



PROCESS EVALUATION OF THE ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION (AICS)

Policy Development and Planning Bureau
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EXECUTIVE SUMMARY

The Department of Social Welfare and Development (DSWD) implements the Assistance to Individuals in Crisis Situation (AICS) to support the recovery of individuals and families from unexpected crises such as illness or death of a family member, natural and human-made calamities, and other crises situations. As the leader in social protection, the DSWD is mandated to contribute to better and improved quality of life for the citizenry. Priority attention is given to the poor, vulnerable and marginalized sectors of the society.

The ultimate goal of the AICS is to ensure that the individuals in crisis or difficult situation have increased access to various social protection programs and services apart from being enabled to meet the material or financial requirements for their immediate needs. This makes the AICS program not just needs-based but also helps in improving people's capacity to manage risks. In order to achieve the said goal, the AICS ensures the provision of direct financial and material assistance as well as psychosocial counselling and referral services. The direct financial and material assistance will relieve them from their immediate needs while the counseling service will enable them to understand and process personal, social, and psychological distresses and difficulties. Whereas, the referral services can help in ensuring access to wide range of services that will help to reduce financial burden of the family and improve care pathways for the beneficiaries. These services will then guarantee that the individual or family in a crisis situation will be equipped to continue their living despite the difficult situation that they have encountered.

The significant increases in budget, targets and accomplishments over the past recent years have caused various issues to the AICS Program. However, ever since program inception, no evaluation studies have been conducted covering all the assistance under AICS. This process evaluation (PE) seeks to assess the AICS program design, delivery mechanisms, processes, performance, as well as beneficiary awareness and effects. In line with the evaluation criteria set by the Organization for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC), the study also assesses the AICS in terms of its relevance, coherence, effectiveness, efficiency, sustainability and potential impact. This study aims to provide program management with evidence-based information to make program design and implementation adjustment decisions and to modify and update policies and guidelines.

This PE was performed from April to November 2022 by the PDPB RED, with assistance from Policy Development and Planning Sections from the covered regions. Due to limitations in research budget and number of evaluation team members, the PE only covered the AICS implementation in DSWD Crisis Intervention Units/Sections (CIU/CIS) with highest number of clients served per island cluster (Region II and NCR for Luzon, Region VI for Visayas, and Region XI for Mindanao). Additionally, the AICS implementation in the DSWD Central Office was also covered. The PE used qualitative and quantitative approaches to gather data from the AICS beneficiaries, program implementers and service providers.

Types of AICS Received by the Beneficiaries. Most of the respondents or 76.74% received medical assistance. The next common type of AICS availed is burial assistance with 15.4%, followed by cash assistance with 8.9%. The least availed types of AICS are education (5.1%), food (5.1%) and transportation assistance (1.1%). Among those who received medical assistance, a great majority or 67.5% requested the assistance for medical maintenance. On frequency, one third of those who received medical assistance availed the AICS three times or more.

Processing Time. The survey for this PE tried to capture both the turnaround and waiting time for processing of assistance based on the experience of the clients. Among the research sites,

the average time spent by the clients in the CO in processing the AICS takes the longest at 5 hours and 28 minutes if outright cash and 9 hours and 36 minutes if GL was provided. This is followed by NCR with an average time spent of 4 hours and 30 minutes (outright cash) and 7 hours and 52 minutes (GL), and Region II (4 hours and 21 minutes for outright cash and 6 hours and 22 minutes for GL). Meanwhile, the average time spent in availing AICS in Regions VI and XI are at least more than 2 hours faster than the previous two.

Because of skewed reported time spent by the clients in processing AICS, it is also valuable to present the findings in terms of median time. The median time in CO and NCR remained the longest at 3 hours and 23 minutes and 2 hours and 14 minutes, respectively. This is followed by Region II (2 hours and 27 minutes), Region VI (1 hour and 55 minutes), and Region XI (1 hour and 32 minutes).

Amount of Assistance. The amount of assistance received by the respondents differs depending on the form of assistance and availability of funds in the region. For outright cash, the amount of assistance ranges from Php2,304.08 (NCR) to Php7,152.78 (CO). Consistent with the program guidelines, assistance in the form of guarantee letters ranges from PhP18,333 (VI) to PhP110,000 (CO).

Other Program Components. Almost all (94.1%) of the clients claimed that they were interviewed by the social worker. However, only 16.1% of them were able to recall that they received psychosocial support. Survey results revealed that few (18.1%) respondents experienced referral from CIU social workers to other organizations. Meanwhile, only 18% of the respondents said grievance redress system was present.

Process Evaluation Criteria. As evidenced by qualitative and quantitative findings, the objectives of AICS, as clearly stated in the Theory of Change, is strongly aligned with the needs and priorities of the clients/beneficiaries. The program remains ever relevant and responsive in the context of emergency or crisis situations because it offers a package of interventions to comprehensively address clients' social welfare concerns.

The effectiveness of AICS in delivering its activities and output and outcome objectives is clearly illustrated in the yearly overachievement of physical and financial targets, as well as high level of satisfaction of respondents on the overall process. However, the CIU/CIS should address the lengthy waiting and processing time, inappropriateness of assessment, inadequacy of amount of assistance, and inability to fully deliver the psychosocial support and referral services to clients.

The time spent in processing the assistance is essential in determining the operational efficiency of the AICS. Despite the long queues, the respondents are mostly satisfied with the time spent in processing the assistance. In terms of economic efficiency, the financial assistance is insufficient for most of the clients and cannot cover the full amount of their expenses. Regardless of the amount, however, the clients perceived that the AICS was very helpful in augmenting their financial resources.

Along operational efficiency, the implementation of AICS is hindered by issues along human resource (major dependency on hiring of contract of service workers who do not have job tenure, high client to staff ratio, and inadequacy of capability building activities). Service delivery is also greatly affected by the lack of physical resources (such as space for CIU/CIS operations, office space for staff, service vehicles, stable and operational ICT system and infrastructure, and office equipment such as laptops/desktops, printers, and photocopy machines).

The approval process of amount of assistance to be provided to clients can be argued as efficient because the financial accountability is clearly distributed among the authorized

officials. On the other hand, inefficiencies in the distribution of outright cash usually stem from either lack of Special Disbursement Officers (SDO) or delays in liquidation.

Internal and external coherence is still lacking in AICS because there is no efficient referral process within and outside the Department's social welfare services. Consequently, duplication of services from among the different possible sources of assistance is also inevitable due to insufficiency of assistance provided and non-existence of harmonized database system of the different social welfare services.

Major findings of the study support the impact of AICS to the lives of clients who were provided assistance for their immediate needs. Among the possible unintended effects of AICS that was documented are development of clients' dependency on government assistance, risk reduction of clients' tendency to commit crimes or illegal work, empowerment of beneficiaries to access social welfare services, and fostering of sense of fulfillment for program implementers.

For sustainability, the AICS is generally perceived by the majority of survey respondents and FGD participants as helpful and should be continuously implemented by DSWD. In terms of establishing partnerships to sustain the benefits of AICS, there is a need for more communication strategies that will raise the clients' awareness of other services offered by the government. There are varying opinions among program implementers along discussions of full devolution of the program to the LGUs.

Recommendations

On Program Guidelines, Procedures and Policies

Revisit the existing policy/guidelines, particularly along the following areas:

- Consider setting a standard amount of assistance which can be given in full based on the actual needs of the clients/beneficiaries to avoid inappropriateness or inadequacy of assistance.
- Clearly state in the guidelines the regulations for creation of contracts or Memorandum of Agreements with service providers to provide at least minimum standard roles and responsibilities for the department and the service provider.
- Aside from identifying measures on how to respond to and process grievances, cascade, explain and readily make accessible the concept and mechanism of handling grievances and complaints to clients.
- Provide referral service to the clients/beneficiaries depending on the case management or assessment results of the social worker.
- Review if the documentary requirements can be further minimized to reduce processing time and cost from the part of clients.
- Revisit the maximum frequency of availment especially for medical assistance for medicines, laboratory and other procedures.
- Implement nationwide a standard quota system considering the human resource and financial capacity of each office.

- Include the adoption of the framework/Theory of Change of AICS in the guidelines as the backbone of the policy.

On Human Resource

- Hire additional staff as needed to maintain a reasonable client to staff ratio.
- Provide customer service-related capability building/trainings to AICS implementers.
- For the longer term, provide security of tenure and regularize all of the COS workers.

On ICT and Other Physical Resources

- Allocate additional budget for office equipment and internet connection to quicken the processing of requests.
- Ensure budget allocation for facilities, office space, and service vehicles, including the maintenance costs of the said resources to be able to provide dignified and good quality service to clients.
- Assess the readiness of AICS on digital payments at three levels – beneficiary, institutional and system levels.

On Planning and Budgeting

- Revisit and improve the targeting and budgeting mechanisms of AICS, to ensure that the allocated budget for the program corresponds to the requested/proposed budget.

On Monitoring and Evaluation

- Strengthen the use of Crisis Intervention Monitoring System (CrIMS) for data capturing and as a monitoring tool.
- Conduct regular operational spot-checks to help monitor the gaps and issues on AICS implementation.
- Conduct of nationwide evaluation covering more cities and municipalities can establish more relevant findings and recommendations which would help improve the overall services of the program.

On Other AICS Program Components

- Review and strengthen the provision of psychosocial support and case management to be able to fully implement these components as part of the provision of AICS.

On Stakeholder Engagement

- Institutionalize mechanisms for convergence of AICS with other social protection programs and services of the DSWD and other government and non-government agencies.
- Intensify the Information, Education, and Communication (IEC) campaigns in order to increase the reach of the program and raise the awareness and knowledge of the target clients.

I. INTRODUCTION

A. Background

The Department of Social Welfare and Development (DSWD) implements the Assistance to Individuals in Crisis Situation (AICS) to support the recovery of individuals and families from unexpected crises such as illness or death of a family member, natural and human-made calamities, and other crises situations. As the leader in social protection, the DSWD is mandated to contribute to better and improved quality of life for the citizenry. Priority attention is given to the poor, vulnerable, and marginalized sectors of society.

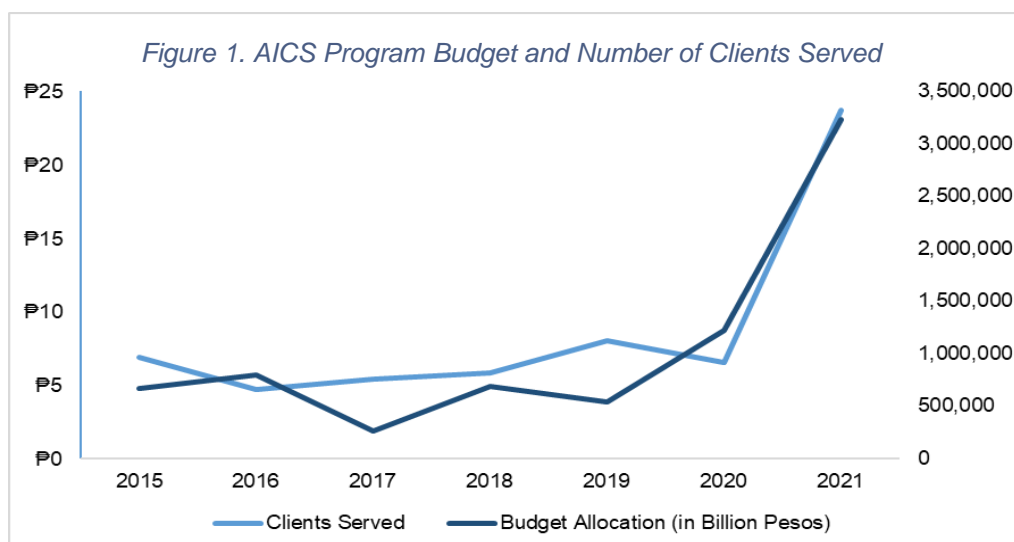
In 1992, the Department committed its full support to devolution as embodied in the Local Government Code of 1991. The AICS and Crisis Intervention were among the components of the devolved Emergency Assistance Program. The AICS refers to the provision of limited assistance, in cash or in kind, to individuals/families who are hampered to function normally because of socio-economic difficulties. Meanwhile, the Crisis Intervention refers to the provision of emotional/psychological support to distressed individuals or victims of disaster which allows the ventilation and sharing of experiences, feeling and reactions to relieve individuals of tension, anxiety, etc. and to take action to resolve such problems or reduce stress.

In 2003, the Executive Order (EO) No. 221 amended the EO No. 15, series of 1998, "Redirecting the Functions and Operations of the Department of Social Welfare and Development". The EO redirected the Department to implement crisis intervention. As a result, the Department issued an administrative order on implementing guidelines on the management of DSWD operated crisis intervention units. These units provided immediate response to crisis situations affecting individuals and families, who are not considered constituents of LGUs where they are situated during the occurrence of crisis, or when their respective LGUs cannot respond to their needs.

The ultimate goal of the AICS is to ensure that the individuals in crisis or difficult situation have increased access to various social protection programs and services apart from being enabled to meet the material or financial requirements for their immediate needs. This makes the AICS program not just needs-based but also helps in improving people's capacity to manage risks. In order to achieve the said goal, the AICS ensures the provision of direct financial and material assistance as well as psychosocial counselling and referral services. The direct financial and material assistance will relieve them from their immediate needs while the counseling service will enable them to understand and process personal, social, and psychological distresses and difficulties. Whereas, the referral services can help in ensuring access to wide range of services that will help to reduce financial burden of the family and improve care pathways for the beneficiaries. These services will then guarantee that the individual or family in a crisis situation will be equipped to continue their living despite the difficult situation that they have encountered.

B. Rationale

In 2021, the AICS Program has provided to 3,317,585 clients with an assistance amounting to Php 23,111,122,000 nationwide. This is 262% increase in the number of clients served compared to the previous year. The continuing increase in budget allocation and number of clients served can be observed in the figure below:



Further, the program targets have been consistently exceeded since 2014. For 2021, the accomplishment deviated from the target by almost 300% (three times higher than the target). Record high was observed in 2015 with 833% deviation from the target. From 2016 to 2018, the three-year average number of clients served is 743,213. In the next three years, this increased to 42% or 1,784,823 average number of clients served from 2019 to 2021. Consequently, the program's augmentation of fund support to beneficiaries has also exponentially increased to one hundred fifty thousand pesos (P150,000) in 2021, depending on the circumstance of the individual or family.

In terms of actual operations, the Commission on Audit (CoA), in its 2021 report, cited deficiencies in around Php 148.8 million worth of funds distributed under the AICS. Some of the lapses and deficiencies found by state auditors were (a) non-observance of review and screening process in the granting of AICS; (b) series of assistance to single beneficiary; (c) lack of formal partnership with service providers; (d) failure to issue guarantee letter to service providers; (d) non-maintenance of Crisis intervention Management System (CrIMS) of AICS; and (e) non-observance of review and screening process in the granting of assistance. A summary of audit observations on AICS from 2019 to 2021 is detailed in the table below:

Table 1. Summary of Audit Observations on AICS from 2019 to 2021

Year	Particulars	FO	Amount (in PhP)	Program Element
2021	Non-observance of review and screening process in the granting of AICS	II	2,792,000.00	Process
	Series of assistance to single beneficiary	CO	394,200.00	Beneficiary eligibility
	Lack of formal partnership with service providers	III	Data not determinable	Partnership with service providers
	Failure to issue guarantee letter to service providers	III	145,563,949.12	Process
	Non-maintenance of CrIMS of AICS	IV-B	Data not determinable	IT system
	Non-observance of review and screening process in the granting of assistance	CO	Data not determinable	Process
2020	Claims of 230 beneficiaries of the AICS Program were not supported with complete documentation amounting to Php 857,500.00 (no signature of approving authority on the	IV-A	872,000.00	Process

Year	Particulars	FO	Amount (in PhP)	Program Element
	supporting documents; no ID was presented by the beneficiary; no attached documents as required in DSWD MC 2019-011), while the claims of 11 beneficiaries were padded by Php 14,000.00			
	Incomplete encoding of the AICS transactions in the CrIMS amounting to Php 726,859,000 (CrIMS requires 77 data entries per client and a longer time is required for the encoder to ensure that all the client's information have been encoded in the system, coupled with inadequate personnel assigned in the CIS)	VI	726,859,000	Process
	Financial assistance under the AICS program was granted to some employees of the FO 8 who are not qualified clients, contrary to DSWD MC 2019-011.	VIII	Data not determinable	Beneficiary eligibility
2019	Financial assistance was released to the beneficiaries of AICS program by the SWAD Office in Dumaguete City even if the petty cash vouchers and other required documents lacked the signatures and did not bear the approval of proper officials	VI	4,630,850.00	Process

The 2021 Integrated Performance Review and Evaluation Workshop (IPREW) Report from the Field Offices also revealed related lapses and deficiencies such as: (1) various pay-out concerns (lack of manpower; high security risk of SDOs/paymaster during encashment, transportation and disbursement of cash advance; and slow processing of liquidation); (2) challenges in timely preparation of liquidation report given the huge amounts to be disbursed; (3) recurrent outage of Crisis Intervention Monitoring System (CrIMS) which causes delay in the updating and encoding of clients served that may lead to duplication of services among FOs; (4) lack of monitoring on cases referred to CIU to account the services provided to different sectors; (5) lack of integrated cash monitoring system; (6) various HR-related concerns (voluminous work vis-a-vis the limited workforce; limited workspace to accommodate the staff, office equipment and documents; lack of security of tenure of field staff); and (7) significant increase of clients seeking assistance.

With the above initial issues and findings, it can be gleaned that there is a need to conduct process evaluation of the implementation of AICS. There is a need to revisit the program design, processes and policies and how they are carried out that caused the different issues and lapses. Foremost, how the AICS is able to meet its goals is related to achieving the overall mandate of the DSWD in helping the poor and vulnerable sectors. Results of this study shall provide very significant data for policy and program development and enhancement in terms of standardizing its delivery and monitoring mechanisms, approaches, and strategies as the program is being prepared for its eventual devolution.

C. Evaluation Objectives

This process evaluation (PE) seeks to assess the AICS program design, delivery mechanisms, processes, performance, as well as beneficiary awareness and effects. In line with the evaluation criteria set by the Organization for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC), the study also assesses the AICS in terms of its relevance, coherence, effectiveness, efficiency, sustainability and potential impact.

This study aims to provide program management evidence-based information to make program design and implementation adjustment decisions and to modify and update policies and guidelines.

D. Scope and Limitations

This PE was performed from April to November 2022 by the PDPB RED, with assistance from Policy Development and Planning Sections from the covered regions. Due to limitations in research budget and number of evaluation team members, the PE only covered the AICS implementation in DSWD Crisis Intervention Units/Sections (CIU/CIS) with highest number of clients served per island cluster (Region II and NCR for Luzon, Region VI for Visayas, and Region XI for Mindanao). Additionally, the AICS implementation in the DSWD Central Office was also covered.

To reduce recall bias or inability of respondents to recall events and feelings, only the AICS clients or beneficiaries served from 2019 to present were targeted for the survey and focus group discussions. Clients refer to the individual or family who physically appeared at a CIU or SWAD or before a social worker to process the required assistance. The client may be the beneficiary him/herself or the authorized representative of the beneficiary. Beneficiaries refer to the actual recipient of the funds or the benefits of AICS. The terms “beneficiaries” and “clients” will be used interchangeably throughout this report for easy reference.

The said period is also primarily guided by DSWD Memorandum Circular No. 11, series of 2019 or the Revised Guidelines on the Implementation of Assistance to Individuals in Crisis Situation, which served as basis of the research tools used in this PE.

II. DESCRIPTION OF THE PROGRAM¹

AICS is the provision of integrated services to individuals and families in crisis or difficult situation through the Department's Central Office/Field Offices' Crisis Intervention Unit/Section (CIU/CIS) and Social Welfare and Development (SWAD) Satellite Office. The beneficiaries of the program may seek assistance directly from the CIU/CIS or SWAD or through referral.

The integrated services under the program may be in the form of psychosocial intervention or direct financial and material assistance. Proper endorsement to other offices, centers, government agencies and non-government organizations is likewise employed to ensure that the need(s) of the client will be fully served.

A. Program Components

The services under AICS are the following:

1. Financial and Material Assistance - Financial assistance is the provision of monetary support in the form of outright cash and/or guarantee letter to augment the resources of the client (see rates of assistance) whereas material assistance is the provision of non-food items. These are further classified into:
 - Transportation Assistance - the assistance for the purchase or payment of transport (air/sea/land) tickets and/or expenses to enable the client/s to return to his/her/their home provinces permanently or seek further medical interventions in another place, or to attend to emergency concerns such as death, care, or other emergency or critical situations of family members, relatives, or other individuals in need. This includes those that require immediate presence, such as but not limited to, attendance to a court hearing, rescue of abused relative, etc.
 - Medical Assistance - the assistance to help shoulder hospitalization expenses, cost of medicines, other medical treatment or procedures such as implants, laboratory procedures including but not limited to computerized tomography (CT) scan, electrocardiogram (ECG), echocardiogram (2D Echo) magnetic resonance imaging (MRI) and provision of assistive device. Other medical expenses such as professional fees may be covered.
 - Burial Assistance - the assistance to defray funeral and related expenses, including but not limited to expenses in bringing the remains to the residence of the deceased and/or burial site in accordance with existing customary practices of the family especially among Indigenous Peoples and Moros. Due to a disaster/calamity/critical events or similar circumstances where there are casualties in the family, the surviving family shall be given an outright cash in the amount of P10,000 for each casualty, without need of a case study report
 - Educational Assistance - a form of assistance given to eligible students to help defray school expenses and/or cost of sending students/children to school such as school fees, supplies, projects, allowance and other related expenses which will be provided once in a school/academic year for students, with priority shall be given to working students in public high school, vocational technological schools, state colleges and universities. A maximum of three (3) children per family shall be entitled to this assistance.

¹ Based on the DSWD Memorandum Circular No. 11, series of 2019 or the Revised Guidelines on the Implementation of Assistance Individuals in Crisis Situation.

However, this may be given to a student who, although not indigent, is assessed by the social worker to have an extreme need therefor based on his/her family's current condition to include victims of displacement and repatriated/deported Overseas Filipinos (OFs), among others.

In no case shall this assistance be given to cover expenses for graduate and post graduate studies.

- Food Assistance - the provision of assistance to client(s) in need would be provided up to a maximum of ten (10) days for an amount of at least P80.00 per meal per individual. It includes hot meals, food/meal allowance, or cash equivalent to the cost of the required hot meals and/or food packs.

Eligible client(s) shall include those caring for sick relatives or relative/s in the hospital, grantee(s) of transportation assistance on his/her/their return to their home province or attendance to court hearings, People Who Use Drugs (PWUD) and their families, rescued trafficked individuals, former rebels, distressed OFs, stranded individuals due to emergency situations (such as, but not limited to, human-induced and natural calamities) and alike.

- Cash Assistance for other support services - an assistance in the form of outright cash provided to individuals and families in extremely difficult circumstances in which the need does not fall on the above-mentioned assistance, such as but not limited to, a child victim of online sexual exploitation and other sexual abuse cases, families of KIAWIA uniformed personnel (police and soldiers), repatriated or deported OFs, Persons Living with HIV, rescued individuals/families against abuse, family and children of PWUD, survivor-victims of violence against women and children, rebel returnees, victims of fire, armed conflict and other incidents/occurrence putting those affected in crisis situation, as may be justified by the social worker or through a case consultation/conference.
2. Psychosocial Intervention- a set of interventions that is of non-biomedical means to positively alter a person's behavior and relationship with the society in order to reduce the impact of stress brought about by a crisis. It may be provided with, but not limited to, cognitive or behavioral therapies. Basically, it involves giving immediate relief to psychological and emotional issues under specific circumstances
 3. Referral for Other Services-refers to assistance that are not available at the CIU or SWAD Satellite Office but can be accessed from other resources and/or networks. This involves, but is not limited to, referrals to appropriate agencies for legal services, psychosocial interventions and even admission to residential facilities for temporary shelter.

If necessary, the social worker handling the case shall prepare a case summary indicating his/her assessment and recommendation, and shall include it in the referral letter of the client. He/she may escort the client to the referred agency for proper endorsement. In all cases, the CIU/CIS shall coordinate accordingly to ensure that the referrals are immediately and properly acted upon. Coordination with Local Social Welfare Development Officer for the after-care and other social welfare support services for the client shall likewise be done by the CIU/CIS.

B. Target Beneficiaries

The target beneficiaries of AICS are individuals and/or families who are indigent, vulnerable, disadvantaged or are otherwise in crisis situation based on the assessment of the social

workers. Crisis situation pertains to a condition whereby an individual or group of persons are faced with a different and stressful situation resulting to the impairment of his/her psychosocial functioning thereby needing series of interventions to prevent further exposure to vulnerabilities, exploitation and abuse.

C. Approved AICS Process

The CIU nationwide operates generally on weekdays within the core time from 8:00 am to 5:00 pm, as long as clients are inside the premises of the Office and shall abide to "no noon break" policy. To be able to accommodate and process clients who came in early, scheduling of staff duty should be devised arranged (i.e., reporting time-in of 7:00 AM and time-out at 5:00 PM and beyond should be considered in the schedule).

The process of AICS starts with the issuance of queuing number to the clients as they fill out the Health Declaration Form. The clients in queue then undertake the following steps below:

1. Screening and Verification

A screening process shall be undertaken by the designated DSWD staff to ensure the completeness and correctness of the documentary requirements. The original or certified true copy of the applicable requirements must be exhibited by the client.

Complete documentary requirements shall be condition precedent in the processing and release of assistance to a client.

Verification through the Crisis Intervention Monitoring System (CrIMS) or any existing database system shall be employed for all clients.

2. Assessment

The assessment shall determine the eligibility of the client to avail the services during the interview and on the supporting documents presented. The social worker shall determine the capacity of the family in addressing the problem looking keenly on the available resources that the family could utilize. The assessment of the social worker shall be the basis for the recommendation and will be indicated in the social case summary which can also be written in the General Intake Sheet (GIS) or a separate document (i.e. certificate of eligibility). The client who may be assisted using psychosocial intervention must be attended to by the social worker with the tenet(s) of the applicable intervention as guide.

During the assessment, the social worker attending to the client may coordinate with partners such as but not limited to: hospital conduction, medical services and coordination for billing discounts. This is employed to assist the social worker in determining the appropriate assistance.

3. Provision of Assistance

- a. The type and rates of assistance shall be as follows:

Table 2. Cost and Frequency per Type of Assistance

Type of Assistance	Particulars	Cost of Assistance (in Php)		Frequency of Availment
		Minimum	Maximum	
Transportation	Land/sea/air travel	Actual cost based on ticket quotation		Once every 6 months
Medical	Hospital bill/other medical expenses	1,000	150,000	Once every 3 months

Type of Assistance	Particulars	Cost of Assistance (in Php)		Frequency of Availment
		Minimum	Maximum	
	Medicines (out-patient)	Actual amount/cost	10,000	
	Laboratory procedures (out-patient)	Actual amount/cost	10,000	
Burial	Funeral expenses	5,000	25,000	Availment of one service shall exclude the availment of others of the same category
	Cadaver transfer	5,000	25,000	
	Casualties during calamity/disaster		10,000 per casualty	
Educational (maximum of 3 children per family)	Elementary students	500	1,000	Once every school year
	High school students	1,000	1,500	
	College students	2,000	5,000	
Food	Food subsidy for individuals/families	1,000	3,000	Once every semester (varies per region)
Cash	Other needs	1,000	10,000	As needed
				Once every 6 months for a maximum of 1 year

The above schedule shall not prohibit the social worker from recommending a higher amount subject to his/her assessment and justification of the client's circumstances as stated in the Social Case Study Report (SCSR). Provided that this kind of assistance shall be validated by the CIU Head and approved by the Division Chief.

These rates of assistance may be reviewed and adjusted from time to time, subject to the approval of the Secretary.

b. Modes of Assistance

i. Outright Cash

For the assistance of P10,000.00 and below, the entitled client shall claim it from the designated disbursing officer within the day depending on the availability of funds. Outright cash may be provided to clients who will be travelling through several modes of transport to defray the costs. Food assistance may also be given.

For payouts conducted by SWAD, assistance to clients shall be released within seven (7) days.

ii. Guarantee Letter (GL)

Assistance through the issuance of a guarantee letter (GL) shall be addressed to the service providers. The social worker prepares the said GL, bearing the assistance to be provided and the amount thereof. In issuing GL for assistance of very minimal amount, utmost consideration shall be the exigency of the need of the client vis-à-vis the main objective of the program to provide assistance to those in crisis or difficult circumstance.

The GL is considered an urgent document and shall be prioritized for signing by concerned approving officers, encoded in the document tracking system (DTS) and released within the day or up to three (3) days for GL up to P75,000, and a maximum of seven (7) working days for up to P150,000, depending on the availability of funds.

When released, the GL shall be presented by the client to the concerned service provider for the availment of assistance based on the approved amount. The check equivalent to the amount guaranteed shall be made payable directly to said service

provider. In justifiable cases, not limited to transportation of cadaver or immediate transportation assistance, payment may also be through Authority to Debit Account (ADA) or any non-cash financial instrument, as may be appropriate under the circumstance.

c. Approving Authority

The following range of financial assistance shall be approved by the officials identified below or their authorized alternate:

Table 3. Approving Authority per Amount of Assistance

Amount (in Php)	Central Office	Field Office
Up to 20,000	CIU / CIS Head	CIU / CIS Head / SWAD Team Leader
20,001-50,000	Chief of Crisis Intervention or Chief of other designated Division	Division Chief
50,001-75,000	Bureau Director of PMB/Designated Office or alternate based succession order	Assistant Regional Director (ARDA in the absence of ARDO)
75,001-100,000	Assistant Secretary for Statutory Programs/Designated Cluster or alternate based on succession order	Regional Director
100,001-150,000	Undersecretary for Operations/Designated Cluster Head or alternate based on succession order	
Above 150,000	Secretary or Designated OIC	Secretary or Designated OIC

In the absence of the approving officers, the signatory shall be the alternate based on succession of authority.

For auditing purposes, the Certificate of Eligibility and all other supporting documents, except the GIS, shall be submitted to the Financial Management Service (FMS) Unit (FMU).

D. Other Program Mechanisms

Partnership with Service Providers. To reduce the amount of cash advance to be bonded to the Special Disbursement Officers (SDO) of the SWAD, to limit the releases of outright cash assistance to clients, and to ensure that they are provided with the service solicited, partnership with service providers is established in the DSWD CO and FOs. Specifically, the service providers facilitate the provision of assistance/ services to the client through credit basis in accordance with the existing accounting and auditing rules and regulations.

A MOA between the DSWD FO/CO CIU and the service provider may be entered into formalizing the details of the partnership and specifically indicating the allowable maximum credit per service provider, the requirement of a statement of account, and the billing period, among others; provided that all MOAS entered into in the FOs may be forwarded to the CO. Partnerships with service providers covering national in scope, such as specialty hospitals and/or drug stores, shall be entered into by the CO.

Cash Releases through Off-Site Serbisyo. In the event that there will be cash release through Off-Site Serbisyo, the following shall be considered:

a. The off-sites shall be determined by the Regional Directors or their duly authorized representatives from any of the following: public schools, barangay halls, Child Development Centers, multi-purpose halls and covered courts. In selecting the venue, primary consideration shall be the safety and well-being of the beneficiaries and DSWD service providers.

b. Off-site release shall be made only during office days and office hours.

E. AICS Theory of Change

The AICS Program has no established theory of change (ToC). During the United Nations Development Programme (UNDP) and the National Economic and Development Authority (NEDA) project of “Provision of Technical Assistance to Key National Government Agencies on Evaluation Planning, Evaluability Assessment of Priority Development Programs, and the Design and Implementation of the Roll-out of the National Evaluation Policy Framework (NEPF) Guidelines”, the DSWD participants led the reconstruction of the program’s ToC (Figure 2) and its validation with the DSWD Management. Further, for the purpose of this study, the evaluation team shared and validated the ToC with the Central Office CIU staff in one of the consultation meetings during the preparatory phase.

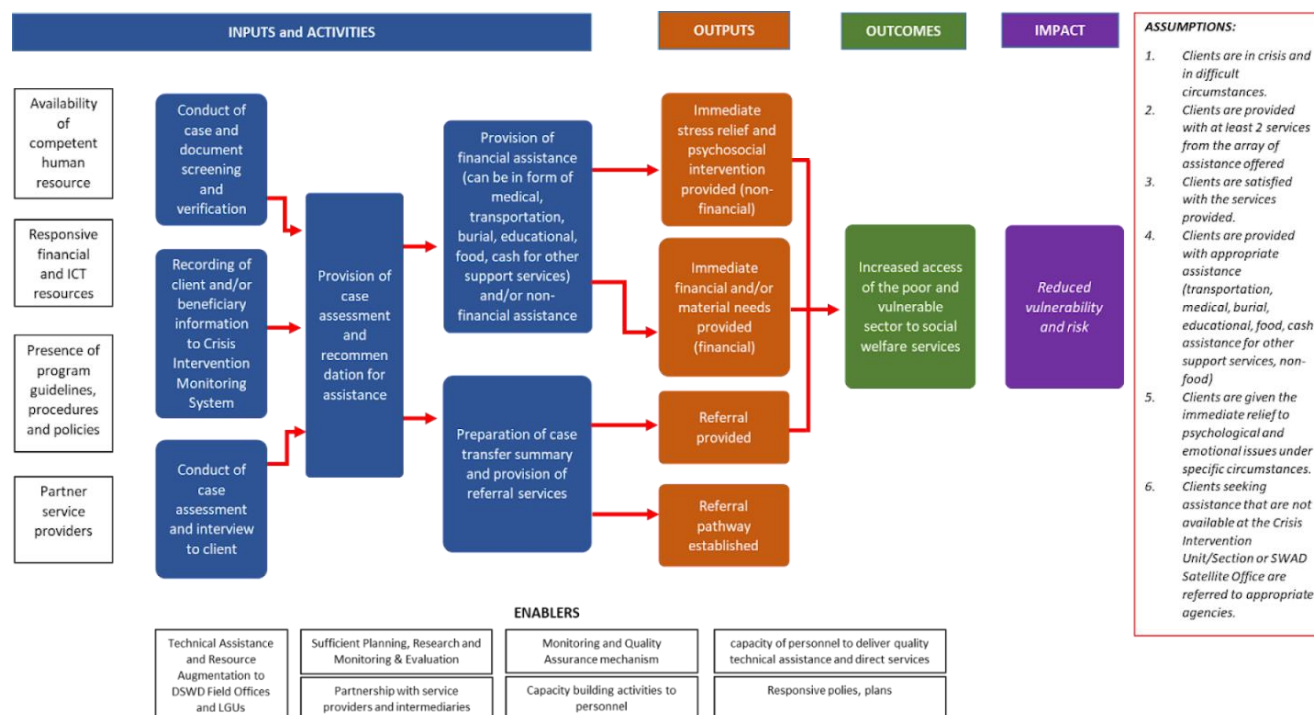
The narrative of the ToC is:

If individuals and families in crisis situations are provided with social welfare interventions through the AICS Program,

Then the client’s well-being will be improved and access to social welfare services will be increased. This is because of the immediate provision of stress relief, psychosocial intervention, financial and/or material assistance, and referral services established,

Therefore, the persons in crisis will be supported and assisted to prevent them from being poorer or going to the next level of poverty and be provided of certain level of empowerment.

Figure 2. AICS ToC



F. Key Stakeholders of the AICS

The following key stakeholders affect the implementation of AICS:

- Clients, which refers to the individual or family who physically appeared at a CIU or SWAD or before a social worker to process the required assistance. The client may be the beneficiary him/herself or themselves or the authorized representative of the beneficiary. The client is the person/s profiled using CrIMS, with the proper notation if they are also the beneficiary.
- Beneficiaries, which refers to the actual recipient of the funds or the benefits of AICS. In the CrIMS, an individual is identified as the “beneficiary” while the person claiming the assistance in his/her behalf or his/her authorized representative is labelled as the “client”.
- Service providers, such as funeral homes, hospitals, pharmacies, schools, and transportation facility/service.
- Relevant offices, such as policy makers (House of Representative, Senate of the Philippines), DBM, and DSWD management and program implementers.

G. Program Context

Social protection (SP) constitutes policies and programs that seek to reduce poverty and vulnerability to risks and enhance the status and rights of the marginalized by promoting and protecting livelihood and employment, protecting against hazards and sudden loss of income, and improving people’s capacity to manage risk (NEDA SDC, 2007).

One of the components of SP are social safety nets that are stop-gap mechanisms or urgent responses that address effects of shocks (i.e., economic shocks, disasters and calamities) on specific vulnerable groups. A recent summary of international experience with social safety nets found that to be effective, programs must have the following characteristics (ADB, 2010): appropriate, adequate, equitable, cost-effective, compatible with incentives, sustainable and affordable given current and forecast public revenues and political support, adaptable, and have sufficient capacity for accurate monitoring and evaluation.

By definition and design, AICS is one of the major social safety net programs of the government. Similar to the Pantawid Pamilyang Pilipino Program (4Ps) which is the main SP program of the DSWD, AICS has also been receiving increased budgetary allocations under the protective services for individuals and families in difficult circumstances. As seen in Table 4, since 2018 up to the present, the percentage increase of allocation of AICS in the GAA against the proposed allocation in NEP has not lowered to 20%. The percentage increase was highest in 2021 and 2022 at 95.9% and 121.1%, respectively.

Table 4. 2018-2022 Budget Allocation of AICS as proposed in NEP and as approved in GAA

Year	NEP (in Php Million)			GAA (in Php Million)			
	PS	MOOE	TOTAL	PS	MOOE	Capital Outlay	TOTAL
2018	37.11	3,418.23	3,455.34	37.11	5,670.97	-	5,708.08
2019	42.74	4,105.21	4,147.95	42.74	5,045.21	-	5,087.95
2020	41.73	6,566.30	6,608.03	76.73	8,657.20	-	8,733.93
2021	47.81	11,977.91	12,025.73	47.81	23,513.11	98.00	23,560.93
2022	55.91	17,977.91	18,033.82	55.91	39,711.16	-	39,865.07

The increases in budgetary allocations have resulted to large variances in the number of clients served compared to the targets indicated in the GAA, as indicated in Table 5.

Table 5. AICS Target vs. Physical Accomplishment on Number of Clients Served, 2018-2021

Year	GAA Targets	Accomplishment	Variance
2018	728,450	812,749	11.6%
2019	456,528	1,121,270	145.6%
2020	877,444	1,224,270	39.5%
2021	1,778,073	3,625,834	103.9%
2022	1,389,339	-	-

Table 6. AICS Physical Accomplishment per Type of Assistance, 2018-2021

Assistance	2018	2019	2020	2021	Total
Educational Assistance	24,068	244,443	140,778	600,225	1,211,375
Medical Assistance	151,898	671,029	387,363	226,859	1,843,411
Transportation Assistance	92,276	11,689	6,063	242,596	361,972
Burial Assistance	470,842	110,865	78,141	27,506	769,967
Food Assistance	68,618	64,072	232,092	957,662	1,371,883
Non-Food Assistance	3,363	3,353	3,438	5,747	20,421
Other Cash Assistance	288	28,506	381,818	1,218,924	1,629,536
Psychosocial Services	264,178	597,148	725,286	1,783,304	3,369,916
Referrals	1,422	1,126	817	693	4,058
TOTAL	1,076,953	1,732,231	1,955,796	5,063,516	10,582,539

Medical assistance is the most provided among other types of financial assistance under the AICS (see Table 6) from 2018 to 2021. This is despite of the various medical assistance that are also provided by other government agencies:

- Department of Health (DOH) Medical Assistance for Indigent Patients (MAIP) Program - The MAIP Program shall provide support for drugs, medicines, medical/orthopedic devices, dental services (except those that are for aesthetic purposes and not medically indicated) or other medically related needs prescribed by the physician of a health facility for in-patients and out-patients, in excess of the packages/case rates covered by PhilHealth or other financing sources subject to the availability of funds. Likewise, all participating hospitals/institutions/offices shall strictly observe the implementation process as established by the MAIP Program (A.O. No. 2020-60 - Revised Guidelines on the Implementation of the Medical Assistance to Indigent Patients (MAIP Program))
- Philippine Charity Sweepstakes Office (PCSO) Medical Assistance Program - It is the program for the provision of assistance to male and female individuals with health-related problems seeking financial help, which is embedded on the premise of augmenting their funds, in partnership with government and private hospitals, health facilities, medicine retailers and other partners. Requests covered are:
 1. Confinement
 2. Erythropoietin (dialysis injection)
 3. Cancer Treatment
 4. Specialty Medicines
 5. Hemodialysis
 6. Laboratory (blood chemistry) and Diagnostic and Imaging procedures
 7. Implant and Medical Devices

- Senate Public Assistance Office (SPAPO) Medical Assistance - Senate Assistance Public Office is tasked to provide medical and social services to the people and serves as conduit between constituents and other appropriate government agencies. The Senate, through SPAPO, was able to provide 36,997 various types of medical assistance in 2021 that alleviated the plight of Filipinos confined or seeking medical care in various public hospitals all over the country.
- Office of the President and Office of the Vice President also provide medical assistance to those who seek assistance directly from the respective offices.

III. EVALUATION DESIGN AND METHODOLOGY

In line with the evaluation criteria established by the OECD-DAC, the study assesses the AICS in terms of its relevance, coherence, effectiveness, efficiency, sustainability and potential impact. Each criterion is operationalized in more detail using the following key evaluation questions:

A. Key Evaluation Questions (KEQs)

Relevance pertains to the extent to which the intervention objectives and design respond to beneficiaries' global country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

- To what extent is the problem that the AICS is trying to address valid, critical and urgent?
- To what extent is the AICS' ToC sound?
- To what extent are the activities and outputs necessary and sufficient to deliver the intended outcomes and impacts?
- To what extent is the AICS expected to contribute to the implementation of national strategies / achievement of DSWD's organizational objectives?
- To what extent is the AICS necessary?
- To what extent has the AICS program been responsive to changes in the government's strategic directions?

Effectiveness pertains to the extent to which the intervention is achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

Effectiveness - Delivery of Outcomes

- To what extent have the poor and vulnerable sectors increased access to social welfare services?
- To what extent did the AICS contribute to these outcomes?
- To what extent is the AICS delivering unintended outcomes?
- What factors facilitated or hindered the delivery of AICS outcomes?

Effectiveness - Delivery of Outputs

- To what extent did the AICS reach its target beneficiaries?
- To what extent did the target beneficiaries that the AICS reached participate in the program?
- To what extent were the target beneficiaries provided with immediate stress relief and psychosocial intervention (non-financial)?
- To what extent were the target beneficiaries satisfied with the immediate stress relief and psychosocial intervention (non-financial)?
- What are the target beneficiaries' views about the AICS?
- To what extent did the target beneficiaries utilize the interventions?
- To what extent is the AICS delivering unprogrammed outputs?
- What factors facilitated or hindered the delivery of AICS outputs?

Effectiveness - Implementation of Activities

- To what extent are the different administrative levels (DSWD CO and FO, Service Providers) implementing the AICS as planned, i.e. following prescribed processes and standards?
- To what extent does this affect program efficiency?

- To what extent did the program integrate socio-economic status (e.g. Pantawid beneficiaries/poorest of the poor, gender, cultural diversity, religion, disability and geographically isolated and disadvantaged areas (GIDA) in the delivery of services?

Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

Efficiency - Financial Resources

- Were there adequate financial resources?
- Were funds managed and coordinated efficiently?
- Was there any red flag raised in fund management at any level?
- How established were the structures and processes (e.g. presence of policies, plans, M&E system, operations manual, coordination mechanisms) to support the allocation of financial resources?
- Did the costs justify the outputs and actual outcomes?
- How does the DSWD AICS differ from other social assistance programs (e.g. AICS of LGUs)?
- Is there any duplication between the AICS and social assistance programs (e.g. AICS of LGUs)?
- Are there other ways/approaches to achieve the results with less funds?

Efficiency - Human Resources

- Were there adequate human resources?
- Did the individuals involved in the AICS have sufficient competency to implement the program as intended?
- Was there any red flag raised in HR management at any level?
- How established were the structures and processes (e.g. presence of policies, plans, M&E system, operations manual, coordination mechanisms) to support the allocation of human resources?
- Are there other ways/approaches to achieve the results with less human resources?

Efficiency - Time

- To what extent was the time given / allocated for the implementation of the AICS sufficient?
- Was time managed and coordinated efficiently?
- Was there any red flag raised in time management at any level?
- How established were the structures and processes (e.g. presence of policies, plans, M&E system, operations manual, coordination mechanisms) to support the timely implementation of the SFP?
- Are there other ways/approaches to achieve the results with less time?

Sustainability is the extent to which the net benefits of the intervention continue, or are likely to continue.

- To what extent are the program's processes / frameworks including the different modalities sustained by implementers?
- To what extent are the AICS' benefits expected to continue after the provision of assistance?
- How are the positive effects of the interventions going to be sustained after the completion of the program?
- To what extent were mechanisms set up to sustain the AICS?

Potential impact pertains to the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.

- What direct and indirect impact (positive and negative) can we expect from the AICS?

Coherence is the compatibility of the intervention with other interventions in a country, sector or institution.

- To what extent is the AICS maximizing synergies with other programs of DSWD?
- To what extent is the AICS maximizing synergies with other programs outside DSWD (CSOs, development partners, and other government agencies)?
- To what extent is the AICS consistent with similar best practice programs implemented by local and international organizations?

B. Methodology

The process evaluation used qualitative and quantitative approaches to gather data from the AICS beneficiaries, program implementers and service providers. The qualitative approach involved collecting and analyzing primary data, consisting of key informant interviews (KII) and focus group discussions (FGDs). The main source of quantitative data was based on the primary data collected from the survey.

1. Research sites

The selection of research sites was based on the following criteria:

- The areas are geographically distributed in the three major island groups of Luzon, Visayas and Mindanao
- Regional Offices with the highest number of clients served during CY 2019-2022
- Logistic was considered in the selection of research sites

The five (5) research sites are the following:

Table 7. Research Sites per Island Cluster

Island Cluster	Target Site	Target City/Municipality/Barangay
Luzon	DSWD Central Office	Quezon City
	DSWD NCR	Barangay 389 Sampaloc Manila
	DSWD FO II	Barangay Ugac Sur Barangay Ugac Norte Barangay Linao East
Visayas	DSWD FO VI	Barangay Jaro Barangay Molo Barangay Sta. Barbara
Mindanao	DSWD FO XI	Barangay Talomo Barangay Buhangin Barangay Bukana

2. Methods

The research mainly utilized three data gathering methods: survey, key informant interviews (KIIs) and focus group discussions (FGD). All of the data gathering tools used in the study including the guide questionnaires and survey form (see Annex 1, 2, and 3) were pre-tested in Baguio City, Cordillera Administrative Region.

i. Quantitative Approach

Survey with CIU/CIS Clients/Beneficiaries. The research team identified the survey respondents through random selection from the list of beneficiaries provided by the DSWD CIU Program Management Office. A total of 105 respondents were targeted per research area. Meanwhile, in the absence of contact numbers of the beneficiaries/unavailability to undertake the survey, the research team replaced the respondents with available clients who are willing to undertake the survey during the AICS payout.

ii. Qualitative Approach

The KIs and FGDs provide context to the survey responses, as well as offer a more holistic view of the actual program implementation. Among DSWD managers, the DSWD Field Office Directors and Crisis Intervention Section Head who are in charge of monitoring the implementation of the program were interviewed. The KIs focused more on the review of program accomplishments and its contribution in achieving the overall results framework and strategic goals of the department. Separate interviews were also conducted with selected service providers/partners. The interview focused more on the assessment of the existing processes and guidelines on the provision of AICS services.

Key Informant Interviews. The selected key informants from CIS/CIU included members of the FO and field program management, as long as they are directly involved in AICS implementation. For DSWD CIS partner service providers, the DSWD FOs were requested to identify partner service providers to be included as key informants.

Focus Group Discussion. The FGDs were conducted separately among CIS/CIU personnel and clients. The CIS/CIU clients who participated in the FGDs were different set of clients from the survey respondents. FGDs with selected clients of the different types of assistance of AICS were conducted concentrating on identifying the impact of the program on their well-being. The FGD also tried to gauge the satisfaction of the beneficiary in terms of the process and assistance that they received.

Table 8. Distribution of Respondents by Type of Data Gathering Method

Data Gathering Activity	Respondents
Survey	473
Key Informant Interviews	16
Focus Group Discussions	30

Document Review. In addition to primary data collected, the evaluation team also collected secondary data such as the physical and financial accomplishments of the program. All existing guidelines on the implementation of AICS were also reviewed for reference. But as mentioned earlier, the DSWD Memorandum Circular No. 11, series of 2019 or the Revised Guidelines on the Implementation of Assistance to Individuals in Crisis Situation, served as main reference for the development of research tools used in this PE.

3. Data Presentation and Analysis

Survey Data. The survey data was encoded through KOBO Toolbox after which it was reviewed, cleaned and coded using MS Excel. The final dataset was processed using Stata. The data was presented in one-variable tables, cross-tabulation and descriptive statistics.

Interviews and FGDs. Recordings of the interviews were transcribed, consolidated, coded and grouped according to research questions they responded to. Common occurring themes were then identified for the analysis vis-a-vis survey results and secondary literature available.

IV. FINDINGS

A. Profile of Survey Respondents

A total of 473 respondents participated in the survey. Majority or 57.7% are clients, whereas 42.3% are beneficiaries. As defined earlier, clients refer to the individual or family who physically appeared at a CIU or SWAD or before a social worker to process the required assistance. The client may be the beneficiary him/herself or the authorized representative of the beneficiary. On the other hand, beneficiaries refer to the actual recipient of the funds or the benefits of AICS.

A great majority or 316 (59.5%) of the total respondents were first-time clients. Meanwhile, respondents who have already been clients before for at least two times availed the medical assistance the most.

Table 9. Overall Number of Respondents per Number of Times of Availment

Type of Assistance	No. of First-time Clients	No. of Repeat Clients (at least 2 times)
Medical	168	195
Burial	69	4
Transportation	5	0
Education	16	8
Food	18	6
Cash	40	2
Total	316 (59.5%)	215 (0.5%)

1. Clients' Profile

Among the client respondents, 33.7% are children of the beneficiaries, while 20.5% are parents of the beneficiaries and 19.0% are spouses of beneficiaries needing the assistance.

Majority or 367 (77.6%) of the respondents are females while 106 (22.4%) were males.

The median age of the respondents was 46 years old. Persons aged 15 to 64 years (working-age or economically active) totaled to 422 (89.2%) while those in age groups 65 years and over (old dependents) comprised the remaining 44 (9.3%). The remaining 7 (1.5%) respondents did not report their age.

More than half (52.0%) of the respondents are married while 20.5% are single. 11.2% of the respondents are widow/widower and almost 10.0% are living together with their partners.

2. Beneficiaries' Profile

The urban/rural poor represent 24% of the respondents who are the primary beneficiaries of assistance. The highest percentage (37%) of urban/rural poor respondents reside in Region II.

It was evident that women and senior citizen respondents availed themselves of assistance the most across all regions that have been surveyed. The greatest share of women and senior citizen beneficiaries can also be found in Region II at 26% and 29% of the total respondents, respectively. This was followed by NCR at 27% and 22%.

The average household size of the respondent beneficiaries is five with three members aged 18-59 years old. Across all the regions covered, respondents mentioned that at least one

member has a functional limitation, one to two members are with an illness, and one is a senior citizen. However, one to two members are with a source of income.

B. Pre-Assistance Situation

Prior to the program entry, clients were asked about their pre-assistance situation that pushed them to access social assistance. The results of this question give us valuable insights into what clients were experiencing before they accessed social assistance.

Average Household Income. The average monthly household income of the respondents is estimated at Php10,769.21. Households from Region XI have the highest reported monthly income at Php11,895.21, while the smallest household income was observed in Region VI at Php9,624.76.

Respondents were also asked on the main source of income of the households. Majority of the respondents or 54% primarily depend on salaries and wages from employment as a source of income. The average reported income from salaries and wages is estimated at Php12,333.08.

This was followed by livelihood from family-operated enterprises or activities at 20.8%, remittances or cash received out of salaries or wages from a family member at 7.6%, and private pension at 6.49%. Those who received government cash transfers like social pension and 4Ps accounted for 5.4% of the respondents. Less than 1% had no other source of income.

Average Household Expenditure. The average monthly household expenditure of the respondents is estimated at Php12,639.28². There is evidently a gap between the average household monthly income and expenditure. This validates that the respondents are in a crisis situation.

The respondents spent mostly on food and groceries at an average cost of Php6,480.27 and medical needs at Php4,305.31.

Households with members attending school reported expenditures on educational needs at php3,446.31.

1. Health and Medical Crisis

Among clients requesting medical assistance, the average hospital bill was Php82,573.18. In some cases, the hospitalization cost reached more than Php140,000.00.

Meanwhile, those requesting assistance for medicines needed at least Php10,592.00 to cover a month's worth of medicine. It is interesting to note that in Region II, the most common request for assistance is medical maintenance for cardiovascular diseases (i.e., hypertension) and diabetes mellitus, which only cost Php4,657.38, on the average. As detailed in Table 10, AICS beneficiaries commonly seek medical assistance because the top illnesses that they have are chronic and require continuous or lifetime medication.

² The computed average monthly expense is greater than the average monthly income which may indicate underreporting of income and difference in income and expense is covered by debt (not captured).

Table 10. Top 5 Illnesses Experienced by AICS Beneficiaries Per Site

Illness	CO	NCR	II	VI	XI	Total	Percent
Cardiovascular Diseases	9	24	40	16	12	101	21.6%
Diabetes Mellitus	8	11	11	8	3	41	8.7%
Chronic Respiratory Diseases	1	6	6	3	4	41	8.7%
Cancer	6	6	7	7	5	31	6.6%
Chronic Kidney Diseases	9	4	4	1	9	27	5.7%

Meanwhile 123 respondents claimed that they also requested and received assistance from other agencies aside from the DSWD (50.4% non-cash and 49.6% cash). Average cash assistance received from other agencies is estimated at Php8,739.38. Non-cash assistance was provided in the form of a guarantee letter, actual medicine and voucher card.

2. Loss of Family Member

Loss of family members causes dire financial consequences, most especially if there are already expenses incurred such as medical bills, daily expenses, debt etc. As confirmed by 41.4% of the respondents, the loss of a breadwinner resulted in financial hardships for the family and pushed them to seek burial assistance. The average funeral expenses is Php 37,300.00 that only covers the cost of casket, excluding the funeral service.

Almost half (43.1%) of the respondents also sought burial assistance from other agencies (60.0% non-cash and 40.0% cash). The average cash assistance received is estimated at Php9,500.00. All non-cash assistance is provided in the form of a guarantee letter.

3. Defraying School Expenses

Student-in-crisis are eligible to get educational assistance to help defray school expenses and/or the cost of sending students/children to school such as school fees, supplies, projects, allowances, and other related expenses. The average reported tuition charge and monthly allowance among customers in need of educational aid was Php11,362.00 and Php1,976.00, respectively. The primary factors that push the beneficiaries of educational assistance are lack/limited school allowance (47.4%), high tuition fees (36.8%) and payment for school projects (15.8%).

4. Limited Access to Food and Other Needs Due to Various Economic and Social Risks

People in extreme financial stress or those in desperate need of food or cash assistance can apply to DSWD for financial aid. The average financial needs for the recovery of clients under food/cash assistance is estimated at Php53,465.00. These clients experienced loss of livelihood/job (37.5%), belonged to poor households (17.9%) and were victims of disasters (37.5%). Other clients also requested medical assistance, but because the requirements were not met, financial aid was provided (7.1%) instead. Only 15.8% of the respondents sought assistance from other organizations for cash and food assistance. The assistance in the form of cash provided by these organizations amounted to Php5,328.57, on the average.

Meanwhile, the average cost for people in need of transportation assistance is estimated at Php4,500.00. The respondents who sought transportation assistance all said that they would use it to return to their hometown permanently.

C. AICS Program Availment

1. Types of AICS Received by the Beneficiaries

The respondents were asked what types of AICS they were able to avail since they started requesting assistance from the DSWD. Most of the respondents or 76.74% received medical assistance. The next common type of AICS availed is burial assistance with 15.4%, followed by cash assistance with 8.9%. The least availed types of AICS are education (5.1%), food (5.1%) and transportation assistance (1.1%).

Among those who received medical assistance, a great majority or 67.5% requested assistance for medical maintenance. This is followed by requests for payment for hospitalization (22.3%), laboratory (20.4%), dialysis and chemotherapy (9.1%), pre-operation procedures (2.2%) and assistive devices (1.1%).

On frequency, one-third of those who received medical assistance availed the AICS three times or more. These clients seek assistance every quarter which is the maximum frequency they can avail the AICS as prescribed by program guidelines.

Table 11. Number of Respondents Who Availed AICS per Type of Assistance

Type of Assistance	No. of Clients	Percent
Medical	363	76.7%
Burial	73	15.4%
Cash Assistance	42	8.9%
Education	24	5.1%
Food	24	5.1%
Transportation	5	1.1%
Total	473	100%

Most Recent Assistance Received by the Beneficiaries. Clients were also asked for the most recent type of AICS they requested from the DSWD. The most common type of assistance recently requested was medical assistance (70.6%), followed by burial assistance (12.3%) and cash assistance (8.3%).

Table 12. Most Recent Type of AICS Availed by Respondents

AICS Assistance	No. of Clients	Percent
Medical Assistance	334	70.6%
Burial	58	12.3%
Cash Assistance	39	8.3%
Education	19	4.0%
Food Assistance	18	3.8%
Transportation	5	1.1%
Total	473	100%

Among the clients requesting medical assistance, 60.5% are intended to be used for medical maintenance, 17.4% for hospital bills, 10.8% for laboratory examinations, and 8.1% for dialysis and chemotherapy.

Table 13. Sub-types of Medical Assistance Most Recently Requested

Type of Medical Assistance	No. of Clients	Percent
Medicines	202	60.5%

Type of Medical Assistance	No. of Clients	Percent
Hospitalization	58	17.4%
Laboratory test	36	10.8%
Dialysis and Chemotherapy	27	8.1%
Pre-operation Procedures	8	2.4%
Assistive Device	3	0.9%
Total	334	100%

2. Requirements for Various Types of AICS

As a general rule, the beneficiary or the authorized representative shall submit documentary requirements for each type of assistance. Depending on the purpose of request, additional requirements may be required to process the assistance.

The average number of days the survey respondents were able to complete the AICS requirements is estimated at 3.3 days. The longest number of days to complete the requirements is recorded in the Central Office at 6.9 days, followed by the NCR at 3.8 days.

Table 14. Average Number of Days Respondents Completed the AICS Requirements

CIU	Number of Days
CO	6.9
NCR	3.8
REGION II	2.4
REGION VI	3.43
REGION XI	2.2
Total	3.3

The survey respondents were asked for reasons behind the prolonged completion of requirements. Overall, the top three reasons given by respondents who took longer time to complete the requirements are unavailability of signatories (31.2%), lengthy processing of request for medical abstract/certificate (25.8%) and insufficient/lack of budget for requirements (18.3%).

Table 15. Reasons for Prolonged Completion of Requirements

Reasons for Prolonged Completion of Requirements	Percentage
Unavailability of signatories	31.2%
Lengthy processing of request for medical abstract/certificate	25.8%
Insufficient/lack of budget for requirements	18.3%
Discrepancy/wrong details specified in the requirements	6.5%
Different offices issued the requirements	5.4%
Other reasons	5.4%
Long line of clients	4.3%
Offices are distant from residence	3.2%

Medical Assistance. Almost all who received medical assistance were required to submit Barangay Certificate of Indigency (91.0%), Medical Certificate/Abstract (90.4%) and valid ID (90.1%). Requirements may vary depending on the purpose of medical assistance. The hospital bill/statement of account (23.1%) and social case study prepared by social worker (31.7%) will be required if the assistance requested is for a medical bill. Meanwhile, if the nature of request is for medicine and/or assistive devices, prescription with date of issuance will be required (70.4%).

Among those who received medical assistance, 20.4% of the respondents reported that they had a hard time getting a medical abstract. Request for medical abstract/certificate in the hospital is difficult mainly due to the unavailability of signatories (see Table 16).

Table 16. Number of Clients Who Submitted Requirements for Medical Assistance

Requirements	No. of Clients	Percent
Brgy Certificate of Indigency	304	91.0%
Medical Certificate/Abstract	302	90.4%
ID	301	90.1%
Medical Prescription	235	70.4%
Social Case Study	106	31.7%
Hospital Bill	77	23.1%
Brgy Certificate of Residency	72	21.6%
Other Requirements	38	11.4%

Burial Assistance. Among the 58 respondents who requested burial assistance, almost all reported to have submitted a death certificate. Most submitted valid ID (84.5%), barangay certificate of indigency (79.3%), and funeral contract (77.6%). These mentioned are all documentary requirements for burial assistance but not all respondents reported that they submitted them. There were 12.1% respondents who experienced a hard time getting a death certificate.

Meanwhile, some reported to have submitted documents that are not required such as the social case study (24.1%) and funeral transfer (3.5%)

Table 17. Number of Clients Who Submitted Requirements for Burial Assistance

Requirements	No. of Clients	Percent
Death Certificate	57	98.3%
ID	49	84.5%
Brgy Certificate of Indigency	46	79.3%
Funeral Contract	45	77.6%
Brgy Certificate of Residency	25	43.1%
Social Case Study	14	24.1%
Other Requirements	3	5.2%
Funeral Transfer	2	3.5%
RTPCR	1	1.7%

Cash Assistance. Requirements for cash assistance may vary depending on the crisis situation of the clients. Some may lack the required requirements due to the crisis situation they experienced, (e.g., victims of disasters) while others may also not afford to get the requirements due to lack of funds.

Table 18. Number of Clients Who Submitted Requirements for Cash Assistance

Requirements	No. of Clients	Percent
ID	36	92.3%
Brgy Certificate of Indigency	30	76.9%
Brgy Certificate of Residency	19	48.7%
Police Fire Victim	12	30.8%
Social Case Study	11	28.2%
Other Requirements	5	12.8%
Passport	3	7.7%
Travel Documents	2	5.1%
OWWA	2	5.1%
Police Blotted	1	2.6%
Police Report	1	2.6%

Other Types of Assistance. All respondents who availed food, transportation and educational assistance (see Tables 19, 20, 21)) confirmed that they submitted a valid ID. While almost all or 94.4% who requested food assistance and a great majority of transportation and educational assistance clients (60.0% and 63.2%, respectively) secured a Barangay Certificate of Indigency.

Table 19. Number of Clients Who Submitted Requirements for Food Assistance

Requirements	No. of Clients	Percent
ID	18	100.00%
Brgy Certificate of Indigency	17	94.40%
Brgy Certificate of Residency	8	44.40%
Police Fire Victim	1	5.60%
Other Requirements	1	5.60%

Table 20. Number of Clients Who Submitted Requirements for Transportation Assistance

Requirements	No. of Clients	Percent
ID	5	100.00%
Brgy Certificate of Indigency	3	60.00%
Other Requirements	2	40.00%
Social Case Study	1	20.00%
Police Blotter	1	20.00%

Table 21. Number of Clients Who Submitted Requirements for Education Assistance

Requirements	No. of Clients	Percent
ID	19	100.00%
Brgy Certificate of Indigency	12	63.20%
Brgy Certificate of Residency	5	26.30%
Enrollment Form	17	89.50%
School Statement of Account	6	31.60%
Other Requirements	2	10.50%

D. Process of AICS

Steps/Process Undertaken by Clients in Availing Assistance. Almost all of the respondents across all research sites shared that they underwent all the steps in processing AICS (see Table 24). Those who reported that they did not undergo some of the steps based on the standard process of AICS provision were actually served during off-site payouts. As shared by some program implementers, the amount to be provided to the clients are already predetermined in off-site payouts. The off-site payouts are usually requested by partner legislators to provide AICS to their constituents. Therefore, some clients are not aware of the step-by-step process of AICS, especially the interview and assessment.

Overall, based on survey results, a great majority or 68.1 of the respondents perceived the whole process of availing AICS as not difficult. Region XI, followed very closely by Region VI had the highest percentages of respondents who said that the process of availing AICS was not difficult at 76.2% and 74.8%, respectively.

Table 22. Distribution of clients according to perception on the difficulty of the process of availing AICS

Response	CO	NCR	II	VI	XI	Overall
Difficult	30.2%	32.7%	36.5%	20.4%	20.0%	27.9%
Not difficult	67.4%	58.9%	63.5%	74.8%	76.2%	68.1%
No response	2.3%	8.4%	0.0%	4.9%	3.8%	4.0%

Meanwhile, the survey respondents were also asked if they were provided information on the step-by-step process of availing AICS. In general, most or 78.2% of the respondents reported that they were given information about the step-by-step process. The percentages of respondents who were provided information are also highest in Region VI and XI at 84.5% and 82.9%, respectively which is consistent with the percentage of respondents not having difficulty with the process.

Table 23. Distribution of clients according to the receipt of information on the step-by-step process

Response	CO	NCR	II	VI	XI	Total
Provided with information	26	80	90	87	87	370
Not provided with information	17	20	25	10	15	87

Response	CO	NCR	II	VI	XI	Total
No response	0	7	0	6	3	16

Processing Time. Based on the approved Standard Operating Procedure of the implementation of AICS in the Central and Field Offices, the turnaround time³ for screening, verification and interview and assessment should be around 43 minutes. Meanwhile, the turnaround time for the provision of assistance depends on the amount to be given to the client. This may take around 15 minutes at the minimum and 5-7 working days at the latest.

The survey for this PE tried to capture both the turnaround and waiting time based on the experience of the clients. As shown in Table 24, it is evident that the clients (regardless if they have priority status as senior citizens and PWDs, among others) spend at least half a day to process an assistance, on the average.

Table 24. Number of clients who underwent each step and average time spent per step in availing AICS

Steps in availing AICS	Turnaround Time Based on Approved SOP	CO		NCR		II		VI		XI		Overall	
		No. of Clients	Average Time Spent (in hours)	No. of Clients	Average Time Spent (in hours)	No. of Clients	Average Time Spent (in hours)	No. of Clients	Average Time Spent (in hours)	No. of Clients	Average Time Spent (in hours)	No. of Clients	Average Time Spent (in hours)
Step 1 screening and verification	43 minutes	41	2:29	102	2:49	114	1:47	94	1:07	101	1:04	452	1:51
Step 2 assessment/ interview		41	1:27	99	1:19	112	2:00	93	0:30	100	0:29	445	1:09
Step 3.a provision of outright cash	15 minutes	34	1:32	93	0:22	113	0:34	67	0:50	28	0:43	335	0:48
Step 3.b provision of GL	Depends on the amount ⁴	2	5:40	8	3:44	2	2:35	21	1:46	70	1:07	103	2:58
Total (if Outright Cash)			5:28		4:30		4:21		2:27		2:16		3:48
Total (if GL)			9:36		7:52		6:22		3:23		2:40		5:58

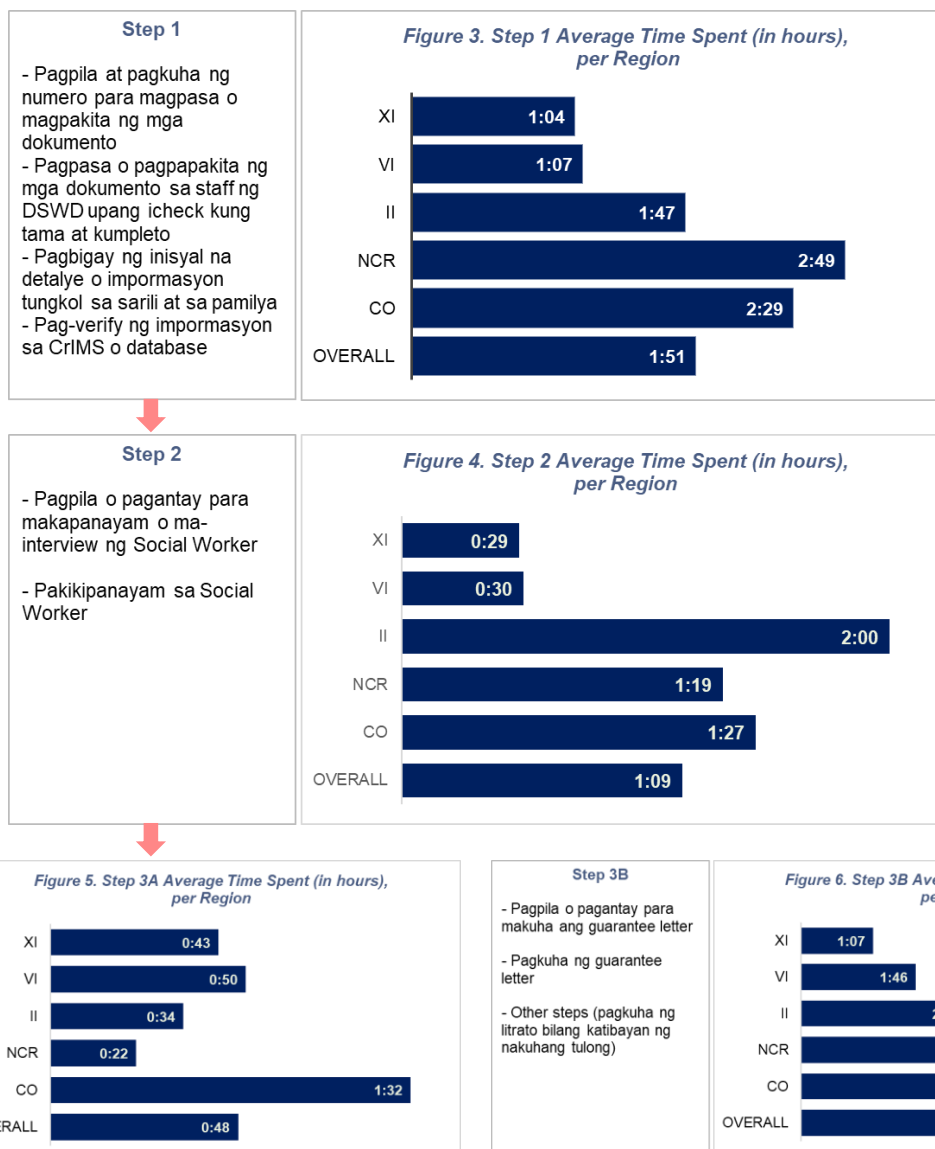
Note: Most of the respondents, particularly in Region II, NCR, Central Office were among those at the front of the queue and therefore finished the processing of assistance earlier than expected.

Among the research sites, the average time spent by the clients in the CO in processing the AICS takes the longest at 5 hours and 28 minutes if outright cash and 9 hours and 36 minutes if GL was provided. This is followed by NCR with an average time spent of 4 hours and 30 minutes (outright cash) and 7 hours and 52 minutes (GL), and Region II (4 hours and 21 minutes for outright cash and 6 hours and 22 minutes for GL). Meanwhile, the average time spent in availing AICS in Regions VI and XI are at least more than 2 hours faster than the previous two.

Because of skewed reported time spent by the clients in processing AICS, it is also valuable to present the findings in terms of median time. The median time in CO and NCR remained the longest at 3 hours and 23 minutes and 2 hours and 14 minutes, respectively. This is followed by Region II (2 hours and 27 minutes), Region VI (1 hour and 55 minutes), and Region XI (1 hour and 32 minutes).

³ Turnaround time refers to the amount of time taken to complete a process or fulfill a request. This does not include waiting time or the amount of time a process has been waiting in the ready queue.

⁴ 25 minutes for GL Php20,000 below; within the day for GL Php20,001-50,000; 1-2 working days for GL Php50,0001-75,000; 3-4 working days for GL Php75,001-100,000; 4-5 working days for GL Php100,001-150,000; 5-7 working days for GL above Php150,000



1. Central Office

Among the research sites, the average time spent by clients in the CO in processing the AICS takes the longest at 5 hours and 28 minutes if outright cash and 9 hours and 36 minutes if GL was provided. The median processing time in CO is 3 hours and 23 minutes.

Queuing long before the official opening of the CIU. The CO CIU starts its operations as early as 7 AM and closes only until all the clients are served every day. However, the clients arrive very early to queue, with some sleeping overnight outside the DSWD gates to try to be in front of the line when the security guards start giving out queuing numbers at 6 AM. Walk-in clients tend to arrive as early as 1 AM to be able to get included within the quota of 500 clients per day. The CO CIU does not have the facility to accommodate clients who arrived early so the clients have to wait in line along the sidewalk outside the DSWD. One respondent shared that some vendors offer chairs for rent (Php10-20 fee) and sell disposable raincoats for clients waiting in line.

The CIU halts the receiving of requests from walk-in clients once the quota is reached. But they also have priority lanes and accommodate some walk-in clients who are mostly PWDs, senior citizens and pregnant, depending on the situation and need.

Scheduling of clients implemented in the Central Office. In the CO CIU, clients who requested assistance through emails, text messages, social media platforms and phone calls are given a schedule for the actual processing. The length of time that clients must wait for a response varies. During the height of the pandemic, the clients have to wait up to three months before they are given a schedule. With the easing of the health restrictions, the scheduling of clients in the CO has already improved with some clients sharing that they only waited for three to five days before they were contacted by the CIU staff. As shared by program implementers, one advantage of the scheduling of clients is that they can check the eligibility as well as advise the clients on the documentary requirements needed to process the assistance. The likelihood of clients bringing insufficient requirements is lessened because of this.

SOP turnaround time vs. actual processing time. Contrary to the 43-minute turnaround time based on SOP, the combined average time of steps under (1) screening and verification and (2) assessment/interview is around 3 hours and 56 minutes. The screening and verification steps take longer at 2 hours and 29 minutes on average than the assessment/interview steps at 1 hour and 27 minutes (see Figure 3 and 4).

One reason that the screening and verification steps take longer than the assessment is that there are times when the CrIMS has glitches and takes too long to load. When this happens, clients cannot proceed to the next steps and the queue gets a lot longer.

On the other hand, a possible bottleneck before the assessment/interview steps is the filling out of the General Intake Sheet (GIS). While almost all or 92.5% of the survey respondents shared that they easily understood how to accomplish the GIS, some shared that the font size of the sheet is small. Respondents noticed that some clients had difficulty reading some texts and had to ask others to assist them in filling out the GIS.

Table 25. Distribution of clients whether they were asked to accomplish and the easiness/difficulty of understanding how to accomplish general intake sheet (GIS)

Response	CO	NCR	II	VI	XI	Total
Asked to accomplish GIS	93.0%	85.0%	71.3%	66.0%	46.7%	69.8%
Easy to understand	92.5%	96.7%	97.6%	97.1%	100.0%	97.0%
Difficult to understand	7.5%	3.3%	2.4%	2.9%	0.0%	3.0%
Was not asked to accomplish GIS	7.0%	8.4%	28.7%	25.2%	50.5%	26.2%
No response	0.0%	6.5%	0.0%	8.7%	2.9%	4.0%

The time spent on steps under provision of assistance depends on the form of assistance provided. The provision of outright cash including the waiting time takes around 1 hour and 32 minutes. On the other hand, if the assistance is in the form of a guarantee letter, clients have to wait for 5 hours and 40 minutes on average. As the last step before the assistance is released, the clients are photographed holding the cash or GL.

2. NCR

NCR has the second longest average processing time at 4 hours and 30 minutes for outright cash and 7 hours and 52 minutes for GL. The reported median average processing time is shorter at 2 hours and 27 minutes.

Largest quota of clients served in NCR. NCR CIU opens its gates to the clients at 7 AM. Similar to the CO, clients in NCR also try to fall in line very early at predawn despite the larger quota of 700 clients served per day. Currently, there are around 74 staff in the NCR CIU, of which 30 are social workers and the rest are administrative staff.

The security guards in NCR also have the task of giving out queueing numbers printed in a very small piece of paper at 5:30 AM. It is very normal to see the line of clients snaking around the various streets near NCR CIU every morning. Most of them sit along street gutters while waiting to be let in by batches inside the CIU holding area. The entrance of clients inside the CIU is controlled because only a certain number of clients can be accommodated. Large tents protect the clients and CIU workers to a certain extent from the weather. It gets very hot when the sun is shining brightly while certain areas in the CIU get flooded when the rain is strong.

SOP turnaround time vs. actual processing time. The steps under screening and verifications were recorded at 2 hours and 49 minutes on average. Meanwhile, the assessment/interview steps take shorter on average at 1 hour and 19 minutes.

Similar to the CO, almost all of the clients did not have difficulty understanding how to accomplish the GIS. One respondent provided a different perspective on this. She noticed that because they had to wait for hours before the assessment/interview, the clients had more time to ask for assistance from those seated beside them. She felt the concern of fellow clients to help others who had difficulty filling out the required information because there are no available CIU staff to assist them.

It is also interesting to note that the 22-minute average time for the provision of outright cash in NCR is closest to the 19-minute turnaround time indicated in the SOP. If the assistance is in the form of GL, the average time on the other hand is 3 hours and 44 minutes. Similar to the CO, the clients are also photographed holding the assistance during the last step of the whole process.

Providing entertainment for weary clients. From time to time, the CIU staff in NCR provide a brief orientation about the program to the clients waiting inside the CIU. They inform the clients about the range of amount that they can expect to receive, the basis of the amount of assistance to be provided, as well as other agencies where the clients can go for additional assistance. Also, to lessen the weariness of clients while waiting in line, the CIU staff provide entertainment through song numbers participated by the staff and willing clients.

3. Region II

The CIU in Region II operates in a gym located inside the DSWD FO II. They serve 250 to 280 clients a day on average. Each staff has a quota of minimum of 25 clients served per day. The CIU cuts off its operations once the daily average for regular clients is reached. Nonetheless, the CIU continuously accepts clients who are senior citizens, pregnant and PWDs all throughout the working hours.

Special queuing system adopted for clients residing in distant areas. Clients come as early as 2 AM to line up because they are aware of the volume of people asking for assistance, especially those who come from downstream Tuguegarao. The security guards collect the documentary requirements from the clients by batches. Clients are then given queueing numbers and instructed to go to the gym as they wait for the verification of documents. The queuing of clients is sorted based on their addresses. Aside from the usual priority sectors (PWDs and senior citizens), clients who reside farther from the CIU are given priority in the queue compared to those living in nearby barangays. As shared by program implementers,

they give priority to those living farther so that they can finish early and be able to go home using the limited public transportation available. While the clients from nearby areas understood the situation of those from “downstream”, they lamented that they have to wait longer hours in an uncomfortable venue. There are not enough seats to accommodate the number of people inside the venue, with some having to wait under the tree. Electric fans could not adequately cool the open space of the gym that has no ceiling to protect them from the aggravating heat.

Briefing to the clients. Before the actual start of operations at 7:00 AM, CIU staff from the earliest shift conduct a briefing to the clients. They inform the clients about the general guidelines of AICS and particularly remind them about the frequency the clients can avail assistance. This is very relevant for Region II where the most common requests for assistance are medical maintenance for cardiovascular diseases and diabetes mellitus.

SOP turnaround time vs. actual processing time. The average time spent by clients in processing the AICS in Region II is around 4 hours and 21 minutes for outright cash and 6 hours and 22 minutes for GL. Meanwhile, the (1) screening and verification and (2) assessment/interview is a little more than three hours beyond the turnaround time indicated in the SOP. One reason for this is the use of offline database because of intermittent internet connection.

Different from the CO and NCR CIU, steps under assessment/interview take longer (at 2 hours on average) than the screening and verification in Region II. One of the bottlenecks is the limited number of staff doing the assessment, with only 4 - 6 social workers assigned for the assessment. The tedious process of reviewing and verification of requirements as part of the social worker assessment also adds time to this step, especially since the Field Office always sees to it that requirements are updated and have the closest possible document date to the actual date of processing.

Discouraging ineligible clients vs. data privacy. The provision of outright cash which is the mode of assistance most prominent in Region II is second quickest among the research sites at 34 minutes on average. The release of GL on the other hand takes longer at 2 hours and 35 minutes on average. Region II CIU also implements the taking of pictures of clients holding the assistance as the last step in the process. The photos are stored in the devices used by CIU staff. The program implementers shared that they were the first CIU who carried out this additional step to disprove the claims of some clients who deny receiving the assistance. While this discourages ineligible clients, there are no established mechanisms to ensure the data privacy of clients.

4. Region VI

The average time spent by clients in processing the AICS in Region VI CIU is 2 hours and 27 minutes for outright cash and 3 hours and 23 minutes for GL. This is the second shortest overall processing time among the research sites.

Convenience in a rented space. The CIU in Iloilo City operates from 8 AM to 5 PM in a rented space inside the GT mall where other government agencies also serve the public. They serve 150 clients a day on average. The CIU staff have no quota on the number of clients served per day but the staff to client is ratio is 1:200.

SOP turnaround time vs. actual processing time. The average time spent on steps under the screening and verification process is 1 hour and 7 minutes. Under this process, clients wait in monobloc chairs after submitting their documents to the staff located in a small booth just outside the actual office occupied by the CIU. Once the documents are found to be

complete and the client's record is verified in the CrIMS, the client is given a queuing number and has to wait again to be called for the next steps. Some clients mentioned that only one person or social worker attended to them during all the steps, from accomplishing the General Intake Sheet until the releasing of some assistance.

Among the other steps in the AICS process, the interview/assessment takes the shortest amount of time at 30 minutes, on average. However, the clients need to wait for another 50 minutes on average if the approved assistance is outright cash. Clients who will be given guarantee letters will have to wait for 1 hour and 46 minutes on average. The waiting time for the release of GLs depends on the availability of authorized signatories per amount of assistance.

Seasonal demands for off-site payout affect operations. Moreover, the clients also mentioned that the long waiting time is associated with the low number of CIS staff in the Action Center. There are times when the number of staff in GT Mall is limited because some of them get assigned in off-site payouts. Program implementers mentioned that one major issue in their operations is the large demand for off-site payouts, especially during the last quarter of the year. Similarly, only a small team composed of 4-5 staff caters to 2,000 clients during off-site payouts. To fast-track the distribution of assistance, they do the encoding of clients once they get back in the CIS Action Center. Aside from the large volume of clients, the program implementers mentioned the risks of bringing huge amount of money during off-site payouts.

5. Region XI

The overall processing time in Region XI CIU is 2 hours and 16 minutes for outright cash and 2 hours and 40 minutes for GL. This is the fastest among all the research sites. Moreover, the percentage of clients having no difficulty in the process of availing AICS is also highest at 76.2%.

The Region XI CIU operates inside the DSWD FO XI and starts at 8 AM. The CIU workers usually render overtime whenever there are still clients but they serve 250 clients a day on average. Before given permission to enter the gate of the FO, the security guards check the completeness of the requirements presented by the clients.

Partnership with LGU. The CIU operations in Davao City is closely linked with the LGU's *Lingap para sa Mahirap*, a social welfare program for indigents needing medical and funeral assistance. CIU clients usually go first to the *Lingap para sa Mahirap* office where they also get referral from their congressional representatives. As a result, the documentary requirements have already been checked before the clients come to the CIU.

SOP turnaround time vs. actual processing time. Once in CIU, the clients proceed to the steps under the screening and verification and interview/assessment process, which together take about 1 hour and 33 minutes on average. Clients in FO XI CIU do not fill out the GIS personally. Instead, the CIU staff accomplish this for them and are just asked to validate the details before signing the sheet. Program implementers shared that they do this to prevent an incident which happened before wherein fixers or scammers tried selling the GIS to clients.

As recalled by some clients, only one staff attends to them during the screening and verification and interview/assessment process (i.e., there is no need to transfer to another line for the proceeding steps). Once done with these steps, clients just sit in the holding area and wait to be called for the releasing of assistance.

Preference in the use of GL as mode of assistance. The average time spent by clients for releasing of outright cash is 43 minutes. The releasing of GL takes longer at 1 hour and 7 minutes. It is interesting to note that the Region XI CIU prefers to use GL than cash as mode of assistance to the clients (see Table 26). Program implementers shared that they provide the AICS through guarantee letters even if the approved amount is Php10,000 and below to ensure that the assistance is used specifically for the immediate needs presented by clients. Further, the provision of GL discourages flocking of large number of clients once they get hold of information that the CIU is giving cash assistance.

Table 26. Mode of Assistance per Region

Region	Cash	Guarantee Letter	Food/Non-food Items
CO	41	2	-
NCR	99	8	-
II	113	2	-
VI	76	24	3
XI	29	73	3
Total	358	109	6

E. Amount of Assistance

The amount of assistance received by the respondents differs depending on the form of assistance and availability of funds in the region. For outright cash, the amount of assistance ranges from Php2,304.08 (NCR) to Php7,152.78 (CO). Consistent with the program guidelines, assistance in the form of guarantee letters ranges from Php18,333 (VI) to Php110,000 (CO).

As shown in Table 27, the average monthly income of clients across all regions is below the national poverty threshold (for a family of 5) of Php13,740.81. Further, the average monthly expenditure of clients in all regions except for Region II exceeds their average monthly income. This just illustrates that on average, the family of AICS beneficiaries are already in financial crisis even before the different circumstances that pushed them to seek assistance.

It is interesting to note that clients in Region VI received the lowest average of assistance through GLs despite having the lowest average monthly income.

Table 27. Respondents' Average Monthly Income and Expenditure vs. Amount Received, in Php

Region	Average Monthly Income	Average Monthly Expenditure	Average Amount Received		
			Cash	Guarantee letter	Food/non-food items
CO	10,271.67	13,497.44	7,152.78	110,000.00	0.00
NCR	11,067.40	12,183.90	2,304.08	36,062.50	0.00
II	10,684.52	10,193.20	3,495.58	22,500.00	0.00
VI	9,624.76	12,897.88	7,471.01	18,333.33	7,333.33
XI	11,895.21	15,177.26	5,218.14	18,449.30	3,000.00
Total	10,769.21	12,639.28	4,478.63	21,619.23	5,600.00

Another way of looking into the value of assistance provided to AICS clients is to compare their expenses during the processing of requirements with the actual amount of assistance. Overall, the average cost of processing requirements is 8% of the total amount received in cash by the beneficiaries. The biggest percentage of expenses versus the average amount of assistance is observed in NCR at 13%.

Table 28. Respondents' Average Cost of Processing the AICS Requirements vs. Amount Received in Cash, in Php

Region	Average Cost of Processing the AICS Requirements	Average Amount Received in Cash
CO	370.88	7,152.78
NCR	307.01	2,304.08
II	340.55	3,495.58
VI	538.22	7,471.01
XI	286.04	5,218.14
Total	366.66	4,478.63

Medical Assistance. Among the sub-types of medical assistance, the amount received by clients for medicines versus the cost of needs is highest at 72% (see Table 29). Meanwhile, the amount received for dialysis and chemotherapy versus the actual expenses is lowest at 19.2 %. The only case where the average amount received is higher than the average cost is observed in Region VI for the assistance for medicines.

Burial Assistance. The funeral cost in NCR is highest among the regions. However only 5.4% of the total funeral needs are provided to the clients, on average.

*Table 29. Cost vs. Amount Received, in Php
(Hospitalization, Dialysis and Chemotherapy, Laboratory Test, Medicine)*

Area	Hospitalization		Dialysis and Chemotherapy		Laboratory Test		Medicine	
	Cost	Received	Cost	Received	Cost	Received	Cost	Received
CO	361,227.30	56,666.67	11,285.71	10,000.00	19,142.86	7,666.67	8,916.67	6,027.78
NCR	76,500.00	32,250.00	195,740.00	14,400.00	10,748.64	6,214.29	3,900.28	1,779.25
II	100,000.00	12,500.00	9,000.00	5,000.00	15,610.00	2,900.00	4,434.68	3,306.25
VI	72,278.53	17,500.00	35,250.00	13,000.00	6,126.67	5,166.67	4,780.30	4,854.84
XI	147,375.00	30,574.07	23,142.86	8,228.57	5,800.00	5,250.00	7,831.71	6,301.63
Total	125,680.60	27,298.08	51,729.63	9,944.00	11,735.86	5,700.00	5,039.55	3,629.42

Table 30. Cost vs. Amount Received, Assistive Devices, in Php

Area	Assistive Devices Cost	Assistive Devices Received
NCR	-	3,000.00
VI	-	32,500.00
Total	-	22,666.67

Table 31. Cost vs. Amount Received, Funeral Needs, in Php

Area	Funeral Need	Funeral Received
CO	25,000.00	10,000.00
NCR	65,000.00	3,500.00
II	32,000.00	4,625.00

Area	Funeral Need	Funeral Received
VI	25,200.00	14,000.00
XI	45,230.74	13,129.63
Total	37,300.52	11,196.43

Table 32. Cost vs. Amount Received, Educational Needs, in Php

Area	Tuition Fee	Educ. Allowance (Monthly)	Educational Assistance Received
CO	-	1,500.00	4,500.00
NCR	11,030.00	2,551.43	2,571.43
II	-	950.00	4,000.00
VI	11,000.00	1,500.00	-
XI	11,700.00	1,900.00	7,142.86
Total	11,362.50	1,976.84	4,722.22

Table 33. Cost vs. Amount Received, Food and Cash Needs, in Php

Area	Food and Cash Need	Food Assistance Received	Cash Assistance Received
CO	5,000.00	-	-
NCR	2,250.00	1,333.33	1,600.00
II	2,833.33	-	3,214.29
VI	140,500.00	10,000.00	8,166.67
XI	5,333.33	3,857.14	4,400.00
Total	53,465.91	2,882.35	5,629.73

Transportation Assistance. The average transportation needs as reported by the respondents is Php4,500.00. Survey results claimed that the average transportation assistance received is higher by 19%

Table 34. Cost vs. Amount Received, Transportation Needs, in Php

Area	Transportation Need	Transportation Assistance Received
CO	2,500.00	4,000.00
NCR	5,833.33	5,833.33
Total	4,500.00	5,375.00

Other Types of Assistance. Respondents were asked whether they were able to receive other types of assistance besides cash, the guarantee letter, or food/non-food items. About 89% of the respondents answered that they received no other assistance. On the other hand, most of the remaining respondents received non-cash assistance instead. Besides food items, they were able to receive referral letters to avail themselves of other services, as well as medicines.

Table 35. Distribution of clients according to receipt of Other Assistance

Response	CO	NCR	II	VI	XI	Total
Received no other assistance	41	107	106	81	87	422
Received other assistance (non-cash)	2	0	9	17	16	44
No response	0	0	0	5	2	7
Total	43	107	115	103	105	473

Table 36. Types of Other Assistance Received

Type	Number
Food items	22
Referral letter	8
Medicine	3
Other non-food items	2
Not specified	9

Almost all of the respondents rated positively on the amount of assistance that they received. Overall, 49% of the respondents expressed that they are extremely happy, 35% said they are happy; while only 2% of the respondents said that they are very unhappy with the amount of assistance they received.

Table 37. Distribution of clients according to level of happiness on the amount received

Level of happiness	CO	NCR	Region II	Region VI	Region XI	Total
Lubos na hindi nasiyahan	1	3	2	1	3	10
Hindi nasiyahan	0	10	4	3	2	19
Neutral	1	7	9	10	9	36
Nasiyahan	14	49	47	22	35	167
Lubos na nasiyahan	25	38	53	65	55	236
No response	2	0	0	2	1	5
Total	43	107	115	103	105	473

F. Psychosocial Services

Psychosocial support is given to help meet the psychological, emotional, social, and spiritual needs of clients/beneficiaries and their families to reduce the impact of stress brought by a crisis through behavioral modification interventions. Almost all (94.1%) of the clients claimed that they were interviewed by the social worker (see table 38). However, only 16.1% of them were able to recall that they received psychosocial support.

Table 38. AICS Client Provided Psychosocial Support

Area	No	Do not know	Yes	Total
CO	42	0	1	43
NCR	95	2	10	107
REGION II	90	1	24	115
REGION VI	55	26	22	103
REGION XI	82	4	19	105
Total	364	33	76	473

G. Referral System and After-Care Services

As required by DSWD guidelines, the CIU social worker issues a referral letter to concerned FOs or LGU in favor of a client who needs AICS and other parochial/local services that should be catered thereby. For all other services of the Department, the social worker further, must refer the client to the bureau/ office implementing the program(s) that may respond to his/her need.

Survey results revealed that few (18.1%) respondents experienced referral from CIU social workers to other organizations. Majority (53.4%) claimed that they have been referred to LGUs and to Philippine Charity Sweepstakes Office (PCSO) (33%). Other respondents received a referral to the House of Representatives (28.4%), DSWD FOs (6.8%) and NGOs (5.7%).

Table 39. Distribution of clients according to referral to other organizations

Response	CO	NCR	II	VI	XI	Total
Referred to other organization/s	2	30	3	35	18	88
Referral to (multiple response)						
Local government unit	0	23	3	10	11	47
House of representatives	0	13	0	6	6	25

Philippine Charity Sweepstakes Office	1	10	0	16	2	29
Non-government organizations	0	4	0	0	1	5
DSWD Regional Office	0	0	0	6	0	6
Others	1	7	0	3	2	13
Was not referred to other organization/s	41	77	112	64	87	381
No response	0	0	0	4	0	4
Total	43	107	115	103	105	473

It is worth to note however that out of the 88 respondents that were referred to other organizations, only 11% were provided with referral letters.

Table 40. Distribution of Referred Clients According to Provision of Referral Letter

Response	CO	NCR	II	VI	XI	Total
Provided with referral letter	0	0	0	9	1	10
Not provided with referral letter	0	1	1	5	7	14
Don't know	0	0	0	1	0	1
No response	2	29	2	20	10	63
Total	2	30	3	35	18	88

Further, only 9% of the referred respondents experienced follow through by the social worker.

Table 41. Distribution of referred clients according to follow through of social worker

Response	CO	NCR	II	VI	XI	Total
Followed through by social worker	0	0	0	8	0	8
Was not followed through by social worker	0	1	1	8	8	18
No response	2	29	2	19	10	62
Total	2	30	3	35	18	88

H. Grievance Redress Mechanisms

When asked to recall the presence of any grievance redress system for the program, only 18% of the respondents said it was present.

Table 42. Presence of Grievance Redress Mechanisms According to Clients

REGION	Present		Not Present		Don't Know		Total	
	N	%	N	%	N	%	N	%
CO	5	11.6	35	81.4	3	7	43	100
NCR	12	11.3	71	67	23	21.7	106	100
REGION II	17	14.8	91	79.1	7	6.1	115	100
REGION VI	12	15.2	39	49.4	28	35.4	79	100
REGION XI	34	33	48	46.6	21	20.4	103	100
Overall	80	17.9	284	63.7	82	18.4	446	100

They remember that submitting complaints or grievances was not clearly explained to them should a need arise. About 311 of the respondents or 73% mentioned that the grievance process is unclear to them.

I. Process Evaluation Criteria

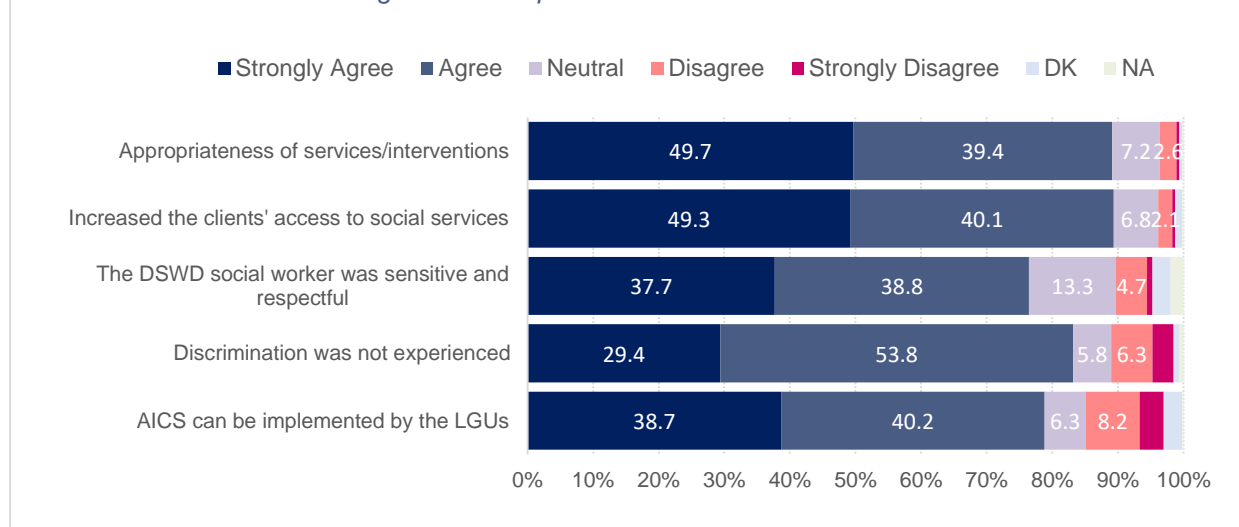
In line with the evaluation criteria established by the OECD-DAC, the AICS was assessed in terms of its relevance, coherence, effectiveness, efficiency, sustainability and potential impact. Each criterion is discussed in this section in more detail using the key evaluation questions presented earlier.

1. Relevance

Relevance pertains to the extent an intervention is doing the right things. In the case of evaluating AICS, it covers the extent to which its objectives and design respond to beneficiaries' needs, policies and priorities, and if it can continue to do so if circumstances change.

Responding to beneficiaries' needs, policies and priorities. The survey results and qualitative data provide solid evidence that the AICS is able to respond to the needs of its beneficiaries. As expressed by all the beneficiaries and clients who participated in the FGDs, the AICS helped them and their families either: (1) to provide or augment the inadequate financial resources to pay for the medical, burial, or educational needs of the family at that specific period; or (2) to provide relief, peace of mind, hope and comfort that at least a part of their expenses are already covered; or 3) to serve as immediate temporary solution to buy them time while looking for other financial resources or to save up enough money to afford to pay for their needs. Meanwhile, based on the survey results in Figure 3, 90% of the survey participants perceived that the program is appropriate to their immediate needs and even increased their access to social services.

Figure 7. Perception on the Relevance of AICS



As explained by the OECD (2021), relevance also calls on evaluators to look at potential tensions or trade-offs with regard to whose needs and priorities are met through the intervention. From the perspective of some program implementers, while the DSWD is helping clients who are currently in crisis situations, the agency is somewhat urging these people to become dependent on the program for their other needs. As shared by one program implementer, people choose to line up and process assistance in the CIU since they will get around 1,000-1,500 pesos instead of being paid for their labor at around 350 pesos for a whole day of work. On the other hand, there are also clients with chronic diseases needing lifetime medications who have become regular beneficiaries of the program. But for whatever the

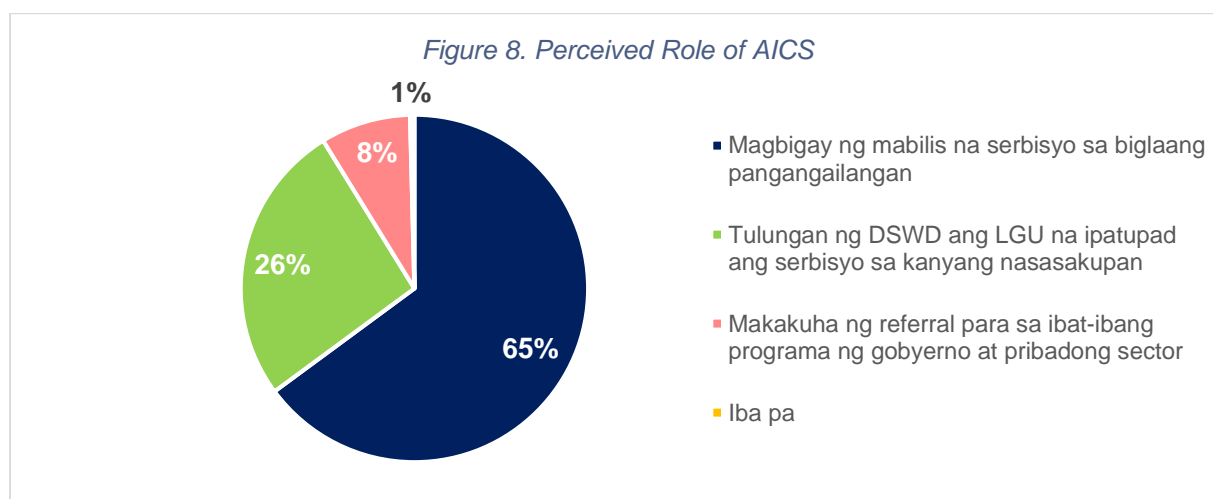
circumstances, the clients generally did not experience any discrimination when they availed assistance. It is notable however that fewer respondents (around 75%) felt that the social workers were sensitive to the situation of the clients when the interviews were conducted.

In terms of alignment with the DSWD organizational objectives, the AICS is one of the major protective social welfare programs that aim to ensure that the rights of the poor and vulnerable sectors are promoted and protected. It also operationalizes the country's commitments to international policies and treaties for the rights of the vulnerable, marginalized, disadvantaged, and those excluded from the mainstream society. All the respondents agree that the AICS helps in reducing the vulnerability and risk of the individual. In times of crisis, problems that go unresolved for a long time might cause additional harm to the clients and their families' lives. AICS is appropriate for them as it cushioned the effects of financial catastrophes they faced. Further, the program should be continued according to the respondents because it is their source of immediate assistance.

"Wala ka naman ibang pupuntahan. Kapag emergency, DSWD lang naman ang mapupuntahan." – AICS Client

The amounts of assistance received almost always do not suffice for their needs and they still had to borrow or ask for help from their family. Nevertheless, any amount was still helpful, *"nakakabawas sa kailangan"*.

Quality of design. As designed, the AICS ensures the provision of direct financial and material assistance as well as psychosocial counselling and referral services. The direct financial and material assistance will relieve them from their immediate needs while the counseling service will enable them to understand and process personal, social, and psychological distresses and difficulties. Whereas, referral services can help in ensuring the sustainability of financial resources of the family. These services will then guarantee that the individual or family in a crisis situation will be equipped to continue their living despite the difficult situation that they have encountered. The survey respondents seem to agree when asked about what the role of AICS should be. A great majority or 65% answered that the AICS' objective should be to provide immediate assistance during emergency situations.



However, because of the large volume of clients, program implementers do admit that they cannot provide the psychosocial and referral services most of the time. Some shared that they really believe that providing the full package of interventions to clients is the true essence of the program. But the only way they can disburse the sizeable AICS budget is to prioritize the provision of financial assistance.

Poorly designed social safety nets run the risk of setting up perverse incentives. At their worst, they can set up opportunities for fraud, political capture, or poverty traps, or simply waste resources (ADB, 2010). In the case of AICS, the program implementers have managed to address cases of fraud to protect the clients over the years. On the other hand, the biggest challenge to date remains how to deal with the seemingly heightening clientelism in the country. Clientelism or client politics is the exchange of goods and services for political support, often involving an implicit or explicit quid-pro-quo (Hicken et. al, 2022). Most pork barrel legislation would be considered to be client politics. While pork barrel (appropriation of government spending for localized projects secured solely or primarily to bring money to a representative's district) remains unconstitutional in the Philippines, the practice still persists in other forms. As discussed in the introduction of this report, since 2018 up to the present, the percentage increase of allocation of AICS in the GAA against the proposed allocation in NEP has not lowered to 20%. The percentage increase was highest in 2021 and 2022 at 95.9% and 121.1%, respectively. Program implementers shared that the large variance in the proposed versus approved budget of allocation of AICS is a result of congressional initiatives or AICS allocation to be used primarily upon the elected official's pleasure or approval.

It can be argued that a social safety net program like AICS is vulnerable to clientelism because there will always be clients with immediate needs that can easily be persuaded in exchange of the financial assistance. In fact, the prevailing or common thought among participants in some FGDs is that they still have to go through the congressional offices and AICS is the last stop. There is also a common notion that if they went straight to the CIU/CIS, they would receive much smaller amount, thus they spend at least a day or two going around different congressional offices. Except for assistance for medicines, there is a common notion that the DSWD's role is to consolidate the amounts they were able to solicit from different legislator's offices and to issue a guarantee letter.

Adapting over time. AICS remains ever relevant in the context of emergency or crisis situations because it offers a package of interventions to comprehensively address clients' social welfare concerns. Apart from financial assistance, the AICS aims to provide other services such as psychosocial assistance and referral services, depending on the needs of the clients. Being in a crisis situation indeed causes emotional distress and this is further exacerbated by financial issues. In this sense, AICS goes beyond being a social safety net by fostering a holistic approach to protecting the overall welfare of individuals in crisis situation.

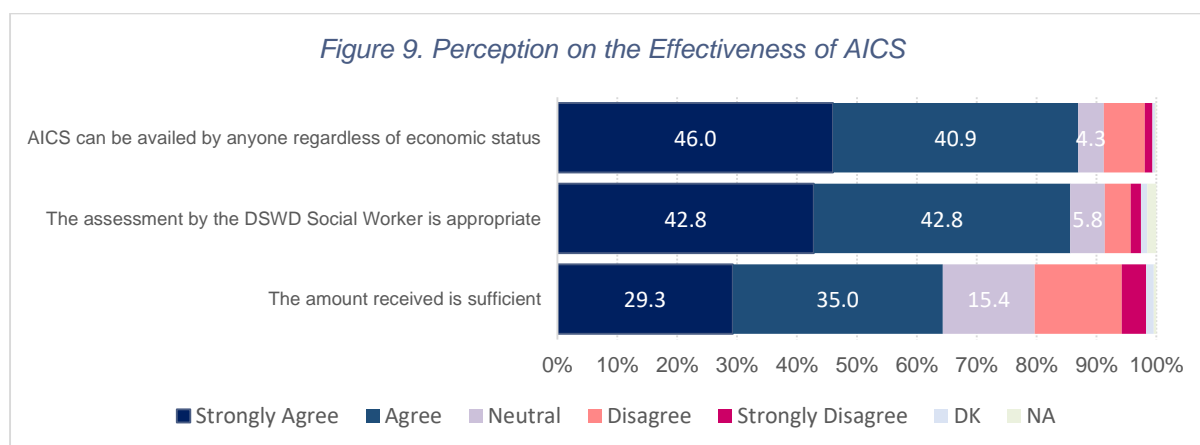
The AICS program guidelines is continuously enhanced to be able to effectively and efficiently respond to the needs of the clients. There have been increases in the amount of assistance provided to the clients given the increasing cost of medical, burial, educational, and other needs. As an illustration, the maximum amount of outright cash assistance was increased from Php3,000 (based on DSWD MC 1, s. 2014) to Php10,000 (first stipulated in DSWD MC 11, s. 2019). For guarantee letters, the maximum allowable assistance that a social worker may grant in the previous years is only up to Php25,000 (based on DSWD MC 1, s. 2014). In the current guidelines, the maximum allowable assistance through GL is Php150,000.

Moreover, there is some flexibility on the range of assistance that can be provided to clients who are in especially difficult circumstances. Based on the program guidelines for example, clients can be allowed to avail assistance more than the limit of every three months once the social worker establishes the need of the clients. Social workers can also recommend higher amounts beyond the maximum indicated in the guidelines, subject to the client's circumstances as stated in the Social Case Study Report.

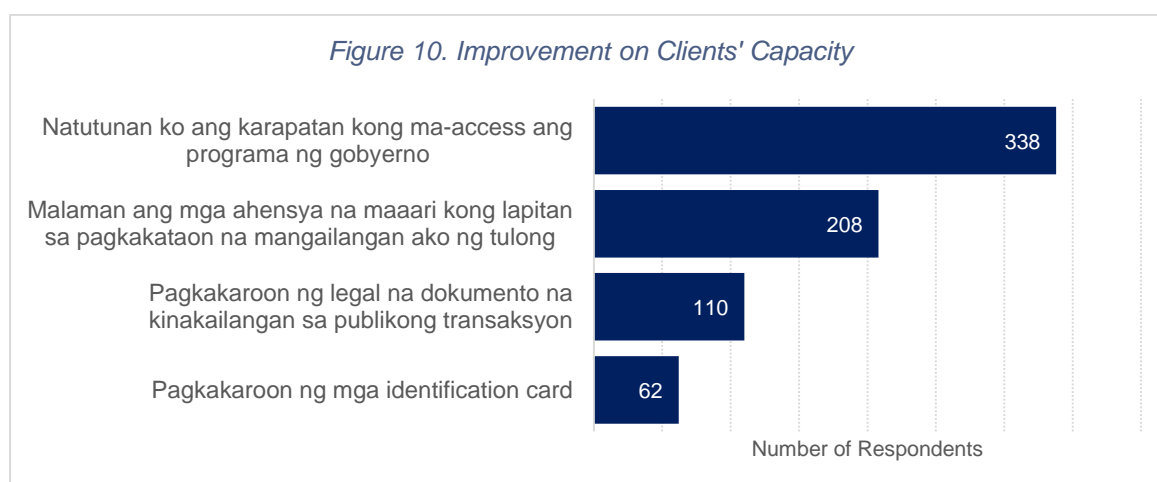
In the context of program devolution to the LGUs, respondents were asked if AICS can be implemented by the LGUs. The highest disagreement level of respondents was observed (see Fig. 3) with regards to this question.

2. Effectiveness

Delivery of Outcomes. The outcome objective of AICS is increased access of the poor and vulnerable sector to social welfare services. Majority of the clients of AICS indeed are considered poor. However, Figure 5 shows that more than 4 out of 5 respondents said that AICS can be availed by anyone, regardless of economic status. Based on the FGDs, the clients turned to DSWD due to their inability to pay for huge emergency expenses such as hospitalization and burial expenses. In most cases, regardless of their socio-economic condition, these emergencies have exhausted their resources and put their families into vulnerable situation. With the assistance from AICS, clients' expenses have been substantially reduced. Overall, the clients are thankful because the assistance provided an immediate relief from financial woes.



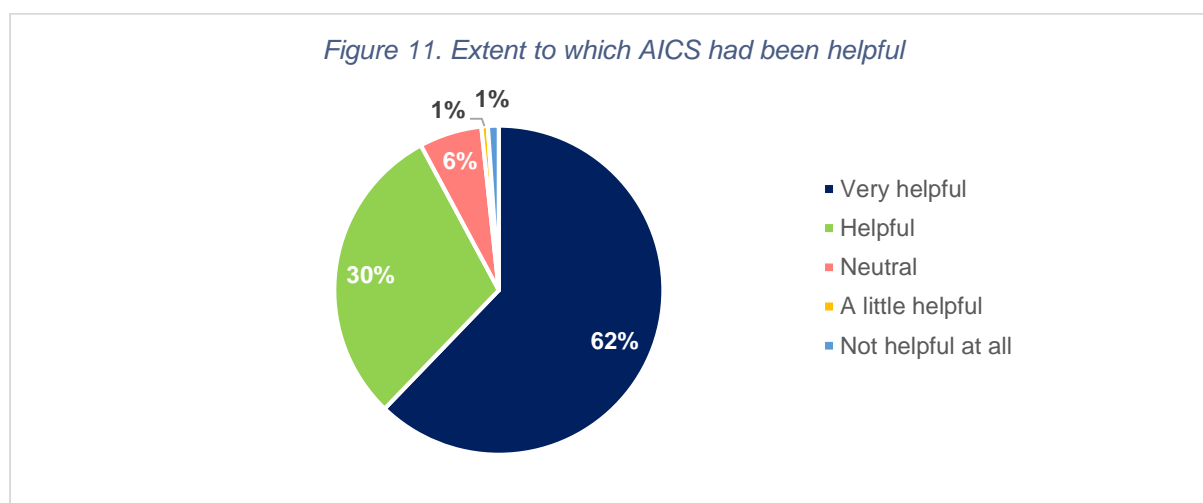
In addition, the AICS has also been highly effective in terms of improving the capacity of the clients by increasing their knowledge on accessing government services (see Figure 6).



Delivery of Outputs. As stated in the ToC, the four output objectives of AICS are: (1) immediate stress relief and psychosocial intervention provided; (2) immediate financial and/or material needs provided; (3) referral provided; and (4) referral pathway established. Evidences from this study indicate that majority of the clients and beneficiaries of AICS are not aware of all these output objectives and only associate the program with the provision of financial assistance. In fact, only 16.1% of the survey respondents claimed that they received psychosocial support, while 18.1% experienced referral from CIU social workers to other organizations.

While the program implementers believe that the current client to staff ratio is manageable, one of the major trade-offs in serving large number of clients is the inability of CIU/CIS to fully provide psychosocial support and referral to other organizations. According to Puleo and McGlothlin (2010), a crisis is described using a "trilogy" definition; that is, there are three essential elements that must be present for a situation to be considered a crisis: (1) a precipitating event; (2) a perception of the event that leads to subjective distress; and (3) diminished functioning when the distress is not alleviated by customary coping resources. Given this, offering psychosocial support to people and families in crisis situations is essential to helping them process the discomfort, pain, and other unpleasant feelings they are going through. Otherwise, people and families risk developing the problematic cluster of symptoms that make up the syndrome of post-traumatic stress disorder. Therefore, providing psychosocial assistance is crucial.

Meanwhile, all the FGD participants agreed that the AICS program was effective since they were provided immediate relief from financial stress. Overall, AICS was generally viewed by the survey respondents as helpful in addressing their needs. More than 60% perceived AICS as very helpful, while 30% said it was helpful. Only around 2% felt that the program was not helpful.



The amounts received from AICS always covered only portions of what the beneficiaries needed. Nevertheless, the assistance was valuable because it helped reduced anxiety and stress. As one participant described it, *"mula super-stressed, stressed na lang"* or as another participant described it, the stress level was reduced by 50%. Satisfaction level among FGD participants is at 100% as far as receiving assistance is concerned. This is primarily because they did not have ample option or recourse.

Implementation of Activities.

Conduct of case and document screening and verification. Before the clients can actually go through the screening and verification, most of them have to line up outside the DSWD office early in the morning just to secure a slot for the AICS application. One client shared: “*1 am [dumating]. Pagdating ko ma’am mga nasa 300 katao na rin po yung tao. Tapos nung 5 na po, nag start na po sila magbigay ng number, pinipili pa po nila kung sino yung mga priority, tapos after po nun paghihiwalayin na po tapos pila po ulit.*” Common among the CIU/CIS covered in this research is the role given to security guards in pre-screening the documents before the clients are given queueing numbers. This lessens the workload of CIU staff who have to serve 150 to 700 clients per day based on the quota of CIU covered in this evaluation. Aside from the initial information provided by the security guards, some of the FGD participants mentioned that receiving endorsement letters from government officials eased their application process as they skipped the first step in the AICS application. Similarly, the ones who received referral letters from the hospitals highlighted this.

Recording of client and/or beneficiary information to Crisis Intervention Monitoring System. The CrIMS, if there are no internet connectivity problems and other technical issues, can be an effective system for beneficiary database. However, the potential of CrIMS is not maximized and its effectiveness as well as relevance to the day-to-day operations of CIU is lessened because of technical issues. The use of offline database defeats the purpose of client verification using the CrIMS. Cases of fraud wherein some clients were able to “shop” for assistance in different regions have also happened before because of delayed updating of database in some regions.

Conduct of case assessment and interview to client. The conduct of case assessment based on the documentary requirements presented by clients and interview to clients serve as the main basis for the amount of assistance to be recommended by the social workers. Because there is no standard amount of assistance for different types of AICS, the professional skills of social workers come in during this step to be able to establish the current situation of clients in crisis.

Provision of case assessment and recommendation for assistance. Most or 85.6% of the survey respondents said that the assessment of the social worker was appropriate (see Fig. 5). It was mentioned earlier that the amounts received from AICS always covered only portions of what the beneficiaries needed. However, some FGD participants also seem to understand that other beneficiaries like them also need the assistance and the limited resources of AICS can only cover as much.

Provision of financial and/or non-financial assistance. The amount of financial assistance provided seems to also have a time element and depends on the availability of funds. Program implementer respondents shared that the amount of assistance given at the start of the year tends to be smaller compared to at the end of the year. This is validated by FGD participants who are repeat clients. They mentioned the inconsistency in the amount of assistance they received every time they applied.

“Ngayon bumaba na. Dati, mas mabilis at mas malaki ang amount. Kumbaga kung ano ang nasa bill mo, ‘yun ang ibibigay nila [ngayon, hindi na].” – AICS Client

3. Efficiency

A. Economic Efficiency

The economic efficiency of social spending can be defined by the degree to which the realized allocation approaches the socially desired outcome of the program. In this case, for AICS, it assumes that if the financial, material, non-financial (immediate stress relief, psychosocial intervention), and/or referral are provided to clients, then the well-being of individuals and families in crisis will be improved. It will also increase the access of the poor and vulnerable sector to social welfare services.

However, as attested by the respondents during group discussions and based on survey results, the case management, referral, or psychosocial intervention are seldom done. Thus, only the immediate financial assistance is usually provided to clients and beneficiaries. This in turn reduces the economic efficiency of the program as the evidence suggests impacts mostly along poverty and equity only. Unlike other social welfare programs of the Department which have conditionalities that invest in economic activities, the AICS does not have program components that could help enhance economic efficiency gains.

For instance, in Region VI, program inputs such as office space also contribute as trade-off in the implementation of the program as the Field Office VI rents a space in a mall (GT Plaza Mall) for office space of AICS. This was their resolution for the need for bigger, well-ventilated and more accessible office space despite the additional cost that it would incur.

From the clients' perspective, the time, expenses, and efforts are justified given the amount of assistance received. Some respondents even see that the Department was able to perform and provide the Maagap at Mapagkalingang Serbisyo through the provision of assistance within the same day.

Despite these positive remarks, the clients felt that the amount received is insufficient to address their financial needs, since the AICS cannot cover the full amount of their expenses. In some cases, only less than half of their expenses were covered. Regardless of the amount, however, the clients perceived that the AICS was very helpful in augmenting their financial resources. Moreover, in some cases, the clients felt that they have no choice but to accept whatever amount is provided given their situation.

"Pag andon ka sa sitwasyong ganon, regardless kung anong amount, kapag may tutulong sayo tatanggapin mo." - AICS Client

Satisfaction on the amount of assistance appeared also to be affected by different factors. First, their expectations on the amount were based on the amount received by other clients. Second, clients who availed assistance multiple times observed that the amount provided is lower now compared to the previous years. Lastly, it appears that information on how the amount is objectively determined is lacking, resulting into varying expectations from the clients.

B. Operational Efficiency

Operational efficiency can be defined as the relationship between the program's outputs and inputs, and in this case, to provide support for the recovery of individuals and families from unexpected crises given the limited resources of the government. The operational efficiency

of AICS is then affected by the availability of competent human resources, responsive financial and physical resources, and existence of partner service providers.

To what extent were the human resources used efficiently. Most of the AICS implementers across the different roles and accountability levels are Contract of Service (COS) workers. This means that they don't have security of tenure and their accountability in terms of financial management is limited. According to most of the program implementers, the number of AICS staff has already increased over time, although fast turnover of staff is still evident. For some areas with lower number of clients, the number of social worker implementers seemed adequate. But for some areas with greater number of clients line NCR, the number of social workers is not adequate with around 1 social worker attending to 30-60 clients per day. Though the said ratio is somehow sufficient if the implementers would only cover the regular walk-in and referral operations of the AICS, it would definitely be insufficient if the offsite payouts will also be conducted. According to program implementers, one of the major challenges of the CIU/CIS is the simultaneous request for offsite payouts especially during the fourth quarter of the year. Likewise, given the scope of work of AICS implementers, they have to render overtime services to ensure that all clients are facilitated and provided with immediate assistance.

All of the participants except those who were served in priority lanes experienced waiting in lines during the processing of AICS. Either they had to wait before being entertained or they had to wait for hours before releasing the approved assistance. Respondents associated this with the low number of staff who were assisting all the applicants which resulted in long lines and long waiting times.

As mentioned also by the implementers, and attested by clients in the survey, staff usually goes the extra mile to provide service to clients and ensure smooth program implementation by performing multiple tasks. In addition, in most of the covered regional offices of the study,

"Take note na mano mano pa lahat ng process. Pumapasok pa rin kami kahit weekends and holidays." - AICS implementer

the implementers are expected to be well-knowledgeable of the different tasks/responsibilities within the process of AICS implementation so they can alternate with the roles of other staff when needed.

The amiable attitude of the staff (e.g., interviewers, social workers, guards, utilities) was highlighted and repeatedly mentioned during the FGDs. The staff were accommodating and approachable. Their questions were answered and they were given the correct assistance for their applications.

"Pansin ko lang po sa mga staff na mababait po sila tsaka magalang. Kasi may nalapitan, humingi din po ako ng tulong" - AICS Client

To what extent were the financial resources used efficiently. In the approved guidelines of the AICS, the different amount of assistance corresponds to different levels of approval. The higher the amount to be provided require higher designation of the authorized signatory of the processed documents. In this setup, the approval process is efficient as the financial accountability is clearly distributed among the authorized officials.

Along with financial management is the efficiency of the provision of outright cash or guarantee letters relative to the needed assistance of the clients. For one of the implementers of AICS,

provision of outright cash is efficient from the perspective of the clients since they can directly use the amount with their needs.

However, cash is not efficient from the perspective of some implementers especially for Special Disbursement Officers (SDO) because they still need to liquidate, which is another tedious process and additional workload. Cash assistance is also discouraged by some service providers because there is no assurance if the assistance will directly go to the primary intention of the sought assistance. Likewise, for a big amount of hospital and other medical needs, as shared by one service provider, the issuance of GL is more efficient, as it helps secure and control the issuance of assistance, and provide proof for the basis of amount. One service provider also cited that the two-weeks waiting time for the payment is considerable instead of insisting to get payment from the indigent families.

In terms of processing of payment issued through GLs, each Field Office has varying experience from each partner service provider in terms of acceptance of payment from DSWD. The processing of payment in Region VI can be received within one month since it improved in CY 2021. But unfortunately, there are still minimal accounts that are not yet paid by DSWD. In the case of NCR, the receipt of payment within 30 days by service providers was never complied by the DSWD. One service provider raised that they never receive feedback in terms of the status of their payment despite constant follow-ups to DSWD. For this particular service provider, the process and timeframe for processing the payment is not reasonable given the amount of assistance received. Meanwhile in Region XI, it was mentioned that there are instances when the service providers do not accept the GL since the DSWD are still indebted to them and have reached the maximum allowable amount based on the MOA. But in common, service providers agree that if funds are readily available, the payment is processed immediately.

"Unfortunately po, ang hirap din sa part namin na we offer our service for the government pero hindi kami priority sa payment. We understand naman kaso minsan sa operations namin, kinakapos kami. Kaya 'yung savings naming na naiipon, wala nang natitira. Nakakapagsangla din kami ng alahas na may tubo din. 'Yun po ang dilemma namin." - Service Provider

To what extent were the physical resources used efficiently. Physical resources such as office space and structure, as well as ICT equipment are some of the indirect factors affecting the efficiency of the program implementation. In almost all the Offices, except Region VI, a common clamor is that there was not enough office space and structure for AICS. According to program implementers: (1) the space is too small to provide appropriate working space for each staff especially the interviewers who would need privacy; (2) there is no storage or records-keeping facilities; and (3) there is lack of well-ventilated and spacious waiting area for

"Kapag umuulan, may shower. Dati tent lang at monobloc chairs. Ngayon lang medyo umayos-ayos. Sa isang table, tatlo ang social workers. Kanya-kanyang payong na lang ang clients" - AICS implementer

clients especially in satellite offices because they are only dependent on the space provided by the LGU. The most common reason for this is that the budget for capital outlay was usually realigned for operations and provision of financial assistance. In NCR for instance, the structure of the CIU office is problematic, having only canopy/tarpaulin tents which cannot provide protection during

rains/thunderstorms. It is notable however that most of the survey respondents are satisfied with the structure of the waiting area, provided that they have seats.

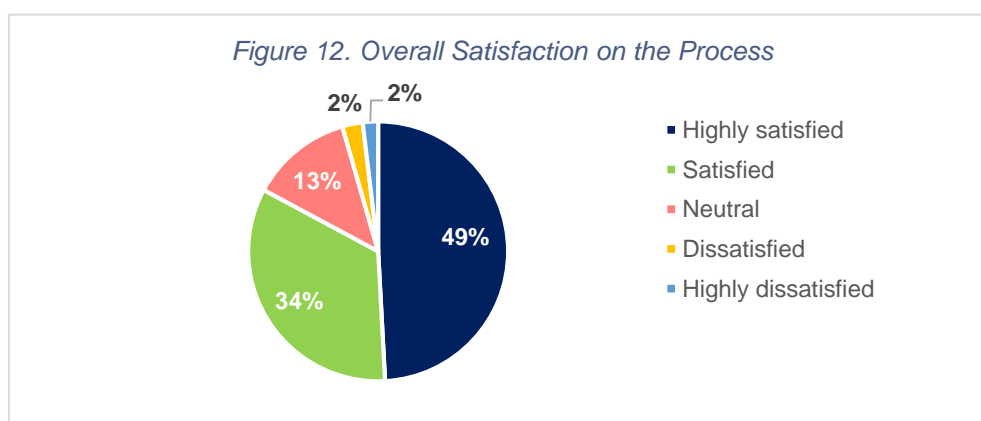
In terms of equipment, implementers are usually provided with individual laptops or desktops. However, they still lack printers, scanners, and photocopiers which would make their work more efficient since they are mostly dealing with paper documents.

Further, weak internet connectivity affects the loading of client/beneficiary data in the Crisis Intervention Monitoring System (CrIMS). Most implementers in the Regions are not able to use the CrIMS regularly and end up using their offline databases. The use of offline database only doubles the tasks of workers as they still have to upload all the data on a monthly basis. In one of the FGDs, the participants recalled the major delays they experienced in the encoding of their personal data due to the poor internet connection of the CIU.

A number of FGD participants shared that they expected an unsystematic process due to the volume of people applying for the assistance. However, most of them mentioned that they encountered a pleasant and organized procedures. They cited that the labels/signages and the availability of the security guards or people to ask helped them, especially the first-time applicants, to know how to go about after each step. Moreover, the others appreciated the waiting area that were covered and the provision of drinking water.

To what extent were the partnerships used efficiently. Part of the administrative requirements of implementing AICS is the partnership with service providers. This intends to help reduce the amount of cash advance to be bonded to the SDOs, to limit the releases of outright cash assistance and to ensure that clients are provided with the service solicited. As defined in the guidelines, there shall be no exclusivity in engaging service providers, and the forging of MOA could be entered into to formalize the details of the partnership and agree on an allowable maximum credit. With this, some service providers have long been in Memorandum of Agreement (MOA) with DSWD while others are not but continue to accept Guarantee Letters (GL). On the part of the Department, these partnerships make our provision of assistance efficient as services to beneficiaries are provided even in the absence of the actual amount of assistance right at the moment. Further, these partnerships help in addressing our challenge on the lack of SDOs.

Overall, the majority of the survey respondents are satisfied with the processes they experienced. Nearly 50% of the respondents are highly satisfied, while 34% are satisfied. On the other hand, only 4% reported dissatisfaction about the process.



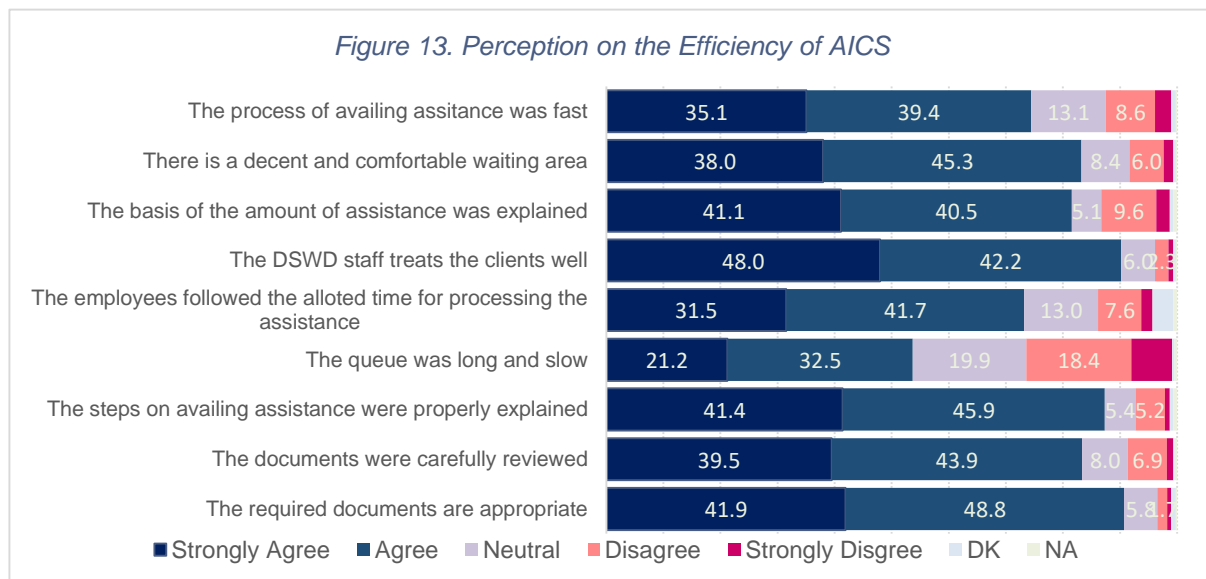
C. Timeliness

As the AICS program seeks to provide immediate assistance to individuals and families in crisis situations, the time spent in processing the assistance is essential in determining the operational efficiency of the program.

In most of the survey and group discussions, the respondents are satisfied with the time spent in processing the assistance despite the long queuing before they could proceed to the start of the process of availing AICS. In most cases, although clients know the operating hours of the office, they would line up as early as 2:00AM to ensure that they will be within the quota of clients that will be processed for the day. In most anecdotes, clients are willing to line up and process AICS for one whole day instead of doing and receiving nothing. Further, clients also note that in processing AICS, as long as the requirements are accurate and complete, the process tends to be faster. Clients also perceive that the time spent for processing is just right given the number of clients being processed and the number of DSWD staff available. According to clients who have previous experience in availing AICS, they tend to be able to process their succeeding availment faster and more efficiently since they are already aware of the process and requirements.

Also, for most of the participants, they spent minimal time in completing the requirements where some mentioned that they completed theirs within one to two days to one week. Some hospitals even provided the necessary documents needed for the application. For some, they had to wait for one week to wait for the doctor's signature in the medical abstract. In addition, they had minimal expenses in processing the documents, mainly for photocopying documents.

In the narratives of most of the FGD participants, the correct information regarding the documents needed and the processes helped them in to have a fast, smooth and efficient AICS application. The offices or agencies mentioned where: assistance desks; barangay centers; medical practitioners; and social workers in hospitals. Figure 13 shows the perception of clients on the statements reflecting the efficiency of AICS services.



Overall, a moderate proportion of clients or 74% perceived that the processes on availing the assistance was fast based on the survey results. Equally, more than a quarter of the

respondents felt that the processes were slow. When the clients were asked about their perception about the lines and queueing system, the satisfaction was seemingly lower. In fact, more than half of the respondents reported that the queue was long and slow-moving. This result is consistent with the findings of the previous section, wherein the clients wait for around 3-5 hours on the average before they can proceed with Step 1. During the FGDs, some of the clients expressed their concerns on safety of clients who are lining up too early (as early as 1AM) since only limited clients will be accepted per day for availing AICS. According to the clients, this puts them into a risky condition, especially the elderly, women and children who are staying overnight outside the CIU to secure a slot for the AICS. Moreover, this entails additional stress to their already stressful condition. Lastly, a relatively lower proportion, 73%, felt that the employees followed the allotted time for processing the assistance.

4. Coherence

A. Internal Coherence

The provision of AICS is seen by implementers as within the mandate of DSWD as it increases the access of poor and vulnerable sectors to social welfare services. But given this definition, according to one program implementer, the AICS is perceived as an entry-level program for the immediate assessment and provision of the needs of clients. Nevertheless, there is an opportunity to provide more in-depth assessment and referral for other programs of DSWD or other agencies if the interview and assessment is maximized.

Networking and tapping of the resources are theoretically within the strategy of AICS, being part of the case management process. However, as described by the implementers, given the bulk of clients and limited human resources of the Department, as well as the overwhelming workload placed on social workers, particularly the conduct of offsite payouts, social case management including counseling, deeper assessment and referrals to other social services within and outside the DSWD are actually not being executed. Whereas, on the part of the clients and beneficiaries, as confirmed by most of the respondents, they do not ask for further assistance because they are not aware of what services are available for them. They also feel shy of asking for other possible assistance given that they already have received assistance through AICS.

But for service providers who are aware of the clients' situation, referral and provision of livelihood assistance is seen as a significant intervention to sustain the medical needs of the beneficiaries, as the AICS could only provide limited financial assistance.

The targeting and registration process of the different interventions implemented by DSWD also affects the referral system from AICS to other DSWD programs. Currently, the design of the DSWD programs could not efficiently cater the inclusion of AICS clients and beneficiaries for long-term intervention. The existing policies of DSWD programs have not been aligned to an efficient referral process within and outside the Department's social welfare services.

B. External Coherence

Nonetheless, partnership collaborations exist within the program, as the Department has already a lot of formal and informal partnerships with different service providers across the different types of assistance, to accept Guarantee Letters. These private service providers see this move as their contribution in the provision of social services in the community. In fact, there are certain service providers who see this as their way of giving back to the community especially for those indigent individuals.

For those with formal partnerships with the Department, they see the importance of having Memorandum of Agreement (MOA) with the Department, although it would require additional process until the MOA is forged, but would fast track the delivery of service in the long run. Likewise, existing service providers are also in favor of having additional service providers so that clients will have more options on where to get the services/assistance. For instance, in transportation assistance, it is challenging to have partner service providers especially with airlines and bus companies.

On the other hand, duplication of services from among the different possible sources of assistance is also inevitable due to insufficiency of assistance provided and non-existence of harmonized database system of the different social welfare services. Policy incoherence is also not evident among the different guidelines covering the social welfare services of LGUs and national agencies, as policies usually cover only the particular program/service and the institution itself. Duplication of services, from the perspective of the clients should not be disallowed or prevented especially for clients who need large amounts of assistance given their needs.

In fact, based on the survey results below, 38.4% of the clients sought additional assistance from various organizations. Among these organizations are LGUs (31.3%), Partylists and Congressional Representatives (19.2%) and PCSO/SSS (10.9%). Meanwhile, more than a quarter of the clients or 28.0% sought assistance from the Malasakit Centers, a one-stop shop strategy of the government to serve those with medical needs.

Table 43. Other Organizations Providing Assistance

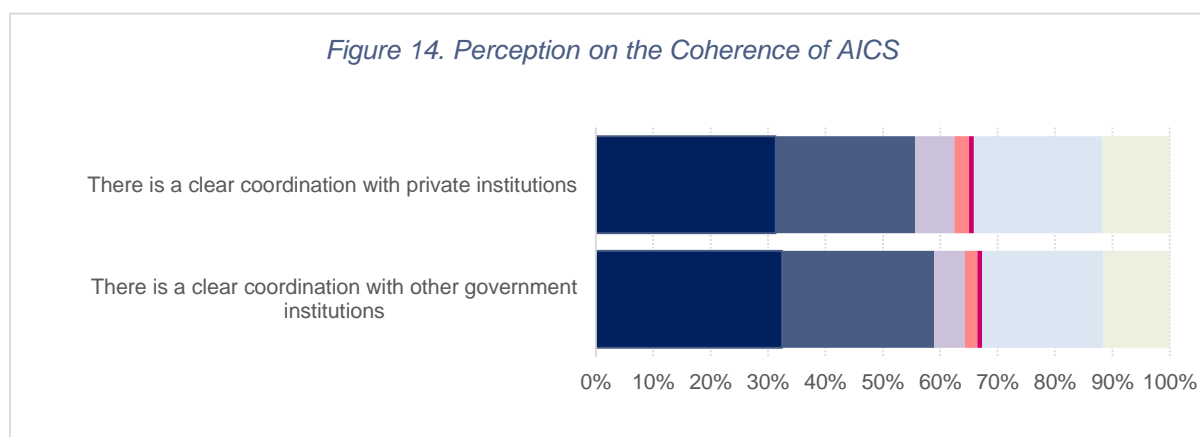
Other Organizations Providing Assistance	Total	Percent
Local Government Units	57	31.3%
Malasakit Center/Lingap sa Masa	51	28.0%
Partylist/Congressional Representative	35	19.2%
PCSO/SSS	20	11.0%
Other NGAs	13	7.1%
Senator	5	2.8%
Private Sector	1	0.6%
Total	182	100.0%

The survey results above are consistent with the qualitative findings stating that aside from the DSWD, clients are usually aware that the barangay/ city/municipality, provincial and district politicians as well as partylist representatives extend financial services to their constituents. However, clients claimed that they provide smaller amounts and not outright cash and their program is limited only to medical assistance.

Additionally, some service providers, particularly from the social services of hospitals, are aware that clients can approach offices such as DSWD, PCSO, DOH, Legislators' office, Malasakit Center, and even private foundations for financial assistance to lessen the burden. Other than these, the participants repeatedly mentioned that they were not aware of other DSWD/AICS programs or no referral was mentioned to them. Some even mentioned that it was only that day that they learned that there were other assistance aside from medical in AICS which through the materials posted in the CIU that they read while waiting for their turn to be interviewed or through other applicants who they met during their application.

After the provision of immediate assistance, the AICS also aims to provide referral services. However, the referral pathway is still not well established. For instance, DSWD social workers would usually mention other institutions where clients could seek further assistance but no proper and formal referral is provided. There would also be particular instances when walk-in clients are referred to LGUs for additional assistance and succeeding support services. However based on the respondents' claim, follow-through and referrals are not prioritized by the LGUs. Further, based on the perceptions of clients and beneficiaries, although most of them agreed (24.3% and 26.5%) and strongly agreed (31.3% and 32.5%) that there is clear

coordination between DSWD and private institutions and other government institutions, there is also significant number of clients who are not aware (22.4% and (21.2%) and exposed (11.7% and 11.5%) of the coordination between these institutions.



5. Impact

Impact refers to the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. The definition of impact includes the key concepts of higher-level effects, significance, differential impacts, unintended effects and transformational change. For the purpose of this study, this section will only discuss significance, differential impact and unintended effects.

A. Significance

This impact criterion examines the significance of the intervention and its higher-level results, meaning how much it mattered to those involved (OECD, 202). Likewise, this element of analysis can also be applied when considering an intervention's unintended results.

Given the definition of the program as a stop-gap mechanism to support the recovery of individuals and families from unexpected life events or crises, the majority of the key informants and FGD participants narrated how the provision of AICS helped the clients by responding to their immediate needs. A significant number of key informants also recognized that the assistance given by DSWD was a big help to the intended beneficiaries of the program. The beneficiaries were able to purchase on time the medicines they need, especially that they can avail the assistance from DSWD every three (3) months.

"Napakalaking tulong at hindi pa ito utang. Di namin iisipin ang pambayad. Malaking tulong. May inaasahan kami every three months. Nakakabawas sa aming mabigat na sitwasyon."

"Kasi bukas may pambayad na ko sa radiation ko." - AICS Client

For clients who availed medical assistance, majority of the FGD participants said that AICS provided immediate and significant relief especially to those who received GL for hospitalization since the bills were paid and they were able to get the treatment they needed.

For clients who availed burial assistance, majority of the FGD participants across sample regions noted that the program was a big help in covering portions of funeral expenses. Thus, it significantly reduced stress looking for money and allowed the family to have time to grieve for the death of a loved one.

"May mga cases tayo tulad ng HIV, AIDS na they are really appreciated kasi for them, makakadagdag pa siya sa mortality rate kasi they don't want to go on kasi wala ng support from them. May mga cases kami na they are very thankful kasi without DSWD, how can they survive in terms of medication na meron sila." - Program Implementer

This story, on the other hand, is only partially true for student beneficiaries who availed the educational assistance (EA) from DSWD AICS. Since EA is not directly given to the beneficiaries, some participants shared how anxious they were as the DSWD doesn't provide them updates regarding the transfer of funds/assistance to their respective schools. Although they were assured that their tuition fees will be paid by DSWD, they did not have knowledge about the amount that will be approved. Thus, there remained apprehension that they might still need to raise funds for their tuition fees. They would only have a feeling of relief once the school issued them examination permits, meaning that their tuition fees have been covered by DSWD. Despite this, respondents were able to enroll and complete the school semester with the assistance from AICS.

During disasters, one program implementer also noted that AICS is sufficient in reducing the vulnerabilities and risks of the individual. However, one program implementer thinks otherwise. According to the informant, AICS is only partially sufficient to address the immediate needs of the clients. Aside from the cash assistance that can amount up to Php 150,000.00, the social workers also provide psychosocial support to clients. However, results of the survey showed that about 77% of the respondents raised the fact that they have not received psychosocial support, regardless of the type of assistance they availed. Nevertheless, 16% said that they received this support in addition to the mode of assistance received (cash, guarantee letter, or food/non-food items).

For the CIU workers, one impact of the program is the appreciation that they are able to help the clients in need. One respondent recalled the instances when clients returned to say thank you to the workers who facilitated the processing of his/her assistance. The workers in one sample region are also thankful that they are not in the position of the clients asking assistance from the government. For them, the everyday information they receive from clients is very useful especially when it comes to health.

"Nagiging information din sa amin ang situation ng mga clients." - CIS Workers

B. Differential Impact

By definition, differential impact pertains to or may apply to people of a particular protected characteristic (e.g., people of a particular age, people with a disability, people of a particular gender, or people of a particular race and religion) who will be significantly more affected by the change than other groups.

Based on the results of the survey, almost all of the respondents rated positively on the amount they received. Overall, 49% of the respondents expressed that they are extremely happy, 35% said they are happy, while only 2% of the respondents said that they are very unhappy with the amount of assistance.

It must be noted however that the percentage of unhappy respondents is also reflected in the narratives of FGD clients, particularly in FO NCR. Most evident with clients availing medical assistance for medicines and laboratory procedures, some participants claimed that the assistance provided is not sufficient as it would only correspond to medical expenses good for one month. Although they are very thankful to DSWD for the assistance, they are forced to look for other means to make ends meet for the next two months. Some clients said they still had to seek the help of relatives or borrow money in order to cover all their expenses. The positive side, on the other hand, is the FGD clients fully understand the need to provide assistance to all clients in need given the limited DSWD funds.

“Pasalamat na lang po tayo. Tsaka kung ibibigay nila nang todo, paano naman ‘yung darating na iba?” - AICS Client

The assistance, depending on the amount provided, has a differential impact to clients in responding to their immediate needs. Across all sample regions, NCR had the most number of survey respondents who answered “hindi nasiyahan” and “lubos na hindi nasiyahan”. It must be noted that NCR is also the lowest when it comes to the average amount of assistance received by clients for outright cash and second from lowest for guarantee letters. On the other hand, Region VI with the highest average amount of assistance for outright cash had also the highest number of survey respondents who answered “lubos na nasiyahan”. In line with this, those clients receiving a comparatively higher amount than other clients use the assistance to sustain other personal needs. For instance, one respondent narrated how she used the excess medical assistance to buy food for the family.

C. Unintended Effects

This impact criterion can be positive or negative. Where they are positive, the overall significance and whether there is scope for innovation or scaling or replication of the positive impact on other interventions should be considered. Negative impacts should also be paid attention to, particularly those that are likely to be significant including – but not limited to – environmental impacts or unintended impacts on vulnerable groups.

Dependency on government assistance. Based on the Philippine Social Protection definition, a stop-gap mechanism like AICS is identified as a social safety net that addresses effects of economic shocks, disasters and calamities on specific vulnerable groups. Though the program is perceived by many clients as the appropriate program in responding to their immediate needs with 49.7% of the survey respondents who answered “lubos na sumasang-ayon”, some informants believed that the program is creating a sense of dependency to the program or government assistance in general. One program implementer weighed in that the program has drawn perennial clients or those who continuously seek for assistance. It's as if these clients solely depend on DSWD to provide for all their basic needs. As narrated by one respondent, some clients depend on AICS to pay for rent, and water and electric bills. One respondent also observed that the clients seem to seek help from DSWD first instead of LGUs which should provide first response.

The Philippines ranked 81st out of 169 countries in the 2022 Social Progress Index (SPI). The SPI combines 60 social and environmental outcome indicators that include measures in health, safety, education, technology, rights, and more. The low standing of the country in SPI strengthens criticisms against the government's reliance and complacency on stop gap measures to address poverty, such as the AICS program. Some also consider the program as a form of dole-out which can also develop a mentality of dependence that deceives the poor into thinking their entitlement to government assistance, not reliance on their own efforts, is essential for the improvement of their status.

However, one program implementer thinks otherwise. According to the informant, the program may sound as a dole out and dependency to government assistance, but it must be understood that the program has a component of assessment.

"I think malaki ang contribution ng AICS. It may sound dole out for everyone but hindi nila naiintindahan na hindi ito dole out na basta binibigay lang. May certain amount ng assessment na ginagawa and that particular assistance 'yun talaga ang binibigay for some major illnesses." - Program Implementer

This statement from the informant is related to the findings of the case study by Osuagwu (2021) which looked at social protection as a tool for crime prevention. Most of the participants agreed that getting help when necessary is not a sign of weakness, rather serves as a springboard to pull people out of poverty they might have accidentally fallen into. The findings concurred with the report of the FAO (2017) which explained that cash transfers do not lead to dependency, rather families make productive investments in agricultural inputs and productive activities such as starting small businesses, and investing in livestock ownership among others. However, a divergent view was expressed too, that caution should be taken in establishing interventions as it could encourage laziness.

Ang mali lang talaga sa atin is the way that we package the AICS program doon sa pangkalahatang tingin ng tao but little did they realize, tayo talaga ang nagbi-build up ng bridge to fill the gap kung ano ang meron sila during that time. Kasi imbis na iisipin pa nila yon eto na tayo ibigay na natin. And for me, again, hindi siya dole-out. Talagang support siya. Yun lang, may mga certain percentage ng mga tao na tinitignan tayo na pera lang but those are minimal cases natin hindi dapat natin tignan. - Program Implementer

Prevention of crimes or illegal work. One unique perspective shared by one program implementer is that AICS reduces or prevents the risk of a client's tendency to commit crimes or illegal work.

Una, ma-lessen yung possibility for them to engage in risky activity. Number 2, meron kaming experience that some of them are engaged in other horrific activities to earn money. Napipigilan natin sila. - Program Implementer

In the study of Osuagwu (2021), evidence revealed that social protection possesses the potential to prevent crime. The study informed that certain intervention programs established by the government helped in decreasing crime incidents in areas under the study. In addition, the study revealed that social protection enhances wellbeing, empowers people, promotes better living conditions, imbues a sense of belonging and inclusiveness, promotes social stability and does not lead to dependency.

Similarly, Moreso, Cook, Ludwig, and Mccrary (2011) affirmed the existence of a cross-sectional correlation between poverty and crime, postulating that criminal offending and victimization are disproportionately concentrated among disadvantaged people living in economically distressed areas. The study concluded that increased social investment through the establishment of new programs, or expanding the scope of existing ones, including making it sustainable, would decrease crime incidences as well as address other deep seethed undertones that provoke violent crimes among disadvantaged people living in economically distressed areas. However, the study also recognized that social protection alone is incapable of eradicating crime.

But for me kasi, somehow contributing [ang AICS] not only doon sa pagtingin [ng tao sa program] as poverty alleviation but for the clients to be provided with safeness, para hindi na mag-regress ang kanilang performance as a person. Kasi technically they are affected by their crisis situation. Kaya 'yung binibigay natin sa AICS, in the form of guarantee or cash, it will help them. - Program Implementer

Empowered beneficiaries to access social welfare services. Across all sample regions, almost half, or 49.3%, of survey respondents strongly agree that AICS helped increase their access to social welfare services. Similarly, almost half, or 47.1%, of respondents learned their rights to access government services through AICS.

Social welfare is a development priority of the Philippine government. Conceptually, social welfare refers to the "well-being of all the members of human society, including their physical, mental, emotional, social, economic and spiritual" state (Mendoza, 1981). It can be achieved through laws, programs, benefits, and services that assure or strengthen provisions in meeting basic needs. Ultimately, social welfare provisions redound to the good of the social order. Another view holds that social welfare is attained when "well-being" is manifested by people (Midgley, 1995). To achieve well-being requires three elements. The first is the degree to which social problems are managed. The second is the extent to which needs are met. Third is the degree to which opportunities for advancement are provided. In other words, it is important to set up mechanisms by which the attainment of well-being is assured, and to make sure that this is sustained and improved. The concept of well-being covers broad requirements, such as income, security, housing, education, recreation, and cultural traditions (Mendoza, 1981).

In order to address these requirements, programs and services are being implemented in different Philippine government agencies. Different government agencies undertake other social welfare requirements that need specialized services (i.e., health and labor) as social welfare needs to be pursued as part of the process of governance. For instance, the DSWD caters to the broad social welfare needs of the population.

The empowerment to access social welfare services experienced by AICS clients and beneficiaries is an operationalization of Leave no one behind (LNOB) - the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). It represents the unequivocal commitment of all UN Member States to eradicate poverty in all its forms, end discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole. LNOB compels us to focus on discrimination and inequalities (often multiple and intersecting) that undermine the agency of people as holders of rights. Many of the barriers people face in accessing services, resources and equal opportunities are not simply accidents of fate or a lack of availability of resources, but rather the result of discriminatory laws, policies and social practices that leave particular groups of people further and further behind.

Results of the survey and FGD with clients showed that the experience of clients in availing assistance from AICS provided them information and knowledge about the different assistance they could access, thus they are able to share it with friends or relatives. Through word-of-mouth, more people in need become aware of the program as well as other programs of the government in general.

Sense of fulfillment. For the majority of social workers and administrative staff of CIU/CIS, it is worth noting that the program has negative and positive impacts in line with their roles and responsibilities. One of the negative effects is the stress that they experience everyday because of the conduct of regular payout. One worker narrated that they have to prepare the payroll and all the documents needed as early as 5AM. In one region, there were instances where payout ends at 11PM and 3AM at the height of giving educational assistance this year.

Sometimes, the payout will finish at 3AM then 5AM payout na naman. So we do not have enough sleep. - AICS Worker

Despite this, FGD respondents shared that they feel a sense of fulfillment because they are able to help and satisfy the needs of the clients, as well as cater to people from different walks of life.

6. Sustainability

Sustainability refers to the extent to which the net benefits of the intervention continue or are likely to continue. To understand the definition of sustainability involves understanding the components of the enabling environment, the continuation of positive effects, and risks and trade-offs. For the purpose of this study, this section will only discuss the continuation of positive effects in terms of actual and prospective sustainability.

A. Continuation of Positive Effects: Actual Sustainability

In general, AICS is perceived by the majority of survey respondents and FGD participants as helpful and should be continuously implemented by DSWD. One of the mentioned positive effects of the program is the easing of the burden of financial constraints. According to one informant, the benefits vary depending on the amount and purpose of assistance. For one-time clients (i.e. for burial assistance), the assistance helped them to pay debts post-interment. For beneficiaries of medical assistance (medicines), the assistance amounting to Php 3,000.00 allowed them to purchase up to two (2) months of medicine supply or the benefits could extend up to buying vitamins or nutritious food. One respondent also said that another long-term impact of AICS is that a life can be saved even if a small amount of Php 10,000 was given to the beneficiary.

Another common answer of the FGD respondents and informants is how the program helped the clients during the height of the pandemic. One informant particularly mentioned that people need it the most during this time because many are still recovering from the effects of the pandemic:

Malaking bagay ang AICS lalo na sa panahon ngayon na maraming walang trabaho ang nangangailangan.
- Service Provider

"Yes po kasi actually marami po talaga sa ngayon na mahirap ang buhay na dahil biglaan din po ang pagkamatay. Kasi karamihan din po jobless, 'yung ibang family member na wala pong kakayahan na kahit 'yung mumurahing burial, walang-wala din po, kaya maganda po ang proyekto ng gobyerno na 'to na kaysa iwanan lang nung family 'yung kanilang mahal sa buhay nang walang umiintindi. At least malalagay po natin sa maayos." - Service Provider

In terms of establishing partnerships to sustain the benefits of AICS, the quality of the referral process with other institutions was measured. Based on the survey results, however, more

than 30% of the clients could not judge how referral is being done because they were not referred to other institutions. This clearly suggests that there is a need for more communication strategies that will raise the clients' awareness of other services offered by the government.

On the other hand, a few FGD respondents mentioned some institutions such as PCSO, Philhealth, OVP and LGUs which have similar programs/assistance to AICS. However, the respondents still prefer AICS over these institutions because of the following reasons:

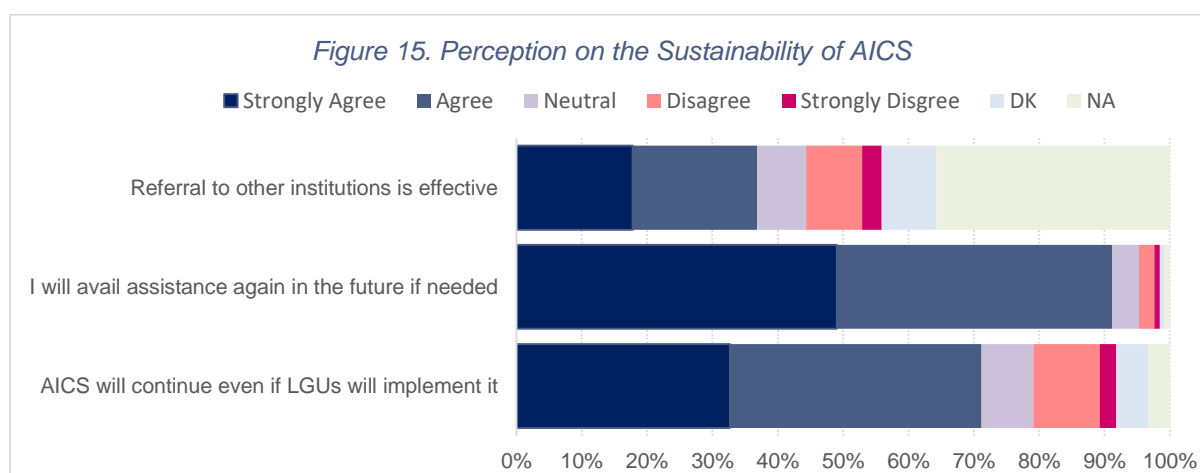
1. It takes one week to one month to process the assistance in LGUs. While in DSWD, the assistance is outright and this is very beneficial to the part of the client.
2. PCSO is not providing outright cash anymore.
3. In PhilHealth, the package is only limited and there's no revision until now on their package.
4. DSWD can issue GL faster compared to DOH.

Program implementers in one sample region shared that the service given to the people should not stop with AICS, thus the importance of referrals and information drive. Currently, the one (1) Field Office is conducting lectures on health and other similar activities.

B. Continuation of Positive Effects: Prospective Sustainability

The following figure presents how sustainability of AICS was perceived by the clients/beneficiaries. Based on the results, more than 90% of the clients said that they will avail assistance again from AICS, should they need it in the future. In the majority of cases, the respondents hoped for continued implementation of AICS because they heavily rely on government assistance to support their needs. In the short-run, AICS provides immediate relief, but its net benefits extend in the long run because it raises the knowledge and capacity of clients in handling difficult situations. Overall, it empowered the clients to demand for government assistance and services. AICS served as a stepping-stone to access other social protection programs of the government.

When asked if the AICS will continue even if LGUs will implement it, the clients appeared to have reservations about it. During the FGD sessions, a common reason cited for this is that political influence is inevitable. Moreover, some said that DSWD has relatively more objective mechanisms and processes for the provision of financial assistance.



On the other hand, the program implementers and service providers have varying opinions when it comes to the devolution of AICS to LGUs. One program implementer believes that the DSWD should continue implementing the AICS, especially now that there are efforts from the legislators to institutionalize the program. On the other hand, there may be program modifications in the future to provide the basic needs of the people. Some also mentioned that there will be problems at the LGU level when it comes to implementation. According to some implementers, preferences might be given only to the supporters of the legislators. Some implementers also believe that the devolution of the program will greatly affect the displacement of the workers.

Some implementers believe, on the contrary, that the program should be devolved to the LGU because the program is part of the devolution transition plan. According to one informant, there might be duplication of programs when AICS will be retained in DSWD. Another informant asserted that it is better to implement the program at the LGU level as long as DSWD will continuously conduct technical assistance to the LGUs. The DSWD should have regulatory functions by setting the standards (e.g. guidelines). The LGUs then will have better implementation if they follow the standards set by the Department.

"The thing to consider is gawan ng parameters na pwedeng ibaba sa LGUs para maipatupad din ng maayos ang ating AICS." - AICS Implementer

V. CONCLUSION

Relevance. As evidenced by qualitative and quantitative findings, the objectives of AICS, as clearly stated in the Theory of Change, is strongly aligned with the needs and priorities of the clients/beneficiaries. The program remains ever relevant and responsive in the context of emergency or crisis situations because it offers a package of interventions to comprehensively address clients' social welfare concerns. But while the program is able to address the needs of the clients/beneficiaries and thus obtains great support among stakeholders, its operations (use of resources and timeliness of service delivery among other) is also heavily influenced by program partners, specifically the elected national and local officials. These government officials want to bring closer the services under AICS to their constituents but in doing so affects the ownership of the program to some extent. Ethical issues arise when politicization bring about clientelism as it may impede equal and equitable access of clients to the program. The AICS will remain vulnerable to clientelism because there will always be clients with immediate needs that can easily be persuaded in exchange of the financial assistance. These issues must definitely be addressed head on. On the other hand, the DSWD can definitely gain more from the interest and support that the AICS have gained over the years. The major challenge is how to effectively harness and manage these supports to sustain the program without sacrificing the integrity of the Department.

Effectiveness. The effectiveness of AICS in delivering its activities and output and outcome objectives is clearly illustrated in the yearly overachievement of physical and financial targets. The AICS is also indeed effective based on the high level of satisfaction of respondents on the overall process (8 in 10 clients were satisfied and highly satisfied) and the high level of agreement that the AICS was helpful to them (9 in 10 clients agreed and highly agrees). However, the CIU/CIS should address the lengthy waiting and processing time, inappropriateness of assessment, inadequacy of amount of assistance, and inability to fully deliver the psychosocial support and referral services to clients. The effectiveness of AICS is also greatly affected by the lack of physical resources, hindered by issues along human resource and mired by the large budget to be managed and disbursed.

Efficiency. The time spent in processing the assistance is essential in determining the operational efficiency of the AICS. Despite the long queuing before they could start the process of availing AICS, the respondents are mostly satisfied with the time spent in processing the assistance as evidenced by survey and FGD results.

In terms of economic efficiency, the financial assistance is insufficient for most of the clients and cannot cover the full amount of their expenses. Regardless of the amount, however, the clients perceived that the AICS was very helpful in augmenting their financial resources.

Along operational efficiency, the implementation of AICS is hindered by issues along human resource (major dependency on hiring of contract of service workers who do not have job tenure, high client to staff ratio, and inadequacy of capability building activities). Service delivery is also greatly affected by the lack of physical resources (such as space for CIU/CIS operations, office space for staff, service vehicles, stable and operational ICT system and infrastructure, and office equipment such as laptops/desktops, printers, and photocopy machines).

Meanwhile, the approval process of amount of assistance to be provided to clients can be argued as efficient because the financial accountability is clearly distributed among the authorized officials. On the other hand, inefficiencies in the distribution of outright cash usually stem from either lack of Special Disbursement Officers (SDO) or delays in liquidation. It is good to note however that partnership with service providers make the delivery of assistance efficient as services to beneficiaries are provided even in the absence of the actual amount of

assistance right at the moment. Further, these partnerships help in addressing our challenge on the lack of SDOs.

Coherence. Incoherent interventions may be duplicative, thus wasting resources. In the case of AICS, internal coherence is still lacking because there is no efficient referral process within and outside the Department's social welfare services. Consequently, duplication of services from among the different possible sources of assistance is also inevitable as there is no existing harmonized database system of the different social welfare services. Policy incoherence is also not evident among the different guidelines covering the social welfare services of LGUs and national agencies, as policies usually cover only the particular program/service and the institution itself.

Potential Impact. Given the definition of the program as a stop-gap mechanism to support the recovery of individuals and families from unexpected life events or crises, major findings of the study support the impact of AICS to the lives of clients who were provided assistance for their immediate needs. It must be noted however that the discontent of respondents is most evident in the narratives of clients with chronic diseases who are usually only given assistance that is good for one month of medication. Among the possible unintended effects of AICs that was documented are development of clients' dependency on government assistance, risk reduction of clients' tendency to commit crimes or illegal work, empowerment of beneficiaries to access social welfare services, and fostering of sense of fulfillment for program implementers.

Sustainability. For sustainability, the AICS is generally perceived by the majority of survey respondents and FGD participants as helpful and should be continuously implemented by DSWD. In terms of establishing partnerships to sustain the benefits of AICS, there is a need for more communication strategies that will raise the clients' awareness of other services offered by the government. There are varying opinions among program implementers along discussions of full devolution of the program to the LGUs. Some believe that the DSWD should continue implementing the AICS, especially now that there are efforts from the legislators to institutionalize the program. Politicization of the program through clientelism is also a concern if the AICS is devolved to the LGUs. On the other hand, others believe that it is better to implement the program at the LGU level as long as DSWD will continuously conduct technical assistance to the LGUs. The role of the DSWD according to them is to only set standards through regulatory functions.

VI. RECOMMENDATIONS

In view of the findings presented, the following are recommended by the evaluation team:

On Program Guidelines, Procedures and Policies

Revisit the existing policy/guidelines, particularly along the following areas:

- Consider setting a standard amount of assistance which can be given in full based on the actual needs of the clients/beneficiaries to avoid inappropriateness or inadequacy of assistance. The amount of assistance should be based on actual needs of the client/beneficiary which can be formulated by citing specific criteria or concrete indicators of their vulnerability. The amount should also take major consideration of their socio-economic conditions within the context of macro- (e.g., demand, inflationary, and monetary policy shocks) and micro-economic (health, income, and consumption shocks) shocks.
- Clearly state in the guidelines the regulations for creation of contracts or Memorandum of Agreements with service providers to provide at least minimum standard roles and responsibilities for the department and the service provider. The regulation should also warrant the inclusion of realistic timelines for processing of payment by the Department. Moreover, a monitoring system and mechanisms for quick feedbacking between service providers and DSWD should be established to ensure adherence to the processing timeline should be strictly monitored and ensured by the Department.
- Aside from identifying measures on how to respond to and process grievances, cascade, explain and readily make accessible the concept and mechanism of handling grievances and complaints to clients.
- Provide referral service to the clients/beneficiaries depending on the case management or assessment results of the social worker. As stated in the ToC of AICS, the referral services should not be limited to providing assistance when the requested support is not within the range of AICS or DSWD services. Further, if clients/beneficiaries would be properly referred to appropriate services, their dependency on the financial assistance from AICS could be lessened.
- Documentary requirements, though already minimized, are required as support to the amount being requested by the client/beneficiary. Hence, if the amount to be provided by the office would be standardized, the documents should be further minimized particularly eliminating documents related to cost or amount of service – such as funeral contracts, and statement of accounts, as it only adds to the timeline and even cost of processing the requested assistance.
- Revisit the maximum frequency of availment especially for medical assistance for medicines, laboratory and other procedures. Clients with chronic diseases for example should be excluded from the limit of once every three months.
- Implement nationwide a standard quota system considering the human resource and financial capacity of each office. As observed in all study sites, the quota system is already being done as it is seen as crucial strategy to maintain the daily operations of AICS.
- Include the adoption of the framework/Theory of Change of AICS in the guidelines as the backbone of the policy. This shall provide the description and illustration of how and

why we desire our goals to happen. Further, gender and development perspectives should be incorporated into the framework for a more holistic approach in the provision of AICS.

On Human Resource

Hire additional staff as needed to maintain a reasonable client to staff ratio. The lack of human resource leads to lower quality of service and additional requirements or processes on the part of the clients. Ensure the welfare of the staff provided that most are hired as Cost of Service (COS) workers. Proper compensation should also be provided to workers who provide overtime services. Aside from Social Workers, enough number of Special Disbursement Officers (SDOs) per operating office should also be ensured since it affects the utilization and disbursement rate.

Provide customer service-related capability building/trainings to AICS implementers. As the DSWD staff encounter different type of individuals requesting for AICS assistance, the Department should train the staff including the security guards and housekeepers, who play major roles in the day-to-day operations of AICS. Gender sensitivity trainings should also be conducted to heighten the awareness of staff on gender issues and enable them to respond appropriately to clients and provide equitable service at all times.

For the longer term, **provide security of tenure and regularize all of the COS workers** since provision of AICS has become one of the biggest services of the department and has been operating for quite a long period of time.

On ICT and Other Physical Resources

Allocate additional budget for office equipment and internet connection to quicken the processing of requests. Explore the installation of integrated and automated queuing system to better manage client traffic. Also, each AICS staff/implementer should have their own laptop/desktops for processing of requests as well as enough number of printers, scanners and photocopiers to ease the documentation of the AICS requests. Consider providing free photocopying service for the clients to lessen the cost of processing the requirements for assistance.

Ensure budget allocation for facilities, office space, and service vehicles, including the maintenance costs of the said resources to be able to provide dignified and good quality service to clients.

The CIU/CIS facilities should be secure, large enough to accommodate the clients, weatherproof, and with ample seating capacity and good ventilation. The office space for the CIU/CIS staff should be conducive for work and secure enough for the staff handling large amount of money.

The facilities should also be accessible and consider the mobility needs of the elderly, PWDs and other clients with special conditions. Require all CIU/CIS to install standard wayfinding signs to reduce confusion, increase safety, and help people find their way while inside the DSWD premises.

The provision of well-maintained service vehicles can give security to the AICS implementers especially when they travel in geographically isolated and disadvantaged areas during off-site payouts.

Since all of these would entail bigger costs, these could be planned and requested for the long-term implementation plan of AICS.

Assess the readiness of AICS on digital payments at three levels – beneficiary, institutional and system levels. Explore the possibility of integrating beneficiary data with the systems of financial management, procurement, and planning and budgeting systems. Further, results of this study could be used as input to the Digital Transformation efforts of the Department.

On Planning and Budgeting

Revisit and improve the targeting and budgeting mechanisms of AICS, to ensure that the allocated budget for the program corresponds to the requested/proposed budget which is based on the historical data of clients served by the AICS. This way, the AICS implementers could have a strategic work planning of their targets for the year, and the Department could provide timely and accurate monitoring of accomplishments. With proper work planning also, the available human resource could efficiently operate to provide quality service to the clients/beneficiaries.

On Monitoring and Evaluation

Strengthen the use of the Crisis Intervention Monitoring System (CrIMS) for data capturing and as a monitoring tool. Although the CrIMS is already implemented, the recurrent outage of the system disrupts the operations of the CIU/CIS. This should be completely resolved by enhancing the existing system or adopting a new and upgraded system. Moreover, disaggregation of data and information by sex, age, gender, religion, ethnicity, and disability should be incorporated in the data capturing and monitoring system. In doing this, the Department will be able to fully comply with Executive Order No. 100 s. 2019 (Inter-Agency Committee on Diversity and Inclusion and for Other Purposes), of which the DSWD is the Vice-Chairperson for the said inter-agency committee.

Conduct regular operational spot-checks to help monitor the gaps and issues on AICS implementation. Regular conduct of spot-checks will ensure that the guidelines are properly implemented at the field level. It will also help resolve existing gaps and issues more efficiently since actual practice would be observed. Good practices on AICS implementation would also be easily gathered through spot-checks as well as serve as regular monitoring for the field office especially in terms of submission of reports and accomplishments. Technical assistance on certain areas of implementation can also be conducted immediately after the presentation of the findings of spot-check.

Conduct nationwide evaluation covering more cities and municipalities to improve the reliability and validity of the evaluation. This study covered only selected regional offices and selected cities/ municipalities which limits the generalization of the findings. Gender lens should also be applied to the evaluation criteria in order to consider how power dynamics based on gender intersect and interact with other forms of discrimination to affect the implementation and results of AICS.

On Other AICS Program Components

Review and strengthen the provision of psychosocial support and case management to be able to fully implement these components as part of the provision of AICS. The provision of psychosocial support to individuals and families in crisis situations is essential in helping them process the discomfort, pain, and other unpleasant feelings they are going through. This would entail hiring of additional psychologists or social workers who can provide direct psychosocial support to clients or conduct capability building for existing AICS implementers.

Moreover, social case management should be provided considering the multiple and complex needs of the clients to help optimize their functioning. Extending other social protection

programs to the AICS clients through case management would help sustain their needs, other than the immediate assistance requested.

On Stakeholder Engagement

Institutionalize mechanisms for convergence of AICS with other social protection programs and services of the DSWD and other government and non-government agencies. While the DSWD provides integrated and comprehensive social protection programs, the Department should not be alone in this endeavour. Other government agencies such as the Senate, Congress, the Executive Departments and local governments also have roles and responsibilities in social protection. The civil society, academe and even program beneficiaries also play important roles in identifying and attending to the needs of the poor and alleviating their difficulties.

Initially, the program implementers should conduct stakeholder mapping to provide an overview of the roles of other partners and the range of programs and services that are similar to the AICS. The DSWD should lead formal discussions, especially with partner legislators on how the different stakeholders maximize resources, avoid duplication of efforts, and enhance operational and financial efficiency for the sustainability of desired outcomes. The Department should also stand its ground in providing equitable service to all the clients, without prejudice to any political leanings.

Intensify the Information, Education, and Communication (IEC) campaigns to increase the reach of the program and raise the awareness and knowledge of the target clients. With the existence of effective IEC materials, misconceptions about AICS as well as unnecessary processes and interventions would be lessened provided that clients would be fully-aware and empowered on the program rules and regulations. These strong information channels & dissemination strategies should be disseminated within the DSWD down to the barangay level for accessibility purposes. Further, initiatives to bring the services of AICS closer to clients, particularly women, would help alleviate the multiple burdens of women, as they find ways to resolve their crises.

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ANNEXES

- 1. Survey Questionnaire**
- 2. FGD Guides**
- 3. KII Guides**