

Assessment of the Operations of the DSWD-Managed Crisis Intervention Units



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ABSTRACT

Participating in this assessment study in the latter half of 2013 were 371 respondents of which 157 are CIU clients, 87 are referring partners, 63 are receiving partners, and 64 are crisis intervention unit (CIU) staff or program implementers from 17 Regional or Field Offices of the Department of Social Welfare and Development (DSWD). The clients were beneficiaries of the CIUs who are disadvantaged by limited education, lack if not absence of employable skills, and/or inadequate personal resources to meet their needs. On the other hand, the receiving partners are either government, non-government and private organizations which accept referrals from the DSWD-CIU and take responsibility in providing some forms of temporary and short-term support to victims of crisis situations, while the referring partners are either government, non-government and private organizations which refer clients to DSWD-CIU for providing temporary and short-term support to victims of crisis situations.

With the intention to describe the nature of operations of the DSWD-Managed CIUs, four separate questionnaires generated data on the following areas, i.e., awareness of the CIU services; services and sources of funds; systems and service delivery; staffing, facilities, coordination, financial management; facilitating and hindering factors, and recommendations.

Independent of the CIU staff who are internal to the program, knowledge of the respondents about CIUs were obtained from the Social Workers themselves. Others knew about the program as services were referred to or received by specific partners and agencies.

Almost all of the services solicited from and provided for by the program were found to be financial in nature as these were meant to be spent for the purchase of medicine, food, or other material things; payment for education, hospitalization, transportation, or burial services, etc.

CIU systems and procedures are well in place and merit the high satisfaction levels of the four groups of respondents. Some factors were identified either as facilitative of the operations of the CIUs, or as barriers that hamper the delivery of needed services. The study is capped with a set of relevant policy directions and measures for possible consideration of the Department in order to enhance the CIU operations.

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INTRODUCTION

The Department of Social Welfare and Development (DSWD) is the primary agency of the government which is responsible for extending care to the marginalized sectors of society. Its mandate is to provide social protection and safeguard the rights and welfare of the poor, the vulnerable, and the disadvantaged individuals, families, and communities with the intention of helping them attain self-reliance and eventually alleviate poverty.

The DSWD Crisis Intervention Units (DSWD-CIUs)

In its desire to perform this mandate, the Department maintains Crisis Intervention Units (CIUs), as one of its special facilities which serve as action centers to respond immediately to cases of individuals and families in crisis situations. Covered by the CIUs are integrated services such as immediate rescue and protection, assistance augmentation, financial and material support, and referrals for medical, legal, psychosocial, and temporary shelter services.

In the context of the DSWD crisis intervention, programs and services extend beyond the conventional concept of providing immediate, band-aid assistance to victims of disasters and other distressful events in terms of immediate rescue and protection. The DSWD CIUs do more to accommodate services to vulnerable groups, in addition to the separate regular programs that the Department has for them. These groups include children in need of special protection, individuals with special needs, women in especially difficult circumstances, persons with disabilities, the elderly, disadvantaged families, and communities at risk. In fact, even on occasions without any disaster or calamity, persons in need of assistance for medicine, burial expenses, scholarship or education, transportation, etc. are served by the program.

The CIUs aim to : (1) provide immediate and appropriate interventions to help individuals and families cope with social, physical, and economic problems arising from critical and stressful situations, (2) establish an appropriate and workable inter-unit coordination system, (3) maintain and strengthen a network and referral system with government organizations, non-government organizations, law enforcement agencies, private organizations, and other relevant institutions towards expeditious service delivery, and (4) maintain a data bank of clients, services, and resources served by the program.¹ Given the wide latitude of crisis interventions and the demands of managing cases during crisis situations, some feedbacks have been reported on how the CIUs deal with their clients, their partners, and even with their own staff. This study was conducted in order to determine scientifically how four groups of stakeholders assess the CIUs' programs and

¹ Administrative Order No. 5, series of 2008

services. These stakeholders include the clients themselves, the DSWD CIU staff, the referring partners, and the receiving partners.

At present, there are 17 Crisis Intervention Units (CIUs) nationwide. The number of clients the CIUs have served for the last five years has ballooned from 61,871 in 2008 to 157,563 in 2012. This increase may be a function of the nature and / or the frequency of the events which caused the crisis during the given period. Aside from these data, additional information about the operations of the CIUs are needed in order for the Department to be more prepared to render continued, effective, efficient, and responsive interventions to individuals, families, and communities, and other persons in crisis. Hence, this assessment lodged at the Policy Development and Planning Bureau (PDPB), as provided for in Administrative Order No. 1, series 2011.

THE PROBLEM AND ITS SETTING

The issue of poverty continues to be a nagging problem of the country that affects a sizeable percentage of the population. Coupled with this is the occurrence of typhoons, accompanied by heavy floodings, which according to PAG-ASA statistics reach an average of 20 times yearly. Added to these are the occasional threats of natural calamities, like earthquake, as well as man-made disasters, like fire and epidemics. It is not unusual that human and animal lives are lost during these events, rendering countless families, individuals, and communities to be disenfranchised and disadvantaged. Further, the increase in prices of basic commodities, medicines, hospitalization, and transportation, among others ensued difficulty in sustaining the needs of individuals/families. Given such condition, the need for crisis intervention to victims becomes extremely important and inevitable.

Objectives

This study assessed the operations of the DSWD-Managed CIU Operations from the perspectives of the clients, supplemented by the views of the CIU staff, and the program partners, i.e., the referring and receiving partners. With the intention of identifying areas that need enhancement or improvement, answers to the following questions were gathered.

1. What is the profile of the four groups of respondents, i.e., the clients, the referring partners, the receiving partners, and the staff?
2. How do the four groups of respondents assess the operations of the DSWD-managed CIUs with respect to the following?
 - a) Awareness of the CIU Services
 - b) Services and Source of Funds

- c) System and Service Delivery
 - d) Coordination
 - e) Manpower Complement/Staffing
 - f) Facilities
 - g) Financial Management
3. What factors facilitate or hinder the operations of the CIUs?
 4. Based on the study results, what policy directions and measures may be formulated to enhance or improve the CIU operations?

Significance of the Study

The results of this study will help the Department of Social Welfare and Development in installing improvements and / or revisions on its present operations of the CIUs. The competencies of the staff and the other service providers may have to be upgraded by capacitating them further that they may be able to better perform their respective functions towards a higher quality of services.

The study findings may likewise generate more support from partners, locally and overseas, if the operations are found to be inadequate and yet responsive and meaningful. In the end, more clients will be benefited to the highest possible level by the interventions extended to them. Hopefully, these interventions will equally enable these clients to attain normalcy and a higher level of self-reliance. As a whole, some insights may be drawn relative to the allocation of the resources of the Department.

Scope and Limitations

This study covered all the regional CIUs nationwide. It involved the participation of identified clients, referring partners, receiving partners, and the DSWD CIU staff or implementers. Although it was initially targeted to have an equal number of 10 respondents from each group in all the regions, this did not materialize because of some circumstantial constraints at the time of the data collection. In fact, Field Office IV-B had no client participation due to the none on-site availability of the clients whose residences are in the island provinces/municipalities.

The data were collected using instruments designed to elicit information on the operations of the CIUs in terms of its systems and procedures, coordination, staffing, case management, case and financial management, and facilities. In addition, sources of information about CIU and client satisfaction were gathered. Data gathering was completed in the last quarter of 2013.

REVIEW OF RELATED LITERATURE

Administrative Order No. 5, series of 2008 (as amended by Administrative Order No. 1, series of 2011). This issuance served as the Omnibus Guidelines on the Management of DSWD-Operated Crisis Interventions Units. As stipulated in the guidelines, particularly under the item of Monitoring and Evaluation, research shall be conducted as necessary using the outcome of the annual evaluation in order to further enhance strategies and intervention being provided by the CIU. The Policy Development and Planning Bureau where the research function is lodged is expected to conduct the research.

Focused Group Discussion with CIU Regional Unit Heads (June 2012). A Focused Group Discussion with CIU Regional Heads of nearby Field Offices (NCR, III, IV-A and IV-B) was conducted to discuss current issues/concerns on CIU operations as well as solicit recommendations for improvement of the process/system and strategies and capacity building of CIU Staff. The result of the FGD indicated that almost all the four (4) Field Offices have the same procedures in terms of providing assistance to the clients. Innovative efforts were cited such as cash outright through cash advances; authorizing SWAD coordinators to deliver the assistance to clients in a weekly basis; updating of CIU database; color-coding scheme for the type of funding; issuance of guarantee letters for the hospitals and funeral homes, among others. Issues and concerns raised are the following: a) most of the FOs CIUs are closed during weekends; b) compliance of the clients with the requirements; c) pre-determined amount from PDAF; and d) handling of clients referred by DSWD officials/staff; The FGD also pointed out the following areas that needs improvement: a) personnel complement for all CIU Regional Offices; b) advocacy to LGUs to be responsive to the needs of the clients; c) additional fund; d) orientation on the new policies, programs and projects and the use of Crisis Intervention Monitoring System (CRIMS); e) limited space; and f) enhancement of CIU guidelines. Given these issues/concerns, the following are the recommendations: 1) capacity building for CIU staff; 2) standardization of staff complement; 3) increase CIU funds; 4) institutional arrangement with LGUs, NGOs and other agencies like PCSO shall be included in the guidelines; 5) simplify reporting forms; 6) legislators to hire their own Social Workers; and; 7) automated referral system.

Feedback of the Mystery Client (May 2012). Through the Institutional Development Group (IDG), a sham client acting as CIU client was requested to seek financial assistance to the CIU Central Office for her daughter who is giving birth without bringing any requirements. She went to CIU last May 14, 2012 and provided feedback to IDG on May 23, 2012. Based on her feedback, she was not provided any assistance considering that she did not bring the requirements. She observed that the social worker who interviewed her is sympathetic, however, since there are policies that need to be followed, she was not given anything. Instead, she was advised to come back with the requirements for her to avail the assistance. She likewise emphasized that she think that the social workers are doing their best in order for the clients to avail the assistance but need cooperation also from the clients.

Feedback on the Survey Conducted by Institutional Development Group (May 2012). The Office of Assistant Secretary for IDG conducted a survey with DSWD Central Office Guard and CIU clients last May 24, 2012 regarding the process of availing assistance from the CIU. A one-page survey form (self-administered questionnaire) was utilized for this purpose. The

following are the recommendations: 1) CIU personnel should wear their ID and the name should be displayed on their own booth for proper identification; and 2) Protective Service Bureau staff in-charge of the CIU should regularly monitor and evaluate the CIU client's survey form.

Crisis Intervention and the Service Providers. The services of trained service providers are extremely important in crisis intervention. It is significant for the survival of the victims. Bearing witness to other's experiences provides service workers gratification coming from helping the victims. The whole process facilitates community, professional, and personal connections resulting from the crisis. (. Crisis intervention is traditionally referred to as an immediate response package to provide assistance to victims of disasters and other related traumatic events, where their effects and pressures exceed and overload the capacity of the victims to cope in the usual way. (Benveniste, Daniel, Crisis Intervention After Major Disasters, 1999. www.thecic.org/pdf. Retrieved May 13, 2013),

In the first contact with the victims, the service providers get involved in securing relevant information about the victims and making the victims at ease. During this stage, it is advised that the victims are not subjected to lengthy intake evaluation. The service providers listen attentively to the accounts and feelings of the victims, simply clarify immediate concerns, offer some pieces of advice, and make the necessary referrals if indicated (Benveniste, 1999).

Shapiro & Koocher (1996) identified vital guiding principles in crisis intervention which starts from making an accurate assessment of the crisis and thinking quickly for possible solutions. On the part of the service providers, it is important that they remain calm and maintain empathy with the clients, and avoiding subjective involvement. Helping restore the power and control of the clients, the intervention should consider the victims' emotional, cognitive, social, and physical functioning aspects (www.sagepub.com/upm-data/1429_Chapter5.pdf. Retrieved December 28, 2013).

Another article explains further that crisis intervention assists persons in distress to resolve immediate problems and enable them to regain emotional equilibrium. Involving the active participation of the service providers, victims are helped in analyzing the distressful event and are encouraged to express their feelings about the situation. The victims' rights to these feelings are affirmed and their available resources are explored and reinforced. Support from family members, friends and concerned persons and agencies are solicited.

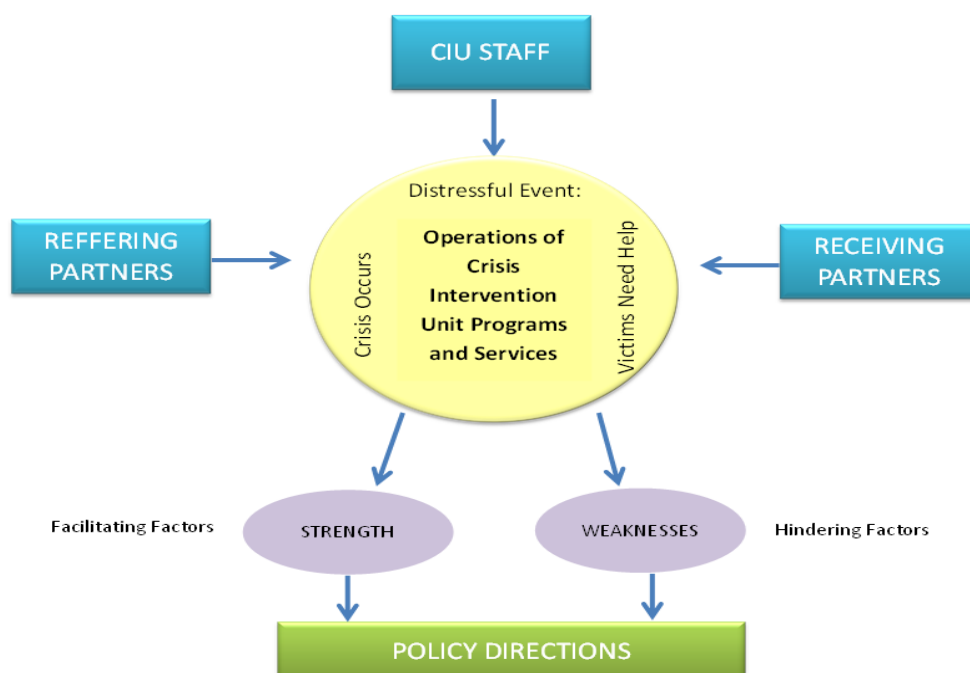
CONCEPTUAL FRAMEWORK

The study was based on the framework that “if a distressful event happens, crisis occurs, victimizing living creatures and damaging properties and the environment. Disequilibrium and imbalance are experienced by the victims who need help to bring them back to pre-crisis functioning. The meaning and responses of the crisis to the victims may vary depending on their pre-crisis level of functioning, their coping skills, their resources, and their sources of support. At any rate, crisis intervention services to the victims become necessary”.

The whole process of crisis intervention cannot be done alone even by the most able individual, or agency, or organization. This condition requires the support and assistance of responsible partners in the community and other concerned stakeholders. These will augment the well-intentioned operations of the present DSWD-managed crisis intervention units, which in itself may have its own strengths and weaknesses.

Because crisis intervention has to be immediate and is short term in nature, policies and measures have to be crafted both for the organization to function at a higher level of performance, and for the victims to be able to disengage soonest from dependency and bounce back to normalcy and attain an empowered and productive life functioning, Figure 1.

Figure 1 presents the conceptual framework of the study.



For this study, the following indicators or variables were used to assess the operations of CIU.

- a) System and Service Delivery: timeliness, appropriateness, adequacy; quality
- b) Facilities: convenient location, physical access to building, professional appearance, hours of service
- c) Staffing/Manpower Complement: courtesy, helpfulness, competence, assurance, responsiveness, ability to protect privacy/confidentiality
- d) Financial Management: provided needed amount and what was promised, adhered to policy standards
- e) Coordination: intensified networking with other concerned agencies/organizations; well-coordinated referrals for possible assistance

Definition of Terms

The following terms and variables are defined operationally as used in this study.

Clients: Refers to a person, family, group or community that needs help and social protection from a professional social worker and/or the Department's staff. ^{1/}

Crisis Intervention Units (CIU): A special unit of the DSWD which serves as an action center to immediately respond to cases of individuals and families in crisis situations. ^{1/}

Crisis situation: Pertains to a condition whereby an individual, family, or group of persons face a difficult and stressful situation resulting to the impairment of their psycho-social functioning, requiring immediate or urgent interventions to prevent aggravation of the problem and exposure to exploitation, abuse and neglect. ^{1/}

Client intervention programs and services: Various forms of temporary, short-term assistance extended to the victims of crisis.

Receiving Partners: Government, non-government and private organizations which accept referrals from the DSWD-CIU and take responsibility in providing some forms of temporary and short-term support to victims of crisis situations.

Referring Partners: Government, non-government and private organizations which refer clients to DSWD-CIU for providing temporary and short-term support to victims of crisis situations.

Regular Cases: Pertain to walk-in clients and referral from other partners

Special Cases: Pertain to clients referred by EXECOM Officials and legislators requiring feedback

METHODOLOGY

The study covered all the 17 regional CIUs nationwide. Utilizing the descriptive research design to describe the current operations of the DSWD-managed crisis intervention units (DSWD CIUs), this involved the participation of 157 identified clients or beneficiaries, 87 referring partners, 63 receiving partners, and 68 CIU staff. The referring and receiving partners are stakeholders able to extend some forms of support to victims in crisis situations. All of the respondents were selected using the purposive sampling technique making as basis their direct involvement in the program.

Four separate questionnaires were used to gather the data. These instruments were prepared in English, except for the client questionnaire which had a Filipino translation for better understanding. These instruments were reviewed for content validity and were subsequently pilot tested before these were administered to the target samples.

The questionnaire for the clients focused on their experiences while availing of the CIU services and how the same have helped them solve their immediate needs. The nature of involvement, direct experiences, partnership building and coordination were central in the questionnaire for the referring and receiving partners. The staff questionnaire provided feedbacks on the internal operations of the CIUs they respectively represented.

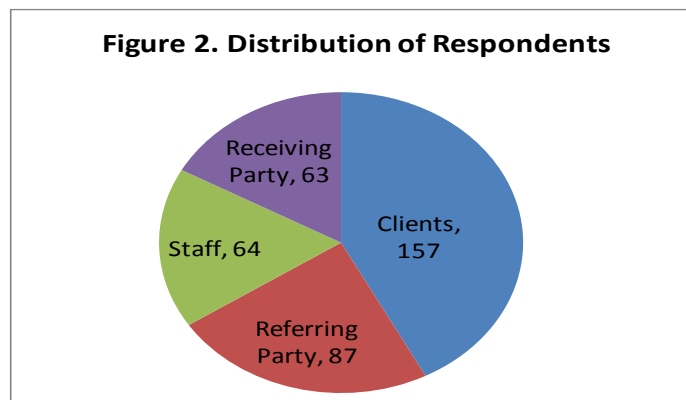
Data collection was facilitated through the use of the interview method specifically with the clients. For CIU staff and referring and receiving partners, the instrument was self-administered. Considering the nominal type of the research data collected, statistical treatment was limited to the use of the percentage analysis and cross-tabulation.

RESULTS AND DISCUSSION

This section presents and analyzes the results of the study. Composed of three -parts, Part 1 describes the four groups of respondents in terms of their profile characteristics. Part 2 discusses the assessments of the DSWD CIU clients, referring and receiving partners and CIU staff on the operationalization of CIU. Part 3 deal with the facilitating and hindering factors in operationalizing the CIU.

Part 1. PROFILE OF RESPONDENTS

As shown in Figure 2, there were 371 respondents composed of 157 clients, 64 CIU staff, 87 referring partners, and 63 receiving partners. Except for Region IV – B which had no client participation, all the Field Offices were represented by the four (4) respondent groups.



Client

The participating clients are mostly females, married and of middle age. With limited education and no vocational preparation, these clients have inadequate employable skills making them unable to engage in more productive and gainful activities that will generate resources to sustain family needs. Close to 40 percent of them were jobless while some are engaged in a variety of occupations which do not seem to generate reasonable amount of income on a regular basis such as vendor, laundry worker and housekeeper (see Annex Table 6).

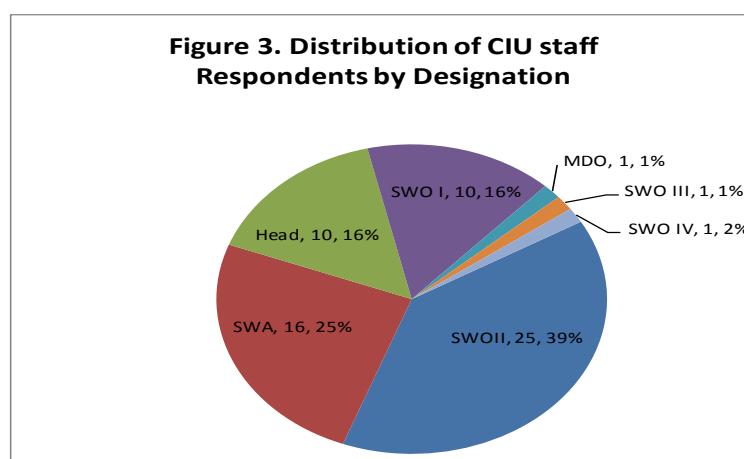
Assuming that the reported average monthly income of the clients is correct, Table 1, the likelihood is not remote that the figures will explain that such earnings cannot suffice to meet the needs of their respective families. Hence, their dependence on welfare.

Table 1. Reported Average Monthly Income of Clients by Region

Field Office	Average Monthly Income (in pesos)	Field Office	Average Monthly Income (in pesos)
CO	7,241.75	FO VIII	6,300.25
FO I	2,730.56	FO IX	4,677.78
FO II	2,462.50	FO X	4,583.33
FO III	6,237.50	FO XI	5,325.00
FO IV – A	2,620.00	FO XII	5,000.00
FO V	4,625.00	CAR	6,559.86
FO VI	3,033.33	CARAGA	4,266.67
FO VII	6,125.00	NCR	3,071.43

CIU Staff

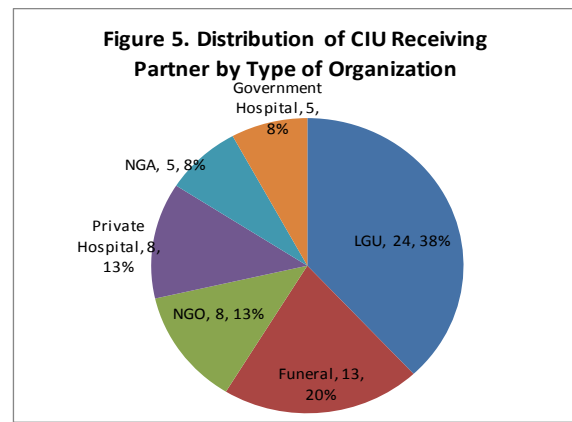
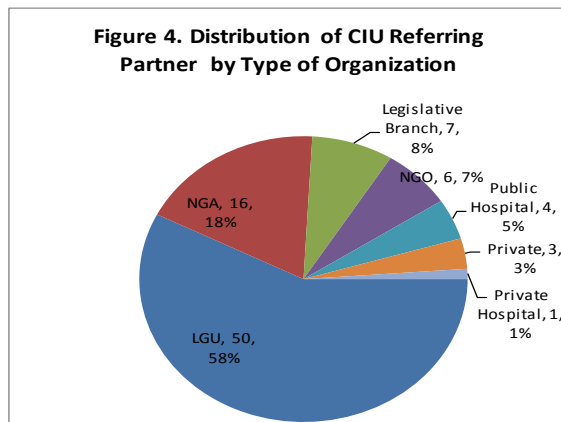
With respect to the 64 CIU staff, majority of them are social workers holding different levels of position, ranging from Social Worker Assistants to Social Workers I to IV. About 16 percent of them are already heads of their respective units, Figure 3. Fifty percent (50%) of the CIU staff work in the CIU for almost 3 years.



Referring and Receiving Partners

Referring partner respondents are noted to have come mostly from the Local Government Units (LGUs), 58 percent. The rest are shared by the National Government Agencies (NGAs), 18 percent; the Private sector, 3 percent; and the Non-Government Organizations (NGOs), 7 percent, Figure 4. On the other hand, Figure 5 shows that 38 percent of the receiving partners represent the Local Government Units (LGUs). Some 20 percent of the receiving

partners came from the group of service agencies such as funeral parlor operators and NGOs. Other receiving partners included both government and private hospitals.



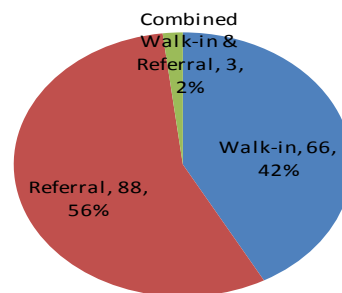
Part 2. ASSESSMENT OF CIU OPERATIONS

The assessments and feedbacks about the DSWD CIU implementation were viewed from four (4) perspectives, i.e., from the clients, the staff, the referring partners, and the receiving partners. This section presents and discusses the views of the respondents on the following aspects used to assess the CIU operation: Awareness of the CIU Services; Services and Sources of Fund; System and Service Delivery; Staffing; Coordination; Financial Management; and Facilities.

A. Awareness of the CIU Services

The data in Figure 6 reveal that 56 percent of them reported and confirmed that they were initially referred to the DSWD for appropriate services. For these clients, they so believed that DSWD is the place to run to for help. To support this finding, 49 percent was given formal referral to register with the LGU (see Annex Table 14). Walk-in clients composed 42 percent. Around 22 percent got their information about the CIU services from DSWD Social Workers themselves (see Annex Table 14). The idea about turning to DSWD for welfare and assistance immensely challenges the philosophy of the discipline of social work, which is “helping people to help themselves” in order to discourage dependency. On the part of the referring and receiving partners, nearly 55 percent learned the CIU services are also through referrals. The referring partners were outsourced by DSWD while a sizeable number really took the initiative to partner with the Department. As recipient of the referred cases, the receiving partners started with their engagement with the program when they started to receive cases.

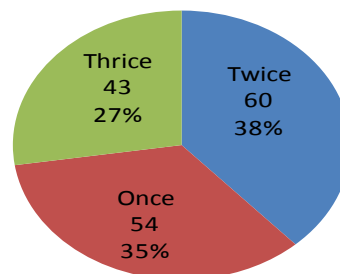
Figure 6. Distribution of CIU Client Responses by Mode of Admission



B. Services and Sources of Funds

Of the 157 clients, 65 percent of them have availed of the CIU services more than once. These combined percentages do not discount the fact that the 35 percent who were served once by the CIU, no longer come for the second or third time, Figure 7.

Figure 7. Frequency of the Availment of CIU Services by CIU Client



Among the different types of assistance for which the clients went to CIU for help, 75 percent of them were financial in nature, Figure 8. Under financial assistance are the medical and food subsidies, 73 and 12 percent, respectively, Figure 9. From the perspective of CIU staff, medical needs topped the reason of clients for coming to CIU for interventions (see Annex Table 20). Other needs like transportation and burial assistance are also served by the program. On the part of referring and receiving partners, very often the type of assistance being referred and received are those which need monetary support (see Annex Table 21). The pattern is authenticated by earlier data from the clients.

Together with the other needs sought for by the clients, it is evident that all of these have cost implications and therefore need funding support. The burden on the government to respond to these various needs is a heavy toll. Even non-government organizations or agencies organized for similar purposes may reach a point of having donors' fatigue, or running out of resources.

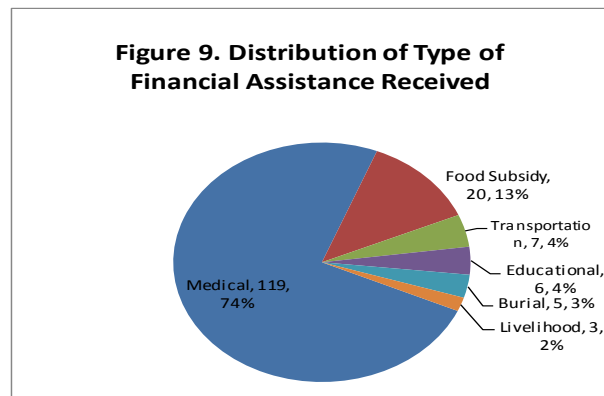
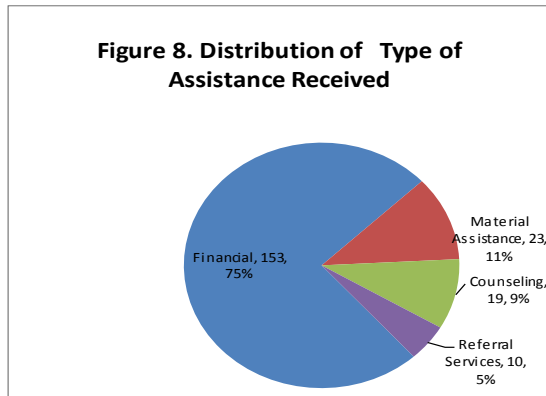
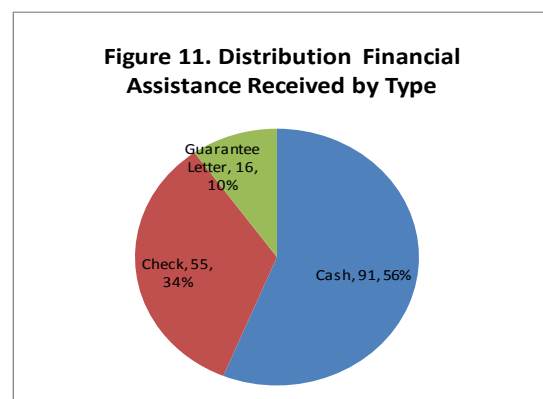
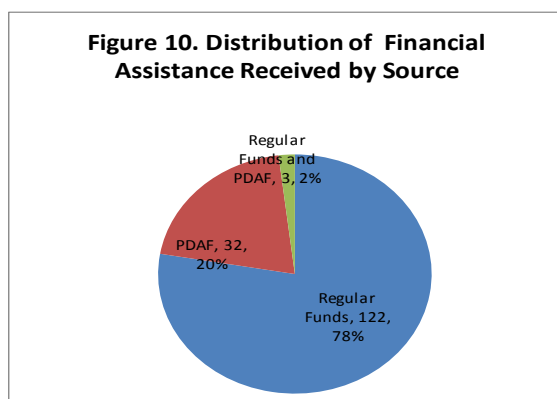


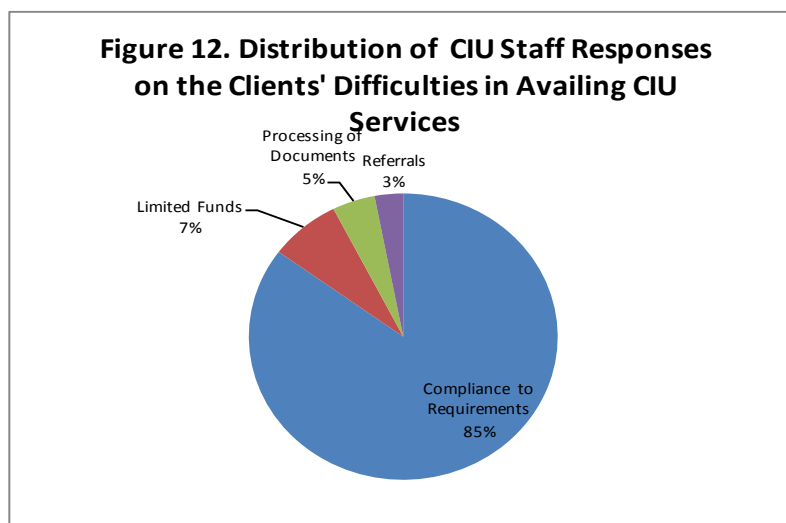
Figure 10 states the sources of the funds which support the CIU programs and services. Seventy-eight (78) percent of these came from the regular funds earmarked for the Department of Social Welfare and Development (DSWD) for given period. Whenever necessary, the DSWD refers clients to other government instrumentalities to augment the assistance. This is where the PDAF (Priority Development Assistance Fund) comes in, 20 percent. Being sourced from the allocations of Senators and Congressmen, the use of the PDAF in crisis intervention adds to the present confusion and legal battle on how such resource should really be used. It shows that the CIU assistances are mostly taken from the regular funds of the DSWD.

On the other hand, Figure 11 shows the clients receive their financial assistance either in the forms of cash, 56 percent; check, 34 percent; or guarantee letter, 10 percent.

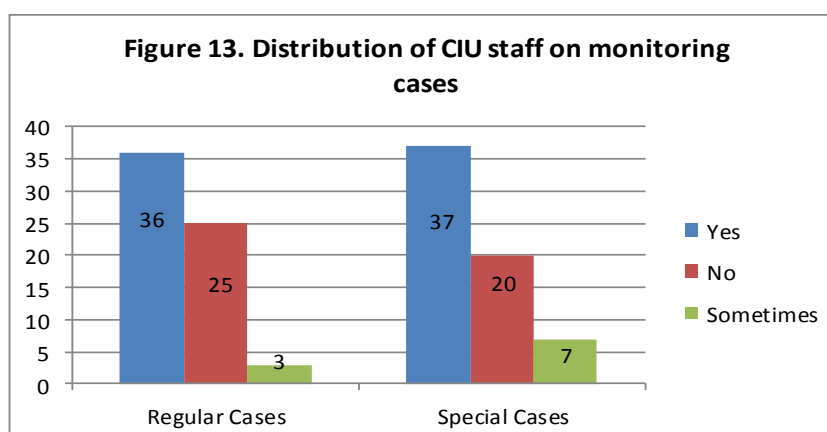


C. Systems and Service Delivery

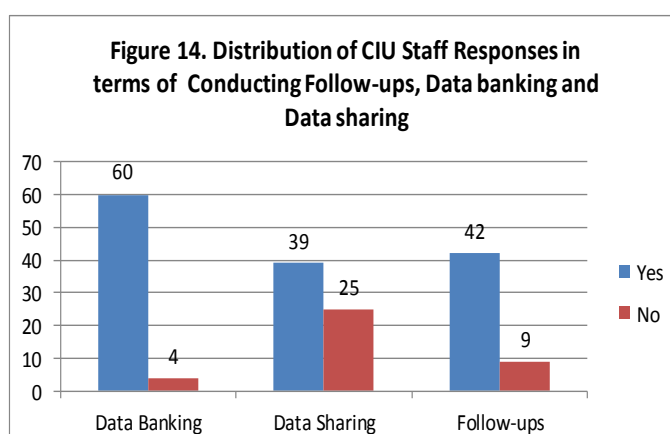
It is not unusual that some services sought for by the clients are delayed. The primary reason for the delay is the inability of the clients to comply with certain paper requirements, 85 percent, Figure 12.



To ensure that the clients are served by CIU Staff, these cases whether regular or special are properly monitored as shown in Figure 13. Regular cases are those that required outright assistance like transportation money and food stuff. Special cases pertain to clients referred by EXECOM and Legislators who were provided check and guarantee letter.



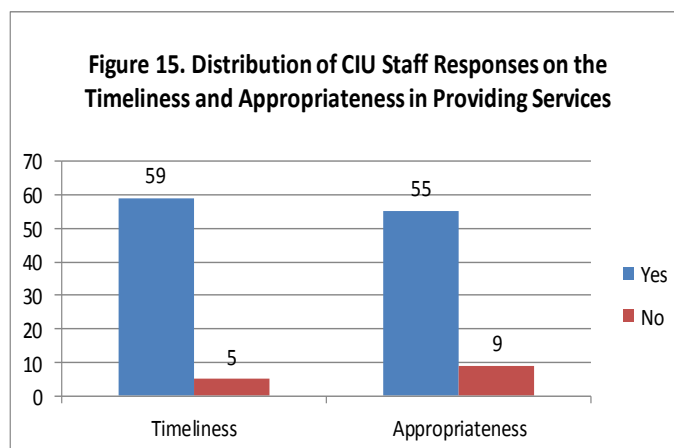
As shown in Figure 14, 60 and 39 CIU staff reported that they have established data banking and have data sharing mechanism, respectively. Further, 42 CIU staff conducted follow-ups in order to find out whether referrals are attended appropriately.



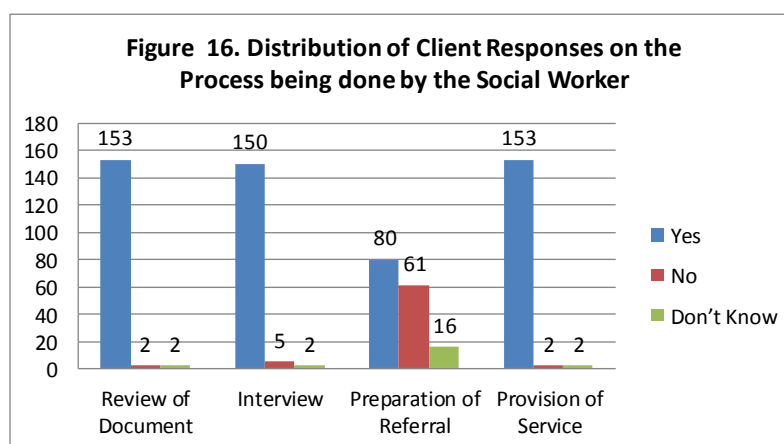
According to 59 CIU staff, they are confident in saying that the services they provide really come on time.

On the other hand, the clients claimed that their waiting time before they were interviewed is about less than 30 minutes. For the cash outright, 103 clients estimated that they received it within 30 minutes to more than an hour, while for check, they usually wait for 5 to 10 days depending on the availability of funds.

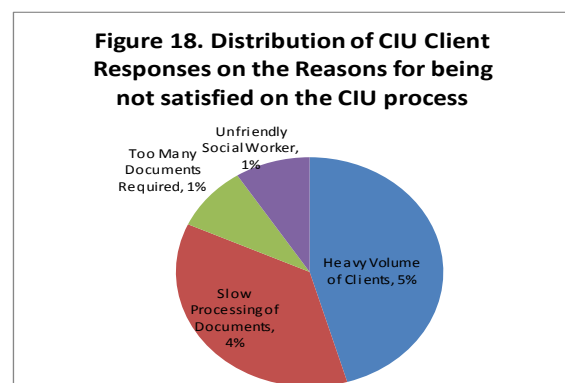
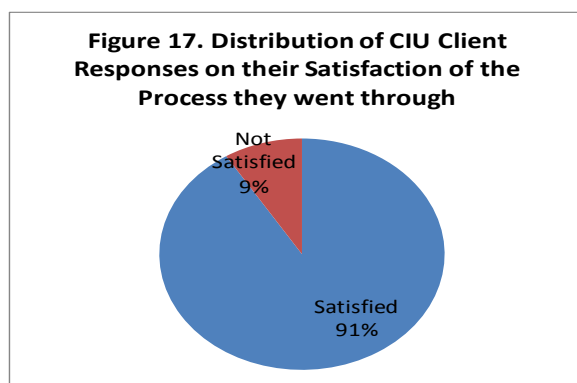
Meanwhile, 55 CIU staff believed that services provided are appropriate enough to meet the clients' need, Figure 15.



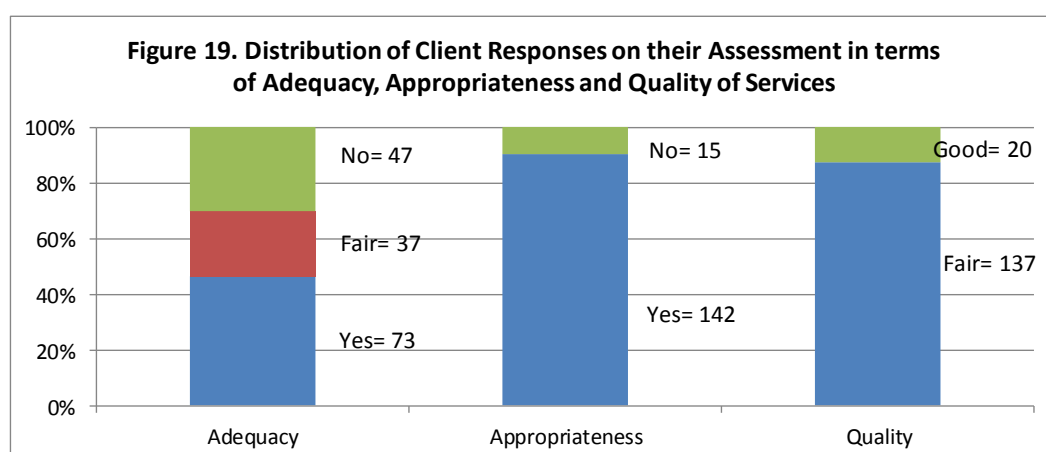
As shown in Figure 16, almost all client respondents agreed that the review of documents, conduct of interview and filling-up of General Intake Sheet (GIS) as well as provision of service are being undertaken by the CIU Social Workers. Meanwhile, 80 clients have experienced that they were referred to other agencies/organizations. On the part of receiving partners, all referrals done by the CIU staff were properly turned-over to the receiving partners with relevant documents such as case summary, among others.



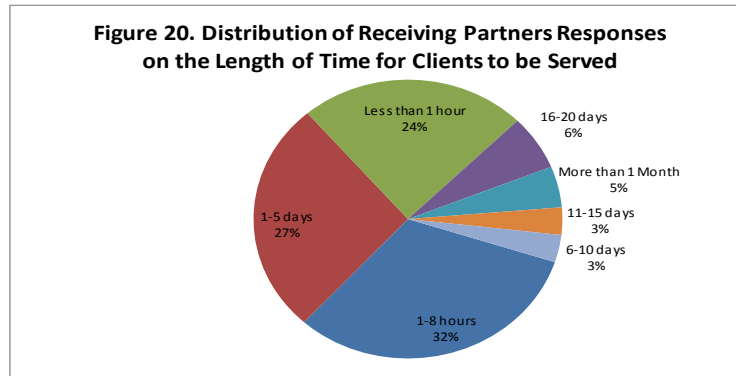
Overall, the clients' assessment on the CIU processes shows that 91 percent signified a rating of satisfactory, Figure 17. This suggests that the processes the clients go through in the course of securing help are acceptable to them. In the context of one good round deserving another, these clients would likely go back again to CIU for similar purposes. Of the nine percent who were not satisfied of the procedures, five (5) percent associated their assessment to the heavy volume of clients, which most likely caused the slow processing of the documents, four (4) percent, Figure 18. It is evident that majority of the clients find the CIU processes and services satisfactory. While this is a plus factor for the program, dependency might be being developed and encouraged among the clients.



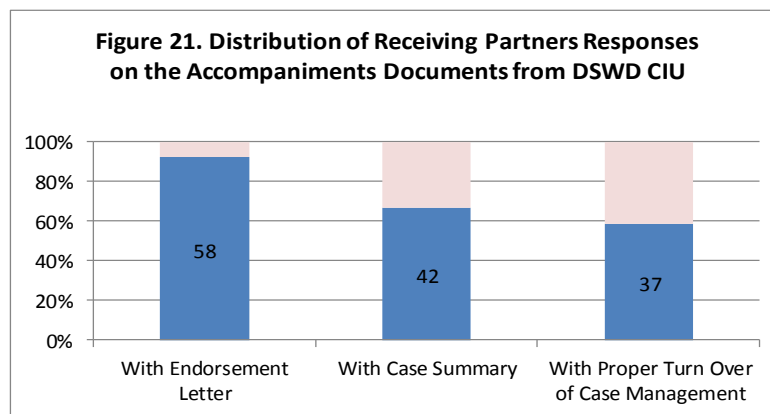
To have further details about the satisfaction level of the clients, Figure 19 data portray that 73 of them indicated that they received adequate services. These services were found to be appropriate, with 142 responses and of quality, with 137 responses. As mentioned in the earlier figures, a minority group was not satisfied of the services of the CIU. This is an acceptable reality that not everybody can be pleased all the time.



From the receiving partners, the variation in the needs of the clients is one great factor which demand differentiated length of time to provide services. Figure 20 data show that 32 percent of the clients were served in eight hours or less. This fast response is in itself crisis intervention. Twenty-seven (27) percent were done within five days.



In referral services done by the CIU staff, cases were received with endorsement letter by receiving partners (58). Some 42 respondents had the clients' case summaries with them. Only thirty-seven (37) respondents said that cases with case management were properly turned over to the receiving partners, Figure 21.



Different regional offices have varying practices in sending their clients to the receiving partners. Majority of them, 73 percent or 46 receiving partners agreed that the clients were escorted by Social Worker if needed; around 57 percent or 36 respondents answered that transportation fare was provided to clients. Figure 22. On the part of monitoring by the CIU staff, 38 receiving partners indicated that more often than not, the CIU Social Workers monitor the referred cases.

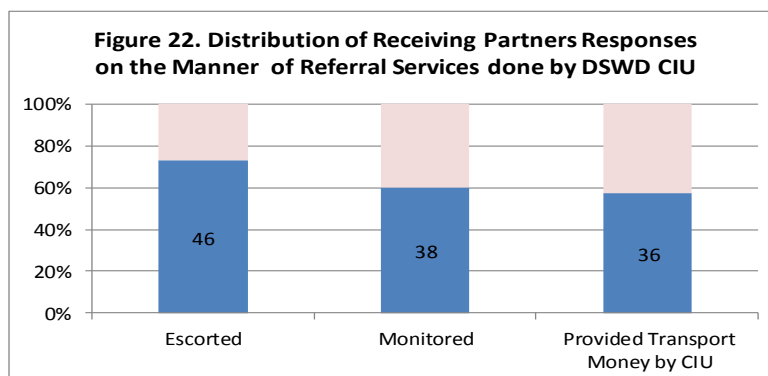


Table 2 indicates the estimated time spent for the whole process of availing CIU services. It is notable that the whole process will only take around less than an hour for the client to receive their assistance. However, this is only applicable to cash outright. Referral to other agencies/organization will take less than half an hour.

Table 2: Estimated Number of Minutes spend on the CIU process	
Process	Estimated Time
Review of required documents	Less than 5 minutes
Interview/Filling-up of Intake Sheet	11 to 15 minutes
Approval of assistance	Less than 5 minutes
Referral to other agencies/organization	Less than 5 minutes
Endorsement to cash division	Less than 5 minutes
Processing of cash assistance (Budget and Accounting)	Less than 5 minutes
Releasing	Less than 5 minutes

D. Coordination

In making case assessments and in facilitating coordination and referrals, the CIU staff rated themselves as demonstrating high levels of competency both in case assessment and in facilitating coordination and making referrals, 92 and 91 percent, respectively.

The referring agencies or offices as partners of the program, do receive feedbacks about their referred cases. This is good because they get to know if the clients' needs have been served, otherwise some corrective measures can be done. As shown in Figure 23 and 24, 71 and 62 percent of referring partners received feedback from CIU and clients, respectively.

Figure 23. Distribution of Referring Partners Responses on Receiving Feedbacks from CIU

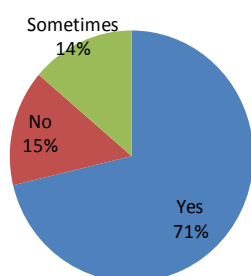
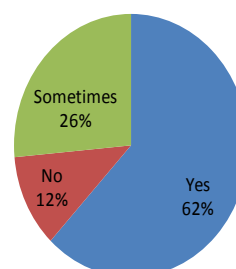
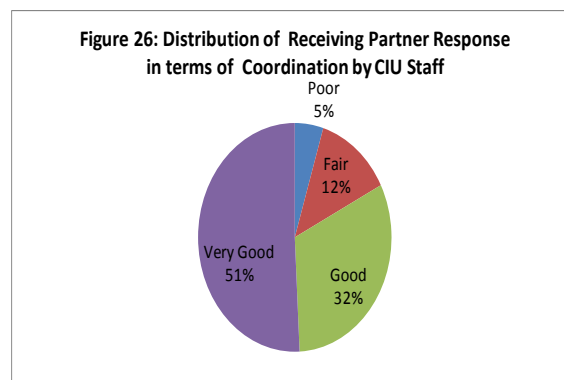
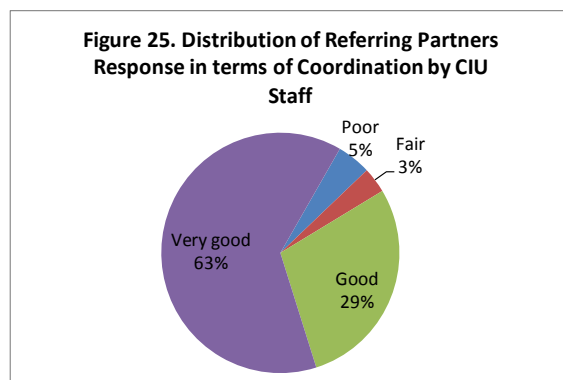


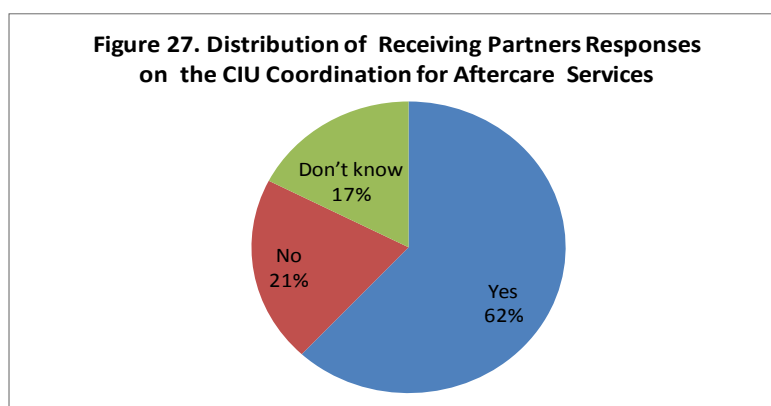
Figure 24. Distribution of Referring Partners Responses on Receiving Feedbacks from Clients



Enlightening enough, the referring and receiving partners recognized the CIU Social Worker with a very good rating, 63% and 51%, respectively in terms of continuous coordination as a support extended to them in providing services to CIU clients, Figures 25 & 26.



The clients who seek assistance from CIU are primarily of the nature which does not require long term care. In fact, this is the real framework of stop-gap help in which crisis intervention normally operates. Nevertheless, about 62 percent of the receiving partners reported that in some cases the CIU had to make coordination with them even after extending the desired assistance regarding the provision of aftercare services, Figure 27.



E. Manpower Complement/Staffing

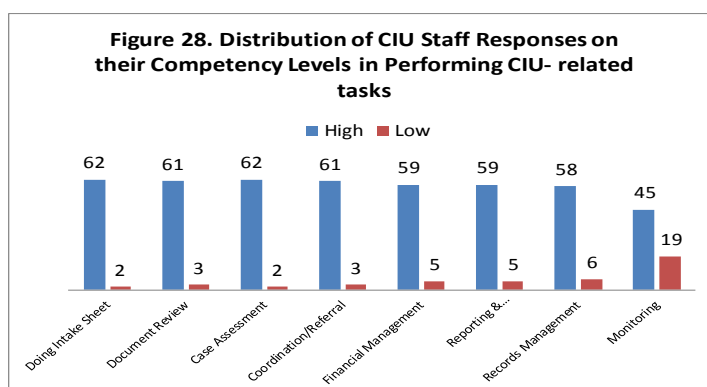
In terms of the assessment of clients on the CIU staff/personnel, the clients described them to be courteous, 96 percent; responsive, 97 percent; very systematic, 96 percent; and very assuring, 94 percent. The clients also felt comfortable of how the staff handled their cases with high confidentiality, 93 percent, Table 2. Such healthy environment which the CIU personnel create makes the clients willing enough to disclose their personal needs.

Table 2. Frequency Distribution of Clients' Response on their Assessment of the CIU Staff

Assessment of the CIU Staff	Frequency	Percentage
Courteous	151	96
Not So Courteous	6	4
Fast Response	153	97
Slow Response	4	3
Very Systematic	151	96
Not So Systematic	6	4
Very Assuring	147	94
Not So Assuring	10	6
With High Confidentiality	146	93
With Less Confidentiality	11	7

In addition, both referring and receiving partners assessed the CIU staff as responsive and render relevant services on the needs of the clients. Referring partners also found the CIU staff to be knowledgeable of the referral services (see Annex Table 25)

From the point of view of the CIU staff, they demonstrate a high level of competence in reviewing documents and conducting interview/filling up of intake sheet, 61 and 62 responses, respectively. The CIU staff as service providers also performs certain jobs which are administrative in nature, like record keeping and financial management. With respect to these functions, the staff likewise demonstrates high level of competence in both, 58 and 59 responses, respectively. This means that at any given time they are able to produce the needed information and make relevant decisions upon demand. Similar high level skills are demonstrated in reporting and documentation, 59 responses. Constrained by the heavy volume of work, 45 of them are able to pursue the monitoring of their clients, Figure 28.



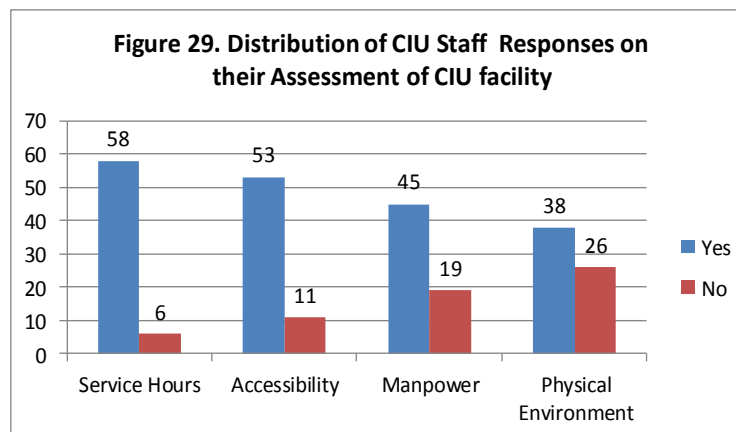
G. Facility

Facility wise, the clients considered the DSWD CIU offices accessible, 92 percent, and manned by adequate manpower, 68 percent, Table 3. The service hours are likewise rated as adequate, 92 percent. They also found the facility clean and orderly, 92 percent.

Table 3. Frequency Distribution of Client Responses on their Assessment of the CIU Facility

Assessment of the CIU Facility	Frequency	Percentage
Accessible	145	92
Not Accessible	12	8
Adequate Manpower	107	68
Inadequate Manpower	50	32
Adequate Service Hours	145	92
Inadequate Service Hours	12	8
Clean/Orderly	145	92
Disorderly	2	1
Well-ventilated	3	2
Spacious	4	3
Comfortable Waiting area	2	1

On the part of CIU staff, they also found CIU facilities accessible, 58 responses and are operating in a comfortable environment, 38 responses. They also considered that manpower is adequate, 45 responses, hence, the unit is able to maintain adequate service hours, 58 responses, Figure 29. This is very important because, otherwise, as service providers, the staff will feel burned out on the job. They too have to take care of themselves for both physical and emotional endurance and sustenance.



H .Financial Management

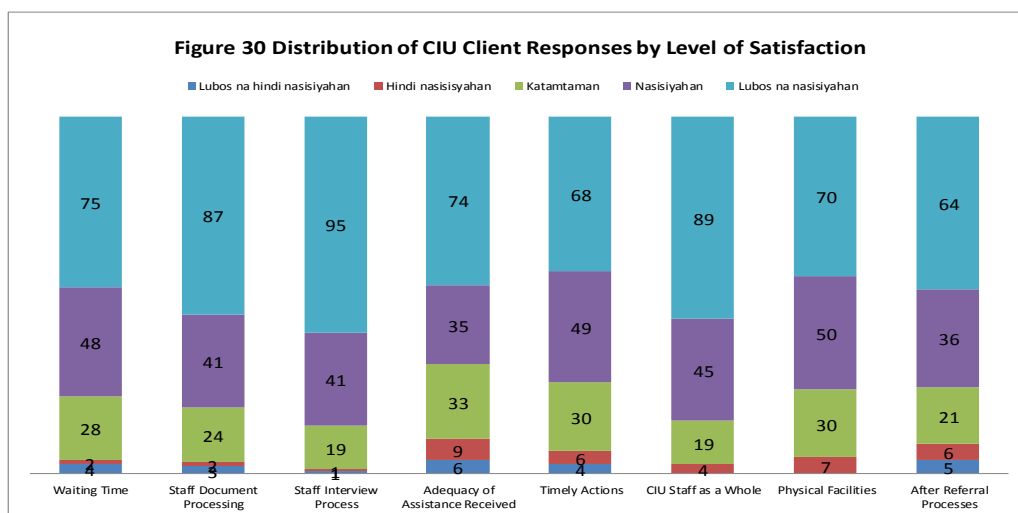
The DSWD CIU operations draw funds from the annual regular budget of the Department. Occasionally, some outsourced funds are channeled to the program by the Legislators through their respective allocations from the Priority Development Assistance Funds (PDAF). A negligible size of funds comes from donations. The clients receive their financial assistances in the form of cash, check, or guarantee letter.

Seventy-eight (78) percent of clients said their source of assistance came from the regular funds of DSWD for given period. Whenever necessary, the DSWD refers clients to other government instrumentalities to augment the assistance. This is where the PDAF (Priority Development Assistance Fund) comes in, 20 percent. The rest said it came from both regular and PDAF funds. It shows that the CIU assistances are mostly taken from the regular funds of the DSWD.

I. Satisfaction Level

Given the 5-point Likert scale, 5 being the highest and 1 being the lowest, generally, the clients are truly satisfied on the CIU processes, CIU staff, and facility. Among the processes, it shows that interview and processing of documents obtained the highest level of satisfaction, with 95 and 87 responses, respectively. Waiting time to be interviewed or for other purposes and processing documents may vary depending on situations which are often beyond the control of the CIU staff.

Interview with the client is a mandatory process to gather information which will help establish the legitimacy of extending services. Seventy-four (74) of them found the assistance they received are adequate, saying further that these were timely actions answering to their needs. Further, the client respondents assessed the physical facilities to be satisfactory. Likewise, they made known their satisfaction for the follow up services shown by the CIU staff. It is admirable that more than half of the clients benefit from the continued services of the staff, indicating that the staff involvement does not cease even after referring the clients to outside services. In spite of some inevitable limitations of the program, the favorable ratings of the clients are positive indications that CIU is fulfilling its mandate well, Figure 30.



Part 3. FACILITATING AND HINDERING FACTORS

According to the client respondents, the delivery of CIU services is usually facilitated if they are able to complete and submit on time the required documents. The process is made even much faster if the staff are supportive enough, and the approving officers/personnel are present and available. Occasional problems may occur due to poor coordination between and among concerned personnel.

On the other hand, the CIU staff put high premium on a healthy working environment as a major factor that facilitates the delivery of CIU services. This environment is characterized by facilitating factors such as complete staff complement, high level manpower competency, good working relationship, management support, sufficient funds, functional office equipment and facilities, as well as coordination and communication with the partner agencies. On the hindering factors, some LGU and/or partner issues are material to affect the CIU services. None or poor functioning office equipment are barriers to the program operations.

For the referring partners, they underscore that the constant communication and close coordination with accommodating CIU staff promote good working relationships and teamwork. Accompanied by complete client requirements and relevance of client demands, the services referred to are hastened. Such services may be hampered by limited funds, inconsistent CIU guidelines, low level of education of clients, work volume, limited time, and/or intervention from other parties. Fund augmentation, ensuring fast the client's eligibility, longer hours and weekend operations, no 3rd party intervention, and strengthened partnerships are recommended for faster service delivery.

Further, the receiving partners have identified hindering and facilitating factors pertain either to the familiarity of the procedures, facilitative systems, competence and favorable attitudes of the staff, proper coordination, provision of transport money when needed, or the physical accessibility of the CIU itself. The heavy volume of clients, document-related problems, unreasonable demands, limited staff resources, processing delay, and physical distance impede the smooth delivery of the needed services.

Table 4: Facilitating and Hindering Factors and Corresponding Recommendations

Respondent	Facilitating Factor	Hindering Factor	Recommendation
CIU Client	<ul style="list-style-type: none"> • Submission of complete requirements/documents. • Systematic procedures. • Adequate number of manpower. • Manpower competency. • Favorable attitude of the staff/manpower. 	<ul style="list-style-type: none"> • Lack of funds. • Incomplete requirements/documents. • Non-availability of approving/signing officers/personnel. • Heavy volume of clients. • No proper coordination between/among concerned personnel. 	<ul style="list-style-type: none"> • Fund augmentation to serve more clients. • Increase in the amount of assistance needed. • Additional services. • Giving priority to most indigent clients/the Senior Citizens and persons with disabilities. • Extension of CIU service-hours on weekends. • Close monitoring of the staff over referred cases. • Improvement of CIU facilities and services. • Assistance in the preparation of required documents or in completing forms. • Strengthening the partnerships with other service providers.
	<ul style="list-style-type: none"> • Complete staff complement at any one time. • High level of manpower competency. 	<ul style="list-style-type: none"> • Poor office facilities and equipment. • LGU and partner-related problems and issues. • Lack of transportation facilities. 	<ul style="list-style-type: none"> • Additional Manpower • Capability Building/Upgrading <ul style="list-style-type: none"> > Sign Language > Debriefing session

Respondent	Facilitating Factor	Hindering Factor	Recommendation
CIU Staff	<ul style="list-style-type: none"> • Good working relationships between and among the staff. • Supportive management. • Adequate fund allocation. • Adequate equipment and facilities. • Close coordination with the LGUs and other community resources. • Presence of technical assistance when needed. 		<ul style="list-style-type: none"> • Knowledge management • To activate the use of CRIMS • Establish set standards/guidelines on staffing pattern • Also perfect handling of CIU problematic clients. • Repair/Additional office equipment • Standard set-up/separate office of DMCIU at the FOs • Enough space for counseling, presently, CIU office is not conducive for attending clients with special cases (WEDC/CSA) • Provision of hot meals and transportation for CIU especially on emergency cases • Coordination with LGUs/NGOs for clear understanding of referral system/policies • Establish mechanisms and linkages with DOH/hospitals to address medical needs of poor clients • There should be sufficient fund to address the needs of CIU clients

Respondent	Facilitating Factor	Hindering Factor	Recommendation
			>Hazard Pay >TEV/LOAD <ul style="list-style-type: none"> • PDAF should directly released to the social services • Regular/annual meeting with stakeholders for referral system
Referring Partners	<ul style="list-style-type: none"> • Accommodating CIU staff. • Close coordination and communication with the CIU. • Good working relationship with the CIU personnel and other agencies. • Good teamwork with the CIU staff. • Relevance of cases being referred for assistance. • Complete requirements of the clients. 	<ul style="list-style-type: none"> • Clients' negative attitudes. • Limited funds and services. • Inconsistent guidelines from CIU. • Incomplete client documents/records. • Delay in providing relevant information about the clients. • Limited or low level of education of the clients. • Lack of support from the family or the significant others. • Intervention from 3rd party or fixers doing legwork for the clients. • Lack of manpower to work on documents and records. • Improper coordination or poor feedback system. • Limited to daytime operations. • Delay in the processing of pertinent papers 	<ul style="list-style-type: none"> • Fund augmentation to continue helping clients. • Establishing the identity of clients to ensure eligibility to the services needed. • Maintaining 24/7 working hours. • Strengthening partnerships with the CIU and other community resources. • Do not entertain 3rd party intervention. • Referred clients must have complete documents.

Respondent	Facilitating Factor	Hindering Factor	Recommendation
Receiving Partners	<ul style="list-style-type: none"> • Familiarity with DSWD-CIU procedures. • Good systems and procedures. • Competence of the CIU staff. • Favorable attitude of the staff. • Proper coordination. • Financial assistance when needed. • Physical accessibility of the CIU. 	<ul style="list-style-type: none"> • Heavy volume of clients. • Document-related problems. • Financial limitation of clients. • Unreasonable demands of clients. • Limited staff/resources. • Processing delay. • Physical distance of the CIU location. 	<ul style="list-style-type: none"> • CIU manpower augmentation. • Additional logistics. • Upgrading CIU physical facilities/infrastructures. • 24/7 work hour operations. • Open communication with the CIU staff.

SUMMARY

This study was conducted to assess the operations of the DSWD-managed crisis intervention units, with the end in mind to determine areas which need enhancement or improvement. Covering all 17 Field Offices nationwide, it involved the participation of four groups of respondents, i.e., 157 clients, 64 CIU staff, 87 referring partners, and 63 receiving partners.

Respondents Profile

Majority of the CIU clients are females, married, and of middle age. With limited education and no vocational preparation, these clients have inadequate employable skills making them unable to engage in more productive and gainful activities that will generate resources to sustain their family needs. Close to 50 percent of them were jobless.

The CIU staff are licensed Social Workers holding different levels of position, ranging from Social Worker Assistants to Social Worker IV. A number of them are Heads of their respective CIU Units. They bring to the program their skills as crisis intervention service providers.

The referring partners are representatives mostly of the Local Government Units (LGUs). The rests are members of National Government Agencies (NGAs), Non-Government Organizations (NGOs), and other private sectors.

The receiving partners are likewise representatives of the LGUs, NGAs, NGOs, government and private hospitals, and service agencies.

Awareness of the CIU Services

The clients generally got their information about the CIU through referral. Close to one-half of them were walk-ins to the program. The referring partners were outsourced by the DSWD, while a sizeable number really took the initiative to partner with the Department. As recipients of referred cases, the receiving partners started their engagement with the program when they started to receive cases.

Services and Sources of Funds

The services for which clients approached CIUs for help were essentially financial in nature, money to be spent for the purchase of medicine, food, transportation, cost of education, burial services, hospitalization, material things, or other emergency needs. Minimal were the assistances needed for shelter, counseling or legal services.

For all these services, funds are drawn from the regular budget of the DSWD and shares extended by the legislators from their respective allocations of the Priority Development Assistance Funds (PDAF).

Systems and Services Delivery

Routine interviews and intake procedures are undertaken by the Social Workers with the clients to establish eligibility to the services. Relevant documents are requested to the clients. Incomplete or non-submission of the required documents often causes the delay in program delivery. Services are rendered to the clients within the day or even within a shorter period of time depending on the nature of assistance being requested. For cash-outright, the average waiting period is three (3) hours while for checks, it is generally received 16 days on the average.

Considering that assistance most requested involves money, this is dispensed in the form of either cash, check, or guarantee letter.

Where referral services are needed, proper documentation of cases, coordination, follow-up, or monitoring are made to ensure that the required services have been completed.

Staffing, Facilities, and Satisfaction Level

The CIU staff are assessed to be very competent. They render the needed services with timeliness, adequacy, appropriateness, and quality. With respect to the referring and receiving partners, the same favorable assessments were reported. On the average, the CIU staff managed 18 clients/cases per day.

The CIU facilities are relatively adequate but have occasional problems such as lack of counseling room to ensure the privacy and confidentiality of cases and poor ventilation. CIU locations are accessible. Although, satisfaction level of clients is generally high, there is a minimal number of client who are not satisfied with the facilities. Obviously, not all clients are pleased at all times.

Facilitating, Hindering Factors, and Recommendations

Factors identified to facilitate the CIU operations include early submission of complete documents and requirements; adequate manpower, their competency level, supportive management; adequate funds; favorable working relationship and coordination with the staff and the program partners; presence of technical assistance when needed; and good systems and procedures.

Among the factors identified by the respondents which hinder and delay the operations of the CIUs are the lack of funds; non-availability of approving and/or signing personnel; poor/lack of office/transport facilities; and physical distance of CIU office.

Recommendations to enhance the CIU operations focus on fund augmentation; capacity building of CIU staff; strengthening partnerships with new and existing partners; and acquiring additional office equipment, including service vehicle.

CONCLUSION

The Department, as mandated continuously provides augmentation assistance to individuals, families and groups in crisis situation through the Crisis Intervention Units (CIUs). The program which intends to provide materials, psychosocial and other interventions to individuals and families is more focused on financial requests for the purchase of medicine or money for hospitalization, transportation and burial service. It is undeniable that those with limited education making them unable to engage in more productive activities that will generate income will most likely go to CIU to seek assistance.

Considering the primary reason for the delay in program delivery is the inability of the clients to comply with the requirements of which most often is due to lack or incomplete document, significantly, this could be one great factor which can affect the whole process of availing the CIU services.

The program is integral to the Department of Social Welfare and Development, as such it merits an increase in the regular annual budget of the Department in consideration to the usual reasons of seeking assistance were essentially financial in nature. Its manpower complement is composed of personnel holding plantilla items. They are assessed to be well trained and are competent.

The program maintains strong partnership with other government and non-government or private organizations, either as referring or receiving partners. These include government instrumentalities, local and national, the Legislative Department, i.e., Senators, Congress, etc. who at the same time extend additional funds taken from their respective allocations.

In general, the operations of the DSWD-managed crisis intervention units are implemented well and are able to help clients requiring specific assistance and services. The service providers or implementers are believed to have the necessary levels of competence, skills, and commitment to render appropriate, timely, and adequate services. Maintaining close coordination and communication with both the referring and receiving partners, the DSWD CIUs have earned the high rating of satisfaction from these groups, as well as from the clients who benefit from the program.

The DSWD CIUs are dedicated to provide quality services to their clients to the highest possible extent. They operate on the principles of providing immediate intervention to help clients cope with social, psychological, physical and economic problems arising from crisis situations. Primarily, it can serve clients for as long as its funds would warrant. Manpower complement is likewise confronted by human limitations to be able to serve clients as fast as they can.

RECOMMENDATIONS

Establishing new and strengthening existing partnerships with other service providers will provide strong support to the program. Likewise, it is suggested for the CIU staff to monitor referral cases to find out whether the desired services are obtained and delivered to the clients. Otherwise, repeated referrals to another agency or office may be needed.

A further study may be considered in terms of increasing the amount of assistance to be provided to clients given that medical needs topped the reason of clients for coming to CIU for interventions. of Additional funds to the program will mean more services to bigger number of clients.

Insights from the findings of the study lead to the formulation of some policy directions for possible consideration by management. These include:

A. For DSWD – Protective Service Bureau (PSB)

1. The Crisis Intervention Monitoring System (CRIMS) should be reviewed, enhanced, and reactivated to establish a workable management information system to track down the clients who receive benefits from the CIU services.
2. A system of closure/termination for each client should be installed, in addition to the usual case summary. This will likewise ensure that the clients are served accordingly or could be referred to a longer term of recovery program, if needed.
3. Additional funds for CIU programs and services may be infused to accommodate and serve more clients, as well as, to improve or acquire physical facilities and other equipment needed to facilitate further the CIU operations. This may include enhancing the present CIU facilities.
4. To strengthen partnership with private hospitals and provide orientation to medical social workers on the CIU policies/guidelines. Likewise, to consider a Memorandum of Agreements with Mercury Drug and other drug stores for possible credit line to facilitate the medicines required for the clients. This will also ensure the funds are used as intended.
5. To consider the establishment of provincial satellite office in provincial hospitals to reach more beneficiaries needing medical assistance. Coordinating with medical practitioners and medical service provider will be more accessible if this will be the case. However, there is a need to differentiate CIUs function to the medical social

service of each hospital. Appropriate funding source may be source from the dissolved PDAF fund.

B. For DSWD – Capacity Building Bureau (CBB) & Human Resource Dev't. Bureau (HRDB)

1. Continuous capacity building for the CIU staff's for enhancement of knowledge and skills on the operation and management of CIUs. Training areas may include: psychosocial support, case management, sign language, case management, social case study preparation, report writing, etc.
2. CBB and HRMDS may also focus upgrading the competencies of the CIU staff and implementers to handle future cases of victims of distressful event such as: human trafficking, legal procedures, stress management, counseling and managerial skills.

C. For Field Office CIUs

1. Strengthen partnership with referring and receiving partners and encourage them to have a regular monitoring and better feedback system with the CIU that would help managing the case and track clients on the services being provided. Clients must be engaged in making plans following the services they received. Strengthening the collaboration and teamwork with community partners, local and overseas, shall mean more and better services to a greater number of needy persons.
2. As a preventive measure, the Field Office should urge the LGU Social Workers to identify the vulnerable groups in their LGU to engage them in programs that will equip them with employable skills, so that they do not have to shop for short-term temporal services to meet their needs. This should be a primary concern of the LGU considering that they are in the ground level and are closest to the community. Further, the LGUs should intensify the provision of counseling support to individuals or families experiencing stressful situations, like death, sickness, loss of job, etc. before endorsing it to the DSWD CIUs. Monitoring, evaluation, and possible after-care services should be done to complete the process.

REFERENCES

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ANNEXES

Table 1. Distribution of respondents, by type, by region, CY 2013

Region	Clients	Staff	Receiving Party	Referring Party	Total
CO	10	7	3	3	23
FO I	14	2	4	8	28
FO II	9	2	3	7	21
FO III	10	4	5	5	24
FO IV-A	10	3	3	7	23
FO IV-B	0	3	2	1	6
FO V	8	4	3	6	21
FO VI	6	3	3	3	15
FO VII	10	3	5	4	22
FO VIII	11	4	4	6	25
FO IX	10	7	1	9	27
FO X	11	4	5	1	21
FO XI	8	2	5	4	19
FO XII	10	4	5	5	24
CAR	10	3	5	5	23
CARAGA	10	4	2	8	24
NCR	10	5	5	5	25
Total	157	64	63	87	371

Table 2. Distribution of client respondents, by sex, by region, CY 2013

Region	Sex		Total
	Male	Female	
CAR	6	4	10
CARAGA	3	7	10
CO	4	6	10
I	3	11	14
II	2	7	9
III	4	6	10
IV-A	4	6	10
IX	1	9	10
NCR	6	4	10
V	1	7	8
VI	3	3	6
VII	1	9	10
VIII	4	7	11
X	5	6	11
XI	2	6	8
XII	3	7	10
Total	52	105	157

Table 3. Distribution of client respondents, by civil status, by region, CY 2013

Region	Civil Status				Total
	Single	Married	Widowed	Seperated	
CAR	2	7	1	-	10
CARAGA	3	7	-	-	10
CO	3	7	-	-	10
I	4	9	1	-	14
II	-	7	-	2	9
III	1	6	1	2	10
IV-A	1	4	3	2	10
IX	2	5	3	-	10
NCR	1	7	-	2	10
V	-	3	4	1	8
VI	2	4	-	-	6
VII	5	4	1	-	10
VIII	3	7	1	-	11
X	1	9	1	-	11
XI	3	3	2	-	8
XII	5	5	-	-	10
Total	35	94	18	9	157

Table 4. Distribution of client respondents, by age group, by region, CY 2013

Region	Age group						Total
	18-27 years old	28-37 years old	38-47 years old	48-57 years old	58-67 years old	68-77 years old	
CAR	1	3	2	2	2	0	10
CARAGA	2	2	5	1	0	0	10
CO	1	2	4	0	1	2	10
I	3	4	4	2	0	1	14
II	0	2	3	2	2	0	9
III	0	3	3	3	0	1	10
IV-A	0	1	3	4	1	1	10
IX	1	2	4	2	1	0	10
NCR	1	4	1	2	2	0	10
V	0	1	2	1	3	1	8
VI	1	3	0	1	1	0	6
VII	1	0	2	4	3	0	10
VIII	0	4	4	3	0	0	11
X	1	4	2	3	1	0	11
XI	2	2	1	2	1	0	8
XII	2	3	3	1	1	0	10
Total	16	40	43	33	19	6	157

Table 5. Distribution of client respondents, by educational attainment, by region, CY 2013

Region	Educational Attainment								Total
	College graduate	College undergraduate	Elementary graduate	Elementary undergraduate	High school graduate	High school undergraduate	Vocational graduate	Illiterate	
CAR	2	2	1	0	4	1	0	0	10
CARAGA	1	0	1	0	8	0	0	0	10
CO	2	0	0	0	5	1	2	0	10
I	3	0	3	0	5	2	1	0	14
II	3	2	0	0	1	2	1	0	9
III	1	3	2	0	4	0	0	0	10
IV-A	0	1	3	0	5	0	0	1	10
IX	4	3	0	1	1	1	0	0	10
NCR	1	3	0	0	5	1	0	0	10
V	5	0	1	1	1	0	0	0	8
VI	1	0	0	0	3	2	0	0	6
VII	1	2	1	0	5	1	0	0	10
VIII	5	2	0	1	3	0	0	0	11
X	3	1	1	0	2	3	1	0	11
XI	2	3	0	0	1	2	0	0	8
XII	8	1	0	0	1	0	0	0	10
Total	42	23	13	3	54	16	5	1	157

Table 6. Distribution of client respondents, by type of occupation, by region, CY 2013																			
Region	Occupation														Total				
	Associate professionals	Buy and sell	Clerk	Craft and related trades workers	Driver	Farmer	Housekeeper	Laundry worker	Nangangalakali	None	On call	Other officials of government	Other personal services worker	Pensioner		Self-employed	Service worker	Unskilled worker	Vendor
CAR	0	0	0	0	1	0	1	0	0	4	1	0	0	0	1	1	0	1	10
CARAGA	0	0	0	1	1	0	4	1	0	1	0	0	0	0	0	0	0	1	10
CO	0	0	2	0	0	0	0	1	0	6	0	0	0	1	0	0	0	0	10
I	0	0	3	0	0	1	1	1	0	5	0	0	0	0	0	1	0	2	14
II	0	1	1	1	0	0	2	1	0	1	0	0	0	0	0	1	0	1	9
III	0	0	1	1	0	0	0	0	1	4	0	0	0	0	0	0	1	2	10
IV-A	0	0	0	1	0	1	0	2	0	5	1	0	0	0	0	0	0	0	10
IX	0	1	1	0	0	0	1	2	0	1	0	0	0	1	0	1	0	2	10
NCR	0	0	0	2	0	0	1	0	0	3	0	0	0	0	0	3	0	1	10
V	0	0	0	0	2	0	0	0	0	4	0	0	0	1	0	0	0	1	8
VI	0	0	0	0	2	0	0	1	0	3	0	0	0	0	0	0	0	0	6
VII	0	0	3	0	0	0	0	0	0	2	0	1	0	1	1	0	0	2	10
VIII	1	0	2	0	1	0	0	2	0	3	0	1	1	0	0	0	0	0	11
X	0	0	0	1	1	0	1	0	0	6	0	0	0	0	1	1	0	0	11
XI	0	0	0	0	0	0	0	1	0	4	0	2	0	0	0	0	0	1	8
XII	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	1	0	2	10
Total	1	2	13	7	8	2	11	12	1	59	2	4	1	4	2	9	1	16	157

Table 7. Distribution of manpower complement, by postion, by region, CY 2013

Region	Manpower Complement				
	Regular	Social Worker	MOA	Admin Staff	Contractual
CO	1	8	12		6
II	2	2	0	1	
III	4	4	6	4	
IV-A	4	4	0	1	
IV-B	1	2	1		
V	3	5	2		
VI	3	3	1	1	
VII	6	6	2	3	1
VIII	5	5	2		
IX	3	7	4		
X	5	2	0	3	
XI	3	4	2	3	
XII	2	2	1		
CAR	1	3	1	1	1
CARAGA	1	2	1	1	
NCR	4	12	12	3	
Total	48	71	47	21	8

Table 8. Distribution of CIU staff respondents, by designation, by region, CY 2013

Region	Designation							Total
	Head	Manpower Development Officer	SWA	SWO I	SWO III	SWO IV	SWOII	
CAR	1	0	1	0	0	0	1	3
CARAGA	1	0	1	1	0	1	0	4
CO	1	0	0	0	0	0	6	7
I	0	0	0	0	0	0	2	2
II	1	1	0	0	0	0	0	2
III	1	0	1	0	0	0	2	4
IV-A	1	0	0	1	0	0	1	3
IV-B	0	0	1	0	0	0	2	3
IX	1	0	4	1	0	0	1	7
NCR	0	0	1	3	0	0	1	5
V	0	0	2	0	0	0	2	4
VI	0	0	2	0	0	0	1	3
VII	1	0	0	1	0	0	1	3
VIII	1	0	0	3	0	0	0	4
X	1	0	0	0	0	0	3	4
XI	0	0	0	0	1	0	1	2
XII	0	0	3	0	0	0	1	4
Total	10	1	16	10	1	1	25	64

Table 9. Distribution of referring partner respondents, by type of organization, by region, CY 2013

Region	Organization							Total
	LGU	NGO	NGA	Private	Private Hospital	Legislative Branch	Public Hospital	
CAR	2	1	2	0	0	0	0	5
CARAGA	5	0	0	1	0	0	2	8
CO	0	0	0	0	0	2	1	3
I	4	1	3	0	0	0	0	8
II	6	1	0	0	0	0	0	7
III	5	0	0	0	0	0	0	5
IV-A	5	1	0	0	0	0	1	7
IV-B	0	0	1	0	0	0	0	1
IX	6	1	2	0	0	0	0	9
NCR	3	0	2	0	0	0	0	5
V	2	0	4	0	0	0	0	6
VI	1	0	0	2	0	0	0	3
VII	2	0	0	0	0	2	0	4
VIII	3	1	1	0	1	0	0	6
X	0	0	0	0	0	1	0	1
XI	1	0	1	0	0	2	0	4
XII	5	0	0	0	0	0	0	5
Total	50	6	16	3	1	7	4	87

Table 10. Distribution of receiving partner respondents, by type of organization, by region, CY 2013

Region	Organization						Total
	LGU	NGO	NGA	Funeral	Government Hospital	Private Hospital	
CAR	0	1	0	4	0	0	5
CARAGA	1	1	0	0	0	0	2
CO	1	1	1	0	0	0	3
I	1	0	0	0	1	2	4
II	3	0	0	0	0	0	3
III	4	0	0	0	1	0	5
IV-A	3	0	0	0	0	0	3
IV-B	0	0	0	0	2	0	2
IX	0	0	0	1	0	0	1
NCR	2	1	1	0	0	1	5
V	1	0	1	1	0	0	3
VI	1	0	2	0	0	0	3
VII	1	2	0	2	0	0	5
VIII	2	0	0	2	0	0	4
X	1	1	0	1	1	1	5
XI	3	0	0	1	0	1	5
XII	0	1	0	1	0	3	5
Total	24	8	5	13	5	8	63

Table 11. Distribution of receiving partner respondents,
by sex, by region, CY 2013

Region	Sex		Total
	Male	Female	
CAR	2	3	5
CARAGA	0	2	2
CO	0	3	3
I	0	4	4
II	0	3	3
III	0	5	5
IV-A	0	3	3
IV-B	0	2	2
IX	0	1	1
NCR	1	4	5
V	0	3	3
VI	1	2	3
VII	2	3	5
VIII	2	2	4
X	0	5	5
XI	1	4	5
XII	0	5	5
Total	9	54	63

Table 12. Distribution of referring partner respondents,
by sex, by region, CY 2013

Region	Sex		Total
	Male	Female	
CAR	0	5	5
CARAGA	1	7	8
CO	0	3	3
I	0	8	8
II	0	7	7
III	0	5	5
IV-A	0	7	7
IV-B	0	1	1
IX	0	9	9
NCR	1	4	5
V	0	6	6
VI	0	3	3
VII	1	3	4
VIII	1	5	6
X	0	1	1
XI	1	3	4
XII	0	5	5
Total	5	82	87

Table 13. Distribution of client respondents, by mode of admission, by region, CY 2013

Region	Mode of Admission			Total
	Walk-in	Referral	Both	
CAR	2	8	-	10
CARAGA	5	5	-	10
CO	0	10	-	10
I	10	4	-	14
II	3	6	-	9
III	2	8	-	10
IV-A	6	4	-	10
IX	8	2	-	10
NCR	2	8	-	10
V	3	5	-	8
VI	1	5	-	6
VII	2	8	-	10
VIII	8	3	-	11
X	7	4	-	11
XI	3	5	-	8
XII	4	3	3	10
Total	66	88	3	157

Table 14. Distribution of client respondents, by awareness on CIU, by region, CY 2013

Region	Source of Information			Total
	Referral	DSWD Social Worker	Other	
CAR	5	0	5	10
CARAGA	3	2	5	10
CO	9	1	0	10
I	7	6	1	14
II	7	1	1	9
III	4	4	2	10
IV-A	3	1	6	10
IX	1	3	6	10
NCR	5	4	1	10
V	6	0	2	8
VI	6	0	0	6
VII	6	3	1	10
VIII	2	5	4	11
X	2	1	8	11
XI	3	3	2	8
XII	8	1	1	10
Total	77	35	45	157
Percentage	49	22	29	100

Table 15. Distribution of referring partner respondents, by source of information, by region, CY 2013

Region	First learn and hear CIU services				Total
	Through referral	DSWD Social Worker	Contacted DSWD	Other*	
CAR	1	3	3	0	7
CARAGA	1	1	5	1	8
CO	2	1	1	1	5
I	2	5	3	0	10
II	3	6	2	0	11
III	0	5	1	0	6
IV-A	2	3	2	0	7
IV-B	0	0	1	0	1
IX	3	3	2	1	9
NCR	1	2	1	1	5
V	1	1	4	0	6
VI	1	1	1	0	3
VII	3	2	1	0	6
VIII	1	5	1	0	7
X	0	0	0	1	1
XI	2	0	1	1	4
XII	2	3	0	0	5
Total	25	41	29	6	101
Percentage	25	41	29	6	100

* Legislative Branch, LGU, NGA, Previous DSWD Worker and Media

Table 16. Distribution of receiving partner respondents, by source of information, by region, CY 2013

Region	First learn or hear the CIU services 1				Total
	Through Referral	DSWD Social Worker	Contacted DSWD	Other*	
CAR	3	1	1	0	5
CARAGA	0	0	2	0	2
CO	2	1	1	1	5
I	2	2	1	1	6
II	2	1	1	0	4
III	0	5	1	0	6
IV-A	0	3	0	0	3
IV-B	0	2	0	0	2
IX	0	0	1	0	1
NCR	1	3	1	0	5
V	0	2	0	1	3
VI	0	1	2	0	3
VII	3	0	1	1	5
VIII	1	3	1	1	6
X	2	0	2	1	5
XI	3	2	2	0	7
XII	3	2	3	0	8
Total	22	28	20	6	76
Percentage	29	37	26	8	100

* Legislative Branch, After the devolution and Previous DSWD Worker

Table 17. Distribution of client respondents, by number of availed of service in CIU, by region, CY 2013

FIELD	Number of availment of service			Total
	Once	Twice	Thrice	
CAR	2	7	1	10
CARAGA	8	1	1	10
CO	3	5	2	10
I	7	3	4	14
II	7	2	0	9
III	3	2	5	10
IV-A	0	8	2	10
IX	2	5	3	10
NCR	0	10	0	10
V	1	2	5	8
VI	4	1	1	6
VII	4	2	4	10
VIII	2	4	5	11
X	9	2	0	11
XI	1	4	3	8
XII	1	2	7	10
Total	54	60	43	157
Percentage	34	38	27	100

Table 18. Distribution of client respondents, by type of assistance received, by region, CY 2013

Region	Type of Assistance Received				Total
	Financial	Material Assistance	Referral Services	Counseling	
CAR	10	0	1	1	12
CARAGA	7	4	3	0	14
CO	10	0	0	0	10
I	14	0	0	7	21
II	9	0	0	0	9
III	10	2	0	0	12
IV-A	10	5	6	5	26
IX	10	0	2	0	12
NCR	10	4	0	0	14
V	8	0	0	0	8
VI	5	3	1	0	9
VII	10	0	1	0	11
VIII	11	0	0	0	11
X	11	1	0	0	12
XI	8	4	0	2	14
XII	10	0	0	0	10
Total	153	23	14	15	205
Percentage	75	11	7	7	100

Table 19. Distribution of client respondents, by type of assistance received in Financial, by region, CY 2013

Region	Financial Form						Total
	Food Subsidy	Transportation	Medical	Burial	Livelihood	Educational	
CAR	0	0	10	0	0	0	10
CARAGA	2	0	6	1	0	0	9
CO	1	0	8	2	0	0	11
I	1	0	13	0	1	0	15
II	4	0	5	0	0	0	9
III	1	0	9	0	0	0	10
IV-A	4	3	3	0	0	1	11
IX	0	0	10	1	0	2	13
NCR	5	2	3	0	0	0	10
V	0	0	8	1	0	0	9
VI	0	2	3	0	0	0	5
VII	1	0	9	0	0	0	10
VIII	0	0	11	0	0	0	11
X	0	0	7	2	1	1	11
XI	0	0	6	1	0	2	9
XII	1	0	8	0	1	0	10
Total	20	7	119	8	3	6	163
Percentage	12	4	73	5	2	4	100

Table 20. Distribution of CIU staff, by common reasons/problems of clients that reported, by region, CY 2013

Region	Common reasons problems							Total
	CISD	Medical for Medicines	Other Emergency Need	Limited Fund for Burial Assistance	Limited Fund for Transportation Assistance	Educational Assistance	Limited Material for Food Assistance	
CAR	0	2	1	0	0	0	0	3
CARAGA	0	4	0	0	2	0	0	6
CO	1	4	3	0	0	0	0	8
I	0	2	0	0	0	0	0	2
II	1	2	0	0	1	0	0	4
III	0	4	0	0	0	0	0	4
IV-A	0	3	2	1	1	1	0	8
IV-B	0	1	3	0	0	0	0	4
IX	0	5	4	2	1	0	2	14
NCR	0	3	2	0	2	0	0	7
V	0	4	0	0	0	0	0	4
VI	0	2	1	1	0	0	0	4
VII	0	2	1	0	0	0	0	3
VIII	0	4	0	0	0	0	0	4
X	0	3	0	0	1	1	0	5
XI	0	2	0	2	0	0	0	4
XII	0	4	1	0	0	0	0	5
Total	2	51	18	6	8	2	2	89
Percentage	2	57	20	7	9	2	2	100

Table 21. Distribution of referring partner respondents, by form of assistance, by region, CY 2013

Region	Common types of assistance			Total
	Monetary	Referral	Limited Material Assistance	
CAR	5	0	0	5
CARAGA	8	0	0	8
CO	3	0	0	3
I	3	4	1	8
II	5	0	2	7
III	3	2	0	5
IV-A	7	0	0	7
IV-B	1	0	0	1
IX	8	1	0	9
NCR	5	0	0	5
V	6	0	0	6
VI	3	0	0	3
VII	3	0	1	4
VIII	6	0	0	6
X	1	0	0	1
XI	4	0	0	4
XII	5	0	0	5
Total	76	7	4	87

Table 22. Distribution of client respondents, by source of financial assistance, by region, CY 2013

Region	Source of Assistance			Total
	Regular Funds	Regular Funds and PDAF	PDAF	
CAR	9	0	1	10
CARAGA	9	0	1	10
CO	10	0	0	10
I	14	0	0	14
II	9	0	0	9
III	5	0	5	10
IV-A	10	0	0	10
IX	5	1	4	10
NCR	10	0	0	10
V	2	1	5	8
VI	5	0	1	6
VII	1	0	9	10
VIII	10	0	1	11
X	10	0	1	11
XI	5	0	3	8
XII	8	1	1	10
Total	122	3	32	157
Percentage	78	2	20	100

Table 23. Distribution of client respondents, by form of financial assistance, by region, CY 2013

Region	Form of Financial Assistance						Total
	Cash	Cash and Check	Cash and Guarantee Letter	Check	Check and Guarantee Letter	Guarantee Letter	
CAR	0	1	0	9	0	0	10
CARAGA	5	0	0	0	0	5	10
CO	10	0	0	0	0	0	10
I	9	0	0	3	0	2	14
II	3	0	0	6	0	0	9
III	4	0	0	6	0	0	10
IV-A	6	1	0	3	0	0	10
IX	7	0	1	2	0	0	10
NCR	10	0	0	0	0	0	10
V	5	0	0	2	1	0	8
VI	5	0	0	1	0	0	6
VII	4	0	0	3	0	3	10
VIII	6	0	0	5	0	0	11
X	6	0	0	5	0	0	11
XI	5	0	0	1	0	2	8
XII	2	1	0	5	0	2	10
Total	87	3	1	51	1	14	157
Percentage	55	2	1	32	1	9	100

Table 24. Distribution of CIU staff respondents areas clients have difficulty in availing services, by region, CY 2013

Region	Areas clients difficulty				Total
	Compliance to requirements	Referrals	Processing of documents	Limited funds	
CAR	2	0	1	0	3
CARAGA	4	0	0	0	4
CO	7	0	0	0	7
I	2	0	0	0	2
II	2	0	0	0	2
III	2	0	0	2	4
IV-A	3	0	0	0	3
IV-B	3	0	0	0	3
IX	6	0	0	1	7
NCR	4	1	0	0	5
V	4	0	0	0	4
VI	1	0	1	1	3
VII	3	1	0	0	4
VIII	4	0	1	0	5
X	4	0	0	0	4
XI	2	0	0	1	3
XII	4	0	0	0	4
Total	57	2	3	5	67
Percentage	85	3	4	7	100

Table 25. Distribution of referring partner respondents, by level of satisfaction on adequacy of knowledge of referral services, by region, CY 2013

Region	Adequate Knowledge				Total
	Poor	Fair	Good	Very Good	
CAR	0	0	3	2	5
CARAGA	0	0	0	8	8
CO	0	1	0	2	3
I	0	0	1	7	8
II	0	0	1	6	7
III	0	0	0	5	5
IV-A	0	0	2	5	7
IV-B	0	0	1	0	1
IX	0	0	2	7	9
NCR	1	2	0	1	5
V	0	0	2	4	6
VI	0	0	1	2	3
VII	0	1	1	2	4
VIII	0	0	4	2	6
X	0	0	0	1	1
XI	0	0	0	4	4
XII	0	1	0	4	5
Total	1	6	18	62	87