The Comprehensive and Integrated Delivery of Social Services: An Appraisal of a Strategy in Social Development*

RIZAL G. BUENDIA**

The Comprehensive and Integrated Delivery of Social Services (CIDSS), one of the flagship programs of the Social Reform Agenda, is being implemented by the Department of Social Welfare and Development. It is a demonstration project with a life span of five years (1994-1998) which aims to empower disadvantaged families, sectors and communities living at the threshold of and below the poverty level by enabling them to gain better access to and manage the delivery of basic services. Halfway through its implementation, this assessment of CIDSS indicates some valid apprehensions as to the attainment of the empowerment goal.

Introduction

Social development as a concept is intricately linked with the ideals of peace, freedom, stability, and security. It is concerned with fewer material or nonmaterial aspects and "less economic factors which contribute to the overall quality of human life" (UNCRD 1988). Noneconomic social indicators like gains in literacy, schooling, health conditions and welfare services, and provision of housing for instance, are utilized to determine the extent and depth of social improvement.

Nonetheless, social development cannot be isolated from the economic, political, cultural, ecological, and spiritual environment in which it takes

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place.   Its promotion requires an orientation of values, objectives, and priorities toward the well-being of the people as well as the strengthening of institutions and policies attendant to the advancement of people's welfare. Thus, the ultimate goal of social development is to improve and enhance the "quality" of life of *all* people. Given this context, social development *is* human development.

Operationally, social or human development is the attainment of people's most basic needs and well-being toward longer and more meaningful lives, well-nourished and free from avoidable diseases, well-sheltered and clothed, economically and physically secure, literate, and empowered to deal with their social circumstances (RP 1995b: 7).

To this end, the government frames its vision of social development for the Third Millennium in what is known as Philippines 2000. The vision is based on a strong and positive build-up in social capital[1] or the structure of relations between civil society and government. The strategy of Philippines 2000 is articulated in the Medium Term Philippine Development Plan (MTPDP) for 1993-1998.

The vision's strategic goal is total human development. It refers not only to development in the economic sphere but includes all aspects, phases and dimensions of life. It envisions enabling people to have wider choices and expanding their capabilities to live full lives as human beings.[2]

Conceivably, achieving the goal of human development requires the reduction if not the ultimate eradication of absolute poverty in the Philippines. This demands access to economic opportunities that will promote sustainable livelihood, basic social services to ensure life sustenance and protection, as well as special efforts to facilitate access to opportunities and services for the disadvantaged. People living in poverty and vulnerable groups must be empowered through organization and participation in all aspects of political, economic, and social life.

While the MTPDP has defined the vision of national development, the Social Reform Agenda (SRA), an equally important document adopted in 1994, laid down the operational framework whereby human development will be achieved. Inasmuch as alleviating poverty necessitates the empowerment of the disadvantaged groups and making social services available to them, it becomes exigent that a strategy intending to address this issue be initially assessed, albeit of limited implementation at the field level.

One of SRA's flagship programs and strategies aimed at building the power of the poor to enable them to gain access to fundamental services and manage their resources, and thus respond to the people's "minimum basic

needs," is the Comprehensive and Integrated Delivery of Social Services (CIDSS). The CIDSS is viewed as a demonstration project with a life span of five years (1994-1998) and operationally managed by the Department of Social Work and Development as the lead agency. At the end of the project, the strategy is expected to be institutionalized in the local government units (LGUs) for its sustained implementation.

Given the prospect of institutionalizing the strategy at the level of the LGUs, a pressing concern is that the appropriateness and relevance of strategies be determined at this early stage. The successful replication and the sustainability of the CIDSS depend not only on the direction it has taken but also and more importantly, on the mechanisms and processes developed at the pilot and experimental phase.

In this context, the article attempts to appraise the strategies undertaken or being considered by the government under the CIDSS in light of empowering the disadvantaged and marginalized sectors of the populace through service delivery and people's participation.

The Social Reform Agenda

In a People Empowerment Caucus held in Malacañang on 17 June 1994, the President launched the national Social Reform Agenda (SRA) through the promulgation of Memorandum Order No. 213. SRA is the commitment of the Ramos Administration to human development. It is a unified operational framework that defines the approaches and strategies to address the problem of poverty which afflicts 27.6 million or roughly 40% of the total population. It packages government's interventions designed to meet basic human needs, advance social equity, and promote effective participation of the people, especially the marginalized and disadvantaged sectors of the populace, in the country's economic and political life. These are summed up in its three-point agenda:

(1)   Access to quality basic services or the *imperatives of survival*;

(2)   Asset reform and sustainable development of productive resources and access to economic opportunities or *the means to work and earn a living*; and

(3)   Institution building and participation in governance or *self-governance*.

Apparently, social reform has taken three major paths: (1) increasing people's access to basic human needs; (2) addressing inequities through reform in the ownership, distribution, management, and control of productive

resources and broadening economic opportunities for the least disadvantaged sectors; and (3) enhancing political participation of people by institutionalizing structural changes in decisionmaking processes.

The SRA contains 68 commitments and provides more specific prescriptions to all social sector agencies and organizations as it stresses the need to service the basic sectors and selected depressed areas. The identification of the targets[3] in the nineteen poorest provinces[4] allowed for the clustering of existing and prospective activities under what is referred to as "Flagship Programs."

These programs are the: Comprehensive and Integrated Delivery of Social Services; Workers' Welfare and Protection; Socialized Housing; Credit; Livelihood; Institution Building and Effective Participation in Governance; Agricultural Development; Fisheries and Aquatic Resources Conservation, Management and Development; and Respect, Protection and Management of Ancestral Domains. Among the nine programs, three — institution building and effective participation in governance, credit, and livelihood — cut across all sectors. The leadership in these programs was assigned to Cabinet members mandated to translate their respective program objectives into reality.

Table 1 shows the Flagship Programs and their respective Agency Champions and targeted sectors to be served.

The SRA focuses on enabling the least privileged sectors to meet human needs and live decent lives.

The Comprehensive and Integrated Delivery of Social Services

Brief Description

The Comprehensive and Integrated Delivery Social Services (CIDSS) is one of SRA's flagship programs with the Department of Social Welfare and Development (DSWD) as the "Agency Champion." Its primary goal is the empowerment of disadvantaged families, sectors and communities living at the threshold of and below the poverty level so they can gain better access to, as well as manage the delivery of, basic services.

Specifically, CIDSS has the following objectives: (1) test strategies on service delivery through the use of total family approach, convergence of services, community organizing, and focused targeting; (2) monitor and evaluate changes in the levels of well-being of poor families through the minimum basic needs (MBN) approach; (3) institutionalize partnership between private and public sectors in the delivery of basic services at the

Table 1. SRA Flagship Program, Agency Champion and Sector Targeted

Flagship Program	Agency Champion	Targeted Sector
1. Agricultural Development	Secretary of Agriculture	Farmers and Landless Rural Workers
2. Fisheries and Aquatic Resources Conservation, Management and Development	Secretary of Agriculture	Fisherfolk
3. Protection and Management of Ancestral Domains	Secretary of Environment and Natural Resources	Indigenous Peoples
4. Socialized Housing	Chairman of Housing and Urban Development Coordination Council (HUDCC)	Urban Poor
5. Workers' Welfare and Protection	Secretary of Labor and Employment	Workers in the informal sector, viz.: overseas contract workers (OCWs); shoe shine boys; watch-your-car boys; small-time traders; housewives engaged in small business and subcontracting jobs; small entrepreneurs; hawkers; vendors; sari-sari store owners; jeepney / tricycle / pedicab drivers; scavengers; shop helpers; and others engaged in similar occupations
6. Comprehensive and Integrated Delivery of Social Services	Secretary of Social Welfare and Development	Disadvantaged groups, viz.: women; children, youth, and needy students; persons with disabilities and senior citizens; and victims of disasters and calamities
7. Credit	Secretary of Finance and President of the Land Bank of the Philippines	All Sectors
8. Livelihood	Secretary of Labor and Employment and Secretary of Trade and Industry	All Sectors
9. Institution-Building and Participation in Governance	Secretary of the Interior and Local Government	All Sectors

community level; and (4) institutionalize the CIDSS strategy in the local government planning, implementation, monitoring and evaluation activities for sustainability.

In line with the objectives, four areas of concern were identified whereby intervention has to be done. Seemingly, the following areas correspond to the different stages or processes which a family or community has to undergo to alleviate its poverty.

(1) *social preparation* of families and communities

This includes the raising of people's awareness on community realities, identification and prioritization of problems, formulation of community development plans, and organization and mobilization of core groups or committees as agents of change and community resource. Social welfare interventions used in this area are participative community study, analysis and planning, creative media, and groundworking consultation (Briones 1992: 9).

(2) *building of capabilities*

This can be done through training of community volunteers, leaders, and families to ensure a sustained management of community projects. It is designed to equip volunteers with specific skills for service delivery and leaders with participatory leadership skills. Activities at this stage include trainings and lectures on understanding oneself, value formation, effective communication, and basic business management skills (Sodusta 1994:17). It is envisioned that through these interventions the poor will cease to be mere recipients of development and become active participants in managing social change.

(3) *accessing of social welfare services*

Social welfare services can be availed of based on their needs like livelihood, day care service and supplemental feeding, core shelter, primary health care, basic education and functional literacy, farm to market roads, rehabilitation of disabled persons and victims of calamities and disasters, and other support services.

(4) *monitoring and evaluation* of the promotion of people's well-being, using MBN indicators

The indicators serve as a gauge in measuring the improvement of the quality of life of the depressed, deprived, and underserved (DDU) clientele of the program. The set of indicators is juxtaposed with another set of needs of

the poor such as survival, security, and enabling needs. Monitoring and evaluation is done bi-annually to determine any change in the "quality of life" of the poor.

Table 2 exhibits the set of needs vis-à-vis quality of life (QOL) indicators:

Table 2. Minimum Basic Needs (MBNs) Quality of Life Indicators

Basic Needs	Indicators
A. *Survival*	
(1) Food and Nutrition	1. Newborns with birthweight of at least 2.5 kgs.
	2. No severely and moderately underweight children under 5 years old.
	3. Pregnant and lactating mothers provided with iron and iodine supplements.
	4. Infants breast-fed for at least 4 months.
(2) Health	5. Deliveries attended by trained personnel.
	6. 0-1 year old infants immunized.
	7. Pregnant women given 2 doses of tetanus toxoid.
	8. No family member got sick of diarrhea.
	9. No deaths in the family (within the year).
	10. Couples practicing family planning.
(3) Water and Sanitation	11. Family with access to potable water (faucet/ deep well) within 250 meters (10 minutes walk).
	12. Family with sanitary toilet (water-sealed, antipolo, flush).
(4) Clothing	13. Family members with basic clothing (at least 3 sets of external and internal clothing).
B. *Security*	
(5) Shelter	14. Housing durable for at least five years.
(6) Peace & Order/ Security	15. Family members safe from crimes against persons (murder, rape, abuse, physical injury).
	16. Family members safe from crimes against property (burglary, theft).
	17. No family member affected by natural disaster.
	18. No family member a victim of armed conflict.

(7)	Income and Livelihood	19. Head of the family employed.
		20. Other members of the family (21 years and above) employed.
C. *Enabling*		
(8)	Basic Education & Literacy	21. Children 3-5 years old attending day care/ preschool.
		22. Children 6-12 years old in elementary school.
		23. Family members (10 years old and above) able to read and write.
(9)	People's Participation in Community Development	24. Family members involved in at least one (1) people's organization/association/community development.
		25. Family members able to vote in elections.
(10)	Family Care/Psycho-Social	26. No children below 18 years of age engaged in hazardous occupation.

Source: Condensed from "Philippines Minimum Basic Needs (MBNs) Approach To Improved Quality of Life Monitoring Form," 21 December 1994.

The set of QOL indicators was adopted in 1994 and operationalized in 1995 to monitor and evaluate the DDUs' quality of life until the end of CIDSS project life in 1998.

Among the SRA flagship programs, CIDSS has the largest clientele. The disadvantaged groups covered by the program include women, children, youth and needy students, persons with disabilities and senior citizens, and victims of disasters and calamities. Specific emphasis of the program has been given to the "poorest of the poor" households, whose incomes fall below the poverty threshold, and the indigenous peoples who lack the most fundamental human amenities like potable water system, sewerage, health centers, schools, roads, transportation and communication facilities.

Given the magnitude of sectors that CIDSS intends to serve, close coordination and cooperation with other government institutions becomes imperative. Aside from DSWD, other government agencies involved are the Department of Health (DOH), Department of Education, Culture and Sports (DECS), Department of Labor and Employment (DOLE), Department of the Interior and Local Government (DILG), Department of National Defense (DND) and local governmental units (LGUs) concerned. On the other hand, cooperating agencies are Department of Energy (DOE), Department of Agrarian Reform (DAR), Department of Public Works and Highways (DPWH), National Program for Unification and Development (NPUD), and NGOs/POs.

CIDSS has a project-life of five (5) years (1994-1998) and initially covered 19 SRA priority provinces but later 17 other provinces were added for a total of 36.

CIDSS' Commitment

Inasmuch as CIDSS is focused on the social uplift of the disadvantaged groups, it has committed itself to the following:

(1) *Convergence of social welfare services* in the 19 identified priority provinces based on the MBN approach. This entails the consolidation of DSWD's five major programs — Family and Community Welfare, Child and Youth Welfare, Women's Welfare, Disabled Person's Welfare, and Emergency Assistance — at the field level. Apart from the confluence of DSWD's programs, efforts of government agencies concerned with social service delivery will be organized and consolidated to provide preschool classes, school buildings, community health services (maternal and child health, family planning, environmental sanitation, and immunization among others), and other special needs; and

(2) *Intensified implementation of safety net measures* such as the Self-Employment Assistance-*Kaunlaran*[5] (SEA-K), food security, parent effectiveness, responsible parenthood, assistance to individuals in crisis situations (AICS), day care and educational assistance. These services are aimed at preventing further deterioration of the situation of the poorest of the poor families and responding to the basic food and nutrition, income security, education and literacy, and family care needs.

Further refining the aforesaid commitments, CIDSS zeroed in on the disadvantaged children and youth including disadvantaged students and out-of-school youth (OSY), persons with disabilities (PWDs), women, and victims of disasters and calamities.

Table 3 succinctly presents the different services that will be provided to each clientele group the program intends to serve.

The Coverage

In the initial year of operation, CIDSS covered 150 *barangays* in 75 municipalities in 33 provinces — 16 in SRA priority provinces and 17 in non-SRA areas. These are in twelve regions, namely: regions 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, CAR, and ARMM. It is projected that by 1996 a total of 40 provinces or 51% out of 78 provinces will be within the orbit of CIDSS. Moreover, it is estimated that out of 949 SRA and non-SRA municipalities in 40 provinces, 255

Table 3. CIDSS Services According to Disadvantaged Group

DISADVANTAGED GROUPS			
Children and Youth	*Women*	*Persons with Disabilities and Elderly*	*Victims of Calamities and Disasters*
1) *Child placement and protective services* The provision of appropriate parental care, whether temporary or permanent, to children who are abandoned, orphaned, abused, neglected, victims of armed conflict, and those with special needs.	1) *Productivity skills capability building cum livelihood* Provides skills training to enable them to gain employment either through self or open employment. Skills provided are in areas of sewing craft, toy craft, ceramics/pottery, rattan craft, and food processing or preservation. Likewise, basic enterprise management skills and financial assistance are offered.	1) *Information campaign on Accessibility Law (BP 344)* Dissemination of information on the provisions of the Accessibility Law specifically focusing on its implementing rules and guidelines.	1) *Capability and disaster preparedness* Involves the development and enhancement of individual, family, and community capabilities and skills in a speedy, orderly, and systematic response to disaster or calamity.
2) *Scholarship benefits to deserving OSY (Sulong Dunong Para sa Kabataan)* Involves the use of Alternative Learning Systems (ALS) in lieu of formal schooling which consist of equivalent quality primary education for out-of-school youth (OSY) and children.	2) *Services for women living in difficult circumstances* (battered or abused, victims of involuntary prostitution and illegal recruitment, women in detention, and women victims of armed conflict) The program is both center- and community-based. Women living in high risk, violent, and/or hazardous situations are given psychosocial services and care either in centers/institutions (Substitute Home Care for Women), where they are housed temporarily before their eventual return to their families, or in their homes where support of their family and community is enjoined. Services offered are: residential care, medical service, psychological test, personal and child care, self-enhancement skills development, spiritual enhancement/	2) *Nationwide implementation of community-based integrated rehabilitation* Assistance to LGUs in expanding and strengthening existing community-based projects for the rehabilitation of persons with disabilities (PWDs). These are in regions 2, 4, 5, 6, 7, 9, 10, 11, 12, CAR, and ARMM.	2) *Food-for-work and cash-for-work schemes* Gives food or cash to victims of calamities and disasters or persons in exchange for actual services rendered in undertaking restoration and rehabilitation activities.

Table 3. (continued)

DISADVANTAGED GROUPS			
Children and Youth	Women	Persons with Disabilities and Elderly	Victims of Calamities and Disasters
	renewal, and livelihood skills development.		
3) *Integrated Human Resource Development Program for Youth (IHRDPY)* Broadening of opportunities of OSY (ages 15-24), specifically the members of the *Pagasa* Youth Movement (PYM), to enable them to engage in productive activities for their economic, physical, spiritual, and mental well-being.	3) *Strengthening LGUs' responsible parenthood information and service for family planning and reproductive health*	3) *Tulay 2000 (Tulong, Alalay sa Taong May Kapansanan)* A joint project of DSWD and DOLE in support of the Asian Pacific Decade of Disabled Persons (1993-2002). It intends to assist PWDs to become self-reliant and productive members of the society.	3) *Resettlements* Assistance to displaced families and individuals, affected by natural calamities through a resettlement program in coordination and collaboration with other agencies concerned.
4) *Enhancing the quality and relevance of education* Emphasis is given to physical sciences through the recruitment of qualified science teachers, development of relevant curricula, acquisition of modern equipment of learning, and establishment of a National Science Instrumentation Center (NSIC) where science-related instruments and technologies may be developed as well as serve as a training center for instructors teaching science courses at the secondary level.	4) *Implementation of barangay-based day care centers especially in urban areas, in support of working mothers and disadvantaged women*	4) *Advocacy for the allocation of funds for PWD programs in LGUs and for organizing self-help groups* Render technical assistance to LGUs' social workers in planning and administration of programs for PWDs.	4) *Basic services for restoration and rehabilitation* Refers to *balik-probinsya* assistance (financial and material aids to individuals and families affected by disasters and calamities to return to their provinces or place of origin), supplemental feeding (provision of food assistance to nutritionally depressed barangays and moderately and severely underweight preschool children), and emergency shelter assistance (financial and non-cash assistance to families whose houses are partially destroyed by natural and man-made disasters).
5) *Broadening of accessibility of education* This includes the construction of an elementary school in every barangay and high school in every	5) *Provision of a broad range of information and services for responsible parenthood, family planning and reproductive health*	5) *Social mobilization of PWDs, senior citizens and their families* Enhancement and mobilization of productive potential and resources of PWDs,	5) *Core shelter housing* Mobilization and organization of disaster victims to plan and implement core shelter assistance that can withstand 180 kph. wind

Table 3. (continued)

DISADVANTAGED GROUPS			
Children and Youth	Women	Persons with Disabilities and Elderly	Victims of Calamities and Disasters
municipality, increasing the number of qualified and competent teachers, and use of teacher-child-parent approach where education on health, nutrition and sanitation is integrated in the curriculum.		senior citizens, and their families to bolster their capability to respond to their needs and assume greater responsibility in nation-building.	velocity, an earthquake of moderate intensity, and other similar natural hazards.
	6) Promoting the welfare and development of women Establishment of a mechanism for women to participate in the formulation, implementation, monitoring and evaluation of policies and programs that would promote their welfare and development, e.g. self-enhancement productivity skills, capability-building and livelihood, population, personal and child care, functional literacy and community participation. 7) Certification of congressional bills on anti-rape and sexual harassment in the workplace as urgent		

Source: Republic of the Philippines, *Winning the Future: The Social Reform Agenda* 1995: 34-35.

(27%) municipalities will be included in the program. Effectively, by 1996 CIDSS expects to touch the lives of the poor in 765 barangays out of 17,624 situated in 949 municipalities or less than two percent (2%) of roughly 42,000 barangays in the country.

Table 4 exhibits CIDSS' aggressive posture in spreading itself in relatively large areas. Figures show that from 1994 until the end of 1995 a tremendous surge in the number of municipalities is prospected to be covered by CIDSS in SRA and non-SRA areas — 287% and 215% respectively. Consequently, the number of barangays to be attended to is viewed to swell

from 56 to 242 and from 64 to 343 in SRA and non-SRA areas respectively for the same period. The numbers represent an increase of 332% in SRA and 436% in non-SRA provinces from 1994 to 1995.

Notwithstanding, the astronomical increment in municipalities and barangays to be served by CIDSS does not mean that the program is extensive. For instance, it is appraised that by the end of 1995 a measly 3.3% (585) of the total 17,624 barangays can be reached and 4.3% in 1996 in both SRA priority and nonpriority areas.

Table 4. CIDSS Area by Province, Municipality and Barangay (1994-1996)

LGU	Province	Municipality			Barangay		
1994							
		Total	CIDSS Covered	% to Total	Total	CIDSS Covered	% to Total
SRA Area	16	221	28	12.6	4,238	56	1.32
Non-SRA Area	17	378	47	12.4	10,386	6	0.6
Total	33	599	75	12.5	14,624	150	1.02
1995							
		Total	CIDSS Covered	% to Total	Total	CIDSS Covered	% to Total
SRA Area	19	270	107	39.6	5,576	242	4.3
Non-SRA Area	21	679	148	21.7	12,048	343	2.8
Total	40	949	255	26.8	17,624	585	3.3
1996							
		Total	CIDSS Covered	% to Total	Total	CIDSS Covered	% to Total
SRA Area	19	270	107	39.6	5,576	327	5.8
Non-SRA Area	21	679	148	21.7	12,048	438	3.6
Total	40	949	255	26.8	17,624	765	4.3

Source: DSWD-SRA Handout 1995.

Table 5. CIDSS Areal Coverage, MBN Index, and Provincial Ranking

Region	Province / City	MBN Index[a]	Ranking[b]	Ranking of CIDSS Area[c]
2	Batanes*	0.8747	75	30
4	Romblon *	0.5988	39	24
	Aurora*	0.6751	340	28
5	Legaspi City	N.A.	N.A.	N.A.
	Masbate	0.4010	03	03
6	Guimaras*	0.5890	35	23
	Antique*	0.6337	49	27
7	Negros Oriental	0.5266	18	18
8	Southern Leyte*	0.7184	64	29
	Eastern Samar*	0.6234	48	26
	Western Samar	0.5306	19	19
	Biliran*	0.5560	25	20
	Tacloban City	N.A.	N.A.	N.A.
9	Zamboanga del Norte	0.4684	08	08
	Zamboanga del Sur	0.4429	06	06
	Basilan*	0.4631	07	07
10	Agusan del Sur*	0.4960	11	11
	Bukidnon	0.5259	17	17
	Misamis Occidental	0.5630	26	21
	South Cotabato (Saranggani)	0.5202	14	14
	Surigao del Sur	0.4829	10	10
	Davao	0.5889	34	22
12	Cotabato Province	0.4277	04	04
	Sultan Kudarat	0.5218	16	16
	Lanao del Norte	0.4799	15	15
CAR	Abra*	0.6035	40	25
	Kalinga-Apayao*	0.5110	13	13
	Ifugao*	0.4369	05	05
ARMM	Lanao del Sur	0.4799	09	09
	Maguindanao	0.3912	02	02
	Sulu*	0.2512	01	01
	Tawi-Tawi*	0.4980	12	12

Notes:
 * SRA Priority Provinces
 [a]Computed MBN Index by the Philippine Commission to Fight Poverty (PCFP) using data from the National Statistics Coordination Board and computations by the Philippine Institute for Development Studies. Eight variables were used to develop the index: (1) number of families below the poverty line; (2) incidence of official poverty in the province; (3) infant mortality rates; (4) malnutrition rates; (5) cohort survival rates; (6) adult illiteracy; (7) proportion of households without access to safe water; and (8) proportion of households without access to sanitary toilets. See also *Winning the Future: The Social Reform Agenda* (1993: 35).
 [b]PCFP's MBN Index ranking, from lowest to highest, of 75 provinces in the Philippines.
 [c]Ranking of 32 CIDSS covered provinces, in ascending order, according to MBN index.

Moreover, Table 5 identifies the 32 provinces and twelve regions where CIDSS was demonstrated after a year of operation (July 1995). It also compares the ranking of provinces according to computed MBN Index made by the PCFP (Presidential Commission to Fight Poverty), vis-à-vis CIDSS covered areas. It is estimated that about 15,000 families gained from CIDSS.

The table bares that only 15 (Table 4 shows 16) out of the 19 SRA prioritized provinces are CIDSS areas. Four provinces are not included in the list. These are: Benguet and Mt. Province in CAR, and Surigao del Norte and Agusan del Norte in Region 10. Likewise, the employment of different and more variables in the computation of MBN index seems to indicate that SRA's 19 "poorest provinces," using HDI (Human Development Index), are not really the most *deprived* in terms of basic human needs.[6] Notably, the 19 SRA "poorest provinces" were not ranked as the most underprivileged provinces in the country (see column 4 of Table 5). For instance, Batanes which was considered as one of the "poorest" is ranked as the least destitute in terms of MBN (see columns 4 and 5 of the same Table).

The Strategy

As mentioned earlier, CIDSS is both a program and a strategy of the SRA. As a program, it has been tasked to empower the disadvantaged sectors of the population to enable them to gain access to, and manage the delivery of, basic social services. Its mandate is presently carried out through the use of: convergence of social services, focused targeting, capability building measures, community-based information system, and community organizing to address the people's minimum basic needs. In effect, these comprise the strategies of CIDSS.

Moreover, the strategy is area-focused and utilizes a total family approach. Bautista (1994: 15-16) contends that the area-based approach has substantially influenced the use of strategies currently being applied in social development. The strategies, therefore, are not new. In fact, most of CIDSS' operational schemes were identified from the lessons derived in the course of implementing the Integrated Approach to Local Development Management (IALDM) within the context of the 1991 Local Government Code (LGC) for the Philippine Plan of Action for Children (PPAC) (See CPAD 1993; Bautista 1995: 1-10).

However, the issue of whether the strategies identified in the IALDM experience were correctly applied in CIDSS is another question which the article does not intend to deal with. Nonetheless, an important concern is to appraise the relevance of CIDSS' strategies in the light of the changes in both the internal and external environments, such as the devolution of many

programs to LGUs, impact of trade liberalization, economic progress, urbanization, and modernization. To be relevant, the strategies must be able to respond to the problem of equity in human development.

Description of Strategies

Toward the attainment of CIDSS primary goal and objectives, the following strategies are effected:

(1) Convergence of Services

This entails the consolidation of social welfare service programs at the field level. It also involves the participation of LGUs, national government agencies (NGAs), nongovernmental organizations (NGOs), people's organizations (POs) and the private sector in the planning, implementation, monitoring and evaluation of the delivery of social services to a depressed community;

(2) Focused Targeting

This refers to the identification of priority areas for convergence of social services. Priorities are made based on the severity of social problems prevailing and the magnitude of people affected by them. It involves the masterlisting of individuals or families, starting with the minimum basic needs standards, who will be the focal persons to receive immediate social services.

(3) Community Organizing

Community organizing (CO) techniques are applied in order to encourage community residents to form themselves into groups or NGOs and POs. The process of raising the people's awareness on community issues and problems is made through a people-based organization. Furthermore, the organizations serve as a mechanism where people's capabilities are honed and developed to effectively manage their own development program(s) or project(s), apart from being a venue where community's needs are determined and solved by the people themselves. CO may be operationalized either by tapping the expertise of existing POs and NGOs in the area or by being initiated by the LGU concerned.

(4) Capability-Building

This pertains to the process of upgrading and improving the administrative and technical capabilities as well as managerial skills of local government executives (LGEs), local planners, implementors, evaluators,

households, and institutions in the delivery of social services. This is done through a continuing education and training program.

(5) *Community-Based Information System*

The scheme strengthens the data base in the community by enabling the local residents to gather information necessary in monitoring and evaluating interventions of government in advancing the social welfare issues among the populace. The system requires the installation of information centers of LGUs with the community concerned engaged in gathering, analyzing, and utilizing information regarding the status of their MBNs.

Toward the implementation of CIDSS, the DSWD (agency champion), tasked one of its bureaus, the Bureau of Family and Community Welfare (BFCW) to head the Project's Secretariat. In turn, the BFCW created a five inter-bureau/service unit in order to facilitate the provision of technical and administrative support to the Project. This includes all DSWD's program bureaus whose functions have been devolved to LGUs — the BFCW, Bureau of Child and Youth Welfare (BCYW), Bureau of Women's Welfare (BWW), Bureau of Disabled Person's Welfare (BDPW) and Bureau of Emergency Assistance (BEA).

Appraisal of Strategies, Issues and Concerns

From the latest evaluation report (July 1995) culled from twelve regions, a general picture of CIDSS' field operation can be gleaned. However, regional reports contained only an outline of activities as well as accomplishments of 29 provinces (the two cities have yet to submit theirs) relative to the four components of CIDSS — social preparation, capability building, accessing of social services, and monitoring and evaluation.

It was a litany of statistics — number of families reached; number of organizations formed; number of community meetings conducted; number of problems identified; number of trainings conducted for local officials, NGOs/POs, CIDSS workers and volunteers; number of services delivered; and others. Although the data may help to understand how far the CIDSS has gone after a year of its operation, more qualitative information are necessary in order to ascertain if the tools it is using are appropriate and able to carve out a better Filipino.

Community Organizing and Empowerment

The empowerment of the disadvantaged families, communities and sectors is the ultimate goal of CIDSS. Apart from being an end, empowerment is also

considered as a means whereby the poor can gain better access to basic services and manage the delivery of social welfare goods by themselves. Empowerment has a political dimension as well. It is an important element in the process of democratization as it entails the popular participation of people.

Participation is both an end and a means. As an end, it enlarges the capacities and builds confidence of people to act and pursue development goals with minimum assistance from the government. As a means, it contributes to better formulation of policies directly or indirectly affecting their lives.

Furthermore, participation involves "organized efforts to increase control over resources and regulative institutions in a given social situation ... on the part of groups and movements hitherto excluded from such control" (Wolfe in Goulet 1989: 165). Goulet (1989: 175) argues that people's participation is largely a "defense mechanism against the destruction wrought by elite problem solvers in the name of progress or development." Thus, the nonparticipation of the poor in the entire process of the development cycle runs the risk not only of alienating the beneficiaries of development from its avowed objectives but also renders political democracy a mockery.

CIDSS intends to develop the power of the powerless through a "people-based community organization." The strategy contains three elements: first, raising people's awareness on community problems and issues; second, encouraging the people to form their own organization; and third, enhancing the community's capabilities to initiate, finance and manage its own development program(s) or project(s).

Community organization as a vehicle in engendering people's empowerment is a correct strategy. As Esman and Uphoff (1984) state: "participation tends to be ineffective outside of an organizational context and ... local organizations are a crucial factor in development efforts" (Carroll in Bhatnagar and Williams 1992: 109). However, initial field reports culled from 29 provincial field offices of DSWD and results of focused group discussions (FGDs) held with DSWD's field officers[7] seem to augur the nonempowerment, if not the disempowerment of the poor.

Oftentimes, community work is done under the supervision of a CIDSS worker who organizes a depressed area based on DSWD's devolved programs (see Table 3 for CIDSS services), e.g. SEA-K Associations, Day Care Center Parent Committee, Parent Effectiveness Group, Pag-Asa Youth Movement, women's welfare committee, relief and rehabilitation committee, committees on health and sanitation, livelihood and similar sector- or program-based organizations (Osteria et al. 1995a).

Although the types and forms of organization can help address specific problems of the poor, a project-based organization limits the initiatives of people to venture in activities and programs outside of those sponsored or offered by the government. Consultations and sharing of information at the local level have been placed within the context of a specific project. Thus, opportunities for CIDSS to stimulate broader participation in a wide range of critical development issues have been circumscribed.

While consultation and information-sharing are techniques used to evoke participation, it does not guarantee that such participation will eventually lead to empowerment. Building the power of the grassroots demands that people are placed at the center of planning and decisionmaking. Participation therefore must be popular. Obviously, mere project consultation and information dissemination on CIDSS programs cannot satisfy the requisite of popular participation.

An empowering participation must involve decisionmaking on the part of the marginalized sectors to take action that would extricate themselves from their disadvantaged social situation. It unleashes the latent energy of the people and leads to a self-reliant community and sustainable development. Experience has demonstrated, in Bangladesh for instance, that when people are allowed to decide on policies pertinent to their welfare and rights, development alternatives can be devised — oftentimes more relevant and appropriate compared to those conceived by the government — and limitless resources created (Abed 1992: 32).

Participation implies that people sharing common concerns should articulate their demands and work together toward the solution of their problems. In other words, recognizing the peasants', fisherfolk's or minorities' own definition of interests and "felt needs" is more crucial to secure people's participation than a CIDSS worker or a government employee defining the beneficiaries' interests in their behalf.

The concern of DSWD field officers over the nonparticipation of the "beneficiaries" in the "development efforts" is not only valid but expected (Osteria et al. 1995b: 22). The people cannot identify themselves with the program. They are not convinced that CIDSS is for them and pursues their interests. Even granting that the community organizer is a conscientious worker with a pure intention to help the poor, services and projects handed down to them without their active involvement in their conceptualization and design will always be doubted.

Furthermore, empowerment through community organization must be related to accountability. Activities, programs and projects undertaken by the organization must take into account the effects and outcomes of such not only

to the members of the organization but also to the community at large. Inasmuch as the process of organizing under CIDSS starts from a government worker rather than as an initiative of the poor, it is conceivable that the accountability of the organization lies with the organizer and not the community.

Evidently, the poor form their organization not because of the "felt" and real need for empowerment but in view of the promising "reward" — CIDSS services — the program offers. On the other hand, the inability of the disadvantaged group to organize means a denial of government's services. Ostensibly, the poor have no choice but to satisfy the requirement of the program since the other option leads to further deprivation and impoverishment.

Inasmuch as community organization engages government-paid organizers, discussions are confined to government-sponsored programs, projects, and services and how the people can gain access to them. Reports reveal that community meetings are held merely to disseminate and sell CIDSS's program packages. Empowerment goes beyond projects and programs, however. Empowerment ought to be a process of enhancing the capabilities of people to chart their own future.

Obviously, the current process of community organizing defeats the purpose of empowerment. Instead of increasing the capacities of people to gain control over their lives, they are being controlled and boxed within the defined provisions of CIDSS. "Empowerment" is imposed from above expecting to yield instantaneous results that would benefit the poor.

The idea behind community organization is to develop a nonhierarchical and nonbureaucratized structure with a high degree of member influence. The main purpose is to activate and educate the members as involved citizens. Therefore, it is very important that the poor are assured of participation in decisions concerning their own lives and future.

The CIDSS experience has shown that the process of organizing limits the initiatives and restricts the capacities of the poor. It shows a narrow concept of empowerment that makes community organizing a reactionary tool to control the lives of people and disempower them.

Convergence of Social Services and Capability Building

The convergence of social welfare programs at the local government level constitutes another strategy of CIDSS. It is envisioned that the concentration of welfare services in a depressed community will enable the poor to gain

access to social services and eventually enable them to manage the delivery of basic human services by themselves.

As a result of the enactment of the 1991 Local Government Code, DSWD realigned its organizational structure to respond to its devolution mandate. In 1994, five of its welfare services were devolved to LGUs: (1) family and community welfare (FCWS); (2) child and youth welfare (CYWS); (3) women's welfare (WWS); (4) disabled person's welfare (DPWS); and (5) emergency assistance (EAS). The convergence of these programs and services is expected to bring the disadvantaged sectors into the mainstream of human development.

Under the FCWS, the following are provided: Parent Effectiveness (PES); Marriage Counseling (MCS); Family Case Work (FCWS); Responsible Parenthood (RPS); Social Services for Solo Parents (SSSP); Social Preparation for Employment (SPE); Social Preparation for People's Participation (SPPP); Community Mobilization (CMS); Community Volunteer Resource Development (CVRD); and Social Welfare Structures Development (SWSDS). Table 6 lists the services rendered by FCWS vis-à-vis social work interventions.

Table 6 clearly depicts that most of the interventions (except PES), are limited to individual and peer counseling, casework and referrals to specialists. Although these may seem appropriate given the nature of the client's problem, the relief and welfare services offered (RPS, MCS, Family Casework and SSSP) have short-term effects and answer immediate and visible needs. It is far from developmental but rather falls within the traditional or first-generation concept of social work. Instead of addressing the cause of family problems, the interventions are aimed at solving the negative consequences.

The services and interventions utilized to aid socially disadvantaged families engender dependency whereby the DSWD or CIDSS worker is the doer and provider and the client is the passive beneficiary. Nevertheless, relief and welfare assistance continues to be an essential, important and necessary response to emergency and crisis situations which require swift and effective humanitarian action. These efforts, nonetheless, must not be construed as development assistance as they plainly yield momentary alleviation of the symptoms of underdevelopment.

On the other hand, the Child and Youth Welfare Service (CYWS) is operationalized under two major programs: (1) the Child and Youth Development Program (CYDP) and (2) Child and Youth Welfare Program (CYWP). The former has two services, Day Care Service (DCS) and Integrated Human Resource Development for the Youth (IHRDY), while the latter has four namely: Child and Placement Service; Child Protective Service;

**Table 6.   Family and Community Welfare Program's
Service and Social Work Intervention**

Services	Social Work Intervention
Parent Effectiveness	Neighborhood Parent Effectiveness Assembly, Day Care Parents Committees
Responsible Parenthood	Planned Parenthood Counseling, Counseling on Psychosocial Barriers, Accessing and Referral
Marriage Counseling	Pre-Marriage Counseling, Marriage Enrichment Counseling, Trial Separation Counseling, Referral to Marriage Specialist
Family Casework	Task Oriented Casework, Referral for Psychological or Clinical Intervention
Social Services for Solo Parents	Peer Counseling, Individual Counseling, Accessing and Referral
Social Preparation for Employment	Vocational and Job Counseling, Practical Skills Development, Job Referral for Employment, Provision of Seed Capital
Social Preparation for People's Participation	Participative Community Study and Analysis and Goal Setting, Creative Media, Groundworking and Consultation
Community Mobilization	Core Group Mobilization, Community-Wide Mobilization
Community Volunteer Resource Development	Volunteer Skills Development, Participatory Leadership Development, Strengthening of Community Volunteerism
Social Welfare and Development Structures	Organizing of: committee for parent effectiveness; committee for the development and welfare of women; committee for promotion of disabled person's welfare and development; neighborhood association for shelter assistance; and livelihood committee
	Organizing mutual assistance committee, e.g. subcommittee on water, toilet and sanitation, home aid service, and group marketing
	Strengthening and organizing of relief and rehabilitation committee (one of the committees of the Barangay Disaster Coordinating Council [BDCC]) and committee for protection of children and youth (one of the committees of the Council for the Protection of Children [BCPC])

Rehabilitative Services for Youth Offenders; and Assistance to Disadvantaged Transnational Children.

Invariably, the emphasis of the program is on the provision of welfare needs to children and youth. Its thrusts and priorities have been explicit in strengthening welfare services to meet the immediate demands of its target clientele (children and youth aged 0-24 categorized as neglected, abandoned, abused, exploited, displaced, out-of-school, delinquent youth offenders and special groups like transnational children and those living with families with dreadful diseases or afflicted with them, e.g. HIV/AIDS).

The mechanisms include the conduct of training and provision of technical assistance to social workers, trainors and child welfare specialists on how to handle welfare cases. Another is the establishment of centers and institutions where welfare services can be given.

Apparently, the program retains a heavily top-down, welfare-oriented perspective whereby the government is the donor of goods and services for defined needs. The approach contributes little in understanding the causes of child and youth problems. Moreover and significantly, it limits the capacities of the "beneficiaries" to resolve their miserable situation in a conclusive manner.

Although there are some developmental components identified among devolved services, there is insufficient evidence to deduce that these promoted the people's participation and thus led to their empowerment. For instance, the inclusion of a component on advocacy and social mobilization under the DCS was explicitly stated. Nevertheless, the mechanism to operationalize such is not clear if ever there was any. Accomplishment reports under the said service were limited to the number of Day Care Centers (DCCs) established, number of barangays with DCCs and number of children served (Osteria *et al.* 1995a). Successes or failures in the program implementation must go beyond statistics. Figures must be interpreted and their relationships with the program's primary goal and objective should be established.

One of the services with high potential of engendering people empowerment is IHRDY. It has several development-oriented components. These are: community organization; practical skills development; training capability building; and advocacy. Reports indicate the encouraging accomplishments under the program. Nonetheless, more qualitative rather than quantitative indicators must be used to better assess its contribution to people's empowerment and participation.

Another social welfare program converged at the local level is women's welfare service. The WWS offers the following: (1) social communication skills

development; (2) personal and child care; (3) self-employment assistance; and (4) self-enhancement skills development.

Except for self-employment assistance service which transfers employable, practical and business skills to enable women to support themselves and their families economically, the rest of the services seem simply to provide women with support and coping mechanisms that would make their disadvantageous position in the society more bearable. The services do not appear to confront the underlying reasons for their vulnerability to exploitation.

The social communications skills development (SCSD) program attempts to enhance the ability of the marginalized women to express themselves in both written and spoken medium, thus, achieve self-actualization. WWP considers communication skills as a problem of women when in fact it has a very strong sociocultural dimension. Moreover, communication problem, especially among the poor, is dependent on more significant factors like educational attainment, reading and writing habits, economic standing in the community, health and nutrition status, socialization and others. Evidently, an articulate poor woman cannot be an indicator of empowerment.

In a similar vein, personal and child care and self-enhancement skills development (SESD) are services which accentuate the role of a woman in a society — as a daughter, mother, wife, grandmother and mother-in-law. For instance, personal and child care skills development has the following areas of concern: self-care of women including personal hygiene, breast examination, breast feeding and weaning, care of children and other members of the family; nutrition education like monitoring of growth, early childhood disorders and promotion of immunization; and environmental education focusing on the proper use of toilets, disposal of refuse, use of herbal plants and backyard gardening. On the other hand, SESD is intended to promote women's ego, manage stress and crisis, develop positive values and relive cultural tradition.

It is apparent that the social services do not directly confront the major issues and problems faced by women in Philippine society like sexual harassment, prostitution and illegal recruitment to mention a few. In most cases, women problems are chronic and perennial, thereby rendering social welfare interventions both short-term and no more than temporary relief.

The services provided to disadvantaged and marginalized women do not contribute to the person's ability to face future problems and meet future needs with their own resources. In other words, the services are not only bereft in substantiating people's participation and empowerment but also scarcely respond to the program's goal, mandate and thrust. WWP's services are welfare- rather than development-oriented. As such, program

implementation relies heavily on trained social workers who, unfortunately, are inadequate at the field level.

The Disabled Person's Welfare Program (DPWP) is another service provided under CIDSS. It is intended to prevent as many people as possible from becoming disabled, reduce the effects of disability through rehabilitation service, ensure the full participation of disabled in their communities by strengthening their social and vocational skills, and promote public awareness on the right of disabled people to social equality.

The DPWP is concerned with: (1) information dissemination on disability prevention; (2) assistance for physical restoration; (3) self and social enhancement; (4) community-based vocational rehabilitation; (5) survival skills in communication; and (6) special social services for the elderly.

The emphasis is preventive service to disabled persons and elderly. This is a move in the right direction. Moreover, the thrust to strengthen social, vocational, educational, as well as medical rehabilitation of PWDs (persons with disabilities) indicates the sustainability of the program in terms of alleviating the situation of disabled and elderly Filipinos.

Social work interventions used in the implementation of devolved services seem to be developmental rather than merely addressing the welfare needs of the target clients. Nonetheless, it must not be construed that honing and developing livelihood skills of PWDs would necessarily lead to their empowerment. Considering that empowerment and enhanced people's participation are dependent on a host of other factors, the services are good enough as initial attempts to facilitate the productive participation of PWDs in community life. The enhancement of capacities and capabilities of PWDs is expected to yield positive results in terms of self-reliance and beyond CIDSS assistance.

In a country prone to natural disasters and calamities, the services of the Emergency Assistance Program (EAP) cannot be understated. EAP' is specifically enjoined to provide a comprehensive program for the relief and rehabilitation of victims of natural calamities and social disintegration and other distressed and displaced persons caused by "complex disasters" like civil strife and armed conflict, sea mishap, industrial strike, water poisoning due to red tide, air poisoning due to pollution and gas explosion, and squatters' ejection. It is not only concerned with the delivery of direct assistance in times of nature-made crisis but also in developing the coping capabilities of disadvantaged and vulnerable groups in calamity-stricken and disaster-prone areas.

Under CIDSS, the following social welfare services shall be available to disaster and calamity victims with the assistance from LGUs: (1) disaster relief and continuing relief assistance (provides food, shelter, and clothing to individuals and families); (2) cash-for-work and food-for-work (gives food or cash as a replacement for the temporary loss of income); (3) emergency shelter assistance (families whose houses are partially destroyed by natural and man-made disasters are given financial and material assistance); (4) *balik-probinsya* assistance (aids individuals and families to return to their provinces); (5) barangay assimilation (motivates the assimilation of rebel returnees or otherwise to their village); and (6) critical incident stress debriefing (designed to facilitate psychological recovery and safeguard internal well-being of disaster victims or people suffering from extreme stress).

Undeniably, the social work assistance and interventions are characterized as humanitarian. The assistance is directly related to either an individual or family in distress and in need of immediate help. Therefore, the benefits are heavily, if not entirely, contingent on the availability of funds, facilities, technologies, and administrative and managerial capabilities of the LGUs' staff. Unfortunately, these resources are most wanting at the field level.

Although there is nothing wrong with short-term emergency relief efforts inasmuch as these are intended to bring people back on their feet, thus renew their life after a disaster or calamity, a more long-term problem lies in the rehabilitation process. Evidently, out of six services only one is concerned with rehabilitation. Notably, rehabilitation of disaster and calamity victims is paramount as this will open new and better opportunities.

Furthermore, it must be considered that emergency and relief services are purely welfare-oriented and cannot be construed as developmental. Thus, it must be accepted that welfare assistance is important especially during crisis situations and must not be expected to empower the individual, family, or community. In fact, assisted people are rarely empowered.

Participation of Local Government Units

A crucial aspect of the strategy is the active participation and involvement of LGUs in planning and implementation of CIDSS given its character as community-based. However, results from focused group discussions (FGDs) conducted among field officers do not seem to be encouraging.

A large number of them contend that local government executives (LGEs) are not inclined to prioritize social development work. Instead, attention is given to infrastructure projects. Moreover, they perceive that LGEs and

LGU's staff are technically ill-equipped to implement the program apart from the limited funds, resources and personnel at the local level.

For instance, institutions and centers of DSWD which support CIDSS in various areas have not been well-kept and maintained. Besides, LGUs are less enthusiastic in administering and managing social welfare programs as these are not considered as their priorities. Common reasons for this predicament are LGUs' constraints in finance, technical know-how, trained personnel in social planning and administration, facilities and guidelines among others (Osteria *et al.* 1995b). Likewise, difficulties have been encountered in monitoring the performance of projects and services because of absence of or slow and tedious process of reporting, thus, delaying the response to problems in the field. Table 7 summarizes the concerns and recommendations of DSWD's field officers regarding the role played by LGUs in the implementation of CIDSS.

Table 7.   Concerns and Recommendations to Improve CIDSS' Implementation at the Local Level

Concerns	*Recommendations*
1. Nonprioritization of social welfare and development programs and projects by local government executives (LGEs).	1. Congruence of goals of both LGEs and devolved DSWD workers; need for LGUs and workers to dialogue with their constituents and respond to their welfare needs.
2. Lack or inadequacy of capability resources of LGUs to manage social welfare activities; technical, financial and professional preparation of LGUs to implement social welfare programs.	2. Better communication, financial support, administrative supervision, resource allocation by LGUs; increased support from field workers; capability programs for LGUs.
3. Political machination of LGEs in relation to political affiliation of devolved staff.	3. Advocacy and political support of LGEs toward devolved officials.
4. Difficulty or delay in monitoring social welfare activities of LGUs or inability to submit reports.	4. Need to simplify reporting system; streamlining of data flow.
5. Nonparticipation of LGUs in social welfare and development planning.	5. Involvement of LGUs in planning of social welfare and development programs.

Source: Focused Group Discussion conducted with DSWD Field Officers, 20 June 1995. See also Osteria *et al.* 1995b: 21-26.

Inasmuch as CIDSS has been devolved to LGUs for implementation, the gradual ossification of a "culture of social development" among LGEs is imperative to ensure the optimal institutionalization of CIDSS at the field level. Although such culture cannot be developed overnight especially among LGEs who have been acculturated with "non-human" development, still, conscious efforts must be done by LGEs themselves to appreciate and understand the interest of the poor as well as carry their aspirations as their own.

Final Note

Perhaps it is premature, less than halfway into the learning process, to draw conclusive and definite lessons from the country's experience with CIDSS. However, several preliminary findings and hypotheses have emerged which the government should take into serious consideration. Initial results of the study seem to indicate the CIDSS is not moving toward its avowed goal — the empowerment of the disadvantaged sectors. The strategies are off-tangent, programs remain to be dole-outs and anti-developmental, and implementors lack the resources, skills, and ideals of extirpating social poverty.

Whereas the attempt of the Ramos administration to address human development in the Philippines is indeed laudable, the strategies toward this end are not yielding the desired outcome. It is therefore a pressing concern that the strategies be reviewed and analyzed objectively, this time with the participation of the people who have a lot to stake in case CIDSS succeeds or fails, instead of those who know nothing about poverty and have never been out of power.

Endnotes

[1]The United Nations Development Programme (UNDP) defines social capital as voluntary forms of social regulation, i.e. collective decisions, public action, political participation, governance or institutional capacity. The formation of social capital has to do with strengthening the process and capability of both government workers and civil society participants, especially non-governmental organizations (NGOs), people's organizations (POs), cooperatives and the church, in making collective decisions. The enhancement of social capital entails the participation of different development players in different areas, mutually sustaining each other's collective efforts and at the same time integrating them to form a synergy. It is perceived that social capital, reinforced by social support, status, honor and other rewards, will sustain human endeavors.

[2]Improvement in human well-being is normally noted when incomes rise or when command over commodities expands. However, well-being is not always reducible to the amount of commodities or basket of goods a household can buy. Several factors, equally important, must be considered in determining the level of individual's or household's well-being. The geographical availability of public services and facilities, social and cultural values, demographic factors, psychological state, to mention a few, may contribute to miserable conditions of health, nutrition, housing, or literacy despite relatively high income.

[3]These are the landless farmers and rural workers, subsistence fisherfolks, urban poor, indigenous peoples, workers in the informal sector and all other disadvantaged groups (viz.: women, youth and students, disabled elderly, victims of calamities and disasters).

[4]The nineteen priority provinces are: Abra, Benguet, Mt. Province, Kalinga-Apayao, Ifugao, Batanes, Aurora, Romblon, Masbate, Antique, Guimaras, Biliran, Southern Leyte, Eastern Samar, Basilan, Agusan del Sur, Surigao del Sur, Sulu and Tawi-Tawi.

[5]The Self-Employment Assistance-*Kaunlaran* (SEA-*K*) project is one of the anti-poverty programs of DSWD. It is a livelihood assistance program which involves provision of integrated package of social welfare services to needy family heads, disadvantaged women, out-of-school youth, and persons with disabilities that will enable them to uplift their economic status. The services include capital assistance, social preparation and capability building, technical assistance and other support services.

[6]The Presidential Commission to Fight Poverty (PCFP) utilized eight variables to determine MBN indices of 75 provinces: (1) number of families below the poverty line; (2) incidence of official poverty in the province; (3) infant mortality rates; (4) malnutrition rates; (5) cohort survival rates; (6) adult illiteracy; (7) proportion of households without access to safe water; and (8) proportion of households without access to sanitary toilets. On the other hand, UNDP used three socioeconomic indicators — longevity or life expectancy, knowledge (adult literacy and mean years of schooling), and income based on local cost of living (standard of living). The method applied by the PCFP to obtain MBN indices, though, is similar to that used by UNDP in deriving HDI.

[7]These refer to DSWD's regional and assistant regional directors (the title of the position they held prior to devolution) who participated in a focused group discussion conducted by DLSU-SDRC-SPN (De La Salle University-Social Development Research Center-Social Policy Network) research team which did an evaluation of DSWD's programs.

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