

Provision of Assistance under the Recovery Reintegration Program for Trafficked Persons (RRPTP)

The RRPTP is a comprehensive program that ensures adequate recovery and reintegration services provided to trafficked persons. It utilizes a multi-sectoral approach and delivers a complete package of services that will enhance the psychosocial, social, and economic needs of the clients, the families, and the communities where the trafficked persons will be eventually reintegrated. It also improves community-based systems and mechanisms that ensure the recovery of the victim-survivors and prevents other family and community members to become victims of trafficking.

| Office or Division: | Community Based Services Section | | | | |
|---|--|--|--|--|--|
| Classification: | Highly Technical | | | | |
| Type of Transaction: | G2C - Government to Citizen | | | | |
| Who may avail: | Victim-survivor of trafficking Families of the victim-survivor of trafficking Witnesses of cases of human trafficking Communities with incidence of human trafficking | | | | |
| CHECKLIST OF RE | ST OF REQUIREMENTS WHERE TO SECURE | | | | |
| Case Management | | | | | |
| 1. Travel documents (fo | or Repatriated TIP | | | | |
| Victims) (1 photocopy) | | Department of Foreign Affairs / Philippine | | | |
| 2. Valid ID (1 photocopy | | Embassy (for Repatriated TIP Victims) | | | |
| 3. Social Case Study R | | | | | |
| MEDICAL ASSISTANC | | | | | |
| | | | | | |
| with signature and licer attending physician (iss | | | | | |
| months) (1 Original Co | | Hospital or health facility where the client is | | | |
| Photocopy) | | admitted or seen (Clinical Abstract and Hospital | | | |
| 2. Hospital Bill (for payment of hospital | | – Bill) | | | |
| bill) or Prescription (for | | | | | |
| Laboratory requests (for | r procedures). | | | | |
| 3. Barangay Certificate | and Valid ID for | Barangay Hall (Barangay Certificate) | | | |
| the client | | Government Institutions | | | |
| EDUCATIONAL ASSIS | | | | | |
| 1. School registration a | nd/ or certificate of | | | | |
| enrolment | the startion . | School where the client is enrolled | | | |
| 2. Statement of Accour education | it for tertiary | | | | |
| | ID of the parent/ | | | | |
| 3. Valid school ID Valid ID of the parent/ guardian | | Government Institutions | | | |
| SKILLS TRAINING | | | | | |
| 1. Official receipt from the training school | | | | | |
| (TESDA/ CHED accredited training | | TESDA / accredited training school where the | | | |
| school) (1 Original Copy and 1 | | client is enrolled | | | |
| Photocopy) | | | | | |
| | 2. Valid school ID Government Institutions | | | | |
| FINANCIAL ASSISTANCE FOR EMPLOYMENT | | | | | |
| (e.g. driver's license, NBI and police clearance, Medical Certificate etc.) | | | | | |



Field Office - National Capital Region

| 1. Contract of Employment or any similar document which indicates that they are hired | | Employer of the client | | | |
|--|-------------------|--|--------------------|-------------------------------------|--|
| 2. Valid ID | | Government Institutions | | | |
| FINANCIAL ASSISTA | NCE FOR LIVELIHO | DOD | | | |
| FINANCIAL ASSISTANCE FOR LIVELIHC 1. Result of the Handa Ka Na Bang Magnegosyo? The client score's must be 75 and above in order to be eligible for the livelihood Program, to determine the preparedness of the client to start their business. Re-assessment will be conducted to clients who will have a score of 74 and below or they may be considered to avail financial assistance for employment. 2. Project Proposal. They may write using | | DSWD Field Offices | | | |
| their vernacular or loca | | | | | |
| be assisted by the soci | | | | | |
| preparation of the said | proposal. | | | | |
| 3. Valid ID | | | ent Institutions | | |
| 4. Social Case Study R | eport | | | Social Welfare and | |
| | | Developm | | | |
| | | DST-RESC | UE OPERATION | OF VICTIM- | |
| SURVIVORS OF TRAF | FICKING | | | | |
| No Documents need. | | DSWD Field Offices -Victim-survivors of trafficking during rescue operation. Social workers are highly | | | |
| | | needed to provide psychosocial counseling and | | | |
| | | assist victim-survivors of trafficking all throughout | | | |
| | | the process from recovery to reintegration. | | | |
| PROVISION OF TEMP | ORARY SHELTER | | | | |
| 1. Referral Letter from t | | DSWD Field Offices -Victim-survivors of trafficking | | | |
| (1 Original and 1 Phot | | may be placed in DSWD run/ registered, licensed | | | |
| | | and accredited residential care facilities for | | | |
| | | protective custody. | | | |
| SUPPORT FOR VICTI | M-SURVIVORS/ WI | TNESS AND TRANSPORTATION ASSISTANCE | | | |
| 1. Valid ID | | Government Institutions | | | |
| 2. Social Case Study R | eport | DSWD Field Office or Local Social Welfare and | | | |
| | | Development Office | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. The victim | 1.1 Interview of | | | | |
| survivors of trafficking | the client | | | | |
| may visit the DSWD | 1.1.1 Provide | | | | |
| Field/ Regional Office | Psychosocial | | | | |
| or Rescued by Social | Counseling | - | | Ms. Lael B. Gasco | |
| Worker | 1.1.2 Conduct | None | 2 hours | SWO II – OIC, | |
| | Assessment | | | Community Based Services Section | |
| | If the Client | | | SEIVICES SECTION | |
| | needs Temporary | | | | |
| | Shelter refer to | | | | |
| | Residential Care | | | | |
| | Facility. | | | | |



Field Office - National Capital Region

| - | | r | | |
|---|---|------|----------------|---|
| | 1.1.3 The Social Worker provides a list of documentary requirements depending on the assistance to be provided. Refer to the list of requirements. 1.1.4 Refer to the list of requirements. | | | |
| 2. Submit Documentary Requirement for the service/s to be availed | 2.1 Screening of the submitted documents (Note: Given all requirements are submitted by the client) | | 10 minutes | |
| | 2.1.1 For the livelihood assistance, the RRPTP Social Worker will forward the documents to Sustainable Livelihood Program for further assessment. | | | Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section |
| | 2.2 Processing of the assistance being sought; a. Preparation of Voucher (if financial related b. Social Case Study Report c. Preparation of referral letter (if needs other program assistance) | None | 7-15 days | Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section |
| | 2.3 PSU/ CBU Division Chief and Budget Officer recommend the provision of assistance for | | 3 working days | Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section |



| Eigld | Office | National | Conital | Pagian |
|-------|-----------|----------|---------|--------|
| Field | i Unice - | National | Capital | Region |

| | | approval of the Regional | | | |
|--|----------------------------|---|---------|----------------|---|
| | | Director. | | | |
| | | 2.4 The Regional Director approves the provision of assistance to the victim-survivors of trafficking. | | 2 working days | Atty. Michael Joseph J. Lorico Regional Director – FO NCR |
| | | 2.5 Releasing of the assistance to client (Cash or Non-Cash) | | 2 working days | |
| 3. Accompli Satisfaction Measureme (CSMS) | า | 3.1 RRPTP Social Worker shall provide the client the copy of the CSMS to provide feedback regarding the service received | None | 5 minutes | Ms. Lael B. Gasco SWO II – OIC, Community Based Services Section |
| Total for Temporary Shelter | | | 2 hours | | |
| TOTAL Total for Livelihood Assistance | | relihood | NONE | 12 days | |
| • | Total for other Assistance | | | 5 days | |