Social Impact Assessment
SOS Children’s Village Davao, Philippines

Final Report 2020

Ruby Ann L. Ayo
 Consultant

Salvacion L. Villafuerte
Co-Lead Consultant
Executive Summary

SOS Children’s Villages Davao, Philippines is the largest among the SOS Children’s Villages and one of the longest-running village in the country. It implemented the Family-Like Care (FLC) and the Family Strengthening (FS) Services. These services are anchored on the overarching SOS Children’s Villages’ principle of caring for the children. The FLC targets those children who have lost parental care by providing alternative care within the SOS Children’s Villages while the FS targets those children who are at risk of losing parental care. Both services respond to various issues in the communities affecting the children like limited access to health care and education, vulnerability to abuse, discrimination and exploitation.

Both services were found to be responsive to the current situations in the locale on caring for the children and families. The programme focuses on capability-building instead of dole-out. The trainings provided to the beneficiaries were designed to “build character” among the children participants. The stakeholders considered the programme relevant due to the embedded network/linkages which brought together concerned government agencies and civil society organizations (CSO) whose mandate and advocacy include care and child protection- “collective action of organizations caring for the children”.

The programme similarly responded to the felt needs of the people in the community, to the challenges encountered by the concerned government agencies and CSOs by making them further relevant.

The effectiveness and efficiency of FLC and FS are tangibly seen on the positive attitudes developed by the children and youth beneficiaries. The programme was found to be effective due to the attainment of its goals- “to protect and care for the children”. Both services are also efficient due to their cost-effectiveness. This is seen in the children and youths doing-well across dimensions such as parental care, food security, accommodation, health, education and skills, livelihood, protection and social inclusion and social and emotional well-being. The FLC and FS similarly responded to issues affecting children like child and family separation by providing them with nurturing environment where they are appropriately taken-cared of with quality care including the availability of the provisions for health and education.

The sustainability of the programmes rest on the adaptability of the family beneficiaries in fostering family care. For FS service, the basic concepts, and the skills developed on family care were learned and they continue to apply. While for FLC service, the independent adults with parental obligations exhibit the impact of the service in their lives through the parental care and support to their own children. The same care and support they experienced from the service.

From 2014 to 2018, the programmes had 465 children and 116 families as beneficiaries. Among the identified reasons for the exit of beneficiaries of the programmes are for FLC service: attained self-reliance, reunited with their families of origin and their own decision to leave the program for an acceptable reason. Meanwhile, the reasons for the exit of beneficiaries of the FS service are the following: the beneficiaries had attained self-reliance, reached the maximum target age of 24 years old, moved to live with another family member, family dislodged hence, had been transferred to a new program, dropped-out at own wish and released due to lack of commitment. Considering this, it was deemed an opportune time for the conduct of a SIA.

The Social Impact Assessment (SIA) aimed to arrive at evidence-based information of SOS Children’s Village Services in Davao City focused explicitly on the two services: The Family-Like Care or FLC and Family Strengthening or FS. The SIA will gauge the contribution of FLC and FS to the (a) Non-financial Impact on Individual level; (b) Non-financial Impact on Community Level; and (c) Social Return on Investment.
For the Family-like care service (FLC), the dimension on Health gleaned the most positive impact with average score of 93.65%. The least impact however was found under the dimensions on Education and Skills followed by Livelihood with 76.98% and 76.19%, respectively.

With respect to the Family strengthening service (FS), the dimensions on Protection and Social Inclusion and Food Security gleaned 100% average score each, manifesting that the service achieved the highest possible impact on the dependent children after exit. The lowest average score recorded was observed on the dimensions of Livelihood and Accommodation, both with 82.50%.
As for the non-financial impact on community level, the highest impact was recorded along the dimension of Child-safeguarding Mechanisms while the lowest one was observed on the dimension of Alternative Care.

Positive results were recorded on the assessment for Social Return of Investment. Both the FLC and FS program recorded positive benefit-cost ratios at 2:1 and 15:1, respectively, thus, contributing to the overall ratio of 3:1. This means that in total, an investment of €1 yields benefits which can be valued at €3. The SROI of 177% means that an investment of €1 returns an additional €1.77 on top of the initial cost.

Considering the results of the SIA, it is concluded that the initiatives of SOS CV, Davao, Philippines in their FLC, and FS service are sincere and intentionally helpful to the overall functionality of children who have lost or at risk of losing parental care. The programme adheres to the policy and legislative requirements of the Philippines and adapt well to the richness of cultural heritage and local norms of a Davaeños. Proven from the interviews, testimonials, group discussions, and case stories is the positive impact within the individual, family, and community levels from the average 5-year duration of participation of the beneficiaries in the FS service and 9-year duration of participation of the beneficiaries in the FLC service. However, there are still
other factors that affect the child’s development which is inevitably not within the control of the programme scope. These include factors deeply rooted in the child’s formative years such as in the case of FS beneficiaries as well as the challenging conditions of the FLC beneficiaries making them disadvantaged in various areas of development at the time of admission to the programme. Therefore, the need to fortify the processes for evaluating what still needs to be done to enhance the strong and to remediate the weak key dimensions of the programme.

The following are the recommendations culled-out from the results of the SIA:

a. Family Strengthening:
   1. Explore partnerships with concerned government and non-government agencies to:
      1.1 Provide the caregivers with alternative measures to apply the knowledge learned and skills developed in the livelihood trainings.
      1.2 Facilitate the provisions of marketing the finished products as outputs of the livelihood trainings.
      1.3 Provide trainings and seminars to families relative to the importance of health care, such as mental health and pregnancy counselling, prenatal and postnatal development, the importance of immunization, reporting of child mortality, childbirth, and postpartum care for the mothers.
      1.4 Facilitate in order for the FS families to attend practical learnings, psycho-educational sessions pertaining to different aspects of wellness such as physical, social, mental, emotional, and spiritual, which are all contributory factors for the overall health of an individual and the whole family.
   2. Capacitate the heads of the family beneficiaries to act as focal/monitoring persons to assist the SOS co-workers in monitoring and maintaining the quality of the implementation of the service.
   3. Upgrade and expand its links to websites, social media platforms, digital publishing houses to adjust to the online demands of our time for the youth to access more online educational tutoring, life-coaching and access digital learning materials.
   4. Revisit the support options for the community vis-à-vis the support provided by other implementing agencies.

b. Family-like Care
   1. Continue the trainings and seminars for career development among the children and the youth and be intensified under the Youth Care Program.
   2. Strengthen the care-giving program in preparation for the transition of the beneficiaries. Emphasis may be put on trainings to hone skills for practical activities such as: cooking, sewing, baking, gardening, sketching and turn these to self-employment for those who will opt to stay home but still earn additional income.
   3. Provide an avenue for the Mothers and Aunts to undergo trainings on psychosocial interventions such as Psychological First Aid, Critical Stress Debriefing and basic form of Counselling.
   4. Revisit the Guidelines on Children’s Reintegration developed in 2011. The various factors affecting all forms of changes which may favour or hinder a child including the local context may be considered.
   5. It is crucial for cultural context to be taken into consideration in terms of alternative care. However, based on the results of SIA, it is of equal importance to safeguard the child’s protection and safety. It is recommended that for special cases of children, a foster care program and local adoption procedure will be adapted in compliance with the country’s social services. Moreover, it is vital to have a stronger monitoring system for regular assessment of progress of the children under alternative care using the country’s childcare policies as frame of reference.
c. For the entire programme
   1. Enlist the assistance of other organizations aside from the Department of Social Welfare and development for the identification of possible beneficiaries which similarly may revisit the referral system.
   2. Include in the activities of children strong emphasis on health care and utilization of health services.
   3. Revisit the existing Educational and Academic Program.
      3.1 The aptitude, interests, commitment and academic performances of the children may be considered as guides of the children in choosing the courses they will enrol in the tertiary level and academic tracks and strands in the K to 12 Program for Senior High School.
      3.2 Consider whether college and career opportunities provide dual credit courses or ladderized programs for increasing chances for degree completion.
      3.3 Strengthen adult education and alternative learning systems for those who may need this.
      3.4 Consider the SDG targets on Education most specially (target 4.4) Skills for Work.

d. For the Community
   1. Replicate some of the activities initiated by SOS CV Davao like but not limited to: Parenting Education, Nutrition Education Session, Bakuran Mo, Linis Mo, Education and Maternal and Child Health Care, Disaster Management in partnership with the Barangay Local Government Units.
   2. To strengthen community initiatives in taking care of the whole family’s overall well-being, with special note to the vulnerable groups (children, older adults, persons with disabilities) most especially during challenging times such as having a health crisis/pandemic, natural disasters.
   3. To revitalize the roles of fathers and subscribe/support the government’s programs such as ERPAT (Empowerment and Reaffirmation of Paternal Abilities and MOVE (Men Opposed to Violence Everywhere) and engage the mothers and children in various child protection program that will advocate for personal safety and protective behavior programs.
   4. Create community learning schemes to ensure that graduates can meet the demands of the workforce will be done through:
      4.1 A career/vocation guidance program where graduates will be provided with professional advice such as preparing a CV, mock job interviews and job simulation sessions.
      4.2 Strengthen tie ups with small-and-large scale industries for volunteer work, internship programs for bigger chances of work absorption and retention.
      4.3 Strengthen linkages offering short online courses, diploma courses and engagement with professional associations and civic organizations.
   5. In terms of employment status, this will be best dealt with linkage and coordination with DOLE, DTI and provisions in the Labor Code of the Philippines. To advance the employment status, the following approaches will be effective:
      5.1 Continuous hosting of local, regional and international job fairs to industries offering better salary and stable employment.
      5.2 The community may strengthen the passage of tenure security through proper monitoring of employment sites and work industries to disallow abusive employment practices and unjust wages and status.
e. Overall evaluation of methodology
   • For future social impact assessments, exploratory and experimental research studies may be conducted recommending the following research designs: Structural Equation Modelling to explore the interplay between and among moderating and mediating factors among the beneficiaries of SOS CV vis-à-vis their participation in various social and community activities that integrate the key dimensions of the FLC and FS programmes. Grounded Theory to account the processes that the former beneficiaries went through their participation in the FLC and FS programmes, and Conjoint Analysis to know the preferred services/programs under each of the key dimensions of the FLC and FS programmes. This is to amplify the need to strengthen the important cognitive, affective, and behavioural aspects involved in each key dimension which is not given enough or concrete action to achieve a strong social impact.
## Table of Contents

Executive Summary .................................................................................................................... 2  
List of Acronyms and Abbreviations .......................................................................................... 10  
Glossary of Terms ...................................................................................................................... 11  

1. Introduction ......................................................................................................................... 13  
   1.1. Assessment Objectives and Scope .................................................................................. 13  
   1.2. Research Framework, Data Collection and Evaluation Methodology ......................... 14  

2. Programme Description ...................................................................................................... 22  
   2.1. Local Context .............................................................................................................. 22  
   2.2. Overview of the Davao Context ................................................................................... 24  
   2.3. SOS Children’s Village Davao ..................................................................................... 28  
       2.3.1. Family-Like Care Service ................................................................................... 29  
       2.3.2. Family Strengthening Service ............................................................................ 31  
       2.3.3. Management Structure and Budget .................................................................... 33  

3. Evaluation Results .............................................................................................................. 37  
   3.1. Key findings on individual impact (non-financial indicators) ........................................ 37  
       3.1.1. Family-like care (FLC) ....................................................................................... 38  
       3.1.2. Family Strengthening (FS) ................................................................................ 64  
   3.2. Key findings on community-level impact ..................................................................... 81  
       A. Overall Community-Level Impact ........................................................................... 81  
       B. Results in Key Dimensions and their respective Indicators ..................................... 81  
   3.3. Key findings on the Social Return on Investment (SROI) .............................................. 88  
       3.3.1. Overview of SROI ............................................................................................. 88  
       3.3.2. Overall SROI Calculation ................................................................................... 90  
       3.3.3. SROI Calculation per Programme vis-à-vis Impact Levers .................................. 90  
       3.3.4. Comparison between FLC and FS Services SROI ............................................. 93  
       3.3.5. Main Areas of Financial Benefits ...................................................................... 94  
          Individual income ..................................................................................................... 94  
          Caregiver income ................................................................................................... 95  
          Broader Financial Benefits for Society ..................................................................... 95  
   3.4. Evidence of Contribution ............................................................................................. 96  
       3.4.1 Relevance ............................................................................................................ 96  
       3.4.2 Efficiency and Effectiveness ............................................................................... 98  
       3.4.3 Sustainability ...................................................................................................... 100  
       3.4.4. Coherence ....................................................................................................... 101  
   3.5. Observations that differ between FS and FLC services ............................................... 102  
   3.6. Reference of key findings to SDGs ............................................................................. 102  
       3.6.1 SDG 1: No poverty ............................................................................................ 102  
       3.6.2 SDG 4: Quality Education ............................................................................... 103  
       3.6.3 SDG 8: Decent work and economic growth ....................................................... 104  
       3.6.4 SDG 10: Reduced inequalities ......................................................................... 104  
       3.6.5 SDG 16: Peace, justice, and strong institutions .................................................. 105
3.7 Other findings and unexpected topics ............................................................................ 105

4. Evaluation results: Refinement of methodology ............................................................ 106
4.1 Recommended adjustments to overall evaluation of methodology ................................. 106

5. Lessons learnt, Conclusions and Recommendations .................................................... 107
5.1. Conclusions on the Social Impact Assessment results ................................................. 107
5.1.1. Individual Impact .................................................................................................... 107
5.1.2. Community Impact ................................................................................................. 109
5.1.3. SROI ...................................................................................................................... 109
5.2. Recommendations for further action within the programmes ........................................ 110
5.2.1. Family Strengthening ............................................................................................. 110
5.2.2. Family-like Care .................................................................................................... 111
5.3. Recommendations for future impact assessments: Suggested improvements to methodology ........................................................................................................ 114

6. Case Stories ....................................................................................................................... 114

7. References ......................................................................................................................... 122

8. Appendix ........................................................................................................................... 124
7.1. List of Scale Descriptions ............................................................................................. 124
7.1.a. Scale Description for Assessment of Dimensions and Indicators (Independent Adults-Former FLC Participants) ................................................................................................. 124
7.1.b. Scale Description for Assessment of Dimensions and Indicators (Dependent Children-Former FS Participants) ................................................................................................... 126
7.1.c. Scale Description for Assessment of Dimensions and Indicators (Community-level Impact) ........................................................................................................................................................................ 127
7.2. List of Tables and Figures ............................................................................................ 129
7.2. a. List of Tables ......................................................................................................... 129
7.2. b. List of Figures ....................................................................................................... 129
# List of Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym/Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>4Ps</td>
<td>Pantawid Pamilyang Pilipino Program</td>
</tr>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
</tr>
<tr>
<td>ALS</td>
<td>Alternative Learning System</td>
</tr>
<tr>
<td>CHED</td>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>CSSDO</td>
<td>City Social Services and Development Office</td>
</tr>
<tr>
<td>CV</td>
<td>Children’s Villages</td>
</tr>
<tr>
<td>DBM</td>
<td>Department of Budget and Management</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSWD</td>
<td>Department of Social Welfare and Development</td>
</tr>
<tr>
<td>FGD</td>
<td>Focused Group Discussion</td>
</tr>
<tr>
<td>FLC</td>
<td>Family-Like Care</td>
</tr>
<tr>
<td>FS</td>
<td>Family Strengthening</td>
</tr>
<tr>
<td>GAD</td>
<td>Gender and Development</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>IRA</td>
<td>Internal Revenue Allocation</td>
</tr>
<tr>
<td>LGU</td>
<td>Local Government Unit</td>
</tr>
<tr>
<td>OECD</td>
<td>Organization for Economic Cooperation and Development</td>
</tr>
<tr>
<td>OFW</td>
<td>Overseas Filipino Worker</td>
</tr>
<tr>
<td>Phil Health</td>
<td>Philippine Health Insurance Corporation</td>
</tr>
<tr>
<td>PSA</td>
<td>Philippine Statistics Authority</td>
</tr>
<tr>
<td>R.A.</td>
<td>Republic Act</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SIA</td>
<td>Social Impact Assessment</td>
</tr>
<tr>
<td>SOS CV</td>
<td>SOS Children’s Villages</td>
</tr>
<tr>
<td>SROI</td>
<td>Social Return on Investments</td>
</tr>
<tr>
<td>N.B.</td>
<td>Noto Bene (note well)</td>
</tr>
</tbody>
</table>
## Glossary of Terms

<table>
<thead>
<tr>
<th>Terms</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ampon</td>
<td>A Filipino term which directly translates to an adopted person, either through the formal process of adoption or the taking in of a child who is not a direct descendant of either the adopting parents, or not related by blood to the parents/family.</td>
</tr>
<tr>
<td>Barangay</td>
<td>The basic political unit of the Philippines which serves as the primary planning and implementing unit of government policies, plans and programs, projects and activities in the community, and as a forum wherein the collective views of the people may be expressed, crystallized and considered, and where disputes may be amicably settled (LGA-DILG, 2018).</td>
</tr>
<tr>
<td>Benchmark</td>
<td>Basis of comparison, to show positive (or negative) change in the situation of former-child participant or community. Can include external secondary data (virtual control group), targets per dimension/indicator, longitudinal approach (initial vs current situation) (SIA Research Guide).</td>
</tr>
<tr>
<td>Camenorial</td>
<td>From the Spanish word “Camino Real” which means “main highway”. In this paper, this means lots which are originally part or designated as public roads, specifically main roads, but are illegally occupied by informal settlers.</td>
</tr>
<tr>
<td>Davaoeño/s</td>
<td>Term used to connote residents or natives of Davao City/Province.</td>
</tr>
<tr>
<td>Dependent children</td>
<td>Those who are still in the parental care of their family, who hold the primary responsibility for guiding and supporting their development (SIA Research Guide).</td>
</tr>
<tr>
<td>Dimensions</td>
<td>Key areas of development, on individual and community levels, which are assessed with rating scales and supporting qualitative information (SIA Research Guide)</td>
</tr>
<tr>
<td>Doing well (SROI model)</td>
<td>Indicator scores a 1 or 2 in education and livelihood. Formerly called &quot;on-track&quot;. Also called &quot;successful former participant&quot; (SIA Research Guide).</td>
</tr>
<tr>
<td>Formal employment/economy</td>
<td>Formal employment or formal economy consist of workers in the government and private sectors who have established employee-employer relations (PhilHealth, 2014).</td>
</tr>
<tr>
<td>Ground-truth</td>
<td>To confirm or validate directly (information or data derived indirectly), especially (in remote sensing) by direct observations on the ground, rather than by interpretation of remotely obtained data; to make observations (of land, an area, etc.) directly on the ground, especially in order to confirm or validate data obtained indirectly (Lexico, n.d.).</td>
</tr>
<tr>
<td>Informal employment/economy</td>
<td>The informal employment in the Philippine context refers to the informal economy consisting of independent, self-employed small-scale producers and distributors of goods and services. Workers in this sector are for the most part not</td>
</tr>
</tbody>
</table>
covered by the country’s labor laws and regulations (ILO, n.d.).

**Independent Adults**
Former child-participants who now live independently, being responsible for taking care of their own development needs (SIA Research Guide).

**Indicators**
Sub-areas under each dimension (SIA Research Guide)

**Legally free child**
A child who has been voluntarily or involuntarily committed to the DSWD in accordance with the Child and Welfare Code.

**Pamamalo**
Filipino term to describe an act of physical punishment using the hands, a wooden stick or other light materials. In the Filipino context, this has been used as a means to discipline an errant child for slight to heavy misdemeanors. However, this act has been legally branded as a form of corporal punishment, therefore outlawed within schools and homes.

**Participation rate (Labor force)**
The proportion of the total number of persons in the labor force to the total population of 15 years old and older (Lungsod ng Dabaw, 2018).

**Social Return of Investment (SROI)**
Financial impact of SOS CV activities expressed as a ration (or percentage) of return on invested costs. Obtained via forecasting future lifetime success of former-child participants doing well in education and livelihood (SIA Research Guide).

**Survival and developmental rights of a child**
Rights of the child as provided under the United Nations Convention on the Rights of the Child. Survival rights includes, among others, the child’s right to life and the needs that are most basic to existence, such as nutrition, shelter, an adequate living standard, and access to medical services. Developmental rights include the right to education, play, leisure, cultural activities, access to information, and freedom of thought, conscience and religion (United Nations, 1989).
1. Introduction

1.1. Assessment Objectives and Scope

The Social Impact Assessment (SIA) aims to arrive at evidence-based information of SOS Children’s Village Programmes in Davao City focused explicitly on two services: The Family-Like Care or FLC and Family Strengthening or FS services. It will enable to continuously improve the quality of the programmes, to ensure the achievement of maximum impact, as well as to attract and retain significant funding from donors and sponsors. It is also required for accountability to the children, families, communities, and governments with whom SOS works, as well as to the donors who are funding the programmes. The SIA will gauge the contribution of FLC and FS to the (a) Non-financial Impact on Individual level; (b) Non-financial Impact on Community-Level; and (c) Social Return on Investment. Specifically, it obtained the following information:

(1) The actual long-term effects of the programme on former-child participants and their caregivers involving dimensions on care, food security, accommodation, health, education, livelihood, protection & social inclusion, and emotional & social well-being;

(2) The actual long-term effects of the programme on the communities with which the programme has been working involving dimensions on community awareness, community-based support systems, progress towards sustainability, alternative childcare, giving & volunteering, and next-generation benefit;

(3) The projection of the social return that can be expected, measured in monetary terms, for every dollar (or euro) spent in the programme involving modules on individual income, care-giver income, giving & volunteering, next-generation benefit, savings on social benefits, savings on alternative care, direct impact of local expenditures;

(4) The authentic and successful case stories of former participants three from Family-Like Care and three from Family Strengthening services;

(5) The evaluation of programme results framework with an emphasis on Relevance, sustainability, efficiency and effectiveness of the programme (DAC criteria); and to determine

6) Any unexpected impact on children, families and communities attributed to the received programmes and services from SOS CV.

The assessment included the exited beneficiaries of the Family-Like Care (FLC) and Family Strengthening (FS) from 2014 to 2017. To achieve a well-represented sample population of the identified former beneficiaries, an appropriate and systematic sampling technique was employed. Moreover, the identified bases for the exit of the beneficiaries are their attainment of self-reliance, reunification with family of origin and voluntary withdrawal from the program.

The assessment process was divided into four phases to wit: (1) Evaluation and assessment of the number of former-child participants including the reasons for the exit as well as other relevant data; (2) Preparation and finalization of the data collection methodology which included the review of “How to Research Guide”, refinement of data collection procedures, verification of secondary data and preparation of a list of participants; (3) Data collection, collation and analysis; and (4) Writing and presentation of the draft report. Ultimately, the revision and finalization of the report were achieved based on the feedback during the presentation of the first draft.
1.2. Research Framework, Data Collection and Evaluation Methodology

This social impact assessment employed descriptive research design using both the quantitative and qualitative approach.

A thorough review of secondary information and documentary examination based on the relevant and existing reports, appropriate literature and studies and previous baseline assessments done in SOS Children’s Village Davao was employed. Field Visits were done to establish the ground-truth derived from the baseline assessments of the identified/sampled exited young adults and former-child participants. Key Informants' interviews (KIIs) were conducted to cover all the dimensions for individual, community, and social return of investment. The interview proper was facilitated using the SOS designed questionnaires adapted to the Philippine, Davao context. Focus Group Discussion was likewise conducted for validating and cross-checking information gathered from the emerging themes. KII was similarly employed to elucidate the case stories of the former child-participants involved in the FLC and FS services of SOS Children’s Village.

<table>
<thead>
<tr>
<th>Area of Social Impact</th>
<th>Data Collection Approach/Methodology</th>
<th>Measures/Tools/Activities</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on individual level (non-financial)</td>
<td>-Field Visits&lt;br&gt;-Key Informants’ Interviews&lt;br&gt;-Focus Group Discussions (FGD)</td>
<td>-SOS designed Questionnaires contextualized to Davao, Philippines setting</td>
<td>- Analysis using the SOS developed template</td>
</tr>
<tr>
<td>Impact on community level (non-financial)</td>
<td>-Field Visits&lt;br&gt;-Key Informants’ Interviews&lt;br&gt;-Focus Group Discussions</td>
<td>-SOS designed Questionnaires contextualized to Davao, Philippines setting</td>
<td>-Analysis using the SOS developed template</td>
</tr>
<tr>
<td>Social return on investment (financial)</td>
<td>-Review of Secondary Data&lt;br&gt;-Key Informants’ Interviews</td>
<td>Desk reviews&lt;br&gt;SOS designed Questionnaires contextualized to Davao, Philippines setting</td>
<td>-Analysis using the SOS developed template</td>
</tr>
<tr>
<td>Case Stories</td>
<td>Key Informants’ Interviews</td>
<td>SOS designed Questionnaires contextualized to Davao, Philippines setting</td>
<td>Analysis using the SOS developed template</td>
</tr>
<tr>
<td>Evaluation of DAC criteria; evaluation against TOC</td>
<td>Review of Secondary Data&lt;br&gt;Key Informants ‘Interviews</td>
<td>Desk reviews&lt;br&gt;-SOS designed Questionnaires contextualized to Davao, Philippines setting</td>
<td>- Analysis using the SOS developed template</td>
</tr>
<tr>
<td>Additional topics</td>
<td>Review of Secondary Data&lt;br&gt;In-depth Key Informants’ Interviews&lt;br&gt;Focus Group Discussions</td>
<td>Desk reviews&lt;br&gt;-SOS designed Questionnaires contextualized to Davao, Philippines setting&lt;br&gt;-FGD Guide based on the emerging themes</td>
<td>-Analysis using the SOS developed template</td>
</tr>
</tbody>
</table>
This was based on the relevant and existing reports, appropriate literature and studies and previous baseline assessments done in SOS CV Davao. Moreover, secondary data was retrieved from national statistical offices, the World Bank, UNICEF, the Food and Agriculture Organization of the United Nations, and other national and international organizations.

**Field Visits (FVs)**
FVs were done to the identified areas in Davao City where former child participants are (1) living independently and (2) still dependent on family and their caregivers. This was done to provide some degree of “ground-truthing” to the results of the conducted baseline assessment, involving all types of exits in the family-like care and family strengthening services. The FV as an instrument of “ground truthing” served as confirmation and validation measures of the information and data indirectly derived. It did not focus on the individual level but rather on the community context to aid the consultants in properly appreciating the data provided by the enumerators. This is a system of direct confirmation or validation of the information and/or data secondarily derived. Direct observations from the locale or site were done as a system of checking.

**Key Informants’ Interviews (KIIs)**
KIIs was done to former-child participants and caregivers, stakeholders, and co-workers in SOS Children’s Village. The SOS designed questionnaires contextualized to capture the setting in the locale were used for the KIIs. The KIIs were done in English and the questions translated in the vernacular as the need arises for better understanding.

**Focus Group Discussions (FGDs)**
FGD was conducted among the SOS partners and other stakeholders (youth, women, and civil society organizations and relevant government and private stakeholders) and the SOS co-workers which allowed for systematic cross-checking of information and ensure consistency in the data collection. Emerging issues such as possibility of over-saturation of social services to some communities, the lack of commitment of some beneficiaries of the FS program in continuing livelihood initiatives, and weak financial management skills of some caregivers, among others, were similarly explored during the conduct of the focus group discussion.

**Sampling/Census Methodology and Procedure**
Based on the results of the Kick-off Workshop, the sample size agreed for Family Strengthening (FS) is 40 primary caregivers, 40 dependent child and 40 independent adults for Family Like Care (Census). The sampling criteria were provided by SOS International Office during the above-mentioned workshop held on July 8-10, 2019 at SOS Children’s Villages, Davao City. These are as follows:

A. Family Strengthening:
   a. Former child participants who are usually still dependent children living with their families;
   b. Time frame of exit is 1 to 5 years ago;
   c. Minimum of 2 year-duration stay in the programme; and
   d. Representative balance of positive and negative reasons for exit.

B. Family Like Care
   a. Former child participants who are usually independent adults with responsibility for their own development;
   b. Time frame of exit is 2 to 6 years ago;
   c. Minimum of 2 year-duration stay in the programme; and
   d. Representative balance of positive and negative reasons for exit.
There were two stages of sampling employed in this study in order to complete the target number of respondents among the identified exited beneficiaries from 2014 to 2019. For both stages the sampling criteria were followed.

For the FLC, from the list provided by SOS CV Davao, there were 134 former beneficiaries who met the criteria. Their date of exit is between 2012 and 2017. For the duration of stay the shortest is 2 years and the longest is 20 years. Of the 134 former beneficiaries, 62 of them could only be reached and invited to participate in the conduct of SIA but only 35 consented. The reasons of the former beneficiaries in the refusal to participate are, conflict in the schedule due to work and family responsibilities, personal reasons and uncertain to commit to the research participation. Hence, a second listing with 29 eligible participants was provided by SOS CV Davao. Out of 29, only 7 agreed to be part of the SIA. From the combined master lists a total of 42 FLC beneficiaries were interviewed.

Table 2.2
Family-Like Care Source of Data

<table>
<thead>
<tr>
<th>Location/Status</th>
<th>Total No. of Beneficiaries</th>
<th>Status of Participation in SIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying within Davao</td>
<td>74</td>
<td>Consented to participate 42</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Declined to participate due to conflict in schedule/work shift 23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Declined to participate due to personal reasons/uncertain to commit to research participation 9</td>
</tr>
<tr>
<td>Staying outside Davao City with non-updated contact details</td>
<td>57</td>
<td>Cannot be traced due to the un updated contact details</td>
</tr>
<tr>
<td>Unknown to the Barangay Officials in the addresses listed/with non-updated phone contacts</td>
<td>31</td>
<td>Changed residence/not acknowledged as residents in the Barangays listed as their addresses</td>
</tr>
<tr>
<td>Deceased</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total No. of Interviewees</td>
<td>42</td>
<td></td>
</tr>
</tbody>
</table>

On the other hand, for the FS exited beneficiaries, the same procedure was done as well as the same challenges were encountered. Below is a table which summarizes the sampling done.

Table 2.3
Family Strengthening Source of Data

<table>
<thead>
<tr>
<th>Location/Status</th>
<th>Total No. of Beneficiaries</th>
<th>Status of Participation in SIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying within Davao</td>
<td>84</td>
<td>Consented to participate 40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Declined to participate due to conflict in schedule/work shift 26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Declined to participate due to personal reasons 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changed residence/not acknowledged as residents in the Barangays listed as their addresses 6</td>
</tr>
<tr>
<td>Staying outside Davao City with non-updated contact details</td>
<td>5</td>
<td>Cannot be traced due to the un updated contact details</td>
</tr>
<tr>
<td>Total No. of Interviewees</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>
It is notable in the FLC master lists from where the sampling was derived, the reasons for exit which is attained self-reliance topped (101) followed by the decision of the child/youth to leave the service (2). Meanwhile, the FS master lists show the reasons for exit, the family attained self-reliance ranked first (61), followed by family moved to live with another family member/transferred to another locale (12), family released from the service due to lack of commitment (8), family dropped-out earlier at their own wish (6), and reached maximum target group age (2). The figures below capture the distributions of the identified reasons for exits among those who were interviewed.

It was gleaned from the data that majority (64.29%, n=27) independent adults exited from the FLC service because they have attained self-reliance while some (30%, n=13) were reunited with their family of origin. A lesser minority (4.76%, n=2) of the independent adults left the service of their own decision.

For the FS dependent children and their care-givers, majority (60%, n=24) exited the service because the family has already attained self-reliance. The rest exited because some (12.5%, n=5) moved to live with other family members, thus removing them from the project area of the service. Notably, others (10%, n=4) were actually released from the service because they
did not show the necessary commitment in pursuing the goals of the service, while there were a number of families (12.5%, n=5) who voluntarily exited the program prior to its completion. A minimal number (5%, n=2) of families have reached the target age group, hence exited the service.

Among those who participated in the interviews, their background on completed level of education upon leaving SOS are similarly shown in the succeeding graphs as well as their duration of stay in the programme.

Data revealed that 23.81% (n=10) of the independent adults are currently or have completed tertiary education; 38% (n=16) are enrolled in vocational courses or have at least finished secondary but is not yet enrolled in tertiary education; 33.33% (n=14) are currently enrolled in secondary education while 4.76% (n=2) are currently in their primary education.

Data revealed that 47.50% (n=19) of the dependent children are currently or have completed tertiary education; 5% (n=2) are enrolled in vocational courses or have at least finished secondary but is not yet enrolled in tertiary education; 7.50% (n=3) are currently enrolled in secondary education; 20% (n=8) are currently in their primary education; 5% (n=2) are in their...
pre-primary stage; 12.5% (n=5) are not yet enrolled in school; while 2.5% (n=1) is currently out of school.

![Figure of Duration of Stay of FLC Independent Adult](image)

For FLC independent adults, 2.38% (n=1) have stayed in the service for 2-3 years; 2.38% (n=1) for 4-6 years; 23.81% (n=10) for 7-9 years; 21.43% (n=9) for 10-12 years; 23.81% (n=10) for 13-15 years; 16.67% (n=7) for 16-18 years; and 9.52% (n=4) for 19-21 years.

![Figure of Duration of Stay of FS Dependent Children](image)

For FS dependent children, 52.50% (n=21) have stayed in the service for 1-3 years; 32.50% (n=13) for 4-6 years; and 15% (n=6) for 7-9 years.

Included in the sample are 10 Co-workers who are involved in the implementation of both FS and FLC. The 10 co-workers include both from SOS Children Villages, Davao, and SOS National Office. Also, 10 Community Stakeholders representing both FS and FLC thus, in summary, the primary data were taken from:
Table 2.5
Summary Sources of Data

<table>
<thead>
<tr>
<th>Source of primary data</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS Caregiver</td>
<td>40</td>
</tr>
<tr>
<td>FS dependent child</td>
<td>40</td>
</tr>
<tr>
<td>FLC independent adult</td>
<td>42</td>
</tr>
<tr>
<td>Co-workers</td>
<td>10</td>
</tr>
<tr>
<td>Community stakeholders</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>142</strong></td>
</tr>
</tbody>
</table>

From the sample size, 9 Case stories were generated representing 3 independent adults, 3 families, and 3 community stakeholders and partners. Meanwhile, secondary data were obtained from the SOS Annual Reports, data from the National Statistics Office, and reports from other relevant Philippine Government Agencies and International Organizations.

**Data Collection**

The data collection period was targeted for 2 months as stipulated in the allotted research timeline, however, it extended for 2 more months, adjusting the rest of the research activities in the research work plan on a later date. This is due to the following valid reasons: (1) The difficulty in locating the residences of the identified beneficiaries since some of them are no longer residing in their original residence indicated in the list, (2) The refusal of some former beneficiaries to participate in the interview for various reasons as presented in tables 2.2 and 2.3 (3) The occurrence of natural calamities: Series of tectonic earthquakes in the Mindanao Region, Philippines which started in October 2019 and subsequent aftershocks until December 2019 which also triggered a multitude of landslides and rockslides; and typhoon Kammuri in December 2019 which devastated Southern Luzon, Philippines, most especially the Bicol Region where the research consultants reside as well as the eruption of Mt. Taal which affected the flight schedules thus, hindering travels. On the one hand, although there were delays in the completion of the data collection, the quality of the output was not compromised. More importantly, the safety of the consultants and research team was not jeopardized.

**Triangulation of Data**

Upon completion of the data-collection period, a triangulation of research data was facilitated. Validation strategies were facilitated to ensure accuracy and reliability of the obtain information from the conducted individual interviews of FLC and FS former beneficiaries, co-workers, and stakeholders. Documentary analysis of the secondary data was done which included the previous baseline assessments done in SOS CV Davao Field Visits. These were cross-checked with the data generated from the conducted individual interviews. Moreover, a focus-group discussion (FGD) was facilitated to enrich, validate, and triangulate the obtained research data.

Other methods of triangulation employed are: Member Checking Procedure, this is where correspondence was made by the consultants to the data enumerators in the data analysis to validate truthfulness and trustworthiness of the researched data. Moreover, the Critical Friend Technique was also used where involvement of a member of the research team was not involved in the data collection and initial data analysis to complete the Triangular Consensus of the data being researched. Thus, with all these methods of triangulation, The Multiple Methods Triangulation was facilitated in this SIA. This refers to the use of multiple methods to study a situation or phenomenon. The intention is to decrease the deficiencies and biases that come from any single method. In other words, the strengths of one method may compensate for the weaknesses of another. This type of triangulation is very similar to the mixed —method approaches used in social science research, where the results from one method are used to enhance, augment, and clarify the results of another.
**Ethical Issues**

All participants were informed of the purpose and objectives of the study upon initial contact. To ensure that they have understood the same and to formally get their consent for the data gathering, informed consent forms were asked to be filled out by each participant. They were informed of the uses of the data gathered and that their responses enjoy utmost confidentiality. Furthermore, participants were assured that their responses will not in any way affect their position or standing with SOS Children’s Villages. After the data collection and validation and prior to the data analysis, the names of the respondents were replaced with alpha-numerical codes to avoid bias.

**Training of Enumerators**

There was a total of 4 enumerators deployed to conduct the Key Informants’ Interview (KII) which included identified former beneficiaries and caregivers. The enumerators were locals to eliminate the language barrier and ensure the accuracy of data gathered. They were chosen to be part of the research team based on their experiences as research enumerators.

During the Kick-off Workshop at SOS Children’s Village Davao held on July 31, 2019, said enumerators were oriented on the objectives of the research as well as trained on how to administer the questionnaires. This was complemented with another workshop held on August 17, 2019, facilitated by the lead and the co-lead consultants. The “buddy-system” was employed for them to cross-check each other and give insights on how to administer the questionnaires effectively and efficiently. The consultants likewise employed a weekly feedback mechanism during the data gathering period wherein the enumerators reported their activities for close monitoring. This was done through video conferencing, telephone calls, short messaging system (SMS), emails, and submission of duly accomplished weekly monitoring sheet. Through these feedback mechanisms, issues, and inconsistencies such as recording of responses and translation of the same for the benefit of the consultants were addressed early on.
2. Programme Description

2.1. Local Context

SOS Children’s Village Davao is the home of 114 children and 31 youths placed in alternative care with a total of 145 beneficiaries catered under the Family Like-Care Service (FLC). On the other hand, it services 212 caregivers and 438 children beneficiaries within their respective homes under the Family Support Services (FS). The reach of these services extend to the whole of Davao City targeting children who are in need of parental care because they have been abandoned, neglected or orphaned by their families of origin and those children who, while situated within their family home, are deemed lacking in adequate care in terms of education and basic necessities.
The determination of qualified beneficiaries, especially with the FLC Service, undergo rigorous processing which starts with a referral from the Department of Social Welfare and Development (DSWD), the agency of the Philippine Government mandated to develop, implement, and coordinate social protection and poverty-reduction solutions for and with the poor, vulnerable, and disadvantaged (Official Gazette, 2020). During the interview with the program staff, it was verified that this step is very strictly implemented to ensure compliance with Philippine laws in caring and taking custody of minors.

Together with SOS Children’s Village Davao, various organizations likewise operate in Davao City in the provision, among others, of social welfare services, alternative care and educational and employment support to children and youth. For instance, the City Social Services and Development Office (CSSDO) of the Davao City Government actively participates in the provision of social services among its constituents. The National Government through the DSWD spearheaded 4Ps program likewise covers qualified families in Davao City. On the other hand, private organizations providing for alternative care likewise operate within Davao City. Some of these organizations are Children’s Joy Foundation, Inc. (CJFI), Child-Hope Field of Dreams Children’s Charity Foundation, Inc., Love the Children Foundation, Inc., Gawad-Kalinga-Davao Office, Baba’s Foundation, Inc., Balay Dangupan, Bahay Pag-Asa, Paginhawaan Drop-In Center, and Sidlakan Crisis Center.

Despite the presence of several social service providers operating within Davao City, statistics would reveal that the number of children and youth at risk of various forms of neglect or abandonment and even abuse are still high. Continuous efforts are being exerted both by government and non-government organizations to alleviate this number, if not completely eradicate the same.
2.2. Overview of the Davao Context

Davao City is in the West Central area of Region XI, occupying the south-eastern portion of the island of Mindanao and the southern point of the Philippine Archipelago. It is bounded by the Provinces Davao del Sur in the south; Davao del Norte in the north; North Cotabato in the west, and by the shores of the Davao Gulf in the east. It is considered as one of the largest cities in the world, with a total land area of 244,000 hectares. It is composed of one hundred and eighty-two barangays in three (3) congressional districts. This is further subdivided into eleven (11) Administrative or Political Districts. The topography of these districts differ greatly as Davao City arises from a coastal boarder to the mountainous elevation. Davao City is a locality of both urban and rural communities. To date, urbanization levels continue to increase due to the preference of people from rural areas to settle in urban growth centers to have better access to employment, education, housing, and others. Its economy boasts of 1,317 financial institutions in 2017, ranging from banks to cooperatives, and 37,929 business establishments from retail stores to hotels and services. The city’s Balance of Trade amounted to $79.02 thousand, with exports at $2,217.76 M and $2,138.74 M on imports (Lungsod ng Dabaw, 2018).

Education

Education is an important aspect in Philippine setting. There exists a trifocal education system in the country where the different levels of a child’s education are administered and supervised by three specific agencies of the government. For basic education which covers elementary, secondary, and non-formal education, including culture and sports, the agency tasked is the Department of Education (DepEd). On the other hand, the Technical Education and Skills Development Authority (TESDA) administers the post-secondary, middle-level manpower
training and development while the Commission on Higher Education (CHED) is responsible for higher education (Department of Education, n.d.).

The State, through Republic Act No. 9155 (Governance of Basic Education Act of 2001) likewise mandates free and compulsory education in the elementary level and free education in the high school level. Free education is likewise provided to the tertiary level among the State Universities and Colleges. Such education also includes alternative learning systems for out-of-school youth and adult learners. To realize this mandate, the DepEd has been among the agencies to get the highest budget allocation in the General Appropriations Act (GAA). In fact, from 2015-2017, DepEd reportedly received the highest budget among all the executive departments with 16.9% of the total budget for 2017 (Open Data Philippines, n. d.).

In Davao City, there are a total of 355 public schools while there are 367 private schools in operation catering to the educational needs of the 621,496 children and 604,603 youth population (Lungsod ng Dabaw, 2018). Of these population, it can be gleaned that participation is much higher among elementary students than secondary students as gleaned from the table below.

<table>
<thead>
<tr>
<th>Health and Sanitation</th>
</tr>
</thead>
</table>

| Table 3.1 |
| Summary Performance Indicators of Public Elementary and Secondary Levels, SY 2012-213 to SY 2016-2017 |
In terms of health and sanitation, Davao City has been successful in its goal of improving the state of women and children over the period of 2013-2017 with 189 Health Centers spread across the City. Preventable deaths of newborns and children under 5 years of age has remained low. Accreditation of 15 Rural Health Units to PHIC for Primary Care Benefits Package and 5 Birthing Facilities for Maternal Care Package has been completed. Furthermore, there was a decrease in the prevalence of malnutrition rate for children from 0-71 months from 2013 with a rate of 4.80% to 2017 with only 2.75%. There is also the consistently high percentage of households with access to safe drinking water with the highest at 99.76% in 2014 and lowest only at 98.34%. On the other hand, there was an evident increase in the percentage of households with access to sanitary toilets from 2013 with only 88.60% to 2017 with 92.34% (Lungsod ng Dabaw, 2018).

**Child Protection from Abuse**

Relative to Child Protection, the Child and Youth Welfare (Davao City) focused on providing programs and services on disadvantaged children and youth. The number of children served was recorded at 13,398, an increase of 45% from the 9,264 children served in 2015. The number of youths served in 2016 slightly increased by 1%. There were 6,398 served in 2015; 6,482 youths served in 2016. The number of children in conflict with the law (CICLs) increased to 52% from 361 CICLs recorded in 2015 to 550 in 2016 and mostly involved were male due to their high risk-taking behavior (Lungsod ng Dabaw, 2018, p. 41).

By 2017, Davao City together with CSSDO, Southern Philippines Medical Center-Women and Children Protection Unit (SPMC-WCPU), Department of Education (DepEd), Philippine National Police (PNP), and Integrated Gender and Development Division (IGDD) recorded the following reported and assisted cases of abuse on children, classified by gender, to wit:

<table>
<thead>
<tr>
<th>Classes of Abuse</th>
<th>Reporting and Assisting Agency</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>CSSDO</td>
<td>28</td>
<td>36</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>SPMC-WCPU</td>
<td>113</td>
<td>89</td>
<td>202</td>
</tr>
<tr>
<td></td>
<td>DepEd</td>
<td>54</td>
<td>22</td>
<td>76</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>CSSDO</td>
<td>16</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>SPMC</td>
<td>29</td>
<td>66</td>
<td>95</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>CSSDO</td>
<td>10</td>
<td>64</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>SPMC-WCPU</td>
<td>17</td>
<td>408</td>
<td>425</td>
</tr>
<tr>
<td></td>
<td>PNP</td>
<td>12</td>
<td>355</td>
<td>367</td>
</tr>
<tr>
<td></td>
<td>DepEd</td>
<td>2</td>
<td>44</td>
<td>46</td>
</tr>
<tr>
<td>Child Labor</td>
<td>CSSDO</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>IGDD</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rescued Children*</td>
<td>CSSDO</td>
<td>17</td>
<td>23</td>
<td>40</td>
</tr>
<tr>
<td>Street Children</td>
<td>CSSDO</td>
<td>28</td>
<td>-</td>
<td>28</td>
</tr>
<tr>
<td>Neglected Children</td>
<td>CSSDO</td>
<td>68</td>
<td>47</td>
<td>115</td>
</tr>
<tr>
<td>Victims of Bullying</td>
<td>DepEd</td>
<td>708</td>
<td>348</td>
<td>1,096</td>
</tr>
<tr>
<td>Victims of Trafficking</td>
<td>PNP</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>CSSDO</td>
<td>-</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

* defined as children at risk immediately removed from an exploitative and hazardous condition (Adapted from Women and Child: Statistical Guide on the Situation of Women and Children in Davao City, Lungsod ng Dabaw, 2018, p. 41-48)
Children needing special protection were provided residential care services in BalayDangupan, Bahay Pag-Asa, Paginhawaan Drop-In Center, and Sidlakan Crisis Center. The City Government of Davao is keen on upholding the rights of the children, thus established KEAN HOTLINE (Hotline Child Abuse), a 24-hour facility supervised by the CSSDO for reported child abuses of all types and forms. This is a point to point preselected destination link that automatically connects the caller/victim to the concerned agency and response team dedicated to address/prevent child abuses in the community. KEAN HOTLINE was launched on October 29, 2016, dedicated in memory of the 3-year old Kean Gabriel who was abused by his parents.

Aside from this, the Davao City Government uses a localized approach in addressing the issues on abused. It empowers the state-mandated Barangay Council for Protection of Children (BCPC) through capacity-building activities, roll-out trainings and other relevant activities to ensure full functionality. By 2017, 109 of the 182 BCPC or 59.89% attained a rating of 51-79% of functionality which means that they were able to satisfy the requirements for organization and meetings, and any of the sub-indicators for Policies, Plans & Budget or Accomplishment Report. On the other hand, 52 of the 182 BCPC or 28.57% attained a rating of 80-100% which means that the Council was able to satisfy the requirements for all the indicators of a functions Local Council for the Protection of Children (LCPC).

Along with the thrust of the local and national government, cases of child neglect and abuse are addressed by Non-Government Organizations (NGOs) accredited with the DSWD which has a total of 47 center/institution operating within the locality (Id.).
It is evident from the foregoing that while the local government itself understands and is responsive to the situation of children and youth in the locality, the NGOs’ role in the crusade for child protection and welfare development is likewise indispensable. This is manifested in the partnership accorded by said NGOs to the local agencies in the implementation of the programs geared towards child protection.

2.3. SOS Children’s Village Davao

SOS Children’s Village Davao is located in SOS Drive, J.P. Laurel Avenue, Davao City. It implemented two services—Family-Like Care (FLC) and the Family Strengthening in response to issues affecting child-care. These include limited access to health care and education, vulnerability to abuse, discrimination, and exploitation. The FLC provides parental care for children through quality alternative care within the SOS Children’s Villages while the FS reinforces families facing the possibilities of separation due to economic and psycho-social factors. Both services are designed for beneficiaries to be holistically developed hence, the goal is for them to become fully functional members of the community. Thus, current beneficiaries of the services are extensively provided with multi-faceted trainings, workshops, and other activities for physical, psycho-social, economic, and personal development.

SOS Children’s Village Davao is the largest of the 8 programme locations of SOS Children’s Villages spread across the Philippines, with 14 Family Houses in operation for the FLC Service catering to a total of 144 children and youth beneficiaries, to date. Under its Youth Program, Youth Facility for Boys has been recently finished and houses a total of 17 boys. On the other hand, the girls are being housed inside two Family Houses temporarily closed for children. The other youth girls and boys are residing in their respective boarding houses near their schools (SOS Children’s Village Philippines, 2017).

Along with this, it provides support to families under the FS Service to a total of 212 caregivers and 438 children, to date. It started operation on September 12, 1981, and is still supporting children at risk until today (SOS CV Philippines, 2020).

So far, SOS Children’s Villages Davao has 465 exited children beneficiaries from 2014 to 2018. Among which are 68 children (with116 families) and 397 children for FS. For the FLC Service, the reasons for exit among these beneficiaries include any of the following: Attained self-reliance, reunited with their families, or their own decision to leave the program for an acceptable reason. Then, for the exited beneficiaries of the FS program, the reasons are the following: The beneficiaries attained self-reliance, reached maximum target age group, moved to live with another family member, family disbanded hence, had been transferred to a new program, dropped-out at own wish and released due to lack of commitment.

The day to day operation of SOS Children’s Village Davao is made possible by the efforts of a total of 32 staff including the Village Director, an FS Coordinator for the FS Service, 11 SOS Mothers, 3 SOS Aunts, a Family Assistant, 8 Social Workers, and Youth Care Leader for the FLC Service; and an AGSS Head, a Bookkeeper, a Village Educator, Maintenance Master, Community House in-Charge and Village Driver, for the overall management and housekeeping of the entire Village. These advocates are not alone in the protection and rearing of SOS Children and Families. As in any project involving the community, interdependence and not independence is the key.

Thus, SOS Children’s Villages Davao works in close contact with the local governments of Barangay Callawa and Mandug and the Council for the Welfare of Children, another NGO, in the implementation of its FS Service. On the other hand, SOS Children’s Villages Davao works with several organizations in the implementation of its FLC Service, to wit: Brgy. Wilfredo Aquino,
2.3.1. Family-Like Care Service

Where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or removed from the care of the family by the legal mandate of the government, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. All decisions, initiatives, and approaches should be made on a case-by-case basis, with a view, notably, to ensure the child’s safety and security, and must be grounded in the best interests and rights of the child concerned, in conformity with the principle of non-discrimination and due account of the gender perspective. Also, the child’s welfare is ensured wherein they “do not find themselves in out-of-home care unnecessarily and the type and quality of out-of-home care provided is appropriate to the rights and specific needs of the child concerned” (United Nations General Assembly, 2010, General Principles).

All too often, children lose the care of their parents (or another adult caregiver) and require alternative care. SOS Children’s Villages works together with the responsible authorities and partners to ensure that a range of suitable care options are made available and that decisions on the most suitable care option are based on the best interests of the child (SOS Children's Villages International, 2017).

SOS Children's Village Davao is one of the State authorized civil society organizations in the Philippines in ensuring alternative care to children at risk or have been deprived of parental care. This is accomplished through the Family-Like Care Service (FLC). Through this, 8 to 10 children are housed in 14 Family Homes each under the supervision of an SOS Mother. SOS Aunts who train to be SOS Mothers also provide support and are assigned from house to house depending on the village’s needs. Furthermore, separate Youth facilities are provided for girls and boys inside the village.

In 2017 all elementary and junior high school students are enrolled in public school systems, including those with special educational needs. Senior high school students may enrol in private schools if the educational track they chose is not offered in public schools. Of the children catered by the service, 4 are not yet in their school-age, 5 were enrolled in the Nursery and Kindergarten, 65 in the Primary Level, 50 in the Junior High School, and 18 in the Senior High School. Among the youth beneficiaries, 15 youths are attending college and university courses, while 2 are taking technical courses (SOS Children's Village Philippines, 2017). The children undergo annual physical examinations, laboratory, and dental check-ups accessed from public health agencies and public hospitals unless the health needs are of an emergency nature.

The children and youth are likewise encouraged to be involved in extra-curricular activities to ensure holistic development. Pursuant to this, SOS Children’s Village Davao has a very strong Football and Rugby program with the help of Davao Durians Rugby Football Club which is a non-profit organization providing free training and counselling activities to children and youth in Davao City. In November 2017, 3 SOS girls joined the Under-17 National Rugby Team (Philippine Rugby Football Union) in Dubai, UAE. By 2018 4 more SOS girls were in line to join the Philippine Team in Moscow, Russia for the Street Child Football World Cup. More children are likewise involved in regional and national tournaments for both sports.

The FLC Service provides specific activities in line with key dimensions to ensure that the children and youth grow up in a loving and nurturing environment until they are mature enough to lead independent lives or until they can be reunited with their biological families (SOS Children’s Villages International, 2017). The FLC beneficiaries are being prepared to become fully
functioning individuals by attaining self-reliance. Thus, they are capacitated not only to be able to support themselves by the time they reach adulthood but at the same time become productive members of the community who are capable of social and moral responsibility upon reintegration in their respective communities. SOS Children’s Village Davao aims help in the realization of this goal through the implementation of the following activities, to wit:

Table 3.4
FLC Activities per Dimension

<table>
<thead>
<tr>
<th>Key Dimensions</th>
<th>Specific Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>• Close supervision of SOS Mother and Aunt in the village</td>
</tr>
<tr>
<td></td>
<td>• Provision of support and care by older brothers and sisters inside the SOS Village</td>
</tr>
<tr>
<td>Food Security</td>
<td>• Food and nutrition support inside the village</td>
</tr>
<tr>
<td></td>
<td>• Nutrition Education Session</td>
</tr>
<tr>
<td>Accommodation</td>
<td>• Provision of alternative home and youth facilities inside the Village</td>
</tr>
<tr>
<td>Health</td>
<td>• Annual Health Program</td>
</tr>
<tr>
<td></td>
<td>• Operation tuli (circumcision) for children – boys only 12 years and below</td>
</tr>
<tr>
<td></td>
<td>• Dental and eye check-up annually for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Annual medical check-up for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Dengue prevention – soaking (yearly activity)</td>
</tr>
<tr>
<td></td>
<td>• Sexual orientation awareness for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Basic proper hygiene session for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Psychological assessment and therapy for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Nutrition Education Session</td>
</tr>
<tr>
<td>Education</td>
<td>• Educational and Academic Program</td>
</tr>
<tr>
<td></td>
<td>• Close supervision of SOS Mothers and Aunts on the educational needs and requirements of the children and youth</td>
</tr>
<tr>
<td>Livelihood</td>
<td>• Life Skills and Employability Session</td>
</tr>
<tr>
<td></td>
<td>• Child and Youth Council Leadership and Facilitation Skills Training Camp</td>
</tr>
<tr>
<td></td>
<td>• Digital Village Program</td>
</tr>
<tr>
<td></td>
<td>• Youth Employability thru Partnership</td>
</tr>
<tr>
<td>Social Inclusion</td>
<td>• Sports Development Program</td>
</tr>
<tr>
<td></td>
<td>• SOS Children’s Village Davao anniversary</td>
</tr>
<tr>
<td></td>
<td>• SOS Children’s Village International Celebration</td>
</tr>
<tr>
<td></td>
<td>• Foundation day/birthday celebration of Hermann Gmeiner</td>
</tr>
<tr>
<td></td>
<td>• Death Anniversary of Hermann Gmeiner</td>
</tr>
<tr>
<td></td>
<td>• SOS Davao soccer tournament</td>
</tr>
<tr>
<td></td>
<td>• SOS Children’s Village Davao sports fest</td>
</tr>
<tr>
<td></td>
<td>• SOS Children’s Village Davao Christmas party for children and youth</td>
</tr>
<tr>
<td></td>
<td>• SOS Davao Halloween party</td>
</tr>
<tr>
<td></td>
<td>• SOS Kiddie Camp – for children below 12 years old</td>
</tr>
<tr>
<td></td>
<td>• SOS Summer Youth Camp – for youth ages 13 – 17 years old</td>
</tr>
<tr>
<td></td>
<td>• SOS Valentine’s Day celebration or SOS heart day</td>
</tr>
<tr>
<td></td>
<td>• Summer Job Exposure for youth – ages 18 above</td>
</tr>
<tr>
<td></td>
<td>• SOS summer family outing</td>
</tr>
<tr>
<td></td>
<td>• Holy week celebration activity for SOS community</td>
</tr>
<tr>
<td></td>
<td>• Mother’s Day celebration for SOS mother</td>
</tr>
<tr>
<td></td>
<td>• SOS community gathering</td>
</tr>
<tr>
<td></td>
<td>• SOS Recognition Day for children and youth</td>
</tr>
<tr>
<td></td>
<td>• SOS rugby tournament for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Flores de Mayo for children</td>
</tr>
<tr>
<td></td>
<td>• SOS community prayer</td>
</tr>
<tr>
<td></td>
<td>• Child protection policy session for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Child safeguarding session for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Tutorial session for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Baking and cooking session for children and youth</td>
</tr>
<tr>
<td></td>
<td>• Craft and arts session for children and youth</td>
</tr>
</tbody>
</table>
### 2.3.2. Family Strengthening Service

Every child has a right to have the care of a family. Ideally, children grow up in the family into which they are born. However, when families are unable to provide a stable and safe home for their children, they run the risk of breaking down. The reason why families may struggle to adequately care for and protect their children vary according to region, country, community, and even between individual families. They include parental death and poor health, household poverty, sociocultural factors, psychosocial factors as well as the political and economic situation (Annual International Report, SOS Children’s Villages, 2017).

Indeed, for a third-world country like the Philippines, education, food, and stable housing are luxuries for the greater portion of the population. Thus, raising children and providing for their basic needs such as education, food and shelter, and security can sometimes pose a big challenge to most families. The ones put in the most disadvantageous position in these situations are the children, leading to either abuse, neglect, or even abandonment. To prevent separation of the child from his or her family of origin, SOS Children’s Villages adopted the Family Strengthening (FS) service. The targeted participants are the children from the disadvantaged families along with their caregivers who are mostly the mothers. The FS service capacitates the caregivers so that they can meet the obligations required in raising and supporting the children of the family. It guarantees to the child that he or she can regularly go to school without worrying whether the family can send him or her to one.

The FS service provides a system of support to the whole family so that all the basic needs of the child is met including a stable home, food security, and security and protection to the child, especially against the risk of neglect or abandonment. More importantly, the service is focused on enabling the families to be independent and self-reliant. The realization of this goal separates the FS Service to other caregiving organizations in the Philippines. The FS does not give support in order to meet the immediate needs of the families alone. It ensures that while the families are being taken care of, especially the children, for the time being, they are also being conditioned to learn how to stand on their own in the future. This strategy empowers the beneficiaries which in turn empowers the community as members are equipped with the concepts learned and skills developed needed for a “stable home”. This is facilitated by the partnerships among the stakeholders.

SOS Children’s Village Davao actively implements the FS Service in the 4 impact barangays in Davao City. In 2017, 21 families became self-reliant and exited from the program. In
terms of academic and educational intervention, school supplies support and school fees were provided to children from Barangays 1-A, 28-C, 23-C, and 25-C of Poblacion District Davao City. SOS Children’s Villages Davao and the parents or caregivers came to an agreement that the parents/caregivers will shoulder the miscellaneous fees of their children who are studying in college while the rest of the fees will be provided by SOS Children’s Village Davao through the FS Service. This agreement helps both the caregiver and the child in line with the goal of the service. Aside from the education intervention, SOS Children’s Village Davao implements various family development activities for the realization of the FS service goals, such as:

<table>
<thead>
<tr>
<th>Key Dimensions</th>
<th>Specific Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>• Family Development Support</td>
</tr>
<tr>
<td></td>
<td>• Provision of extra support from SOS FS Coordinator during Family Visits</td>
</tr>
<tr>
<td></td>
<td>• Parenting Education Skills</td>
</tr>
<tr>
<td>Food Security</td>
<td>• Community-based Nutrition Program (feeding programs)</td>
</tr>
<tr>
<td></td>
<td>• Nutrition Education Session</td>
</tr>
<tr>
<td></td>
<td>• Releasing of Gift Certificate intended for Groceries &amp; Daily needs of the FS beneficiaries</td>
</tr>
<tr>
<td></td>
<td>• “Bakuran mo Linis mo” FOOD FOR WORK</td>
</tr>
<tr>
<td>Accommodation</td>
<td>• Provision of support from SOS FS Coordinator for stability of living conditions</td>
</tr>
<tr>
<td>Health</td>
<td>• Health and Nutrition/Education and Maternal &amp; Child Health Care</td>
</tr>
<tr>
<td></td>
<td>• Medical Mission to Beneficiaries in partnership with Davao Medical School Foundation</td>
</tr>
<tr>
<td></td>
<td>• Health &amp; Hygiene Seminar on COVID 19; Resource Speaker: HCDC School Nurse</td>
</tr>
<tr>
<td></td>
<td>• Releasing of Hygiene Kits “ANTI COVID 19”</td>
</tr>
<tr>
<td></td>
<td>• Solid Waste &amp; Management Seminar; Resource speaker: CENRO</td>
</tr>
<tr>
<td>Education &amp; Skills</td>
<td>• Educational Support through payment of school fees and provision of school materials</td>
</tr>
<tr>
<td></td>
<td>• Life Skills Assessment Activity</td>
</tr>
<tr>
<td>Livelihood</td>
<td>• Livelihood Trainings</td>
</tr>
<tr>
<td></td>
<td>• Job Situationer Seminar-Workshop</td>
</tr>
<tr>
<td></td>
<td>• Resume Profiling and Developing</td>
</tr>
<tr>
<td></td>
<td>• Project Introduction and &amp; Resource Mobilization Meeting with partner barangays</td>
</tr>
<tr>
<td>Protection &amp; Social Inclusion</td>
<td>• Disaster Management Training</td>
</tr>
<tr>
<td></td>
<td>• Emergency Response and Preparedness Session</td>
</tr>
<tr>
<td></td>
<td>• Partners and Stakeholders Meeting</td>
</tr>
<tr>
<td></td>
<td>• Community Analysis with Brgy. Council &amp; Beneficiaries conducted by Brgy. Council &amp; FSP Coordinator</td>
</tr>
<tr>
<td></td>
<td>• Disaster Risk Reduction Seminar; Resource Speaker: 911</td>
</tr>
<tr>
<td></td>
<td>• Youth Development Session “Finding Oneself”; Resource Speaker: National Youth Commission</td>
</tr>
<tr>
<td></td>
<td>• Positive Discipline &amp; Corporal Punishment Seminar; Resource Speaker: CSWDO</td>
</tr>
<tr>
<td></td>
<td>• Child Safeguarding Seminar; Resource Speaker SOS CS Focal &amp; Village Educator</td>
</tr>
<tr>
<td>Social &amp; Emotional Well-being</td>
<td>• Regular Family Development Conferences</td>
</tr>
<tr>
<td></td>
<td>• Review of Family Development Plans</td>
</tr>
</tbody>
</table>

Thus, the caregivers of the FS beneficiaries are exposed to heavy activities that will help them become economically reliant and independently provide financial support for their children. Similarly, adequate trainings were given to assist in their psycho-social awareness on parental care, support, and protection. Consistently, children of the FS beneficiaries are enjoined to imbibe family values and virtues that will assist in the development and strengthening of various aspects.
of socio-adaptive abilities that will reflect progressive freedom from supervision and assistance of their caregivers as they become fully functioning adults.

2.3.3. Management Structure and Budget

A. Management Structure
B. Overview of the Human Resource Allocation

Human resources allocations were based on the effects of the 2017 Rapid Assessment of Programs (RAP) conducted in the SOS Children’s Villages Philippines of which SOS CV Davao closed its SOS Kindergarten Program and re-structure its administrative personnel changing its
employee to beneficiary ration from one employee to three children in SOS FLC (1:3) to one is to four (1:4) employee – children ratio. Thus, in 2019 we have the following numbers of Mothers and Aunts, and co-workers:

- Village Director
- SOS Family Care service (FLC)
  - 12 SOS Mothers and 3 Aunts/Family Assistants
  - 8 Social Workers
  - 1 Youth Facility in Charge and 1 Youth Educator
  - 1 Village Educator
- Family Strengthening service (FSP)
  - 1 FSP Head
  - 1 FSP Coordinator
  - 1 Social Worker (tasks to perform community work)
- Administrative and General Support Service (AGSS)
  - AGSS Head
  - Village Bookkeeper
  - Sponsorship Co-worker
  - Fund Development and Communications Co-worker
  - Village Maintenance Master
  - Village Driver

For the human resource allocation, a lower number of staff is observed for the FSP service as compared to the FLC service. This is attributed to the nature of their respective tasks. Notably, the SOS Mothers and Aunts/Family are required to focus on a particular home while the social workers are tasked for case managements. These require hands-on work which cannot be managed simultaneous with a lesser number of staff. On the other hand, the social worker assigned under FSP is required to organize the community and follow-up on the implementation of the specific FSP activities. There is no hands-on work necessarily required.

Furthermore, interviews conducted with the SOS CV staff confirmed that in cases of big activities, the social workers and village educators assigned under FLC are called to help and function under the FSP program. Thus, they sometimes go in teams of four members or more, depending on the nature and demand of the activity. There is a good working dynamic among the staff because they focus more on accomplishment rather than specific job descriptions.

**C. Staffing Patterns**

SOS Davao follows the general guidelines on staffing patterns being practiced by SOS Children’s Villages in the Philippines, as follows:

- No. of Employees to No. of Children/Beneficiaries – 1:4
- Maximum No. of Children to SOS Family House – 1:8 (1 FH to 8 Children)
- No. of Aunts to SOS Families – 1:3 (Aunt to FHs)
- No. of Children and Young-people per Social Worker in FLC – 1 SW:25 C&Y
- No. of Families of Origin per FSP Co-worker – 1 FSP CWs: 150 Families

In terms of staffing patterns, the ratio between number of families of origin per FSP co-worker may be considered high. However, per DSWD standards, this ratio is the norm, especially if the nature of the work requires a community-based approach. This is the same standard followed by SOS CV Davao, with the same approach used considering the FSP work is focused more on facilitation and mobilization. However, for projects/activities which are solely and exclusively implemented by SOS CV Davao, the other social workers and staff members usually come in as a team under FSP to realize the project/activity.
D. Implementation Partners
SOS Children’s Village Davao is working with several government and non-government entities in the implementation of the FLC and FS Services. Although no official or legal agreement had been executed with these entities, the inter-dependent working relationship is strong and flourishing for the past years. The key partners of SOS Children’s Villages Davao are:

Table 3.6
SOS Children’s Villages Davao
Key Implementation Partners

<table>
<thead>
<tr>
<th>FS Service</th>
<th>FLC Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Council for the welfare of Children</td>
<td>3. ABSnet</td>
</tr>
<tr>
<td></td>
<td>4. University of Mindanao</td>
</tr>
<tr>
<td></td>
<td>5. Holy Cross of Davao College</td>
</tr>
<tr>
<td></td>
<td>6. Davao Durians Rugby Football Club</td>
</tr>
<tr>
<td></td>
<td>7. ARRUPE –Ateneo De Davao University</td>
</tr>
<tr>
<td></td>
<td>8. LGU – Antipas, North Cotabato</td>
</tr>
<tr>
<td></td>
<td>9. LGU – NABUNTURAN</td>
</tr>
</tbody>
</table>

E. Overall Budget/Running Costs, 2019

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Running Cost (2019)</td>
<td>Php 26,941,086.19</td>
</tr>
<tr>
<td>Actual Total Running Costs (Annual) in 2019</td>
<td>Php 21,879,806.86</td>
</tr>
<tr>
<td>a. SOS Families (FLC)</td>
<td>Php 16,985,965.76</td>
</tr>
<tr>
<td>b. Youth Care (YC)</td>
<td>Php 4,024,131.76</td>
</tr>
<tr>
<td>c. Family Strengthening service (FSP)</td>
<td>Php 889,709.31</td>
</tr>
<tr>
<td>Total Running Costs per child per month (SFC+YC / No. of Children and Young-people / 12 months)</td>
<td>Php 12,158.62</td>
</tr>
<tr>
<td>No. of Children &amp; Youth 2019 = 144</td>
<td></td>
</tr>
<tr>
<td>Total Running Costs per child-beneficiaries per month</td>
<td>Php 109.84</td>
</tr>
<tr>
<td>No. of Beneficiaries 2019 = 675</td>
<td></td>
</tr>
</tbody>
</table>

N.B. Figures provided by SOS Children’s Villages Davao as of February 2020.

The above figures reveal that the total monthly running cost per child/youth for FLC service is Php 12, 158.62 while the total monthly running cost per child for FS service is only Php 109.84. The difference between the figures is explained by the nature of the services provided under each programme.

The FLC service provides all the basic necessities of an FLC child/youth. This involves everyday food, clothing, water, shelter, educational and medical needs including cost of care for the employment of SOS Mothers and Aunts as care professionals. Thus, the FLC service is directly responsible for the totality of the child’s/youth’s care during the entire duration of their stay in the village. On the other hand, the FS services have specific activities only which incurs a cost on the part of SOS Children’s Villages Davao. Among these are educational support such as school materials, medical support like hygiene kits as well as nutritional support including feeding programs. These services are seasonal only or when the need arises. The FS service is more focused on capacity building such as seminars, trainings, and livelihood awareness programs.
These entail little to no cost on the part of SOS Children’s Village because they are usually conducted with the help and in partnership of different entities.

Therefore, it can be reasonably concluded that raising a child directly will entail more cost than providing complementary support to the caregiver or community who has the primary duty of raising the child. Further discussion on the cost of each service is explored under the evaluation results on the Social Return of Investment (SROI).

3. Evaluation Results
   3.1. Key findings on individual impact (non-financial indicators)

   In order to identify the key-findings on individual impact, both qualitative and quantitative approaches were employed. For the qualitative inquiry, a narrative analysis was done. These were sourced from the collection of descriptions gathered from the conducted interviews to obtain
apodictic case stories reflecting the three-dimensional narrative inquiry space. The qualitative findings were similarly taken from the conduct of the focus group discussions.

As for the quantitative inquiry, key dimensions and their respective indicators were assessed using a four-point scale rating as provided in the SOS Social Impact Assessment Research Guide. The descriptive responses from the questionnaire were then crosschecked by secondary sources of data as well as observations from the field enumerators during the conduct of the ground survey. For the Family-like care service, the subject of the assessment are the independent adults while for the Family-strengthening service, the assessment was done by interviewing the dependent child and his or her caregiver.

3.1.1. Family-like care (FLC)

A. Individuals Doing Well in Key Dimensions

Actual survey results reveal that 93% of the former Family Like Care (FLC) beneficiaries are doing well in at least 6 over 8 identified dimensions while 76% are doing well in 7 out of 8 and 62% were found out to be doing well in all dimensions. The overall results are deemed positive as more than half of the entire population were assessed to have been doing well in all dimensions.

A closer look will reveal that each dimension has a share of “not doing well” respondents (attaining the score of 3) except for Health. The chart below exhibits the dimensions with the corresponding doing well (attaining the score of 1 and 2) and not doing well (attaining the score of 3) share of respondents.

However, the most notable responses are displayed under Livelihood which gleaned 31% (n=13) of not doing well respondents, and in Education & Skills which has a total of 24% (n=10).
respondents not doing well. The dimension on Accommodation likewise displayed 10% (n=4) and Care with 5% (n=2) of not doing well respondents. The rest of the dimensions gleaned 2% (n=1) share each.

Specific indicators were utilized to assess the different dimensions. The results for which then became the basis for the overall rating of the corresponding dimensions. In the chart below, Employment Status and Household Income displayed considerable share of not doing well respondents which affected the dimension on Livelihood. The same characteristic is displayed under Attainment and Employability which thus affected the proportion of not doing well respondents for Education.
B. Results in Key Dimensions and their respective Indicators

The following discussions focus on the results and analysis of each dimension with their corresponding indicators.

B.1. Care

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around (Leo Buscaglia). In the Filipino context, this is very well seen in homes and communities. Usually closely-knit, the families extend their care not only to their children but to other family members from their formative years, adulthood until even death.

The dimension of care gleaned an overall positive result with an average score of 1.4 or 95% (n=40) of the 42 respondents assessed to have been doing well on the two identified indicators.
Data revealed that 66.67% (n=28) of the independent adult respondents have strong positive relationships with family members, friends, or neighbors, who are reliable source of support for one another. While 28.57% (n=12) were found to have the same strong positive relationships with some family members, friends and/or neighbors who sometimes provide a source of mutual support, but not always.

On the other hand, 4.76% (n=2) of the 42 respondents reportedly said that they have some form of contact with family members, friends and/or neighbors, but relationships are unstable or unhealthy, and cannot be relied on as a source of mutual support.

B.1.1. Family Relationship & Support Networks

Family relationships & support networks as an indicator inquires on the presence of a strong positive relationship of the independent adult with his/her family members, friends, or neighbors. Family members include the family of origin, SOS family, spouse/partner and extended families, if any. It also inquires whether these individuals are a reliable source of support to the independent adult. Data reveals an average score of 1.5 or 84.92% which is still within the target range of fairly satisfactory to highly satisfactory.

The chart below reveals that 97.62% (n=41) out of the 42 respondents are doing well, 57.14% (n=24) of which scored 1 and 40.48% (n=17) scored 2. Only 2% (n=1) scored 3, thus marking the lone “not doing well” respondent for Family Relationships and Support Networks.

Parenthetically, the majority (60%, n=25) of the independent adults have contact with both their family of origin and SOS family while 19% (n=8) have contact with only either and only 2% (n=1) have contact with neither. Despite the presence of regular contact and communication, independent adults only report “sometimes” or “rarely” prevalence of mutual support. The most common form of support is moral support on both ends, although some also provide financial support to their family of origin. Some of the independent adults also provide financial support to both their family of origin and SOS family but this is exceedingly rare across the gathered data.

Interestingly, independent adults who have no contact with their family of origin are among those who never really knew their family in the first place, as those who have been orphaned or abandoned. During the interview, 2 of them expressed that they are no longer interested in knowing their real families as they are content on the care provided by their SOS family. While this is a manifestation of the positive impact made by SOS in their lives, it is a setback on family integration which is also part of the organization’s long-term goal, if proven to be beneficial to the best interest of the child.
The low prevalence of financial support is complemented by other data gathered during the assessment, especially across livelihood. This trend can also be observed in the aspect of giving and volunteering (financial). Independent adults are yet to establish a more economically viable life outside the program, and this affects their capacity to give back in terms of financial support. One respondent, candidly shared; “When you are financially-challenged, you also have no capacity to give back or help others. Even if you want to help your family members, you cannot do it. However, if you will already have your means, then you will be encouraged to also help out others.” (Kapag walang-wala ka rin, walaka n gmaibibigay o maiaabot. Gustuhin mo man na makatulong sa kapamilya mo, sa iba, hindi mo din magawa. Pero kapag naman may pinagkukuhanan ka na, mas gaganahan ka din na tumulong saiba).

**B.1.2. Parental Obligations**

This indicator assesses only those independent adults who have children at the time of the assessment. It gauges the involvement of the independent adult to his/her child’s life and the fulfillment of the former’s parental obligations. These obligations include, but are not limited to, the provision of basic care.

Among the independent adults, 50% (n=21) have been found to have existing parental obligations as of the time of the assessment. Data reveals that they have attained an average score of 1.4 or 85.71% with 95% (n=20) doing well respondents, which is within the range of fairly satisfactory to highly satisfactory.
Of the independent adults with parental obligations, 76% (n=16) were females and 24% (n=5) were males. The women were found to have had their children early in life, specifically between the ages 19-23 and most of them (56%, n=9) are focused on rearing their children instead of working outside of the home. These women are unemployed and have no desire to seek employment because their partners are the ones earning the bread for the family.

Interestingly, some of the women (44%, n=7) were reportedly engaged in either informal or formal employment and performs their parental obligation through financial support. In fact, a minority (13%, n=2) of these women are not living with their child due to work as they are currently living with either their employer or their co-workers. On the other hand, all the males with parental obligations have jobs but a majority (60%, n=3) of them are found to be not living with their child. This is due to either separation with the mother of the child or due to employment. All male independent adults are providing moral and/or financial support to their children except for one. The reason for such was, however, not disclosed during the interview.

A trend of early marriage or live-in situations is observed among female independent adults which compliments the national data as provided by Philippine Statistics Authority which reports that 31.6% of Filipino women marries between the ages 20 to 24, which are considered of a younger age range, to those who choose to marry between the ages 25 to 29 at 34.2%. Noteworthy is the fact that the next marrying age for Filipino women is between the ages of 30 to 34 at 15.7% (Philippine Statistics Authority, 2019). Thus, it can be deduced that most Filipino women really tend to marry at a relatively young age.

Data reveals that a greater majority of independent adults, composed mainly of women, are actively involved in the life of their children, and protect and nurture them, fulfilling all parental obligations. During the FGD, it was manifested by one respondent that despite the abandonment of her biological family, the care she received from her SOS Family inspired her to be a good mother to her children, giving forward and replicating the kind of care she received when she was once an SOS child. “Now that I am already a mother, the care I experienced [from the SOS Mother] is also the same care that I give my child” (Ngayong nanay na rin ako, yong nadama kong pag-aaruga sakian yon din ang ginagawa ko sa anak ko). This sentiment was seconded by all the members of the group. From this, it implies that the intervention of the programme created a very positive impact in terms of parental obligations of the independent adults, despite the initial lack of care in their lives, prior to admission to the programme.

B.2. Food Security

We know that a peaceful world cannot long exist, one-third rich and two-thirds hungry (Pres. Jimmy Carter). This highlights the importance of food security as a balancing factor in all areas of life. In the Philippine context, this remains to be one of the challenges addressed by the various government and non-government organizations.

Under the dimension for food security, the primary gauge is whether the independent usually have 3 meals a day and does not go to bed hungry.

<table>
<thead>
<tr>
<th>Figure 3.7</th>
<th>Food Security Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>71.43</td>
<td>26.19</td>
</tr>
<tr>
<td>2.38</td>
<td></td>
</tr>
</tbody>
</table>

1= Highly Satisfactory;  2= Fairly Satisfactory;  3= Fairly Unsatisfactory;  4= Highly Unsatisfactory.
The dimension on food security gleaned an average score of 1.3 or 89.68%, well within the target range. Of the 42 the respondents, 98% (n=41) are assessed to have been doing well on this dimension, with 71.42% (n=30) reporting to usually have 3 meals a day and does not go to bed hungry and 26.19% (n=11) usually having 2 meals a day and does not go to bed hungry. Another lone respondent 2.38% (n=1) reported having 2-3 meals a day but goes to bed hungry.

Of the independent adults doing well on food security, 48% (n=20) responded that they eat a well-balanced meal while 12% (n=5) stated that while they eat three or more meals a day per local custom, they believe that these are not well-balanced meals. This population are observed to be mostly eating canned-goods or cooked food bought from cafeterias.

On the other hand, the main reason provided by the one who responded that she eat 2-3 meals a day but goes to bed hungry is that they can’t afford the usual number of meals as per local customs, while some responded that this is due to personal reasons. This data is validated by the result on the livelihood dimension specifically along with employment status and household income which reveals that almost all respondents who can’t afford the usual number of meals have scored either 2 or 4 along with employment status and 2 and 3 on household income. Thus, the perceived insufficiency in the income of the family vis-à-vis the unemployment of the independent adult himself/herself directly affects the provision of food.

Notably, one stray response was recorded in among the independent adult reflecting a rating of 2 for food security but recorded both 1 along with employment status and household income. It was revealed that the reason for the score attained in food security despite having a stable job and income is that the independent adult works on a graveyard shift and reportedly prioritizes sleep over food, thus he eats only when hungry. “Arriving at home from a night-shift work, I am quite sleepy that I’d rather catch my sleep than think of eating” (Pag-uwi galling sa panggabi shift, sobrang antok na talaga. Imbes na kumain mas pinipili ko matulog na lang)

B.3. Accommodation

A small tumble-down house is better than a communal palace (Arabian Proverb). This proverb is similarly captured on how the respondents perceive their current dwellings. Despite their status of living, most of the respondents rated their accommodation as highly satisfactory. This suggests that among most Filipinos; the modernity, construction, space and quality of materials may be overlooked, giving more priority to the ownership and togetherness of a family.

As such, accommodation recorded an average score of 1.4 or 88.10% with 90% (n=38) doing well independent adults. Of the 42 respondents, 73.81% (n=31) scored 1 while 16.7% (n=7) scored 2 and the rest (9.52%, n=4) scored 3. Overall, the results are deemed within the target range for fairly satisfactory to highly satisfactory among the respondents.

![Accommodation Dimension](image-url)

1= Highly Satisfactory; 2= Fairly Satisfactory; 3= Fairly Unsatisfactory; 4= Highly Unsatisfactory.
This turnout is attributable to the relatively average turnout across stability and living conditions. Moreover, this is a realization that although most of the respondents are not economically well-to-do, they still find their accommodations highly satisfactory, holding to the fact that is livable and that they are together in one roof. As one respondent expressed; “Yes, our house is small, there are many needed repairs, but we are intact and that’s the most important consideration” (Oo, maliit lang ang bahay namin, maraming dapat ayusin, pero magkakasama naman kami, yun ang pinakaimportanteng konsiderasyon)

B.3.1. Stability

Stability as an indicator means that the independent adult is living in a stable situation without the risk of loss of residence. It also inquires on the frequency of changing residences or multiple relocations. In the Filipino context, stability also means that it is far from threats of demolition or deconstruction, since there is accommodation of residences within government or camenorial lands, agri-lands or informal settling.

The indicator of stability gleaned an average score of 1.6 with 79.37%. Data reveals that while 95% (n= 40) of the independent adults are doing well along with stability, there are more (52.38%, n=22) independent adults who live in a stable situation with some risk of loss of residence in the future. This is compared to those (42.86%, n=18) who likewise live in a stable situation, but without such risk.

On the other hand, the remaining 4.76% (n=2) of the independent adults’ report that they live in an unstable situation, with the imminent risk of loss of residence or multiple relocations. The graph below shows the distribution of independent adults vis-à-vis the stability of their living conditions.

Looking closely, independent adults’ living situation may be subdivided into five sub-categories, to wit:

Among the respondents residing in formal settlement; (60%, n=25), Three (3) owned the house and lot, while one (1) was provided by the parents for free. Twelve (12) respondents are residing in the family homestead, either their ancestral homes or living with relatives. Four (4) are settled in house accommodations by either employers or school and the rest (5) are renting apartments.

The rest of the respondents (40%, n=17) are also renting apartments/units or communal areas which are either camenorial lots, intended for public dominion or illegal settling. “We don’t own the land where our house is constructed. “We are renting a small room only. Just enough for my baby, husband and me” (“Maliit lang ma’am yung inuupahan naming. Kasya lang yung anak ko at asawa ko. Parang kwartero lang”).

SOS Children’s Villages, Philippines
The risk of losing residence for the majority population is predicated on their capacity to pay the monthly fee. The stability of their living conditions is again tied directly to their capacity to earn enough to include accommodations to their monthly budget. This result is validated by the data gathered along the dimension on Livelihood, specifically on the indicator Employment Status. While a greater number of the population is employed, the risk continues because they do not enjoy security of tenure which would ensure the continuity of their jobs. The same is true with those few living at accommodations provided by their employer since their stay is co-terminus with their employment.

On the other hand, those who are living at the family homestead are more or less secure in their living accommodations until the courtesy to stay is withdrawn. However, the same may not be true to those who are living only with relatives. While extended families are common in the Philippine cultural setting, this is not the most ideal set-up especially if the house is not big enough for the multiple families to stay in. One of the respondents reveals that they are currently living in a house with a total of 14 occupants consisting of different families. While each has their own room, the independent adult and his family expressed their intention to move once they have enough savings to do so.

Remarkably, 40% of the total number of respondents are those under the informal settlement. According to Acioloy, Jr. and Payot, there seems to exist a mismatch between the economic progress of the city and the position of low-income families in the city when one looks at the existing framework to improve the living conditions of the poor. In their study, it was reported that there are more than 130 informal settler clusters in the city most of which are located within or near the city center or the Poblacion. The remaining are scattered just outside the city center on the banks of rivers or along the coast of the Gulf of Davao. The data suggests that there are 14,274 structures in those clusters- as of December 2005- but it does not show the total number of informal settler families (Acioloy Jr. and Payot, 2006).

To date, the issue of informal settlement in Davao City persists despite the vast land area and the booming economy. Primarily, the issue rests on land tenure and ownership. With this as a factual backdrop, the fact that only 17% of the independent adults are classified to be living under the informal settlement is a relatively positive turn-out. Although further actions by the local government and other stakeholders may be set in place in the future in order to ensure that the number may be alleviated, if not totally eradicated.

B.3.2 Living Conditions

Living conditions as an indicator assesses whether the independent adult lives in conditions that are adequate, as per local standards. It further inquires whether the personal well-being of the independent adult or his/her family is compromised in cases of living conditions below local standards.

Under living conditions, data gathered resulted in an average score of 1.5 or 84.13% with 93% (n=39) doing well independent adults. 59.52% (n=25) reportedly were living in conditions...
that are adequate while 33.33% (n=14) are living in fairly adequate conditions. However, 7.14% (n=3) of the respondents are reportedly in conditions that are below local standards, although not compromising to their personal well-being

![Figure 3.10](Living Conditions)

1= Highly Satisfactory;  2= Fairly Satisfactory;  3= Fairly Unsatisfactory;  4= Highly Unsatisfactory.

In terms of the physical composition of dwelling, 52% (n=22) are living in houses made of concrete materials, 17% (n=7) in semi-concrete materials, and 14% (n=6) in houses made of light materials like wood. Another 14% (n=6) failed to disclose the structural integrity of their dwelling but instead focused on stating that they are living comfortably in their houses which has sufficient space for its occupants.

![Figure 3.10.a](Physical Composition of Dwelling)

Notably, all doing well independent adults live in houses with potable water and electricity connections, standard toilets, and with the necessary furnishings, with occasional comforts such as appliances. Of the 7% (n=3) not doing well respondents, 2 are living in houses without water or electricity connections.

Despite the foregoing, data reveals that some independent adults (30.95%, n=13) stated that their dwellings suffer from structural issues, i.e. made of old dwellings, cracked walls and windows, and leaking ceilings. Respondents report that repairs are definitely needed for said issues. Furthermore, some (26%, n=11) likewise reveal that their dwelling also suffers from health, security, and safety issues. Several respondents stated that they live in areas that are prone to flooding, some near the market, and others near the garbage disposal area. As one mother expressed, “There is really a problem ma’am. For example, in the area where we live, garbage piled up. It takes time before it is collected sometimes it already smells” (May problema talaga ma’am. Halimbawa, sa unahan ng tirahan naming doon man tinatambak ang basura. Pero yong tinambak kinukuha din ng trak. Kaya lang minsan matagal, may amoy na). Thus, concerns about
physical health and noise pollution were identified to be existing anent their living conditions. One respondent disclosed, “The environment is also noisy since the houses are built close to each other. Sometimes [a neighbor] sings karaoke which could be heard in the entire neighborhood” (Maingay din po ang paligid kasinga halos magkakadikit ang bahay. Minsan my nagkakaraoke, dinig halos ng lahat).

This data is congruent with the findings under the indicator of stability. Most independent adults are renting in legal private properties while some are informal settlers; renting and yet the lot is government owned. This would account for areas within the metropolis that are prone to flooding and are densely populated. According to the 2019 Philippine Statistics Yearbook, Davao City has a population density of 668 (persons/sq. km) as of 2015 with an annual growth rate of 2.3% (Philippine Statistics Authority, 2019). Thus, it is not surprising that while independent adults live in conditions that are considered adequate by local norms, some of them still suffer from the foregoing identified issues. As one head of the family revealed, “Life is difficult for us, because we are poor, and we can only afford to rent here in the squatters’ area”. (Mahirap ang buhay para sa amin, dahil kami ay mahirap, saka ang kaya lang namin ay magrentasa squatters).

B.4. Health

Healthy citizens are the greatest asset any country can have (Winston Churchill).

Health as an indicator assesses the totality of the independent adult’s health status which includes his/her present condition at the time of the assessment. It also includes the prevalence of current, mild or, chronic illnesses which require medical attention. The inquiry further extends on the availability, accessibility and adequacy of health care services for the independent adult or his/her family.

On health, a positive turnout of 1.2 average score, or 93.65% result was gathered. All independent adults (100%) are doing well in this dimension consisting of 83.33% (n=35) independent adults appearing to be in excellent health and 16.67% (n=7) independent adults appearing to have a current or stable chronic illness for which they are receiving adequate treatment.
Of the 16.67% (n=7) independent adults, one (1) is suffering from current illness at the time of the interview namely Urinary Tract Infection (UTI) while the others suffer from chronic illnesses such as PCOS, mental anxiety, skin asthma, hyperacidity, rheumatic heart disease, and asthma. Two (2) of these adults are self-medicating by changing their eating habits as with the independent adult with UTI and the one with PCOS even though both of them answered that they have adequate access to health care. Two (2) secure medication through government health centers while the other two (2) seeks medical intervention through private doctors. The remaining independent adult manifested that she is seeking professional help for her anxiety but did not disclose from where.

Interestingly, all independent adults suffering from some form of illness said that they have adequate access to health care except one. However, she manifested that despite this response, her condition is “well taken care of”. Some of the respondents expressed their conditions: “I’m okay in spite of suffering from hypertension, I’m able to monitor my blood pressure even without going to the health center” (Okay naman ako, na monitor ko naman ang high blood maski di na ako napunta sa center). Another said, “I also encounter illnesses, of course I am getting older, I get sick, but I continue to fight” (May mga nararamdaman din, syempre nagkakaedad, nakakasakit, pero laban lang).

Overall, only 24% (n=10) of the entire population stated that they do not have adequate access to health care while the greater majority (76%, n=32) manifested that they do. Despite this figure, the majority (55%, n=23) of the independent adults do not go for regular check-ups, compared to their lesser counterpart (45%, n=19) who reportedly attend regular check-ups.

A closer look reveals that 40% (n=17) of the independent adults do not go to regular check-ups despite having adequate access to health care services. The reasons cited during the FGD include, they they feel it is a waste of time going to their health centers if they are without any ailment. Also, the only time they seek for healthcare services is only when they are experiencing some physical pain or ailment of some sort. 36% (n=15) have access and goes to regular check-up; 17% (n=7) does not have adequate access and does not go to regular check-up; while 7% (n=3) go to regular check-up despite not having adequate access to the health care services. According to this 40%, they do not see the need to go to the health centers when they feel well. Notably, the availability of both government and non-government health care services is prevalent in the locality. As earlier mentioned, there are 189 government health centers spread across the City as of 2018. Add to this the considerable number of private health clinics and hospitals which cater to the needs of the populace.

While access can be hindered by the capacity of the independent adult to pay for the services, it was culled from the data that several of them, especially the employed ones are PhilHealth members. The Philippine Health Insurance Corporation is a government-owned and controlled corporation that caters to the medical and other health needs of Filipinos, especially
the poor. Thus, it seems that the choice of the majority not to go for regular check-ups is a personal one. Perhaps, as stated by some of the respondents, it is likewise cultural in that Filipinos are not used to going to the doctor unless it is absolutely necessary. In fact, by 2018, PSA reports that Health is the fourth-least spent on by Filipino households at 161,739 (in million pesos: at 2000 prices), next only to the lowest expenditure on Alcoholic beverages, Tobacco (71,453), then Clothing and Footwear (76,732) and finally Recreation and Culture (141,731) (Philippine Statistics Authority, 2019).

B.5. Education

You cannot make people learn. You can only provide the right conditions for learning to happen (Vince Gowmon). Among Filipinos, education is highly valued, especially among the poor, considering having an education their wealth for their children. However, economic aspects can also hinder this aspiration and it will take a lot of perseverance, determination to continue, and complete one’s education.

Data gleaned along education proved to be lower than most dimensions (second only to livelihood) with an average score of 1.7 at 76.98%. While well within the targeted range, 76% (n=32) independent adults have been found to be doing well under education while 24% (n=10) were found to be not doing well. Among the respondents, 56% (n=23) scored 1 along with the ratings, 21.43% (n=9) scored 2 while the remaining 23.81% (n=9) scored below the doing well line at 3. The results may be attributed to the collective scores gathered along with attainment and employability.

B.5.1. Attainment

Attainment as an indicator gauges whether the independent adult has at least completed the basic secondary or tertiary education.
Scores along attainment revealed an average of 1.8 with only 74.60%. As stated, this is still within the targeted range. However, it is one of the lowest, together with Employability, Protection and Social Inclusion, and Employment Status, all at 1.8. In terms of doing well, 90% (n=38) independent adults are deemed doing well while only 10% (n=4) are not doing well. The low score is caused by the fact that the majority (57.14%, n=24) of the independent adults has only completed secondary education or vocational training while 33.33% (n=14) have completed the target post-secondary or tertiary education. Furthermore, there are still 9.52% (n=4) who completed only primary education.

Data reveals that 31%(n=13) of the independent adults are currently studying or have dropped out from Secondary Education; 24% (n=10) have at least enrolled in Tertiary Education but was not or is not able to finish it yet; 17% (n=7) have completed Secondary level; 14% have finished Vocational Education, 9% (n=4) are College Graduates; and 5% (n=2) have only reached Primary Education.
Notably, more female participation across the levels of education are observed, except with Vocational and Tertiary Education, to wit: Primary (F=2; M=0); Secondary (F=7; M=6); Post-Secondary (F=5; M=2); Vocational Education (F=3; M=3); Tertiary (F=4; M=6); and Post-Tertiary (F=3; M=1).

The data is complemented by local and national statistics. In Davao City, the participation rate is higher in Primary Level at 86.66% compared with the Secondary Level at 56.24%. With respect to retention and graduation rate, data reveals that still, Primary Level has higher rates at 98.19% and 95.35%, respectively. This is compared to the rates for Secondary Level which was only pegged at 93.50% and 80.24%, respectively. Notably, there is a much lower Drop-out Rate for Primary Level at .98% than in Secondary at 3.98% (Lungsod ng Dabaw, 2018).

The corollary, national statistics provided by the Philippine Statistics Authority (PSA) reveal that only 81.6% of the total population who start grade 7 (their first year for Secondary Level) reach the grade 10 (last year for Secondary Junior High School Level). On the other hand, 87.5% of the total population enrolled in Grade 1 (Primary Level) have reached their last grade of primary education. On this note, it is concluded that while most independent adults finish their Primary Education, they tend to stop at the Secondary Level, which will hinder them from attaining any
other form of higher education unless they comply with bridging programs provided by the government.

It can be gleaned from the foregoing that FLC independent adults are doing well in terms of completion of Primary Education compared to benchmark as all exited beneficiaries have at least completed the said level. However, the same is not true with respect to Secondary Education since only 48% have finished, dropped-out, or are still currently studying secondary level as compared to the 81.6% of benchmark who was able to reach the last year for secondary education.

The distribution by sex is likewise complimentary with local and national statistics. By 2016, the Philippine Statistics Authority reported a ratio of 1.0 of girls to boys in Primary Education; 1.2 of girls to boys in Secondary Education; and 1.3 of females to males in Tertiary Education. This concludes that more females participate in education than males. Interestingly, Davao City records a total male population of 825,100 while 807,891 total female population in 2015. This infers that participation in the education of the female populace is not necessarily influenced by their total number.

During the interviews with the staff, it was revealed that a recurring issue with female SOS Youth was observed. Reportedly, there were female youths who would sometimes escape the village and meet with their boyfriends. Indeed, some of them have exited to start a family despite their young age. Once with child and family, the tendency is to stop attending school. This topic came up during the FGD as one of the participant youths was a young mother who exited the program because she opted to live together with her boyfriend. While the research team did not specifically point out the possible consequences of this issue, the youth participant herself volunteered the hardship and maybe regret in her choices. She said that she regretted starting a family at a young age. The realization according to her came late. Another female youth during a separate structured interview also shared; “It’s difficult ma’am if one does not finish college and already has a child. When one is young, she is in love (Mahirap pala ma’am pag walang natapos at may anak na. Kasi pagbata pa, in love talaga).” These accounts give credence to the observation made by the staff.

This was further validated by the trend observed in the assessed independent adults. Of the entire population, 50% (n=21) of the independent adults have been found to have existing parental obligations and the majority 71% (n=16) of them are females. Of these, the majority (62.5%, n=10) have completed only either Primary, Secondary or Post-Secondary Level of Education. Among the independent adults, there are 18 women, 16 of whom, as cited above have existing parental obligations. Therefore, only 6 women have attended or are currently attending tertiary education. Some of these independent adults have manifested their willingness to pursue higher education once their child/children get a little older and/or their financial capabilities permit them so.

While it is a common trend for Filipino women to marry young—31.6% of Filipino women marry between the ages 20 to 24, secondly only to those who choose to marry between the ages 25 to 29 at 34.2% (Philippine Statistics Authority, 2019), efforts must be exerted to direct their focus in pursuing education as the latter is universally accepted to lead to better economic future.

**B.5.2. Employability**

Employability assesses the independent adult’s level of employability based on his/her professional goals and personal perception of his/her qualifications, readiness, and willingness to engage in a professional career.

Employability of independent adults gleaned an average score of 1.8 with 73.02%, lowest among all indicators. Reportedly, only 79% (n=33) adults are doing well while 21% (n=9) are deemed not doing well.
Although 50% (n=21) of the independent adults have the right knowledge and skills to secure a livelihood on the local job market, or is already studying towards a relevant qualification, the rest is distributed among those who either have a higher level of knowledge and skills than required to secure a livelihood on the local job market (28.57%, n=12); unable to secure a livelihood on the local job market due to current knowledge and skills, but is likely to study towards a relevant qualification in the foreseeable future (11.90%, n=5); or those who are unable to secure a livelihood on the local job market due to current knowledge and skills, and is unlikely to acquire a relevant qualification in the foreseeable future (9.52%, n=4). One participant significantly disclosed; “It’s difficult to find a job ma’am. If ever hired, almost for 6 months only” (Pahirapan maghanap ma’am ng trabaho. Makahanap man, halos 6 months lang ang kontrata tapos na). The “Endo” is a labor issue which needs to be addressed for the protection of the workers. In the Philippines, this is a short-term employment practice- a form of contractualization. Currently, there is a clamor to end this practice and instead to hire the workers as regular employees after 6 months of satisfactory performance.

Remarkably, those who scored 2 in the rating reflects the notable trend in the Philippine economy in terms of job mismatch. An existing literature pointed out that there is a significant variation observed in the labour market outcomes of various categories of the population, most notably according to gender and education levels (OECD/ADB, 2017).

For example, unemployment tends to affect disproportionately youth and the well-educated, which is applicable in the Philippine context. Further, the existing literature showed that individuals with higher education qualification account for 35% of the unemployed population, but only 26% of the labour force. Conversely, only 11% of those that are unemployed have a low level of education (primary education or no education), when this category of the population accounts for 9% of the labour force. The prevalence of “educated unemployed” has been well documented and may indicate a possible mismatch in the labour market in the Philippines. In particular, the availability of jobs requiring a high level of skills may be insufficient and the education system may not be providing young people with the skills demanded by employers (OECD/ADB, 2017).

When asked if they feel that they have the right qualifications for their envisioned careers, the majority (71%, n=30) of the independent adults responded affirmatively. When asked if they feel ready for working life, the majority (74%, n=31) said that they feel ready. However, 29% (n=9) of whom qualified their answer. Responses varied as to when their child is already old enough, or when they have attained the relevant degree or technical training.

However, 21% (n=9) said that they are not ready, primarily because they want to focus on their child, or that they lack the opportunity or finances to engage in employment. Some (5%; n=2)
did not give their response. It was observed that one among the two is currently gainfully employed and felt that the question was not applicable to him. The other did not disclose her answer.

While the willingness, and perhaps the relevant skill is present among the independent adults to engage in gainful employment, they are found to be hindered by several factors, such as parental commitment, unstable economic environment and inadequate skill or education. Thus, the result is a low outcome for employability.

B.6. Livelihood

Through job creation, quality public services and better working conditions, people, communities, and countries can lift themselves out of poverty, improve livelihoods, engage in local development and live together in peace. This happens only when work is decent — environmentally sound and productive — provides fair wages, and is underpinned by rights (Sharan Burrow).

The dimension on Livelihood gathered the lowest average score among all the dimensions with 1.7 at 76.19%. Only 69% (n=29) have been found to be doing well while 31% (n=13) are not doing well. Although the majority (59.52%, n=25) scored 1, a glaring percentage (30.95%, n=13) which is more than half of the former scored 3, followed by a meagre 9.52% (n=4) who scored 2 across the rating scales.

A closer inspection of the indicators reveals that both contributed to the low turnout, particularly the indicator on Employment Status.

B.6.1. Household Income

Household income inquires on the sufficiency and stability of individual/family income to meet the survival and developmental rights of the independent adult or his/her family.

Along with household income, the average score attained was 1.7 at 77.78%. 79% (n=33) are doing well while 21% (n=9) are not doing well. The corollary, 54.76% (n=23) has sufficient individual/family income to cover survival and development rights and is stable, while 23.81% (n=10) has sufficient income but can only cover most of survival and development rights, and is not yet seen as stable. However, a good percentage (21.43%, n=9) were found to have insufficient individual/family income to cover survival and developmental rights.

Figure 3.15
Livelihood Dimension

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>59.52</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>9.52</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>30.95</td>
<td></td>
</tr>
</tbody>
</table>

1= Highly Satisfactory; 2= Fairly Satisfactory; 3= Fairly Unsatisfactory; 4= Highly Unsatisfactory.
Based on the responses, the average monthly income of an independent adult is pegged at Php 9,658.00 while the average monthly expenditure is pegged at Php 10,423.00. On the other hand, only 43% (n=18) of the independent adults stated that they have monthly savings while the majority (57%, n=24) stated that their income is just enough for necessary and miscellaneous expenses, if not insufficient. For those who stated that they have monthly savings, the average saving was pegged at Php 1,946.00.

The average monthly income for a household in 2015 is pegged at Php 20,583.00 while the average monthly expenditure per household is pegged at Php 15,833.00. On the other hand, the average monthly household saving is Php 4,750.00 (Philippine Statistics Authority, 2019).

It can be observed that the independent adults have recorded a much lower average for income, expenditure, and savings.
With respect to income, it can be observed that while the independent adults have much lower average compared to the national monthly income statistics, their income is observed to be higher than the benchmark income based on the moderate scenario (average of lowest quintile of income distribution) which is pegged at approximately Php 3,740.00. This comparison becomes relevant because the national monthly income statistics is an average of all incomes, regardless of their respective placement on the quintile distribution. Whereas, the benchmark based on the moderate scenario gives an average of the income placed within the same quintile as that of the independent adults.

A closer look into the data would reveal that 43% (n=18) of the assessed independent adults are unemployed, thus not contributing to the household income at all. In these cases, only the spouse/live-in partner has income. As for those who are employed, another factor to be considered is that the independent adults are relatively young and therefore expected to be earning less compared to their older counterparts in the labor force.

The report on a lower expenditure may be attributed to the fact that the income itself is barely sufficient to cover the expenses of the family. Looking closer into the responses, all independent adults state that they have money to cover the basic necessities in life, except for 1 independent adult who answered “No”.

In terms of stability of income, the majority (60%, 25) of the independent adults reported that they have a stable and predictable source of household stable and predictable income. Among the respondents, 5% (n=2) stated that they have predictable but unstable income while 7% (n=3) reported that the question is not applicable since they are living in facilities provided by their school as student athletes.

Thus, while the income is reportedly lower than the benchmark, the needs of the household are relatively met due to the stability and predictability of its source. Expressively, one respondent said, “The [income] is also sufficient for food. Able to pay the
bills and meet the primary needs (Kasya naman po sa mga pagkain. Nakapagbayad din ng mga bayarin. Natugunan naman mga pangunahing pangagailangan)

B.6.2. Employment Status

Employment status assesses whether the independent adult is currently employed, and if not, whether any of the family members or spouse/partner is employed. It also inquires on whether the unemployed independent adult is currently seeking employment or not.

For Employment Status, only 90% (n=38) of the total population was included. The remaining 10% (n=4) was removed from the sample because they are currently students and therefore expected to be unemployed or contributing to the employment rate.

The assessment for employment status yielded an average score of 1.6 or 79.82%. Among the respondents, 84% (n=32) are doing well while 16% (n=6) are deemed to be not doing well.

Specifically, 63.16% (n=24) of the independent adults are employed, while 21.05% (n=8) are unemployed, but the spouse/partner is employed, and adult is not seeking employment. On the other hand, 7.89% (n=3) are unemployed and their spouse/partner is employed but the independent adult is seeking employment. Lastly, 7.89% (n=3) was found to be unemployed, thus, they spend their time at home tending to domestic responsibilities, helping care for other family members or doing errands for the family. Examples of jobs engaged in by the former participants are working in grocery stores, teaching in private secondary school, assistant cook in a restaurant and among others.

Simplifying the data gives us a total of 63.16% (n=24) employed independent adults and 36.84% (n=14) unemployed independent adults.

Of the employed, majority (75%, n=18) are formally employed while the remaining 25% (n=6) are engaged in informal employment. Cross-referencing the data with Attainment, all the
formally employed independent adults have at least finished Secondary Education or higher. On the other hand, those which are informally employed or unemployed have either finished Secondary Education or lower.

Philippine Statistics Authority report that by 2018 the national employment participation rate is pegged at 94.7% and the unemployment rate only at 5.3%. Davao Region records participation of a 60.3% employment rate. Vis-à-vis highest educational attainment, it was determined that in 2017, Primary Education Graduates have a participation rate of 64.3%, by 2018, Post-Secondary Graduates has a participation rate of 73.9% while those who completed Tertiary Education or higher recorded 78.1% participation in the labor force.

From the foregoing, it can be reasonably deduced that the independent adults, despite the low turnout of Livelihood among the dimensions, are still doing good at the local level compared to those who were not able to receive support under the FLC Program. However, a big disparity is shown when compared to the national level where the independent adults have lesser employment participation and more unemployment participation.

Unemployment among some of the independent adults is observed to be either affected or have created an impact on other dimensions and specific indicators for FLC. This is considering that unemployment has a rippling effect to other factors.

With respect to the Care dimension, an interesting observation was made between Employment Status and the indicator on Parental Obligations. It was revealed that those who scored 2 in the rating scales, meaning those who are unemployed but whose partners/spouses are employed, and are not seeking employment under Employment Status, are the same group of independent adults who have existing parental obligations. These independent adults are women who were found to have had their children early in life, specifically between the ages 19-23 and are focused on rearing their children instead of working outside of the home.

Under the same dimension, but along the indicator on Family Relationships and Support Networks, it was revealed that despite regular contact and communication, independent adults only report ‘sometimes’ or ‘rarely’ prevalence of mutual support. Significantly, the form of support is mostly ‘moral’ rather than ‘financial’ support. This can attributed to the fact that independent adults who do not have personal income, as those who are relying on their spouses or other family members, would not be able to give to their family of origin or their SOS family. This is validated by the turnout on the impact lever Giving and Volunteering (financial) which was recorded to be the lowest contributor for FLC at 2%.
It can be reasonably established that higher educational attainment translates to better employment opportunities. Thus, the current turnout for employment status was reasonably affected by the result in Attainment under Education and Skills where majority (57.14%) of the independent adults has only completed secondary education or vocational training. As discussed in this paper, the Philippine economic climate favors degree holders in terms of employment as those who have stable and relatively high income are found among government workers. These types of jobs require at least four year-degree in tertiary education.

Notably, the number of unemployed independent adults are leaned towards those female former participants who have existing parental obligations, and who have only finished secondary school or lower. Thus, their main contribution is not necessarily on the financial aspect of maintaining the household but on the caring and maintenance of the home. One mother related a great change on her motherhood life; “Since having a child, I opted to stay home because nobody will take care of the children” (Simula nang may anak na ma’am sa bahay na lang. Kasi wala pong mag-aalaga ng bata.)

However, this number has created a negative impact on the over-all rating under the dimension of Livelihood. Of those recorded to be unemployed (n=18) and are not seeking employment, 50% (n=9) are female with existing parental obligations. Over-all, they comprise 21.4% of the total population of independent adults at the time of the assessment.

Along the dimension on Food Security, it is observed that almost all respondents who cannot afford the usual number of meals have scored either 2 or 4 along with employment status. Thus, the perceived insufficiency in the income of the family vis-à-vis the unemployment of the independent adult himself/herself directly affects the provision of food. While there is another family member supporting the household expenses, the income is deemed just enough to cover the basic necessities such as food, without any savings for future or additional expenses.

On Accommodation, it was reported that 40% of the independent adults are renting apartments/units or communal areas. Again, the impact of unemployment of some of the independent adults have direct relationship on the stability of their accommodation. With only one member earning for the family, the monthly budget is stretched thin to cover even the renting fees. Where the independent adult himself/herself is likewise employed, better living conditions could have been reasonably acquired. As for those who are employed, the risk is still present because some (25%) are informally employed and do not enjoy security of tenure, which would ensure continuity of employment.

The significant impact created by the data on employment status reveals the importance of economic stability in a person’s life. The different dimensions create a link which interlocks with each as manifested in the above stated observations.

B.7. Protection and Social Inclusion

Peace requires everyone to be in the circle — wholeness, inclusion (Isabel Allende).

The dimension on Protection and Social Inclusion gleaned an average score of 1.6 or 79.37%. Despite the relatively low turnout as compared with the other dimensions, it was found out that 98% (n=41) independent adults are doing well on this dimension while only 2% (n=1) are not doing well. The overall result was influenced by the majority (57.14%, n=24) who only scored 2 across the rating scales, while those who scored 1 only constituted 40.48% (n=17) of the total population. Further, alone (2.38%, n=1) independent adults scored 3 across the rating scale.
Data on Protection and Social Inclusion similarly suggest on how the independent adults handled situations related to prejudice, prejudicial outlook, action, or treatment. It further inquired how such experiences affect his/her well-being and whether they proved to be life-threatening for the independent adult. It was deduced during the interview that less than half (40.48%, n=17) of the independent adults do not experience any kind of prejudice. On the other hand, majority (57.14%, n=24) experiences some form of prejudice. But this does not seriously compromise his/her life while one (2.38%) independent adult reportedly experienced discrimination and felt that this seriously compromised his well-being.

The primary form of prejudice that emerged from the interviews was experienced by the independent adults when they were still in school. Several of them shared that they were called “ampon” (adopted) or “poor” because they are being provided by alternative care. Some of these comments were causally related to the fact that they are living inside the SOS Village.

As earlier discussed, though the concept of alternative care is legally promoted to help children, the cultural set-up of the Philippines almost always expects that a child should be living with their biological parents. This norm was manifested in the way that the independent adults experienced teasing from their classmates who were probably simply curious as to the former participants’ family set-up. These children were most-likely living in a conventional home, thus the difference between them and the former child-participants were very apparent. Accounts of bullying are also prevalent in the school environment, to an extent that a law has been recently passed to prevent such a form of discrimination.

Of those who suffered from prejudice, some reported that it had affected their self-esteem, while others (n=2) admitted having lashed out against their aggressors. The latter reached to a point that school authorities were involved. This violent behavior from the child may be considered as a form of defense mechanism to repel bullying and/or prejudice. However, it must be noted that these occurred during the independent adults’ younger years, as recorded during the data gathering. The rest reportedly channeled their experiences to become a motivation to strive harder in life. As the data revealed, majority (57.14%, n=24) reported that the prejudice they experienced not at all affected their well-being in the long run.

Going through the responses of the independent adults, two (2) responses showed that the prejudice they experienced when they were children happened inside the SOS Children’s Village. Anent the first, one of the SOS Mothers allegedly said, “ill words” to the former participants and it allegedly “traumatized him”. He elaborated that the alleged “mistreatment” occurred when the SOS Mother learned that he was gay. “Pignasalitaan ako ng masasakit ng malaman na bayot ako. Simula noon lagi na lang ako pinagagalitan. Para bang lahat na lang ginagawa ko mali”. However, they have already reconciled as of today and is maintaining a good relationship with the said SOS Mother. On the other hand, another independent adult manifested that during her time, she felt that there was “favoritism” and “special treatment”. “May favoritism yong Mama naming. Yong mga mas bata pa ang mas paborito. Tapos yong malalaki na mas malambing, sila
Further investigation revealed that this seems to be an isolated occurrence, although measures must still be put in place to avoid its repetition.

These responses, though minimal is worthy of mention. The FLC service is set-up to be like a regular home for the children. Thus, just like in a regular home, sibling rivalry is to be expected. However, it must be borne in mind that these children are more sensitive than their benchmark counterparts because of their initial care situation prior to living in the village. Maybe these comments may form a basis for emphasis on training of the Mothers and Aunts in handling incidents of sibling rivalry in the center.

B.8. Social and Emotional Well-being

Happiness is the highest form of health (Dalai Lama).

Social and Emotional Well-being yielded an average of 1.3 with 91.27%. Data revealed that 98% (n=41) are doing well in this dimension while alone (2%, n=1) independent adult was found to be not doing well. Corollary, 76.19% (n=32) scored 1 in the ratings, 21.43% (n=9) scored 2 and only 2.38% (n=1) scored 3. This is found to be well within the target range of highly satisfactory as per assessment.

![Figure 3.19 Social and Emotional Well-being Dimension](image)

1= Highly Satisfactory; 2= Fairly Satisfactory; 3= Fairly Unsatisfactory; 4= Highly Unsatisfactory.

B.8.1 Happiness

Happiness measures the independent adult's general satisfaction with his or her life; experiences of pleasant versus unpleasant emotions; sense of purpose; and confidence level in achieving his/her personal goals.

With respect to the indicator of happiness, an average score of 1.3 was gathered with 88.89%. The majority (98%, n=41) of independent adults were found to be doing well while only 2% (n=1) was found to be not doing well.

Specifically, a majority of 69.05% (n=29) are satisfied with his/her life, experiences pleasant emotions more than unpleasant ones, and have a strong sense of purpose and feel able to achieve personal goals. A portion (28.57%, n=12) of the population is generally doing well in terms of life satisfaction, the balance of pleasant and unpleasant emotions, and a sense of purpose and achievement of personal goals, however, there is still room for improvement. A small minority (2.38%, n=1) is generally not doing so well in terms of life satisfaction. This emotion currently experience can be attributed to life circumstances tended to weigh down this respondent and felt that present conditions lost the balance of pleasant and unpleasant emotions, and a sense of purpose and achievement of personal goals. However, effort is being exerted to feel positive or grateful in some ways. Although unhappy, there are no indicators for depression or suicidal tendencies, holding on to being grateful of alive and surrounded by family and friends’ presence.
The positive turn-out for the indicator in happiness qualifies the rest of the other indicators in the FLC service. Where an exited beneficiary feels generally happy in his/her life despite the initial care situation he/she has before entering the program, then can be considered as success. During the interview, one participant was gushing over the gratitude for SOS; “I have a lot to be thankful for, a lot to be happy about of how my life turned out. Besides the financial support given to me, I am indebted to SOS for where I am now in my life” (Maraming dapat ipagpasalamat, maraming dapat ikatuwa sa nagingbuhay ko. Maliban sa pinansyal na tulong, laking utang naloob ko, ang naibahagi ng SOS sa kung saan na ako ngayon).

The responses on happiness revealed the same mentality among independent adults. When asked whether they can cope or find help in difficult times, all responses were affirmative. They likewise felt valued inside their family and in their community, either by their spouses/partners or their circle of friends. Indeed, while some dimensions recorded situations which would have made life a little difficult for the independent adult, such as livelihood and social inclusion, the generally happy disposition of a Filipino was made evident in the instant responses.

**B.8.2. Self-esteem**

Self-esteem as an indicator under the dimension of Social and Emotional Well-being gauges the independent adult’s perception towards him/herself, using as criteria feelings of worthiness, capability, and competence. It inquires whether the independent adult is aware of his/her personal strengths and potential.

Similar to Happiness, the data on Self-esteem revealed an average score of 1.3 with 88.89%. Most (98%, n=41) of the independent adults were found to be doing well while only 2% (n=1) was found to be not doing well.

Again, a majority (71.43%, n=30) of the population shows high self-esteem and displays a positive attitude towards self, feeling worthy, capable, and competent. Among the independent adults, 26.19% (n=11) generally shows positive self-esteem, but sometimes shows insecurities and vulnerability. A lone (2.38%, n=1) response was recorded manifesting that the independent adult generally shows low self-esteem and lacking awareness of personal strengths.
During the interviews, it was observed that all the independent adults manifested signs of high to positive self-esteem and confidence in their status in life. Some of them expressed being content in what they have, especially those who already children and living with their partners. However, they also aspire to be more economically stable to be able to provide for their children and to finish their education. When inquired whether they think they can achieve their future goals, a great majority responded in the affirmative. They however qualified that the achievement of their dreams will not be their sole effort but will be made possible by the love and support of their families.

One of the independent adults, however, manifested low-self-esteem especially in her physical appearance and sense of worth. When asked about her plans in the future, she said that she has none for herself but has high hope for her child that the latter will finish studying when the time comes. This might be a projection of the independent adult’s goals considering that an inquiry in her educational attainment revealed that she stopped studying during her Secondary Education.

Building one’s confidence is the first step in surviving the daily challenges and banalities of life. Again, because of the factual backdrop of the lives of the FLC independent adults, their confidence level may be a little harder to build compared to the average person. However, the data disputes this presumption since the majority of the independent adults showed not just positive to the high confidence level, but also decisiveness on their future goals in life. This was captured in their sharing “I consider myself still lucky for having the opportunity to improve my life. I can start from there”. (Iniisip ko na lang na maswerte pa rin ako…Binigyan ako ng pagkakataon na mapabuti ang buhay. Puwedeng simula yun) “When I compare the good and the not so good experiences in my life, somehow there are more good ones, and that I have to be grateful”.Another shared “Pag kinukumpara ko mga pangyayari sa buhay ko, pangit at maganda, marami pa rin ang magaganda kahit papano.”

3.1.2. Family Strengthening (FS)

A. Individuals Doing Well in Key Dimensions

Actual survey results reveal that 98% of the former Family Strengthening (FS) Service beneficiaries are doing well in 6 over 8 identified dimensions while 85% are doing well in 7 out of 8 and 83% were found out to be doing well in all dimensions. The overall results are very positive as more than half of the entire population were assessed to have been doing well in all dimensions.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 6/8</td>
<td>98%</td>
</tr>
<tr>
<td>At least 7/8</td>
<td>85%</td>
</tr>
<tr>
<td>All dimensions</td>
<td>83%</td>
</tr>
</tbody>
</table>
A closer look will reveal that each dimension has a share of “not doing well” respondents (attaining the score of 3 or 4) except for Food Security and Protection and Social Inclusion. The graph below exhibits the dimensions with the corresponding doing well (attaining the score of 1 and 2) and not doing well (attaining the score of 3 or 4) share of respondents.

**Figure 3.23**  
Share of Doing well respondents per Dimension

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Doing well respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>39</td>
</tr>
<tr>
<td>Food Security</td>
<td>40</td>
</tr>
<tr>
<td>Accommodation</td>
<td>21</td>
</tr>
<tr>
<td>Physical Health</td>
<td>37</td>
</tr>
<tr>
<td>Education &amp; skills</td>
<td>36</td>
</tr>
<tr>
<td>Livelihood</td>
<td>24</td>
</tr>
<tr>
<td>Protection &amp; social inclusion</td>
<td>40</td>
</tr>
<tr>
<td>Social &amp; emotional well-being</td>
<td>38</td>
</tr>
</tbody>
</table>

1= Highly Satisfactory; 2= Fairly Satisfactory; 3= Fairly Unsatisfactory; 4= Highly Unsatisfactory

Notably, the dimension on Livelihood gleaned 12.5% (n=5) of not doing well respondents, followed by Education & Skills revealing 7% (n=5) of not doing well respondents. The dimension on Physical Health likewise displayed a 5% (n=2) share of not doing well respondents scoring the lowest rate of 4 in the scales. Accommodation and Social and Emotional Well-being both shared 5% (n=2) of not doing well respondents scoring the rating of 3.

**Figure 3.24**  
Share of Doing well respondents per Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Doing well respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental care</td>
<td>39</td>
</tr>
<tr>
<td>Family resources</td>
<td>23</td>
</tr>
<tr>
<td>Food security</td>
<td>40</td>
</tr>
<tr>
<td>Stability</td>
<td>25</td>
</tr>
<tr>
<td>Living conditions</td>
<td>16</td>
</tr>
<tr>
<td>Attendance</td>
<td>36</td>
</tr>
<tr>
<td>Performance</td>
<td>34</td>
</tr>
<tr>
<td>Abuse &amp; exploitation</td>
<td>40</td>
</tr>
<tr>
<td>Discrimination</td>
<td>36</td>
</tr>
<tr>
<td>Legal identity</td>
<td>40</td>
</tr>
<tr>
<td>Physical health</td>
<td>37</td>
</tr>
<tr>
<td>Happiness</td>
<td>36</td>
</tr>
<tr>
<td>Social behaviour</td>
<td>38</td>
</tr>
</tbody>
</table>

1= Highly Satisfactory; 2= Fairly Satisfactory; 3= Fairly Unsatisfactory; 4= Highly Unsatisfactory
Specific indicators were utilized to assess the different domains. The results for which then became the basis for the overall rating of the corresponding dimensions. The graph above displays the corresponding indicators for each domain revealing the “hows” and “whys” of each dimension’s overall rating.

B. Results in Key Dimensions and their respective Indicators
The following discussions focus on the results and analysis of each dimension with their corresponding indicators.

B.1. Care

Parental Care

We may not be able to prepare the future for our children, but we can at least prepare our children for the future (Franklin D. Roosevelt). Parental care as an indicator means the presence of a primary caregiver who is actively involved in the life of the dependent child and provides and nurtures him/her.

The dimension on Care which is indicated by Parental Care gleaned an overall positive result with an average score of 1 or 99.17%. The data revealed a 100% doing well turnout, meaning that 97.5% (n=39) scored 1 along with the rating scales and 2.5% (n=1) score 2. This means that almost all (n=39) of the exited dependent children beneficiaries of the FS service has a primary adult caregiver who is active in his/her life, and who protects and nurtures him/her.

One of the dependent adults answered when asked how she feels being taken-cared of “My mother accompanies me in going to and from school. She also cooks breakfast before going to school and helps me in my school work” “Hinahatid at sundo po kami sa school ni mama. Pinagluto din nang almusal bago pumasok. Tinutulungan din sa mga gawain sa school”. The remaining percentage (2.5%, n=1) consists of a child who has an adult who likewise provides care, but who is limited by illness, work, other children, or knowledge and skills. Looking closer into the latter, the child respondent shared that he is already working and therefore spends the weekday outside the house. Thus, the responsibility of caring for him is no longer solely vested with the caregiver. “I am already employed. Most of the time I do not stay home [due to work]. I can already take care of myself. (Nagtatrabaho na po ako. Madalas di na namamalagi sa bahay. Kaya ko nang alagaan ang sarili ko)

B.2. Food Security

You can’t build a peaceful world on empty stomachs and human misery (Dr. Norman Ernest Borlaug). Under the dimension for food security, the primary gauge is whether the child usually has 3 meals a day and does not go to bed hungry.

The dimension on Food Security gleaned an average score of 1 or 100%, the highest among the dimension together with Protection & Social Inclusion. All the exited dependent children beneficiaries are doing well scoring 1 across the rating scales. This means that the children usually have 3 or more meals a day, as per local custom, and do not go to bed hungry.
A closer look reveals that respondents feel that their food intake each day is sufficient for their needs. When asked whether they currently receive nutritional support, 92.5% (n=37) of the respondents answered in the negative. The remaining 7.5% (n=3) answered that they receive nutritional support from the local government, and one shared that they receive nutritional support during the Ramadhan period only. The majority (90%, n=36) of the respondents likewise responded in the affirmative when asked whether they have a well-balanced diet.

Thus, overall, the dependent child receives more than sufficient food within the family which is likewise considered as consisting of a well-balanced diet, with little or no nutritional support from other entities.

Compared to the prevalence rate of malnourished children in Davao City which was pegged at 2.75 (Lungsod ng Dabaw, 2018), this turnout on food security manifests that the exited dependent children are doing well compared to their counterpart who were not beneficiaries or did not become beneficiaries of the FS service.

### B.3. Accommodation

It is hard to argue that housing is not a fundamental human need. Decent, affordable housing should be a basic right for everybody in this country. The reason is simple: without stable shelter, everything else falls apart (Matthew Desmond).

Accommodation recorded an average score of 1.5 or 82.50% with 95% (n=38) doing well independent adults. One of them shared: “We live in a decent house with enough space consist of bedroom, living room and kitchen”. (Maayos naman tirahan namin. Tama lang space na may tulugan, sala, kusina. On the other hand, another shared “The roof is leaking and it’s really difficult during rainy season. We can’t afford yet to have it repaired”. (Tumutulo na ma’am bubong naming. Hirap pag tag-ulan. Wala, di pa kaya ipaayos).
Among the dependent children, 52% (n=21) scored 1 while 42.5% (n=17) scored 2 and the rest (5%, n=2) scored 3. Overall, the results are deemed within the target range for fairly satisfactory to highly satisfactory.

**B.3.1 Stability**

Stability means living in a stable situation without the risk of loss of residence. It also inquires on the frequency of changing residences or multiple relocations.

The indicator of stability gleaned an average score of 1.4 with 86.67%. Data reveals that the majority (62.50%, n=25) of the exited dependent children are living in a stable situation, with no risk of losing residence. On the other hand, 35% (n=14) exited dependent children lives in a stable situation, but with some risk of loss of residence in the future. Furthermore, a small minority of 2.5% (n=1) were assessed to be living in an unstable situation, with the imminent risk of loss of residence or multiple re-locations.

The graph below shows the distribution of exited dependent children vis-à-vis the stability of their living conditions.

Looking closely, exited dependent children living situation may be subdivided into two sub-categories, to wit:

Caregivers report that their accommodation has all the necessities such as water and electricity supply, separate bedrooms for boys and girls as well as a standard toilet. This is applicable even for those who are living in an informal settlement. Reportedly, exited dependent children are comfortable in their current living situations.
In terms of the risk of relocation, it was found out that half (50%, n=20) of the caregivers believed that there is no possibility of being forced to move, while the other half (50%, 20) answered in the affirmative. Notably, almost all of those who answered in the affirmative are living in an informal settlement and that was the cited reason for the possibility of forced relocation.

Over-all, if compared to the benchmark, exited dependent children are doing the same as those who did not become part of the Programme since the prevalence of informal settlement, as earlier discusses is very apparent in Davao City.

B.3.2. Living Conditions

Living conditions as an indicator assesses whether the child lives in conditions that are adequate, as per local standards. It further probes whether the personal well-being of the child or his/her family is compromised in cases of living conditions below local standards.

Under living conditions, data gathered resulted in an average score of 1.7 or 78.33% with 95% (n=38) doing well exited dependent children. Reportedly, 40% (n=16) were living in conditions that are adequate while a greater number of 55% (n=22) are living in fairly adequate conditions, as per local standards. However, 5% (n=2) respondents are reportedly in conditions that are below local standards but are not compromising to their personal well-being.

When inquired regarding the presence of issues with respect to their living conditions, majority of the caregivers (55%, n=22) stated that their dwellings suffer from structural issues, i.e. made of semi-concrete to light materials, cracked walls and windows, leaking roof as well as cramped space for the whole family to stay. Respondents report that repairs are definitely needed for said issues.

Furthermore, some (32%, n=13) likewise reveal that their dwelling also suffers from health, security, and safety issues. Several caregivers reported that there are prone to flooding, while some are concerned with their health safety due to clogged canal in their area. On the other hand, notable is three responses who shared that they face safety issues in the neighborhood due to problems on illegal drugs.
Although the majority of the exited dependent children live in a relatively safe environment, the concerns on the neighborhood’s safety, especially on the problem of suspected illegal activities such as illicit drugs must be addressed if the dependent child is expected to attain full potential while growing up. During the FGD, it was verbalized that their communities adhere to the present administration’s initiative and strong advocacy on the prevention of drug abuse and addition. That since the government propagated the strong conviction towards ending the war on drugs, strengthened their reassurance that their children will develop in a drug-free environment.

B.4. Health

He who has health has hope; and he who has hope has everything (Arabian proverb). Health as a dimension assesses the totality of the child’s health status which includes the present condition at the time of the assessment and physical growth along with height, weight, and energy level appropriate for the child’s age. It also includes the prevalence of current, mild, or chronic illnesses which require medical attention. The inquiry further extends on the availability, accessibility, and adequacy of health care services for the dependent child or his/her family.

On health, a positive turnout of 1.2 average score, or 94.17% result was gathered. Almost all dependent children (95%) are doing well in this dimension consisting of 92.5% (n=37) dependent child appearing to be in excellent health, growing well, with good height, weight, and energy level for his/her age. Only 2.5% (n=1) appears to have only minor illness (e.g. slight allergies, worm infections) or has a stable chronic illness for which receiving adequate treatment and is seen to be growing well but is less active compared to others of the same age. On the other hand, 5% (n=2) has severe or life-threatening illness, or unstable chronic illness and has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).
Looking closer, only 5% (n=2) of the entire population stated that they do not have adequate access to health care while the greater majority (95%, n=38) manifested that they do. Despite this figure, the majority (87.5%, n=35) of the dependent children are not submitted for regular check-ups, compared to their lesser counterparts (12.5%, n=5) who reportedly attend regular check-ups. Although reportedly, a greater majority of the dependent children have been fully vaccinated with 92.5% (n=37) compared to only 7.5% (n=3) of the population.

The discrepancy between responses on adequate access to submission for a regular check-up is again noted under FS service. When asked for the reason why the children are not subjected to regular check-ups, the caregivers reported that they only go for check-ups if the child is sick. This response was likewise observed with the independent adults who have graduated from the FLC service. Thus, it can be concluded that while there is the availability of health care services in the community, the people have low regard for its access, unless the child or the adult is already sick and needs immediate medical attention.

B.5. Education and Skills


Data gleaned along to reveal a positive turn out with an average score of 1.2 at 94.17%. Reportedly, 93% (n=37) dependent children have been found to be doing well under education while 8% (n=3) were found to be not doing well. Among the respondents, 90% (n=36) scored 1 along the ratings, 2.5% (n=1) scored 2 while the remaining 7.5% (n=3) scored below the doing well line at 3.
B.5.1. Attendance

Attendance as an indicator for the dimension of Education and Skills gauges whether the child is enrolled in formal or non-formal education. It further probes whether the child, if enrolled, is regularly attending school or such non-formal education. Regularly means that the child attends school days, except when ill or for other exceptional reasons.

Scores along attainment revealed an average of 1.3 with 91.67%. In terms of doing well, 93% (n=36) dependent children are deemed doing well while only 7% (n=3) are not doing well. The corollary, 90% (n=36) of the dependent children are enrolled in and regularly attending school (or non-formal education). ‘Regularly’ means that the child attends school days, except when ill or for other exceptional reasons. One caregiver shared “She does not want to be absent, unless sick”. “Ayaw nga niyan mga-absent unless talaga may sakit”. Infants or pre-schoolers are stimulated to play, either with caregivers or other children in the community. On the other hand, 2.5% (n=1) are enrolled in school (or non-formal education), but attend irregularly. Infants or pre-schoolers are sometimes stimulated to play, but not daily. Finally, 7.5% (n=3) are not enrolled or not attending school (or non-formal education) and infants or pre-schoolers are not being stimulated by play.

A closer inspection of the not doing well participants revealed that one of the children had failing grades and because of that, he occasionally had few absences. The child’s confidence was affected; however, the caregiver was attentive and encourages the child to continue with his studies. On one hand, two children temporarily stopped studying because their (1) family had to relocate due to instability of accommodation and (2) another family had to change residence and the attendance to school was disrupted. Thus, their regular attendance to school and education were affected. On the other hand, the family’s plan is to continue the schooling once they have settled properly in their new homes and ensured the nearby school where their children can transfer in the next possible school year.

All in all, the turnout for Attendance is positive as the caregivers are focused on supervising the schooling of their children. The arrangement between the caregivers that they will shoulder the miscellaneous fees while SOS CV Davao takes care of all the other financial needs of the students may have contributed greatly to the focus and attention being given by the caregivers to their children. Because they are not swamped with worry on how to secure the finances for their children’s education, they save valuable time and use it to supervise their children’s education. This creates a good dynamic between child and caregiver which then motivates the child into going to school.
It can, therefore, be gleaned that dependent children are doing well compared to their counterparts as per Participation Rate of 86.66% in Primary Education and 56.24% in Secondary Education in Davao City (Lungsod ng Dabaw, 2018).

**B.5.2. Performance**

Performance gauges whether the child is learning well and is surpassing the expectations of caregivers and teachers.

Scores along Performance revealed an average of 1.2 with 93.33%. It was found out that 95% (n=38) dependent children are doing well while only 5% (n=2) are not doing well. The corollary, 85% (n=36) of the dependent children manifest above-average performance, meaning that the child is learning very well and is surpassing expectations of caregivers and teachers. On the other hand, 10% (n=4) of the dependent children manifest average performance which means that child is learning well and progressing to the next grade/level, as expected. Lastly, 5% (n=2) of the dependent children shows below-average performance where the child is learning, but not meeting expectations.

Scores along Performance revealed an average of 1.2 with 93.33%. It was found out that 95% (n=38) dependent children are doing well while only 5% (n=2) are not doing well. The corollary, 85% (n=36) of the dependent children manifest above-average performance, meaning that the child is learning very well and is surpassing expectations of caregivers and teachers. On the other hand, 10% (n=4) of the dependent children manifest average performance which means that child is learning well and progressing to the next grade/level, as expected. Lastly, 5% (n=2) of the dependent children shows below-average performance where the child is learning, but not meeting expectations.

Similar to the score on attendance, dependent children are mostly focused and doing well in their studies or have already graduated and are now currently employed. The only factors affecting the turnout for performance are the recorded responses of dependent children who missed school due to failing grades, and therefore had to repeat the failed subjects. Included also in these is the response of the dependent child who is currently enrolled in the Alternative Learning System of the Government (ALS).

Repetition of a school year is not unusual although, as similarly shown in the above data, the prevalence is exceptionally low. Based from the data of the Department of Education- Division of City Schools in Davao, the Repetition Rate for Elementary (Primary Education) is observed at only 2.91% for School Year (S.Y.) 2012-2013; 2.51% for S.Y. 2013-2014; 2.06 for S.Y. 2014-2015; 0.85% for 2015-2016; and 3.45% for S.Y. 2016-2017 (Lungsod ng Dabaw, 2018).

The support system for alternative learning is active in Davao City. In 2015, there are a total of 45 students enrolled under the ALS program, while an increased number of 51 students were recorded in 2016 (Lungsod ng Dabaw, 2018). This shows that despite the best efforts, some children are unable to continuously proceed with the levels of education, thus the bridging programs such as ALS are instituted. This is a mechanism provided by the government to ensure that even though the child was not able to regularly attend school, they can still qualify for higher education.

The relatively high number of the benchmark attending this bridging program as compared to only one dependent child availing of the same is a testament of the positive impact of the FS service to the lives of the beneficiaries in general. Because of the structure of the Philippine Education, the expected route after graduation from Secondary Education is to proceed to Tertiary Education.
Education or Vocational and Technical Education, with the latter being a lesser choice. However, several circumstances relating to neglect, child abuse or poverty would prompt the child from continuously going to school. Thus, they need to enroll in bridging programs such as the ALS to qualify them for enrolment to either secondary education or afterwards to a higher degree education.

B.6. Livelihood

But if you can create an honorable livelihood, where you take your skills and use them and you earn a living from it, it gives you a sense of freedom and allows you to balance your life the way you want (Anita Roddick).

In general, the dimension on Livelihood gathered the lowest average score among all the dimensions together with Accommodation with 1.5 at 82.5%. Based on the data, 88% (n=35) have been found to be doing well while 12% (n=5) are not doing well. Majority (60%, n=24) scored 1; 27.50% (n=11) scored 2 along the rating scales, followed by a 12.5% (n=5) who scored 3 across the rating scales.

B.6.1 Family Resources

Family resources as an indicator mean the sufficiency and stability of the caregiver’s/family’s funds to cover the dependent children’s survival and developmental rights.

Along with Family Resources, the average score attained was 1.6 at 81.67% with 88% (n=35) doing well respondents while 12% (n=5) not doing well. The corollary, 57.50% (n=23) has sufficient funds to cover the children’s survival and development rights, while 30% (n=12) has sufficient funds to cover most of children’s survival and development rights, but income may be unstable. 12.50% (n=5) do not have the fund to cover the child’s survival and developmental rights due to unemployment, but this is seen as temporary.
A closer inspection would reveal that 35% (n=14) of the caregivers are unemployed at the time of the assessment due to various reasons: retired, old age and no longer physically fit to work, dependent children have already graduated and are working for the family, and other family members (such as spouse are working). The remaining 65% (n=26) are all employed and majority (61%, n=16) of them are self-employed or engaged in formal (10%, n=4) or informal employment (23%, n=6).

On the other hand, the majority (65%, n=26) of the caregivers opined that their income is stable and predictable, as compared to the remaining 35% (n=14) who answered in the negative.

In terms of income and expenditure, it can be gleaned that the monthly average household income of an FS service beneficiary is lower than the benchmark at only Php 14,978.00 compared to the benchmark which is pegged at Php 20,583.00. However, it is likewise observed to be higher than the benchmark income based on the moderate scenario (average of lowest quintile of income distribution) which is pegged at approximately Php 4,602.00. This comparison becomes relevant because the national monthly income statistics is an average of all incomes, regardless of their respective placement on the quintile distribution. Whereas the benchmark based on the moderate scenario gives an average of the income placed within the same quintile as that of the FS beneficiary.

On the other hand, the average monthly expenditure of household FS families are also lower than the benchmark at Php 11,403.00 compared to Php 15,833.

During the conduct of the Focus Group Discussion, a testimonial was given by one of the former FS caregivers who attested that 2 of her children are now registered professionals, holding government-issued licenses, and are gainfully employed. Thus, the role of caregiver and the child has already been reversed as it is now the child who provides, at least economically, the necessary support to his/her parents. These are some of the success case stories that even if not all of the exited FS participants are socio-economically successful, there are significant changes in their standards of living evidenced by educational attainment and economic status, which are attributed as the impact of the FS service.

Relevant is the majority response that participants have a stable source of income and that only very few households experience budget deficit as when the expenditure exceeds the monthly income. Furthermore, there is a significant increase in the family income after receiving
support from SOS. While the actual cash value is the more apparent evidence of the improved quality of care, it is supposed that the sense of security culled from the fact that a stable and consistent support system is readily available may have also contributed to the general well-being of the family, especially the children.

All in all, the Family Resources of FS families, although lower than the benchmark are deemed sufficient and stable to provide for the basic survival and developmental needs of the exited dependent children.

**B.7. Protection and Social Inclusion**

The biggest disease today is not leprosy or tuberculosis, but rather the feeling of being unwanted (Mother Teresa). The dimension on Protection and Social Inclusion gleaned an average score of 1 or 100%.

All exited dependent children scored 1 along with the rating scales, thus all dependent children were assessed to be doing well in terms of Protection and Social Inclusion. This shows that dependent children are free from exploitation and abuse. It further suggests that dependent children are properly taken-care of meaning they are not neglected. And they are not doing any inappropriate work considering their age. Also, based on the indicators reflected in the SIA Research Guide, it can be deduced that the data means the dependent children do not experience any form of discrimination. Lastly, the data suggest all these dependent children possess the relevant or needed documents such as birth certificates, identification cards and others.

**B.7.1. Abuse and Exploitation**

Abuse and exploitation assess the occurrence, as perceived by the evaluator during the assessment, of abuse, neglect, child labor, or any other means of exploitation.
The indicator of Abuse and Exploitation gleaned an average score of 1 or 100%. All exited dependent children scored 1 along with the rating scales, thus all dependent children were assessed to be doing well in terms of Protection and Social Inclusion.

The indicator result is deemed truly relevant considering that previously discussed data would reveal a relatively high amount of reported and assisted cases of abuse in Davao City alone (1, 590 reported and assisted cases of abuse). This means that for the exited dependent children, no obvious sign of abuse, neglect, or that the child is doing inappropriate work, or that he or she is exploited in any way.

B.7.2. Discrimination

Discrimination gauges the child’s experiences relating to prejudiced, prejudicial outlook, action, or treatment within the family or community. It further implies how such experiences affect the survival and developmental rights of the child.

Discrimination achieved an average score of 1.1 with 96.67%. All (100%, n=40) of the exited dependent children have been shown to be doing well. The corollary, 90% (n=36) are found to be not experiencing any discrimination, in the family or in the community, while 10% (n=4) experiences some discriminations, but this does not seriously compromise the survival and development rights of the child.

Of those who reported having suffered from discrimination, the majority responses (n=3) were incidents of bullying due to physical appearance of the child, while the remaining (n=1) is due to the chronic illness suffered by the child (dependent child suffers from lupus, chronic kidney disease). However, all in all, it can be gleaned from the responses of the children that these forms of discrimination do not affect them deeply and even makes transforms them into motivations to do better in life.

B.7.3. Legal Identity

Legal Identity inquires on whether the family has all the relevant vital registration documents relating to the child. Vital documents include, but are not limited to birth certificates and other means of identification.

The indicator of Legal Identity gleaned an average score of 1 or 100%. This meant that the family has all the relevant vital registration documents relating to the child, including but not limited to registration of births and identification cards relating to child.
In the Philippines, birth registration shows an upward trend from 89.3% in 1995 to 93.5% in 2010 based on the results of census conducted by PSA (NSO). The increasing percentage of births registered over the years is indicative of the awareness of the people on the importance of having their birth certificates registered (PSA, 2017). According to the latest survey, there are a total of 1,731,289 number of registered births in 2016 which increased in 2017 with a total of 1,700,618 number of registered births, thus recording a 1.77% increase of total number of birth registration (PSA, 2020). This goes to show that number of birth registration continues to increase over the years.

The data reveals that the benchmark is formerly not up to date on vital registration documents, including among others, the recording of birth certificates with only 89.3% of birth registration recorded in 1995. Thus, the government, through concerned agencies, developed programs to intensify the awareness of the people on the relevance of registering births and other vital documents of a person.

On the local level, the Local Government Unit has its Mobile Registration Project. The primary goal of the said project is to provide civil registration especially to the far-flung barangays. Similarly, the LGU has also its Paaralan Ko, Pwede ng Magrehistro Project wherein registration can be done in barangays (State of the Women and Children Report, 2016). This project not just increased awareness but significantly brought the registration mechanism to the people to ensure that problems such as geographical distance, monetary concerns for fare and registration fees are reduced, if not eliminated.

Over the years, significant positive increase was recorded such that in 2010, the percentage of birth registration was recorded at 93.5%. The same positive increase is observed with the most recent data in 2016 and 2017. These findings on the part of the benchmark is congruent with the data revealed under the indicator for Legal Identity of dependent children formerly under the FS service which gleaned the average score of 1 or 100%.

This means that both benchmark and dependent children are up to par with the standards on registration of vital documents, especially of birth registration which is a primary concern for the protection of children.

**B.8. Social and Emotional Well-being**

There is no happiness like that of being loved by your fellow creatures and feeling that your presence is an addition to their comfort (Charlotte Bronte).
Social and Emotional Well-being yielded an average of 1.1 with 96.67%. Data revealed that 95% (n=38) are doing well in this dimension while 5% (n=2) of the exited dependent children were found to be not doing well. Corollary, 95% (n=38) scored 1 in the ratings while 5% (n=2) scored 3. This is found to be well-within the target range of highly satisfactory as per assessment.

B.8.1. Happiness

Happiness measures the child’s general satisfaction with his or her life; experiences of pleasant versus unpleasant emotions; sense of purpose; and confidence level in achieving his/her personal goals.

With respect to the indicator of happiness, an average score of 1.2 was gathered with 95%. Data revealed that 95% (n=38) exited dependent children were found to be doing well while only 5% (n=2) was found to be not doing well.

Specifically, a greater majority of 90% (n=36) are satisfied with his/her life, experiences pleasant emotions more than unpleasant ones, and have a strong sense of purpose and feel able to achieve personal goals. A portion (5%, n=2) of the population is generally doing well in terms of life satisfaction, the balance of pleasant and unpleasant emotions, and a sense of purpose and achievement of personal goals, however, there is still room for improvement.

On the other hand, 5% (n=2) is generally doing not so well in terms of life satisfaction, the balance of pleasant and unpleasant emotions, and a sense of purpose and achievement of personal goals, however, feels positive in some ways.
Positive emotions were generally displayed during the interview and researchers observed that the dependent children are relatively content with their current situation. One child enthusiastically said; “We are happy, we are together and complete, and I can no longer ask for anything else” (Masaya kami, magkakasama kami at kumpleto, wala na po akong mahihiling pang iba). While another heartwarmingly expressed; “We do not need a lot of money to be happy, what we just need is to have food every day, for all to be healthy, there’s no illness, the family is complete, that is all” (Hindi naman naming kailangan ang maraming pera para masaya, ang gusto lang naming ay may nakakain araw-araw, malusog ang lahat, hindi nagkakasakit, buo ang pamilya, yun lang po).

B.8.2. Social Behavior

Social behavior as an indicator under Social and Emotional Well-being gauges the child’s interaction with his family, peers, and the general community. It inquires on whether the behavioral traits displayed by the child are appropriate for his/her age and is current circumstances.

With respect to the indicator of happiness, an average score of 1.1 was gathered with 98.33%. Data revealed that 100% of the exited dependent children were found to be doing well. The corollary, 95% (n=38) of the exited dependent children likes to play with peers and participates in group or family activities, while 5% (n=2) of the population has minor problems getting along with others and argues or gets into fights.

While one of the most recognized factors in a child’s development is his educational performance and the sufficiency of his physical needs, it is equally important to note the care of his mental and psychological health. Current trends show that the care for a person’s mental health creates a resounding impact on the other aspects of his life, which then resonates with the community.

The positive turn out for social behavior is a manifestation of good mental health which is exhibited by the exited dependent children, which may have an effect on the totality of their development. These are reflected in some of the narrations fo the children: “It is not about collecting so many friends, what is important is that I have true friend” (Hindi naman po paramihan ng kaibigan, ang importante, mga totoong kaibigan). Another child also shared; “It is important that is I am encountering a difficulty; I can share this to someone I can trust.” (Mahalaga po na kapag may pinangdadaanan kami, may nasasabihan kaming pinagkakatiwalaan). “We know that it is not right to hurt other people, it does not mean that you are hurting, that you can hurt other people. What is important is that you care for others” (Alam din naming na hindi tama ang...
makaakit sa iba, porket may nararamdaman ka ding sakit, ang importante may malasakit ka din sa kapwa mo).

3.2. Key findings on community-level impact

Support or care given on an individual level must always be complemented with the positive impact created on the community level to achieve sustainable development. This is to look at the social impact in an inclusive lens that will capture the totality of productivity, change of behaviours and significance of impact factors involved in the dimensions of the FLC and FS services of SOS Children’s Village.

In the case of the FS and FLC services, the identified indicators on community-level impact are Community Awareness, Community-Based Support Systems, Progress towards Sustainability and Alternative Care.

A. Overall Community-Level Impact

Impact on community-level reveals that all indicators are within the range of highly satisfactory to fairly satisfactory with Child Safeguarding Mechanism attaining the score of 1 on the rating scales while Alternative Care attaining the lowest score at 2. Generally, this is perceived to be a good feedback, however, it also suggests that there is still room for improvement.

B. Results in Key Dimensions and their respective Indicators

Results for each dimension and their respective indicators are presented herewith for a closer look at the community level impact created by the FS and FLC services in Davao City.

B.1. Community Awareness

Community Awareness gleaned an average score of 1.1 along with the rating scales which means that key stakeholders in the community are aware of the situation of vulnerable children and their families, and have a clear view on how their situation may be improved. Key stakeholders include barangay captains, representatives of social and religious groups operating in Davao City, and government officials involved in the care of children and youth in Davao City. This finding was validated during the semi-structured interviews and FGD with SOS staff and representatives of key stakeholders.
During the FGD, most of the barangay officials who attended actively discussed the child and youth care situation in their respective areas of responsibilities as well the measures in place to ensure the children’s and youths’ safety. Interestingly, one of the key stakeholders who was the Assistant Manager for the Davao Rugby Club shared that at first, the main intention of the Club was to promote the sports to the children and youth of Davao City. Later, however, she arrived at the realization that the sports were means of connecting children who might have shared experiences, especially along with neglect and risk. Thus, sports became a form of therapy for the children and a means for the adult to better help them in their plight. Inadvertently yet favorably, the network already in place where the Club belonged to become another avenue for propagating awareness about the vulnerable children and their families.

It is noteworthy that the Local Government of Davao plays an active role in ensuring community awareness of the plight of the vulnerable children in the locality. At the outset, the extensive data they have on vulnerable children, and the fact that these are accessed publicly is commendable. While it is the role of the government to do this, it is common knowledge that suppression of information is sometimes practiced for the protection of political interest. The availability of these data raises the notch higher on community awareness and helps other entities which can also assist in the fight for child and youth protection.

Other NGOs operating in the area such as the Missionaries of Charity and Bahay Pasilungan likewise shared their knowledge and experiences about vulnerable children in Davao City. In fact, they are among the agencies that help SOS Children’s Villages Davao and the local government in rescuing and providing support to these vulnerable children.

All in all, level of awareness is high because, first, there is indeed a notable prevalence of cases of vulnerable children in Davao; second, the LGU is active in profiling these cases and is open in publicizing it; lastly, and probably the most important reason of all, is that the community itself, through the various NGOs and individual citizens are actively participating in addressing these issues.

B.2. Community-based Support Systems
B.2.1. Civic Engagement

Civic Engagement gleaned an overall average of 1.1 which means that collective action of community members, to address the situation of vulnerable children and their families, is visible in the community.

Collective action is very apparent in the community. Various organizations, both government and non-government participates in the effort to protect vulnerable children and youth. The City Social Services and Development Office representative shared that “Based on our department, we are connected with the Barangay, so any reports of abuse [or] neglected children, we respond right away [and] most of the time SOS is there”. Another barangay captain responded that their local unit provides accommodation to vulnerable children, “SOS once provided Family Strengthening program to 3 Maranaos who have been abandoned. The barangay provided these children with accommodation and has been given educational support by SOS. A missionary nun from Missionaries of Charity of Children shared that “It is a collective action which takes place. If we can handle the case, we will take action, if not, we refer to other organizations.”

The community members likewise partake an active role especially in reporting signs of possible abuse or neglect of children in the community. Because of the aggressive implementation of child protection laws in the country, complaint mechanisms thru the Barangay Council for Protection of Children and the KEAN Hotline are available in Davao City. Any person can go to the barangay and report a case, or they can simply dial the said hotline. These mechanisms are effective ways of involving the general public while ensuring anonymity.

Most of the time, people do not want to meddle with the affairs of a family, especially if such a family belongs to a different cultural background. This cultural context is very evident in Davao City considering the diversity of the population residing therein. For example, a case study...
conducted in Brgy. Isla Verde, where the community consists of Maranaos, Christians, and Badjaos. Since this community includes the special population, the existence of cultural bias, abuse, neglect, Women in Crisis Situation, Children at Risk (CAR) and Children in Conflict in the Law (CICL) are often witnessed in this area.

The hesitation to breach this social norm sometimes causes unreported cases of neglect and abuse. However, this was not the case in the context of Davao City. As per the active and collective involvement of the community stakeholders and the provision of conducive mechanisms, reports and consequent interventions on child protection are being made with relative ease.

Per data gathered, it is observed that while there are various NGOs providing care services in the community, these organizations cater to different needs of the children and youth. Thus, there is an observed trend of interdependence among these organizations which further strengthens their collective effort. For example, in the above-cited case study in Brgy. Isla Verde, the barangay once provided shelter for abandoned children who while SOS Children’s Village Davao was the one who provided for their educational support.

This system of interdependence is likewise observed in another case study where the Center Manager of Bahay Pasilungan, a non-profit orphanage operating in Davao City since 1989, manifested that “I am looking forward to continuing our Children’s Advocacy Program and our partnership in the years to come”. This partnership consists of the simplest activities such as sharing of facilities to inclusion in advocacy and training programs, “We are also thankful for SOS for lending us their facilities for our joint sports activities and most especially for including the boys in the advocacy such as conducting seminars on RA 7610 (Juvenile Justice Welfare Act)”, and extends to additional support to the FS service. As one of the stakeholders, this shelter coordinates with SOS in the implementation of its programs and services which include Family Strengthening Service (FSP). This shelter provides services such as Case Management, Psychosocial Support, Food and Nutrition, Material support, Accommodation, Legal Support, Organizational Development, and Financial Management. This inter-connectivity and inter-dependence are widely known in the community as both organizations have been operating in Davao City for more than three decades now.

On another note, Bahay Pasilungan and Missionaries of Charity are two only of the NGOs working on social care services in Davao City. While these two organizations work closely with SOS and thus prevent saturation or duplication of services, the same may not be true with other organizations. Thus, duplication and over-saturation of care services may be a possibility in the current set-up.

B.2.2. Community Networks

Community Networks received an average of 1.3 where it was assessed that relevant stakeholders are actively working together to take coordinated action to address the situation of vulnerable children and their families; and they have more or less sufficient resources and/or capacity to do so. These capacities extend to their cognitive, academic, social, and practical skills including their experiences and expertise thus, inclusive of internal and external resources. Interestingly, the initial responses were almost split in half in terms of the sufficiency of resources. It is imperative to note the resources encompass financial, skills, experiences, expertise, network, time and effort shared.

Apparently, representatives from NGOs affirmed that the CSSDO which is the specialized department of the Davao City Office focused on social services have enough resources since they form part of the government. However, the representative from CSSDO himself, and some other stakeholders claimed that their funds are just partially sufficient and they only have adequate to limited capacity to effectively carry out their actions. This disparity influenced the current average score for community networks.
It was probed during the FGD that NGOs and even LGUs such as partner barangays claim to have inadequate resources to support planned programs to address the state of vulnerable children in Davao City. From this individual inadequacy, however, the reliance of each agency to each other was forged. It was very commendable how each stakeholder shared their collective efforts in helping the children and youth of Davao.

One of the themes which emerged during the collection of data for community networks is what the researchers coined as “system of referral”. For example, one NGO because of its good experience with another NGO or Barangay Local Government Unit will refer to another and so on.

Reportedly, SOS Children Villages does not take the lead on the identification and rescue of vulnerable children. This role has been, by unspoken agreement, delegated to the respective barangay units. This is strategic as they are the closest entity to the occurrence of abuse, neglect, or abandonment. Because of their localized proximity to the communities, both in the distance and cultural aspect, they are the most approachable entities where the reports can be made. From then on, the barangay units will assess the situation and if they deem to have no or inadequate capacity (expertise, resources, etc.) to handle the case, they refer the same to the next agency. During the conduct of the Focus Group Discussion, stakeholders were asked on what actions do community members take to address the situation of vulnerable children and their families. Three barangay captains answered that they record the incident and, if applicable, refer the same to either the SOS, CSSDO, NDRC, Missionaries of Charity, Police Station, and other agencies.

This system of referral extends even to the next agency after the barangay units. Admittedly, even the CSSDO refers cases to the appropriate NGOs especially if the child needs alternative care. The representative from the Missionaries of Charity likewise shared, as previously stated, that they take on cases if they can handle them, and if they can’t, they coordinate with the other organizations to find shelter or other support services to the child/youth/family in need.

Another concrete example of this is the case of Balay Pasilungan which is in partnership with other residential care facilities and organizations such as Balay Banaag, Charity Home, Alagad Mindanao, Davao City Treatment and Rehabilitation Center for Drug Dependents (DCTRCDD), Regional Rehabilitation Center for Youth (RRCY), Bahay Pag-Asa, Paginhawaan Center, and National Youth Commission (NYC). With the help of SOS and these partners, the clients of Balay Pasilungan will be referred to appropriate institutions for proper interventions.

Thus, the services provided by SOS Children’s Village Davao form part of this extensive network of Government and Non-Government Organizations which have banded together to save as many children and families as they can.

B.2.3. Child-safeguarding Mechanisms

Data from semi-structured interviews, FGD, and case studies combined revealed that mechanisms are in place within the community to identify and respond to child’s rights violations which are working reasonably well and are well-known throughout the community. Thus, the indicator on the child-safeguarding mechanism averaged a score of 1 based on the standard rating scales.

The most notable child-safeguarding mechanism across all responses is the imposition of 10:00 pm curfew in all areas. One stakeholder noted that “Curfews in Barangay helps us identify neglected or abandoned children who roam the streets.” Still, another stakeholder commented that “To prevent child abuse the barangay is implementing a curfew around 10:00 pm to prevent these abuses and exploitation.” Almost all other responses identified curfew as one of the most effective child-safeguarding mechanisms in place in the barangay level.
Identified mechanisms have wide coverage as they include not only the child/youth but also the parents and other stakeholders in the community.

Among those which directly respond to vulnerable children’s needs include rescue operations during reported cases of abuse. After this, psycho-social interventions were introduced either for assessment or for the rehabilitation of the child/youth. The presence of active BCPC in the barangays greatly helps in the documentation and easy reporting of said abuse. Thus, this ensures that help will arrive which is responsive to the needs of the vulnerable child. In the case of Balay Pasilungan, their shelter’s safeguarding mechanisms include rescue operations, temporary shelters and protection, and family support systems. Through their child safeguarding mechanisms, many of the boys’ in Bahay Pasilungan are now reintegrated with their families and are now productive members of the society.

The corollary, The SOS plays a significant role in the shelter’s child safeguarding mechanisms. “The SOS plays an important part in our services, especially during child rescuing operation,” Center Manager Bueno expressed

On the other hand, stakeholders considered seminars and trainings for parents as child-safeguarding mechanisms based on their responses, to wit: “I think, curfews, reports based on the people living within a certain community [and] also some seminars”; “Rescue operation of children from the streets and family support system”; “Call the parents of those children and [gave] seminars and trainings for those parents who cannot support their children”. In retrospect, this type of mechanism is preventive in nature and is in line with the objectives of the SOS Children’s Village FS Service. By informing and capacitating the parents, abuse, neglect, and abandonment may happen. This also shows that the stakeholders have holistic point of view in terms of protecting or saving vulnerable children, instead of the traditional action-reaction type of response which only occurs when the child is already subjected to some form of abuse. The proactive mentality is thus a positive trait that can be observed among the interviewed stakeholders.

Overall, child-safeguarding mechanisms are known and are in fact being actively implemented by the relevant stakeholders in the community.

B.3. Progress towards Sustainability
B.3.1. Program-related Activities

During the assessment process, it was found out that the majority of the stakeholders opined that activities for the support of the vulnerable children and their families, in which programme has been involved, can possibly continue if SOS Children’s Village Davao withdraw from the community. Based on the quantitative assessment, this indicator gathered an average score of 1 on the rating scales with this single line of perspective. The programme based on the quantitative assessment generated positive outcomes. This is supported by the top 5 dimensions which are health, social and emotional well-being, accommodation, food security and care.

However, validating the quantitative assessment with qualitative, it suggests that without the presence of SOS, these program-related activities will not warrant sustainability considering erratic trends for consistency, cohesion, and constancy of implementation. With the presence of SOS, there will be a structured monitoring scheme and time-bound deliverables.

Moreover, it cannot be denied that the need for social support services for these communities is on constant demand. While the services may possibly continue even if SOS Children’s Village Davao withdraw, the absence of one of the strongest social support service-giver will affect the community and the other implementation partners. For instance, the withdrawal might cause a strain on the resources of other care service providers which might result to reduced coverage, thus lesser children and youth saved from the inequities of life. At this point, the reality that the community is far from being self-reliant demands all hands-on-deck strategy. The socio-economic and political situation of the country and even the locality makes it harder for the general populace to thrive. This situation becomes more burdensome on the part of vulnerable children or family which are barely holding on the clutches of survival.
While two main activities emerged during the FGDs and interviews which the community believes will outlive the implementation of SOS Davao’s programs in the locality. These are sports activities and educational support. Notably, these activities, as previously discussed, are being implemented by SOS Children’s Village together with other agents of social service.

Yet, in terms of health services provided, the communities may be sustainable in terms of physical health services since these are readily provided by the government health units. The standard or mandatory services are available through the barangay health units and other support government agencies. However, the communities may need the other health services being provided by SOS CV Davao which address the non-physical aspect such as the quality care for the children, parenting and including the psycho-social well-being aspect.

In terms of sports activities, the Davao Durians Rugby Football Club actively coordinates with SOS Children Villages Davao to ensure that all children who are interested in learning and playing the sport can join. With SOS Children Villages Davao’s facilities and other resources, the Club was able to cast a wider net of inclusivity in promoting the sport and encouraging children to join. Couple this with some of the well-known athletes produced by SOS Children’s Village Davao, it is no wonder that the community recognizes this as one of the program-related activities which will be continued if SOS Children Villages Davao withdrew from the community.

For educational support, the stakeholders are confident that the same will continue even if SOS Children’s Village Davao withdrew from the community. This may be attributed to the fact that other organizations likewise provide the same kind of support. The provision of this support ensures that more children are being sent to school with adequate materials and necessities. However, this observation can also be a basis for re-assessment of the educational support aspect, especially of the FS service.

However, gaps revealed that the community may still need the support of SOS Children Villages Davao in terms of continuing the services specifically in providing trainings on the updates on child-care and rearing practices responsive to the new normal. This can be done in partnership with other stakeholders to maximize the resources at hand. The caregivers may need to be capacitated on how they can better assist their children in the modes of learning currently being implemented by the Department of Education. Similarly, there may be a need for additional trainings on how to protect and care for the children when almost all members of the family are most of the time stay at home.

Other than these two identified dimensions, the rest of the well-being dimensions were not raised by the stakeholders. This implies that without the help and the presence of SOS, there is a shortness of assurance towards ensuing the intact and appropriate parenting and quality care of children. Without the programs instigated by SOS, there will still be the continuity of disruption in the care and parenting of children coming from disruptive and dysfunctional families.

B.3.2. Key Implementation Partners

The result gathered for Key Implementation Partners is quite interesting. Responses only recorded an average of 1.8 on the scales rating which put it within the range of Fairly Satisfactory to Highly satisfactory. Accordingly, while key implementation partners within their communities are in place and are taking action to address the situation of vulnerable children and their families, they have limited resources and/or capacity to do so. Therefore, support from SOS to continuously enrich the capacities required to assume the leading role within their communities in response to the situations of children in need of special protection and children at risk of losing adequate parental care is still implied and necessary, despite their perception.

This observation refers to the individual capacities of these organizations. The capacities include all types of resources such as financial, human, expertise and experiences acquired and shared. As previously discussed, the inadequate resources are being compensated with good working relations among the identified organizations. The KIPs compensate each other's resources as concretized in their willingness to pursue their objectives geared towards care and protection of the children.
During the FGD, stakeholders share that the sheer weight of raising the funds to support their programs for vulnerable children is already a challenge. Even the LGUs through the barangay units encounter the same issue because their budget is mainly dependent on the barangay's Internal Revenue Allocation (IRA). The IRA is the share of the LGU from the national fundraised through taxes. Primarily, the Barangay IRA is mainly based on equal sharing with other units and population (DBM, 2012). Although the protection of vulnerable children is one of their primary objectives, it is not the only program that the barangay is involved with. Thus, the resources are usually spread out, and sometimes they become too limited when applied to the programs addressing the needs of vulnerable children.

This issue is also prevalent among the NGOs which get their funding source from donations and grants from donors and other organizations. This concern exists not far from home as the SOS Children's Villages Davao itself underwent some changes due to budget considerations in 2017.

Despite the foregoing, implementation partners are still able to provide the best care they can through extensive networking and close coordination of individual and shared services.

**B.4. Alternative Care**

The score for alternative care is displayed as the lowest among the key dimension for community-level impact, scoring an average of 2. Historical data shows that when SOS CV Davao started its operation in 1981, there were 40 children placed in alternative care. Then in 2019, the total is 54 with 14 of them as new entrants. This means that the number of children placed in alternative care is stable, yet conservatively increasing, compared to before the SOS Children’s Village Davao became involved.

Alternative family, parental, or childcare is not a foreign concept in Philippine society. There are several Philippine laws implemented to support the provisions on alternative childcare and protective placement services. Such as R.A. No. 10165 or the Foster Care Act, R.A. No. 8043, or the Inter-Country Adoption Law, R.A. No. 8552, or the Local Adoption Act and the latest, Senate Bill No. 61 or the Alternative Child Care Code of The Philippines. From a cultural point of view, the Philippines, like most Asian societies have a very strong familial bond which extends even upon the emancipation of children from their families. Along with this, current laws on adoption and alternative care are very heavily regulated by the State, to the extent that they may be a measure of last resort and only when the same is for the best interest of the child. Despite the policy and legislative initiative, there are still existing negative views about adoption, residential care, and family care. Although most people understand the importance of these laws, not all Filipinos would respect or consider adoption, foster/kinship family care, and residential care an easy cultural norm to practice. Thus, the foster child or adoptee experiences bullying or discrimination which might have an effect on their growth and development.

But glaring facts cannot be discounted on the pressing need for alternative care for children, especially those coming from dysfunctional or broken families, or those who are neglected and abandoned. Statistics show that there is a conspicuous total number of 3,857 reported cases of child abuse in the Philippines as of 2016, while 1,302 of which are cases of neglect and 740 cases are that of abandonment (Philippine Statistics Authority, 2019). Though cultural norms and legal standards demand that the child remains in the care of his or her family of origin, the need for alternative care becomes glaringly relevant in the face of social inequities and possible violations of basic child rights.

Based on the UNICEF Annual Report for the year 2013, there are 358,346 children in need of alternative care in the Philippines. Of the same, only 11, 179 children have been put under alternative care. In the Philippines, alternative care will usually mean being placed in foster care (registered foster parents by the Department of Social Welfare and Development), placed in local adoption (within the country), through the Inter-country adoption board (ICAB), placed in temporary shelters, substitute homes, residential care or crisis and respite care. This data runs
across the number of children put under the care of the government as well as non-government organizations. However, it is of the strong opinion that this number may not include those which are put under the adoption (domestic and inter-country) process considering the highly confidential nature of such legal process (Official Gazette, 1974). However, this number may have form part of the figure under those who need alternative care. This is because current laws on adoption ensure the participation of the State through the Department of Social Welfare and Development (DSWD) which confirms the status of the child to be a legally free child. Therefore, any child who is put under the ambit of the adoption law is necessarily in need of alternative care.

As of January 31, 2020, SOS Philippines has been providing alternative care for 917 children thru the FLC Service in the country. Out of this, 144 children are under the care of SOS Davao Children’s Village. As previously discussed, 67% of these children have been doing well in all identified dimensions after exiting the program. Of this percentage, 98% are doing well in terms of protection and social inclusion and social and emotional well-being.

Success case stories among the exited beneficiaries highlight their gratitude for being placed in family care. Despite coming from a dysfunctional biological family and placed in alternative care, majority of the former beneficiaries never experienced any discrimination from the SOS Village, the community, or school they went to. The 2 former beneficiaries who claimed to have been “ill-treated” when discovered as gay and the other one who claimed there is a favouritism are overruled by those who claimed they experienced the love and the care of the family. This majority professed to experience love from a family at SOS, spiritual and moral support which helped them discover and develop their full potentials. One FLC beneficiary proudly shares that although she showed no attachment to her biological mother, she is most indebted for her SOS mother for always being there when she needed someone to talk to and to receive affirmation to believe in herself.

3.3. Key findings on the Social Return on Investment (SROI)

3.3.1. Overview of SROI

The social return on investment (SROI) measures the social impact of a programme in financial terms. In contrast to the return on investment (ROI), which is often measured in a business context, the SROI does not account for the ‘profits’ accruing to the organization itself, but rather evaluates the benefits accruing to its beneficiaries and to the broader community. As such, it is not only a useful tool to internally measure the social return of the programme, but can also support fundraising by showing how far donated funds can go.

The SROI provides evidence on the financial impact of the programme on former participants as well as on the broader community. However, only quantifiable elements of the social return can be included in the SROI. Therefore, a full picture of social impact always needs to be assessed on both the non-financial and financial data.

The SROI links inputs to impact along the results chain and is calculated by comparing the costs of inputs to realize the financial benefits of the programme. Thus, the SROI is simply the present cost-benefit ratio minus one, expressed as a percentage:
All costs and benefits do not enter equally within the SROI calculation. Whereas the entire cost of inputs for all participants (programme cost and overhead cost) is included in SROI, not all benefits are taken into account; only the impact for those individuals doing well in education and livelihood is counted towards the SROI. This implies a conservative lower bound SROI result, education, in particular, is widely considered to be a strong predictor of future economic success.

Thus, the impact levers which likewise identifies the expected types of benefits included in the SROI are, to wit:

<table>
<thead>
<tr>
<th>Impact levers</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual income</td>
<td><strong>Future, projected income</strong> of:</td>
</tr>
<tr>
<td></td>
<td>- child in former FS family (once child grows up and starts working)</td>
</tr>
<tr>
<td></td>
<td>- and for former family like care participants. This lever refers to the</td>
</tr>
<tr>
<td></td>
<td>additional income earned as a result of participating in the programme.</td>
</tr>
<tr>
<td>Saving on alternative care</td>
<td>SOS participants would demand <strong>alternative care</strong> of other organizations if</td>
</tr>
<tr>
<td></td>
<td>they were not supported by SOS</td>
</tr>
<tr>
<td>Saving on social benefits</td>
<td>SOS participants would demand <strong>social benefits</strong> if they were not supported</td>
</tr>
<tr>
<td></td>
<td>by SOS</td>
</tr>
<tr>
<td>Giving and volunteering</td>
<td>Former SOS participants are more likely to give back to the community</td>
</tr>
<tr>
<td></td>
<td>through volunteering and donating.</td>
</tr>
<tr>
<td>Next generation</td>
<td><strong>Offspring</strong> of former child participants are likely to grow up in a more</td>
</tr>
<tr>
<td></td>
<td>conducive family environment than offspring of individuals of the <strong>same</strong></td>
</tr>
<tr>
<td></td>
<td>target group who were not supported by SOS</td>
</tr>
<tr>
<td>Caregiver income</td>
<td><strong>Households</strong> who have participated in a Family strengthening are likely to</td>
</tr>
<tr>
<td></td>
<td>increase income as a consequence of the programme.</td>
</tr>
<tr>
<td>Impact of local expenditures</td>
<td><strong>Expenses</strong> occurring locally on the ground are directly injected into the</td>
</tr>
<tr>
<td></td>
<td>local economy. e.g. salaries paid to local employees</td>
</tr>
</tbody>
</table>
The present value of the cost of input consists of 3 components: Running Costs, Local Overhead Costs and Non-local overhead costs which were gathered by the SOS IA expert.

Together with the primary data and secondary data gathered by the External Researcher, SOS CVI made the following calculations.

3.3.2. Overall SROI Calculation

The overall Social Return of Investment is observed at 1387% for Family Strengthening (FS) exited beneficiaries and 76% for Family-like Care (FLC) exited beneficiaries with an overall rating at 177%. The overall benefit-cost ratio is determined at 3:1 which means that in total, an investment of €1 yields benefits worth €3. Moreover, with an SROI of 177%, an investment of €1 returns an additional €1.77 on top of the initial cost.

<table>
<thead>
<tr>
<th></th>
<th>Family strengthening</th>
<th>Family like care</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>SROI</td>
<td>1387%</td>
<td>76%</td>
<td>177%</td>
</tr>
<tr>
<td>Benefit-cost ratio</td>
<td>15 : 1</td>
<td>2 : 1</td>
<td>3 : 1</td>
</tr>
<tr>
<td>€1 returns additional</td>
<td>13.87</td>
<td>0.76</td>
<td>1.77</td>
</tr>
</tbody>
</table>

3.3.3. SROI Calculation per Programme vis-à-vis Impact Levers

The following table shows the contribution of each lever to the overall SROI. For the FS Service, the lever with the most contribution is Individual Income with a contribution of 56%. In terms of the FLC Programme, the lever recorded to have the most contribution is Impact of Local Expenditures at 45%.

Figure 3.44 Contribution of Levers to Overall SROI (FBC means FLC here)

A. Family-like Care (FLC)

There is a benefit-cost ratio of 2:1 which means that an investment of €1 yields benefits worth €2. The service has an SROI of 76% which means that an investment of €1 returns an additional €76 on top of the initial cost.
The graph shows that the levers which are contributing the most in SROI are:

**Individual income**: The individual income contributes to 35% to the FLC SROI. Among the respondents, 69% are doing well in livelihood and the level of income they are earning monthly is 15,500 Peso at the entry of work and 30,000 Peso at exit workforce (€284 and €549). This is considerably higher than the benchmark (approximately 3740 Peso). However, 40% of respondents are not working, because their spouse may be employed and there is sufficient household income, or they are not fit to work for other reasons, or they are still students.

**Next-generation benefit**: Next-generation benefit lever contributes to 10% of the FLC SROI. Among the respondents, 95% are doing well in parental care. Caregivers described their efforts to provide a full and happy life for their children. Male respondents are also contributing by providing love, protection, and financial support to their children, while female respondents were more likely to describe how they care for their children and play with them. Therefore, the offspring of former child participants are likely to grow up in a more conducive family environment than the offspring of individuals of the same target group who were not supported by SOS. The SROI calculation assessment also showed that the share doing well of the next generation is at least 50%. This is because the projected number of children per household of the next generation of families is less than the benchmark, meaning that more income will be available for each child. It similarly implies that more family income will provide provisions for the family to meet material and financial needs including educational demands.

**Impact on local expenditures**: This lever is contributing the most to the FLC SROI (45%). The programme costs occurring locally in Davao are directly injected into the local economy through the payment of salaries to local staff, purchasing in local markets, and direct services provided to children and youth for an average period of 9 years.

On the other hand, the levers which are contributing less are giving and volunteering, savings on social benefits, and savings on alternative care.

**Giving and volunteering**: The vast majority of respondents are neither donating nor volunteering. Further actions should be taken to encourage former participants to give back to society. Giving and volunteering can be deemed common in Philippine setting, albeit, the only hindrance in the same is the capacity of the giver, especially in terms of monetary donations. Expert interview complemented by focus group discussion reveals that exited participants of both FS and FLC programs donate a conservative amount of 5% to an ambitious amount of 20% of their income to the community which includes SOS and other NGOs. On the other hand, exited participants donate, at the minimum 36 hours of their time yearly to an ambitious 60 hours for FS participants and 72 hours for FLC participants to community work. Results of the interviews...
revealed that exited participants actively and regularly volunteer in the community. The nature of the activity to which they volunteer is limited to participation in the clean-up drive in their own barangay/communities. However, the hours they spend at volunteer work becomes less and less at the time that they settle in family life, such as when they get married or when they have children. The same thing happens when they are forced to live in some other place because of work.

**Saving on social benefits:** The saving on social benefit lever contributes to 8% into the general FS impact. The fact that SOS is caring for 144 children through the family strengthening service in Davao, means that these children and youths would not demand support services from other service providers, such as employment support services and family allowances. It is, therefore, saving for society as the related resources can be invested elsewhere.

**Saving on alternative care:** The main reason of the low contribution of this lever is that in the whole country, SOS is caring for 917 children in alternative care in the whole country, which is great. A saving is surely made because these beneficiaries would demand alternative care of other organizations if they were not supported by SOS. However, compared to the number of children in alternative care in the country (11,170 children), and the number of children in need of alternative care in The Philippines (358,346), the saving made is definitely small. Hence the low contribution of this lever. Further initiatives should be taken for collective action of community members, to address the situation of vulnerable children.

**B. Family Strengthening (FS)**

There is a benefit-cost ratio of 15:1, which means that an investment of €1 yields benefits worth €15. The service has an SROI of 1387% which means that an investment of €1 returns an additional €13.87 on top of the initial cost.

The chart shows that the levers which are contributing the most to the SROI are:

- **Individual income:** The individual income contributes to 56% of the FS impact. This means that the future projected income of a child in a former FS family (once the child grows up and starts working) is promising. This is due essentially to the good results shown by the assessment in Education and skills (93% doing well) and more specifically, due to the fact that 93% of former child participants are enrolled in school and 95% are performing well. In addition, the results in family resources play a role. The projected income at entry into the workforce (15,500 Peso per month) is considerably higher than the benchmark (4602 peso per month), indicating that there is
a high likelihood of a positive future project income of former child participants, thanks to their family resources and educational attendance and performance.

**Saving on social benefits**: The saving on social benefit lever contributes to 13% into the general FS impact. The fact that SOS is caring for 612 children through the family strengthening service in Davao, means that these children and their family would not demand support services from other service providers, such as employment support services and family allowances. It is, therefore, saving for society as the related resources can be invested elsewhere.

**Next-generation benefit**: This lever is contributing 22% to the FS impact. The main reason is that the vast majority of caregivers interviewed during the assessment are providing good parental care to their children through the following activities: provision of basic needs including food, parental care, support with homework (if applicable), addressing children’s daily issues, engaging in regular dialogue with the child, playing, reading to the child. The SROI calculation showed that the share doing well of the next generation is at least 60%. This is because the projected number of children per household of the next generation of families is less than the benchmark, meaning that more income will be available for each child. In addition, it is foreseen that future generation of those doing well today will have children at a later age than the benchmark. Therefore, the offspring of former child participants are likely to grow up in a more conducive family environment than the offspring of individuals of the same target group who were not supported by SOS.

**Impact of local expenditures**: The programme costs occurring locally in Davao are directly injected into the local economy through paying salary to hire local staff, purchasing goods in local markets, direct services provided to programme participants, and support provided to partner organizations for an average period of 4 years. As the duration of the service is shorter, the contribution of this impact is only 5%.

On the other hand, the levers which are contributing less are giving and volunteering and caregiver income:

**Giving and volunteering**: This lever is contributing 4% to the FS impact. Former programme participants are making effort to give back to society through monetary donation and volunteering. This goes sometime to SOS or to the community in general through participation in community activities, cleaning up.

**Caregiver income**: The contribution of this impact is only pegged at 1%. 88% of caregivers are doing well in livelihood and have enough resources to cover their dependents’ basic needs and are earning more than the benchmark. In addition, on average their income almost tripled compared to before their entry into the FS service. However, 26% among the one doing well do not have a stable and predictable income for many reasons. Moreover, the employment status of the head of the household respondent varied: employed, informally employed, self-employed. 13% of respondents are not performing well for several reasons: unemployed or not enough resources; therefore, these participants cover their basic needs with difficulty.

3.3.4. Comparison between FLC and FS Services SROI

No meaningful comparison can be made between the SROI figures for family strengthening and SOS family care. The participants in each service have different starting points and levels of vulnerability.

Children entering family-like care are without appropriate care and are particularly disadvantaged. A higher investment in these children including a broad range of direct support services over a longer period is needed. The average duration of stay of former participants in the service is 9 years, meaning that the organization invested a larger amount of resources for a decade to support these children in every aspect of their development. Had these children not
been supported, there would most likely be a cost to society, negatively impacting on the next
generation of children and societal benefits.

On the other hand, the FS former beneficiaries are capacitated under the service in terms
of accessing the available resources in the community. Hence, lesser financial resources are
needed. One specific example is the availability of health services in the community. Through the
FS service, beneficiaries are oriented how to avail, when to avail and why to avail these services.

Thus, a higher SROI with family strengthening is to be expected; the children in family
strengthening live with their families and the organization provides targeted supporting services
for these families over a shorter period. On average, a family received family strengthening
services for 5 years.

3.3.5. Main Areas of Financial Benefits

The following changes were observed in the overall situation of former-child participants,
caregivers as well as the broader impact in the community.

Individual income

At the outset, the entry income for both doing well FLC and FS former child-participants
are pegged at a monthly average of 15,500 pesos. Based on the results of the interviews,
especially of FLC participants who were already independent adults, it was determined that these
participants almost always start with the minimum wage. For those who took higher education
which leads to the issuance of government license in the practice of the profession, they usually
engage in employment which has job order or contractual status while waiting for their results.
Thus, their entry income will always be those within the minimum. As with those independent
adults who have engaged in other employment opportunities, the same range can be observed
as per collected primary data and interviews. The assumption is adopted respecting former child
participants who are still dependent on their caregivers for future employment opportunities.

Comparing this data to the benchmark on income, it can be gleaned that former child
participants doing well is or will be earning at least double the income of those who were not child
beneficiaries. The conservative benchmark income is computed at 1,646 EU annually or 90,
073.00 pesos. The projected monthly income will then fall at 7,061.3 pesos. As earlier stated, the
average monthly income of former child beneficiaries has been determined at 15,500.00 pesos.
Pertinently, former doing well child beneficiaries, especially those independent adults who have
already engaged in regular work are capacitated with either higher education or technical skills
which made it possible for them to engage in work which pays at the very least, the minimum
wage. Amidst the capriciousness of employment trends in the Philippines, former -child
participants have been shown to have maximized their individual skills to thrive in the employment
world.

However, as per data gathered, the projected exit income is only pegged at 30,000.00
pesos. As discussed, not all former participants have attained a tertiary or higher level of
education. As such, the jobs available which will provide the most secure income until retirement
age are those of the civil service and corporate employment, overseas employment
(professionals), and overseas employment (highly skilled workers). Of the former three, higher
education will most definitely be required as minimum requirements. Otherwise, a worker without
the same will be stuck at a job order or contractual status or rank and file employee with respect
to private employment. While demand for overseas labour has increased at 21% from 2017 to
2018, the top job listings with Php 66,000.00 to Php 81,000.00 salary scale are those reserved
for professionals (Workabroad.ph, 2019). Indeed, skilled agricultural, forestry and fishery workers,
elementary occupations and service ad sales workers make up the least amount of average cash
remittance per OFW (Overseas Filipino Worker) at Php34, 000.00, Php54, 000.00 and Php72,
It is therefore concluded that former beneficiaries who have adequate educational attainment and academic skills can secure tenured and decent-paying jobs and augment their individual incomes more than that of an average Filipino worker. On the one hand, there are more beneficiaries who land temporary jobs or remain unemployed and looking for a job. Thus, there is still the presence of employment problems which lies in the long-term economic security if the current economic and employment climate will be unchanged in the Philippines. Thus, as per the conduct of this study, the increase factor in lifetime earnings was determined to be at the scale of 2.

**Caregiver income**

Data reveals that a considerable increase was observed on the income of the caregivers before they were admitted to the FS service and after they exited the same. Based on the interviews, caregivers reportedly earn an average of Php3, 000.00 pesos a month prior to the entry to the program. After exiting, they have reportedly earned an income of Php8, 000.00 pesos. As observed in the primary data, most caregivers are mothers primarily dedicated to the care of their children. While they are engaged in informal employment or have a micro business, these take a back seat in the care and support of their children, thus, the low-income report on average. The entry in the program, therefore, helped them save up and consequently contribute to the household income but not necessarily leaving the home to look for more sustenance or support somewhere else. Thus, in the primary data, it can be observed that they spent quality time with the child-beneficiaries when the latter are not in school or some other important activities outside the home.

Once the family exits from the program, it can be observed that they usually maintain the micro-business or informal employment that they have been engaged in. The positive difference is found with the fact that caregivers can make ends meet as there is a low report of budget deficiency with respect to expenses and income. While there tends to be a lesser share of costs of SOS compared with other care providers for the FS service(10% to 20% as compared with FLC which is at 50% to 85%), the expert interview reveals that SOS contributes by assisting children in each household not covered by the Pantawid Pamilyang Pilipino Program (4Ps) which only covers a maximum of three (3) children per family. Besides these, there are still families that are altogether not included in the program. In both instances, the FS service provides for school materials and other incentives which enable the caregiver to save more from her or his income, instead of spending on school materials. Even after exit, caregivers can maintain a sense of liquidity which helps the household in the long run.

**Broader Financial Benefits for Society**

UNICEF reported a staggering number of children in need of alternative care in the Philippines at 358, 346 children, and only 11, 179 of which have been put in alternative care as of 2011. Currently, SOS caters to a total of 917 children inside the SOS villages, 144 of which are housed at the SOS Davao Children’s Village. It is an overwhelming number and one which cannot be easily given resolution by a lone organization. Significantly, SOS is not alone in the crusade for providing social services to alleviate the situation of these children. As of 2017, there are twenty-eight (28) Child-caring institutions in the country while there are fifteen (15) Youth Centers / Facilities (Philippine Statistics Authority, 2019).

A closer look into the situation in Davao City would reveal that 85% of individuals are doing well in terms of education with the presence of SOS while 80% are doing well in terms of livelihood. The figures would tell that without SOS, a good number of 80% and 70% would still be
doing good, respectively. The small difference may be attributed to the presence of other social service providers in the area as well as the 4Ps government grant. The same trend is observed in share of costs of SOS I other providers which only result in an ambitious scenario of 20% for the FS service. Notably, the ambitious estimate is much higher in terms of the FLC Program at 85%. This is because the needs of children under FLC service are catered solely by SOS except for education where the government subsidizes the cost on all levels from primary to tertiary education. During the Focus Group Discussion (FGD), a sentiment was aired that some areas are in danger of being “saturated” with too much social care services because of the number of care providers simultaneously operating in the area. However, there is a consensus that it is not yet the case in Davao, at least where SOS is currently implementing their FS service.

In terms of giving and volunteering, data reveals that only a small portion of the income of former doing well beneficiaries are being donated to the community at an ambitious scenario of 20% for both FS and FLC beneficiaries, 30% of the same is being donated solely to SOS. With respect to volunteer work or non-monetary donation, former beneficiaries spend approximately 60 hours a year for FS beneficiaries while 72 hours for FLC beneficiaries, 60% of which time are solely devoted to SOS activities.

Results of interviews reveal that independent adults who are already working tend to focus on giving back to their families (mother, father, siblings) first before the community. Thus, they tend to donate sporadically or only when directly asked to donate. Likewise, former beneficiaries who come of age tend to settle down into marriage and family life. Therefore, the number of hours they spend in the community are reduced or totally cut when they become parents. Despite this, it is easily discernible from the data that former beneficiaries do not completely forget to give back in terms of monetary and non-monetary donations. Even if most of them are classified into low-income earners, they still make it a point to give at least a little from their earnings. Moreover, interviews revealed that those former beneficiaries who have been employed abroad make it a point to give considerable monetary donations. However, they compose a very small number of the population, thus not reflected in the data gathered. Although this might reveal a hypothetical relationship between means and will such that if the former beneficiaries have bigger income and are not saddled with other responsibilities, they will be willing to give back more time or money to the community.

Remarkably, a significant percentage (70%) of children of current beneficiaries were recorded for FS beneficiaries while only 60% for FLC beneficiaries. A closer look into the primary data gathered would reveal that children of former beneficiaries were given the utmost attention because most of the household income is channelled towards their needs such as food and clothing. Evidently, the welfare of the children was made a priority by former beneficiaries. Likewise, a lesser number of children per beneficiaries were born with only 3 children were recorded against the benchmark of 6 children per family. During the FGD, the initial assumption of the researchers was confirmed that the previous experience of children, especially those who were former FLC beneficiaries affected their choices in family life. It was revealed that they are more circumspect in making decisions such as the number of children and their care because they want to give a quality life to their children, despite marrying early. They also stated that they want to replicate the love and attention they received while being beneficiaries of the program to their children.

3.4. Evidence of Contribution

3.4.1 Relevance

Data show the SOS Children’s Villages’ programs and activities on FLC and FS are responsive to the felt needs of the people in the community, the challenges encountered by concerned government agencies and CSOs, and by the society. Based on the designs of the FS
and FLC programme, children beneficiaries were capacitated to be holistically developed individuals imbued with character. Both the Family Strengthening and Family-Like Care services implemented by SOS Children’s Villages, Davao, Philippines are progressively responsive considering the current situations in the locale.

The FLC service as an alternative care responds to the challenge of providing protection and guardianship to those children who lost parental care. The service operates “to the best interest of each child”. The child who may have lost his or her parents or considered to be in an environment, where despite the presence of said parents, may still prove to be harmful to his or her development. Without the structure of a family unit, the child is hindered from developing the necessary life skills and emotional tenacity to go through life. This creates a far-reaching effect on his growth and development. Unlike other institutional care service providers, SOS Children’s Village provides the closest replica of a family unit which every child deserves. This unique attribute answers squarely to the need of the child. The positive turn-out of the data gathered, especially along Social and Emotional Well-being proves the relevance of this programme to the children put under the care of SOS CV Davao.

The FS service on the other hand maximizes the operation with the help of referral system from the concern government agencies and Barangay Local Government Units in the identification of qualified beneficiaries thus, minimizing the possibility of family separation. Based on the narratives shared by the Barangay Local Government Officials, the interventions introduced by SOS Children’s Villages are found to be timely since a good number of families in their locales are experiencing economic challenges. The economic difficulties they experience put the children at risk. According to one Barangay Councillor When there is no money, the mother and father are hot-tempered hence physically harms the child”. (Pag walang pera mainit ang ulo ng nanay at tatay, napapalo ng wala salugar ang anak) This statement shows financial constraints and lack of sources of income lead to the frustrations of parents which are violently displaced towards their children. Thus, the intervention programmes of SOS are deemed significant for child protection. The SOS programme may not be directly responsive to poverty alleviation, but it is important to highlight that it responds to the problems caused by family economic instability which eventually causes problems relative to the proper care and protection of the child.

What is more appreciated in the SOS programme is that it is not a dole-out program to assist in the financial needs of the family but more of capability-building. The caregivers for FS beneficiaries for example were provided with livelihood trainings which capacitated them in learning new or additional skills which helped augment the income of the family. Four participants during the focus group discussion shared that besides the skills acquired during the trainings on livelihood, the SOS Children Villages, Davao, Philippines also assisted them in marketing their finished products. These products are home-made/hand-made soaps, rugs, and other preserved/processed foods they made when they applied the learned skills. They testified that they developed these skills from the livelihood trainings provided by SOS. Topmost among the priorities of most beneficiaries is their livelihood.

Similarly, seminars and trainings on the care of the child proved to be well appreciated by the beneficiaries as well as by the stakeholders. The seminars and trainings helped improved their parenting skills. Their appreciation implies that as parents/caregivers they find meaning in what they have learned. A common practice among Filipino families in disciplining the children is giving corporal punishment or beating (pamamalo). However, as caregivers attended trainings on childcare, they realized that there are alternative ways of disciplining their children without physically, verbally, or emotionally harming them. The caregivers likewise learned about the laws on child protection, the various agencies they can go to if help is needed and proper care for children. These, according to them, are timely because their parenting styles were patterned after
how they were raised by their own parents. Officials of the Barangay Local Government Units shared that people in the community would already report incidents of child abuse unlike before it was viewed as a “family matter” and minding your own business. Although there are still some members of the community who are still closed-minded with alternative ways of disciplining or frowns at using behaviour modification techniques rather than corporal punishment, the informative discussions, public education forums and parenting awareness provided are timely and relevantly evidenced to have resulted in minimizing child maltreatment and abuse. Slowly, the new parenting techniques are practiced in their homes and reinforced by the parent leaders and barangay council.

The trainings on personality development, arts, crafts, and sports attended by children beneficiaries both from the FS and FLC service are appropriate to their expressed psycho-social and economic needs. A person with a well-rounded personality can contribute well to the family and society. There are children beneficiaries who excelled in academe and sports partly because of the trainings they acquired from the SOS Children Villages initiated activities. The trainings provided were designed “to build character” among the children participants so that they too can contribute something noteworthy to the society. The program staff claimed the strong relevance of the program lies in the holistic approach as part of the design of both the FS and the FLC service.

From the point of view of the stakeholders, the relevance of the program is embedded in the network/linkages among the concerned government agencies and civil society organizations (CSO) whose mandate and advocacy include the protection of child rights and care for the child. The stakeholders believe for the common programs and activities, government agencies and CSOs need not compete but can work together for the promotion of the welfare of the children in the community. One stakeholder appropriately captures the relevance of the programs as “collective action of organizations caring for the children”. One strategy used in the partnerships and linkages is the implementation of the referral system depending on who has the “expertise” and the resources depending on the identified immediate need of the child.

The programme will be continuously relevant among the communities it serves by being abreast of the issues affecting the families and respond accordingly. For example, considering the situation in the new normal, trainings on how can parents effectively assist their children in their studies under the flexible mode of learning. Trainings on how the parents can better protect their children when all members of the family are staying at home most of the time. Another example is if the livelihood trainings currently being provided do not maximize the capacity to earn by the heads of the family, consider alternatives. The alternatives may be based on the abundant resources in the community, factor-in the economic needs of the people in the community. In other words, response based.

3.4.2 Efficiency and Effectiveness

The experiences shared by the beneficiaries revealed the efficiency and effectiveness of the program. The efficacy of the FS and FLC service on children beneficiaries can be seen in the attitudes developed. Several children beneficiaries of the programs claimed to have been inspired by their experiences from the SOS Children’s Villages hence, they too would like to be of inspiration to others. One FLC beneficiary for example is doing well after graduating in college and working as a high school teacher. He is currently enrolled in a master’s degree program and inspired by his SOS Children’s Villages experiences thus, he chose to become a teacher. Another example is a former FS beneficiary who is now a licensed Social Worker who speaks with gratitude for his SOS Children’s Villages experiences.
Another concrete indicator of the effectiveness of the FS service for instance is the results of the “partnership” between parents and SOS in the education of children. Earlier, it was presented that SOS CV Davao assumes the tuition fees while the parents shoulder the miscellaneous and other school fees. This arrangement still gives the parents a “sense of responsibility” because they share in the expenses of the education of their children. The parents monitor the attendance and performance of their children in school as well as assist in the completion of various school requirements. The effects of the support of both SOS CV Davao and the parents can be seen in the prevalence of attendance (dependent children are absent from classes only when they are sick), and the high percentage of dependent children who were able to graduate.

The collective stand of the stakeholders is the SOS programs are competently implemented in the community. The efficiency in the implementation is seen on the well-coordinated implementation of activities to concern agencies and organization thus, led to the identification of beneficiaries needing utmost intervention. One official of a partner Barangay Local Government Unit shared “SOS has the resources to help those who are in need in the community. But we, the officials in our barangay know who among our residents need help so we work alongside SOS”. The resources were maximized through the partnership between and among the stakeholders. For instance, the Barangay Local Government Unit and the concern government agency i.e. the DSWD, identify who among the members in the community needed the most to be enlisted in the programme. With the present set-up, the resources can be maximized through the efficient identification and delegation of roles between and among the stakeholders to avoid overlapping and duplication of functions. The identification and delegation of roles will effectively maximize the resources wherein more beneficiaries needing interventions can be reached.

Moreover, the stakeholders believed the effectiveness of the SOS Children Villages services are captured through the “feeling of satisfaction” among the beneficiaries. Through the programs implemented beneficiaries are given hope for a better future, members of the families are given importance, neglected and abandoned children were given a semblance of family, dreams of attaining college diplomas are realized, children develop values which contribute to the moulding of their character, contributes to family stability, empowered both the parent and the child and even to the improvement of health by addressing the concern on malnutrition.

There was also an emphasis on the responses of the exited beneficiaries in invested human resources, with overall doing-well scores across dimensions. The infrastructure and equipment, adequate transport and funds were well-provided to support exited beneficiaries while in the programmes. Although some exited beneficiaries reported education and employment deficiencies, these are not marred as an SOS oversight but more of the country’s unchanged socio-economic status and yet some, personal deficiencies of the exited beneficiaries.

However, it would be good to note that these deficiencies can be overcome by SOS Children’s Villages. The data on Livelihood and Education are complimentary with each other as most, if not all the independent adults who are not contributing to the family income have only finished at least secondary education or lower. As for the caregivers, non-application of capacity building activities has created the deficiencies as after exiting of the programme, most have not put in practice their livelihood trainings. On this note, stronger emphasis must be made on the education of FLC beneficiaries. Positive reinforcements can be used to engage the children in studying more and finishing their education. On the other hand, caregivers may be provided with some form of capital, with a corresponding legal commitment on the part of the caregiver to give them fair opportunity to apply their livelihood trainings. SOS may serve as instrument to facilitate linkages between caregivers and the most relevant stakeholders.
3.4.3 Sustainability

“Life transformed, not lives touched are the measure of impact” (Meder, 2017) therefore can determine the sustainability of programs implemented.

The stakeholders’ perspective revealed the programs contributed to family stability. The alternative way of disciplining the children contrary to what had been accustomed to contributes to an improved parent-child relationship. The positive discipline, dialogues between the caregiver and child help in building trust thus, will be passed on by the child when s/he relates to other members of the family and community. And this is one concrete indicator of sustainability. The participants of the focus group discussion who are FLC beneficiaries shared they take care of their own children in the same manner how they were taken care of by their SOS mothers.

The individual impact assessment results for both FLC and FS programmes gave varied indicators for sustainability. On a personal level such as the dimensions on Care, Social and Emotional Well-being, as well as Health, the positive results indicate sustainability of the programs’ impact on the lives of the independent adult and dependent children. In fact, some of the independent adults with parental obligations are already giving forward the care and support they have received inside the SOS Children’s Village to their own children. However, the results gathered on Livelihood, Education and Accommodation, prove that after exiting the programs, both independent adult and dependent children revert to the struggles of self-reliance. Despite being able to access education, relative options for work opportunities and decent housing, some of their personal choices prevented them from doing so.

Through the FS service adult caregivers (usually the parent or in some cases an aunt or grandparent) were capacitated through the livelihood trainings attended. It is interesting to note, however, that while skills were learned and developed from the attendance of livelihood trainings yet, none among those who were interviewed continued selling the stuffs they learned to make and to manufacture. This may be attributed to the lack of sustainable source of income, lack of budgeting skills, or the general attitude of saving extra money for emergency purposes. There were some noted cases where adult caregivers are fond of taking in instalment appliances, joining networking activities that use up extra money which they can use to start a small-scale business and apply the livelihood skills acquired.

So far, both services are focused on the provision of services while the beneficiaries are still within the programmes. These services stop once they have exited. The researchers are of the opinion that this is a sound policy as the continued provision of services will thin out the resources of the organization and will limit its coverage to other qualified beneficiaries. Furthermore, the goal is for caregivers and independent adults to attain self-reliance. Thus, continued services even after exit will not be congruent to this goal.

However, the reality of the situation shows that upon exit, there are a considerable number of caregivers as well as independent adults who were not able to be financially independent or completely self-reliant. This might show a need for a form of a continuance of support which, in turn, will not necessarily undermine the resources of the organization. Hence, a stronger community-based social support system along with other stakeholders is needed. A strong community-based social support system will then maximize the resources including financial even with budget cut. After all, the social investment must yield a long-term profit, not just in the form of current savings for the government and other entities. This observation is apparent under the findings on SROI where the least contributing lever was giving and volunteering under the FLC service. Otherwise, the number of years spent both on dependent children and independent adults might be in vain if the long-term goals of the program will not be achieved.
3.4.4. Coherence

Data revealed that the FS and FLC services are compatible with the needs of the target beneficiaries on a national and local level. The structured interviews with the stakeholders and the conducted FGDs also provide that the two services support the efforts of both government and non-government entities in the locale. The services are likewise in line with the United Nations Convention on the Rights of the Child to which the Philippines is a signatory.

The staggering number of children in need of vis-à-vis the number of these children who are put under alternative care in the country show that there is a pressing need for agencies like SOS Children’s Villages who provide such service. While there is no local data available yet in Davao City regarding this, the testimonies of stakeholders manifest that the FLC service is needed in the locality. Oversaturation of alternative care programs were not observed and did not come out as a concern among the stakeholders.

Moreover, national and local policies support the system of alternative care as a means of upholding children’s rights in the country. However, national policies are quite particular on which kind of alternative care is preferred over the others. Article 68 of Presidential Decree No. 603 otherwise known as the Child and Youth Welfare Code specifically provides that assignment of the child to a foster home shall be preferred to institutional care. (Official Gazette, 1974). In 2012, Republic Act No. 10165 otherwise known as the Foster Care Act of 2012 was enacted further strengthening the stand of the government favourable to foster care.

The apparent bias in favour of foster care is further manifested in Memorandum Circular No. 21, s. 2018 of the DSWD wherein the government stated that the goal of the State is to provide a permanent home for every homeless child. A child who needs special protection may be placed in foster care as a preparation towards his/her eventual reintegration to biological parents or placement with an adoptive family (DSWD, 2018). Thus, the priority is foster care and then adoption or reintegration, while the least option is institutional care. Notably, FLC can be classified as a form institutional care as appreciated under Philippine laws.

However, while this is the standard, the staggering number of vulnerable children in need of alternative care vis-à-vis the rigorous process foster care and more so adoption has forced the hand of the government to appreciate the help offered by institutional care service providers.

The choice of the child on which alternative care is best suited for his or her needs is likewise respected under the law. For instance, an adopted child may undo his adoption through a court proceeding like that of the adoption process. However, the choices the child has is limited by his age or strictly the circumstances surrounding the change of form of alternative care.

It is likewise observed that this compatibility is yet to be achieved in the cultural context. Evidence of this is made manifest in the recorded reasons for discrimination of independent adults who participated in this assessment. Likewise, the observed practice of “referral system” among the different agencies show that there are good coordination and cooperation among different entities providing care services to children in the locality.

The same observation is true with regard to the FS service. Data reveals that the targeted beneficiaries are among those who do not receive other grants from government and non-government organizations. In cases where the family is availing of some form of assistance, the FS service only targets the family members who are no longer benefited by such assistance. The perfect example of this is the support provided to families under the 4Ps program of the national government. The FS service only gives out support to those children no longer covered by the program. The form of support is likewise observed to be complementary instead of duplicating. The national government provides monetary assistance, free medical check-ups, and free education for the children. On the other hand, FS service focuses on the capacity building of the caregivers so that they can attain fiscal independence from such aids through sustainable livelihood.

The laws on childcare which serve as basis for the policies issued, programs, projects and activities implemented from the national level are cascaded into the regional, provincial and barangay levels manifesting consistency. There are active linkages with other CSO and even
government entities through concerted activity planning, joint implementation of activities, and sharing of resources like facilities and human resource. However, these are more focused on implementation of joint and exclusively sponsored activities. There is no recorded or observed linkage towards advocacy initiatives or policy formulation. Thus, SOS CV Davao’s participation in policy making is extremely limited, if not non-existent. SOS CV Davao, like other care service providers are placed on the receiving end of the policy framework and assist only on their implementation. Thus, the programme served as means to the implementation of some of the policies crafted by the government most specially on child-care.

3.5. Observations that differ between FS and FLC services

For the individual impact assessment between the exited participants of FS and FLC service, a trend has been observed as regards the individuals doing well in key dimensions as well as in each dimension. Across key dimensions, a higher percentage of doing well participants is observed under the FS service with an 80% share of doing well participants as compared to the FLC service with 67% share. The same trend is observed in at least six or seven out of 8 dimensions. The same sentiment came up during the semi-structured interview with the SOS Davao Program Staff in the accomplishment of the Social Return of Investment in terms of giving and volunteerism. It was advanced that there are some cases when former beneficiaries of the FS service end up doing better in real life settings than those from the FLC service. When asked the possible reason for this, the Program Staff shared that it might be because the FS children, though receiving support, are still integrated within their original families. This sentiment may be attributed to the strong family ties which is an inherent cultural factor in most Asian households, especially that of the Philippines. In most Filipino families, the children have usually get invested on the efforts of their parents or siblings who are working specially to send them to school. Hence, most of them really work hard to help improve the socio-economic situation of the family. It is also common that at least one among the siblings will assume the responsibilities of the parents in the future. There is a possibility on the part of the FLC participants, they may have this feeling that whatever happens, the support will continue until they graduate from the program.

However, it is observed that the difference in the percentage of doing well participants on either service is almost statistically insignificant. A closer look at each dimension and their respective share of doing well participants would reveal a not greater than 5% difference, except in Education and Skills and Livelihood where the most difference was exhibited. Nevertheless, the difference and the rationale for the same may be further explored and assessed with more accurate methodologies.

3.6. Reference of key findings to SDGs

3.6.1 SDG 1: No poverty

The dimensions on food security, livelihood, accommodation, and health support Sustainable Development Goal No. 1 which is “No poverty”. Data revealed that both FS and FLC service contribute to the concerted efforts of government and non-government agencies on the eradication of poverty. This is manifested with the data showing that both independent adults and dependent children including their caregivers are remarkably doing well on these dimensions.

- Food security

In terms of food security 98% of the independent adults and 100% of dependent children are doing well in terms of food security, this means that the least number of meals eaten in a day is three (breakfast, lunch, and supper). There are even beneficiaries who eat more than the average meals in a day which includes morning and afternoon snacks. Based on the parameters of food security as one of the dimensions, the former beneficiaries should have eaten at least
three meals in a day and do not go to bed hungry. As shown in the data, these parameters were met.

- **Accommodation**

  In terms of accommodation, 93% of independent adults and 95% of the dependent children assessed to have been doing well. Thus, both the FS and FLC beneficiaries are experiencing stability and living in a condition that meets adequately the local standards. This means they live in a house made of concrete or semi-concrete materials, with several rooms enough for the members of the family, with potable running water and electricity.

- **Health**

  Meanwhile, data on health in relation to SDG 1 show that beneficiaries are in excellent health with 100% for FLC while 95% for FS doing well average. From the data gathered, the independent adults and dependent children revealed that they have access to the health provisions provided by the government through the services of the Barangay Health Workers. While the utilization of these health services were found to have been irregular due to the responses that they only consult the doctor when they are sick, this is seen as a personal choice of the former beneficiaries rather than inadequacy on the support system instituted within the programmes or by the government.

- **Livelihood**

  Lastly, on livelihood, while the average of beneficiaries doing well for the FLC service is 69% against 93% for FS still data suggest that caregivers have enough funds to cover children’s survival and development rights and family income is enough. Figure 3.48 captures the quantitative reference of the key findings to SDG 1:

![Key Findings to SDG 1](image)

**3.6.2 SDG 4: Quality Education**

For the FS beneficiaries, a highly satisfactory rating for education and skills as one of the dimensions means that the child is enrolled and regularly attending school whether in a formal or a non-formal setting. The child similarly has an above-average school performance. In contrast, for FLC beneficiaries, a highly satisfactory rating means that the independent adult has completed post-secondary or tertiary education. S/he has acquired the prerequisite knowledge and developed the needed skills to qualify for employment.

The data on education and skills in relation to SDG 2- Quality Education registered 95% average beneficiaries doing well for FS against 76% average beneficiaries for FLC. This implies coherence between the data and the efforts of various agencies on achieving quality education. From the interviews as well as from the data gleaned from the FGD, the caregivers, children
beneficiaries, and even the independent adults shared “children only missed their classes when sick”. The regularity in attendance is a contributory factor in quality learning. In terms of the programmes implemented by SOS Children’s Villages, financial and non-financial assistance were provided which left the children beneficiaries with the responsibility of attending classes regularly and maximizing the opportunities for learning.

### 3.6.3 SDG 8: Decent work and economic growth

The dimension of livelihood supports the attainment of SDG 8- Decent work and economic growth. Data gathered from the interviews registered 88% of the FS beneficiaries and 69% of the FLC beneficiaries attained an average score doing well. The average score of beneficiaries doing well in livelihood from the viewpoint of FS service suggests the caregiver or the family, in general, has enough funds to cover children’s survival and development rights. On the other hand, from the FLC’s platform, the average score means the adult is employed and the income of the family is enough to cover survival and development of rights and stability. Data gathered from the Interviews further revealed that children beneficiaries for both FS and FLC service who are now independent adults, work either as professionals, job order personnel, or contractual employees. While adult caregivers of the FS service sourced their livelihood from micro-business or informal employment.

### 3.6.4 SDG 10: Reduced inequalities

Protection and social inclusion is the dimension contributory to the attainment of SDG 10- Reduced inequalities. For the FLC programme, it was found out that 98% of the independent adults are doing well along this dimension while 100% of dependent children were found to be doing well on this dimension. The FS and FLC service treat the beneficiaries with care regardless of their family background, mental and social skills, and personality differences. The majority of the former beneficiaries did not experience forms of discrimination or harassment since they are
under the SOS programme. Although some of the former beneficiaries disclosed that they were bullied because they are ‘ampion’ (adoptee) or that they do not live with their biological parents, they surpassed these unfortunate experiences through the support of their SOS families. There are equal opportunities for both male and female beneficiaries and gender sensitivity with regards to their sexual orientation, gender identity and expression were regarded with care and respect. With the testimonials of the exited beneficiaries, the stakeholders’ interviews, and the focus-group discussions, it can be established that the FS and FLC service assisted in reducing inequalities among gender identities and other minority groups involved in the programmes.

3.6.5 SDG 16: Peace, justice, and strong institutions

The trainings, seminars, and workshops on childcare and protection are supportive of the attainment of SDG 16- Peace, justice, and strong institutions. The objectives and the design of the Family-Strengthening service uphold the strengthening of the families being the core institution from where all other institutions are founded. The awareness of the adult caregivers on prioritizing the physical, emotional, and psycho-social well-being of the child are reflections of the very core of SDG 16. The same holds true for Family-Like Care service wherein in the absence of parents, alternative care is aptly provided so as not to sacrifice the development of the child who is in primary need of caregivers. Hence, three out of eight dimensions are congruent with the realization of SDG 16. These are care, protection and social inclusion, and social and emotional well-being. Figure 3.63 shows the percentage of FLC and FS beneficiaries who reported to have been doing well in the mentioned dimensions involved in SDG 16.

![Figure 3.50 Key Findings to SDG 16](image)

3.7 Other findings and unexpected topics

The commonly identified reasons for exit in the FLC service are the following: The exited beneficiaries either attained self-reliance, reunited with their families, or their own decision to leave the program for personal reasons. Similarly, for FS exited beneficiaries the reasons are the beneficiaries attained self-reliance, reached maximum target age group, moved to live with another family member, family dislodged, hence transferred to a new program, dropped-out at own wish and released due to lack of commitment. Guided with these reasons the following were culled out from the interviews and focus-group discussions:

The program staff agreed that “the most suitable care for the family is the long-term approach”. The beneficiaries will not simply be supported financially but at the same time, they
will be capacitated to be able to stand on their own. The structured implementation of the program brought the following achievements, specific for FLC are: (1) The recognition given by concern government agencies as a child care institution specifically awarded as one of the best institutions in Region 11 given by the Department of Social Welfare and Development and; (2) Children are given the experience similar to a “real family”.

One of the challenges, however, is the capability of continuing the family care intervention done at SOS by the biological parents when the child reunites with them. The reunification with the family comes with social and emotional risks which may or may not work well to the advantage of the beneficiary. The child, although, not be fully capacitated yet, may choose to leave SOS Children’s Villages and reunify with his/her biological family but still in consideration the best interest of the child. The process entails a thorough assessment of all factors which may affect the child. However, the family may not be fully prepared for the responsibilities of childcare and protection, such as education. Hence, in some instances, the child may not be able to complete obtaining a college degree which is an important factor in preparation for their self-sufficiency and employability.

Another challenge is when the FLC beneficiaries left SOS Children’s Villages because they either got married early or had a common-law relationship, and thus prefers to live with their spouses or live-in partners. Some (n=9) female FLC beneficiaries are currently living-in with their partners and with children under 10 years old. They are occupied with marital, maternal, and domestic responsibilities and chose not to find other means of income. For them taking care of their daily family needs and raising children are their never-ending work and leave to their spouses/partners the responsibility of earning money, which is usually below Php 10,000 a month.

The FS service, on one hand, taught the beneficiaries to access the government services available in the locale. SOS staff mentioned there are health services for example provided by the Department of Health (DOH) and the Local Government Units but the people in the community are not aware of how to avail them. Hence, part of the capacity building is teaching them to access the available services provided for free. The 5-year membership duration of accessing the program is likewise considered a sustainability issue. For some beneficiaries, the duration is enough for capacity building thus, a longer duration may encourage dependency. However, the 5-year duration from the perspective of one staff may not be enough to address issues whether financial or non-financial assistance.

The structured implementation of the programs transformed the lives of some beneficiaries in some areas and up to the extent where individual differences will allow. One limitation is the dependency of the programs to funding assistance. Thus, SOS Children’s Villages, Davao, Philippines is in the process of being self-sustaining. These may have posed some limitations as to the funding and financial provisions needed in the programmes. As to the beneficiaries, the target to be self-reliant and sustainable for the exited beneficiaries ends in the year 2023. Looking at the results of the dimensions, a lot has been improved in the beneficiaries’ external and internal resources. On a pensive note, to reach better sustainability and significant changes across dimensions, the loose ends based on the findings of this SIA should be carefully considered to include other beneficiaries who are in the marginal line of transitioning towards self-sufficiency to fully warrant the social impact of SOS CV programmes.

4. Evaluation results: Refinement of methodology

4.1 Recommended adjustments to overall evaluation of methodology

It is commendable to mention that the facilitated methodology (Questionnaires formulated by the International Office and validated through a consultation-workshop with the National Office,
Davao SOS Children’s Villages, and research consultant) sufficed to obtain the general and specific objectives of this SIA. The descriptive and computational aspects of the questionnaires helped in easy encoding and inferential interpretation of the results of this SIA. On the one hand, there were some aspects in the questionnaires which were difficult for the former beneficiaries to understand since the content questions are not applicable in the local norms and cultural context. These were remediated by verbal translation of the research team in the local dialect/vernacular. Thus, to recommend an adjustment to the questionnaire used is to provide a version in the local dialect to gather more accurate and absolute responses from the participants.

5. Lessons learnt, Conclusions and Recommendations

5.1. Conclusions on the Social Impact Assessment results

This SIA aimed to arrive at evidence-based information of SOS Children’s Village Services in Davao City (FLC and FS) in order to elucidate their contribution to the non-financial impact on individual and community level and on social return on investment. Interestingly, the majority of the former FLC and FS beneficiaries are doing well in most key dimensions of the services. Both in the individual and community levels, the least among the key dimensions in terms of impact is in the Livelihood, followed by Education & Skills. In terms of financial benefits, there had been marked positive advantages in the over-all financial situations of former child participants, caregivers, and indirect beneficiaries in the community. Although the services did not totally alleviate the socio-economic struggles of the former beneficiaries, it offered opportunities for better education, development of moral responsibility and volunteerism, and giving back to the families who nestled them in their most vulnerable years. The former beneficiaries and caregivers implanted sturdily the values and virtues learned and shown through replicating the goodwill they received as beneficiaries of SOS services. They have also learned to replicate the care they have received by providing the same care to their children. Having imbibed the values and virtues learned as well as learned the needed skills from the programme, these can be passed on to the next generation or to anyone the participants interact with.

The FLC and FS programme aptly capture the African proverb “It takes a village to raise a child”. This proverb emphasized that while the family is the primary unit to provide the conducive environment for a child’s complete growth, it will take more than a child’s parents to inculcate life-sustaining values, social, moral, and civic responsibility for a child to become fully functioning as an individual. It requires the entire community and all other important socialization agents to allow the child to develop in a secure and healthy environment. This does not mean however that the family fails to provide conducive environment in bringing-up the child. But the proverb implies that the family needs the support of other entities. The initiatives of SOS Children’s Villages in their FLC and FS service is a sincere and intentionally helpful for the overall functionality of a child with or without the support of their family of origin. The programme adhere to the policy and legislative requirements of the Philippines and adapt well to the richness of cultural heritage and local norms of a Davaoeños. Proven from the interviews, testimonials, group discussions, and case stories, the positive impact within the individual, family, and community levels from the 5-year duration of the programmes. A lot of mediating and moderating factors are involved, from the micro to macro levels of socio-ecological systems involved in an individual. Therefore, there is an impending need to fortify the processes for evaluating what still needs to be done to enhance the strong and to remediate the weak key dimensions of the program.

5.1.1. Individual Impact

A. Family-like Care (FLC) Service

Actual survey results reveal that 93% of the former Family Like Care beneficiaries are doing well in at least 6 out of 8 identified dimensions while 76% are doing well in 7 out of 8 and 62% were found out to be doing well in all dimensions. The overall results are deemed positive.
as more than half of the entire population were assessed to have been doing well in all dimensions.

Specifically, prominent results were displayed along with Health and Social and Emotional Well-being with average scores of 1.2 and 1.3, respectively. Adjectively, this means that all (100%) of the exited FLC participants appear to be in excellent health with a very high (98%) indicator to show that they are socially and emotionally well-rounded. These are glaring implications that the former beneficiaries are overly all highly satisfied with their lives, have experiences of more pleasant over unpleasant emotions, and possess a strong sense of purpose in life which motivates them to achieve personal goals. The results also imply that the former beneficiaries of FLC developed a high sense of self-esteem and inculcated positive regard towards self, feelings of worthiness and social and emotional competencies.

Across the dimensions, the lowest average scores are marked under Education and Skills, Livelihood and Protection and Social Inclusion which achieved an average score of 1.7, 1.7, and 1.6, respectively. Adjectively translated, this score suggests that the majority of the exited participants are moderately functioning in these areas. They reported that they either completed post-secondary or tertiary education with adequate knowledge and skills to secure a livelihood on the local job market. Some are already studying towards a relevant qualification while others are still looking for a job or pursuing further studies. Most (76.98%) are doing well in forms of livelihood; thus, the adults are presently employed and their family income is sufficient to cover survival and development rights. Also, almost all (98%) of the exited FLC participants experience protection and social inclusion, implying non-significance of discrimination. On an analytic note, compared to other dimensions, Education and Skills, Livelihood and Protection and Social Inclusion still have room for strengthening and reinforcement in conformity with the local norms in their communities and the improvement of their standards of living.

B. Family Strengthening (FS) Service

Actual survey results reveal that 98% of the exited Family Strengthening participants are doing well in at least 6 over 8 identified dimensions. Of the respondents, 83% are doing well in 7 out of the 8 while 80% were found out to be doing well in all dimensions.

Significantly, the results gathered an average score of 1.0 or 100% for both dimensions of Food Security and Protection and Social Inclusion. The next highest scores are found under Care and Social and Emotional Well-being which were both found to have an average score of 1.1 with 97.50% and 96.67%, respectively. This means that children participants of FS service as well as caregivers usually have 3 meals a day and do not go to bed hungry. Likewise, these children do not exhibit any obvious sign of abuse, neglect and were not subjected to any inappropriate child labour or any other forms of exploitation; they do not experience any discrimination in the family nor the community and finally, all relevant vital registration documents pertaining to their legal identity have been properly secured.

In addition, FS children have primary adult caregivers who are actively involved in their lives and who protect and nurture them. The corollary, these children feel capable of handling social and emotional problems, express satisfaction with their present lives, have prevalent pleasant emotions without traces of trauma or mental health issues, they are self-motivated, has a sense of positive aspiration towards their future, purpose in life and how to attain their personal and familial goals. Furthermore, they exhibited active and positive social behaviours manifested in their willingness to socialize with peers and participate in group or family activities without any overt or covert hostility, aggression, or antagonism. On the one hand, only an average score of 82.5% or 1.5 was gathered under the dimension of Livelihood. Although this is still within the ideal score of 2 to 1, this result revealed to be the bottommost among the 8 dimensions with only 88% of doing well participants.
5.1.2. Community Impact

Data yielded a fairly satisfactory to the highly satisfactory community-level impact of the presence of SOS Children's Village in Davao City. The indicator of the child-safeguarding mechanism under the dimension of Community-based Support Systems scored the highest with an average of 1 where all responses maintained that child-safeguarding systems are in place in the community and that they are well-known and working reasonably. On the other hand, the dimension of Alternative Care yielded the lowest score average at 2. Meaning that the number of children placed in alternative care is stable, but not increasing, compared to before the SOS Children's Village Davao intervened for the vulnerable children in the community.

Stakeholders agree that SOS Children's Village Davao has been truly helpful in the implementation of programs to help vulnerable children. It is also reported to be one of the most relied on organizations in terms of assisting rescued children and providing them financial and educational support, both by the community and the other organizations through its "referral system". Over-all, the community recognizes the assistance extended by SOS Davao together with the help of the extensive network of organizations operating to assist the City's most vulnerable children.

5.1.3. SROI

The assessment yielded a positive Social Return of Investment with an overall SROI of 177% characterized by a cost-benefit ratio of 3:1 and an additional return of €1.77 for every €1 of the initial cost. The FS service yielded a higher SROI at 1387% (cost-benefit ratio: 15:1; €1 returns additional €13.87) than the FLC service at 76% (cost-benefit ratio: 2:1; €1 returns additional €0.76).

The highest contribution lever for FS service is Individual income with a total contribution of 56%. This is attributed to the positive result turn-out of the dimension on Education and Skills, more specifically the high attendance average and overall doing well percentage. Thus, there is a high likelihood of a positive future projected income of former child participants, thanks to their family resources and educational attendance and performance. The least contributor on the other hand is caregiver income (1%) due to unstable and unpredictable income.

On the other hand, the highest contribution lever for FLC service is Impact on Local Expenditures with a 45% contribution. The length of service in which the programme might have affected the high contribution rate of this lever. On the other hand, the lowest contribution lever is Giving and Volunteering with only a 2% contribution. Data revealed that the vast majority of respondents are neither donating nor volunteering to society, thus the low turnout.

Notably, however, no meaningful comparison can be made between the SROI figures for family strengthening and SOS family care. The participants in each service have different starting points and levels of vulnerability.

Children entering family-like care are without appropriate care and are particularly disadvantaged. A higher investment in these children including a broad range of direct support services over a longer period is needed. The average duration of stay of former participants in the programme was 9 years, meaning that the organization invested a larger amount of resources over more than a decade to support these children in every aspect of their development. Had these children not been supported, there would most likely be a cost to society, negatively impacting the next generation of children and societal benefits. Thus, a higher SROI with family strengthening is to be expected; the children in family strengthening live with their families and the organization provides targeted supporting services for these families over a shorter period of time. On average, a family received family strengthening services for 4 years.
5.2. Recommendations for further action within the programmes

5.2.1. Family Strengthening

Based on the findings of SIA, the following recommendations are offered for SOS Children’s Village, Davao, Philippines:

1. Explore partnerships with concerned government and non-government agencies to:
   1.1 Provide the caregivers with alternative measures to apply the knowledge learned and skills developed in the livelihood trainings.

   In some instances, the knowledge learned and even the skills developed during livelihood trainings are not applied because of limited or absence of opportunity. Hence, they are not used. But with partnerships with concerned government and non-government agencies, opportunities will widen if not merely made available.

   1.2 Facilitate the provisions of marketing the finished products as outputs of the livelihood trainings.

   Based on the results of the SIA, it suggests that former beneficiaries attended numerous livelihood trainings. Apparently, former beneficiaries still need assistance in term of marketing their finished products. Former beneficiaries mentioned they were attended livelihood trainings such as making rugs, soaps and among others. With the developed skills, data suggest that former beneficiaries are ready to sell the finished products.

   1.3 Provide trainings and seminars to families relative to the importance of health care, such as maternal health and pregnancy counselling, prenatal and postnatal development, the importance of immunization, reporting of child mortality, childbirth, and postpartum care for the mothers.

   Although health ranks first among the dimensions, and former beneficiaries claimed they are healthy, but results show that they only seek medical/health services when they feel sick. The above enumerated trainings and seminars will capacitate the FS beneficiaries in maximizing available resources regarding health.

   1.4 Facilitate in order for the FS families to attend practical learning/psycho-educational sessions pertaining to different aspects of wellness such as physical, social, mental, emotional, and spiritual, which are all contributory factors for the overall health of an individual and the whole family.

   Related to recommendation 1.4, the beneficiaries’ attendance to practical sessions which aim to promote their total well-being will be beneficial to the entire family. These sessions will similarly help each member of the family, and in the end will lead to the protection and care of the children. Healthy parents will be able to take care of well-protected children.

2. Capacitate the heads of the family beneficiaries to act as focal/monitoring persons to assist the SOS co-workers in monitoring and maintaining the quality of the implementation of the service.

   A longstanding critical issue of having 150 FS families for every SOS co-worker is implied in the results of this SIA and may be a contributing factor for the least realized key dimensions of the service. However, budget cut concerns starting 2017 as stated in the annual report show a constraint in hiring additional SOS co-workers to allow a smaller beneficiary-co-worker ratio. This may be remediated if the heads of the FS family beneficiaries will be capacitated and become the focal/monitoring persons to assist the
SOS co-workers in monitoring and maintaining the programme quality. This can be successfully implemented if the focal/monitoring persons will be provided with ample training and exposure with the important key dimensions of FS service.

3. Upgrade and expand its links to websites, social media platforms, digital publishing houses to adjust to the online demands of our time for the youth to access more online educational tutoring, life coaching and access digital learning materials.

Instead of prohibiting and depriving children to the use of internet, computers, and other technology-based learning, let SOS draw out the initiative to incorporate the learning in the key dimension of Education & Skills key dimension of Family Strengthening service.

4. Revisit the support options for the community vis-à-vis the support provided by other implementing agencies.

The revisited support options for the community and the support provided by other implementing agencies will prevent possible duplication of services provided. Hence, may maximize each agency's resources. In return, more members of the community will be able to avail of the services provided.

5.2.2. Family-like Care

For Family-like Care as another service, the following recommendations are likewise presented for SOS Children’s Village Davao, Philippines to consider:

1. Continue the trainings and seminars for career development among the children and the youths and be intensified under the Youth Care Program.

This will effectively guide the youth in terms of career choice. Their skills, interests and academic performances may serve as guide in their decision regarding the course to enrol in college as well as academic tracks in the Senior High School.

2. Strengthen the care-giving program in preparation for the transition of the beneficiaries. Emphasis may be put on trainings to hone skills for practical activities such as: cooking, sewing, baking, gardening, sketching and turn these to self-employment for those who will opt to stay home but still earn additional income.

This recommendation is based on the result wherein, there are independent adults who opted to stay home because no one will take care of their children. If they are trained along this aspect, they can still take care of their children but at the same time earning additional income which can help augment the household income.

3. Provide an avenue for the Mothers and Aunts to undergo trainings on psychosocial interventions such as Psychological First Aid, Critical Stress Debriefing, and basic forms of Counselling.

These will maximize their help in developing the most effective mind frame for the children regarding education and other important life choices. This way, the former beneficiaries can make informed choices about their future plans in life. Positive reinforcements as behaviour modification may also be used to engage SOS children to finish their education for better economic opportunities. Some examples include verbal praise or recognition for exhibiting responsible decision, or for getting a certain task done and the like.

4. Revisit the Guidelines on Children’s Reintegration developed in 2011. The various factors affecting all forms of changes which may favor or hinder a child including the local context may be considered.

The Guidelines on Children’s Reintegration being a decade old may warrant some reviews. The reviews may offer insights on the provisions which are still relevant. Or,
insights may be drawn on the provisions which need revisions to remain responsive considering the changes in all aspects of life.

5. It is crucial for cultural context to be taken into consideration in terms of alternative care. However, based on the results of this SIA, it is of equal importance to safeguard the child’s protection and safety. It is recommended for special cases of children a foster care program and local adoption procedure be adapted in compliance with the country’s social services. Moreover, it is vital to have a stringer monitoring system for regular assessment of progress of the children under alternative care using the country’s childcare policies as frame of reference.

5.2.3 For the entire Programme

The following recommendation cut-across FS and FLC. The SOS Children’s Village Davao, Philippines is encouraged to:

1. Enlist the assistance of other organizations aside from the Department of Social Welfare and Development (DSWD) for the identification of possible beneficiaries which similarly may revisit the referral system.

Other government and non-government agencies are as relevant as the DSWD. Having more than one agency tasked for the identification of possible beneficiaries will offer stringent process in the identification and selection. Hence, those who are really in need of assistance will be the one to belong to the service- either FS or FLC.

2. Include in the activities of children strong emphasis on health care and utilization of health services.

This will prepare the children in terms of making use of the available services. At the same time, this will influence them to avail of the health services not only when they are sick. But to avail of the services which will help keep them healthy. Thus, adhering to the adage “Prevention is better than cure”.

3. Revisit the existing Educational and Academic Program.

3.1 The aptitude, interests, commitment and academic performances of the children may be considered as guides of the children in choosing the courses they will enrol in the tertiary level and academic tracks and strands in the K to 12 Program for Senior High School.

3.2 Consider whether college and career opportunities provide dual credit courses or ladderized programs for increasing chances for degree completion.

3.3 Strengthen adult education and alternative learning systems for those who may need this.

3.4 Consider the SDG targets on Education most specially (target 4.4), the Skills for Work.

The review of the existing Educational and Academic Program may effectively guide the children beneficiaries in their career choices. It may similarly help in the increase in the number of beneficiaries in the completion of both secondary and tertiary education. A focus on the attainment of SDG target on Skills for Work may eventually help the beneficiaries being employed with a better salary.

5.2.4 For the Community

1. Replicate some of the activities initiated by SOS CV Davao like but not limited to: Parenting Education, Nutrition Education Session, Bakuran Mo, Linis Mo, Education and Maternal and Child Care, Disaster Management in partnership with the Barangay Local Government Units (BLGU).
Being recipients of the many trainings may eventually help them to take the initiative in sharing what they have learned. This will be done in partnership with their BLGUs. The BLGUs will provide for other resources but the former beneficiaries will be the source of human resources.

2. To strengthen community initiatives in taking care of the whole family’s overall well-being, with special note to the vulnerable groups (children, older adults, persons with disabilities) most especially during challenging time such as having a health crisis/pandemic and natural disasters.

At times, the vulnerable groups suffer the most. But with the initiative of the community to take care of the overall well-being of the family, then, they can be protected.

3. To revitalize the roles of fathers and subscribe/support the government’s programs such as ERPAT (Empowerment and Reaffirmation of Paternal Abilities) and MOVE (Men Opposed to Violence Everywhere) and engage the mothers and children in various child protection program what will advocate for personal safety and protective behavior programs.

The role of the fathers is as equally important as the role of the mothers. Yet, oftentimes, the mothers are the ones taking active role in parenting. The revitalization of the roles of the fathers will give them the chance to share in parenting their children.

4. Create community learning schemes to ensure that graduates can meet the demands of the workforce which can be done through:

a. A career/vocation guidance program where graduates will be provided with professional advice such as preparing a CV, mock job interviews and job simulation sessions.

b. Strengthen tie-ups with small-and-large scale industries for volunteer work, internship programs for bigger chances of work absorption and retention.

c. Strengthen linkages offering short online courses, diploma courses and engagement with professional associations and civic organizations.

d. This may respond to improved education and livelihood dimensions for both programs. These are specific strategies which can be undertaken to assist the graduates in gaining employment.

5. In terms of employment status, this will be best dealt with linkage and coordination with the Department of Labor and Employment, Department of Trade and Industry and orientation on the provisions in the Labor Code of the Philippines. To advance the employment status, the following approaches are considered to be of help:

a. Continuous hosting of local, regional, and international job fairs to industries offering better salary and stable employment.

b. The community may strengthen the passage of tenure security through proper monitoring of employment sites and work industries to disallow abusive employment practices and unjust wages and status.

This is a concrete strategy which may aid the former beneficiaries not just in finding a job but a secured job with better pay.
5.3. Recommendations for future impact assessments: Suggested improvements to methodology.

1. To conduct a research testing a model that explores the interplay between and among moderating and mediating factors among the beneficiaries of SOS CV vis-à-vis their participation in various social and community activities that integrates the key dimensions of the FLC and FS services. An exploratory factor analysis may be done, and the resulting factors will be integrated into the proposed model prior to doing the Structural Equation Modelling.

2. To account for the processes that the former beneficiaries went through in their participation in the FLC and FS services using Grounded Theory research design. The emergent model which is hoped to be achieved in this research design will be a valuable compass for SOS as they provide more context-based and culturally meaningful programs, projects, and activities that will address the persistent needs of the beneficiaries.

3. To conduct a research focused on the beneficiaries preferred services/programs under each of the key dimension of FLC and FS services. This is to amplify the need to strengthen the important cognitive, affective, and behavioural aspects involved in each key dimension which is not given enough or concrete action to achieve a strong impact. This can be empirically done through the Conjoint Analysis research design which facilitates the calculation of the relative importance of various attributes or factors and the preferences for each level of the attribute.

6. Case Stories

Case Story #1: “Mario”

Both the caregiver and the child are very much appreciative of the life they live now because of the support they received from SOS Children’s Villages, Davao City. “Ah laking pasasalamat naming pamilya sa SOS kasi madami, madami talaga naitulong nila sa amin” (our family is so grateful to SOS because it helped us a lot) was the opening statement of the father when asked how their experience as beneficiaries of the Family Strengthening service was. They live in one of the barangays in Davao City where the family owns a house with more than the minimum number of bedrooms for a typical Filipino household. The house as described both by the father and the son has 3 bedrooms, made of concrete materials, with potable running water and electricity. It is also furnished with appliances and amenities which makes life comfortable for them. Currently, the son who is now 23 years old, single, and still lives with the father and the mother. While the two other siblings are married and live in a house of their own. The family members however gather every Sunday along with the grandchildren. According to the father, Sunday is a family day.

The father used to work as a driver as the wife stays home full time. With three children to support, they could hardly make both ends meet at that time. This is when SOS FLC service became extremely helpful. Based on the records of SOS Children’s Villages, Davao, Philippines, the family is “living-in severely economically under sourced household”. When asked what was lifelike before enrolled in the FS service he replied “I just earned enough for food but cannot afford to send the children in college”. The father admitted that besides poverty, he is also socially and emotionally inept in parenting techniques, skills, and competencies. The child participant was 14 years old when they were enrolled in the program. He was in second year high school. As a parent who dreams for a better life for his child, he is grateful to be included in the family strengthening service of SOS Children’s Villages, Davao, Philippines.

In the aim of the SOS to provide the family with activities that can improve quality care, the family was a recipient of the various trainings and workshops given to beneficiaries. Some
example of this are inputs on how to be a good parent. Like in the Philippines, it is common to spank a child as a form of discipline. But based on the activities they were exposed to, he learned that one can still discipline the child without using force. Looking into the list of FS activities, he was referring to the Family Development Support. The various primary care activities mentioned were considered to be effectively and timely carried out. And as the primary caregiver attended livelihood trainings, financial literacy lectures, and discussions on awareness on childcare, support, and protection. While the child participant was exposed to trainings and workshops which helped him developed his self-esteem becoming confident in his decisions and behavior. “Madami po akong natutunan. Mas nagtiwala po ako sa kakayahan ko, ano ang kaya kong gawin at paano maging mabuting tao” (“I’ve learned a lot. I became more confident in my abilities including how to be a good person). Having stayed in the program from 2010 to 2014 and finished college degree is a gift from SOS Children’s Villages that he will always be grateful for. He is now working as Medical Technologist in a government hospital in Davao City. He earns a monthly salary of P20,000 which he claims enough to cover his and his parents’ necessities. But more than the monetary aspect he gives SOS credit for influencing him to become a good person. For example, before he felt self-conscious because of his physical appearance due to brown complexion. He used to be timid but after attending the sessions (Social and Emotional Well-being) organized by SOS also because of what he learned in school he is now comfortable on how he looks. He said that more than the physical looks what matters is the kind of person you have become. He also volunteers in the activities in the community like participating in the clean-up drive, sharing a little of his financial resources specially during Christmas season and when there is calamity.

The father shared that all the activities initiated by SOS proved to be life changing. For example, “wala kaming sapat na pera mapa-aral anak namin pero naka college siya dahil sa SOS. Ngayon isa na siyang Medical Technologist. Gusto ko nga sana doctor, pero sabi nang SOS hindi na kasi masyado nag magastos, mahal” (we (the family) did not have enough money to send the children to college but with SOS, he is now a Medical Technologist. I wanted him to become a doctor but according to SOS, that is expensive). The father likewise mentioned that aside from the support given for education SOS had also provided hospitalization assistance. He wishes for more families to be helped by SOS by continuing the program. From the stories shared both by the father and the son indeed SOS has touched their lives. He gives so much credit to SOS for the comfortable life they are experiencing now.

Case Story #2: “Maria”

Maria is a 62 year old, female, who shared that since Kindergarten until college, her daughter was a beneficiary of SOS Children’s Village. She gave birth to her daughter when she was 37 years old, and although she is helped by her husband with their family needs, she acknowledges that upon the initial admission to the Family Strengthening (FS) service of SOS Children’s Village Davao, her child had consistent quality care but needed a suitable care setting to holistically provide for the child’s development. Since they became recipients of FS service, her child was provided with financial assistance for her developmental and educational needs. Even her medical needs such as regular vaccinations and check-ups were monitored. Although there had been daily challenges and adversities in life, Maria claims that being in the FS service reinforced their external and internal resources and gave them firm direction on how best to handle difficult family life circumstances. As they exited in the FS service, life went on and by not expecting too much of what life may bring. Maria and her daughter were able to cope with struggles and challenges. As such, she already has a grandson whom she takes care of, especially when her daughter goes to work. Although the daughter is already 25 years old, she still resides with Maria, because she needs support for raising her son.

Now a dutiful grandmother, Maria usually stays at home to care for the needs of her grandson and weekends are spent cleaning and tending to house needs. She maintains a warm relationship with her daughter. Used to simple living and mindful of their budget for meals, Maria still makes it a point to at least eat meat once a week to balance this with their usual viands of vegetables and fish during the rest of the week’s food. She feels that their food intake is sufficient and well-balanced and survives their daily food needs even if she does not receive any nutritional support or feeding program.
She is more concerned with their current accommodation because they are informal settlers in a temporary housing. It only has one room, and the flooring is not cemented. Although they have stayed for quite some time in their house, they always consider moving to a more structurally stable house conducive for the growth and development of her grandson. However, right now, they still need to save up as their monthly household income coming from her daughter’s monthly salary and her husband’s pension would only suffice for their monthly expenses and other unforeseen expenditures. Such as when one family member will need medicines for flu, or needs to change a defective appliance or worn out shoes, etc.

Maria’s daughter is full of hope and aspiration and pledges that she will be able to give back to SOS in various ways when she is already established financially and becomes fully independent. Intrinsically, being in the FS service helped her to be grounded in life and to improve her self-valuation. She also learned perseverance and resilience in facing life’s misfortunes when she was a beneficiary of FS service and carries these up to present. She wants to become a clinical psychologist, knowing that there a lot of children who has mental health issues. She is also interested in sports psychology to help improve the youth’s personality and psychological well-being through sports. When asked of her message for SOS Village, she sincerely expressed “Sana tuloy-tuloy pa ang programa ng SOS, katulad ng FS program para mas marami pa silang matulungan na mga bata, lalo na ang mga neglected children.” (I hope the program of SOS will continue specially the FS service so that more children could be helped specially the neglected ones).

Case Story #3: “Teodora”

Teodora is a 56-year-old female, caregiver of 6 children beneficiaries in the SOS family strengthening service. Primarily, poverty led this mother to SOS Children’s Village as well as her need to improve parenting competencies, especially in handling her children individually and as a group. The mother being the caregiver is a full-time housewife whose children are in pre-primary and primary levels. The husband does not have a regular job hence classified by SOS Children Villages, Davao, Philippines as “family with many children, living in severely economically under resources household”. Theirs is a typical Filipino family who could hardly make both ends meet with unstable income and having more children. The income of the father working as laborer was spent for food and not enough for other basic needs. They entered the program in 2007 and exited in 2013 having attained self-reliance after 7 years of being enrolled in the FS service. The children are currently being taken-cared of by the father, mother, and grandparent.

Among the 6 children former beneficiaries, the eldest a 16-year-old female joined the mother during the interview. When she was asked how she will describe her family and their usual activities she replied confidently “we are being taken-cared of by our mother and lola (grandmother). Mama and lola prepare the food so that we can eat before going to school. During weekends we help sa gawaing bahay (household chores) and play with cellphones afterwards’. The child participant shared that she feels safe in the company of their family that aside from attending to their immediate needs the mother and the grandmother also constantly remind them on how to be a good person.

Although evaluated by SOS Children’s Villages, Davao, Philippines as “self-reliant” yet, the family still lives in a rented house the boys share room with the adult members of the house, but the girls stay in a separate room. The family still avails of some services provided by the Philippine government like the 4Ps (minimal financial assistance provided for health and education). The family however can be considered as success story based on how the children turned-out to be well-rounded individuals.

The dependent child shared that they availed of the health services provided by the Barangay Health Workers and at the Malasakit Center. In their school, she was able to avail of vaccinations specifically for HPV, tetanus toxoid and for measles. She is currently a grade 11 student at the Assumption College of Davao. She has been consistently awarded for having a perfect attendance. Based on observations she is articulate and confident in expressing her views and ideas. And these could be indicators of success. When asked if she was bullied, she replied
"I am teased by my classmates because of my mole sa mukha (face). They teased me as Gloria Macapagal-Arroyo (the former Philippine President who has a mole on her face) but I am not at all bothered". The siblings listening to the interview laughed.

The dependent child shared that she dreams to become a teacher someday. And when asked what activities she enjoys doing with her fellow children, she replied “I enjoy participating in group activities specially when we make videos and Vlogs”.

She exhibits a positive self-image, confident of her abilities and feels secure in relating with people whom she meets. This can be attributed to the activities she and her family were exposed to under the Regular Family Development Conferences as part of promoting their Social and Emotional Well-being.

**Case Story #4: “Narcisa”**

“You cannot serve from an empty vessel” is a very suitable cliché for Narcisa’s life right now. She continues to serve other people but does not forget to care for herself. Although she is already 64 years old and a senior citizen, Narcisa is still active in promoting resistance in violence towards women and children. As a VAWC (Violence Against Women and Children) desk officer in Barangay Aquino, she continues to educate women of their rights and assists in empowering them. She continues to look for ways to empower herself and replenish her outer and inner strengths by taking a rest and self-caring. She makes sure that she is receiving adequate care and medication for her high blood pressure. The things she educates or advises most women are also applied for herself, as part of self-empowerment. In addition, she does volunteer work in their barangay and even donates money/ in kind for SOS beneficiaries, averaging to 1,200.00 pesos per year.

Things are looking up for Narcisa and her daughter. They consider that their FS service engagement contributed to the improvement of their family life. Right now, their current accommodation is a formal settlement, a rent-to-own house and lot. There are no structural or safety concerns and they do not plan to move to another house. They eat thrice a day, as the local norm and believes that food intake is well-balanced and nutritious. They also have an edible garden in their backyard which provides fresh vegetables. Moreover, they are included in the feeding program sponsored by their Barangay. The household family income is enough for the monthly amortization, food, clothes, health needs of the family and although they have no savings, the income suffices for their monthly family expenses.

Her daughter, now 24 years old, already has her own family, is financially stable and continuously seeks professional and educational growth. Her daughter is finishing her master’s degree and is gainfully employed at Department of Social Welfare and Development. They regularly keep in touch especially during weekends. They go out together and visit places and eat in specialty restaurants. The time spent together is also a perfect avenue to update each other’s daily lives and to offer emotional support when there are conflicts or challenges in family life or in the workplace.

Forever grateful to SOS Children’s Village, Narcisa fondly reminisces all the support they have received from the Family Strengthening (FS) service. As beneficiaries, they received trainings, seminars which improved her practical skills, parenting techniques and was richly informed about child protection, rights of women and children and improving harmony and healthy familial relationships. Moreover, the daughter of Narcisa also expressed that the FS service was a big help for her personality development and full of gratitude for being part of the educational program which paved way for her to achieve her College degree and well-directed in her future.

**Case Story #5: “Jose”**

Jose is a picture of a success story which can be attributed to the family strengthening service. He is now a licensed Social Worker inspired to touch lives because of his positive experience from the program. “Thankful po talaga sa opportunity binigay nang SOS. Lifetime ko po na tatanawing utang na loob sa kanila kasi hindi lahat makakakuha ng opportunity. Thankful..."
He and his family were beneficiaries of the FS service from 2008 to 2015. His mother works as Barangay Health Worker and the father works as pedicab driver and sometimes hired as part-time auto mechanic. Hence, the meager amount earned by both parents was not enough to send him and his elder sister to college at the same time. There are 6 siblings in the family attending school all at the same time. The family household income was only enough for food, shelter and other necessities. But expenses pertaining to the education of the children were felt as real challenge.

In 2008, SOS Children’s Village, Davao, Philippines through its Social Center conducted surveys among the barangays in Davao City to identify possible beneficiaries of the family strengthening service. The surveys were followed by house visits to short-list the identified possible beneficiaries. Their family is one of those identified having satisfied the criteria for selection. When he was asked what the situation in the family was like prior to the inclusion in the FS service, “ciempre mahirap po talaga. Sabay-sabay kami ng ate ko mag-aral sa college, papa ko lang ang breadwinner” (of course it was really difficult. My elder sister and I were about to go to college at the same time, but our father was the only breadwinner in the family).

The benefits he and family were able to avail from the family strengthening service were financial assistance, health services, livelihood trainings for the caregivers, sessions on personality development, theater workshops, and sessions on arts and crafts. The sessions on personality development according to him shaped his outlook in life. It contributed to the molding of his character. Looking back, he shared that these trainings and financial assistance greatly helped improved the situations in their family. SOS through the FS service supported his education in high school specifically financial needed for buying school supplies and other school contributions. This is because he attended public high school. In college he was enrolled in a private school therefore the tuition fee and other school fees were paid through the SOS financial assistance.

Case Story #6: “Nene”

“I never met my real family. I live together with my football teammates for some time now. Although they are important to me, still I long for the warmth and belongingness that a family could bring.” This was expressed by FLC 05, 22 years old, is among the other clients under the Family Like Care (FLC) service of SOS Children’s Village. This is how her story goes.

She went through her early teens, age around 12 to 13, living independently as part of her training as an athlete. Nene remained in the FS service for 19 years being admitted when she was barely 1 year old. Although, in the record the reason for her exit is “attained self-reliance”, yet, at her her age now, she lives along with her teammates. Despite trying to create a façade of her being strong and independent, she knew in her heart, she still yearns for a place she can call “home”. She often wondered how it felt having been accepted, cherished, and loved unconditionally. In solitude, she always thought how they were faring because she never had any communication with her biological family. No matter how hard she conceals the fact that she is good on her own, she will never escape the fact that there will always be an empty void in her life that only her biological family could fill.

Fortunately, she had her SOS Family’s support. For Nene, SOS Children’s Village is her haven. Their programs and services have helped in molding her spiritual and moral values; they helped her discover and develop her full potential. Nene is eternally grateful especially to her SOS mother and siblings for the emotional support they gave her. To pay it forward, she sometimes lends a helping hand to her SOS siblings whenever they needed someone to talk to.

Nene knew the value of education, so she decided to be a school athlete to avail a scholarship program for her to finish college. She currently lives with her 24 other football
teammates within their school compound. Despite having fun living with them, it was tough to live with a bunch of teammates in the same room while having dealing with different personalities and interests.

Another dilemma she faces is when the academic year ends, her stay within the school premise will also be over. She never had a permanent place to stay. She is now thinking of places where she can probably stay for a few months. Because of her living condition, she does not have any access to healthcare services. But as an athlete, she maintains her physical well-being by making sure she goes to a doctor for her regular check-ups and assures that she does not have any chronic illness that may hinder her from being an athlete.

Being an athlete also has its advantages such as allowances to sustain her daily needs. She is determined to finish her studies. “I want to graduate, work, earn, and save enough money for the future,” Nene replied when asked about her future goals. She has been saving up at least ₱5,000 a month in preparation for her life after college. She envisioned herself as a woman who can take up any challenge life throws at her. And that when she finally graduated, she keeps a positive mind that she will land herself in a decent job.

Even with the twists and turns that had happened in her life, she stayed optimistic. She was molded by SOS to be strong and independent, of which she is most grateful for. Her message for the children of SOS is to be tough because life is a series of ups and downs. People have different timelines. People work in different pace. People are like stars; some of them shine earlier than others; some shine later. But she emphasized that being early or late does not matter because we have our own time to shine and that is what matters most.

Case Story #7: “Felisa”

Felisa, 22 years old, was placed in under Family Care service (FLC) of SOS Children’s Villages located in Davao City when she was years old. Despite her situation, being under a foster care program, she [the client] never experienced any discrimination. Given that the client never had any contact with her biological family nor received any sort of support from them, she was still able to experience love from a family at SOS Children’s Villages. She received spiritual and moral support from her SOS family and reciprocated the same support to other clients. Because of her strong bond with SOS, she made sure she visits the village every October. This is in commemoration of the month when she was admitted to SOS Children’s Village where she stayed for 14 years.

Looking back at her past experiences, her life is so much better now. Her food supplies are secured and adequate; she has a well-balanced diet and eats three (3) times a day; she even receives food allowance from her employer. In terms of her living conditions, she is well and is currently renting a concrete, studio-type pad with two (2) bedrooms and basic amenities such as free electricity and water. She has access to healthcare and is not currently suffering from any chronic health conditions. Although the interviewer observed that she [the client] indeed appeared to be physically healthy, she also indicated that she did not seek for any medical attention from any health institutions.

She started working at the age of 20. With determination and effort, she was able to find a stable job and is now promoted to a higher position. Her present employment even includes helping individuals within their community. She currently receives a monthly salary of eighteen thousand pesos (₱18,000) which already covers her basic needs and her monthly expenditures that [usually] range from ₱10,000. Because of her above average salary, she is able to save up to ₱5,000 a month. When asked if there will be possibilities of her moving out of her current address, she responded that there are, maybe five (5) years from now, if she ever decides to leave her present job and go back to Davao City. She [the client] conveyed that in spite of being promoted, she still seeks recognition and appreciation from her workmates. She also admitted that she still needs to learn more from her new job function that will surely help with her future career goals.
Her other future plans and aspirations include wanting to have a family of her own someday and saving up enough money for a house she has been eyeing ever since. Despite being happy with her current employment, she is still planning of going back to Davao for good.

According to Felisa, her experiences at the village have made her the woman she is now. The services rendered to her by SOS Children’s Village brought a significant change in her life. Her stay at the village was fun and will be pondered for the rest of her life. She learned a lot from them and lives up to her learnings until now. She genuinely felt loved and appreciated. Words are never enough to thank SOS CV for all the love and support they have given her. Given those experiences, she is now driven to help other people. She now sheds light to those who are in their darkest and made her life an inspiration to push through dilemmas. Indeed, she became the woman she aspired herself to be: brave and bold. With that, she is now ready to take on the world, because she knows that despite everything, her SOS family will always be there to support her and be her foundation to stand firm in battling against life’s odds.

Case Story #8: “Ofelia”

Ofelia grew up under one of SOS’s youth facilities in Davao City. It was not easy growing up in an unfamiliar, foreign environment. It took her a lot of adjustments just to fit in. But the better side of it was that SOS has supported and guided her towards independent living. Seven months ago, she moved out of her apartment because it was too expensive. She was not able to save up as of the moment because of countless bills she has to pay. As of today, she currently lives with her boyfriend and although they share the same burden, and despite being on a tight budget, she assured the interviewer that she is well-taken care of.

Her life has been a rollercoaster ride. But what others did not know is that she was fighting the toughest and bloodiest battle within her: her Anxiety Disorder. “It feels as though a million thoughts are racing through my mind, and it frustrates me especially when I am overwhelmed with everything I must do,” Ofelia expressed as she explained how it felt suffering from anxiety. There were a few instances where she avoided thinking about it and being productive came naturally, but there were other circumstances as well where she woke up in the morning and there was this heavy feeling as though a cloak of anxiety was resting over her body. She often criticized herself and felt like she was never good enough. But given that, she reminded herself that she is stronger than what she thinks; that amidst the scrutinizing society and judgmental looks from people who did not understand her condition, she kept a firm heart because her boyfriend and her SOS family were there to support her. She was able to finish college because she took all of the advices she received to her mind and heart.

When asked about her relationship with her biological family, Ofelia replied, “I am not close to my biological mother, that’s why I am thankful to my SOS mother for always being there when I needed someone to talk and for always believing in me.” She also added that she still communicates with her biological siblings but admitted that even though they are actively talking, they are not that close.

Despite her mental health condition, she is working hard for the family she wants to build in the near future. She is confident that through determination and effort, she will be successful in life. She is also planning to give back to her SOS family in whatever means she can. Because of SOS, she was able to feel the parental love she did not experience with her biological family.

Now twenty-five (25) years old, Ofelia still keeps in touch with her SOS family. Although she has long left her SOS home, her SOS mother still provides continuous guidance which she is most grateful for. She hopes SOS will continue their skills training (paintings, dancing and cooking sessions) program and the psychosocial intervention they provide for children. SOS has helped changed children’s lives and through their programs and services, they have not only provided protection and temporary shelter to these children but also molded these children into socially-functioning individuals once re-integrated into the community.

Case Story #9: Balay Pasilungan
“Balay Pasilungan” – a safe place for young street boys located at the heart of Bankerohan, Davao City. The Foundation of Balay Pasilungan, Inc. has been serving the needs of the street children in the city since 1989, currently headed by Center Manager, Leonel Bueno. Balay Pasilungan seeks in providing young boys with an alternative family setting while teaching them skills and means for a productive future. This shelter is also one of the community stakeholders of SOS Children’s Village International.

As one of the stakeholders, this shelter coordinates with SOS in the implementation of its programs and services which include Family Strengthening service (FSP). This shelter provides services such as Case Management, Psycho-social Support, Food and Nutrition, Material support, Accommodation, Legal Support, Organizational Development, and Financial Management.

Balay Pasilungan is also in partnership with other residential care facilities and organizations such as Balay Banaag, Charity Home, Alagad Mindanao, Davao City Treatment and Rehabilitation Center for Drug Dependents (DCTCDD), Regional Rehabilitation Center for Youth (RRCY), Bahay Pag-Asa, Paginhawaan Center, and National Youth Commission (NYC). With the help of SOS and these partners, the clients of Bahay Pasilungan will be referred to appropriate institutions for proper interventions.

The shelter’s safeguarding mechanisms include rescue operations, temporary shelters and protection, and family support system. Through their child safeguarding mechanisms, many of the boys in Bahay Pasilungan are now reintegrated with their families and are now productive members of the society.

The SOS plays a significant role in the shelter’s child safeguarding mechanisms. “The SOS plays an important part in our services, especially during child rescuing operation,” Center Manager Bueno expressed. “We are also thankful for SOS for lending us their facilities for our joint sports activities and most especially for including the boys in the advocacy such as conducting seminars on RA 7610 (Juvenile Justice Welfare Act).”

When the Center Manager was asked about SOS’ Family-Like Care (FLC) and Family Strengthening service (FSP), he told the interview that FLC is suitable for children because they can provide their basic needs, while FSP is helpful for children mostly at risk of family separation because they provide outreach programs to strengthen the family ties.

“I am looking forward in continuing our Children’s Advocacy Program and our partnership in the years to come.” Center Manager Leonel Bueno is also grateful for the contributions and assistances that SOS provided Balay Pasilungan throughout the years.

**Case Story #10: Brgy. Isla Verde**

Since SOS Children’s Villages focuses on the child’s development into a self-sufficient, contributing member of society, they have been coordinating with other relevant stakeholders to find the most appropriate response to the situation of those children at risk of losing parental care and those without parental care. Together with other stakeholders, SOS builds on the foundation of their existing programs such as the Family Strengthening program. In this way, the organization responds with relevant interventions that make best utilization of available resources and so have a greater impact on the situation of the children within the target group.

One of the beneficiaries of this program is Barangay 23-C, Isla Verde, Quimpo Boulevard, Davao City. This barangay, under Barangay Captain Alimodin Usman Al Hadj, is a community consisting of Maranaos, Christians, and Badjaos. Since this community includes the special population, the existence of cultural bias, abuse, neglect, Women in Crisis Situation, Children at Risk (CAR) and Children in Conflict in the Law (CICL) are often witnessed in this area. This is one of the barangays in the city that provides Family Strengthening service which includes Childcare and parenting, Education, Health Care, Food and Nutrition, Accommodation, Legal support, and Financial management.
Aside from the services stated above, educational support and livelihood programs for all children in need make SOS different from Local Government Unit (LGU). Although the LGU provides the same services, their slots are limited due to finite resources. These resources are also dependent on the elected local district counselors.

“SOS once provided Family Strengthening service to three (3) Maranaos who have been abandoned. The barangay provided these children with accommodation and has been given educational support by SOS. Sadly, the services provided has been stopped because the children were not able to maintain their General Average to keep the scholarship,” Captain Alimodin explained. This is the common understanding of how the educational support is viewed by the community, however, there are also other stakeholders in the community who have a deeper understanding that the scholarship aims for excellence in education and that comes with maintaining one’s class performance.

“May the organization give considerations to the children if they cannot meet the standards given,” the Barangay Captain suggested when talking about the improvement of services in SOS. Captain Alimodin has been hands-on in implementing the FS service and thinks that every child deserves a second chance.

The first three beneficiaries mentioned may not have been successful but this fourth child is. He is now a graduating student taking up Accountancy in a well-known university in Davao City. He has been a beneficiary of this program since 2014. Her mother has been very grateful for the contribution SOS has provided for her child. “I am grateful for the five years of educational support SOS has provided to my child. Even if the support has ended last semester, at least I will just think of how I can sustain her monetary needs for her research.”

Everything considered, Captain Alimodin can say that that SOS’s contribution in the community is immensely helpful. “The safeguarding mechanisms such as child monitoring is very effective because it decreased the cases of neglected children in the Barangay,” Captain Alimodin stated. He is thankful for SOS’s support and is hopeful that SOS may they never cease helping children who are in need.

7. References


8. Appendix

7.1. List of Scale Descriptions

7.1.a. Scale Description for Assessment of Dimensions and Indicators (Independent Adults- Former FLC Participants)

<table>
<thead>
<tr>
<th>Scale Description for Assessment of Dimensions and Indicators (Independent Adults- Former FLC Participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIMENSION</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>CARE</td>
</tr>
<tr>
<td>Social Impact Assessment Davao-Final Report 2020</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td><strong>Parental obligations (if have children)</strong></td>
</tr>
<tr>
<td>Adult is actively involved in the daily care of children, and protects and nurtures them, fulfilling all parental obligations.</td>
</tr>
<tr>
<td><strong>Food security</strong></td>
</tr>
<tr>
<td>Adult usually has 3 meals a day and does not go to bed hungry.</td>
</tr>
<tr>
<td><strong>Stability</strong></td>
</tr>
<tr>
<td>Adult lives in a stable situation, with no risk of loss of residence.</td>
</tr>
<tr>
<td><strong>Living conditions</strong></td>
</tr>
<tr>
<td>Adult lives in conditions that are adequate, as per local standards (defined on community level in consultation with key stakeholders).</td>
</tr>
<tr>
<td><strong>Health</strong></td>
</tr>
<tr>
<td>Adult appears to be in excellent health.</td>
</tr>
<tr>
<td><strong>Attainment</strong></td>
</tr>
<tr>
<td>Adult has completed post-secondary or tertiary education.</td>
</tr>
<tr>
<td><strong>Employability</strong></td>
</tr>
<tr>
<td>Adult has the right knowledge and skills to secure a livelihood on the local job market, or is already studying towards relevant qualification – e.g.  engineering qualification for employment as an engineer.</td>
</tr>
<tr>
<td><strong>Household income</strong></td>
</tr>
<tr>
<td>Individual/Family income is sufficient to cover survival and development rights, and is stable.</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
</tr>
<tr>
<td>Adult is employed.</td>
</tr>
<tr>
<td><strong>Discrimination</strong></td>
</tr>
<tr>
<td>Adult does not experience any discrimination.</td>
</tr>
<tr>
<td><strong>Happiness</strong></td>
</tr>
<tr>
<td>Adult is satisfied with his/her life, experiences pleasant emotions more than unpleasant ones, and has a strong sense of purpose and feels able to achieve personal goals.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

SOS Children’s Villages, Philippines 125
Social Impact Assessment Davao-Final Report 2020

7.1.b. Scale Description for Assessment of Dimensions and Indicators (Dependent Children- Former FS Participants)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Indicator</th>
<th>Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Parental care</strong></td>
<td>Highly satisfactory = 1</td>
</tr>
<tr>
<td></td>
<td>Child has a primary adult care-giver who is actively involved in his/her life, and who protects and nurtures him/her.</td>
<td>Fairly satisfactory = 2</td>
</tr>
<tr>
<td></td>
<td>Child has an adult who provides care, but who is limited by illness, work, other children, or knowledge &amp; skills.</td>
<td>Fairly unsatisfactory = 3</td>
</tr>
<tr>
<td></td>
<td>Child has no consistent adult who provides care &amp; support.</td>
<td>Highly unsatisfactory = 4</td>
</tr>
<tr>
<td></td>
<td>Child is completely without the care of an adult &amp; must fend for himself/herself.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Food security</strong></td>
<td>Highly satisfactory = 1</td>
</tr>
<tr>
<td></td>
<td>Child usually has 3 meals a day and does not go to bed hungry.</td>
<td>Fairly satisfactory = 2</td>
</tr>
<tr>
<td></td>
<td>Child usually has 2 meals a day, but does not go to bed hungry.</td>
<td>Fairly unsatisfactory = 3</td>
</tr>
<tr>
<td></td>
<td>Child usually has 2-3 meals a day, but goes to bed hungry.</td>
<td>Highly unsatisfactory = 4</td>
</tr>
<tr>
<td></td>
<td>Child usually has no more than 1 meal a day.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Stability</strong></td>
<td>Highly satisfactory = 1</td>
</tr>
<tr>
<td></td>
<td>Child lives in a stable situation, with no risk of loss of residence.</td>
<td>Fairly satisfactory = 2</td>
</tr>
<tr>
<td></td>
<td>Child lives in a stable situation, but with some risk of loss of residence in future.</td>
<td>Fairly unsatisfactory = 3</td>
</tr>
<tr>
<td></td>
<td>Child lives in an unstable situation, with the imminent risk of loss of residence or multiple re-locations.</td>
<td>Highly unsatisfactory = 4</td>
</tr>
<tr>
<td></td>
<td>Child is homeless or residing in a shelter (&quot;shelter&quot; = temporary overnight accommodation provided by an institution or organisation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Living conditions</strong></td>
<td>Highly satisfactory = 1</td>
</tr>
<tr>
<td></td>
<td>Child lives in conditions that are adequate, as per local standards (defined on community level in consultation with key stakeholders).</td>
<td>Fairly satisfactory = 2</td>
</tr>
<tr>
<td></td>
<td>Child lives in conditions that are fairly adequate, as per local standards.</td>
<td>Fairly unsatisfactory = 3</td>
</tr>
<tr>
<td></td>
<td>Child lives in conditions that are below local standards, but not compromising the personal well-being of Individual (and/or family).</td>
<td>Highly unsatisfactory = 4</td>
</tr>
<tr>
<td></td>
<td>Child lives in conditions that are below local standards, and are compromising the personal well-being of Individual (and/or family).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Health</strong></td>
<td>Highly satisfactory = 1</td>
</tr>
<tr>
<td></td>
<td>Child appears to be in excellent health. Child is growing well, with good height, weight, and energy level for his/her age.</td>
<td>Fairly satisfactory = 2</td>
</tr>
<tr>
<td></td>
<td>Child appears to only have minor illness (e.g. slight allergies, worm infections), or has stable chronic illness for which receiving adequate treatment.</td>
<td>Fairly unsatisfactory = 3</td>
</tr>
<tr>
<td></td>
<td>Child has moderately serious illness, or stable chronic illness for which not receiving adequate treatment.</td>
<td>Highly unsatisfactory = 4</td>
</tr>
<tr>
<td></td>
<td>Child has severe or life threatening illness, or unstable chronic illness.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Physical health</strong></td>
<td>Highly satisfactory = 1</td>
</tr>
<tr>
<td></td>
<td>Child is enrolled in and regularly attending school (or non-formal education). ‘Regularly’ means that the child attends on school days.</td>
<td>Fairly satisfactory = 2</td>
</tr>
<tr>
<td></td>
<td>Child is enrolled in school (or non-formal education), but attends irregularly.</td>
<td>Fairly unsatisfactory = 3</td>
</tr>
<tr>
<td></td>
<td>Child is enrolled in school (or non-formal education), but rarely attends.</td>
<td>Highly unsatisfactory = 4</td>
</tr>
<tr>
<td></td>
<td>Child is not enrolled or not attending school (or non-formal education)</td>
<td></td>
</tr>
</tbody>
</table>

SOS Children’s Villages, Philippines 126
### 7.1.c. Scale Description for Assessment of Dimensions and Indicators (Community-level Impact)

#### Social Impact Assessment Davao-Final Report 2020

<table>
<thead>
<tr>
<th>Performance</th>
<th>Family resources</th>
<th>Abuse &amp; exploitation</th>
<th>Discrimination</th>
<th>Legal identity</th>
<th>Happiness</th>
<th>Social behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above average performance = Child is learning very well and is surpassing expectations of caregivers and teachers.</td>
<td>Care-giver/ family has sufficient funds to cover children’s survival and development rights.</td>
<td>There is no obvious sign for abuse, neglect, or that the child is doing inappropriate work, or that it is exploited in other ways.</td>
<td>Child does not experience any discrimination, in the family or the community.</td>
<td>Family has all relevant vital registration documents relating to the child (e.g. birth certificate, ID card).</td>
<td>Child is satisfied with his/her life, experiences pleasant emotions more than unpleasant ones, and has a strong sense of purpose and feels able to achieve personal goals.</td>
<td>Child likes to play with peers and participates in group or family activities.</td>
</tr>
<tr>
<td>Average performance = Child is learning well and progressing to next grade/level, as expected.</td>
<td>Care-giver has sufficient funds to cover children’s survival and development rights, but income may be unstable.</td>
<td>There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise maltreated.</td>
<td>Child experiences some discrimination, but this does not seriously compromise the survival and development rights of the child.</td>
<td>Family has some relevant vital registration documents relating to the child (e.g. birth certificate, identity document), but is still missing others.</td>
<td>Child is generally doing well in terms of life satisfaction, balance of pleasant / unpleasant emotions, and sense of purpose and achievement of personal goals; but there is room for improvement.</td>
<td>Child has minor problems getting along with others and argues or gets into fights sometimes.</td>
</tr>
<tr>
<td>Below average performance = Child is learning, but not meeting expectations.</td>
<td>Care-giver is unemployed and does not have income to cover children’s survival and development rights, but this is seen as temporary.</td>
<td>There is the sign for abuse, neglect and/or that the child is doing inappropriate work for his or her age, or is clearly not treated well in household or institution.</td>
<td>Child experiences discrimination in the community, but not in the family.</td>
<td>Family does not have all relevant vital registration documents relating to the child (e.g. birth certificate, identity document)</td>
<td>Child is generally doing not so well in terms of life satisfaction, balance of pleasant and unpleasant emotions, and sense of purpose and achievement of personal goals; but feels positive in some ways.</td>
<td>Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.</td>
</tr>
<tr>
<td>Poor performance = Child has serious learning problems.</td>
<td>Care-giver is unemployed and does not have income to cover children’s survival and development rights.</td>
<td>Child is obviously abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited.</td>
<td>Child experiences discrimination in the family.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scale Description for Assessment of Dimensions and Indicators (Community-level Impact)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Indicator</th>
<th>Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highly satisfactory = 1</td>
<td>Fairly satisfactory = 2</td>
</tr>
</tbody>
</table>

SOS Children’s Villages, Philippines
<table>
<thead>
<tr>
<th>COMMUNITY-BASED SUPPORT SYSTEMS</th>
<th>COMMUNITY AWARENESS</th>
<th>Civic engagement</th>
<th>Community networks</th>
<th>Child safeguarding mechanisms</th>
<th>Programme-related activities (in community where already ‘phased out’ of direct day-to-day involvement)</th>
<th>Programme-related activities (in community where still have direct day-to-day involvement)</th>
<th>Key implementation partner(s) (if applicable in local context)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key stakeholders in the community are aware of the situation of vulnerable children and their families, and have a clear view on how their situation may be improved.</td>
<td>Key stakeholders in the community are aware of the situation of vulnerable children and their families, and have some (limited) ideas for how their situation may be improved.</td>
<td>Few community members are taking action to address the situation of vulnerable children and their families, and it is not very visible.</td>
<td>No community members are taking action to address the situation of vulnerable children and their families.</td>
<td>No mechanisms are in place within the community to identify and respond to child rights violations.</td>
<td>Activities for the support of vulnerable children and their families, in which the programme has been involved, have stopped after SOS CV withdrew from the community, although some have continued.</td>
<td>Activities for the support of vulnerable children and their families, in which the programme has been involved, would stop if SOS CV withdrew from the community.</td>
<td>Key implementation partner(s) is in place and is taking action to address the situation of vulnerable children and their families; and has sufficient resources and capacity to do so.</td>
</tr>
</tbody>
</table>
7.2. List of Tables and Figures

7.2. a. List of Tables

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1.0</td>
<td>Overall SROI Calculation</td>
<td>4</td>
</tr>
<tr>
<td>Table 2.1</td>
<td>Summary Matrix of Methodology</td>
<td>13</td>
</tr>
<tr>
<td>Table 2.2</td>
<td>Family-Like Care Source of Data</td>
<td>15</td>
</tr>
<tr>
<td>Table 2.3</td>
<td>Family Strengthening Source of Data</td>
<td>15</td>
</tr>
<tr>
<td>Table 2.4</td>
<td>Reasons for Exits</td>
<td>16</td>
</tr>
<tr>
<td>Table 2.5</td>
<td>Summary Sources of Data</td>
<td>16</td>
</tr>
<tr>
<td>Table 2.6</td>
<td>Summary Performance Indicators of Public Elementary and Secondary Levels, SY 2012-2013 to SY 2016-2017</td>
<td>22</td>
</tr>
<tr>
<td>Table 3.2</td>
<td>Reported and Assisted Cases of Child Abuse in Davao City (2017)</td>
<td>23</td>
</tr>
<tr>
<td>Table 3.3</td>
<td>Number of Child-Focused Centers/Institutions, as of 2016</td>
<td>24</td>
</tr>
<tr>
<td>Table 3.4</td>
<td>FLC Activities per Dimension</td>
<td>26</td>
</tr>
<tr>
<td>Table 3.5</td>
<td>FS Activities per Dimension</td>
<td>28</td>
</tr>
<tr>
<td>Table 3.6</td>
<td>SOS Children’s Villages Davao Key Implementation Partners</td>
<td>32</td>
</tr>
<tr>
<td>Table 4.1</td>
<td>SROI Impact Levers</td>
<td>77</td>
</tr>
</tbody>
</table>

7.2. b. List of Figures

<table>
<thead>
<tr>
<th>Figure No.</th>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1.1</td>
<td>Summary of Dimension (Family-like Care Programme)</td>
<td>3</td>
</tr>
<tr>
<td>Figure 1.2</td>
<td>Summary of Dimension (Family Strengthening Programme)</td>
<td>3</td>
</tr>
<tr>
<td>Figure 1.3</td>
<td>Community-Level Impact</td>
<td>4</td>
</tr>
<tr>
<td>Figure 2.1</td>
<td>SOS Children’s Villages Davao Management Structure</td>
<td>23</td>
</tr>
<tr>
<td>Figure 3.1</td>
<td>FLC Independent Adults: Individuals doing well in key dimensions (in %)</td>
<td>34</td>
</tr>
<tr>
<td>Figure 3.2</td>
<td>Share of Doing well respondents per Dimension</td>
<td>35</td>
</tr>
<tr>
<td>Figure 3.3</td>
<td>Share of Doing well respondents per Indicator</td>
<td>36</td>
</tr>
<tr>
<td>Figure 3.4</td>
<td>Care Dimension</td>
<td>36</td>
</tr>
<tr>
<td>Figure 3.5</td>
<td>Family Relationships and Support Networks</td>
<td>37</td>
</tr>
</tbody>
</table>
Figure 3.5.a  Contact with Family of Origin vis-a-vis SOS Family  38
Figure 3.6  Parental Obligations  38
Figure 3.7  Food Security Dimension  39
Figure 3.8  Accommodation Dimension  40
Figure 3.9  Stability  41
Figure 3.9.a  Independent Adults’ Form of Settlement  42
Figure 3.10  Living Conditions  43
Figure 3.10.a  Physical Composition of Dwelling  43
Figure 3.10.b  Presence of Issues Encountered  44
Figure 3.11  Health Dimension  44
Figure 3.11.a  Access to Healthcare and Visit for Regular Check-ups  45
Figure 3.11.b  Access to Healthcare vis-a-vis Visit for Regular Check-ups  46
Figure 3.12  Educational Skills Dimension  46
Figure 3.13  Attainment  47
Figure 3.13.a  Share of Independent Adults Across Educational Year Levels  47
Figure 3.13.b  Attainment Level by Sex  48
Figure 3.13.c  Attainment Level (Male)  48
Figure 3.13.d  Attainment Level (Female)  48
Figure 3.14  Employability  50
Figure 3.15  Livelihood Dimension  51
Figure 3.16  Household Income  52
Figure 3.16.a  Average Monthly Income, Expenditure and Savings  52
Figure 3.16.b  Average Monthly Income  53
Figure 3.16.c  Stability and Predictability of Income  53
Figure 3.17  Employment Status  54
Figure 3.17.a  Employment Participation  54
Figure 3.17.b  Employment Participation vis-à-vis Benchmark  55
Figure 3.18  Protection and Social Inclusion Dimension  57
Figure 3.19  Social and Emotional Well-being Dimension  58
Figure 3.20  Happiness  59
Figure 3.21  Self-esteem  60
Figure 3.22  FS Dependent Children
   Individuals doing well in key dimensions (in %)  61
Figure 3.23  Share of Doing well respondents per Dimension  61
Figure 3.24  Share of Doing well respondents per Indicator  54
Figure 3.25  Care Dimension  62
Figure 3.26  Food Security Dimension  63
Figure 3.26.a  Food Security Indicators  64
Figure 3.27  Accommodation Dimension  65
Figure 3.28  Stability  65
Figure 3.28.a  Dependent Children’s Form of Settlement  65
Figure 3.29  Living Conditions  66
Figure 3.29.a  Issues Encountered  66
Figure 3.30  Health Dimension  67
Figure 3.30.a  Health Indicators  67
Figure 3.31  Education and Skills Dimension  68
Figure 3.32  Attendance  68
Figure 3.33  Performance  69
Figure 3.34  Livelihood Dimension  70
Figure 3.35  Family Resources  71
Figure 3.35.a. Employment Status of Caregivers 71
Figure 3.35.b. Stability and Predictability of Income 72
Figure 3.36 Protection and Social Inclusion Dimension 73
Figure 3.37 Abuse and Exploitation 73
Figure 3.38 Discrimination 74
Figure 3.39 Legal Identity 75
Figure 3.40 Social and Emotional Well-being Dimension 75
Figure 3.41 Happiness 76
Figure 3.42 Social Behavior 77
Figure 3.43 Community Level Impact 78
Figure 3.44 Contribution of Levers to Over-all SROI 87
Figure 3.45 Contribution of Levers to SROI (Family-Like Care Service) 88
Figure 3.46 Contribution of Levers to SROI (Family Strengthening Service) 89
Figure 3.47 Key Findings to SDG 1 101
Figure 3.48 Key Findings to SDG 2 101
Figure 3.49 Key Findings to SDG 8 102
Figure 3.50 Key Findings to SDG 16 103