



Department of Social Welfare and Development
ASSESSMENT REPORT 2015

Policy Development and Planning Bureau
Monitoring & Evaluation Division

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OVERALL ASSESSMENT REPORT 2015

Executive Summary

1 Dynamic organization with a culture of excellence exhibited



16 innovations
uploaded and shared

> Relatively high number of innovations were documented and uploaded by DSWD vis-à-vis the target of five (5) innovations for 2015.

2 Delivery of coordinated social welfare and development programs by LGUs improved

9% or 91 fully-functional LSWDOs
out of 1061 assessed LSWDOs



> Few Local Social Welfare and Development Offices have reached fully-functional level by end of 2015.

3 Services of licensed private social welfare agencies improved

28%
private SWAs
accredited

395 out of 1,395
licensed private SWAs

More private social welfare agencies met nationally-recognized standards in delivery of SWD programs and services

25% RFs accredited
50 out of 203 residential facilities

28% SCCs accredited
246 out of 876 senior citizens centers

> Proportion of accredited LGU-managed facilities was lower than expected.

4

Rights of the Vulnerable Sectors Promoted



98% or 218,453
children with improved weight
out of 223,623 malnourished children

> *Not only was the SFP able to cover considerably high number of malnourished children, its intervention resulted into better weight and nutritional outcomes of its target beneficiaries.*

70% or 18,208

Clients rehabilitated

out of 26,240 served clients

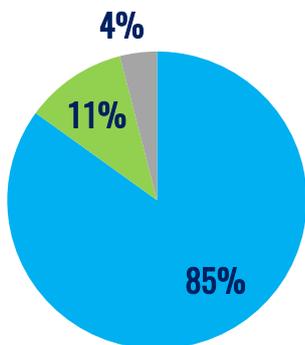
> *Proportion of rehabilitated clients has been increasing since 2014.*



5

Capacities of Poor Families in Accessing Opportunities to Move their Level of Well-Being Improved

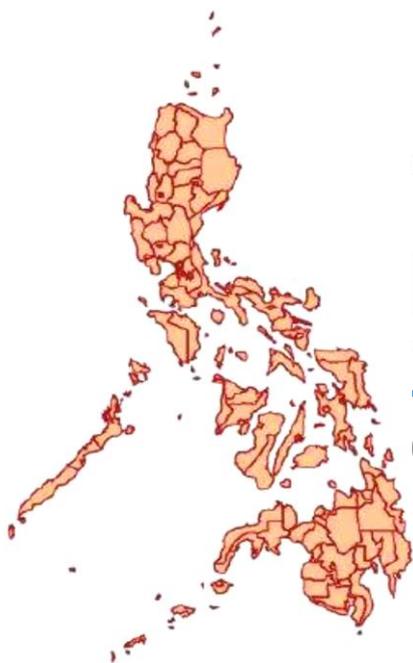
■ Level 2 ■ Level 3 ■ Level 1



85% of Pantawid families
are in Level 2

out of 2,906,647 encoded SWDI scoresheets as of EO 2015

> *Huge proportion of Pantawid families have SWDI index equal to Level 2 (Subsistence).*



79% or 4,154,159

Poor households covered by at least 2 SWD programs and services

out of 5,255, 118 NHTS-PR identified poor households

➤ *However, it is unlikely that the Department will achieve its target by 2016 due to data quality issues.*

Recommendations

The Department shall

engage its partners and stakeholders to comply with the Memorandum of Agreement relative to data utilization of Listahanan poor list to strengthen the promotion and utilization of NHTS-PR database; and

request DSWD ARMM for their accomplishments to be able to accurately monitor and assess DSWD's progress on SG 2.

The Information Management Bureau shall

fast-track the development of integrated data system or, at the very least, develop a simple and standard system for uniform monitoring of data on Strategic Goal 2 which will be utilized by all FOs.

The Protective Services Bureau shall

establish a common understanding with their respective counterparts on the outcome "Rights of the Vulnerable Sectors Promoted" to be able to formulate more appropriate indicators; definition of the present outcome indicators should be standardized; and

together with the Strategic Goal 3 Technical Working Group, it shall ensure that monitoring activities in the Field Offices are regularly done to ensure progress of SG 3.

The Standards Bureau shall

come up with a Joint Memorandum Circular with DILG relative to the reinforcement of functionality of LSWDOs;

together with the TWG, it shall also ensure that budget for incentives is sufficient to aid in encouraging the LSWDOs to move their level of functionality;

provide incentives to SWDAs with higher level of accreditation;

revisit the guidelines on accreditation SWDAs and review if they could be mandated to comply with higher levels of accreditation;

conduct rigorous monitoring and regular provision of technical assistance to SWDAs/LGUs relative to accreditation (with the assistance of Field Offices); enforce mobilization of functional ABSNets; and

consider including an indicator on the accreditation status of SWDAs and LGUs in FO OPCs so as to ensure that accreditation will also be strictly monitored by the FOs.

The Policy Development and Planning Bureau shall

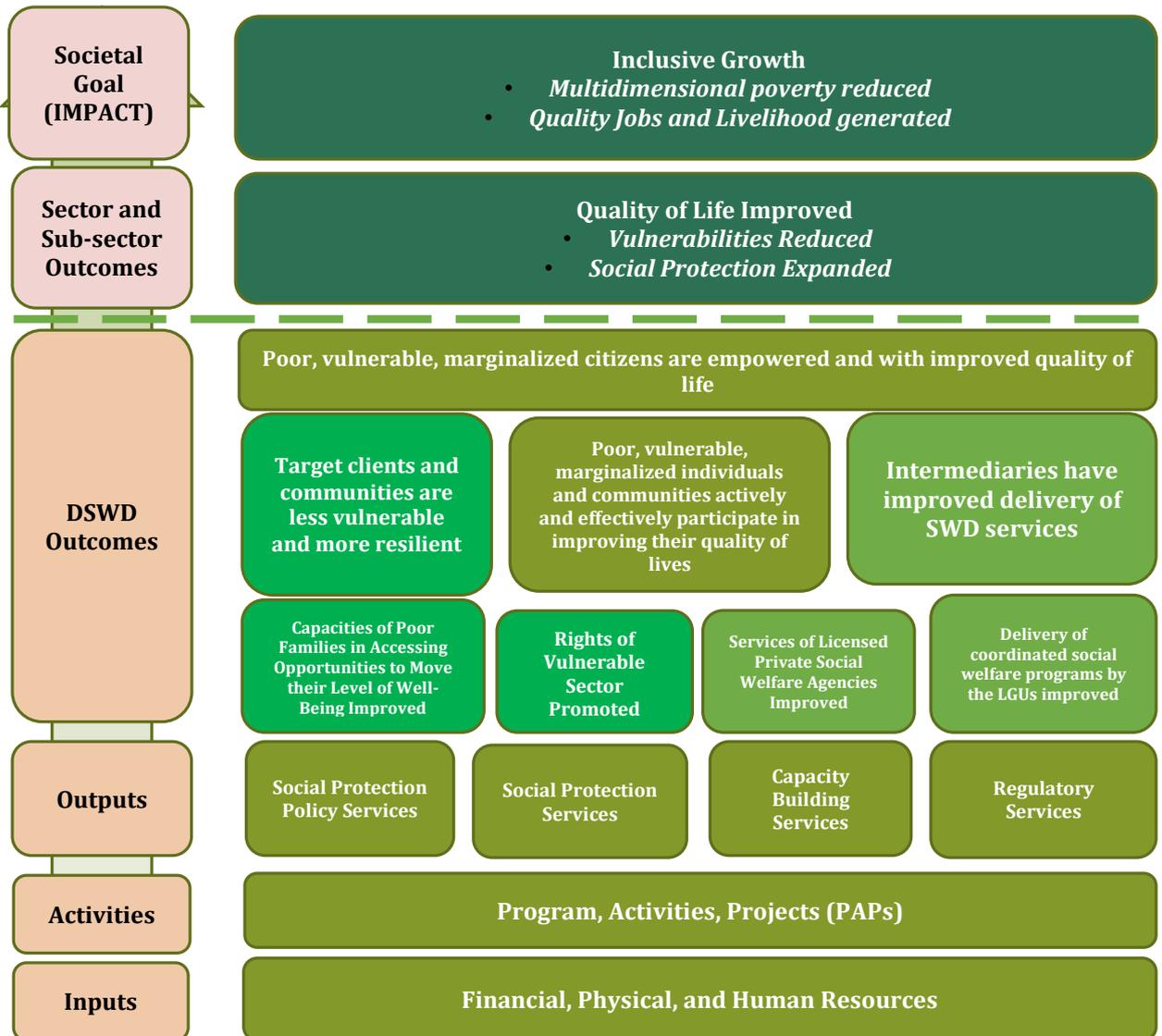
consider the findings as inputs to the development of the DSWD Successor Results Framework 2016-2022; and

consider the findings on MFOs in setting reasonable targets.

I. INTRODUCTION

In 2014, the Unified Results-based Monitoring and Evaluation System (URBMES) was installed through the issuance of Memorandum Circular No. 4, s. 2014. The URBME System was developed in response to the pressing need of a results-based and a Department-wide M&E System for assessing the performance of the Department of Social Welfare and Development.

Along with this, the Overall Results Framework of the Department was developed containing its medium to long-term outcomes for 2014-2016 planning horizon. These outcomes are expected to contribute to the sectoral and societal goal of the country as articulated in the Philippine Development Plan 2011-2016, particularly on improving the quality of lives and achieving inclusive growth. The figure below shows the logic of the DSWD Overall Results Framework (2014-2016).





The DSWD shall contribute to the reduction of multidimensional poverty through ensuring that the outcome - ***poor, vulnerable, marginalized citizens are empowered and with improved quality of life*** – is attained. Specific results which align to the stated ultimate outcome contains the Department’s Organizational Outcomes. In order to achieve its outcomes, the Major Final Outputs namely Social Protection Policy Services, Social Policy Services, Capacity Building Services, and Regulatory Services shall be effectively delivered to clients and intermediaries.

The Overall Assessment Report aims to objectively assess the progress of the Department’s performance and provide recommendations that require necessary actions from the management, in line with the Outcome and Output indicators reflected in the Overall Results Framework. Although this report focuses on the Outcome level, the URBME Form 3 may be referred to relative to the summary of findings and recommendations on the Major Final Outputs.

II. METHODOLOGY

The assessment was based on the analyses and recommendations taken from the Assessment Reports submitted by the Field Offices as well as the data provided by DSWD Central Office – Offices, Bureaus and Services. Furthermore, the report covered the following assessment questions:

- Is the Department on track to achieve its organizational outcomes? What progress and evidence had been there in achieving the outcomes?
- How likely would the Department achieve its intended results?
- What were the hindering and facilitating factors for achieving the intended results? What have been the issues and/or good practices?

The following category was used in the assessment to provide an overview of the likelihood of achieving results:

<i>Orange</i>	High likelihood of achieving results
<i>Green</i>	Medium likelihood of achieving results
<i>Yellow</i>	Low likelihood of achieving results
White	Insufficient reliable data to assess performance

III. PROGRESS ON DSWD OUTCOMES

Intermediate Outcome 1

Dynamic organization with a culture of excellence exhibited

Indicator 1 No. of innovations initiated and documented

The indicator counts the documentations of innovations by Field Offices and Central Offices/Bureaus/ Services which were submitted to Capacity Building Bureau (CBB), reviewed and returned to FO/OBS for enhancement, returned and packaged by CBB and shared through uploading to the Knowledge Exchange Portal and Knowledge Exchange Center YouTube account.

TABLE 1 Summary of Performance along Indicator 1

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
2016	2013	2014	2015	2015		
5	TBD	0	16	5	220%	Major Deviation (+)

Findings

Relatively high number of innovations initiated were documented and uploaded. The reported accomplishment on this indicator deviated from the target by more than 200%. The reason for deviation is that 2013 and 2014 submissions for innovation documentations were only finalized in 2015. As such, no accomplishment was tallied in those years (2013-2014). These knowledge products were uploaded in the Knowledge Portal in 2015 and were tallied in that year's accomplishment. Hence, at this point, the overall target for 2016 was already achieved.

Recommendations

1. **Adjust the targets.** The Capacity Building Bureau may consider adjusting its 2016 target upwards given the accomplishment in CY 2015. Aside from this, there are already 66 innovations for review and/or packaging of CBB or enhancement of FOs. Thus, it is high likely that there will be more innovations which will be finalized in 2016.
2. **Strengthen Information Dissemination.** Given that sixteen (16) new initiatives or innovations were documented, the need to enhance the information dissemination of these products in the whole organization is relevant for other Offices to appreciate and/or subsequently adopt such practices in their own operations.

Intermediate Outcome 2

Delivery of coordinated social welfare and development programs by LGUs improved

Indicator 2 Percentage of LGUs with fully-functional Local Social Welfare and Development Offices

The indicator quantifies the overall progress/improvement of performance of LSWDOs on delivery of SWD assessed through the functionality assessment tool.

TABLE 2 Summary of Performance along Indicator 2

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2016	2013	2014	2015		
49.39%	TBD	1.41%	8.58%*	24.69%	-65.25%	Major Deviation (-)
(524 Fully Functioning LSWDOs out of 1061 LGUs assessed)		(15 Fully Functioning LSWDOs out of 1061 LGUs assessed)	(91* Fully Functioning LSWDOs out of 1061 LGUs assessed)	(262 Fully Functioning LSWDOs out of 1061 LGUs assessed)		

*Based on the updated SG 3 report as of May 2016

Findings

Relatively few Local Social Welfare and Development Offices have reached fully-functional level by end of 2015. Table 2 above shows that by EO 2015, only 91 LSWDOs were assessed as fully functional which is far from the target of 262¹ fully-functioning LSWDOs. Given the huge discrepancy and the nature of challenges experienced by the Field Offices and Local Government Units along the functionality of LSWDOs, the goal of increasing the number of fully functioning LSWDOs to 524 is highly unlikely to be achieved.

Low absorptive capacity of some LSWDOs is considered to be a factor in impeding the accomplishments. One of the hindering factors to be considered is the absorptive capacity of LSWDOs provided that there are cases of manpower shortage in the LGUs (*FO II mentioned lack of Registered Social Worker/s tasked on Case Management*). It should also be noted that many LSWDO staff are overloaded with work due to high number of services/projects/programs that need to be implemented.

Increasing manpower of LSWDOs, however, adds to this challenge given that some LGUs have already exceeded their Personnel Services requirement according to 2016 SG updates.

¹ Based on the annual targets of DSWD Planning Tool submitted by OPG/SG3 TWG as of March 2015

Engaging LSWDOs and Local Chief Executives in the endeavour remains to be a challenge.

While it is true that the Field Offices have been putting a lot of effort in this endeavour, these will all be futile without the cooperation and support from LSWDOs and Local Chief Executives. Based on the Strategic Goal updates, some LGUs are not even interested to comply with the set functionality standards.

Budget was not sufficient to deliver the desired results. Budget on Technical Assistance and Resource Augmentation (TARA) provision was insufficient vis-à-vis TARA plans. As emphasized by FO VIII, for 2015, activities along LSWDO functionality only focused on the provision of technical assistance to the target LGUs since there was no funding downloaded to FO for resource augmentation.

In addition, budget for monitoring activities and incentives for fully-functional LSWDOs was lacking per SG updates.

Lack of focused monitoring due to other equally important activities of SG 3 monitoring teams affected the accomplishments. FO II reported that conflicting schedules and prior commitment to equally prioritized activities of the Regional Monitoring Team (RMT) members affected the conduct of TARA to LSWDOs. FO IV-B, on the other hand, mentioned failure of SG 3 monitoring to conduct regular meetings (for planning and updating) as a factor contributing to slow progress of SG 3 in their region.

Recommendations

1. **Ensure that budget is sufficient for TARA Plan implementation, conduct of monitoring activities and provision of incentives.** The Protective Services Bureau shall ensure that sufficient funds are downloaded to the Field Offices to ensure implementation of TARA Plans and conduct of relevant monitoring activities. The Department, thru the Standards Bureau, on the other hand, shall ensure that an incentive system will be installed and that budget for incentives will be sufficient to aid in encouraging the LSWDOs move their level of functionality.
2. **DSWD and DILG should strengthen its partnership and come up with Joint Memorandum Circular.** In order to engage the LCEs and LSWDOs to follow the recommendations of the LSWDO functionality assessment, the Department should work towards having a JMC with DILG. The JMC could push the LSWDOs to comply by requiring them to be a fully-functioning LSWDOs in order to be granted with Seal of Good

Governance (SG Accomplishment Report, 2014). This, together with the incentives, would facilitate better compliance of LCEs/LGUs on LSWDO functionality.

3. **Intensify monitoring activities.** The SG 3 TWG should ensure that monitoring activities in the Field Offices are regularly done to ensure progress of SG 3. Furthermore, the data system for the LSWDO functionality shall be in place early this year to facilitate monitoring and analysis.
4. **Conduct rigorous analysis of the re-assessment results.** The Policy Development and Planning Bureau, together with the SG 3 TWG, shall conduct careful analysis of the functionality reassessment results in order to improve targeting as well as to be able to analyse the major factors affecting the functionality of LSWDOs.

Intermediate Outcome 3

Services of licensed private social welfare agencies improved

The following indicators of intermediate outcome 3 are used to assess the improvement in accreditation levels and increase in number of accredited agencies, both DSWD and locally-managed, since these indicate the improvement in the delivery of services of SWDAs to its target clients.

Indicator 3.1 Percentage of licensed private social welfare agencies with accreditation increased

TABLE 1 Summary of Performance along Indicator 3.1

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2013	2014	2015	2015*		
10 PP increase against PY*	TBC	23.4%	28.2%	33.4%	-15.4%	Minor Deviation (-)
		(326 out of 1395)	4.8 PP increase against PY (394 out of 1395)	10 PP increase against PY (466 out of 1395)		

*Percentage points increase against previous year

Based on 2015 GAA, target number of accredited SWAs in 2015 is 75; however, it was also indicated that the target is 10 percentage points against the previous year. Given the accomplishment in 2014, **10 percentage points increase against the previous year was considered as target for 2015 instead of the original target of 75 accredited SWAs.



Findings

More private social welfare agencies met nationally recognized standards in delivery of SWD programs and services. As shown in the table above, 28.2% of the licensed private social welfare agencies (SWAs) were accredited as of 2015, 4.8 percentage points higher than the previous year. Furthermore, the number of accredited private SWAs in 2015 increased by 20.86% versus the previous year. Given the deviation, there is a low likelihood that the 2016 target will be achieved.

Area Based Standards Network²'s (ABSNet) presence and monitoring activities deemed to be beneficial in enforcing the accreditation of SWAs. The accomplishment had been positively affected by monitoring activities of ABSNet and DSWD. As exemplified in Region XI, ABSNet members' constant monitoring of NGOs in the region which are not yet registered/licensed/accredited and their assistance to those with expired R/L/A contributed positively to the accomplishment. Whereas, close monitoring and provision of technical assistance in Region V had positively influenced the accomplishment of the region.

Despite the increase in accomplishments, the target set was not reached. Given the recorded deviation of -15.4% and given that number of accredited SWDAs are not being thoroughly monitored by the FOs (since they only do pre-accreditation activities), it is unlikely that the 2016 target-10 percentage point increase vs. previous year- will be achieved. Furthermore, Office Performance Contracts (OPCs) of the Field Offices focused more on the number of registered and licensed SWDAs; in fact, the OPC does not include an indicator on the number of licensed private SWAs with accreditation in the regions. Intuitively, the Field Offices will work more on registration and licensing rather than pushing SWDAs for accreditation.

In addition, accreditation of SWDAs is contingent on their willingness to be accredited. Field Offices would then play a critical role in monitoring and encouraging SWDAs which are not yet accredited. While the likelihood of achieving the intended results is low, it could be increased by aggressively encouraging SWDAs and providing technical assistance towards accreditation.

Indicator 3.2 Percentage of accredited private social welfare agencies under Level 1 moved to Level 2

² An ABSNet is comprised of Non-Government Organizations (NGOs) which help in facilitating the registration, licensing and subsequent accreditation of Non-Government Organizations' programs and services.

TABLE 3.2 Summary of Performance along Indicator 3.2

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2016	2013	2014	2015		
10 PP increase against PY	68 SWAs	No data	No data	5 PP increase	-	-

Findings

Reliable data on the indicator is not yet available to conclude about the achievement of the target. Data on the movement of SWAs to higher accreditation status are not available in all Field Offices since they are not targeting accreditation processes of SWAs. Standards Bureau, on the other hand, has no accurate data on this yet. Nevertheless, some FOs were able to collect data on the movement of level 1 accredited SWAs to level 2. FOs including FO III, IV-A, VIII, XI and XII reported that in their respective region, at least one (1) SWA under level 1 in the previous period had moved to level 2 accreditation status in 2015.

Existing guideline/s do not clearly mandate accredited Level 1 SWAs to comply with Level 2 or higher levels of accreditation. As highlighted by Field Office II, there had been no Level 1 SWAs which moved to level 2 despite their efforts (e.g. lobbying) since SWAs are not mandated and forced to push for level 2 accreditation. Considering this situation, the FO did not set targets along this indicator. Similar to FO II, accreditation processes are not being targeted by FO I given that their Standards Unit can only encourage SWAs to aspire for a higher level of accreditation.

Indicator 3.3 Percentage of accredited LGU-managed facilities increased

TABLE 3.3 Summary of Performance along Indicator 3.3

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2016	2013	2014	2015*		
<i>Residential Facilities</i> 30 PP increase against PY	TBC	11.8%	24.6%	41.8%	-41.1%	Major Deviation (-)
		(24 out of 203)	(50 out of 203)	(85 out of 203)		
<i>Senior Citizens Center</i> 30 PP increase against PY	TBC	28.3%	28.1%	58.3%	-51.8%	Major Deviation (-)
			0.2 PP decrease against PY	30 PP increase against PY		



Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2013	2014	2015	2015*		
		(248 out of 876)	(246 out of 876)	(511 out of 876)		
<i>Day Care Centers** 30 PP increase against PY</i>	TBC	4029 DCCs	4831 DCCs	30 PP increase against PY	-	

**Based on 2015 GAA, target number of accredited RFs, SCCs, DCCs for 2015 are 10, 57, and 7589, respectively; however, it was also indicated that the target should be 30 percentage points against the previous year. Given the accomplishment in 2014, 30 percentage points increase against the previous year was considered instead of the original targets.*

***No available data on cumulative accomplishments and universe; data only reflect the number of DCCs accredited per year*

Findings

Increase in the proportion of accredited LGU-managed facilities was lower than expected.

As shown in table 3.3, it was revealed that the current accomplishment on the accredited LGU-managed facilities was not sufficient to reach the Department’s target. Major deviations from the 2015 target were observed, hence, it is very unlikely that the 2016 target will be accomplished. Lack of technical assistance to prepare the LGUs for accreditation was reported to be the primary reason for underperformance.

Recommendations

- 1. Adjust the targets accordingly.** Given the current accomplishments, the Standards Bureau may want the targets for indicators 3.1 and 3.3 to be adjusted to 5 and 15 percentage point increase, respectively. A scientific and evidence-based target-setting should be implemented to make the aforementioned targets more realistic and attainable.
- 2. Report additional indicators that will further substantiate the improvement of delivery of services of private SWAs.** The % of private SWAs under level 1, level 2, and level 3 may be reported to be able to infer on the improvement and status of accredited private SWAs.
- 3. Provide incentives to SWDAs with higher level of accreditation.** The Standards Bureau may consider establishing an incentive system to motivate the SWDAs to aspire for higher levels of accreditation.
- 4. Revisit the guidelines on accreditation of SWDAs.** The Standards Bureau may want to amend the guidelines on accreditation SWDAs so that they will be mandated to comply with higher levels of accreditation.

5. **Database on SWDAs shall be in place in all Field Offices.** The Standards Bureau shall ensure that the Field Offices have a database of SWDAs/LGUs with valid registration/license/accreditation to aid in efficient monitoring. As much as possible, this system should be uniform across FOs. Relative to this, the data on DCCs, particularly on the universe and cumulative percentage of accreditation, should be further established and effectively monitored.
6. **Rigorously monitor and regularly provide technical assistance.** Field Offices shall strengthen their monitoring activities relative to accreditation of SWDAs/LGUs and provide necessary technical assistance and/or resource augmentation to encourage them towards improving their accreditation status. Furthermore, the Standards Bureau shall consider including an indicator on the accreditation status of SWDAs and LGUs in FO OPCs so as to ensure that accreditation will also be strictly monitored by the FOs.
7. **Intensify the mobilization of ABSNets.** Based on the findings, the ABSNets play an important role in pushing for accreditation of SWAs. With this, it is recommended that mobilization of ABSNet be continuously strengthened and monitored by the Department.

Intermediate Outcome 4

Rights of the Vulnerable Sectors Promoted

Indicator 4.1 Percentage of malnourished children in day care centers with improved weight

Indicator 4.1 measures the benefits gained by malnourished day care children as one of the vulnerable sectors that the Department caters to, thru the Supplementary Feeding Program. Improved weight among the malnourished day care children indicates that the right of children for food and good health is being addressed.

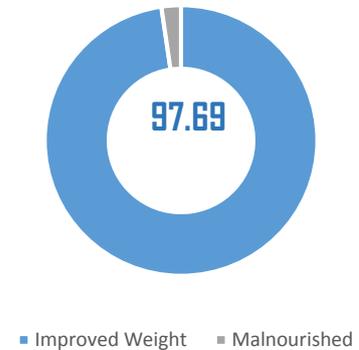
TABLE 4.1 Summary of Performance along Indicator 4.1

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2013	2014	2015	2015		
90%	TBD	TBD	97.68%	90%	8.53%	Minor Deviation (+)

Findings

The data revealed that not only was the SFP able to cover considerably high number of malnourished children, its intervention resulted into better weight and nutritional outcomes of its target beneficiaries. Out of the 223,623 malnourished children served by the program in Cycle 4 implementation, 97.69% or 218,453 malnourished children had an improved weight after 120 feeding days. With the current accomplishment, it is very likely that the Department will overshoot its 2016 target on this indicator which is 90%.

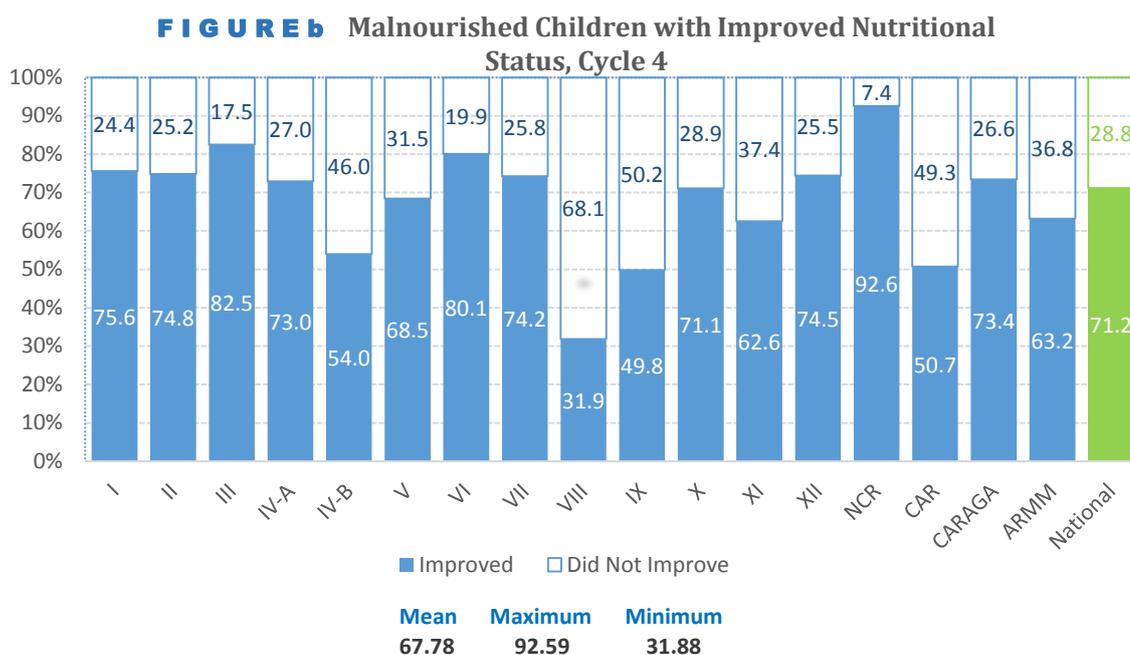
FIGURE a Distribution of Malnourished Children with Improved Weight, Cycle 4



The accomplishment, however, includes even those malnourished children with minimal increases in weight. Currently, at least a minimal increase in weight after 120 feeding days is considered to be improvement in weight of malnourished children. However, minimal increases in weight may have been due to measurement errors³ and variability in weighing scales used, staff gauging the weights, and other factors that could have led to slight changes in weight. Hence, minimal increase may be biased, that is, it may not really reflect the true and accurate positive change in weights of the target children. Furthermore, the definition of “improved weight”/“minimal increase in weight” is not specific and standardized. Specific criteria/benchmark for considering a beneficiary having a **significant** weight gain – *could be n% increase in weight, n kilogram weight gain, n% increase in BMI, etc* – need to be clarified in order to have a uniform understanding on the indicator and to be able to perform correct interpretation/analysis as well.

³ Difference between a measured value of a quantity and its true value.

Meanwhile, the Department was successful in moving a considerably high proportion of malnourished children to improved nutritional status. Figure b shows that 71.2% of 218,453 malnourished children served had improved nutritional status after completing the feeding activities. Among the Field Offices, FO NCR was able to attain the highest accomplishment of 92.6% while FO VII showed weak performance with only 31.9% accomplishment for the 4th Cycle.



Parental involvement and support complement DSWD’s efforts in combating malnutrition. As reported by FO XII, their accomplishment was positively influenced by proper mobilization of Day Care Parents Committee who augmented vegetables and food supplements from their own gardens. While the present evidence is inconclusive of the impact of parents’ knowledge and attitudes on health and nutrition of their children, the finding is indicative that parents’ positive attitude and practices, which are critical assumptions in improving the nutritional status of the target children, are present in the region.

Still, unresolved issues experienced by the LGUs affect the accomplishment of outcomes. Effectiveness of the intervention highly relies on the assumption that the Local Government Units have the capacity to implement the SFP efficiently. However, issues relative to liquidation of funds and challenges in procurement processes remain to be the concerns experienced by the LGUs implementers. FO I, VIII and XII reported that these were the primary reasons affecting the implementation of SFP in their regions. In fact, FO I reported that 19 LGUs were not able to complete the 120 feeding days for the 4th Cycle of SFP.



FO IX, on the other hand, found out that there is continuation of implementation of SF of Cycle 4 while Cycle 5 has already begun.

Furthermore, issues on data quality may cause inconsistencies in accomplishment reports. FO IV-B reported that there had been surge in their accomplishments because some LGUs implemented the program using the previous cycle's fund and some were catering children outside day care centers who are malnourished, resulting to the increased number of beneficiaries.

Some beneficiaries were substituting the hot meals to their regular meals. It was discovered by FO IX that there had been cases of substitution in their region. Presence of substitution should be strictly monitored because according to Dr. Howard White's paper in 2009 entitled "Theory-Based Impact Evaluation: Principles and Practice," an important assumption that should be satisfied in order see positive change in nutritional outcomes of the target beneficiaries is that there is no leakage or substitution of hot meals to regular meals. In region IX's case, due to the substitution, the meals served to some children are not considered to be supplemental.

Recommendations

1. **Standardize the definition of the indicators.** In order to acquire accurate data from the ground, Protective Services Bureau shall develop a standardized definition of and specific criteria for "improved weight." With this, implementers and data users would have similar understanding and interpretation on the indicator.
2. **Strengthen the technical assistance provided to LGU and intensify monitoring.** Indeed, LGUs play a major role with regard to implementation of SFP. Unless the LGUs are able to implement the program efficiently and able to submit monitoring reports, the Department would not be able to accurately gauge SFP's intended outcomes. With this, it is recommended that Protective Services Bureau strengthen the monitoring and technical assistance provided to Field Offices and direct implementers of the program to address the gaps and issues in implementation. Number and percentage of LGUs which are able to conduct 120 feeding day activities may be reported to monitor the performance and program implementation of the LGUs.

3. **Consider reporting and formulating indicators on other nutrition variables.** Aside from measuring the distribution of malnourished children with improved weight, the Protective Services Bureau may consider reporting other nutrition variables such as Body Mass Index, weight-for-age scores, average weight gain, etc. (with sex-disaggregation) to explicitly show the situation and the progress of the target clients.
4. **Improve documentation of good practices.** The documentation of practices that are working in some LGUs which are reported or captured by the FOs should be collected and processed at the national level as potential knowledge products (e.g. how parents committee extend support to the program) which can be shared to other LGUs/FOs for possible replication.

Indicator 4.2 Percentage of clients in residential care facilities rehabilitated

TABLE 4.2 Summary of Performance along Indicator 4.2

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
2016	2013	2014	2015	2015		
TBD	19,510 clients	67.7%	69.39%	30%	101.30%	Major Deviation (+)

Proportion of rehabilitated clients have been increasing since 2014. In 2015, 69.39% of served clients of DSWD Residential Care facilities have been rehabilitated, slightly higher than the previous year's accomplishment which is 67.60%.



Furthermore, 2015 accomplishment overwhelmingly deviated from the target by 101.30%. Given the Department's past and current accomplishment, it is highly likely that it will attain more than 60% rehabilitated clients by 2016.

The mean accomplishment of the Field Offices in 2015, however, was only 42.01%. Table 4.2a shows that among the Field Offices, FO IX has the highest share (57.47%) of clients served in residential care facilities. Even so, it also had the highest accomplishment rate for the year and was able to move 96.40% of its clients to rehabilitated status. Hence, the national accomplishment on rehabilitated clients was pulled by FO IX's achievement (i.e, FO IX's accomplishment is an influential outlier).

TABLE 4.2a Served and Rehabilitated Clients, 2015

Field Office	Served Clients		Rehabilitated Clients	
	N	% share of total served	N	% of served clients
FO I	340	1.30	103	30.29
FO II	147	0.56	47	31.97
FO III	953	3.63	283	29.70
FO IV-A	851	3.24	551	64.75
FO IV-B	34	0.13	16	47.06
FO V	214	0.82	84	39.25
FO VI	128	0.49	59	46.09
FO VII	430	1.64	134	31.16
FO VIII	207	0.79	50	24.15
FO IX	15,080	57.47	14,537	96.40
FO X	318	1.21	97	30.50
FO XI	425	1.62	161	37.88
FO XII	117	0.45	64	54.70
FO NCR	6,631	25.27	1,861	28.07
FO CAR	247	0.94	127	51.42
FO CARAGA	118	0.45	34	28.81
Total	26,240	100.00	18,208	69.39

Robust capacity of residential care facilities in catering clients was exemplified by high accomplishment rates. FO IX mentions that the surge in the served and rehabilitated clients was attributed to the increase of clients in Processing Center for Displaced Persons (PCDP), noting that the Malaysian government has intensified its crackdown of illegal Filipino settlers. The region was able to rehabilitate 96.4% of its clients albeit the huge number of clients – indicating the robust capacity of the FO’s residential facilities in effectively delivering services. Similarly, flexibility was also exhibited by FO IV-B’s residential care facility - MiMaRoPa Youth Center (MYC). FO IV-B mentioned that the MYC’s admission of clients aside from Children in Conflict with the Law (CICL) was the reason for its high accomplishment rate in 2015. The MYC opened its doors to Children at Risk (CAR) and No Case Filed. As a result of accepting cases other than with the CICL, the Field Office exceeded the targets. Noting that the MYC was initially developed to assist children in conflict with the law, due to the alarming numbers of children at risk, MYC decided to cater this particular sector.

Strong collaboration/partnership of Centers with intermediaries and stakeholders contributed positively to the rehabilitation of clients. Field Office II considered the

collaborative efforts of the centers with its partner intermediaries and stakeholders to be of great help to the total rehabilitation of the residents thru provision of their legal, educational, economic needs among others.

Field Offices' efforts in ensuring effectiveness of rehabilitation services were realized. FO II mentioned that their Standards Unit's determination relative to accreditation of centers and institutions were considered to be a contributory factor in further improving the standards set for efficient and effective rehabilitation services.

Furthermore, higher accomplishment was induced by monitoring activities and feedbacking as cited by FO XII. In region XII, monthly conduct of unit and general staff development meeting are regularly done to discuss gaps, issues and concerns affecting the management of the center. Sharing of accomplishment/feedbacking from the administrative, social services, home life and procurement units were also being done in the region. Assessment and collection of recommendations for the total improvement and smooth operation of the center, and appropriate interventions were also facilitated.

Unforeseen surge of clients could negatively affect accomplishments of rehabilitation centers. Influx of admission of clients during the 2nd Semester of 2015 negatively affected the accomplishment of FO NCR. Moreover, the rehabilitation process of clients was also slow depending on the nature of cases such as in Elsie Gaches Village with mentally challenged clients and Sanctuary Center with improved medical patients, which contributed to the low percentage of rehabilitated cases in the region.

Data quality of some accomplishments may not be ensured. FO VIII emphasized in 1st Semester 2015 that there was no standard tool in assessing the rehabilitation status of clients in the region and there is confusion whether to treat discharged/placed out cases as rehabilitated or not. Hence, data quality and accuracy of this indicator would be affected.

Recommendations

1. **Ensure common understanding on the standard tool on rehabilitation.** The Protective Services Bureau shall ensure that the Field Offices, as well as the Centers, have a uniform understanding on the tool used to assess the rehabilitation status of a client. Similarly, the Bureau should provide concrete criteria/index/score of

rehabilitated status to avoid confusion among the FOs and Centers. Definition of the term “rehabilitated” must be standardized.

2. **Data quality must be ensured.** PSB shall review the accomplishments of the Field Offices given that interpretation of “rehabilitated status” may not be uniform among the FOs. Furthermore, reasons behind the unusually high accomplishment of FO IX should be further investigated.
3. **Improve sensing of potential clients.** The reason for sudden surges or influx of clients in specific centers, such as that in NCR, could be an area for research, whereas findings can be used to identify methodologies in determining realistic forecasts of possible clients. Through the study, it can be ventured whether provision of rehabilitation services could be more proactive rather than reactionary.

Intermediate Outcome 5

Capacities of Poor Families in Accessing Opportunities to Move their Level of Well-Being Improved

Indicator 5.1 Percentage of Pantawid Pamilya families uplifted from (1) Level 1 to Level 2; (2) Level 2 to Level 3; and (3) Level 1 to Level 3

Indicator 5.1 quantifies the Pantawid Pamilya families uplifted to a higher level of well-being (determined by Social Welfare and Development Indicators Tool) and is a direct indicator that their economic and social status had improved.

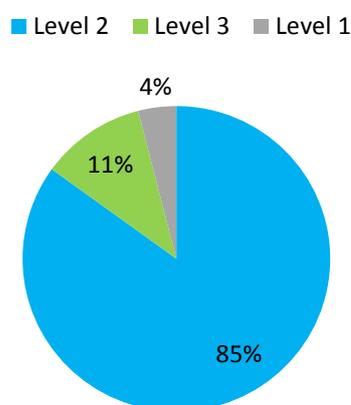
TABLE 5.1 Summary of Performance along Indicator 5.1

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2013	2014	2015*	2015**		
<i>Level 1 to Level 2</i> TBD	-	-	116,244 PP families at level 1	25% (1M families)	Not applicable	
<i>Level 2 to Level 3</i> TBD	-	-	2,469,762 PP families at level 2	3% (150,000 families)	Not applicable	
<i>Level 1 to Level 3</i> TBD	-	-	320,641 PP families at level 3	-	Not applicable	

**Only reflects baseline figures based on the encoded SWDI score sheets as of EO 2015. Movement will be determined in the succeeding SWDI assessments.*

***FY 2015 GAA Targets*

FIGURE c Distribution of Wellbeing Levels of Pantawid Families, as of EO 2015



Huge proportion of Pantawid families have SWDI index equal to level 2. It can be noticed in the figure that most of the Pantawid families' well-being level are in level 2. Furthermore, only 4% of them are at level 1. Hence, it could be also expected that a huge number of Pantawid families shall be moving to level 3.

Indicator 5.2 Percentage of poor families [HHs] benefitting from two (2) or more SWD services

TABLE 5.2 Summary of Performance along Indicator 5.2

Overall Target	Accomplishment			Target	% Deviation from 2015 Target	Assessment
	2013	2014	2015	2015		
Increase the no. of NHTS-PR identified poor families covered by at least two SWD Programs from 3.9 M to 5.2 M by 2016	3.9 million families enrolled in Pantawid Program	86.29% (4,534,870 out of 5,255,118)	79.05% (4,154,159 out of 5,255,118)	80% (4,204,094 out of 5,255,118)	-1.19	Minor Deviation (-)

It is unlikely that the Department will achieve its target by 2016 due to data quality issues.

Based on the 2015 accomplishment, the Department achieved slightly lower than its target for the year. In fact, the current accomplishment is lower than the 2014 accomplishment due to recurring issues on data quality (e.g. double entry and name mismatching). In addition, it should be noted that not all DSWD programs have reliable data systems that will account the NHTS-PR poor provided with SWD programs and services.

Moreover, FO ARMM still has no available data for this indicator, and thus affects the accomplishment given that the region comprises 10.11% of the total universe or 531,526

households. Due to these issues and uncertainties, there is a low likelihood that all of the 5.2 Million poor households will be provided with at least two (2) SWD services by EO 2016.

Convergence efforts and collaboration with partners and stakeholders were evident but issues on reporting and non-utilization of NHTS-PR in identification of beneficiaries still arise. FO II and FO IV-B cited convergence efforts and support from partners as the reasons for their positive performance. It should be noted, however, that recurring issues on non-prioritization of NHTS-PR database of National Government Agencies and Local Government Units still pose a major challenge on provision of SWD services to the target households. Furthermore, accounting of SWD services received from partners was also a main struggle in determining the accomplishments.

Mainstreaming of SG2 from the Regional Level to the Provincial Level could aid better reporting. As emphasized by FO IV-B, mainstreaming SG 2 to provincial level resulted into improved timeliness and quality of the submission of names for name-matching in the region.

Some intended beneficiaries were not provided with any social welfare and development programs/services. Indeed, the Department was able to reach huge number of beneficiaries but there are still households who do not receive at least one (1) SWD program/service.

Changes in location/residences beneficiaries and difficult terrains in the regions with Geographically Isolated and Disadvantaged Areas (GIDAs) hinder the provision of SWD services. Difficulty of locating and providing SWD services were experienced due to transfer of location/residence of some beneficiaries. Added to the challenges in provision of services was the difficulty of terrain in GIDAs.

Recommendations

1. **Tap the regional sub-committee on Social Protection.** The regional sub-committee on SP under the Regional Development Committee is a good venue to facilitate monitoring and accounting of all services provided to the NHTS identified poor. The committee can also be used as venue to advocate the use of NHTS-PR database along the provision of various SWD services by other agencies.
2. **Strengthen the promotion and utilization of NHTS-PR database.** The NHTS-PR identified poor list should be utilized by all programs, LGUs, NGAs and other stakeholders in identification and provision of SWD programs/services. Consistent with the recommendations indicated in the Executive Report on SG 2, the Department shall engage

the its partners and stakeholders to comply with the Memorandum of Agreement relative to data utilization of Listahanan poor list.

3. **Establish a reliable database system.** The Policy and Plans Group shall develop a reliable database system for SG 2 in order to immediately address the issues encountered by the Field Offices, particularly on recording and accounting the SWD services received by the target clients from partners as well as from the DSWD.
4. **Monitor SG 2 Accomplishments of DSWD ARMM.** The Department shall immediately request DSWD ARMM for their accomplishments to be able to accurately monitor and assess DSWD's progress on SG 2.

IV. Assessment of Important Assumptions and Risks

Realization of DSWD outcomes could be affected by several assumptions identified in the Overall Results Framework. Based on the findings, it could be concluded that the achievement of the outcomes is highly dependent on LGUs' capacity to deliver social protection programs and services as well as on cooperation of and convergence among LGUs, NGAs and other partners. LGUs' insufficient capacity causes delayed implementation of the SWD programs and services such as the Supplementary Feeding Program and Social Pension. Specifically, recurring issues such as delayed submission of liquidation reports greatly affects reporting of results along the outcome: "Rights of the vulnerable sectors promoted." Likewise, it would affect the attainment of the outcome "Well-being of the poor families improved" particularly the indicator "% of poor families benefitting from two (2) or more SWD services" since SWD programs delivered by LGUs are accounted on this indicator. Similarly, lack of cooperation of NGAs and other stakeholders negatively affected the attainment of goal of increasing the no. of NHTSPR-identified poor families covered by at least two SWD Programs to 5.2 Million by 2016.

Furthermore, support of the Local Chief Executives was considered to be vital in improving the functionality of LSWDOs. Based on the findings above, unwillingness of LGUs to comply with the set functionality standards negatively affected our accomplishment. If this critical assumption is not satisfied, the Department's target to move the level of LSWDOs to fully-functional will not be realized. On the other hand, support structures such as the ABSNet were found to be helpful in accomplishing our outcomes, specifically on the accreditation of SWDAs. Lastly, cooperation of partner beneficiaries was found to be an important assumption since this could affect the results as shown above, particularly the outcomes of Supplementary Feeding Program.

Monitoring of these critical assumptions is extremely important so as to ensure the attainment of the organizational outcomes.

IV. Overall Assessment

On Outcomes

The Department was able to meet its target on several outcomes but will need to double its efforts to increase the likelihood of accomplishing other outcomes. Based on the findings, targets for the following organizational outcomes: “Rights of the vulnerable sectors promoted” and “Dynamic organization with a culture of excellence exhibited” were successfully achieved by the Department.

On the other hand, indicators of the outcomes namely “Services of licensed private social welfare agencies improved,” “Delivery of coordinated social welfare and development programs by LGUs improved,” and “Well-being of the poor families improved” suggest a low likelihood of attaining the intended results by EO 2016. The three outcomes, especially the first two mentioned, will be unlikely to be achieved unless extraordinary efforts and strategies will be done in 2016. However, the recommendations made per outcome in the earlier section may be considered for reinforcement of the attainment of the aforementioned objectives.

The Department achieved considerably high accomplishments but will need to improve its target setting. It was found out that most of the intermediate outcome indicators relative to accreditation of SWDAs and functionality of LSWDOs incurred major negative deviations. Whereas, a major positive deviation was observed on percentage of rehabilitated clients due to under-targeting. The over and underperformance on these indicators are indicative of the Department’s weakness on target setting. Aside from other factors mentioned earlier, target gaps could be attributed to lack of monitoring and evaluation in 2014. Thus, no firm basis for revisiting/adjusting the targets in 2015 was made.

Lastly, targeting issues were also observed as shown in findings relative to MFOs.

An enabling environment supporting the achievement of outcomes should be attained.

As observed in the findings, the Department needs to improve on developing and implementing **(1) policies, guidelines and multi-stakeholder platforms that will enforce external convergence** and will promote dialogue, cooperation and coordination with intermediaries and partners in achieving the intended outcomes; and **(2) monitoring and functional support systems** which will facilitate monitoring & evaluation of SWD programs and services for a timely and evidence-based decision-making.

On policies, guidelines and dialogues

There were policies/guidelines that will need enhancement in order to support following outcomes: “Services of licensed private social welfare agencies improved” – no provision in existing guidelines that mandates intermediaries to improve their accreditation status; and “Delivery of coordinated social welfare and development programs by LGUs improved” – joint JMC with DILG that will enforce LSWDOs to achieve fully-functional level not created. On the other hand, lack of monitoring mechanism⁴ in the implementation of Executive Order 867, Series of 2010 affects the cooperation and convergence with the Department accomplishing the outcome “Well-being of the poor families improved.”

On monitoring and functional support systems

The findings were indicative that monitoring of the Department’s goals and initiatives still needs improvement. As stated in the above findings, focused monitoring of outcome progress, amidst the enormous number of activities, at the level of the Field Offices needs attention. Another issue on monitoring was the lack of common understanding on the definitions on some indicators or data being collected, resulting to incorrect data collection and interpretations. Furthermore, reliability of mechanism for monitoring and gauging quality and timeliness indicators, especially on Major Final Outputs, is not ensured. In fact, FO XII reported that qualitative performance indicators in MFOs 3 and 4 are not yet regularly gathered. On the other hand, the M&E Officer of FO IV-A mentioned that there is no standard monitoring mechanism for the quality and timeliness indicators in their region, thus, accomplishments reported on the said indicators are not reliable.

Recurring issues on monitoring and data quality also resulted from the lack of reliable and functional support systems (e.g. information systems) for the outcomes. Although the information system for monitoring SG 1, SWDI-IS, was already in place in 2015, data systems for monitoring the other two strategic goals as well as other outcome indicators are yet to be established.

It was recognized that accomplishments of the Department are highly dependent on capacities of LGUs in delivering programs and services. Findings (See URBME Form 3) have shown that capacity of Local Government Units in implementing SWD programs and services,

⁴ Executive Report on SG 2

such as Supplementary Feeding Program and Social Pension, greatly affects DSWD's accomplishments. Still, there are still considerably high number of LGUs which are lagging on program implementation given their current capacity.

On Major Final Outputs

The following provides the summary of performance of the Department along the MFOs:

Assessment/ Deviation	MFO	Indicator	
Full Target Achievement	MFO 1	No. of policy notes issued	
		No. of sectoral plans and implementation report prepared	
		% of policies that are updated, issued and disseminated in the last three (3) years	
		% of applications for residential assistance that are processed within 24 hours	
	MFO 2	<i>Kalahi-CIDDS</i> Number of regions and provinces covered	
	MFO 3	% of technical services provided within X days of request	
	MFO 4	% of licensed and accredited SWDAs/ service providers with a recorded violation within the last two (2) years	
		Number of persons and entities with 2 or more recorded violations/ complaints in the last three (3) years as a % of total number of violators in the last three (3) years.	
		% of detected violations/complaints that are resolved within seven (7) working days	
	Major Positive Deviation /Overperformance	MFO 2	No. of beneficiaries served at the facilities
Clients served at Crisis Intervention Unit (CIU)			
No. of trafficked person assisted			
No. of household beneficiaries of MCCT			
No. of NCDDP barangays implementing PAMANA			
MFO 3		No. of persons provided with training services	
		No. of LGUs and other intermediaries provided with technical assistance	
MFO 4		No. of LGUs and other intermediaries provided with resource augmentation	
		MFO 2	% of assisted persons for the last three (3) years who were found ineligible (no more than averaged 5%)

Assessment/ Deviation	MFO	Indicator
Major Negative Deviation/ Underperformance		<i>Grassroots Participatory Budgeting</i> No. of LGUs benefitted from the following programs: -SLP (Municipalities) -NCDDP (Municipalities)
		<i>Implementation and Monitoring of PAMANA Program</i> -no. of SLP projects completed -no of PAMANA Pillar 2 projects completed

V. Recommendations

The following provides a summary of recommendations for consideration of the Management:

- ✓ The **Department** shall engage its partners and stakeholders to comply with the Memorandum of Agreement relative to data utilization of Listahanan poor list to strengthen the promotion and utilization of NHTS-PR database. Furthermore, DSWD ARMM should be requested for their accomplishments to be able to accurately monitor and assess DSWD's progress on SG 2.
- ✓ The **Information Management Bureau** shall fast-track the development of integrated data system or, at the very least, develop a simple and standard system for uniform monitoring of data on Strategic Goal 2 which will be utilized by all FOs. The system will definitely aid in counting the services provided by NGAs and other partners.
- ✓ The **Protective Services Bureau** shall establish a common understanding with their respective counterparts the outcome “Rights of the Vulnerable Sectors Promoted” to be able to formulate more appropriate indicators. In addition, the definition of the present outcome indicators should be standardized. Also, reporting and formulating indicators on other nutrition variables such as Body Mass Index, weight-for-age scores, average weight gain, etc. relative to aforementioned outcome could be considered.

Also, together with the Strategic Goal 3 Technical Working Group, the **PSB** shall ensure that monitoring activities in the Field Offices are regularly done to ensure progress of SG 3. The group shall also conduct rigorous analysis of the functionality reassessment results to have a firm basis of targeting and formulating TARA Plans.

- ✓ The **Standards Bureau** shall come up with a Joint Memorandum Circular with DILG relative to the reinforcement of functionality of LSWDOs. The Bureau, together with the TWG, shall also ensure that budget for incentives is sufficient to aid in encouraging the LSWDOs to move their level of functionality.

Further, the **Standards Bureau** shall provide incentives to SWDAs with higher level of accreditation. Moreover, it shall revisit the guidelines on accreditation SWDAs and review if they could be mandated to comply with higher levels of accreditation. Rigorous monitoring and regular provision of technical assistance to SWDAs/LGUs relative to accreditation (with the assistance of Field Offices) shall also be done. To aid in attaining the results towards improved accreditation, mobilization of functional ABSNets shall be enforced and monitored. Lastly, the Bureau could revisit the targets and consider revising them as mentioned earlier.

In relation to the strengthening of accreditation, **the Standards Bureau** shall consider including an indicator on the accreditation status of SWDAs and LGUs in FO OPCs so as to ensure that accreditation will also be strictly monitored by the FOs.

- ✓ The **SLP-NPMO** shall ensure the conduct an evaluation of served beneficiaries of the program for CY 2011 – 2015 by April 2016 to be able to quantify the poor, vulnerable and marginalized citizens with increased access to quality livelihood & jobs.
- ✓ The **Policy Development and Planning Bureau** (PDPB) shall consider the findings and recommendations of this report as inputs to the development of the DSWD Successor Results Framework 2016-2022 and DSWD Overall M&E Plan for 2016.

In addition, the **PDPB** shall consider the findings on MFOs (see URBME Form 3) in setting reasonable targets. The Bureau shall also ensure that all FOs have the common understanding of all MFO indicators especially on quality and timeliness indicators; and standardized monitoring mechanism for the quality and timeliness indicators shall be ensured.

Moreover, the **PDPB** shall be guided by this report in formulating the objective statements and indicators for the Successor DSWD Results Framework, especially on the foundational outcomes and outputs relative to establishing a conducive environment and effective monitoring and support systems given that these were found to be critical in reinforcing the Department's ultimate outcomes.

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Objectives	Indicators	Baseline (2013)	Year 1 (2014)	Overall Target (2016)	Overall Target (2015)			Accomplishment for 2015			CY 2015 Deviation (%)	Reasons for Deviations	Analysis/ Assessment	Implications/Steering Measures
					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
Impact (Societal Goal)														
Multidimensional poverty reduced	Multidimensional poverty measure	28.2 (2008 Data)		Reduce the incidence of multidimensional poverty to 16-18 percent	Reduce the incidence of multidimensional poverty to 16-18 percent			TBD						
DSWD Outcomes														
Poor, vulnerable, and marginalized citizens are empowered and with improved quality of life														
Long Term Outcomes														
Target clients and communities are less vulnerable and more resilient	Percentage of poor, vulnerable and marginalized citizens with increased access to SWD services	To be determined (TBD)	To be determined (TBD)	14.38M – Women; 7.9M – Youth; 1.01M – Senior Citizens; 15.69M – Children; 305, 729 HHs with PWDs (From the 5.2 M Listahanan Database)	14.38M – Women; 7.9M – Youth; 1.01M – Senior Citizens; 15.69M – Children; 305, 729 HHs with PWDs (From the 5.2 M Listahanan Database) by 2016			TBD			-			
	Percentage of poor, vulnerable and marginalized citizens with increased access to quality livelihood & jobs	TBD	TBD	20%	20%			TBD Collection of data will start in CY 2016			-			SLP-NPMO will hire external firm this CY 2016 that will conduct monitoring of served beneficiaries of the program for CY 2011 - 2015.
Poor, vulnerable, marginalized individuals and communities actively and effectively participate in improving their quality of lives	Percentage of communities in NCDDP areas with local plans implemented to address risks & SWD needs	80%	-	80% by 2017	70%			123 or 100% of local plans prepared in accordance to KC-NCDDP participatory process, which reflects community needs and priorities.			-	no data on implemented plans		
	Percentage of Pantawid families with sustained good health and education status	TBD	TBD	TBD	TBD			TBD			-			
Intermediaries have improved delivery of SWD services	Percentage of intermediaries (SWDAs, SPs, LSWDOs) rated with good or better on their delivery of SWD services	TBD	TBD	95%	95% (by 2016)			TBD			-			
Intermediate Outcomes														

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Objectives	Indicators	Baseline (2013)	Year 1 (2014)	Overall Target (2016)	Overall Target (2015)			Accomplishment for 2015			CY 2015 Deviation (%)	Reasons for Deviations	Analysis/ Assessment	Implications/Steering Measures
					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
Well-being of the poor families improved	Percentage of Pantawid Pamilya families uplifted from Level 1 to Level 2	3,135,858 families at subsistence level	3,135,858 families at subsistence level	Improve capacities of 2.3 Million Pantawid families in accessing opportunities to move their level of well-being by 2016	25% (1,000,000 families)			116,244 <i>Pantawid families in Level 1 (partial results as of EO 2015)</i>			-	not applicable	-	
	Percentage of Pantawid Pamilya families uplifted from Level 2 to Level 3	6,788 families at self-sufficiency level	6,788 families at self-sufficiency level		3% (150,000 families)			2,469,762 <i>Pantawid families in level 2 (partial results as of EO 2015)</i>			-	not applicable	-	
	Percentage of Pantawid Pamilya families uplifted from Level 1 to Level 3				-			320,641 <i>Pantawid families in level 3 (partial results as of EO 2015)</i>			-	not applicable	-	
Percentage of poor families benefitting from two (2) or more SWD services	3.9 million families enrolled in Pantawid Program (2013)	83.90%* (3,963,250 out of 4,723,592) *excludes ARMM	Increase the no. of NHTSPR-identified poor families covered by at least two SWD Programs from 3.9 M to 5.2 M by 2016	80%(4,204,094 out of 5,255,118 poor households)	79.05%(4,154,159 out of 5,255,118 poor households)	-1.19	1. Convergence efforts and collaboration with partners and stakeholders were evident but issues on reporting and non-utilization of NHTS-PR in identification of beneficiaries still arise. 2. Some intended beneficiaries were not provided with any social welfare and development programs/services. 3. Changes in location/residences beneficiaries and difficult terrains in the regions with Geographically Isolated and Disadvantaged Areas (GIDAs) hinder the provision of SWD services.	Minor Deviation	1. Tap the regional sub-committee on Social Protection. The regional sub-committee on SP under the Regional Development Committee is a good venue to facilitate monitoring and accounting of all services provided to the NHTS identified poor. The committee can also be used as venue to advocate the use of NHTS-PR database along the provision of various SWD services by other agencies. 2. The NHTS-PR identified poor list should be utilized by all programs, LGUs, NGAs and other stakeholders in identification and provision of SWD programs/services. Consistent with the recommendations indicated in the Executive Report on SG 2, the Department shall engage the its partners and stakeholders to					

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Objectives	Indicators	Baseline (2013)	Year 1 (2014)	Overall Target (2016)	Overall Target (2015)			Accomplishment for 2015			CY 2015 Deviation (%)	Reasons for Deviations	Analysis/ Assessment	Implications/Steering Measures
					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
														<p>comply with the Memorandum of Agreement relative to data utilization of Listahanan poor list.</p> <p>3. The Policy and Plans Group shall develop a reliable database system for SG 2 in order to immediately address the issues encountered by the Field Offices, particularly on recording and accounting the SWD services received by the target clients from partners as well as from the DSWD.</p> <p>4. The Department shall immediately request DSWD ARMM for their accomplishments to be able to accurately monitor and assess DSWD's progress on SG 2.</p>
Rights of the vulnerable sectors promoted	Percentage of malnourished children in day care centers with improved weight	TBD	TBD	2,231,361	90% (210,261 out of the 223,623 severely underweight and underweight DCCh beneficiaries in 4th Cycle-SY 2014-2015 with improved weight after 120 feeding days)	97.69% (218,453 out of the 223,623 severely underweight and underweight DCCh beneficiaries in 4th Cycle-SY 2014-2015 with improved weight after 120 feeding days)	8.53	<p>Parental involvement and support complement DSWDs efforts in combating malnutrition.</p> <p>However, unresolved issues experienced by the LGUs still pose as a major threat in accomplishing the outcomes. Furthermore, issues on data quality may cause inconsistencies in accomplishment reports. Lastly, it was found out that some beneficiaries were substituting the hot meals to their regular meals.</p>	<p>Minor Deviation</p> <p>The data revealed that not only was the SFP able to cover considerably high number of malnourished children, its intervention resulted into better weight and nutritional outcomes of its target beneficiaries.</p>	<p>1. In order to acquire accurate data from the ground, Protective Services Bureau shall develop a standardized definition of and specific criteria for "improved weight."</p> <p>2. Protective Services Bureau should strengthen the monitoring and technical assistance provided to Field Offices and direct implementers of the program to address the gaps and issues in implementation.</p> <p>3. Protective Services Bureau may also consider reporting other nutrition variables such</p>				

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Objectives	Indicators	Baseline (2013)	Year 1 (2014)	Overall Target (2016)	Overall Target (2015)			Accomplishment for 2015			CY 2015 Deviation (%)	Reasons for Deviations	Analysis/ Assessment	Implications/Steering Measures
					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
														<p>us Body Mass Index, weight-for-age scores, average weight gain, etc. (with sex-disaggregation) to explicitly show the situation and the progress of the target clients.</p> <p>4. The Bureau shall also improve documentation of good practices. The documentation of practices that are working in some LGUs which are reported or captured by the FOs should be collected and processed at the national level as potential knowledge products (e.g. how parents committee extend support to the program) which can be shared to other LGUs/FOs for possible replication.</p>
	Percentage of clients in residential care facilities rehabilitated	19,510 clients	67.6% (13,324 out of 19,079)	30%	30%			60.39% (18,208 out of 26,240 clients)			101.30	<p>1. Robust capacity of residential care facilities in catering clients was exemplified by high accomplishment rates.</p> <p>2. Strong collaboration/partnership of Centers with intermediaries and stakeholders contributed positively to the rehabilitation of clients.</p> <p>3. However, unforeseen surge of clients could negatively affect accomplishments of rehabilitation centers. Moreover, data quality of some</p>	Major Deviation	<p>1. The Protective Services Bureau shall ensure that the Field Offices, as well as the Centers, have a uniform understanding on the tool used to assess the rehabilitation status of a client. Similarly, the Bureau should provide concrete criteria/index/score of rehabilitated status to avoid confusion among the FOs and Centers. Definition of the term "rehabilitated" must be standardized.</p> <p>2. Data quality must be ensured. PSB shall review the accomplishments of the Field Offices given that</p>

Department of Social Welfare and Development
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Objectives	Indicators	Baseline (2013)	Year 1 (2014)	Overall Target (2016)	Overall Target (2015)			Accomplishment for 2015			CY 2015 Deviation (%)	Reasons for Deviations	Analysis/ Assessment	Implications/Steering Measures
					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
												accomplishments may not be ensured.		<p>interpretation of “rehabilitated status” may not be uniform among the FOs. Furthermore, reasons behind the unusually high accomplishment of FO IX should be further investigated.</p> <p>3. Improve sensing of potential clients. The reason for sudden surges or influx of clients in specific centers, such as that in NCR, could be an area for research, whereas findings can be used to identify methodologies in determining realistic forecasts of possible clients. Through the study, it can be ventured whether provision of rehabilitation services could be more proactive rather than reactionary.</p>
Services of licensed private social welfare agencies improved	Percentage of licensed private social welfare agencies with accreditation increased	TBD	23.4%(326 out of 1395)	10 percentage points increase (against previous year accomplishment)	33.4% 10 PP increase against PY (466 out of 1395)			28.2 %4.8 PP increase against PY (394 out of 1395)			-15.40	Area Based Standards Networks’ (ABSNet) presence and monitoring activities deemed to be beneficial in enforcing the accreditation of SWAs. Still, target was not reached, since number of accredited SWDAs are not being constantly monitored by the FOs (since they only do pre-accreditation activities). Furthermore, Office Performance Contracts (OPCs) of the Field Offices focused more on the number of registered and licensed SWDAs. Lastly, accreditation of SWDAs is contingent	Minor Deviation	<p>1. The Standards Bureau may want to adjust the 2016 targets of 1st and 3rd indicators to 5 and 15 percentage point increase, respectively. A scientific and evidence-based target-setting should be implemented to make the aforementioned targets more realistic and attainable.</p> <p>2. The % of private SWAs under level 1, level 2, and level 3 may be reported to be able to infer on the improvement and status of accredited private SWAs. 3. SB shall consider providing incentives to SWDAs</p>

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
												on their willingness to be accredited.		with higher level of accreditation.
	Percentage of accredited private social welfare agencies under Level 1 moved to Level 2	TBD	No data	5 percentage points increase (against previous year accomplishment)	5 PP increase (against previous year accomplishment)			No data			-	Existing guideline/s do not clearly mandate accredited Level 1 SWAs to comply with Level 2 or higher levels of accreditation; accreditation processes are not being targeted by FOs given that their Standards Unit can only encourage SWAs to aspire for a higher level of accreditation	-	4. The Standards Bureau may want to amend the guidelines on accreditation SWDAs so that they will be mandated to comply with higher levels of accreditation. 5. Field Offices shall strengthen their monitoring activities relative to accreditation of SWDAs/LGUs and provide necessary technical assistance and/or resource augmentation to encourage them towards improving their accreditation status.
	Percentage of accredited LGU-managed facilities increased	TBD	11.8% <i>(24 out of 203)</i>	30 percentage increase (against previous year accomplishment)	41.8% <i>30 PP increase against PY (85 out of 203)</i>			24.6% <i>12.8 PP increase against PY (50 out of 203)</i>			-41.10	Lack of technical assistance to prepare the LGUs for accreditation was reported to be primary reason for underperformance.	Major Deviation	6. The Standards Bureau shall consider including an indicator on the accreditation status of SWDAs and LGUs in FO OPCs so as to ensure that accreditation will also be strictly monitored by the FOs. 7. It is recommended that mobilization of ABSNet be continuously strengthened and monitored by SB.
		TBD	28.3% <i>(248 out of 876)</i>	30 percentage points increase (against previous year accomplishment)	58.3% <i>30 PP increase against PY (511 out of 876)</i>			28.1% <i>0.2 PP decrease against PY (246 out of 876)</i>			-51.80		Major Deviation	8. The Standards Bureau shall ensure that the Field Offices have a database of SWDAs/LGUs with valid registration/license/accreditation to aid in efficient monitoring. As much as possible, this system should be uniform across

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
														FOs. Relative to this, the data on DCCs, particularly on the universe and cumulative percentage of accreditation, should be further established and effectively monitored.
		TBD	4,029 DCCs accredited	30 percentage points increase (against previous year accomplishment)	30 PP increase (against previous year accomplishment)			4831 DCCs accredited			-		-	
Delivery of coordinated social welfare and development programs by LGUs improved	Percentage of LGUs with fully-functional Local Social Welfare and Development Offices	TBD	1.41% (15 out of 1061 assessed LSWDO are Fully Functioning)	49.39% (524 Fully Functioning LSWDOs out of 1061 LGUs assessed)	24.69% (262 Fully Functioning LSWDOs out of 1061 LGUs assessed)			8.58% (91* Fully Functioning LSWDOs out of 1061 LGUs assessed) *Based on the updated SG 3 report as of May 2016			-65.25	1. Low absorptive capacity of some LSWDOs is considered to be a factor impeding the accomplishments. 2. Engaging LSWDOs and Local Chief Executives in the endeavour remains to be a challenge. 3. Budget on Technical Assistance and Resource Augmentation (TARA) provision was insufficient vis-à-vis TARA plans. In addition, budget for monitoring activities and incentives for fully-functional LSWDOs was lacking as per SG updates. 4. Lack of focused monitoring due to other equally important activities of SG 3 monitoring teams also affected the accomplishments.	Major Deviation	1. The Protective Services Bureau shall ensure that sufficient funds are downloaded to the Field Offices to ensure implementation of TARA Plans and conduct of relevant monitoring activities. 2. The Standards Bureau, on the other hand, shall ensure that budget for incentives is sufficient to aid in encouraging the LSWDOs to move their level of functionality. 3. In order to engage the LCEs and LSWDOs to follow the recommendations of the LSWDO functionality assessment, the Department should work towards having a JMC with DILG. 4. The SG 3 TWG should ensure that monitoring activities in the Field Offices are regularly done to ensure progress of SG 3. 5. The Policy Development and

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
														Planning Bureau, together with the SG 3 TWG, shall conduct careful analysis of the functionality reassessment results.
Dynamic organization with a culture of excellence exhibited	No. of innovations initiated and documented	TBD	0	5	2	3	5	8	8	16	220.00	The reason for deviation is that 2013 and 2014 submissions for innovation documentations were only finalized in 2015. As such, no accomplishment was tallied in those years (2013-2014). These knowledge products were uploaded in the Knowledge Portal in 2015 and were tallied in that year's accomplishment. Hence, at this point, the overall target for 2016 was already achieved.	Major Deviation	The Capacity Building Bureau may consider adjusting its 2016 target upwards given the accomplishment in CY 2015. Aside from this, there are already 66 innovations for review and/or packaging of CBB or enhancement of FOs. Thus, it is highly likely that there will be more than five (5) innovations which will be finalized in 2016. Furthermore, given that sixteen (16) new initiatives or innovations were documented, the need to enhance the information dissemination of these products in the whole organization is relevant for other Offices to appreciate and/or subsequently adopt such practices in their own operations.
Major Final Outputs														
Responsive social protection policies	QUANTITY No. of policies updated, issued and disseminated													

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
delivered <i>(MFO 1: Social Protection Policy Services)</i>	No. of policy notes issued	4	4	4	2	2	4	2	2	4	0.00	<p><i>On number of policies disseminated (+)</i></p> <p>1. FO I, II and VI. Other policy dissemination activities of including conduct of fora, seminars, trainings as well as continuous advocacy of laws were considered in the accomplishment</p> <p>2. FO IV-B. Good inventory of policies disseminated</p> <p>3. FO XI. Aside from the national laws, there were also regional initiatives disseminated in support to the said laws</p> <p>4. FO XII. Good performance was due to the creation of the Operationalization of the Unified Social Protection and Welfare Committee a sub-committee of RSDC-XII. They made some consultations with regards to the policies need to be updates and disseminated.</p>	Full Target Achieved	<p>1. PDPB shall redefine the indicator. Policy dissemination activities of different FO units should also be taken into account in the MFO1 Reporting.</p> <p>2. Close coordination/monitoring between Field Office and PDPB regarding new/updated policies should take place. Continuous dissemination of policies/laws to target participants/intermediaries shall be done to keep them updated that can be helpful in the delivery of the SWD services to their respective clients.</p> <p>3. PDPB must release an inventory of all the policies disseminated for the year and must indicate the priority policies to be disseminated.</p> <p>4. There are amendments on social protection laws and new laws legislated at the national level that require dissemination to LGUs.</p>
	No. of policy guidelines developed/enhanced	26	9	18	9	9	18	16	4	20	11.11		Minor Deviation	
	No. of sectoral plans and implementation report prepared	6	6	6	6	6	6	6	6	6	0.00		Full Target Achieved	PDPB may consider conduct of skills enhancement along sectoral planning including all the Sectoral Focal Persons.

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	QUALITY Average % of intermediaries and other stakeholders that rate policies as good or better		87.21%	90%	90%	90%	90%	94%			4.44		Minor Deviation	
	TIMELINESS % of policies that are updated, issued and disseminated in the last three (3) years		100%	98%	98%	98%	98%	98%			0.00		Full Target Achieved	
Effective social protection programs and services delivered (MFO 2: Social Protection Services)	QUANTITY No. of persons assisted													
	No. of persons provided with residential care													
	Centers and Institutions													
	No. of beneficiaries served at the facilities	12,376	16,906	18,168	10,856	7,312	18,168	27,393			33.68	FO NCR (+). Intensification of the Comprehensive Program for Street Children, Street Families and IPs, especially Bajaus contributed in the increase of admission of clients in the centers especially in JFC that serves vagrant and mendicant clients. Another factor is the renovation of Reception and Action Center (RAC) Manila which resulted to bulk referral of clients to Nayon ng kabataan (NK). FO I (-). General decline in the number of clients catered and served at the centers and facilities can be attributed to the strengthened technical assistance from other	Major Deviation	1. OPG-Protective in cooperation with IMB shall establish a reliable database and reporting system that will ensure accurate data from the centers and will aid monitoring. 2. Field Offices shall maintain coordination, collaboration and harmonious relationship with intermediaries and partners. 3. Field Offices, with the assistance of PSB, shall strengthen the referral mechanism with LGUs which also requires constant TA to LGUs in following protocols and standards for admission and documentation. 4. PSB shall monitor and evaluate whether the centers have ample support on facilities and

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
											units and active participation of NGOs and SWADAs to help reduce the child abuse cases referred for residential care.		operations, considering the increasing rate of admissions. 5. PSB and PDPB shall adjust 2016 target upward given the increasing rate of accomplishments.	
											FO II. (+) Slow disposition of cases which lead to longer stay of the beneficiaries in CVRRCY and increase in the number of CICL On the other hand, factors that could hinder in the effective delivery of services b: (a) slow movement of cases in RSCC due to difficulty in securing supporting documents from other issuing agencies; (b) kind of interventions to be provided to the older children as services provided by RSCC are no longer appropriate to their age; and (c) slow response of LGU Social Workers to request for assessment of residents' families for reintegration RSCC clients. FO IV-A (+). High number of carry-over cases.			
	No. of individuals assisted (non-residential)													
	Community-based													
	No. of community-based beneficiaries provided with													

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	protective services													
	Individuals	41,915	43,889	49,163	24,808	24,355	49,163	27,890	52,782	52,782	7.36		Minor Deviation The indicator generally has an upward trend.	PSB and PDPB shall adjust 2016 target upward given the increasing rate of accomplishments
	Clients served at Crisis Intervention Unit (CIU)	223,341	266,342	103,843	51,922	51,922	103,844	212,928	755,792	968,720	832.86	Additional funds expanded the operations of Assistance to Individuals in Crisis Situation implemented by CIU	Major Deviation	Protective Services Fund Management Bureau-CIU shall consider the expanded program's level of accomplishments in setting/adjusting targets for CY 2016.
	Disaster Relief Operations													
	No. of beneficiaries provided with relief assistance													
	Families	2,270,910	890,311	ANA	100%	100%	100%	38,005	696,807	696,807	-	FO I and II (+). Typhoons Ineng and Lando, which hardly hit Region 1 brought long monsoon rains that caused massive floods in Region 1 in the 3rd and 4th quarters of 2015. Typhoon Lando caused the positive deviation in FO II. FO I further mentions that the estimated number of disaster victims was overwhelmingly low compared to the actual number of victims needing assistance. This indicates a need for a more evidence-based targeting system to strengthen disaster response of the agency. FO VIII (+). Beneficiaries assisted were victims of Typhoon Amang and Typhoon Nona.	It could be observed that the trend of this indicator is decreasing since 2013.	1. DReAMB may facilitate rolling-out of reliefops.ph to aid in decision-making related to disaster preparedness and response. Demand forecasting feature of the reliefops.ph system will provide sound basis for targeting the number of individuals and families to be provided with assistance. 2. Targeting mechanisms related to disaster should be strengthened by the Department. It was noted that the Central Office do not have targets on this indicator whereas some Field Offices have estimates on this. Coordination with the Field Offices shall also be done relative to targeting.

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	Individuals	10,562,240	4,015,997	ANA	100%	100%	100%	180,971	3,126,155	3,126,155	-	FO XII (+). The number of individuals and households served in Disaster Response have increased from 2013 mainly due to the armed conflict in Maguindanao which FO XII continues to assist. 85% of the total number served was in Maguindanao while 15% was from Region XII.		
	QUALITY % of assisted persons for the last three (3) years who were found ineligible (no more than averaged 5%)		0%	5%	4%	4%	4%	0%	0%	0%	-100.00		Major Deviation	
	TIMELINESS 1 % of applications for non-residential assistance that are processed within 24 hours.		100%	92%	92%	92%	92%	100%	100%	100%	8.70		Minor Deviation	
	TIMELINESS 2 % of applications for residential assistance that are processed within 24 hours.		100%	TBD	100%	100%	100%	100%	100%	100%	0.00		Full Target Achieved	
	Supplementary Feeding Program													
	No. of Day Care/School Children provided with supplementary feeding	1,670,466 out of 1,628,839 (102.56%)	1,692,843 out of 1,778,274 (95.20%)	2,053,383	2,006,549			1,716,481 out of 2,006,549 (85.54%)			-14.46	The reasons for deviation are the following recurring issues on implementation of SFP as cited by the FOs: 1. Unresolved issues experienced by LGUs relative to disbursement,	Minor Deviation Number of served beneficiaries has increased through the years but accomplishment rates decreased consistently since Cycle 2: SY 2012-2013 implementation. For the Cycle 2: SY	PSB and the Field Offices shall strengthen the technical assistance, monitoring, and coordination with LGUs. Technical assistance to LGUs shall be provided to ensure efficient implementation of the program. Moreover, since cooperation of

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
											liquidation of transferred funds and certain COA requirements; 2. Slow procurement process at the LGU level 3. Low absorptive capacity of LGUs	2012-2013 implementation of the Supplementary Feeding Program, the Department had shown superior performance by breaching its target and covering 101.32% clients. While the number of beneficiaries served has been increasing since Cycle 2, it is notable that the coverage of target beneficiaries has decreased to 95.20% and 85.54% in Cycle 3 and 4, respectively. In fact, accomplishment rate in Cycle 4 implementation fell by 9.66 percentage points vis-à-vis the previous cycle.	LGUs is one of the critical factors for the smooth implementation of SFP, coordination and monitoring may be enhanced by continuous follow-up to LGUs with late submissions of liquidation reports, conducting regular monitoring of the program and creation of monitoring team composed of accounting, budget, program staff and SWADT in the Field Offices to follow up liquidations of the LGUs. The Department should also collaborate with DepEd to improve its targeting performance.	
	Social Pension for Indigent Senior Citizens for ages 77 and above													
	No. of indigent senior citizens with social pension for ages 77 and above <i>For CY 2015, target beneficiaries ages 65 and above</i>	254,175	452,836	1,368,941 (60 years old and above)	939,609			398,760	478,438	877,198	-6.64	Several factors negatively affecting the accomplishments of Social Pension are the following: 1. Pay-out is still ongoing 2. Lack of manpower to conduct pay-outs (especially in geographically isolated areas) 3. Lack of IT equipment 4. Beneficiaries served were not fully accounted due to delayed submission of liquidation reports from LGUs 5. Political interventions	Minor Deviation	1. PSB shall consider reviewing and revisiting the ratio of number of payout masters to the number of beneficiaries in all Field Offices. 2. Approval of requests for additional manpower (e.g. paymasters, provincial link) should be fast-tracked in order to ensure efficient implementation. 3. PSB shall facilitate provision of ample supply of IT equipment based on the current number of beneficiaries for each region. 4. PSB shall review and strengthen the

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
											of the LGU - Replacement of submitted list of beneficiaries. 6. Delayed pay-out at the LGU level 7. Delisted beneficiaries On the other hand, the following have positively influenced accomplishments of Field Offices 1. FO II. Shifting to cash pay-out mode to LGUs with pending liquidation reports in the previous quarter may have also helped in the achievement of target. 2. FO IV-A. Replacement and additional beneficiaries were included; 3. FO IV-A and IV-B. Fund transfer to LGUs 4. FO II and IV-B. Conduct of liquidation workshops and TA to LGUs		monitoring mechanism of the program. Unreported served beneficiaries at the LGU level, political intervention, and delayed submission of liquidation report may be resolved by reviewing and strengthening the monitoring mechanism of SocPen.	
	Recovery and Reintegration Program for Trafficked Persons													
	No. of trafficked person assisted	1979 (213.95%)	1075 (107.50%)	1,800	750	750	1,500	1,075	1,193	2,268	51.20	There were undertargetting issues in some Field Offices specifically in FO VIII and IX. Furthermore, FO VIII also cited that people became more vulnerable to trafficking because of the effects of typhoon Yolanda.	Major Deviation	PSB and PDPB shall review targets set by the Field Offices. Consider the trends (uptrend/downtrend) in setting targets. Despite the increasing trend in some FOs, the targets set were still lower than the previous periods.
	Comprehensive Program for Street Children, Street Families													

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	and IPs, especially Bajaus													
	No. of street children served		3,712	1,800	3,010	5,000	5,000	4,225	5,341	5,341	6.82		Minor Deviation	<p>Given the current accomplishment on the indicator "No. of street families served", it is recommended that PDPB adjust its targets upwards.</p> <p>M&E Officer of FO NCR, on the other hand, recommended FO NCR to strengthen the following:</p> <ol style="list-style-type: none"> 1. Community-based response on the issue of street dwelling and homelessness by creating task forces, including the Regional Task Force on Sama-bajau, composed of concerned individuals and groups both from the government and private sectors. 2. Coordination and partnership with other regions thru meetings and case conference on the cases of Sama Bajaus; 3. Partnership with Task Force Sama-Bajau and to conduct MOA signing on the massive registration of Sama-bajau in NCR as well as other regions.
	No. of Sama-Bajau children served		2,459	1,500	1,000			570	1,269	1,269	26.90		Minor Deviation	
	No. of street families served		608	500	1,000			842	907	907	-9.30		Minor Deviation	
	No. of Bajau families served		1,371	1,575	500	1,128	1,628	544	1,775	1,775	9.03		Minor Deviation	
	No. of households assisted (non-residential)													
	Pantawid Pamilyang Pilipino Program (Conditional Cash Transfer)													

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	No. of household beneficiaries	3,935,394	4,260,185	4,402,253	4,309,769	4,309,769	4,309,769	4,173,391	4,139,728	4,139,728	-3.95	The difference is primarily due to the deactivation of HHs who no longer have eligible members. Other reasons include duplicates, waived, delisted, non-compliance GRS-inclusion error, transfer of residence.	Minor Deviation	
	Modified Conditional Cash Transfer e/													
	No. of household beneficiaries		218,377	238,377	126,963	126,963	126,963	218,377	238,034	238,034	87.48	Huge deviation was due to the inclusion on new CCT Households beneficiaries under Set 8 from the Special registration conducted	Major Deviation	
	No. of families assisted (non-residential)													
	Sustainable Livelihood Program													
	No. of families to be served through ME Development													
	<i>Pantawid Pamilya</i>	158,228	271,194	170,470	265,175			324,563			22.40	The Program employs self-selection by the participants of the track to take. With this, more participants preferred track 1 over track 2 since most of the Program's grantees are predominantly mothers who opted for home-based microenterprises over off-home employment / jobs since they are able to balance this better with their household duties. Furthermore, FO IV-B mentions that given the geographical location of region IV-B, employment	Minor Deviation	Given that the focus of SLP will be on employment facilitation, the program shall intensify its partnership with private sector as well as the Public Employment Service Offices in the localities to expand the opportunities for track 2 beneficiaries.

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
											<p>opportunities are scarce. Therefore, majority of the beneficiaries in the region were served thru Track 1: MicroEnterprise Development. Most of these served beneficiaries were served through Cash for Building Livelihood Assets which is emergency employment lasting for 11 days only.</p> <p>Collaborations with established partners for track 1, especially for the provision of physical assets and of financial services/assistance through MFIs, NGAs, or LGUs, which led to easier planning, implementation, and scaling up of joint microenterprise development projects.</p>			
	No. of household facilitated for employment	13,758	26,362	208,352	113,647			127,539			12.22	Government agencies remained to be as the main provider of employment against the private sector. This may be attributed to the implementation of the Cash for Building Livelihood Assets or CBLA wherein a member of a family is able to receive cash assistance through employment in exchange of community-based labor (repair, rehabilitate, and/or develop physical and natural resources).	Minor Deviation	

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	<u>Kapit-bisig Laban sa Kahirapan - Comprehensive and Integrated Delivery of Social Services (Kalahi-CIDSS)</u>													
	No. of areas covered													
	Region	12	14	TBD	14			14	14	14	0.00		Full Target Achieved	
	Province	36	57	TBD	58			57	58	58	0.00		Full Target Achieved	
	Municipality	159	666	TBD	704	122	826	672	759	759	-8.11		Minor Deviation	
	Barangay	3,796	16,080	TBD	17,036	2,316	19,352	16,173	17,770	17,770	-8.17		Minor Deviation	
	No. of community development projects funded/completed	6,735	954	TBD	422	6,735	6,735	422	6,055	6,055	-10.10			
	<u>Implementation of various programs/projects for LGUs (Priority Programs)</u>													
	<u>Grassroots Participatory Budgeting</u>													
	No. of LGUs benefitted from the following programs:													
	Protective Services		951	TBD	263 projects with 202 LGUs			20			-92.40	On-going 54 projects, 155 are on pipeline and 31 are proposed projects, 3 are dropped	Major Deviation	
	SLP (No. of Municipalities served)		35 completed	525	672			125			-81.40	125 projects completed. 203 projects are on-going. 279 projects are in pipeline. 63 projects are proposed and validated. 1 project has been dropped by DBM. Delays in	Major Deviation	

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
												implementation were due to: 1. Delay in the submission of proposal by LPRAT. 2. Eligibility of LGUs for fund transfer.		
	NCDDP Provinces		72	TBD		80		81	81	81	1.25	Only 920 municipalities located in 81 provinces have submitted proposals to KC DSWD	Minor deviation	
	Municipalities		339	TBD		1667		920	920	920	-44.81		Major Deviation	
	Implementation and Monitoring of PAMANA Program													
	No. of Provinces													
	No. of Barangays													
	NCDDP Provinces		18	TBD		16								
	Barangays		1380	TBD		787		1050	1086	1086	37.99	Actual coverage is higher than the targets because it includes areas with spill overs from the previous cycles.	Major Deviation	
	SLP		74 completed	352		722			356		-50.69	356 projects completed. 81 projects are on-going. 277 projects are in procurement stage. 8 projects are in preparatory stage. One of the major concerns that happened in the implementation of PAMANA was the required accreditation of the Associations. Monitoring of the activities during the last quarter also revealed that some SLP association projects	Major Deviation	SLP-NPMO and PSB shall consider the current stage of implementation of most projects in setting targets.

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Objectives	Indicators	Baseline (2013)	Year 1 (2014)	Overall Target (2016)	Overall Target (2015)			Accomplishment for 2015			CY 2015 Deviation (%)	Reasons for Deviations	Analysis/ Assessment	Implications/Steering Measures
					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
												were not economically viable.		
	PAMANA Pillar 2		59 completed	TBD	social prep and procurement and delivery of materials	24	24	social preparation	15	15	-37.50	5 projects on going delivery of materials, 4 projects on bidding and procurement process.	Major Deviation	
	National Household Targeting System for Poverty Reduction													
	No. of households identified as poor through the Proxy Means Test (PMT)	5.2 million poor households	5.2 million poor households	Maintenance of database of Poor/Non-poor families	Maintenance of database of Poor/Non-poor families	Maintenance of database of Poor/Non-poor families	Maintenance of database of Poor/Non-poor families	Maintained 5.2 HH identified as poor through the Proxy Means Test (PMT)	Maintained 5.2 HH identified as poor through the Proxy Means Test (PMT)	Maintained 5.2 HH identified as poor through the Proxy Means Test (PMT)	0.00			
Responsive capacity-building services to intermediaries provided <i>(MFO 3: Capacity Building Services)</i>	PI SET 1 QUANTITY No. of persons provided with training services	21,101	24,923	7,892	3,946	3,946	7,892	5,680		14,512	83.88	High accomplishment was attributed to: a) Department Strategic Goal 3 (Functionality of LSWDOs), there were additional LGUs provided with training/orientation b) Inclusion of Pantawid Pamilya Parent Leaders c.) There is an issue of targetting. The target set for this indicator was very low compared to past accomplishments.	Major Deviation Although a major deviation has been observed, it could be noted that the accomplishment decreased by 42% vs. the previous year. Furthermore, the reason "inclusion of Pantawid Pamilya Parent Leaders" has long been the justification for the surge in accomplishments, yet the issue still exist at the present.	PDPB and CBB shall carefully review the target set for this indicator. Furthermore, definition and scope of the indicator shall be clarified to be able to accurately set targets.

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	QUALITY % of trainees who rate training courses satisfactory or better		90%	90%	90%	90%	90%	90%		102%	13.33		Minor Deviation	
	TIMELINESS % of training courses that completed as designed		95%	90%	100%	100%	100%	100%		105%	5.00		Minor Deviation	
	PI SET 2													
	QUANTITY No. of LGUs and other intermediaries provided with technical assistance		2,325	811	405	406	811	596	2208	2208	172.26	More request of technical assistance from LGUs particularly in the implementation of Protective services/programs	Major deviation	
	QUALITY % of intermediaries who rate assistance as good or better		96.75%	91%	91%	91%	91%	91%	100%	100%	9.89		Minor deviation	
	TIMELINESS % of technical services provided within X days of request		99.01%	96%	96%	96%	96%	96%	96%	96%	0.00		Full target achieved	
	PI SET 3													
	QUANTITY No. of LGUs and other intermediaries provided with resource augmentation		1703	658	329	329	658	892			35.56		Major deviation	
	QUALITY % of recipients who rate		94.94%	90%	90%	90%	90%	90%	100%	100%	11.11		Minor deviation	

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL					
	assistance as good or better														
	TIMELINESS % of resource augmentation initiative requests acted upon within three (3) days.		99.59%	86%	90%	90%	90%	90%	100%	100%	11.11		Minor deviation		
Effective regulatory services enforced (MFO 4: Regulatory Services)	PI SET 1														
	QUANTITY No. of social welfare and development agencies and service providers licensed or accredited	4,176	4,568	5,794	6,094			3164	6,013	6,013	-1.33	Continuous monitoring, encouragement (for accreditation) and provision of technical assistance to the SWDAs were contributory to the accomplishments.	Minor deviation	To improve the DSWDs performance along this indicator, the FOs recommended the following 1) Strengthen the mobilization of ABSNET for monitoring of SWDAs 2) Continuously provide technical assistance and conduct dialogues (encouragement) towards accreditation of SWDAs 3) Standards Bureau to develop a standard system to strengthen monitoring of SWDAs' registration/licensing/accreditation	
	QUALITY % of licensed and accredited SWDAs/ service providers with a recorded violation within the last two (2) years		100% complaints acted upon	0.00		Full target achieved									
	TIMELINESS % of licenses issued in 15 days or less from receipt of compliant application		100%	100%	100%	100%	100%	100%	100%	100%	100%	0.00			
	PI SET 2														
	QUANTITY Number of violations/complaints received		20	1	2	2	4	8	12	12	200.00		Major Deviation		

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					1st Semester	2nd Semester	TOTAL	1st Semester	2nd Semester	TOTAL				
	QUALITY Number of persons and entities with 2 or more recorded violations/ complaints in the last three (3) years as a % of total number of violators in the last three (3) years.		100% complaints acted upon	0.00		Full target achieved								
	TIMELINESS Percentage of detected violations/complaints that are resolved within seven (7) working days		100% complaints acted upon	0.00		Full target achieved								