

## GUIDANCE NOTES FOR “BATA BALIK ESKWELA: EDUKASYON AY MAHALAGA, ITO AY ATING IPAALALA”

### I. RATIONALE

Pantawid Pamilyang Pilipino Program (4Ps) is a human development program that invests in the health and education of poor households. It is one of the government programs that contributes to the Sustainable Development Goals that envisions the eradication of extreme poverty and hunger, achieve universal primary education, promote gender equality and women empowerment, reduce child mortality and improve maternal health care. The Pantawid Program currently caters to some 4.4 million poor households and monitors a total of 7,954,805 children (4,098,955 males / 3,855,850 females)<sup>1</sup> from 3 to 18 years old who are expected to comply with program conditions. For education, children have to attend school 85% of the time, for grantees to regularly attend the Family Development Sessions, and those who are pregnant and children five (5) years old and below, to seek regular health consultations.

However, there are still cases where students do not attend school and despite exhaustive efforts, remain to be non-compliant to education conditions. Children who are consistently “not attending school” (NAS) refers to children who have not been attending school for at least three (3) consecutive months in a given school year. This definition covers children who enrolled but stopped schooling for the last three (3) months or those who did not enroll at all and have been out of school longer than three (3) months.

Pantawid children who are not in school are assumed to be in especially difficult circumstances and immediate and more responsive services and interventions are necessary. The Program should be able to (a) identify the issues and barriers that prevent them from attending school and complying with condition on education, (b) enable them to understand their own situations, to decide and be motivated to pursue education, (c) facilitate mutually agreed plans and solutions in order for them to go back to school, and/or other productive options, and (d) help them access appropriate services and interventions that will harness their potentials and achieve functional capability for an improved quality of life.

The Pantawid Program recognizes that case management plays a major and critical role in helping the beneficiaries overcome their difficulties and be able to pursue improved well-being. However, case management is not intensively employed to help beneficiaries who are in challenging and difficult circumstances. There are observations that implementers have varying interpretations of case management, often limited to conducting referrals and home visits and hence, done differently and in packets. While case management is used at some point, competencies among workers should be improved and standardized. In view of the aforementioned, and in consideration of the need for standard tools, forms, and processes to help the workers in engaging the NAS, these Guidance Notes are hereby formulated.

### II. LEGAL BASES

#### 1. Agenda for Sustainable Development

The 17 Global Goals for Sustainable Development and 169 targets seek to build on the Millennium Development Goals and complete what they (the MDGs) did not achieve. The Global Goals

<sup>1</sup> As of P4 2018 Turnout

seek to realize the human rights of all, to ensure quality education, and to achieve gender equality and the empowerment of all women and girls.

## **2. UN Convention on the Rights of a Child**

Article 28 specifically states that "State Parties shall recognize the right of the child to education, and achieve this progressively on the basis of equal opportunity." Further, Article 29 states that the education of the child shall be directed to develop his/her personality, talents and mental and physical abilities to their fullest potential.

## **3. Republic Act 7610**

Also known as the "Special Protection of Children Against Abuse, Exploitation and Discrimination Act" mandates the State to provide special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination, and other conditions prejudicial to their development; that in all actions, the best interests of children shall be the paramount consideration. The State shall also exert every effort to promote the welfare of children and enhance their opportunities for a useful and happy life.

## **4. NAC Resolution No. 24, Series of 2015**

It is a resolution that directs Pantawid Pamilya Program to ensure that the children who are enrolled in the program but are not attending school be identified and enrolled back to school so that they will fully utilize the Program benefits.

## **III. PURPOSE**

These Guidance Notes aim to provide standardized tools and processes as reference of the fieldworkers in handling children who are not attending school whose reasons are classified as "for case management".

## **IV. OBJECTIVES**

Specifically, these Guidance Notes shall:

1. Reiterate the standard operational mechanisms and processes in identifying the NAS cases and the reasons deemed for case management;
2. Provide standard tools and forms that will aid in understanding deeply each NAS case and their circumstances;
3. Facilitate a holistic and integrative approach to reintegrate NAS cases into the formal or informal school system by providing appropriate interventions;
4. Facilitate referral to appropriate service providers in case of experience of gendered vulnerabilities and/or disclosures of gender-based violence;
5. Maximize the use of Pantawid e-case management system to document and monitor the progress of cases, when applicable;
6. Equip staff in managing NAS cases through capability building interventions.

## **V. COVERAGE**

Seventeen (17) Pantawid Pamilya Regional Program Management Offices (RPMOs) shall be guided by this guidance document to implement the Bata Balik-Eskwela Program.



## VI. BATA BALIK ESKWELA IMPLEMENTATION PROCEDURES

PRE-IMPLEMENTATION PHASE	
STEPS	PROCEDURES
1. Identifying the Pantawid Pamilya children who are consistently not attending school (NAS)	<p>1.1 Planning, Monitoring and Evaluation Division (PMED) of the Pantawid Pamilya NPMO shall generate the list of children who are not attending school.</p> <p>1.2 Beneficiary Data Management Division (BDMD) of the Pantawid Pamilya NPMO shall download the generated list of NAS to the field offices (FOs) for validation of the reasons. FOs on the other hand shall sort and download the list to concerned Provincial Operations Offices (POO). POOs shall in turn download the list to concerned Municipal Operations Offices (MOOs).</p> <p>1.3 Using the Family Development Sessions (FDS) as a platform, MOOs shall validate the listed NAS if they are in school or not. The NAS cases shall be grouped based on the needed action as follows:</p> <p>1.3.1 Those validated to be actually <b>in school</b> shall be immediately updated for the child's school information.</p> <p>1.3.2 Those validated to have reasons related to <b>supply side gap</b> shall be presented to the C/MAC, PAC, RAC for appropriate action.</p> <p>1.3.3 Those validated to be <b>for possible replacement</b>, or if the case is an ineligible child due to failure in updating the current status but is still actually monitored, shall follow the existing guidelines in the approved BDMD Field Manual, 2018.</p> <p>1.3.4 Those validated to be <b>for case management</b> shall follow the procedures and tools stated in these Guidance Notes.</p>
	<p>2.1 NAS cases are children aged 3 to 18 years old who have enrolled in school but after at least three (3) months, have stopped attending school; or those who were not enrolled in the previous school year/s.</p> <p>2.2 NAS cases for management are either tagged as active (Code 1), grants temporarily on-hold (Code 19), and with suspended grants due to misbehavior of household (GRS Code 24). These cases also include the children who were notified as non-compliant to education under 1<sup>st</sup> or 2<sup>nd</sup> offense as well as those cases declared as Client Status 25 (Code 25) or households who received the 3<sup>rd</sup> offense notification for non-compliance in education for three consecutive periods, therefore, the household is being suspended.</p> <p>2.3 NAS children for case management have been validated (based on procedure no. 1) to have the following reasons:</p> <p>2.3.1 Parents' decision</p> <p>2.3.2 Loss of interest in school</p> <p>2.3.3 Working</p> <p>2.3.4 Early marriage (co-habitation)</p> <p>2.3.5 Early pregnancy/fatherhood</p> <p>2.3.6 Financial</p> <p>2.3.7 Sickly</p> <p>2.3.8 Disability</p> <p>2.3.9 Sibling care</p> <p>2.3.10 Bullied</p> <p>2.3.11 Emotionally unprepared</p>



PRE-IMPLEMENTATION PHASE	
STEPS	PROCEDURES
3. Planning and preparing to engage the NAS children and immediate environment for case management	<p>3.1 POO through the SWO III shall download the names of NAS children for case management to the C/MLs within his/her cluster. This shall be accompanied by a PPIS-based information about the NAS and his/her household generated by the Provincial BUS focal.</p> <p>3.2 C/ML receives the list and counterchecks the NAS cases with the existing case folders for their basic profile information and previous and/or ongoing services and interventions (being) provided.</p> <p>3.3 Using a team approach, SWO III shall convene his/her cluster to plan with the C/MLs together with Provincial SWO II for the conduct of home and school visitation within a specific timeline preferably before the start of enrolment period or of a school year.</p> <p>3.4 Home visitation plan should first be based on the NAS cases by school and to secondarily consider their geographic locations by cluster.</p> <p>3.5 SWO III shall orient the cluster on the use of data gathering (interview) guide (<i>Annex 1</i>), the case management tools and how to use them, the menu of services that may be accessed by the NAS should they want to enroll back to school as well as the BBE group activities and interventions, and the case referral pathways and psychosocial interventions for special and difficult cases. SWO IIIs along with RPMO staff involved in the BBE shall be equipped accordingly.</p>

IMPLEMENTATION PHASE	
STEPS	PROCEDURES
1. Engaging the NAS children and the immediate environment	<p>1.1 Engaging the NAS children shall use a team approach composed of C/ML as the case manager. He/she shall be assisted by the Provincial SWO II and supervised by the SWO III. The Social Welfare Assistant (SWA) may be tapped to assist in the process.</p> <p>1.2 C/ML shall team up with another field staff to do home and school visits. An <b>interview guide</b> shall be used to engage the NAS and the immediate environment.</p> <p>1.3 Home visit shall be conducted first engaging the NAS parent/s or guardian/s and then followed by the child him/herself. Appropriate actions shall be performed if the following scenarios are encountered:</p> <p>1.3.1 If the parent/s or guardian/s is/are not available, then look for an alternative informant who has parental authority over the NAS and is someone who has decision-making function in the household.</p> <p>1.3.2 If the NAS is not available, C/ML shall set another schedule of engagement.</p> <p>1.3.3 If the NAS is already located elsewhere, C/ML shall get the details and undertake appropriate action, such as coordinating with the C/ML who covers the NAS new location. C/ML from area where NAS is monitored shall accomplish a <b>Case Transfer Summary (CTS) form</b> (<i>Annex 2</i>) and endorse this to the RPMO. The RPMO shall endorse the CTS form to the concerned POO and alert the SWO III and the C/ML. The C/ML then locates the NAS using the details from the CTS form and includes this in the home and school visitation schedule.</p> <p>1.3.4 Using the Case Progress Report (<i>Annex 3</i>), the C/ML now handling the NAS case shall provide updates about the engagement and subsequent interventions. Once the NAS</p>



IMPLEMENTATION PHASE	
STEPS	PROCEDURES
	<p>case becomes compliant, endorsement of the Case Progress Report (CPR) shall be done periodically</p> <p>1.4 School visits shall be conducted once all or a significant number of NAS cases enrolled in the facility had been covered. Purpose of the school visit shall include, but not limited to the following:</p> <p>1.4.1 Determine the existing programs and services of the school for NAS children, and which are being accessed by or administered to Pantawid Familya children;</p> <p>1.4.2 Discuss specific issues that will be raised from the NAS home visits;</p> <p>1.4.3 Agree on and commit to the identified next steps including the implementation of proposed interventions (either group or individual) for mobilizing NAS to enroll back to school and follow-throughs</p>
<b>2. Interviewing the NAS children and immediate environment</b>	<p>2.1 The questions during the interview are simply to guide the engagement and not to rigidly limit the worker during the interface with NAS and immediate environment.</p> <p>2.2 The main purpose of the interview is to obtain and validate information about the NAS child and to fully understand him/her as an individual person and the complexity of the situation. It shall seek to uncover the following:</p> <p>2.2.1 deep-seated reasons why the child has stopped schooling;</p> <p>2.2.2 the child's inner strengths and motivations;</p> <p>2.2.3 the resources that are and may be available to be tapped for the needs of the child and his/her immediate family;</p> <p>2.2.4 agree on doable actions and interventions so the child could go back to school (either formal or non-formal) or explore other productive options;</p> <p>2.3 Interviewing the NAS child shall be used as an opportunity to help, either through psychosocial processes such as therapeutic listening and reflecting or by simply laying down information such as reiteration of the child's rights, or by presenting available or possible productive options.</p> <p>2.4 Interviewing shall also include a NAS family member particularly any or both of the parents and/or guardians or anyone who has parental authority in the household or over the NAS child. The purpose of the interview is to establish the main reason and underlying causes why the child has stopped schooling, the strengths, aspirations and motivations of the family and its members to support decision of helping the child enroll back to school or be linked to other productive options, the internal and external resources available that may be tapped to help not just the NAS child but the family as well (especially if it is in problematic or difficult situation).</p>



IMPLEMENTATION PHASE	
STEPS	PROCEDURES
3. Handling disclosures related to gendered vulnerabilities and gender-based violence (GBV)	3.1 In the process of engaging the NAS and his/her immediate family environment, the C/ML may observe the household's risks to GBV (i.e., living in a one-room household, presence of vices, etc.) or may encounter disclosures of abuse and violence. These cases, among others, may include child abuse, neglect, abandonment, sexual violence (i.e., rape, incest), trafficking, violence against women and children (VAWC), child offenders (or children in conflict with the law/CICL). The management of these entails knowledge of certain laws and protocols including referral pathways and available services and interventions.
	3.2 If any of the preceding is present, the C/ML shall undertake the following actions:
	3.2.1 Serve as the <b>intake contact</b> of the GBV case, who may be the NAS child or a member of the household.
	3.2.2 Establish if the client's safety and security are at risk (e.g., if the perpetrator is close by) or if the client has a personal safety and security plan (e.g., person or place to go to when at risk, etc.).
	3.2.3 Discuss with the client all the information about available options, as well as his/her rights under the law in order to be helped. Observe utmost confidentiality and establish whether the client is in the best capacity or is interested to access any of the given options through referral.
	3.2.4 If upon observation and professional judgment, the client's personal safety and security are at risk, the C/ML shall accomplish the <b>Client Intake Sheet for GBV cases</b> ( <i>Annex 4</i> ) and <b>Referral Form</b> ( <i>Annex 5</i> ), with furnished copies to the Provincial SWO II. Using these forms, the case shall be referred to the LGU's Social Welfare and Development Office (C/MSWDO) within the next 48 hours. The C/MSWDO shall automatically assume the role of a case manager while the Provincial SWO II (or the SWO III) shall be the case representative and co-owner of the task and process of helping.
	3.2.5 For <b>intake recording</b> , the C/ML shall accomplish the <b>Internal Endorsement Form</b> ( <i>Annex 6</i> ) and forward this to the Provincial Grievance Officer for encoding in the Grievance Redress Information System (GRIS) following the "Enhanced Guidelines on GBV-related cases and grievances". This shall take place simultaneously with the intake and referral procedures described in 3.2.4.
	3.2.6 For client's <b>progress monitoring</b> , the Provincial SWO II shall encode the case in the Social Case Study Report (SCSR) ( <i>Annex 7</i> ) field of the Electronic Case Management System (ECMS) or in whatever equivalent system the region uses. Except for the intervention plan, the Provincial SWO II shall use the documents (referral and intake sheet) accomplished by the C/ML as SCSR bases. The Provincial SWO II shall craft the intervention plan through a separate interface with the client, and in collaboration with the involved actors within the context of the referral network. In the absence of Provincial SWO II, the SWO III shall automatically take on these tasks.



IMPLEMENTATION PHASE	
STEPS	PROCEDURES
	<p>3.2.7 The Provincial SWO II (or SWO III) shall represent the GBV case once it enters the local referral network, whose point of entry is the C/MSWDO. The SWO III shall provide technical guidance to the Provincial SWO II and C/ML by convening case conferences as needed involving special and difficult cases among NAS children and their family members. SWO supervision tasks shall also involve checking and providing supervisory notes through the ECMS or any of its equivalents or through the RPMO's case inventory files.</p> <p>3.2.8 The ECMS or any of its equivalents or the RPMO's case inventory system shall serve as monitoring system for difficult and special cases until a harmonized case inventory and monitoring system has been established both at the level of Pantawid Pamilya NPMO and RPMOs.</p> <p>3.2.9 Capacity building interventions for the involved staff shall be provided. This, among others, shall include the application of gender-responsive case management, knowledge of related laws and legal protocols, case referral pathways, administering psychosocial support and interventions, and web-based case inventory system for monitoring purposes.</p> <p>3.3 While GBV experience of the NAS and that of other family members can hamper their healthy social functioning, the C/ML shall continue to explore the child's motivation and willingness to be helped and go back to school.</p> <p>3.4 Though the C/MSWDO assumes the full responsibility of a case manager for NAS with GBV circumstances, the C/ML shall continually engage the NAS family/household to facilitate the needed services, progress monitoring, and if needed, recommend for case conferences.</p>
<b>4. Assessing the NAS case and the immediate environments</b>	<p>4.1 The preceding procedures (nos. 1 to 3) shall be able to help the C/ML (with Provincial SWO II and SWO III for special and difficult cases) arrive at an <b>initial case assessment</b>. If upon engagement, C/ML finds out that the NAS case is due to either update issues or supply side gaps, the <b>Case Validation Form (Annex 8)</b> shall be accomplished and the necessary action shall be endorsed to and undertaken by the SWA. Otherwise, case management shall proceed especially if the NAS is having difficulty coping and gaining healthy functioning due to the following circumstances:</p> <p>4.1.1 Belongs to a multi-problem and dysfunctional household i.e., parents in blended relationships, solo parenthood, existence of vices, family separation, in financial difficulties, sickness and disability, among others.</p> <p>4.1.2 Experiencing gendered vulnerabilities where coping and reintegration pose greater challenge i.e., early pregnancy/fatherhood, early marriage/cohabitation, child work/child labor, neglect and abandonment, bullied, sickness and disability, among others</p> <p>4.1.3 Experiencing gender-based abuses and violence</p> <p>4.2 The initial case assessment shall be based on the data obtained from engaging the NAS and the immediate environments (family and school) combined with the C/ML's professional observations. It shall revolve around the following frames:</p> <p>4.2.1 NAS problem and why it exists at this time, its seriousness</p>



IMPLEMENTATION PHASE	
STEPS	PROCEDURES
	<p>and urgency</p> <p>4.2.2 If the client is not helped, what will happen (blocks to protection, promotion and fulfillment of the rights of the NAS child)?</p> <p>4.2.3 What is the client's change potential (motivations and aspirations, capacity for change, resiliencies, internal and external resources)?</p> <p>4.2.4 What are the change potential of the problem itself and the person's immediate environments?</p>
<b>5. Intervention planning and contracting with NAS and family</b>	<p>5.1 A sound intervention plan is dependent on a well-assessed case. It takes into consideration the NAS with a problem and the surrounding circumstances and challenges, and the underlying causes why such problem exists. Its primary goal is to bring the child back to school while also establishing how the observed, perceived, and expressed impediments shall be diminished by facilitating and mobilizing the client's access to resources and appropriate support services that shall help address the difficult and problematic situation.</p> <p>5.2 The intervention or a helping plan consists of actions that should be performed by the client, family actors, or actors within the case referral network internal or external to the Pantawid Pamilya Program, or by the C/ML him/herself to achieve an expressed goal or proposed solutions to the identified problem. It is founded on the inner strengths of the client, and harnessing his/her aspirations and motivations. It responds to the NAS practical needs that are often overshadowed by difficult and challenging circumstances. It may even contain actions to be performed by the C/ML such that of linking and arranging resources for the NAS and his/her family members.</p> <p>5.3 The intervention plan is mutually agreed between the NAS and his/her immediate family members and the C/ML, which is laid down or summarized before the end of the engagement during the home visit.</p> <p>5.4 Once the intervention plan has been laid down, the C/ML shall now facilitate initial contracting with the NAS. Initial contracting with the NAS may involve the following actions:</p> <p>5.4.1 To facilitate an initial written contract, the C/ML may ask the NAS to list down the agreed upon actions on a piece of paper, signed and dated. This shall serve as a frequent reminder to the NAS.</p> <p>5.4.2 The C/ML may request the presence of the parent/s or guardian/s or the person who assumes parental responsibility within the household and summarize the agreement.</p> <p>5.4.3 The handwritten actions shall also serve as reference for the crafting of an intervention plan—an important portion of the SCSR. Its implementation shall be for regular monitoring to ensure that the NAS achieves the set goal of case management—which is to enroll him/her back to school or to other learning modes or to link with appropriate productive options.</p> <p>5.5 For referred cases (GBV), intervention planning and contracting shall be the responsibility of the Provincial SWO II (or the SWO III) together with the C/MSWDO within the context of the local case referral network. The C/MSWDO shall take the lead for such cases</p>



IMPLEMENTATION PHASE	
STEPS	PROCEDURES
	especially those with custody concerns and which would entail legal actions and proceedings.
<b>6. Dialogue with the Barangay LGU concerning NAS cases and other issues and concerns</b>	<p>6.1 Dialogue with the Barangay LGU shall take place after a significant number of NAS children and their families have been engaged during the home visitations, and meeting with school teachers and authorities has been conducted.</p> <p>6.2 Dialogue with the Barangay LGU shall mainly be to engage its support and commitment to provide resources and services for the NAS children from among their constituents and address their accompanying issues and concerns. It shall also present the proposed package of group interventions for the NAS children, the realization of which shall require the BLGU's support and commitment. The following shall be the possible themes of the dialogue:</p> <p>6.2.1 Overview of the Pantawid Pamilyang Pilipino Program</p> <p>6.2.2 Contextualizing the Pantawid Pamilya Bata Balik Eskwela initiative by presenting data on NAS cases and their predominant reasons</p> <p>6.2.3 Data gathering schedules and activities that transpired</p> <p>6.2.4 Results of engagement with NAS and their families, dialogue with the school/s, issues and concerns that were raised</p> <p>6.2.5 Package of Bata Balik Eskwela group activities/interventions (<i>Annex 9</i>) that may be presented as community-based "BBE Caravan" or "Oplan BBE" and expected support and involvement of the BLGU</p> <p>6.2.6 Summary of commitments and agreements, ways forward and timelines</p>
<b>7. Implementing community- and school-based group interventions for NAS cases</b>	<p>7.1 These group interventions are in response to the individually expressed needs of NAS children to help them enroll back to school. These are also based on documented studies and field experiences proven to help out-of-school children and youth (OSCY) go back to school or to be linked to alternative learning modalities. If included as expressed need and based on assessment of the NAS case, these group activities may be included in the NAS individual case intervention plan.</p> <p>7.2 These group interventions shall be implemented, provided that there are at least 20 NAS cases recorded in a given barangay/locality. Below 20 NAS cases, the worker (either C/ML or Provincial SWO II/SWO III) shall adopt individual casework. The various forms of material and psychosocial support (i.e., school supplies, transportation, buddy tutor/learner) may be provided especially if these figured in the NAS case assessment and intervention plan.</p> <p>7.3 These group interventions shall be implemented in collaboration with the BLGU (and with the C/MLGU), teachers and authorities from a school facility covered within the locality, civil society partners/faith-based organizations, private sector (through their corporate social responsibility projects), and Pantawid Pamilya parent leaders, grantees, and youth.</p> <p>7.4 These group interventions, which are packaged as a community-based program under the banner of "Bata Balik Eskwela Drive" (other campaign banners are caravan, oplan) may be conducted in one</p>



IMPLEMENTATION PHASE	
STEPS	PROCEDURES
	<p>whole day or more within the premises of the BLGU or the school. Partnership Focals shall come up with a detailed activity plan for the BBE Drive. Partners to be invited shall depend on the commonly expressed needs of the NAS obtained during the data gathering engagements, school and BLGU dialogues. Booths for partners shall be installed for access of the NAS children and their families. Examples: DepEd ALS for NAS cases due to child work or early pregnancy, CSO with psychosocial counseling services for GBV cases, etc.</p> <p>7.5 Each group intervention shall use a team approach in planning and implementation involving the C/MLs, Provincial SWO II/SWO III, Systems and Partnerships Focals, GAD Officers, Information Officers, members of the case management team and the Task Force Bata Balik Eskwela, among others. Their interventive roles should be strengthened, with each of them expected to have in their possession a directory of services available from among the partners (<i>Annex 10</i>) or within the locality that may be tapped in support of the BBE campaign. The interventive roles of the team of workers include the following:</p> <p>7.5.1 Mobilize the NAS to enroll in a formal or alternative learning system or to access alternative learning delivery modes, depending on case assessment and planned activities in the intervention plan. The agreed upon timeline shall also be included in the intervention plan.</p> <p>7.5.2 Mobilize resources in support of the material needs of the NAS based on assessment. This would include tapping the private sector through their corporate social responsibility projects, individuals to sponsor specific material needs of the NAS such as school supplies during enrolment, inclusion in school and community-based feeding program to address hunger, and provision of daily transportation allowance, among others. This also may include tapping LGU budget and existing programs and services through its budget on GAD, child protection, school board, etc. to support the practical material needs of the NAS and their households.</p> <p>7.5.3 Mobilize and coordinate with the parent volunteers among Pantawid parent groups or through the school's Parent-Teacher-Community Associations (PTCA) to work with the team during the proposed schedule for BBE drive.</p> <p>7.5.4 Organize school-based peer learners' groups (buddy tutors/learners) together with school principals, guidance counselors, and teachers/class advisers once the NAS are back in school. The peer learners' groups shall involve the pairing of Pantawid Pamilya NAS with fellow Pantawid monitored (or non-Pantawid) school children whose main purpose is to serve as each other's source of psychosocial and learning support.</p> <p>7.5.5 Plan a number of FDS topics to focus on parenting, handling problematic children, children's rights, etc. in support of the BBE drive (<i>Annex 11</i>).</p> <p>7.5.6 Work with the parent leaders to act as Community Watch Groups to guide the NAS as they access support for their</p>



IMPLEMENTATION PHASE	
STEPS	PROCEDURES
	specific needs and until their school attendance is sustained

POST-IMPLEMENTATION PHASE	
STEPS	PROCEDURES
1. Documentation and Monitoring	<p>1.1 NAS children identified and validated as “for case management” shall be encoded in the ECMS under the SCSR field or in any equivalent case management system existing in the regions.</p> <p>1.2 As it is being utilized as a documentation and monitoring tool for the BBE initiative, the ECMS shall be continually built and enhanced to respond to the emerging standardized practice of case management in the Pantawid Pamilya Program implementation.</p> <p>1.3 The ECMS section on progress notes or any of its equivalents in the regions shall be used by the SWO III as a tool in performance of his/her case supervisory functions. The SWO III shall also undertake reportorial tasks pertaining to the progress of NAS cases that were tagged for case management.</p> <p>1.4 Access to the ECMS especially the SCSR is limited to the C/ML, the Provincial SWO II, and SWO III. SCSR shall be printed out only when necessary e.g., needed for referral, case conferences, or court cases and should always be treated with utmost confidentiality. When printed, the SCSR shall be placed in individually labeled case folders.</p> <p>1.5 Similarly, copies of Client Intake Sheet and GBV referrals shall be placed in individual case folders labeled “confidential”.</p> <p>1.6 NAS cases who are classified as special and difficult cases should as always be treated with utmost confidentiality. Use of these cases shall be limited during conferences when progress is being tracked or for analysis especially in aid of policy development. For any such uses, client’s permission shall be sought following the Data Privacy Act of 2012 (RA 10173). Undue disclosure is subject to sanctions as indicated in the same law.</p>
2. Case Evaluation and Resolution	<p>2.1 Case evaluation (<i>Annex 12</i>) should be able to answer whether the NAS case needs re-assessment, is resolved or is for termination.</p> <p>2.1.1 The case is for <b>re-assessment</b> when there are issues and concerns that need to be addressed. Therefore, the NAS and the C/ML (or in special and difficult cases, the Provincial SWO II or SWO III) should renew their agreement and intervention plan.</p> <p>2.1.2 The case is <b>resolved</b> if the set goals have been achieved and the NAS is able to sustain school attendance and gets promoted to the next level.</p> <p>2.1.3 The case is for termination if the NAS became uncooperative to go through the intervention plan and has decided to leave the Program.</p>



## VII. IMPLEMENTING MECHANISM AND INSTITUTIONAL ARRANGEMENTS

1. The Task Force Bata Balik Eskwela (*Annex 13*) shall oversee and monitor the implementation of these Guidance Notes. At the Pantawid Pamilya NPMO, the Task Force is chaired by the National Program Manager, assisted by the Office of the Deputy Program Manager for Operations (ODPMO), with members from each division who are at least the division chief and a technical staff.
2. The Case Management Unit lodged under the Gender and Development Division (GADD)-Pantawid Pamilya NPMO shall be the overall in-charge of setting the standardized practice of case management and shall ensure that it is gender-sensitive and responsive. It shall lead in policy development related to gender-responsive case management and shall provide technical assistance to the Task Force at the NPMO and RPMOs, to the regional case management teams, and to fieldworkers engaged in case management. In collaboration with the Capability Building Division (CBD)-Pantawid Pamilya NPMO, it shall ensure that workers with critical role in CM are continually equipped with skills and competencies related to gender-responsive case management.
3. The Task Force shall be organized at the RPMOs whose members shall include Division Chief for Promotive Programs and Protective Services, Regional Program Coordinator and Regional Convergence Coordinator, to be headed by the Regional Director and aided by the Assistant Regional Director for Operations. The Regional Convergence Coordinator (RCC) shall be the case management focal in the region.
4. The Regional Convergence Coordinator, as a member of the Task Force BBE, shall lead the case management team. As the lead, the RCC shall propose individual and group interventions for the NAS cases and shall be the overall in-charge of the ECMS and progress monitoring of all the cases lodged in the region's case management inventory. The RCC shall collaborate with the RGADO to ensure gender mainstreaming in case management.
5. At the Provincial Level, the SWO III shall be the case supervisor to work with a team of C/MLs in handling the NAS and the NAS cases in especially difficult circumstances. The SWO III shall work with the SWO II in representing and monitoring the referred cases within the context of the local case referral network.
6. At the City/Municipal Level, the C/ML shall be in-charge of data gathering and engaging the NAS cases and their immediate environments. Based on initial assessment, the C/ML shall recommend actions and endorse necessary documents to actors and service providers for appropriate action. The C/ML shall also be the intake contact in cases of GBV disclosures.
7. The Provincial Grievance Officers shall be in-charge of encoding at intake the referred GBV cases in the GRIS and ensure that these cases are internally endorsed to and acted upon by appropriate staff (case management focal, SWO III), in accordance with the enhanced GRS procedures.
8. The CBD-Pantawid Pamilya NPMO shall design learning needs assessment and capability building interventions to appropriately equip the workers engaged in CM. The following capability building interventions may be considered:

8.1 **Basic Case Management Training** - this will focus on the process for assessing the client's total situation and addressing the needs and problems found in that assessment. This also includes formulation of an intervention plan. Possible topics are as follows:

- 8.1.1 Basic interviewing techniques
- 8.1.2 Writing of case assessment, intervention plan, and social case study report
- 8.1.3 Web-based case monitoring (use of the e-case management system)
- 8.1.4 Basic Counseling Techniques for enabling individual clients
- 8.1.5 Basic Family Therapy as an approach to helping families in crisis



**8.2 Skills-based trainings** - this will basically build the interventive skills of the team members handling NAS cases. Possible topic includes Resource Mobilization and Partnership Building in various contexts i.e., local government, development partners, private sector, CSOs, among others. The Learning Needs Assessment (LNA) tool (*Annex 14*) will be used to identify competencies of field workers related to case management practice that require improvement/strengthening.

**8.3 Provision of technical assistance on Pantawid Core Business processes** (updates, compliance, grievance redress) focusing on NAS shall also be conducted to orient/reorient the staff/team members.

## **VIII. EFFECTIVITY CLAUSE**

Let copies of these Guidance Notes be distributed to the Pantawid Pamilya National Program Management Office and to the Field Offices to ensure strict compliance. Any previous issuances inconsistent with this document are hereby superseded.

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