



Republic of the Philippines
Department of Social Welfare and Development

IBP Road, Batasan Pambansa Complex, Constitution Hills, Quezon City 1126
Telephone Nos. (632) 931-8101 to 07; Telefax (632) 931-8191

E-mail: osec@dswd.gov.ph

Website: <http://www.dswd.gov.ph>

ADMINISTRATIVE ORDER

No. 19

Series of 2012

SUBJECT: SUPPLEMENTAL PROVISIONS FOR ADMINISTRATIVE ORDER NO. 1 s. 2010 or the AMENDED STANDARDS FOR COMMUNITY BASED SERVICES

The Standards Bureau is mandated to develop standards for the implementation of social welfare programs and services by the Social Welfare and Development Agencies. The Administrative Order No.1 s. 2010 or the Amended Standards for the Community-based Services sets the standards for the implementation of social welfare services are provided to the beneficiaries while they remain in their homes and/or communities. The said guideline applies to all SWDAs including the LGUs' and the Department's community-based services and statutory programs such as the following:

1. Pantawid Pamilyang Pilipino Program – the poverty reduction and social development strategy of the national government that provides conditional cash grants to extremely poor households to improve their health, nutrition and education, particularly of children aged 0-14.
2. KALAHI-CIDSS or the Kapit Bisig Laban sa Kahirapan – Comprehensive Integrated Delivery of Social Services is the government's flagship poverty-alleviation project implemented by the DSWD. It entrusts the poor with greater powers, supports poor LGUs in local development and invests heavily on people, not just projects.
3. Sustainable Livelihood Program – refers to capability building program designed to enhance the socio-economic skills of poor families to establish and self-manage community based micro-credit organizations for entrepreneurial development. Capability building and referral of able and capable individuals to organizations/agencies for job-placement are also included.

Aside from the said document, guidelines and its tools specific for other community-based services, has also been developed. Among these are the Administrative Order No. 8 series of 2009 or the Standards for Community Based Services for Street Children and the Administrative Order No. 15 s. 2011 or the Guidelines for the Accreditation of Day Care Centers and Day Care Workers.

On the other hand, tools for the accreditation of other community-based services have also been developed which are based on laws for the program. An example of which is the Tool for Accreditation of the Senior Citizen Centers which is

based on the provisions from the Republic Act No. 7876 or the Senior Citizen's Centers Act of the Philippines.

In relation to this, accreditation tools for the implementation of the Department's three big ticket projects have also been developed. These are:

1. Assessment Tool for Accreditation of Pantawid Familyang Pilipino Program
2. Assessment Tool for Accreditation of KALAHI-CIDSS Project
3. Assessment Tool for Accreditation of Sustainable Livelihood Program

The said attached documents will be used as basis for the accreditation of the Field Offices and SWDAs that are implementing the said projects.

Issued in Quezon City this 28th day of December, 2012.


CORAZON JULIANO-SOLIMAN
Secretary



**ASSESSMENT TOOL FOR ACCREDITATION OF REGIONAL PROGRAM MANAGEMENT TEAM
IMPLEMENTING KALAHI-CIDSS PROJECT**

Status of Application:

New Application
 Renewal

Clients Served:

Municipalities Male
 Barangays Female

Identifying Information:

1. Name of Agency: _____
2. Address: _____
3. Name of Program Manger/ Designation: _____
4. Telephone: _____ Mobile: _____ Fax Number/s: _____
5. E-mail Address: _____ Website: _____

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 containing the program and administrative policies, procedures and strategies to attain its purpose/s among others			
3. Profile of employees			
4. Work and financial plan for the succeeding two (2) years			
5. Audited Financial Statement for the previous two (2) consecutive years by a Certified Public Accountant (if private SWDAs) or Government Accountant Officer (if DSWD or LGU)			
6. Education and communication materials			
7. Accomplishment reports covering the period of two (2) years			

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 (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 (D)** – are optimal but compliance would increase the quality of service implementation to a higher level.
 - **EXEMPLARY (E)** – are highest standards that, if complied, will make the agency EXCELLENCE.
 - b. However, if certain items does not apply, indicate N/A and add the total N/A to the corresponding work areas per level.
3. 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 LGUs implementing KALAHI-CIDSS

Work Areas	Total Score per Work Areas		
	Must (M)	Desired (D)	Exemplary(E)
I. Administration and Organization	39	3	5
II. Program Management	21	3	1
III. Case Management	4	0	1
IV. Physical Structures and Safety	11	0	0
Total	75	6	7

Level of Accreditation of Programs and Services to be given to the RPMT

- a. Compliance to all MUST indicators, the accreditation will be valid for 3 years
- b. Compliance to all MUST and Desired indicators, the accreditation will be valid for 4 years
- c. Compliance to all MUST, desired and Exemplary indicators, the accreditation will be valid for 5 years.

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 following are posted in a conspicuous area.			
a. Clear statement of KALAHI-CIDSS (KC) objectives and principles	(M)		
b. Community Empowerment Activity Cycle stages and gantt chart	(M)		
2. KC objectives and vital information of the project are translated into information and education and communication in the form of language best understood by the public.	(D)		
3. Understanding on KC Principle			
a. Principles are known and can be articulated by all staff	(M)		
b. The staff and beneficiaries can articulate the principles	(D)		
4. Manual of operations is available and easily accessible	(M)		
B. Functional Organizational Structure			
1. The organizational chart is posted in a conspicuous area.	(M)		
3. All staff should know his/her functions in relation to the functions of other staff.	(M)		
4. Staffing is based on the position and ratio in the approved staffing plan.	(M)		
C. Efficient Financial Resource Management			
1. Updated Tracking of Request of Fund versus Notice of Fund Transfer	(M)		
2. Control – Financial report or statement is audited annually by the following offices with audit observations properly acted upon and documented.			
a. Commission on Audit	(M)		
b. Internal Auditors (IAS)	(M)		
3. No audit observation from the previous year.	(E)		
D. Material Resource Management			
1. Facilities/assets -			
a. Inventory reports of all facilities/assets under KC is available.	(M)		

b. Available and sufficient budget for the annual repair and maintenance of equipment and facilities/office space.	(M)		
c. 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. Procurement of services are in accordance with the KC procedures described in the approved recruitment process or procurement policies where the recommendatory functions of the Fos are ensured. WB (hiring of specialists)/ AF (standards)	(M)		
2. Staff support services			
a. Counselling/Psychosocial Process			
i. Individual and/or group counselling/stress debriefing is provided whenever necessary	(M)		
ii. Stress debriefing management activities are conducted twice a year	(D)		
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)		
- Supervision is conducted in the community based on the agreed TA plan.	(M)		
c. Periodic staff meetings are conducted to allow the discussion of key issues and problems at the service and the finding of solutions for those issues and problems to better serve the stakeholders			
i. At least once a month	(M)		
ii. At least twice a month	(D)		
iii. At least once a week	(E)		
d. Support mechanisms are in place, which include but are not limited to:			
i. Social insurance system, i.e GSIS, SSS	(M)		

ii. Annual physical, and medical examination	(M)		
iii. A health insurance program is afforded to all personnel	(M)		
iv. Annual psychological evaluation	(E)		
v. Technical sharing sessions on knowledge and skills among staff as needed	(D)		
3. Training and development			
a. Basic orientation for newly hired staff to include project objectives, programs and services, guiding principles, rules and regulations and responsibilities is provided upon assumption of service	(M)		
b. Continuing training program based on Training Needs Assessment is ensured and reflected in the regional training plan.	(M)		
4. Performance Appraisal System			
a. Tool for performance appraisal is developed and implemented establishing standards for quantity and quality of output, 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 beneficiaries.	(M)		
b. Performance appraisal is used as basis for incentives	(E)		
c. Performance appraisal is used as basis for re-hiring, retention and promotion	(M)		
d. Assessment of staff performance is based on agreed upon plans and targets and systematic feedback mechanisms on its result are installed and are done Semi-annually	(M)		
5. Compensation system			
i. salaries, benefits and incentives of staffs or rates prescribed for specialists/consultants are given in accordance with the Salary Standardization Law, Civil Service Commission rules and regulations and other relevant laws and government policies	(M)		
ii. Systems for the processing of salaries and Travel Expenses are established to ensure timely release.	(M)		

iii. Semestral recognition of high performing staff with corresponding reward system	(E)		
6. Discipline			
Complaints and grievances addressed to staff is resolved in accordance to internal discipline procedure (IDAP) and Grievance Redress System	(M)		
F. Availability of Support Services			
1. General Services			
a. Timeline for processing each transaction in the RPMO is indicated i.e. Request for Fund Release are processed within 5 days at RPMO	(M)		
b. Period for each transaction follows the Department timeline/standards	(E)		
2. Information Management System			
a. Recording of administrative and program files captures critical organizational events, 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	(M)		
3. Advocacy and social marketing			
a. IEC Materials			
i. Existence of updated social marketing and communication plan and/or IEC materials acquired from other agencies relevant to the situation of the beneficiaries and the programs and services being provided.	(M)		
ii. Inventory of potential Private-Public Partnership (PPP) and other program stakeholders	(M)		

b. Advocacy and social marketing activities for public awareness on the issues affecting the beneficiaries to improve public response and for generating fund support is conducted at least once a year and/or as stipulated in the communication plan.	(M)		
II. PROGRAM MANAGEMENT			
<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
A. Clear Written Program Plan			
1. Database of Community Profile per Barangay is available and regularly updated and/ or upon start of the succeeding cycle	(M)		
2. One year regional operational plan based on the desired outcomes is formulated in consultation with key stakeholders	(M)		
3. Regional Training Plan is developed and being implemented.	(M)		
- Trainings for community volunteers are included in the plan with appropriate funds	(M)		
B. Implementation of program and services			
1. The management supports program implementation through provision of necessary resources and authority to implementers and to undertake the planned activities	(M)		
2. Program implementation is documented using KC standard format for uniformity and systematic reporting.	(M)		
3. Institutional linkages with PIAC/PDC, RIAC / RDC, MIAC/MDC in implementing programs is established and fully functional to sustain inter-agency linkage	(M)		
4. Strategies implemented with proper documentation.	(E)		
C. Monitoring			
1. A monitoring system has been institutionalized and is fully functional in accordance with M&E manual.	(M)		
2. Mechanisms and system for qualitative and quantitative information management is in place	(M)		
a. Community based evaluation and Accountability reporting are conducted every cycle.	(M)		

3. <i>RPMO members conduct regular monitoring of the quality of all programs, activities undertaken, availability and condition of facilities/ resources and the decisions made by staff and take appropriate action to remedy deficiencies of the staff in order to safeguard the interest and welfare of the beneficiaries and to achieve program objective.</i>			
a. Quarterly	(M)		
b. Twice in a quarter	(D)		
c. Once a month	(E)		
4. Consultation meetings with stakeholders are done on areas with issues and concerns	(M)		
5. Report on the status of program implementation is submitted to NPMO:			
a. Narrative report - quarterly	(M)		
b. M& E Database - monthly and quarterly	(M)		
6. Appropriate grievance system/machinery is in place and functional	(M)		
D. Evaluation			
1. Program Evaluation			
a. Monthly 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 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.	(M)		
2. Results of evaluation are always feedback to the project beneficiaries and NPMO, if necessary	(M)		
E. Governance Engagement and Convergence			
1. A Memorandum of Agreement for the provision of the counterparts, roles and responsibilities are clearly stipulated.	(M)		
2. Compliance of LGU commitment stipulated in the MOA and means for verification (i.e. Sangguniang Bayan Resolution, Municipal Ordinance, etc.) are readily available	(M)		
5. System is in place for systematic, organized and pro-active engagement of LGUs at different levels (Barangay/Municipal/Provincial)	(M)		
F. Networking and Partnership Promotions			

1. System in place for engaging NGAs, CBOs and private Sector Groups.	(M)		
2. Mechanisms in place for coordinating with NGAs, CBOs and Private Sectors groups.	(M)		
III. CASE MANAGEMENT			
<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
A. Case Recording			
1. Appropriate database are kept for each community/municipality according to purpose.			
a. A separate folder for every Municipality to contain all the documentations of the activities conducted to include the following:	(M)		
- Municipal Orientation			
- MIAC Technical Review of Proposals			
- Prioritization and Approval of Proposals -Municipal Inter-Barangay Forum (MIBF)			
- MIBF-EC Review of Pending Proposals			
- MIBF-MDC Engagement			
- Accountability Review and Reporting			
2. Available and accessible database of volunteers profile	(M)		
3. Folders are available and accessible for review/monitoring.	(M)		
4. Records inventory and disposal are done as per the Departments' regulations.	(E)		
B. Caseloads			
1. Staffing – appropriate number of staff are hired and maintained based on the number of beneficiaries under care and the nature of programs and services being provided. The minimum staff complement are as follow:			
<i>Regional Program Management Office</i>			
a. 1 Regional Project Manager	(M)		
b. Deputy Regional Project Manger (1:15 Municipalities) for field offices with huge area coverage or those whose geographic spread or access are difficult	(M)		
c. Regional Community Development Specialist (1 per FO)	(M)		
d. CDD Process Specialist (1:15 municipalities)	(M)		
e. Regional Infrastructure Specialist	(M)		
f. Junior Regional Information Specialist (1 per FO)	(M)		

g. Deputy Regional Infrastructure Engineer (1:15 municipalities)	(M)		
h. Regional Financial Analyst (1 per FO)	(M)		
i. Junior RFA (1 per FO/per fund source)	(M)		
j. Senior Regional M&E Officer	(M)		
k. Junior M&E Officer	(M)		
l. M&E Officers	(M)		
m. Regional Training Officer	(M)		
n. Regional Training Assistant	(M)		
p. Bookkeeper	(M)		
q. Budget Assistant	(M)		
r. Cash Clerk	(M)		
s. Administrative Assistant	(M)		
<i>Area Coordinating Team</i>			
a. Area Coordinator (1 per municipality)	(M)		
b. Deputy Area Coordinator/Engineer (1:25 Barangays)	(M)		
c. Financial Assistant (1:25 Barangays)	(M)		
d. Community Facilitator (1:5 Barangays)]	(M)		
2. Personnel competencies and qualification standards – staff hired for the following positions must meet the set minimum qualifications by the Department and Civil Service Requirements.	(M)		
3. Staff hired must have background on community organizing, depth of which depends on the position of the employees.	(M)		
C. Helping Process			
<i>Ensures that there is timely provision of TA to barangay volunteers</i>	(M)		
<i>Social Preparation</i>			
1. Conduct of a Municipal Orientation is attended by all the Brgy. Officials of the municipalities.	(M)		
2. Brgy. Assemblies are conducted per barangay to build understanding of the project and arrive at decision-making among local government units and community members.	(M)		
3. Identification of priority sub-projects (SP) through conduct of Participatory situation Analysis to analyze the conditions of the communities are conducted by the Barangays..	(M)		
4. All barangays have Identified volunteers who will compose the following committees:			
a. Brgy. Sub-Project Preparation Committee who shall develop project ideas generated by Brgy. Assembly members into project concepts.	(M)		

b. Brgy. Sub-Project Management Committee who shall provide overall management of the sub-project. It shall act as the policy making and decision making body of the sub-projects.	(M)		
c. Audit and inventory committee who shall perform internal audit functions.	(M)		
d. Treasurer who has custody over the funds and properties of the SP.	(M)		
e. Bookkeeper who will record all financial transactions and prepare financial report.	(M)		
f. Sub-project implementation Team who will be in charge of the day to day activities in the implementation of the SPs.	(M)		
g. Procurement Team who will be in charge of undertaking the procurement requirements for the SPs whether goods or services.	(M)		
h. Committee on Operations and Maintenance who will be responsible for the operation and maintenance of a sub-project.	(M)		
i. Monitoring and Inspection Team who shall monitor the progress of SPs implementation and validate the physical accomplishment reports prepared by the SP Implementation Team.	(M)		
j. Grievance Committee who shall look into inquiries and complaints against KC staff, LGU Officials and or staff and Community Volunteers.	(M)		
<i>Implementation of Sub-Projects</i>			
1. The identified committees assigned takes charge on the implementation of the SPs.	(M)		
2. Provision of the needed Technical assistance and training to the involved community volunteers is ensured.	(M)		
<i>Evaluation</i>			
1. Conduct of Community Based Evaluation (CBE) process is conducted where community residents assess their participation in the project.			
a. CBE is conducted annually	(M)		
b. CBE is conducted twice a year (once every six months)	(D)		
2. Results of the CBE is presented in a BA and the major outputs are discussed for validation.	(D)		

3. Conduct of Accountability Review and Reporting session where community volunteers , Brgy and the Municipal LGUs review commitments to the projects.	(M)		
<i>Institutionalization</i>			
Efforts for the institutionalization of the CDD process in the municipality is evident through the following:			
1. Preparation of a localization plan to institutionalize KALAHI approaches within LGU	(M)		
2. Passage of Municipal resolutions by the Sangguniang Bayan in accordance with the localization plan	(M)		
3. Efforts to ensure that community development plans are integrated into brgy./municipal plans.	(M)		

V. PHYSICAL STRUCTURES AND SAFETY

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
A. Appropriate and ample space and facilities are provided for organizational functions and activities.			
1. Has accessible and identifiable office space where daily organizational functions and activities are conducted.	(M)		
2. Office and facilities create a pleasant ambiance for personnel, clients and visitors:			
a. are adequately lit	(M)		
b. well ventilated	(M)		
c. with accessibility features for the PWDs and senior citizens.	(M)		
3. Adaptive means of communication is installed and functional at all times.	(M)		
4. 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 beneficiaries and away from vehicular traffic.	(M)		
5. Furnishings are sufficient and appropriate for the number and kind of people in or are received by the agency.	(M)		
6. Has available safe drinking water	(M)		
7. Has available first aid kit	(M)		
8. Has proper solid waste management.	(M)		
C. Structural Safety			
Availability of the following certificates:			
1. Building structural safety of RPMO.	(M)		
2. Fire safety certificate	(M)		

Highlights of Interview/Observation:

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 _____
(Field Office)
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 _____
(Field Office)
_____ is hereby held in abeyance, pending compliance to _____.

The FO 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 RPMO Head or Authorized Representative/Designation)/Date

**ASSESSMENT TOOL FOR ACCREDITATION OF
PANTAWID PAMILYANG PILIPINO PROGRAM**

Status of Application	Number of Client Served	Scope/Coverage
<input type="checkbox"/> New Application	<input type="checkbox"/> Male _____	<input type="checkbox"/> Region _____
<input type="checkbox"/> Renewal	<input type="checkbox"/> Female _____	<input type="checkbox"/> Province _____
DSWD Previously Issued Accreditation:		<input type="checkbox"/> City/ies _____
Certificate No: _____		<input type="checkbox"/> Municipality/ies _____
Date of Issuance: _____		
Date of Expiration: _____		

Identifying Information:

1. Name of Regional Program Management Office (RPMO): _____
2. Office Address: _____
3. Name of Program Manager/Authorized Representative and Designation : _____
4. Telephone/Mobile/Fax Number/s: _____
5. E-mail Address and Website: _____

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	
1. Accomplished application form			
2. Manual of Operations containing the RPMO's program and administrative policies, procedures and strategies to attain its purpose/s among others			
3. Profile of employees			
4. Work and financial plan for the succeeding year			
5. Financial Statement for the previous two (2) consecutive years			
6. Accomplishment reports covering the period of two (2) years prior to the assessment			
7. Profile of household served/caseload inventory for the preceding and current year			
8. Education and Communication Materials (IEC) e.g. brochures, flyer etc			

Instructions:

1. The assessment process shall be done by a team composed of at least two (2) staff to include the Social Welfare Officer IV (SB Team Leader) and the Social Welfare Officer III/Project Development Officer III n(SB regional focal person)
2. The assessment shall be conducted in 2½ days. The following activities shall be observed:
 - a. Day 1:
 - Courtesy call with the Program Manager
 - Orientation and focused group discussion with Regional Program Management Office (RPMO). Ensure that all the key staff are available to include: Regional Program, Coordinator (RPC), Administrative Staff in-charged on Finance, Information Technology, Human Resource, Social Marketing and Training; and the Program staff to include: in-charge in grievance, case management, monitoring and evaluation, supplies side etc.
 - Interview with persons exercising managerial or supervisory functions in the RPMO
 - Review of administrative records
 - Ocular survey/observation on their office activities and physical facilities
 - b. Day 2
 - Area visit at least one (1) city/municipality
 - Courtesy call with concerned C/MSWDO
 - Focused Group Discussion with the household beneficiaries and home visitation
 - Interview with community leaders
 - Interview with the Provincial/Municipal/City Link
 - Review of case records at the designated offices in the area
 - c. Last ½ day

Exit conference with the Program Manager and key staff for the presentation of findings and recommendations and preparation of action plan, if necessary
3. The Standards and Indicators are divided into the following categories:
 - a. **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 clients served and the service implementation as well.
 - b. **DESIRED /Level 2 (D)** – are optimal but compliance would increase the quality of service implementation to a higher level.
 - c. **EXEMPLARY / Level 3 (E)** – are highest standards that, if complied, will make the delivery of programs as PROGRAM FOR EXCELLENCE.

Please indicate check (✓) mark if complied and cross (x) mark for non-compliance on the compliance column.

d. However, if there are certain items do not apply, indicate N/A and add the total N/A to the corresponding work areas per level.

4. *Items per Work Areas*

<i>Work Areas</i>	<i>Total Score per Work Areas</i>		
	<i>Must (M)</i>	<i>Desired (D)</i>	<i>Exemplary(E)</i>
I. Administration and Organization	65	7	3
II. Program Management	20	4	3
III. Case Management	54	7	3
IV. Helping Interventions	12	2	1
V. Physical Structure and Safety	12	1	-
Total	163	21	10

5. *Level of Accreditation of programs and services to be given to the RPMO*

- a. Compliance to all MUST indicators, the accreditation will be valid for 3 years
- b. Compliance to all MUST and Desired indicators, the accreditation will be valid for 4 years
- c. Compliance to all MUST, Desired and Exemplary indicators, the accreditation will be valid for 5 years

Accreditation Assessment Tool
PANTAWID PAMILYANG PILIPINO PROGRAM

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Findings</i>
I. ADMINISTRATION AND ORGANIZATION			
A. Clear Statement of the Objectives and Program Package			
1. The Pantawid Pamilya objectives is consistent with the DSWD vision, mission and goals (VMG), target beneficiaries, programs and services	(M)		
2. The objectives of the Pantawid Pamilya are written, posted in a conspicuous area such as bulletin boards, receiving areas, etc.	(M)		
3. The Pantawid Pamilya objectives and scope are translated into information, education and communication (IEC) materials in a form or language/dialect that is understood by the beneficiaries and the public as well.	(D)		
4. Objectives are translated into a beneficiary's booklet that is accessible, available and easily understood by the household beneficiaries. It contains among others the following information: a. Pantawid Pamilya Concept b. Programs package c. Selection of target Household beneficiaries d. Co-responsibilities of Household beneficiaries e. Monitoring and Evaluation System to include: Supply Side Assessment (SSA), Beneficiary Update Sytem (BUS), Grievance Zredress System (GRS), Compliance Verification System (CVS) among others	(M)		
5. The Pantawid Pamilya concepts, objectives, selection of beneficiaries and program package are known and can be articulated a. All RPMO officials and staff including the Provincial/City/Municipal Link	(M)		
b. All FO personnel	(D)		
c. Beneficiaries and partner agencies	(E)		
6. Manual of operation a. Available translating policies into operations.	(M)		
b. RPMO has developed a customized manual for the regional operations	(D)		
c. Every staff of RPMO has copy of the manual	(E)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
<i>B. Functional Organizational Structure</i>			
1. Presence of organizational chart that indicates flow of work, delineation of responsibilities, authority and accountability.	(M)		
2. All staff have copies of the organizational chart and their respective Terms of Reference	(M)		
3. All staff should know their functions and roles of each member of the RPMO	(D)		
4. Staff Requirement a. Program Manager shall be functional and responsible to the following: oversee the implementation of the program at the regional level; ensure the implementation of the Regional Annual Work and Financial Plan; preside over regional meetings and consultations; and ensure the proper and timely dissemination of information about the program for all parties involved	(M)		
b. Deputy Program Manager is functional and responsible to: assist the Project Manager in overseeing the implementation of the program; facilitate the proper and timely dissemination of information about the program for all partners, intermediaries and stakeholders; monitor the management and utilization of program funds; review and provide inputs for all documentation submitted by the Regional Program Coordinator	(M)		
c. Regional Program Coordinator is functional and responsible to: coordinate the implementation of the program at the regional level; in accordance with program guidelines and policies; manage and utilize programs fund; review and consolidate all documentation submitted by the city/municipal links; prepare and submit reports; and provide technical assistance throughout the implementation of the program; provide feedback on program implementation and problems at the local levels	(M)		
d. Information Technology Officer is hired who is responsible to design and develop an initial application software/database systems; recommend appropriate development tools to be utilized in consideration of connectivity and available resources; prepare users' manuals and other documentation; train users of the system.	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
e. Monitoring and Evaluation Staff is hired and responsible for the development and implementation of the monitoring mechanism in the implementation of the program. He/she also involve in the evaluation of the program, consolidation of reports, and recommendation based on the data generated	(M)		
f. SWO III/Municipal Cluster Head is hired and responsible on the monitoring of the municipal/city link staff	(M)		
g. Provincial Link Staff is hired who is responsible in ensuring the implementation of the program at the provincial/city/municipal level	(M)		
h. Municipal/City Link is hired who is responsible in ensuring the proper implementation of the program in the assigned city/municipality in accordance with program guidelines and policies; coordinate, plan, direct and organize assemblies for the incorporation of families into the program; coordinate with local partners for the efficient delivery of the appropriate support services to the beneficiaries; facilitate the creation and maintain the operation of Municipal Advisory Committee and Grievance Redress System at the municipality/city level.	(M)		
i. Social Welfare Assistant is hired and responsible in assisting the Municipal/City Link in the distribution, collection, review and collation of updates, CVS and GRS forms	(M)		
j. Regional Information Officer is hired who is responsible to prepare and assist in the formulation of a regional advocacy and communication plan; document and prepare write-ups on success stories of the program household beneficiaries and key stakeholders; assist in the preparation of press releases at the regional level; coordinate local media guesting and interviews; prepare media kits and briefs and other form of informational materials	(M)		
k. Capability Building/Training Staff is hired and responsible for the development of training modules and conducting actual training programs to capacitate the staff, partner stakeholders and households beneficiaries in the implementation of the program.	(M)		

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Findings</i>
I. Administrative Staff to include but not limited to finance staff, human resource officer, partners coordinators are hired and will be responsible in the maintainance of the regional file of Pantawid Pamilya documents; facilitate the preparation of vouchers, communications, travel tickets and other administrative concerns related to the program; assist in the preparation and conduct of meetings, workshops, capability building activities for the program; assist the city/municipal links in the administrative needs of the program.	(M)		
5. Presence of Regional Program Management Team who recommends administrative and program policies and discuss other organizational concerns to the National Program Management Team	(M)		
6. The Regional Program Manager and/or the Deputy Program Manager regularly attends the NPMT meeting and participates in the policy making process, as necessary.	(M)		
7. All the hired staff are eligible on the required qualification standards on their designated positions	(M)		
8. The Provincial/City/Municipal Link shall have basic educational requirement which include:			
a. Graduate of any four (4) year course	(M)		
b. Graduate of any courses on Behavioral Sciences	(D)		
c. Registered Social Worker	(E)		
9. An operational strategic plan based on a set of desired outcomes for the beneficiaries is formulated and translated into work and financial plan	(M)		
10. A Memorandum of Agreement for the convergence of programs and services for beneficiaries is developed as a result of a consultation between:			
a. concerned government agencies and LGUs	(M)		
b non-government organizations and civic society organizations	(M)		
10. Policy-making process and procedures			
a. The policies are written, disseminated and implemented.	(M)		
b. Staff and beneficiaries are consulted in the review and reformulation of policies	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
<i>C. Efficient Financial Resource Management</i>			
1. There are written and operational policies, systems and procedures on financial transactions; all financial transactions and report from fund sourcing, receipt of financial donation and utilization are transparent and documented; disbursements are covered by duly authorized vouchers and are subjected to annual internal and external auditing procedure which are based on operation manual	(M)		
2. Resource generation activities conducted are in accordance with the existing laws and regulations, properly reflected in the financial report	(M)		
<i>D. Material Resource Management</i>			
1. Assets			
a. All assets are documented; annual inventory being done to monitor acquisition/ procurement, utilization, distribution, disposal, repair and maintenance	(M)		
b. Available budget for the annual repair and maintenance of equipment and office facilities	(M)		
<i>E. Human Resource Management and Development</i>			
1. Recruitment, selection, hiring and retention system			
a. There is a written document specifying qualifications for each position that meet standards of the DSWD, Civil Service Commission and the Professional Regulation Commissions	(M)		
b. Job descriptions for all staff in the organization are written. Actual tasks of personnel are aligned with what is written	(M)		
c. There is a functional system for hiring new qualified personnel, assigning appropriate responsibilities and compensation	(M)		
d. All applicants undergo physical, medical psychological examination and result of which should be part of the documents submitted to the hiring/recruiting organization.	(M)		
e. Applicants submitted copy of their NBI/police clearance as part of the applicant's documentary requirements, undergo physical, medical psychological examination and result of which should be part of the documents submitted to the hiring/recruiting organization.	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
2. Training and development			
a. Basic orientation for newly hired staff to include Pantawid Pamilya objectives, types/characteristics of beneficiaries being served, Pantawid Pamilya and other DSWD programs , guiding principles, rules and regulations and their respective roles and responsibilities is provided within one month	(M)		
b. Continuing training program for key staff appropriate to beneficiaries being catered for is provided to upgrade and acquire new skills and competencies.	(M)		
c. Coverage of continuing training program may include but not limited to the following: c.1. Case management, care approaches and skills appropriate to the client's being served including the nature and analysis of their situations, developmental characteristics and dynamics in working with them; communicating with them especially those with disabilities c.2. Gender and Development and Gender Sensitivity Training c.3. Conduct of self-care/human sexuality sessions c.4. Family Development Session c.5. Critical Incidence Stress Debriefing c.6. Health education and nutrition c.7. Safety at work, fire precaution and other emergency measures i.e. disaster preparedness c.8. First Aid c.9. Conduct of purposeful and enjoyable activities as part of positive care experience c.10. Staff supervision (for those with supervisory functions) c.11. Values Formation Training for staff c.12. Capacity building activities on various systems of the program c.14. Improvement of Communication facilitation skills	(M)		
d. There is related ongoing training and development program 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.	(M)		
e. WFP reflects allocation of budget for the training of the staff and approved by the management.	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
f. 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 devt and strategic planning among others	(M)		
3. Staff support services			
a. Staff supervision is being done at least once a month by the Regional Program Coordinator to City/Municipal Link	(M)		
b. There is an interfacing intervention for new and outgoing staff	(M)		
c. Periodic staff meetings are conducted to allow the discussion of key issues and problems at the service and the finding of solutions for those issues and problems to better serve the household beneficiaries			
c.1. Once in a quarter for RPMT	(M)		
c.2. Once in a quarter for RPMO	(M)		
d. Support mechanisms are in place, which include but are not limited to:			
d.1. Social insurance system, i.e GSIS, for regular employees	(M)		
d.2. Annual physical, and medical examination	(M)		
4. Performance Appraisal System			
a. Tool for performance appraisal is developed and implemented establishing standards for quantity and quality of output, timeliness of results, manner of performance, effectiveness in use of resources, and includes trait-based criteria (personal character)	(M)		
b. Performance appraisal is used as basis for performance bonus and/or renewal of employment contract	(M)		
c. Semi-annual assessment of staff performance is based on agreed upon plans and targets and systematic feedback mechanisms on its result are installed	(M)		
d. Performance Appraisal is used as base/reference in the termination of contract of service with the staff	(M)		
5. Compensation system			
a. Compensation policies are developed and written by the organization as general guidelines to govern pay, incentives and benefits systems. These shall comply with existing wages, benefits and incentives in accordance with the Salary Standardization Law	(M)		
b. Every personnel are paid his/her salary according to pay structures of CSC and/or Salary Standardization Law	(M)		
c. Collective Negotiation / Agreement	(D)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
6. Appropriate Progressive Discipline System			
a. Appropriate complaints and grievance system/machinery is in place and functional of which progressive discipline system is properly administered.	(M)		
b. Complaints and grievances addressed and resolved	(M)		
<i>F. Availability of Support Services</i>			
1. General Services			
a. Policies and systems on transactions involving procurement, repair and maintenance of building, vehicles and equipment are written, operational and properly documented.	(M)		
b. Timeline for processing each transaction is	(M)		
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 and updated regularly	(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	(M)		
c. Information communication technology (ICT) devices including ICT system, i.e. hardware, software, are available and functional	(M)		
3. Grievance Redress System (GRS) is institutionalized which capture and resolve all grievances effectively and expeditiously. GRS stages may include (a) submission/receipt of grievance; (b) record/enter management Information system; (c) fact finding; (d) resolution and (e) feedbacking	(M)		
4. Advocacy and social marketing			
a. IEC Materials			
a.1. Availability and accessibility of electronic and other form of IEC materials produced by the RPMO	(M)		
a.2. Existence of updated social marketing and advocacy plan and/or IEC materials acquired from other agencies relevant to the situation of beneficiaries being served and the programs and services being provided.	(M)		
b. Advocacy and social marketing activities for public awareness on the issues affecting the beneficiaries to improve public response; and for generating support.	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
II. PROGRAM MANAGEMENT			
<i>A. Clear Written Program Plan is Available</i>			
1. Social Protection and Development Report is available	(M)		
2. A clear work and financial plan is formulated consistent with agency goal, strategies, manner and timeframe of implementation, resources needed and priorities	(M)		
3. Program plan is prepared in consultation with the beneficiaries, staff and other significant stakeholders.	(M)		
<i>B. Implementation of program and services is guided by the agency's policies and procedures</i>			
1. The management supports program implementation through provision of timely and adequate resources and authority or power to implement and to undertake the planned activities	(M)		
2. Program implementation is documented	(M)		
3. There is a written and functional approach to the selection of program beneficiaries	(M)		
4. Institutional linkages through public-private partnerships in implementing programs is established and functional	(M)		
5. Financial support from the LGUs and other stakeholders to the Pantawid Pamilya is incorporated to the LGU and partners' annual approved work and financial plan	(D)		
<i>C. Monitoring is in place and conducted on a regular basis</i>			
1. A monitoring system has been institutionalized and is fully functional	(M)		
2. RPMO conduct regular monitoring of the quality of all programs, activities undertaken, availability and condition of resources and the decisions made by staff and take appropriate action to remedy deficiencies of the staff in order to safeguard the interest and welfare of the beneficiaries and to achieve program objective.			
a. Quarterly	(M)		
b. Twice a quarter	(D)		
c. Once a month	(E)		
3. Consultation meetings are regularly done to ensure issues and concerns are discussed and properly addressed/ responded to.			
a. Semestral Regional Advisory Committee (RAC) and Provincial Advisory Committee (PAC) Meeting	(M)		
b. Monthly Municipal/City Advisory Committee Meeting	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
4. Actual Accomplishment Report vis-à-vis the approved Work and Financial Plan are measured on a regular basis and submitted periodically			
a. Annually	(M)		
b. Semi-annual	(D)		
c. Quarterly	(E)		
5. Individual accomplishment report of the staff is prepared and submitted monthly, quarterly, semi-annual and annually	(M)		
6. Monitoring tools are formulated and installed			
a. Supply Side Assessment which assess the readiness of basic health and education services in a locality, defined gaps and needs, corresponding solutions and secure the commitments of LGUs and key partner agencies on supply side concerns	(M)		
b. Beneficiary Update System which captures and records the changes in the information about Household members to serve as basis in monitoring compliance of beneficiaries	(M)		
c. Compliance Verification System which verifies the compliance of beneficiaries to set conditions as basis for payment of grants	(M)		
8. Availability of complete and accurate inventory of schools and health facilities	(M)		
<i>D. Evaluation</i>			
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 beneficiaries, 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 to make or propose policy changes or amendment	(M)		
3. Feedback mechanism is installed and conducted atleast once a year	(M)		

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Findings</i>
III. CASE MANAGEMENT			
A. Case Recording			
1. Every household client should have individual case folder/record that is easily accessible to the Case Manager. If the CM is not a social worker, the SWAD, Provincial Link, SWO III and C/MSWDO shall be tapped.	(M)		
2. A household ID number should be assigned to each case folder managed by the Case Manager	(M)		
3. Case records are systematically kept in a safe and secured location that can be monitored either at the RPMO, Provincial, City or Municipal level	(M)		
4. 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.	(M)		
5. Confidentiality of cases is observed in terms of policies and procedures in handling of documents/records of clients and organizational procedures on sharing information	(M)		
6. All staff are informed of policies and procedures on confidentiality	(M)		
7. The external stakeholders are informed of policies and procedures on confidentiality	(D)		
8. Only users of records approved by the Program Manager/authorized representative are allowed access to records. Use of records is according to written agency policies.	(M)		
8. All case records, in paper or electronic form are available, in proper order and can easily be retrieved by the authorized personnel	(M)		
9. Case records are properly maintained and regularly updated a. Individual Clients folder a.1. Completely and properly filled out Social Welfare Indicators which are accomplished within the quarter upon entry to the program and updated: ➤ for survival level - every six months ➤ for subsistence level - every year ➤ for self-reliance - as needed	(M)		
a.2. Accomplished General Intake Sheet	(M)		

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Findings</i>
a.3. Social Case Study Report prepared within one month after the intake assessment conducted.			
➤ Prioritize those identified Household beneficiaries under survival level of well-	(M)		
➤ Both under survival and subsistence level of well-being	(D)		
➤ All Household beneficiaries	(E)		
a.4. Intervention Plan	(M)		
a.5. Progress report, When a significant progress on a case or significant interaction between client and worker is noted	(M)		
a.6. Process recording, when understanding of specific situation/ problem of beneficiaries is necessary and/or when required for supervision purposes:	(M)		
a.7. Transfer Summary, when transfer of case to another worker/agency is effected	(M)		
a.8. Closing/Termination Report, when case is closed	(M)		
a.9. Records of the Cash Grants and services provided	(M)		
a.10. Other records of the client, if applicable			
i. Birth Certificate	(M)		
ii. Medical and health records	(M)		
iii. School Records	(M)		
iv. Records show participation of the household beneficiaries in decisions that affect him/ her/ them.	(M)		
v. Records would show the participation of the household members and/or community in all the activities conducted.	(M)		
vi. Photo of the household beneficiaries	(M)		
vii. Referral Letters, if applicable	(M)		
viii. Written feedback report from the receiving agency on the status of service delivery and other pertinent information	(E)		
b. Other Documents to be maintained in the Provincial/City/Municipal Link Office related to case management			
b.1. Directory of Resources	(M)		
b.2. Proceedings/minutes of Family Development Session and other group activities are properly documented and filed	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
b.3. The Community profile is updated annually	(D)		
b.4. Report on CSOs' engagement in the area	(M)		
B. Caseloads			
1. Appropriate number of staff are hired and maintained based on the number of beneficiaries being served. The minimum staff complement are as follow:			
a. Program Coordinator per region	(M)		
b. Provincial Link Staff for every province	(M)		
c. SWO III/Municipal Cluster Head for every 25, 000 Household beneficiaries	(M)		
d. Municipal/City Link Staff for every 1,000 household beneficiaries in city/municipality	(M)		
e. 1 Social Welfare Assistant who will manage the excess of the 1,000 caseload of the City/Municipal Link for every city/municipality	(M)		
f. 1 Administrative Staff for every 10-15 technical staff	(M)		
C. Helping Process - The City/Municipal Link (C/ML) who is a social work graduate shall be the case manager. He/she will prioritize the case management of those Household beneficiaries identified under the survival level of well being per Social Welfare Indicator assessment			
1. Beneficiaries are selected from among the list of poor households of the National Household Targetting System for Poverty Reduction Program (NHTSPRP) who are pregnant and/or those with children aged 0-14 years old	(M)		
2. Assessment Phase			
a. The assessment of the household beneficiary and his/her environment starts with the initial contact with the client or at intake where application of services is assessed based on the problem presented and the P/C/MSWDO's policies and resources	(M)		
b. The case summary should consist of the following information which are provided by the clients and his/her household members and other significant	(M)		
b.1 Name of client and case number			
b.2. Client's basic information – birth date and place, address, contact numbers			
b.3. Sources of information during intake			
b.4. Presenting problem			
b.5. Summary of family background and other information related to the problem			
b.6. Previous actions taken about the problem and contacts with social agencies, if any			
b.7. Assessment summary statement			

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Findings</i>
b.8. Recommended interventions b.9. Name of case manager and date of summary done			
c. Social Welfare Indicators (SWI) is used as a tool in assessing and monitoring the progress in the level of well-being of the household beneficiaries. It shall be done initially to have a baseline and every six months thereafter to monitor the beneficiaries' progress	(M)		
3. Intervention Planning Phase			
a. Household beneficiary that is prioritized for improvement of status of well being by the DSWD for a helping contract has a written social case study report (SCSR) which clearly shows the following: The SCSR must contain the following: a.1. The definition of the problem and background of the problem; a.2. The household beneficiary's background e.g.work, education, relationships, etc.; a.3. The household beneficiary's current situation and strengths, client's capabilities and those of family and resources in his/her environment a.4. Assessment on how well the household beneficiary functions in solving the problem; a.5. Intervention plan – goals and actions to be done by household beneficiary and the social worker within a time frame.	(M)		
b. Individual plan is prepared to each household beneficiary. This is a goal oriented and time bounded which include the short and long term goals	(M)		
c. It is done with the active participation of the household beneficiary and his/her household members with identify strengths and build on these when working towards the goal	(M)		
d. The intervention plan should be reviewed periodically and modified or adjusted as necessary. This must include the following: d.1. Problems/concerns to be addressed d.2. Specify goals the household beneficiary wish to achieve; d.3. Determine which actions will be taken by the household beneficiary and the case manager d.4. Activities the client will undertake; d.5. Tasks to be performed by the case manager; d.6. Establish timelines for completing these actions.	(M)		

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Findings</i>
d.7. Identification of other people, agencies who wil participate and contribute to the change process			
d.8. Remarks – problems encountered in the process; goal achieved; etc.			
e. Arranging for Services Referral Network e.1. Established a referral network which ensure coordination and convergence of services for the delivery of services for household beneficiaries	(M)		
e.2. If the services needed by the household beneficiary cannot be provided by the concerned Provincial/Municipal Link, the following should be undertaken: i. Arrange the resources/services needed for the household beneficiary to make use of them ii. Support the household beneficiary in using other resources available	(M)		
e.3. Referral system entails process of coordinating service delivery system which results the following: i. Access to needed services are expedite ii. Confidentiality is maintained iii. Referrals between the agencies of the network are tracked iv. Referrals and their outcomes are v. A feedback loop, the referring agency request that the receiving agency has responded, delivered and has met the needs of the household beneficiary. vi. Gaps in services can be identified and steps taken by the DSWD in the network to bridge them	(M)		
e.4. The referring agency should follow-up with the receiving agency on the service/s provided. The latter agency should also give a feedback to the referring agency	(E)		
e.5. A system to track a referral is to ensure that the household beneficiary used the services/needed	(D)		
4. Implementation of Interventions a. Implementation of intervention is based on the agreed plan by household beneficiaries and case manager. When change/s in implementation is/are necessary, this is/these are always agreed upon with the household beneficiaries.	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
b. The case manager, household beneficiary and his/her household members, and other significant persons/agencies who are involved in the case take the steps to complete the tasks that will implement the plan they have formulated which bring about the desired outcomes	(M)		
c. Regular monthly monitoring activities are conducted to ensure effectiveness and consistency of interventions. c.1. keep track of what is happening and continuously evaluate the progress of the service provision	(M)		
c.2. use the SWI as a monitoring tool. The case manager and the household beneficiary review their contract and assess their progress in achieving the goals agreed upon.	(M)		
c.3. work as a team with other significant persons/agencies in the provision and convergence of services	(M)		
c.4. the case manager regularly sees the household beneficiary and other significant persons/agencies to exchange information and monitor progress in the achievement of the identified goals or make adjustment on the intervention plan.	(D)		
d. Evaluation measures the degree of changes in the household beneficiary and the effectiveness of the interventions. d1. Checkpoints on the SWI are done periodically of both the case manager and the household beneficiary ➤ Annually	(M)		
➤ Semi-Annual	(D)		
➤ Quarterly	(E)		
d.2. the household beneficiary and the case manager review together what has taken place from the intake, planning and intervention implementation; the gains achieved and the difficulties address; the lessons learned and the roles of both in the achievement of the goal	(M)		
e. Termination e.1. Termination of Case if: ➤ The result of SWI that the Household beneficiary achieved the level of well being of self-reliant	(M)		
➤ the household beneficiary is not complying with the set conditions of the program	(M)		

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Findings</i>
➤ the household beneficiary graduated from the Pantawid Pamilyang Pilipino Program and transferred his/her/their cases to another program or agency for further case management	(M)		
➤ It was a decision arrived at by the household beneficiary and the case manager	(D)		
e.2. the prepared closing summary must include the following information: i. The presenting problem which brought the household beneficiary to the DSWD case manager ii. the goal and the intervention plan arrived at by the household beneficiary and case manager iii. the progress in achieving these goals and implementation of the interventions iv. lessons learned: what worked and what did not v. summary of services provided vi. Reasons for closure vii. Aftercare plan	(M)		
IV. HELPING INTERVENTION			
A. Provision of Program Package			
1. Health grant package in the total amount of Php6,000/year or Php500.00/month is provided to the household beneficiary complying to the conditions.	(M)		
2. Education Grant package in the total amount of P3,000/year or Php300/month for 10 months per enrolled child ages 3-14 but with a maximum of 3 children per household is provided per compliance to the conditions	(M)		
3. Grants shall be transferred to the recipients through the authorized banking institution or conduit banks by automated teller machines, cash card/remit or on-site over the counter	(M)		
4. Provision of sustainable livelihood program and/or guaranteed employment to those household beneficiary who are at least at the subsistence level of well being, if eligible	(D)		
B. Psychosocial Services			
1. Organization of Parents Group a. RPMO ensures that all household beneficiaries are organized into parents' group according to criteria set by the program with at least a minimum number of 25 and maximum of 30 household members.	(M)		
b. Monthly meeting on agreed schedule	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
c. Household grantees are oriented on the basic concepts of the Pantawid Pamilya and the different roles and responsibilities of program beneficiaries as well as on the conditionalities of the program	(M)		
d. In every parents group, a parent leader is identified in every cluster in accordance with the program requirements	(M)		
e. Ensure that the parents leaders are involved in the facilitation of meetings	(M)		
2. Family Development Session			
a. Provided to household grantees during monthly parents' group meeting	(M)		
b. Availability of complete set of modules for FDS at the RPMO and at the municipal level	(M)		
c. RPMO ensures that capability building to parents group are continuously provided based on the Family Development Session Manual	(M)		
d. RPMO advocates and lobby for the delivery of the LGU support programs on the effective implementation of Pantawid Pamilya e.g. establishment and maintainance of school and health			
d.1.. 50 - 75 % LGUs in the region	(M)		
d.2. 76-99% LGUs in the region	(D)		
d.3. All LGUs in the region	(E)		
V. PHYSICAL STRUCTURES AND SAFETY			
A. Appropriate and ample space and facilities are provided for organizational functions and activities.			
1. Has accessible and identifiable office space where daily organizational functions and activities are	(M)		
2. Office and facilities create a pleasant ambiance for personnel, beneficiaries and visitors			
a. are adequately lit	(M)		
b. well ventilated	(M)		
c. with accessibility features for the PWDs and senior citizens.	(M)		
3. Adaptive means of communication is installed and functional at all times.	(M)		
4. 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 beneficiaries and away from vehicular traffic.	(D)		
5. Furnishings are sufficient and appropriate for the number and type of people in or are received by the RPMO	(M)		

<i>Work Areas</i>	<i>Level/Score</i>	<i>Compliance</i>	<i>Findings</i>
6. The Provincial/City/Municipal Link staff are provided with office space and other logistical support such as but not limited to office supplies, equipment and other paraphernalia for the period of program implementation	(M)		
7. Waste management structure is installed in accordance with Solid Waste Management law and other relevant laws/ordinances, evidenced by, at least, the segregation of biodegradable from non-biodegradable waste.	(M)		
<i>B. Infrastructures</i>			
1. All infrastructures that will be constructed should meet relevant standards	(M)		
2. venue for activity should be conducive for learning	(M)		
<i>C. Structural Safety</i>			
1. Availability of the following safety certificates:			
a. Building Structural Safety of RPMO	(M)		
b. Fire safety Certificates	(M)		

**ASSESSMENT TOOL FOR ACCREDITATION OF
SUSTAINABLE LIVELIHOOD PROGRAM**

Status of Application

- New Application
- Renewal

DSWD Previously Issued:

Certificate No. _____

Date of Issuance: _____

Date of Expiration: _____

Scope/Coverage

- More than one Region/
Nationwide
- Regional

Client Served

- Individual
- Youth
- Group
- Elderly
- Person with Disability
- Families
- Association

Number of Client Served

- Women
- Men

Identifying Information:

1. Name of SWDA/LGU: _____
2. Address: _____
3. LGU/SWDA Head and Designation: _____
4. Telephone/Mobile/Fax Number/s: _____
5. E-mail Address and Website: _____
6. Registration & License No (if private SWDA) _____
Date Issued: _____ Expiry 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	
1. Pre-assessment report from the concerned Field Office			
2. Accomplished application form			
3. Manual of Operations containing the SWDA's/LGU's program and administrative policies, procedures and strategies to attain its purpose/s among others			
4. Profile of governing board or its equivalent			
5. Profile of employees			

Requirements	Available		Findings/Observations
	YES	NO	
6. Work and financial plan for the succeeding two (2) years			
7. Audited Financial Statement for the previous two (2) consecutive years by a Certified Public Accountant (if private SWDAs) or Government Accountant Officer (if DSWD or LGU)			
8. Accomplishment reports covering the period of two (2) years prior to the assessment			
9. Profile of client/group served/caseload inventory for the preceding and current year			
10. Valid Registration and License Certificate of the agency (If private SWDA)			
11. For SWDA with foreign national board member/s and/or employee/s: <ul style="list-style-type: none"> • Missionary visa for each volunteer • Working visa for each paid staff 			
Additional Requirements for Renewal of Accreditation:			
1. Education and Communication Materials (IEC) e.g. brochures, flyer etc			

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 program sites, offices, actual conduct of activities;
 - c. Individual or focused group discussion/interview with clients on relevant information on service delivery by the SWDA/LGU;
 - d. Individual or group interview with persons exercising managerial or supervisory functions in the organization;
 - e. Individual or group interview with administrative and program staff;
 - f. Focused group discussion on the beneficiaries of the program;
 - g. Other useful and relevant method of data gathering in relation to the indicators. This has to be specified by the administering Standards Bureau (SB)/Standards Unit (SU) personnel and indicate the reason for such method.
2. The Standards and Indicators are divided into the following categories:
 - a. **Non-negotiable Indicators (NNI):** These are indicators that should be sustained in the service delivery which is categorized into the following three (3) levels:
 - i. 2

ii. 1

iii. 0

- **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 residents served and the service implementation as well.
- **DESIRED /Level 2 (D)** - are ideal 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 facility a CENTER FOR EXCELLENCE.

Please indicate check (✓) mark if complied and cross (x) mark for non-compliance on the compliance column.

- b. On the other hand, there are also items identified as **Negotiable Indicators (NI)** based on actual accreditation assessment conducted. NI are those variables that can be negotiated which the agency can still deliver quality programs and services. Limitedness of these variables may not hamper the operations of the agency. Hence, corresponding score is given to every variable depending on agency's compliance. Please indicate the corresponding score 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. Items per Work Areas

Work Areas	Total Score per Work Areas			
	Must (M)	Desired (D)	Exemplary (E)	Negotiable Indicators (NI)
I. Administration and Organization	80	24	22	3
II. Program Management	27	15	9	1
III. Case Management	80	34	13	0
IV. Helping Interventions	37	8	6	0
V. Physical Structure and Safety	18	4	2	0
Total	242	85	52	4

5. 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	80 (M)	80 (M) + 24 (D) + 3 (NI)	80 (M) + 24 (D) + 22 (E) + 3 (NI)
II. Program Management	27 (M)	27 (M) + 15 (D)	27 (M) + 15 (D) + 9

		+ 1 (NI)	(E) + 1 (NI)
III. Case Management	80 (M)	80 (M) + 34 (D)	80 (M) + 39 (D) + 13 (E)
IV. Helping Interventions	37 (M)	37 (M) + 8 (D)	37 (M) + 8 (D) + 6 (E)
V. Physical Structure and Safety	18 (M)	18 (M) + 4 (D)	18 (M) + 4 (D) + 2 (E)
Total	242 (M)	242 (M) + 85 (D) + 4 (NI)	242 (M) + 85 (D) + 52 (E) + 4 (NI)

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 Vision, Mission and Goal (VMG) is consistent with the objectives, target service users, programs and services of the agency.	(M)		
2. The VMG is written, posted in a conspicuous 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)		
4. VMG is translated into a service user's guide that is accessible and available. It contains the following information:	(E)		
a. Summary of policies and procedures			
b. Programs and services			
c. Safety procedures			
d. Complaints and grievance mechanisms			
e. Protection Policy for service users			
5. VMG are known and can be articulated by all staff and governing board or its equivalent which is Panlalawigan/Sangguniang Bayan for LGUs.	(M)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
6. Manual of operation is available and accessible translating policies into operations. It contains the following information:			
a. Administrative Policies and Procedures			
a.1.Core values of the agency	(M)		
a.2. Personnel policies to include staffing, job description, filing of leave, trainings of staff, wages, benefits, privileges, incentives, rewards and sanctions, etc	(M)		
a.3. Protection of staff and service users from sexual harassment and other forms of abuse/violation of human rights. It has clear Protection Policy for service users	(M)		
a.4. Management of complaints and grievance both for the beneficiaries and staff	(M)		
a.5. There are written and clear policies governing conflict of interest and ethical standards in dealing with beneficiaries.	(M)		
a.6. Safety and emergency procedures	(M)		
a.7.Notification of incidents related to the implementation of program	(M)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
a.8. There are written and operational policies, systems and procedures on financial transactions; all financial transactions and report from fund sourcing, receipt of financial donation and utilization are transparent and documented; disbursements are covered by duly authorized vouchers and are subjected to annual internal and external auditing	(M)		
a.9. Receipt and utilization of donations	(M)		
a.10. There are written and operational policies for securing, acknowledging, allocating and distributing non-monetary donations for transparency purposes.	(M)		
a.11. Repairs and maintenance of equipment/structures/office furnitures and fixtures	(M)		
b. Program Policies and Procedures			
b.1. Policy on social preparation is present	(M)		
b.2. Agreement or contract setting	(M)		
b.3. Case recordings and access to records	(M)		
b.4. Confidentiality	(M)		
b.5. Referral system	(M)		
b.6. Termination/graduation of service users	(M)		

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
b.7. Institutionalized tracking system and feedback mechanism on the intake and termination/graduation of service users	(M)		
b.8. A clearly defined Service User Protection Policy which reflects the standards set forth by international and national laws and provides guidance and procedures for the staff.	(D)		
b.9. The Service User protection policy is clearly displayed in a conspicuous place.	(M)		
b.10. The Service User protection policy is clearly understood by the service users.	(E)		
7. Registration and/or license are displayed at the head offices and branch offices and conditions in the certificates are observed.	(M)		
B. Functional Organizational Structure			
1. Delineation of Authority and Accountability			
a. The organization observes delineation on the responsibilities, authority and accountability.	(M)		
2. The organizational chart is posted in a conspicuous area.	(M)		
3. All staff have copies of the organizational chart.	(M)		
4. All staff have copies of the organizational chart and should know the functions and roles of each member of the organization	(E)		

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
5. Staff Requirement			
<p>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 aside from job contract, there should be appointment paper from the Board (for SWDAs). S/he will also be responsible in forging formal partnership with other SWDAs, NGAs, GOCCs, LGUs and private sector companies.</p>	(M)		
<p>b. Program Coordinator/Implementor who is responsible for the case management on economic in/adequacy and who will decide with the service user/s whether to avail of the microenterprise development track or guaranteed employment track. S/he will be in charge of the monitoring and provision of technical assistance to field operations and the implementation of the livelihood program which include ensuring that the systems in program implementation are operational. S/he will also be responsible in the partnership building and market linkaging.</p>	(M)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
<p>c. Staff who will be responsible in keeping records (soft and/or hard copies) applying the record management system throughout the implementation of the Livelihood programs. S/he maintains the beneficiaries data base to track payments and reflect verification of compliance, attendance and updates.</p>	(M)		
<p>d. Monitoring and Evaluation Staff who will be responsible for the development and implementation of the monitoring mechanism in the implementation of Livelihood Program. S/he is also involved in the evaluation of the program and in charge of the generation of data. S/he will also be in charge in the monitoring of all the types of enterprise present in the community.</p>	(D)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
<p>e. Staff who will be responsible for the advocacy and marketing of the Livelihood Program. S/he will promote public acceptance and partnership of the program to generate support during its implementation. S/he is also responsible for developing and dissemination of advocacy and marketing materials of the program implementation.</p>	(D)		
<p>f. Capability Building/Training Staff who will be responsible for the development of training modules and conducting actual training programs to enhance the implementation of Livelihood Program.</p>	(D)		
<p>g. Administrative Staff who will be responsible for the provision, maintenance and management of the logistical requirements in support of the operation of the Program. S/he will facilitate and coordinate with the right department for the procurement of goods and services as well as supplies needed.</p>	(M)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
5. Policy making structure has a governing board or its equivalent that review and/or formulate administrative and program policies and discuss other organizational concerns.			
a. Meet more than what is specified in their Constitution and by-laws and/or local ordinances/resolutions	(M)		
b. Meets as specified in their Constitution and by-laws and/or local ordinances/resolutions	(D)		
6. The Executive Director or head of the agency/program attends board meeting and participates in the policy making process as the need arises.	(D)		
7. Minutes of Board meetings are available or its equivalent to LGUs.	(M)		
8. Presence of the working committee who recommends to the board policies for decision.	(E)		
9. Strategic and operational planning system			
a. A two-year strategic plan based on a set of desired outcomes for the beneficiaries is formulated and translated into work and financial plan	(M)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
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 beneficiaries. 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 Agency's VMG. It is aligned with a medium-term strategic plan.	(E)		
10. 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 government agencies, local government units and Social Welfare and Development Agencies (SWDAs).	(D)		
11. Policy-making process and procedures			
a. The policies are written, disseminated and implemented.	(M)		

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
b. Staff and beneficiaries are consulted in the review and formulation of policies and knowledgeable about policies that involve them.	(M)		
c. Research activities or impact evaluations/ studies are conducted or institutionalized as basis for planning.	(E)		
C. Efficient Financial Resource Management			
1. There are written and operational policies, systems and procedures on financial transactions; all financial transactions and report from fund sourcing, receipt of financial donation and utilization are transparent and documented; disbursements are covered by duly authorized vouchers and are subjected to annual internal and external auditing	(M)		
2. Fund allocation - there shall be funds for livelihood 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)		
3. Stability of Funding - Funding source is regular and is clearly indicated. Regular reporting and feedback to donors and sponsors on fund utilization is done.			
a. for 2 years	(M)		
b. 3 to 5 years	(D)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
c. 5 years and beyond	(E)		
4. Resource generation			
a. Resource generation activities such as solicitation, fund raising projects 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)		
5. 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 SWDAs 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)		
6. Registered with BIR as a non-profit organization, for NGO/SWDA	(M)		
<i>D. Material Resource Management</i>			
1. Facilities/assets -			

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
a. All assets and facilities are documented and reports are readily available; annual inventory being done to monitor acquisition/ procurement, utilization, distribution, disposal, repair and maintenance	(M)		
b. Available budget for the annual repair and maintenance of equipment and facilities	(D)		
c. A capital outlay for permanent improvement is carried out	(E)		
2. Receipt of non-monetary donation - There are written and operational policies for securing, acknowledging, allocating and distributing non-monetary donations for transparency purposes. These should be just, and equitable, properly recorded and accounted for	(M)		
<i>E. Human Resource Management and Development</i>			
1. Recruitment, selection, hiring and retention system			
a. There is a written document specifying qualifications for each position. Such qualifications meet standards of the DSWD, Civil Service Commission and the Professional Regulation Commissions	(M)		

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
b. Job descriptions for all staff in the organization are written. Actual tasks of personnel are aligned with what is written	(M)		
c. There is a functional system for hiring new qualified personnel, assigning appropriate responsibilities and compensation	(M)		
d. All applicants undergo physical and medical examination and result of which should be part of the documents submitted to the hiring/recruiting organization.	(M)		
e. All applicants undergo psychological testing. In the absence of a psychologist in a SWDA, this should be administered by an accredited service provider.	(E)		
2. 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, through a written detailed job description, is provided within one month from the date of assumption of duty	(M)		

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
<p>b. Continuing training program for key staff appropriate to beneficiaries being catered for is provided to upgrade and acquire new skills and competencies. This shall cover the following concerns:</p>			
<p>b.1. at least 24 hours in a year</p>	(M)		
<p>b.2. 40 hours/year (5 days)</p>	(D)		
<p>b.3. 80 hours/year (10days)</p>	(E)		
<p>b.4. 60 percent of the staff are provided and/or accessed to specialized training locally per year</p>	(D)		
<p>b.5. Staff on rotation basis are provided and/or accessed to specialized training abroad per year; or attendance to regional/ international trainings conducted in the Philippines</p>	(E)		
<p>c. Coverage of continuing training program may include any of the following:</p>	(M)		
<p>c.1. Relevant International Conventions/ Declarations and national/local legislations for the care and protection of the service users being served</p>			

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
c.2. Care approaches and skills appropriate to the service users being served including the nature and analysis of their situations, developmental characteristics and dynamics in working with them; communicating with them especially those with disabilities			
c.3. Gender and Development and Gender Sensitivity Training			
c.4. Case management skills development			
c.5. Critical Incidence Stress Debriefing			
c.6. Health education and nutrition including responsible parenthood			
c.7. Safety at work, fire precaution and other emergency measures i.e. disaster preparedness			
c.8. First Aid			
c.9. Entrepreneurial Skills Training			
c.10. Conduct of purposeful and enjoyable activities as part of positive care experience			
c.11. Training on Coordination and Networking			
c.12. Interview techniques			

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
c.13. Staff supervision (for those with supervisory functions)			
c.14. Values Formation Training for staff			
d. There is an effective ongoing training and development program based on a regular training needs analysis in order for all the personnel at all levels are able to acquire necessary skills and competencies in accordance with their job description.	(D)		
e. WFP reflects allocation of budget for the training of the staff; approved by the Board/Sangguniang/Panlalawigan g Bayan.	(M)		
f. There is a training plan for all personnel including volunteers to include proper interaction with service users, standards of conduct, boundaries between appropriate and inappropriate behavior.	(M)		
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 among others	(M)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
h. Career pathing and development	(NI)		
h.1. Career development plan is monitored and evaluated regularly	2		
h.2. A program for career pathing and development is developed and implemented by the agency	1		
h.3. A program for career pathing and development is developed but not implemented	0.5		
3. Staff support services			
a. Staff supervision shall be done on a regular basis as follows (if applicable)			
a.1. At least monthly	(M)		
a.2. At least twice a month	(D)		
a.3. At least weekly	(E)		
b. There should be a proper turnover made by the outgoing staff	(M)		
c. There should be an interface for new and outgoing staff	(D)		
d. Counseling/Psychosocial Process			
d.1. Individual and/or group counseling/stress debriefing is provided whenever necessary	(M)		
d.2. Stress debriefing management activities are conducted twice a year	(D)		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
d.3. Stress debriefing management activities are conducted quarterly	(E)		
e. Periodic staff meetings are conducted to allow the discussion of key issues and problems at the service and the finding of solutions for those issues and problems to better serve the service users			
e.1. At least once a month	(M)		
e.2. At least twice a month	(D)		
e.3. At least once a week	(E)		
f. Support mechanisms are in place, which include but are not limited to:			
f.1. Social insurance system, i.e GSIS, SSS	(M)		
f.2. Annual physical, and medical examination	(M)		
f.3. Team building and other organizational development activities	(M)		
f.4. Annual rest and recreation activities	(D)		
f.5. Technical sharing sessions on knowledge and skills among staff	(M)		
f.6. There is an existing retirement plan for the staff	(E)		
f.7. A health insurance program is afforded to all personnel i.e. Philhealth	(M)		
4. Performance Appraisal System			

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
a. Tool for performance appraisal is developed and implemented establishing standards for quantity and quality of output, 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. Performance appraisal is used as basis for promotion, performance bonus and other forms of incentives	(D)		
c. Assessment of staff performance is based on agreed upon plans and targets and systematic feedback mechanisms on its result are installed	(M)		
7. Compensation system			
a. Compensation policies are developed and written by the organization as general guidelines to govern pay, incentives and benefits systems. These comply with existing wages, benefits, and incentives are given in accordance with the Salary Standardization Law, Civil Service Commission (CSC) and Regional Wage Board rules and regulations and other relevant labor laws.	(M)		
b. For government agencies			

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
b.1. Collective Negotiation / Agreement	(D)		
b.2. Collective bargaining agreement is signed and implemented	(E)		
c. For non-government agencies			
c.2. Compensation for Social Work positions and other professionals is not less than the amount of similar entry positions in government.	(D)		
d. Performance-based incentives and rewards			
d.1. In place to motivate the staff to work towards the promotion and fulfillment of the rights of the clients they serve.	(M)		
d.2. Quarterly recognition of high performing staff with corresponding reward system	(D)		
d.3. Merit and award system institutionalized	(E)		
6. Institutionalization of Volunteer management (as applicable)			
a. Written and implemented policies on the recruitment and mobilization of volunteers, such as but not limited to:			

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
a.1. Volunteer qualifications relevant to the job to be performed, recruitment, training, deployment, rewards and recognition, and disciplinary measures on acts that are detrimental to the welfare of the service users	(M)		
a.2. Systematic recruitment, orientation deployment of volunteers are written and implemented	(M)		
a.3. Support mechanisms to include processing of experiences and an exit interview or evaluation of the volunteers are in place	(E)		
a.4. Volunteers are included in the training and skills enhancement program	(E)		
b. Activities of volunteers are properly documented.	(M)		
c. All volunteers submit to or undergo background checks.	(M)		
d. All volunteers sign a contract that pertains to the paramount protection of the service users.	(M)		
7. Appropriate Progressive Discipline System			

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
a. Appropriate complaints and grievance system/machinery is in place and functional of which progressive discipline system is properly administered.	(M)		
b. Participation of service users in coming up with policy on disciplinary measure.	(M)		
c. Complaints and grievances addressed and resolved	(M)		
f. Violations of the organization's service user Protection Policy are recorded and dealt with accordingly.	(M)		
F. Availability of Support Services			
1. General Services			
a. Policies and systems on transactions involving procurement, repair and maintenance of building/facilities, vehicles and equipment are written, operational and properly documented.	(M)		
b. Timeline for processing each transaction is indicated	(M)		
c. 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			

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
<p>a. Recording of administrative and program files captures critical organizational events, and significant information on cases of service users 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.</p>	(M)		
<p>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</p>	(M)		
<p>c. Information communication technology (ICT) devices including ICT system, i.e. hardware, software, are available and functional</p>	(E)		

Work Areas	Level / Score	Compliance	Specific Findings/Remarks
3 Grievance Redress System (GRS) is institutionalized which capture and resolve all grievances effectively and expeditiously. GRS stages may include (a) submission/receipt of grievance; (b) record/enter management Information system; © fact finding; (d) resolution/appeal; and (f) feedbacking	(M)		
4. Advocacy and social marketing			
a. IEC Materials	(NI)		
a.2. Availability and accessibility of electronic IEC materials produced by the organization (LGU/SWDA)	2		
a.1. Existence of updated social marketing and advocacy plan and/or Information, Education and Campaign (IEC) materials acquired from other agencies relevant to the situation of beneficiaries being served and the programs and services being provided.	1		
a.2. Availability and accessibility of IEC materials produced by the agency	0.5		
b. Advocacy and social marketing activities for public awareness to improve public response and for generating fund support.	(NI)		
b.1. Conducted quarterly	2		

<i>Work Areas</i>	<i>Level / Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
b.2. Conducted on a semi-annual basis	1		
b.3. Conducted at least once a year	0.5		

II. PROGRAM MANAGEMENT

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
A. Clear Written Program Plan is Available			
1. Community Profiling a. Updated community profile with sufficient data to support planned programs and strategies is available.	(M)		
b. Baseline survey is conducted every five years	(M)		
b. Baseline survey is conducted every three years	(D)		
b. Baseline survey is conducted every two years	(E)		
2. A clear livelihood program plan is formulated consistent with agency goal, strategies, manner and timeframe of implementation, resources needed and priorities	(M)		
3. Livelihood program plan is prepared in consultation with the service users, staff and other significant stakeholders.	(M)		
B. Implementation of program and services is guided by the agency's policies and			
1. Management support would mean availability of program and administrative funds to include transportation expenses, supplies, trained and competent staff and reporting forms.	(M)		
2. Program implementation is documented using standard format for uniformity and systematic reporting.	(M)		
3. There is a written and functional approach to the selection of program beneficiaries	(M)		
4. Presence of Functional inter-agency linkage and network.	(M)		
5. Referral system is in place	(M)		
6. Existence of best practice, innovative program/s or strategies implemented with proper documentation.	(D)		

II. PROGRAM MANAGEMENT

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
C. Monitoring is in place and conducted on a regular basis			
1. Institutionalized monitoring system.	(M)		
2. Managers/Supervisors conduct regular monitoring of the quality and impact of all programs, activities undertaken, availability and condition of facilities/ resources and the decisions made by staff and take appropriate action to remedy deficiencies of the staff in order to safeguard the interest and welfare of the service users and to achieve program objective.			
a. Quarterly	(M)		
b. Twice a quarter	(D)		
c. Monthly	(E)		
3. Consultation meetings with service users and stakeholders are done to ensure issues and concerns are discussed and properly addressed/ responded to.			
a. Quarterly	(M)		
b. Twice a quarter	(D)		
c. Monthly	(E)		
4. Actual progress of activities in the program are measured and compared planned progress on a timely and regular basis			
a. Annually	(M)		
b. Semi-annual	(D)		
c. Quarterly	(E)		
5. Report on the status of program implementation			
5.1. The report includes information on funds utilization	(M)		
5.2. Staff monthly Accomplishment Report is submitted.	(M)		
5.3. Review of records	(NI)		

II. PROGRAM MANAGEMENT			
<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
a. The organization maintains record or separate file of all significant incidents encountered in program/service implementation. The manager/supervisor or concerned staff reviews the said record or logbook and take appropriate action	2		
b. The organization maintains record or separate file of all significant incidents but no action has been undertaken	1		
c. The organization does not maintain any record or separate file of any significant incidents at all.	0		
6. Accomplishment Report of the SWDA is prepared and submitted to the DSWD, funding agency, SEC, etc.			
a. Annually	(M)		
b. Semi-annual	(D)		
c. Quarterly	(E)		
7. Monitoring and Evaluation			
a. Semi-annual	(M)		
b. Quarterly	(D)		
c. Monthly	(E)		
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 good 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)		

II. PROGRAM MANAGEMENT			
<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
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. Result of the assessment are utilized for policy formulation.	(M)		
3. Result of the evaluation are feedbacked to the service users and partner agencies.	(M)		
E. Partnership and Convergence			
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.	(M)		
3. Community participation in the delivery of programs and services is promoted.	(D)		
F. Sustainability			
1. There is a sustainability plan for the operations and maintenance of all the micro enterprise projects as a guide to the objectives of the program. This should include the following:			
a. Expansion/growth of the project	(M)		
b. extension of the services to other members of the community	(D)		
c. utilization of income for sustainable livelihood development	(E)		

II. PROGRAM MANAGEMENT			
<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
2. All stakeholders are partners in the provision of the services to effectively bridge service users from subsistence to self-reliance.	(M)		
3. All stakeholders are partners in undertaking the following activities:			
a. Development of a work plan and timeline leading to project sustainability	(M)		
b. formulation of operational and administrative policies, specifically on:			
i. Financial management systems	(M)		
ii. Re-lending scheme or micro-enterprise	(D)		
iii. Assessment tool on the organizational and financial development of the program	(M)		
c. continuous provision of technical assistance and support services to all service users	(D)		
d. Establishment of linkages with other organizations and institutions for the support services to be provided to service users	(D)		
d. formulation of pre and post evaluation tool to determine the program effectiveness	(D)		

November 15, 2012

MS. LILY V. FLORDELIS, DMD

Executive Director

Bahay Tuluyan

2218 Leveriza St., Malate

Manila

Dear **Dr. Flordelis**:

This has reference to your request for the amendment of your registration certificate and license to operate specifically on the change of names of your facilities and the inclusion of your facility in Manila as follows:

1. From Kibo Children's House to Bahay Tuluyan Laguna
2. From San Antonio Children's Center to Bahay Tuluyan Quezon
3. To include Bahay Tuluyan Manila

It is understood that the name of your agency remains to be Bahay Tuluyan, Inc. per your registration with the Securities and Exchange Commission.

We shall coordinate with you once the amended certificate has been signed.

We hope for your continued support and cooperation.

Very truly yours,

THELSA P. BIOLENA, CESO III

Director IV

Standards Bureau

Cc: A/Sec. Vilma B. Cabrera
OIC, DSWD-NCR

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
A. Case Recording			
1. Every service user/group should have individual case folder/record.	(M)		
2. A case number should be assigned to each case folder managed by the case manager.	(M)		
3. Case records are systematically kept in a location that can be monitored	(M)		
4. 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.	(M)		
5. Confidentiality of cases is observed in terms of policies and procedures in handling of documents/records of service users and organizational procedures on sharing information	(M)		
6. Ensure that all case records are available, in proper order and can easily be retrieved.	(M)		
7. Only users of records approved by the Executive/Program Head are allowed access to records. Use of records is according to written agency policies.	(M)		
8. All staff and external stakeholders are informed of policies and procedures on confidentiality	(M)		
9. Records inventory and disposal is done every three years. Especially for service users/groups/association who has not been in the "active" category for almost three years and can only be marked as "archive".	(E)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
10. Case records are properly maintained and regularly updated, as necessary			
a. Individual service users' folder			
a.1. General Intake Sheet accomplished upon the agreement of the person to avail of the services.	(M)		
a.2. Completely and properly filled up Social Welfare Indicators which is accomplished within the week after the intake assessment conducted and updated every six months	(D)		
a.3. Referral letter, if client is referred to other agency or has been referred by other agency	(M)		
a.4. Livelihood Assessment Report is prepared two weeks after the intake assessment conducted	(M)		
a.5. Progress report to be done within 24 hours, when a significant progress on a case or significant interaction between service user and worker is noted	(M)		
a.6. Process recording, when understanding of specific situation/ problem of service user is necessary and/or when required for supervision purposes:	(M)		
a.7. Transfer Summary, when transfer of case to another worker/agency is effected or if the service user has been referred by other agency	(M)		
a.8. Closing/Termination Report, when case is closed	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
a.9. Other records of the service user, if applicable			
i. Birth Certificate	(M)		
ii. Medical, health and dental records	(M)		
iii. School Records	(M)		
iv. Complete list of household members	(M)		
v. Household assessment form (household profile)	(M)		
vi. Records show participation of the service user in decisions that affect him/her.	(D)		
vii. Records would show the participation of the household members in all of the activities conducted.	(D)		
viii. Photo of the service user	(D)		
ix. Referral Letters, if applicable	(M)		
x. Written feedback report from the receiving agency on the status of service delivery and other pertinent information	(E)		
b. Group Clients' folder			
b.1. General Intake Sheet accomplished upon agreement of the group to avail of the services	(M)		
b.2. Completely and properly filled up Social Welfare Indicators which is accomplished within the week after the intake assessment conducted and updated every six months	(D)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
b.3. Social Case Study/Assessment Report is prepared two weeks after the intake assessment conducted	(M)		
b.4. Intervention Plan	(M)		
b.5. Progress report, when a significant progress on a case or significant interaction between group service users and worker is noted	(M)		
b.6. Process recording, when understanding of specific situation/ problem of group service users is necessary and/or when required for supervision purposes	(M)		
b.7. Transfer Summary, when transfer of case to another worker/agency is effected or when the group has been referred to by other agency	(M)		
b.8. Closing/Termination Report, when case is closed	(M)		
b.9. Other records of the group service user, if applicable			
i. complete list of household members of each member of the group	(M)		
ii. Household assessment form (household profile)	(E)		
iii. Medical, health and dental records of each member	(D)		
iv. Records show participation of each member in the decision making that affect them.	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
v. Records would show the participation of the household members in all of the activities conducted.	(D)		
vi. Photo of the group service users	(M)		
vii. Individual photo of the members of group service users	(D)		
viii. Referral Letters, if applicable	(M)		
ix. Written feedback report from the receiving agency on the status of service delivery and other pertinent information	(E)		
x. Minutes of the meeting of the group is properly documented and filed	(M)		
c. Associations' folder			
c.1. General Intake Sheet of the association accomplished upon agreement to avail of the services	(M)		
c.2. Completely and properly filled up Social Welfare Indicators which is accomplished within the week after the intake assessment conducted and updated every six months	(D)		
c.3. Social Case Study/Assessment Report is prepared two weeks after the intake assessment conducted	(M)		
c.4. Intervention Plan	(M)		
c.5. Progress report, when a significant progress on a case or significant interaction between the association and worker is noted	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
c.6. Process recording, when understanding of specific situation/ problem of association is necessary and/or when required for supervision purposes	(M)		
c.7. Transfer Summary when transfer of case to another worker/agency is effected or if the association is from other agency	(M)		
c.8. Closing/Termination Report, when case is closed	(M)		
c.9. Other records of the association, if applicable			
i. Complete List of Members of the Association	(M)		
ii. Complete list of household members of the association's members	(D)		
iii. Household assessment form (household profile)	(E)		
iv. SEC Registration	(E)		
v. Records show participation of the members in decisions that affect them.	(M)		
vi. Records would show the participation of the household members and/or community in all of the activities conducted.	(D)		
vii. Group photo of the association	(M)		
viii. Individual photo of all the members of the association	(D)		
ix. Referral Letters, if applicable	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
x. Written feedback report from the receiving agency on the status of service delivery and other pertinent information	(E)		
xi. Minutes of the meeting of the association is properly documented and filed.	(M)		
d. Important Documents to be maintained by both the SWDA and the service user/s			
d.1. Resource Based and Market Driven Sustainable Micro-enterprise Development / Lending			
i. List of Capabilities attended by the individual/members of the group/association.	(M)		
ii. Certification which shows when the grant was released	(M)		
iii. Booklet that shows payment history	(M)		
d.2. Employable Individuals with Access to Locally Available Jobs through Guaranteed Employment/Job Network Services			
i. List of Capabilities attended	(M)		
ii. Referral letter/s to the NGAs/GOCCs/CSOs where the individual has been referred to for job placement	(M)		
iii. Written feedback report from the receiving agency	(D)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
e. Other Documents to be maintained in the SWDA related to case management			
e.1. Directory of Resources	(M)		
e.2. Proceedings/minutes of group activities are properly documented and filed	(M)		
b.3. The Community profile is updated annually	(D)		
b.4. Approved project proposals of the service users' activities	(M)		
<i>B. Caseloads</i>			
1. Appropriate number of staff are hired and maintained based on the number of beneficiaries being served. The minimum staff complement are as follow:			
a. 1 Executive/Program Director/ Manager/Agency Head	(M)		
b. 1 Case Manager for every 30 individuals or 15 groups or 10 associations or a maximum of 150 individuals	(M)		
c. 1 Management Information System Staff	(D)		
d. 1 Monitoring and Evaluation Staff for every 1,000 service users	(D)		
e. 1 Social Marketing Staff	(D)		
f. 1 Capability Building/Training Staff.	(D)		
g. 1 Administrative Staff for every 10-15 technical staff	(D)		
<i>C. Helping Process</i>			
1. Identification of Project Location			
a. Updated community profile with sufficient data collection to support planned programs and strategies is available.			
i. Baseline Survey is conducted every five years	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
ii. Baseline survey is conducted every three years	(D)		
iii. Baseline survey is conducted every two years	(E)		
b. 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)		
2. Identification of Project Participants			
a. Service users are selected based on the criteria set by the agency.	(M)		
b. Service users are selected from among the list of poor households of the National Household Targeting System for Poverty Reduction Program (NHTSPRP)	(D)		
i. For Micro-enterprise, a service user of DSWD's social protection programs and services who has limited or no access to formal credit facilities (microfinance, banks, cooperatives, formal lending investors, pawnshops, and other formally registered credit entities)	(D)		
ii. For guaranteed employment/job network services, a service user of DSWD's social protection programs and services with labor skill but no formal employment and unemployed.	(D)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
c. A service user of the Pantawid Pamilya Pilipino wherein the Social Welfare Indicators (SWI) show an improvement in standard of living and readiness to participate in the Sustainable Livelihood program.	(D)		
d. Able to identify the requirements of an enterprise for business growth by showing good financial and social performance.	(E)		
3. Assessment Phase			
a. The service user/s is/are assessed based on the problem presented and the Agency's policies and resources. This should start during the intake interview.	(M)		
b. The intake should provide the initial assessment and is the basis for the initial supportive responses. In-depth assessment follows which is more comprehensive and is the basis for planned intervention and this may take other techniques to establish eligibility for service. A summary statement of the assessment is made to ensure that all the data are synthesized and ready for the intervention planning.	(M)		
c. The following information is organized into a case summary which are provided by the service user and his/her household members and other significant others:	(M)		
c.1 Name of the individual service user/group/association and case number			

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
c.2. Basic information - birth date and place (if applicable), address, contact numbers			
c.3. Sources of information during intake			
c.4. Presenting problem			
c.5. Summary of family background and other information related to the problem			
c.6. Previous actions taken about the problem and contacts with social agencies, if any			
c.7. Assessment summary statement			
c.8. Recommended interventions			
c.9. Name of case manager and date of summary done			
d. Assessment tool is used to determine the service user's level of well being which is the Social Welfare Indicators (SWI). SWI describes the set of conditions and situations and resources utilization that enables a client to function adequately using inner and external resources including the full use of opportunities available in the community to improve his/her situation or resolve problems.	(M)		
<i>3. Intervention Planning Phase - It provides about what the services/interventions are to be provided to address the problems of the households and meet the goals sets, who will provide these and the time frame.</i>			

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
a. Each service user assisted by the SWDA for a helping contract has a written social case study report (SCSR) or social contract which clearly shows the following:			
a.1. The definition of the problem and background of the problem;	(M)		
a.2. The service user's background e.g.work, education, relationships, etc.;	(M)		
a.3. The service user's current situation and what strengths, service user's capabilities and those of family and resources in his/her environment	(D)		
a.4. Assessment on how well the service user functions to solve the problem;	(D)		
a.5. Intervention plan - goals and actions to be done by service user and the social worker within a time frame.	(M)		
b. Individual plan is prepared to each service user. This should be goal oriented and time bounded which include the short and long term goals	(M)		
c. Individual plan is prepared to each member of the group which is goal oriented and time bound which include the short and long term goals.	(D)		
d. Plan is prepared to every household of the association which is goal oriented and time bound which include the short and term goals.	(E)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
e. It is done with the active participation of the household service user and his/her household members with identified strengths and build on these when working towards the goal	(D)		
f. The intervention plan should be reviewed bi-annual and modified or adjusted as necessary. This should include the following:	(M)		
f.1. Problems/concerns to be addressed			
f.2. Specific goals the service user wishes to achieve;			
f.3. Determine which actions will be taken by the service user and the social worker;			
f.4. Establish timelines for completing these actions.			
f.5. Identification of other people, agencies expected to participate and contribution to the change process			
f.6. Remarks - problems encountered in the process; goal achieved; etc.			
e. Arranging for Services Referral Network			
e.1. Established a referral network which ensure coordination and convergence of services for the delivery of services for the service user/s	(M)		
e.2. If the Agency/Organization cannot provide for the services needed by the service user, referral should be undertaken	(M)		
e.3. referral system entails process of coordinating service delivery system which results the following:	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
i. Access to needed services are expedited.			
ii. confidentiality is maintained			
iii. Referrals between the agencies of the network are tracked			
iv. Referrals and their outcomes are documented			
v. Gaps in services can be identified and steps taken by the Agencies in the network to bridge them			
e.4. The referring SWDA should follow-up with the receiving SWDA on the service/s provided.	(D)		
e.5. The accepting Agency provides a feedback to the referring Agency	(E)		
e.6. a system to track a referral is needed to ensure that the client used the services/needed	(D)		
4. Interventions Phase			
a. Implementation of any intervention is based on a plan agreed by service users and social worker. When change/s in implementation is/are necessary, this is/these are always agreed upon with the service users.	(M)		
b. The case manager, service users/ and his/her family members, co-group members, co-members in association, and other significant persons/agencies who are involved in the case take the steps to complete the tasks that will implement the plan they have formulated which bring about the desired outcomes	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
c. Regular monthly monitoring activities are conducted to ensure effectiveness and consistency of interventions.			
c.1. involves use of monitoring tool which is keeping track of what is happening and continuously evaluate the progress of the service provision	(M)		
c.2. use the SWI as a monitoring tool. The social worker and the service user should review their contract and assess their progress in achieving the goals agreed upon.	(D)		
c.3. for resource-based and market driven sustainable sustainable micro-enterprise:			
i. Return of Investment (ROI) is 50%	(M)		
ii. ROI is 75%	(D)		
iii. ROI is 95%	(E)		
c.4. for employable individuals with access to locally available jobs through guaranteed employment/job network service:			
i. Service user is employed for at least 6 months	(M)		
ii. Service user is employed for at least one year	(D)		
iii. Service user has a regular status in the company	(E)		
c.5. work as a team with other significant persons/agencies in the provision and convergence of services	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
c.6. the case manager regularly sees the service user and other significant persons/agencies to exchange information and monitor progress in the achievement of the identified goals or make adjustment on the intervention plan.	(M)		
d. Evaluation is the collection of data about outcomes of a program of action relative to goals and objectives set in advance of the implementation of a program. It measures the degree of changes in the service user and the effectiveness of the interventions.			
d.1. Evaluation is done and if applicable to make use of the checkpoints on the SWI both by the case manager and the service user	(M)		
d.2. the service user and the social worker review together what has taken place from the intake, planning and intervention implementation; the gains achieved and the difficulties address; the lessons learned and the roles of both in the achievement of the goals to solve the identified problems.	(M)		
e. Termination			
e.1. the termination must be a decision arrived at by the service user and the social worker	(M)		
e.2. Closing summary should be prepared which include the following information:	(M)		

III. CASE MANAGEMENT

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
i. The presenting problem which brought the service user to the Agency			
ii. the goal and the intervention plan arrived at by the service user and the social worker			
iii. the progress in achieving these goals and implementation of the interventions			
iv. lessons learned: what worked and what did not			
v. Reasons for closure			

IV. HELPING STRATEGIES

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
<i>Project Components</i>			
A. Resource-Based and Market Driven Sustainable Micro Enterprise	(M)		
1. Social Preparation			
a. Raising of community awareness through IEC materials.	(M)		
b. Raising of community awareness through participatory situational analyses.	(M)		
b.1. Situational analyses include but not limited to data gathering and identification of priority needs and problems.	(M)		
b.2. Situational analyses include but not limited to appraisal of community resources.	(M)		
b.3. Situational analyses is used as resource for intervention planning.	(D)		
b.4. Situational analyses resulting to identification of group and/or individual microenterprise ventures that will improve the income levels of the households and develop the community.	(E)		
c. Preparation would include but not limited to the following activities:	(M)		
c.1. Values and leadership formation			
c. 2. Community organizing and development			
c.3. Responsible financial management/savings mobilization			

IV. HELPING STRATEGIES

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
c.4. Building an entrepreneurial mindset			
c.5. Business plan development			
2. Capacity Building			
a. Training and technical assistance for business management and productivity	(M)		
b. Capital Assistance for Micro-enterprise	(M)		
c. Saving Mobilization and Assistance	(M)		
3. Operational Component			
a. Group Formation	(M)		
b. Provision of Capital Assistance	(M)		
b.1. Project Proposal Preparation	(M)		
i. Project Proposal has been revised for three or more times	(M)		
ii. Project Proposal has been revised once.	(D)		
iii. Project Proposal has not gone through any revision	(E)		
b.2. Release of Seed Capital Assistance on the agreed schedule.	(M)		
b.3. Capital Assistance Utilization Check	(M)		
c. Meetings/Assemblies is done weekly for the first three months and monthly in the succeeding months for monitoring and provision of Technical Assistance.	(M)		
d. Revolving Fund Recovery			

IV. HELPING STRATEGIES			
Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
d.1. Members to its Association (roll back rate)			
i. Return of Investment (ROI) is 80%	(M)		
ii. ROI is 90%	(D)		
iii. ROI is 100%	(E)		
d.2. Association to Agency			
i. Return of Investment (ROI) is 75%	(M)		
ii. ROI is 90%	(D)		
iii. ROI is 100%	(E)		
e. Association Registration and Accessing to Other Services	(M)		
B. Employable Individuals with Access to Locally Available Jobs through Guaranteed Employment/Job Network Service	(D)		
1. Social Preparation	(M)		
a. Identification and preparation of service user.	(M)		
b. Profiling of service user.	(M)		
b.1. Educational attainment.	(M)		
b.2. inventory of skills.	(M)		
b.3. Inventory of training attended vis-à-vis skills, abilities and talent.	(M)		
c. Preparation would include but not limited to the following activities:			
c.1. matching of abilities and existing job opportunities that are accessible from the residence of the service user	(M)		
c. 2. Provision of continuous values formation and capability building	(D)		

IV. HELPING STRATEGIES			
Work Areas	Level/Score	Compliance	Specific Findings/Remarks
c.3. provision of career guidance/coaching on the type of jobs most ideal to the service user.	(D)		
2. Accessing and provision of other support services:			
a. Referral to training institution i.e. TESDA or provision of in-house training	(M)		
b. Resume writing	(M)		
c. Obtaining government certifications i.e. NBI clearance	(M)		
3. Operational Component			
a. Initial assessment by the Social Worker	(M)		
b. Needs Assessment	(M)		
c. Skills training	(M)		
c.1. experiential learning			
i. Personality development to build up self confidence and skills during job interviews	(M)		
ii. Resume and application letter preparations	(M)		
iii. Job searching techniques	(M)		
c.2. Vocational	(M)		
d. Job Matching			
d.1. Job matched is equivalent to the service user's skills	(M)		
d.2. Service user was hired and is assured of one year or more of continuous employment	(E)		

IV. HELPING STRATEGIES

Work Areas	Level/ Score	Compliance	Specific Findings/Remarks
d.3. Service user was hired and can have a regular position in the company depending on his/her performance.	(E)		
4. Provision of other support services	(D)		

V. PHYSICAL STRUCTURES AND SAFETY

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
A. Appropriate and ample space and facilities are provided for organizational functions and activities.			
1. Has accesible and identifiable office space where daily organizational functions and activities are conducted.	(M)		
2. All rooms/space for functions and operations create a pleasant ambiance for personnel, clients and visitors:			
a. are adequately lit	(M)		
b. well ventilated	(M)		
c. with accessibility features for the PWDs and senior citizens.	(M)		
3. Adequate room/space is provided for interviewing and counseling clients; structure and arrangement ensure privacy and confidentiality.	(M)		
4. Conference room with appropriate fixtures for meetings	(D)		
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 beneficiaries and away from vehicular traffic.	(D)		
6. Furnishings are sufficient and appropriate for the number and kind of people in or are received by the SWDA.	(M)		
7. Adaptive means of communication is installed and functional at all times.	(M)		

V. PHYSICAL STRUCTURES AND SAFETY

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
8. Appropriate facilities for the implementation of the agency's programs and services are built or are secured (leased/rented with contract) within the required period and are maintained in safe condition e.g. stock room.	(M)		
B. Cleanliness and Sanitation			
1. Water is available for all and is safe.	(M)		
2. There are hygienic and functional toilets within the premises of the SWDA that are accessible to the staff and its clients:			
a. Separate toilet for female and male personnel	(M)		
b. At least 1 toilet for male and 1 toilet for female clients	(D)		
c. At least 1 toilet for male and 2 toilets for female clients	(E)		
d. Toilets are provided with child urinal and utility table for diaper change	(E)		
3. Cleaning routines are done on a timely and regular basis	(M)		
C. Safety Precautions and Procedures			
1. Accessibility features are installed where facilities, rooms and spaces are barriers-free and with appropriate labels and signages for access of personnel, visitors, clients and persons with disability	(M)		

V. PHYSICAL STRUCTURES AND SAFETY

<i>Work Areas</i>	<i>Level/ Score</i>	<i>Compliance</i>	<i>Specific Findings/Remarks</i>
2. The SWDA has facilities and is observing measures against fire, earthquake and other emergency situations as evidenced by the following;			
a. Physical structures have been declared fire-safe by an authorized fire safety inspector.	(M)		
b. First aid facilities are available.	(M)		
c. Personnel are trained on first aid.	(M)		
d. Beneficiaries are trained on first aid.	(D)		
e. Emergency power is provided in all functional hallways, stairways and rooms.	(M)		
f. Have fire exits with proper directions/signs.	(M)		
3. Waste management structure is installed in accordance with Solid Waste Management law and other relevant laws/ordinances, evidenced by, at least, the segregation of biodegradable from non-biodegradable waste.	(M)		

Highlights of Interview/Observation:

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

<i>Work Areas</i>	<i>Level 1</i>		<i>Level 2</i>		<i>Level 3</i>	
	<i>Expected Score</i>	<i>Actual Score</i>	<i>Expected Score</i>	<i>Actual Score</i>	<i>Expected Score</i>	<i>Actual Score</i>
I. Administration and Organization	80 (M)		80 (M) + 24 (D) + 3 (NI)		80 (M) + 24 (D) + 22 (E) + 3 (NI)	
II. Program Management	27 (M)		27 (M) + 15 (D) + 1 (NI)		27 (M) + 15 (D) + 9 (E) + 1 (NI)	
III. Case Management	80 (M)		80 (M) + 34 (D)		80 (M) + 39 (D) + 13 (E)	
IV. Helping Interventions	37 (M)		37 (M) + 8 (D)		37 (M) + 8 (D) + 6 (E)	
V. Physical Structure and Safety	18 (M)		18 (M) + 4 (D)		18 (M) + 4 (D) + 2 (E)	
Total	242 (M)		242 (M) + 85 (D) + 4 (NI)		242 (M) + 85 (D) + 52 (E) + 4 (NI)	

Recommendations:

A. For Issuance of Accreditation Certificate

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

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 Agency Head or Authorized Representative/Designation)/Date