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Subject : ***Guidelines on the Implementation of the Psychosocial Care and Support Services for Persons Living with HIV (PLHIV) and their Affected Families***

I. RATIONALE

The Department of Health (DOH) – National Epidemiology Center (NEC) described the HIV and AIDS epidemic as "consistently expanding," from 1984 (the year of the first HIV case was diagnosed) to November 2012, our country has recorded a total of 3,405 HIV positive cases, sexual contact is the major mode of transmission, followed by mother-to-child transmission, and injecting drug use.[1]

With these data, by 2015, if HIV transmission will not be curbed the Department of Health-National Epidemiology Center estimated that the number of PLHIV will reach 35,941[2] by year 2015 and of these number, 1,984 Persons Living with HIV (PLHIV) will be needing Antiretroviral Therapy (ART). This will mean a multiple burden amongst the PLHIV and their families because HIV and AIDS epidemic has become costly to families, communities, and nations. It has become one of the challenging epidemic that mankind has encountered. In the Philippines, the medications for HIV cost about PhP 360,000 a year, or PhP 30,000 a month. The cost for treatment of opportunistic infections varies according to type of infectious agent. Opportunity costs within the family are also lost because of the amount of time spent in taking care of PLHIV.[3]

High cost of AIDS is easily seen at the individual or household level, rather than in the country level. When it has reached epidemic proportions, households and communities are the first to be affected. Its impact on individuals, families, and communities is significant enough to threaten social cohesion and solidarity among families and deplete community resources.

The Filipino family at this point is quite unprepared to understand, accept, and care for an HIV positive family member. This was one of the findings revealed by the PLHIV in a Focused Group Discussion (FGD) conducted by the Department of Social Welfare and Development – Social Technology Bureau (DSWD-STB) in 2010. To aggravate the situation, the person with HIV loses his/her productive capacity and financial contribution to the family income. Further, the children often become the

[1] http://www.pnac.org.ph/uploads/documents/publications/NEC_HIV_Nov-AIDSreg2012.pdf
[2] http://passthrough.fw-notify.net/download/302176/http://www.pnac.org.ph/uploads/documents/publications/2011 MARP and PLHIV Estimates.pd
[3] DSWD Care and Support: A Self-Instructional Manual for Social Workers on HIV/AIDS/STI, Manila; 2002.

victims of neglect and are left to bear the burden when the PLHIV get temporary shelter or confinement in health care facilities, without family support. Young children of the PLHIV become first hand witnesses to the pains and miseries of the PLHIV and furthermore, the burden of care shifts to them, because no one in the family is willing to take care of them or if there are, they lack the necessary skills in caring for them.

In order to address the problem, Republic Act 8504 otherwise known as "Philippine AIDS Prevention and Control Act of 1998" was enacted. The Philippine National AIDS Council (PNAC) was also created where DSWD is a member. Alongside, is the AIDS Medium Term Strategic Plan V (2011-2016) approved by PNAC whicht serves as a blueprint for policy and action in accelerating the country's response to STI, HIV and AIDS.

In support to the initiatives of the government to mitigate the impact of HIV and AIDS on the family, the Social Technology Bureau (STB) with support from the United Nations Development Program (UNDP) implemented two phases of HIV and AIDS response/project.

The Phase 1 "Care and Support Services for Persons Living with HIV and AIDS Project pilot-tested in 2006-2008," is described as a community-based intervention for the prevention and management of the risks and related problems of the HIV infection or those who are PLHIV. It is geared towards the education and capability building of the individuals, family, and community in managing the impact of HIV and AIDS. The model of intervention is basically social protection thru social welfare services addressing the problems encountered by those affected by the HIV and AIDS.

The phase 2 was the "Mitigating the Economic and Psychosocial Impact of HIV and AIDS" implemented in 2009-2011," it reviewed and strengthened referral mechanisms to provide services, including psychosocial services, and enable PLHIV OFWs to continue to be economically productive upon re-entry in the country. It integrated and mainstreamed direct PLHIV case management into the livelihood and psychosocial support services of DSWD.

Given the gains of the pilot-testing of the aforementioned project, it is imperative to institutionalize the psychosocial care and support services strategies for the prevention, treatment, management and alleviation of the problems associated with HIV and AIDS infection at all levels: individual, family, and community.

In so doing, the PLHIV can still become productive members of the society and their lives can be prolonged, their families are strengthened, and stigma and discrimination can be reduced if not totally eliminated. At the end, this program shall contribute to the country's attainment of Millennium Development Goals (MDG) 6.

II. LEGAL BASES

A. International Instruments

- The Millennium Development Goals (MDG) adopted in 2000, include *Goal 6: Combat HIV/AIDS, malaria and other diseases, Target 6A. Have halted by*

2015 and begun to reverse the spread of HIV/AIDS and Target 6B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. The Philippines is committed to prevent the spread of HIV in the country and to reduce the impact of the disease on infected and affected individuals, families, and communities by implementing the national law enacted in 1998.

- United Nations General Assembly Special Session (UNGASS) Declaration of Commitment (DoC) on HIV/AIDS which was adopted on 27th June 2001. The DoC "Global Crisis - Global Action" acknowledges that the AIDS pandemic constitutes a "global emergency and one of the most formidable challenges to human life and dignity" and calls for an urgent, coordinated, and sustained response to HIV and AIDS. It stresses that "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV and AIDS," and covers broad areas including leadership, prevention, care, support and treatment, and human rights.

B. Regional Instruments

- ASEAN Declaration on HIV/AIDS was adopted during the 7th ASEAN Summit on 6 November 2001 at Brunei Darrussalam. The Leaders of the ten ASEAN countries agreed to lead and guide national responses to the increasing incidence of HIV and AIDS in the region and strengthen multi-sectoral and inter-ministerial collaboration at the international and national levels to implement HIV and AIDS programs, among others. An ASEAN Task Force on AIDS was created which formulated the ASEAN Work Program on HIV/AIDS to ensure the region's commitments to the UNGASS and the ASEAN Declaration by member countries.

C. National Instruments

- The Philippine AIDS Prevention and Control Act of 1998 (RA 8504) was signed on February 13, 1998 instituting a nationwide HIV and AIDS information and educational programs, provision of services to PLHIV, establishing a comprehensive HIV and AIDS monitoring system and strengthening the Philippine National AIDS Council (PNAC).

- PNAC approved the formation of the *Regional AIDS Assistance Teams (RAATs)* by virtue Resolution No. 3 dated 27 April 2007. The Department of the Interior and Local Government (DILG), Department of Health (DOH), and Department of Social Welfare and Development (DSWD) signed a Joint Memorandum Circular on 9 November 2009 which governs the operation of RAATs. RAATs are made up of focal points from these three departments and the major function is to harmonize, coordinate and maximize resources on HIV and AIDS response, and converge the multi-stakeholders in the formulation of policies, plans, programs, and services.

- On October 17, 2011, PNAC also approved the *Resolution Espousing the Referral System for Care and Support Services for Persons Living with HIV*

and their Families in the Community Level (PNAC Resolution No.002, Series of 2011) that ensures that programs and services are harmonized and coordinated, resources are maximized and gaps in services are identified. At the same time the referral system recognizes the convergence of multi-stakeholders in the formulation of policies, plans, programs, and services relative to the Care and Support Services for PLHIV in the community level.

- The Fifth AIDS Medium Term Plan (2011-2016)) or AMTP 5 envisions the halt to the present rate of HIV infection in the Philippines by preventing the further spread of HIV infection and reducing the impact of the disease on individuals, families, communities, and various sectors. It aims to broaden its reach among the general population, especially those most-at-risk and are found to be the present drivers of the epidemic such as Men having Sex with Men (MSM) and People Who Inject Drugs (PWID).[4]

III. DEFINITION OF TERMS

- **Acquired Immune Deficiency Syndrome (AIDS)**[5]– a condition characterized by a combination of signs and symptoms, caused by HIV contracted from another person and which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections.

- **Coordinating Agency (CorA)** – is the organization designated as a central focal point for the referral network.

- **Continuum of Care (CoC)** – is a framework that addresses HIV as a chronic disease and develops systems that provide humane, effective, high-quality, comprehensive, and continuous care to PLHIV, their families, and significant others. It provides essential services and supportive environment to PLHIV and their family.

- **Direct Service Provider** – is the direct social worker, health provider/worker, peer educator, and a member of support group who shall handle / manage the case of the PLHIV, his/her family, and significant others.

- **Human Immunodeficiency Virus (HIV)** – refers to the virus which causes AIDS.

- **HIV and AIDS Monitoring** – refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread.

- **HIV and AIDS Prevention and Control** – refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of persons living with HIV.

- **HIV positive** –Showing indications of infection with HIV (e.g., presence of antibodies against HIV) in a blood. Synonymous with seropositive. Results may occasionally be false positive.

[4] http://www.pnac.org.ph/index.php?page=the-5th-aids-medium-term-plan-2011--2016
[5] R.A. 8504 "An Act Promulgating Policies and Prescribing Measures for the Prevention and Control of HIV/AIDS in the Philippines, Instituting a Nationwide HIV/AIDS Information and Educational Program, Establishing a Comprehensive HIV/AIDS Monitoring System, Strengthening the Philippine National AIDS Council, and for other Purposes, 1998

- **HIV – negative** – Showing no evidence of infection with HIV (e.g., absence of antibodies against HIV) in a blood. Synonymous with seronegative. An HIV-negative person can be infected if he or she is in the window period between HIV exposure and detection of antibodies.

- **High-Risk Behavior** – refers to a person's frequent involvement in certain activities which increase the risk of transmitting or acquiring HIV.

- **Informed Consent** – refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.

- **Person Living with HIV (PLHIV)** – refers to an individual who is confirmed HIV positive or seropositive by the Department of Health (DOH).

- **Receiving Agency (RecA)** - the organization to which the client is referred for services and is also sometimes called the organization that fulfilled the referral.

- **Referring Agency (RefA)**- the organization that first makes the referral and is also sometimes called the point of initiation of the referral.

- **Referral** - is the process by which immediate client needs for comprehensive HIV care and supportive services are assessed and clients are helped to gain access to services, such as setting up appointments or giving directions to facilities. Referral should also include reasonable follow-up efforts to facilitate contact between service providers and to solicit clients' feedback on satisfaction with services.

- **Referral System** – is a co-operative framework through which government agencies carry out their obligations to protect and promote human right of PLHIV, coordinating their efforts in a strategic partnership with NGO/FBO and civil society as a whole. The main purpose is to ensure the human rights of PLHIV are respected and to provide an effective way to refer them to support services to address their various needs.

- **Reproductive Health (RH)** - as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and systems at all stages of life. Reproductive Health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant[6].

- **Sexually Transmitted Infection (STI)** – refers to any infection that maybe acquired or passed on through sexual contact.

[6] WHO Regional Strategy on Sexual and Reproductive Health, Denmark, 2001

- **Significant Others** – who are not considered as members of the family, they are the intimate partners, boy/girlfriends, peers of the Person Living with HIV.

- **Assistance to Individual Crisis Situation (AICS)** – this is a daily service/intervention of Emergency Assistance Program to be extended to a walk-in needy adult client who comes to the Office requesting for financial assistance for his/her immediate need such as food, medicine and transportation.

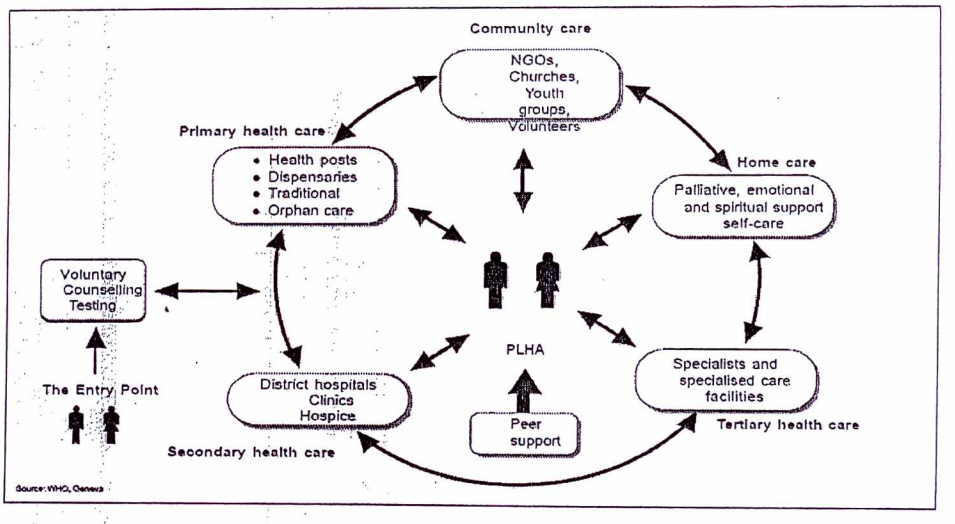
- **Case Management** – is a method of providing services whereby a professional Social Worker collaboratively assesses the needs of the clients and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs.[7]

IV. THEORETICAL FRAMEWORK

Continuum of Care (CoC)

Persons Living with HIV and their families have emotional, social, physical and spiritual needs that change over time. They often must cope with the effects of stigma and discrimination, poverty, loss, neglect and abandonment. Figure 1 shows how Continuum of Care (CoC) addresses HIV as a chronic disease and develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIV and their families.

Figure 1: The continuum of care



[7] http://www.sswlhc.org/docs/swbest-practices.pdf date accessed February 11, 2013

Continuum of Care (CoC) is a framework that describes the holistic response to the pressing needs of PLHIV, their families and children, and significant others. Responses involve the medical and psychosocial interventions as well as other support services that are necessary to restore the social functioning of PLHIV and their affected families and children. These services include emotional support and counseling, self-care empowerment, sexual and reproductive health services, standard-prophylaxis, tuberculosis (TB) screening and treatment, access to care and treatment of opportunistic infections (OIs), assistance with transport to referral sites, food and income support, end-of-life care and future planning and support for children and other family members.[8]

The Continuum of Care creates an enabling environment of mutual trust and support between and among the PLHIV and the service providers that would help in the smooth facilitation and access to various support services.

The Continuum of Care is a network that links, coordinates and consolidates care, treatment, and support services for PLHIV. These services are provided in their homes, in the communities where they live, and in the health facilities that serve them.

The Continuum of Care is also the group of services that provide comprehensive support to PLHIV and their families. While these services are generally provided by a number of different organizations, the system that links and coordinates them is planned and managed by the referral network whose members include government officials, service providers, non-governmental organization (NGO) representatives, PLHIV, and other stakeholders.

Care and Support Services for PLHIV and their Families

Within the Continuum of Care (CoC) and upon the decision of the PLHIV to avail care and support services, the social worker, who may come from the Local Social Welfare and Development Office, Non-Government Organizations, Faith-Based Organizations, or DSWD, will serve as the case manager.

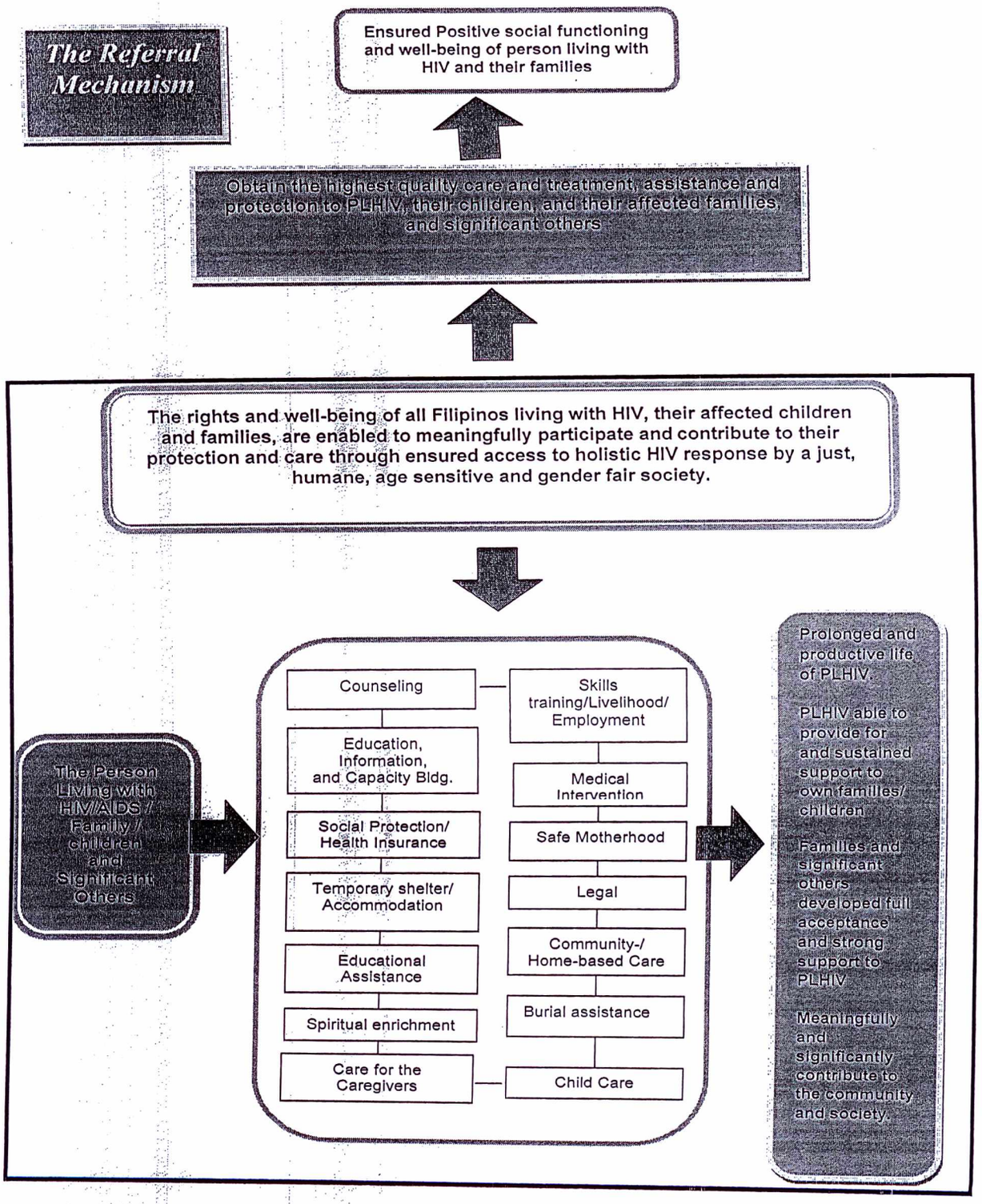
The PLHIV and their caregivers are active participants in defining their needs and seeking options to meet these needs. They work collaboratively with a cadre of case managers who have been trained in the HIV disease process, community care, treatment and support services, and facilitating access to needed care and services. Each case manager has a defined caseload of clients.

The National Referral Mechanism[9]

Figure 2 shows the array of services, goals, and objectives of the national referral mechanism. Depending on the assessment of the social worker and/or decision of the PLHIV, any of these programs and services may be availed by the PLHIV and their families in no particular order or sequence.

[8] Scaling Up the Continuum of Care for People Living with HIV in Asia and the Pacific: a Toolkit for Implementers
[9] Referral System for Care and Support Services for Persons Living with HIV in the Community

Figure 2 The Referral Mechanism



V. OBJECTIVES

General Objective

The project aims to enhance access to psychosocial, economic and support services for People Living with HIV (PLHIV) and affected families.

Specific objectives:

1. Enhance the economic capacities of the persons living with HIV and their families through the provision of livelihood and other support services.

2. Facilitate psychological healing and recovery and promote harmonious relationship among family members through the provision of various psychosocial services to persons living with HIV and their families.

3. Fully adopt and institutionalize the Referral System for Care and Support Services for Persons Living With HIV and their Families in the Community.

4. Strengthen inter-agency partnerships and provide capacity building and skills enhancement to social workers / service providers, technical assistance, resource augmentation; and

5. Promote sustainable inter-agency partnership and mechanisms to respond to the needs of persons living with HIV and their families through coordination meetings and other related advocacy activities.

VI. DESCRIPTION

The ***Psychosocial Care and Support Services for Persons Living with HIV (PLHIV) and their Affected Families*** is a community based intervention for the prevention and management of the risks and related problems of HIV infection among infected and affected individuals and families. It is geared towards the education and capability building of the individuals, family, and community in managing the impact of HIV and AIDS. It will make use of the established referral system for accessing support services to the PLHIV and affected children and families in the community and in residential and hospital-based clientele. Interventions include advocacy, capability building of families on the care and management of persons with HIV and AIDS, referral services, livelihood, direct services among others.

VII. TARGET CLIENTELE

The primary target beneficiaries of the project are the following:

- Persons Living with HIV (PLHIV) - individuals confirmed as HIV reactive or seropositive by Department of Health (DOH).

The secondary target beneficiaries are the following:

- Affected families
- Orphaned Vulnerable Children (OVC)
- Affected, vulnerable, and high risks communities.

VIII. PROJECT COMPONENTS

I. Prevention

a) Advocacy and Information Education Campaign

This involves advocacy activities (e.g., Celebration of Candlelight Memorial and World AIDS Day) and information dissemination and education leading to formulation of policies for its eventual institutionalization of the care and support program at all levels.

b) Capability Building

Continuous conduct of capability building activities will be provided to Social Workers directly providing services to clientele in the community, particularly in the high risk areas identified by Philippine National AIDS Council (PNAC) as well as to community leaders/volunteers. Social Workers shall be trained on how to manage cases of PLHIV, and affected family/children using the manuals developed by the Department, namely: the Care and Support: A Self-Instructional Manual for Social Workers on HIV/AIDS/STI, and the Referral System for Care and Support Services for Persons Living with HIV and their Families in the Community.

c) *Community Organizing-Organization of Community Based Action Team*

This also involves establishing and/or strengthening support groups of PLHIV family members in sharing their experiences; providing assistance in times of crisis and giving substitute care when necessary;

The team will be responsible in the conduct of the following:
- Information and education campaign
- Peer education/peer counseling
- Family and community life enrichment
- Initial intervention and referral for appropriate needs of PLHIV
- After care and follow-up

II. Management and Treatment

A. Counseling

This includes the provision of emotional/psychological support to PLHIV and their families specially the children in stressful situations by assisting them in relieving their anxieties and enhancing their capability to make appropriate decisions to resolve their problems. PLHIV and their affected family/children may undergo counseling session during the helping process (case management principles and procedures shall apply).

In consonance with the provisions of RA 8504, the social worker trained on HIV and AIDS may provide counseling prior to and after HIV testing if the family and significant others of the PLHIV are on high risk of acquiring HIV and have agreed to undergo HIV anti-body testing. Likewise, depending on the assessment of social worker, other forms of counseling such as Adherence to Medication, Group, Couple, Family, Grief and Bereavement, Task-oriented, Preparation for death of PLHIV, Planning relative to custody of children, and Coping with guilt feelings, may also be provided to the PLHIV and his/her family.

The counseling session is very significant to enable the client to express his/her feelings and to be able to make realistic decisions/ acceptance of his/her condition, and most especially disclosure of his/her situation to his/her family. The development of a strong support system for the PLHIV shall be the fundamental goal of the counseling session.

B. Alternative Family Care for Children

When a child is abandoned/neglected or orphaned of parents infected with HIV and AIDS, the Department and/or a licensed child caring agency shall provide alternative family care through adoption, foster care, and residential care whichever is appropriate to the child's needs. The residential care facility shall abide and comply on the Department's *Guidelines on HIV/AIDS Testing of Children Under the Care and Custody of DSWD (Administrative Order No. 159, Series of 2002, Signed by Sec. Corazon Juliano-Soliman)*

Day Care Service or Supervised Neighborhood Play may also be availed of to take care of the children of PLHIV aged 3-6 or 0-6 years old respectively for temporary substitute care.

C. Home-based Care for PLHIV

Family Enrichment sessions and psychosocial interventions must be made available to families/children of PLHIV to process the feelings of the family towards the PLHIV and their fears of infection, as well as stigma and discrimination.

The family of PLHIV must also be empowered to overcome the crisis and be able to carry out their social functioning. Likewise, the family members shall be provided education and support services to enable them to provide appropriate care to PLHIV patient at home.

D. Establishment of referral mechanism

A referral mechanism involves a network of stakeholders to achieve a common goal. The referral process should be transparent and the responsibility and authorities of each participant should be strictly determined in such a way as to guarantee the protection of victim's interests and observance of human rights. Starting a referral system involves several steps as enumerated below. The Coordinating Agency (CorA) or a Receiving Agency (RecA)/Referring Agency (RefA) may establish a referral system within any level of the LGU or at the agency level as service provider.

E. Networking and Resource Generation

This involves tapping and maximizing local, national and international resources, linking with other agencies and organizations for resource mobilization

F. Provision of Economic and Psychosocial Support Services

These are direct interventions that aim to mitigate the impact of HIV and AIDS on affected families and communities especially children, assuring their protection and well-being. Such interventions are important components of the overall response to HIV and AIDS, among these are:

- Economic Empowerment

  This is the provision of assistance either in cash or in kind for education, skills training, livelihood, burial/funeral, transportation to PLHIV and their affected families and children. Any or all of these forms of assistance are meant for individuals and families of PLHIV in need of social welfare and development interventions. These may also be available at the DSWD Crisis Intervention Units (CIUs), subject to existing CIU guidelines.

- Special Protection for children infected or affected by HIV and AIDS

  This refers to the conscious application and recognition of child's rights provisions and principles stipulated in the Convention on the Rights of the Child and expressed in national child protection and development laws. This is provision of subsidy for Orphan and Vulnerable Children (OVCs) and foster families and educational assistance to OVCs.

- Respite Care

  The primary purpose of respite care is to relieve caregivers/family members from stress, thereby enabling them to continue caring for their family members.

III. Rehabilitation/ Reintegration

- Provision of After - Care Services

Mobilizing potential allies to promote caring environment for PLHIV and their families.

IV. Monitoring and Evaluation

This involves the conduct of periodic monitoring and evaluation to ensure effectiveness of the strategy for the purpose of improving service delivery as well as replication by other stakeholders. This shall include the following:

- ✓ Regular program monitoring shall be done by the implementing agency such as LGUs and partner agencies in collaboration with the DSWD regional office, based on the program goals and objectives. This includes:
  - Number of PLHIV and affected families/children accessed to appropriate care and support services;
  - Number of social workers and community leaders equipped with basic knowledge, attitude and skills in the management of problems related to STI, HIV, and AIDS.
- ✓ Regular technical assistance shall be given by the DSWD Central Office and the Field Offices.
- ✓ Midterm and terminal program review and evaluation as basis for further enrichment/ development of the program.

V. Data Banking /Documentation

The DSWD shall maintain a data bank on the implementation of the Psychosocial Care and Support Services. The DSWD Field Offices shall document cases and experiences of PLHIV and affected families in coordination with the Regional AIDS Assistance Teams (RAATs) and Local AIDS Councils (LAC) to be submitted to the concerned DSWD Field Offices for consolidation, compilation, and data banking for onward submission to the DSWD Central Office Social and Philippine National AIDS Council (PNAC.)

VI. OPERATING PROCEDURES

A. Establishing a Referral Mechanism[10]

A referral mechanism involves a network of stakeholders to achieve a common goal. The referral process should be transparent and the responsibility and authorities of each participant should be strictly determined in such a way as to guarantee the protection of victim's interests and observance of human rights. Starting a referral system involves several steps as enumerated below. The Coordinating Agency (CorA)

[10] Referral System for Care and Support Services for Persons Living with HIV in the Community

or a Receiving Agency (RecA)/Referring Agency (RefA) may establish a referral system within any level of the LGU or at the agency level as service provider.

❖ *Convene an initial stakeholders' meeting/workshop*

- The Head of the agency/convener shall identify the stakeholders on the issue of HIV at the community, regional and national levels. If a directory of resources is available, this would be a good reference for the Coordinating Agency /Receiving Agency/ Referring Agency on whom to invite in the meeting /workshop.

- Invitees must come from different national and local government agencies, NGOs/FBOs and if possible, a representative of PLHIV or their support group.

- The purpose/agenda of the meeting/workshop must be clear in the letters of invitation so that the staff/persons involved in handling HIV will be in attendance.

❖ *Conduct a participatory mapping exercise*

- The mapping exercise should identify community resources, services available, requirements for referrals, potential barriers to access and how the network will be linked to existing support services of community -based organizations, regional and national structures.

- More than one meeting/workshop may be held to review flow of referral system from one agency to another and clarifying roles and functions geared towards a referral system within the province, city, municipality, barangay or agency.

- As a result of the process, a referral system is established and a Directory of Resources can be created or if one exists, be updated.

❖ *Establish a referral network*

- The members of the referral network need to define their working arrangement and clarify their roles and expectations. They need to know the focal /contact person in each agency, contact numbers and alternative designated person/s when the focal is not in.

- In addition they need to agree on their protocols and procedures, including the forms to be used, the services to be rendered and to what extent, fees to be collected if any, etc. It is helpful if these procedures are written down, and each member provided a copy for reference.

❖ *Put systems in place to develop and support the referral network.*

- A Protocol or a Memorandum of Agreement (MOA) with clear terms of reference of partners is encouraged to be forged among the members of the referral network. A formal agreement formalizes their commitment to support PLHIV, their families and children. The MOA or protocol should also include the NGOs and other service providers.
- The network's activities must be periodically evaluated and appropriate changes in the terms of reference/agreement be made.

- The Referral Network (RN) may advocate for the passage of an Ordinance creating the Local AIDS Council (if not yet created) and /or the passage of a Resolution/ordinance by the Regional Development Council/LAC adopting a comprehensive program including the referral system for PLHIV their families and children.

- The establishment of referral system needs the support and endorsement of the local chief executive through a provincial/city/municipal/barangay ordinance/resolution/executive order. The policy serves as the mandate of the referral system as well as that of the service providers to be involved. It also becomes the basis of the resources to be allocated as needed.

- Identify and train the CorA, RefAs, and RecAs and focal persons/case managers on the referral system where roles and responsibilities of each agency are clear and understood by everyone. Training should be on the use of standardized forms, procedures of referral and documentation of the process of referral including tracking of cases.

- Service providers particularly the case managers must vigorously observe/implement the performance standards for the delivery of HIV services. Further, aside from the specific skills inherent in their respective professions/functions, they must also:

  ✓ Be trained on gender and HIV, gender-responsive approaches to crisis intervention and case management, medical (e.g., recognizing signs of Opportunistic Infections) and legal literacy (basic laws on HIV and procedures in responding to HIV cases), self-care, including gender-sensitive and child-friendly interviewing and case documentation.

  ✓ Possess and demonstrate attitudes that show empathy and understanding of PLHIV and ensure confidentiality of the cases.

  ✓ Be equipped with proper knowledge and attitudes to avoid double victimization because of insensitive and ill-equipped service providers.

- For an effective referral system, the members of the referral network must install documentation and recording procedures for HIV which should be part of the agency's overall management information system. The basic forms such as incident and intake forms, progress case recordings, medical evaluation and the referral forms must be part of the case record of PLHIV. All records of

cases need to be in proper order and kept in a secure place to safeguard confidentiality.

- The referral network needs resources to assist the service providers in meeting their commitments in the provision of services to PLHIV. In addition to their basic agency budgets, funds for food, toiletries, transportation, etc. for PLHIV must be provided to enable them to be safe and comfortable for the duration of several hours to a few days. Equally important is the need for additional personnel to secure the crisis/ center/office and its premises for the client's safety and security.

- To have an effective referral system, it is important to have tools which are uniform and utilized by agencies in the referral network. This is to maintain accuracy, efficiency and consistency and for data banking purposes. The tools used in this referral system are:

  - ✓ Intake Sheet (Form 1)
  - ✓ Referral Form (Form 2)
  - ✓ Feedback Form (Form 3)
  - ✓ Referral Registry (Form 4)
  - ✓ Directory of Resources (Form 5)
  - ✓ Reporting and Monitoring Form (Form 6)

❖ *Monitor and Evaluate Referral System*

- Monitoring and evaluation of the referral system provides information on the extent of the achievement of the objectives. Further, such feedback can lead to redesigning of the system, quality assurance and filling up the gaps in services. Some indicators are as follows:
  - ✓ Total number of referrals
  - ✓ Number of follow-up referrals made
  - ✓ Number of referrals made to which services (e.g. medical, legal, etc.)
  - ✓ Number and percentage of referral services completed
  - ✓ Number and percentage of clients who report their needs were met.
  - ✓ Number and percentage of clients who report satisfaction with referral process

- The Coordinating Agency (CorA) shall be responsible to discuss status of referrals in the periodic meetings with the agencies and address issues and concerns.

B. Advocacy and Education Campaign

❖ *Mobilize the community to use and support the referral network and the PLHIV*

- Public awareness about the referral network and services offered by the agencies should be undertaken to get support of the community and other institutions such as church, schools, local government officials and others.

- Community education and the tri-media maybe used for the information, education and communication campaign particularly for the prevention and support of PLHIV and their families.

C. Networking and Resource Generation

This involves tapping and maximizing local, national and international resources, linking with other agencies and organizations for resource mobilization.

D. Case Management

Entry of the PLHIV

A PLHIV usually comes to the attention of the doctors, social workers, non-government organizations, faith-based organizations through:

- Referrals from NGAs, LGUs, NGOs.
  - Hotlines and other crisis intervention mechanisms
  - Family, friends, and individuals known to the PLHIV

- Self-referral of PLHIV (walk-in)
- Community-outreach of social, health agencies, legal associations, and other social development agencies; and
- Case finding during buildup of similar cases, discussion during meetings or case conferences and other social development agencies

Upon entry of the PLHIV to any receiving agency, the service providers (SP) such as: government agencies (P/C/MSWDO, P/C/M Health Office/medical facility/rural health office), and NGOs/FBOs shall ensure that service delivery is harmonized and services are responsive based on the assessment of the needs and situation of the individual persons with HIV. The various needs of the client are met by referring to appropriate agencies for services not provided by his/her own agency.

As service provider, the C/MSWD Officer shall:

- Assign a social worker as the Case Manager (CM) responsible in the management of a particular case. The case manager is oftentimes the Focal Person of the agency in view of the limited staff of the agency.

- The CM ensures that the client's needs are met by the agency or by referring the client to other agencies such as for medical care, legal assistance and others. The CM shall be responsible for the following tasks, among others:

  ✓ Conduct child-friendly and gender-sensitive interview to assess the specific needs of the client and actively engage her/him in analyzing and planning her/his intervention program;

✓ *Provides services for clients such as:*

1) Counseling

This includes the provision of emotional/psychological support to PLHIV and their families specially the children in stressful situations by assisting them in relieving their anxieties and enhancing their capability to make appropriate decisions to resolve their problems. PLHIV and their affected family/children may undergo counseling session during the helping process (case management principles and procedures shall apply).

In consonance with the provisions of RA 8504, the social worker trained on HIV and AIDS may provide counseling prior to and after HIV testing if the family and significant others of the PLHIV are on high risk of acquiring HIV and have agreed to undergo HIV anti body testing. Likewise, depending on the assessment of social worker, other forms of counseling such as Adherence to Medication, Group, Couple, Family, Grief and Bereavement, Task-oriented, Preparation for death of PLHIV, Planning relative to custody of children, and Coping with guilt feelings, may also be provided to the PLHIV and his/her family.

The counseling session is very significant to enable the client to express his/her feelings and to be able to make realistic decisions/ acceptance of his/her condition, and most especially disclosure of his/her situation to his/her family. The development of a strong support system for the PLHIV shall be the fundamental goal of the counseling session.

2) Alternative Family Care for Children

When a child is abandoned/neglected or orphaned of parents infected with HIV/AIDS, the Department and a licensed child caring agency provide alternative family care through adoption, foster care, and residential care whichever is appropriate to the child's needs. The residential care facility shall abide and comply on the Department's Guidelines on HIV/AIDS Testing of Children Under the Care and Custody of DSWD (Administrative Order No. 159, Series of 2002, Signed by Sec. Corazon Juliano-Soliman)

Day Care Service or Supervised Neighborhood Play may also be availed of to take care of the children of PLHIV aged 3-6 or 0-6 years old respectively for temporary substitute care.

3) Home-based Care for PLHIV

Family Enrichment sessions and psychosocial interventions must be made available to families/children of PLHIV to process the feelings of the family towards the PLHIV and their fears of infection.

The family of PLHIV must also be empowered to overcome the crisis and be able to carry out their social functioning. Likewise, the family members shall be provided education and support services to enable them to provide appropriate care to HIV patient at home.

E. Provision Of Support Services

PLHIV have many non-medical needs that can affect their adherence to therapy, well-being, and ultimately their survival. The referral system ensures that clients are linked with the different providers and services they require in a timely manner.

The Social Worker is the Direct Service Provider in charge and acts as the case manager who must ensure the provision of services and/or referral to appropriate agencies. The social worker shall refer the PLHIV and his/her affected family to the following:

1) health care facilities (i.e., hospitals, clinics, health offices) for the continuous ART, prevention of mother to child transmission;

2) support services (i.e., government agencies, non-government agencies, for counseling, nutrition, educational assistance, alternative care; and

3) home-care services (i.e., peer educators, community-/home-based care volunteers) for values and spiritual enrichment, routine care of the PLHIV, and health and wellness services.

- Economic Empowerment

a. Skills training

The PLHIV and/or members of the family may be accessed to the nearest Productivity Skills Capability Building for Women (PSCB) or various skills training offered by TESDA/DOLE that may suit their interest.

The social worker may also refer the PLHIV and/or members of the family to DSWD Regional Office who in return shall refer the client to the vocational/training school to TESDA, DOLE, or other agency for various skills training program that may suit their interest, subject to compliance to admission requirements by these learning institutions. This will prepare/enable the PLHIV and their family to venture in livelihood projects/activities that may generate income for the family.

b.) Livelihood assistance

The strategies and mechanism of the Sustainable Livelihood Program (SLP) shall be applied in the provision of livelihood assistance to the PLHIV. The PLHIV together with his/her family/relative may be organized in order to avail of the seed capital. Note the following guidelines:

- Requisite documents may be determined by LGUs based on existing SLP- guidelines.

- In cases where funds are accessed from the DSWD Regional Office(s), this may require the preparation of a project proposal submitted to the DSWD Regional Office Focal Person for review/approval.

- As a form of investment, project proposals must have a component that facilitates recovery through a scheme that emphasizes social accountability and responsibility (e.g., Tulong Kapwa Concept).

- Social preparation is an important component of all grants and interest/ collateral free loans.

- PLHIV and their families with minimum skills and are interested in undertaking an enterprise or self-employment activities, are required to attend pre-employment/business management seminar/forum which aims to build/enhance their entrepreneurial skills and knowledge;

- Loan/grants applicants must have the capacity to manage a micro enterprise/project per social worker's /PEO assessment/recommendation.

c.) Pantawid-Modified Conditional Cash Transfer (MCCT) for Families in Need of Special Protection (FNSP)- the indigents PLHIV with their informed consent and subject to the set rules and regulation may be accessed to the MCCT.

- Educational Assistance

This refers to the provision of financial assistance for school tuition fee payment of the PLHIV or his/her beneficiary whether in public or private schools and learning institutions. Using the Referral for Service (Form 2) of the Referral System, the social worker shall access the PLHIV or his/her children to educational assistance from the LGUs, NGOs, CBOs, and other government agencies' scholarship program. Depending on the agency, the following may be the requirements for the educational assistance:

- Birth certificate of the student or beneficiary of PLHIV
- Certification from the school that he/she is currently enrolled.
- Enrolment Assessment Form of the student
- For beneficiaries of the PLHIV who is/are out of school and have expressed the desire and commitment to go back to formal school, a social case study report from the local government social welfare services office shall be submitted.

- Phil-Health Insurance

The LGUs social workers shall access the PLHIV and his/her family to their respective PhilHealth Indigent Program, subject to their local guidelines.

- Financial Assistance

  Referrals (for other social services and assistance) for the PLHIVs, families and children to avail of these needed/additional services (including but not limited to legal, psychological, medical and transportation) may require financial assistance as well.

  PLHIV their families/ children may request financial assistance (i.e., but not limited to transportation assistance) from their nearest M/CSWDO/DSWD Crisis Intervention Units. Provision of needed financial assistance is based on the social worker's assessment/recommendation and the client's compliance to the requirements.

- After Care Services

  Mobilizing potential allies to promote caring environment for PLHIV and their families which involved the following actions:

  - Advocating in behalf of the PLHIV without determining his/her autonomy and sense of mastery;
  - Linking PLHIV to their needed resources;
  - Using resources appropriately in behalf of the PLHIV and their families;
  - Tapping health systems for PLHIV and their families; and
  - Family Orientation/Sessions - Programs such as peer education and peer counseling among the youths, women and fathers (ERPAT) will also be utilized to effectively reach out to the target population.

- It is imperative that HIV and AIDS be integrated into existing programs/services available in the community such as Women in Especially Difficult Circumstances (WEDC), Parent Effectiveness Service (PES), Special Drug Education Center (SDEC), Empowerment and Reaffirmation of Paternal Abilities (ERPAT), Pag-asa Youth Association of the Philippines (PYAP), Kalipunan ng Liping Pilipina (KALIPI), and Pantawid- Family Development Sessions (FDS).

- Organization and Sustainability of Family Support System

  This involves establishing and or strengthening support groups of PLHIV and affected family members in sharing their experiences; providing assistance in times of crisis and giving substitute care when necessary.

- Burial Assistance

  This refers to the provision of financial assistance to the bereaved family. PLHIV may also avail of a funeral plan to spare his/her families from worries. Depending on the guidelines set by C/MSWDO, either cash or cheque payable to the funeral parlor shall be given to the bereaved family.

- Referral Services:

This pertain to a process/strategy of linking the client to other agencies in order to avail of assistance/needed services such as discounted fees or the availment of burial, medical, transportation, educational, temporary shelter and other forms of assistance that are not provided at the CIU.

The social worker handling the case shall prepare a case summary indicating her/his assessment and recommendation. An endorsement letter to the identified agency shall also be prepared by the social worker, which will be hand carried by the client in a sealed envelope if appropriate. Either transportation fare shall be afforded to the client or the social worker escorts the client to the identified agency if necessary.

Referral for other services/assistance to other agencies for availment of needed/additional services such as;

a. Legal Assistance
b. Psychological
c. Medical
d. Transportation
e. Other support services

Other actions to be undertaken by the service provider/ case manager:

- ✓ Continue providing services within the context of the over-all recovery and reintegration plan; record/document such actions in the client's case folder;
- ✓ Provide services as requested by other agencies;
- ✓ Follow up action on such referrals;
- ✓ Assess periodically the achievement of the goals of the intervention program and make adjustments as necessary;
- ✓ Conduct a final assessment and prepare to terminate the case; accomplish a transfer or closing summary of the case;
- ✓ Ensure a successful referral and an effective case management through supervision and case consultation;
- ✓ Conduct case conferences with members of the multi-disciplinary team to assess achievement of goals and provision of services to specific clients;
- ✓ Assess gaps in services and recommend measures to enhance the agency referral system; and
- ✓ Concerns on coordination/implementation of programs and services not resolved at the agency level should be brought to the attention of the C/MSWDO and the LAC.

F. Monitoring and Evaluation

- Regular program monitoring shall be done by the implementing agency such as P/M/CSWDO, NGOs, and partner agencies in collaboration with the DSWD regional office based on the program goals and objectives. This includes:

a.) The number of PLHIV their families/children accessed to appropriate care and support services, and
b.) The number of Social Workers and Community leaders equipped with basic knowledge, attitude and skills in the management of problems related to STI, HIV, and AIDS.

- To facilitate monitoring, an individual case folder shall be maintained by the social worker to gauge the development of client in terms of behavioral changes, efficiency in his/her family roles and responsibilities. Availed programs and services effectiveness on the lives of clients can be assessed.

- A quarter/Semi-annual/annual report using Annex A shall be prepared by the worker and submitted to Protective Services Bureau every semester for national consolidation.

- Regular technical assistance shall be given by the DSWD Central Office to the Field Offices, LSWDOs, NGOs, CBOs, etc., if appropriate and/or necessary.

- Program review and evaluation as basis for further enrichment/development of the program shall be done by the DSWD Central office with the concerned Field Office on an annual basis.

G. Data Banking /Documentation

The DSWD shall maintain a data bank on the implementation of the Psychosocial Care and Support Services. The DSWD Field Offices shall document cases and experiences of PLHIV, their families and children in coordination with the Local AIDS Council (LAC) Secretariat to be submitted to the concerned DSWD Bureau(s) for consolidation and reporting to PNAC with utmost confidentiality on the personal information of the clientele.

IX. INSTITUTIONAL ARRANGEMENT

A. Social Technology Bureau

- Develop guidelines and manual of operations to guide the project implementers particularly the Social Workers in managing cases of Persons Living with HIV and their families.

B. Protective Service Bureau

- Conduct continuing monitoring and technical assistance on project implementation and ensure delivery of services effectively and efficiently.

C. DSWD Field Office

- Work closely with the Protective Service Bureau in the management and implementation of the project.
- Provide quarterly monitoring and technical assistance to LGUs in the implementation of the project.
- The Regional Director may approved and/or install strategies that shall ensure provision of services to persons living with HIV in a confidential and timely manner through the Crisis Intervention Units (CIUs), Community-Based Services Units (CBSU), Social Welfare and Development (SWAD) Team, and Regional AIDS Assistance Teams (RAATs).
- Submit quarterly reports of PLHIV assisted to PSB.

D. Local Government Units- City/Municipal Social Welfare and Development Office

- LGUs are enjoined to adopt/replicate the Psychosocial Care and Support Services for Persons Living with HIV (PLHIV) and their Affected Families Program in their localities.
- Submit reports to DSWD Field Office on semestral basis.

X. EFFECTIVITY

This Administrative Order (AO) shall take effect immediately and supersedes previous order inconsistent hereof.

Issued in Quezon City on March 07, 2013.

CORAZON JULIANO-SOLIMAN
Secretary

Certified Copy:

MYRNA H. REYES
Officer In-Charge
Records Unit