MEMORANDUM CIRCULAR
No. 10
Series of 2022

SUBJECT : GUIDELINES ON THE IMPLEMENTATION OF THE KILOS-UNLAD: 4Ps SOCIAL CASE MANAGEMENT STRATEGY

I. RATIONALE

The Pantawid Pamilyang Pilipino Program (4Ps) is the national poverty reduction strategy and the human capital investment program of the government that provides conditional cash transfer to poor households for a maximum of seven (7) years to improve the level of health, nutrition, and education. The enactment of Republic Act (RA) No. 11310, entitled "An Act Institutionalizing the Pantawid Pamilyang Pilipino Program (4Ps)" or the 4Ps Act recognized the critical role of social case management in improving the well-being of the household beneficiaries and in overcoming their difficulties. Hence, the "Pantawid Kilos-Unlad (KU) Social Case Management Strategy" was developed to standardize the practice of case management in 4Ps. This case management approach to beneficiary concerns is not focused on addressing gender-based violence or child protection issues alone but all situations including grievances, non-compliance to conditionalities and program expectations, systems-related factors affecting compliance, payment issues, and psycho-socio-economic concerns. Considering that the issues of the beneficiaries are multi-dimensional, KU utilizes convergence and partnership to ensure that comprehensive and responsive programs and services are provided to the beneficiaries.

The National Program Management Office (NPMO) of 4Ps initiated the pilot implementation of KU in October 2020 and completed it in March 2021. The pilot implementation was conducted in six selected pilot barangays from the six selected Field Offices: DSWD Field Offices II, NCR, CALABARZON, VIII, IX, and CARAGA. The pilot implementation review provided the direction on how KU will proceed, with results showing increased competency of the case managers in the meaningful engagement with the household beneficiaries in the helping process with the use of case management tools. The household beneficiaries expressed their appreciation of the process in which they were engaged.

KU improved the recording skills of the case managers as well. This made mentoring and coaching by supervisors easier given the availability of reports that were used in determining knowledge, skills, and attitude of case managers that need improvement. Finally, in terms of partnership with duty bearers, KU process improved the social service delivery through convergence and complementation of resources including the social service workforce. With the consultations for the planning and interventions, LGUs became more involved in supporting the 4Ps beneficiaries in their journey of transformation. These positive experiences, despite the challenges in the pilot implementation, became pillars in finalizing these guidelines, recognizing KU as 4Ps' standard case management practice model that is anticipated to contribute to achieving strategic priorities of the Department in the succeeding years of Program implementation.

II. LEGAL BASES

1. National Laws/ Policies and Issuances

1.1 Republic Act No. 11310, or the "4Ps Act"

1.1.1 Section 2(b), Declaration of Policies which established 4Ps as institutionalized Program that invests and harnesses human capital and improvement of the delivery of basic services to the poor to break the intergenerational cycle of poverty.

1.1.2 Section 3(b), Definition of Terms which defined case management as the process to enable household beneficiaries to improve their functioning by dealing with their difficulties, specifically in complying with the terms of the Program.

1.1.3 Section 19 or the Convergence of Programs and Services which states that various agencies of government implementing multi-stakeholders programs and services for the poor shall guarantee seamless and complementary convergence efforts to ensure that the household-beneficiaries are alleviated from poverty and remain non-poor even after the prescribed period for the conditional cash grant.

1.2 Republic Act No. 7160, or the Local Government Code of 1991, which assures the provision for the delivery of basic services and facilities shall be devolved from the National Government to provinces, cities, municipalities, and barangays so that each LGU shall be responsible for a minimum set of services and facilities following established national policies, guidelines, and standards.

1.3 National Advisory Committee (NAC) Resolution No. 2, series of 2021, which mandates the members of the NAC especially the members of the National Technical Working Group (NTWG) to ensure that budgets needed to provide complementary services to improve the well-being of 4Ps household-beneficiaries are included in their budget authorized under the annual General Appropriations Act (GAA).

1.4 NAC Resolution No. 9, series of 2021, which mandates the 4Ps- NPMO to establish a procedure with identified follow-through activities and interventions for exiting beneficiaries. To ensure that continuing support services and livelihood opportunities are provided, members of the NAC shall commit to secure funding through inclusion in the Annual Budget and execution of programs and services or a package of services for exiting beneficiaries for sustained self-reliance.

1.5 DSWD and DILG Joint Memorandum Circular No. 2022-001, series of 2022, which shall serve as guidelines for the Local Government Units (LGUs) in support of the implementation of the Kilos-Unlad: 4Ps Social Case Management Strategy which shall facilitate provision of support services including referral to relevant institutions and other concerned National Government Agencies (NGAs) through convergence.

2. DSWD Issuances

2.1 Administrative Order No. 18, series of 2020, or "Recalibrated DSWD Strategy Map 2028", which states the 4Ps commitment and its contribution to the strategic focus – "Improve Well-being of beneficiaries and 4Ps households through improved social welfare system" targeting 1,000,000 self-sufficient 4Ps households in 2024 and 4.4 million in 2028.

2.2 Memorandum Circular No. 18, series of 2012, or "Guidelines on Internal Convergence of the DSWD Core Social Protection Programs", which advocates for the complementary aspects of the Department's three core social protection programs, i.e., 4Ps, SLP, KALAHI-CIDSS, which in sum, provides parallel micro and macro-level interventions through the Convergence Strategy which revolves around six themes: (1) Targeting the Beneficiary; (2) Social Facilitation and Community Mobilization; (3) Social Case Management; (4) Local Government Unit (LGU) and Civil Society Organization (CSO) Engagement; (5) Capability Building; and (6) Monitoring and Evaluation.

2.3 Memorandum Circular No. 21, series of 2012, or the "Enhanced Guidelines on the Code of Conduct for DSWD Personnel", which advocates for the adherence to the following beliefs: in the inherent dignity and worth of all individuals; that every man has natural and social rights, capacities, and responsibilities to develop his/her full potentials as a human being. Hence, the responsibility to uphold human rights, promote social justice, and ensure the economic and social well-being of all people. Thus, the Department's personnel are committed to the development of the highly fulfilled human being in an atmosphere of social equity and economic prosperity and to seeking a high quality of life for all people.

III. OBJECTIVES

The guidelines seek to provide guidance to all program implementers on the clear processes and strategies in efficiently and effectively operationalizing the KU Social Case Management Strategy towards the achievement of self-sufficiency of household beneficiaries and to graduate and exit from the Program.

Specifically, it shall:

1. Guide field implementers, the beneficiaries, and other stakeholders with clarity on the process of registration, intake, assessment, interventions, monitoring and transition towards graduation and exit from the Program, case referrals, and dealing with difficult circumstances of beneficiaries.
2. Strengthen the case supervisor's performance of their supervisory, coaching, and mentoring roles and responsibilities to assist the case managers in the implementation of the KU as a standard case management practice model.
3. Guide field implementers on the appropriate tagging for households based on the achievements in the Social Welfare and Development Indicators and other changes in the status of the households.
4. Improve the case managers' knowledge, attitude, and skills in case management based on the KU practice model.

IV. DEFINITION OF TERMS

1. *Case Manager* – refers to City/Municipal Links (C/MLs) of the Field Office that works directly with qualified household (HH) beneficiaries to improve their level of well-being. They are also the Community Facilitators specifically handling Indigenous Peoples (IPs) or Indigenous Cultural Communities (ICC).

2. *Case Management* – refers to the process used by the case managers to enable the household beneficiaries to improve their functioning, specifically in complying with the conditions of the Program. It refers to a mutually-agreed process of assessing, planning, managing, coordinating, and advocating for services and other interventions towards improving the well-being of households using the Social Welfare Development Indicators (SWDI) and other related tools (*Implementing Rules and Regulation of Republic Act No. 11310*).

3. Exit from 4Ps- Qualified household-beneficiary shall be deemed to exit from the Program whichever comes first, when:

    3.1 The last monitored child in the household reaches 19 years old;
    3.2 The last monitored child in the household finishes highschool;
    3.3 The household reaches the 7-year duration in the Program;
    3.4 The household is no longer poor, based on the latest Listahanan assessment or other standardized targeting system that maybe adopted or implemented by the DSWD in the future;
    3.5 The household voluntarily waives its membership from the Program; or
    3.6 The household commits offenses wherein the sanction is delisting

4. *Graduation* – refers to the achievement of self-sufficiency, the third and highest level of well-being of poor households based on the Social Welfare and Development Indicators (SWDI) that makes them eligible to exit from the Program after or before the completion of the seven-year maximum stay in the Program.

5. *Household beneficiary* – refers to households identified by the DSWD for entitlement to the monthly conditional cash grants. These households are deemed partners of the Program

6. *Level of Well-being- a* measure of progress or upliftment of family well-being scaled through three levels: survival, subsistence, and self-sufficiency.

    6.1 Survival- the poorest of the poor with no income nor the means (employment and education) to buy the country's prescribed meal set and to sustain basic needs, on a daily basis. Cash assistance is needed as much as assistance for future employment along with free access to health care facilities and free education.

    6.2 Subsistence–could barely meet the basic living necessities with income and capacities enough only to purchase the basic food needs. No excess income to use for emergency funds nor can be spared as savings. Assistance is needed for better employment or extra livelihood for additional income.

    6.3 Self-sufficient – Has the means to support and sustain the daily needs.

7. *Social Service Workforce (SSW)* — refers to the variety of workers that contribute to the care, support, promotion of rights, and empowerment of vulnerable populations served by the social service system. (*Guidelines to Strengthen the Social Service Workforce, UNICEF, 2019, page 9*)

V. GUIDING ETHICS, VALUES, AND PRINCIPLES

The case managers shall adhere to and promote the ethics and values as articulated in the Department's Code of Conduct for Personnel (Memorandum Circular No. 21 series of 2012) and other relevant policies as a guide in their interaction with the beneficiaries. As such, they are directed to prioritize service to clients above professional or personal interests. They are to (1) practice gender and cultural sensitivity and inclusivity to ensure that all 4Ps beneficiaries access appropriate information, adaptive services, and resources with their maximum participation in all phases of the helping process and decision-making. They shall (2) strive to enhance the beneficiaries' capacity to improve their circumstances and achieve their goals. They shall (3) treat them in a caring manner, respecting their self-determination, and valuing their strengths.

The case managers are expected to practice competence, accountability, and integrity in their work by continuous knowledge and skills enhancement on case management. Through a team approach, the Social Welfare Officers III or designated personnel as the supervisor shall coach the C/MLs on relevant policies, frameworks, practice models and competencies covering human growth and development, safe and supportive behavior and physical health, family relationships, among others, to enhance the bio-psychosocial well-being and social functioning of the beneficiaries through appropriate modes of supervision. The supervisor and the case manager shall collaboratively support the beneficiaries and link them to the social service workforce in which beneficiaries can navigate the service delivery systems, access resources, identify service gaps and barriers and participate meaningfully in the problem-solving process.

VI. PANTAWID KILOS-UNLAD SOCIAL CASE MANAGEMENT STRATEGY FRAMEWORK

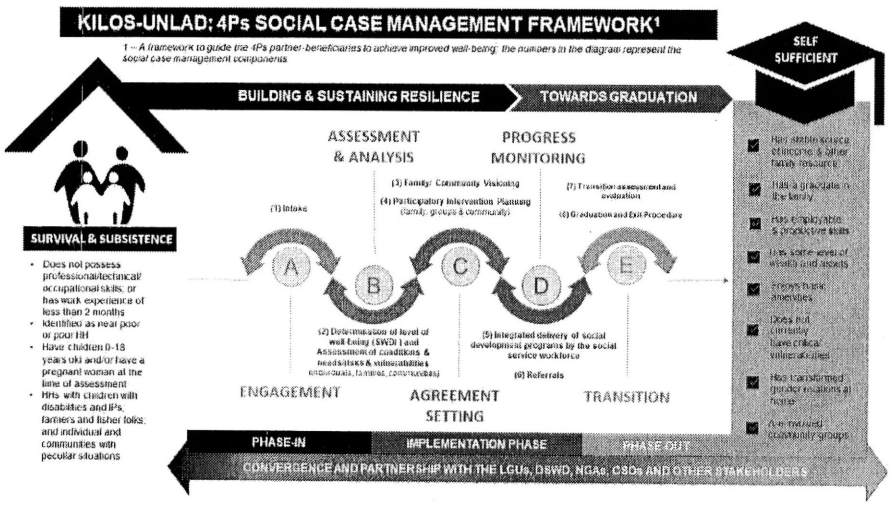

Figure 1. The Kilos-Unlad Model and Framework for Action

KU is a process and strategy to guide the 4Ps household beneficiaries to achieve improved well-being towards self-sufficiency within a 7-year period. It seeks to contribute in the attainment of the Department's Strategic Priorities in the Performance Governance System (PGS) to "*improve the well-being of 4Ps households by providing appropriate interventions based on accurate analysis of clients' needs towards reducing vulnerability and sustaining the resilience of 4Ps households*".

The KU framework illustrates the Program's intention to transform the lives of the qualified poor beneficiaries from the state of survival or subsistence to finally achieving self-sufficiency manifesting the desired behavior change with their exit from the Program. KU uses social casework, group work, and community organizing strategies with participatory and client-centric approaches to build or strengthen resilience, resourcefulness and facilitate the empowerment of the beneficiaries and become active participants in community development.

The framework shows three (3) major phases namely; phase-in, implementation phase, and phase-out with five (5) components that are spread in progressive, non-linear phases in which tasks are mutually undertaken by the case manager and the beneficiary. These components are (a) Engagement, (b) Assessment and Analysis, (c) Agreement setting, (d) Progress monitoring, and (e) Transition. Strategically, KU focuses on building the capacity of the households to address their basic needs as indicated in the assessment and Household Intervention Plan (HIP) considering the household's potential risks and vulnerabilities while identifying and cultivating internal and external resources and interventions that can address the situation. External resources are accessed through the social service workforce to ensure that the beneficiaries be provided with services to help them in addressing their multidimensional needs and to sustain self-sufficiency after Program exit.

The **PHASE IN,** which includes intake, is primarily processed to capture the detailed information of the households and have a baseline knowledge or initial grasp of the household situations. This is the period where time is invested in engaging and building rapport with household beneficiaries. It would be an essential part of the data gathering process which will be significant in the next stage of intervention. The **IMPLEMENTATION PHASE** involves the gathering of information about the beneficiary's situation in greater depth. This may include capturing the risk category using the standardized assessment tools (i.e. Social Welfare and Development Indicators, Family Risk and Vulnerability Assessment, etc). which are significant in the development of a Household Intervention Plan (HIP) that considers the inputs and approvals of the household beneficiaries. This phase centers on the realization of the intervention plan which may include collaboration with partners or service providers and the subsequent requisite for regular monitoring and review to check on the appropriateness and effectiveness of the intervention. The **PHASE OUT** is the period when the field implementers prepare their beneficiaries for transition for the eventual exit to the program and properly endorse them to partner/s for sustainability support or monitoring.

Throughout the entire case management process, the beneficiaries' well-being is monitored. The case manager benefits from this experience as well through the feedback of beneficiaries and of the supervisor, which contributes to the improvement of approaches and strategies in helping the beneficiaries.

VII. IMPLEMENTATION PROCEDURES

1. KU as applied in working with the household

1.1. Intake and Engagement

Intake is the first engagement of the beneficiaries and the case manager in the phase-in stage. It follows after the validation interview during the registration process conducted through a community assembly or home visit (*Please refer to the "Beneficiary Data Management (BDM) Manual" for more information on the registration process*). Methods other than the community assembly and home visit shall be approved by the Regional Director.

Intake is facilitated to gather initial information especially urgent ones needing immediate attention and referral hence the presence of key partners such as the Local Social Welfare Office (LSWD), Health Office, etc. is advisable. Successful registrants in the Program shall sign the Oath of Commitment to signify their ownership of responsibility as members of 4Ps.

Case manager's output: General Intake Sheet (GIS) within the first 2 months (*Please see Annex A*)

1.2. Assessment

Following successful registration, an in-depth assessment is conducted to understand the issues and needs of the household beneficiaries as the basis for setting the goals for intervention. In 4Ps two primary assessment tools may initially be used aside from the usual social work assessment methods used to determine the well-being, risk situation, strengths, space and relational patterns and support systems.

1.2.1 Social Welfare Development Indicator (SWDI) is conducted to measure the household's level of well-being in the context of economic sufficiency and social adequacy whereby the case manager and the household-beneficiary rate the respective indicators as either survival, subsistence, and self-sufficiency. (*Please refer to the "SWDI Toolkit Guide" to know more about the complete process*)

1.2.2 Family Risk and Vulnerability Assessment (FRVA) expounds understanding of the family dynamics; safety and security concerns, stress and distress signals, violence within and outside the household, and other risks and vulnerability factors that may impede the family's improvement of well-being. It guides case managers in prioritizing cases. High-risk cases are deemed to be the top priority. (*Please see Annex B for the tool and the "Handbook for Case Managers of 4Ps Beneficiaries for the complete guide in accomplishing the tool*)

Behavior change expected: Increased knowledge on current needs and condition

Case manager's output: Social Case Study Report to be completed following the intake procedure within 2 months (*Please see Annex C*)

1.3. Planning and Agreement Setting

1.3.1 Family/ Community Visioning: newly registered household beneficiary with the guidance of the case manager determines the overall goal for the first three (3) years. For existing beneficiaries, it entails revisiting and renewing the plan (if necessary) before the projected timeline expires. The goal set guides the beneficiaries in coming up with a realistic, purposive, and time-bounded Household Intervention Plan (HIP).

The case manager discusses first with the household beneficiary the result of the assessments conducted to get their impressions, reactions, and concurrence/clarifications. The case manager explains that the findings help in determining the actionable steps to address the needs. Before going to the specific plan of action, it is important to determine first their vision for the family involving the children in the process if appropriate.

1.3.2 Household Intervention Planning (HIP) and Contracting: serves as the main reference document for taking action on both long and short agreements indicating specific tasks with timelines and delineation of responsibilities of the case manager, the household (including the children whenever appropriate), and other involved parties (i.e., SSW).

It is formalized through a contract of agreement written in the mother tongue of the household beneficiary indicating their participation in the development of and concurrence with the plan. Both parties shall sign the contract and keep an original copy as their guide for monitoring and tracking progress.

Behavior change expected: Family's planning and decision-making skills improved; commitment to compliance to program condition strengthened; skillset realized

Case manager's output: Household Intervention Plan (HIP) within 2 months after the conduct of assessment

1.4 Progress Monitoring

The implementation stage shall be the fulfillment of the agreed goals and plans. Monitoring as both the responsibility of the household beneficiary and the case manager shall check on the progress of the services and interventions being provided and work promptly to make necessary changes or updates to ensure that interventions provided are responding appropriately to the family's needs. Case conferences may be mobilized for monitoring and review if necessary, to provide holistic, coordinated, and integrated services across service providers and to address issues beyond the Program and beneficiaries' reach. There are two (2) critical tasks and activities that need close monitoring:

1.4.1 Integrated delivery of social development programs by the SSW
The case manager ensures that the household beneficiaries are knowledgeable and skilled to access the services intended for the fulfillment of the desired change. Primarily, they should be the ones to govern and initiate the fulfillment of their goals. The case manager's task on the other hand is to link the beneficiaries to the SSWF who are available, ready, and prepared to

provide these services. The SSWF should be involved especially the LGUs (barangay/municipal/city) in the earliest stage as possible to build ownership and commitment. Local government units' support is of particular importance in the sustainability of projects proposed and implemented.

1.4.2 Referrals

The referral is an encompassing task in the KU process. It shall cover referrals of generic services such as employment facilitation, livelihood, medical, and housing assistance, skills training, scholarships. etc. It also covers referrals of household-beneficiaries encountering difficult situations to psychosocial interventions (counseling, therapy, and psychiatric help); social welfare assistance (burial, transportation, medical, etc.); medico-legal and litigation services; and, protective custody, among others. The case manager, in consultation with the household, shall be guided by the case referral pathways to link households to appropriate interventions. (*Please see the "Handbook for Case Managers of 4Ps Beneficiaries" for the case referral flowchart and matrix*)

For easy reference, the case manager shall maintain a directory of services. A caseload inventory shall contain all services and interventions provided to the household beneficiaries including information on the responsible agencies.

Behavior change expected:

Level 2 (Subsistence): Basic needs afforded, Improved education and health-seeking behavior, improved parenting practices, improved role/task performance, transformed gender role, family cohesiveness strengthened, improved capacity to access services, skills matched with income-generating activities/jobs/projects/entrepreneurial, increased awareness to social issues
Level 3 (Self-sufficiency): Positive coping skills developed/ enhanced, increase in income per capita, has employable and productive skills, active involvement to group and community organizing efforts, increased participation in community activities, leadership and governance skills developed

Case manager's output: Quarterly progress report (Please see Annex D)

1.5 Transition

Transition refers to the last phase of the KU process specific to planning for the future and building the resilience and independence skills of household beneficiaries who achieved the graduated (self-sufficiency) status and households exiting the program falling under other conditions as stipulated in Sec. 34 of Rule XV the 4Ps IRR.

1.5.1 Transition Assessment

The case manager guided by the transition assessment tool shall discuss with the household beneficiary the current socio-economic performance and its implication on their readiness/ preparedness to their eventual exit to the program. It shall surface success indicators or the milestones of the family, as well as remaining needs and issues that need to be attended to as the family sustains their gains in the Program. The result of this assessment will be used to identify remaining goals for intervention through the Household Transition Plan (HTP).

Case manager's output: Transition Assessment (*Please see Annex E*)

1.5.2 Household Transition Planning (HTP)
The case manager and the household beneficiary shall develop an action plan for the duration of six (6) months to two (2) years depending on the tasks and activities agreed upon to prepare the family for self-reliant living. At this point, the case manager will provide coaching and mentoring to the beneficiaries and prepare the support system for the eventual program exit. As much as possible, at this stage, the LGU is already engaged and collaborating with the case manager so they too are also prepared for the turn-over of the case leading to post-service intervention.

1.5.3 Social Preparation

1.5.3.1.1 Identification of Beneficiaries Candidate for Transition

1.5.3.1.1.1 Graduated to Exit

The Case Manager identifies the potential beneficiaries for exit through three (3) main tools, specifically the Listahanan, the SWDI, and the case manager's assessment and recommendation (contained in the SCSR). A household qualified for exit shall meet at least two (2) of the following:

- Assessed as Level 3 – Self-Sufficiency in the current/ most recent SWDI assessment cycle;
- Assessed as non-poor in the most recent Listahanan and/or other standardized targeting system that may be adopted or implemented by DSWD in the future;
- Assessed to be prepared to exit from the Program by the Case Manager at any given period using the transition assessment tool.

1.5.3.1.1.2 Other conditions as stipulated in Sec. 34 of Rule XV the 4Ps IRR:

- The last monitored child in the household turn 19-year-old;
- The last monitored child completed high school;
- The household reaches the 7-year duration in the Program
- The household is no longer poor, based on the latest assessment thru the adopted standardized targeting system;
- The household voluntary waives its membership from the Program
- Household commits offenses in which sanction is delisting, in accordance to DSWD Memorandum Circular Nos. 36 and 38, series of 2020

1.5.3.1.2 Orientation and Consultation Strategy

1.5.3.1.2.1 Key partners: Consultation and engagement with LGUs, NGAs, and other stakeholders/ intermediaries through the auspices of the Regional Program Management Office (RPMO) shall be conducted to orient them on KU focusing on the SWDI Results, and the forthcoming Graduation and Exit of the household beneficiaries who will be entering a new stage in their partnership with the LGU. This will provide a venue for partners to have a better understanding of the mechanics, the strategy's objectives, results, and their expected roles and that of other agencies/ organizations.

1.5.3.1.2.2 Household-beneficiaries: Transition orientation sessions with the exiting household beneficiaries to be strategically incorporated in the conduct of FDS shall be facilitated to psychologically prepare them for their eventual exit within 6 months. The session shall also discuss the processes to be undertaken especially the execution of the HTP and their eventual endorsement to the LGUs.

1.5.4 Package of Services

The following are priority services/ interventions that shall be provided based on the assessed needs indicated in the HTP:

1.5.4.2.1 Family Development Session- sessions are contextualized based on the needs of a transitioning household such as advanced life-skills support, building confidence and resilience, project and livelihood development, building self or peer support group, community organization, and promoting responsible financial management. The session's goal is to strengthen the households' skills on resource identification that can be accessed and mobilized.

1.5.4.2.2. Conditional Cash Grants- continuous provision of cash grants to empower beneficiaries giving them choice and purchasing power according to their needs and in preparation for an eventual exit.

1.5.4.2.3. Coaching and Mentoring – personalized sessions as response and support shall be provided to mitigate risks and ensure continuity of their transition progress.

1.5.4.2.4. Livelihood Facilitation – full employment and livelihood opportunities will be made available through DSWD's Sustainable Livelihood Program (SLP) and other similar programs offered by the government such as but not limited to DOLE, DTI, and DA, or any accredited private and civic organizations forged through a Memorandum of Agreement (MOA)

1.5.4.2.5. Educational Assistance – scholarship grants for college, vocational programs, student loans, sponsorships, and other school fees/ costs supportive of instruction from private donors, government and non-government institutions, religious, civic groups, and other academic institutions.
1.5.4.2.6. Skills Training – provision of specialized/ technical skills training on their chosen enterprise or to enhance employable skills including capacity-building activities focused on asset management for steady income, technical vocational courses as well as refresher training to strengthen initial technical training courses for employment and entrepreneurship.

1.5.4.2.7 Community Building -- sustained initiatives of organized groups and communities as indicated in the sustainability plan. It includes lobbying support to the LGUs for passage of Ordinances or Resolutions and/or Executive Orders supporting the 7-year program of 4Ps, local Budget Allocation for 4Ps Implementation concerning SWDI and Supply Side Gaps included in the Annual Investment Plan, and hiring of LGU staff to assist in the program implementation.

1.5.4.2.8 Other services/ interventions that may be provided include disaster risk reduction and resilience programs, re-integration, housing interventions, disability support, senior citizens' pension, small business support (e.g. temporary waiver of local fees), financial inclusion, small commercial loans, and the like.

1.5.5 Networking and Referral System

Beneficiaries will be provided with opportunities to sustain their efforts and initiatives through the provision of complementary services either acquired individually, in groups, or community, whichever is appropriate and applicable. The case manager shall establish a workable referral system that requires strong linkages and networking with the government agencies and private sectors.

1.5.6 Graduation and Exit Procedure

1.5.6.1 Graduation Procedure
A household that achieved the Self-sufficiency level of well-being (Level 3) from survival (Level 1) or subsistence (Level 2) shall be engaged in Household Transition Planning to ensure that the household situation will further improve and sustain their economic sufficiency. The graduated households are expected to undergo the following process:

1.5.6.1.1 Engagement of the households for SWDI and transition assessment. This is to assess if the household can move forward towards an exit or will undergo a period of transition. The case manager has to look for the following behavioral indicators for an empowered family or self-reliant status:

- Able to indicate family milestones and coping with challenges
- Demonstrates problem-solving skills to issues and challenges faced by the family
- Aware of the various community resources and institutions to tap for support
- Expresses clear plans or vision for the future of the family
- Demonstrates financial management skills

1.5.6.1.2 During the planning stage, a mutual review of the vision and goals of the household including the progress of the previous Intervention Plan

1.5.6.1.3 Transition planning. This is the stage where the newly assessed Level 3 households come short of the self-reliant status, thus need to be engaged in planning to sustain their self-sufficiency status and prepare them for the eventual exit from the Program. The plans could be from 6 months to 2 years depending on the household's ability to achieve the level of self-reliance.

1.5.6.1.4 Facilitate access to package of services based on the identified needs and plans of the households as stipulated in their Household Transition Plan (HTP) (please see 1.5.4 for the complete list)

1.5.6.1.5 Participation in the Pugay-Tagumpay ceremonies as graduated households if the LGUS so requires to acknowledge and reinforce the milestones, accomplishments, and the overall improvement of the family's well-being. At the ceremonial rites, the following are expected to be undertaken:

- Turn-over of case folders of exited household beneficiaries to the LGU
- Beneficiaries are awarded with a Certificate of Improved Well-Being and formally endorsed to their respective LGUs for post-service intervention.
- The signing of Memorandum of Agreement (MOA) or announcement of local ordinance in support of 4Ps highlighting their acceptance and provision of post-service intervention such as livelihood and access to employment, scholarships, skills training, etc.

1.5.6.2 Exit Procedure

Households falling under other conditions as stipulated in Sec. 34, Rule XV of the 4Ps IRR shall be assessed and shall undergo the exiting procedure. This procedure determines follow-through activities and interventions for the household beneficiary's eventual exit from the program to ensure that the gains made are sustained. The exiting households shall undergo the following process:

1.5.6.2.1 Engagement of the households for SWDI and transition assessment. This is to confirm if the household has the appropriate capacity, technical and behavioral skills to move out of the Program.

The case manager has to look for the following behavioral indicators for an empowered family:

- Able to indicate family milestones and coping with challenges
- Demonstrates problem-solving skills to issues and challenges
- Aware of the various community resources and institutions to tap for support
- Expresses clear plans or vision for the future of the family
- Demonstrates financial management skills

1.5.6.2.2 Exit Planning. Review of the milestones and progress of the Household Transition Plan as bases for the formulation of the Household Exit Plan.

1.5.6.2.3 Exit session is defined as the end or termination of the beneficiary's participation in the Program. The case manager must ensure that the household beneficiary fully understands the intervention process, the exit strategy, and the monitoring scheme. The session's goal is to convey to the beneficiary that program exit is a family's accomplishment and the purposeful completion of partnership with the DSWD. The LGU will continue to provide the necessary assistance if needed. As a confirmation of the agreement, the beneficiary must sign a Case Summary Report outlining the process followed, the results obtained, and the agreed-upon termination of Program membership.

1.5.6.2.4 Endorsement of case folders to the LGU may be facilitated during or after the Case Conferences. The endorsement of the case folders, which include the case summary report, marks the official end of the case manager's professional relationship with the household beneficiary, paving the way for their transition to the LGU fold. Pugay-Tagumpay ceremonial exit may be conducted for exiting households due to natural attrition if required by the LGU.

1.5.7. Household Beneficiary assessed and agreed to exit and/or voluntarily expressed willingness to exit from the Program in light of the instances specified in item 1.5.6.1.1 and has undergone the Exit planning process shall be tagged as Client Status 03 (CS3) – Exited with Improved Level of Well-being in the Pantawid Pamilya Information System (PPIS) by the Regional Beneficiary Data Officer (RBDO) upon the recommendation of the case manager, concurred by the Social Welfare Officer III and Provincial Link, respectively and approved by the Regional Director. A Case Summary Report prepared by the case manager is submitted by the Provincial Operating Office (POO) and concurred by the Regional Case Management (RCM) focal and the Regional Program Coordinator (RPC) as to the completeness of the requirements and compliance with the process is approved by the Regional Director. (*Please see Annex F for the Case Summary Report*).
Expected behavior change: Empowered families manifesting ability to cope, decide on issues affecting the family and potential risk.

Case Manager's Output: Case Summary Report//SCSR reflecting the result of the transition assessment and the HTP to be submitted after a week (Please see Annex F)

Please *see Annex G on the KU Process Matrix for the timelines, persons responsible etc.*

1.5.8 Post-Services

The post-program services shall be provided by LGU social workers, as per their prescribed role in the Local Government Code and agreement set in the Sustainability Plan. The 4Ps-Regional Program Management Office shall coordinate and collaborate with the Regional, Provincial and/or municipal/city Government Units for the adoption of local ordinance or resolution supporting or sustaining the gains of household beneficiaries with appropriate programs and policies. The LGU shall monitor the development of the household beneficiaries endorsed by the DSWD and follow up agreements relevant to the continuing development of the household. Providing the necessary basic support services and establishing an effective monitoring mechanism should be accorded by the LGU to ensure their successful engagement in community activities and local governance and access to mainstream government services.

The LGU shall provide a feedback report after six months to one year indicating the current status of the former 4Ps beneficiaries highlighting the interventions provided. (*Please see Annex H for the Post-Service Feedback Report template*)

2. Handling High-Risk Cases

With some of the household beneficiaries experiencing challenging circumstances, the case managers have to apply the intervention and reporting protocols based on applicable laws in close coordination with the case supervisors and appropriate authorities and agencies for appropriate case disposition. The 4Ps case managers have two (2) crucial roles upon receipt of the disclosure/ report:

2.1 Assessment and referral

The case manager shall conduct an initial assessment upon receipt of the report to determine the current condition of the affected family member, especially risks and safety issues needing immediate intervention such as but not limited to the presence of injuries needing medical attention. Initial information has to be shared upon referral to the local social welfare and development office (LSWDO) as their reference in preparation for their in-depth assessment and appropriate case intervention. The 4Ps case manager monitors the family's functioning while case management is ongoing in close cooperation with the LSWDO. *Please refer to the "Handbook for Case Managers of 4Ps Beneficiaries" for complete information on the crucial role of case managers in handling special cases.*

2.2 Non-forfeiture of Cash Grants for Household Experiencing Difficult Circumstances or Peculiar Situation (Purple-tagging)

The request for "purple tagging" shall be facilitated for qualified high-risk cases for the continuous payment of cash grants while the case management process is ongoing with the household's active participation. The assessment has to incorporate the case manager's findings on the chances that compliance to one (1) or more conditions may be affected and compromised given the circumstances surrounding the case. It has to state factors or conditions that may impede the family or a particular household members' ability to comply with the Program's condition to strongly justify the necessity of provision of grants while case management is ongoing.

Please refer to the "Guidance Notes on the Exemption from Program Conditions of Pantawid Pamilya Households in Special and Difficult Circumstances or Peculiar Situation" also known as "Purple Tagging" for the complete process.

3. Recordings and Use of Electronic Case Management System (ECMS)

The case managers have to maintain case folders for active household beneficiaries and update case inventories to effectively monitor and track cases. For efficient and effective recording, data management, and supervision, the 4Ps utilizes the Electronic Case Management System (ECMS) to improve the level of service delivery to Program beneficiaries. For all cases whatever the circumstances and nature of interventions have to be recorded in the ECMS. These may include updating, grievance, compliance issues, child protection and gender-based violation concerns, and other psycho-social-economic concerns that affected the family performances and level of well-being.

The ECMS is an information technology (IT) application that allows the case managers to make use of personal computer (PC), laptops, tablets, and mobile phone to systematize their recording, facilitating effective intervention planning, review, and monitoring/tracking the progress of their beneficiaries, regardless of location and time. Equal access by case supervisors enables prompt supervision, coaching, and/or mentoring to the field implementers. Overall, the ECMS serves as an effective supervision and monitoring system to gauge the progress of the improvement of the well-being of the beneficiaries vis-à-vis interventions provided within the DSWD system and other stakeholders. The primary users of the ECMS are the case managers (i.e. C/ML, CF, SWO 3, SWO 2, and Provincial Link) with a permit to access, encode, update, view report, give immediate supervision and/or intervention or refer the case if necessary to appropriate agencies for the much-needed intervention. The Regional and National Case Management Focal (i.e. Regional CM Focal, Regional Program Coordinator, SSDMD staff) also have access permission to monitor the development or status of cases and provide necessary technical assistance if necessary.

4. Group Work Activities

The exercise of group building has to unfold naturally. Case managers may look for the following manifestations or indicators that may necessitate the convening of a group:

- Presence of issues and concerns affecting more than three (3) household beneficiaries expressed during FDS sessions or during home visits or community visits (Example: Group of mothers expressed concern on their underweight children during the discussion on health and nutrition or children with substance-abuse issues or teen pregnancy, etc.);
- There are noted absences in school and attendance to FDS or foreseen risk to possible non-compliance affecting more than three (3) household beneficiaries (Example: A parent leader shared to the case manager that there are parents expressing concern about their children opting to work than to go to school)
- When a group of household beneficiaries voluntarily initiates to have a focused discussion among themselves about a common issue/ concern.

Should these manifestations surface, the case manager may propose to take the following steps:

4.1 Exploratory initial meeting

4.1.1 The identified household beneficiaries agreed to meet to understand further their common issues, unclog deep emotional strain and explore ways to find solutions to their problems or issues. This initial engagement has to be free-flowing; soliciting as many responses as possible to all attendees.

4.1.2 A volunteer facilitator may record reflections and results of discussion as a basis for coming up with an agreement.

4.1.3 The case manager as the facilitator shall ensure that the group agrees to continue the group sessions until all issues are resolved or transform the group into support and a source of encouragement and comfort.

Output: Documentation with concrete agreements

4.2 Group Composition and Formation

4.2.1 The first formal session shall be allotted for orientation, personal introductions, leveling-off, setting the purpose, and generally familiarization of each other.

4.2.2 The group members have to also ascertain the frequency of sessions and duration, time and place of the meeting.

Output: Documentation with concrete agreements

4.3 Group-focused assessment and planning

4.3.1 Succeeding session/s, depending on the pacing of the group will be dialogues to achieve a shared understanding of their needs and concerns. While the case manager has made an initial assessment, the need for intervention must come from the group members.

4.3.2 Coming from the group-focused assessment, the group will have to agree on the goals of the succeeding sessions and a possible plan for action.

4.3.3 Once goals and objectives are done, the group should be prepared to assume roles and responsibilities. Each group member will have specific tasks based on their capabilities, interests, and motivation.

Output: Group Profile (Please see Annex I)

4.4 Implementation

4.4.1 The tasks and activities in this stage may vary depending on the *purpose* of the group as follows:

4.4.1.1 *Support:* meetings may focus on sharing information, experiences, and coping strategies as a platform for group members to learn from each other and to identify other means to manage the issues at hand

4.4.1.2 *Education:* the motivation to meet as a group may be to have a more in-depth discussion to better translate the information learned from the FDS into actual skills to be practically applied to actual family or community interaction. Here, group members meet to share their experiences, progress and get feedback from other group members.

4.4.1.3 *Self-help:* members may meet and convene to solve specific problems needing concrete interventions based on an agreed plan of action. This particular group may ask the assistance of the case manager to connect them with resources so they could access services to provide a solution to their problem.

In either of these purposes, the group has to track their progress and accomplishment of tasks (for self-help groups) and resolve issues that may come along the way.

Output: Group Session Recordings and Group Plan Monitoring (Please see Annexes J & K)

4.5 Evaluation/ Re-assessment and Sustainability

4.5.1 The case manager, as coach and mentor, may join the group sessions to assist them to assess and/or evaluate the outcome of interaction and efforts. Guided by sets of indicators, the group has to measure the quality of the group experience vis-à-vis desired outcome.

4.5.2 Groups in the 4Ps context may be sustained while they are in the program. The frequency of sessions may vary depending on the comfortability of the members on the pacing and needs of members. For instance, in the beginning, phase there may be a need to regularly conduct sessions to sustain momentum. As the group progresses, the frequency of sessions may be lessened.

Case managers have to carefully observe and assess opportunities for these groups to be sustained and to develop leaders among them who may be tapped for the possible formation of core groups for community organizing efforts should a need emanates.

Output: Group Evaluation/ Re-assessment Report (Please see Annex L)

5. Community Building

Community building may be facilitated at a time when groups of 4Ps beneficiaries have realized they need to act or take part in addressing broader or community-wide problems or issues, which may contribute to improving households' compliance to program conditions or their status of well-being. The case manager has to be prepared to perform his/her facilitator role to guide them in their initiative through the Community Organizing (CO) lens. The CO process can complement the case management with the resolution of lingering community issues that may be affecting household functioning and performances in a particular community. This realization on the part of the household beneficiaries shall prompt the case manager to capacitate the beneficiaries in conducting the "Issue Discussion and Resolution Identification" process. This will be the start of 'Social Investigation' and will further crystallize the issue from the perspective of the people or the beneficiaries. The initiation should lead to a commitment to discuss further the issues, and engage other people in the neighborhood for discussion. Alternatively, the case manager acting as coach and mentor may also educate the household-beneficiaries in exploring existing community initiatives resolving the issue of concern or to participate in any existing People's Organization within the community that carries the same advocacies as they are. When the beneficiaries however initiated to begin the process, the case manager may take on the following steps:

5.1 Problem Identification and Prioritization

5.1.1 The initial community assemblies are devoted to expounding their understanding of the common issues and concerns needing action and prioritizing them according to urgency and other criteria identified by the people otherwise called a social investigation. The goal of which is for the community to come to terms with common problems, needs, and goals in the next phase.

5.1.2 Ad hoc leaders and core group leaders composed of 5-6 members shall be selected based on the following suggested criteria:

- Actively participate in 4Ps or community-initiated activities; and,
- Highly regarded by the household beneficiaries and/or community and a person that can inspire and mobilize people.
- Beneficiaries with a good grasp of community issues and a manifested intention to take part in whatever initiatives to work out a solution.

The core group may be further capacitated on data gathering and validation, preparation of community study/ assessment, program development, organizational development, and management processes towards the fulfillment of community development plans.

5.1.3 The case manager/ community facilitator as the community advocate must take into account this initiative and report them to their respective city/municipal action teams (C/MATs) to establish possible linkage and cooperation.

Output: Community Assessment (Please see Annex M for the suggested tools for problem identification)

5.2. Community Development Planning

5.2.1 The core group will present the consolidated data detailing the conditions and aspirations of families in the neighborhood clusters, facilitate the prioritization of issues and actions and oversee the interface of multi-level initiatives and resources. The case managers as an advocate must build and maintain a collaborative engagement with the barangay officials and community leaders.

5.2.2 The community will then formulate the Community Profile incorporating the plan which will provide a comprehensive picture of the existing conditions in the community, the major problems that the people are facing, and the steps that need to be taken by the community and various sectors to achieve the Development Plan.

Output: Community Development Plan (CDP) and Socio-Economic Profile (Please see Annex N)

5.3 Implementation

5.3.1 At this phase, the organizations most particularly the leaders and the working committees will be organized and mobilized to contribute to the operationalization of the action plan. They play the lead role in strategizing actions to take and tracking the progress of tasks assigned. The case manager may organize skills-building/capacity-building activities to prepare them for the succeeding tasks to take.

5.3.2 The CDP may be presented to the barangay council and the municipal development council for possible support and inclusion in the local development or investment plan. Also, at this stage, the organization may be engaged in resource mobilization and partnership building to leverage their proposals on livelihood, small infrastructure, and other community problems.

5.3.3 For the institutionalization of the community organization, the organization shall register as a formal association to the Local Development Council or any government agencies prior to the submission of the proposed project for funding. They may also submit to prospective agencies to generate additional support.

5.3.4 A monitoring system will be set up to detect whether the project implementation is consistent with the plan or if contingency measures are needed.

5.4 Evaluation

5.4.1 The evaluation shall take place, periodically and/or after the project completion, to determine whether the objectives of the project/s are met, acknowledge the facilitating and challenging factors, and what contributes to

success or drawbacks. As an educational process, it shall also capture the extent of the project's contribution to realizing the vision of the community.

5.4.2 At this stage, the household-beneficiaries exiting through their organized communities shall be turned over to the LGU to sustain the efforts initiated by the community reflected in the Sustainability Plan.

Output: Sustainability Plan (Please see Annex O)

VIII. MONITORING AND REPORTING

1. Monitoring and Technical Assistance

   - The 4Ps-NPMO in cooperation with the Field Office shall develop, use and revise applicable monitoring tools according to the needs of the Program and gather baseline data as a reference and guide for tracking the progress of KU's implementation.
   - The 4Ps-NPMO shall provide technical assistance to the Field Office towards the efficient and effective implementation of KU and based agreed performance indicators and/or expected outputs.

2. Narrative Accomplishment Report

   The 4Ps-NPMO and the Field Office shall prepare a semestral report regarding KU's implementation containing the following:

   - Quantitative and qualitative accomplishments. The report shall include how the activities were implemented based on target vs. accomplishment.
   - Analysis indicating strengths, issues, gaps, challenges, and actions taken/ recommendations.
   - The next steps to be undertaken with clear deliverables, accountable persons/offices and timelines.

   The report shall be submitted by the Field Office to the NPMO every 5th day of May and November.

3. Project Review and Evaluation Workshop (PREW)

   The PREW shall be done annually to measure the success of KU's implementation based on the Monitoring and Evaluation framework, goals, and targets. This is to determine the positive and negative outcomes of the year's implementation as a basis for determining any enhancement of plans for the following year's implementation or changes in the Case Management Strategy itself.

IX. INSTITUTIONAL ARRANGEMENTS

1. 4Ps-National Program Management Office

   1.1 Develop/ enrich service strategy guidelines, policies, tools, manuals, and instruction materials in support of the implementation of the KU Case Management Strategy
   1.2 Monitor strategy implementation and conduct performance review and assist in the development and evaluation of programs and projects;
   1.3 Generate periodic reports concerning SWDI and the KU Social Case Management Strategy and manage documentation/ best practices of the strategy.
   1.4 Provide capability building interventions/ activities to direct service workers, case managers, supervisors, and other relevant program staff and personnel; and
   1.5 Engage and establish partnerships with external organizations at the National level to provide services to the household beneficiaries based on their assessed needs.

2. DSWD- Field Office and Regional Program Management Office

   2.1 The Case Management Focal person shall:
      2.1.1 Conduct consultations, meetings, capacity building activities, and orientation with partners (e.g. LGU, LNGAs, and the private sector);
      2.1.2 Monitor/ evaluate and document the implementation of the KU Social Case Management Strategy and submit a report to the 4Ps-NPMO;

   2.2 The Provincial Link shall:
      2.2.1 Establish strong linkages and partnerships with the LGU for administrative support, identification of support services, and sharing of SWDI results.
      2.2.2 Oversee implementation and interoperability of case management with other systems of 4Ps

   2.3 Social Welfare Officers III (SWO III) shall:
      2.3.1 Supervise the case manager and approve Case Study Reports and referrals
      2.3.2 Assist in managing court-related cases needing relevant interventions as necessary,
      2.3.3 Assist in facilitating case conferences and establishing other collaborative support mechanisms and services.

   2.4 C/MLs /Community Facilitators (CFs):
      2.4.1 Act as frontline implementer, the case manager
      2.4.2 Work with the beneficiary in the formulation of the HIP/HTP/Exit Plan
      2.4.3 Advocate for the effective engagement and access of beneficiaries to the social service workforce and partners to address the identified needs and plans of the beneficiary.
      2.4.4 Prepare a Case Summary Report for the LGU and/or partners for exiting household beneficiaries.

2.4.5 Follow-up the status of the household beneficiary for six months to one year after exit.

2.5 Social Welfare Officer II (SWO II) - Facilitates the Case Conferences and assists the case manager in child protection and gender-related cases.

3. National/ Regional/ Provincial/City/ Municipal Advisory Council

3.1 Formulate policies to strengthen the 4Ps implementation.
3.2 Provide policy guidelines to respond to national executive directives or situations affecting household compliance to program conditions
3.3 Resolve to address issues or policy gaps in Program implementation.

4. Local Government Unit

4.1 Establish an operational system that includes monitoring mechanisms, structure, and processes to support the implementation of the KU strategy.
4.2 Ensure regular funding for post-service intervention through the issuance of but not limited to Provincial/Municipal Ordinance or Resolution or through Local Executive Orders.
4.3 Effectively engage partners and other stakeholders to mobilize the needed resource to sustain households and prevent them from sliding back to poverty.
4.4 Ensure records upkeep and are in order.
4.5 Maintain Information and Communication Technology (ICT) equipment for more efficient and effective monitoring and referral systems and adopt an Electronic Case Management System.

X. REPEALING CLAUSE

This Memorandum Circular repeals the Guidelines on the Implementation of Graduation and Exit Procedure under the Kilos-Unlad Seven-Year Social Case Management Strategy.

XI. EFFECTIVITY CLAUSE

This Memorandum Circular shall take effect immediately upon publication in the DSWD website. Let a copy of the circular be deposited with the Office of the National Administrative Register, University of the Philippines Law Center.

Furnish copies of this issuance to DSWD Central Office and Field Offices.

Issued in Quezon City this 24th day of JUNE 2022.

ROLANDO JOSELITO D. BAUTISTA
Secretary

Certi. True Copy:

30 JUN 2022

MYRNA H. REYES
OIC-Division Chief
Records and Archives Mgt. Divisio.

Annex A

Pantawid Pamilyang Pilipino Program

I. Household Information

Date of Intake (**MM/DD/YYYY**):

Household ID:

National ID:

Grantee:

Contact No:

Household Status:

IP Affiliation:

Region/Province/Municipality:

Barangay:

House No./Street Name/Sitio/Purok:

Services Availed:

- ☐ SLP; pls. specify
- ☐ Social Pension
- ☐ Unconditional Cash Transfer
- ☐ Financial assitance, please specify:
- ☐ Others: pls. specify:

II. Household Composition

*(G) = Grantee / * = Monitored Child*

Name	Entry ID	Sex	Age	Civil Status	Relationship to Head	Staying with the Household Y/N	Occupation	Educational Attainment	Monthly Income	Disability (If applicable) Y/N	Remarks

III. Presenting Problem

IV. Initial Assessment

V. Recommended Services:

- ☐ Employment Assistance; pls. specify _____
- ☐ Livelihood Assitance
- ☐ Medical Assistance; pls. specify _____
- ☐ Birth/Marriage Certificate Registration
- ☐ Others: pls. specify: _____
- ☐ Psychosocial support
- ☐ Educational Assistance/ Scholarship
- ☐ Legal Assistance
- ☐ Financial Assistance: Pls. specify _____

Administered by:

City/Municipal Link

Concurred by:

Social Welfare Officer III

Sertipiko ng Pangsang-ayon sa Data Privacy Act

Alinsunod sa *Data Privacy Act of 2012* (R.A. 10173), tungkulin ng DSWD ang pagbibigay proteksyon sa mga datos at impormasyon na iyong ibinigay. Tinitiyak na hindi nito gagamitin o ibabahagi kaninuman ang mga ito, lalo na yaong may kinalaman sa personal at sensitibong impormasyon, maliban na lamang kung ang pagbabahagi ay kusang-loob at may pahintulot na naaayon o itinagubilin ng batas at/o kaakibat na regulasyon. Ang iyong paglagda sa papel na ito ay pahiwatig ng iyong pahintulot na payagan ang DSWD upang sinupin ang mga datos, kabilang na ang mga personal at sensitibong impormasyon na iyong ibinigay dito upang magamit sa alinman sa mga sumusunod: a) *validation* b) *intervention planning and delivery* c) *referral of cases to Local Government Units at/o government/private agencies.*

Sumasang-ayon:

Pangalan at Lagda ng Benepisyaryo/petsa

Binigyan Patotoo ni:

Pangalan at Lagda ng City/Municipal Link/Field Staff/Petsa

Annex B

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

Family Risk and Vulnerability Assessment (FRVA)

Name of Respondent : _____
HH ID Number : _____
Position in the Family : _____
Address : _____
Contact Number : _____
Date of interview : _____
Time started : _____
Time ended : _____

Note: The question below intends to contextualize whether there were previous services and interventions provided to the family. Answers will further substantiate the administration of the FRVA checklist below.

- Has the family previously been referred to services as a result of previous assessments conducted such as GIS and SWDI? If yes, briefly state the main reason for referral and the types of services and interventions provided, if any. If there are too many services and interventions provided, *attach the applicable progress notes.*

_____
_____
_____
_____
_____

RISKS and Vulnerabilities	NONE	IF YES, CHECK if this happened within 6 months or 1 year ago		REMARKS
		Within six (6) months ago	*One (1) year ago*	
A. Economic				
1. Has the family used credit or borrowed money from non-relatives/ friends to meet specific needs such as food, medical expenses, bereavement etc.? *(specify the intent for borrowing money)*				

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DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

2. Has the family reduced budget allotment for education and health to prioritize other needs? *(specify the reason/s)*				
3. Has the family sold acquired assets/goods (*such as jewelry, phone, furniture, bicycle, motorcycle, house/lot, farm, etc.*) to augment for the basic needs*?(specify what has been sold)*				
4. Has the family pawned 4Ps cash card to support daily or certain needs (i.e., emergency, health, etc.)? *(specify reason for pawning)*				
5. Is there any family member who stopped working? *(specify how many among working age members).*				
6. Has the family experienced damage/s in property/assets*(e.g. vehicle, machinery, a piece of land, etc.). (indicate reason/s for damages)*				
B. Health				
1. Is there any family member who had a miscarriage? *(state who and if medical intervention has been provided)*				
2. Is there an incidence of death of a child or mother during childbirth?				
3. Is there any family member suffering from chronic illness? *(specify chronic illness)*				
4. Is there a child in the family who did not receive immunization per set schedule? *(indicate the reason in the remarks column)*				
5. Is there a stunted child in the family? *(specify who and whether monitored for the program)*				
6. Is there someone in the family who is smoking? *(specify who and the estimated amount spent)*				
7. Is there someone in the family who is drinking liquor? *(specify*				

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

who and the estimated amount spent)				
8. Is there someone in the family who is suffering from any mental health condition? *(specify whether under medication and/or has been referred to appropriate services)*				
C. Safety and Protection				
1. Is the family new in its present residential address? *(specify place of origin and reason/s for migrating)*				
2. Does the family reside in area with high incidence of crime? *(specify the situation)*				
3. Is there a family member who is a victim of crime, violence, threats and harassment? *(specify circumstances)*				
4. Is there a family member who died due to crime, violence, threats and harassment? *(specify circumstances)*				
5. Is there a family member who had been involved in or accused of a crime? *(specify circumstances)*				
6. Is there a family member who is in jail? *(specify circumstances)*				
~~7.~~ Is there a family member who has exposure to armed-conflict? *(specify circumstances)*				
8. Is there a family member who died due to armed-conflict? (specify circumstances)				
9. Is the family experiencing any traditions that potentially harm a person's well-being *(e.g., child bride/marriage)*? *(specify circumstances)*				
10. Does any family member experience discrimination due to gender or sexual orientation (i.e., display of effeminate behavior, etc.)? *(specify circumstances)*				
D. Child Protection				

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Pantawid Pamilyang Pilipino Program

1. Is there a child in the family who run away from home (leaving *home without the consent of the parents*)? *(specify circumstances)*				
2. Is there a child in the family who is sent to work to provide resources for the family? *(state circumstances and the child's current location)*				
3. Is there a child in the family who is sent to beg in the streets?				
4. Is there any incidence of early pregnancy in the family member? *(specify covered period and related circumstances)*				
5. Is there any incidence of early cohabitation in the family member? *(specify covered period and related circumstances)*				
6. Is there a child at risk of being a victim of any form of abuse including online sexual exploitation, neglect, abandonment, and violence at home and any other setting *(specify circumstances)*				
7. Is there a child abuse case in the household? *(observe spatial features of the abode, reactions and relational dynamics, non-verbal cues during the interview)*				
8. Is there a child with disability who is not yet receiving rehabilitation services?				
9. Is the household is headed by a minor, solo parent, elderly, person with disability/immobility? *(specify circumstances)*				
E. Environmental Hazards				
1. Is the family residing in a hazardous area? (*e.g., near the creek, inside the danger zone (volcano), dump site*)				
2. Is the family survivor of disaster? *(specify circumstances)*				
3. Is there a family member who died due to a disaster? *(specify circumstances)*				

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DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

Overall Assessment (REMOVE):

Prioritize the needs for immediate action and interventions

_____

_

_____

_

_____

_

_____

_

_____

_

Administered by:

_____

City/Municipal Link/Signature

Date: _____

Concurred by:

_____

Social Welfare Officer III

Date: _____

Sertipiko ng Pangsang-ayon sa Data Privacy Act

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Sumasang-ayon:

Annex B

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

_____

Pangalan at Lagda ng Benepisyaryo/Petsa

Binigyan Patotoo ni:

_____

Pangalan at Lagda ng City/Municipal Link/Field Staff/Petsa

For use of the interviewer:

Risk level matrix:

Thematic Area	**Scores** *(supply the scores from the checklist)*	**Risk Level Category**	**Suggested Next Steps**
A. Economic	--- out of 6		
B. Health	--- out of 8		
C. Safety and Protection	--- out of 10		
D. Child Protection	--- out of 9		
E. Environmental Hazards	--- out of 3		

Annex B

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

Note: Please refer below for your guide in determining the family's level of risk and vulnerability. For **safety and protection thematic area**, a check to Question No. 1 (family being new in its current residence) equates as LOW RISK LEVEL unless contributing circumstances would also indicate a high risk case. A check to any of Questions 2 to 10 automatically equates the case as **HIGH RISK LEVEL**.

For child protection thematic area, a single check automatically equates the case as **HIGH RISK LEVEL**.

Risk and vulnerability level description:

Thematic Area	Scores by Risk Level Category	Risk and Vulnerability Level	Description and Possible Suggested Actions
Economic	*Total: 6 indicators*		**0 risk level families** are those families with high level of functioning and who may be tapped or targeted to become allies, community leaders, co-helpers, and members of the social service workforce. Developmental interventions should be explored with these families as members of groups and communities.
	0	**No risk:** All x or no ☐	
	1-2	**Low risk:**1-2 checks (☐) in any of the 6 indicators	
	3-4	**Medium risk:** 3-4 checks (☐) in any of the 6 indicators	
	5-6	**High risk:** 5-6 checks (☐) in any of the 6 indicators	
Health	*Total: 8 indicators*		**Low risk families** do not pose any serious **safety and risk concerns**. Minor concerns may be present but are generally manageable i.e., administrative/systems concerns e.g., updates. Developmental and preventive interventions should be explored with these families as members of groups and communities.
	0	**No risk:** All x or no ☐	
	1-3	**Low risk:**1-3 checks (☐) in any of the 8 indicators	
	4-6	**Medium risk:** 4-6 checks (☐) in any of the 8 indicators	
	7-8	**High risk:** 7-8 checks (☐) in any of the 8 indicators	
Safety and Protection	*Total: 10 indicators*		**Medium risk families** are those to **some degree would need assistance and where internal strengths and possible sources of help should be identified for harnessing to help the family in**
	0	**No risk:** All x or no ☐	
	1	**Low risk:** A check (☐) to No. 1 question (family is new to	

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Pantawid Pamilyang Pilipino Program

	2 to 10	the current location of residence) **High risk:** A check (□) to any of 2 to 10 indicators	**preventing serious consequences or becoming high risk.** The circumstances, if not attended, will likely lead to impairment in functioning and non-compliance to program conditions. **Both preventive and protective** interventions should then be identified and agreed upon with the family as safeguards.
Child Protection	*Total: 9 indicators* 0 1 to 9	**No risk:** All x or no □ **High risk:** a check (□) in any of the 9 indicators	
Environmental Hazards	*Total: 3 indicators* 0 1 2 3	**No risk:** All x or no □ **Low risk:**1 check (□) in any of the 3 indicators **Medium risk:** 2 checks (□) in any of the 3 indicators **High risk:** 3 checks (□) in any of the 3 indicators	**High risk families** are those in **especially difficult and challenging circumstances and focused and detailed attention is imperative. These include among others urgent medical interventions**, suffering from injuries and illnesses, disabilities, abuse/ exploitation, with close exposure with alleged perpetrator/abuser, hazardous condition and environment. Family and individual functioning is highly impaired as already manifested in their prolonged and chronic non-compliance to program conditions. Case may already warrant quick response and legal protocols should be followed to safeguard the safety and protection as well as the best interest of the child. Responders and duty bearers should undertake necessary actions within 24 to 48 hours as mandated by the law. Protective and responsive intervention shall highly be warranted.

Explanation on the time element and circumstances related to the indicator

Circumstances that took place within six months (acute situation) – family is considered at greater risk and vulnerability; since the experience is more recent, check if the family is still

in shock or crisis situation depending on the details of the circumstances shared during the interview. Immediate response action would then be required i.e., referral, pullout from the family if safety and security of the child is threatened or non-existent

Circumstances that took place more than six months to one year (chronic situation) – family may have already developed coping mechanisms and strategies. Worker should check for resilience, strengths, available internal and external resources for the family to be able to manage the situa

Annex C

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

SOCIAL CASE STUDY REPORT

Date: _____

I. Identifying Information:

Grantee's Name: Household ID Number: HH Set Group:
National ID No.:
Sex:
Birthday:
Age:
Place of Birth:
Civil Status:
Present Address:
Educational Attainment:
Contact information:
Religion:
IP Affiliation:
Source of Information:
HH level of well-being (present): Previous assessment (*if applicable*):
HH Risk Level Category: Case Category (*for special cases*):

II. Family Composition:

Name	Sex	Age	Civil Status	Relationship to the Grantee	Monitored Child		Educ. Attainment	Occupation	Monthly Income	Type of Disability (if applicable)
					Yes	No				

III. Presenting Problem

IV. Background Information

A. The Family

B. Environment/ Community

Annex C

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

V. Assessment

VI. Household Intervention Plan

Overall Goal:

Specific objectives	Activities	Responsible Person	Timeframe	Expected Results	Remarks

VII. Recommendation

Prepared by:

Name of C/ML/SWO II/SWO IIII
Date:

Concurred by:

Name of SWO III
Date: _____

Approved by:

Name of Provincial Link/ Area Coordinator
Date: _____

Annex D

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

PROGRESS REPORT

Name of Grantee/Client:	HH ID Number/ Status/Set Group:
Date of Birth and Age:	Current Level of Well-being:
Sex:	Date Client Moved Out from Previous Address: (*in case of transfer*)
Educational Attainment: (*for minors who transferred location*)	Known present address of the HH:
Contact Information of the parents: (*for minors who transferred location*)	Contact information:
The present progress report addresses the following time period:	
From: (yyyy-mm-dd)	To: (yyyy-mm-dd)
Interventions provided for the HH/client in the set time period and its progress, bottlenecks and challenges:	
Is it necessary to modify the intervention plan? ___ Yes ___No If **yes,** please explain:	
Is there any urgent risk issues? ___ Yes ___ No If **yes**, please explain:	

Annex D

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

Recommendations:	
Prepared by:	Date:
Title/ position:	Area Assignment:
Endorsed to (*in case of transfer*):	

Annex E

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

TRANSITION ASSESSMENT FORM

Date of Interview:	Time started:	Time ended:	
Name of Respondent:	Grantee:	Not-grantee:	Sex:
Pantawid ID Number:	Date Registered to 4Ps:		Set #:

The most recent information on:

Listahanan classification:	Latest SWDI Level of Well-being:	Latest Risk Level Category:
☐ POOR ☐ NON-POOR Year: _____	☐ 1 ☐ 2 ☐ 3 Year: _____ Previous LOWB/Year: ___	☐ 0 ☐ low ☐ medium ☐ high Year: _____

Assessment of the family's development (internal/ external):

1. What are the changes/ transformation experienced by the family in the past years as 4Ps beneficiary? (check SWDI results, FRVA, HIP and other references)
2. Cite example/s of difficulties experienced by the family in the past two (2) years and how did they cope/resolve them?
3. What are the family's contingency plans in cases of shocks? Please cite specific examples.
4. Describe the present location of the family. Is it safe and secure (disaster resilient, free from violence)?
5. Describe accessibility of basic amenities to the family. If in GIDA, what are the means to access them?
6. Describe the approach and style of the household when it comes to family management and parenting. What are the roles of each family member in household chores management? Do women and children have control and access to family resources? Does every member of the family have a say/voice in important family matters that may affect them?
7. Describe the family's community connections such as participation in community activities or membership to a recognized group/association.
8. Mention if the family expressed willingness to exit from the Program

Based on your response above, evaluate the presence of the following:

Criteria	Not at all (1)	Minimally (2)	Adequately (3)	Very Well (4)
1. Can the family express clear plans or vision for the future of the family?				
2. Can the family indicate milestones? At least one (1) child who is a high school graduate				

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Has some physical assets
Has some savings
Has some employable/ entrepreneurial skills
Has stable source of income

3. Can the family demonstrate problem solving skills to issues and challenges ncountered?
4. Can the family site examples of coping measures during difficult situations?
5. Does the family have a transformed gender relation at home?
   - Practice shared decision-making
   - Practice shared parenting and responsibility
   - Practice shared budgeting and financial management
   - Each family member has no untoward bias to persons of different sex and gender
   - No presence of any forms gender-based discrimination and violence

6. Is the family aware of community resources and institutions to tap for support?

Description	Score
Can independently manage family needs	Average of 3.0-4.0
Can somewhat manage family needs but minimal assistance is necessary to sustain progress	Ave of 2.0-2.9
Continuous provision of CCT is necessary complemented with supportive intervention to uplift level of well-being	Below 2.0

**Get the sum and divide it by six to get the score*

Prepared by:	Concurred by:
City/Municipal Link	*Social Welfare Officer III*

Annex F

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

CASE SUMMARY REPORT

Date: _____

I. Identifying Information:

Grantee's Name:
National ID:
Sex:
Birthday:
Age:
Place of Birth:
Civil Status:
Present Address:
Educational Attainment:
Contact information:
Religion:
IP Affiliation:
Source of Information:
Current HH level of well-being:
Client Status upon Exit:

Household ID Number:
Date of Registration:

HH Set Group:
Years in the Program:

II. Family Composition

Name	Sex	Age	Civil Status	Relationship to the grantee	Monitored Child		Educ. Attainment	Occupation	Monthly Income	Type of Disability (if applicable)
					Yes	No				

III. Case Development

**result of the transition assessment*

Annex F

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
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IV. Interventions Provided

Interventions Provided	Date Completed/ Accomplished	Involved Parties

V. Transition/ Exit Plan

Objectives	Suggested Intervention/ Activities	Responsible Person/ Agency	Timeline	Expected Outcome

VI. Recommendation

Prepared by:

Name of City/Municipal Link
Date: _____

Reviewed by:

Name of Social Welfare Officer III
Date: _____

Noted by:

Name of the Provincial Link

Approved by:

Name of the Regional Program Coordinator

Exit plan concurred by:

Name of the Household Grantee
Date: _____

Name of the LGU Social Worker
Date: _____

Annex G

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

KILOS-UNLAD PROCESS

Tasks/ Activities	Case Manager's Output	Key Deliverable	Timeline
1. Intake	Complete Household Information or Profile (General Intake Sheet)	Presenting problem determined Households with immediate needs referred to the LGU/ appropriate agencies	4 months (*validation process*)
2. Assessment 2.1 Social Welfare Development Indicator (SWDI) 2.2 Family Risk and Vulnerability Assessment (FRVA)	Initial case study report/ social case study report (SCSR)	Level of well-being determined Family risk level determined	Within 3 months upon complete registration
3. **Planning and Agreement Setting** 3. 1 Family/ Community Visioning	Household vision and goals	Household Intervention Plan (HIP) up to the achievement of Level 3 (Self-sufficiency status)	Within 3-6 months
3.2 Household Intervention Planning and Contracting	Household Intervention Plan in a signed Social Case Study Report (SCSR and signed contract of agreement	HIP for remaining years in the Program based on applicable exit rules for existing partner-beneficiaries	

4. Progress Monitoring 4.1 Integrated delivery of social development programs by the SSW 4.2 Referrals	Progress Report SCSR	HH implements their plans and/or referred to appropriate services HH information relevant to data management and compliance verification updated HH grievance issue resolved (if applicable) HH special and difficult circumstance /peculiar situation resolved Appropriate services are accessed by the HH	Within 1st to 5th year 1-7 years
5. Transition 5.1 Transition Assessment 5.2 Household Intervention Planning (HTP) 5.3. Provision of Package of Services 5.4 Graduation and Exit Procedure 5.5 Post-program Service	Transition Assessment Form Case Summary Report with THP THP with status update Case Summary Report with Exit Plan Feedback Report	Remaining issues and needs identified Indicators of an empowered family determined Remaining SWDI gaps, identified vulnerabilities addressed Households formally endorsed to the LGUs for post-program Former 4Ps beneficiaries are provided with appropriate programs and services by the LGUs and other partners	6th year to 7th year

Annex H

City/Municipality _____ (LGU logo)

POST-SERVICE FEEDBACK REPORT

This form shall be used by the City/Municipal Social Welfare and Development Office (C/MSWDO) to update the post-service interventions provided to the endorsed 4Ps Household-beneficiaries to be submitted to the Pantawid Pamilya Provincial Operation Office. This form should be completed by fully trained and designated staff of the implementing agency. The original copy shall be maintained by the implementing agency and shall form part of the client's records.

FOR : **Regional Director**

THRU : **Provincial Link**

FROM : **City/Municipality and Province**

DATE : **Submitted**

Short introduction: *(e.g., Relative to the post-service intervention for the former Pantawid Pamilyang Pilipino Program Household-Beneficiaries, the undersigned is herewith providing feedback report during the six (6) months from (e.g., January to June 2022) support interventions provided by the name of city/municipality)*

Name of Client:		Age:	Sex:	Address:			
Date turnover:		Turnover by:					
Recommended Service/s	Actual Service/s provided	Names of service provider/s and designation	Inclusive dates of provision		Remarks/ Other pertinent information such as problem/s encountered	Client's satisfaction feedback	
			Initial	Update			

Prepared by: _____ Date: _____
City/Municipal Social Welfare and Development Officer

Noted by: _____ Date: _____
City/Municipal Mayor/ Local Chief Executive

Annex I

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
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GROUP PROFILE[1]

The "Group Profile" consists of two (2) forms. Form 1 is the primary source of group data and information to understand the group needs, motivations, goals, and plans for intervention. It shall be accomplished by C/ML when the initial assessment is completed and the group have already agreed on the action plan and their tasks. This has to be completed before the start of plan implementation together with the form 2.

A. Name of Group: _____

***B.* Members:** *(See Annex form for the additional group members information)*

No.	Complete Name *(surname, first name, middle name)*	Nickname
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

C. Group Information

i. When was the group organized/group's first meeting: _____

ii. How was the group formed (*tick the box)*:

☐ Did the members initiated to form a group?

☐ Did a 4Ps worker initiated to have a discussion about a certain concern?

☐ Others, please specify: _____

iii. Purpose of the initial meeting: _____

iv. Venue for the group's sessions: _____

v. Schedule of meeting/session/Time frame (if known): _____

vi. Other pertinent information (*such as the group formation process, the focal person, communication process, rules and regulations, etc.)*

_____

_____

D. The Group's Concern/Problem to be worked out *(state the common need/problem identified, how did they arrive to the decision to create a group and the necessity to create a group as a means to collectively solve the need/problem):*

_____

_____

[1] *Enhanced version from the book of Social Work with Groups by Thelma Lee-Mendoza; Page 307: Appendix E*

Annex I

E. Group Goals *(The "ends" to be pursued; what group and worker expect to have achieved at the end of the helping relationship. In creating a goal, make it SMART—specific, measurable, achievable,realistics, time bounded. An example of a goal statement to address malnutrition could be: "At the end of six months, the children of the "MAPAGKALINGA" parents' group gained normal weight".)*:

_____

_____

F. Action Plans *(The "means" to achieve the defined goals, i.e., activities and task that have to be done to achieve the group goals; separate action plans that will involve work with the group from action plans that will involve work with others, e.g., institutional staff, community leaders, etc. An example is done for you below.)*

Objective	Activities	Timeframe	Responsible Person	Resources Needed
To promote healthy eating habits for the Pantawid children	-Group session on weekly meal planning	Once a month	Person in-charged on supplementary feeding	Venue for the joint lunches/ supplementary feeding, kitchen utensils, food ingredients

Prepared by:

Group Members
(Names & Signature)
Date: _____

Reviewed by:

City/Municipal Link
(Name & Signature)
Date: _____

Annex J

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
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GROUP SESSION RECORDINGS[1]

This form/template shall be use to document the processes and outcomes of the group sessions. It shall also reflect the worker's observation and impression to the groups' dynamics, patterns of interaction, power sharing, tensions, and conflict (if there is any). As much as possible, the group facilitation must come from the group members. The C/ML role on the other hand may act as their coach and mentor.

A. **Name of Group:** _____ **Date & Time of Session:** _____

B. **Name of Group Leader:** _____ **Venue of Session:** _____

C. **Attendance:** *(List of names but no longer necessary if the worker has a check-list type attendance form)*

No.	Complete Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		

D. **Agenda:** *(e.g., enumeration of the topics/issues and concerns to be discussed including a review of what transpired on the previous session)*

E. **Content Session**

Could be written in narrative format or bullet points containing the following:

- **How the session started**
  Was it challenging to start the session, or was the group spontaneous? What attitudes/behaviors were displayed?

- **The theme/topic/concern taken up in this session**
  How was the session managed? Note the group response to program media or activity conducted in relation to the action plans. What questions/ points were raised? Reflections of the group members. Cite specific worker interventions such as during conflicts, if any.

- **Significant results/outputs from the session**
  Were the agenda achieved? If not, why? Are there any deviations from the agenda?

[1] *Derived from the book of Social Work with Groups, Thelma Lee-Mendoza; Page 308: Appendix E*

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- **Other matters/issues and concerns**
  Other concerns and agenda raised during the session.

F. Plans for the next session

- Agenda
- Venue and date & time of the session

Prepared by:

Group Members
(Names & Signature)
Date: _____

Reviewed by:

City/Municipal Link
(Names & Signature)
Date: _____

To be filled up by the City/Municipal Link

Case Manager's Note:

Could be analytical/evaluative/interpretive comments about what happened during the session containing the following:

- *How did members interact with each other?*
- *Significant member attitudes, behaviors, and actions observed by the worker including leaders, isolates, including problematic behaviors/red flags etc.*
- *Cite any important developments relating group structure and group processes etc. (its hindering/facilitating factors)*

Prepared by:

City/Municipal Link
(Name & Signature)
Date: _____

Annex K

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
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GROUP PLAN MONITORING FORM

This tool shall be used to monitor the progress of the group "Action Plans" and track the status of the group activities and ways forward.
(see sample content below)

Name of Group:
Group Leader:

Objective	Activity	Timeframe	Responsible Person	Resources Needed	Date/Status/ Updates	Challenges; if there's any	Recommendation & Plans
To promote healthy eating habits for the Pantawid children	-Group session on weekly meal planning -Joint meals (supplementary feeding during lunch breaks)	Once a month Every other day	Person in charge of supplementary feeding	Venue for the joint meals/ supplementary feeding, kitchen utensils, food ingredients	-As of April 21, 2020, the group conducted the first session, one of the outputs is the draft weekly meal plan for two (2) consecutive weeks.		Continue the preparation of weekly meal plan and the conduct of supplemental feeding program in collaboration with the Barangay Health Worker (BHW)

Prepared by:

Group Members
(Names & Signature)
Date: _____

Reviewed by:

City/Municipal Link
(Names & Signature)
Date: _____

Annex L

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

GROUP EVALUATION / RE-ASSESSMENT REPORT[1]

This form is intended to assist the group to reflect on the overall achievement of the group's action plans and the processes that facilitated or hindered its fulfillment. It shall also present the individual & group effort and contribution to measuring the quality of individual & group experiences and lessons learned. The results of this evaluation/ re-assessment shall be the basis of the individual & group for the ways forward and its sustainability.

A. **Name of Group Member:** *(first name, middle initial, surname)*

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

B. **Group Goal:** *(Can be extracted from the Group Profile)*

C. **Milestones:** *(To reflect what has been achieved; a description of progress made by the group in relation to the "ends" desire of group membership; a citation of concrete/observable indicators to support the claim of goal-achievement, whether full or partial. Please explain "the challenges and gaps," if any, in goal-achievement and corresponding plans/recommendations.)*

D. **Other Goal-Related Work Undertaken** *(Cite other worker interventions relating to group's problem/situation, if any, e.g., work with community officials, private organizations, etc.; describe changes that took place that was beneficial to the group, etc.)*

E. **Recommendations/Plans for follow up/Ways forward for group initiative sustainability:**

_____
_____
_____
_____.

Prepared by:

Group Members
(Names & Signature)
Date: _____

Reviewed by:

City/Municipal Link
(Names & Signature)
Date: _____

[1] *Derived from the book of Social Work with Groups by Thelma Lee-Mendoza; Page 309: Appendix E*

Annex M

SUGGESTED TOOLS FOR PROBLEM ANALYSIS AND PRIORITIZATION EXERCISE[1]

The suggested tools shall aide the case manager in facilitating the social investigation and build familiarity with the conditions of the community. The case manager may pick one of these tools based on applicability and practicability. The problem analysis may be done with community volunteers who are identified as potential core group members and may be presented during community assembly for validation.

I. PARTICIPATORY SITUATIONAL ANALYSIS[2]

Participatory Situational Analysis (PSA) is a process where community volunteers undertake community-level research. They were to identify the key factors in the community that cause poverty and at the same time, identify a range of possible solutions to address these problems. It involves three steps, viz.:

1. Planning and preparations to undertake the PSA, including the attention paid to facilitation support and community mobilization
2. Research and Analysis
3. Community Consultation (on the results of the Research and Analysis)

II. TOOLS IN PARTICIPATORY SITUATIONAL ANALYSIS

1. **Community Mapping**
   a. Identify the community strengths and resources, and at the same time uncover the underutilized strengths and resources, which shall help the communities to develop solutions to community needs, such as *special map*;
   b. Set the compass and establish the directions;
   c. Establish the boundaries (such as geopolitical boundary – example: Purok, barangay, etc.)
   d. Establish the location of key natural/ physical landscape features; and,
   e. Establish location and features of built-up areas based on land use (settlement sites and services to be found; economic areas; other significant landmarks.

Note: *In working out the spatial map, the case manager (community organizer) and the community volunteers must agree on the symbols/legends that will be used to represent natural and human-made features.*

2. **Hazard Map**

- As part of mitigating physical and disaster risks in the community, the hazard map can be prepared with the technical assistance of the Municipal Disaster Risk Reduction and Management Office.
- It is primarily a description of land surface shapes and features (topography), which also indicates settlements in relation to elevation and location of natural resources and basic services.

[1] *Adapted from MCCTD's Powerpoint presentation on Participatory Situational Analysis*

- Knowing the relationship between settlements, location of natural and other resources, and elevation of natural features is an important aspect of disaster risk reduction.

3. Problem Tree Analysis

- It is an overview of all the known causes and effect to an identified problem.
- Core problems shall be identified and their immediate causes and effects, and further analyzed to its secondary causes until the full outline of community problems has been drawn.

4. Solution Tree Analysis

- This identifies ways and means to address the full outline of community problems that has been drawn from the Problem Tree.
- It reverses the negative statements in the Problem Tree to positive statements in the goal of coming up with solutions.
- Core solutions shall be identified and their immediate effects and outcomes, and further analyzed to its ripple effects until the full outline of solution steps has been drawn to address the enumerated issues and concerns in the problem tree.

5. Seasonal Calendars

- Seasonal calendars are useful for evaluation as they can help analyze time-related cyclical changes in data (e.g., rain, livestock forage - food for animals especially when taken by browsing or grazing, water availability, income, expense, men's activities, and women's activities, among others).
- A calendar that allows people to visualize patterns of variations over particular periods of time.

6. Historical Profiling

- This shall be used for gathering information about what happened in the past. It can assist a community in building a picture of past events affecting their community.

7. Strategic Planning

- Strategic Planning (3 years, 5 years or 10 years); One (1) year Action Plan; and One (1) Month Workplan
- Planning Matrix:

Objectives	Activities	Success Indicators	Logistical Requirements	Responsible Person	Important Assumptions

- The evaluation process includes periodically determining the status of an activity, project or plan; reflection on the weaknesses and strengths, enabling and hindering factors on its implementation; and, recommended next steps.

8. Matrix Ranking[3]

- Includes the process of breaking down and prioritizing complex issues when multiple factors are influencing the decision
- Objectively and unambiguously rank community priorities
- Determine most crucial focus areas
- Establish a basis for discussion about what is important
- Garner community/stakeholders support for important buy-ins

Steps to be undertaken:

Step 0: *List tasks and activities*

The first step for any prioritization matrix is to make a list of all tasks that your volunteer group needs to prioritize and do.

Step 1: *What are the consequences?*

Ask the group what might be the consequences for not doing each of the tasks, or, more generally, not prioritizing a certain option.

Step 2: *What's important?*

Split the list into two categories: high and low importance. Then, considering all consequences that the group listed in the previous step, place each of your options into the category the group deem most fit.

Step 3: *What's urgent?*

Now, for all "high importance" and "low importance" options, split each into a further sub-category of "high urgency" and "low urgency." You should now have four groups in total.

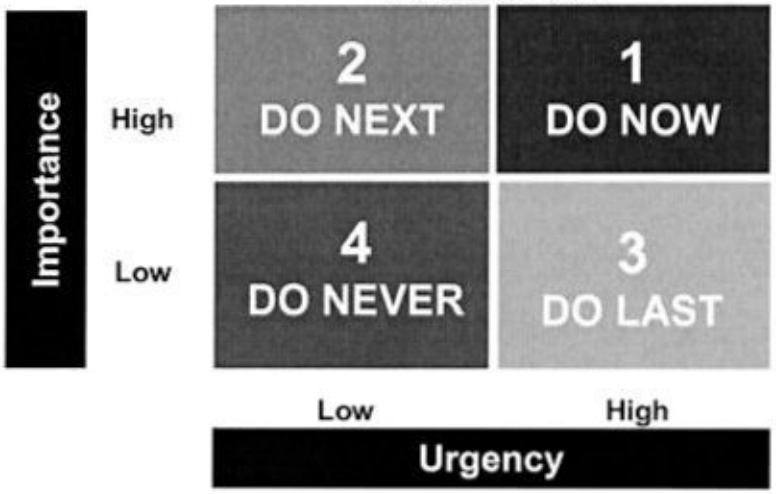
Step 4: *Assign number values*

Now, assign number values 1 to 4 to each of the group's options, where a lower number means a higher priority.

High importance and high urgency: 1
High importance and low urgency: 2
Low importance and high urgency: 3
Low importance and low urgency: 4

[3] *Adopted from CIDSS Field Manual and CEAC Manual 101, and Prioritization matrix adopted from https://www.process.st/prioritization-matrix/*

Prioritization Matrix



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Pantawid Pamilyang Pilipino Program

Annex N

SOCIO-ECONOMIC PROFILE[1]

This tool is the primary reference document to get to know a community or a barangay. It provides a deeper understanding of the conditions of the community and the beneficiaries. Its results are used in identifying factors that can help in the implementation of the KU Social Case Management Strategy. The profile will serve as bases in identifying and implementing strategies and development planning, and in getting support to the Local Government Units and other partners to sustain the growing local initiatives. The conduct of the social investigation is continuous throughout the community organizing process depending on the need for additional data/information. The information needed to complete the data in this template would require various sets of assessment activities participated by the community members.

Part I.

	Area of Concern	Information/Parameter/Indicators
A. Barangay Profile		
1. Basic Information		
a	Region	
b	Province	
c	Municipality	
d	Barangay	
e	No. of Sitios/Puroks	
f	4Ps Set No.	
g	Inclusive Years under 4Ps	
2. Population Profile		
a	Total number of households	
b	Total number of families	
c	No. of male	
d	No. of female	
e	No. of male children ages 0-5 years old	
f	No. of female children ages 0-5 years old	
g	No. of male children ages 6-12 years old	
h	No. of female children ages 6-12 years old	
i	No. of male children ages 13-17 years old	
j	No. of female children ages 13-17 years old	
k	Total male voting population	
l	Total female voting population	
m	Total male labor force	
n	Total female labor force	
o.	Total number of PWDs	
p.	Total number of Solo Parents	
q.	Total number of Youth (ages 18 to 30 years old)	
r.	Total number of Out-of-School Youths (OSYs)	
s.	Total number of Pregnant Teenage Girls (aged 13-17)	
t.	Total number of Pregnant Women	
u.	Total number of elder person	
3. Indigenous People		
Are there indigenous peoples (IP) in your barangay? _____ Note: You may add rows and columns if there several IP affiliations.		
a	IP Affiliation	
b	Location/Sitio	
c	Total No. of Households	
d	Total No. of Families	
e	Total No. of Males	
f.	Total No. of Females	
4. Conflict-affected Area (Is the Barangay affected by armed conflict?_____)		
a	If yes, please give additional details of the armed conflict in the area:	

b	If not, how many hours does it take to travel to Poblacion?	
c	No. of kilometers from the Poblacion	
d	What is the geographic characteristic of the Barangay? *(i.e., upland, hilly, lowland, island, coastal)*	
e	Is the barangay isolated from the rest of the barangays?	
6. Affected by any of the following Peace and Social Cohesion issues?		
a	Boundary and territorial disputes	
b	Political and extrajudicial killings	
c	Family and gender-based violence	
d	RIDO or clan wars/Tribal wars of 'pangayao'	
e	Crime	
7. Which of the following establishments and services are available in the barangay?		
Please state if the following facilities/establishments/services are available in the barangay and mode of transport and cost going there. If none, please state distance to the nearest facility (hours) as well as the mode of transport and cost. Kindly also state the number of workforce and service capacity per facility.		
a	Barangay hall	
b	Multi-purpose building	
c	Tribal hall	
d	Evacuation center	
e	Market place/bagsakan center	
f	Stores	
g	Mini port	
h	Daycare center	
i	Elementary School	
j	Secondary School	
k	College or university	
l	Health station	
m	Hospital	
n	Irrigation	
o	Pre/Post Harvest Facilities	
p	Water supply system	
q	Drainage System	
r	Waste facility	
s	Cemetery	
t	Electricity	
u	Telecommunication Access	
v	Bank	
w	Credit facility	
x	Tanod/police	
y	Emergency services	
z	Postal service	
aa	Capability/skills training:	
	- Health	
	- Organizational Development	
	- Agriculture and enterprise	
	- Education	
	- Others	
B. Social Welfare and Development Indicators (data from scoreboard)		
1. Breakdown of Levels of Well-being		
a	# of 4Ps Household-beneficiaries on Survival Level	
b	# of 4Ps Household-beneficiaries on Subsistence Level	
c	# of 4Ps Household-beneficiaries on Self-Sufficient Level	
	Total # of Assessed Households	
2. Economic Sufficiency		
a	Employment	
b	Employable Skills	
c	Income (Further income indicators that may be retrieved from CBMS' Core Local Poverty Indicators)	

g	Family Awareness of Relevant Social Issues		
4. Livelihood Skills			
a	Livelihood skills that the family members currently have		

Part II. Studies, Plans, and Projects Taking Place

Briefly discuss the existing initiatives happening in the barangay—its reach, purpose, and effects on the lives of the people.

Part III. Initial Analysis and Assessment

Provide initial analysis based on the above gathered data and identify the community strengths, weaknesses, opportunities, and threats in managing and utilizing internal and external capacities/ resources with special consideration to vulnerable and marginalized groups.

Part IV. Community Development Plan

As part of participatory and empowering process, kindly consider utilizing the local dialect used by our 4Ps household-beneficiaries in the Community Development Plan since they are involved in accomplishing the tool.

Overall Goal (*example*): *By the 2023, Barangay Mapagkawanggawa have an improved health care system servicing ___ of the barangay population.*

SOLUTION (*Ordered based on what should be prioritized first*)	**What problems do the identified solutions address?**	**What should be done to ensure that the solution materializes?**	**Who is responsible for making the solution happen?**	**When should the solution be implemented?**
e.g., Health facility in the barangay	Malnutrition, infant illnesses	Allocated budget in the Barangay Development Plan	Barangay Council	March __

Prepared by:

_____
Name and Signature/Department/ Designation/Date

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Pantawid Pamilyang Pilipino Program

Annex O

SUSTAINABILITY PLAN

During the mid-phase process, organized volunteer partner 4Ps households and Local Government Unit (LGU) counterparts execute the operationalization of projects in accordance to approved proposals while doing continuous monitoring and evaluation of implemented projects. Capacitated towards self-governance, Civil Society Organizations (CSOs) and People's Organizations (POs) are eventually fully empowered play an active role in primarily developing and implementing their projects, and ensuring its operationalization and sustainability in the process.

On the other hand, the LGU serves as the primary link in the social service workforce that will receive the 4Ps household beneficiaries upon their program exit. Together with the LGU, CSOs and POs composed of former 4Ps beneficiaries shall continue to implement activities geared towards ensuring the sustainability of initiated projects. The Department shall then ensure rational provision of technical assistance and resource augmentation to LSWDOs in its bid to foster and promote their sustained total functionality. This endeavour recognizes the vital role of the LGUs specifically the LSWDOs as the frontline implementers of social welfare services at the local level pursuant to the provisions of RA 7160 otherwise known as Local Government Code of 1991.

GOAL 1 ***(Governing Policy/ies):*** *Localization of R.A. 11310 or the Pantawid law*			
Objectives	**Activities**	**Lead Responsible and Involved Partners**	**Target Date**
GOAL 2 ***(Program Management)*****:** *Establishment of monitoring mechanism*			
Objectives	**Activities**	**Lead Responsible and Involved Partners**	**Target Date**
GOAL 3 ***(Institutional Mechanism):*** *Functional Municipal Advisory Committees*			
Objectives	**Activities**	**Lead Responsible and Involved Partners**	**Target Date**
GOAL 4 ***(Provision of Programs and Services):*** *Social enterprise employing batch one of 4Ps exiting beneficiaries.*			
Objectives *(chosen from CMAP)*	**Activities**	**Lead Responsible and Involved Partners**	**Target Date**

Prepared by:

_____
Name/Position/Designation/Date

Concurred by:

_____
Name/Position/Designation/Date