purpose.

13. Philippine Health Insurance Corporation (PhilHealth) shall:

- a) Develop PhilHealth Insurance benefit packaged for WCPU inpatient and outpatient services for the abused/survivors of violence in accredited hospital facilities in consideration to active and non-active members.

I. FUNDING SUPPORT

Hospitals shall include in their annual proposed budget the funds needed to support the annual operation and services of the Women and Children Protection Unit. The Gender and Development Funds of the hospital may be used for the purpose.

National and local government units shall use GAD funds for technical assistance, monitoring and advocacy campaigns, and other related activities to enhance the operation of Women and Children Protection Unit.

J. REPEALING CLAUSE

This Administrative Order repeals Administrative Order # 1-B s. 1997 and all other previous DOH issuances inconsistent thereto.

K. SEPARABILITY CLAUSE

In the event that any provision or part of this Administrative Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

L. EFFECTIVITY

This Order shall take effect immediately.



ENRIQUE T. ONA, MD, FPCS, FACS
Secretary of Health

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MANUAL OF OPERATIONS

The Committee on Women and Children Protection Program is mandated to regulate the establishment and operations of all WCPUs in the Philippines.

I. The minimum standard criteria should be maintained by all WCPUs.

A. Organizational Structure

1. The WCPU shall be an integral part of the hospital;
2. It shall be under the Office of the Chief of Clinics;
3. It shall be supervised by a WCPU head who shall have the following responsibilities:
 - a. Integrate all functions of the WCPU
 - b. Prepare the annual work and financial plan including budget preparation,
4. Submit quarterly reports to the Office of the Undersecretary, cluster head of the NCDPC
5. It shall have the following minimum staff, preferably with regular plantilla positions, who shall be primarily responsible to the WCPU:
 - c. a trained physician, and
 - d. a trained social worker.

B. Facilities

1. Permanently situated in a designated area preferably near the emergency room of the hospital;
2. Spacious enough to accommodate all the services provided by the facility, such as:
 - a. A separate room for interviews and crisis counselling
 - b. A separate room for medical examination;
 - c. A reception area to accommodate those waiting to be served, including their companions. The reception area must have culture- and gender-sensitive information materials on violence against women and children (VAWC)

- d. Filing cabinets and other furniture/equipment that will ensure the security and confidentiality of files and records;
8. Its own toilet or comfort room;
 9. The following fixtures:
 - a. Examination table
 - b. Desk and chairs
 - c. Washing facilities with clean running water
 - d. Light source, and
 - e. Telephone line
 10. Readily available supplies and equipment for medical examination, including:
 - a. Digital camera
 - b. Rape kit
 - c. Speculum of different sizes
 - d. Blood tubes
 - e. Syringes, needles and sterile swabs
 - f. Examination gloves
 - g. Pregnancy testing kits
 - h. Microscope slides
 - i. Measuring devices like rulers and calipers
 - j. Urine specimen containers
 - k. Refrigerator for storage of specimens
 - l. Analgesics, and medicines for STI prophylaxis
 - m. Labels
 - n. Medical forms including consent forms and anatomical diagrams
 - o. Colposcope (Optional)
 - p. Videocamera for recording the forensic interview (optional)
 - q. Tape recorder (optional)

II. LEVELS OF CARE DELIVERED BY WCPUs

A. Level I WCPU

1. *Personnel*

- A trained physician, and
- A trained and registered social worker

2. *Services.* – A level I WCPU provides

- Minimum medical services in the form of medico-legal examination, acute medical treatment, minor surgical treatment, monitoring & follow-up
- A full coverage, 24/7
- Minimum social work intervention such as safety (and risk) assessment, coordination with other disciplines (*i.e.*, Department of Social Welfare and Development (DSWD) or the local social welfare and development office (SWDO), police, legal, NGOs)
- Peer review of cases
- Expert testimony in court, documentation, and record- keeping
- Networks with other disciplines and agencies

3. *Training Capability*

- Training on 4Rs

4. *Research*

- Proper documentation of experiences which will serve as inputs for policy research, formulation and program improvement

B. Level II WCPU

1. *Personnel*

- A trained physician;
- A trained and registered social worker, also with full-time coverage of duties at the WCPU; and

- A trained police officer or a trained mental health professional.

2. Services

- Medical services similar to a Level I WCPU including rape kits and surgical intervention.
- Full coverage, 24/7
- Social work intervention similar to that of a Level I WCPU plus case management and case conferences
- Additional services in the form of police investigation or mental health care
- Expert testimony in court
- Documentation and record-keeping using the Child Protection Management Information System (CPMIS)
- Peer review of cases
- Availability of specialty consultations (ENT, ophthalmology, surgery, OB-Gyne, pathology)
- Networks with other disciplines and agencies.

3. Training Capability

- Training on 4Rs
- Residency training

4. Research

- Proper documentation of experiences which will serve as inputs for policy research, formulation and program improvement

C. Level III WCPU

1. Personnel

- At least two (2) trained physicians;
- At least two (2) trained and registered social workers;
- A registered nurse;
- A trained police officer; and
- A mental health professional

2. Services

- Medical services of a Level 2 WCPU
- Full coverage, 24/7
- Social work intervention of a Level 2 WCPU capacity plus long-term case management
- Mental health care
- Police investigation
- Nursing services
- Peer review of cases
- Death review
- Expert testimony in court
- Documentation and record-keeping using CPMIS
- Availability of specialty consultations (*i.e.*, ENT, Ophthalmology, Surgery, OB-Gyne, Pathology)
- Other support services (*i.e.*, livelihood, educational)
- Networks with other discipline and agencies
- Availability of subspecialty consultations (*e.g.*, child development, forensic psychiatry, forensic pathology)

3. Training Capability

- Training on 4Rs
- Competence and facility to run residency training and specialty trainings

4. Research

- Proper documentation of experiences which will serve as inputs for policy research, formulation and program improvement;
- Conduct of empirical investigations on women and children protection work;
- Publication of such research studies in reputable journals and/or presentation in scientific conferences or meetings.

III. TRAINING AND EDUCATION IN WOMEN AND CHILDREN PROTECTION

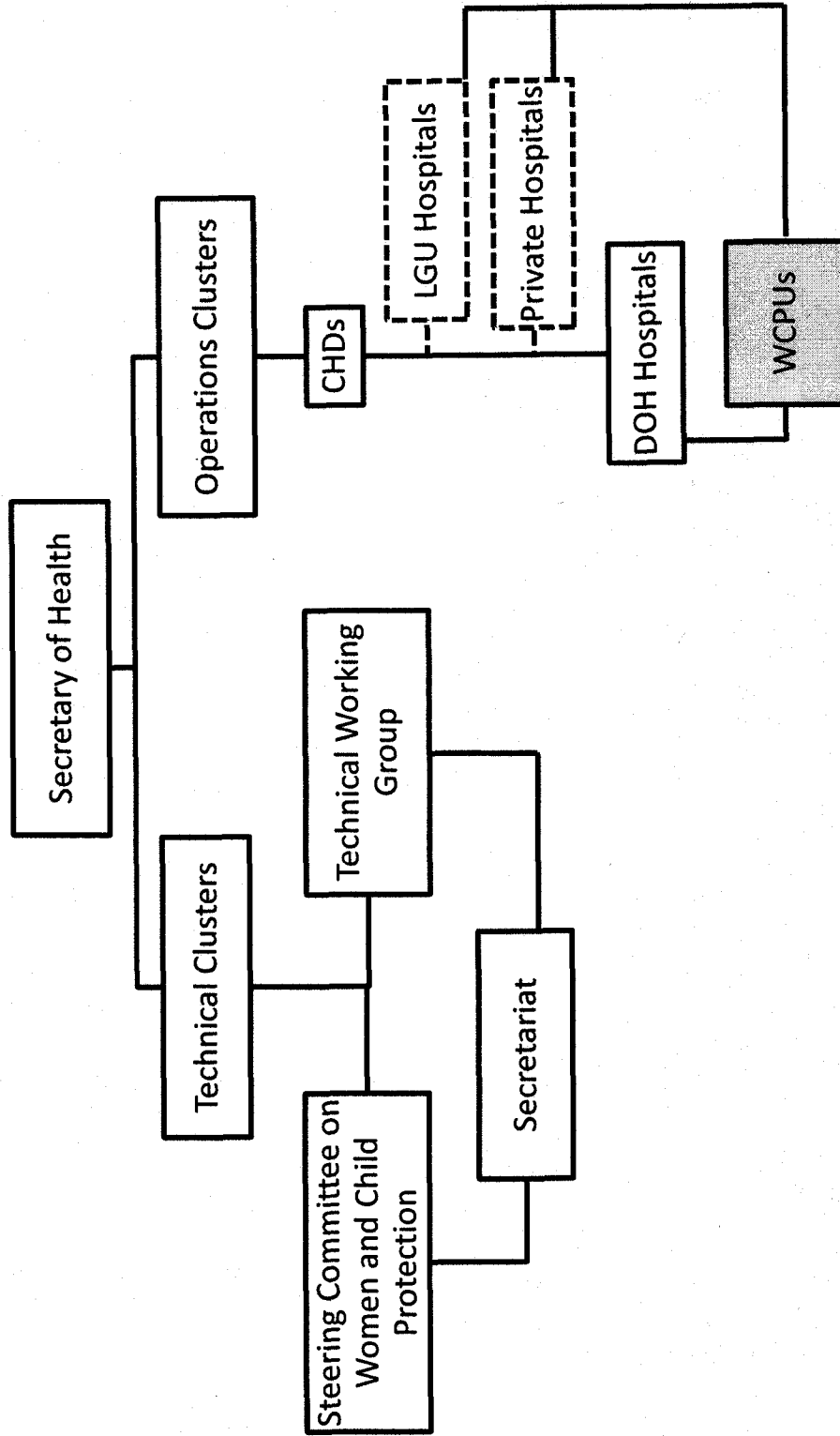
A multi-disciplinary training program will address human resource needs of women and child protection units and women's and children's desk as well as create and sustain a woman- and child-sensitive hospital environment. The women and children protection program in the central office will set directions and define a career path for medical and paramedical graduates who might be interested in professionally pursuing this line of work. This will be made available not only to hospital personnel but to community and interested organizations that would like to avail of the training. Training areas may focus on the following:

1. Acquisition/enhancement of attitudes necessary in the management of acute and chronic causes of crisis such as sensitivity, compassion, confidentiality and empathy.
2. Development/strengthening of skills in early detection, screening, interviewing, physical examination, use of appropriate diagnostic procedures, management, counseling and referral.
3. Additional knowledge on understanding of conditions leading to crisis, recognition of early sign of crisis identification, analysis of aggravating/contributory factors including family factors/stresses, understanding of the impact of crisis on the individual, the family and the community, management of patients and their families, networking, linkage development and referral.

IV. MINIMUM REQUIREMENTS OF A TRAINED WOMEN AND CHILDREN PROTECTION SPECIALIST

1. Physician
 - Six (6)-week Child Protection Specialist Training for Physicians of the Child Protection Network Foundation or its equivalent
2. Social Worker
 - Four (4) -week Child Protection Specialist Training for Social Workers of the Child Protection Network Foundation or its equivalent
3. Police Officer
 - Four (4)-week Child Protection Specialist Training for Police Officers of the Child Protection Network Foundation or its equivalent

Women and Child Protection: Organizational Structure



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