



INA

HEALING CENTER

MANUAL OF OPERATIONS



DSWD

Department of Social Welfare and Development
National Capital Region


MESSAGE FROM THE SECRETARY

MESSAGE

The INA (Inang Naulila sa Anak) Healing Center was established on December 16, 2006 through the efforts of Mrs. Georgina P. De Venecia, a co-founder of INA Foundation, Inc and the Congressional Spouses Foundation, Inc. (CSFI). It occupies a 1,100 square meter lot at DSWD Compound, IBP Road, Constitution Hills, Batasan, Quezon City. It is the only facility being managed by the Department of Social Welfare and Development that provides psycho-social support to bereaved mothers and their family members to help them deal with the grief. It is a place where mothers and their family members can ventilate their feelings of loss and depression over their departed loved ones just like Mrs. De Venecia who also experienced losing her daughter in a fire incident in their Makati City residence.

It is now the commitment of the Department to provide Grief Recovery Program to those grieving mothers and their family members as a whole to ensure that they are supported and protected since they have significant roles in the nation building.

This Manual of Operation shall serve as guide for the service providers in delivering responsive programs and interventions for bereaved mothers and their family members. Through this Manual, the Department impresses upon all users to go beyond the performance of their functions and truly uphold a compassionate public service.


JUDY M. TAGUIWALO
Secretary



MESSAGE FROM THE REGIONAL DIRECTOR



The Department as the lead agency in protecting the rights of vulnerable and marginalized sectors, it has been an honor that Mrs. Georgina P. De Venecia and the members of INA Foundation, Inc. (IFI) and Congressional Spouses Foundation, Inc. (CSFI) have identified the National Capital Region to establish the INA (Inang Naulila sa Anak) Healing Center considering the high number of death incidence in Metro Manila and neighboring regions like CALABARZON and Region III. This is to provide a nurturing environment where mothers can be provided with psycho-social interventions or services, such as: Counseling, Mentoring, Crisis Referrals, Therapeutic and Skills Development. It is also a venue for the organization of peer support groups for grieving mothers.

Challenges were encountered during the Implementation of Grief Recovery Program for the bereaved mothers and their family members but made possible through the engagement with our partners, stakeholders who shared their resources and technical assistance on Healing and Grief Management.

The development of this Manual of Operation is very vital since this will be the guide of service provider at the INA Healing Center. This manual presents the history of the center, general policies, operational procedures, case management process, reporting and records management, monitoring and evaluation, staffing requirements, budget and physical structure and facilities.

We hope that this manual serves its purpose and that delivery of programs and services for grieving mothers and their family members is effective and efficient.



VINCENT ANDREW T. LEYSON
Regional Director

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ACRONYMS

| | | |
|--------------|---|---|
| BM s | - | Bereaved Mothers |
| DSWD | - | Department of Social Welfare and Development |
| GAT | - | Grief Assessment Tool |
| GRP | - | Grief Recovery Program |
| GWV | - | Grief Watch Volunteers |
| IFI | - | INA Foundation, Inc. |
| IHC | - | INA (<i>Inang Naulila sa Anak</i>) Healing Center |
| MOO | – | Manual of Operation |
| PSMs | - | Peer Support Mentors |
| RBM s | - | Recovered Bereaved Mothers |
| RII | – | Recovery Indicator Index |

DEFINITION OF TERMS

For common understanding of this manual, the following terms are hereby defined:

Anticipatory Grief- refers to grief that begins before (in anticipation of) the loss, such as the initiation of divorce proceedings or when a loved one is diagnosed with terminal illness.

Bereaved Family Members- refers to a father, brother, sister, grandmother, grandfather, wife, husband, son, daughter who lost their loved one due to death.

Bereaved Mothers- refers to a mother who lost her child/ren due to death or community disaster.

Clientele Group- refers to clients of a professional person or practice considered as a group.

Complicated Grief- refers to traumatic grief. Occur when grief becomes chronic, disabling and more intense. This is often seen as a progression of grief into a major depression, with some features of post-traumatic stress disorder, such as nightmares and flashbacks.

Day Center Service- refers to early childhood care for children 7 years old below whose parents need to attend the INA Healing Center's GRP sessions, Therapeutic and Skills Development Activities in the center and no family members are available to look after them at home.

Grief- refers to multi-faceted response to loss, particularly to the loss of someone or something to which a bond was formed. (Ref. Wikipedia through internet).

Grief Counseling- refers to helping people move through uncomplicated, or normal, grief to health and resolution. Its essence is on giving the situation the best of time to be

listened to, having someone in a listening mode being in a supportive manner to the counselee's concerns.

Grief Recovery Program- refers to programs offered to bereaved mothers who are expected to attend therapeutic services with the trained grief counselor (Psychologist and Social Worker) following a specialized module who will process the feelings and the experience of grief of the client.

Grief Therapy- refers to a kind of psychotherapy used to treat severe or complicated traumatic grief reactions, which are usually brought on by the loss of a close person (by separation or death) or by community disaster.

Grieving Mothers- refers to individuals who are in immediate crisis situation due to the death of a daughter and/or son regardless of age, civil and social status who needs respite from the pain of loss.

Mentee- refers to a person who is advised, trained or counseled by a mentor.

Mentor- refers to trained bereaved mothers who completed the Mentorship Training. The mentor's task is to help other bereaved mothers give up their relationship but help them find an appropriate place for the dead in their emotional lives- a place that will enable them to go on living effectively in the world.

Mentoring- refers to follow-up service for mothers who complete the grief recovery program and who wish to be matched with an experienced mentor who can help with the adjustment of the grief experience.

Mentorship Training- refers to training organized for the bereaved mothers as the next step for their recovery. The training was tailored-fit for those mothers who have gone through a higher stage in their grief processes to transcend them into more productive means of coping.

Normal Grief (also called uncomplicated grief) - refers to the normal, healthy response to a major loss.

Recovered Bereaved Mothers- refers to a bereaved mother who were able to completed the Grief Recovery Program and able to transcend grief experience and ready to undergo Mentorship training.

Referral- refers to client who has been referred by DSWD, direct member of INA Foundation Inc. (IFI), media, third party, other GOs, LGUs, NGOs, private organizations, individuals, church groups, etc. seeking for grief intervention.

CHAPTER I

RATIONALE/ INTRODUCTION

The pain of losing a loved one is unbearable. This can be the most severe suffering one ever endures. The pain can be overpowering, weakening and heartbreaking. Such is the power of grief. Grief or bereavement is a natural reaction of a person when a loved one dies. It could be the most distressing incident, devastating or seriously damaging experience especially for a parent who lost his or her child. As someone once said *“Grief is a solitary journey.”*

For some people it may be easy to get over the loss of a loved one but do you really get over the loss? Based on the experience of the staff in relating with those who are grieving, one can never get over the death of a love one and it is never easy. The so called “getting over” is just the way by which an individual is saying that he/she is gone and he/she has become part of me, of my life in another way and now I am living my life the way it has always been. This is what we term the “healing” part.

It is by this manner that INA Healing Center has been conceptualized and established, this needing for someone to listen and this need to feel that one is not alone in the journey. From 2011- 2018, INA Healing Center has specialized in doing group grief therapy sessions for four hundred sixty-two (462) bereaved clients where six (6) or 1.30% of them are male consists of bereaved father, bereaved husband and bereaved grandfather and four hundred fifty-six (456) or 98.70% are female composed of bereaved mothers, bereaved child, bereaved wife, bereaved grandmother and bereaved sister.

In this context, this manual is written for the service providers who are experts in their own field but may need guidance in the operation of the center and in the delivery of programs and services for bereaved clients. This Manual will stipulate the different processes and systems involved in carrying out its programs and services and will served as a useful guide in attaining the mission of the people behind this noble work.

It is expected that through the operation of the center, the bereaved clients will be able to overcome the intense feeling of losing a love one in a caring and nurturing environment.

CHAPTER II

DESCRIPTION OF OFFICE

A. HISTORY

On December 16, 2006, the INA (Inang Naulila sa Anak) Healing Center located at the DSWD compound, Batasan Hills, Quezon City opened as a haven for grief recovery, a place of support and therapy center for bereaved mothers. It started as a pilot program under the wing of the DSWD-NCR.

The INA Healing Center was inspired by Ms. Gina P. De Venecia's own story of survival from the harrowing experience of losing her youngest daughter, KC. The center is a translation of this experience. It brings together mothers who have undergone the pain of losing a child. Ms. Ali Sotto also served as a catalyst in co-founding this advocacy. Ali also lost a beloved son, Miko in an unfortunate accident. It was established with the help of the Congressional Spouses Foundation, Inc. (CSFI) and the Inang Naulila sa Anak (INA) Foundation, Inc. (IFI).

Channeling their experiences to create a humanitarian synergy, Ms. Georgina (Manay Gina) and Ali Sotto began working to provide a venue for the emotional healing mothers, who have been deeply wounded by the deaths of their children.

At the first gathering of bereaved mothers, members shared their life, testimonies, narrating their challenges and struggles through the difficult period of mourning. Learning from each other, they were encouraged to form a foundation that could be a vehicle to help other mothers rebuild their lives.

Because of the sensitivity of the life stories each bereaved mother (BMs) go through, the operation of the Healing Center would be carried out through the guidance of experts and professionals. These include the continuing consultations and meetings among the stakeholders to ensure the smooth implementation of the grief recovery program for mothers. Likewise, this was a spin-off from the informal groups of bereaved mothers to a structured program specifically designed to address the needs of someone who is in grief.

On February 15, 2007, the INA Healing Center was formally turned over to the Department of Social Welfare and Development – National Capital Region through signing of the Deed of Donation and Acceptance of Dr.

Esperanza Cabral as the representative of DSWD and Mrs. Gina De Venecia as President of the Ina Foundation Inc. together with the MOA signing with DSWD. DSWD-NCR staff augmentation began on the same year by hiring the first Officer In-Charge and hiring of additional staff.

INA Healing Center operated as pilot project under the Social Technology Bureau of DSWD-Central Office on March 2011- March 2013. Also on the year 2011, through a Memorandum Circular No. 10 Series of 2013 (Guidelines on the Implementation of the Comprehensive Recovery Program on Healing and Grief Management of Bereaved Mothers and their Family Members) order the target clients has expanded from the mother to other members of the family who may also be going through a difficult time because of the death of the love one.

Over the years, INA Healing Center also provides services, such as: capacity building, parenting education sessions, livelihood activities and spiritual enrichment. The program has also developed a mechanism or a concept where those who have processed their grief help other bereaved who is going through the same process.

B. LEGAL BASES

A. International Instruments

1. Beijing Platform of Action – is the global agenda for women which takes cognizance and where commitments from different countries were enlisted to take concrete actions for the pursuit of empowerment and advancement. It is during this Conference the governments and the UN agreed to promote gender mainstreaming as a strategy to ensure that a gender perspective is reflected in all policies and programmes at the national, regional and international levels. The BPA represents the international community ' s commitment towards the promotion of women' s welfare and aims at accelerating the implementation of the Nairobi Forward-Looking Strategies for the Advancement of Women.

2. Putrajaya Declaration on the Advancement of Women – adopted by the members of the non-aligned movement, it recognizes that the issue on the advancement of women should be integrated into the mainstream programs and activities of Non-aligned Movement (NAM) countries. It enlists concrete actions that would promote women empowerment development and peace.

3. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)- known as the International Bill of Rights of Women, the Convention on the Elimination of all Forms of Discrimination Against Women is the only human rights treaty which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. It affirms women's rights to acquire, change or retain their nationality and the nationality of their children. CEDAW was adopted by the United Nations in 1979 and took effect on September 3, 1981. As of February 2015, it has 188 State Parties that agreed to implement the provisions of the treaty most importantly taking appropriate measures against all forms of discrimination and exploitation of women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

B. National Laws

1. Republic Act 11036 of 2017, an act establishing a national mental health policy for the purpose of enhancing the delivery of integrated mental health services, promoting and protecting the rights of persons utilizing psychiatric, neurologic and psychosocial health services, appropriating funds therefore, and for other purposes.

2. Republic Act No. 9710, An Act Providing for the Magna Carta of Women- seeks to guarantee and protect the basic rights and freedoms of Filipino women, especially those in marginalized sector, and promote the development eliminate discrimination against women of their well-being here and abroad.

3. Republic Act No. 8972 or the Solo Parent's Welfare Act of 2000 – declares that it is the policy of the state to promote the family as the foundation of the nation, strengthen its solidarity and ensure its total development. The end goal of the Act is to develop comprehensive program for solo parents and their children to be carried out by various government agencies and other related non-government organizations led by the Department of Social Welfare and Development.

4. 1998 Executive Order No. 15 as amended by EO 221.

EO 15 mandates the DSWD to provide assistance to LGUs, NGOs and other government agencies in effectively implementing programs, projects and services for an improved quality of life of the Filipino people. EO 221 amended these functions for the DSWD to serve as lead agency or authority in the formulation, development and promotion of national social welfare and development policies, plans and programs, technical assistance provider and lead innovator on social technologies / social protection programs.

5. Republic Act 7192 of 1991, known as the Women in Development and Nation Building Act – this is an act that promotes the integration of women as full and equal partners of men in development and nation building.

6. Local Government Code of 1991 (RA 7160), Chapter 2, Section 17 – The Local Government unit shall provide basic services and facilities among which are Social Welfare Service which include programs & projects on child and youth welfare, family and community welfare, women's welfare of elderly and disabled person, community based, rehabilitation programs, livelihood and other pro-poor projects, nutrition & family planning services.

7. The 1987 Philippine Constitution – recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. This also mandates the State to recognize the family as the foundation of the nation and actively promote its development.

8. Republic Act No. 5416, otherwise known as the Social Welfare Act of 1968, this mandates the DSWD to develop and implement a comprehensive social welfare program consisting among others of the ff: prevention and remedial programs and services for individuals, families and communities; protective, remedial and development welfare services for children and youth.

C. Department Issuances

1. **Memorandum Circular No. 10 Series of 2013 – *Guidelines on the Implementation of the Comprehensive Recovery Program on Healing and Grief Management of BMs and their Family Members*** - Provides a set of guide on the how to effectively implement the comprehensive recovery program on healing and grief management approaches for bereaved mothers and their families, through the INA Healing Center / other day center and community-based healing models that promotes women volunteerism and empowerment through technical assistance, capacity building and partnerships with the LGUs/CSOs, women volunteers and people's organizations. This program provides the strategy of technical assistance and capability building on the Comprehensive Recovery Program on Healing and Grief Management of Bereaved Mothers and their Family Members which shall be implemented in partnership with the DSWD Field Offices, local government units on-government organizations, church-based organizations and academe, people's organizations especially women's organizations that promote or implement similar programs whether at the day center facility or through community based outreach program.
2. **Memorandum Circular No. 07 Series of 2013, "Framework on the Engagement with Civil Society Organizations on the Implementation of the Department of Social Welfare and Development's Social Pension Programs"** – provide a system for cooperation to ensure faster, better and smarter delivery of services of the core poverty reduction programs of the Department, and to institutionalize the transparency and accountability mechanism so the objectives of this mutual cooperation is realized for the best of the interest of the poor.
3. **Memorandum Circular No. 6, Series of 2011-** serves as the comprehensive guide for the DSWD Social Technology Bureau's and all concerned Offices and Bureaus, local government units and partner civil society organizations' development and enhancement of social technology projects.
4. **Memorandum Circular No. 05, S.2010 entitled "DSWD Reform Agenda"** – outlines the department's strategy

towards providing better, faster and smarter social protection programs to the poor and vulnerable.

5. Administrative Order No. 5, Series of 2008, entitled “Omnibus Guidelines On the Management of DSWD-Operated Crisis Intervention Units” – provides a comprehensive and integrated program for the rescue, protection and provision of immediate psychosocial intervention as well as limited financial and material assistance to individuals and families in crisis situation, etc.

D. Related Plans/Policies

International

- 1. Framework Plan for Women** - this serves as the blueprint for the advancement of Filipino women to be addressed by government agencies, the academe, civil society organizations and the private sector. This program is also guided by the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) as a landmark international agreement that affirms principle of fundamental human rights.

National

- 1. National Decade Plan for Filipino Families (2006 – 2015)**– this serves as the blueprint and roadmaps in the new millennium to realize the goal towards a transformed nation strong and God centered families.
- 2. Philippine Plan of Action for the Family (1994 – 2000)**
this plan contains the vision of an empowered family;
- 3. Philippine Plan for Gender and Development** – the Philippine government’s 30 years’ perspective framework for pursuing full equality and development for women and

men, in compliance with RA 9172 and the Constitutional provision for gender equality (Article II, Section 14).

E. National Policies

Philippine Plan for Gender Development – is the Philippine government's 30 year perspective framework for pursuing full equality and development for women and men, in compliance with R. A. 7192 (Women in Development and Nation Building Act) and the Constitutional provision on gender equality (Article II, Section 14)

Framework Plan for Women – is the blueprint for the advancement of the Filipino women to be addressed by government agencies, the academe, civil society organizations and the private sector.

C. PHILOSOPHICAL BASES

Consistent to the mandate of the Department and to its governing principles and beliefs, the operation and management of INA Healing Center is anchored in the corporate philosophy that.

1. The State affirms the basic rights of all Filipinos to mental health as well as the fundamental rights of people who require mental health services.
2. The State commits itself to promoting the well-being of people by ensuring that mental health is valued, promoted and protected: mental health conditions are treated and prevented; timely, affordable, high quality and culturally-appropriate mental health care is made available to the public; mental health services are free from coercion and accountable to the service users and persons affected by mental health conditions are able to exercise the full range of human rights, and participate fully in society and at work, free from stigmatization and discrimination.
3. Strengthen effective leadership and governance for mental health by among others formulating, developing and

implementing national policies, strategies, programs and regulations relating to mental health.

D. VISION, MISSION, GOAL

Vision

By 2021, the center envisions to become an excellent provider of psychosocial intervention to bereaved mothers and other family members and replicate its programs and services to other nearby provinces.

Mission

To provide psychosocial support to bereaved mothers and other family members in a peaceful supportive environment conducive for grief recovery.

Goal

To process the feelings of grief and to restore the self-functioning of bereaved mothers and other family members who are in difficult circumstances over the loss of a love one.

Core Values

1. **Honor** – is being polite and courteous to the client, warranting them with respect and dignity. Clientele's emotions as well as their encompassing sentiments should be handled with great respect, as providing so will pave way for their holistic growth or bringing out the best in them.
2. **Empathy** – We do not just show sympathy but we demonstrate empathy. Compassion is shown not just by feeling "awa" but more on guiding and helping them to stand and achieve healing in the process.
3. **Acceptance & Listening** - We accept clients in their totality We not choose whom to accept rather we welcome everybody who is in need of help. We are also attentive to them by addressing their other needs. Most of the time people who grieve do not need us to say something they just need an ear to listen to them. We

spend time listening to their pains, expressions of anger, hopelessness, their joys and successes.

- 4. Individuality** – Each case is treated individually as something unique. We do not compare and force them to be like the others even though the circumstances of their journey are the same.
- 5. Nurturing** – Nurturing is a gesture of showing care. Nurturing is seen in our friendly way of relating with them, in our readiness to listen and our presence with them especially in the low moments of their life. This is our way of strengthening the helping relationship that has been established with them.
- 6. Gentleness** – INA Healing center caters to all walks of bereaved mothers and their family members with personal care, and genuine concern in order to meet their needs especially in their grieving state. With authentic care, clients can achieve their fullest growth and potential).

E. TARGET CLIENTELE AND ELIGIBILITY REQUIREMENTS

The center caters clients who are in crisis over a loss of a daughter or son, a husband or a wife, a mother or a father and are faced with deep depression or in a crisis situation.

F. GEOGRAPHICAL COVERAGE OF OPERATION

The INA (Inang Naulila sa Anak) Healing Center is located in DSWD Central Office Compound, Batasan Complex, Quezon City. It is designed to cater or serve Municipalities in Metro Manila and neighboring provinces such as CALABARZON and Bulacan.

G. DESCRIPTION OF THE CENTER

The INA Healing Center is a non- residential care facility that operates 8 hours a day, 8:00am- 5pm, Mondays to Fridays. It is established to provide psychosocial support to bereaved mothers and other family members thru programs and projects aimed at

helping them to move on from a place of grief to a place of hope and empowering them to reach out to others. The center is meant to provide a place for grieving mother to ventilate feelings of depression over the loss of a loved one through center based interventions, thereby facilitating the healing process and recovery towards normalcy of self- functioning.

CHAPTER III

GENERAL POLICIES

1. The clientele of the center shall those who are bereaved mothers and due to the death of a daughter and/ or son regardless of age, civil and social status that need respite from the pain of loss and are in immediate crisis situation.
2. Other members of the bereaved family who is in need of grief intervention shall include biological father, siblings of the deceased, grandparents and other immediate relatives and bereaved wife can be provided with psychosocial interventions.
3. The IHC shall prepare a yearly Work and Financial Plan based on the needs of the clients/plan of the center.
4. The IHC shall follow the standards operation procedure of FO-NCR.
5. The IHC shall submit/comply the reportorial requirements in five (5) work areas: Admin & Organization, Program Management, Case Management, Helping Strategies Interventions and Physical Structures.
6. Donations given to the center shall be properly recorded and accounted using the prescribed guidelines and policies of the Department. All cash donations should be turned over to the DSWD Field Office – NCR for recording purposes and for endorsement to the Finance Division. Meanwhile, donations intended directly for the clients will be equally distributed among themselves but will be reported to the center for recording purposes. The clients will not be deprived of material donations coming from private individuals, groups, organizations both local and foreign. No staff is allowed to receive gifts in cash or in kind from the client or any other entity, group or organization. The services of the center for the bereaved are for free.
7. The IHC shall submit project proposal and must be approved prior the implementation of the proposed activities/project.
8. Any complaints on erring staff shall be elevated first to the Head Social Worker /OIC of the Center.

9. Head Social Worker/OIC shall elevate to FO-NCR grievance committee in the case of serious matter.
10. Any OBSUs and C/RCFs/U/S/D of FO-NCR that intends to use the facility of IHC shall coordinate first with the Head Social Worker/OIC prior the approval of the Regional Director.
11. For smooth operation and efficient management of cases, a Special Disbursing Officer (SDO) shall be assigned or authorized in case the Head/OIC of IHC is MOA in order not to hamper conduct of activities and to ensure efficient delivery of program and services. The officer-in-charge must be a permanent to take charge the financial and property of the center.

SAFETY EMERGENCY PROCEDURES

INA Healing Center is a two-storey building. In the event that an unexpected natural or manmade calamities would occur, the ground floor has two (2) wide doors that would serve as exit of the clients and staff while the 2nd floor has an emergency exit located near the male and female restroom.

The Center Head serves as the incident commander. Further, all center staff were trained on Basic First Aid and CPR. However, there is also an assigned focal person to provide the first aid to the victims.

The temporary evacuation area will be the open ground of DSWD – Central Office Compound.

VOLUNTEER MANAGEMENT

1. Skills and talents as well as good moral character are requirements for a volunteer to be accepted in the Center.
2. Appropriate orientation shall be extended to the volunteers before they start rendering services inside the Center. Orientation shall include the objectives, goals, philosophy, existing policies of the Center on volunteers as well as the Center's programs and services. It is likewise important that they are oriented on the dynamics of behavior of the clientele to whom they will have contact with.
3. The Center shall provide a supervisor who will plan and over-see the program of activities for volunteers.

CHAPTER IV

OPERATIONAL PROCEDURES

A. Admission/ Engagement

1. INA Healing Center accept clients through Walk- in and Referral.
 - ✓ Walk- in- refers to the client who came directly to the center to seek assistance and seek professional help. Any identification available to client/s is required upon visitation to the center seeking professional help/ assistance.
 - ✓ Referral- refers to client who has been referred by DSWD, direct member of INA Foundation Inc. (IFI), media, third party, other GOs, LGUs, NGOs, private organizations, individuals, church groups, etc. Referral letter, initial case study and psychological assessment/ evaluation from the referring party is required.
2. Refer the client to other agencies if found other needs is beyond the center's capacity resources.
3. Interview the client using the general intake sheet and come up with an initial assessment about client's state.
4. Adequate orientation regarding the services of the center whether in group or individual should be undertaken by the Social Worker within the center or in the community. The orientation should include but not limited to:
 - Available programs and services as well as the facilities of the center which she can use
 - Participation in the structured sessions conducted by the social worker and/or related practitioners
 - Roles and functions of the center staff
 - Family support to the client
5. Assign client to social worker for case management and immediately call for a case conference with concerned Local Government Unit.

6. Sign a Helping Contract between the client and the center stipulating the responsibilities of each one in the helping relationship.

B. Clients while at the Center

1. Agree on the initial steps based on the intervention plan as guide in the helping process and inform them on the case management process that is being followed at the center.
2. Client to undergo Grief Recovery Program and other centers activities.
3. Observe and abide existing policies while at the center.

C. Termination Phase

1. Pre-discharge conference shall be conducted with the concerned Local Government Unit for provision of after care services to the client and its family members.
2. While the case is for transfer the client should be monitored by the center social worker through home visitation and other means available.
3. Follow through the status of the clients and their family members from the concerned LGU's on the provision of the after care services three (3) months after the Pre- discharge conference.

D. Closure and Follow- Up

Closure is a mutual decision by the Social Worker and the client when the intervention objectives have been met. It is part of the planned intervention and done in a timely and responsible manner. It has a follow-up to ensure that the bereaved (survivor) is doing well. However, a helping intervention with a gender perspective does not really set a termination boundary in the change process. The viewpoint is more of an end of the previous relationship, and a beginning of new one. The new relationship can be either if she commits to be a Peer

Support Mentor or a Grief Watch Volunteer. Follow-up is also an integral part of a continuing relationship.

Closure of a case is indicated when:

1. The intervention goal and objectives set have been successfully achieved
2. The client is empowered to manage her life and its challenges
3. The danger to the client is not present anymore and the survivor wanted to end the helping relationship.
4. Client decides to end the relationship even before reaching the objectives.
5. The client acted unilaterally and seeks the help of other people/agency and failed to come back as per agreement.
6. The client transferred to another place and requested an intra-agency turn-over or to another service agency.

The seven (7) criteria or Indices of recovery (from trauma) should also be evident to the client and shall serve as the basis for Social Workers to close the case, such as:

1. Physiological symptoms are within manageable limits.
2. The client has reconstructed a coherent system of meaning and belief.
3. Client expresses the feelings that comes the traumatic memories.
4. The client has the authority over memories.
5. The memory is a coherent narrative.
6. Damaged self-esteem has been restored.
7. Important relationships have been established.

The center uses a Recovery Indicators Index (Annex F) for bereaved individuals to assess the level of recovery of the clients.

During the closure and follow-up, the following also needs to be ensured:

1. Make sure that the closure phase is clear to the client and that from time to time is reminded about it so that it will not seem abrupt or unexpected.
2. Discuss each other's feelings in relation to the closure to make sure that separation anxiety is addressed well.
3. When an adult client wants to terminate the helping relationship even with unmet objectives, the social worker should explain the possible consequences of such decision.
4. Initiate a symbolical ending of the relationship such as dining out, exchange of mementos, hugging each other, etc. that will make each one feel good during the parting.
5. The client should also be assured of a follow-up to make sure everything is well with her. This is done through referring the client to concerned LGU for after care or follow-up service.

CHAPTER V

PROGRAMS AND SERVICES

A. PSYCHOSOCIAL SERVICES

It is the provision of psychosocial recovery and interventions that will help improve the emotional, mental, economic, functional and spiritual well-being of bereaved clients who have been greatly affected by the death of their loved ones.

1. Grief Recovery Program (GRP)

Grief Recovery Program is offered to bereaved mothers and their family members who are expected to attend seven sessions with a trained psychologist and social workers to go through a process of grief counseling following a specialized module to process the feelings and experiences of the client. The approach is more on a group therapy composed of ten (10) individuals.

The GRP consist of the following sessions:

- a. The Experience of Grief
 - Why do we grieve?
 - Is grief a disease?
 - What is normal grief?
 - Is grief the same as depression?
- b. The Tasks of Mourning
 - What is Mourning?
 - Four Tasks of Mourning
 - Is mourning the same for everyone?
 - When is mourning finished?
- c. Complicated Grief
 - Why do we fail to Grieve?
 - What is abnormal grief?
 - Do I need Grief Therapy?

d. My Family and Me

- Does my Family need Help?
- The Death of a Child

2. Psychological Evaluation

Refers to the psychological assessment or evaluation being done by a licensed psychologist using the Grief Assessment Scale (GAS), and the Recovery Indicator Index (RII) to determine client's level of grief. Other psychometric tools are used once it is found that the client is in need of further psychological assessment.

3. Counseling Services

Conduct of counseling sessions to individual or group of grieving mothers and their family members once a week/ depends upon the availability of client to encourage disclosure of feeling and experiences with trained psychologist and social worker.

4. Livelihood Skills Development

Refers to the provision of opportunities to acquire gainful occupation/ livelihood opportunities.

5. Life Coaching and Mentoring

It is a follow- up service for bereaved clients who completed the Grief Recovery Program and had been identified/ signified to become Peer Support Mentors that will help reach out to other bereaved clients in similar conditions.

Peer Support Mentors will serve as a support group that will provide psychosocial support to inspire and uplift bereaved clients to continue living their lives effectively.

The Social Worker or any Multi - Disciplinary Team member can recommend recovered bereaved mothers who are capable and willing to become volunteer Peer Support Mentors with the following criteria;

1. Has the capacity to be an advocate for the plight of the bereaved clients.
2. Willing to render time without remunerations
3. Passionate and open to share her grief experiences as an inspiration to newly bereaved.

4. Exemplifies integrity and leadership qualities.

Capacity building for Peer Support Mentors will be provided for those who will qualify. They will be provided with renewable identification card on a yearly basis that can be used during the conduct of advocacy in the community and along mentorship program.

Only trained Peer Support Mentors are allowed to provide mentoring with the newly bereaved clients. Also, they will be evaluated every end of the year to ensure that they are really helpful in the Grief Recovery Program of the bereaved clients. Gaps, areas of concerns will be identified for proper resolution.

6. Wellness Program

Refers to the provision of opportunities for development as human beings, including the enhancement of their self-image, understanding of their potentials, capacities and develop competencies and skills that can make them more effective and socially responsive person such as:

- a. **Positive Self- Concept Building-** focus on rebuilding, enhancing and restoring the self-esteem, self-worth and dignity of those who have been through loss.
- b. **Stress Reduction/Expressive Therapy/ Crisis Management-** refers to a therapeutic activity among bereaved clients who have pent-up/suppressed emotions/feelings such as anger, feeling of rejection, guilt.
- c. **Socialization-** refers to activities that would promote group spirit, belongingness and, camaraderie is encouraged among them.

Spiritual Enrichment/Renewal- as part of the healing process, spiritual enrichment sessions play a vital part of the client's life. Valuing others is also the emphasis of these sessions.

B. AUXILLIARY SERVICES

This refers to the supplementary services provided to the bereaved to help them with their special needs and concerns.

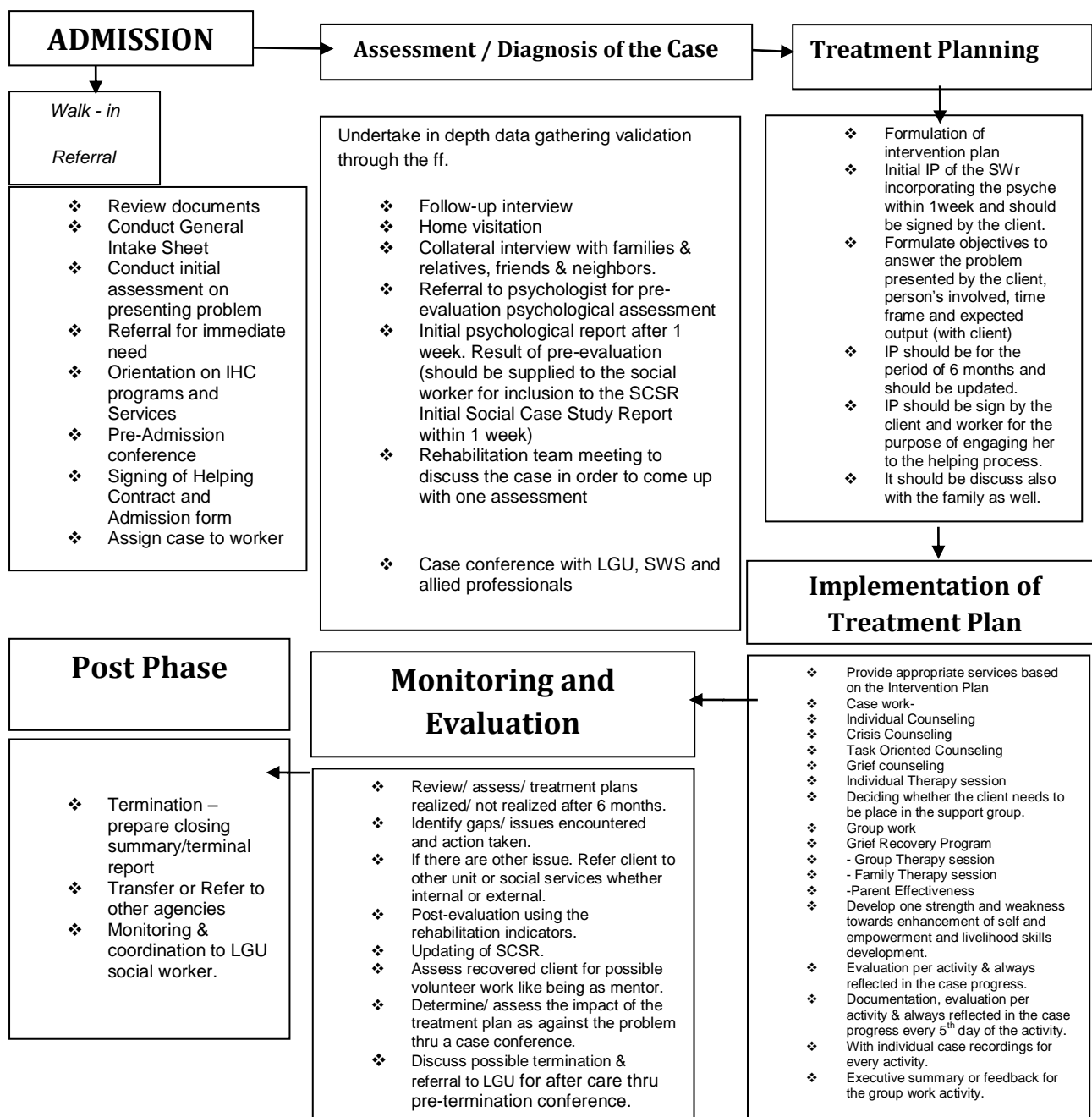
1. **Day Center Service-** is a form of early childhood care for children 7 years old below whose parents need to attend the INA Healing Center's GRP Sessions, Therapeutic and Skills Development Activities in the center and no family members are available to look after them at home.
2. **Referral to other services-** provision of other needed services of the bereaved clients that are not within the scope of the center such as legal, financial, medical, educational and burial assistance in coordination with other DSWD Facilities, centers, NGOs or Civil Service Organizations.
3. **Livelihood Grant-** provision of capital assistance in order to aid the chosen bereaved client/s in starting a business project that would offer additional and/ or alternative income to support their family's needs.

CHAPTER VI

CASE MANAGEMENT PROCESS

The management of bereaved clients and their family members should follow the comprehensive case management indicated below, the helping process follows duration of one (1) year. For some cases the duration will depend on the coping skills of the individual there are some who may stay for more than a year.

Case Management



Step 1: Identify the state of mind of the client

The client in state of crisis or specifically person in grief manifests different feelings, physical sensations, behaviors and thoughts. Some of the manifestations of normal grief are the following in which the social worker should clearly identify/determine:

| Feelings | Physical Sensations | Behaviors | Thoughts |
|--|--|---|--|
| <ul style="list-style-type: none">○ Sadness○ Anger○ Guilt○ Anxiety○ Loneliness○ Fatigue○ Shock○ Yearning○ Emancipation○ Relief○ Numbness | <ul style="list-style-type: none">○ Hollowness in the stomach○ Tightness in the chest○ Tightness in the throat○ Oversensitivity to noise○ Sense of depersonalization (nothing seems real)○ Breathlessness, shortness of breath○ Weakness of the muscles○ Lack of energy○ Dry mouth | <ul style="list-style-type: none">○ Sleep disturbances○ Appetite disturbances○ Absentminded behavior○ Social withdrawal○ Dreams of the deceased○ Avoiding reminders of the deceased○ Searching and calling out○ Sighing○ Restless overactivity○ Crying○ Visiting places or carrying objects that remind them of the deceased○ Treasuring objects that belonged to the deceased | <ul style="list-style-type: none">○ Disbelief○ Confusion○ Preoccupation○ Sense of Presence○ Hallucinations |

Step 2: Create a safe environment and stabilize the client

Based on the client's state of mind, it is important to stabilize and make her feel safe and comfortable by:

- Providing a room/place with privacy
- Offer water, food, first aid (if needed)
- Accept her and make her feel your concerns (empathy)
- If the client is hostile or withdrawn, take time to assure of a non-blaming stance and confidentiality of information. Give her time and respect her pace during the disclosure.

Step 3: Use a gender sensitive interview

Below are the important gender sensitive steps in the interviewing process:

- Make the client feel welcome.
- Allow the clients to tell her story and express her emotions. Avoid uncalled for interruptions and use short encouraging words to let her go ahead of the story.
- Use active listening, that is concentrating exclusively on what the client is saying.
- Use active observation, that is watch the non-verbal actions of the survivor as she talks.
- Use casual eye contact only since too much direct eye contact can increase feelings of shame.
- Use words that are clear, simple and easily understood. Be concrete and specific and avoid words that need to be interpreted.
- Maintain a non-judgmental attitude
- Control your emotions so that your reactions do not inhibit or influence the bereaved.

Step 4: Make an initial assessment and identification of problem

- Gather the necessary identifying information and pertinent data of the case using the standard intake form. (Attached as Annex A)
- Identify clearly the nature of the problem to avoid waste of time, jumping to conclusions and solutions that do not deal fully with each problem aspect. This is done together with the client depending on her state of kind. (If not possible, it can be done later after the immediate concerns are attended first)
- An assessment is done by: (1) identifying the client system; (2) specifying the problem(s) in behavioral terms; and (3) partializing the problem by setting them apart and prioritizing the most pressing ones.
- Per assessment, the Social Worker may refer the client to the center's Psychologist for further psychological evaluation using the Grief Assessment Scale (Attached Annex B). Depending on the case, the Psychologist may use different Psychological tool/tests in assessing the client such Mental Status Exam, Harvard Trauma Scale and Hopkins Symptoms Checklist. (Attached as Annexes C, D and E)

Step 5: Take immediate responsive actions/referrals

- Make the necessary action/referrals to concerned offices needed such as medical, psychiatric, temporary shelter, legal assistance etc.
- Look out for severe anxiety, post-traumatic stress disorder (PTSD), disassociation, etc. and refer accordingly. Keep track of the referrals made to ensure the clients access to services.
- Give top priority response to matters that present a clear and present danger to the client or others, such as thoughts of suicide (suicide ideation), medical and police emergencies.
- Call for a pre admission conference with the concerned LGU for proper case management.

b. Intervention Planning Partnership and Implementation

Intervention planning is the process of working out with the client the objectives of the helping process. *Healing and Grief Management Plan* should be properly focused on what specific situations or behavior should be addressed. Further, it should be formulated with the client and her family and in consultation with the *Multi- Disciplinary Team*.

The following are the steps in intervention planning:

1. Determine the desired impact/goal and set the desired change to be achieved.
2. Set objectives that are:
 - S**-pecific > the objectives should be clearly and sharply identified.
 - M**- easurable/quantified > the intended accomplishments must be identified and good indicators and methods must be available to measure them.
 - A**- ttainable > this is a check on how realistic the objective considering the context and resources available.
 - R**- elevant > the objectives are what the client identified as her/his priority concerns.
 - T**- ime bound > provide a timeline for the accomplishments of the set objectives.
3. Determine the inputs and enabling mechanism and prepare the resources required to support the intervention/activities, i.e. funds for transportation expenses, linkages with agencies, etc.
4. Determine the interventions/activities/timeline. Decide what interventions and activities are needed including the target period to enable the client to make the necessary changes.
5. Determine the effect changes in the client. These are what the client needs to know, agree with, and do differently before the desired impact can occur.

CHAPTER VII

MONITORING AND EVALUATION

The Center shall establish a regular monitoring and evaluation, mechanism to ensure effective operation.

The Center shall conduct monitoring and evaluation of its management and operation that may be done quarterly, bi-monthly and annually. This includes Midyear and/or –End Program Implementation Review, which shall be likewise conducted with intended participants. And with full documentation duly submitted to concerned offices.

Assessment of effects of programs/services/interventions to the residents shall be done on a quarterly basis. The results shall be incorporated in the resident's case and/or care plan as necessary, or shall be utilized in the modification/development of policies and programs.

Restorative/corrective measures as a result of the monitoring shall likewise effect and/or instituted to remedy the gaps in the implementation of the Center's programs and services. Regular feedback from the clients and staff shall be gathered so as to ensure effectiveness of the programs and services and complaint/suggestions were responded.

Unit records, incident logbook and staff monthly/quarterly accomplishment reports are reviewed by the respective Unit Heads and shall provide his/her inputs that may rich and enhance staff capacities in the delivery of service.

Accomplishment reports shall be properly noted and signed by the respective signatories and shall be readily accessible and can be retrieved whenever needed.

Management interventions in response to organization, administrative or service-related issues and problems shall be properly documented and shall effect the agreement reached and/or recommendations as instructed.

The Center shall comply with the Standards of Community Based Services set by the department as requisites for accreditation, which shall be conducted by the Standards Bureau.

CHAPTER VIII

STAFF REQUIREMENTS

A. Organizational Structure



B. Recommended Staffing

To effectively operate the Center, the following staff shall be required. A sufficient number of qualified staff is necessary to implement the basic services of the center as follows:

Position:

- (1) SWO III (Head Social Worker)
- (3) Social Welfare Officer II
- (1) Psychologist (Counselor)
- (1) Admin Assistant III
- (1) Admin Aide IV
- (1) Admin Aide I

(1) Admin Aide IV (Job Order)

(3) Regular Guard

(1) Reliever Guard

B.1. Appointments shall be made on the basis of training and experiences, commitment and civil service eligibility except for non-professional staff or positions where civil service eligibility is not required.

B.2. Job standards for employees being issued by the personnel are important to ensure that institutional responsibilities are in competent and deserving employee.

C. Policies on Staff Management

C.1. Identification, selection and hiring of staff in accredited regions shall be undertaken by the Field Office Personnel Selection Board (PSB). The results of the PSB's deliberation are forwarded to the Regional Director for approval, being the appointing authority.

C.2. Renewal of appointment of the staff on contractual basis shall be done on the basis of performance.

C.3. The appointment of Security Guard shall be through the process prescribed for in purchase of service and shall be subject to annual public bidding.

D. Staff Qualifications and Job Description

D.1 Head Social Worker (SWO III)

Qualifications:

Registered Social Worker, preferably with Masteral units, at least three (3) years supervisory experience, with leadership qualities, has the ability to supervise, plan and direct the work of the staff. Must be trained on CISD.

Job Description:

1. Oversees the overall management of the Center;
2. Provides both technical and administrative supervision to all staff at the Center;
3. Initiates networking with other GOs, NGOs including private/concerned individuals for resource generation and sharing as well as information change/ dissemination;
4. Coordinates with the activities of the volunteers;
5. Evaluates performance of all staff;
6. Reviews, consolidates and submits monthly report to DSWD Field Offices concerned;
7. Prepares and submits a yearly work and financial plan to the DSWD Field Office;
8. Presides meetings, including rehabilitation team meetings and case conferences; and
9. Recommends new or modification/revision of policies relative to the program/services of women in especially difficult circumstances.

D.2. *Psychologist (Counselor)*

Qualifications

BS Psychology graduate with at least one (1) year exposure in clinical setting and/or guidance and counseling.

Job Description:

1. Administers the psychological testing;
2. Formulates and evaluates rehabilitation plan of individual client based on the results of the psychological test;
3. Recommends the formulation or modification of policies and procedures related to psychological services;
4. Renders counseling activities to client;
5. Interprets to Social Workers and other members of the Rehabilitation Team the result of psychological tests for proper case management;
6. Presents the psychological diagnosis in case conferences;

D.3. *Social Welfare Officer II*

Qualifications:

Registered Social Worker, with at least two (2) years' experience working with children and women, mature, with leadership qualities and has the ability to supervise the staff. Must be trained on CISD.

Job Description:

1. Implements policies, regulations and work plans established by the agency and renders direct service in accordance with the functions and objectives of the agency within the area of assignment;
2. Implements case management to client;
3. Conducts intake interview and accomplishes forms that will determine survivors' eligibility for service/programs;
4. Prepares project proposals/case studies of clients served;
5. Conducts home visits and collateral contacts/interviews to identify factors affecting women's adjustment;
6. Provides casework services and other assistance needed by the women/families;
7. Coordinates with other disciplines for effective study, diagnosis, treatment plan and progress for each client;
8. Refers clients and families to other agencies, makes follow-up and evaluates benefit and assistance received;
9. Coordinates with LGU or other agencies on the follow-up/after-care services for client;
10. Establishes and maintains good working relationship with GOs and NGOs;
11. Submits reports regularly; and
12. Prepares project proposal for resource generation and/or provision of other services to women e.g. livelihood;
13. Performs other related tasks.

D.4. Admin Assistant III

Qualifications

A graduate of Secretarial Course and year of experience and proficient in typing.

Job Qualifications:

1. Receives Property, Plant and Equipment (PPE) delivered through Purchase or Donation;
2. Prepares Property Accountability Receipt (PAR) for issuance to accountable person who will use the PPE;
3. Performs secretarial services when necessary;
4. Performs other functions as assigned;
5. Acts as Supply Officer;
6. Conducts periodic inventory of supplies and materials and submits the reports to the immediate supervisor.

D.5. Admin Aide IV

Qualifications

A graduate of a Secretarial Course or (BSC) year of office experience and proficient in typing.

Job Qualifications:

1. Performs a variety of skilled clerical tasks; takes charge of the preparation, general correspondence, typing and recording of outgoing and incoming communications and documents;
2. Compiles circulars, memorandum, order rules and regulations and other papers and/or documents for reference;
3. Maintains the files of the office including those that are confidential in nature;
4. Prepares disbursement vouchers and other supporting papers and submits the same to the Regional Office;
5. Performs secretarial services when necessary;
6. Performs other functions as assigned;
7. Acts as Liaison Officer of the Center;

D.6. Admin Aide I (Maintenance)

Qualifications:

At least High School level; with a minimum of one (1)) year experience in janitorial works

Job Description:

1. Maintains cleanliness and orderliness of the Center;
2. Submits reports on the needed supplies, materials and equipment for the maintenance of the Center;
3. Acts as messenger of the Center;
4. Undertakes minor repairs on equipment; and
5. Performs other related tasks.

D.7. Admin Aide IV (Job Order)

Qualifications

A graduate of a Secretarial Course or (BSC) year of office experience and proficient in typing.

Job Qualifications:

1. Performs a variety of skilled clerical tasks; takes charge of the preparation, general correspondence, typing and recording of outgoing and incoming communications and documents;
2. Compiles circulars, memorandum, order rules and regulations and other papers and/or documents for reference;
3. Maintains the files of the office including those that are confidential in nature;
4. Prepares disbursement vouchers and other supporting papers and submits the same to the Regional Office;
5. Performs secretarial services when necessary;
6. Performs other functions as assigned;
7. Acts as Liaison Officer of the Center

D.8. *Security Guard*

Qualifications:

High School graduate or college level; with valid license.

Job Description:

1. Safeguards and protects the building, properties, cash, equipment, vehicles, supplies, cargo, and similar items against robbery, theft, pilferage, fire, damage and other similar hazards;
2. Inspects conditions of buildings to detect needed repairs and report the same;
3. Guards and checks cargo and goods being loaded or `unloaded;
4. Guards and protects the safety of the Center occupants and its staff from any threat to their life and/or personal property;
5. Evaluates the eligibility of persons and their vehicles to enter the Center gate based on the rules issue by the management;
6. Issues gate passes and records all vehicles and persons admitted into the premises;
7. Reports unusual happenings or incidents;
8. Maintains order in the vicinity.

CHAPTER IX

REPORTING AND RECORDS MANAGEMENT

Good recordkeeping supports accountability to the clients being served. The center formally managing records within a file system (electronic and/or paper) to ensure that all records are organized, protected and controlled. It is in accordance to the *National Archives of the Philippines, General Circular No.1*, which stated that all government agencies shall establish maintain an active continuing program directed to the application of efficient and economical records management methods relating to the creation, utilization, maintenance, retention, preservation and disposal of public records and restrictions.

A. Procedures and Reporting

1. The Social Worker must ensure that all whether referred and walk-in clients have complete records and has separate or individual case folders.
 - 1.1. The case folders must contain the following with checklist;
 - Intake Sheet
 - Referral Letter
 - Social Case Study Report
 - Psychological Evaluation
 - Progress reports/follow-up reports
 - Intervention plan
 - Other legal documents (i.e. death certificate of the child)
 - Transfer Summary
 - Closing Summary

2. It should be filed from the oldest sequence up to the latest file with the new document on top.
3. The Social Worker must maintain a caseload inventory of the clients updating the list monthly.
4. There should be a data bank on the status of cases served.
5. A monthly accomplishment report and other reports required by the Field Office should be submitted.
6. Every activity should be properly documented and timeliness should be observed at all times.
7. Progress recordings of the clients should be recorded to guide the rehabilitation team members on what has been done and what needs to be done.

B. Confidentiality of Records

1. The client's case records are strictly confidential and are considered privilege files, hence, must be kept in safe and permanent filing cabinets. Records should not be left anywhere or placed in personal drawers when not in use.
2. The Social Worker must ensure that case folders are kept under lock with proper label as confidential.
3. All case folders must not be taken out of the office unless with permission and when necessary.

C. Release of information from Case Folders

A request should be made when records or documents have to be shared with other workers or researchers for legitimate purposes. This is in accordance to *Republic Act 10173 or Data Privacy Act of 2012*, stating that *the processing of personal information shall be allowed, subject to compliance with the requirements of this Act and other laws allowing disclosure of information to the public and adherence to the principles of transparency, legitimate purpose and proportionality. Likewise, the personal information controller must implement reasonable and appropriate organizational, physical and*

technical measures intended for the protection of personal information against any accidental or unlawful destruction, alteration and disclosure, as well as against any other unlawful processing.

D. Records Holding and Disposal

Every first semester the center should submit the records for holding and on the second semester records for disposal to the Records Section of the Field Office.

CHAPTER X

BUDGET

The center shall propose an annual budget to be included in the Department's request for allocation in the General Appropriations Act to fund different programs and services intended for the bereaved clients and their family members. This will be downloaded to the DSWD-National Capital Region following the protocol and system under the release of funds.

In pursuance to the Gender and Development (GAD) Act, the projects, activity and programs for this sector should be aligned to gender equality. Thus, gender analysis, budgeting and planning should be primarily strategies in developing activity and projects for the center. And in order to really address the needs of the target clientele served there should be strategic planning of those involved staff in consultation with the clients and as a result come up with Work and Financial Plan for the succeeding year that is based on the clients and center's identified need.

External resource generation shall form part of the center strategy and support activities towards achievement of case goals and objectives. Further, outside resource generation should be given due consideration in order to conduct activities that is gear toward clients rehabilitation even without budget allocation from the center. This will expedite the healing and recovery especially those clients whose grief is compounded with poverty and their deceased loved one is the breadwinner of the family.

CHAPTER XI

PHYSICAL STRUCTURE AND FACILITIES

The INA (Inang Naulila sa Anak) Healing Center located at DSWD-Central Office Compound, IBP Road, Batasan Hills, Quezon City will be the official station for the provision of psycho-social interventions for the grieving clients. This will be open from Monday to Fridays, from 8:00 A.M to 5:00 P.M. It has an occupancy limit of 35 clients at a given time.

The following facility being conducive for the provision of psycho-social spiritual intervention shall be maintained for long term use:

1. Pillow Room is used as a place for individual and group counseling, grief therapy session and other therapeutic interventions for the bereaved clients of the center.

2. Meditation Room is a venue for serenity, silence and reflection. This is being used for spiritual counseling and memorializing as part of the grief recovery program of the bereaved clients. This is also the place used for activities on spiritual nurturing.

3. Director's Room is maximized as the office of the OIC of the center.

4. Conference Room is used for staff meeting, rehabilitation team meeting, case conference and other consultation meeting in relation to the program implementation of the center.

5. Training Room is used to be the "sala room" of the center which serves as the receiving area at the second floor of the center. However, for emergent needs of the clients to provide skills training whether in the area of livelihood or self- enhancement, the room was converted to become the training room of the center to accommodate this needs.

6. Social Hall is served as venue for the center's socialization events, skills training, other important events and indoor activities requiring huge venue to accommodate more participants.

7. Zen Garden is a green place in the center that provides good ambiance to the bereaved client's which made them feel the nature.

APPENDICES

CLIENTS PROTECTION POLICY

A. DEFINITION

A.1. Human Rights

Women, like men, have inherent, interrelated, indivisible, and inalienable human rights, including the right to a life free from violence.

A.2. Gender Analyzing

“The socio-economic, political, cultural, and psychological implications of an issue to understand how the difference between the sexes affects and is affected by policies, programs, and projects, and assesses how these factors create to discrimination based on sex and how they impose obstacles to the person’s opportunities and self-development” (National Commission on the Role of Filipino Women)

A.3. Strengths

“Uncovering, naming, embellishing, and celebrating abilities, talents, and aspirations in the service of desired change” (Weick & Saleebey, 1995) Recognition of women’s strengths in the form of talents, abilities, competencies to exercise their rights, empower themselves, resist against violence and recover/heal from trauma.

B. FOCUS

- B.1.** Recognition, protection, and fulfillment of women’s rights by duty bearers. The creation of an enabling environment for the exercise of fundamental human rights by rights holders.
- B.2.** The impact of gender on social relations, particularly in forms of discrimination against women, and how it can facilitate and constrain survivors of violence from exercising their rights, from recovery and healing, from accessing services and other entitlements.

B.3. Strengths instead of deficiencies and pathologies

Exercise self-determination by clients

Collaboration and partnership between client and case manager

Core Values of Strengths Based Practice CPR (Saleebey 2000;129)

C = competence, capacities, and courage

P = promise, possibility, positive expectations

R = resilience, reserves, resources

C. KEY CONCEPTS

Violence against women is one of the most pervasive and persistent human rights violations. Through resolution 54/134 of 17 December 1999, the UN General Assembly designated November 25th as the International Day for the Elimination of Violence against Women. This resolution is based on the following:

1. "Women have the right to live a life free of violence. Violence against women is therefore a violation of their basic human rights."
2. "Violence against women always has a serious impact on a woman's physical and mental health, and should be considered as a public health problem with high human and economic costs."
3. "Women should have access to information and advice on laws and other instruments that protect them and how to take advantage of these."
4. "Women victims of violence should receive prompt, sensitive and empathic care from all those responsible for treating them." (Ramoutar 2010)

Violence against women is "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." (United Nations)

Gender violence is rooted in the higher value and status that males are given in society.

This privileging of males is embedded in social structures (e.g., family, school, church, mass media), institutionalized, and reproduced, and is referred to as “patriarchy.”

“Gender-based violence must be faced with a multidisciplinary and multisectoral approach; and society as a whole must be committed to its eradication.” (Ramoutar, T.)

“Healing, transformation, regeneration, and resilience almost always occur within the confines of a personal, friendly, supportive, and dialogical relationship.” (Source: Saleebey 2000:128)

Empowerment, active participation of people in the helping process discovery of power in people as individuals and as a collective, strengths may be internal and/or environmental. (Source: Saleebey 1992)

Multi-disciplinary approach: Responding to cases of violence against women requires a multidisciplinary approach. Social workers coordinate with, among others, medical personnel, lawyers, psychologists, the police, and service providers in both government and private sectors.

Each discipline or organization may formally enter into a memorandum of agreement which clearly delineates the roles and responsibilities of each party to facilitate coordination and referral. Hopefully, this will lead to immediate service provided to the survivor, not the “back and forth” process that the survivor experienced in the exercise “VAW Case Management Web”.

Communities can and should be involved in actions to stop violence against women through popular education on human rights, especially women’s rights, among the duty bearers (e.g., barangay and municipal officials, local government social workers), compliance with the provisions of the Magna Carta for Women such as the creation of Barangay Anti-VAW Desks, and organizing anti-VAW advocates of women and men.

D. Reporting of Clients Protection Issues

Child protection issues must be reported immediately within 24 hours in order to protect the victims from further abuse, secure evidence and set that action can be taken in relation to the alleged perpetrator/abuser.

E. Behavior Protocols

Behavior Protocols are not only designed to protect the bereaved mothers but it is also intended to protect staff and/or volunteers/visitors from false accusations of inappropriate behavior or abuse.

SOME BEHAVIORAL PROTOCOLS

1. When in the community with other clients, never discriminate against, show differential treatment, or favor a particular client to the exclusion of others.
2. Avoid use of language that implies a relationship of power.
3. Never fondle, hold, kiss, hold or touch the clients in an appropriate or culturally insensitive manner.

F. PROCEDURES ON RECRUITMENT OF STAFF AND VOLUNTEERS

There is a procedure on hiring of staff that is based on the Civil Service Code (e.g., Code of Conduct), guidelines being used in assessing their suitability to work with the bereaved mothers and their family members.

G. IN TAKING PHOTOGRAPHS

1. To seek the consent of the bereaved mothers and their family members before a photograph or image is taken or used.
2. Prior to photo taking, assess the local cultural/social traditions in connection with pre-production of personal images (i.e., taboos against photo taking).
3. To observe the protocol on media exposure.

H. IMPORTANCE OF CLIENTS PROTECTIONS POLICY

- Moral and legal responsibility to protect the clients
- A strong policy will guide us in dealing with difficult situations
- Agencies without policies are vulnerable to false or malicious accusations of abuse
- Without proper policies, guidelines, and procedures, whether founded or unfounded, can destroy an agency's reputation.

INA HEALING CENTER
DSWD Batasan Complex,
Constitution Hills, Quezon City
General Intake Sheet

Case No: _____
Date: _____

I. Identifying Data:

1. Name of Client : _____ Age: _____
Birthday: _____ Birthplace: _____ Religion: _____
Status: ☐ Single ☐ Married ☐ Separated ☐ Widow ☐ Common-law
Educational Attainment: _____ Occupation: _____

2. Present Address: _____
Contact No. _____

3. Source of Referral:

- ☐ Walk-in (clients who come directly to the center to seek assistance)
DSWD: (pls.specify) _____ referred by Unit. Center,
☐ Institution, other Field Offices or Central Office)
☐ Offices or Central Office)
☐ LGU: (pls. specify) _____
☐ NGO: (pls. specify) _____
☐ Others: (pls.specify) _____ (INA Foundation, Inc. members
of IFI, private, Organization, church groups, etc.)
☐ Outreach (those who were identified through the effort of DSWD during
disaster, calamities, etc.)

4. Name of Child/ren (Deceased): _____
4.1 Date of Birth: _____ 4.2. Date of Death: _____
4.3. Sex: ☐ Male ☐ Female 4.4. Cause of Death: _____

5. Family Composition:

| Name | Relationship | Age | Sex | Educational Attainment | Occupation | Approximate Income |
|------|--------------|-----|-----|---------------------------|------------|-----------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

7. Address _____

Body: ___ Thin (payat)
 ___ Fat (mataba)
 ___ Medium built (katamtaman)
 ___ Tall (mataas/matangkad)
 ___ Normal Height (katamtamang taas)

Hair: ___ Curly hair (kulot)
 ___ Straight hair (unat/tuwid)
 ___ Long hair (mahaba)
 ___ Short hair (maikli)

Eyes: ___ Almon-shaped
 ___ Round
 ___ Slit-eyed
 ___ Cross-eyed
 ___ Squint

| | |
|---|---|
| <input type="checkbox"/> Sleep Disturbances | <input type="checkbox"/> Appetite Disturbances |
| <input type="checkbox"/> Absentminded Disturbances | <input type="checkbox"/> Social Withdrawal |
| <input type="checkbox"/> Dreams of the deceased | <input type="checkbox"/> Avoiding reminders of the deceased |
| <input type="checkbox"/> Searching and Calling out | <input type="checkbox"/> Sighing |
| <input type="checkbox"/> Restless Overactivity | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Visiting places or carrying objects that remind the survivor of the Deceased | |
| <input type="checkbox"/> Treasuring objects that belonged to the deceased | |

☐ Grief Counseling
 ☐ Medical Assistance
☐ Financial Assistance
 ☐ Transportation Assistance
☐ Burial Assistance
 ☐ Others: _____
 (pls. specify)

Interests/ Livelihood Skills: _____ Pantawid: ☐ Yes ☐ No

| Critical Events | Feelings | Coping Behavior | Social Support System |
|-----------------|----------|-----------------|-----------------------|
| | | | |

Department of Social Welfare and Development
INA Healing Center
DSWD Compound, Batasan Hills, Quezon City

GRIEF ASSESSMENT SCALE (GAS)

Pangalan _____ Edad _____ Petsa _____

Tirahan _____ Petsa ng Unang Interbyu _____

Petsa ng Pagsusuri _____ Petsa ng Kamatayan ng Anak _____

Gabay sa Paggawa:

Ang mga sumusunod na pangungusap ay tungkol sa mga palatandaan na nararamdaman ng isang taong namamatayan. Basahing mabuti ang mga ito at bilugan ang bilang sa bandang dulo ng bawat pangungusap na naglalarawan ng iyong nararamdaman sa kasalukuyan. Ang mga bilang ay may kahulugan na sumusunod:

- 1 - - - Hindi Angkop
- 2 - - - Di Gaano
- 3 - - - Katamtaman
- 4 - - - Malala

Magsimula dito.

- | | | | | |
|--|---|---|---|---|
| 1. Nawawalan ng ganang mag-ayos ng sarili para sa paningin ng iba. | 1 | 2 | 3 | 4 |
| 2. Nananakitang katawan na walang dahilan. | 1 | 2 | 3 | 4 |
| 3. Naninikip and dibdib at nanunuyo ang lalamunan kapag naaalaala ang namatay. | 1 | 2 | 3 | 4 |
| 4. Kinakapos ng paghinga. | 1 | 2 | 3 | 4 |
| 5. May pakiramdam na parang walang laman ang tiyan kahit bagong kain. | 1 | 2 | 3 | 4 |
| 6. Napapagod ngunit may kakayahang magpatuloy ng trabaho. | 1 | 2 | 3 | 4 |
| 7. Madaling naiirita sa ingay ng mga nasa kapaligiran. | 1 | 2 | 3 | 4 |
| 8. Madalas namamanhid ang katawan. | 1 | 2 | 3 | 4 |
| 9. Biglaang natatakot nang walang kadahilanan. | 1 | 2 | 3 | 4 |
| 10. Madalas na kinakabahan. | 1 | 2 | 3 | 4 |
| 11. Madaling natataranta. | 1 | 2 | 3 | 4 |
| 12. Nanakit ang ulo paminsan-minsan. | 1 | 2 | 3 | 4 |
| 13. Nakakaranas ng matinding kalungkutan dulot ng pagkamatay ng anak. | 1 | 2 | 3 | 4 |
| 14. wawalan ng interes sa mga gawaing dating kinagigiliwan. | 1 | 2 | 3 | 4 |

| | | | | | |
|-----|---|---|---|---|---|
| 15. | Ninana is magpakamatay dahil sa matinding kalungkutan. | 1 | 2 | 3 | 4 |
| 16. | Kumikilos nang may kabagalan dahil sa kalungkutan. | 1 | 2 | 3 | 4 |
| 17. | Nagkakaroon ng mababang pagtingin sa sariling kakayahan bilang isang Ina. | 1 | 2 | 3 | 4 |
| 18. | Nahihirapang panatilihin ang atensiyon sa kausap o Gawain. | 1 | 2 | 3 | 4 |
| 19. | Nahihirapang magpahayag ng saya o lungkot sa tamang okasyon. | 1 | 2 | 3 | 4 |
| 20. | Kinakayanang kontrolin ang pag-iiyak. | 1 | 2 | 3 | 4 |
| 21. | Hindi makatulog ng tuloy-tuloy. | 1 | 2 | 3 | 4 |
| 22. | Nahihirapang kumain sa tamang oras. | 1 | 2 | 3 | 4 |
| 23. | Nahihirapang tugunan ang sekswal na pangangailangan ng asawa. | 1 | 2 | 3 | 4 |
| 24. | Umiiwas makisalamuha sa iba. | 1 | 2 | 3 | 4 |
| 25. | Napapabuntong-hininga bilang pagtanggap sa pagkamatay ng anak. | 1 | 2 | 3 | 4 |
| 26. | Sinisikap kalimutan ang alaala ng namatay sa pagpapagod sa sarili. | 1 | 2 | 3 | 4 |
| 27. | Napapanaginipan nang madalas ang namatay na anak. | 1 | 2 | 3 | 4 |
| 28. | Nahihirapang harapin ang masakit na alaala ng namatay. | 1 | 2 | 3 | 4 |
| 29. | Tinatanggap na ang pagkamatay ng anak as kagustuhan ng Panginoon. | 1 | 2 | 3 | 4 |

.....

Mental Status Exam

Self-Test:

1. The first death that I can remember is the death of:
2. I was age:
3. The feelings I remember I had at the time were:
4. The first funeral I ever attended was for:
5. I was age:
6. The thing I most remember about the experience is:
7. My most recent loss by death was:
8. I coped with this loss by:
9. The most difficult death for me was the death of:
10. It was difficult because:
11. Of the important people in y life who are now living, the most difficult death for me would ne the death of:

12. It would be the most difficult because:

13. My primary style of coping is:

14. I know my own grief is resolved when:

15. It is appropriate for me to share my own experience of grief with a person when:

Harvard T Scale

Name: _____ Age: _____ Sex: _____ Date _____

T” Symptoms

| | Hindi | Minsan | Madalas | Mas Madalas |
|---|-------|--------|---------|----------------|
| 1.Recurrent thought of the painful experiences | | | | |
| 2. Feeling that the painful event is happening again. | | | | |
| 3.Recurrent nightmares | | | | |
| 4. Feeling detached or withdrawn from other people. | | | | |
| 5.Numbing | | | | |
| 6.Easily frightened | | | | |
| 7.Difficulty concentrating | | | | |
| 8.Difficulty sleeping | | | | |
| 9.Feeing on guard | | | | |
| 10.Feeing irritable | | | | |
| 11.Avoiding work that remind me of the painful experience | | | | |
| 12.Difficulty remembering parts of the painful experience | | | | |
| 13.Lack of interest on everyday work | | | | |
| 14.Feeing as if I have no future | | | | |
| 15.Avoiding thoughts and feelings related to the painful experience | | | | |
| 16.Sudden physical and emotional reaction when reminded of the painful experience | | | | |

| | | | | |
|---|--|--|--|--|
| 17. Feeling that people don't understand what had happened to me. | | | | |
| 18. Difficulty accomplishing everyday work | | | | |
| 19. Blaming myself of things | | | | |
| 20. Feeling guilty for having survived | | | | |
| 21. Hopelessness | | | | |
| 22. Feeling ashamed of the painful experiences in my life. | | | | |
| 23. Spending time thinking about why these things happened to me. | | | | |
| 24. Feeling as if I am going crazy | | | | |
| 25. Feeling that I am the only one experiencing these things | | | | |
| 26. Feeling as if people are mad at me | | | | |
| 27. Feeling as if I have no one I can lean on | | | | |
| 28. Knowing from other people that I have done something that I could not remember | | | | |
| 29. Feeling as if I am two people and the other one is just looking at what I am doing. | | | | |
| 30. Feeling that someone I trusted betrayed me | | | | |
| TOTAL | | | | |

Hopkins Symptoms Inventory

Name: _____

Part I.

| | Not Applicable | Sometimes | Oftentimes | Always |
|-----------------------------|-------------------|-----------|------------|--------|
| 1.Sudden fear for no reason | | | | |
| 2.Feeling fearful | | | | |
| 3.Feeling weak | | | | |
| 4.Nervousness | | | | |
| 5.Rapid heart rate | | | | |
| 6.Shakiness | | | | |
| 7.Feeling tensed | | | | |
| 8.Headaches | | | | |
| 9.Feeling panicky | | | | |
| 10.Restlessness | | | | |

Part II.

| | Not Applicable | Sometimes | Oftentimes | Always |
|-----------------------------|-------------------|-----------|------------|--------|
| 1.Lack of energy | | | | |
| 2.Blaming myself for things | | | | |
| 3.Easily crying | | | | |
| 4.Lack of interest in sex | | | | |

| | | | | |
|--|--|--|--|--|
| 5.Loss of appetite | | | | |
| 6.Difficulty sleeping | | | | |
| 7.Hopelessness | | | | |
| 8.Boredom | | | | |
| 9.Sadness | | | | |
| 10.Thoughts of committing suicide | | | | |
| 11.Feeling trapped | | | | |
| 12.Frequent worrying about things | | | | |
| 13.Lack of interest in things | | | | |
| 14.Feeling as if everything is an effort | | | | |

Department of Social Welfare and Development
INA Healing Center
DSWD Compound, Batasan Hills, Quezon City

RECOVERY INDICATORS INDEX (RII)

Pangalan _____ Edad _____ Petsa _____

Tirahan _____ Petsa ng Unang Interbyu _____

Petsa ng Pagsusuri _____ Petsa ng Kamatayan ng anak _____

Gabay ng Paggawa:

Ang mga sumusunod na pangungusap ay tungkol sa mga palatandaan ng isang taong namatayan at unti-unti nang nakakaraos sa pagdadalamhati. Basahing mabuti ang mga ito at bilugan ang bilang sa bandang dulo ng pangungusap na naglalarawan ng iyong karamdaman sa kasalukuyan. Ang mga bilang ay may kahulugan na sumusunod:

1 - -Hindi Totoo (Not Evident/Not True)

2 - Totoo (Evident/True)

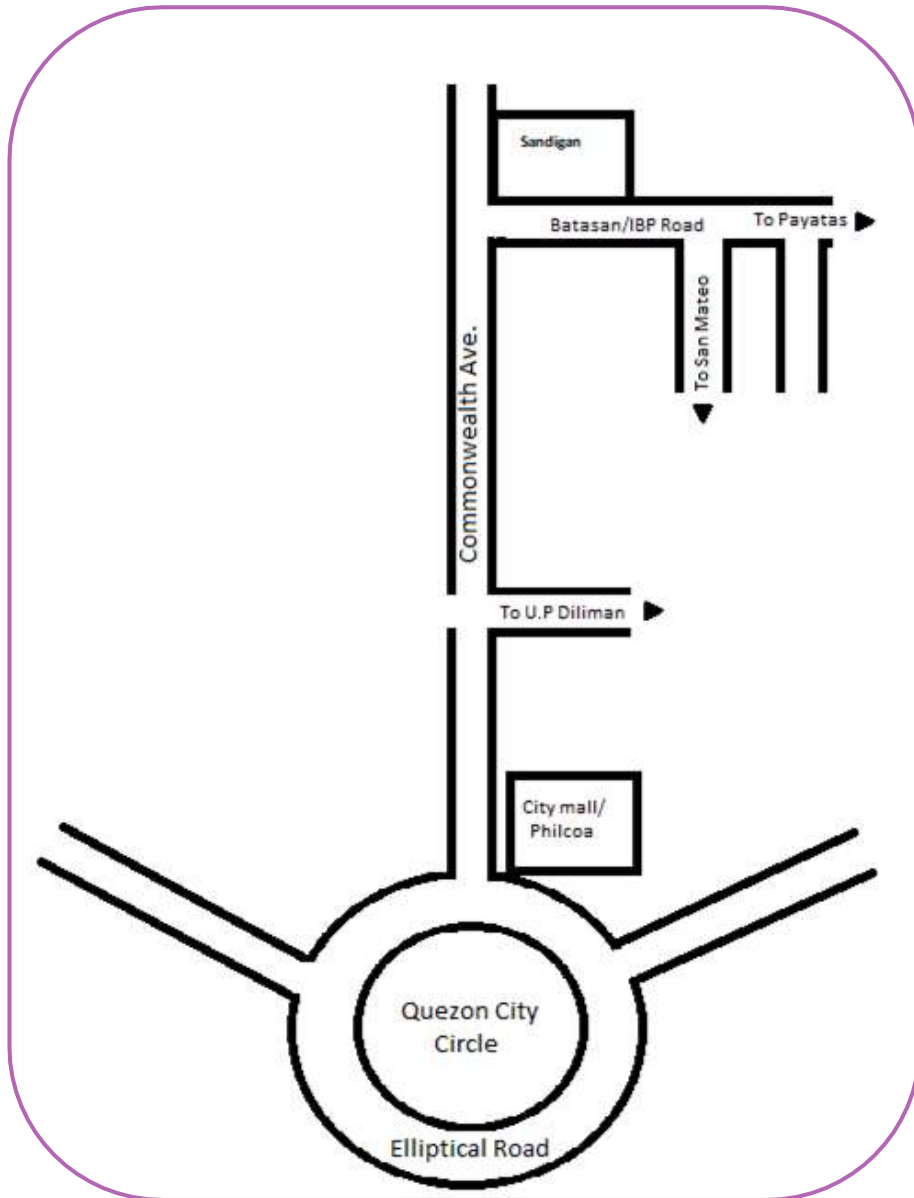
3 - Totoong-Totoo (Very Evident/Absolutely True)

Magsimula Dito:

| | | | | |
|----|---|---|---|---|
| 1. | Hindi nakakaramdam ng sakit ng katawan na walang kadahilanan. | 1 | 2 | 3 |
| 2. | Walang nararamdamang pagsisikip ng dibdib. | 1 | 2 | 3 |
| 3. | Hindi nakakaranas ng parang walang laman ang tiyan kahit kakakain lang. | 1 | 2 | 3 |
| 4. | Hindi napapagod na walang dahilan. | 1 | 2 | 3 |
| 5. | Natatanggap ang ingay sa kapaligiran. | 1 | 2 | 3 |
| 6. | Walang nararamdamang pagkatakot at pagkabigla. | 1 | 2 | 3 |
| 7. | Nairaraos ang kalungkutan sa magaan paraan. | 1 | 2 | 3 |

| | | | | |
|-----|--|---|---|---|
| 8. | Tinatanggap na ang kamatayan ay hindi mapipigilan sa nakatakdang Panahon. | 1 | 2 | 3 |
| 9. | Natututunang tanggapin and katotohanan sa pagkamatay ng anak. | 1 | 2 | 3 |
| 10. | Kinikilala na ang bawat tao ay may kanya-kanyang hangganan. | 1 | 2 | 3 |
| 11. | Naiiyak sa tamang dahilan. | 1 | 2 | 3 |
| 12. | Naipapakita ang pagdadalamhati sa angkop na paraan. | 1 | 2 | 3 |
| 13. | Walang nararanasang problema sa pagtulog. | 1 | 2 | 3 |
| 14. | May ganang kumain. | 1 | 2 | 3 |
| 15. | Maayos ang pakikitungo sa mga kasamahan. | 1 | 2 | 3 |
| 16. | Nabibigyan ng tamang panahon ang mga Gawain, ang pamilya, at mga kaibigan. | 1 | 2 | 3 |
| 17. | Napapanaginipan paminsan-minsan ang namatay na anak. | 1 | 2 | 3 |
| 18. | Naaalala ang namatay nang wala ng pagdadalamhati. | 1 | 2 | 3 |
| 19. | Hindi na napapabuntong hininga sa alaala ng namatay. | 1 | 2 | 3 |
| 20. | Nagugugol ang panahon sa mga makabuluhang Gawain. | 1 | 2 | 3 |
| 21. | Iniiwasang gumamit ng droga o alak para makalimutan ang namatay. | 1 | 2 | 3 |
| 22. | Hindi na gaanong nalulungkot sa mga alaala ng namatay. | 1 | 2 | 3 |
| 23. | Hindi na napapaisip tungkol sa namatay. | 1 | 2 | 3 |
| 24. | Tinatanggap na ang pagkamatay ng anak as kagustuhan ng Diyos. | 1 | 2 | 3 |

OFFICE LOCATION MAP



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
NATIONAL CAPITAL REGION

INA HEALING CENTER

BUSINESS PROCESS AND REQUIREMENTS ANALYSIS

Minimum Deliverable: CASE MANAGEMENT PROCESS

| [A] PROCESSES | | | | | [B] REQUIREMENTS | | | | [10] Remarks |
|--------------------------------|--|--------------------|------------|---|--------------------------------|-----------------------|-----------------------|---------------------------------|--------------|
| [1] | [2] | [3] | [4] | [5] | [6] | [7] | [8] | [9] | |
| No. | Task | Responsible Person | Time Frame | Output | Policy | Application | Material/Infra | Competency | |
| Pre-Admission/Admission | | | | | | | | | |
| 1 | Receipt of walk in/referral clients | Officer of the day | 2 minutes | | | | | | |
| | Review documentary requirements for referred clients/ Initial interview for Walk- in clients | | | | | | | | |
| | Needing Grief Recovery? If No, refer to other agency | | | | | | | | |
| 2 | If Yes, Conduct Intake Interview to client | Officer of the day | 20 minutes | GIS is properly filled up | AO | none | GIS Form Pen Paper | Interviewing Skills Observation | |
| | Orientation on IHC Programs and Services | Officer of the day | 15 minutes | Oriented on programs and services | Manual of Operation | none | Orientation Materials | Facilitation | |
| 3 | Forward accomplished GIS to AA- IV for log in | Officer of the day | 1 min | Accomplished GIS was forwarded to AA- IV | none | none | none | | |
| 4 | Record the GIS in tracking record book | AA-IV | 1 min | Name of client and date of admission was recorded | Home based standard guidelines | Microsoft word/ excel | Pen Log book Computer | | |

| | | | | | | | | | |
|---|--|------------------|----------|---|------|----------------|-------------------------------------|---|--|
| | | | | in the tracking record book | | | | | |
| 5 | Forwarded documents to OIC for case assignment | AA-IV | 1 min | Case folder forwarded to OIC for case assignment | none | none | Pen | none | |
| 6 | Review document for case assignment | OIC/ Center Head | 5 mins | Case was assigned to concern SW | none | none | Pen | none | |
| 7 | Forward to AA-IV for tracking record book with assigned worker | OIC | 1 min | | none | none | Log book | none | |
| 8 | Forward the case folder to the assigned SW | AAIV | 1 min | Case folder forwarded to assigned SW | none | none | none | | |
| Assessment/Diagnosis of the case | | | | | | | | | |
| 10 | Conduct collateral interview with families & relatives, friends and neighbors. | Assigned SW | 4 hrs | Interviewed the client and family member | | none | Paper Pen Tissue | Interviewing skills Observation Documentation | |
| 18 | Prepare feedback report and Process Recordings | Assigned SW | 1 hr | Finalized Feedback report | | Microsoft word | Computer Paper Printer Ink | Writing skills | |
| 19 | Forward Feedback report and Process Recordings to AA-IV for tracking | SWO II | 1 min | Feedback report forwarded to OIC for further directions | | Excel | Log book Pen Computer | | |
| 20 | Review and approval of Feedback Report and Process Recordings | OIC/ Center Head | 1 minute | Feedback report with comments/direction of OIC | | | pen | | |
| 21 | Feedback Report and Process | OIC/ Center Head | 1 minute | Logged in the tracking | | Excel | Logbook Pen | | |

| | | | | | | | | | |
|----|--|------------------|-------------------|--|------|------|------------------------|----------------------------|---|
| | Recordings to AA IV for tracking | | | of documents | | | | | |
| 22 | Feedback Report and Process Recordings to SW | AA IV | 1 minute | Feedback Report received by the SW | | | pen | | |
| | Approved documents received by SWO II | SWO II | 1 minute | Feedback Report received by the SW | | | | | |
| 23 | Refer bereaved client to Psychologist for the conduct of initial Psych Assessment | SWO II | 2 minutes | Accomplished Referral Form | MOO | | Pen, paper | Coordination | |
| 24 | Conduct Initial Psychological Assessment with the client | Psychologist I | 1 hr and 30 mins. | Interviewed client/administered grief assessment scale (GAS) | | | GAS, Paper pen | Interviewing skills | Can be done at the Center or during home visit. |
| 25 | Prepare Psych Assessment Report | Psychologist | 3 hrs | Finalized Psychological Report | | | Computer Paper Pen Ink | Technical writing skills | Includes interpretation of 4 kinds of test. |
| 26 | Psychological Assessment Report to AA IV for tracking | Psychologist | 1 minute | Received by AA IV | | | Pen logbook | | |
| 27 | Endorse Psychological Assessment Report to Center Head for Approval | AA IV | 1 minute | Psychological Report received by the Social | | | Pen Logbook | | |
| 28 | Approval of Initial Psychological Assessment Report If no, revise the Initial Psychological Assessment Report | OIC/ Center Head | 1 minute | Signed Initial Psychological Assessment Report | none | none | Pen | Decision Making/Assessment | |
| | If yes, forward to Psychologis | AA IV | 1 minute | Tracked and endorse | none | none | Pen, logbook | Clerical Skills | |

| | | | | | | | | | |
|---------------------------|---|------------------|----------|---|------|------------------|--|----------------------------|--|
| | Initial Social Case Sturdy Report (ISCSR) | | | Psychological Assessment Report | | | | | |
| 30 | Prepare Initial Social Case Sturdy Report (ISCSR) | SWO II | 2 hrs | Initial SCSR prepared incorporating the Psychological Report prepared by the Psychologist | | Word | Case folder Computer Printer Paper Ink | Technical writing | |
| | ISCSR to AA IV for tracking | Psychologist | 1 minute | Received by AA IV | | | Pen logbook | | |
| | Endorse to ISCSR Center Head for Approval | AA IV | 1 minute | Psychological Report received by the Social | | | Pen Logbook | | |
| | Approval of ISCSR | OIC/ Center Head | 1 minute | Signed Initial Psychological Assessment Report | none | none | Pen | Decision Making/Assessment | |
| | Forward to AA IV for tracking and endorsement to SWO | AA IV | 1 minute | Tracked and endorsed Psychological Assessment Report | none | none | Pen, logbook | Clerical Skills | |
| 31 | Prepare schedule of Rehab Team Meeting | SWO II | 5 mins | Schedule of RTM | | | Case folder SCSR Laptop Projector | | |
| Treatment Planning | | | | | | | | | |
| 33 | Conduct of Rehab Team Meeting for the preparation of intervention plan. | RTM | 1 hr | Prepared Intervention Plan based on the needs of the clients | | Microsoft Office | Copy of Case Study Report, Projector, Laptop | Facilitation Skills | |
| 34 | Prepare confirmation of agreements | Social Worker II | 1 hr | Draft Confirmation of Agreements | | Microsoft Office | Computer, paper, printer, pen | Technical Writing | |

| | | | | | | | | | |
|----|---|--------|------------|---|------|------------------|-------------------------------|---------------------|--|
| | intervention plan. | | | | | | | | |
| 35 | Forward confirmation of agreements and intervention plan to AA-IV for tracking | SWO II | 1 min | Feedback report forwarded to OIC for further directions | | Excel | Log book Pen Computer | | |
| 36 | Review confirmation of agreements and intervention plan and provide inputs/comments/direction | OIC | 1 minute | Feedback report with comments/direction of OIC | | | pen | | |
| 37 | Forward reviewed confirmation of agreements and intervention plan to AA IV for tracking. | OIC | 1 minute | Logged in the tracking of documents | | Excel | Logbook Pen | | |
| 38 | Endorse reviewed confirmation of agreements and intervention plan to SWO II for enhancement | AA IV | 1 minute | Logged in the tracking of documents | | Excel | Logbook Pen | | |
| 39 | Enhance confirmation of agreements and intervention plan based on comments | SWO II | 30 minutes | Enhanced Treatment Plan/Confirmation of Agreements | MOO | Microsoft Office | Computer, paper, printer, pen | Technical Writing | |
| 40 | Approval of confirmation of agreements and treatment plan. | OIC | 1 minute | Signed Treatment Plan/Confirmation of Agreements | none | none | Pen | Decision Making | |
| 41 | If Yes, Discuss with the | SWO II | 30 minutes | Client conformed with | none | none | Copy of draft treatment plan | Facilitation Skills | |

| | | | | | | | | | |
|--|---|-----------------------------|------------|--|------|------------------|--|---------------------|--|
| | client draft intervention plan | | | the treatment plan | | | | | |
| 42 | Facilitate signing of treatment plan | SWO II | 1 minute | Signed Treatment Plan | none | none | Pen | Facilitation Skills | |
| 43 | If No, Revise Treatment Plan | SWO II | 30 minutes | Revised Treatment Plan | MOO | Microsoft Office | Computer, paper, printer, pen | Technical Writing | |
| Implementation of Intervention Plan | | | | | | | | | |
| a. Grief Recovery Program | | | | | | | | | |
| 44 | Inform client/s on the schedule of grief recovery program. | Social Worker | 10 mins | | | | | | Every Week/Once a week |
| 45 | Preparation of materials for grief recovery program. | Social Worker/ Psychologist | 1 hour | Visual Aids | n/a | n/a | Paper, crayons, pencils, bondpaper, cartolina, computer, printer | Knowledge on topic | Preparation of materials for group work session |
| 46 | Convene bereaved client/s for the conduct of grief recovery program | Psychologist/Social Workers | 1 hour | Lecture, demonstration Discussion of the topic | | | Paper, crayons, pencils, bondpaper, cartolina, computer, printer | Facilitation | Trained SW and Psychologist facilitate the 7 sessions. Can be done at the Center or Community. |
| 47 | Preparation of documentation report of grief recovery program | Psychologist/Social Workers | 4 hours | Draft documentation report | | MS Word | computer, printer | Technical Writing | |
| 48 | Forward to Admin Office for tracking of document | Psychologist/Social Workers | 2 mins | Endorsement, document receipt | | | Paper, pen, stamp | Clerical Skills | |
| 49 | Endorse to Head Social Worker the draft documentation report | Admin Aide IV | 2 mins | Endorsement, document receipt | | | Paper, pen, stamp | Clerical Skills | |
| 50 | Approval of the documentation report | Head Social Worker | 2 mins | Signed Documentation report | | | | Technical Skills | |
| 51 | Completeness of the session? If Yes, Conduct Graduation Activity | Psychologist | 1 hour | Certificate of Completion | MOO | | Parchment Paper, Printer, Computer | Facilitation Skills | |

| | | | | | | | | | |
|---|--|----------------------------|------------|--|------|------|-------------------------------|-------------------|--|
| 52 | If No, Conduct Individual Session with the bereaved client. | Psychologist/Social Worker | 45 minutes | Counseling Progress Notes | MOO | none | Paper and pen | Writing Skills | |
| 53 | Accomplishment of Rehabilitation Indicator Index | Psychologist | 1 hour | Accomplished of Rehabilitation Indicator Index | MOO | none | Paper and pen | Assessment | |
| 54 | Preparation of Updated Psychological Assessment Report using RII result | Psychologist | 1 hour | Updated Psychological Assessment Report | MOO | none | Paper and pen | Assessment | |
| | Forward to Admin Office for tracking of document | Psychologist | 2 mins | Endorsement, document receipt | MOO | none | Paper, pen, stamp | Clerical Skills | |
| | Endorse to Head Social Worker for approval | Admin Aide IV | 2 mins | Endorsement, document receipt | MOO | none | Paper, pen, stamp | Clerical Skills | |
| | Approval of the Updated Psychological Assessment Report | Head Social Worker | 2 mins | Signed Documentation report | MOO | none | Paper, pen, stamp | Technical Skills | |
| | Forward to Admin Office for tracking of document | Head Social Worker | 2 mins | Endorsement, document receipt | MOO | none | Paper, pen, stamp | Clerical Skills | |
| | Endorsement of approved Updated Psychological Assessment Report Psychologist | Admin Aide IV | 2 mins | Endorsement, document receipt | MOO | none | Paper, pen, stamp | Clerical Skills | |
| b. Livelihood Skills Training/ Self Enhancement Activities | | | | | | | | | |
| 53 | Inform client/s on the schedule of Activities | Social Worker | 10 mins | | | | | | |
| 54 | Prepare invitation letter for | Social Worker | 10 minutes | Draft Invitation Letter | None | None | Paper, pen, printer, computer | Technical Writing | |

| | | | | | | | | | |
|----|--|-----------------------------|------------|--|------|------|---|--------------------|---|
| | the resource person of the Livelihood skills training/Self Enhancement Development | | | | | | | | |
| 55 | Forwarded draft letter to AA for tracking | AA-IV | 1 min | Tracked documents | none | none | Pen | none | |
| 56 | Endorse draft letter to OIC for review and inputs | AA-IV | 1 min | Endorsed documents | none | none | Pen | none | |
| 57 | Review document and provide inputs/comments | OIC/ Center Head | 1 min | Draft letter with inputs/comments | none | none | Pen | none | |
| 58 | Forward to AA-IV for tracking record book and endorse to Social Worker | OIC | 1 min | Tracked documents | none | none | Log book | none | |
| 59 | Enhancement of draft letter based on comments/inputs | SWO | 10 mins | Enhanced letter | | | | Technical Writing | |
| 60 | Approval of enhance letter of invitation | OIC/ Center Head | 1 min | Approved Letter | none | none | pen | Decision Making | |
| 61 | Hand carry approved letter to concerned office/agency. | AA IV | 30 minutes | Received Copy | none | none | Pen | Coordination | |
| 62 | Preparation of materials for the activities | Social Worker/ Psychologist | 1 hour | Visual Aids | n/a | n/a | Paper, crayons, pencils, bondpaper, cartolina, computer, printer | Knowledge on topic | |
| 63 | Assist and facilitate the conduct of livelihood skills training/ | Social Workers | 4 hour | Lecture, demonstration Discussion of the topic | | | Paper, crayons, pencils, bond paper, cartolina, computer, printer | Facilitation | Session is based on need of the bereaved client. GRP. Topics includes Basic |

| | | | | | | | | | |
|--|---|--------------------|-----------|---------------------------------------|------|---------|------------------------|------------------------------|---|
| | Self Enhanceme nt Developme nt | | | | | | | | Business Management Training. |
| | For livelihood, if not qualified for capital assistance, refer to other agency | | | | | | | | |
| 64 | If yes, conduct of Basic business Manageme nt Training and provision of capital assistance | Social Workers | 5 minutes | Signed cheque | none | none | pen | | Bereaved clients should comply requirements such as CTC, 2 valid IDs, Cert of Indigency, SCSR, Cert of Eligibility if have completed the GRP Session and Livelihood skills training per session |
| 65 | Preparation of documenta tion report of livelihood skills training | Social Worker | 4 hours | Draft docume ntation report | | MS Word | computer, printer | Technical Writing | |
| 66 | Forward to Admin Office for tracking of document | Social Worker | 2 mins | Endorse ment, docume nt receipt | MOO | none | Paper, pen, stamp | Coordinatio n | |
| 67 | Endorse to Head Social Worker the draft documenta tion report | Admin Aide IV | 2 mins | Endorse ment, docume nt receipt | MOO | none | Paper, pen, stamp | Coordinatio n | |
| 68 | Approval of the documenta tion report | Head Social Worker | 2 mins | Signed Docume ntation report | MOO | none | | Technical Skills | |
| 69 | Updating of Progress Notes | Social Worker | 30 mins | Updated Progress Notes | MOO | none | Pen, case Folder | Recording, Technical Writing | |
| MONITORING AND EVALUATION PHASE | | | | | | | | | |
| | Review/ assess interventio n plan | SWO II | 1 hour | Updated Intervent ion Plan | MOO | none | Intervention Plan, Pen | Technical Skills | |
| | Identified | | | | | | | | |

| | | | | | | | | | |
|--|---|--------------------|------------|--|------|-----------|--------------------------------|---------------------|--|
| | needs other than grief? If yes, refer client to other unit or social services | | | | | | | | |
| | If no, conduct post evaluation using Rehabilitation Indicators Index | SWO II | 1 hour | Accomplished RII | MOO | none | RII Tool, Pen | Interviewing Skills | |
| | Updating of SCSR | SWO II | 1 hour | Updated SCSR | MOO | Microsoft | Paper, pen, computer, printer | Technical Writing | |
| | Preparation of invitation letter for the pre-termination conference | SWO II | 10 minutes | Draft invitation letter for the pre-Termination conference | MOO | Microsoft | Paper, pen, computer, printer | Technical Writing | |
| | Forward to Admin Office for tracking of document | Social Worker | 2 mins | Endorsement, invitation letter receipt | MOO | none | Paper, pen, stamp | Coordination | |
| | Endorse to Head Social Worker the draft documentation report | Admin Aide IV | 2 mins | Endorsement, invitation letter receipt | MOO | none | Paper, pen, stamp | Coordination | |
| | Approval of the invitation letter | Head Social Worker | 2 mins | Signed invitation letter | MOO | none | | Technical Skills | |
| | Hand carry approved letter to concerned office/agency. | AA IV | 30 minutes | Received Copy | none | none | Pen | Coordination | |
| | Conduct of Pre-Termination Conference | RTM | 1 hour | Confirmation of Agreements | MOO | Microsoft | Pen, Copy of Case Study Report | Facilitation | |
| | Preparation of Confirmation of Agreements | Social Worker | 1 Hour | Confirmation of Agreements | | | Pen, Paper, Printer, SCSR | | |

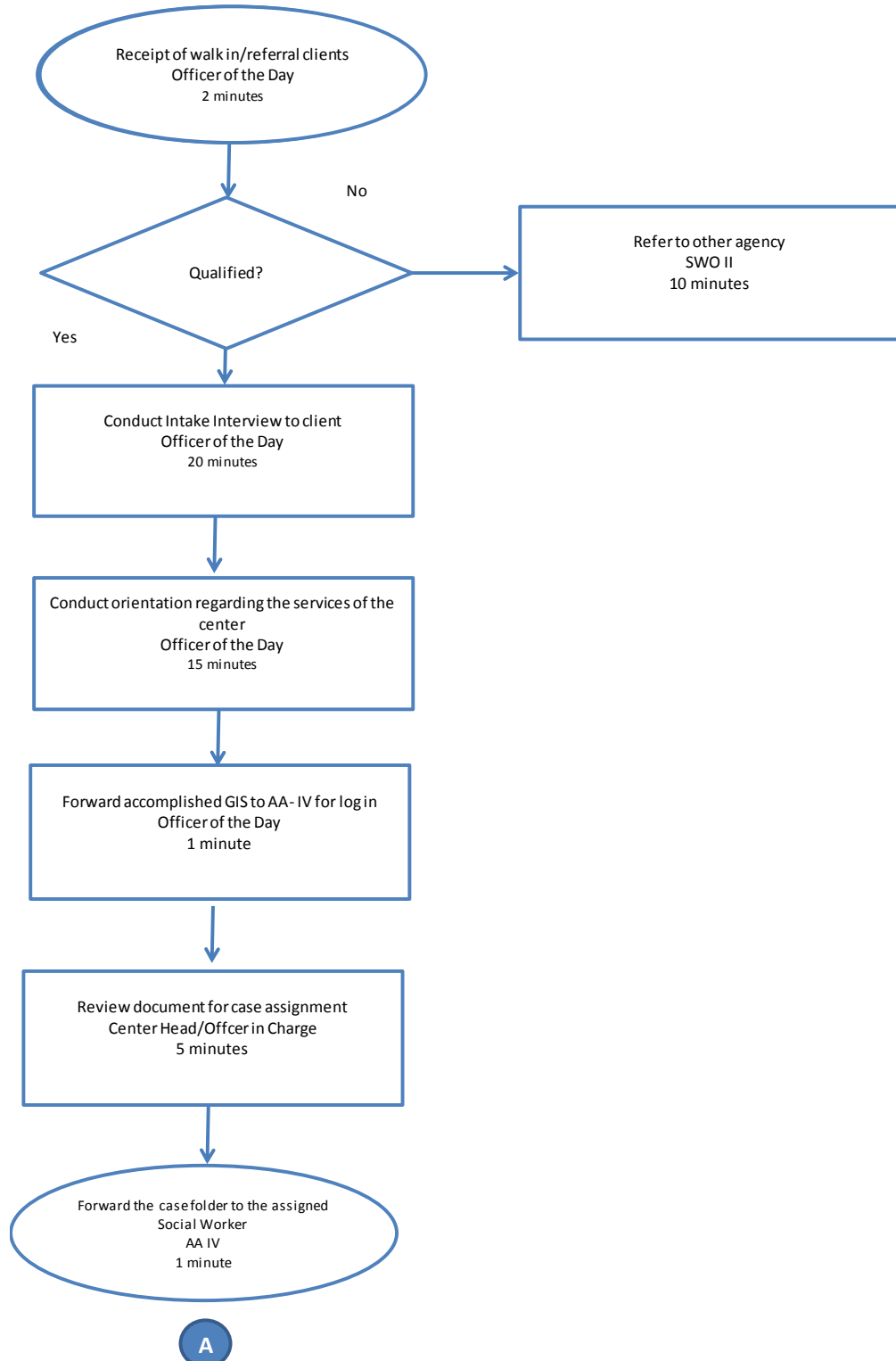
| | | | | | | | | | |
|-------------------|---|--------------------|---------|---|-----|------------------|--|-------------------|--|
| | Forward to Admin Office for tracking of document | Social Worker | 2 mins | Endorsement, Pre-Termination Conference receipt | MOO | none | Paper, pen, stamp | Coordination | |
| | Endorse to Head Social Worker the Pre-Termination Conference | Admin Aide IV | 2 mins | Endorsement, Pre-Termination Conference receipt | MOO | none | Paper, pen, stamp | Coordination | |
| | Approval of the Pre-Termination Conference | Head Social Worker | 2 mins | Signed Pre-Termination Conference | MOO | none | | Technical Skills | |
| | Implementation of Pre-Termination Conference Result | | | | | | | | |
| | Terminated / Discharge? If No, Refer to other agency. | | | | | | | | |
| | if yes, Preparation of Transfer Summary attached Confirmation of Agreements on Pre-Termination Conference | | | | | | | | |
| POST PHASE | | | | | | | | | |
| | Preparation of After Care letter and transfer summary | Social Worker | 30 mins | Draft after care letter | | Microsoft Office | Pen, Paper, bondpaper, computer, printer | Technical Writing | |
| | Forward to Admin Office for tracking of document | Social Worker | 2 mins | Draft aftercare letter | | | Paper, pen, stamp | Coordination | |
| | Endorse to Social Worker III for review | Admin Aide | 2 mins | Endorsed Draft after care | | | Paper, pen, stamp | Coordination | |

| | | | | | | | | | |
|--|--|--------------------|---------|----------------------------------|-----|----------------|-------------------|----------------------------------|--|
| | and additional inputs | | | letter | | | | | |
| | Review and provide input on the aftercare letter | Social Worker III | 30 mins | Draft after care letter | | | | Technical and Supervision Skills | |
| | Forward to Admin Office for tracking of document | Social Worker | 2 mins | Endorsement after care letter | | | Paper, pen, stamp | Coordination | |
| | Endorse to Social Worker for enhancement of aftercare letter | Admin Aide | 2 mins | Endorsed Draft after care letter | | | Paper, pen, stamp | Coordination | |
| | Enhancement of aftercare letter | Social Worker | 30 mins | Enhanced after care letter | | Microsoft Word | computer, printer | Technical Writing | |
| | Forward to Admin Office for tracking of document | Social Worker | 2 mins | Endorsement, document receipt | | | Paper, pen, stamp | Coordination | |
| | Endorse to Social Worker III for signature as reviewed | Admin Aide | 2 mins | Reviewed after care letter | | | Paper, pen, stamp | Coordination | |
| | Forward to Admin Office for tracking of document | Social Worker | 2 mins | Endorsement, after care letter | | | Paper, pen, stamp | Coordination | |
| | Endorse to Head Social Worker for approval of document | Admin Aide | 2 mins | Endorsement, after care letter | | | Paper, pen, stamp | Coordination | |
| | Approval of invitation letter | Head Social Worker | 2 mins | Approved after care letter | | | | Technical Skills | |
| | Forward to Admin Office for tracking of document | Head Social Worker | 2 mins | Endorsement, document receipt | | | Paper, pen, stamp | Coordination | |
| | Mailing of approve aftercare letter to concerned LGU | Admin Aide | 30 mins | Mailed letter | | | Paper, pen, stamp | Coordination | |
| | Receipt and | Social | 30 mins | Filed | MOO | none | Paper, stamp | Recordings | |

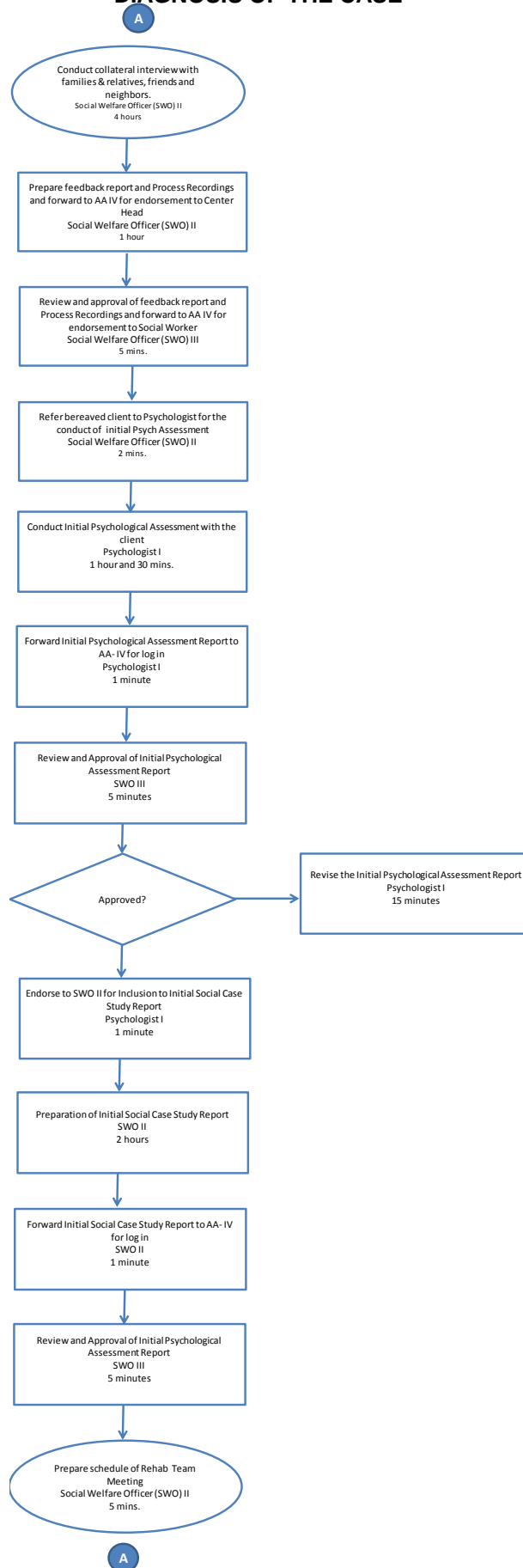
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|--|---|---------------|---------|-----------------------------------|---|------|-------------------------------|-------------------|--|
| | filing of aftercare report submitted by concerned LGU as reference. | Worker | | After care Report | | | | | |
| | Preparation of Closing Summary | Social Worker | 30 mins | Marked Case Folder as Case Closed | MOO | none | Computer, Printer, paper, pen | Technical Writing | |
| <u>Fill-up instructions for [A] Processes:</u> [1] Indicate the sequential number assigned to the task to emphasize procedure. [2] Indicate the detailed description of the task/action performed by the responsible person. [3] Indicate the full name and position of the responsible person who performs the task. [4] Indicate the actual or average time consumed to complete the task/action. [5] Indicate the detailed description of the product or result attained after completing the task. | | | | | <u>Fill-up Instructions for [B] Requirements:</u> [6] Indicate the title of the policy, rules or regulation that govern the process and performance of task and/or indicate necessary enhancements to improve the policy, rules or regulations. [7] Indicate the title of the application necessary to support the efficient performance of task and/or indicate necessary enhancements to improve the current application. [8] Indicate the hardware and services necessary to support the effective performance of task and/or indicate the necessary enhancements to improve the existing hardware and services. [9] Indicate the knowledge, skills and attitude that the responsible person must possess to effectively perform the task and/or additional KAS that must be acquired by the responsible person. [10] To be filled by the analyst to indicate action or additional information needed. | | | | |
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DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
NATIONAL CAPITAL REGION

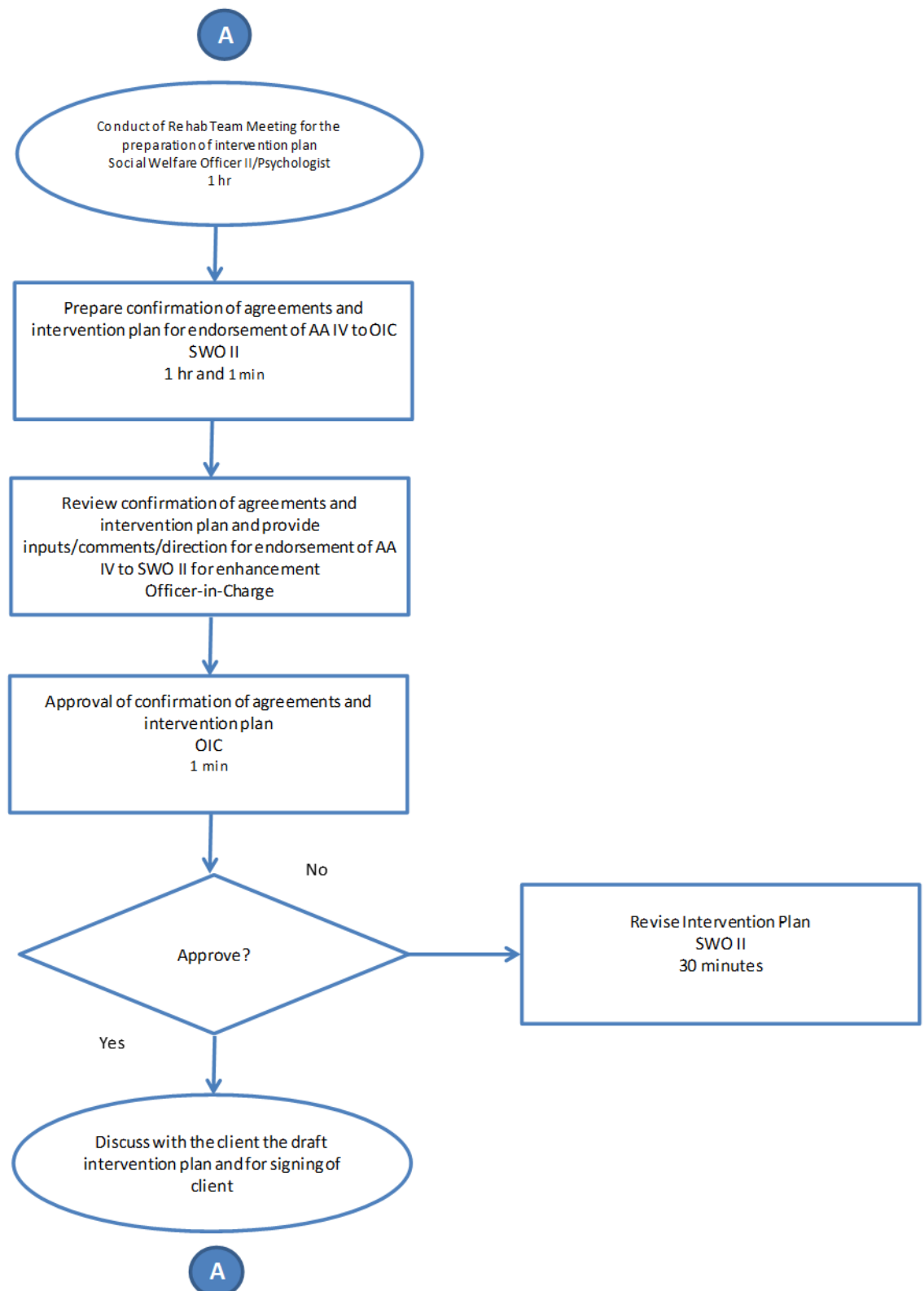
INA HEALING CENTER

CASE MANAGEMENT: PROCESS FLOW CHART ON ADMISSION PHASE

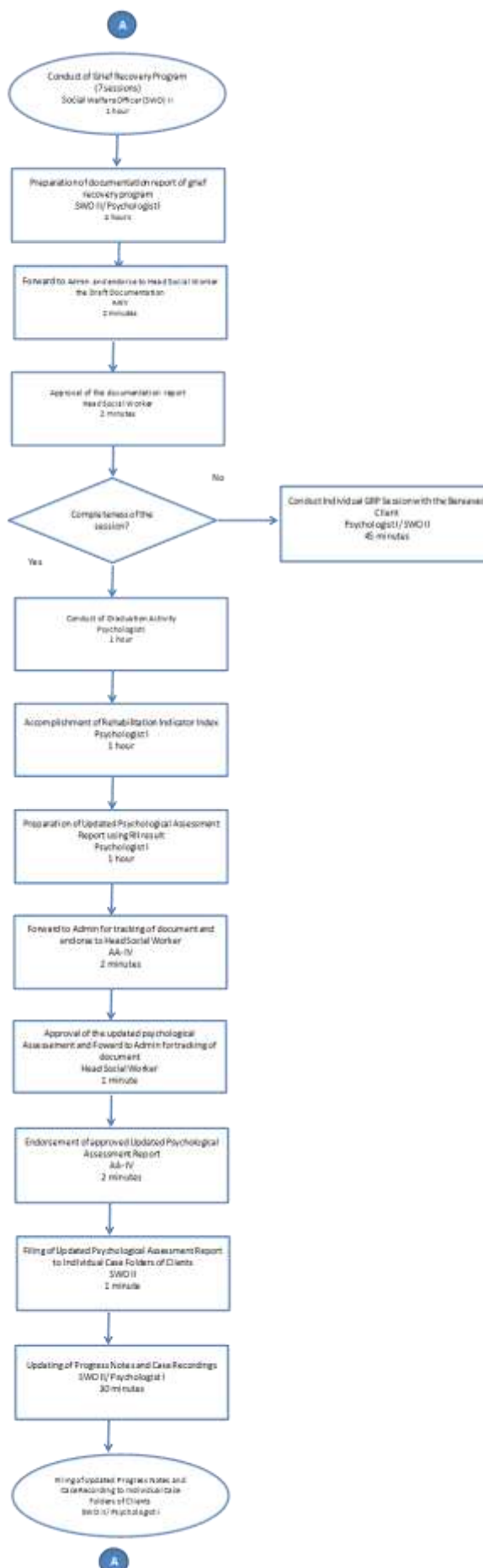
CASE MANAGEMENT: PROCESS FLOW CHART ON ASSESSMENT/ DIAGNOSIS OF THE CASE

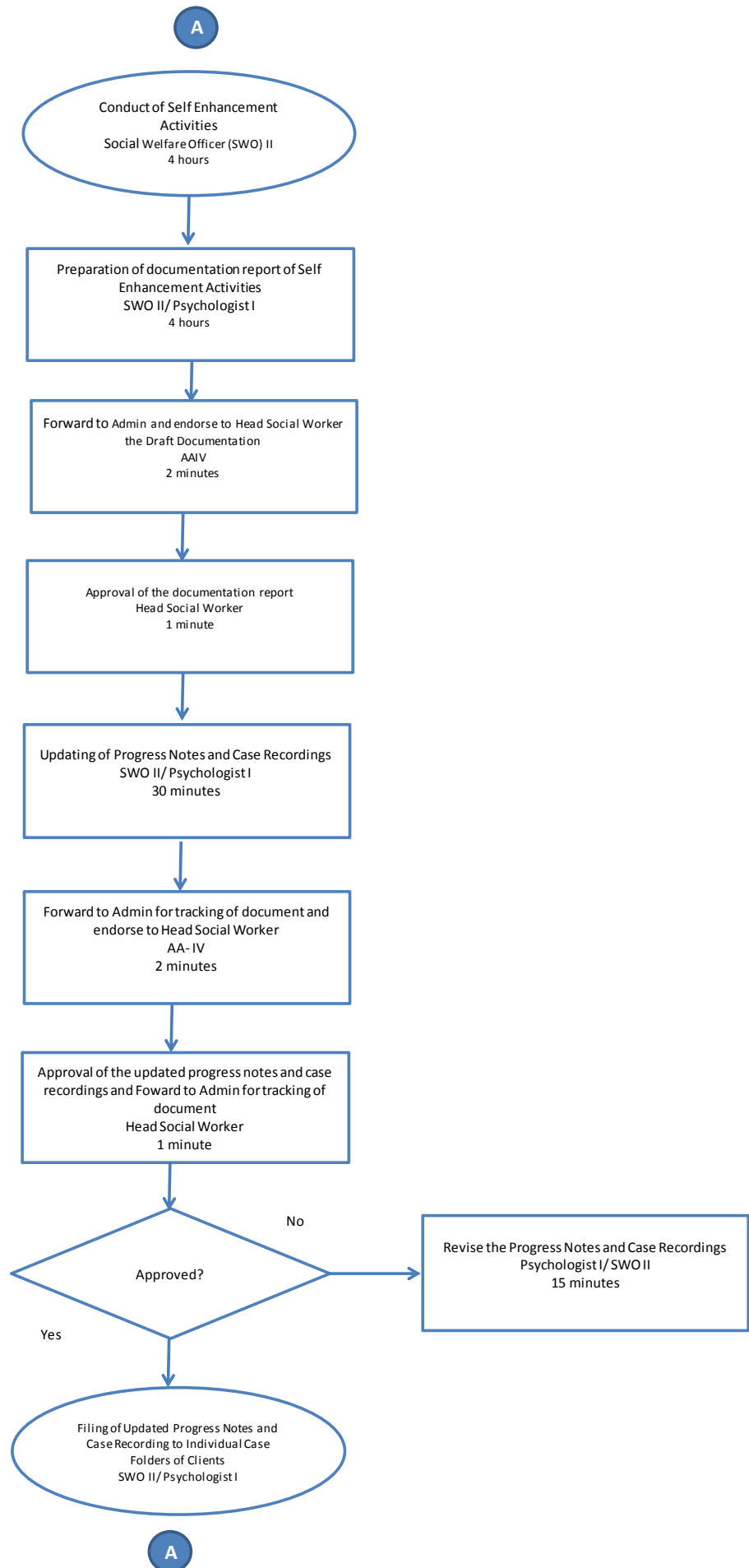


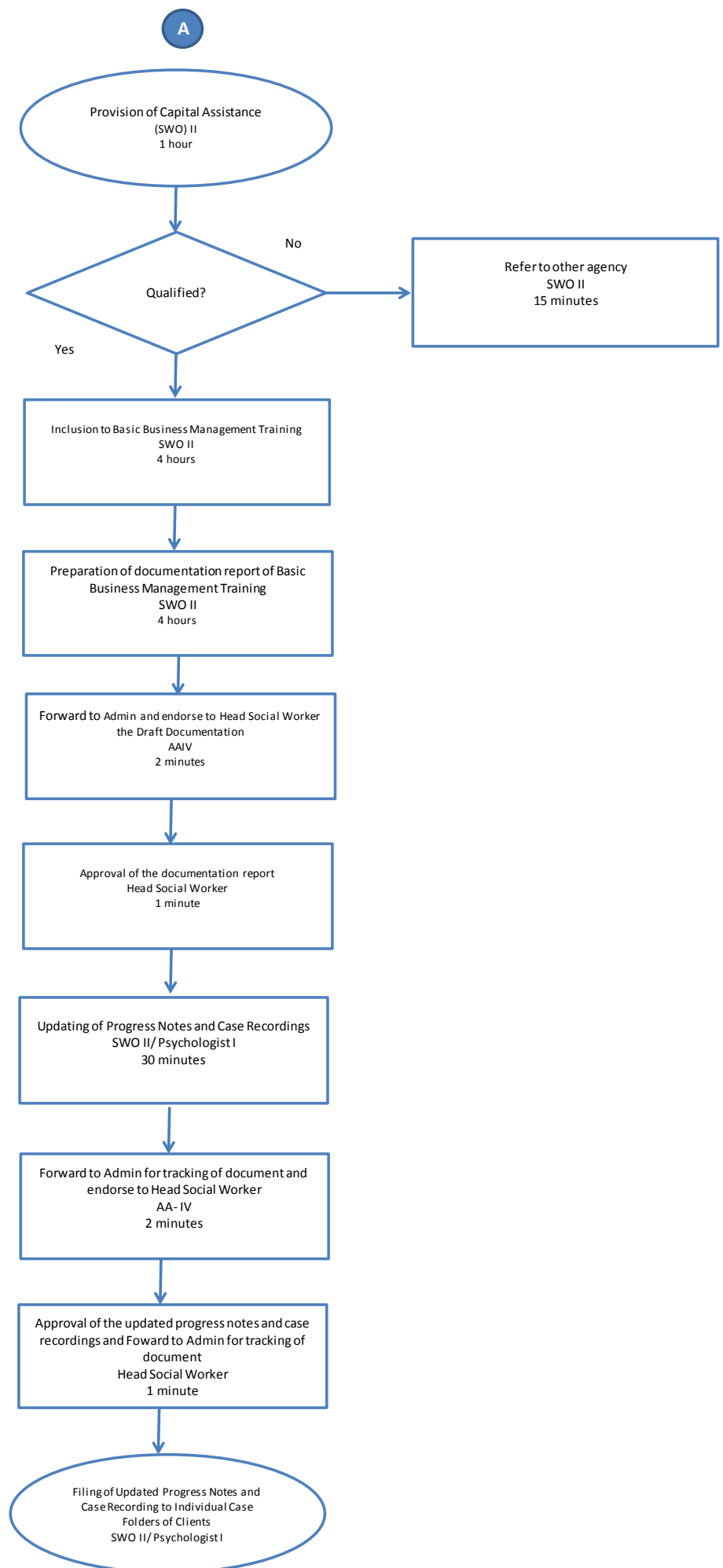
CASE MANAGEMENT: PROCESS FLOW CHART ON TREATMENT PHASE



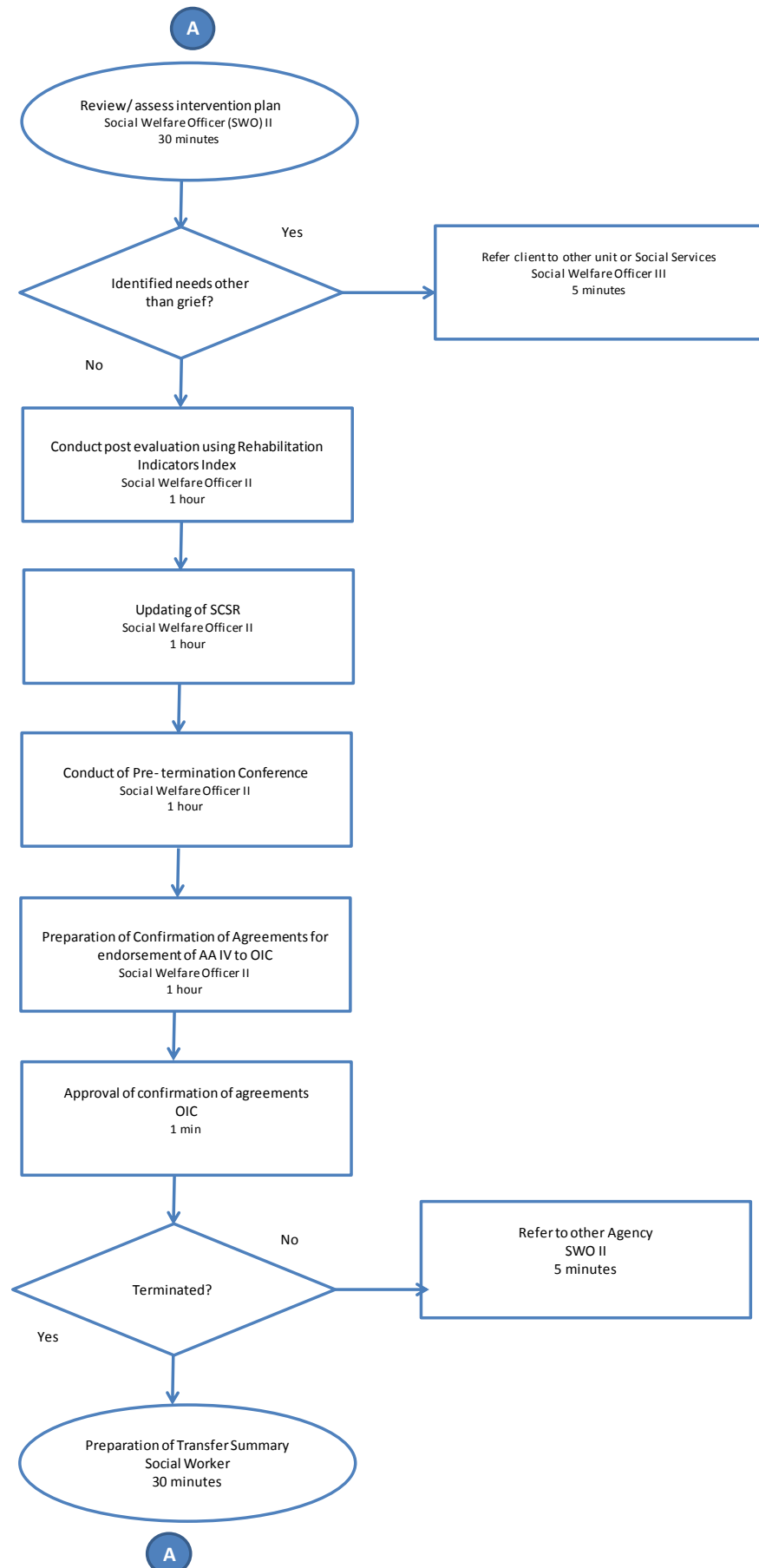
CASE MANAGEMENT: PROCESS FLOW CHART ON IMPLEMENTATION PHASE



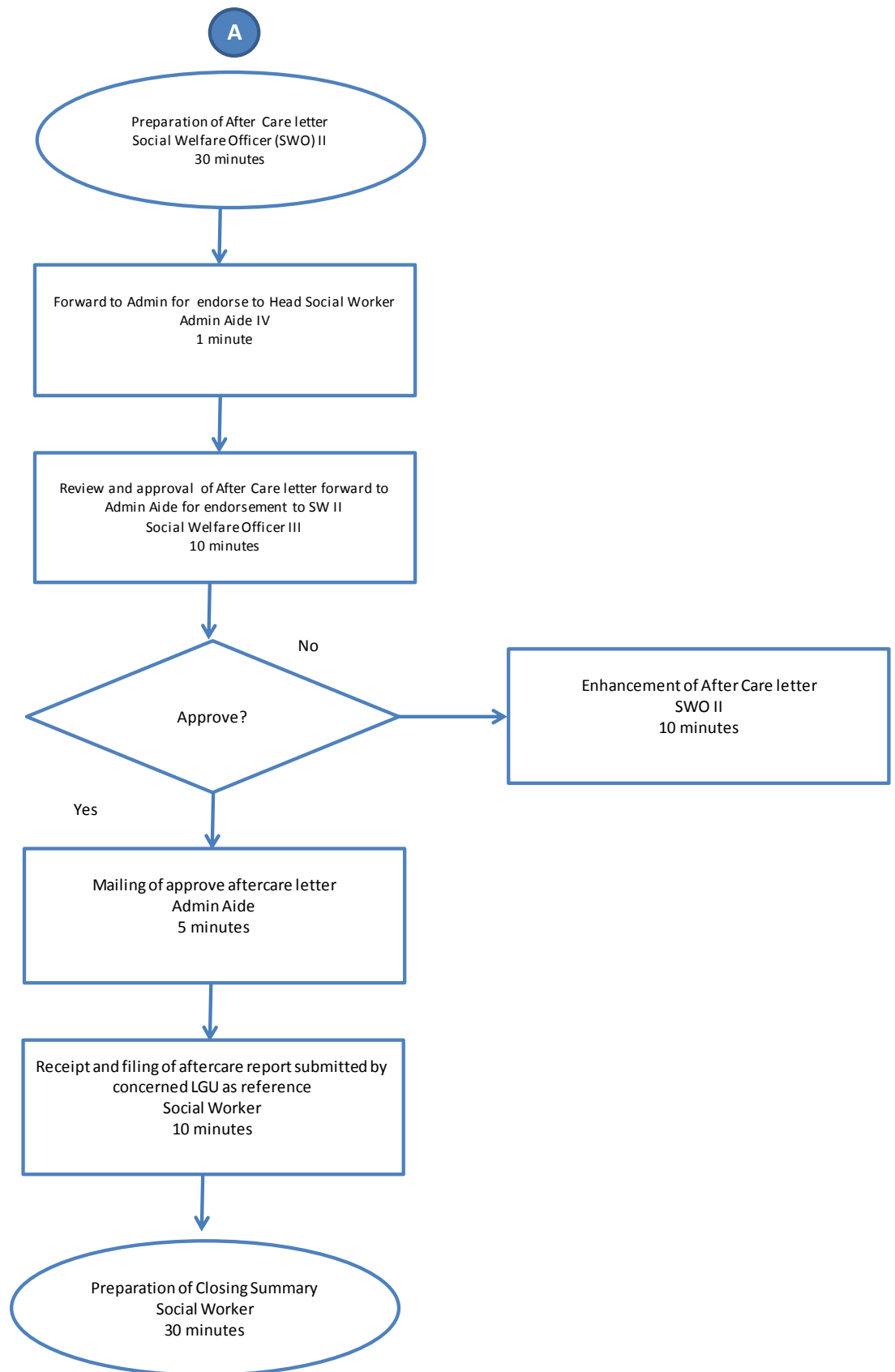




CASE MANAGEMENT: PROCESS FLOW CHART ON MONITORING AND EVALUATION



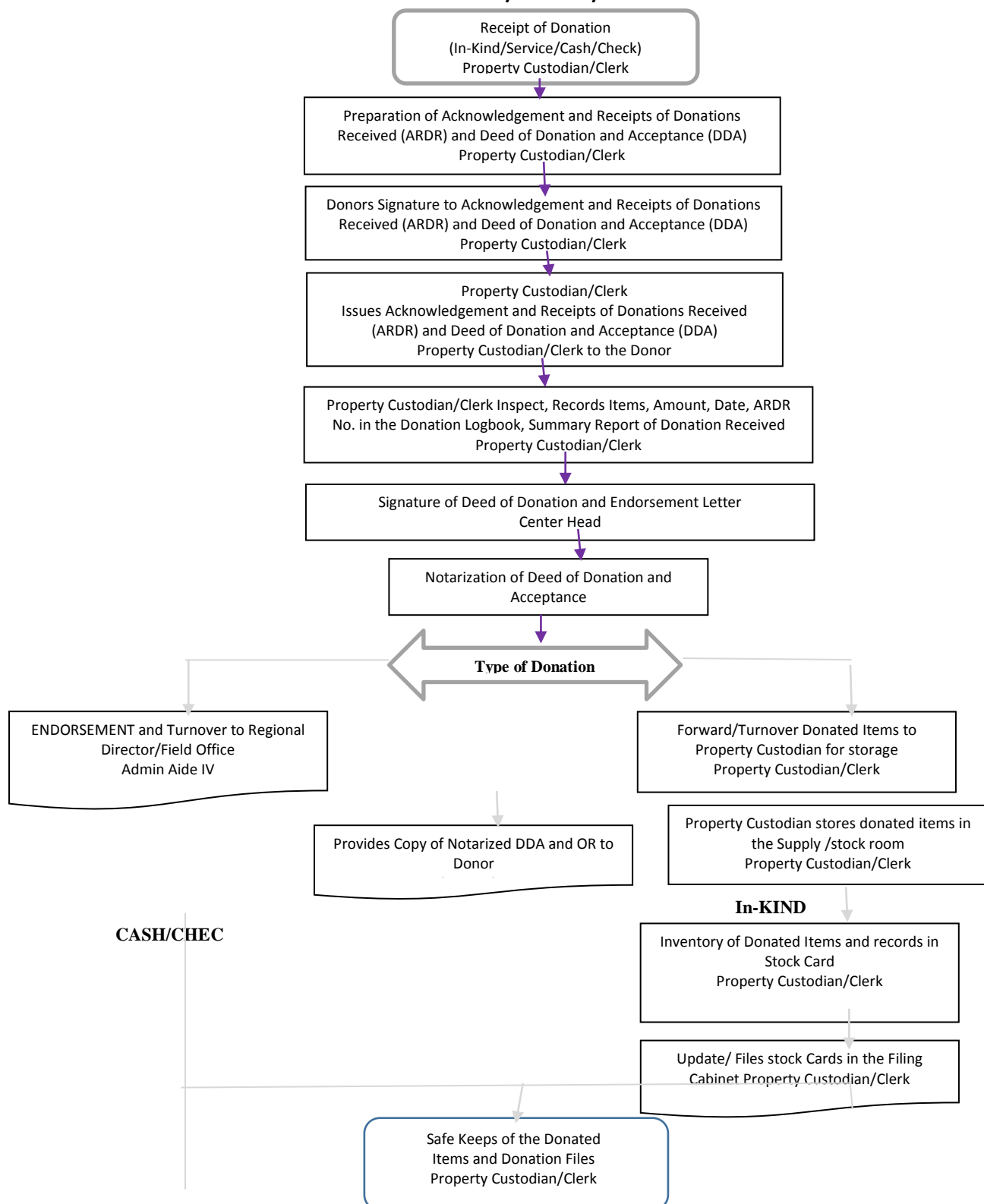
CASE MANAGEMENT: PROCESS FLOW CHART ON POST PHASE



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
NATIONAL CAPITAL REGION

INA HEALING CENTER

PROCESS FLOW CHART ON RECEIPT OF CASH/ CHECKS/IN-KIND DONATIONS



Republic of the Philippines
Department of Social Welfare and Development
Batasan Pambansa Complex, Constitution Hills
Quezon City
Telephone No. 931-8101 to 07

6 February, 2003

MEMORANDUM CIRCULAR

No. 1
Series of 2003

SUBJECT: **DSWD GRIEVANCE MACHINERY**

In line with the Revised Policies on the Settlement of grievance in the Public Sector contained in CSC Resolution No. 010113, dated January 10, 2001 and Implement through CSC Memorandum Circular No. 02, s. 2001 the Department of Social Welfare Development adopts the herein Grievance Machinery.

I. OBJECTIVES

1. General

Create a work atmosphere conducive to good relation between and among management officials and employees to help promote organizational harmony and productivity.

2. Specific

- 2.1 Activate and strengthen the existing grievance machinery of the Department;
- 2.2 Settle grievance at the lowest possible level; and
- 2.3 Serve as a catalyst for the development of capabilities of personnel on despite settlement, especially among supervisors.

II. SCOPE

The Grievance Machinery applies to all careers and non-careers officials and Employees in the Department.

III. DEFINITION OF TERMS

Accredited or Recognized Employees' Association – an employee's Association accredited pursuant to Executive Order No.180, series of 1987 and its implementing rules and regulations

Bilis Aksyon Partner – is the counterpart Action Office of the Civil Service Commission under the Mamamayan Muna Program in every agency pursuant to CSC MC No.3, s. 1994.

Grievance – a work-related discontentment or dissatisfaction which had been expressed verbally or in writing and which, in the aggrieved employees opinion, has been ignore or dropped without due consideration.

Grievance Machinery – a system or method of determining and finding the best way to address the specific cause or causes of a grievance.

Public Sector Labor Management Council (PSLMC) – the Council responsible for the promulgation, implementation and administration of the guidelines for the exercise of the right of government employees to organize pursuant to Executive Order No. 180.

Top Management – refers to the Secretary and Undersecretaries.

IV. BASIC POLICIES

1. A grievance shall be resolved expeditiously at all times at the lowest level possible. However, if not settled at the lowest level possible, an aggrieved party shall present his or her grievance step by step following the hierarchy positions.

2. The aggrieved party shall be assured freedom from coercion, discrimination, reprisal and of a speedy and impartial action on the grievance.
3. Grievance must be presented in writing. Grievance proceeding shall not be bound by the legal rules and technicalities.
4. The following cases shall be acted upon through the grievance machinery.
 - a. Non-implementation of policies practices and procedures on economic and financial issues and other term and conditions of employment fixed by law including salaries, incentives, working hour, leave benefits and other related terms and conditions;
 - b. Non-implementation of policies, practices and procedures which affect employees from recruitment to promotion, reassignment, detailed, transfer, retirement, termination, lay-offs and other related issues that affect them.
 - c. Inadequate physical working conditions such as lack of proper ventilation in the workplace, insufficient facilities and equipment necessary for the safety and protection of employees whose nature and place of work are classified as high risk or hazardous.;
 - d. Protest on appointment and;
 - e. Interpersonal and inter-organizational relationship and linkages; and
 - f. All other matter giving rise to employee dissatisfaction and discontentment.

5. The following cases shall not be acted upon through the grievance machinery:
 - a. Disciplinary cases which shall be resolved pursuant to the Uniform Rules on Administrative Cases;
 - b. Sexual harassment cases as provided for in RA 7877; and
 - c. Union-related issues and concern.
6. Only permanent officials and employees, whenever applicable, shall be appointed or elected as members of the Grievance Committee. In the appointment or election of the committee members, their integrity, probity, sincerity and credibility shall be considered.
7. The Grievance Committee shall develop and implement pro-active measures that would prevent grievance, such as employee assembly which shall be conducted at least once every quarter, “talakayan”, counseling, HRD intervention and other similar activities.
8. The Personal Division/Unit, in collaboration with the duly constituted Grievance Committee, shall conduct a continuing information drive on grievance machinery among its officials and employees.
9. The Grievance Committee may conduct an investigation and hearing within ten (10) working days from the receipt of the grievance and to render a decision within five (5) working days after the investigation. Provided, however, that where the object of the grievance is the Grievance Committee, the aggrieved party may submit the grievance to top management.
10. A grievance may be elevated to the Civil Service Commission Regional Office concerned only upon submission of a Certification on the Final Action on the Grievance (CFAG) issued by the Grievance Committee. The CFAG shall contain, among other things, the history and final action taken on the grievance.

11. The Grievance Committee shall establish its own internal procedures and strategies. Membership in the Grievance Committee shall be considered part of the member's regular duties.
12. The Grievance Committee shall submit a quarterly report of its accomplishments and status of unresolved grievance to the Civil Service Commission Regional Office.
13. The Personnel Division/Unit shall extend secretariat services to the grievance committee.
14. The SWEAP, upon request by the concerned party, shall be allowed to act as adviser to any rank and file employee involved in the grievance issue, and may sit during the Grievance Committee meetings.
15. Supervisors or officials who refuse to take action on grievance/s brought to their attention shall be liable for neglect of duty in accordance with existing civil service law, rules and regulations.
16. The Department's grievance machinery shall be submitted to the Civil Service Commission Regional Office concerned for approval. Subsequent amendments shall be subject to CSC approval and shall take effect immediately.

V. GRIEVANCE PROCEDURES

The procedures for seeking redress of grievance shall be as follows:

1. **Discussion with Immediate Supervisor.** At the first instances, a grievance shall be presented in writing by the aggrieved party to his or her immediate supervisor.

The supervisor shall inform the aggrieved party of the corresponding action within three (3) working days from the date of presentation.

Provided, however, that where the object of the grievance is the immediate supervisor, the aggrieved party may bring the grievance to the next higher supervisor who shall take proper action within five (5) working days from receipt of the grievance.

2. **Appeal to the Higher Supervisor.** If the aggrieved party is not satisfied with the decision of the immediate supervisor, he or she may submit the grievance in writing, within five (5) working days to the next higher supervisor who shall render his or her decision also within five (5) working days from receipts of the grievance. Provided, however, that where the object of the Grievance is the higher supervisor, the aggrieved party may bring the grievance to the next higher supervisor, if any, or to the Grievance Committee, as the case may be.
3. **Appeal to the Grievance Committee.** If the aggrieved party is not satisfied with the decision of the highest supervisor(s) following the hierarchy of position, he/she may elevate the matter to the Grievance Committee within five (5) working days from receipts of the decision.

The Grievance Committee may conduct an investigation and hearing within ten (10) working days from receipt of the grievance and render a decision within five (5) working days after the investigation. Provided, however that where the object of the grievance Committee, the aggrieved party may submit the grievance to the top management.

4. **Appeal to Top Management.** If the aggrieved party is not satisfied with the decision of the Grievance Committee, he or she may elevate his or her grievance within five (5) working days from receipt of the decision of the Committee to top management who shall make the decision within ten (10) working days after the receipt of the grievance. Provided, however, that where the object of the grievance is the top management, the aggrieved party may bring his or her grievance directly to the Civil Service Commission – Regional Office.
5. **Appeal to the Civil Service Commission - Regional Office.** If the aggrieved party is not satisfied with the decision of top management, he or she may appeal or elevate his or her grievance to the Civil Service Commission – Regional Office concerned within fifteen (15) working days from receipt of such decision. Together with the appeal, the aggrieved party shall submit a Certification on the Final action on the Grievance (CPAG) to be issued by the Grievance Committee. The Civil Service Commission – Regional Office shall rule on the appeal in accordance with existing civil service law, rules and regulations.

VI. GRIEVANCE COMMITTEE

The Central Office and the Field Offices shall established separate Grievance Committees. The composition and responsibilities of the committee are as follows:

Composition

Central Office

| | | |
|-------------|---|--|
| Chairperson | : | Undersecretary or as designated by the secretary |
| Members | : | One (1) higher supervisor chosen from among their level |
| | : | The Bills Aksyon partner (BAP) duly designated by authorized DSWD official. |
| | : | Two (2) members from the rank-and-file who shall serve for a term of two (2) years and chosen through a general assembly or any other mode of selection to be conducted for the purpose. In offices where there is an accredited or recognized employees' association, the rank-and- file representatives shall be those named by the employees association. |
| Secretariat | : | Personnel Division |

Field Office

| | | |
|-------------|---|--|
| Chairperson | : | Assistant Regional Director or designated Division Chief by the Regional Director |
| Members | : | Two (2) Division Chief designated by the Regional Director |
| | : | Bilis Aksyon Partner |
| | : | Two (2) members from the rank-and-file who shall serve for a term of two (2) years and chosen through a general assembly or any other mode of selection to be conducted for the purpose. In offices where there is an accredited or recognized employees association, the rank-and-file representatives shall be those named by the employees association. |

Secretariat : Personnel Unit

Responsibilities

In addition to finding the best way to address/resolve specific grievance(s), the committee shall have the following responsibilities.

1. Established its own internal procedures and mechanisms. Membership in the Grievance Committee shall be considered part of the members' regular duties;
2. Develop and implement pro-active measures or activities to prevent grievance such as employee assembly which shall be conducted at least once every quarter, "talakayan", counseling and other HRD interventions. Minutes of the proceeding of these activities shall be documented for audit purposes;
3. Conduct continuing information drive on grievance machinery among officials and employees in collaboration with the Personnel Division/Unit;
4. Conduct dialogue between and among the parties involved;
5. Conduct an investigation and hearing within ten (10) working days from receipt of the grievance and render a decision within (5) working days after the investigation .Provided, however, that where the object of the grievance is the Grievance Committee, the aggrieved party may submit the grievance to top management.;
6. Direct the documentation of the grievance including the preparation and signing of written agreement reached by the parties involved.
7. Issue Certification on the Final Action on the Grievance (CPAG) which shall contain, among other things, the following information: history and final action taken on the grievance; and
8. Submit a quarterly report of its accomplishments and status of unresolved grievance to the Civil Service Commission Regional Office concerned.

VII. GRIEVANCE FORMS

The following forms shall be used:

1. Grievance Presentation Form – Annex 1
2. Grievance Agreement Form – Annex 2
3. Certificate of Final Action on the Grievance – Annex 3

VIII. CUSTODY OF RECORDS

All records involving complaints/grievance shall be kept by the Personnel Division. The recognized employees' association shall be furnished and maintain copies of similar records.

IX. EFFECTIVITY

This Grievance Machinery shall take effect immediately upon approval by the Civil Service Commission Regional Office concerned. Previous Orders or provision thereof, which are inconsistent herewith are deemed revoked or amended accordingly.

APPROVED BY:

CSC Regional Director

Date

| GRIEVANCE PRESENTATION | |
|-------------------------------------|-------------------------------------|
| <hr/> | |
| (Date Field) | |
| <hr/> | |
| Name of Aggrieved Party | Section/Division/Office |
| <hr/> | |
| Position Title/Designation (if any) | Aggrieved Party's Higher Supervisor |
| <hr/> | |
| Nature/Subject of Grievances: | |
| <hr/> | |
| <hr/> | |
| Action Desired: | |
| <hr/> | |
| <hr/> | |
| <hr/> | |
| Signature of Aggrieved Party | |

| GRIEVANCE AGREEMENT FORM | |
|--|----------------------|
| Name of Parties to a Grievance | _____ |
| Nature of the Grievance | _____ |
| Steps toward Settlement | _____ |
| Agreement/s Reached | _____ |
| _____ | |
| _____ | |
| We promise to abide by the above-stated agreement. | |
| _____ | _____ |
| Aggrieved Party | Subject of Grievance |
| _____ | |
| Chairman Grievance Committee | |

**CERTIFICATION OF FINAL ACTION
ON THE GRIEVANCE**

This certifies that the grievance filed by _____
on _____ has been acted upon by this Committee (or by the
Top Management as the case may be) on _____.

Final Action Taken: _____

Chairman Grievance Committee

Date _____

March 6, 2002

REGIONAL ADMINISTRATIVE ORDER

No.114

Series of 2002

**SUBJECT : POLICY GUIDELINES FOR
INTERVIEW

& IN

OF CLIENTS/CASEWORKERS,
CONDUCT OF STUDIES/RESEARCH

TAKING FOOTAGES FOR MEDIA
PURPOSES IN DSWD's CENTER &
INSTITUTIONs**

In line with our mandate of providing leadership and authority in social welfare and development, the department, with its wide range of resources and setting in terms of programs and services has become the most sought after institution as subject for the NGOs, civic groups, media and students visit and researches. Hence, the following policy guidelines are hereby issued for the guidance of all concerned.

A. Visits

1. All visits to centers and institution/units/office of DSWD-NCR should have approved permission from the Regional Director.
 - a) a letter of request shall be forwarded to the office of the Regional Director at least a week before the target date of the activity,
 - b) the request shall indicate the number of student/visitors, specific purpose of the visit noted by adviser, dean or school principal,
 - c) a focal person from the center/institution shall be designated to conduct the orientation.
2. Minimum of (25) and maximum of (30) person per visit are allowed to visit all DSWD centers/institution and offices with pre-arranged scheduled with the center/institution.

3. No picture taking of clients is allowed; only facilities of the centers/institution are permitted.

B. Research

1. Researchers are required to submit a copy of the research outline or abstract and questionnaires attached to the request letter as basis for approval of the Regional Director.
2. At least (5) researchers are allowed on different subject matter per institution per semester.
3. Strict confidentiality of records/clients should be observed.
4. Two copies of the result of the study are expected to be submitted to the training unit two months after the conduct of the study.
5. All records of cases shall be the property of the DSWD. Records for academic purposes may be available upon request; however, all measures to ensure confidentiality shall be undertaken.

C. Media Request

1. Interview with the children in the center must be done only after clearances from the Field Office have been obtained and when the children have signified willingness to answer questions.
2. Firearms and /or explosives of any kind are not allowed in the institutions and may not be used in the shooting of any scene within the premises.
3. No frontal shots of the children/clients should be taken.
4. Identify of the children/clients should be kept confidential.
5. The children refusal to give interviews or answer question
6. No violent or bold scenes will be shot in the institutions
7. The Center or Institution shall be mentioned at the closing credits if it is not required to be otherwise.
8. Should the production tap into the institutions power line an amount approximating the cost of electricity must be turn over to the Institutions which shall be treated as donations.
9. Taping shall not disrupt the regular activities at the center.
10. The production will take care of its security and cleaning up of the area used, and be responsible for any damage caused on the area used.
11. Donations to the Centers may be represented to the Head of the Center/Institution, who in turn must issue the corresponding official receipt.

12. DSWD-NCR must be provided with a copy of the production /tape upon its completion.

This guideline shall take effect immediately and shall continue to be in force unless amended or revoked.