

7. Psychosocial Support Interventions for Persons Living with HIV (PLHIV), their Affected Families, and Persons at-High Risk of HIV Infection

As part of the DSWD’s psychosocial care and support services for persons living with HIV (PLHIV) and their affected families and in accordance with Section 36 of RA 11166, the Department, through its Field Offices (FOs) provides economic assistance for education, livelihood, burial/funeral, transportation, medical, and food. These forms of assistance are meant for individuals and families of PLHIV in need of social welfare and development interventions.

The direct provision of these assistance aims to mitigate the impact of HIV and AIDS on affected individuals and their families, assuring their well-being and contributing to the overall response of the national government to HIV and AIDS.

Office or Division:	Field Office (Protective Services Division/Unit, Community Based Services Unit/ Section	
Classification:	Simple	
Type of Transaction:	G2C - Government to Citizen	
Who may avail:	People Living with HIV (PLHIV) and their affected families	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Medical Assistance for Hospital Bill		
1. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none">Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)	
2. Medical Certificate/Clinical Abstract complete with name, license number and signature of the Physician issued within three months (original and one(1) photocopy)	<ul style="list-style-type: none">Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities	
3. Hospital bill / Statement of Account (outstanding balance) with name and signature (original and one(1) photocopy)	<ul style="list-style-type: none">Billing clerk of the hospital	
4. Social Case Study Report/ Case Summary	<ul style="list-style-type: none">Licensed social worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities	
5. Certificate of Indigency or Barangay Certificate declaring client's situation (original and one(1) photocopy)	<ul style="list-style-type: none">From the Barangay where the client is presently residing.	
Medical Assistance for Medicine		
1. Medical Certificate/Clinical Abstract complete with name, license number and signature of the attending physician issued within three months (original and one(1) photocopy)	<ul style="list-style-type: none">Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities	
2. Prescription with date of issuance, complete name, license number and signature of the Physician issued within three (3) (original and one(1) photocopy)	<ul style="list-style-type: none">Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities	

3. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none"> Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
4. Social Case Study Report/ Case Summary	<ul style="list-style-type: none"> Licensed social worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities
5. Certificate of Indigency or Barangay Certificate declaring client's situation (original and one(1) photocopy)	<ul style="list-style-type: none"> From the Barangay where the client is presently residing.
Medical Assistance for Laboratory Requests	
1. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none"> Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
2. Medical Certificate/Clinical Abstract complete with name, license number and signature of the Physician issued within three months (original and one(1) photocopy)	<ul style="list-style-type: none"> Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities
3. Laboratory Requests with name, license number and signature of the attending physician issued within three (3) months (original and one(1) photocopy)	<ul style="list-style-type: none"> Attending Physician or from Medical Records of the designated Treatment Hubs and/or Primary HIV Care Facilities
4. Social Case Study Report/ Case Summary	<ul style="list-style-type: none"> Licensed social worker from DSWD, Local Social Welfare and Development Office, Medical Social Services, Treatment Hubs, and Primary HIV Care Facilities
5. Certificate of Indigency or Barangay Certificate declaring client's situation (original and one(1) photocopy)	<ul style="list-style-type: none"> From the Barangay where the client is presently residing.
Burial Assistance for Funeral Bill	
1. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none"> Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
2. Death Certificate or Certification from the Tribal Chieftain (for IPs), Imam (for Moro), or any authorized medical practitioner in the absence of a death certificate (original and one(1) photocopy)	<ul style="list-style-type: none"> City/Municipal Hall (Civil Registry Office), hospital, Funeral Parlor or Tribal/Religious Chieftain/Leader,
3. Funeral Contract with Outstanding Balance except for Muslims and Indigenous People performing customary practices (original and one(1) photocopy)	<ul style="list-style-type: none"> Authorized staff of the Funeral Parlor/ Memorial Chapel
4. Certificate of Indigency or Barangay Certificate declaring client's situation (original and one(1) photocopy)	<ul style="list-style-type: none"> From the Barangay where the client is presently residing.
Burial Assistance for Transfer of Cadaver	
1. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none"> Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
2. Death Certificate or Certification from the Tribal Chieftain (for IPs), Imam (for Moro), or any authorized medical practitioner in the absence of a death	<ul style="list-style-type: none"> City/Municipal Hall (Civil Registry Office), hospital, Funeral Parlor or Tribal/Religious Chieftain/Leader

certificate (original and one(1) photocopy)	
3. Funeral Contract except for Muslims and Indigenous People performing customary practices (original and one(1) photocopy)	<ul style="list-style-type: none"> Authorized staff of the Funeral Parlor/ Memorial Chapel
5. Certificate of Indigency or Barangay Certificate declaring client's situation (original and one(1) photocopy)	<ul style="list-style-type: none"> From the Barangay where the client is presently residing.
Educational Assistance	
1. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none"> Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
2. Validated school ID of the student beneficiary	<ul style="list-style-type: none"> Registrar, Authorized staff from the school
2. Enrolment Assessment Form or Certificate of Enrolment or Registration (original and one(1) photocopy)	<ul style="list-style-type: none"> Registrar, Authorized staff from the school
3. Statement of Account for college students, when available. This may not be available to State Universities Registrar (original and one(1) photocopy)	<ul style="list-style-type: none"> Registrar officer, Authorized staff from the school
4. Certificate of Indigency or Barangay Certificate declaring client's situation (original and one(1) photocopy)	<ul style="list-style-type: none"> From the Barangay where the client is presently residing.
Food Assistance for Individuals and Families	
1. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none"> Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
2. Barangay Certificate/ Certificate of Residency	<ul style="list-style-type: none"> From the Barangay where the client/s is/are presently residing.
Transportation and Cash Assistance for Other Support Services	
1. Any valid identification card of the client/ person to be interviewed	<ul style="list-style-type: none"> Government agencies issuing an identification card(SSS, Philhealth, LTO, PAG-IBIG, COMELEC, NBI, DFA and among others)
2. Depending on the circumstances: -Police Report/ Bureau of Fire Protection Report from the Bureau of Fire -Passport, Travel Document/s, certification from OWWA or the Barangay -Certification from social worker or Case manager from rescued clients. -Police Blotter and social worker's certification for the victims of online sexual exploitation of children - For Locally stranded individuals (LSI) without valid IDs, the Medical Certificate or the Travel Authority issued by the Philippine National Police will suffice and be accepted to prove his/her identity.	<ul style="list-style-type: none"> Police Station, Bureau of Fire, Philippine Embassy / Consulate, Social Worker from welfare agencies.

3.For all other incidents- Barangay Certificate of Residency or Certificate of Indigency or Certificate of the Client is in Need of Assistance as well as other documents from legal authority's/regulating agencies, as may be applicable.		<ul style="list-style-type: none">From the Barangay where the client is presently residing.		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client receives accomplish Health Declaration Form and received queuing number	1. Issuance of Health Declaration Form and queue number	None	5 minutes	Admin / Security Personnel
2. Submits documents and self for interview and assessment	2.1 Conduct initial interview to identify needs / queries of client If asking for informational service , provide necessary information and a copy of checklist of requirements. If submission of requirements to avail service, receive documents 2.2 Review documents submitted by client. If the client is a referral from other agencies or organizations: <ul style="list-style-type: none">Check Documentary Requirements for needed Assistance and completeness of forms for referrals If the walk-in client , PLHIV: <ul style="list-style-type: none">Conduct initial interview to identify assistance being sought for and review document requirements being presented as to	None	5 minutes	Iona Cielo A. Azarcon, SWO I- PLHIV Focal
		None	5 minutes	Iona Cielo A. Azarcon, SWO I- PLHIV Focal

	<p>completeness and compliance</p> <p>If supporting documents are incomplete and non-compliant, provide a checklist. Check the completed / compliant documentary requirements and highlight incomplete/ noncompliant requirements for submission and ask client to return with completed documents required.</p>			
3. Client to fill-out necessary fields in prescribed forms	<p>3. Conduct of further verification of submitted documents and probing interview</p> <ul style="list-style-type: none">• Verify submitted requirements for veracity, consistency, and authenticity.<ul style="list-style-type: none">- If one or more documents are found to be inauthentic or contains inadequate details, provide explanation to client;- Provide a checklist and identify which document is inauthentic and inadequate.• Conduct assessment and intake interview <p>4.Recommend assistance to be provided to client and facilitate disbursement or referral to other DSWD OBSUs</p> <p>If assistance may be directly provided:</p>	None	15 minutes	<p>Iona Cielo A. Azarcon, SWO I- PLHIV Focal</p>
		None	15 minutes	<p>Iona Cielo A. Azarcon, SWO I- PLHIV Focal</p> <p>Authorized approving personnel</p>

	<ul style="list-style-type: none">• Preparation of Certificate of Eligibility• Encoding of client's information to registry and accomplishment of Form Three (3) Referral Feedback if client was referred by another agency;• Submit documents to authorized personnel for review and approval;• Ensure all required signatories and fields are accomplished. <p>If client needs to be referred to other OBSUs such as the CIS and SLP:</p> <ul style="list-style-type: none">• Social worker to facilitate referral with reference to respective Citizen's Charter of receiving offices;• Conduct follow-through to seek feedback on the actions taken and/or, if needed, provide further clarification. <p>5. Social worker completely facilitates approval of documents and actual disbursement of assistance that may either be Cash or a Guarantee Letter to identified service provider</p> <ul style="list-style-type: none">• Designated approving officer/s conduct/s final review of submitted documents and initiate final approval of the worker's recommendation;	None	<p>If within the day: 30 minutes to one (1) hour depending on the amount and assistance being sought for</p> <p>If not, within three (3) working days or depending on the availability</p>	<p><i>Iona Cielo A. Azarcon,</i> <i>SWO I- PLHIV Focal</i></p> <p><i>Authorized approving personnel</i></p>
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	<ul style="list-style-type: none"> Preparation of vouchers of designated personnel; and Actual disbursement of assistance to client 		y of funds and/or authorized approving officers; as well as the amount and assistance being sought	Ma. Genette Marban, <i>Cashier or Designated disbursing officer</i>
4. Client accomplish Client Satisfaction Survey Form	6. Issue Client Satisfaction Survey (CSS) Form to client <ul style="list-style-type: none"> Ask client to completely fill-out the CSS Form; Collect accomplished form and submit to designated personnel for consolidation 	None	10 minutes	Iona Cielo A. Azarcon, SWO I- PLHIV Focal
TOTAL		For within the day transaction: 1 hour and 45 minutes If not within the day: 3 days, 1 hour, and 15 minutes		

b. Referral for Care and Support Services

In compliance with Section 35 of the Implementing Rule and Regulations of the then *Philippine AIDS Prevention and Control Act of 1998* or RA 8504, the DSWD has developed a referral system to assist Persons Living with HIV and AIDS in accessing available care and support services. The new *Philippine HIV and AIDS Policy Act* or RA 11166 also cites the use of the Department’s Referral Mechanism for various stakeholders to protect and promote the rights of PLHIVs and affected families.

This mechanism aims to ensure access of PLHIV to a quality and timely delivery of services and is also intended to facilitate coordination between and among service-providers.

Office or Division:	Field Office (Protective Services Division/Unit, Community Based Services Unit/ Section
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	People Living with HIV (PLHIV) and their affected families

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Form 1: Intake Form 2. Informed Consent 3. Form 2: Referral for Service 4. Form 3: Referral Feedback 5. Form 4: Referral Registry		Referring agency		
Within the Day Transactions				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Clients get queuing and accomplish Health Declaration Form 2. Submit complete requirements/ documents to PLHIV Focal/ Social Worker on duty	1. Issuance of Queue Number and Health Declaration Form	None	5 Minutes	Admin / Security personnel
	2. Receive and review of submitted documents 3. Provide appropriate action and assistance: If the client is a referral from other agencies or organizations: <ul style="list-style-type: none">• Check Documentary Requirements for particular assistance needed;• Review Referral Forms 1 to 4; and• Proceed to SOP No. 2: Provision of Assistance to PLHIVs If client needs additional services, DSWD will act as the Referring Agency and will facilitate Referral Mechanism: <ul style="list-style-type: none">• Consult Directory to identify the appropriate service provider / agency;• Fill-out Form 2 then give it to the client;• Fill-out Form 4 then place it in the client's file;• Complete and update Referral Register on spreadsheet;• Advise client to go to the Receiving Agency; and	None	30 minutes	Iona Cielo A. Azarcon, SWO I-PLHIV Focal

3. Accomplish Client Satisfaction Survey Form	<ul style="list-style-type: none"> Coordinate with Receiving Agency regarding the referral/client and accomplishment of Form 3 			
	4. Issue Client Satisfaction Survey Form (CSS) and collect filled-out CSS			
	5. Conduct follow-up from Receiving Agency and/or client within 15 days upon receipt of referral: <ul style="list-style-type: none"> Coordinate with Receiving Agency and seek for updates; Ask for Form 3 either from client and or Receiving Agency; Review Form 3; and Complete and update Case File and Referral Register 	None	5 minutes	<i>Iona Cielo A. Azarcon, SWO I-PLHIV Focal</i>
		None	15 minutes	<i>Iona Cielo A. Azarcon, SWO I-PLHIV Focal</i>
TOTAL		None	55 minutes	

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback?	DSWD Field Office send memo / email to DSWD-PMB
How feedbacks are processed?	DSWD-PMB send reply letter / memo to the concerned Field Office
How to file a complaint?	Complaints can be filed through postal mail or e-mail to PMB-DSWD. The details of the complaint should be included in the information.
Complainant using 8888	SMS will receive the complaint and will be forwarded to PMB if the concern is : <ol style="list-style-type: none"> On Programs and Services- SPD will be the one replying to the complaint On Personnel and other outside matters- The Focal Person will be the one replying to the complaint
How complaints are processed?	The concerned Office will conduct a case conference/meeting to discuss the issue/concern. If necessary, to set a meeting with the complainant and discuss the concern. Internal investigation shall be conducted within the Bureau, then provide recommendation and officially send reply letter/memo to the concerned DSWD-Field Office.

Contact information	<p>ARTA : complaints@arta.gov.ph PCC: 8888</p> <p>CONTACT CENTER NG BAYAN: SMS : 0908 881 6565 Call : 165 56 P 5.00 + VAT per call anywhere in the Philippines via PLDT landlines Email : email@contactcenterngbayan.gov.ph Facebook : https://facebook.com/civilservicegovph/ Web : https://contactcenterngbayan.gov.ph/</p>
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