ADMINISTRATIVE ORDER
No. _____17_____
Series of 2012

SUBJECT: REVISIONS on ADMINISTRATIVE ORDER NO. 1 s. 2010
(Amended Standards for Community Based Services)

I. INTRODUCTION

The Administrative Order No. 1 s. 2010 or the Amended Standards for Community-Based Services sets the standards for the accreditation of services that are provided to the beneficiaries while they remain in their homes and/or communities. However, due to the calls for the revision on some of the provisions of the said document and the demand to incude new issues and concerns that emerged, the revision of the said guideline and its too was made.

Aside from setting an enhanced criterion for the accreditation of community-based services, this document also aims to ensure that the beneficiaries shall receive services that are complementary to their needs. Ultimately it ensures that the provided assistance does not foster dependency instead instils empowerment among the people.

II. REVISIONS

For easy reference, the tool for the accreditation of the community-based services is attached as Part II of this document. It enumerates specific indicators per work areas that will be checked/ reviewed/validated by the accreditor. Revisions on AO 1 s. 2010 are as follows:

A. Administration and Organization
   1. Human Resource Management and Development
      a. Inclusion of Disaster Risk Reduction and Management on the identified topics for the continuing training of staff.
      b. Assessment of staff must be conducted regularly as scheduled in the program plan

   2. Staff Qualifications
      a. Executive Directors who are Non-Social Work graduate must meet any of the following requirements:
         i. Has taken at least the core courses of any social development field (e.g. BS Community Development, Family Life and Child Development, etc.) and has attended at least ten (10) days or eighty (80) hours of trainings with topics relevant to the services being provided and/or skills on working with the service users of the agency.

    ii. Has three (3) years relevant experience on social welfare administration management or on areas of major services delivered by the agency e.g. early childhood care and development, community organizing/development, livelihood management, etc.

  b. Community Organizer/ Development Worker must be any of the following:

    i. A Graduate of BS Social Work or BS Community Development (or its equivalent).

    ii. A graduate of any social development course with six months experience in handling specific clientele group and 40 hours of trainings with topics relevant to the services being provided and/or skills on working with the service users of the agency.

    iii. A graduate of any four year course with two years experience in community organizing and 80 hours of trainings with topics relevant to the services being provided and/or skills on working with the service users of the agency

B. Program Management

  1. Implementation of Program and Services

    Documentation submitted to the Standards Bureau must capture the minimum reporting requirement set by the Department.

  2. Monitoring

    Monitoring, consultation meetings and submission of the accomplishment reports of the staffs are made regularly as per schedule stated on the program plan.

C. Case Management

  Case Recording

    For SWDAs catering to individual service users, photos must be available and should be updated as needed.

III. EFFECTIVITY

This order shall take effect immediately.

Issued in Quezon City this 27th day of December 2012.

CORAZON JULIANO-SOLIMAN
Secretary

ASSESSMENT TOOL FOR ACCREDITATION OF COMMUNITY BASED SERVICES

Status of Application for Accreditation	Service Users	No. of Service Users

Status of Application for Accreditation

☐ New

☐ Renewal

    Certificate No: _____

    Date of Issuance: _____

☐ Date of Expiration: _____

Service Users

☐ Children

☐ Youth

☐ Women

☐ Elderly ✓

☐ Person with Disability

☐ Families

☐ Communities

☐ Indigenous Peoples:

_____ ____

No. of Service Users

(At the Time of the Visit)

Male _____

Female _____

TOTAL _____

No. of **Barangays** _____

No. of Families _____·

Scope/Coverage

☐ More than one Region/ Nationwide

☐ Regional

Identifying Information:

1. Name of Agency: _____

    Acronym (if-applicable): _____

2. Address: _____

3. Head of Agency: _____Designation:_____ _____

4. Telephone:_____ Mobile:_____ Fax Number/s:_____

5. E-mail Address: _____ Website:_____ _____

6. Registration & License No: _____

    Date Issued: _____ Expiration Date: _____

Documentary Requirements: *Please put check as appropriate.* If available indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

Requirements	Available		Findings/Observations
	YES	NO	
General Requirements			
1. Accomplished application form			
2. Manual of Operations			
3. Profile of governing board or its equivalent			
4. Profile of employees			
5. Work and financial plan for the succeeding two (2) years			

Requirements	Available		Findings/Observations
	YES	NO	
6. Audited Financial Statement for the last two (2) years by a Certified Public Accountant (if private SWDAs) or Government Accountant Officer (if DSWD or LGU)			
7. Accomplishment reports covering the period of two (2) years prior to the assessment			
8. Profile of client served/caseload inventory for the preceding and current year			
9. Valid Safety Certificates			
• Fire Safety Certificate from Bureau of Fire Department (applies to Com-Based Offices only)			
• For Center-based implementation e.g. Drop-In centers: 1. Fire Safety Certificate from Bureau of Fire Department			
2. Building Structural Safety Certificate with validity period			
3. Water Safety Certificates			
10. For those SWDAs with foreign national board member/s and/or employee/s:			
• Missionary visa for each volunteer			
• Working visa for each paid staff			

Instructions:

1. Assessment shall be based on all or combinations of any of the following methods, as long as all possibilities are exhausted to determine presence or absence of indicators:

   a. Review of pertinent documents such as records, reports, written plans and other materials;

   b. Ocular survey/observation of facilities, offices, project sites, actual conduct of agency activities;

   c. Individual or focused group discussion/interview with beneficiaries on relevant information on service delivery by the agency;

   d. Individual or group interview with persons exercising managerial or supervisory functions in the agency;

   e. Individual or group interview with administrative and program staff;

   f. Other useful and relevant method of data gathering in relation to the indicators. This has to be specified by the administering SB personnel and indicate the reason for such method.

2. The Standards and Indicators are divided into the following categories:

   a. On Compliance column indicate check (✓) mark if complied; and cross (x) mark for non-compliance. Please take note of the level of indicators to wit:

     • **MUST /Level 1 (M)** – these are MANDATORY compliance (minimum) which should be complied with since absence of one would compromise the safety and welfare of the beneficiaries served and the service implementation as well.

     • **DESIRED /Level 2 (D)** – are optimal but compliance would increase the quality of service implementation to a higher level.

     • **EXEMPLARY / Level 3 (E)** – are highest standards that, if complied, will make the agency a CENTER of EXCELLENCE.

   b. Negotiable Indicators where scores from 2-0 points were given depending on the level of compliance on the specified indicator. Please indicate the corresponding score of compliance from among those listed on the Level/Score Column that you deem appropriate for the indicator found.

   c. However, if an agency where certain items does not apply, indicate N/A and add the total N/A to the corresponding work areas per level.

4. The items per work areas and the scoring for the Level of Accreditation of programs and services per sector are as follows:

Items per Work Areas for SWDAs catering to Street Children

Work Areas	Total Score per Work Areas			
	Must (M)	**Desired (D)**	**Exemplary (E)**	**Negotiable Indicators (NI)**
I. Administration and Organization	34	27	19	8
II. Program Management	11	10	7	10
III. Case Management	67	23	18	1
IV. Helping Strategies	65	18	0	0
V. Physical Structures and Safety	26	3	0	0
Total	203	81	44	19

Level of Accreditation of programs and services to be given to the SWDA

Work Areas	Level of Accreditation		
	Level 1 (3 yrs accreditation)	**Level 2** (4 yrs accreditation)	**Level 3** (5 yrs accreditation)
I. Administration and Organization	34M + 3NI	34M + 27D + 8NI	34M + 27D + 19E + 8NI
II. Program Management	11M + 4NI	11M + 10D + 10NI	11M + 10D + 7E + 10NI
III. Case Management	67M + 1NI	67M + 23D + 1NI	67M + 23D + 18E + 1NI
IV. Helping Strategies	65M	65M + 18D	65M + 18D
V. Physical Structures and Safety	26M	26M + 3D	26M + 3D
Total	M203 + 8NI	203M + 81D + 19NI	203M + 81D + 44E + 19NI

Standards and Indicators:

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
I. ADMINISTRATION AND ORGANIZATION			
A. Clear Statement of the VMG and Policies			
1. The organization has VMG and its objectives, target beneficiaries, programs and services are consistent with it.	(M)		
2. The VMG is written, posted in a visible area such as bulletin boards, receiving areas, etc.	(M)		
3. VMG is translated into information, education and communication (IEC) materials in a form or language that is understood by the service users and the public as well.	(D)		
- It is translated into a service user's guide that is accessible and available. It contains among others the Summary of policies and procedures, Programs and services, Safety procedures, Complaints and grievance mechanisms, and Protection Policy for service users and staff i.e. Child Protection Policy for SWDAs with children beneficiaries.	(E)		
4. Understanding on VMG	(NI)		
a. VMG are known and can be articulated by all staff and governing board or its equivalent very well	2		
b. The Board members, staff, service users and stakeholders have knowledge on the VMG	1		
5. Manual of operation is available translating policies into operations. It contains among others the clearly written policies on the following:			
a. Administrative Policies and Procedures			
i. Core values of the agency	(M)		
ii. Organizational structure which clearly defines the delineation of responsibilities and duties of the governing body and the personnel.	(M)		
iii. Policies for recruitment specifying among others the qualification standards for each position and the criteria for the selection process consistent with Civil Service rules and regulations or its equivalent in the private sector; job description for each position are written and actual tasks are aligned with what is written, filing of leave, and trainings of staff.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
iv. Compensation policies including incentives and benefits system such as, but not limited to provision of separation pay, retirement plan among others are developed, written and implemented in accordance with existing wage prescribed by the Regional Wage Board, labor laws and regulations.	(M)		
v. Policy governing employees' code of ethics, conflict of interests and ethical standards in dealing with service users which are anchored on the VMG of the organization and its Client Protection Policy.	(M)		
vi. Appropriate complaints and grievance system/machinery is in place and functional of which progressive discipline system is properly administered.	(M)		
vii. Policies on Volunteer recruitment, qualifications relevant to the job to be performed, training, deployment, rewards and recognition, and disciplinary measures on acts that are detrimental to the welfare of the service users	(M)		
viii. Systems and procedures or financial transactions; all financial transactions are based on approved budget and are reported to fund sources, receipt of financial donation and utilization are transparent and documented; disbursements are covered by duly authorized vouchers and are subjected to annual internal or external auditing	(M)		
ix. Policies for securing, acknowledging, allocating and distributing non-monetary donations for transparency purposes	(M)		
x. Policies and systems on transactions involving procurement, repair and maintenance of building/facilities, vehicles and equipment and documentations of such	(M)		
b. Program Policies in the implementation of programs and services	(M)		
i. Contract setting and case planning			

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
ii. Written and operational policies on records access, use, and disposal i.e classification of records that are allowed for sharing among the staff and the public and those records that are confidential, shredding of unneeded records, designating authorized persons, list of destroyed records, etc.			
iii. Confidentiality of Cases/Information involving/about the Service Users (inside and outside the agency)			
iv. Referral system which includes observation of policies set by agencies receiving referrals			
v. After care service, Termination, Discharge(for SWDA providing center services), Completion of Services for service users			
vi. Shifting schedule and turn-over of staff for duty and its recordings (for SWDA providing center services with 24 hrs operation)			
vii. Visitation (for SWDA providing center services)			
viii. Institutionalized tracking system and feedback mechanism on the admission and discharge of service users (for SWDA providing center services)			
ix. Food preparation/nutrition which is based on Recommended Daily Allowance (for SWDA providing community-services with facilities)			
x. A clearly defined Client Protection Policy (i.e. Child Protection Policy for SWDAs catering to children) which reflects the standards set forth by international, national and local laws which provide guidance and procedures for the staff to follow.			
xi. Safety and emergency procedures to include provision of trainings for staff and/or beneficiaries			
xii. Notification of incidents relevant to the beneficiarie. and the agency's services			
6. The following documents are displayed in a visible place at the head office and branch offices and conditions in the certificates are observed.			
a. Registration and/or license certificates	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
b. A summary statement/protocols of the Child/client protection policy	(E)		
B. Functional Organizational Structure			
1. The organization observes delineation on the responsibilities, authority and accountability based on written policies.	(M)		
2. The organizational chart is posted in a visible area. It indicates the flow of work and other activities	(D)		
3. Policy-making structure- has a governing board or its equivalent that review and/or formulate administrative and program policies and discuss other organizational concerns with regular meetings conducted and documented:			
a. Meets as specified in the Constitution and by-Laws	M		
b. Meet more than what is specified in the Constitution and by-Laws	D		
4. The Executive Director attends board meeting as needed and participates in the policy making process.	(M)		
- Minutes of Board meetings are available	(D)		
6. A working committee who recommends to the board policies for decision exists.	(M)		
7. Strategic and operational planning system			
a. A two-year strategic plan based on a set of desired outcomes for the service users is formulated and translated into work and financial plan	(M)		
b. A three-year strategic plan is formulated and translated into a work and financial plan reviewed and updated annually to determine whether these are responsive to the needs of the service users. It is aligned with a medium-term strategic plan.	(D)		
c. A five year strategic plan is formulated and translated in a work and financial plan. Institutionalized conduct of annual program review and evaluation workshop to assess past performance/ accomplishments and to re-plan, re-direct activities based on SWA's VMG. It is aligned with a medium-term strategic plan.	(E)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
8. Where possible and relevant a Memorandum of Agreement / Understanding for the convergence of programs and services for service users is developed as a result of a consultation between the concerned LGU and NGO.	(D)		
9. Policy-making process and procedures			
a. Written policies are disseminated and implemented.	(M)		
b. Staff and service users are consulted in the review and formulation of policies and knowledgeable about policies that involve them.	(D)		
c. Research activities or impact evaluations/ studies are conducted or institutionalized as basis for planning.	(E)		
C. Efficient Financial Resource Management			
1. Fund allocation – there shall be funds for program implementation which is not less than 80% of the total budget and for administrative expenses of not more than 20% of the total budget.	(M)		
- Program implementation budget is more than 80% of the total budget	(D)		
2. Stability of Funding - Funding source is clearly indicated. Regular reporting and feedback to donors and sponsors on fund utilization is done.	(M)		
3. Resource generation			
a. Resource generation activities such as solicitation, fund raising projects international fund sourcing are conducted in accordance with the existing laws and regulations, properly reflected in the financial report	(M)		
b. Resource generation activities institutionalized and documented with discussions on its impact to beneficiaries.	(D)		
c. Availability of trust fund to ensure the financial stability of the agency for its intended beneficiaries	(E)		
4. Control – Financial report or statement is audited annually by an external Certified Public Accountant or Commission of Audit representative, whichever is applicable specifically for those SWAs with income P500,000 above whereas for those with income below P500,000 the financial report will only be audited by an internal auditor	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
5. Registered with BIR as a non-profit organization, for NGOs	(M)		
D. Material Resource Management			
1. Facilities/assets -			
a. All assets and facilities are documented; annual inventory being done to monitor acquisition/ procurement, utilization, distribution, disposal, repair and maintenance	(M)		
b. All assets and facilities are documented and *insured*; annual inventory being done to monitor acquisition/ procurement, utilization, distribution, disposal, repair and maintenance	(D)		
c. Available budget for the annual repair and maintenance of equipment and facilities	(D)		
d. A capital outlay for permanent improvement is carried out	(E)		
2. Receipt of non-monetary donation - acknowledgement, allocation and distribution of donations are just and equitable, properly recorded and accounted for.	(M)		
E. Human Resource Management and Development			
1. Recruitment, selection, hiring and retention system			
a. Applicants undergo physical, medical exams relevant to the position applied for and result of which should be part of the documents submitted to the hiring/recruiting organization.	(M)		
b. Applicants undergo psychological testing relevant to the tasks to be assigned. In the absence of a psychologist in a SWDA, this should be administered by an accredited service provider.	(D)		
2. Personnel competencies and qualification standards – staff hired for the following positions must meet the following minimum qualifications:			
a. Executive/Program Director/ Manager or Head of the Agency			
i. Must be a Social Worker (SW) with at least two years managerial experience and relevant training in handling specific service users.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
ii. A non – Social Work graduate can qualify on the condition that he/she meets any of the following:			
- Has taken at least the core courses of any social development field (e.g. BS Community Development, Family Life and Child Development, etc.) and has attended at least ten (10) days or eighty (80) hours of trainings relevant to the services being provided and/or skills on working with the service users of the agency	(M)		
- Has three (3) years relevant experience on social welfare administration management or on areas of major services delivered by the agency	(M)		
b. Supervising Social Worker			
i. A RSW who has at least one (1) year supervisory experience in organization/s handling service users	(M)		
ii. Supervisory experience of two (2) years	(D)		
iii. Supervisory experience – three (3) years or more	(E)		
c. Case Managers must be a Registered Social Worker			
i. With at least 360 hours of formal training or one year of work experience in handling specific service users.	(E)		
ii. With at least 180 hours of formal training or one year work experience in handling specific service users.	(D)		
iii. With at least 90 hours of formal training or six months work experience in handling specific service users.	(M)		
d. Community Organizer/ Development Worker must be any of the following:	(M)		
i. A Graduate of BS Social Work or BS Community Development (or its equivalent).			
ii. A graduate of any social development course with six months experience in handling specific clientele group and 40 hours of trainings with topics relevant to the services being provided and/or skills on working with the service users of the agency			
iii. A graduate of any four year course with two years experience in community organizing and 80 hours of trainings with topics relevant to the services being provided and/or skills on working with the service users of the agency			

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
e. Other Qualified Staff as necessary			
i. Houseparents			
- At least high school level with 40 hours of related seminars/trainings on care giving or with eligibility equivalent to formal education and 240 hours of related seminars/trainings on care giving	(M)		
- High School graduate with at least 80 hours of training/seminars in handling specific type of service users under care.	(D)		
- College level with at least 120 hours of relevant training/seminars; caregiver graduate	(E)		
ii. Security Guard (as applicable)			
- Licensed security guard with basic training.	(M)		
- Licensed with at least 40 hours of training/seminars in handling specific type of service users under care.	(D)		
- College level and licensed with at least 80 hours of relevant training/seminars in handling specific type of service users under care	(E)		
iii. Other program and administrative staff			
- Completed the required training education, degree or obtained appropriate license/ registration or eligibility for the position as provided by law or as stipulated in the agency's written policies:	(M)		
- College level with at least 120 hours of relevant training/seminars.	(D)		
- College graduate with at least 160 hours of relevant training/seminars.	(E)		
2. Staff support services			
a. Individual and/or group counseling/stress debriefing is provided whenever necessary degree of which depends on the nature of the tasks of the staff	(M)		
b. Supervision - All staff members receive regular and formal supervision, the details of which are recorded to help ensure good management, appropriate delegation of task/s and work load management.			
i. At least once a month	(M)		
ii. At least twice a month	(D)		
iii. At least once a week	(E)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
c. Staff meetings are conducted at least once a month to allow the discussion of key issues and problems at the service and the finding of solutions to better serve the clients	(M)		
d. Support mechanisms are in place, which include but are not limited to:			
d.1. Technical sharing sessions or knowledge and skills among staff	(D)		
d.2. Social insurance system, i.e GSIS/SSS, PhilHealth and Pag-ibig	(M)		
d.3. Annual physical, and medical examination (on a voluntary basis)	(M)		
d.4. Annual psychological evaluation	(E)		
d.5. There is an existing retirement plan for the staff to include the separation pay	(D)		
3. Training and development			
a. Basic orientation for newly hired staff to include agency's VMG, types/ characteristics of service users being served, programs and services, guiding principles, rules and regulations and their respective roles and responsibilities is provided upon assumption of service	(M)		
b. There is an ongoing training and development plan/program, with allocated budget as reflected in the WFP, based on a regular training needs analysis in order that all personnel at all levels are able to acquire necessary skills and competencies in accordance with their job description.			
i. at least 24 hours in a year	(M)		
ii. 40 hours/year (5 days)	(D)		
iii. 80 hours/year (10days)	(E)		
iv. 60 percent of the staff are provided and/or accessed to specialized training locally per year	(D)		
v. Key/Organic Staff on rotation basis are provided and/or accessed to regional/ international trainings conducted in/outside the Philippines	(E)		
c. Coverage of continuing training program may include any of the following:	(M)		
i. Relevant International Conventions/ Declarations and national/local legislations for the care and protection of the service users under care;			
ii. Gender Sensitivity Training			
ii. Case management skills			

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
development			
iv. Psychosocial Processing Session			
v. Safety at work, fire precaution and other emergency measures i.e. disaster preparedness			
vi. First Aid			
vii. Staff supervision (for those with supervisory functions)			
viii. Values Formation Training for staff			
ix. Disaster and Risk Reduction Management			
f. Training plan includes trainings for volunteers to include proper interaction with service users, standards of conduct, boundaries between appropriate and inappropriate behavior.	(D)		
g. Organizational development activities are regularly conducted in order to facilitate good communication, cooperation and consistency among the staff in implementing the service i.e. team building, staff development and strategic planning, annual rest and recreation activities among others	(M)		
h. Career planning and development	(N!)		
i. A program for career planning and development is developed and implemented by the agency	1		
ii. Career development plan is monitored and evaluated regularly	2		
4. Performance Appraisal System			
a. Tool for performance appraisal is developed and implemented establishing standards for quantity and quality of output which is based on agreed plans and targets, timeliness of results, manner of performance, effectiveness in use of resources, and includes trait-based criteria (personal character and attributes) both in dealing with co-workers and service users	(M)		
b. Assessment of staff is conducted regularly as stated in the program plan or it is conducted annually.	(M)		
- Assessment conducted Semi-annually	(D)		
c. Performance appraisal is used as basis for performance bonus and other forms of incentives	(E)		
d. Performance appraisal is used as basis for promotion	(D)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
e. Systematic Mechanism for Feedback of Results of the Assessment of staff performance are installed	(D)		
5. Compensation system			
a. For government agencies			
i. Salaries, benefits and incentives are given in accordance with the Salary Standardization Law, Civil Service Commission rules and regulations and other relevant laws and government policies	(M)		
ii. Collective Negotiation / Agreement	(D)		
iii. Collective bargaining agreement is signed and implemented	(E)		
b. For non-government agencies, compensation for Social Work positions and other professionals is not less than the amount of similar entry positions in government.	(D)		
c. Performance-based incentives and rewards			
i. In place to motivate the staff to work towards the promotion and fulfillment of the rights of the service users they serve.	(M)		
ii. Quarterly recognition of high performing staff with corresponding reward system	(D)		
iii. Merit and award system institutionalized	(E)		
6. Volunteer management (if applicable)			
a. Activities of volunteers are properly documented.	(M)		
b. All volunteers submit to or undergo background checks and in the case of volunteers who are given responsibility for the care of children, psychological testing.	(M)		
c. Support mechanisms to include processing of experiences and an exit interview or evaluation of the volunteers are in place	(E)		
7. Discipline			
a. No use of corporal punishment as a disciplinary action.	(M)		
b. Participation of service users in coming up with policy on disciplinary measure.	(M)		
c. Complaints and grievances addressed and resolved	(M)		
d. The 201 files and other documents reflects recordings of violation and actions taken by the organization, if any.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
F. Availability of Support Services			
1. General Services			
a. Timeline for processing each transaction is indicated	(D)		
b. Period for each transaction is completed within a minimum of 15 and a maximum of 60 working days, depending on the requirements and nature of the transactions	(E)		
2. Information Management System			
a. Recording of administrative and program files captures critical organizational events, and significant information on cases of beneficiaries in aid of organizational decision-making, policy and program development, research and development as well as for management and accountability purposes. The recording system is kept functioning effectively in order to facilitate management and accountability.	(M)		
b. Feedback mechanism such as suggestion box, public satisfaction survey, etc. is installed and operational. It is utilized in determining areas for improving quality of service delivery	(D)		
c. Information communication technology (ICT) devices including ICT system, i.e. hardware, software, are available and functional	(D)		
3. Advocacy and social marketing			
a. IEC Materials	(NI)		
i. Existence of updated IEC materials acquired from other agencies, which are relevant to the situation of service users under care and the programs and services being provided.	2		
ii. Availability and accessibility of IEC materials produced by the agency	1		
b. Conduct of Advocacy Activities for public awareness to improve public response, as well as to generate fund support.	(NI)		
i. Conducted at least twice a year	2		
ii. Conducted at least once a year	1		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
## II. PROGRAM MANAGEMENT			
A. Clear Written Program Plan is Available			
2. A plan developed in consultation with the service users, staff and other concerned stakeholders and can be articulated by stakeholders involved in the planning process	(D)		
B. Implementation of program and services is guided by the agency's policies and procedures			
1. The management supports program implementation through provision of timely and necessary resources and authority or power to implementers and to undertake the planned activities	(M)		
2. Program Implementation is documented capturing DSWD minimum reporting requirement	(M)		
3. Institutional linkages with other GAs, NGOs/POs in implementing programs	(NI)		
a. There is an established and fully functional mechanism to sustain inter-agency linkage	2		
b. There is an established mechanism but is partly functional	1		
4. Good practices/innovations on the implementation of programs and services are with proper documentation.	(E)		
C. Monitoring is in place and conducted on a regular basis			
1. A monitoring system has been institutionalized and is fully functional	(M)		
2. Managers conduct monitoring in the implementation of all programs, activities undertaken, availability and condition of facilities/ resources and the decisions made by staff and take appropriate action on issues and concerns that arose: Conduct of which is as per schedule stated in the program plan.	(M)		
3. Consultation meetings with service users and stakeholders are done with schedules based on strategic plan to ensure issues and concerns are discussed and properly addressed/ responded to.	(M)		
4. Individual Accomplishment Report (AR)of key/organic staff			
a. Includes report on the status of program implementation and/or accomplishments relevant to the program implementation	(M)		
b. Includes information on funds utilization, if applicable	(D)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
c. Frequency of submission:			
c.1. Monthly	D		
c.2 Quarterly or as per program plan	M		
d. AR are properly noted by the concerned staff' supervisor	D		
e. AR is submitted in accordance to the required quality and frequency of submission of regulating agencies i.e. SEC and DSWD and/or funding agencies.	(E)		
7. Inventory of cases for center services – turn-around period of cases served	(M)		
8. Review of records, incident logbook (for center based)	(NI)		
a. The organization maintains record or logbook of all significant incidents encountered in program/service implementation. The supervisor or concerned staff reviews the said record or logbook and take appropriate action	2		
b. The organization maintains record or logbook of all significant incidents but no action has been undertaken	1		
c. The organization does not maintain any record or logbook at all.	0		
d. Monitoring tools are formulated to check on the progress and/or gaps in implementation as well as basis to remedy the gaps	(D)		
e. Dialogue with service users at least once in a quarter; documentation of best practices	(E)		
D. Evaluation			
1. Program Evaluation			
a. Annual assessment of plan vs. Accomplishment is done, result of which is utilized as basis for program planning and enrichment, among others with the participation of the service users, staff and other stakeholders.	(M)		
b. Mid-year assessment of plan vs. Accomplishment is conducted as basis for re-focusing/re-directing and re-targeting to address implementation gaps.	(D)		
c. Impact evaluation conducted every 3 years	(E)		
2. Utilization of the results of program evaluation/assessment	(NI)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
a. Results of the assessment are always considered in the modification/ development of programs/policies	2		
b. Results of the assessment are seldom utilized, though needed, in the modification/development of programs/policies	1		
c. Results of the assessment are never utilized in the modification/development of programs/policies	0		
3. Feedbacking to the service users and partner agencies	(NI)		
a. Results of evaluation are shared to the project service users and partner agencies, as needed	2		
b. Results of evaluation are seldom feedback to the project service users and partner agencies	1		
c. Results of evaluation are never feedback to the project service users and partner agencies, if necessary	0		
E. Community Integration			
1. Immediate community and concerned local government unit (LGU) are aware of agency's operation and activities; agency coordinates its projects or activities with the LGU/s where it operates.	(M)		
2. Agency cooperates/ participates in relevant projects of its immediate community or organizations in the community.	(D)		
3. Community participation in the delivery of programs and services is promoted.	(M)		
III. CASE MANAGEMENT			
A. Case Recording			
1. Appropriate recordings and database are kept for each case according to purpose:			
a. For SWDAs that conducts *intensive/comprehensive case management* or with individual service users, individual folders should include the following documents:			
i. *Information/intake sheet* is completely and properly accomplished before provision of any services/ before the start of the helping process. An assessment is written for each case, showing basis for contracting help or referral to other services after involving the service users, as necessary.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
ii. A photo of the service user taken upon contract setting between him/her and the Social Worker.	(M)		
- Updated as needed.	(D)		
iii. Running records relevant to the behaviour of the service users and of every activity/ contact with him/her	(M)		
iv. Medical records	(M)		
v. School records (if applicable)	(M)		
vi. Birth certificate (if applicable)	(M)		
vii. Other documents related to the service users that shows the situation from initial interaction with the service provider/ agency, to the termination of services.	(D)		
b. Family service users			
i. Each family would have individual folders which would include the family profile that is updated as needed.	(M)		
ii. Proceedings of group work activities and/or family sessions are properly documented and filed.	(M)		
c. Group/Community Service Users			
i. Records/minutes of all group meetings and activities are properly kept.	(M)		
d. For CO/CD, an updated and assessed community profile with relevant information is available to support planned programs and strategies are available.	(M)		
i. Participatory Situational Analysis is conducted very two years	(D)		
ii. Participatory Situational Analysis is conducted very year	(E)		
e. Records show participation of the service users in decisions that affect him/ her/ them.	(D)		
f. Assessment and evaluative statement, which the worker's professional evaluation on service users' situation; presented at the end of every recording.	(E)		
3. For Center Services (Case Recording and Documentation)			
a. Basic records- all service users must have an individual case folder to include a checklist of the following documents:			
i. Admission slip with date and time of admission; contact address/number/ persons; clothing and other personal care materials provided duly acknowledged by the residents	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
ii. Intake sheet indicating among others reasons for availing the service.	(M)		
iii. Social Case Study Report indicating profile; family composition and background; presenting problem; brief background of the case with assessment, treatment plan and recommendation, for service users undergoing case management.	(M)		
b. All activities should be documented	(D)		
2. Case records and database Maintenance			
a. Records of service users obtained by the agency from time to time are kept in their respective folders.	(M)		
b. Case folders are filed with coding system and significant documents are systematically kept in a location that can be monitored.	(M)		
c. Use of records is according to written agency policies i.e. only users of records approved by the Executive/Center Head or those who are involved in the case are allowed access to records.	(M)		
4. Confidentiality – the service users' right to privacy shall be respected at all times. To guarantee their protection, the following measures should be observed:			
a. Written consent from the service users should be sought before sensitive information is disclosed	(M)		
b. Designated place for confidential records properly marked "FOR AUTHORIZED PERSONNEL ONLY"	(M)		
5. Records inventory and disposal is done every three years except cases of adopted children there is a designated place to restore significant/important records properly marked as "archive"	(E)		
B. Caseloads			
1. Staffing – appropriate number of staff is hired and maintained based on the number of service users under care and the nature of programs and services being provided. The minimum staff complement are as follow:			

Work Areas	Level/Score	Compliance	Specific Findings/Remarks
a. Executive/Program Director/ Manager or Head who is responsible for administering, planning, managing and controlling the daily activities and for ensuring that the service quality requirements are met is hired and renders full time services.	(M)		
b. Supervisors (Administrative and Technical) – who is under the direct supervision of the director/ manager/head and each supervises not more than 15 staff are hired and render full time services.	(M)		
c. For SWDAs implementing generalist approach (applying casework/groupwork and CO/CD at the same time, one RSW shall manage simultaneously:			
i. at most 60 individuals for casework	(M)		
ii. at most three (3) groups with twenty five members for groupwork; with the help of one trained volunteer for every additional group	(M)		
iii. at most five (5) families either for casework or groupwork	(M)		
iv. at most three (3) communities of about 100 families each ; with the help of two (2) trained volunteer per every additional community	(M)		
d. For SWDAs implementing specialist approach, one RSW shall manage simultaneously:			
i. at most 20 individual cases for casework (for cases that require intensive casework)	(M)		
ii. at most three (3) families	(M)		
iii. at most two (2) groups of about 25 families each	(M)		
e. For CO/CD work and special program or project implementation, one CO/CD worker shall manage simultaneously:			
i. at most ten (10) groups with thirty (30) members for groupwork with the help of trained volunteer one trained volunteer per every additional group (e.g. Small group enterprise)	(M)		
ii. at most three (3) communities of about 100 families each with one trained volunteer per every additional community	(M)		
f. For SWDAs implementing center services	(NI)		
i. One House Parent per shift handles not more than thirty (30) service users at a time.			
- One per 8-hour shift with one reliever.	2		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
- One for a 24-hour shift and shall not render for two consecutive days with corresponding compensation or day-off based on actual number of hours served in excess of the regular 8 working hour	1		
ii. Cook/s (as applicable) – one per center, except for those catering to older service users who can perform the tasks as part of their daily activities	(M)		
iii. Administrative Staff/Aide (as applicable) – at least one staff per center	(M)		
iv. Licensed Security Guard/s (as applicable) – with relevant training; one per 8-hour shift with one reliever; and to consider the number of residents being served	(M)		
v. Presence of security system within the facility for those that do not employ the services of security guards	(M)		
vi. Driver			
- One per vehicle (if applicable)	(D)		
- Hired on a full time basis	(E)		
vii. Other qualified professionals and specialists (as necessary) such as doctor, registered nurse, psychologist, occupational therapists and physical therapists; special education teachers, helpline counsellor, information officer/advocacy worker, manpower development officers, etc. are hired on retainer, contractual or MOA basis.	(D)		
- Complete staffing pattern	(E)		
C. Helping Process			
Each service users has a helping contract/agreement and the intake sheet.	(M)		
Social case study report is necessary for cases with case management containing the following information:			
1. Identified problem and assessment			
a. Presentation of information relevant to the problem including the family background and/or community profile.	(M)		
b. Assessment of specific problem areas of the service users and priorities to be worked on.	(M)		
2. Helping goal, contract-setting and helping plan			
a. Problem/development issues and directions are clearly discussed and recorded.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
b. The agreement/commitment is concretely expressed in writing. Shows agreement of service users to participate in helping tasks, unless he/she is mentally incapable to make the decisions (as in the case of a young child or someone with intellectual disability).	(M)		
c. Recommended interventions/ actions for the service users are clearly written and stated with activities, time frame, identified resources and resources and responsible persons.	(M)		
d. Duration of interventions - services are terminated upon completion of the helping plan while needed changes on the timeline and plan are done after assessment. If applicable, helping process is completed in:			
i. For individual service users:			
- maximum of one year	(M)		
- eight (8) months.	(D)		
- six (6) months.	(E)		
ii. For Drop-in Centers in after-care services, although the stay of the service users in the centers should not exceed 24 hours, assessment is conducted to check the need for helping intervention.			
- maximum of one (1) year	(M)		
- eight (8) months.	(D)		
- six (6) months.	(E)		
iv. For Family Intervention, goals are reviewed and helping process is completed in:			
- A minimum of one year and maximum of 4 years.	(M)		
- A minimum of one year and maximum of 2 years	(D)		
- A minimum of six months and maximum of 1 year.	(E)		
v. For community beneficiaries:			
- A minimum of six months and maximum of 3 years.	(M)		
- A minimum of six months and maximum of 2 years	(D)		
- A minimum of six months and maximum of 1 year.	(E)		
3. Helping process manifests key helping elements, which are evident in recordings.			
a. Participation and self-determination of service users.			

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
i. There are regular processes for eliciting service users's contributions to his/her/their development/treatment/ rehabilitative plan.	(M)		
ii. Decision on short and long-term activities that affect the life directions of the service users are done with his/her/their participation.	(D)		
b. Multi-disciplinary/Multi-sectoral involvement			
i. Relevant professions/ disciplines are involved in appropriate phases of the helping process (e.g. case conference/ consultation) and such involvement is recorded.	(M)		
ii. In case of the community as the service user, formal or informal groups and organizations in the community are consulted on matters relevant to the resolution of the problems or concerns.	(M)		
iii. Service users', to include the children, perspective is/are heard and noted.	(D)		
c. Implementation			
i. Implementation of any intervention is based on a plan agreed by the service user and worker; and is documented.	(M)		
ii. When change/s in implementation is/are necessary, this is/these are always agreed upon with the service users.	(D)		
iii. Referral system is in place for cases that are not within the services of the agency.	(E)		
d. Monitoring and Evaluation			
i. Monthly monitoring activities are conducted to ensure effectiveness and consistency of interventions.	(M)		
ii. Feedback of service users on the processes and on results is elicited and is responded to by the worker.	(M)		
iii. Assessment of effects of interventions is done regularly and results are incorporated in treatment/development plan revisions.	(D)		
iv. Each program has a monitoring system evidenced by a periodic monitoring report.	(E)		
e. Termination of Helping Contract is done according to written agency policies and procedures such as:			
i. Termination plan is formulated with the service users prior to actual termination.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
ii. Service users' transition is processed with him/her/them.	(M)		
iii. Support and action towards mainstreaming are planned.	(D)		
iv. Sustainability of necessary services outside of the agency is arranged prior to termination e.g. referral for job placement, further medication etc.	(E)		
f. After-Care Services, for service users discharged from Drop-In Center			
i. Proceedings of pre-discharge conferences indicate provision of after- care services to include the roles of the M/CSWDOs.	(M)		
ii. After-care report on the status of the service users after re-integration are on file.	(D)		

IV. HELPING STRATEGIES

A. Health

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
1. Services of the appropriate health professionals to examine the heath conditions and needs of the service users and prescribe appropriate treatment or intervention.	(M)		
a. Conduct of laboratory examination, surgery or provision of assistance for physical restoration are according to the advice/prescription of appropriate medical/health professional and with the approval of the service users and/or approval and presence of guardian/parents and to consider gender sensitivity. .	(M)		
b. Logistics are ready and available for emergency cases e.g. transportation.	(M)		
2. Service users are provided with appropriate health care and records should be kept confidential.	(M)		
3. Functional referral mechanism for health cases e.g. to appropriate doctor or hospital in order to provide timely and proper treatment.	(M)		
4. Prescription and administration of medicines apart from the over-the-counter medicines are explained to the service users by a licensed health professional.	(M)		
5. Use of indigenous health management/practices in the community certified safe by the appropriate government agency (e.g. Rural Health Units).	(M)		

Work Areas	Level/Score	Compliance	Specific Findings/Remarks
6. Health education provided to the service users are gender and age appropriate (e.g. personal hygiene, women's and family health concerns)			
a. All children under the age of six years old are provided with the complete primary vaccines and supplemental vitamins from the Barangay Health Centers.	(M)		
b. Pre-natal/Post-natal check-up for all pregnant women are ensured.	(M)		
c. Ensure that all vitamins and/or vaccines needed by pregnant women are available.	(M)		
d. Conduct of seminars and/or trainings for mothers and/or expecting mothers for the proper caring of children including how to prevent disability.	(M)		
e. Encourage lactating mothers to breastfeed exclusively for 6 months to two years if possible.	(M)		
7. Close coordination with the Municipal/City Health Office and the Barangay Health Centers are kept to ensure the availability of the resources in the said offices.	(M)		
8. Provision of assistive devices, prosthetic or technical, to attain improvement of their physical residual capacities.	(M)		
9. Referral for medical intervention like surgery for cataract patients, those with problems on their cleft palate, har elip, club/feet and club hands, etc.	(M)		
10. The status of the health of the children are properly and constantly monitored to ensure all the children in the barangay are healthy, monitor cases of malnutrition and other common diseases.	(M)		
B. Nutrition			
1. Provision of or access to adequate, safe, nutritious and fortified food that is appropriate for the service users' age, developmental stage and nutritional requirements and considers cultural/spiritual practices.	(M)		
2. Educate service users on the value of nutrition,(e.g. food preparation, proper feeding, food pyramid, trained healthy eating habits, etc.	(M)		
3. Facilities are established for the service users to participate in food preparation.	(M)		
C. Formal and Non-formal Education			

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
1. Provision of or access to formal and non-formal education (e.g. alternative learning system) is appropriate to the service users's age, developmental capacities and needs should be ensured, facilitated and maintained.	(M)		
2. Conduct of lecture/seminars/trainings/ workshops on topics appropriate to the clients' age, gender and situation and provision of a venue for development and reflection through alternative education sessions.	(M)		
3. Coordinate/tap/link/network with other institutions that provide free formal and non-formal education.	(D)		
4. Where primary school-age children are served, access to formal education is facilitated, ensured and monitored.	(M)		
5. Conduct of periodic dialogue with teachers and Parent Teachers Associations or other similar organizations to gauge problems and come up with possible workable solutions.	(D)		
D. Provision of clothing and Personal Items			
1. Provision of or access to decent, clean, culture-sensitive and appropriately-sized clothing and personal items to augment the need for physical protection, good grooming and personal health and sanitation.	(M)		
2. In case of donated used clothing appropriate fumigation or other methods of cleaning is done or facilitated by the agency before distribution and use.	(D)		
3. In cases of emergency or disasters, immediate provisions of clothing and personal items are ensured.	(M)		
E. Socio-cultural and recreation activities			
1. Work with other agencies for the provision of appropriate activities, equipment appropriate to the service users' age level, ethnicity/culture, physical and mental capability.	(D)		
2. Different cultural activities are introduced to provide a venue for self-expression of the service users e.g. art lessons to include dance lessons and theatre activities among others, sports activities, ecological camping, etc.	(D)		
F. Spiritual and Values Formation Welfare			
1. Spiritual activities are consulted with service users or in case of children, with parents, regardless of religious affiliation.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
2. Conduct of structured/non-structured group dynamics activities or group work session that will develop/inculcate/clarify/affirm positive values and virtues necessary for their moral and social enhancement.	(M)		
G. Psychosocial services			
1. Psychosocial interventions are handled by qualified professionals e.g. counselling, critical stress debriefing, psycho-therapy, psychological testing, etc.	(M)		
2. Confidentiality policies are discussed with the service users where decisions on this matter are arrived at with his/her/their participation.	(M)		
3. Disciplinary measures on service users are based on written policies agreed with the service users and their families and are always geared towards achieving the helping objectives.	(M)		
4. Psychological/psychiatric test results are used in relation to other relevant information in assessment and in planning for interventions.	(D)		
5. Conduct of training on Basic Care and Management of Older Persons to caregivers and/or family members, more particularly those directly caring their older persons.	(M)		
6. Volunteer home carers are encouraged to care for the elderly clients.	(D)		
7. Stress debriefing and/or activity to relieve stress are conducted for the care-givers and home carers.	(M)		
8. Recruitment of volunteers who would visit the Older Persons are conducted.	(D)		
M. Alternative Family Care/Placement			
1. Prescribed laws, rules and regulations on alternative family care or placement are considered in policies of the agency.	(M)		
2. There is a system for continuous recruitment and development of foster/adoptive families **congruent with the policies of the agency.**	(M)		
3. Foster and adoptive families are accredited, trained and counselled towards the best interest of foster/adoptive child.	(M)		
4. Case study for adoptive children shows that alternative family care/placement is the best intervention for the child's welfare.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
5. Children who are not yet matched to adoptive families can be matched to licensed families.	(M)		
M. Family preservation/reunification			
1. Parents, the mother and father, guardian or custodian of the child, where possible, are provided with and attend trainings to enhance parenting capability i.e. Responsible Parenting, Parent Effectiveness Service and Empowerment and Reaffirmation of Paternal Abilities (ERPAT).	(M)		
2. Should families/guardians/custodians hinder intervention for their children, agencies are to act in the best interest of the child.	(M)		
3. Family oriented activities and programs which involves the whole family are organized to foster safety in the home and the environment	(D)		
H. Protection and safety			
1. Provision of mechanisms for protection from mental, emotional, physical and sexual abuse and other forms of exploitation. Precautionary measures are essential.	(M)		
2. Service users are educated on personal safety and protective behaviour such as life skills, etc.	(D)		
3. Service users are not exposed to undue harm or risk in any activity conducted, organized or participated in by the SWDA.	(D)		
4. Service users are ensured confidentiality from media exposure.	(M)		
5. Ensure that all children are registered or if they are not, facilitate their birth registration.	(M)		
6. Service providers must observe protective behaviour based on the Child Protection Policy in dealing with the children.	(M)		
7. In cases when incidents of abuse of service users are found out, actions should be taken in accordance to the Clients Protection Policy.	(M)		
J. Legal or paralegal assistance			
1. Service users is given access to legal/paralegal services not provided by the agency when needed.	(M)		
2. Service user who is an offender or victim of abused and exploitation is involved in choosing his/her legal counsel with the assistance of parents/guardians.	(M)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
3. Service user who is in conflict with the law or a victim of abuse and exploitation is guided or prepared and accompanied by a staff, if necessary, for legal processes especially before, during and after court hearings including the taking of the sworn affidavits.	(M)		
4. Options are provided to the service users before taking decisions on legal action/s.	(M)		
K. Livelihood project management, skills/entrepreneurial training, job placement, capital assistance			
1. Income generating projects, job placement and trainings are planned and done with the participation of the service users based on organization policies that are communicated to them.	(M)		
2. Clear policies that govern profit sharing, income generation, earnings and savings are set, communicated to service users and implemented.	(M)		
3. Accounting and bookkeeping requirements are met in all livelihood projects.	(M)		
4. Due credit is given to client/s in products made by him/her/them or with his/her/their participation/application of the service users' skills.	(M)		
5. Capital assistance is complemented with appropriate training to acquire skills for livelihood project management. Training is appropriate to the service user's age and capacities.	(M)		
6. Training, proper matching and job orientation are done for service users recommended for job placement.	(D)		
7. Agency observes labour laws and regulations in livelihood and job placement programs.	(M)		
8. Financial management education is provided to service users.	(D)		
L. Community Participation/ Progressive Integration			
1. Service users' participation including the children, in various activities such as attendance to appropriate community activities is ensured.	(D)		
2. Service users are provided with planned integration activities-social events, sharing sessions, visits, volunteer work, etc. - to interact with the community to facilitate social integration and mainstreaming.	(D)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
3. Local Government Units provide the agreed counterparts for the implementation of the programs/activities on the set timelines.	(D)		
N. Community Organization/ Community Development			
1. Organizations are advocates for beneficiaries' rights, welfare and development. Their goal is to increase the awareness among stakeholders (LGUs, BLGUs, other NGOs and community members) and move them into action and support.	(M)		
2. Organizations are advocates for the passage of laws/ordinances/resolutions for the protection of service users' concerns.	(M)		
3. Community resources are identified and are used to address specific problems; necessary resources not available in the community are developed and/or sourced out with the community's involvement.	(D)		
4. BCPC and other community organizations in the community are utilized for mobilization of volunteers for activities on the children's concerns.	(M)		
5. Service users are organized to form their own with capability building activities provided for sustainability and to ensure their representation on community activities and other events.	(D,		
O. Disaster management, emergency assistance			
1. Planning, designing, implementation, monitoring and evaluation of disaster management programs shall be consistent with the whole disaster continuum (emergency response, rehabilitation, reconstruction, development, prevention, mitigation preparedness); programs and services shall be consistent with the standard measures prescribed in each phase of the continuum.	(M)		
2. Family and community self-reliance shall always be integrated in every program or service.	(M)		
3. Presence of disaster plan and its implementation to community	(M)		
4. Rate of assistance is according to appropriate guidelines and standards.	(D)		
5. Stockpiling of food and other goods is done in accordance with standards.	(M)		
6. Coordination with other agencies is in place especially on time of the disaster.	(D)		

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
7. Installation of directional and precautionary signage and poster in strategic locations within the community	(D)		
8. Provision of the basic and immediate needs of the displaced service users is ensured.	(M)		
9. Provision of the Psychosocial Processing of the displaced service users as needed.	(D)		

V. PHYSICAL STRUCTURES AND SAFETY

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
A. Space and facilities			
1. Has accessible and identifiable office space where daily organizational functions and activities are conducted.	(M)		
2. The facilities are built or are secured (leased/rented with contract) within the required period and are maintained in safe condition e.g. warehouse, stock room.	(M)		
3. Office and facilities:			
a. are adequately lit	(M)		
b. well ventilated	(M)		
c. with accessibility features for PWDS and elderly.	(M)		
4. Adaptive means of communication is available, accessible and functional at all times.	(M)		
5. Areas of interactions such as offices and other public places where activities are frequently conducted are ensured to be free from physical obstructions that are hazardous to the safety of the service users and away from vehicular traffic.	(M)		
6. Adequate room or space is provided for interviewing clients; structure and arrangement ensure privacy, confidentiality and safety.	(M)		
7. Availability of child friendly space/room for lactating mothers	(D)		
8. Has proper waste disposal system.	(M)		
B. Evacuation Areas During Emergency/Disasters			
1. The safety of the service users while staying in the area is secured.	(M)		
2. The location of the evacuation centers are:			
a. accessible to all residents in the community	(M)		
b. free of any hazard particularly for the children	(M)		
c. a safe distance away from the disaster areas	(M)		

Work Areas	Level/Score	Compliance	Specific Findings/Remarks
3. Capacity of the evacuation areas are observed on time of disaster.	(M)		
4. Utilities such as portable toilets are gender-sensitive and are available in the evacuation areas.	(M)		
5. Committees are ensured, such as committee on community kitchen.	(D)		
C. Infrastructures			
1. All infrastructures that will be constructed should meet relevant standards e.g. day care centers, health centers.	(M)		
2. In cases where sleeping facilities are provided, the following standards are maintained:			
a. Separate areas for female and male must be ensured.	(M)		
b. Individual crib/bed for service users placed at least 1/2 meter apart.	(D)		
c. Secured storage/cabinet for clothing and other personal belongings for each service user.	(M)		
d. A room measuring about 4m x 6m (24 sq. m) should have at most 5 beds for youth/adult service users.	(D)		
e. One functional bathroom/toilet for every 10 female/male service users.	(M)		
f. Doors on the inside of each toilet are with functioning lock system.	(M)		
3. In cases where there are provision for trainings/seminars/alternative learning systems, venue where the activities would be conducted should be conducive for learning.	(M)		

Highlights of Interview/Observation:

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Summary of Rating: (Please include in the computation those which are not applicable.)

Work Areas	Level 1		Level 2		Level 3	
	Expected Score	Actual Score	Expected Score	Actual Score	Expected Score	Actual Score
I. Administration and Organization						
II. Program Management						
III. Case Management						
IV. Helping Strategies						
V. Physical Structures and Safety						
Total						

Recommendations:

A. **_For Issuance of Accreditation Certificate_**

In view of the above findings, the _____
(SWDA)
has satisfactorily met the standards of accreditation under **Level** _____ . An issuance of Certificate of Accreditation is hereby recommended with validity period of _____ **years** for implementing sustainable livelihood program.

B. **_For Non- Issuance of Accreditation Certificate_**

In view of the above findings, the issuance of accreditation certificate for _____ is hereby held in abeyance, pending compliance to
(Name of Agency)
_____.

The Agency shall comply with the agreed action plan within _____ months after the assessment visit:

Areas for Compliance	Activities	Time Frame	Responsible Person	Resources Needed

Assessed by:

_____
(Name and Signature of DSWD Authorized Accreditor/ Date)

Concurred By:

_____
(Name and Signature of Head or Authorized Representative/Designation)/Date