

# **Assessment of the Implementation of the Department of Social Welfare and Development's Devolved Programs and Services**

## **I. Introduction**

In November 2007, the Department of Social Welfare and Development (DSWD) Policy Development and Planning Bureau (PDPB) initiated this assessment study as a response to the lack of information on the status of implementation of devolved social welfare programs and services at the LGU level. This information is crucial in mapping out the department's technical support and assistance to the LGUs.

The overall objectives of the study are to assess the Department's assistance to the LGUs as well as to determine the status of the social welfare services implementation after devolution. Specifically, this assessment hopes to determine the following:

1. the status of implementation of programs and services that have been devolved to the LGUs;
2. the effectiveness of these programs and services to address social welfare and development (SWD) concerns in the locality as well as the goals of devolution;
3. the extent of influence and relevance of the department's assistance to the LGUs for them to achieve objectives and goals of these programs and services.

The assessment covered two areas: the assessment of the devolved SWD community programs and services to the LGUs and the assessment of the DSWD run residential and non-residential care centers as compared to the LGU run and NGO run residential and non-residential centers.

In both assessments, participatory workshops were conducted at the regional level to gather information from provincial/city and municipal social welfare and development officers (P/C/MSWDOs) and the center administrators of DSWD run, LGU run and NGO run residential and non-residential centers. In these participatory workshops, focused group interviews and surveys were conducted.

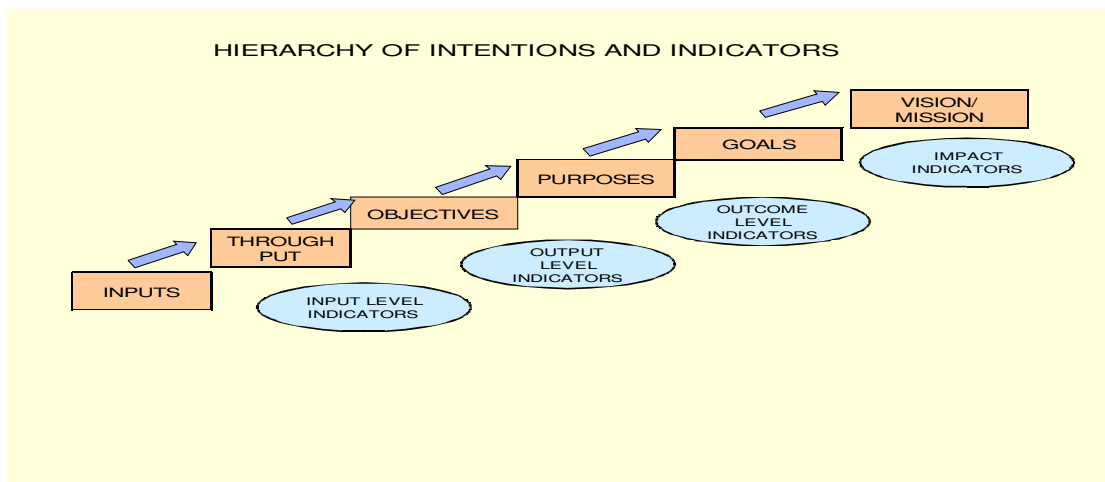
This report presents the results of the focused group discussions and the surveys conducted by the project team to the P/C/MSWDO of the LGUs and the DSWD run, LGU run and NGO run residential and non-residential centers in the six regions. This study however does not offer a comprehensive and in-depth assessment and/or evaluation of the performance of each P/C/MSWDOs and/or centers in regions. This study hopes to contribute to the DSWD's initiatives to know and understand the status of the delivery of devolved social welfare and development services and determine possible interventions to improve performance of both local and national agencies.

## **II. Assessment Framework**

### **A. Assessment Framework for the LGU-based SWD Programs and Services**

The assessment framework used in this study is the logical framework described in the diagram 1. It recognizes that there exists a hierarchy of intentions and that for every level there are corresponding indicators to which one could measure performance. The program inputs, throughputs, outputs, results or outcomes are analyzed against explicitly stated performance indicators. The assessment focuses on the achievement of LGUs' SWD program objectives and purposes only and correspondingly looks at the department's assistance in enabling the LGUs achieve these objectives and purposes. The assessment also sets the following criteria in judging implementation: efficiency, relevance and effectiveness.

**Diagram 1**



The assessment will first identify what inputs the department has provided to the LGUs as they embark on the process of pursuing devolution. The assessment will determine whether such DSWD assistance supported desirable outputs, such as enabling the LGUs to implement these services or the development of a sound policy/legal framework to support LGUs in implementing devolved services and whether this led to the desired outcome (improvement of service delivery, empowerment, etc.) At the local level, the assessment will consider how the DSWD took into account other variables in planning its assistance, identify external factors that affect outcomes, and determine the extent to which the department could have mitigated risks.

The key assessment questions are as follows:

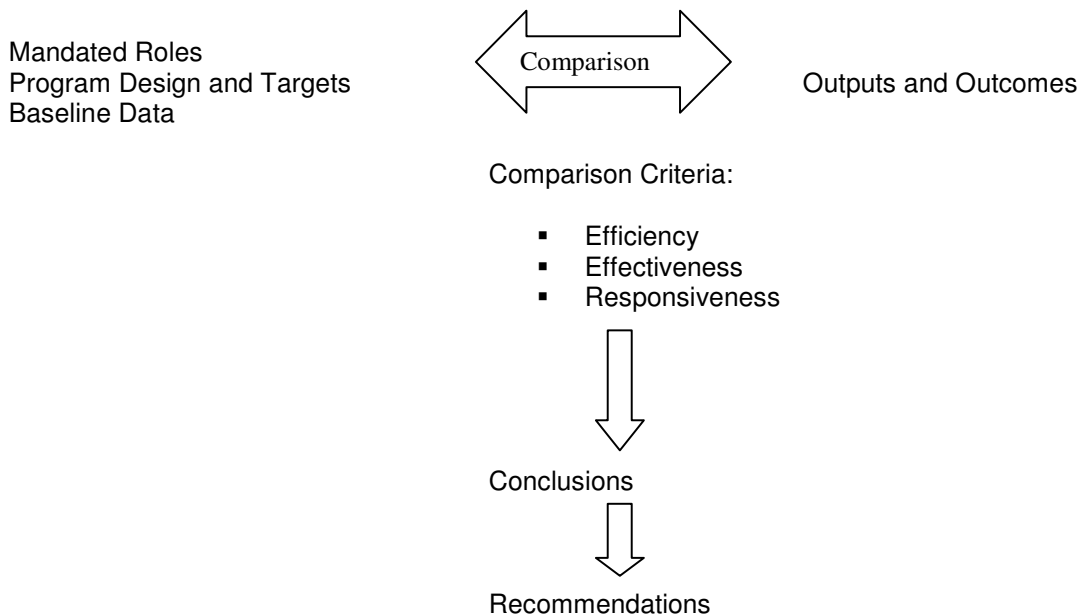
1. To what extent has the department's assistance to LGUs relevant and effectively influenced LGUs to implement SWD programs and service? (inputs)
2. To what extent have the LGUs efficiently and effectively implemented the SWD services and programs devolved to them? (process)
3. To what extent have these services achieve the goals and desired outcomes? (outputs and outcomes)

The assessment begins with the study of SWD projects and program designs. This is done through a review of existing reports to extract, determine and understand the project design, the overall goal, purpose, objectives and activities. The performance indicators are then determined and clearly articulated. Supplemental data gathering with target informants and field visits will be conducted to determine status of implementation, performance and implementation concerns. Using these information, the program targets and the outcomes are then compared to determine results and the mandated roles compared to actual services to determine department and LGU performance (see Diagram 2).

#### **B. For Residential And Non-residential Care Centers**

The assessment framework (diagram 1) is used, this time to assess and compare the performance of various agencies (LGUs, national government, non-government organizations, private sector, etc.) in managing residential and non-residential care centers. Thus, the assessment will not only look at the status of residential and non-residential centers devolved to the LGUs but also look at those run by other agencies. Comparisons will again be made between and among agencies using diagram 2 wherein conclusions and recommendations can be drawn.

**Diagram 2**  
**Comparative Assessment Framework**



### **III. Assessment Methodology and Conduct**

The assessment involves the following activities:

#### **1. Sampling Design and Selection**

For Community based SWD programs and services, purposive sampling of LGUs was done by the PPDB to select target respondents. The following criteria were used: (1) regional representation; (2) scale of department's assistance; (3) type of SWD services and programs provided. Initial information was requested from the regional offices to complete the sampling, which can help in the selection of respondents. The targeted sampling size is at least ten percent (10%) of the regions (one region per island).

For residential and non residential centers, selection was based on: (1) regional representation; and (2) assistance of three agencies (preferably LGU, NGO and NGA) per type of service. Initial information was requested from the regional offices to complete the sampling, which can help in the selection of respondents. The targeted sampling size is one region per island.

#### **2. Participatory Workshops**

Participatory workshops at the regional level were conducted to gather information from P/C/MSWDOs and center administrators/heads of DSWD, LGU and NGO run residential and non-residential centers. The participatory workshops involved the conduct of surveys and focused group interviews (Annexes 1-5) with P/C/MSWDOs and center heads in the targeted regions.

### *Team Composition*

Two teams composed of three people were tasked to conduct the participatory workshops (see table below). The team is composed of one facilitator, a co-facilitator and a documentor. The team members in both groups initially pre-tested the conduct of the FGD Region IV-A. After the pre-test, the teams revised the interview guides and delivery protocol to improve the conduct of FGD.

**Table 1: Team Composition and Assignment**

Team Members	Office	Tasks	Regional assignments
1. Ms. Deanna R. Lijauco	Ateneo de Manila University	Facilitator	Regions II, VIII, XII
2. Ms. Rhodora Garces – Alday	DSWD – Policy Development and Planning Bureau	Facilitator	Regions I, VII, XI
3. Mr. Danilo B. Deinla	DSWD – Program Management Bureau	Co-Facilitator	Regions I, VII, XI
4. Ms. Luzviminda C. Alcabaza	DSWD – Program Management Bureau	Documentor	Regions I, VII, XI
5. Ms. Pia Charmaine T. Obtinario	DSWD – Policy Development and Planning Bureau	Co-Facilitator	Regions II, VIII, XII
6. Mr. Exxon B. Susmerano	DSWD – Policy Development and Planning Bureau	Co-Facilitator	Regions II, VIII, XII
7. Ms. Rubella D. Ongbit	DSWD – Program Management Bureau	Documentor	Regions II, VIII, XII
8. Mr. Chuck Glendee Valencia	DSWD - Policy Development and Planning Bureau	Documentor	Region XI

### *Fieldwork Sites*

Prior to the fieldwork, the teams pre-tested the tools to Region IV-A. The pre-testing was participated by 13 LGU representatives. After the pre-test, the tools were revised according to the suggestions of the Region IV participants. In addition, the questionnaires were sent to the target respondents in advance for them to answer the questionnaires prior to the regional visits. The teams started the regional fieldwork in November 2007. Each regional fieldwork took 3-5 days to complete, inclusive of travel time. Six regions were visited, namely, Region I, Region II, Region VII, Region VIII, Region XI and Region XII. A total of three participatory workshops were conducted per region. The PDPB, the PMB and the regional offices of the DSWD handled the organization, conduct and other necessary administrative arrangements of these workshops.

### *Conduct of the Workshops*

The first day of each workshop was spent with the provincial, city and municipal social welfare and development officers in the region. The second day of the workshop was for the provincial, city and municipal administrators or representatives of DSWD run and LGU run or DSWD devolved centers to the LGUs. The third day of the workshop was for the administrators and/or representatives of centers run by non-government and private organizations. Prior to the first workshop, the teams paid courtesy visits to the Regional Director (RD) and/or his/her counterpart. In these meetings, the teams explained the purpose of the workshops as well as gather information about the status of the region's social welfare and development programs. The team also scheduled interviews with the RD. After the last workshop, the teams spent their last days conducting interviews with the RDs and/or their

representatives. The team members also conducted on-site visits to the LGU and NGO run centers near the workshop venue.

#### *Participants*

The initial target was to get at least 75% of the provinces per region (36 provinces) and 75% of the cities (16) and 20% of the municipalities per province (150) to participate. The targeted number of participants was not met due to the following reasons: (1) the scheduled workshops were in conflict with other scheduled activities of the LGUs and/or regional offices; (2) miscommunication between the national and the regional DSWD on the scheduled dates of the workshops; and, (3) lack of support of LGU heads to allow SWD representatives to attend.

#### *Conduct of Survey and FGDs*

Each participatory workshop started with a self introduction of the participants. The DSWD Field Office Regional Director or Assistant Regional Director welcomed the participants from Provincial, City and Municipal Social Welfare and Development Offices (P/C/MSWDOs) in each region. Following the opening remarks, the facilitator provided a brief background of the assessment, the purpose of the workshop, and the program flow.

The participants were asked to answer the survey questionnaire. The facilitator read each item in the questionnaire and the participants supplied the answer per item so that unclear questions could already be clarified.

This was then followed by a focused group discussion. Each participatory workshop took around three hours to complete of which two hours were spent in the conduct of FGDs. The facilitator leads the conduct of the FGD using the guide questions to assessing the current status of the SWD programs and services (Annexes 1-3). Where there were many participants, the team divided the group into two smaller groups and the co-facilitator led the other group. A team member documented the discussions of the FGD. A regional staff also served as documentor when there were two FGDs at a time.

### **3. Analysis, Conclusion and Recommendations**

Analysis of information gathered was done using the framework. Conclusions were drawn based on comparisons of actual achievements based on targets. For the centers, conclusions will be drawn based on comparative analysis of performance of various agencies providing similar service or services. Recommendations on how to improve the performance of implementation will be drawn afterwards.

## **IV. Assessment Results**

The assessment results are presented into two sections – the Status of Devolved Services to the LGUs and the Comparative Study of DSWD, LGU and NGO run center operations. In each section, the survey and FGD results and observations are presented.

The survey results present several limitations in arriving at conclusive assessment of SWD service delivery performance. These are mainly because: (1) not all of the respondents were able to submit their annual accomplishment reports, and (2) many failed to fill up the questionnaires in detail. Where figures of accomplishments are provided, these had to be compared with baseline information, which are not provided or available. For instance to determine responsiveness, the program reach and coverage must be compared to the total number of barangays per LGU with such need for service. In determining efficiency, one has to compare the cost per service with the total LGU budget allocation to the SW office. To determine impact the constituents themselves

must be asked how these services have contributed to a better way of living. Despite these limitations in analysis, observations and conclusions can be gleaned from the survey.

## A. Survey Results - Status of Devolved Services to the LGUs

This section presents the results of the survey conducted in the six regions. Findings from the survey together with those from the FGDs were used to make a general assessment of the LGUs' performance in terms of delivering social welfare and development services.

### 1. Profile of Respondents

There were 83 participants from Regions I to XII who participated in the six participatory workshops. They represented 73 LGUs. Of the 83, only 73 submitted filled up questionnaires were considered and only 79 participated in the FGDs.. Majority (43%) of the participants were MSWDOs (24). The rest are CSWDOs (5), PSWDOs (1), SWO IV (4), SWO III (17), SWO II (1), SWO I (1), administrative officers (4), and SWO Aide (1). Ninety five percent of them had served the DSWD for 10-15 years.

**Table 2: Number of LGU Workshop Respondents/Region**

Attendance	No. of Respondents/Region*						
	R1	R2	R7	R8	R11	R12	Total
Questionnaire Respondents (LGUs)	13	17	10	7	17	9	73
Workshop participants (LGUs)	21	23	11	5	14	9	83

### 2. Mandated/Devolved SWD services delivered by LGUs

Based on the survey that was conducted, among the mandated devolved services, the following are actually delivered by the LGUs in the region:

**Table 3: Services and Programs Delivered by SWDOs**

Services	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
a) Day Care Service	13	17	3	7	17	9	66
b) Self Employment Assistance (SEA)	12	9	3	5	13	8	50
c) Parent Effectiveness	10	14	1	7	14	8	54
d) Marriage Counseling	13	17	3	7	15	8	63
e) Responsible Parenthood	11	14	3	6	16	9	59
f) Family Casework/Counseling	13	13	3	6	16	7	61
g) Social Preparation for People's Participation	9	12	3	6	14	8	52
h) Community Volunteer Resource Development	10	12	1	6	11	7	47
i) Self-Enhancement Skills Development for women	10	11	2	6	15	8	52
j) Maternal and Child Care Skills Development	8	14	2	4	11	5	44
k) Productivity Skills/Livelihood Development	8	12	2	4	14	7	47
l) Community Participation Skills	6	9	1	2	13	6	37

Development							
m) Supplemental Feeding	11	16	3	4	12	8	54
n) Food for Work	5	11	0	5	13	9	43
o) Emergency Shelter Assistance	13	10	1	5	17	7	53
p) Balik Probinsya	7	10	2	3	13	5	40
q) Crisis Intervention	13	16	2	7	17	9	64
r) Disaster Mgt. Capability Bldg.	9	11	1	5	16	7	49
s) Information Dissemination on Disability Prevention	9	13	3	6	17	6	54
t) Assistance for Physical Restoration	13	12	3	5	17	6	56
u) Self/Social Enhancement for Disabled persons	9	12	2	6	16	9	54
v) Social/Vocational Preparation for Employment Services	6	7	2	4	14	6	39
w) After Care and Follow-up services	6	8	2	5	13	6	40
x) Special Social Services for the Elderly	9	11	2	2	15	8	47
y) Social and Vocational Preparation for Job Placement	7	5	2	2	9	5	30
z) Others	6	5		0	4	6	21

\*Note: R1, R2, R7,R8,R11, R12 refers to Regions I, II, VII, VIII, XI and xii.

Topping the list (in yellow) of most commonly delivered services by the LGUs are the daycare services and crisis intervention, followed by marriage counseling, family/casework counseling and responsible parenthood. The least delivered services among the list (in blue) are social/ and vocational preparation for job placement followed by community participation and skills development program, social/ and vocational preparation for employment, *balik probinsiya* and aftercare follow up.

### 3. Extent to which these services were delivered

Based on the survey, the programs and projects delivered by the SWDOs are limited in terms of reach. Out of the 50 LGUs that submitted detailed status reports, 23 (46%) provided services to only 1,000 to 5,000 clients in a year. Only 10 (20%) extended services to at least 5,001 to 10,000 people. This is mainly due to funding constraints as most SWDOs received funds ranging from Php500,000- 999,999 (14 LGUs or 28%) and Php1M-3M (17 LGUs or 34%) per annum to deliver all the services.

There are four (4) LGUs that were able to reach 30,000 or more people in their respective LGUs. These LGUs are all cities, namely Davao City, Panabo City, General Santos City and Baguio City. Except for Baguio, the three belong to the nine (9) LGUs which are highly funded. Compared to total population, however, the three LGUs reached only 9-12% of their LGU population.

**Table 4: Number of Clients Reached of Selected LGUs Per Total Population**

City	No. Of Clients Served/Year	Total Population (2007)	% Reach
Baguio City	37,538	301,926	12.4%
Davao City	128,022	1,363,337	9.3%
Panabo City	44,240		
General Santos City	61,688	529,542	11.6%

Overall, the SWDOs considered their performance exemplary as 81-98%<sup>1</sup> of them rated themselves accomplishing 100% of the targeted goals and objectives of the programs in various services. Shown below is the regional SWDO budget and expenses, number of clients reached and accomplishments ratings per program or service of the LGUs.

**Table 5: Total Number of Clients Reached by SWDOs**

Clients Reached (2007)	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
Below 1,000		1		1		1	3
1,001-5,000	6	8	4	1	2	2	23
5,001-10,000	3		2	3	1	1	10
10,001-20,000	3	2	1				6
20,001-30,000		1		1		1	3
30,001-40,000		1				1	2
40,001-50,000					1		1
Above 50,000					1		1

**Table 6: Annual Budget and Expenditures of SWDOs for Service Delivery**

Annual Budget/Expenditures of SWDO (Range)	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
3,000,000 and above	3	1	1	1	2	1	9
1,000,000 to 2,999,999	4	4	3	1	2	3	17
500,000 to 999,999	4	4	3	2		1	14
250,000 to 499,999	1	4		1		1	7
Below 250,000		1	2				3

**Table 7: SWDOs' Self-Rating of Accomplishment**

Services	No. of Respondents/ Performance Rating <sup>a</sup>				
	1	2	3	4	Total
a) Day Care Service	44	0	1	0	45
b) Self Employment Assistance (SEA)	30	3	2	0	35
c) Parent Effectiveness	37	3	1	0	41
d) Marriage Counseling	37	3	1	0	41
e) Responsible Parenthood	31	5	1	0	37
f) Family Casework/Counseling	29	4	2	0	35
g) Social Preparation for People's Participation	19	3	3	0	25
h) Community Volunteer Resource Development	23	1	1	1	26
i) Self-Enhancement Skills Development for women	25	5	0	0	30
j) Maternal and Child Care Skills Development	23	5	1	0	29
k) Productivity Skills/Livelihood Development	21	2	1	0	24
l) Community Participation Skills Development	15	2	1	1	19
m) Supplemental Feeding	25	3	2	0	30
n) Food for Work	26	4	0	0	30

<sup>1</sup>

In table 7, 13 out 16 respondents (81%) implementing the least of the mandated service- Social and Similarly, 44 out of 45 respondents (98%) implementing daycare services with the same rating.



o) Emergency Shelter Assistance	25	5	3	0	33
p) <i>Balik Probinsya</i>	18	2	0	1	21
q) Crisis Intervention	31	4	0	0	35
r) Disaster Mgt. Capability Bldg.	16	4	1	0	21
s) Information Dissemination on Disability Prevention	22	2	3	0	27
t) Assistance for Physical Restoration	22	3	2	0	27
u) Self/Social Enhancement for Disabled persons	33	2	1	1	37
v) Social/Vocational Preparation for Employment Services	16	2	1	1	20
w) After Care and Follow-up services	18	0	1	1	20
x) Special Social Services for the Elderly	20	1	2	1	24
y) Social and Vocational Preparation for Job Placement	13	1	1	1	16
z) Others	20	0	1	0	21

<sup>a</sup>Rating scale: 1- accomplished 85-100% of targets and objectives  
2- accomplished 75-84% of targets and objectives  
3- accomplished 50-74% of targets and objectives  
4- accomplished less than 50% of targets and objectives

#### 4. Facilitating and hindering Factors

The top three main facilitating factors that helped in the delivery of the SWD services are the support of the local chief executives or LCEs (88%), the allocated budget (84%) and the support of the legislative councils of the LGUs (79%). Having competent staff and gaining LGU priority are the next factors that facilitate good performance. Other facilitating factors include support from national government agencies such as Department of Health and Department of Agriculture and good relationship and rapport with local government officials.

**Table 8: Facilitating Factors**

Facilitating factors that helped in the delivery of these services	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
Supportive local chief executive	12	17	3	7	16	9	64
Allocated budget from LGU	13	14	3	5	17	9	61
Supportive legislative council	11	15	3	5	16	8	58
Capable SWD staff	12	14	3	5	16	7	57
Priority of LGU	11	12	3	5	13	8	52
Capable SWD leaders	10	14	3	5	13	6	51
People's participation	10	11	3	4	15	8	51
Support of national government	7	8	1	4	9	7	36
Local and foreign donors Support	5	5	3	0	10	6	29
Available budget from national agencies	3	4	2	2	9	4	24
Priority of national government	7	6	1	0	4	1	19
Others		2	0	0	4	3	9

On the other hand, the hindering factor why some services are not delivered is the lack of financial resources. This is followed by the lack of support from the LGU and lack of available personnel to deliver such service.

**Table 9: Reasons for Not Delivering Services**

Reasons for Not Delivering the Service	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
no financial resources	3	12	1	6	8	4	34
not a priority by the LGU	2	11		3	9	5	30
no available personnel	5	8	1	3	8	3	28
no technical expertise	3	7		3	2	0	15
political factors – in areas where administration lost, in areas of conflict	1	5	1		5	2	14
not needed by constituents	3	2			0	0	5
Others					1	3	4

### 5. Other Programs and Services

On top of the mandated service, the SWD units are expected to perform other programs ordered by the LCEs. These include the following:

**Table 10: Other Services and Programs Delivered by SWDOs**

Services/Programs*	No. of Respondents
<b>SWD Related Services</b>	
DSWD National Programs (CIDSS, ECCD)	18
Programs for Women (Natural Family Planning, Women's Welfare Program, Violence Against Women and Children (VAWC) Projects, Women Crisis Center)	23
Programs for children (Community-based Services For Abused/Exploited Children and for Street Children, Supplemental Feeding, Biological/Relatives Adoption, Foster Home/Residential Care/Crisis Center for Children)	13
Programs for youth (Unlad Kabataan Program, Community Based Services For Delinquent Youths/CICL Offenders, Scholarships/Educational Assistance, Skills Training For Out of School Youths (OSY), Organization of OSY, Court Related Cases For Youth Offenders/CICL, Community Services For Youth, Special Employment For Students)	38
Programs for SC(Provision of Senior Citizens ID Cards, Medicine Discount Cards, Purchase Slips, Financial Assistance to deceased SC, rice assistance to SC, medical assistance)	20
Programs for Disabled (medical and financial assistance)	2
Programs for Solo Parents (special services)	5
Programs for Indigents ( <i>Garantisadong Serbisyo Para Sa Kalusugan</i> Program, Rice Assistance Program To Indigent Families, Livelihood Assistance, Gift Giving, Food Assistance Program)	9
Support Services for Rebel Returnees	1
Livelihood	3
Disaster	3
<b>Total</b>	<b>145</b>
<b>Non-SWD Related Services</b>	
Medical (PhilHealth, Nutrition)	29
Coordination w/ Foreign Embassy Visits	1

Housing	3
Environment (Solid Waste Management)	5
Others (Agricultural, Clubs, etc.)	14
<b>Total</b>	<b>52</b>

Topping the list of additional programs considered as SWD or SWD related services are programs for the youth sector. It was observed that in terms of program titles, it would seem that these programs are similar to that of the DSWD devolved services. However, the SWDOs said that these LGU-led services differ in objectives, targets, and implementation. On the other hand, non-SWD services were also provided, mainly assistance to medical related services.

It was also observed that in more than half of the LGUs, that the additional programs and services are well funded compared to mandated, devolved programs and projects. For instance, Philhealth contributions of LGUs cost as much as the total expenses of all the SWD services in La Union.

## 6. Facilitating Factors for the Successful Implementation of Other Programs and Services

The facilitating factors that helped in the delivery of these services are the same factors cited in the delivery of mandated services. However topping the list are the support of the LCE and the allocated budget for such programs. Other facilitating factors mentioned included the support of national government agencies like PhilHealth and Philippine Charity Sweepstakes Office assistance.

**Table 11: Facilitating Factors in the Delivery of Other Programs and Services**

Facilitating factors that helped in the delivery of these services	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
Supportive local chief executive	11	16	3	5	16	8	59
Allocated budget from LGU	12	12	3	5	15	7	54
Supportive legislative council	10	13	3	4	14	7	51
Capable SWD staff	11	12	3	4	13	6	49
Priority of LGU	11	10	3	4	13	7	48
Capable SWD leaders	10	11	2	4	13	5	45
People's participation	9	9	3	3	9	7	40
Support of national government	6	6	1	2	8	5	28
Local and foreign donors Support	7	5	3	0	5	5	25
Available budget from national agencies	3	4	1	2	7	1	18
Priority of national government	5	4	0	1	3	1	14
Others	2		3		2	0	7

## 7. Kinds of DSWD Assistance Received

The kinds of services from the DSWD field and national offices that reach the LGUs are as follows:

**Table 12: Kinds of Services that DSWD Provided to SWDOs**

Services	No. of LGUs	Specific Services Received
Capability Programs In Terms of Needs Assessment and Social Welfare Planning	36 (49%)	ECCD Planning, SEA-K, Data Management, SWD Situationer, CICL Management, Accreditation Seminar, TARA, Training Needs Assessment (TNA), Disaster Mgt
Technical Assistance	41 (56%)	Juvenile Justice Administration, Marriage Counseling, CICL, Day Care Service, Case Management SEA-K, M&E , ECCD, Family Welfare PROA, Supervision, DCC Services/Disaster Mgt, TARA, Legal, Case Mgt, Accreditation ,
Resource Augmentation Especially In Disaster Relief and Rehabilitation	26 (36%)	SEA-K Fund, Disaster Relief And Rehab, Medical And Family Packs Relief Goods, Core Shelter, ESA
Standards Setting And Monitoring	31 (42%)	Accreditation Of Day Care Workers And Centers, ICT Operation, CICL Operation Accreditation Of DCC, TARA, EO82 Marriage Counseling
Partnership In Programs e.g. SEA-K or KALAHI-CIDSS	37 (51%)	Food For School, <i>Tindahan Natin</i> Outlet, Adoption/Foster Care Forum Seminar, SEA-K Sharing Of Training Expenses On Business Management Construction Of DCC, Gawad Kalainga, SEA-K, SC
Others	6 (8%)	Placement Services; Religious Sector Youth and Children Crisis Center Operation; Social Welfare Situation; Temporary custody of children in DSWD centers

Eighty two percent of the 73 respondents agreed that all of the above services are actually needed by the LGUs as shown in the table below.

**Table 13: SWDOs' Extent of Need for the DSWD Services**

Extent of Need	No. of LGU Respondents						
	R1	R2	R7	R8	R11	R12	Total
All	12	17	3	7	13	8	60
Some	1	0	0	0	1	0	2
None	0	0	0	0	0	0	0

## 8. Other Services Demanded from DSWD

Shown in the table below are the services that LGUs needed but are not being currently given by the DSWD field and national offices. Priorities mentioned are the need for assistance in the area of multi-stakeholder partnerships (41%) situational/risk assessment (36%) and community based monitoring system (36%). Other services listed are: technical assistance for new field workers, documentation and manual development, funding and fund augmentation, improve the plight of day care workers, and provide feedback to reports submitted to the DSWD.

**Table 14: Additional Services Needed from the DSWD**

Services Needed	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
multi-stakeholder partnerships	5	9	2	1	7	6	30
situation analysis/ risk assessments	3	7	1	3	7	5	26
community based monitoring system	3	10	3	0	5	5	26
community resource mobilization techniques	3	6	0	3	3	5	20
others	4		1	3	6	5	19

### 9. Inter-LGU coordination

In terms of the LGUs' cooperation and coordination in the delivery of social welfare services, the SWDOs described such as follows:

**Table 15: Inter-LGU Coordination Per Program Activity**

Activity/Tasks	Provincial	City/Municipal	Barangay
<b>Program Implementation</b>	Information to coordinate plans and get financial, technical, material support;  Joint Planning Sessions  Technical assistance in Program Implementation	Planning with other LGU officials  Orientation of beneficiaries, Partnership through MOA, Resource sharing  Coordinate with other units of LGUs and NGOs for complementation or manpower support, technical assistance	Organize beneficiaries for planning and implementation meetings  Counterpart manpower, funding  Converges with other supporting units
<b>Funding and Resource Mobilization</b>	Resource augmentation  Extends relief goods and other financial assistance	Provides funding support through annual budget allocation; also augments funds	Resource augmentation (Day care workers honoraria, food and materials counterpart) or solicits support
<b>Training</b>	Provides training and/or training support on selected topics	Provides staff training and training to beneficiaries	Recipient of training; Assist in the conduct of training,
<b>M&amp;E</b>	Quarterly conference, meetings, visits to monitor municipalities and POs	LGU Monthly meetings Regular reporting Regular Program Review, Submit Performance Evaluation, Establish referral system and tracking	Monitors DCC programs thru monthly reports, visits Assist in the conduct of M&E
<b>Transfer of</b>	Conducts	Provides TA;	Requests TAs

<b>Technology</b>	seminars/training Seminars/.Workshops Tapped as Resource Speakers	coordinates with province and barangay for TA needs and provision	from municipality
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## 10. Reporting System

Sixty seven percent of the SWOs said they submit accomplishment reports. Half (50%) also submit situationers and status reports to the DSWD. On the other hand, 68% submit accomplishment reports to the LGUs. They also submit status reports (57%). Other reports submitted include disaster monitoring reports and program updates/reports (CICL, TARA, etc.)

**Table 16: SWDO Reports Submitted to the DSWD**

Reports to DSWD	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
accomplishment report	12	9	2	7	13	6	49
situationer	10	7	3	3	8	6	37
status report	8	6	2	3	12	6	37
Others <sup>2</sup>	7	5	2	0	7	8	29

**Table 17: SWDO Reports Submitted to the LGUs**

Reports to LGUs	No. of Respondents/Region						
	R1	R2	R7	R8	R11	R12	Total
accomplishment report	11	12	3	6	11	7	50
status report	9	11	3	5	8	6	42
situationer	7	7	1	5	4	5	29
Others <sup>3</sup>	5	3	2	2	2	4	18

## B. FGD Results- Status of Devolved Services to LGUs

Shown below are the results of FDG discussions in the six regions.

### 1. Responsibilities of the P/C/MSWDO at the LGU level

When asked about their responsibilities as local SWD officers, the respondents enumerated the following:

**Table 18: Responsibilities of SWDOs in LGUs**

Responsibilities of C/MSWDO	LGU Responses/Region					
	R1	R2	R7	R8	R11	R12
Manager	X		X		X	
Supervisor – supervision of staff	X		X		X	
Trainer in the conduct of training	X					
Advocator & Enabler	X	X	X		X	

<sup>2</sup> Include disaster report, day care service report and master list, sectoral reports and master lists of persons with disability and women in especially difficult circumstances.

<sup>3</sup> Include performance evaluation system submitted to the Civil Service Commission, local government performance monitoring system (LGPMS), community based monitoring and information system (CBMIS) and Monitoring of Millennium Development Goals submitted to the Department of the Interior and Local Government.

Facilitator	X				X	
Service Provider/ Implementor – in case of CICL, Marital Conflict Program, Relief	X	X	X	X	X	X
Counselor	X				X	
Organizer	X				X	
Coordinator			X		X	X
Planner – Budget, Social Welfare Development Program Plan	X		X	X	X	
Monitor & Evaluator	X		X		X	
Networker/Establish Linkages			X			
Resource Generator			X		X	
Policy maker					X	
Secretariat/Sitting member of local councils					X	

Under a devolved set-up, the SWO are usually assigned tasks at the behest of the local chief executives and politicians. They are designated to manage the implementation of certain programs or projects even beyond their official functions. The above-cited responsibilities are true to all SWOs regardless of class of municipalities, city or province.

The SWO staffs directly assist programs of other LGU offices in cases where there is dearth in human resources- both in number and quality. This is despite the fact that the SWD units also needed its own manpower support having only one to two social workers and/or assistants.

The SWOs described supervision and implementation of social welfare programs and services akin to the management of daily operations of center- and community-based services.

The SWOs are responsible for planning their annual programs using LGU planning guidelines. They submit their unit plans annually to the local planning officers of their respective LGUs and once approved are integrated to the annual investment plans of the LGUs.

Implementation is done by the SWDO's "lean and mean" staff (one to two SW staff or assistants depending on the income level of the LGU) with minimal assistance from other LGU offices. For special projects like the Early Childhood Care and Development (ECCD) and Community Integrated Delivery of Social Services (CIDSS), implementation is through inter-agency effort. Implementation is resolved by the SWDO staff and only in cases where they cannot resolve problems at their level did they ask assistance from the DSWD field office.

The C/MSWDOs are responsible for monitoring the progress of the overall department while their staff monitors the progress of the projects being implemented. In some cases, like the implementation of milk feeding program, monitoring is done by partner agency.

Policymaking involvement of SWDOs refers to office level administrative policies, which mostly deal with administrative concerns. Local SWD officers are also involved in national policymaking through provision of recommendations for the development of local SWD policies.

## 2. Target Beneficiaries

When asked about the priority beneficiaries in their respective localities, the respondents listed the following:

**Table 19: Priority Beneficiaries of SWDOs**

Priority Beneficiaries	LGU Responses/Region					
	R1	R2	R7	R8	R11	R12
Urban Poor families	X	X				X
Disadvantaged Families	X	X	X	X	X	X

Women	X	X	X		X	X
Disadvantaged/Disabled women	X	X			X	X
Needy individual	X	X				X
Persons With Disabilities	X	X	X		X	X
Youth	X	X	X			X
Out of School	X	X	X	X	X	X
Senior Citizens/Elderly	X	X	X		X	X
Victims of disaster	X	X	X		X	X
Children	X		X	X		X
Children in need of special protection					X	X
Municipal and barangay officials					X	X

Some SWOs complained that responsibilities over programs and beneficiaries, which are not considered to be SWD, are passed on to them. These include medical/dental outreach programs and supplemental feeding (supposedly MHO's responsibilities); animal dispersal (DA's responsibility) and representing the LGUs to donors and program campaigns.

### 3. Program Development and Management Processes

Program management is the major function of the SWOs. Shown below are the different activities that they do in planning, implementation, monitoring and evaluating programs, the resources they need to develop and implement them-- mainly people involved, the documents used and funding support.

**Table 20: Program Management Processes-Planning**

Planning	
<b>Activities</b>	
<ul style="list-style-type: none"> <li>• Prepare baseline survey (e.g. minimum basic needs assessment, performance review or review of previous accomplishments)</li> <li>• Analyze problems using on survey/situationer</li> <li>• Identify priority needs /target setting per worker/unit/ division</li> <li>• Plan for specific activities/ program/service</li> <li>• Prepare annual activities per program/project proposal /program of work /PMIS</li> <li>• Consult the Mayor</li> <li>• Attend the budget hearing to defend the budget of their office</li> <li>• Lobby/Negotiate for counterpart fund from the annual investment plan.</li> <li>• Issue resolutions or approved appropriation ordinance to have fund for the project.</li> <li>• Prepare Annual Procurement Plan (APP)</li> </ul>	
<b>People/Units Involved</b>	<b>Documents Prepared/Submitted</b>
<ul style="list-style-type: none"> <li>• LCE</li> <li>• Sangguniang Bayan/Panlungsod</li> <li>• Clients/Beneficiaries Stakeholders,</li> <li>• Local SWD Officer i.e. PSWDO, CMSWDO and MSWDO</li> <li>• City/Municipal Budget Officer , Provincial, City or Municipal Government or Barangay Officials</li> </ul>	<ul style="list-style-type: none"> <li>• Data base on the needs of their beneficiaries</li> <li>• Previous accomplishments/performance reports</li> <li>• Masterlist of beneficiaries</li> <li>• Strategic plan</li> <li>• Approved budget proposal</li> <li>• Thrusts and directions</li> <li>• Situationer</li> <li>• Poverty incidence reports</li> </ul>



**Table 21: Program Management Processes-Implementation**

<b>Implementation</b>	
<b>Activities</b>	
<ul style="list-style-type: none"> <li>• Implement approved project proposal</li> <li>• Canvass materials/allocate work to people involved</li> <li>• Allocate budget</li> </ul>	
<b>People/Units Involved</b>	<b>Documents Prepared/Submitted</b>
<ul style="list-style-type: none"> <li>• Target clients</li> <li>• Barangay officials</li> <li>• Program implementer/staff (Local SWD Office Heads/Staff</li> <li>• Local Inter-Unit Staff, Direct service workers)</li> <li>• Partner agencies</li> <li>• Beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant Data/Reports of City/Municipal Planning and Development Office</li> <li>• Memorandum of Agreement (MOA)</li> <li>• Masterlist of beneficiaries</li> <li>• Accomplishment report; Status report; and Progress report.</li> </ul>

**Table 22: Program Management Processes-Monitoring**

<b>Monitoring</b>	
<b>Activities</b>	
<ul style="list-style-type: none"> <li>• Report submission of monthly, quarterly, semestral and annual reports; verbal and written status reports and terminal reports, statistical report</li> <li>• Site visitation on a monthly or quarterly (or on the spot/as the need arises) basis</li> <li>• Coordinate with MSWDOs</li> </ul>	
<b>People/Units Involved</b>	<b>Documents Prepared/Submitted</b>
<ul style="list-style-type: none"> <li>• Local SWD Office Heads and/or Staff</li> <li>• All program implementers</li> <li>• Administrative staff</li> <li>• Local finance committee</li> <li>• Mayor</li> <li>• Local Chief Executives Division Section</li> </ul>	<ul style="list-style-type: none"> <li>• Work and Financial Plan</li> <li>• Verbal/Oral Feedbacking</li> <li>• Monitoring reports</li> <li>• Validation reports</li> </ul>

**Table 23: Program Management Processes-Evaluation**

<b>Evaluation</b>	
<b>Activities</b>	
<ul style="list-style-type: none"> <li>• Administer Evaluation Tool</li> <li>• Group Evaluation</li> <li>• Submission of reports to the LGU and DSWD</li> <li>• Regular feedbacking sessions</li> <li>• Performance assessment of sectoral programs</li> <li>• Evaluation/ validation of worker- beneficiary</li> </ul>	
<b>People/Units Involved</b>	<b>Documents Prepared/Submitted</b>
<ul style="list-style-type: none"> <li>• M/CSWDO</li> <li>• Mayor</li> <li>• Concerned staff</li> <li>• Inter-agency committee</li> <li>• Local SWD Office Heads</li> <li>• Local Chief Executives</li> <li>• Local SWD Officer</li> <li>• Local SWD Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Work &amp; financial plan</li> <li>• Annual narrative report and budget</li> <li>• Evaluation matrix</li> <li>• Monthly, quarterly, and annual reports; verbal and written feedbacking/report; terminal reports</li> </ul>

Evaluation	
Activities	
<ul style="list-style-type: none"> <li>Technical Working Group composed of representatives from different department units</li> </ul>	

**Table 24: Program Management Processes-Financing**

Financing	
Activities	
<ul style="list-style-type: none"> <li>Resource generation (fund raising) to foreign donors, parents associations, NGOs</li> <li>Defend budget during annual LGU budgeting period</li> </ul>	
People/Units Involved	Documents Prepared/Submitted
<ul style="list-style-type: none"> <li>LGUs/NGOs, donors (Local/ Foreign),</li> <li>MSWDO, MPDC, budget officer, LCE, Accountant, Treasurer</li> <li>City/Municipal Budget Officer</li> <li>Local Finance Office</li> <li>Local Government Officials including barangay chairmen</li> <li>Legislators</li> </ul>	<ul style="list-style-type: none"> <li>Approved appropriation ordinance/Resolution (Bgy level)</li> <li>Annual investment plan (bgy level)</li> </ul>

A CSWDO said that they submitted reports to the DSWD Field Office but did not get feedback on the implementation of local SWD programs and services can be improved.

#### **4. SWDOs' Contributions LGU People's Development**

The SWDOs all agreed that they have made significant contributions to the SWD-related efforts of their respective LGUs. All of them affirmed that the SWD programs/services they implemented had significantly contributed to the overall performance of their respective LGUs, as well as in improvement of people's welfare and development even in cases where these services were also used for political purposes.

Specifically, they contributed along the following areas:

- Increased competencies of the beneficiaries
- Continuous provision of funds and technical support to enhance skills
- Improved income and economic conditions (thru SEA-K) of beneficiaries
- Policy development (support to Sanggunian Panlungsod Ordinance)
- Women empowerment (created niche, raised sense of identity and pride)
- Leadership development (LGUs became more responsive)
- Improved competencies of children (through DCC)
- Organized welfare structures
- Empowerment of marginalized sectors
- Sustained poverty alleviation efforts
- Sustained child protection efforts

#### **5. Facilitating and Hindering Factors on the Success of Local SWD Programs and Services**

The tables below show that the most important factor that enables (or disables) the SWDOs to perform and deliver their mandates is the support of the local chief executives. If the LCE is interested or sold out on the program and provides support (not control) to SWDOs, the programs would definitely succeed. The SWDOs also are very much encouraged to perform well when the LCEs give them due recognition when they excelled performance. This also serves as basis for their promotion.

On the other hand, too much political intervention result to poor performance especially when the mayors dictate on the kinds of assistance the SWDOs should provide and determine for them who the beneficiaries should be. In some municipalities, the social welfare office is less prioritized by the local chief executive. In an LGU, the Municipal Health Office (MHO) even sees that the LGUs can operate without the MSWDO. Day Care Worker concern/benefits such as poor compensation are not addressed by the LCEs unless they lobby for increases and push for their recommended solutions. There are no laws that support salary increases for excellent performance DCWs. Some DCWs have been removed from their jobs whenever a new administration takes over. DCWs hired by the new administration, were directly deployed and started teaching *sans* the proper training.

Insufficient fund is also frequently cited as hindering factor that affect the implementation of programs and services in all areas. This happens when the SWDOs could not get funding support from the LCEs and thus had to raise the funds on their own. This affects promotion and remuneration of the SWDOs. For instance, MSDWO is not a compulsory item, hence they still remain as SWO III. In some municipalities, the item is still SWO I due to limited budget.

Most SWDOs said that they did not receive any training from the LGUs on SWD after devolution. Even the newly hired workers are not being trained on the SWD devolved programs. This is aggravated by the lack of manpower support in the office (one wo/man team) and/or when provided with technical staff who are not social worker or mere volunteers.

**Table 25: Facilitating Factors**

Facilitating	Responses					
	R1	R2	R7	R8	R11	R12
Commitment of social worker – people see and feel the efforts of social workers and other staff	X	X	X		X	
Performance of PSWDO, Close linkage among SWDOs	X	X	X			
Teamwork w/ LGU Good working relationships	X	X	X			
Active support from local officials Strong support from LCE , SB, barangays	X	X	X	X	X	X
Availability of funds Counter-parts of foreign donors & LGU	X	X	X		X	
Efficient/ effective workers, priority of LGU/Supportive LCE & Legislative branch	X	X	X	X		
Positive attitude/ Good public relations/ Non-partisan		X	X			
Support of end users/clients		X	X			X
Strong networking/ Lobbying		X	X	X		
Knowledgeable, skilled staff/ Capable staff		X	X		X	X
Leadership by example		X	X			
Rewards (promotion) /recognition of excellent performance				X		

**Table 26: Hindering Factors**

Hindering	Responses					
	R1	R2	R7	R8	R11	R12
Fast turn over of staff/ job insecurity of workers (contractual/ casual)/ Lack of manpower	X	X	X			X
Graft & corruption at the LGU level	X	X	X			
Insufficient funds	X	X	X			X
Partisan politics/strong political intervention for politicians' interests	X	X	X		X	X

Less priority of LGU	X	X	X			
Lack of training				X		
Accessibility of communities/areas					X	
No funding support from national government						

## 6. Other Services Need to Deliver

Republic Act No.9344, also known as the Juvenile Justice and Welfare Act of 2006, was issued specifically for children in conflict with the law. Its issuance raised new demands for DSWD support from the local SWDOs. SWDOs needed shelter for CICL and temporary shelter/residential facilities for all sectors. Two SWDOs said that because they do not have any residential facility in their municipalities, they used their own houses for such before transferring the client (abused women etc) to residential centers. One SWDO claimed that they just let deranged people stalk in the streets because they have no facility to take them in. Two LGUs asked support (incentive or food allowance for foster parents) for the development of foster care program.

Most of them asked for diversion programs for CICL and training programs on how to handle perpetrators, critical incidence stress debriefing and more comprehensive case management. Most commonly sought after support are in the following programs:

1. Poverty alleviation program;
2. Programs for the youth;
3. Programs for persons with disability (PWD); and
4. Detention homes for children in conflict with the law (CICL).
5. Livelihood (SEA-K)

## 6. DSWD Assistance

The national DSWD supported the local SWDOs through the following assistance:

1. Provision of technical assistance and resource augmentation (TARA) such as trainings/seminars on ECCD, Disaster Management, handling court-related cases and livelihood programs such as SEA-K.
2. Provision of manpower/assistance during disasters
3. Financial Assistance such as provision of family packs during disaster
4. Resource Augmentation (example: Construction of Senior Day Center) and/or gives referrals to FO for financial assistance

On the other hand, the SWDOs identified the following needs or assistance, which the DSWD can provide or extend:

### **Capacity Building Needs (Training, Technical Assistance)**

Policy Related:

1. Provision of updates on various SWD concerns (Administrative Orders, tools, etc.)
2. Orientation on newly enacted SWD laws
3. Re-orientation and updates on R.A. 9344 and other related laws for CICL
4. Provision of Updates on R.A. 9433 or the Magna Carta for Social Workers and its Implementing Rules and Regulations

Program Related:

5. Capability-building assistance such as case management (youth, women, senior citizens)
6. Technical assistance on VAWC cases

### **Direct Assistance (Resource Augmentation, Referral)**

7. Provision of incentives for LGU workers implementing DSWD special projects
8. Accommodation of LGU referrals to DSWD institutions – difficulty in referring clients for reasons that DSWD C/I have policies/protocols to follow ( both C/MSWDOs)
9. Provision of Facilities/Centers to cater the needs of special clients – street children, mental patients
10. Resource augmentation on program implementation

When asked if they were satisfied with the DSWD services, most of the SWDOs could not give a definite answer. Instead they gave the following recommendations to the DSWD:

1. Provide updates on technical assistance concerning women and C/CL issues
2. Conduct more regular meetings and coordination with the regional office
3. Re-orient them on the new reporting system and its relevance. It was raised that some of the M/CSWDOs and social workers are not well oriented on the new reporting system.
4. Provide regular TA for every devolved program
5. Update them on new laws, policies
6. Train them on new program strategies
7. FO to conduct regular conference with C/MSWDOs
8. Augment funds e.g. honoraria of day care worker. The DSWD should not limit its fund augmentation only for disaster-related concerns in the localities;
9. Advocate policies on SWD welfare *i.e.* the passage of the Magna Carta for Day Care Workers (DCWs).

The SWDOs submitted several reports to various agencies including the LGUs and DSWD. They used guidelines and followed systems by the agencies, which are of different formats depending on the requirements of the requesting agencies. These include the following:

- Local Government Planning Monitoring System
- Data Board for children and Youth
- CBMIS – DILG ( data gathering)
- LGU SWD Programs/ Services Accomplishment Reports
- Performance Management System of the LGU
- Performance Evaluation System designed by the Civil Service Commission
- Monitoring of Millennium Development Goals introduced by the Department of the Interior and Local Government
- Regular Minimum Basic Needs (MBN) survey
- Child friendly movement report

Documents submitted to the DSWD are the following:

- Quarterly report Action Plan / Accomplishment per programs/ sector
- LGU SWD programs/ services reports
- Masterlist – DCC, SC, DCW, Solo Parent, PWD, OSY, Women
- Quarterly statistical report
- Annual narrative report
- Situationer
- Status report;
- Disaster report;
- Social Welfare and Development Agencies report
- Day Care Service report; and
- Sectoral reports *i.e.* on persons with disability and women in especially difficult circumstances.

While they see the reports as relevant to their work, they find the preparation of these time consuming and difficult. They all said that the DSWD guide is more complicated than the LGU guide and thus need to be simplified. Most prefer and use the LGU guide in monitoring, evaluation and reporting progress of programs. They suggested that only one format should be used for DSWD, LGU, DILG and other agencies asking for their reports or to have a standard monitoring form covering all SWD programs and services. They hoped that DSWD will help create computer-based monitoring systems for paperless transactions. They also said that reporting should be done annually for DSWD's purpose. Some LGUs devised their own statistical report format. This is what the SWDOs use and submit to the DSWD and LGUs on quarterly and annual basis. Some suggested the use of some concrete indicators on health and SWD services like those in the National Statistics Office (NSO). It was noted during the discussion that certain reporting systems are being revised a number of times in a year, which causes difficulty in generating the data on the part of local SWD offices. Thus, they suggested that the DSWD should not frequently change reporting systems. Changes if needed should be done at least after a year of implementation.

## 7. Devolution

All the participants affirmed that devolution has positive impact in social welfare and development. Most (90% of the respondents) said that devolution improve the delivery of SWD services because of the following:

- More relevant and responsive projects
- Faster delivery of services and programs to the constituents
- Timely release of funds
- Funds/financial assistance are now being given directly to the clients.
- Better facilities
- Better records/reports, lesser paperwork
- Less pressure to submit reports to DSWD
- More committed social workers
- Enhanced SWOs creativity and innovativeness in terms of conceptualizing and implementing new programs and services.
- Social workers more equipped in terms of logistics, networking, lobbying to City Officials
- Opportunity for the transfer of knowledge/influence the mayor
- Social Welfare officers/units became more popular.

The participants shared that the recognition given by the LGU/LCE has been one of their motivations in performing their duties and responsibilities. However, the most cited disadvantage of devolution is the political environment, which affect the delivery of services and programs to the people. Some negative effects cited were as follows:

- Negative political relationship between SWDOs and the LCEs threatens security of tenure and service delivery (*"You have to dance with the Mayor..."*)
- No professional growth and/or career path and in some areas non-creation of MSWDO position due to tight budget, politics
- Compensation packages are dependent of income levels of the LGUs

When asked if the management of SWD programs and services improved under a devolved set up, most of them agreed that it did. Services are made closer to the people under a management, which is closest to the people, the LGUs. Not only are they are accountable to the Mayor only, the LCE is readily accessible to supervise them.

## C. Survey Results – Residential and Non Residential Centers

This section of the report presents the results of the survey and FGDs on residential and non residential centers conducted in the six regions. Findings from the survey together with the FGD findings will be used to make a general assessment of the DSWD run centers' performance as compared to the LGU run and NGO run centers in terms of delivering social welfare and development services.

### 1. Profile of Respondents

There were 55 participants from Regions I to XII who participated in the six participatory workshops. They represented 20 DSWD run centers, 11 LGU run centers and 20 NGO run centers. Majority (41) are residential centers with only 14 non residential centers. The latter are mostly LGU run (10).

The aim of this segment is to compare the delivery of services among DSWD, NGO and LGU run residential and non residential centers. This can only be done if there are respondents per sector in each region. As shown on the table below, only regions I, VIII, XI and XII have sectoral representations.

**Table 27: Number of Center Respondents Per Sector Per Region**

	R1			R2			R7			R8			R11			R12		
	T	R	NR	T	R	NR	T	R	NR	T	R	NR	T	R	NR	T	R	NR
<b>Workshop participants-DSWD</b>	4	4	0	2	2	0	0	0	0	6	5	1	6	6	0	2	2	0
<b>Workshop participants-LGU</b>	1	0	1	0	0	0	0	0	0	4	1	3	3	0	3	3	0	3
<b>Workshop participants-NGO</b>	2	1	1	3	3	0	4	3	1	3	3	0	8	0	1	4	4	0

T- Total R- Residential NR- Non-Residential

### 2. Types of Residential/ Non-residential Care Centers by Sector served

Shown below are the types of centers served by the respondents. Most of the DSWD and NGO run centers served abused and abandoned children (11 and 12 respectively). Most of the LGU run centers served abused and neglected women (4). Most NGO run centers also served individuals (children and adults) with special physiological or mental developmental needs.

**Table 28: Types of DSWD Run Center**

<b>Sector Served</b>	<b>R1</b>	<b>R2</b>	<b>R7</b>	<b>R8</b>	<b>R11</b>	<b>R12</b>
Individuals (children and adults) with special physiological or mental developmental needs, who are unable to live independently or require a level of day-to-day care beyond the capacity of families to provide;	0	0		0	2	0
Victims (primarily if not exclusively, women) of abuse, neglect or illegal recruitment;	0	1		2	0	1
Older persons with no families or who have needs mentioned above);	0	0		0	2	0
Young children that are abused, neglected or abandoned (including street-children);	2	2		3	2	2

Transient disadvantaged individuals or families	0	0		1		1
Young offenders or those committed to the care of DSWD pending court sentencing (i.e. youth not yet convicted of an offence);	1	0		2		0
Individuals with drug dependency	0	0		1		0
Others (Disadvantaged women)	1	1		0		0

**Table 29: Types of LGU Run Center**

Sector Served	R1	R2	R7	R8	R11	R12
Individuals (children and adults) with special physiological or mental developmental needs, who are unable to live independently or require a level of day-to-day care beyond the capacity of families to provide;	0			1	0	0
Victims (primarily if not exclusively, women) of abuse, neglect or illegal recruitment;	1			2	0	1
Older persons with no families or who have needs mentioned above);	1			1	0	0
Young children that are abused, neglected or abandoned (including street-children);	1			1	0	0
Transient disadvantaged individuals or families;	1			1	1	0
Young offenders or those committed to the care of DSWD pending court sentencing (i.e. youth not yet convicted of an offence);	1			0	1	0
Individuals with drug dependency	0			0	0	0
Others	1			0	1	0

**Table 30: Types of NGO Run**

Sector Served	R1	R2	R7	R8	R11	R12
Individuals (children and adults) with special physiological or mental developmental needs, who are unable to live independently or require a level of day-to-day care beyond the capacity of families to provide;	0	2	3	3	3	0
Victims (primarily if not exclusively, women) of abuse, neglect or illegal recruitment;	1	0	2	1	2	0
Older persons with no families or who have needs mentioned above);	0	0	0	1	2	0
Young children that are abused, neglected or abandoned (including street-children);	1	2	3	1	2	3
Transient disadvantaged individuals or families;	0	0	1	1	0	0
Young offenders or those committed to the care of DSWD pending court sentencing (i.e. youth not yet convicted of an offence);	0	0	1	1	0	1
Individuals with drug dependency	0	0	0	0	0	0
Others (dying/destitute; indigenous people; neglected children)	1	1	0	0	1	1



### 3. Centers' Knowledge on Services Offered by Other Centers

When asked what centers they know are providing similar services that they give, 19 said the national offices (DSWD field offices) provide the same services, 18 said the LGUs (cities, provinces) provide the same services, 22 said the NGOs provide the same services, 11 said the private sector provide the same services and 13 said the religious sector provide the same services.

**Table 31: DSWD Run Centers' Knowledge on Services Offered by Other Centers**

Sector Served	R1	R2	R7	R8	R11	R12
1. by the DSWD field offices	2	1	0	5	0	0
2. by LGUs (cities, provinces)	0	0	0	1	5	0
3. by NGOs	0	0	0	1	4	2
4. by private sector	0	0	0	2	1	0
5. by religious sector	0	0	0	1	1	0
6. Others	0	0	0	0	0	0

**Table 32: LGU Run Centers' Knowledge on Services Offered by Other Centers**

Sector Served	R1	R2	R7	R8	R11	R12
7. by the DSWD field offices	1	0	0	1	0	0
8. by LGUs (cities, provinces)	1	0	0	0	2	1
9. by NGOs	0	0	0	2	0	2
10. by private sector	0	0	0	0	0	0
11. by religious sector	1	0	0	0	0	0
12. Others	1	0	0	0	0	0

**Table 33: NGO Run Centers' Knowledge on Services Offered by Other Centers**

Sector Served	R1	R2	R7	R8	R11	R12
13. by the DSWD field offices	0	2	3	0	3	1
14. by LGUs (cities, provinces)	1	0	3	1	1	2
15. by NGOs	1	1	3	2	4	0
16. by private sector	1	1	3	0	1	2
17. by religious sector	1	1	3	1	2	2
18. Others	0	0	0	0	1	0

### 4. Extent to which these services were delivered

Based on the survey, the programs and projects delivered by the SWDOs are limited in terms of reach. Most programs and projects barely reach 1% of the sectoral population within the LGU. This is mainly due to funding constraints as most centers only extend services to clients based on the amount of funds that are available.

Despite the limited number of respondents, the study showed that there are more clients attended to in DSWD centers than in LGU and NGO run centers. Per capita spending and number of personnel are more or less similar across DSWD run centers. The LGU and the NGO seemed to have more funds than the DSWD. These come from the LGU other local donors and foreign assistance. The bulk of the funds went to the construction and maintenance of the residential facilities.

**Table 34: Extent of Service Delivery**

Service Provider	Number Of Individuals Served per year	Number Of Qualified Personnel To Deliver The Service	Resources Allocated For The Delivery Of The Services	Actual Costs Per Individual Served	Sources of Donations Received From The Services
<b>Residential</b>					
DSWD	30-90	10-26	Php800,000-Php3.6M	Php 60/child; Php 90/adult	DSWD Donations
LGU	50	6-20	Php900,000-Php5M		LGU (City/Province)
NGO	30-50	12-30	Php500,000-Php5M		Foreign, Local Donors
<b>Non Residential</b>					
LGU	25-50	2-9 staff	35K-200K		LGU
NGO					

## 5. Facilitating and Hindering Factors

According to the DSWD respondents the main facilitating factors that helped in the delivery of these services are the priority, support and budget allocated by the national government. To the LGU respondents, people's participation, budget allocated by the LGUs, priority of LGU and support of local chief executives are the major facilitating factors. The NGOs on the other hand cited are the priority of the LGUs, capable SWD leaders, and funding support from national, local and foreign donors.

**Table 35: Facilitating Factors- DSWD Run Centers**

Facilitating factors that helped in the delivery of these services	Respondents					
	R1	R2	R7	R8	R11	R12
Priority of LGU	0	0	0	2	0	0
Priority of national government	1	1	0	5	2	2
Supportive local chief executive	0	0	0	2	1	0
Supportive legislative council	0	0	0	2	0	0
Support of national government	3	1	0	4	3	0
Capable SWD leaders	3	0	0	4	2	0
Capable SWD staff	3	1	0	4	4	0
Allocated budget from LGU	1	1	0	2	2	0
Available budget from national agencies	3	1	0	5	3	0
Local and foreign donors Support	2	1	0	2	1	0
People's participation	1	1	0	2	2	1
Others (Barangay Council Support)	1	1	0	0	0	0

**Table 36: Facilitating Factors- LGU Run Centers**

Facilitating factors that helped in the delivery of these services	LGU Respondents					
	R1	R2	R7	R8	R11	R12
Priority of LGU	1	0	0	1	2	1
Priority of national government	1	0	0	1	0	0

Supportive local chief executive	1	0	0	1	1	2
Supportive legislative council	1	0	0	0	0	1
Support of national government	1	0	0	0	0	1
Capable SWD leaders	1	0	0	0	1	1
Capable SWD staff	1	0	0	1	1	2
Allocated budget from LGU	1	0	0	2	2	1
Available budget from national agencies	1	0	0	0	1	0
Local and foreign donors Support		0	0	1	0	1
People's participation	1	0	0	3	1	2
Others	0	0	0	0	0	0

**Table 37: Facilitating Factors- NGO Run Centers**

Facilitating factors that helped in the delivery of these services	NGO Respondents					
	R1	R2	R7	R8	R11	R12
Priority of LGU	1	3	1	2	3	2
Priority of national government	0	1	1	0	5	0
Supportive local chief executive	1	1	1	1	4	2
Supportive legislative council	0	0	1	1	2	0
Support of national government	1	1	1	1	5	1
Capable SWD leaders	1	2	1	1	4	3
Capable SWD staff	0	0	1	0	0	1
Allocated budget from LGU	0	1	1	1	1	0
Available budget from national agencies	0	0	1	3	5	3
Local and foreign donors Support	1	0	1	1	6	2
People's participation	1	1		0	0	0
Others (good LGU relations; good participation of children)	1	3	1	2	3	2

On the other hand, the major hindering factor why some services are not delivered is the lack of personnel.

**Table 38: Hindering Factors- DSWD Run Centers**

Reasons for Not Delivering the Service	Respondents					
	R1	R2	R7	R8	R11	R12
not needed by constituents	0	1	0	2	0	0
not a priority by the LGU	0	0	0	1	0	0
no technical expertise	0	0	0	0	1	1
no available personnel	1	1	0	0	1	0
no financial resources	0	0	0	1	1	0
political factors – in areas where administration lost, in areas of conflict	0	0	0	0	0	0
Others	0	0	0	0	0	0

**Table 39: Hindering Factors- LGU Run Centers**

Reasons for Not Delivering the Service	Respondents					
	R1	R2	R7	R8	R11	R12
not needed by constituents	0	0	0	0	0	0
not a priority by the LGU	0	0	0	0	0	1

no technical expertise	0	0	0	3	0	0
no available personnel	0	0	0	0	0	0
no financial resources	0	0	0	0	0	1
political factors – in areas where administration lost, in areas of conflict	0	0	0	0	0	0
Others	0	0	0	1	0	0

**Table 40: Hindering Factors- NGO Run Centers**

Reasons for Not Delivering the Service	Respondents					
	R1	R2	R7	R8	R11	R12
not needed by constituents	0	1	0	0	1	0
not a priority by the LGU	1	1	1	0	1	0
no technical expertise	1	2	1	0	2	0
no available personnel	1	3	3	0	4	0
no financial resources	0	0	0	0	0	0
political factors – in areas where administration lost, in areas of conflict	0	0	0	0	0	0
Others	0	1	0	0	1	0

## 6. DSWD Assistance

The kinds of services from the DSWD field and national offices that reach the centers are mainly capacity building programs for DSWD run centers and technical assistance for LGU and NGO run centers. For the DSWD, capability building service cited were social welfare planning, financial management and case management seminars. For the LGU, technical assistance in case management was cited. For the NGOs, technical assistance in case management, provision of family packs and networking through the ABSNET were cited as services from DSWD.

**Table 41: DSWD Assistance to DSWD Run Centers**

Services	Respondents					
	R1	R2	R7	R8	R11	R12
Capability Programs In Terms Of Needs Assessment And Social Welfare Planning	3	1	0	5	3	2
Technical Assistance	4	2	0	4	6	2
Resource Augmentation Especially In Disaster Relief And Rehabilitation	2	1	0	1	1	0
Standards Setting And Monitoring	3	1	0	4	6	2
Partnership In Programs Like Sea-K Or Kalahi-Cidss	2	1	0	1	2	0
Others (Case Management, Financial Mgt)	2	1	0	1	4	1

**Table 42: DSWD Assistance to LGU Run Centers**

Services	Respondents					
	R1	R2	R7	R8	R11	R12
Capability Programs In Terms Of Needs Assessment And Social Welfare Planning	1	0	0	1	1	1
Technical Assistance	1	0	0	1	2	1
Resource Augmentation Especially In Disaster Relief And Rehabilitation		0	0	0	1	0

Standards Setting And Monitoring	1	0	0	0	1	1
Partnership In Programs Like Sea-K Or Kalahi-Cidss	1	0	0	0	2	0
Others	1	0	0	0	1	0

**Table 43: DSWD Assistance to NGO Run Centers**

Services	Respondents					
	R1	R2	R7	R8	R11	R12
Capability Programs In Terms Of Needs Assessment And Social Welfare Planning	1	1	0	1	3	3
Technical Assistance	0	3	1	1	2	3
Resource Augmentation Especially In Disaster Relief And Rehabilitation	0	0	0	0	1	0
Standards Setting And Monitoring	0	1	0	1	2	3
Partnership In Programs Like Sea-K Or Kalahi-Cidss	1	1	0	2	6	0
Others (ABSNET, Therapy, Case Mgt)	0	0	1	0	5	0

Majority of the respondents said that all are actually needed by the center (28) while others felt that only some are needed (13).

The kinds of services that the centers need but are not being currently given by the DSWD field/national offices are mainly resource mobilization and multi-stakeholders partnerships for DSWD run centers; resource mobilization for LGU run centers and all for NGOs.

**Table 44: DSWD Assistance Needed by DSWD Run Centers**

Services	Respondents					
	R1	R2	R7	R8	R11	R12
Situation analysis/ risk assessments	2	0	0	0	0	0
Community resource mobilization techniques	1	0	0	3	1	0
Multi-stakeholder partnerships	2	0	0	3	1	0
Community based monitoring system	0	0	0	1	0	0
Others (financial assistance, capacity building to SW/House parents)	0	0	0	0	1	0

**Table 45: DSWD Assistance Needed by LGU Run Centers**

Services	Respondents					
	R1	R2	R7	R8	R11	R12
Situation analysis/ risk assessments	0	0	0	1	1	0
Community resource mobilization techniques	1	0	0	1	2	0
Multi-stakeholder partnerships	0	0	0	1	1	0
Community based monitoring system	0	0	0	0	2	0
Others (Building Coordination/Cooperation with various stakeholders)	0	0	0	0	1	0

**Table 46: DSWD Assistance Needed by NGO Run Centers**

Services	Respondents					
	R1	R2	R7	R8	R11	R12
Situation analysis/ risk assessments	1	0	0	1	2	1

Community resource mobilization techniques	1	0	1	1	2	0
Multi-stakeholder partnerships	1	1	0	0	1	2
Community based monitoring system	1	0	1	1	0	1
Others (follow up of cases with LGUs, skills training for the elderly, capability building esp CICL, fund augmentation)	1	0	0	1	0	0

## 7. Reporting System

Most of the DSWD, LGU and NGO run centers submit accomplishment and status reports to both the LGUs and the DSWD.

**Table 47: DSWD Run Centers Reports Submitted to DSWD**

Reports to DSWD	Respondents					
	R1	R2	R7	R8	R11	R12
situationer	1	0	0	1	0	1
accomplishment report	3	1	0	3	6	2
status report	3	0	0	2	3	2
Others (case management reports)	2	1	0	0	3	0

**Table 48: DSWD Run Centers Reports Submitted to the LGUs**

Reports to LGUs	Respondents					
	R1	R2	R7	R8	R11	R12
situationer	0	0	0	0	1	0
accomplishment report	0	2	0	1	2	1
status report	3	1	0	0	0	1
Others (case management reports)	1	0	0	0	2	0

**Table 49: LGU Run Centers Reports Submitted to DSWD**

Reports to DSWD	Respondents					
	R1	R2	R7	R8	R11	R12
situationer	0	0	0	0	0	1
accomplishment report	1	0	0	4	3	3
status report	1	0	0	1	0	2
Others (case management reports)	0	0	0	0	0	0

**Table 50: LGU Run Centers Reports Submitted to LGUs**

Reports to LGUs	Respondents					
	R1	R2	R7	R8	R11	R12
situationer	1	0	0	0	0	0
accomplishment report	1	0	0	4	3	3
status report	1	0	0	1	0	2
Others (case management reports)	0	0	0	0	0	0

**Table 51: NGO Run Centers Reports Submitted to DSWD**

Reports to DSWD	Respondents					
	R1	R2	R7	R8	R11	R12
situationer	0	0	2	0	3	0
accomplishment report	1	3	1	3	5	3
status report	1	1	0	1	5	0
Others (case management reports)	0	2	0	1	1	0

**Table 52: DSWD Run Centers Reports Submitted to LGUs**

Reports to LGUs	Respondents					
	R1	R2	R7	R8	R11	R12
situationer	0	0	2	1		1
accomplishment report	1	0	1	1	2	2
status report	0	0	0	1	1	1
Others (case management reports)	1	1	0	0	2	0

## D. FGD Results- Residential and Non-Residential Centers

### 1. FGD Participants

As shown in the table below, the FGDs conducted for residential and non-residential centers were attended by 24 DSWD-run center representatives, 21 LGU-run center representatives and 25 NGO-run center representatives.

**Table 53: Number of Center Workshop Participants**

Workshop Participants	R1	R2	R7	R8	R11	R12
DSWD Run Centers	6	2	5	4	6	1
LGU Run Centers	3	1	6	5	6	0
NGO Run centers		2	4	3	13	3

### 2. Summary of Regional Programs and Services by Types of Centers, Sectors Serviced

Shown below are the programs and services of the participating DSWD, LGU and NGO - run centers.

Representatives of four DSWD run centers- Regional Rehabilitation Center for Youth (RRCY), Regional Haven for Women (RHW), Haven for Children (HFC) and Reception and Study Center for Children (RSCC)- had attended FGDs in three regions. They serve mainly neglected and abandoned children or those needing protection and in conflict with the law and battered, abused and abandoned women. The major services of the centers are homelife educational services, spiritual enrichment social services, practical skills development, socio-cultural/ recreational services, referral service and placement services.

**Table 54: Centers Per Region- DSWD Run Centers**

Centers	R1	R2	R7	R8	R11	R12
Regional Rehabilitation Center for Youth (RRCY),	X		X	X		
Regional Haven for Women,	X	X	X	X		
Haven for Children	X		X	X		
Area Vocational Rehabilitation Center	X		X			
Reception and Study Center for Children (RSCC)		X	X	X	X	
Home for Girls			X		X	
Safe Haven for Children and Women (SHCW)					X	
Home for the Afflicted (HA)					X	
Integrated Modular Packages						X

**Table 55: Programs and Services Beneficiaries Per Region- DSWD Run Centers**

Beneficiaries	R1	R2	R7	R8	R11	R12
Persons with disabilities	X					
Children in conflict with the law	X	X	X	X	X	
Children needing protection (neglected and abandoned)	X	X	X	X	X	X
Women victims of abused and dependents	X	X	X	X	X	X
Pregnant minors	X	X	X	X		
Children exposed and recovering from substance abuse	X		X	X		
Street children	X		X	X		
Neglected senior citizens					X	

**Table 56: Services Per Region- DSWD Run Centers**

Services	R1	R2	R7	R8	R11	R12
Homelife services	X	X	X	X	X	
Educational services	X	X	X	X	X	
Spiritual Enrichment	X	X	X	X		
Social services	X	X	X	X		
Practical skills development	X	X	X	X		
Socio-cultural/ Recreational services	X	X	X	X	X	
Referral service	X	X	X	X		
Placement services	X	X	X	X		
Case Management						X
Medical, Dental Nutrition and Dietetics					X	
Rehabilitation (Occupational Therapy)					X	
Legal/Judicial					X	

There are three types of LGU-run centers that are operating in the five regions, namely: the PSCB, Lingap centers and the Crisis Centers. These are run by the provincial, municipal and city local governments. They serve mainly street children/youth disadvantaged women and men and out of school youths. The major services of the centers are provision of temporary shelter, physical and legal protection, provision of food and transportation and provision of practical skills training such as sewing and food preparation.

**Table 57: Centers Per Region-LGU Run Centers**

Centers	R1	R2	R7	R8	R11	R12
PSCB	X		X	X	X	
Lingap Centers	X	X	X		X	
Children/Women in Crisis (CIC) and Crisis Intervention Unit (CIU)	X		X	X	X	

**Table 58: Beneficiaries Per Region- LGU Run Centers**

Beneficiaries	R1	R2	R7	R8	R11	R12
Persons with disabilities					X	
Children in conflict with the law						
Children needing protection (neglected/ abandoned children)	X				X	
Women victims of abuse and their dependents	X		X			



Pregnant minors	X					
Children exposed and recovering from substance abuse						
Street children/youth	X	X	X	X		
Disadvantaged women and men	X		X	X		
Out of school youth	X		X	X		
Solo Parent	X			X		
Employees(receiving low salaries, casual),	X			X		
Interested volunteers	X			X		

**Table 59: Services Per Region- LGU Run Centers**

Services	R1	R2	R7	R8	R11	R12
Homelife services						
Educational services	X		X			
Spiritual Enrichment	X		X			
Social services	X		X			
Practical skills development	X		X	X	X	
Socio-cultural/ Recreational services	X					
Referral					X	
Case Management					X	
Medical, Dental Nutrition and Dietetics						
Rehabilitation (Occupational Therapy)						
Legal/Judicial						
Temporary Shelter/Protection/Provision of food and transportation	X	X	X	X	X	

There are 17 NGO-run center representatives that attended the FGDs. Three are operating in two regions, namely Good Shepherd, SOS and Missionaries of Charity. The major sectors that they serve are the children and youth sectors, mainly the neglected and abandoned children/youth and those in the streets. They provide similar services with that of DSWD-run centers for children and youth.

**Table 60: Centers Per Region- NGO Run Centers**

Centers	R1	R2	R7	R8	R11	R12
Sefton Children's Home		X				
Christian Children's Home		X				
Good Shepherd			X		X	
Hope Center			X			
Scout Center			X			
Rainbow Village Ministries			X			
SOS				X	X	
Missionaries of Charity				X	X	
Gloria Christi Regis Center					X	
Tambayan Center Children's Rights, Inc.					X	
Care for the Elderly Foundation					X	
Visayan Forum Foundation					X	
AADC – Mindanao					X	
San Isias					X	
Marcellin Foundation						X
Mercyville Foundation & VEDRUNA Foundation						X
St. Laurence Orphanage & Half Way Home						X

**Table 61: Beneficiaries Per Region- NGO Run Centers**

Beneficiaries	R1	R2	R7	R8	R11	R12
Persons with disabilities						
Children in conflict with the law			X		X	X
Children needing protection (neglected/abandoned children)		X	X	X	X	X
Women victims of abuse and their dependents					X	
Pregnant minors						
Children exposed and recovering from substance abuse			X		X	
Street children/youth		X	X	X	X	X
Disadvantaged women and men						
Out of school Youth			X	X	X	
Solo Parent						
Employees(receiving low salaries, casual),						
Interested volunteers						
Destitu/sick and dying				X	X	
Elderly					X	

**Table 62: Services Per Region- NGO Run Centers**

Services	R1	R2	R7	R8	R11	R12
Homelife services		X	X	X	X	
Educational services		X	X	X	X	
Spiritual Enrichment		X	X	X	X	
Social services		X	X	X	X	
Practical skills development			X	X	X	
Socio-cultural/ Recreational services			X	X	X	
Referral			X	X	X	
Case Management			X	X	X	
Medical, Dental Nutrition and Dietetics			X	X	X	
Rehabilitation (Occupational Therapy)				X	X	
Legal/Judicial			X	X	X	
Temporary Shelter/Protection/Provision of food and transportation			X	X	X	

### 3. Detailed Description of Programs and Services

Shown below are the detailed description and objectives of the DSWD, LGU and NGO-run centers. The programs and services available at the DSWD run centers are those that are mandated and are based on the DSWD standards. There are some changes in their operations, mainly: AVRC provides vocational/formal training to all the other sectors; HGF also accepts CICL referred by courts which also include their dependents, while boys are being referred to NGOs; and, the Department of Education and LGUs provide counterpart funds and/or technical assistance to RRCY.

In terms of fund sources, the DSWD run centers mainly get their funding from the national government (DSWD). They also get some funds from the LGUs and NGOs. The LGUs on the other hand get their funds mainly from the LGU's local development fund allocated for social welfare and development. They do not receive any fund from the national DSWD. Instead they get funds from local donors (like Congress, socio-civic clubs) and foreign donors and large NGOs. The NGOs' main fund sources are the religious and philanthropic individuals and local and foreign donor agencies. They also get some funds from the LGUs and other donor agencies.

**Table 63: Detailed Description of Programs and Services - DSWD Run Centers**

Services	Objectives	Beneficiaries	Funding Sources
<p>DSWD Centers: Regional Rehabilitation Center (RRCY) for Youth, Haven for Women, Haven for Children, Home for Girls, AVRC</p> <ul style="list-style-type: none"> <li>• Homelife services</li> <li>• Educational services</li> <li>• Spiritual Enrichment</li> <li>• Social services</li> <li>• Practical skills development</li> <li>• Socio-cultural/Recreational services</li> <li>• Referral service</li> <li>• Placement services</li> </ul>	<p>To provide a well-balanced, organized non-formal activities which are geared toward achievement, treatment and rehabilitation for individual clients &amp; group as a whole</p> <p>To provide opportunities for continuing education of children/ women, persons with disabilities in cooperation with other govt. agencies, NGOs, POs</p> <p>To provide activities to strengthen faith based on their own belief vis-à-vis their own religion</p> <p>To assist client to address his/her problem, discover his/her strengths, weaknesses &amp; capabilities;</p> <p>To provide options &amp; guide in making life plan &amp; link to needed resources towards restoration of social functioning</p> <p>To provide opportunities for simple occupational skills development along different lines of interests.</p> <p>Referred to other agencies for assistance and other services not provided by the center/agency, (legal, medical, psychological,</p>	<p>Area Vocational Rehabilitation Center (AVRC)</p> <ul style="list-style-type: none"> <li>• persons with disabilities</li> </ul> <p>RRCY</p> <ul style="list-style-type: none"> <li>• Children in conflict with the law</li> </ul> <p>Home for Girls (below 18 up to 7 years old.)</p> <ul style="list-style-type: none"> <li>• Children needing protection</li> </ul> <p>Haven for Women (18 to 59 y.o)</p> <ul style="list-style-type: none"> <li>• Women victims of abused and dependents</li> <li>• Pregnant minors</li> </ul> <p>Haven for Children (April 2006 to present 2008)</p> <ul style="list-style-type: none"> <li>• Male street children exposed and recovering from substance abuse</li> </ul>	<p>Internal (these are directly released from DBM. DSWD centrally managed fund) &amp; other external resources (Province, City, Municipal LGUs)</p> <p>NGOs also provided funds (Rotary, Lions Club, Inner Wheel Club, Congressional Spouses Foundation, Inc (CSFI)</p> <p>RSCC, with a Php1.9M budget usually serves 15 children aged 0.1 to 7. RHW serves 21 female clients with Php2M/year.</p>

	<p>psychiatric, dental)</p> <p>To provide employment opportunities graduates through open/self employment</p> <p>To reunite families, restore/sustain psycho-social functioning</p> <p>To provide temporary care and shelter, provide protection and substitute parental care to children and adults</p>		
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**Table 64: Detailed Description of Programs and Services - LGU Run Centers**

Services	Objectives	Beneficiaries	Funding Sources
PSCB provides training on food processing and preservation and sewing craft	A non-residential facility, run by town, city or province. The main objective is to empower people thru the provision of skills for gainful employment and/or increase family income.	Disadvantaged women and men, Out of school Youth, Solo Parent, Employees(receiving low salaries, casual), Day Care Workers, interested volunteers	LGU NGOs (Rotary, Jaycees, Soroptimist and Lions Club)
Lingap and crisis centers provide homelife services, formal/non-formal education, spiritual/counseling services and referrals	A residential care facility managed and operated by the provincial, city or municipal government which aims to provide temporary shelter, case management and referral	Street children/youth, women/children who are victims of abuse, victims of illegal recruitment	Congressional funds, local donations, LGU, foreign service. Budget is Php4M/year for 30 children

**Table 65: Detailed Description of Programs and Services – NGO Run Centers**

Services	Objectives	Beneficiaries	Funding Sources
Sefton Children's Home -delivers homelife, educational, spiritual and social services	Ensure the total development of every child using the holistic approach	children ages 0.1 to 6.	philanthropic individuals from the United Kingdom (Assembly of God), ( 22 children = Php1M/year)

Christian Children's Home -delivers homelife, educational, spiritual and social services	Formerly known as Cagayan Children's Home. -discipleship making	children ages 0.1 to 12	Funding of the center mainly comes from the United States through the contribution of Christian Churches. Budget is Php8M/year for 32 children.
Community Scouts - services include back to school programs, alternative learning school, skills training, legal assistance	<ul style="list-style-type: none"> <li>Develop productive citizens, assist in legal matters, refer to task force street children legal committee.</li> <li>Provide children with all possible/holistic intervention</li> <li>Improve the lives of children and their families</li> <li>Good education</li> </ul>	<ul style="list-style-type: none"> <li>Children (abandoned, neglected)</li> <li>Female children (2-18)</li> </ul>	<ul style="list-style-type: none"> <li>Individuals (Sponsorship)</li> <li>NGOs / LGUs</li> <li>Congregation</li> <li>PCSO,</li> </ul>
Community based and Center Based CICL and Street Children  Serve street children, abandoned in markets, club areas and ports, neglected children, families-referred to DSWD	Aims to provide educational foundation to targeted beneficiaries	<ul style="list-style-type: none"> <li>CICL and Street Children (from other provinces)</li> <li>Abandoned, Street Children (8 areas)</li> </ul>	<ul style="list-style-type: none"> <li>Individuals (Sponsorship)</li> <li>NGOs / LGUs</li> <li>Congregation</li> <li>PCSO,</li> </ul>
Cebu Center – (2-18 y/o) - Education - Temporary shelter - Medical	sexually and physically abused female children male children are referred to Task Force Children		<ul style="list-style-type: none"> <li>Individuals (Sponsorship)</li> <li>NGOs / LGUs</li> <li>Congregation</li> <li>PCSO</li> </ul>
Rainbow-Helping children aged zero up to 18 years old providing adoption (local & foreign). They are providing shelter, food, education, clothing, medical & dental services & infants supplies	Provide care for Zero up to 18 years old children	Serving children with disabilities such as Cerebral Palsy, Autism and Blind. Also included victims of abuse	Donations from Halts (USA) & Consuelo Foundations Also received support from Norfil, Kaisahang Buhay Foundation and Adoption Donation
SOS Children's Village (Tacloban & Calbayog):	Provides long-term residential care to children. Restores a child's right to a family.	Children/Youth	SOS International
Missionaries of Charity	Provides care	Destitute	Religious

	services to sick, malnourished and abandoned individuals.		
Other NGOs <ul style="list-style-type: none"> <li>• Drop in center</li> <li>• Case management</li> <li>• Legal/medical assistance</li> <li>• Formal/non-formal education</li> <li>• Skills training</li> <li>• Temporary shelter</li> <li>• Spiritual and physical care</li> </ul>	<ul style="list-style-type: none"> <li>• Total wellness for the elderly</li> <li>• Spiritual support and faith enhancement for the elderly</li> <li>• Maximizing lives, making clients productive</li> <li>• Recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Trafficked women/ children</li> <li>• Abused women/ children</li> <li>• Abandoned children</li> <li>• Families</li> <li>• Sick and dying individuals</li> <li>• <i>Kasambahay</i></li> <li>• Neglected and abandoned elderly</li> </ul>	Local funding (LGUs) Foreign funding (World Vision, Spanish, Korean organizations)

#### 4. Funding

DSWD-run and NGO-run centers are mainly residential by type. Only the LGUs have been operating non-residential types of centers, mainly the PSCB, for skills training purposes.

Based on the FGDs, resources allocated to the centers run differently by the three main providers can be compared in three centers: DSWD's RSCC and RHW; LGU's Lingap Centers for Children and Women and the NGO's Sefton and Christian Children's Homes. The RSCC usually serves 15 children aged 0.1 to 7 using funds amounting to Php1.9M/ year or Php10,555 per child per month. RHW serves 21 female clients with Php2M/year or Php7,936 per woman per month. The LGU-run Lingap Center reaches 30 children with a budget of Php4M/year or Php11,111 per child per month. The Sefton Children's Homes serves 22 children at Php1M/year or Php3,788 per child per month. The Christian Children's Homes serve 32 children at Php8M/year or PHp20833 per child per month.

#### 5. Performance of Mandate and Achievement of Goals and Objectives

All DSWD run centers said that they achieved their intended mandates and can sustain their present operations. All LGU run centers said the same. For the LGU run residential centers such Lingap Center, the center heads said that they were able to maintain the centers due to the funding support that they continuously receive from the LGUs. The PSCB representatives said that they were able to reach many beneficiaries due to supportive LGUs. Based on their assessments many people had been employed as a result of the practical skills training they have provided to them. They are also offering services every weekend due to the increased demand for their services.

However, some heads also claimed that there are disruptions in the operation of PSCB due to delays in personnel appointments, unavailable staff/trainer and lack of financial support. Some PSCB further explained that they did not receive any training on new technologies for food processing after devolution. They were able to maintain utilities for electrical and water supply but not the physical infrastructure. They also expressed that they have difficulty of recruiting trainees since there are no market for the skills. And only few of the trained clients become self-employed. Other PSCB diversified their services to meet the needs of the beneficiaries/clients.

As for the NGO run center heads, they were able to sustain their operations due to the funding support from local and foreign donors, mainly religious and socio-civic. One area they complained a lot about is case management. The SWDOs usually referred clients to their centers without

proper documentation and once they take the clients in, the SWDOs do not provide the necessary counterpart support. They do not follow-up the clients before and after release from the NGO run centers. There are many cases that SWDOs do not have any case study reports submitted to the NGO centers.

## 6. Management, Strategies, Systems and Procedures

The respondents were asked to describe the activities undertaken, people or units involved, documents prepared or submitted and areas for improvement on the following major areas in the implementation of and corresponding operation for programs and/or services: Organization Management, Administration and Finance; Physical Structures and Safety; Program Management; Case Management; and Helping Strategies. Shown in the table below are their responses.

Based on the table below, the activities conducted and the documents used are basically similar among the various types of centers. The people involved in DSWD and NGO run centers are basically limited to the center heads, staff and donors while that of the LGU involved more stakeholders. According to the respondents the LGUs are very weak in the area of case management. The NGOs are better in this area. While they work together in terms of referring clients to one another, there is very limited effort in tapping the communities to support their efforts.

**Table 66: Management, Strategies, Systems and Procedures - DSWD Run Centers**

<b>Organization, Management, Administration and Finance</b>	<b>Physical structure and safety</b>	<b>Program Management</b>	<b>Case Management</b>	<b>Helping strategies</b>
<b>Activities</b>				
Regular Staff Development Conference Regular Unit/Section meeting Regular Staff Monitoring/ Coaching Conduct of Capability Building Conduct of meetings discussing arguments/ issues & concern on the regularization of MOA workers	Upgrading/ Repair of existing facilities (DSWD & DBM) Construction of new facilities Coordination w/ DPWH/ Engineering Offices	Propose Enhancement of manual of operation Formulation of internal program policies Preparation of Procurement Mgt. Plan/ WFP/ Project proposal Upgrading of Rehabilitation Training Program Monitoring & evaluation of existing programs	Case Conference Meeting Rehabilitation Team Meeting Caseload Review & Inventory Implementation of programs and services.	Visit homes of families/ relatives of referring parties Networking/ coordination with other partner agencies to get support Dialogues with other partners to get further support or address pressing implementation issues
<b>People/Units Involved</b>				
Center head and staff	Center head and staff	Center head and staff	Center head and staff	Center head and staff
<b>Documents prepared/submitted</b>				
Proceedings/ minutes of meetings Project Proposal Re-entry Plan/ Monitoring	Building Plan/ Program of Work coordinated with DPWH	Project Proposal	Social Case Study Report Terminal Report Rehabilitation	Proceedings Feedback

– after the attendance to training			Treatment Plan Case Conference Proceeding	Pictures
<b>Areas for improvement</b>				
Documentation Mobilization Technique Comprehensive Data Bank System (IT) Possible Relocation of AVRC due to eroded area & need to construct new structure Recommend regularization or permanent position of MOA Need for transportation facility	Availability of Regular Consultant	Improvement of procurement procedure  Lack of separate detention cells for minors - LGU	Documentation- Support of LGUs & family Slow judicial process	Political will to implement the Law/ legislative

**Table 67: Management, Strategies, Systems and Procedures - LGU Run Centers**

<b>Organization, Management, Administration and Finance</b>	<b>Physical structure and safety</b>	<b>Program Management</b>	<b>Case Management</b>	<b>Helping strategies</b>
<b>PSCB Activities</b>				
Upgrading of skills of staff through trainings; Coordination with the communities, social workers, POs/NGOs; Implement MOA between DSWD & LGU-City Orientation meetings with LCE/SB Preparing proposed program budget per year Conduct of skills enhancement training Preparation of Work and Financial Plan (WFP) Preparation of Procurement Plan Preparation of budget proposal Processing of financial- and procurement-related documents	Maintenance of the structure, security guard on duty Management of equipment. of PSCB Center (under care of CSWDO) Preparation of budget for structure/building improvement Putting up of accessibility features in structures/buildin gs Conduct of fire earthquakes and other disasters drills	Monthly staff meeting; annual evaluation; planning and monitoring Implementing Vision, Mission, Goals and Objectives Implementing Manual of Operation by DSWD Implementation of relevant activities Evaluation of trainings conducted	interview, follow-up and counseling LGU workers were in charge of recruitment.. Regular consultation/ meeting (monthly & quarterly) Monitoring and evaluation (doing it monthly & quarterly) Working on job placement students as well as open and self employment.	Tie up with DTI, TESDA for marketing, skills training on food processing and preservation and sewing craft Trained beneficiaries organized into associations to manage small scale business funded by LGU- City, participate in food processing, trade fair & tiangge
<b>People/Units Involved</b>				
Center head, social workers, women welfare workers, people's organizations volunteers Sangguniang Bayan	care and maintenance officer, security guard, city engineer's office center head/staff	Center Head/Staff DSWD-Field Office Staff Rehabilitation team All staff	Center Head/Staff DSWD-Field Office Staff	trainer and trainee



Chairman of Social Welfare Committee Center head Administrative staff	people's organizations volunteers Local Chief Executives	Local Chief Executive		
<b>Documents prepared/submitted</b>				
Work and Financial Plan Annual Procurement Plan Organizational structure Work flow chart	Evacuation plan Building plan Water potability result	monthly, quarterly and annual report (submitted to LGUs) Manual of operation Education, information and communication materials <i>i.e.</i> brochures	Accomplishment report	
<b>Areas for improvement</b>				
Hiring of qualified personnel with expertise Support to staff who have overloaded duties/responsibilities Staff trainings intended for staff Repair/upgrading of building Funds	Center structures expansion to accommodate clients beyond its standard or normal capacity Repair and maintenance of center structures	Additional structure/building for the increasing number of clients Additional staff Additional budget for MOOE Safety and security in centers Monitoring implementation of programs or services using existing tools. Financial and technical assistance for program management	Conduct of relevant trainings for the staff in handling cases of clients Support services <i>i.e.</i> employment after the training	Recruitment of trainees
<b>Lingap and Crisis Center Activities</b>				
Annual budget preparation, management committee meeting, mid and year-end evaluation of the performance of the staff	annual building inspection/fire inspection	review and updating of the manual of operations	Case conference Family dialogue Home visit Group counseling Coordination LGUs Conduct of exit conference involving community social workers	Provision of basic needs Linking with other agencies Art workshop, gardening, referrals, exposure to other agencies operations and services
<b>People/Units Involved</b>				
Management committee (an interdisciplinary team composed of lawyer, teacher and psychologists)	Center head and engineering staff	social workers, parents, guardians and clients	social worker	volunteers, social workers, house parents and other center

and board of directors				staff
<b>Documents prepared/submitted</b>				
Family Intake Sheet forms Project proposal for training Liquidation Report) Monthly Report of accomplishment Case Study Report		Pre & Post Evaluation (impact of training)	Regular case conference worker, family, victim Reports to courts Social case study reports Minutes of family dialogues Minutes of case conferences Progress notes Psychological assessment reports	After care services Subsidized financial support, Dialogue Referral Strengthen LCPC/BCPC Project proposals Proceedings of staff meetings
<b>Areas for improvement</b>				
Financial support from the referring party; CIC – hiring of reg. Social workers, Psychologist		Submission of project proposals to LGUs and other organizations for support.	Case management by social workers and HPs Follow-up of the referring party, documentation and after care	Resource mobilization strategy Networking; Organizing groups for donors; Media exposure

**Table 68: Management, Strategies, Systems and Procedures - NGO Run Centers**

<b>Organization, Management, Administration and Finance</b>	<b>Physical structure and safety</b>	<b>Program Management</b>	<b>Case Management</b>	<b>Helping strategies</b>
<b>Activities</b>				
Staff meeting Annual WFP Staff development (quarterly) Retreat supervision Submit project proposal to Netherlands Prepare/submit proposal/workplace Review/revision of policies and manual of operation (every three years) Meetings with members of the board of trustees, staff, volunteers and trainees Crafting of national and regional strategic plans (annually) Resource generation Training for staff	Regular fire drill Annual safety inspection Regular H2O inspection Fires safety inspection With safety features Acquisition of certificates on fire safety, water potability and sanitation. Conduct of building inspection	Existing Manual of Operation Conducts regular review and updating of MOOE Guided by agency policies Review of accomplishments based on target versus accomplishments manual of operation Case load of Social Worker (1 social worker to cover 15 children) Daily recordings of every child/youth as part of	Orientation of policies upon admission Conducts case conference Conducts family visit Every Sunday – family visit the clients Parents forum Case recordings Monthly visitation & conference Has documentation, case study reports & recordings Conduct of case conference Preparation of inventory of	Counseling of Parents Educational Assistance Coordinate w/ Families/ Parents/ Relative Recollection/ Retreat Spiritual Format support to social workers & other Staff training budget for the board exam of social workers and Staff School sponsorship program to

		evaluation Weekly meeting & program evaluation Semi-Annual Quarterly Evaluation Has quarterly treatment plan per child Licensed/accredited by DSWD Revision of manual of implementation of programs/ services Distribution of brochures Updating of case study records Management of database Monitoring of cases	cases Conduct of home visits Referral and follow-up of cases (on after care services) Family consultation	include tuition fees, school uniforms, school supplies and book bag, fare allowance and rice for poor families, tutoring after school
<b>People/Units Involved</b>				
Center head, Administrative, Accounting, Services unit Administrative and finance staff, Medical staff Social workers House parents Maintenance staff Management committee	Top Management, Administrative and Social service Staff Engineers	Top Management & Social Services Staff Center head and staff	Social Service Staff & Administrative	Social Service & Top Management
<b>Documents prepared/submitted</b>				
Prepared accomplishment reports every year. These were submitted donors Memoranda of Agreement (MOAs) Contracts of affiliation Business permit Financial reports Medical reports	Reports on the current status of logistics Certificates on building safety and sanitation Blueprints	Minutes of meetings, conferences, evaluation reports, treatment plans and other activities undertaken Case recordings, documentation and individual records of children & youth. Brochures Manual of operation Case study reports Case recordings Treatment plan	SCSR, Medical Records SCSR, Individual Folder of Clients 1:15 (CW ratio) Process recordings Case study reports Case recordings	Preparation for Court hearings Health and other medical records, school and other personal records of children and youth

Areas for improvement				
Trainor for skills training In need of inter-disciplinary staff Ex. Psychologist Social worker Additional funding support Need additional training for Foster Care intended for care givers & house parents Processing of accreditation Access to government resources/funding Referral system	need for bigger space or facility No conducive facility except they only shared with the Jail Building Allotted area/space for shelter Modernization of facilities	No clear after care program for children & family (re-integration in the family & community) Limited funding support from the Government Need funding support for the continuing education of children & youth up to college level Additional training for new policy & programs for children & youth Need additional Augmentation support (in cash or in kind from the government) Additional training for police officers in dealing with children & youth Stronger linkages with DSWD for better handling of CICL cases Training for staff in handling women and children cases Other relevant trainings that can be accessed from or provided by the DSWD	Trainor for skills training In need of inter-disciplinary staff Additional funding support. Need additional training for Foster Care intended for care givers & house parents	need for bigger space or facility No conducive facility except they only shared with the Jail Building

## 7. Contributions to Constituents

Asked about the DSWD Run centers contributions, they cited the following:

*DSWD Run Centers Contributions:*

- Provision of technical assistance
- Augmentation support/ financial assistance for education/ livelihood
- Referral for Job placement

As to the LGU run center contributions, the respondents cited the following:

*LGU Run Center Contributions:*

- Technology transfer to trainees;
- Education;
- Livelihood;
- Increased people participation;
- Increased community awareness on SWD issues/concerns;
- Developed disadvantaged men and women in terms of social interaction;
- Established linkages with other government organization and non-government organizations;
- Increased family income;
- Awareness of legal laws;
- Awareness of their rights of women & children;
- Immediate service delivery;
- Provided employable skills
- Ability to access opportunities and resources for employment
- Self-enhancement
- Provided services such as therapeutic activities, protection and safety; basic needs while in crisis, legal/medical/psychiatric services.
- Technical augmentation to LGUs
- Institutionalized children especially with CICL cases
- Acceptance of referrals from LGUs

On education as a contribution, some center heads said that they conducted orientations and other relevant activities on women welfare program; while on people participation, they cited that people already became active in the community after attending trainings under the PSCB program. In establishing linkages, they shared that they have learned to tap the support of organizations/donors to generate funds for livelihood activities.

## 8. Facilitating and Hindering Factors

The facilitating and hindering factors that affected the implementation of DSWD and LGU run programs and services as follows:

**Table 69: Facilitating and Hindering Factors-DSWD and LGU Run Centers**

<b><i>Facilitating Factors</i></b>	<b><i>Hindering Factors</i></b>
Committed staff Financial resources Trained/competent personnel Government support Established network Organized programs/services Existing policies Enabling environment Available and functional facilities and equipment Favorable/conducive environment Family support Available tools for monitoring and evaluation	Financial constraints Lack of physical space Lack of manpower/fast turnover Lack of facilities Lack of training materials Lack of trained personnel Lack of access to other services by other organizations Lack of coordination lack of manpower complement Insufficient budget for repair/ upgrading of facilities No RATA of Center Head Lack of support of families/ LGU-non-

<b><i>Facilitating Factors</i></b>	<b><i>Hindering Factors</i></b>
Support from affiliates Support from the media Strong support from FO particularly the Regional Director Support from LGU and other partner agencies Capability building Intensified networking activities/ advocacy Enhancement of programs for effective service delivery Attendance to trainings scholarship local and abroad Availability of funds Highly Prioritized programs Committed and dedicated staff; Supportive Mayor/LCE Supportive Fund source/s (e.g. Rotary Club) Strong partnership w/LGUs	compliance of some requirements Slow procurement process/ delayed transactions Negative comments of some FO staff affect the morale, efficiency of center workers Too short notice to be able to beat deadline ( CO/FO) Burnt-out staff; old staff; Dilapidated and inadequate physical facilities Obsolete and unserviceable equipment; Political rivalry Change of administration Lack of facilities

The major facilitating factors in the success of DSWD and LGU run center operations are government (DSWD and LGU) funding support.

With regard to the NGO run centers, the following are the identified facilitating and hindering factors in the success of their operations:

**Table 70: Facilitating and Hindering Factors-NGO Run Centers**

<b><i>Facilitating Factors</i></b>	<b><i>Hindering Factors</i></b>
sufficient resources the availability of both foreign and local sponsors strong funding support strong human resource smooth relationship with the DSWD Field Office supportive and qualified staff adequate center facilities (computer, musical and sports equipment) weekly consultations with the center management. patience of the social workers in dealing with the clientele	the lack of sound physical structures to accommodate more clients lack of teachers for their technical school low salary of workers. poor relationship with the local social welfare and development office distance of the center from the Field Office lack of farm equipment to maximize farm productivity peace and order situation in the region lack of support from the local social welfare and development office.

According to the NGOs, poor relationship with local SWDOs is aggravated by the following circumstances:

- a. Incomplete documentation to facilitate referral of clients from C/MSWDO to the NGO.

- b. C/MSWDO also focuses on one-shot interventions instead of case management thus, the lack of mechanisms for follow-up and monitoring of referred clients.
- c. There were instances wherein case study reports were lost by the local SWDOs

## **9. Other Programs and Services Needed to be Delivered**

Beyond the current programs and services being implemented by the centers, the DSWD and LGU run center heads identified other needs that had to be delivered in their respective localities:

- Short courses for IT, carpentry, housekeeping, honey bee culture
- Hiring of permanent personnel
- DSWD-CO to offer study tour program related to social welfare program, e.g. CIC, CIU(Best Practices). This could be done through cross site visits where best performing DSWD/LGU and NGO-run centers are packaged as MODEL CENTERS for replication.
- Skills enhancement of the trainer.
- After training services i.e. organizing trainees into groups.
- Trainings/Orientation workshops for professional growth

Other services identified by the NGOs are as follows:

- Centralized databanking;
- Temporary shelters for women and children;
- Functional local social welfare bodies;
- Family counseling;
- Training of personnel on counseling;
- Training on psychological test and evaluation of clients; and
- Psychiatric counseling.

## **10. DSWD Assistance Received**

Below are the forms of assistance received from the DSWD:

*DSWD Run Centers:*

- Provision of financial assistance especially during disaster; and
- Trainings as need arises

*LGU Run Centers:*

- Monitoring;
- Training/capability building for the staff of DSWD-run centers;
- Technical assistance from the DSWD field office; and
- Additional financial assistance for DSWD-run centers.

*NGO Run Centers:*

- Referral to DSWD
- Trainings (caregiving, support to court hearing)
- Donations (in-kind)
- DSWD provided Accreditation
- Licensing and accreditation;
- Referrals (shelter, transportation and food for clients referred);

- Capability building assistance by sending resource persons;
- Technical assistance on financial management system; and
- Access to funding agencies. SEA-K seed capital
- Technical assistance (budgeting)

While DSWD-run centers received fund support, monitoring and technical assistance from FO, PSCB and Lingap/Crisis Centers did not receive any support.

## **11. Other Forms of Assistance Needed From the DSWD**

The following are other forms of assistance needed from the DSWD:

### *DSWD Run Centers*

- fund augmentation
- manpower support
- technical assistance
- capability building of staff
- capital outlay for repair and upgrading of facilities

### *LGU Run Centers*

- SEED capital for organized PSCB graduates;
- Funeral service;
- After care service *i.e.* livelihood program;
- Dorm for trainees; and
- Crisis center in other areas.
- Follow-up on the status of devolved PSCB staff
- Transportation assistance
- Access to donors
- Manpower
- Financial and technical assistance
- Construction of other facilities needed
- Study program
- Facilitate COLA Release ( back wages) for devolved LGU workers
- Enhancement Training – refresher course for LGU workers
- Additional budget to support the needs of the center
- Updating of new policies; trainings and skills enhancement.

### *NGO Run Centers:*

- Financial, moral and legal support (access to lawyers)
- Staff (social worker)
- Trainings/orientation on new laws
- Technical assistance on case management and advocacy;
- Capability building assistance by conducting trainings; and
- Networking

The DSWD run center respondents recommended the following:

- exposure to best practices of other regions
- install mechanisms to compel LGUs to provide needed after care services to clients released/discharged/terminated/graduated from centers



- provide a 6-month subsidy to families of clients who will be reintegrated
- conduct regular forum/meetings for LGU and NGO run centers
- Monthly payment of subsistence/ hazard pay & other benefits as per MAGNA CARTA of social workers

The LGU run centers particularly the Lingap/Crisis Center respondents recommended that the DSWD should subsidize LGU run centers especially those in low income class towns. They also suggested the following:

- Conduct skills enhancement training for PSCB center staff and house parents;
- Provide vehicle to be used during home visits and court hearings;
- Enforce the provisions set in the Memorandum of Agreement (MOA) between the DSWD and the local government units on the devolved programs/services, specifically the creation of plantilla positions for the staff;
- Establish a foster home for the mentally challenged; and
- Provide additional caregivers.

The NGO representatives would have wanted assistance from the Field Office on case management and updates on newly enacted laws with their implementing rules and regulations on a semi-annual basis. To facilitate interventions and follow-up of clients' cases, the NGO representatives suggested that the relationship between the non-government organizations and the local social welfare and development offices should be strengthened. They also recommended augmentation support and technical assistance on case management. Other NGOs recommended in-depth training on how to handle children in conflict with the law especially those with pending court cases and more technical assistance (quarterly and annually) such as computer services, access to more donors and livelihood opportunities to augment the meager budget of the center. Other recommendations are for the DSWD:

- To provide technical assistance *i.e.* management of cases and information dissemination;
- To conduct training for NGO-run center staff; and
- To strengthen Area Based System Network (ABSNET).
- To establish temporary shelter for those without court cases; and
- To strengthen ABSNET to facilitate data needs.
- To establish temporary shelter for those without court cases; and
- To strengthen ABSNET to facilitate data needs.

## 12. Satisfaction Ratings of DSWD

When asked if they are satisfied with the assistance given by the DSWD, all DSWD run centers said that they are satisfied because most of their needs are addressed. They said they are satisfied because they are able to deliver the programs and services to their clients efficiently and effectively and they are enjoying their work. However, there is a need for the DSWD to provide regular enhancement trainings, training of trainers, and the refinement and modification of resource augmentation system as needed by the centers/LGUs.

Most of the LGU and NGO run center respondents did not respond positively and said the DSWD assistance need to be further evaluated. They cited the need for more support and that the DSWD should regularly visit and immerse themselves in the area so that they could understand their situation under a devolved set up and thus implement more relevant support systems. Some evaluated DSWD's assistance as inadequate and insufficient particularly in the accreditation process.

One NGO run center is satisfied with the assistance being provided by the Field Office particularly its case mentoring sessions and financial assistance for one of the center's epileptic client. The center is an active member of the Area-Based Standards Network of the Field Office.

### 13. Monitoring and Evaluation Systems

The following activities were listed and are employed by the respondents as components of their monitoring and evaluation system:

**Table 71: Monitoring and Evaluation System Activities, Documents and People Involved**

Monitoring and Evaluation System		
Activities	People Involved	Documents
<b>DSWD Run</b>		
<ul style="list-style-type: none"> <li>• Conduct of center management conference to evaluate programs/services</li> <li>• Conduct of regular supervisory conference with focal persons on programs/services</li> <li>• Preparation of case inventory</li> <li>• Conduct of administrative audit</li> </ul>	<ul style="list-style-type: none"> <li>• Staff</li> <li>• Social workers</li> <li>• House parents</li> <li>• Rehabilitation team</li> <li>• Center coordinator</li> <li>• Center staff</li> </ul>	<ul style="list-style-type: none"> <li>• Statistical Report</li> <li>• MFO</li> <li>• Bayanihan Report</li> <li>• C2, General/ Upkeep of facility</li> <li>• Productivity Report, Caseload Inventory Report</li> <li>• Masterlist of clients</li> <li>• Rehab. Cases</li> <li>• Client Served, List of Rehab Cases w/ Analysis</li> <li>• Admission &amp; Discharged</li> <li>• ALOBS, Hopman's report</li> <li>• Narrative Report</li> <li>• Resource Mgt. Report, Energy Consumption</li> <li>• Fuel, Water, Electric Consumption Report</li> </ul>
<b>LGU Run</b>		
<ul style="list-style-type: none"> <li>• Submit Accomplishment Reports (Monthly, Quarterly, Annual)</li> <li>• Submit Feedback Report</li> <li>• Pre – Post evaluation after training</li> <li>• Submit WFP</li> </ul>	<ul style="list-style-type: none"> <li>• CSWDO, LGU, LCE, FO staff</li> <li>• Sectoral groups: Such as women, SC, Youth</li> <li>• Media people (print &amp; broadcast – local)</li> </ul>	<ul style="list-style-type: none"> <li>• Accomplishment Reports</li> <li>• Quarterly and Annual Statistical Reports</li> </ul>
<b>NGO Run</b>		
<ul style="list-style-type: none"> <li>• Conduct of meetings to evaluate programs/services</li> <li>• Strengths Weaknesses Opportunities Threats (SWOT) analysis</li> <li>• Submission of reports to the DSWD</li> <li>• Impact assessment</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

The LGU run center representatives shared that they provide and submit written reports to the Regional Office, LGU/C/MSWDO. They said that they are more accountable LGUs in submitting monitoring and evaluation of programs and services. They also shared that they do not receive feedback from the DSWD Field Office regarding their submitted reports. The participants shared that they submit annual reports to the PSWDO and monthly reports to the C/MSWDO. Aside from these reports, they also submit work and financial plan and budget reports.

Other M & E for PSCB includes annual center visit, informal follow-up to community social workers or meetings. They admitted that they have no institutionalized M & E activities. For the Crisis Centers, the Board of Directors use monitoring tools from city mayor, city budget officer and administrator.

For DSWD run centers, monitoring and evaluation included quarterly center heads meeting, monthly RDMC and staff meetings, PREW, PC Assessment and supervisory meetings.

**Table 72: Center Reports Submitted to DSWD and LGUs**

Reports Submitted to DSWD	Reports Submitted to LGUs
<ul style="list-style-type: none"> <li>• Annual Procurement Plan</li> <li>• Performance Contract</li> <li>• Report on the implementation of Republic Act No. 9344 or the Juvenile Justice and Welfare Act</li> <li>• Case inventory</li> <li>• Annual and semestral narrative report</li> <li>• Major Final Output</li> <li>• Inventory report</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly PSCB accomplishment report</li> <li>• Inventory report</li> <li>• Monthly masterlist of clients served</li> <li>• Quarterly operational client records</li> <li>• Semestral narrative report</li> </ul>

To improve current monitoring and evaluation systems, the following recommendations were also shared for appropriate action of the DSWD:

*Recommendations:*

- For DSWD Field Office to do regular/actual visit to the various centers for monitoring and evaluation.
- Partnership on monitoring and consultation
- Technical Assistance (e.g. PSCB)
- FOs and CO should install data banking system to facilitate retrieval of data needed instead of directly calling or contacting the centers to get the information
- Regular center management conference
- Annual program review and evaluation;
- Quarterly meetings
- Staff development activity
- Semestral submission of accomplishment report
- Annual submission of report on Average Length of Stay (ALOS) of clients and not quarterly as required by the Planning Unit of the DSWD Field Office; and
- Paperless transactions.

The DSWD and LGU run centers center regularly submit quarterly updates, annual accomplishment reports and work and financial plans to the Field Office. With regard to all the reports submitted to the DSWD, DSWD center heads expressed that they should be informed on how the data have been utilized and what advise can the DSWD give to issues and concerns raised in the reports to improve operations.

The NGO representatives shared that they are submitting annual accomplishment reports and quarterly updates to the Field Office. The local chief executives, on the other hand, are also provided with accomplishment reports in line with the Millennium Development Goals (MDGs). These reporting systems accordingly facilitate case monitoring and uphold the integrity of the cases being handled by the center. However, they had difficulty in crafting DSWD Reports because they had a different way of categorizing clients. They also said that NGOs are not consulted every time new reporting systems are being crafted by the Department.

The NGO representatives recognized the need to strengthen coordination with the local social welfare and development office particularly in the referral of cases. Given the chance, the center will request for case conferences prior to admission and for the completion of turnover documents from the said offices.

#### **14. Benefits of accreditation**

The NGO center heads shared that they are benefiting from being licensed and accredited by DSWD. The benefits of being accredited centers compared to the non-accredited are: (1) they receive recognition from the DSWD-Field Office, (2) it facilitates coordination; (3) they receive training for their staff; and, (4) they receive support/donation from donors.

#### **15. Devolution**

The LGU run centers had mixed comments on the impact of devolution. Those in cities and provinces expressed a positive impact in the operations of because they are well funded and even the salary of personnel had increased. Furthermore, they are satisfied with more specific area/s (rather than general and multiple tasked) of responsibility. LGU run centers that have supportive Local Chief Executives enjoy highly financed programs and services and sufficient funds for trainings, renovation of centers, equipment, and facilities.

For those in lower income class municipalities, they expressed negative impacts of devolution due to limited funds. Centers are thus less prioritized by the LGUs. Formerly DSWD run centers devolved to the LGUs said that the provision of programs and services was better *before* the devolution as more logistical supports were received by the centers for the implementation of programs and services. They had lesser problem/s in terms of budget and facilities. Some DSWD run centers said that while they are not affected by devolution, they felt that the centers did not expand in the current set up.

Some NGO representatives said that devolution facilitated faster delivery of social services to target groups. It enables LGUs to optimize existing resources within the local government unit to provide SWD services. Some however shared that politics in the local government units really hinder the autonomy of local social welfare and development offices. Most LGUs prioritize infrastructural development than SWD service delivery. These factors debunk the very objective of devolution, which is to be responsive to the needs of the locality.

### **V. Analysis of Findings**

#### **A. Assessment of LGU-based SWD Programs and Services**

Originally, the analysis as suggested in the assessment framework begins with the identification of the inputs the DSWD has provided to the LGUs and whether these supported desirable outputs or intended outcomes. Then it will take a look at process, particularly on how the DSWD helped in the delivery of outcomes. Finally, LGU performance will be determined using a set of indicators wherein the actual outcomes are compared.

Using the same framework, this analysis starts with performance assessment of LGUs in the delivery of devolved mandated services. The discussion will then proceed to the inputs and processes that contributed to the success or failure of the LGUs in achieving intended targets in service delivery.

## 1. Extent to which services achieve goals and desired outcomes

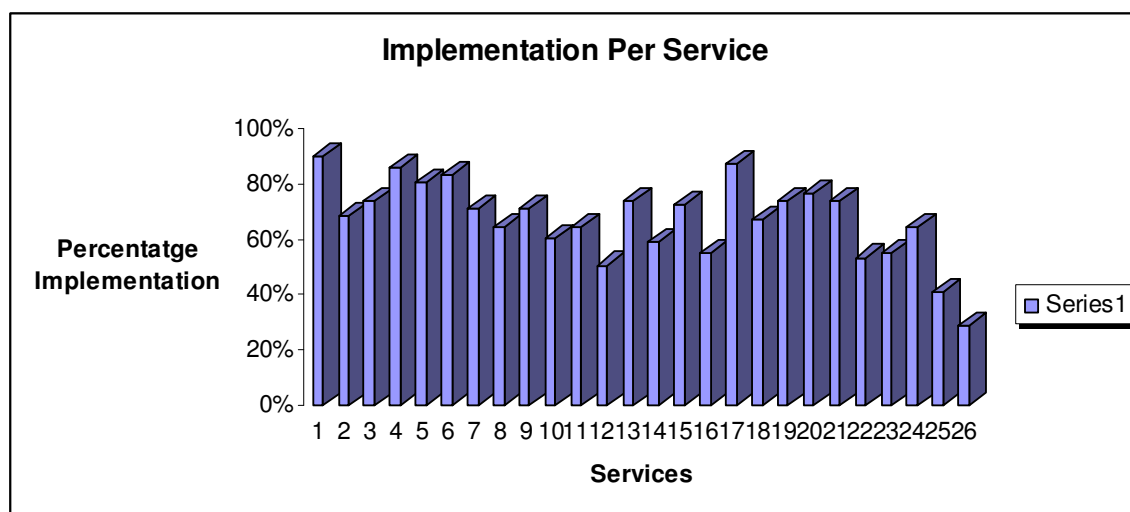
From both survey and FGD discussions, the following generalizations are made to describe the extent of LGU services in meeting its goals:

### a. Uneven but Sustained Implementation of Devolved DSWD Mandated Services

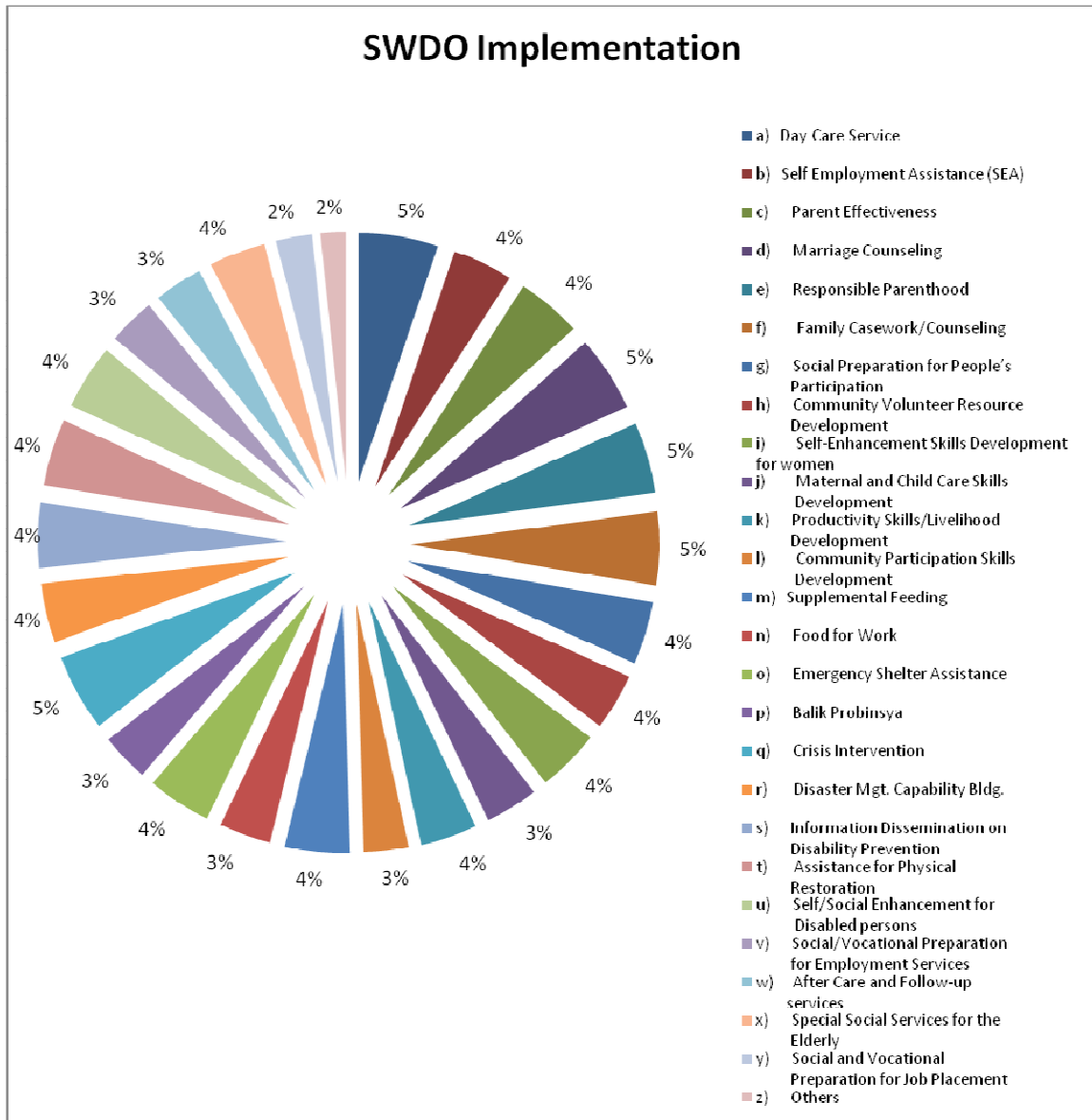
Using the survey as an indicative assessment of performance, it can be concluded that 60% of the LGUs continued to deliver all the devolved DSWD mandated services to date. Implementation of DSWD devolved services; however, focuses on the family, specifically child care (daycare, marriage counseling, and responsible parenthood). There are uneven levels of implementation across LGUs as shown in the chart below. Fifty eight percent of the services are implemented by an average of 67% of SWDOs. Such unevenness is attributed to budget constraints which are affected by the following factors: (1) income levels of the LGUs and (2) priority of the LGUs, and (3) support of the LGUs.

Prioritization as to what SWD services will be delivered and how they are to be delivered are decided at the local level. While the study was not able to get the actual amount and percentage share of local development fund allocated by the LGUs' to SWD programs, projects and activities, the FGDs reveal that these vary across LGUs depending on the priority of the LCEs and other LGU officials. The LGUs continue to put a large portion of their SWD fund to daycare, reflecting that LGUs consider this service as a priority. Crisis intervention, marriage counseling, family/casework counseling and responsible parenthood receive less or no funding at all. That means the SWDOs are committed to sustain these whether or not they get support from the LGUs or not.

The least delivered services such as social/ and vocational preparation for job placement, community participation and skills development program, social/ and vocational preparation for employment, *balik probinsiya* and aftercare follow up, are no longer priority issues to be addressed.



Note: Numbers 1-26 represents the SWD services and programs in Table 3 (letters a-z). See legend below.



What is gleaned here is that while prioritization of LGUs, support of LGUs and funding affect overall implementation of DSWD devolved programs, the prioritization, willingness and capabilities of SWDOs to implement the programs also can sustain implementation. Factors such as prioritization, support of LGUs, funding, willingness, and capabilities of C/MSWDO are all needed to sustain program implementation. Absence of at least one component may result to the failure of the program or project. But what is emphasized here is that among the factors, prioritization of major stakeholders (in this study either the LGU or SWDOs) bears much weight, It is the basic or fundamental element that facilitates the presence or absence of the other factors such as LGU support and funding and SWDOs' willingness and capabilities. If the program is the priority of the LGU/LCE support from other LGU officials as well as the SWDOs and funding follows. But as the front liners, what SWDOs consider as priority also matters. They go around powers that be to make things happen to address such priority, even to the extent of making themselves equipped and willing to go extra miles to make such priority goal a reality. Thus, prioritization is the most essential among the factors cited. In addition however such prioritization must be an informed decision, one that is guided by proper knowledge of the needs of the

beneficiaries and correct strategies and programs that could effectively address such needs. Thus there should be efforts on the part of the DSWD to help the LGU officials and the C/SWDOs determine such priorities, plan for its realization and equip, coach and mentor them as they implement programs toward achieving such goals.

b. Redirection of SWD Services to SWD related and non-related programs and projects.

There is a growing tendency to redirect SWD services to LGU identified SWD priorities and programs. Fifty two percent of the SWDOs deliver other SWD services that they, under the leadership of the local chief executives, deemed needed by the constituents. The study also showed that 40% SWDOs are implementing non-SWD programs and projects as the LCE and/or SWDOs see fit (see Table 10). Furthermore, compared to the total funds channeled to implement the mandated DSWD devolved services, the LGU-determined SWD programs and projects get the bulk of the funding. The non-SWD services such as PhilHealth also get a large share of funding. For instance, in La Union, LGU funding for Philhealth equals the total funding it allocated to all DSWD devolved services.

Topping the list of additional programs considered as SWD or SWD related services are programs for the youth sector. This may be due to the passage of Republic Act No. 9344 otherwise known as the Juvenile Justice and Welfare Act of 2006. On the other hand, non-SWD services were also provided, mainly medical assistance such as PhilHealth. These programs are prioritized perhaps because they cater to two of the largest sectors in the LGUs—the youth and the poor. This may mean that there is a growing concern over access to free health care and issues that concern the youth- such as CICL and OSY problems.

Most LGU led SWD related services are seemingly similar to the mandated devolved services but had different titles, but the SWDOs treated these as totally different SWD services. There is also a confusion what “mandated services” refer. The SWDOs consider both the DSWD devolved programs (referred by them as adopted programs) and the LGU-initiated programs as “mandated.”

It is thus perceived that the SWDOs are entrenched to the devolved system, that all programs are considered local. Although 85% of the SWDOs that were involved in this study were devolved staff of the DSWD, it is clear to them that they are accountable to their respective LCEs and that between DSWD and LGU programs; they would have to prioritize programs determined by the LGUs. However, the SWDOs can influence the LCEs, who some claim to have high regard to SWDOs and/or not knowledgeable about SWD, to continue prioritizing the DSWD devolved services. That may explain why both DSWD adopted and LGU led programs are sustained.

c. Exemplary Ratings but Budget Dependent Targets

Overall, the SWDOs rated their performance as exemplary accomplishing 100% of the targeted goals and objectives of the programs in most of the services. Target setting, which is done by the C/MSWDOs at the beginning of the year, is affected by the amount of money the LGU is willing to allocate to the C/MSWDOs. Three major factors affect budgeting: priority of the LGU, income level of LGUs, and the capability of SWDOs to defend budget during budget deliberation. Where these three factors are high, the budget is high and thus the targets are high. Usually the last two factors are dependent on the first factor. Where there is full support of the local chief executive, funding and staff capability become more sufficient. The survey showed however that 73% of the SWDOs are poorly funded. Thus, it can be surmised that the targets that the units may have set are lower than expected and thus easily achievable.

d. Funding constraints limit reach and coverage

The limited number of clients reached is also due to funding constraints. Although cities receive more funding and thus reach more people, the fact that their services only cover 9-12% of the population reflect that the funding that they receive may not be enough to cover more. This may be attributed to what the priority of the LCE is. It can be that less funds are provided for SWD services than to other LGU units and thus it is safe to assume that generally the LCEs do not give SWDOs its highest priority.

The role of the LCEs in a devolved set up is crucial to the success or failure of the SWD programs and services. That is perhaps why it is the top facilitating and hindering factor mentioned by the SWDOs. The other factors, competent staff and support of the legislative councils, can be used to gain LCE support and thus get more budgets to fund service delivery.

e. Greater contribution under a devolved set up

The FGD findings reveal that the SWDOs have made significant contributions to the SWD-related efforts of their respective LGUs. All of them agreed that devolution has indeed improved their delivery of services. Improvement again is attributed to the support of the LCE. It was also frequently cited that, except for personnel compensation and security of tenure, SWDOs favored working under a devolved system where there is less bureaucratic red tape and they are only accountable to one boss, the LCE.

## 2. Extent the LGUs efficiently and effectively implemented the SWD services and programs devolved to them

Shown in the table below are actual performance of LGUs as compared to performance indicators (based on AO 82, Series of 2003) used to measure how efficient and effective the LGUs implemented the SWD devolved services. The ratings pertain to LGUs in general and based on the findings of both survey and FGDs. As shown in the table the ratings of performance of the LGUs are high, mostly 4-highly satisfactory and 5- excellent.

**Table 73: Performance Ratings of SWDOs**

Dimensions	Components	Indicators	Rating				
1. Administrative and Organization			1	2	3	4	5
VMO		SWD VMOs are formulated and communicated at various levels				X	
Organizational Structure	Policy Making	SWDO member of policy making structure; issues and implements resolutions, ordinances, MCs				X	
	Management	SWDO has defined coordination with other LGU units re: resources and information				X	
	Strategic and Operational Planning System	SWDO has written short and long term plans, systematic and regular planning sessions				X	
Human Resource and Management	Staffing	(1)Personnel recruitment and assignments for SWD				X	
		(2) at least 2 registered social workers in province and city; 1 in municipality				X	
		(3) DSWD standards are followed: SW/HH: personnel plantilla				X	



	Wages and benefits	Follows SSL, CSC rules and other relevant laws			X	
	Employee and management relations	Has functional mechanisms to address HR needs and rights		X		
	Human Resource Development	HRD programs implemented: orientation of new employees, job training, development, career planning, performance contracting and appraisal		X		
	Competencies (management, direct service, general)	Personnel manifest competencies required of SWD mgt personnel			X	
Financial and Material Resource Management	Fund appropriation and allocation	LGU appropriate and allocate substantial funds, for SWD programs and services; budgets allocated to SWD-SP programs			X	
	Resource Management and Generation	A Resource Mobilization, generation, and management plan is part of LGU's plan; transparent financial management system, APP, established fund sourcing, existing maintenance and custodial services.		X		
Information system	People, hardware, software and data	SWDO has functional information system		X		
<b>2. Program Management</b>						
Program Identification	Analysis	SWD uses Situationer; Gap Analysis; Stakeholders analysis		X		
	LGU's susceptibility to disaster	Studies on proneness/susceptibility to disasters		X		
	Baseline survey of vulnerable and poor communities	Survey of vulnerable and poor communities with analysis and prioritization of needs		X		
	Targeting system	There is written and functional approach to the selection of programs/services			X	
Program management structure	VMO, Clients, scope or area coverage, policies, procedures	Written manual of operations, policies and procedures			X	
	Functional systems	Reports are produced and utilized			X	
Planning	Program Objectives	Written plan on social protection				X
	Involvement of Stakeholders	Activity and consultation reports				X
	Program Plan	Contains objectives, activities,				X

		resource requirements, person responsible, timeframe, priorities					
Implementation and monitoring	Sufficient Resources	Financial, material, power and authority, human resources, skills and access to information, budgeted plan					X
	Monitoring and Evaluation	Regular monitoring and evaluation reports					X
	Corrective actions and interventions	Interventions introduced so that objectives are achieved				X	
	Information	Easy info retrieval and access				X	
	Timely reports	Reports submitted on time (to LGUs)					X
Evaluation	Evaluation System	Annual program and end of project reports (inputs, outputs, outcomes)				X	
	Inputs into policy, planning and program development	New policies, programs or revisions to existing programs				X	
<b>3. Community Bodies/Facilities on Sectoral Concerns</b>							
City		Separate detention home for youth					X
		Office for Senior Citizens Affairs					X
		Senior Citizen Center					X
		City Council for the Protection of Children					X
Municipality		Separate detention home for youth			X		
		Office for Senior Citizens Affairs				X	
		Senior Citizen Center				X	
		Municipal Council for the Protection of Children					X

### 3. Extent the department's assistance to LGUs are relevant and effectively influenced LGUs to implement SWD programs and service

With regards to DSWD's performance in assisting the SWDOs in LGUs, the following assessments were made:

#### a. DSWD assistance are relevant but few LGUs get them

DSWD assistance were said to be relevant to 82% of the 73 LGUs' surveyed but reached very few SWDOs (56%). Assistance received are mainly technical assistance (56%), partnership in programs such as SEA-K, CIDSS (51%), capacity building (49%), resource augmentation (36%) and standards setting and monitoring (42%).

#### b. DSWD needs to make itself relevant to LGUs

The DSWD assistance is mainly through the provision of technical assistance through training and resource augmentation and aid during disasters. These are mainly project based support.

While the LGUs said they all needed the services provided to them, they also needed more. The survey showed their need for multi-stakeholder partnerships (41%), situational/risk assessment (36%) and community based monitoring system (36%). The FGDs revealed policy guidance and

support especially those that concern personnel benefits and direct support pertaining to resource augmentation and guidance to DSWD initiated programs such as CICL.

DSWD's changed role as rower and steerer has to do with direction setting, policy development and implementation, and capacity building. From the FGD discussions, most of the SWDOs admit that their respective LGUs do not see the roles of the DSWD as relevant. This is why the SWDOs are not encouraged to strictly comply with the submission of reports to or even attend meetings of the DSWD.

The DSWD's relevance is always tied to its ability to provide financial resources to the LGUs. However, the study reveals that the SWDOs need the DSWD in direction setting, mainly in defining SWD framework for their LGU on an annual or three year term. Policy support is also a major need of the LGUs. This is perhaps because the LCEs are not above the law and thus SWDOs can use policies to protect them and/or control the LCEs.

Under a devolved set-up, direction setting of SWD programs is influenced by the LCE. Little has been contributed by the DSWD along this area and the SWDOs are left to "handle" the LCEs.. This is a niche where DSWD can assist the SWDOs and make itself relevant. They can first strengthen their partnership with the LCEs and then help strengthen the partnership and working relationship between SWDOs and LCEs where such is weak and where SWD plans are misdirected. The Region II director has applied this principle. With the RD actively engaged with and having established relationships with the LCEs at the provincial, city and municipal levels, conflicts between SWDOs and LCEs are prevented. Likewise, a highly effective provincial SWDO was able to unite the C/MSWDOs together and help each other make an impact in the province. The DSWD do the same or facilitate such helping mechanisms at the LGU levels.

Since devolution, the SWDOs barely have information or updates on what is happening with other SWDOs nationwide. Thus important lessons, such as best practices are not shared. The DSWD can serve as coordinator to unite SWDOs at the national, regional, provincial or district levels. It can also use this venue for assessment and evaluation purposes, thus reports are generated on the spot. It can also serve as advocate to push forward important SWD policy reforms and agenda.

Finally, many participants expressed the need to be updated with SWD policies that concern them like the Magna Carta on Social Workers and CICL. They also need accreditation in marriage counseling. They also need practical assistance (not just training) in case management. Many participants suggested that the national SWD should visit them more often. The DSWD should take every opportunity to strengthen its partnership with local SWDOs. Unfortunately, due to limited funds the regional offices efforts to do so are limited.

## **B. Assessment of Residential and Non Residential SWD Centers**

This assessment attempts to compare the performance of various agencies (LGUs, national government, non-government organizations, private sector) in managing residential and non-residential care centers. Shown below is the overall assessment in the study of residential and non residential centers run by different sectors:

### **1. Few Existing Residential Centers**

Very few residential centers exist in the LGUs. The existing centers can only deliver services to a limited number of people. They barely reach 1% of the sectoral population within the LGU. This is mainly due to funding constraints as most centers only extend services to clients based on the amount of funds that are available. Most of the DSWD and NGO run centers served abused women and children while NGOs served disadvantaged children. LGU run centers cater to CICL sector.

## **2. DSWD run center dominate residential care service delivery**

Despite the limited number of respondents, the study showed that there are more clients attended to in DSWD centers than in LGU and NGO run centers. Per capita spending and number of personnel are more or less similar across DSWD run centers. The LGU and the NGO seemed to have more funds than the DSWD. These come from the LGU other local donors and foreign assistance. The bulk of the funds went to the construction and maintenance of the residential facilities.

## **3. Funding as a Major Factor**

Through visits to selected residential and non residential centers, it can be surmised that the centers are operating according to DSWD standards. But all complained of limited facilities to cater to the growing demand for their services.

Budget remains to be the number one problem in center operations. According to the DSWD respondents the main facilitating factors that helped in the delivery of these services are the priority, support and budget allocated by the national government. To the LGU respondents, people's participation, budget allocated by the LGUs, priority of LGU and support of local chief executives are the major facilitating factors. The NGOs on the other hand cited are the priority of the LGUs, capable SWD leaders, and funding support from national, local and foreign donors.

## **4. NGOs Need DSWD Services**

The kinds of services from the DSWD field and national offices that reach the centers are mainly capacity building programs for DSWD run centers and technical assistance for LGU and NGO run centers. For the DSWD, capability building services cited were social welfare planning, financial management and case management seminars. For the LGU, technical assistance in case management was cited. For the NGOs, technical assistance in case management, provision of family packs and networking through the ABSNET were cited as services from DSWD. Among the three, the NGOs wanted the DSWD to extend more services to them

## **5. DSWD Assistance on Networking with LCEs, Policy and Resource Augmentation**

The kinds of services that the centers need but are not being currently given by the DSWD field/national offices are mainly resource mobilization and multi-stakeholders partnerships for DSWD run centers; resource mobilization for LGU run centers and all for NGOs. They complement each others efforts mainly in terms of client referrals. What is common to all is they deal with the LGU and this may either be positive or negative depending on how open the C/SWDO person or LCE prioritize and support them.

## **6. DSWD Run Centers More Sustainable**

In terms of fund sources, the DSWD run centers mainly get their funding from the national government (DSWD). They also get some funds from the LGUs and NGOs. The LGUs on the other hand get their funds mainly from the LGU's local development fund allocated for social welfare and development. They do not receive any fund from the national DSWD. Instead they get funds from local donors (like Congress, socio-civic clubs) and foreign donors and large NGOs. The NGOs' main fund sources are the religious and philanthropic individuals and local and foreign donor agencies. They also get some funds from the LGUs and other donor agencies.

Based on the FGDs, resources allocated to the centers run differently by the three main providers can be compared in three centers: DSWD's RSCC and RHW; LGU's Lingap

Centers for Children and Women and the NGO's Sefton and Christian Children's Homes. The RSCC usually serves 15 children aged 0.1 to 7 using funds amounting to Php1.9M/ year or Php10,555 per child per month. RHW serves 21 female clients with Php2M/year or Php7,936 per woman per month. The LGU run Lingap Center reaches 30 children with a budget of Php4M/year or Php11,111 per child per month. The Sefton Children's Homes serves 22 children at Php1M/year or Php3,788 per child per month. The Christian Children's Homes serve 32 children at Php8M/year or PHP20833 per child per month

Since their existence is budget dependent, the DSWD run centers, though may not be the one that had highest per capita allotment, are more sustainable having fixed allocations from the national government. The LGU run center' existence depend on LCE priority and support which may change every three years (the term limit of an LCE but can be nine years depending on whether the LCE is reelected or not. The NGOs' operations area dependent on donors contribution.

## **7. LGUs prefer Non Residential Centers**

Perhaps due to budget constraints, the LGUs have been operating non-residential types of centers, mainly the PSCB, for skills training purposes.

## **VI. Conclusion and Recommendations**

### **A. LGU-based SWD Programs and Services**

The assessment showed that the SWDOs continued to provide devolved SWD services without major disruption. Most have improved and are providing better and more relevant services because they cater to the needs of their constituents.

SWDOs reported that devolution strengthened their operational capacity, especially in terms of access to resources, quick decision-making and the ability to reorient services where they are needed most. In many LGUs, social welfare received increased financial support from LGUs due to greater understanding of the needs of beneficiaries resulting from closer supervisory and planning support from chief executives.

Both the DSWD and the SWDOs have already evolved under the devolved government set up and both have fulfilled their respective mandates to certain extents. However, uneven levels of service delivery are evident across LGUs mainly due to income disparities among LGUs. Thus, prioritization of high impact SWD services is crucial and to do this, the SWDOs must be competent to be able to obtain the LCE's support.

Building on the SWDOs accomplishments, the following are recommended to further improve SWD local service delivery:

#### **1. Intensify DSWD and Local SWD Partnership and Working Relationship**

Both DSWD and SWDOs should have venues wherein they could plan together, define SWD frameworks at the local level, identify target vulnerable groups and determine SWD needs of LGUs that should be validated with the LGUs and other stakeholders for a more meaningful participatory development planning. Both should focus their efforts on addressing these SWD needs of specific sectors. Roles, functions, types of assistance and working relationships may be defined by both agencies to effectively work together in responding to these needs as well as to national policy development needs.

## 2. Develop strategies for more effective working relationship with LCEs

Both DSWD and SWDOs should come up with helping strategies to work more effectively with the LCEs and other local leaders at various levels. They can work together to influence the LCEs to prioritize SWD programs and projects and thus access more funds and other resources. One possible activity is an annual LCE forum initiated by the DSWD in partnership with the various leagues of the LGUs (League of Cities, League of Municipalities, League of Barangays, League of Provinces) and/or a regional level LCE-SDWO forum facilitated by the DSWD and its field offices.

## 3. M&E Through Semestral Regional or Provincial Consultations

The monitoring and evaluation system of the DSWD can be improved by conducting M&E consultation sessions twice or once a year. Regional conferences can be conducted wherein SWDO reports are gathered, best practices and feedback are shared in discussions and concerns are addressed. Computerized reporting system should also be explored by both the DSWD and the local SWDOs.

## 4. Strengthen the units in the DSWD engaged with the LGUs

The bureaus providing assistance to the LGUs can be strengthened in the area of working more effectively with LGUs and SWDOs. Competencies development programs should be designed to make them more capable of providing technical assistance and other services to address SWDOs needs under a devolved set up. The program should include regular visits and consultations with the SWDOs and LGUs (and even their clients) to directly determine actual TARA that they should provide

### **B. Residential and Non-Residential Centers**

Based on the very limited data gathered in this study, it can be concluded that:

1. Financial capacity, capable manpower, available facilities and commitment to manage and sustain operations are the major factors that enabled DSWD, NGO and LGU run residential centers to sustain their operations and provide services.
2. The non-residential centers currently devolved to the LGUs had uneven levels of implementation. Cities and high income LGUs are well maintained while low income LGU run centers, especially PSCB facilities, are not sustained. Sustainability relies on the financial capability of the LGU and priority of the LCEs and the C/SWDOs.

While very few LGUs and NGOs have taken the challenge of running residential centers and operating them as effectively and efficiently as DSWD run centers, sustainability of efforts remains questionable. First, NGO run centers operate only when funding is available. Second, LGU run centers may cease operations when leadership has changed (which happens every three years) or priorities and funding conditions change. Thus, the main responsibility in running residential centers will remain in the hands of the DSWD.

However, the demand for residential care requires the tapping of LGUs and NGOs to provide such services. The national government cannot solely take this responsibility. Therefore, the following are recommended:

(1) The DSWD can however explore **individual** agreements, Memorandum of Agreement (MOA) or Sanggunian Resolutions/Ordinance with cities or provincial LGUs and highly financed NGOs or private sector groups who can readily afford to run such centers. These can be done under a co-management arrangement so that the DSWD can ensure sustainability despite fund and

leadership change. Careful attention must be given to the crafting of agreements such that the document remains binding despite changes in leadership, especially in LGUs.

Co-management of cluster of LGUs are not recommended because it is not sustainable. Conflicts will eventually arise especially if changes in leadership and priorities occur.

(2) DSWD assistance to NGO and LGU led centers should be regular and sustained. Assistance should focus on facilitating helping mechanisms for the three sectors to complement efforts and also assist them in dealing with LCEs. Another area where DSWD can help is resource mobilization.

(3) The NGO residential centers should be provided with technical assistance for instance in case management and resource mobilization. Such training should be coupled with the assistance in linking them with donor agencies for funding purposes and coordination meetings with the LGUs for better case management.

(4) The DSWD, LGU and NGO run residential centers should learn how to build cooperation at the community level to sustain their services. This will require training and mentoring in partnership building and community development.