

**SUBJECT: Guidelines for the Implementation of the Yakap Bayan Program****I. RATIONALE**

Data from the 2012 Dangerous Drugs Board Nationwide Survey on the Nature and Extent of Drug Abuse showed that there are approximately 1.3 million drug users in the Philippines and 4.8 million reported having used illegal drugs at least once in their lives. Recognizing its health, psychological, social, and economic consequences, drug abuse and illegal drugs trade are considered to be major obstacles in the attainment of national development.

President Rodrigo Roa Duterte committed to solve the illegal drug problem in the country which, according to him, was wreaking havoc in the lives of the Filipino families and destroying the future of the Filipino youth. In 2016, a massive national campaign against illegal drugs was launched to minimize, if not eliminate, drug and substance abuse towards the goal of attaining a comfortable, peaceful, and just society – the state of the country that he envisions.

In 2017, the Department of Social Welfare and Development (DSWD) formulated the Yakap Bayan Framework of Intervention, a cyclical rehabilitation and reintegration framework for strategic and coordinated provision of services to Recovering Persons Who Use Drugs (RPWUDs), their families, and their communities. Specifically it aims to: 1) *converge* readily available resources from the national government agencies (NGAs), civil society organizations (CSOs), and faith-based organizations (FBOs) to provide the needs of RPWUDs including, but not limited to medical, psychosocial, livelihood, and spiritual services; 2) *integrate* the indigenous culture in providing services for RPWUDs; and 3) *capacitate* local government units (LGUs) to synchronize other community programs like disaster preparedness in drug rehabilitation and aftercare program.

In close coordination with government agencies, such as the Department of Interior and Local Government (DILG), Armed Forces of the Philippines (AFP), Philippine National Police (PNP), Bureau of Fire and Protection (BFP), Department of Health (DOH), among others, the Yakap Bayan Framework was implemented in Cordillera Administrative Region (CAR) (Ifugao Province), Regions I (Santol, La Union), IV-A (Lian and Calatagan, Batangas and Lucban, Quezon), VI (Iloilo and Aklan), and XI (Davao City). Through the Yakap Bayan, significant changes were seen in the lives of the RPWUDs and communities as a whole.

To ensure that the gains of the Yakap Bayan Framework are replicated and institutionalized nationwide, the Office of the Assistant Secretary for Office of the Secretary Concerns and Luzon Affairs, with Social Technology Bureau (STB)

conducted a study in six (6) LGUs to document good practices along drug-abuse treatment, aftercare, and reintegration practices. Findings of the study suggest that a national program model of intervention is needed to standardize the system of services for clients, their families and communities.

Further, based on President Duterte's Executive Order Number 66, series of 2018 on the Philippine Anti-Illegal Drug Strategy (PADS), it recommended to prioritize the review and enhancement of interventions from assessment to social reintegration, and expand access to holistic treatment modalities. Hence, the Yakap Bayan Framework is translated to be a holistic model of intervention for LGUs in assisting RPWUDs and their families through a whole-of-LGU and nation approach.

This set of guidelines is being issued to support the implementation of the Yakap Bayan Program for Recovering Persons Who Use Drugs (RPWUDs). It provides a concrete course of actions that will guide the LGU Anti-Drug Abuse Councils (ADACs) to enable social reintegration of RPWUDs. The guidelines will serve as a reference for DSWD Field Offices in providing technical assistance, resource augmentation and mentoring to implementing parties. The Program is anchored on the paradigm that drug use and/or abuse is not only a health issue but with social, safety and security consequences, hence, programming requires a whole-of-LGU and nation approach, weaving existing government and non-government services.

## II. LEGAL BASES

### A. International Laws/Instruments

- *ASEAN Work Plan on Securing Communities Against Illegal Drugs 2016-2025* directs national agencies to provide increased access to treatment, rehabilitation and aftercare services to drug users, where appropriate, to each country's unique national drug situation, for the purpose of ensuring full reintegration into society. For aftercare, expand community-based supervision and aftercare programs, optimize family and community support and involvement in the recovery process and provide aftercare services for rehabilitated drug users to assist them in their reintegration into society.

### B. National Laws/Instruments

- *Republic Act 7160 (Local Government Code of the Philippines)*, Chapter IV, Section 39 guarantees barangay shall adopt measures towards the prevention and eradication of drug abuse.
- *Republic Act 9165 Comprehensive Dangerous Drugs Act of 2002* states that LGUs shall appropriate a substantial portion of their respective annual budgets to assist in or enhance the enforcement of this Act giving priority to preventive or educational programs and the rehabilitation or treatment of drug dependents. Also, Section 57 specifies that a drug dependent shall undergo community service as part of his/her after-care

and follow-up program, which may be done in coordination with non-governmental civic organizations accredited by the DSWD.

- *Executive Order No. 66, series of 2018 or the Philippine Anti-Illegal Drugs Strategy (PADS)*, is a cohesive, comprehensive and balanced strategy aligned with international and regional frameworks on drug prevention and control. Cognizant of the multi-dimensionality of the drug problem, the PADS is also anchored on strategies on national security, public order, and socio-economic development. The Yakap Bayan program is part of the Drug Demand Reduction Strategy.
- *Executive Order No. 15, series of 2017 ordered the creation of the Inter-Agency Committee on Anti-Illegal Drugs (ICAD) and Anti-Illegal Drug Task Force* to suppress the drug problem in the country. The general function of ICAD is to ensure that each member agency shall implement and comply with all policies, laws and issuances pertaining to the government's anti-illegal drug campaign, in an integrated and synchronized manner. The *Rehabilitation and Reintegration Cluster* shall implement drug rehabilitation programs and ensure the reintegration of former drug dependents and other drug personalities as useful members of society and is being co-led by the DSWD.

#### **C. DDB Regulations/Issuances:**

- *Board Regulation No. 7, series of 2019* titled, "Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs and Services."
- *Board Regulation No. 6, series of 2019* titled, "Protocol When Handling Children Allegedly Involved in Dangerous Drugs."
- *Board Regulation No. 3, series of 2017* – Strengthening Barangay Drug Clearing Operations which declares the Composition of the BADAC and its tasks in the conduct of barangay drug clearing operations, i.e. activation of BADAC and its Auxiliary Team, establishment of Barangay Rehabilitation and Referral Desk, and registry of barangay residents.
- *Board Regulation No. 3, series of 2017* mandates the creation of the Barangay Anti-Drug Abuse Council (BADAC). All barangays in every LGU shall establish its BADAC within its territorial jurisdiction which shall render assistance to the law enforcement agencies in the eradication and clearing operations of illegal drugs.

#### **D. Memorandum Circulars:**

- *DDB – DILG Joint Memorandum Circular No. 2018-01*– Implementing Guidelines on the Functionality and Effectiveness of Anti-Drug Abuse

Councils (ADACs) directs the interoperability of ADACs at all levels and systematizes an effective ADAC monitoring and reporting mechanism.

- *DILG Memorandum Circular No. 2012-94* (Strengthening the City, Municipal and Barangay Anti-Drug Abuse Councils)- It directs all local government units to activate, strengthen and ensure the functionality of ADACs.

### III. OBJECTIVES

This guideline provides direction to Offices, Bureaus, Services and Units (OBSUs) in the DSWD Central Offices, Field Offices (FOs) and to LGUs and other stakeholders involved in implementing the Yakap Bayan Program. Specifically, it aims to:

1. Institutionalize the program components, case management process, implementation procedures and menu of services for RPWUDs, their families, and communities;
2. Specify the roles and responsibilities of OBSUs in DSWD Central Office, FOs, LGU ADACs, and LGU Reintegration Teams; and
3. Set minimum services and areas of convergence among LGUs, CSOs, academe partners, and FBOs towards creation of a caring recovery environment that would support the reintegration of RPWUDs.

### IV. PROGRAM DESCRIPTION

The Yakap Bayan Program (YBP) is a holistic intervention to assist RPWUDs in their recovery journey and to facilitate their social reintegration. YBP will be implemented by the LGU ADACs through a multi-disciplinary team with dedicated social workers who will serve as case managers. It entails the provision of aftercare services such as counseling sessions, health and fitness therapy, spiritual interventions, skills training, and capacity-building. To ensure successful reintegration in their communities, families and communities are engaged in reintegration services e.g. relationship restoration sessions, community reconciliation sessions, and in the reintegration planning with the RPWUDs. With the institutionalized aftercare services at the LGUs, RPWUDs will be able to maintain autonomous functioning and a lifestyle change.

The YBP weaves together the readily available resources of the LGUs, NGAs as technical assistance and resource augmentation providers, academe, CSOs, and faith-based groups in order to provide an enabling recovery environment for RPWUDs and their families.

## **A. Program Goals**

The Yakap Bayan Program is designed to improve the well-being and social functioning of RPWUDs. Specifically, it aims to:

1. Provide adequate preparation—for RPUWDs reintegration to own communities;
2. Enhance capacities of the RPWUDs in coping with the demands of their environment upon return to their communities;
3. Enhance the knowledge, attitude and skills of their families to serve as co-journeymen of RPWUDs towards their recovery; and
4. Facilitate an enabling environment for the reintegration of RPWUDs in communities.

## **B. Target Beneficiaries**

Primarily, the YBP will benefit persons who use drugs (PWUDs) have completed primary treatment regardless of age, sex, sexual orientation and gender identity and expression (SOGIE). Pursuant to DDB Regulation No. 6 and 7 series of 2019, the program will also cater to children who use drugs (CWUDs), surrenderers, voluntary and compulsory admission, plea-bargaining and/or court-mandated clients.

Secondary beneficiaries are family members and communities where RPWUDs reside to be able to provide supportive recovery environments to clients. Those who will receive specialized training are members of the LGU Reintegration Team and service providers such as but not limited to the following:

1. Local Social Welfare and Development Office (LSWDO) and staff
2. Members of BADAC
3. Barangay Referral and Rehabilitation Desk Officers
4. Barangay Council for the Protection of Children
5. Police personnel and other law enforcement groups present in the LGU
6. LGU health service providers
7. Anti-illegal Drugs Focal Point Persons from government offices

Other stakeholders essential to be engaged are community leaders/volunteers, academe, sector representatives, faith-based organizations, employers' associations, and former clients who are potential advocates and peer group coaches that would reinforce and sustain the recovery of clients.

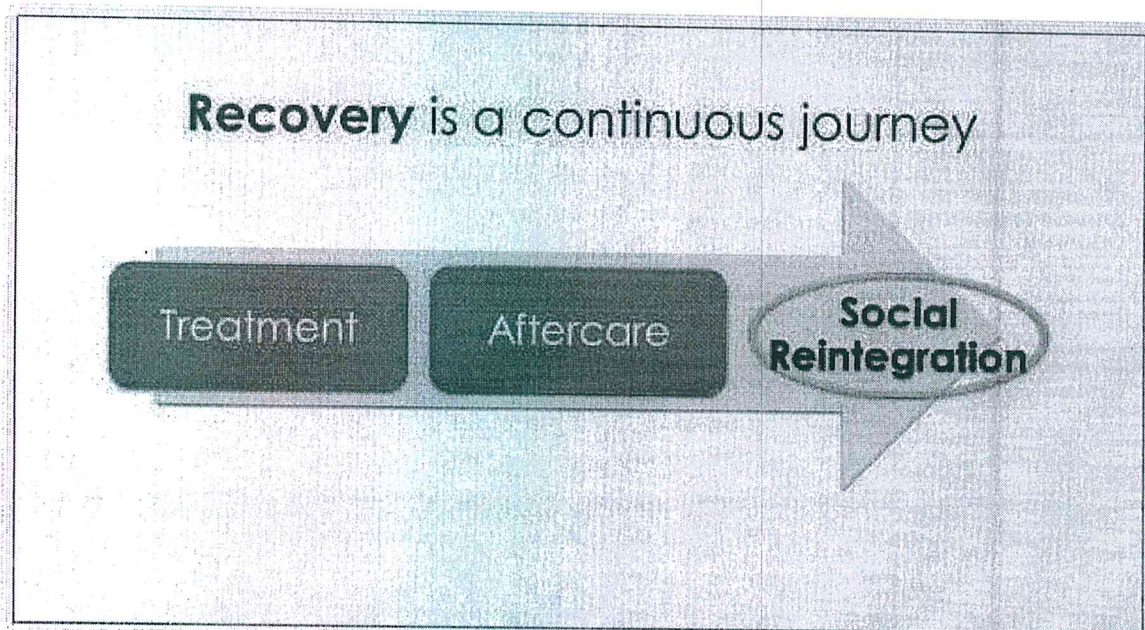
## **C. Program Framework**

According to National Institute of Drug Abuse (NIDA), recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Being *in recovery* is when those positive changes and values become part of a voluntarily adopted lifestyle. While many people in recovery believe that abstinence from all substance use is a cardinal feature of a recovery lifestyle, others report that handling negative feelings

without using substances and living a contributive life are more important parts of their recovery.

In Yakap Bayan Program, the social reintegration of RPWUDs is the main mission. There is dearth of literature on social reintegration in the Philippine context. Literatures on social reintegration have focused on different contexts and settings abroad.

Most literatures have situated 'social reintegration' in the full recovery of RPWUDs from drug dependence. Its scope is wider than the traditional treatment, which focuses on pharmacological and psychosocial outcomes. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines it as: 'any social intervention with the aim of integrating former or current problem drug users into the community'.



According to EMCDDA, the three 'pillars' of social reintegration are (1) housing, (2) education and (3) employment (including vocational training).<sup>1</sup> Other measures include counselling and leisure activities, and employability. However, the report suggests that employment should not be considered as the only goal of social reintegration. Equally important are the non-work-related spheres of life such as supportive networks and relationships with significant others, including the ability to lead a life that is free from stigma and discrimination.

Consequently, the aim of social reintegration measures is to prevent or reverse the social exclusion of current and former drug users (*including those who are already socially excluded and those who are at risk of social exclusion*), but also to facilitate the recovery process and help sustain the outcomes achieved during treatment."<sup>2</sup>

<sup>1</sup> Sumnall, Harry and Brotherhood, Angelina (2012). EMCDDA INSIGHTS Social reintegration and employment: evidence and interventions for drug users in treatment

<sup>2</sup> European Monitoring Centre for Drugs and Drug Addiction. **EMCDDA Insights Series No 13: Social reintegration and employment: evidence and interventions for drug users in treatment.** Luxembourg: Publications Office of the European Union, 2012, p. 7.

In order to facilitate social reintegration, the YB Program introduces four key dimensions – (1) Self; (2) Family; (3) Community; and (4) Institution. These dimensions' interplay with each other.

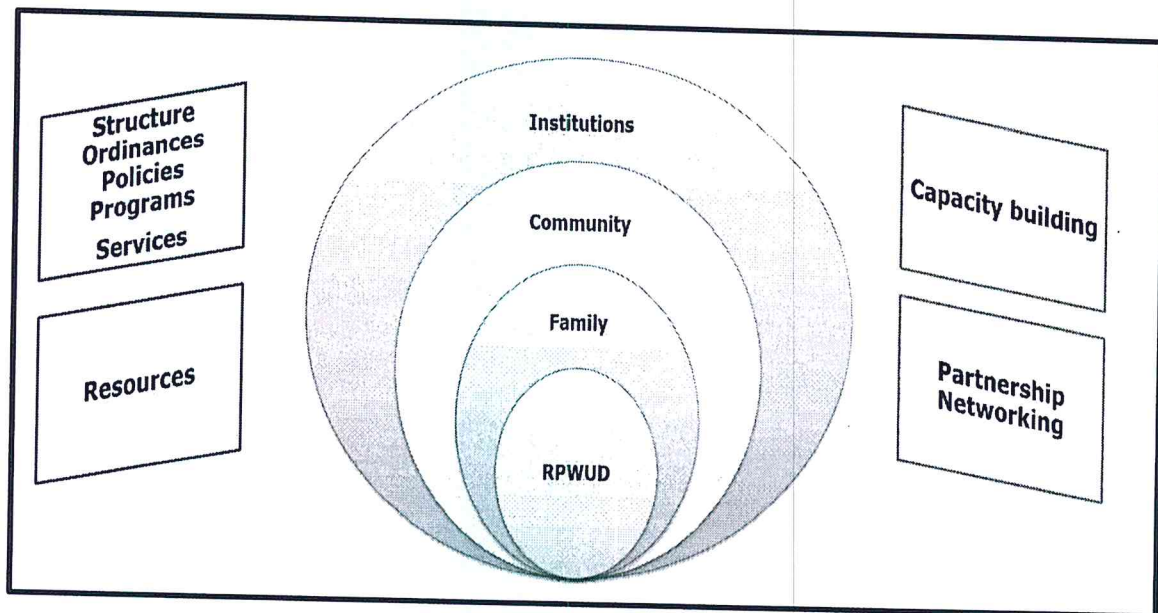


Figure 1. Social Reintegration Framework

#### The 'Self' Dimension

The RPWUDs should be assisted in areas of physical, mental, psychosocial, economic, and spiritual aspects of their individuality. Personal attributes such as socio-demographics, physical and health status, motivations, degree of self-acceptance, self-concept and self-esteem, ability to produce income, degree and quality of social interaction with family, peers, support groups and communities and among others are indicators of self-reintegration.

In addition, self-management skills are another aspect that would indicate progress of a RPWUD. This includes health-seeking behavior and lifestyle, awareness of plans for reintegration, willingness and ability to implement the plan, discipline and compliance to reintegration program knowledge on relapse implications, anger-management, decision-making skills, conflict resolution skills, role performance and sense of leadership in a community or social group

#### The 'Family' Dimension

The family systems theory states that a family functions as a system wherein each member plays a specific role and must follow certain rules. Based on the roles within the system, people are expected to interact with and respond to one another in a certain way.

For families of RPWUDs, it is important to look at the quality of relationships-level of forgiveness, frequency and depth of communication, level of acceptance and understating of PWUD's situation, degree of family support, clarity of family issues as triggers and causes for drug use, attendance and participation in sessions,

awareness on policies that would support RPWUD's recovery, knowledge on administrative procedure on delisting.

### The 'Community' Dimension

Communities play a crucial role in the successful reintegration of the RPWUDs. Community support can encourage the RPWUDs to engage in productive activities that will make them feel good about themselves as they are able to contribute to the betterment of their own family and community.

### The 'Institutional' Dimension

In social reintegration, there should be linkages between institutional programming and community-based interventions to ensure continuity of support. A social institution is defined as a collection of individuals banded together in pursuit of a common purpose. Its common purposes include granting its members certain rights and privileges. Members of a social institution also possess certain delineated duties, responsibilities and liabilities. As a group, the people making up a social institution share common objectives and goals. Those in a social institution also share social norms.<sup>3</sup>

Given the above, successful social reintegration of RPWUDs is predicated on the presence of adequate support from families, communities and institutions, and the resolved stigma and discrimination against the recovering persons who use drugs. These in turn will help the RPWUDs increase their sense of belonging, prevent their relapse, and will motivate them to be more socially responsible, productive, and able to participate in both family and community activities. Below is a simplified theory of change illustration for RPWUDs:

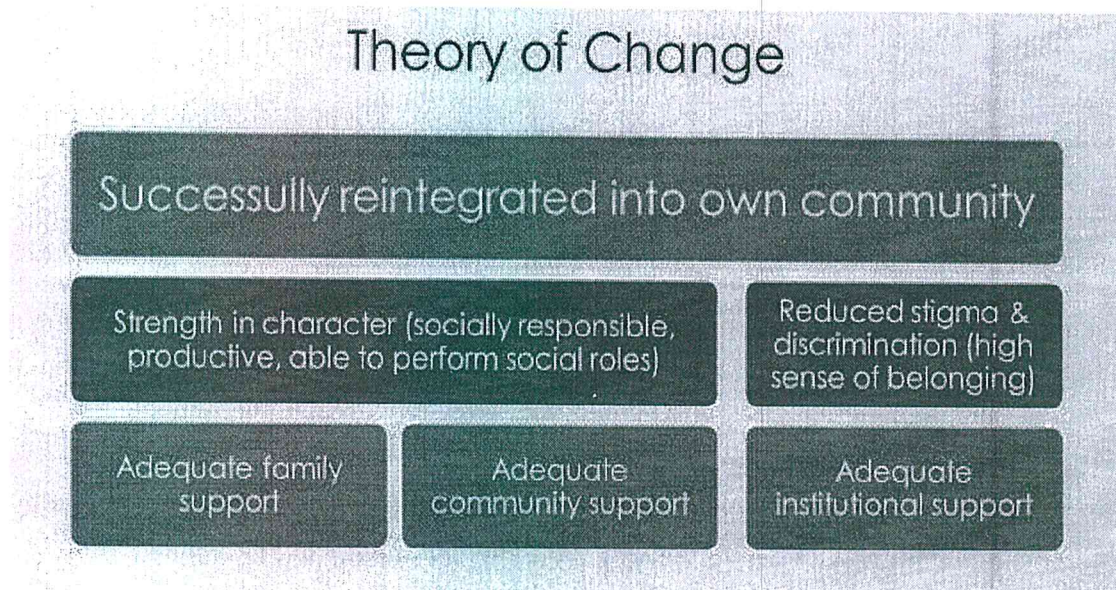


Figure 2. Theory of Change for RPWUD's under Yakap Bayan Program

<sup>3</sup> What Is the Definition of a Social Institution? | Reference.com  
[www.reference.com/world-view/definition-social-institution-7e8cbdab1f5dc18](http://www.reference.com/world-view/definition-social-institution-7e8cbdab1f5dc18)



Further, the figure below illustrates how the Yakap Bayan Framework transforms the RPWUD in a graduated trajectory, from being a *surrenderer*, to finally becoming a leader in the community as an end goal. To realize this, the RPWUD shall be immersed in different platforms of community service and shall be capacitated to become productive members of the community. By using emergency preparedness and response as a vehicle, the RPWUDs will be entrenched in the community and will serve as force multipliers of LGU during emergencies and crises. All existing resources and services in the community shall be put together and shall be concretized in the whole continuum of care, thereby strengthening their families and communities.

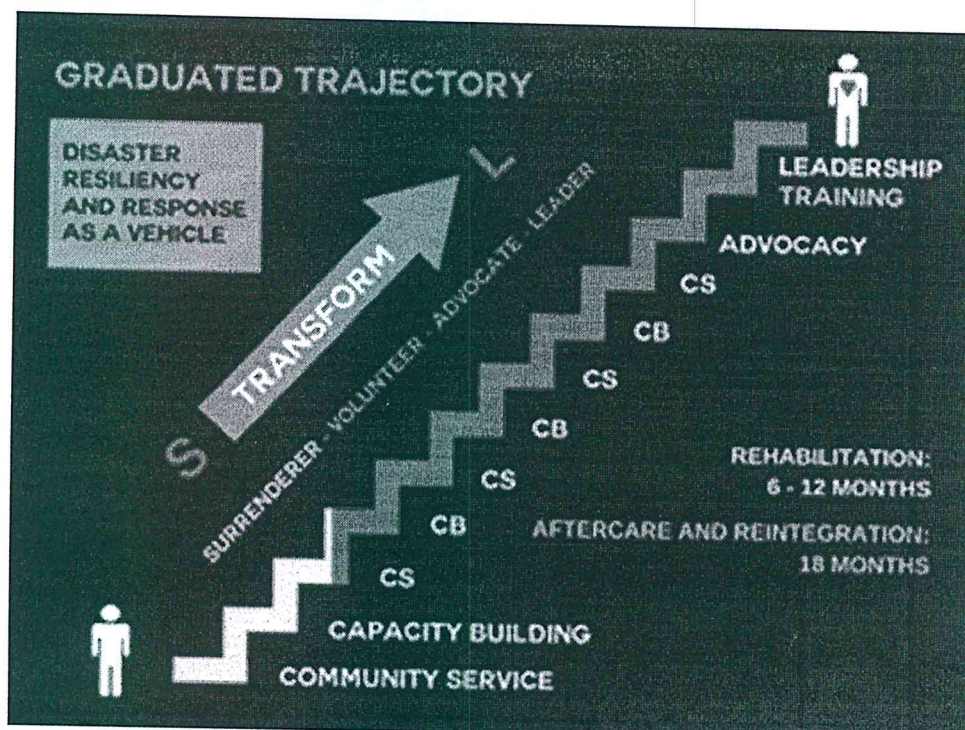


Figure 3: Yakap Bayan Framework of Intervention

In the DSWD consultation meeting held with select LGUs, participants defined 'social reintegration for RPWUDs' as follows:

- It is both a process and a goal.
- It is a dynamic process as the RPWUDs experience some changes or progress as they continue to interact with their immediate social environment.
- It involves transformation from the 'old self' to the 'new (renewed, revived) self'.
- Change can be facilitated by the presence of family and community support and acceptance, and the duty bearers' provision of needed programs and services.
- Desired changes for the PWUDs: socially functioning, productive, engaged in family and community activities.

Hence, Yakap Bayan Program is working on the above premises of social reintegration for RPWUDs.

## V. GENERAL POLICIES

1. The Department shall contribute to the *Demand Reduction Component of the PADS* by developing a comprehensive, evidence-based, culturally-appropriate, inter-sectoral, and participatory reintegration program for RPWUDs anchored on human rights approach, restorative justice, social cohesion, and compassion.
2. The Department, being the Co-chair of the *Rehabilitation and Reintegration Cluster of the ICAD*, shall be responsible for the formulation of policies and program for the reintegration of RPWUDs. Hence, Yakap Bayan is the program model which LGUs shall follow to promote social reintegration of RPWUDs in their localities.
3. The Yakap Bayan Technical Working Group (TWG) of the Department at the Central Office is under the direct supervision of an Undersecretary and an Assistant Secretary. The TWG is responsible for policy-making and provision of guidance to FOs on the institutionalization of the program at the LGUs.
4. The FOs shall organize their TWG counterparts, which shall be under the supervision of the Regional Director and Assistant Regional Director for Operations. Each TWG member is directed to provide technical assistance on the YBP to LGUs according to their usual mandates (i.e. program implementation, social marketing, capability-building, and technical assistance), as well as resource augmentation to RPWUDs, their families and their communities.
5. The program shall be implemented in sixteen (16) regions nationwide. The FOs shall prioritize LGUs with high drug affectation based on available regional and local data and in consultation with Philippine Drug Enforcement Agency (PDEA) and PNP. Recognizing the role of LGUs as frontline service providers, they are tasked to implement this community-based reintegration programs for RPWUDs. Hence, the Local Anti-Illegal Drug Abuse Council (LADACs) through the organized LGU Reintegration Team shall implement the program and dedicate/hire social workers who will serve as case managers.
6. The FOs and Provincial Governments, through their Provincial Anti-Drug Abuse Councils (PADACs), shall provide technical assistance and resource augmentation to lower ADACs (C/M/BADACs). The PADAC shall be developed as a pool of trainers, mentors and coaches on drug addiction, addiction management, family strengthening, community support, case management and reintegration services.
7. The LGU ADACs shall ensure provision of appropriate aftercare and reintegration services to RPWUDs their families and communities. The LGU ADACs shall be involved in data collection, and monitoring and evaluation activities. LGU ADACs shall create LGU Reintegration Team composed of frontline service providers, including but not limited to social worker, health officer, police officer, livelihood officer, barangay disaster action officer, barangay ADAC member, FBOs and CSO representatives. They shall form a

Multi-Disciplinary Team where their influence is significant to facilitate holistic and effective reintegration of the RPWUDs.

8. The YBP recognizes and supports the initial treatment process based on the DOH and DDB-prescribed models which are basically focused on pharmacological outcomes. The YBP as a reintegration program advocates that while the RPWUD is undergoing treatment, the LGU Reintegration Team has to work with the family and community for adequate transition and reintegration.
9. Reintegration services refers to any social intervention with the aim of integrating former or current RPWUDs into their families and communities. These should be based on the result of joint assessment of the LGU Reintegration Team using the MDR Tools. These services are designed to support the preparedness of families and communities to support RPWUDs' recovery. This may include but not limited to relationship restoration sessions, community-reconciliation sessions, stigma-prevention activities, among others.
10. Reports of data on RPWUDs undergoing aftercare and reintegration services shall be submitted to the Anti-Drug Abuse Council – Reporting System (ADAC-RS) for onward submission to the Integrated Drug Monitoring and Reporting Information System (IDMRIS) of DDB. As much as possible, ADACs shall transmit to higher ADACs statistical data only. Confidentiality of cases shall be observed at all times. On the other hand, the LSWDO is required to submit a Quarterly Report on the implementation of YBP to the PSWDO and Field Office. The Field Office shall then consolidate these reports from LSWDOs which shall be submitted to the Program Management Bureau and Social Technology Bureau.
11. The dedicated LGU social worker shall serve as the case manager of RPWUDs and their families from surrendering to reintegration phases. The dedicated LGU social worker is a member of the LGU Reintegration Team and shall track the improvements of non-drug related outcomes of RPWUDs and their families. Likewise, the LGU social worker is prescribed to attend case conferences as organized by the Treatment Teams.
12. In case of relapse in any stage of the continuum of care, RPWUDs shall be referred back to the Treatment Team. The MDR Tool shall be used to determine if there is a need for a 2nd round of treatment. Should there be a need, the LGU Reintegration Team may refer the client back to the LGU Treatment Team.
13. Social Behavior Communication Change (SBCC) materials, billboards and videos developed by the Social Marketing Service (SMS) of the DSWD and those localized versions by Social Marketing Units of FOs shall be installed in the barangay to address the issue of prejudice and stigmatizing behaviors of families and communities toward the drug-affected clients. This shall be implemented by the BADAC's Committee on Advocacy, supported by the community volunteers assigned in the Advocacy and Prevention Committee.

14. The training modules developed by the Social Welfare Institutional Development Bureau (SWIDB) shall serve as a standard and minimum reference of FOs in the series of capacity-building activities with LGU implementers.
15. The Yakap Bayan Program Information System (YBPIS) to be developed by the DSWD-ICTMS shall be used by the LGU Reintegration Team members to aid the case management of RPWUDs in their reintegration journey. Generated data on YBP shall be regularly updated by the LSWDO and must be transmitted to the FO through this Information System.
16. The multi-dimensional reintegration tools (MDRT) developed by the Social Technology Bureau shall be used by the LGU Reintegration Team members to assess and monitor the progress of the RPWUDs, their families and communities where they reside. Also, the MDR tools are designed to help the LGU Reintegration Team to deepen understanding of the three dimensions as described in the program framework: the self, family and community. It will help the team identify needed services to prepare them for social reintegration.
17. In view of the COVID-19 pandemic, all activities requiring face-to-face sessions will have to consider the minimum standard health protocols by both national and local IATFs. Hence, virtual mode of interventions and other related activities is highly encouraged.

## **VI. IMPLEMENTATION PROCEDURES**

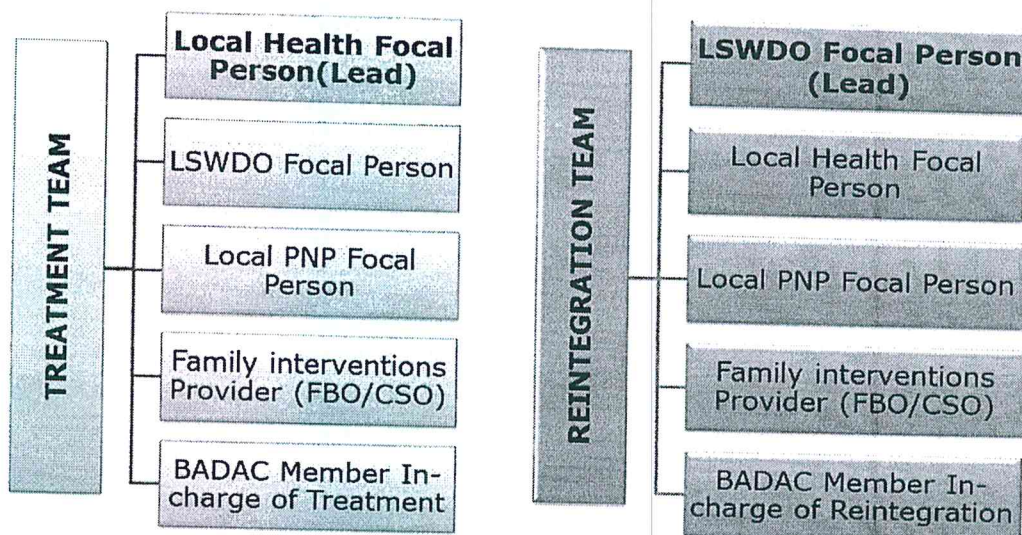
A manual of operations shall be developed to serve as reference of LGU ADACs and LGU Reintegration Team in implementing the program. The details of implementation including time frame, recommended tools, number of sessions, flow charts are included in the said manual.

### **A. Pre-implementation Phase**

1. Presentation of the program to stakeholders
2. Orientation of Provincial, City/Municipal and Barangay ADACs on resource allocation and maximizing existing resources
3. In every LGU, it is essential to form two multi-disciplinary teams who will be instrumental in facilitating the social reintegration of RPWUDs. They shall serve as the primary mechanisms in assisting RPWUDs and their families. They shall provide services to the multi-faceted needs of clients and their families.

The LGU may add other professionals on the composition of the Teams particularly licensed psychologist/therapist/ drug rehabilitation specialist and intern students from colleges and universities within their localities.

Below is the recommended structure and minimum members per LGU for a minimum of 50 PWUDs:



The DOH-trained personnel may be tapped to provide training to the LGU Treatment Team on addiction treatment protocols and management, documentation and data collection, working with families, and other relevant issues. Under the direct supervision of the ADAC, the LGU Treatment Team will be responsible for the following:

- potential entries to the client flow/helping relationship;
- screening and Drug Dependency Examination (DDE) assessment;
- referral of clients to in-house rehabilitation facilities;
- providing of community-based treatment services;
- monitoring clients while under rehabilitation and treatment;
- coordination with LGU Reintegration Team for matters relating to families and community concerns; and
- documentation of rehabilitation milestones.

On the other hand, the LGU Reintegration Team will receive intensive training from DSWD on recovery capital, documentation and data collection, working with families, and communities. Under the supervision of the ADAC, the LGU Reintegration Team shall:

- administer multi-dimensional reintegration (MDR) Tools
- provide support services to RPWUDs while on treatment;
- provide reintegration services to families and communities while RPWUDs are undergoing treatment;
- formulate aftercare interventions;
- provide aftercare services to RPWUDs;
- implement monitoring schemes to clients while under aftercare;
- coordinate with the Barangay Disaster Risk Reduction Management (BDRRM) for community services for RPWUDs;
- partner with families of RPWUDs for recovery; and

- document recovery milestones of RPWUDs and their families.
4. Trainings of BADAC
  5. Planning workshop on Barangay Anti-Drug Plan of Action (BADPA)
  6. Cascading sessions from C/MADAC to BADAC
  7. Designation of BADAC in-charge of Reintegration
  8. Operationalization of Barangay Rehabilitation and Referral Desk (BRRD)
  9. Orientation with sectoral, socio-civic groups, faith-based organizations, employers' association
  10. Regular meeting with stakeholders in the community
  11. Formation of the following committee of volunteers:

*11.1 Advocacy and Prevention Committee*

- Distribute SBCC materials developed by the SMS in conspicuous areas of the barangay; and
- Provide secretarial assistance for the conduct of psycho-education sessions.

*11.2 Reintegration and Reconciliation Committee*

- Regularly inform clients about the schedule of activities that the latter need to attend during community-based rehabilitation and aftercare. This is applicable to clients undergoing community-based rehabilitation program (CBRP);
- Survey clients anent the preferred type of community service they willingly want to be involved in; and
- Regularly motivate the clients to participate in the community service activities by reminding them about its benefits in the community and within the self. This shall apply to clients coming from all circumstances.

*11.3 Support Group Committee*

- Provide emotional and psychological support to the client in the entire continuum of care. This committee shall be divided into two (2) groups: the non-client support group and the peer support group;
- The non-client support group shall be composed of volunteers who are not identified as users and did not undergo any treatment,

rehabilitation, or recovery program. They may also come from faith-based or civic organizations; and

- The peer support group shall be composed of clients themselves from the same barangay, cluster, city, or town. They share common conditions, situations or circumstances. This type of group provides mentoring, emotional and social support, information and education on their situation, and most importantly, practical help.

#### 11.4 Barangay Rehabilitation and Referral Desk Committee

- Assist the Desk or Duty Officer by providing clerical assistance and ensuring that the requirements of the surrenderer for rehabilitation, treatment, or recovery are all complied.

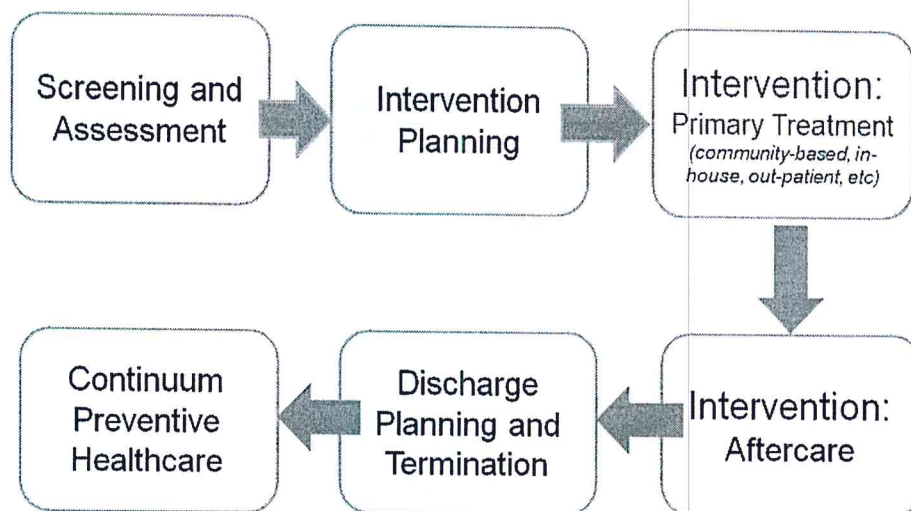
#### 11.5 Monitoring Committee

- Support and monitor Barangay Anti-Drug Plan of Action together with the BADAC and its Auxiliary Team. This shall be committed through their participation during regular BADAC and BDC meetings;
- Assist BADAC in the monitoring of clients upon their return to the respective families and communities.

## B. Implementation Phase

The case management referred to this program uses a holistic approach to ensure that the social functioning of RPWUDs are restored for successful reintegration to their families and communities. The Program shall introduce a multi-dimensional reintegration tool to aid formulation of intervention plan. The MDRT developed by the STB shall be used for this purpose to assess RPWUDs situation in relation self, family and community.

Figure 4. Case Management Process



The LGU social worker shall use a team approach whereby assessment of client's needs and of family's needs is done in collaboration with other members of the team. The health service providers shall spearhead the screening and determination of clients' level of severity and recommend treatment protocols and interventions as prescribed by the DOH and DDB. A psychosocial assessment report shall be prepared by the LGU social worker which shall serve as the basis for social case management. The BADAC shall be in-charge of assessing the client's community where the client is residing.

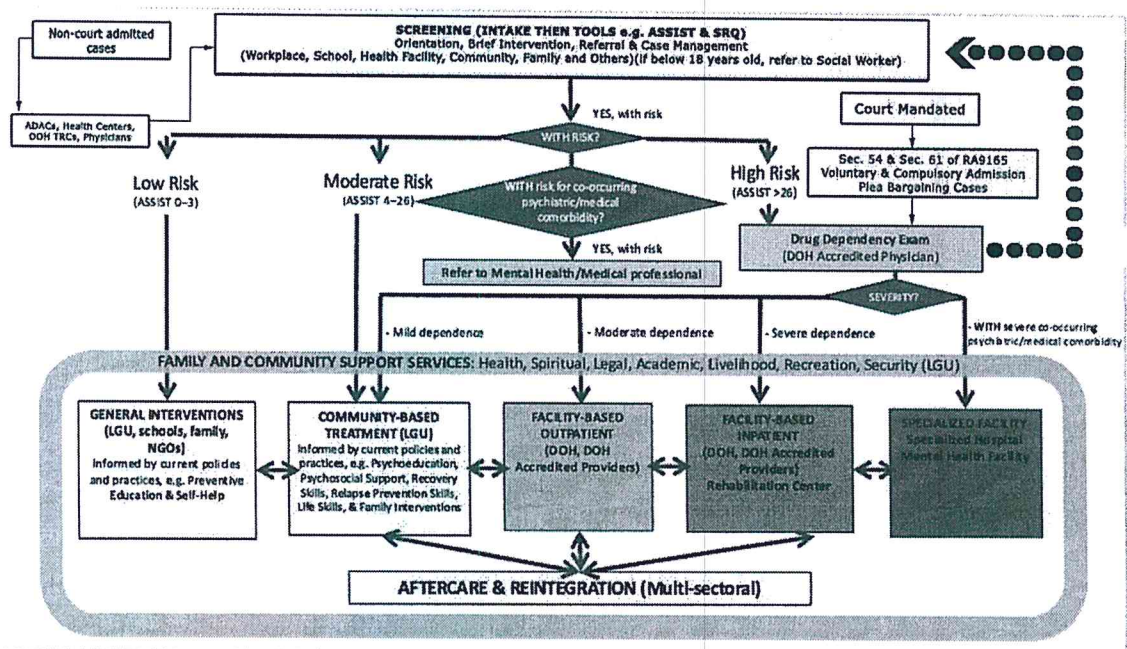
The BADAC, LSWDO staff and police officers shall jointly conduct LGU profiling and assessment to explore environmental and social risks which are contributing to RPWUDs' relapse, as well as resources that would facilitate holistic recovery of clients.

In the whole course of the client's care continuum, all agencies are mandated to provide support services during the treatment phase, including aftercare and reintegration services as deemed necessary even while the client is undergoing primary/initial treatment.

Faith-based and civil society organizations and other community structures of care shall also extend assistance and provide services to clients' families based on assessed needs such as, but not limited to spiritual services, mental health services, family reconciliations, faith recovery, medical or dental missions, and food packs. Referrals shall be done by the assigned case manager.

This case management shall be guided by the DDB Regulation No. 7 series of 2019 entitled *Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs and Services*. The flow chart as shown below shall be followed by the LGUs at all times.

Figure 5. DDB-endorsed Client Flow





Case Conferences shall be regularly and jointly conducted by the LGU Treatment Team and LGU Reintegration Team, in conjunction with the results of family and community assessment. The determination of risks, vulnerabilities, strengths and needs of clients, families and their immediate communities shall be discussed. A case conference prior to termination is also important to discuss the status of intervention, client's progress and status and aftercare intervention and plan, may be conducted. Through these activities, recidivism or relapse may be minimized or prevented.

Support services during treatment are services provided by trained, experienced, certified or accredited paraprofessionals in the framework of recognized medical, psychological or social assistance practice directly targeting people who have problems with their drug use and aim at achieving defined outcomes with regard to the alleviation and/or elimination of these problems<sup>4</sup>.

On the other hand, the determination of cases of Children Who Use Drugs (CWUDs) shall be guided by the provisions under the attached DDB Resolution No. 6, series of 2019 titled, *"Protocol When Handling Children Allegedly Involved in Dangerous Drugs"*.

The Management of CWUDs shall also be guide with the MDRT tools to support their social reintegration. Generally, the LSWDO shall perform the following:

1. The LSWDO, or the person-in-authority (in the absence of LSWDO) shall refer the child for screening to determine level of risk of drug use and dependence.
2. Abandoned, neglected, or abused children as assessed by the LSWDO and parents or guardians are suspected or found to be using drugs, the LSWDO.
3. If the child must be admitted to treatment, the Treatment Team will coordinate with DDB-authorized representative for the processing of a petition for confinement at a drug treatment facility catering to the needs of the child,
4. The LSWDO will be in charge of monitoring and evaluating the progress of the treatment and care program given to the child.
5. All treatment and care programs must be tailored-fit to the specific needs of the child.
6. The child will be referred by a physician to a special facility if the child has co-occurring morbidities.
7. The CWUD who has successfully completed a-center-based treatment program and care shall be provided with aftercare and reintegration services under the Yakap Bayan Program.

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<sup>4</sup>[https://www.unodc.org/documents/southeastasiaandpacific/Publications/2016/CBT\\_Guidance\\_Doc\\_Philippines\\_5\\_May\\_2016\\_low.pdf](https://www.unodc.org/documents/southeastasiaandpacific/Publications/2016/CBT_Guidance_Doc_Philippines_5_May_2016_low.pdf) Accessed on 25 September 2020

## Aftercare Service

Aftercare services are a broad range of services provided to the RPWUD which aim to reinforce gains from the treatment and to improve their quality of life in preparation for social reintegration (DDB Board Reg No. 7, series of 2019, Definition of Terms). Once clients are done with treatment, the LGU Treatment Team shall prepare endorsement of cases to the Reintegration Team.

1. Circumstances of entry to Aftercare Services. All patients who have gone through treatment from the following shall be eligible and will be monitored under aftercare services:
  - Community-based Treatment by the LGU Treatment Teams
  - Facility-based Outpatient Clinics by both government and non-government
  - Facility-based In-Patient by both government and non-government
2. Aftercare Intervention Planning and Risk Assessment
  - The first phase of the aftercare services shall focus on life skills-building of the clients necessary for recovery.
  - Upon the client's return to the community from the rehabilitation or reformatory program, the social worker from the LGU Reintegration Team shall conduct a brief intake interview to gather relevant information about the client.
  - Data-gathering shall be done in progression all throughout the helping process. An intake interview may be enriched/supported/ followed by home visits, collateral interviews and coordination with client's significant others and community members to obtain sufficient information on the risks present in the community.
3. The LGU Reintegration Team and the LGU Treatment Team shall conduct a case conference to formally indorse pertinent documents of the clients, which will serve as bases for Aftercare Intervention Planning, case management and client monitoring. Likewise, the LGU Reintegration Team shall issue a Letter of Acceptance to the Treatment Team.
4. The entry to aftercare program requires the following documents:

*For community-based rehabilitation and out-patient clinic clients*

- Certificate of Completion of Community Rehabilitation/Treatment
- Medical, psychological, psychiatric records (*i.e. Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)/Drug Dependency Evaluation (DDE)/Addiction Severity Index (ASI) results, psychological evaluation, medical certificates, etc.*)
- Transfer case summary
- Barangay Certificate of Completion of Community-based Rehabilitation Program

- Referral Letter (*provided that different team assigned in rehabilitation/treatment managed the case of the client*)
  - Client's Signed Waiver Form to Enter Aftercare Program
  - Treatment Plan
- For in-facility-based patents/clients<sup>5</sup>*

- Release Order from the Residential Treatment Center and/or Referral Letter signed by the TRC or a Court Order
- Re-screening and Drug Dependency Examination results
- Social Case Summary Report
- Discharge Plan
- Medical records psychological, psychiatric records (*i.e. ASSIST/DDE/ASI results, psychological evaluation, medical certificates, etc.*)
- Client's Signed Waiver Form to Enter Aftercare Program
- Treatment Plan

The LGU Reintegration Team shall thoroughly review the documents that were turned-over. After conducting intake and assessment, the LGU social worker from the Reintegration Team shall convene the client and his/her family and/or significant other/s in planning the 18-month aftercare intervention. The Reintegration Team shall explore how the recovery agreements, as discussed with the client and family and/or significant other/s, shall affect the family's values system and situation giving paramount priority to family's best interest and safety. After the goal-setting process, the Aftercare Intervention Plan shall be sealed through a contract signed by the client, the family, and the service providers. Copies shall be given to each party involved and to the Court, if mandated.

5. Herein is a list of aftercare services to be provided by the LGU Reintegration Team based on assessed needs of the RPWUDs:

- Formation of Relapse Prevention Groups (RPGs)
- Attendance to RPG Sessions
- Attendance to learning assemblies
- Mental Health Hotlines or Interventions
- Exercise and Physical Activities
- Mindfulness and Meditation Activities
- Spiritual Enhancement Sessions
- Attendance to Trainings on BDRRM
- Installation of Yakap Bayan clients as pool of volunteers for disaster preparedness and response
- Community services

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<sup>5</sup>Department of Health – NCR (2014). *Manual of Procedures for After Care Program in NCR*. Metro Manila: DOH-National Capital Region Office.

6. Additionally, hereunder are the monitoring schemes by which the LGU Reintegration Team shall employ in order to ensure achievement of self-management skills by the RPUWDs:
- With consent from clients and their families or significant others, inter-agency monitoring mechanisms shall be established by LGU Reintegration Team and other stakeholders to ensure clients' recovery and reduction of chances of relapse.
  - The LGU Reintegration Team shall determine whether an after care intervention plan works with the client's present situation or requires adjustments based on the results of monitoring activities. The case manager shall collaborate with different LGU Reintegration Team members and stakeholders assigned in every monitoring activity and maintain timely documentation of the results and their implication in meeting the planned after care objectives.
  - Clinical drug screening
  - Medical Check-ups and Health Counseling
  - Individual monitoring e.g. feed-backing sessions, home visits, journal-making
  - Peer Support Groups Formed
  - Mobilization and Capacity Building of Peer Recovery Coaches
  - Conduct of regular peer sessions
7. In the client's re-entry into the receiving community, the BADAC shall be in charge of monitoring the client's drug-related activities and relationship with their own family or significant others, as well as other members of the community. This shall be done in partnership with the BADAC Auxiliary Team and Committee on Monitoring. The BADAC, its Auxiliary Team and the Monitoring Committee shall provide initial interventions should problems arise before referring the client to higher ADACs.<sup>6</sup> The LSWDO shall regularly oversee the reintegration of the RPWUDs in coordination with the BADAC and this should be reflected in the quarterly report from the BADAC.

### **Reintegration Services**

Reintegration services refer to social interventions aimed at reintegrating people who used to or still do abuse drugs. The popularly known three 'pillars' of reintegration are employment, education and housing. It is also primarily concerned with putting the clients in a wider society, including the ability to be free from any form of discrimination and stigma; the ability to have healthy relationships with significant others; and being able to maintain supportive networks<sup>7</sup>

<sup>6</sup> [https://www.ddb.gov.ph/images/Board\\_Regulation/2017/BR3\\_2017.pdf](https://www.ddb.gov.ph/images/Board_Regulation/2017/BR3_2017.pdf)

<sup>7</sup> [https://www.emcdda.europa.eu/attachements.cfm/att\\_189819\\_EN\\_TDXD12013ENC\\_Web-1.pdf](https://www.emcdda.europa.eu/attachements.cfm/att_189819_EN_TDXD12013ENC_Web-1.pdf) Accessed on 25 September 2020

The range of reintegration services shall include the following:

1. Reconciliation services with family members and/or other members of the community
2. Psychoeducation or Community Information Sessions with families and other members of the community
3. Housing assistance
4. Referral to Sustainable Livelihood Program (SLP) by DSWD Field Office
5. Capital assistance and job referral and placement by LGUs
6. Mobilization of clients as priority for employment in Kalahi-CIDSS programs
7. Referral to educational services (Balik Eskwela Program or Alternative Learning System (ALS), Commission on Higher Education (CHED), Non-Government/ Civil Society/ Faith-based Organizations)
8. For employable adults, referral to potential employers/ business establishments (this should be coupled with orientation on the employers and fellow employees).

### **Family-Strengthening Services**

Any family member of the RPWUD shall be provided with support services geared towards enabling them to become co-journeymen and to counter codependency. Below are the recommended family-strengthening services which may be provided based on assessed needs, such as but not limited to:

1. Psycho-education sessions on Drug Addiction Management
2. Family reconciliation and dialogue
3. Family Day Activities
4. Family Vision Board Preparation
5. Marriage Enrichment Sessions
6. Family Life Education
7. Capacity Building Activities
8. Referral to Mental Health Interventions
9. Formation of Family Support Groups
10. Provision of Alternative Livelihood and Employment Opportunities
11. Referral to Auxiliary Services

### **Community Support Services**

The communities where the RPWUDs are residing shall be prioritized for community education and services. The activities to be conducted shall be based on the results of community assessment and intervention plans. Activities shall be geared towards creating a community who will provide a supportive environment for client's recovery and social reintegration.

Below are recommended activities in the community which may be provided even while the RPWUDs are still undergoing treatments:

1. Psycho-education sessions on addiction management

The BADAC, in coordination with Treatment and Reintegration Team, shall provide avenues for psycho-education sessions for clients and family members/significant others to provide thorough understanding of drug addiction, the challenges that the clients are facing, knowledge on personal coping ability, the internal and external resources, as well as own areas of strength to be better able to address difficulties.

2. Reconciliation meetings/sessions

The Barangay Chairperson shall provide avenues for reconciliation meetings or sessions involving clients and the people they had previous conflicts with. The Barangay Chairperson shall also perform as mediator in these activities. This shall be commenced by home visits with the aid of *Barangay Tanods* and community volunteers assigned in the Reintegration and Reconciliation Committee.

3. Creation of venues for community service of clients

The BADAC shall be in charge of the preparation of the client. It shall provide opportunities for disaster risk reduction training and the like, create venues for community service, initiate reconciliations within the barangay and mediate between the RPWUD and other community members who were possibly aggrieved prior to RPWUD's treatment. The barangay shall appropriate budget for disaster response training and volunteer activities of RPWUDs, to be lodged under the Barangay Disaster Risk Reduction and Management Council.

To allow the clients to fully utilize the competencies acquired during capacity-building activities and community services, the BADAC, in partnership with LSWDO and other members of team shall organize the reintegrated clients as pool of stand-by volunteers during disaster, relief and emergency situations and socio-civic activities like promotion of social and environmental causes, among others.

## C. CROSS-CUTTING CONCERNS

1. Conduct of Post-Intervention Assessment of clients

After the provision of services, any of the LGU Reintegration Team shall conduct post-aftercare assessment to RPWUDs. The LGU Reintegration Team shall utilize the Multi-Dimensional Reintegration Tool which is also used as a baseline assessment tool on RPWUDs. For CWUDs (12-21 years old), the Reintegration Team may also use the Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) or Drug Abuse Screening Test (DAST)-10 tools.

These assessment tools can be both used as baseline and end line tools by the LGU Reintegration Team.

## 2. Monitoring and Reporting

One-on-one technical assistance (TA) to LADAC by PADAC shall be regularized by determining a schedule for monitoring, while reporting mechanisms shall be put in place as follows:

- During the conduct of technical assistance sessions, implementation and financial accomplishments as well as issues shall be discussed. After which, ways forward must be determined. The results of these sessions must be communicated to the PADAC and LADAC Chairpersons for further instructions and guidance. Ideally, participants during the TA sessions shall include the LGOO Officer, BADAC, members of the Treatment Team and Reintegration Team.
- The BADAC shall submit a monthly accomplishment report to the LADAC Chairperson, preferably every 5th day of the month. On the other hand, the focal person of ADAC-RS must be copy-furnished with a monthly report for endorsement to DDB-IDMRIS. These monitoring and reporting mechanisms shall be institutionalized by the ADACs.

## 3. Analysis of Results, Evaluation, and Documentation

Program Review and Evaluation Workshop shall be conducted by the STB with the rest of the Yakap Bayan Steering Committee towards the end of the program. Causal pathways shall be evaluated through which the intervention has been successful in achieving the intended objectives using the post-aftercare assessment results. The overall findings of the post-aftercare assessment shall be recorded based on the program's results matrix and logical framework detailing the process and possible assumptions from both within and outside the logical framework that led to the results.

The STB shall prepare the full documentation of the program accomplishments, good practices as well as the areas with encountered difficulties and lapses. The documentation shall contain all the supporting documents utilized in the program pilot implementation such as baseline and end line survey results, progress reports, accomplishment and documentation reports, evaluation report and success stories among others.

## 4. Packaging, Promotions, and Marketing

The implementation of the Yakap Bayan Program shall be compiled and packaged for reference and for use in the promotion and social marketing. Program briefers shall be disseminated nationwide and other SBCC materials shall be constantly updated for use of the LGUs, based on the pilot implementation full documentation report.

## 5. Installation of caring for service providers

Service providers shall undergo regular clinical skills and case management supervision with their supervisors together with their clients to gain insights for personal development, development of therapeutic skills, and to ensure safe practices for clients and optimization of client outcomes. They may be performed one-on-one or in groups, and can be formal or informal. As needed, RPWUDs' peers (as needed) may be invited during supervisory sessions, as well as the teams, senior-line management staff and the LADAC.

Support sessions for service providers shall be provided. Debriefing and reflection sessions shall be immediately given after a tiring duty or may be scheduled. The Gibb's Reflective Practice Theory may serve as the reference of the facilitator. This shall be primarily the task of the immediate supervisors, ideally from LGU ADAC. However, in some instances, these may be provided by trained PLGUs, NGA-Regional Office Staff or CSOs members. The facilitator should be external to the Reintegration Team to ensure objectivity and neutral grounding. Other ADAC staff may provide peer support.

The LGU shall provide a safe physical space with a non-threatening environment where the members of the team are free to ventilate/process emotions after a stressful day at work or on a scheduled basis. Mindfulness-based stress reduction training shall be provided by the STB to case managers and clients for improvement of their learning and memory processes, modulation of emotional control, and the process of awareness on daily actions. The budgetary requirements for the training of trainers shall be initially funded by the DSWD-Social Technology Bureau.

## 6. Confidentiality of Cases, Records, and Identities of Clients

It shall be an ethical and legal responsibility of the service providers and Project Implementation Team to maintain at all times and place the confidentiality of the program beneficiaries. Access to information by other legal entities for court-related procedures shall be guided by existing policies of the government and must be supported by confidentiality agreements. Most importantly, no names shall be made available to any requesting party without court order at all times pursuant to the implementing rules and regulations of the Data Privacy Act.

## VII. COST PARAMETERS PER ACTIVITY

For implementation of activities funded by the DSWD, the prevailing rate for budget items shall be followed in accordance with existing DSWD rules and regulations.



## VIII. DISTRIBUTION OF GUIDELINES

This Program Implementation Guidelines is a knowledge product of the DSWD. The materials developed for the YBP shall be made ready to the Knowledge Management Center. This shall be made available to all FOs, partners and LGUs for their reference and guidance in the implementation of the program.

## IX. INSTITUTIONAL ARRANGEMENT

The following are the roles and functions of concerned offices in no particular order:

### A. DSWD-Central Office

DSWD-Yakap Bayan Steering Committee Chairperson shall provide guidance and direction on program implementation in coordination with Committee members identified below, LGUs and FOs. All Committee members are mandated to regularly attend meetings and program evaluation, allocate funds in support to the program and provide technical assistance to their FO counterparts relevant to their roles in the implementation of the YBP.

#### 1. Social Technology Bureau (STB)

- Develop guidelines, implementation manual and tools in monitoring reintegration of RPWUDs for reference of FOs and LGUs
- Monitor the first two-year program implementation, ensures completion of program outputs, convenes coordination meetings, prepares reports, prepares WFP and spearheads evaluation activities.

#### 2. Social Marketing Service (SMS)

- Lead in the development of social and behavior change communication (SBCC) plan and materials development
- Craft and implement advocacy and communication plans on the Yakap Bayan Program

#### 3. Policy Development and Planning Bureau (PDPB)

- Lead in the formulation of Monitoring and Evaluation (M&E) tools, indicators and framework vis-à-vis the program components
- Mainstream YB in the Harmonized Planning, Monitoring and Evaluation System (HPMES) of the Department to ensure data collection and reporting

#### 4. Social Welfare and Institutional Development Bureau (SWIDB)

- Lead in the development of capacity building plan and training modules
- Lead in the conduct of Training of Trainers (TOTs)

## **5. Program Management Bureau (PMB)**

- Provide technical assistance on case management of RPWUDs and their families as well as resource augmentation through financial assistance, as needed
- Manage the Yakap Bayan as a regular program and appropriate funds for operations annually

## **6. Pantawid Pamilya Pilipino Program-National Program Management Office (NPMO)**

- Prioritize case management of Pantawid beneficiaries who are RPWUDs
- Advocate YBP to RPWUDs in partnership with LGUs where beneficiaries reside
- Lead the drug education and prevention among Pantawid families through FDS
- Capacitate Pantawid parent leaders to be drug prevention and education advocates
- Promote active citizenry among Pantawid beneficiaries as partners in the implementation of Yakap Bayan Program

## **7. Sustainable Livelihood Program- National Program Management Office (SLP-NPMO)**

- Serve as provider of TARA through provision of seed capital or employment facilitation fund, as needed
- Identify SLP services which shall be included as a component of the rehabilitation, aftercare and reintegration of YBP clients

## **8. KALAHI CIDSS**

- Ensure the inclusion of YB clients in the employment opportunities in the KALAHI CIDSS sub-projects implemented in the community
- Include YBP clients as volunteers/leaders in community-based training and activities and towards community development
- Engage YBP Clients in barangay assembly-related concerns to promote sense of belongingness and participation

## **9. Information, Communications and Technology Management Service**

- Develop YBPIS for use of LGU Reintegration Team to ease the case management process of RPWUDs
- Conduct capacity-building activities on the utilization of YBPIS for the system users in the Field Offices and LGUs
- Consolidate and maintain up-to-date data on the YBPIS for RPWUDs submitted by the Regional Information, Communications and Technology Management Units (RICTMUs) of the Field Offices

## **10. Standards Bureau**

- Review the Guidelines for the Special Drug Education Center (SDEC) on Accreditation, which includes facility and operation standards of the facility

## **11. Disaster Response and Management Bureau**

- Advocate for the inclusion of YB clients in the cash/food for work opportunities in disaster-affected communities
- Include YBP clients as volunteers/leaders in community-based training and activities along disaster preparedness and climate adaptation activities to promote sense of belongingness and volunteerism.

## **B. DSWD Field Offices**

Under the leadership of the Regional Director, FOs shall provide all possible TARA to LGUs in the program implementation and mainstream programs and services for the welfare and development of RPWUDs.

The FO counterparts of the Yakap Bayan Steering Committee Members shall allocate funds in support to program implementation and shall fulfill the following roles:

### **1. Social Technology Unit (STU)**

- Participate in all phases of program development as STB counterpart
- Coordinates the needs of the program with the different Units at the FO for the first two years of implementation
- Serves as resource person and mentor to FO Units and LGU implementers for the first two years of implementation
- Submit periodic monitoring and final report on the physical and financial accomplishments of the program for the first two years of implementation to STB

### **2. Social Marketing Unit (SMU)**

- Develop localized SBCC materials using prescribed prototypes from the SMS
- Conduct region-wide promotional and advocacy activities for Yakap Bayan Program using the localized SBCC materials.

### **3. Policy and Planning Unit (PPU)**

- Submit Field Office Semestral and Annual Reports on policy and data analysis relevant to drugs, specifying policy issues and implications in the implementation of the program at the regional level
- Recommend strategic plans as response to the identified issues and implications
- Co-lead in the program evaluation of the program at the regional level

### **4. Capacity Building Unit (CBU)**

- Develop capacity-building plan for the regional implementation of the Yakap Bayan Program
- Implement capacity-building activities along program implementation at the regional level

### **5. Protective Services Unit/Community-based Services Unit**

- Document and submit reportorial requirements to DSWD-PMB
- Prioritize provision of assistance to RPWUDs and their families through Crisis Intervention Unit
- Monitor and provide technical assistance to LGUs regarding case management of RPWUDs and their families

### **6. Pantawid Pamilyang Pilipino Program-Regional Program Management Office**

- Coordinate drug treatment/ rehabilitation/ recovery/ reformation programs and services for drug-affected Pantawid Pamilya beneficiaries
- Promote accepting and non-discriminatory attitudes towards RPWUDs through Pantawid Pamilya modules
- Prioritize case management of Pantawid beneficiaries who are RPWUDs
- Advocate YBP to RPWUDs in partnership with LGUs where beneficiaries reside
- Lead the drug education and prevention among Pantawid families through FDS
- Capacitate Pantawid parent leaders to be drug prevention and education advocates
- Promote active citizenry among Pantawid beneficiaries as partners in the implementation of Yakap Bayan program

### **7. Sustainable Livelihood Program-RPMO**

- Provide technical assistance on SLP process to LGUs, RPWUDs and their families
- Provide livelihood and/or employment assistance to RPWUDs and their families during rehabilitation, aftercare or reintegration.

## **8. Crisis Intervention Unit**

- Provide assistance to RPWUDs and their families, as needed

## **9. KALAHI CIDDS – Field Office**

- Ensure the inclusion of YB clients in the employment opportunities in the KALAHI CIDDS sub-projects implemented in the community
- Include YBP clients as volunteers/leaders in community-based training and activities and towards community development
- Engage YBP Clients in barangay assembly-related concerns to promote sense of belongingness and participation

## **10. Regional Information, Communications and Technology Management Unit**

- Maintain registry of RPWUDs who are referred and served for aftercare and reintegration services under the Yakap Bayan Program in the region
- Provide the Information, Communications and Technology Management Service (ICTMS) with quarterly information updates on the registry and social management system of RPWUDs

## **11. Standards Unit**

- Accredit Special Drug Education Centers geographically located in the region following the SDEC Guidelines developed by the Standards Bureau

## **12. Designated Anti-Illegal Drugs Focal Person**

- Receive, clarify and provide necessary information and technical assistance on matters pertaining to the government's anti-illegal drugs campaign and weaving resources for the RPWUD
- Act as Secretariat for the Regional Rehabilitation and Reintegration Committee against Illegal Drugs (RRECAD)

## **13. Disaster Response and Management Unit**

- Advocate for the inclusion of YB clients in the cash/food for work opportunities in disaster-affected communities; and
- Include YBP clients as volunteers/leaders in community-based training and activities along disaster preparedness and climate adaptation activities to promote sense of belongingness and volunteerism

## **C. Local Government Units**

### **1. Local Chief Executive**

- Enact local resolutions in support of the implementation and sustainability of the program thereby providing funds for the program institutionalization
- Include the implementation of the program in the annual investment plan of the Local Government Unit
- Champions Yakap Bayan Program to constituents
- Establish and strengthen the Local ADAC
- Attend/preside local inter-agency meetings
- Integrate programs, activities and programs that promote support to RPWUDs, their families and communities

### **2. LGU ADACs (P/C/MADAC)**

- Implement the program in their locality according to mandate of each member
- Provide appropriate support and reintegration interventions/services to PWUDs and their families
- Participate in data collection and other M&E, evidence-building activities
- Submit quarterly accomplishment report to the DILG-Regional Office on the program implementation
- Provide technical assistance to lower ADACs
- Allocate sufficient funds to support program implementation

### **3. Local Government Operations Office (LGOO)**

- Directly implement the program in partnership with concerned agencies
- Designate the permanent LGOO focal person who will provide support in the implementation of the program
- Designated Secretariat of ADAC
- Serve as resource person to RPWUDs, families and communities to support social reintegration
- Submit quarterly accomplishment report to the DILG-Regional Office on the program implementation
- Recommend governance reforms to support the social reintegration of RPWUDs

### **4. BADAC**

- Implement the program in their barangays, following their ascribed mandate
- Provide appropriate after care interventions/services to PWUDs and their families
- Serve as member of the LGU Reintegration and Treatment Team
- Submit quarterly accomplishment report to the ADAC cases handled
- Participate in data collection and other M&E, evidence-building activities

- Allocate sufficient funds to support program implementation.

#### **5. BADAC Auxiliary Team**

- Serve as watch group for the prevention, monitoring and reporting of illegal drug activities in the barangay and case progress of drug surrenders
- Assist the BADAC and the members of the Monitoring Volunteer Committee in monitoring the action plan and the client upon his or her return in the community after treatment or rehabilitation

#### **6. LGU Treatment Team**

- Spearhead implementation of treatment plans for RPWUDs in their barangays
- Participate in data collection and other M&E, evidence-building activities
- Provide services to clients based on assessed needs
- Conduct case conferences, consultation meetings and network meetings to thresh out issues, problems and concerns in the implementation of the program
- Document good practices of the program
- Allocate sufficient funds to support program implementation
- Submit quarterly accomplishment reports to the ADAC cases handled

#### **7. LGU Reintegration Team**

- Spearhead implementation of aftercare services for PWUDs in their barangays
- Provide appropriate after care interventions/services to families and communities to participate in data collection and other M&E, evidence-building activities
- Allocate sufficient funds to support program implementation

#### **8. Local Social Welfare and Development Office (LSWDO)**

- Serve as the lead of the LGU Reintegration Team
- Directly implement the program in partnership with concerned agencies
- Designate the permanent LSWDO social workers/focal person who will implement the program;
- Provide services to clients, their families based on assessed needs
- Conduct case conferences, consultation meetings and network meetings to thresh out issues, problems and concerns of clients and the implementation of the program
- Submit quarterly accomplishment report to the DSWD Field Office on the program implementation
- Document good practices of the RPWUDs and the program

## **9. Faith-based/Civil Society/People's Organizations**

- Serve as member of the LGU Reintegration and Treatment Team
- Augment support to the program, to the clients and to their families, which may range from but not limited to the provision of food, monetary, health, psychosocial, and spiritual services based on assessed needs
- Provide spiritual and counseling services to uplift the minds and hearts of the RPWUDs, their families and significant others in service of God in coordination with the Barangay/City/Municipal ADACs
- Conduct case conferences, consultation meetings and network meetings to thresh out issues, problems and concerns of clients and the implementation of the program
- Submit quarterly accomplishment report to the ADAC cases handled
- Document good practices of the RPWUD and the program

## **10. Local PNP**

- Serve as member of the LGU Reintegration and Treatment Team
- Provide security services to RPWUDs, their families and significant others based on assessed needs
- Augment support to the program, to the clients and to their families, which may range from but not limited to the security, psychosocial, and spiritual services
- Attend case conferences, consultation meetings and network meetings to thresh out issues, problems and concerns of clients and the implementation of the program
- Submit quarterly accomplishment report to the ADAC cases handled
- Document good practices of the RPWUD and the program

## **11. Local Disaster Risk Reduction and Management Office**

- Serve as member of the LGU Reintegration Team
- Provide opportunities for RPWUD's training on disaster preparedness activities and opportunities for community volunteerism coordination with the Barangay DRRM
- Conduct case conferences, consultation meetings and network meetings to thresh out issues, problems and concerns of clients and the implementation of the program

## **12. Local Health Officer (LHO)**

- Serve as the lead of the LGU Treatment Team
- Provide health services to RPWUDs, their families and significant others
- Augment support to the program, to the clients and to their families, which may range from but not limited to the provision of health services, treatment modalities, and psychosocial services based on assessed needs



- Attend case conferences, consultation meetings and network meetings to thresh out issues, problems and concerns of clients and the implementation of the program
- Submit quarterly accomplishment report to the ADAC cases handled
- Document good practices of the RPWUD and the program

### 13. BADAC in-charge of Reintegration Services

- Serve as member of the LGU Reintegration Team
- Provide community preparation and reconciliation services to RPWUDs, their families and significant others;
- Augment support to the program, to the clients and to their families, which may range from but not limited to the provision of food, transportation, and psychosocial services based on assessed needs;
- Attend case conferences, consultation meetings and network meetings to thresh out issues, problems and concerns of clients and the implementation of the program;
- Submit quarterly accomplishment report to the BADAC on cases handled; and
- Document good practices of the RPWUD and the program.

### X. EFFECTIVITY

This Memorandum Circular shall take effect immediately, issued in Quezon City on this 2nd day of December 2020.

  
**ROLANDO JOSELITO D. BAUTISTA**  
 Secretary

Certified True Copy:

  
**MYRNA H. REYES**  
 OIC, Division Chief  
 Records and Archives Mgt. Division