

## CHAPTER I

### GENERAL INFORMATION

This chapter discusses the chronology on how the Golden Reception and Action Center for the Elderly and other Special Cases (GRACES) was developed. Also, it presents here the rationale behind the philosophical bases promoting the welfare of senior citizens and its underlying core values.

#### **Section I. History**

In 2010, the Social Technology Bureau which was then under the Policy and Programs Group (PPG) developed a concept entitled “*Golden Reception and Action Center for Elderly (GRACE)*” to be implemented in the facility vacated by the Golden Acres Home for the Aged which was transferred to Tanay, Rizal. Its primary objective is to serve as assessment/diagnostic and processing center to older persons who are missing, abandoned and neglected needing proper intervention. The assessment shall include tracing the family of the older person, in the absence of the family they will be referred to appropriate agencies/institutions for a long term assistance or intervention.

On July 17-23, 2011, the Department of Rehabilitation Medicine, Philippine Orthopedic Center (POC) invited the Hon. Secretary Corazon Juliano-Soliman to their celebration of the National Disability Prevention and Rehabilitation Week held at the Spine and Rehab ward. The Secretary committed to extend support to Spinal Cord Injury (SCI) patients who were totally abandoned by their own families and no one else to turn to through provision of group home care to improve their quality of life despite of their physical condition. The Secretary instructed specifically the Protective Services Bureau to work out on partnership with DSWD and POC in establishing a Hospice Care Program for Spinal Cord Injury patients. The program shall also be implemented in the facility vacated by the Golden Acres.

On May 11, 2012, Undersecretary Parisya H. Taradji had a transition meeting with NCR, IV-A, PSB and STB and instructed STB and PSB to integrate the Hospice Care Program to GRACE as they are to be implemented in the same facility. The EXECOM approved the turn-over of the management of the GRACE and the Hospice Care Facility to FO-NCR in one of the EXECOMs’ meeting.

On June 1, 2012, Undersecretary Taradji had a followed up meeting with NCR, IV-A, PSB and STB and agreed that the GRACE should not be limited to older persons but to include those who are bedridden and adult

paraplegic patients referred by POC. As such, it was recommended that the GRACE be renamed instead as *Golden Reception and Action Center for Elderly and other Special Cases (GRACES)*. The *S* stands for *Special Cases* referred to adult paraplegic and bedridden older persons. Further, it was agreed that STB shall revise the design and guidelines for implementation integrating the two programs since these are part of their functions.

Further, on June 25, 2012, Dir. Bonoan of DSWD-NCR reiterated their willingness to lead the pilot implementation of GRACES once the documentary requirements i.e. project design, guidelines and manual are completed by the STB.

Also, in another meeting headed by A/Sec Vilma Cabrera last September 24, 2012 where the Social Welfare Employees Association of the Philippines (SWEAP) was present requested not to transfer all the clients to Tanay, Rizal until the repair and improvement of the facilities of GA Tanay is completed. After the construction of the building have completed in 2012, 113 able-bodied older persons were already transferred to Tanay, Rizal but the 106 older persons who are bedridden, with psychological conditions such as with Alzheimer's disease and violent behavior were left to GRACES.

It was decided that on August 7, 2013, GRACES clients with psychological conditions such as with Alzheimer's disease and violent behavior should be transferred to Haven for the Elderly in Tanay, Rizal. Only those senior citizens for assessment and paraplegic patients referred by POC shall be catered by GRACES. However, on May 27, 2016, the Department of Health (DOH) confirmed to terminate the partnership with DSWD because GRACES has not received any referral from POC.

At present, GRACES is now considered as one of the regular residential care facilities in the National Capital Region as endorsed through a memorandum issued by former Undersecretary Vilma Cabrera on October 05, 2016.

## **Section II. Rationale**

The number of people throughout the world is rapidly increasing and the Philippines, as one of the developing nation in Asia, has been focusing its attention to the phenomenon of aging. Of its population of seventy-six (76) million in year 2000, there would be about five (5) million older persons sixty (60) years and above.

In a study by Domingo et al, an older person (1990) two (2) out of three (3) older person respondents admitted to have a serious problem of not feeling needed or wanted. These respondents are uncertain whether they could rely on their children during their old age. The UP Population Institute Study

(1994) showed that children living with their old parents still valued the latter by caring and supporting them. The earlier study done by Domingo, pointed to the declining respect of older persons. The same result was shown by an ASEAN survey pointing out that fifty (50) percent of its respondents who are older persons felt that they get *“too little respect from the younger generation.”*

The changing times brought about by technology and modernization has set in more demands from the environment and its people. Inevitably there is more movement within and outside the country causing disintegration and instability. There is likewise transformation of values and traditions that affects the inner core of the family. This reality has given rise to abandonment and neglect of older persons who were traditionally accorded the highest esteem by the Filipino families.

With the rapid increase in the population of the sixty (60) years old and above, the needs of older persons would have to be addressed by the government, the community and the family. One of the needs would be on the care and support especially the marginalized older persons. Further, the increasing number of older persons in the Philippines is evidently shown by the elderly’s presence on the streets and the growing number of referrals in residential care facilities.

Hence, in response to the needs of the elderly, the government established and maintains residential home for the older persons who are either displaced, migrants from the provinces who are very poor, without family or abandoned by relatives, or those who have been rejected by relatives due to illness or financial burdens.

### **Section III. Legal Bases**

The following are the laws that serve as bases in the development and implementation of programs and services for senior citizens sector.

#### ***a. International Instruments***

a.1. *United Convention on the Rights of Persons with Disabilities* - promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

a.2. *Vienna International Plan of Action on Ageing* – aims to strengthen the capacities of government and civil society to deal effectively with the ageing population and to address the developmental, potential and dependency needs of older persons. This plan puts forth ageing not just as a problem faced by people who are already old but a lifelong process

that requires early attention and preparation in social, economic, health and other aspects.

- a.3. *Macau Declaration and Plan of Action on Ageing for Asia and Pacific* – addresses important issues particularly on these seven (7) major areas of concern relating to ageing and older persons – the social position of older persons; older persons and the family; health and nutrition; housing, transportation and the built environment; older persons and the market; income, security, maintenance and employment and; social services and the community. It provides a regional platform for members in the region to cooperate and share their experiences concerning policies and programs to meet the challenges of ageing.
- a.4. *Madrid International Plan of Action of Ageing* – sets out priority areas and action points towards the goal of ensuring that societies and individuals live with security and dignity while maintaining their full participation and human rights. It sets policy direction in three (3) major areas – ageing and development; health and well-being into old age and; enabling and supportive environments for ageing. It calls for changes in attitudes, policies and practices in order to include ageing in global development agenda, to see development as a right of the elderly and to see an end to age discrimination.

**b. National Laws**

- b.1. *1987 Philippine Constitution*- Article XV, Section 4 states that it is the duty of the family to take care of its elderly members but the state may also do so through just social security which refers to economic security and social welfare for individuals through government programs. Article XIII, Section 11 provides that the “State shall adopt an integrated and comprehensive approach to health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women and children.”
- b.2. *Republic Act No. 9257 or an Act Granting Additional Benefits and Privileges to Senior Citizens Amending for the Purpose Republic Act No. 7432*- Section 5 (d) states that the Department of Social Welfare and Development (DSWD), in cooperation with the Office of the Senior Citizens Affairs (OSCA) and the local government units, non-government organizations and peoples organizations for senior citizens, shall develop and implement programs and services for senior citizens.

- b.3. Republic Act No. 9994 as amended by Republic Act No. 7432 otherwise known as the “Expanded Senior Citizens Act of 2010”- Section 1 states that as provided on the Constitution of the Republic of the Philippines, it is the declared policy of the state to promote a just and dynamics social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, arising standard of living and an improved quality of life.
- b.4. *Republic Act No. 7277 as Amended by Republic Act No. 9442 and Republic Act No. 10070 or the Magna Carta for Persons with Disabilities* - Provides for the rehabilitation, self-development and self-reliance of persons with disabilities and their integration into mainstream society including the provision of additional incentives and privileges and establishment of institutional mechanisms to ensure the implementation of programs and services for the sector.
- b.5. *Republic Act No. 9970 series of 2010 – General Appropriations Act under Section No. 34*, stipulating to set aside the 1% budget allocation from the Annual Agency’s Budget appropriations for programs and services for senior citizens and differently-abled persons.
- b.6. Republic Act No. 5416 of 1968- Provides comprehensive social services for individuals and Groups in Need of Assistance, Creating the Department of Social Welfare, Section 3 states that the Department shall (2) set standards and policies to ensure effective implementation of public and private social welfare programs.
- b.7. Republic Act 7876 – An act establishing a Senior Citizens Center in all cities and municipalities of the Philippines, and appropriating funds therefor.
- b.8. Executive Order No. 292 otherwise known as Administrative Code of 1987, Title XVI, Chapter I, Section 3. Functions of the Department- to accomplish its mandates and objectives, the Department shall (7) accredit institutions and organizations engaged in social welfare activities and provide consultative and information services to them. (14) to set standards, accredit and monitor performance of all social welfare activities both in public and sectors.
- b.9. Executive Order No. 221 series of 2003 otherwise known as Amending Executive Order No. 15 series of 1998 entitled Redirecting the Functions and Operations of the Department

of Social Welfare and Development Section 3 Powers and Functions of DSWD- (a) “Set standards, accredit and provide consultative services to institutions, organizations and persons engaged in social welfare activities and monitor performance of institutions, organizations and persons engaged in social welfare activities, both public and private”.

- b.10. *Executive Order No. 105, series of 2003* – It is an order approving and directing the implementation of programs including the provision of group home and foster home for neglected, abandoned, abused, detached and poor older persons and persons with disabilities.
- b.11. *Executive Order No. 15, series of 1998* – It defines the role of DSWD as an Administrator of special social services and social development funds intended to assist disadvantaged individuals, families and communities. It further defines the functions of DSWD among others as to operate and maintain support institutional facilities, projects and services and social laboratories and learning centers for the benefits of its constituents and in furtherance of social welfare and development.
- b.12. *Executive Order No. 123, series of 1987*- Mandated DSWD to provide care and protection and rehabilitation to those that has least in life and need social welfare assistance and social work interventions to restore their functioning and participation in community areas.
- b.13. *Proclamation No. 380, April 14, 1968*- reserving a parcel of land of the private domain of the government situated in Bago Bantay, Quezon City, as site for the Home for the Aged and infirm under the administration of the Social Welfare Administration.

**c. Internal Policies**

- c.1. *Administrative Order No. 17, Series of 2010* – Enhanced Guidelines in Monitoring Social Welfare and Development Agencies (SWDAS) and Service Providers.
- c.2. *Administrative Order No. 17, Series of 2008* – Rules and Regulations on Registration and Licensing of Social Welfare and Development Agencies and Accreditation of Social Welfare and Development Programs and Services.

## **Section IV. Philosophical Base**

The Department as the primary welfare agency adheres to the principles of the United Nations General Assembly, recognizing the need to achieve progressively the full realization of the right of every senior citizen's to the enjoyment of the highest and attainable standard of physical and mental health.

It is a commitment to the abandoned, neglected, homeless, unattached senior citizens to be provided with a wholesome and satisfying life in their golden years when their own families cannot do so.

The Golden Reception and Action for the Elderly (GRACE) is a place where residents can enjoy a home-like environment where the older persons find emotional stability, peace of mind, knowing that they are accepted, protected, and well-cared for and quality services. It is a facility that offers medical, psychosocial care and rehabilitative services, spiritual support and companionship that they desire in their twilight years.

The operation of the GRACE is anchored on the following beliefs:

- That the abandoned, homeless, unattached or neglected older persons if given the opportunities can achieve a productive, wholesome, and satisfying life.
- The older persons have wealthy experiences, potentials and strength that if tapped and maximized can be a source of values and inspirations of the young generation and other adults.

## **Section V. Vision, Mission, Goals and Core Values**

### **Vision**

GRACES envisions a residential care facility providing a holistic package of geriatric care services responsive to the varying needs of the residents who are abandoned, neglected, lost and unattached senior citizens.

### **Mission**

To implement protective and rehabilitative programs and services for the residents.

### **Goals**

1. To assess the felt needs of the clients upon admission at the center.

2. To provide temporary and/or long-term shelter to clients.
3. To provide appropriate services for the physical, social, emotional, psychological, medical and rehabilitation needs of the clients while in the center.
4. To facilitate immediate reintegration of clients to their families and/or transfer to other residential care facilities, as applicable.
5. To access clients to other government and non-government agencies and facilities where their needs can be properly attended.

### **Core Values**

1. **G** – Good Reputation/Integrity

GRACES emphasizes characters such as good reputation and integrity in effective service delivery.

2. **R** – Respect for Human Dignity

GRACES respects the inherent worth and dignity of a person and acknowledges its uniqueness may it be residents, staff and families and partners. Each person is respected regardless of race, creed or religious affiliation and economic status.

3. **A**- Accountability

Public Office is a Public Trust - hence upholding with utmost integrity in its community operation and accountability to all financial systems and management of people.

4. **C**- Competency

When we have the knowledge, services would entail quality delivery. GRACES is dedicated to establishing and meeting high personal, professional, spiritual and organizational goals and standards.

5. **E**- Excellence

GRACES is likewise committed to provide quality care and service to the neglected, homeless, unattached and abandoned older persons where he/she receives appropriate social, psychological, home life and dietary care, medical care, spiritual and rehabilitative services while at the Center.



## **Section VI. Description**

Golden Reception and Action Center for the Elderly and other Special Cases (GRACES) is a 24-hour, 7-day-a-week assessment/diagnostic and residential care facility that provides residential care to abandoned, neglected, unattached and homeless Filipino Senior Citizen who are 60 years old.

Their needs shall be assessed and provided necessary actions through temporary care – for a minimum of six (6) months and maximum of one (1) year. For that period of time, the center social workers shall facilitate the tracing and immediate return of the clients to their respective families. If their families cannot be located, the senior citizens shall be referred to other institutions/residential care facilities catering to senior citizens for a long term care or accommodation of the client to the center may be extended based on the assessment of the social worker.

The assessment shall be done through subsequent interviews, use of certain social case management tools and coordination with other members of a rehabilitation team to generate basic information about the client and his/her level of well-being; determine clients current problems which caused him/her to seek help or be referred and; his/her strengths and weaknesses in terms of capabilities, attitudes and support system.

A **rehabilitation team** composed of social workers, psychologist, medical team and house parents shall perform any of the following actions - coordination with LGUs and media (tv, radio and print) to locate/trace the existing families or relatives of the clients. Simultaneous to these, needs of clients for physical, social, emotional, psychological, medical and rehabilitation services may already be provided in the facility based on the recommendations of the rehabilitation team. The center has the option to extend the period of service delivery for clients as need arise.

### **A. TARGET BENEFICIARIES:**

Senior citizens- 60 years old and above who is considered lost, abandoned, neglected or unattached.

### **B. OBJECTIVES**

#### **General Objective:**

To asses and provide immediate appropriate interventions to target clients.

**Specific Objectives:**

1. To establish the actual needs of the target clients upon admission in the center;
2. To provide short-term services for the physical, social, emotional, psychological, medical and rehabilitation needs of senior citizens
3. To facilitate immediate reintegration of target clients to their families, or referral to other agencies for long-term care if applicable;
4. To access target clients to other agencies and facilities which can provide other services not available at the center

## **CHAPTER II**

### **GENERAL POLICIES**

GRACES like any other organization, is composed of a large number of individuals, each with different interests, characters, and value system. In this regard, the Center must have a common framework in which the efforts and behavior of everyone are oriented to the collective aim of the organization while respecting the rights of the employee.

#### **PURPOSE AND SCOPE**

To set the rules and regulations for maintaining order, decorum, discipline, among all employees, to specify the procedures to be followed in implementing these rules and regulations, to define the duties and responsibilities of all concerned, and to prescribe the penalties to be imposed upon violations and the manner of executing these penalties.

These rules and regulations shall govern everyone who is employed with the GRACES.

#### **OWNERSHIP**

Ownership of this policy shall properly belong to the Administrative Service who shall provide the guidance on the proper implementation of the Rules and Regulations set forth.

##### **A. Employee Discipline**

###### **1. Definition and Examples of Administrative Offenses/Penalties**

*Administrative Offense* is the breach of official duties and conduct or acts done in violation of the law or contrary to public service.

###### **Classification of Offenses and Corresponding Sanctions**

Administrative offenses with corresponding sanctions are classified into grave, less grave or light, depending on their gravity or depravity and effects on the government service

- a. Grave offenses – In general, first offense is punishable by Dismissal

###### *Examples*

- a.1 Dishonesty:

- a.2 Gross neglect of duty:
- a.3 Grave Misconduct:
- a.4 Conviction of crime involving moral turpitude:
- a.5 Falsification of official document:

1<sup>st</sup> Offense - - - - Dismissal

a.6 Frequent Unauthorized absences (AWOL) or tardiness in reporting for duty, loafing or frequent unauthorized absences from duty during regular office hours:

1<sup>st</sup> Offense - - - Suspension for six (6) months and one (1) day to One (1) day to one (1) year

2<sup>nd</sup> Offense--- Dismissal

- b. Less grave offenses – In general, first offense is punishable by suspension from one month and one (1) day to six (6) months, second offense by Dismissal.

*Examples*

- b.1 Simple neglect of duty:
- b.2 Simple misconduct:
- b.3 Gross discourtesy in the course of official duties:
- b.4 Violation of existing civil service law and rules of serious nature
- b.5 Insubordination

- c. Light offenses---In general, first offense is punishable by Reprimand, second offense by Suspension for one(1) to thirty (30) days, third offense by Dismissal.

*Examples*

- c.1 Discourtesy in the course of official duties
- c.2 Violation of reasonable office rules and regulations
- c.3 Frequent unauthorized tardiness (Habitual Tardiness)
- c.4 Refusal to render overtime services
- c.5 Lending money at usurious rates of interest

**STATUS OF EMPLOYMENT**

**i. EMPLOYMENT IN THE CIVIL SERVICE**

- a.1 **Permanent** - issued to a person who meets all the minimum qualification requirements of the position to which he is being appointed, including the appropriate eligibility prescribed, in

accordance with the provisions of law, rules and standards promulgated in pursuance thereof.

a.2 **Contractual** - issued to a person who shall undertake a specific work or job for a limited period not to exceed one (1) year. The appointing authority shall indicate the inclusive period covered by the appointment for purposes of crediting services.

a.3 **Casual** - issued only for essential and necessary services where there are not enough regular staff to meet the demands of the service.

a.4 **Cost of Service (MOA)** - it covers lump sum work or services such as janitorial, security, or consultancy where no employer-employee relationship exists between the individual and the government. It is not covered by Civil Service law, rules and regulations, but covered by Commission on Audit (COA) rules. Services rendered hereunder are not considered as government service.

a.5 **Job Order** - it covers lump sum work or services such as janitorial, security, or consultancy where no employer-employee relationship exists between the individual and the government. The contract of service is from 3 to 6 months.

The employees involved in the contract of service are not entitled to the benefits of regular government employees.

## **NETWORKING FOR COMMUNITY PARTICIPATION AND SUPPORT**

The rehabilitation team shall maintain a network of organizations and institutions which can extend support services to center operations which may include but not limited to the following:

- a. TV/radio stations and newspaper companies that can accommodate the center's public service announcements.
- b. Non-government organizations which also operate facilities catering to the same set of clients.
- c. Hospitals and charitable institutions including geriatric ones.
- d. Community in general for donations to augment the cost of care of clients and for care-giving volunteer services,

conduct of recreational activities and locating/tracing of clients' families.

- e. Local government units, C/MSWDO, Barangay unit, Public / Private Organizations, and civil society group.

## **I. VOLUNTEER MANAGEMENT**

### **Under the Bayanihan Bayan Program (BBP)**

The BBP is a volunteer program that aims to build strong partnership between the government and private sector in implementing government programs and projects. This program provides opportunities for individuals, groups and organizations to extend voluntary service in the implementation of social welfare and development programs as well as disaster operations. (Source: [dswd.gov.ph/how-to-volunteer](http://dswd.gov.ph/how-to-volunteer))

Any individual, group or organization intending to conduct volunteer work in the center shall coordinate with the Standards Unit of DSWD Field Office NCR for the requirements and other activities to be undertaken.

### **For the Student Training Program**

All students/trainee intending to complete their on-the-job training should abide the regional revised operational guidelines on the Implementation of the Student Training Program.

### **Roles and Responsibilities of Volunteers (BBP) and Students Trainee**

1. Follow the center's rules and regulations.
2. Report to the center on time.
3. Observe proper behavior and dress code while at the center.
4. Submit the needed reports as agreed with the center supervisor.
5. Always inform the center's supervisor when one cannot report to work or will be late.

### **For Centers/Residential Care Facilities**

1. Designate AFI who shall oversee, monitor, and evaluate placement of students / trainee
2. Ensure that AFIs will conduct orientation at the start of the training period
3. Ensure that AFIs are present during entrance and exit dialogue with the students and CIs

**D. DUTIES AND RESPONSIBILITIES OF OFFICER OF THE DAY/  
EXECUTIVE OFFICER OF THE DAY (OD/ EOD)**

1. Qualified staff to render duty as EOD:
  - Social Welfare Officer I, II & III
  - Psychologist
  - Nurse I&II
  - Manpower Development Officer II/I
  - Nutritionist Dietitian
  - Houseparent IV/III
  - Houseparent II
  - Medical Officer III &;
  - Senior Staff
2. All designation of EOD shall be by virtue of Regional Special Order for permanent employees and Regional Administrative Order for the MOA Workers.
3. As a general rule, all designated EOD should be guided by the general policies of the center on program management and administration especially policies on admission, confidentiality of cases, staff attendance and performance of duties, financial and supply management and general services.
4. Further, EOD should be familiar and guided on the enhance guidelines on rendering executive on duty in different residential care facilities of DSWD-NCR based on the regional memorandum order no. 003 series of 2003.
5. The following will be the roles and responsibilities of OD/ EOD based on RMO No. 3 series of 2013
  - Exercise overall supervision in the operation of the center
  - Assess and evaluate referrals for admission including completeness of the documents and endorse admitted client to appropriate cottages
  - Conduct rounds during the tour of duty at least there (3) times within the duration of duty
  - Not allow the conduct of outreach program beyond 5:00 pm
  - Ensure newly admitted clients personal belongings be recorded accordingly, and properly endorse to social workers
  - Issue supplies to residents
  - Accept/ received donations on behalf of the Donation Focal Person
  - Attend to visitors and telephone calls during the tour of duty
  - Make immediate and necessary decisions on emergency cases and submit feedback to Center head within 24 hours

- Ensures that all cottages and surroundings are clean and in order
- After the tour of duty, endorse the responsibilities and accountabilities to incoming OD/EOD which shall include the logbook, money with complete recordings and other items and concerns needing follow-up actions.



## CHAPTER III

### PROGRAMS AND SERVICES

#### I. Social Service

The **Social Worker** shall assist the older persons adjust and participate in a therapeutic community and in the implementation of their social case management plans including the provision of services of the center, counseling services, group activity and referral to other institution.

Likewise, the said social worker shall be responsible in conducting orientation to the newly admitted clients regarding the rules, regulations, programs, services and privileges that will be given them.

The Social Service provides and access to services aimed at improving the social functioning of the older persons.

The following functions are:

- Provision of integrated social services.
- Coordinate all services at the home to bring about an integrated approach towards the attainment of rehabilitation goal of the Senior Citizen.
- Enable the Senior Citizen use their own personal resources, center's resources, and community resources in order to restore his/her social functioning at optimum level.
- Help- other staff to understand the clients underlying feelings of anxiety, rejection or fear of loss of control. This feelings of anxiety and unresolved feelings may be projected in the Home in the form of complaints about the staff, food, roommates, and other aspects of the facility.

#### ❖ Administrative and Related Responsibilities of the Social Service:

##### 1. Case Recording

Case records used by program/technical staff to assure themselves that the acceptance of cases, the provision of counseling and planning services and the purchase of services meet the criteria that are established by law. It contains all pertinent information about the resident's need for institutionalization.

## **2. Rehabilitation Team Meeting**

This is conducted two (2) weeks after client's admission to craft client's rehabilitation plan as discussed by allied services.

## **3. Case Conference**

This is held once a week or as need arises to discuss resident's progress, problems, plan and related issues.

## **4. Supervisory Conference**

Individual and regular supervisory conferences shall be held between the Supervising Social Worker and the Social Workers to discuss caseload management and other matters pertaining to work performance.

Group Meetings shall also be held among the Social Services staff to discuss common problems.

## **5. Attendance in Conference, Seminars and Meetings**

The Head Social Worker, the Social Welfare Officer III and the Social Worker shall attend conferences and similar activities and shall participate and take a stand regarding important issues.

## **6. Preparation and Maintenance of Reports**

The staff of the Social Service shall maintain adequate administrative records. Promptness in preparation of reports and other communication is also required.

## **7. Participation in Policy Planning and Preparation of Operational Plan**

The staff in coordination with the allied services shall set the number of client to be served by the Center for the succeeding fiscal year, budget allotted for needs for services, input and output and areas of staff development.

The staff shall take advantage of the opportunities to participate in the planning and formulating policies related to other work.

## **8. Referral to Hospital**

- 8.1. The social service will coordinate with the medical service of the hospital if the senior citizen is for admission per information of the nurse-on-duty.
- 8.2. The social service will submit referral letter and SCSR to the medical service upon admission of the OP in the hospital.
- 8.3. The social worker shall conduct hospital visit a day after the admission of the client and before the discharge during weekdays. During weekends, however, the hospital watcher will be the one to facilitate the discharge.
- 8.4. After discharge of the senior citizen from the hospital, the social worker will submit feedback report to the Head Social Worker.

## **9. Securing Residents Death Certificate**

- 8.1 Social Service shall secure and process the death certificate for either  
from the hospital or funeral parlor for filing.
- 8.2 Social Service shall ensure the complete information about the client to accomplish the death certificate. The Social Worker shall submit the original copy of the death certificate to the funeral parlor or authorities concerned.

## **10. Reporting**

- 9.1 The staff shall submit monthly/quarterly/semestral statistical and  
narrative report per prescribed timeline

## **II. Medical Services**

This includes consultations and treatment, referral for physical examination and hospitalization, issuance and interpretation of medical consultation, laboratory requests and other medical reports.

Procedures:

a. Medical examinations

All residents shall undergo initial medical examination to determine their current health status, thus includes:

- a.1. Complete medical examination of the current health status.
- a.2. Examination by specialist in other medical field / if needed
- a.3 Clinical laboratory tests, X-ray, ECG, Blood Chemistry and other test which are necessary in coming up with a medical diagnosis.
- a.4. After the said medical examination from the hospital, the center nurse will submit feedback report to the Head Social Worker

b. Referral for Hospitalization and other Medical Examination

- b.1. The medical service will assess the medical condition of the clients whether he/she will stay in the Infirmary or to be referred in the hospital.
- b.2. The medical officer or in his/ her absence the center nurse on duty shall recommend on whether a client needs hospitalization or further physical check-up.
- b.3. The medical officer or in his/her absence the center nurse are expected to conduct hospital visit as need arises.

c. Medical Evaluation

The medical staff on duty shall make the medical evaluation based on the medical examination results to certify the physical fitness of the client for group living in an institution, this includes:

- e.1. General health status of the client
- e.2. Results of laboratory and other tests
- e.3. Recommendation for further medical evaluation when needed.
- e.4. Evaluation of the physical capacities and limitations of the client with regards to daily social and center life activities.
- e.5. Examination of specialist in other medical field/if needed

e.6. Clinical laboratory test, X-ray, ECG, Blood Chemistry and other tests which are necessary in coming up with a medical diagnosis.

d. Administrative and Related Responsibilities of the Medical Service Staff

f.1 Rehabilitation Team Meeting/Conferences

The medical staff shall present the resident's medical evaluation. This will serve as a basis of formulating the rehabilitation plan of the resident. His/her reports will be part of the resident's records.

f.2. Death Certificate

When the client dies at the center, the center nurse shall serve as informant and the medical officer will sign the death certificate. On the other hand, if the client dies at the hospital the attending Physician shall attest to the fact.

Other responsibilities such as attendance to conference, preparation and maintenance of feedback reports, participation in policy-planning, orientation, supervision of medical students, reporting and requisition of needs.

### **III. Psychological Service**

The Psychological service shall be responsible in assessing the client's psychological condition and providing activities/intervention to the clients based on their emotional, mental needs, issues and concerns on abandonment by the family/relatives, adjustment to the center environment, people, ageing and dying.

The following are the common activity that the psychologist rendered to the clients, such as:

- Psychological Assessment- it refers to the administration of psychological tests and the integration of gathered data through the use of case studies, behavioral observations and collateral interviews with the purpose of assessing the client's mental status, behavioral tendencies and personality dynamics.
- Therapeutic Intervention- application of techniques/approaches that would help the client manages

issues related to abandonment, adjustment to the new environment and people and preparation for death and dying.

- a. Conduct of Individual Counseling Session
  - i. Providing proper venues for expression of their thoughts and feelings and other issues and concern like perception on death and dying.
- b. Conduct of Group Counseling Session
  - i. Enhancing the social relationship and meeting the needs of the clients through sharing of experiences and individual/group concerns.
- c. Coordination to Activity Therapist
  - i. The psychologist shall ensure the coordination to Activity Therapy who will also provide the therapeutic activities with leisure to abled and psychologically ill clients.
  - ii. Formulate rehabilitation plans for clients involved in activity therapies.
- d. Referral for Psychiatric Intervention
  - i. Recommendation for further psychiatric evaluation and treatment and other professional expertise when needed
- e. Other related activities:
  - i. Rehabilitation Team Meeting/Conference

The psychologist shall present the psychological report that will serve as basis of formulating rehabilitation plan. This will form part of the client's record.

#### **IV. Homelife Service**

The home life staff attends to the physical needs of the residents in terms of providing a maximum home atmosphere through meeting their basic needs such as food, clothing and shelter. Likewise, it provides nursing care especially to those who are unable to attend their own personal needs like the senile, disabled and bedridden. They will also report cases of death of residents since they have the first knowledge on this when death occurs within the confines of the bed of the senior citizens.

The services are designed to support their social, psychological and physiological-functional capacities.

The primary functions and services are the following:

1. Orientation

The newly admitted clients shall be given orientation on the home life services, his/ her privileges, and duties as a resident by the staff on duty.

2. Introduction to Co-residents

The resident shall be introduced to co-residents in the assigned cottage. Belongings, if any, shall be inspected and sorted. All valuable which were recorded by the Social Services shall be kept at the storeroom or with the social worker's storeroom for safekeeping, or with the resident.

3. Issuance of Homelife Needs

For the purpose of sanitation, the senior citizen is bathe and provided with all his/her personal needs.

4. Inspection/Sorting of personal belongings

The homelife service shall be responsible for the conduct of inventory inspection and sorting of the client's personal belongings. A list of such belongings will be prepared and submitted to the Social Worker for reference.

5. Personal Hygiene and Grooming

The staff of the home life services shall attend and assist the residents on sanitation and cleanliness requirements.

6. Headcount

The homelife staff shall conduct headcount twice a day.

7. Hospital Watcher

7.1. The homelife staff will refer the sick clients to the medical service for possible admission at the Infirmary or further advised.

7.2. If for admission at the hospital, the clients will be escorted/assisted by the nurse- on- duty and hospital watcher (preferably houseparent).

7.3. If only one (1) ambulatory client is for check-up/follow-up in the hospital or laboratory, he/she will be escorted by one (1) nurse-on-duty.

7.4. If the senior citizen is assistive ambulatory or there are more than one (1) senior citizen for check-up/follow-up, they will be escorted the nurse-on-duty and homelife staff.

7.5. The hospital watcher should directly report to the medical service, for updates of the medical condition of the client and for the needed medical supplies and medicines.

7.6. The hospital watcher will submit 2 copies of feedback reports to medical and social services.

7.7. The outgoing hospital watcher will endorse to the incoming hospital watcher all responsibilities including updates on the health and medical condition of the senior citizen and other related concerns. Liquidation report with attachment of official receipts and reimbursement of expenses shall be submitted directly to OD/EOD.

8. Other the administrative and related responsibilities include:

Rehabilitation Team Conferences/Meetings

The Supervising Houseparent and cottage-in-charge concerned at the homelife services shall attend the scheduled rehabilitation team meeting. Prior to the scheduled conference, the staff shall prepare the resident's progress report for evaluation. The report should include:

- a. Resident's attitude towards the center's policies and procedures
- b. Physical condition of the client
- c. Social Adjustment
- d. Productivity Participation
- e. Community Involvement

9. Other Responsibilities

Attendance in conference, preparation and maintenance of homelife reports, participation in policy planning and



preparation of operational plan, referrals, orientation, reporting and requisition of supplies.

10. Group Work Activities

a. Group and Individual Activities

This includes group and individual activities that provide the residents an opportunity to pursue social relationship similar to this such as:

- a. group therapy sessions
- b. recreational social hours and field trips
- c. social hours and spiritual
- d. adapted physical education/fitness

11. Residents Participation

This provides the residents opportunity to be involved in decisions and discussions of issues which affect their lives, (Talakayan) schedules, food, program opportunities and inter-personal problems, to include their membership to the Federation of Senior Citizens Association of the Philippines.

**V. Dietary Service**

The Dietary Service provides food for the client. The Dietitian plans and makes the menu in accordance to their present health condition and budgetary allocation.

The administrative and related responsibilities are the following:

- a. Rehabilitation Team Conferences/Meetings
  - The dietician shall attend the scheduled rehabilitation team meeting.
- b. The Dietitian is tasked to do the following:
  1. Market Order
  2. Purchase Request
  3. Purchase Order
  4. Request of Kitchen Supplies
- c. Checks, evaluates and monitors delivery of foodstuff and other kitchen needs based on specification.
  - Delivery of requested foodstuff and other kitchen needs shall be checked. The purpose is to ascertain quality and exact quantity.

- d. The Dietitian shall make rounds during meal times to check and monitor the clients' other nutritional needs. The Dietitian should also assess the nutritional status of the clients and their food restrictions if any and prepare a diet plan as necessary.

## **VI. Productivity Service**

These include activities designed to enhance senior citizen's development, improvement and maintenance of sensory, perceptual, social and cognitive skills at the same time engaging the residents in productive and income-generating activities. Sample of activities are rug making, arts and crafts, vegetable and urban gardening, ornamental plants propagation and others. The activities shall be monitored and supervised by the Activity Therapist. This is aimed for residents to acquire knowledge, help develop self-confidence and self-esteem especially when their finished products are sold to the visitors/donors and help them overcome boredom, restlessness and quarrel among fellow older persons.

## **VII. Admin Service**

Provides support to the rehabilitation team in the preparation of the documents and other administrative concerns.

## **VIII. Security Service**

This is to ensure the peace and order in the center. When there are visitors, guests, researches, the security guard on duty shall check the belongings and ensure that they register in the log-book for recording purposes.

## **IX. Other Strategies/Interventions**

### **A. Membership to Protective and Participatory Senior Citizen Committee (PPCSC)**

Said committee was created as one of the strategies that will provide venue and opportunity for the older person to promote active ageing through social protection and support for their rights and welfare and their empowerment by mobilizing and establish the core group of the senior citizen of the center for older person. The center will be expected to provide strategies, ensure supportive and enabling environment through various programs and activities, projects and activities for the development of their well-being.

## **B. Enjoyment of Senior Citizen Privileges**

Ensures that the senior citizens admitted in the center will enjoy the benefits as provided by the law. Thus, making certain that all the residents will be registered and be able to acquire Senior citizen Identification Card and Booklet for them to avail different privileges such as discounts in medicine and hospitals as well as leisure opportunities accorded to them (movie viewing, food, groceries, etc.)

**CHAPTER IV**  
**OPERATIONAL GUIDELINES**

**1. Admission**

**1.1 Admission Criteria and Requirements**

*Procedure or Mode of Accepting Clients*

- a. ***Walk -In*** are those who came directly to the center to seek assistance and professional help.
- b. ***Referral*** includes clients who have been referred by DSWD, LGU Social Workers, Philippine Orthopedic Center - Department of Rehabilitation, Private Organizations, Church Groups and Concerned Individuals, among others.

**1.2 Pre-admission conference**

*Supporting Documents for Admission*

Referring parties are required to present the following documents to facilitate admission of clients in the center:

- a.) Referral letter
- b.) Social Case Study Report
- c.) Medical Certificate with Laboratory Results
- d.) Psychological Report
- e.) Updated Whole Body Pictures
- f.) Blotter (for those reached-out and lost clients)
- g.) Dental Records (if any)
- h.) Other pertinent documents to establish client's identity  
i.e. Birth Certificate, Residence Certificate, Government Issued IDs

• **Regular Referral**

1. Pre-admission conference should be conducted with referring parties (LGU, NGO and other intermediaries) for prior case management. The client shall be assessed by the rehabilitation team to establish eligibility for admission.
2. The referring party shall be informed of the following documentary requirements to be prepared prior to referral of client:

- Referral letter
- Social Case Study Report/Case Summary
- Psychological Report (if any)
- Medical Results of the ff. laboratories:
  1. CBC with PC
  2. FBS
  3. Blood Chemistry
  4. Lipid Profile
  5. Urinalysis/Fecalalysis
  6. Chest X-ray
  7. ECG
- Trimedia/letters, Police blotter, Brgy. Certification (proof of efforts)
- OSCA ID
- Updated picture
- Updated medical certificate indicating that the client is recommended for hospice care

If qualified, client will be recommended for admission within two weeks and shall be accompanied by a Social Worker. For clients referred by hospitals or medical institutions, client should be accompanied by a Nurse.

- For walk-in, rescued and referral from concerned citizens, a pre admission conference and documentary requirements shall no longer be required.
- For referrals from Field Offices, referring party should secure permission from the Regional Director for consultation.
- For client not eligible for admission, client should be referred to appropriate agency or center like Jose Fabella Center, Luwalhati ng Maynila or other residential care facility that may appropriately respond to client's concern.

### **1.3 Admission Procedures**

1. All clients referred at the center anytime of the day should be admitted subject to assessment of the admitting officer. The admission slip shall be

accomplished by the admitting Social Worker. During night referrals, the Executive on Duty can fill up the admission slip. The social worker shall gather data using the prescribed intake sheet (see annex \_\_\_\_).

2. Orient the client about the facility, its rules and regulations and programs and services;
3. Refer the client to the medical officer or in his/ her absence the center nurse for initial physical assessment. In cases where client's medical assessment showed signs of clinical trauma or abuse, pictures should be taken for proper recording and further medical intervention;
4. Prior to the endorsement of assigned cottage, belongings shall be checked by the houseparent on duty. "Valuables must be entrusted to the Social Worker handling the case for safekeeping and must be duly receipted. Assigned social worker should be entrusted with the pension of older person or OP (if there is such). In cases where the client refuse to endorse his/her belongings, the resident should execute a waiver stating that the center is not accountable for any loss of their valuables.
5. The Social Worker, OD/EOD shall refer the client to the Houseparent-on-duty who will orient him/her on homelife services and coordinate with other service units of the center.
6. In the absence of a birth certificate or OSCA ID, a dental record should be submitted to determine the age of OP.
7. The Supervising Social Worker shall assign newly-admitted clients to concerned Social Workers for case management.
8. Clients admitted shall immediately undergo medical assessment to be facilitated by the medical doctor or Nurse.

9. The Houseparent on Duty, together with the security guard shall conduct inspection on client's belongings. For client's money, the Supervising Social Worker shall be responsible for its safekeeping and monitoring while the Social Workers in-charge will be closely monitoring its utilization.
10. Orientation on the center's programs and services, rules and regulations shall be facilitated by the Homelife Service and the Social Worker. It can be done in groups or individual, whichever is applicable.
11. Clients shall be assigned with cottages basing on the medical assessment, two weeks after admission and given a set of cloth
12. For those residents who do not want to endorse/ surrender their valuable to the social worker, a waivers should be made duly signed by the resident stating that the center will not be accountable to any loss other their valuable while inside the center.

## **2. While in the Center**

- 2.1. For clients who need further medical intervention, client can be directly referred at the infirmary for observation. Initial case study report must be prepared by the concerned Social Worker a month after admission.
- 2.2. Clients should be attended at all times and be assisted by the Houseparents on Duty in doing their activities of daily living. (ADL).
- 2.3. Homelife services like provision of food, bathing, nail cutting and the like should be undertaken by concerned staff on duty to ensure client's cleanliness and good hygiene
- 2.4. Social services shall fast track tracing of client's family for immediate reintegration after assessment of needs;

- 2.5. Other services which can contribute to client's rehabilitation should be simultaneously provided to client while in the center

### **3. Leaving the Center without Permission**

1. The social worker on duty shall report the incidence of client leaving the center without permission immediately to the Head Social Worker within 24 hours by the OD/EOD, homelife staff on duty and security officer on duty. The Head Social Worker shall submit the initial incidence report to the Regional Director within 24 hours from discovery of absence by the social worker on duty.
2. The Center Staff shall immediately exhaust all efforts in facilitating the search for the missing client after finding out his/her unauthorized absence.
3. The OD/EOD, together with the Social Worker must immediately locate the missing client after finding out his/her unauthorized absence. All efforts in locating the client should be exhausted.
4. After discovery of the incident, missing client shall be reported to the nearest barangay or police department for blotter report.
5. The Head Social Worker shall immediately convene a meeting with the concerned staff. Report of findings and recommendations shall be submitted to the Regional Director within 72 hours.

#### **2.1.1. Re- Admission**

Clients who left the center without permission or those discharged and have re-suffered from abuse, neglect and abandonment in the community may be readmitted based on the assessment and recommendation of the social worker.

### **4. Out on pass**

1. *Issuance of out-on-pass.* The Social Workers or OD/ EOD shall request for the approval of out-on-pass from the Head Social Worker three (3) days before the travel.



2. *Immediate issuance of out-on-pass during emergency situations (e.g. emergency referral).* The immediate issuance of out-on-pass depends on the assessment of both the managing social worker and the Head Social Worker during emergency cases.
3. Approval of out-on-pass requests that cover places within NCR shall be approved by the Head Social Worker. Approval of requests outside NCR shall be approved by the Regional Director.
4. Issuance of out-on-pass shall consider the following reasons:
  - a. Visit to relative and friend
  - b. Area tour for possible location of family or relative
  - c. Referral to other centers, non-government organizations, and other government agencies
  - d. Attendance to worship services, church duties or religious obligations
  - e. Medical check-up in hospitals
  - f. Transaction with government agencies or non-government organizations regarding their pension record and accounts
  - g. Recreational or social activities allowed and agreed with managing Social Worker and Center Head
  - h. Attendance to legal matters
  - i. Purchase of personal goods and items to groceries, department stores and the like

## **5. Escorting of Clients**

1. A designated staff of the center shall escort clients who need medical and psychological attention. In case that the client be admitted at the hospital, a house parent shall be assigned to serve as a hospital watcher on a shifting basis.
2. The staff assigned as escort shall immediately report to the Head Social Worker/OD/EOD on duty upon return to center and shall submit report within 24 hours. The feedback slip together with the clearance shall be part of the client's case records.
3. Clients who were assessed to have families to return to and ready for reintegration or referral to other agencies for long-term care shall be accompanied by the managing social worker and other center staff.

4. All staffs who are escorting the client should be aware of the responsibilities in the discharge of their duties. The rules and penalties of the Civil Service Commission (CSC)<sup>3</sup> shall apply to all concerned center staff who were proven to have neglected their duties.
5. During area tour, no direct discharge should be facilitated when client's family is traced/ found. The responsible center staff should abide in the process of discharge.

## **6. Visitation**

1. Visits are allowed on Tuesdays and Thursdays, except on special occasions and other official activities of the Department, 8:00AM-5:00PM for maximum of 5 hours.
2. Visitors must secure visitor's pass from the Center Management or the Field Office if necessary.
3. Visitors together with the client shall be entertained and allowed only at the receiving/designated areas with supervision of the center staff.
4. Visitors shall be informed of the center's policy on confidentiality and respect for client privacy by the Head Social Worker or in his/ her absence the Officer of the Day (OD)/ Executive Officer of the Day (EOD). Taking of pictures, conduct of interviews, access and release of client's personal information shall not be allowed without the permission/approval of the Regional Director or his/her duly representative.

## **7. Management/Handling of Clients with Difficult Behavior**

1. Records and reports of any untoward and unusual happenings.
2. The house parent or staff on duty shall record in the log book incidents and observations on physical wellbeing of the client and behavior patterns for added information and guidance in case management.
3. An initial detailed incident report shall be made within 24 hours by the concerned staff who witnessed the incident, stating the facts of the incident including:
  - a. Quarrel/Bullying

- b. Leaving the Center without Permission
- c. Illness
- d. Unusual Behavior of Resident
- e. Accidents and Other Occurrences

## **8. Report on Deaths**

1. All deaths occurring at the center/hospitals shall immediately be reported to the Head Social Worker. An initial written report shall be made by the Head Social Worker to the Regional Director within 24 hours after the pronouncement of death.
2. The family/relative (if there are any) shall be informed within 24 hours and will be responsible for the final disposition of the body.
3. A comprehensive written report about the death incident shall be prepared by the Head Social Worker to the Regional Director within one month after its death and shall include the following:
  - a. Background information of the Client
  - b. Circumstances/Cause of Death
  - c. Interventions/Actions Taken
  - d. Attached the Medical Report and Death Matrix.
4. In the absence of a family/relative, the center shall arrange for the burial of the resident. Representative from homelife service and assigned social worker will attend the burial of the OP.
5. For “unusual” causes of death (i.e. suicide or those which cannot be established), incident shall immediately be reported to the proper authorities for investigation e.g NBI or PNP.

## **9. Receiving and Giving Gifts**

1. All personnel of the center, regardless of position and employment status, are prohibited from receiving gifts of any kind from the client and his/her significant persons involved in the helping process as stipulated in the Republic Act 6713 or also known as the “Code of Conduct and Ethical Standards for Public Officials and Employees” which prohibits public officials and employees from accepting gifts from any person in their course of duty.

## **10. Complaints on Erring Staff**

- All complaints made by the clients involving erring staff shall be reported to the OD/ EOD supported by Incident Report and shall be reported to the Head Social Worker.
- The latter should take immediate action on the complaint/s in accordance with existing administrative order, guidelines, rules and regulations of the center. (Note: Attached is the guideline on grievance machinery. See annex \_\_\_\_\_)

## **11. Confidentiality**

1. All cases and corresponding records shall be kept confidential. Measures to ensure confidentiality of records, client/s identity and circumstances shall be undertaken based on residential care service standards and applicable rules and policies.
2. Any activity involving the clients shall be requested from the assigned social workers.

## **12. Capability-Building**

All staff shall be required to attend/participate in center initiated trainings and capability building activities for enhancement of knowledge and skills.

## **13. Waiving of Client's Custody**

If in any case, the family had not shown interest in taking client's custody after efforts have been exhausted, or family refused to accept client, a waiver should be signed by the family/relative or guardian fully entrusting the welfare of the client in the center, thus giving up their rights and custody over client.

## **14. Gender Sensitivity**

Part of the mandate is to provide a working environment that will recognize women's role in nation building and shall ensure the fundamental equality before the law of women and men. Gender and Development (GAD) shall be mainstreamed in all center operation such as celebration of special activities,

implementation of programs and services, issuance of policies and regulations that will remove gender bias therein.

## **CHAPTER V**

### **CASE MANAGEMENT PROCESS**

It is a process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings (National Association of Social Workers, Barker, 2003).

#### **1. ASSESSMENT**

In order to develop a (treatment/ intervention plan) that will effectively address the needs of an older person, a structured assessment is necessary both to identify a person's difficulties or problem areas and to identify their strengths and supports. This is the process of identifying client's needs such as: medical, physical, social, psychological/emotional, spiritual and skills inventory to ensure that services are delivered appropriately. In addition, case management is more focus on the rehabilitation and motivation of older people to live a life amidst of the current situation. (Convery, 2001).

The following shall be done by the center social worker in assessing the client's situation:

- Review the documents from the referring party.
- Conduct intake interview using the intake sheet to gather the necessary
- Identifying information and pertinent data of the client. Assess if the target client is qualified and the center's programs and services is suitable to the needs of the target clients.
- Conduct of pre-case conference shall be attended by the social workers together with the referring party to identify clearly the nature of the problem, strengths and resources of the client, immediate response to the problem. (if not possible, it can be

done later after the immediate concerns are attended first such as food, medical needs, etc. of the client).

- Write the initial case study report. The following information are the content of the initial case study report but not limited to the following:
  - The initial problem and background of the problem
  - The client's current situation
  - The client's background e.g. works, education, relationships, etc.
  - What the client needs to resolve the current problem
  - What strengths, client's capabilities and those of family and resources in  
his/her environment
  - Observations about how well the client functions
  - Recommendations for a service/rehabilitation plan

## **2. TREATMENT PLANNING**

An individual interaction with the client shall be done by the members of the rehabilitation team. An RTM shall then be convened to draft client's intervention plan two weeks upon admission. After which, such plan will be presented to the client by the Social Worker for contract setting. Another RTM will be facilitated with client to finalize the intervention plan for signing of allied services.

### Conduct of Case Conference:

The social worker who is handling the case shall facilitate the conduct of the case conference. It shall be participated in by the medical staff (either the in-house doctor or center nurse), psychologist, houseparents and consultant psychiatrist. They shall discuss client's status in the center based on the assessment conducted by each member of the team. This is the opportunity to develop/enhance the social case study report and develop/revise the intervention plan based on the development of client in the center.

The in-house doctor or center nurse shall provide the team with the medical updates/evaluation results of the clients to include the

interventions provided and recommendations for further management of the case relative to the medical needs of the client.

Further, the psychologist shall provide psychological and intellectual evaluation results of the clients. Included in the report are the psychological examination results and interventions provided.

The houseparent shall attend the rehabilitation team conferences as scheduled. He/she shall provide progress report to include:

1. Client's attitude towards the center's rules and regulations;
2. Attitude towards given tasks;
3. Attitude towards co-residents;
4. Attitude towards the staff

Identification of the intervention activities responsive to the clients' needs is based on the assessment report. Make sure that the plan for identification/tracing of the client's families is included, the time frame and the responsible person who will do the specific tasks. Also, necessary to include the networks such as: tri-media who is possibly helpful in locating client's family, private establishments, and other institutions that could provide other services to the clients. Take note of the following:

- Determine the desired impact/goal – set the desired change to be achieved. (to reintegrate client to his/her family).
- Set objectives that are specific (objectives should be clearly and sharply defined), measurable/quantifiable (the intended accomplishments must be identified and good indicators and methods must be available to measure them), attainable (this is to check on how realistic the objective considering the context and resources available), relevant (objectives are what the client's priority concerns), time bound (provide a timeline for the accomplishments of the set objectives).
- Determine the inputs and enabling mechanism- prepare the resources required to support the intervention/activities i.e. funds for transportation, in locating the families.

### **3. IMPLEMENTATION OF INTERVENTION PLAN**

#### **1.1. Provision of Services**

The rehabilitation team shall be in-charge of providing appropriate services to respond to immediate needs of the clients based on the identified needs.

## 1.2. Networking for Community Participation and Support

The rehabilitation team shall maintain a network of organizations and institutions which can extend support services to center operations which may include but not limited to the following:

- a. TV/radio stations and newspaper companies that can accommodate the center's public service announcements.
- b. Non-government organizations which also operate facilities catering to the same set of clients.
- c. Hospitals and charitable institutions including geriatric ones.
- d. Community in general for donations to augment the cost of care of clients and for care-giving volunteer services, conduct of recreational activities and locating/tracing of clients' families.
- e. Local government units, C/MSWDO, Barangay unit, Public / Private organizations, and civil society group.
- f. Conduct ocular visit to family/relatives (if located) of client to assess the capability of the family/relatives to care for the client.

## 4. CLOSURE/ CASE TERMINATION

For the period of for a minimum of one (1) month and maximum of six (6) months the rehabilitation team exhausted everything for the appropriate placement of the client either through reintegration of the client to the Family/Relatives/Guardian, transfer to other center/institution or provision of long term care.

For clients who were assessed to have family to return to shall be coordinated to the LGU social workers where the client's family resides by the center social worker. He/she shall request assessment reports on the capacity of families and relatives to provide appropriate care and custody to clients and extend after-care services to reintegrated clients.

### 4.1. Pre-Discharge Conference

Pre-discharge conference with the concerned LGU shall be undertaken by the Rehabilitation Team and formulate a discharge plans then discussed to receiving family, local



government and other facility unit. In addition receiving family should be informed of pertinent documents to be presented during the pre-discharge conference to wit:

- LGU/Social worker's assessment reports
- Family/relatives - valid Documents (e.g. Barangay Certificates, ID, Birth Certificate, Picture etc.)

In case the discharged happened during night time, EOD and other staff on duty shall facilitate the pre-discharge conference. Furthermore, the Social Worker shall endorse/prepare the following documentary requirements during the pre-admission conference:

- Transfer Summary
- Kasunduan and Discharge Slip

For discharge cases outside Metro Manila, a referral letter can be forwarded to concerned LGU for provision of after care services.

#### **4.2. Reintegration to Family**

All Cases being reintegrated to their family may be terminated after the confirmation received the concerned LGUs through after care service. Concerned Social Worker shall request an after care service to concerned LGUs as part of continuation of the case. In addition, the concerned social worker should also conduct pre-discharge conference with concerned LGU social worker to agree on the provision of after care services to the client and the family members.

#### **4.3. Referral for After Care Service**

After the discharge the social worker who handled the case shall refer the client to concerned LGU for the provision of after care services.

#### **4.4. Transfer to Other facility**

Once the client was proven abandoned and stays for minimum of one (1) month and maximum of six (6) months without any claimant after efforts have been exhausted, the client must be transferred to other appropriate facility (e.g. Haven for the Elderly; DSWD Region IV-A, Hospicio de San Jose at Manila, etc.) for further case management intervention and long term custodial care.

The concerned social worker shall prepare a transfer summary report and attached all required documents but not limited to the following as reference in the termination of the case:

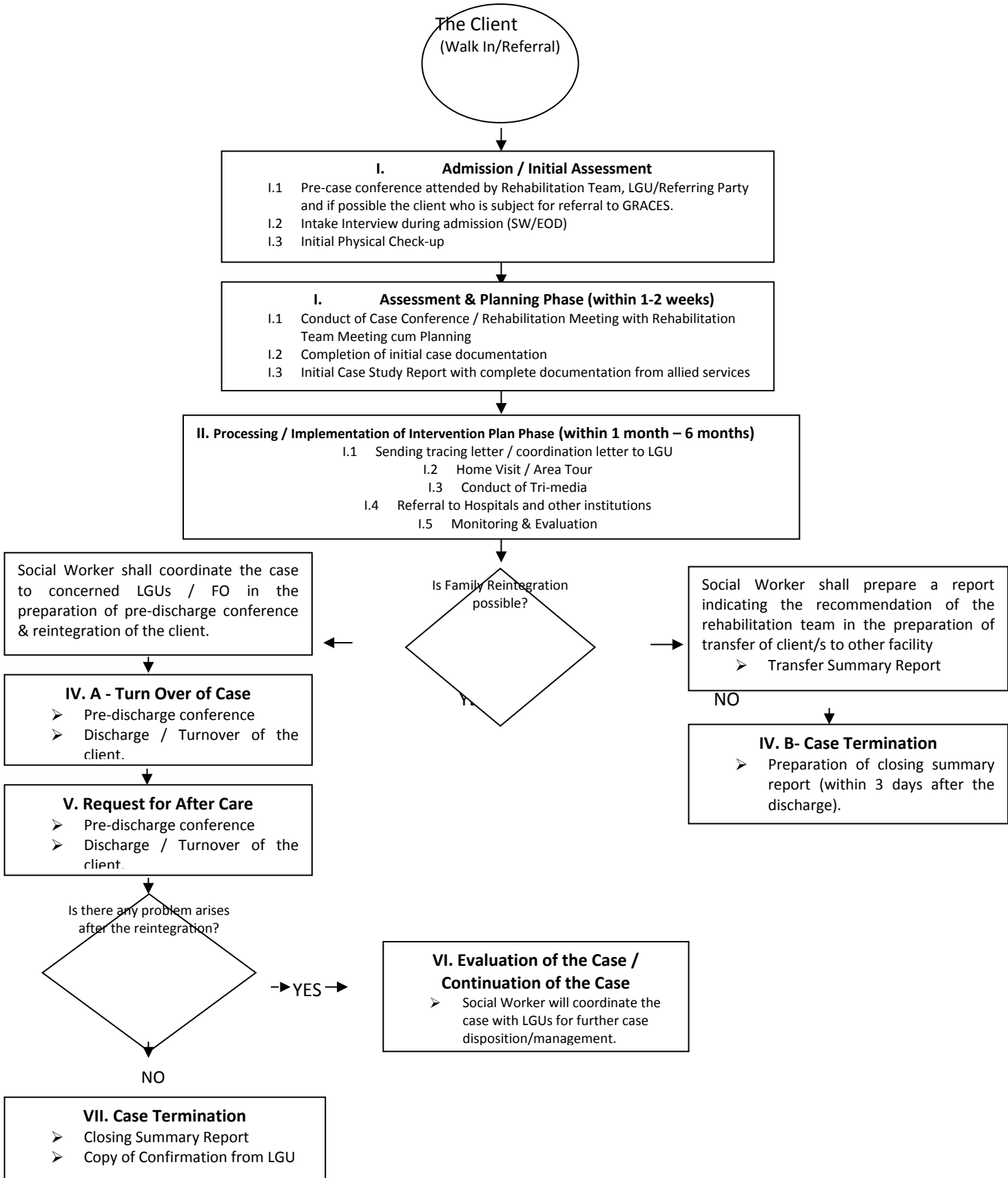
- Updated Social Case Study Report
- Psychological Evaluation Report
- Whole Body Picture
- Medical Abstract
- Homelife Progress Report
- OSCA ID and booklet
- Other Pertinent documents of clients including case and pension book

#### **4.5 Death Cases**

a. The Social Worker shall first coordinate with the concerned LGU for client's death registration and burial permit once the client's death certificate was completely filled up by the resident doctor or any hospital authority.

b. All death cases shall be terminated after the burial of clients and submission of comprehensive death reports to FO NCR with attached death matrix from the resident doctor . All case folders should have closing summary report as reference indicating the efforts provided and actions undertaken by the center in managing the c

# CASE MANAGEMENT PROCESS



## RECORDS MANAGEMENT AND REPORTING PROCEDURES

### 1. Coaching, Mentoring, Monitoring and Technical Assistance

The DSWD-NCR focal person shall conduct the following activities:

- **Scheduled technical assistance sessions** (*monthly at the least*) which shall be provided to the rehabilitation team through actual visits, meetings or phone conversations. Issues and concerns raised during these sessions shall be elevated to the Field Office Director for appropriate action/resolution by the management.
- **Quarterly coaching and mentoring sessions** with the rehabilitation team members to fully equip them with the knowledge and skills on handling the elderly
- **Monitoring sessions** (*monthly at the least*) to determine the center's efficiency and effectiveness in addressing the needs of target clients. These sessions shall be complemented by a data banking system focused on the following:
  - Percentage of clients whose needs were assessed within the prescribed period.
  - Types of services provided to clients in line with their needs.
  - Number of clients reintegrated with their families within the appropriate timeline.
  - Number of clients needing long-term care referred to either the Hospice Care Program or Haven for the Elderly.
  - Quality of service provided to clients, implementation of management plan and budget utilization, administration, human resource and development based on monitoring tool.

- **Reporting**

A monthly accomplishment report shall be prepared by the center social worker for submission to the Field Office NCR. The said Field Office shall be the one to transmit this report, along with the actions it has undertaken on emerging issues and concerns, to DSWD –PSB and the Undersecretary for Operations and Programs Group.

<b>Report</b>	<b>Frequency of Submission</b>	<b>Responsible Unit</b>	<b>End User</b>	<b>Timelines</b>
Accomplishment	Monthly	GRACES	DSWD-NCR	every 1 <sup>ST</sup> day of the succeeding month
	Monthly	FO NCR	PSB and OUOP G	Every 5 <sup>TH</sup> day of the succeeding month
Coaching and Mentoring	Quarterly	FO NCR	PSB and OUOP G	Every 5 <sup>th</sup> day of the 1 <sup>st</sup> month of the succeeding quarter

## 2. Evaluation

A system of evaluation every year will be conducted for the purposes of determining the center's efficiency and effectiveness in addressing the needs of target clients.

The said system will be complemented by a data banking sub-system focused on the following:

- a.) Percentage of clients whose needs were assessed within the prescribed period.
- b.) Types of services provided to clients in line with their needs.
- c.) Number of clients reintegrated with their families within the appropriate timeline.
- d.) Number of clients needing long-term care referred to other institutions and agencies.
- e.) Number of trainings attended by the rehabilitation team
- f.) Conduct of regular monitoring of the regional focal person and center coordinator
- g.) Number of partners in the implementation of the program
- h.) Services provided by the partner agencies

### **3. Documentation**

The DSWD-NCR focal person together with the center staff shall document the good practices and success stories along implementation of the GRACES. It shall be done to support possible replication to non-pilot areas. Documentation also includes quarterly accomplishment reports, feedback reports, training and orientation reports, PREW reports/proceedings, monitoring reports, terminal reports, photo documentation, correspondences, etc.

**CHAPTER VI**  
**FINANCIAL MANAGEMENT AND PROCEDURES**

**A. WORK AND FINANCIAL PLAN**

The Work and Financial Plan (WFP) shall be prepared by every center annually during the strategic planning. The plan shall indicate detailed forecast of budget for administrative and programs. The allocation for administrative costs should be not more than 20% of the entire budget. The remaining 80% will be used to fund the various services provided by the center to the clients.

The WFP will be evaluated monthly for check and balance. The other important purpose is to assess the financial condition of the Center as vital input and guide for its operation for the succeeding months.

**B. Disbursement**

The Field Office manages the disbursements of funds. At the Center, there is assigned staff who managing the disbursement. The schedule of disbursement of budget will be done every month subject to submission of liquidations of the funds provided for particular quarter.

**C. Financial Management**

**A. Recording**

The Finance Section shall maintain and keep finance related records and documents.

Financial records and documents are to be held confidential. These shall be kept in safe files backed up with a computer files.

Financial records and documents should not be taken out from the office unless prior permission it sought from the Executive Director.

Financial records/documents shall include among others the following:

- Cash Disbursement Record
- Summary of Expenses and liquidation of expenses
- Journal Vouchers (petty cash voucher)
- Donation Logbook
- Liquidation and other financial requirements
- Other accounting documents/records

The Disbursing Office shall maintain cash receipts and petty cash disbursement book.

The ASSIGNED STAFF ON FINANCIAL MANAGEMENT AND REPORTING keeps the other finance related records and documents.

**B. RECEIPT OF DONATIONS (PER MEMORANDUM CIRCULAR 09, SERIES OF 2006)**

- All donations received in cash or in cheque shall be covered by the Acknowledgement Receipt for Donations Received (ARDR) and be covered by the Deed of Donation and Acceptance (DDA) (see annex \_\_\_\_). Moreover, an official shall be issued by the Collecting Officer for cash donations. The DDA shall be notarized to be charged on the funds for the operating costs of the center.
- The recipient center/institution, in addition to the Deed of Donation and Acceptance, shall prepare in three (3) copies pre-numbered Acknowledgement Receipt for Donations Received (ARDR) hereto marked as annex \_\_\_\_\_, to be distributed as follows:

Copy 1- Donor

Copy 2- Field Office

Copy 3- Receiving Center/Institution

- The ARDR shall be properly accomplished and duly signed both by the Center Head and the Donor or their respective authorized representatives. The designation of the center head and the alternate representatives in the center/institution authorized to receive donations shall be covered by a Special Order to be issued by the Field Office concerned.
- Cash donations in small amounts from various donors for general purpose or common use by the center/institution can be pooled together for the execution of DDA, provided that each donor has been issued with an ARDR and has signed in the DDA. This can be done through a pre-printed, fill in the blanks DDA, with formatted tables for the donors' names and signatures and other required information and specifications. Upon generation of a maximum amount of TWO THOUSAND PESOS (P2, 000), the DDA shall be notarized and forwarded to the Field Office.
- Cash donations from anonymous donor through courier services or direct deposit to the agency/office's authorized bank account, wherein the execution of a DDA is impossible, shall be governed by the existing rules and regulations on the receipt and remittance of grants and donations to the National Treasury subject to approval of Special Budget by the Department of Budget and Management.
- Receipt of donations in kind sourced out by different bureaus/offices for purpose other than for disaster relief and rehabilitation shall be coursed-through the Administrative Service in Central Office or Management Division in Field Offices. The ARDR shall also be prepared and issued by the said office copy furnished the Accounting Division/Unit for recording in the books.



- Donations in kind immediately consumable or perishable in nature like snacks or food served, medicines and other items provided by the donor shall also be accounted, however, only the ARDR shall be prepared and issued. The corresponding Request and Issuance Slip shall be attached to the ARDR for purposes of recording the receipt and outright utilization of the donation.
- Donations in kind without monetized value shall be requested for valuation by the Valuation Committee.

#### **CASH DISBURSEMENTS**

- A regular staff shall be designated as Special Disbursing Officer (SDO) for the revolving cash advance and another staff as SDO for the special cash advance for major activities of the center.

#### **UTILIZATION AND DISBURSEMENT OF CASH ADVANCE**

- The Center shall have a revolving fund through cash advance;
- Request for cash advance from the different services should be approved and signed by the center head using the Petty cash expenditures and shall be liquidated within 3-5 days upon receipt and must be supported with proper documents e.g. official receipts, certificate, of appearance etc.
- The following items can be charged to the revolving cash advance:
  - Transportation allowance and meals of the residents during referral to hospitals for check-ups, area tour and the like
  - Medical check-ups, laboratories and other immediate medical work-ups, refill of oxygen in the infirmary
  - Payment for the processing of death certificates
  - Payment for the burial of the residents
  - Gasoline for the center vehicle
  - LPG for the kitchen
  - Communication expenses such as mails, stamps etc.
  - Notarization of documents
  - Photocopying of documents
  - Office/center supplies needed in emergency cases and not part of the regular requisition
  - Representation expenses for meetings and entertaining center guests.
  - Minor repairs and maintenance
  - Miscellaneous expenses in attending to official functions.
- A weekly cash count shall be done by the bookkeeper with the petty cash in charge. Failure to properly liquidate within the prescribed period shall automatically charge the advanced amount to the salary of the requesting staff.

- A cash disbursement record is maintained and is checked by the assigned SDO every time a petty cash fund is replenished. In-charge of cash advance is the designated SDO in the center who is responsible in the disbursement and recording.

#### **TRAVEL AND TRANSPORTATION**

- The transportation cost in connection with the conduct of an official business shall be shouldered by the Center.
- Request for cash advance for travel shall be made five (5) days prior to the actual date of travel.
- Liquidation of the travelling expenses advance (TEA) shall be made within 3 days upon returning back to office from travel. Traveling expenses should be supported with proper supporting documents e.g. receipts, Acknowledgement Receipt (AR) in the absence of official receipt.
- To be submitted on the 10<sup>th</sup> day of the 1<sup>st</sup> month of the succeeding quarter/QUARTERLY

#### **FINANCIAL REPORTS**

##### **Budget against Expenses**

- The ASSIGNED FIANCIAL STAFF shall prepare a CASH DISBURSEMENT REPORT 5<sup>TH</sup> DAY OF THE 1<sup>ST</sup> MONTH OF THE SUCCEEDING QUARTER AND WFP IMPLEMENTATION EVERY SEMESTRAL for specific projects (expenses against budgets). These shall be submitted to the CENTER HEAD copy furnished the respective program officers.

## **CHAPTER VII**

### **MONITORING AND EVALUATION**

Monitoring and evaluation of the over-all operations of the center shall be undertaken by the GRACES Center Head using the prescribed monitoring tool (see annex \_\_\_\_). The result of the monitoring tool shall be consolidated, summarized and acted upon by the GRACES and shall be elevated to Field

Office and Central Office. Technical assistance and supervision will be regularly required from the assigned Regional Center Coordinator. The Central Office will also provide technical and administrative support.

## **1. Monitoring and Technical Assistance**

### *a) Central Office*

The focal person for Older Persons of the Center/Residential Care Program Division of the Protective Services Bureau shall monitor and provide technical assistance on the operations of the center on a quarterly basis.

### *b) Field Office*

The Regional Center Coordinator (RCC) and Specialist for Older Person shall provide the following:

- b.1. Provide technical assistance on case management;
- b.2. Conduct regular monitoring visit to determine and ensure operations of GRACES in accordance with DSWD standards and regulations;
- b.3. Monitors the quarterly fund utilization;
- b.4. Recommends alternative measures, strategies or actions in responses to the challenges of GRACES;
- b.5. Attends regular Center Heads and Staff meeting to discuss gaps/issues and formulate required actions and recommendations; and
- b.6. Conducts preliminary investigation on any reported incidence of abuses of clients and staff.

### *c) Center (GRACES)*

The Center Head shall provide the following:

- c.1- Conduct regular supervision to Rehabilitation Team.
- c.2. **Quarterly coaching and mentoring sessions** with the rehabilitation team members to fully equip them with the knowledge and skills on handling the elderly.
- c.3. **Monitoring sessions** (monthly at the least) to determine the center's efficiency and effectiveness in addressing the needs

of target clients. These sessions shall be complemented by a data banking system focused on the following:

- Number of clients served
- Number of clients discharged
- Number of clients rehabilitated as against the clients served
- Percentage of clients whose needs were assessed within the prescribed period
- Types of services provided to clients in line with their needs
- Number of clients needing long-term care referred to either the Hospice Care Program of Haven for the Elderly
- Quality of service provided to clients, implementation of management plan and budget utilization, administration, human resource and development based on monitoring tool.

## **2. Evaluation**

The Program Implementation Review shall be conducted on an annual basis to identify gaps, issues and concerns in the implementation of program and services.

The Center Performance Management Team (CPMT) shall evaluate the staff through the Individual Performance Contract Review (IPCR) to determine the performance of each staff.

The CPMT shall also conduct Performance Contract Mid-check (May and November) to determine the activities which have been accomplished or not. At any event adjustment shall be prepared which will be elevated to the Field Office for approval. Once approved, the enhanced IPC shall be served as a guide for each of staff.

## **CHAPTER IX**

### **ORGANIZATIONAL STRUCTURE/STAFFING REQUIREMENTS**

#### **A. ADMINISTRATION**

Organization

### Organizational Purpose and Commitment

The Center shall operate within the framework of the Department of Social Welfare and Development's Vision, Mission and Goals.

The Center shall have the governing structure and appropriate mechanism in the selection and placement of its equivalent personnel in the position as well as in the execution management and operation of the center.

### Human Resource Development and Management

The administration and welfare of the Center's personnel covers the following:

- a. Staffing pattern indicating adequate number of personnel consistent with the function and organization structure of the Center for its management and operation. The type and number of personnel varied depending on the size, and target and clientele.
- b. Service Unit of the Center shall be complemented with qualified staff based on the standard requirements of the Department in the hiring and selection of personnel.
- c. Policies and procedures on recruitment, appointment, promotion and termination/separation to ensure staff competence for each position shall be observed based on the existing government laws and guidelines as provided by the Civil Service Commission.
- d. Rules and procedures in handling personnel needing disciplinary action shall be based on existing laws and the process involved shall abide with Staff for training as initiated by the Department and/or sponsored by other groups/organizations shall likewise be recommended by the Head Social Worker of the Center who shall determine and justify staff's training needs. The system installed by the Regional Office that any complaint against personnel shall be heard through its Grievance Committee. Thus, the center shall organize its own Grievance Committee for this purpose.

### **B. STAFF DEVELOPMENT**

1. Training opportunities are provided to each personnel at least once a year to ensure development in their area of expertise and job function being facilitated and managed by the center training officer or IDCB Focal Person/s.

Training of staff can be undertaken by the Center itself as in-house training service wherewith the speaker/s on the topic to be discussed can be tapped and solicited from other agencies and/or organization. This training shall be collaborated with the Training Section of the Region for technical assistance and monitoring report.

All new personnel shall receive basic/training orientation about the Center's policies and procedures as contained in the Manual of Operation within six weeks and concerning their job functions and assignments within six months from date of assumption to duty.

Basic program of training for personnel with helping/care giving functions include the following, which shall be documented and supported with training modules, certificate of attendance and documentation of the entire training conducted.

- a. Basic Residential Care Skills Team Building
  - b. Care Approaches and Skills Appropriate to the type of residents being cared for including developmental characteristics and dynamics in working with them.
  - c. Behavior Management
  - d. Gender and Development
  - e. Stress Management
  - f. Health Education and Nutrition relevant to specific types of residents being care
  - g. Human sexuality
  - h. Communicating with the Residents including those with disabilities
  - i. Health Promotion and Protection
  - j. Safety at Work including safety with medicines
  - k. First Aid
  - l. Relevant Legislations for the care and protection of the residents under care
  - m. The provision of Purposeful and Enjoyable Activities as part of positive care experience
  - n. Staff Supervision (for those with supervisory responsibility)
  - o. Interview Techniques
  - p. Complaints and Representation Procedures
  - q. Meeting the Standard Requirement as a Helping Person in a Residential Center
  - r. Skills enhancement on case management
2. Staff meetings are held regularly and properly documented.

The Center shall ensure that staff meetings are held monthly and can be done on different levels, approaches and strategies that would encourage and motivate the staff to cooperate well in their

attendance and participation. Staff Meeting may come in the following:

- a. Unit Heads Meeting shall be conducted on a monthly basis as scheduled or as the need arises.
  - b. Service Meeting where all the staff of particular unit of the Center shall meet to discuss the Center's performance commitment and other relevant topics to improve the service.
  - c. Supervisory Meeting shall involve all staff including direct service provider receive at least one and a half hours of one to one supervision from their respective supervisors each month, while new staff at least every two weeks during the first six months of their employment.
  - d. General Staff Meeting where all the staff of the Center shall convene to give updates and further directions in the improvement of the service and compliance to performance commitment.
3. A health program is afforded to all personnel of the agency including annual physical, medical and psychological evaluation.

The Center shall submit its staff in the annual physical and medical examination provided by the Regional Office. If ever the latter is unable to provide this, the Center's Medical Service can be utilized to conduct medical and physical examination to the staff.

### **C. STAFF-CLIENT RATIO**

The caseload for each worker shall consider the age, physical and mental condition as well as the developmental needs of the clients. Hence, the following staff to client ratio shall be observed:

1. Social Worker
  - a. One full time social worker for a number of clients as follows:
    - 25 to 30 senior citizens
2. House Parent
  - a. One house parent per shift, for at most, the following number o clients as follows:
  - b. One per shift, for every 20-30 able bodied senior citizens

- c. One per shift, for every 5 to 10 bedridden or sickly senior citizens

**D. STAFFING REQUIREMENTS**

Position	Number of Staff
SWO V/Head Social Worker	1
SWO III	1
SWO II	5
SWO I	2
Medical Officer III	1
Nurse II	3
Nurse I	4
NDI	1
HP III	2
HP II	40
HP I (Nursing Aide)	3
Psych I	1
Activity Therapist I	1
Physical Therapist I	2
Manpower Development Officer I	1
Admin Asst. I	1
Admin Aide IV	4
Admin Aide IV / Driver	2
Admin Aide I / Utility	3
Admin Aide I / Laundry Worker	2
Cook I	4
Security Officer	7

**E. QUALIFICATIONS AND SPECIFIC FUNCTIONS OF THE STAFF:**

The center shall have the governing structure and appropriate mechanism in the selection and placement of its equivalent personnel in the position as well as in the execution of its duties and functions towards effective management and operation of the center.

Each personnel are specified and clearly defined in accordance with the positions and job functions set by the Civil Service Commission.

The following are the qualification standards and specific functions of the staff:

**1. Head Social Worker**

- a. Must be a registered Social Worker, with at least two years of managerial experiences and relevant training or experience in handling specific clientele category.



- b. Responsible for program direction and coordination and exercises general supervision over the implementation of various programs and makes periodic assessment on monthly, quarterly and semestral basis.
- c. Supervises and provides direction of personnel through the assigned supervisors.
- d. Prepares budget estimate or proposal and supervises the expenditure of budgeted funds.
- e. Performs administrative function, implements and execute policies and procedure.
- f. Promotes and maintains good working relationship within the community explores taps and utilizes community resource.
- g. Consolidates accomplishment report of the different service and submit the same to the regional office.

## **2. Social Worker**

- a. Must a registered social worker (RSW) with at least 360 hours of training or experience in handling specific clientele category.
- b. Shall be the case manager and lead the conduct of Case Management Planning through intake interview, case conferences, implementation and monitoring of the client's condition.
- c. He or she shall conduct intake interview, develop case study report included the intervention plan based on the result of the assessment.
- d. He or she shall refer to the other intervention team members for further assessment of client's medical condition, physical and psychological functioning.

- e. Coordinates with allied professional or specialist, government and non-government organization to access services that could address the needs of the clients.

## **2. Psychologist**

- a. Must be a graduate of AB/BS Psychology or any behavioral science with at least 360 hours of training or experience in handling specific clientele category.
- b. Provide initial psychological assessment (within 3 days).
- c. Shall administer psychological tests to assess the client's mental status and personality traits and provide the report (within 1 week) prior to the Intervention Team meeting/case conference to be integrated to the case study report and Intervention Plan.
- d. Inform the team of the client's level of psychological/intellectual condition and allow them to identify appropriate psychosocial interventions.
- e. He/she is also responsible in providing activities/intervention on how the clients will overcome their emotional and mental needs, issues and concerns, adjustment to the group living arrangements, ageing and dying.
- f. Facilitate referral of the client who needs clinical assessment and medical intervention due to possible clinical disorder.
- g. Provide individual and group counseling to the clients geared towards emotional adjustment.

## **3. Medical Officer**

- a. Must be a graduate of a Doctor of Medicine with at least one (1) year relevant training and possesses RA 1080-certificate issued by Professional Regulation Commission (PRC). Preferably with experience in handling senior citizens

- b. Assumes the principal obligation and responsibility to manage the client's medical condition.
- c. Performs medical history taking and thorough physical examination of all clients.
- d. Requests for routine laboratory examinations and other necessary work up.
- e. Formulates the client's medical plan.
- f. In cases of complicated medical cases/ emergency cases, facilitates referral to hospital.
- g. Participates in the intervention/ rehabilitation team meeting and case conferences to update the team of the current medical condition.
- h. Supervises activities of the medical staff, volunteers and students.
- i. Accomplishes medical abstract/ medical certificate of client for reference and information of other concerned agency/ institutions.
- j. Makes death report, in cases of death of the client.
- k. Prepares and submits reports as per time line

#### **4. Nurse**

- a. Must be a registered nurse with at least 360 hours of training or experience in handling senior citizen.
- b. Conduct regular rounds during tour of duty and monitor medical condition of the clients (if needed arise).
- c. Assists the medical officer during medical consultation; ensures that the medical officer's orders are carried out properly.
- d. Administers medications.

- e. Performs health education to address safety care needs for falls, injuries, and common complications and prevalent illnesses and for the promotion of health.
- f. Escorts clients to the hospital and other charitable institutions during emergency or if necessary.
- g. Prepares and submits death matrix, in cases of death, and other reports.
- h. Facilitate an organized and efficient medical record.
- i. Safekeeps medical supplies and equipment.
- j. Performs monthly inventory of medicines and medical equipment.
- k. Acts as the center's lead in the medical team in the absence of the medical officer.

**5. Houseparent III**

- a. Must be a graduate of four year course preferably behavioral science and with experienced for at least 1 year in supervisory. Trained for at least 360 hours in caring for the clientele group/s served by the center.
- b. Supervises the implementation of programs and services of homelife unit.
- c. Coordinates with other allied services regarding the rehabilitation of clients.
- d. Conducts homelife meeting to the houseparents.
- e. Submit homelife accomplishment reports.
- f. Monitors attendance of homelife staff.
- g. Define and arranges the duties and time schedules of houseparent.
- h. Attend meeting and case conferences.
- i. Prepares semestral performance evaluation.

- j. Prepares schedule of houseparents for staff development and trainings.
- k. Reviews and enriches program for the care of the client.

**6. Houseparents**

- a. Must be a high school graduate and is trained for at least 120 hours in caring for the clientele group/s served by the center. Preferably with medical background.
- b. Takes down note of the observations/behavior of the client in getting along with other peers while inside the cottage and shares this during case conferences.
- c. Shall look into the clients basic needs like food and clothing and maintaining the homelike atmosphere of the facility to provide the clients with comfort while at the center.
- d. Shall provide nursing care especially to those who are unable to attend to their own personal.
- e. Shall also report cases of death of clients as he/she has the first knowledge when death happened within the client.
- f. Conduct orientation to the newly admitted clients on the rules and regulation of the cottage.
- g. Check the client personal belongings once admitted in the center. All valuables shall be sorted, recorded and turned over to the social worker in charge. These shall be kept in the storage room for safe keeping.
- h. Issue homelife stuff and supplies to selected clients.
- i. Assist clients to observed cleanliness, health and sanitation within the area.

## **7. Dietitian/Nutritionist**

- a. Must be a registered Nutritionist and Dietitian with at least 360 hours work experience.
- b. Prepares menu for clients in accordance with their nutritional needs.
- c. Prepares Purchase Requests for bidding and Purchase Orders for funding.
- d. Makes order for the weekly supply of food stuff.
- e. Monitor the delivery of foodstuff and other kitchen needs as per quality and quantity.
- f. Supervises the preparation, cooking and distribution of food to clients.
- g. Requests food supplies and kitchen equipment.
- h. Assess nutritional status of clients at the center.
- i. Interpretes the dietetic prescription of the physician.
- j. Visits all cottages to know if foods are properly given to the clients.
- k. Conducts regular supervisory meeting with the staff.
- l. Coordinates with the other services re: management of the client.
- m. Prepares and submits reports.

## **8. Cook**

- b. Must be at least a high school graduate and at least 360 hours work experience as cook.
- b. Prepares variety of food according to recipes and menu.
- c. Checks and accepts foodstuff deliveries.

- d. Cleans and stores raw food stuff deliveries.
- e. Stores food supply after deliveries.
- f. Check availability of ingredients needed for next day menu.
- g. Prepares requisition of non-perishable foods, toiletries and other supplies.
- h. Maintain cleanliness and sanitation of the kitchen

**9. Activity Therapist**

- a. Demonstrate to the clients various crafts such as handicraft, art work, other trades and social activities designed to counter boredom and provide leisure.
- b. Prepares and submits reportorial requirements.
- c. Attend meetings and submits necessary reports.
- d. Coordinate with other services for updates and progress of residents.

**10. Manpower Development Officer**

- a. Teaches potential clients using special and adopted methods, techniques to aid them in their physical rehabilitation.
- b. Directs and provides the general supervision of the productivity center.
- c. Executes productivity activities, policies and recommends changes.
- d. Evaluates implementation of the productivity activities.
- e. Coordinate with rehabilitation team members on problems encountered with the resident.
- f. Prepares budget estimates including supplies and materials needed.

**11. Security Guard**

- a. Safeguard and protect the center facilities, properties, cash, equipment, vehicles, supplies and similar items against robbery, theft, pilferage, fire damage and other similar hazards.
- b. Provide security measures for the protection of the clients and staff of the Home from accidents and/or natural calamities.
- c. Guard and inspect goods loaded or unloaded.
- d. Guard and protect premises and compound from unlawful entry.
- e. Take note of persons and vehicles entering and leaving premises.
- f. Searches then from prohibited articles and stolen property.
- g. Accost suspicious persons and reports unusual happenings and accidents.
- h. Maintains peace and order within the vicinity.
- i. Issue gate passes to authorize persons.
- j. Inspect conditions of buildings to detect needed repairs.
- k. Report same of the protection and safety of the Senior Citizen and special group clientele.
- l. May safe keep and issue firearms.
- m. Conduct preliminary investigation of disturbances and infractions of the Center's rules and regulations.
- n. Conduct roving during tour of duty and ensure safety of the senior citizens.
- o. Regular inspection of personal belongings during in and out of staff and visitors.

**12. AA1/ Laundry Worker**

- a. Must be at least high school graduate preferably with training in housekeeping.



- b.
- c. Takes charge of washing, drying, of clothes, blankets and curtains of the cottage.
- d. Arranges, sews, torn/ damaged clothes of the clients.
- e. Handles all laundry supplies endorsed for laundry use.
- f. Conducts inventory of laundry items.
- g. Maintains the upkeep of the laundry areas.
- h. Knows the operation of laundry equipment.
- i. Maintains the equipment in good running conditions.

**13. AA IV / Driver**

- a. Must be a High School graduate with driver's license and at least of one (1) year experience. Preferably skilled on proper maintenance of vehicle.
- b. Drive office vehicles with Senior Citizen and special group's clientele, staff of the Center and other passengers.
- c. Assist Senior Citizen in boarding and unboarding the vehicle.
- d. Clean and inspect office vehicles being responsible for their cleanliness and readiness.
- e. Make minor repairs and adjustments necessary, or reports needed major repairs.
- f. Assist in the loading and unloading of supplies, materials and equipment.
- g. Properly accomplish vehicle trip ticket.
- h. Perform other work as may be assigned.

**14. Administrative Aide IV**

- b. Must be at least college graduate, preferably in Administrative course, and with relevant knowledge or training in office procedure.
- b. Sort, index and file correspondence, reports and other documents.
- c. Route documentary bags or telegrams received to proper circuit for transmission.
- d. Record communications received and transmitted.
- e. Trace missing or untransmitted messages.
- f. Maintain record or files out from letters and routine application and request for completeness and accuracy.
- g. Make physical count of items and record figures.
- h. Do simple posting of figures on record forms.
- i. Prepare bills and statement of current accounts.
- j. Meet public and answer routine questions about places, events or personnel.
- k. Type routine correspondence and report form
- l. Receive and maintain records of correspondence
- m. Keep time records of employee
- n. Performs related task.

**15. Utility Worker/AA I**

- a. Must be at least high school graduate with skills in repair and maintenance of facilities and equipment.
- b. Cleans rooms and grounds to provide proper sanitation for the protection of the clients and personnel from diseases.

- c. Keeps office equipment and furniture clean and orderly and collects, dumps or burn garbage.
  - d. Opens doors and windows before office hours and close them after office hours.
  - e. Hauls and transfers office furniture, fills drinking containers with water.
  - f. Keeps restrooms or closets clean and sanitary.
  - g. Occasionally does liaisons, minor clerical and simple carpentry repair work.
- Duties and Responsibilities of each personnel are specified and clearly defined in accordance with the positions and job functions.
  - The Center shall have the record of duties and responsibilities of each personnel based on the official job descriptions specified in the Civil Service Law.
  - Working and labor standards, including wages, benefits and privileges, applicable to the Agency's personnel are in accordance with the policies of the Civil Service Commission (CSC) and other related laws as the case may be.

**16. AIV/Property Custodian**

- a. To receive Property, Plant and Equipment (PPE) delivered through Purchase or Donation. Submit report of Semestral/ purchased equipment within (5) days upon received to Property and Assets Section Field Office for recording and monitoring.
- b. Records PPE in the Registry book and Property card indicating used number of items received, description, serial number if any and amount/cost per item of PPE.
- c. Prepare the Proper Accountability Receipt (PAR) for issuance to accountable person who will use the PPE, assigned corresponding property number and post on PPE.
- d. Maintain preventive maintenance record of the PPE while the PPE is serviceable.
- e. Prepare records of serviceable and unserviceable PPE in the General form number 13 and 12 (Inventory Report of

Serviceable Property and Inventory and Inspection Report of Unserviceable PPE)

- f. Submit to Property and Assets Section, F.O. Inventory Report of Serviceable PPE and Inventory and Inspection Report of Unserviceable PPE and every end of June and December of each year
- g. Prepare Requisition Issuance Slip (RIS) for the replacement of unserviceable PPE for approval.
- h. Regularly conduct check, inspection and assessment on the issued PPE of its serviceability.
- i. Assist the Regional PPE Inventory Committee in the conduct of physical count of Serviceable and Unserviceable PPEs as per schedule of the undertaking.
- j. To prepare the pre-repair Inspection Report of PPE submit or use of repair for inspection and approval.
- k. To ensure that unserviceable PPE's are well-stored in safe place for proper inspection and inventory by the PPE Inventory Committee.

***17. AAIV/Supply Officer***

- a. To receive supplies and materials delivered as purchased and as donation to the C/RCF.
- b. To record all items of supplies and materials received in the record book and in the stock card reflecting the quantity, particulars and amount.
- c. To issue request for supplies and materials as per approved Request Issuance Slip (RIS) by authorized approving staff.
- d. To consolidate all issued supplies and materials as per approved RIS and records all issuance on the stock card on a daily basis.
- e. Prepare Report of Monthly Supplies and Materials Issued (RSMI) and submit to the accounting unit to record issuance in the Books of Account.
- f. Prepare and submit Semestral Report of inventory of supplies and materials every end of June and December to Accounting Unit copy furnished Supply Section.

- g. Prepare purchase request for supplies and materials based on records of balances as per stock card for approval and procurement.
- h. Regularly check stock card balances for the required and necessary replenishment of supplies and materials.
- i. Assist the Inventory Committee in the conduct of Semestral physical count of inventory of supplies and materials.
- j. Follow-up request for supplies and materials as necessary as possible to abate any shortage on stock level card for required supplies and materials.
- k. To properly observe the standard operating procedures (SOP) in the management of store room, its cleanliness and orderliness.

## **B. PROTECTION POLICIES**

These protection policies will guide the clients, staff, volunteers and other partner agencies in preventing abuses in the center.

### For the Center Staff

1. Respect and uphold the rights of clients for protection, participation and development.
2. Treat and serve clients in a fair, honest, sincere and respectful manner regardless of disability, gender, age, religious/cultural beliefs and social status.
3. Use positive and alternative ways of managing clients' behavior which do not involve physical abuse or any form of degrading or humiliating treatment.
4. Never use language or adopt a behavior towards clients that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
5. Safeguard information pertaining to clients with respect to confidentiality.
6. Always keep clients informed of all matters concerning them.
7. Provide clients with their basic needs; keep them safe, protected and supervised at all times.
8. Provide opportunities for clients to develop their skills and potentials.
9. Endorse or refer client's needs/concerns to appropriate parties so these could be addressed properly and promptly.

10. Never use prohibited drugs, smoke and drink alcohol at the center.
11. Never use nor borrow money from clients.

#### For Volunteers and Other Partner Agencies

1. Observe utmost respect for the rights of clients.
2. Follow the center's rules and regulations especially on confidentiality and respect for client privacy. Never take pictures, conduct interview or access information about a client without the permission/approval of the center management and the client.
3. Never use language or adopt a behavior that will offend and demean clients.
4. Never give monetary or in-kind\* gifts to individual clients (\*with exception for the following circumstances – birthdays, anniversaries, as incentive or prize for winning a competition and celebrated holidays).
5. Subject self to inspection of belongings to avoid the illegal entry of prohibited items such as *liquor, firearms and other deadly weapons* in the center.
6. Follow the regional security measures.

#### For Clients

1. Follow the center's rules and regulations.
2. Respect the rights of other clients regardless of disability, gender, age, religious and cultural beliefs and social status.
3. Never use language or adopt a behavior that will offend and demean other clients and staff.
4. Report any incidence of abuse experienced or witnessed to any member of the center management.

#### Procedures to Address Protection-Related Concerns in the Center

1. Clients should be well-informed on the center's protection policies and procedures i.e. where to go/seek for help and advice. If the alleged perpetrator is a center staff, the client should directly report the incident to the Center Head.

2. A Center Progressive Disciplining Committee (PDC) shall be created to act on all proceedings regarding clients' protection including the conduct of investigation/validation on alleged abuses. All related actions undertaken by the PDC shall be documented and kept confidential at all times for the protection of the concerned clients. Results of which shall also be forwarded to the Regional Director for information and further instruction.
3. Any PDC member proven to have maliciously acted on any committee report shall be subjected to strict disciplinary action in line with the Rules and Regulations of the Civil Service Commission for Permanent Staff. On the other hand, Cost of Service Workers proven to have done the same shall be subjected to existing disciplinary policies of the Department.
4. All information regarding protection-related violations in the center that will be divulged to the media should first be reviewed and approved by the Regional Director and should always consider the client's best interest.

## **CHAPTER IX**

### **PHYSICAL STRUCTURES AND FACILITIES**

#### *A. LOCATION*

GRACES is located at Bago Bantay, Quezon City with lot area of 1.8 hectares. It is accessible to community facilities such as schools, places of

worship and hospital/ clinics and far from conflict areas and other structures that may pose hazards to its residents and staff.

#### *B. ACCOMODATION*

The GRACES bed capacity is 200 and can accommodate such number of older persons.

#### *C. GENERAL DESIGN AND CONSTRUCTION*

The building design and construction must be sturdy to minimize injuries, prevent opportunities for residents to leave without permission and allow auditory supervision at all times. The interior areas must be large enough and have a homelife atmosphere. A single floor structure is preferred and must provide for central area that will have visibility of all general areas. In cottage type facilities, it is necessary to build a strong and tall perimeter fence for the privacy and protection of the residents. The structure should be a fire resistant and earthquake proof. Moreover, emergency measures should be installed to deal with emergencies and other life threatening situations. The following should be included:

1. Evacuation/exit plan, warning system and clearly marked emergency exits and escape route known to all residents and staff;
2. Safety measures that ensure periodic conduct of fire and earthquake evacuation drills and orientation on safety precaution, survival techniques and know-how when emergency and disaster occur;
3. Firefighting gadgets should be made available (e.g. functional fire extinguisher or its functional equivalent like sand and water, etc.);
4. Inflammable materials are kept in a safe place;
5. First aid kits should be available and strategically located;
6. Installation of Closed-Circuit Television (CCTV) camera preferably in cottages, hallway, admin building and medical;
7. Updated annual clearance certificate from proper authorities in compliance with basic building and fire safety requirements;
8. Installation of alarm system per cottage/building for immediate information and response by the staff on duty and guard if any untoward incident happens.



Likewise, the health and sanitation facilities shall be in consonance with standards of local health office. The waste management system should be in accordance with regulatory standards on health safety and environmental conservation and protection and shall consider the following:

- a. Segregation of biodegradable from non-biodegradable waste;
- b. Waste recycling; if possible
- c. Solid waste disposal system that is supportive of the Clean Air Act and acceptable practices in environmental sanitation.
- d. Drainage and sewerage system.

There should be a steady supply of electricity and potable water for the daily needs of staffs and residents. Examination by proper authorities should be conducted at least once a year. In case of power/supply interruption, emergency lights should always be ready for use.

The structure should be properly inspected by a licensed architect or civil engineer and an expert plumber who shall determine the record needed repairs and projected the life span of the building, including existing equipment. All necessary repairs work and/or remodeling should be completed before the structure is occupied. Amenities for food preparation and laundry should be in place and usable. Further, worthiness of the structure, the structure should also meet the standard for a facility that will provide residential care service for senior citizens based on DSWD AO No. 141 Series of 2002 (Standards in the Implementation of Residential care service).

The physical structure of the home/center should include appropriate accessibility features where facilities, rooms and spaces are barrier free and properly labeled with appropriate signage for access to residents, staff or visitor with disability.

A cottage measuring about 100 sq. meters shall have a capacity of twenty two (22). However, there may be a bigger cottage which can accommodate a bigger number of clients. Each cottage shall have a designated room for each function, with amenities that may vary depending on the purpose, such as dining room, and bedrooms.

The following arrangement of facilities is recommended for the purpose of promoting the physical, emotional and psycho-social well-being of the residents and staff of the home/center:

1. Reception and Administrative Area – the reception and administrative area includes all rooms used for admission, interviewing the senior citizens, receiving adult family members and other visitors. This is

also used for administrative purposes. This area must have the following design and facilities.

- a. Reception Lobby – the reception area must be spacious enough to accommodate family members and other visitors. It must have a public comfort rooms and must be directly accessible to the admitting area and visiting rooms. A barrier or wall should be constructed to clearly separate the reception lobby from the other sections of the center for the purpose of protecting the privacy of its residents.
  - b. Admitting or Reception Cottage Area – this should be where newly admitted senior citizens are observed by house parents after the intake interview. It must have a bathroom facility and closets for new clothing of new residents' and lines for new admissions and secured lockers for the personal belongings. This must be accessible to the medical examination room and social worker's office.
  - c. Center Head Office – should be in or near the reception area and the administrative section. This office must have a waiting room.
  - d. Social SERVICE Office – should be close to the general living room, the reception lobby and the visiting room. It is preferred that a waiting room within the area should be made available while for a senior citizens to see a social worker needs a place to wait and calm down privately. The room must be well ventilated, with proper illumination and comfortable furniture Couches are preferred.
  - e. Administrative Section Room – should be near the Center Head's Office and should be large enough to accommodate a clerk's workstation including tables for volunteer workers.
  - f. Visiting Room – should be near the reception area but away from resident's rooms. A separate interview room for parents and other persons significant in the senior citizens life should be provided.
2. Medical Examination Room – this should be accessible to the reception area and living rooms. The clinic should contain a sink,

comfort room, doctor and nurse’s room and an examination area large enough to accommodate medical facilities, equipment and storage for medicines.

3. Psychologist’s Room – should be near the social workers office and large enough to accommodate a group of residents needing group therapy.
4. Interview/Counseling Room – should be near the social workers office. It can be converted into a consultation room for legal counsels and other members of the rehabilitation team, as well as a study area for senior citizens.
5. Staff Conference Room – should be near the Center Head’s Office up to 20 people. Tables, chairs and black/white boards should be readily available.
6. Staff living Quarters – Bed for the staff, lockers and space for hanging clothes should be provided. It must have toilet with showers.
7. Cottages – are dormitory type rooms with a homelike atmosphere. It can accommodate up to 25 senior citizens. There are separate living quarters for male and female senior citizens. Cottages are also classified according to the needs and medical condition of the clients. Each cottage should be large enough for single bed and individual lockers. Furnishings and fixtures should be attractive and durable without ledges. Fixtures should be accurately fastened to the floor or wall, study tamper proof and able to withstand unreasonable abuse. Tables may be built-in/attached to the walls with individual lockers/closets to maximize space.

Beds should be of sturdy materials and preferably secured to the floor or wall. The use of hung bunks should not be used and avoid jail – like appearance of bedrooms.

Comfort rooms in the cottages should be maintained clean and dry at all times. Mats, hand rails and other safety features shall be installed. The following are its features and maximum bed capacity:

NAME OF COTTAGES	NORMAL BED CAPACITY	AMENITIES	FEATURES OF COTTAGES/DESCRIPTION
MALE WARD			

HOUSE OF DAVID	25	-1 CR w/ (bathing area, washing area, 2bowls & 2 Faucet) -2 sink w/ 2 faucet -Staff Room w/ steel locker 15doors -Dining area -3 Observation Rooms	<b>-House of david cottage is intended for bedridden and residents with psychological condition.</b> It has 1 comfort room with 2 bowls and bathing area with two (2) faucets, and a sink w/faucet. It also has a dining area, quarters for the staff and observation rooms for residents with psychological diagnosis.
HOUSE OF MOISES	17	-1 CR w/ (bathing area, washing area, 3bowls & 2 Faucet) -2 sink w/ 2 faucet -Staff Room w/ steel locker 10doors -Dining area	<b>The house of Moises cottage is for treated PTB cases. It also serves as accommodation for the newly admitted residents.</b> It is built with 1 comfort room with 3 bowls, bathing area with two (2) faucets, sink w/faucet, staff quarter with steel cabinet and a dining area.
HOUSE OF I.C.C	25	-1 CR w/ (bathing area, washing area, 3bowls & 2 Faucet) -2 sink w/ 2 faucet -Staff Area w/ steel locker 10doors -Dining area	<b>The house of I.C.C cottage is built for able residents who can manage their activities of daily living.</b> It contains 1 comfort room with 3 bowls, bathing area with two (2) faucet, sink w/faucet, staff quarter with steel cabinet and also a dining area.
HOUSE OF JOSEPH	20	-1 CR w/ (bathing area, washing area, 2bowls & 2 Faucet) -2 sink w/ 2 faucet -Staff Area w/ steel locker 10doors -Dining area	<b>This cottage is for male diagnosed with PTB.</b> It has 1 comfort room with 3 bowls, bathing area with two (2) faucets, sink w/faucet, staff quarter with steel cabinet and a dining area.
HOUSE OF ABRAHAM (Male&Female)	20	-2 CR M&F w/ (bathing area, washing area, 2bowls & 2 Faucet) -Dining Area -Staff room w/steel locker	<b>The house of Abraham is for Able Male and Female residents who were trained by the houseparent to manage their activities of daily living on their own. Some income-generating opportunities are held here (e.g. rug-making).</b> It contains two (2) Comfort room for male & female w/ (bathing area, washing area, 2bowls & 2 Faucet.It also has a dining area and Staff room w/steel lockers for the staff.
<b>FEMALE WARD</b>			

HOUSE OF MAGDALENE	23	--2 CR w/ (bathing area, washing area, 2bowls & 2 Faucet) -2 Sink w/faucet -Staff area -Dining Area -Washing Area	<b>The House of Magdalene is for residents diagnosed with PTB, bedridden and those identified with psychological condition for close monitoring.</b> This cottage contains two (2) comfort room w/ (bathing area, washing area, 2bowls & 2 Faucet) 2 Sink w/faucet, Staff area, Dining Area and Washing Area.
HOUSE OF SARAH	28	--2 CR w/ (bathing area, washing area, 2bowls & 2 Faucet) -2 Sink w/faucet -Staff area -Dining Area -Washing Area	<b>House of Sarah cottage is for bedridden female residents.</b> It has two (2) comfort room w/ (bathing area, washing area, 2bowls & 2 Faucet) 2 Sink w/faucet, Staff area, dining area and Washing Area.
HOUSE OF ELIZABETH	23	--2 CR w/ (bathing area, washing area, 2bowls & 2 Faucet) -2 Sink w/faucet -Staff area -Dining Area -Washing Area	<b>The House of Elizabeth is for able female residents and serves admission area for newly admitted residents.</b> It has two (2) comfort room w/ (bathing area, washing area, 2bowls & 2 Faucet) 2 Sink w/faucet, Staff area, dining area and Washing Area.
HOUSE OF ESTHER	19	--2 CR w/ (bathing area, washing area, 2bowls & 2 Faucet) -2 Sink w/faucet -Staff area -Dining Area -Washing Area	<b>House of Esther is intended for female residents diagnosed with PTB female ward.</b> It has two (2) comfort rooms w/ (bathing area, washing area, 2bowls & 2 Faucet) 2 Sink w/faucet, Staff area, dining area and Washing Area.
HOUSE OF MARTHA (Tamundong)	15	--2 CR w/ (bathing area, washing area, 2bowls & 2 Faucet) -2 Sink w/faucet -Staff area -Dining Area -Washing Area	<b>The house of Martha cottage is the admission cottage for female ward.</b> It has two (2) comfort room w/ (bathing area, washing area, 2bowls & 2 Faucet) 2 Sink w/faucet, Staff area, dining area and Washing Area.

8. Comfort Rooms for visitor
9. Dining Area – which may include the kitchen, should be spacious enough for free interaction and mobility of the residents and staff. Plants and other decorations should adorn the room to resemble a home. If possible, round tables should be used covered with clean and attractive tablecloths.

10. Sick Bay/Room – shall be provided for residents who need to be isolated due to infectious illnesses. There should be comfortable beds with clean/sanitized linens. This room should be well illuminated and ventilated.
11. Recreation Area should be provided for recreation purposes. Recreational supplies and materials should be appropriate to the residents. There shall be adequate space for indoor activities, open space for outdoor activities, garden space and for reflection.
12. Chapel – shall be provided for residents for religious purposes.
13. Training Room – this is needed for activities such as skills training and other self-development sessions. Appropriate furniture such as chairs, tables, whiteboard and cabinets for the safekeeping of training materials should be provided.
14. Storage Room – this is where food, supplies and other materials are stored. This should be kept clean and sanitized. There should be a separate storage room for food and non-food supplies.
15. Social Hall- this is where center's events and outreach programs are held.