#### 3RD QUARTER ACCOMPLISHMENT REPORT FY 2018

out it in the team it		P	hysical Targ	gets		1					Phys	ical Accon	plishmen	ts									Disbursements			
Objective/ Program/ Sub-Program/ Performance Indicator	Q1	Q2	Q3	Q4	Total		Q1			Q2			Q3			Q4		Total	Variance	Reasons for Variance	Q1	Q2	Q3	Q4	Total	Steering Measures
Terrorimine makado		~		_		М	F	Т	M	F	T	M	F	Т	M	F	Т		Q1: (12)=(7)-(2)		~					
(1)	(2)	(3)	(4)	(5)	(6)		(7)			(8)			(9)			(10)		(11)= (12)+(13) +(14)+(15)	Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(17)	(18)=(14)+(15)+(16) +(17)	(19)
RGANIZATIONAL OUTCOME 1: WELLB	EING OF P	OOR FAMIL	LIES IMPRO	OVED								l										l				
Program: Promotive Social Welfare Prog Outcome Indicators	ram	1	1	1	1	1	1	1				1	1	1	1	_	1	1				1	1	1		ı
Percentage of Pantawid households with improved wellbeing:																										
a. Survival to Subsistence b. Subsistence to Self-	100% c	of Pantawid I	Pamilya Hou	useholds											+	-	1									
c. Survival to Self-	asse	ssed for the	ist round or	SWDI													_									
Percentage compliance of Pantawid Pamilya households on school enrollment of children	90% (410,646)	90% (383,021)	90% (383,021)		90% (399,596)	(189,312)	(181,184)	(370,496)	(176,468)	(167,537)	(344,005)	(175,906)	(167,131)	(343,03	7)			(359,706)	(39,890)	Some children beneficiaries are for tagging of moved-out, sickly or not going to school.						
					47.50%															Pending endorsement for delisting of households and members.						
Percentage of Pantawid Pamilya children who returned to school					(39,540)	-	-	-	-		-	(14,972)	(17,385)	(32,357	)			(32,357)	(7,183)	Updates that were marked as "Not Enrolled" during the CV monitoring also increased the number of variances.						
Percentage compliance of Pantawid Pamilya households on availment of health services	90% (9,008)	90% (9,292)	90% (10,591)		90% (9,674)	(4,402)	(4,142)	(8,544)	(4,614)	(4,352)	(8,966)	(5,274)	(4,926)	(10,200	)			(9,276)	(398)	None to accompany the children in going to the health center.						
Percentage of Pantawid Pamilya households that availed key health services					26% (3,459)			-	-					142% (4,910				142% (4,910)	-1,451							
Percentage of SLP households earning from microenterprises																										
Percentage of SLP households gainfully employed																										
Output Indicators															-		-		-			1			-	
Number of Pantawid households																										
provided with conditional cash a. Regular CCT					203,662			210,741			211,335			212.12	5			212.125	-8,463				1,867,489,800.00		1,867,489,800.00	
h Modified CCT					3,180			2,672			2,605			2,823				88.77% (2,823)	-357	Some members are for delisting due to unlocated and no qualified children beneficiaries for monitoring.						
Percentage of Pantawid Pamilya- related grievances resolved within established time protocol					85.50% (19,915)									111% (22,075												
Number of SLP households assisted through the Microenterprise Development Track																										
a. Pantawid						0	0	0	8	304	312	78	2,904	2,982				3,294		SLPAs still in the process of completion of documents for CSO accreditation prior to the release of funds.						
b.Non-Pantawid						0	0	0	0	11	11	42	194	236				247		Note: The accomplishment were the program participants organized in 2017 but funded in 2018.			2,416,400.00		2,416,400.00	now in the process of completion
Number of SLP households assisted through Employment Facilitation	0	0	1,400	1,890	3,290									<u> </u>	1	<u> </u>	1		-485							documents for CSO accredita prior the release of funds
a. Pantawid						0	0	0	98	72	170	17	42	59				229		SLPAs still in the process of completion of documents for CSO accreditation prior to the release of funds.						amounting to 17,956,000.00.
b.Non-Pantawid						0	0	0	5	0	5	0	0	0				5		Note: The accomplishment were the program participants provided skills training in 2017 but hired in 2018.						

## 3RD QUARTER ACCOMPLISHMENT REPORT

HPMES Form 4-4A-4B Disbursements Physical Accomplishments Objective/ Program/ Sub-Program/ Q3 Q4 Total Variance Reasons for Variance Steering Measures Q1 O2 Q2 Q3 Q4 Total Q1 Q2 Q3 Total Performance Indicator M F T M F T M F T [(2)+(3)] (2) (7) (10) )=(14)+(15)+(1 (1) (3) (4) (5) (6) (8) (9) (14) (15) (16) (11) O3: (13)(19) 12)=[(7)+(8)+(9) [(2)+(3)+(4)] ORGANIZATIONAL OUTCOME 2: RIGHTS OF THE POOR AND VULNERABLE SECTOR PROMOTED AND PROTECTED ogram: Protective Social Welfare Program Outcome Indicators entage of clients in residential and non-residential care facilities rehabilitated a. Residential Care Facilities concerned offices to fast track processing of documents. Overshoot of target due to high ercentage of children transferred to othe a.1 RSCC 7 clients 52 clients 30% 21 clients -23.69% Availability of enhanced (80 clients) child caring agencies, placement to foster rehabilitation indicator helped in care and reintegration to family. determining the number of rehabilitated cases, looking at their 35% 15 clients 20 clients 13 clients 57.80% -22.80% a 2 Haven for Children 34 21% a.3 Nayon ng Kabataan 30% 23 clients 27 clients 28 clients -4.21% a.4 Haven for Womer 30% 33 clients 7 clients Identified clients for rehabilitatiion are 20.27% still being provided with specific 6 clients 35 clients 20 clients a.5 Marillac Hills 30% 9.73% (61 clients) nterventions to reach the desired level of rehabilitation and func 8.45% a.6 Elsie Gaches Village 5% 11 clients 18 clients 24 clients -3.45% Rehab clients indicated under Q1, Q2 and Q3 may contain duplicated counts since rehab clients may still be served during a.7 Sanctuary Center 10% 68 clients 85 clients 96 clients 103 clients the succeeding quarters depending on their level of functioning. Annual total contains unduplicated count. 167 clients 111 clients 66 clients a.8 Iose Fabella Center 5% -17 57% 34% 41 clients 48 clients a.9 HE/A/GRACES 10% 30 clients -24.00% h Nonesidential Care Facilitie 7.23% 2 clients b.1 RSW 30% 3 clients 1 client 22 77% 2.786.257 2,786,257.6 (6 clients b.2 NVRC 35% 47 clients 15.91% 10% 4 clients 25 clients 13 clients -5 91% h 3 IN A Healing Center (O1 New and CC Number of clients served in residential care (Q1 New + Carry Over) (Q2 New + Carry Over) (Q3 New + Carry Over) (Q4 New + Carry Over) + Q2 New + Q3 facilities New +Q4 New Ensure fast processing of documents Minimal referrals which could be for children that need to be placed attributed to the information given to out thru alternative family care or for a. RSCC 179 86 51 137 87 53 140 79 46 125 149 30 referring parties to explore other CCA as 9.851.454.2 4.066,817.9 13.918.272.15 reintegration so that the number of RSCC has not vet met its number of client children in RSCC for a specific period per standard on bed capacity. does not exceed the bed capacity of 90 total residents. b. Haven for Children 94 104 0 104 77 0 109 Few referral from C/MSWDOs. 275 78 61 139 84 91 175 93 86 179 228 c. Nayon ng Kabataan 47 by law enforcements on trafficking in e. Marillac Hills 256 207 208 236 237 0 218 218 301 -45 2 232 356 6 3.062.389.5 1.746.530.75 3.978.887.4 persons resulted to exceeded target for admission at the center. f. Elsie Gaches Village 628 279 616 336 279 615 334 280 614 627 199 199 0 203 203 0 232 232 g. Sanctuary Center i. HE/A/GRACES 394 146 325 116 152 268 114 150 264 350 RSW 67 30 64 41 215 97 71 168 117 78 195 134 95 229 312 6 252 258 7 257 264 7 257 264 h NVRC c. INA Healing Center 2,862,346.21 1,125,729.94 1,453,924.40 5,442,000.55 OS of clients in residential facilities 1. Admission-Based

						1								•				
Objective/ Program/ Sub-Program/	<del></del>		hysical Targ			Q1	O2	sical Accomplishments Q3	Q4		Total	Variance	Reasons for Variance			rsements		Steering Measures
Performance Indicator	Q1	Q2	Q3	Q4	Total		M F T			T			Telesons for variance	Q1	Q2	Q3	Total	Steering Measures
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		(11)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]-	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(16 )+(17)	(19)
a. RSCC						2,378	1,907	1,572				[(2)+(3)+(6)] Q4: (12)=(11)-(6)	Delay in the reunification of these children is due to families that are not yet capable to take custody of the children which also affects the parenting assessment being conducted by their respective LCUS. One big factor for this matter is when the child is from an informal settler family or street dweller family where they have difficulty meeting the basic needs to consider ensuring the realization / provision of children's rights to survival, protection and development. For children eligible for adoption, they stay longer in the Centre either due to special needs or they are already older children with slim chances to be adopted even in ICA.					
b. Haven for Children						525	548	200										
c. Nayon ng Kabataan	1	<b>!</b>				674 174	221 123	380 165	<del>                                     </del>	<u> </u>	1	1	-	1	1	+	1	<b></b>
d. Haven for Women e. Marillac Hills	1	1				1/4	123 466	360	<del>                                     </del>	<b>-</b>	<del>                                     </del>	}		<del> </del>	<del>                                     </del>	+	+	<del>                                     </del>
f. Elsie Gaches Village		1				5,001	3,100				1	Ì		1	1	1	1	
g. Sanctuary Center						698	1,259	1,190										
h. Jose Fabella Center i HE/A/GRACES						175 485	239 1,514	443 2,268										
i. HE/A/GRACES  2. Discharge-Based	·	1	1	1	1	400	1,314	د <sub>ا</sub> ک	1 1		1	1	1	1	1	1	1	ı
a. RSCC						691	918	680										
b. Haven for Children						360	1,257	1,495										
<ul> <li>Nayon ng Kabataan</li> </ul>						251	456	402								1		
d. Haven for Women e. Marillac Hills	1	ļ				119 873	31 791	95 851			1	1		1	1	+	1	
e. Marillac Hills f. Elsie Gaches Village	<del>                                     </del>	<del>                                     </del>				2,772	2,337	001	<del>                                     </del>		1	1	1	1	1	1	1	
g. Sanctuary Center	1	1				1,150	2,701	516			1	1		i e	1	1	1	
h. Jose Fabella Center						146	94	94										
i. HE/A/GRACES						322	540											
ALOS of clients in non-residential facilities  1. Admission-Based																		
a. RSW	1					712			l l				I				1	l
b. NVRC						57 (vocational rehab) 53.93 (auxilliary services)	141 (vocational rehab)	123 (vocational rehab)										
c. INA Healing Center																		
2. Discharge-Based a. RSW	1	1				3,454	156	ı			1	ı	I	1		1	1	I
b. NVRC						47 (vocational rehab) 36 (auxilliary services)	346 (vocational rehab)	154 (vocational rehab)										
c. INA Healing Center																1		
Percentage of facilities with standard client-st.	aff ratio																	
a. Client-Social Worker Ratio Residential Facilities		1									L		1	L		L	1	l .
a. RSCC						1:23	1:23	1:21					It was during the 3rd quarter there was an increase in the number of Social Workers due to the GAA funds. However, the slow process of hiring regular positions for SC affected our client to worker ratio. Also, the sudden emergence of cases being referred compared to cases being discharged are higher, the unavailability of community programs for improved mental health patients and negative assessment of families coming from different LGU's condributed to the prolonged stay of client at the Center.					The vacated position for MOA under GAA were already filled out except for 1 Nurse and 1 SWO II under direct release fund. We have also submitted our proposal for contractual and permanent positions. There are other positions that need to be filled considering SC is a facility or Mental Health Clients. Items like additional nurses, psychometricians, activity coordinators, SPED teachers and a resident dector were also proposed.
b. Haven for Children c. Nayon ng Kabataan	<del>                                     </del>	1	-	-	-	1:20 1:28	1:20 1:25	1:15 1:25	<del>                                     </del>	<b>-</b>	<del>                                     </del>	-			<del>                                     </del>	<del> </del>	+	
c. Nayon ng Kabataan d. Haven for Women	<del>                                     </del>	1				1:30	1:58	1:57		<del>                                     </del>	1	<u> </u>	1		1	<del>                                     </del>	<b>†</b>	
e. Marillac Hills f. Elsie Gaches Village						CICI 1:30 SE/SA 1:50	CICL 1:15 SE/SA 1:20 1:36	CICL 1:15 SE/SA 1:20 1:36										
f. Elsie Gaches Village g. Sanctuary Center	<del>                                     </del>	<del>                                     </del>				1:66	1:36	1:36	<del>                                     </del>		1	1	1	1	1	1	1	
h. Jose Fabella Center	1	1							1 1		1	1		i e	1	1	1	
i. HE/A/GRACES						1:30	1:25	1:25										
Non-Residential Facilities								1				1	1					
a. RSW b. NVRC	<del>                                     </del>	<del>                                     </del>				1:42	1:49	1:49	<del>                                     </del>	<u> </u>	-	1	1	<del> </del>	<del>                                     </del>	+	1	
b. NVRC c. INA Healing Center	<del>                                     </del>	<del>                                     </del>				1.72	4.17	4.47	<del>                                     </del>		1	<del> </del>	1	<b> </b>	1	†	+	
b. Client-Houseparent Ratio																		
a. RSCC						1:14	1:8	1:6				1			1	1	1	
<ul> <li>Haven for Children</li> </ul>		1	L	L	L	1:20	1:15	1:15	l		1	l	1	1	1	1	1	l .

		Pl	nysical Targe	ets		l	Phys	sical Accomplishments				1			Disbur	sements		
Objective/ Program/ Sub-Program/ Performance Indicator	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3		Q4	Total	Variance	Reasons for Variance	Q1	Q2	Q3	Total	Steering Measures
Terrormance indicator	Q.	Q-	Q.	ν.	10111	M F T	M F T	M F T	M	F T	(Unduplicated)	Q1: (12)=(7)-(2)		Q.	Q-	Q.	Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)	(11)	Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(16 )+(17)	(19)
<ul> <li>Nayon ng Kabataan</li> </ul>						1:20	1:20	1:20										
d. Haven for Women						1:7	1:12	1:15										
e. Marillac Hills						CICL-1:25 SE-1:30 SA 1: 20	CICL 1:25 SE 1:30 SA 1: 20											
f. Elsie Gaches Village						1:60	1:60	1:60										
g. Sanctuary Center						1:13	1.9	1.9					The ratio of client per houseparent to increased, in general, and is almost at par with standards. However, all 28 Houseparent do not report at the same time. Based on average duties per shift, a single houseparant handles 35 clients and above which is very far from the standard ratio of 1:8 considering our clients are improved mental health patients and requires detailed care. 5 Houseparent per shift is recommended. Additional 35 Houseparents are needed. A total of 61 Homelife service staff is required to meet the need of Sacntuary Center Residents standard ratio per shift.					
h. Jose Fabella Center																		
i. HE/A/GRACES						1:25	1:20	1:20										•
Percentage of facilities compliant with the Nat	tional Buildi	ng Code																·
a. RSCC						0/9	0/9	0/9										
b. Haven for Children						/8	/8	/8										·
<ul> <li>Nayon ng Kabataan</li> </ul>						0/13	0/13	0/13										·
d. Haven for Women																		·
e. Marillac Hills						/17	/17	/17					<u> </u>					<del>_</del>
f. Elsie Gaches Village						/31	/31	/31										
g. Sanctuary Center						/4	/4	/4										
h. Jose Fabella Center						/7	/7	/7										
i. HE/A/GRACES						/7	/7	/7										
j. RSW						0	0	0										
k. NVRC																		
<ol> <li>INA Healing Center</li> </ol>		1																

# 3RD QUARTER ACCOMPLISHMENT REPORT FY 2018

Objective/Becomm/Sech Becomm/		P	hysical Targ	gets							Physic	al Accor	nplishme	ents							1	Disbur	sements		
Objective/ Program/ Sub-Program/ Performance Indicator	Q1	Q2	Q3	Q4	Total	м	Q1 F	Т	M	Q2 F	т	м	Q3 F	т	M	Q4 F	Т	Total Unduplicated	Variance	Reasons for Variance	Q1	Q2	Q3	Total	Steering Measures
(1)	(2)	(3)	(4)	(5)	(6)	M	(7)		M	(8)		м	(9)	1	M	(10)	1	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(16) +(17)	(19)
ORGANIZATIONAL OUTCOME 2: RIGHTS OF THE POOR AND VULNERABLE SECTOR PROMOTED AND PROTECTED																									
Program: Protective Social Welfare Program																									
Sub-Program: Supplementary Feeding Outcome Indicators																									
Percentage of malnourished children in CDCs and SNPs with improved nutritional status:																									
a. Severely underweight to Underweight												668	769	1,437				1.66%							
b. Underweight to Normal												2,605	2,890	5,495				6.35% (5,495)							
c. Overweight to Normal												1,636	1,246	2,882				3.33% (2,882)							
Percentage of children in CDCs and SNPs with sustained normal nutritional status												37,839	38,847	76,686				88.65% (76.686)							
Output Indicators																		(76,686)							
Number of children in CDCs and SNPs provided with supplementary feeding a. 7th cycle implementation						69,095	70,507	139,602	69,095	70,507	139,602	-		-	-	-	-	139,602							
b. 8th cycle implementation	-	-	105,340	105,340	105,340	-	-	-	-	-	-	41,526	42,415	83,941				83,941	21,399	4 LGUs still on their bidding process (Caloocan, Malabon, Navotas and Pasay)			196,577,550.00	196,577,550.00	Constant follow-up through letters addressed to the Local Chief Executive to fast-track implementation and provision of technical assistance.
Sub-Program: Social Welfare for Senior																				<del> </del>					
Citizens Outcome Indicators																									
Percentage of beneficiaries using social pension to augment daily living subsistence					_			-	_	-	-	,		-											
and medical needs  Output Indicators																									
Output indicators																				Delayed submission of updated masterlist of eligible social pensioners of some LGUs due to their					Continuous coordination and provision of technical assistance to
Number of senior citizens who received social pension within the quarter	169,735	169,735	169,735	169,735	169,735	44,519	95,368	139,887	26,492	57,378	83,870	17,114	38,471	55,585				Q1 139,887 Q2 83,870 Q3 55,585	Q1 29,848 Q2 85,865 Q3 114,150	limited number of staff who would conduct validation and assessment of senior citizen applicants as well as monitoring of existing beneficiaries.  2. Some LGUs were unable to meet the target allocated due to delayed processing of documentary requirements for replacement and limited personnel of counterpart LGUs who will conduct validation visit to endorsed SC applicants for inclusion in the social pension program considering the increase no allocated target per LGU. Logistics needed for the cash pay-out such as venue are not available on scheduled cash pay-out, hene rescheduling of pay-out was done.  3. Some LGUs requested for semestral release of stipend due to unavailability of venue and other necessary logistics such as food, chairs and others.  4. Due to the instruction to facilitate the immediate implementation of UCT Program some LGUs requested to postpone the scheduled Social Pension Payout.	209,830,500.00	125,805,000.00	83,377,500.00	419,013,000.00	i.G.Us regarding the submission of updated master list of SC beneficiaries as well as replacement procedure per guidelines.  2. RSPS also provides continuous provision of TA to LGUs as well as SWDAs through ABSNet North Cluster General Assembly relative to the implementation and assist them ocial Persion Program.  3. Simultaneous conduct of cash pay-out and liquidation.  4. Conduct of regular monthly meeting in order to facilitate proper planning and scheduling of social pension payout.
Number of centenarians provided with cash gift	95	95	95	96	381	19	68	87	15	65	80	21	6	27				194	187	1.On-going completion of documentary requirements of centenarians/surviving relatives necessary for the release of cash giff since some of them were going it, obtain the requirements from province and abroad. 2.Some endosved beneficiary for the centenariar program from the LGUs are found not qualified dut to underage, resident of other region, unlocated and others. 3.There are remaining 23 centenarians that are already process the voucher and subject for awarding once checque is available.		8,000,000.00	2,700,000.00	10,700,000.00	1. Forwarded official communication to DSWO CESI and UCT-NEWAO seeking clarification regarding the requirements and status of release UCT grants to the families of deceased beneficiaries.  2. Submission of UCT accomplishment report in a weekly basis.  3. Continues follow-up and coordination regarding the status of the unprocessed list for payroll generation.
Sub-Program: Protective Programs to Individuals and Families in Especially Difficult Circumstances																									
Outcome Indicators  Percentage of clients who rated protective services provided as satisfactory or better					-																				
Output Indicators	A.I.	umerical targe	te for Cricic 1.	atomostina 11	Init	1																			
Number of beneficiaries served through AICS:		PSF	targets are A	INA.		2.00	FOAT	0.040	E 705	12 (2)	10.424	6.323	16.205	22.500				E0 500			24 400 000 ***	DE 2/2 F00 T	194 (24 524 ::	244 474 424 ***	
a. Medical Assistance b. Burial Assistance	10,000 800	1,200	15,000 1,000	500	3,500	311	763	1,074	5,725 1,024	2,287	3,311	1,118	2,644	3,762				50,599 8,147			31,480,090.61 10,610,900.00	85,362,509.35 38,272,700.00	124,631,521.46 43,424,100.00	241,474,121.42 92,307,700.00	Continous provision of assistance to
c. Educational Assistance d. Transportation Assistance	1,000 500	2,000 1,000		500	3,000	258	214	472	1,600 326	415	741	299	402	701				33,694 1,914			5,403,700.00 1,149,300.00	16,481,000.00 2,495,806.00	64,567,616.91 2,150,408.00	86,452,316.91 5,795,514.00	inidividuals in crisis situation.
e. Food Assistance	700	1,400	1,400	1,000	4,500	1,173	3,016	4,189	2,318	5,890	8,208	2,644	4,841	7,485				19,882			6,308,974.00	14,592,724.00	13,777,262.00	34,678,960.00	

		Pi	nysical Targ	ots							Physi	cal Accor	nnlichme	onts							1	Dishu	rsements		
Objective/ Program/ Sub-Program/ Performance Indicator	Q1	Q2	Q3	Q4	Total		Q1			Q2		cui ricco.	Q3	citto		Q4		Total	Variance	Reasons for Variance	Q1	Q2	Q3	Total	Steering Measures
Performance Indicator	QI	Q2	Q3	Qu	Total	M	F	T	M	F	T	M	F	T	M	F	T U	nduplicated			Qī	Q2	Q3	Total	
(1)	(2)	(3)	(4)	(5)	(6)		(7)			(8)			(9)			(10)		(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(16) +(17)	(19)
f. Lingap sa Masa	4,000	5,000	4,000	5,000	18,000	1,209	2,690	3,899	1,781	3,762	5,543	1,309	2,809	4,118				13,560	4,440	Other partner hospitals with existing MOA have not yet operated due to the unexpected resignation of the assigned social workers per hospital post.	36,118,525.70	52,241,682.17	53,843,177.71	142,203,385.58	
Number of beneficiaries served through ACN																									
a. Adults	ANA	ANA	ANA	ANA	ANA	-								-											
a. Adults b. Children	ANA	ANA	ANA	ANA	ANA	+ -	-	-	-	-	-	-	-	-		-	-	-							
c. Youth	ANA	ANA	ANA	ANA	ANA	-	-	-	-	-	-	-	-	-				-							
d. PWDs e. Senior Citizens	ANA ANA	ANA ANA	ANA ANA	ANA ANA	ANA ANA	-	-	-	-	-	-	-	-	-				-							
e. Senior Citizens  Number of clients served through community:	ANA	ANA	ANA	ANA	ANA	+-	<u> </u>	<del>  -</del>	-	-		-				-									
based services																									
a. Women	ANA	ANA	ANA	ANA	ANA		96	96	0	419	419	0	0	0				515		N					
b. Children c. Youth	ANA	ANA ANA	ANA ANA	ANA ANA	ANA ANA		-	U	538	6/9	1,217	20	39	59	1	-+	-	1,276		Note: Q1 data incorporated under Q2.		1		1	
d. PWDs	ANA	ANA	ANA	ANA	ANA	4		8			26		1	3				37							
e. Senior Citizens	ANA	ANA	ANA	ANA	ANA				0				0	0				9							
f. Other Adults (Male) h. PLHIV (through CBSS-managed fund)	ANA ANA	ANA ANA	ANA ANA	ANA ANA	ANA ANA	168	0	168 230	976	0	976 474	0	0	0	-			1,144		1	<b> </b>	<b> </b>	<del> </del>	1	
n. 1 L 1 I v (utrough Cooo-managed fund)	AINA	AINA	ANA	AINA	ANA	1	<b>†</b>	230			7/7				1 1	- +					1	1	1	1	
Number of clients served through the Comprehensive Program for Street Children, Street Families and Badjaus																									
a. Children a.1 Street children					886	+ -	-	0	139	134	273	239	208	447			-	720		+				-	
a.2 Badjau children					400	-	-	132	1	3	4	65	70	135				271							
b. Families																									
b.1 Street families b.2 Badiau families					500 315	+ -	-	0	-	-	0	102 16	165	267 63				268 63				ļ			
c. Individuals (Adults)					313							10	47	0.5				0.5							
Number of children served through Alternative Family Care Program																									
a. Children Placed Out for Domestic																									
Adoption	18	19	19	19	75	2	4	6	8	12	20	8	15	23				49	26						
b. Children Placed Out for Foster Care  c. Children Endorsed for Inter-country Adoption	21	21	22	21	85	8	14	22	3	6	9	13	11	24				55	30	Children for eligibility assessment needs to be declared Legally Available for adoption     Power of the control of the c			198,516.00	198,516.00	Remaining balance from previous activities will be utilized for the cond of adoption telling/consultation dialoque.
d. Issued Regional Clearance for Adoption																									
(RCA)						-																			
Number of minors traveling abroad issued					<del>                                     </del>	+	-	<del>                                     </del>								-									
with travel clearance	2,500	2,500	2,500	2,500	10,000	1,890	2,053	3,943	2,519	2,811	5,330	1,409	1,247	2,656				11,929	-1,929	Already exceeded target			390,976.34	390,976.34	
Sub-Program: Social Welfare for Distressed Overseas Filipinos and Trafficked Persons																									
Outcome Indicators Percentage of assisted individuals who are				<b>-</b>	-	+-	+	1		$\vdash$					$\vdash$					1	-	1	-	-	
reintegrated to their families and																									
a. Trafficked Persons					1	1	1	1							1		-				1	1	1	t	
b. Distressed Overseas and Undocumented																									
Filipinos				<b> </b>	1	1	<b>├</b>	1	$\vdash$	$\vdash$					$\vdash$					1	1	1	1	1	
Output Indicators  Number of trafficked persons provided with				1	<del>                                     </del>	1	<del>                                     </del>	l –								-	-			†		1	<b> </b>	1	
social welfare services							<u> </u>																		
a. Adults b. Children		1			4	0			29 4	20	49		]		$oxed{oxed}$			82 5			ļ				
c. Youth (15 to 30 years old)	<b>—</b>			<del>                                     </del>	100	5			22						1 - 1	-+		5 257	264	1	<del>                                     </del>	1	<del> </del>	1	
d. PWDs					100	0	0	0	0	0	0							0	-264						
e. Senior Citizens				<b> </b>	4	0		0 7	0	0	12				$\vdash$			0 20		ļ	1	1	1	<b>.</b>	
		$\vdash$		1		1	-	<del>-                                    </del>	U	13	13							20						<b>†</b>	
Number of distressed and undocumented overseas Filipinos provided with social																l l									
Number of distressed and undocumented overseas Filipinos provided with social								92			240					_	_	332							
overseas Filipinos provided with social welfare services: a. Adults b. Children								98			193							291							
Number of distressed and undocumented overseas Filipinos provided with social welfare services: a. Adults					250														-380						

# 3RD QUARTER ACCOMPLISHMENT REPORT FY 2018

Objective/ Program/ Sub-Program/		Ph	ysical Targ	gets			Physical Acc							ents									Disbursements			
Performance Indicator	Q1	Q2	Q3	Q4	Total		Q1			Q2			Q3			Q4		Total	Variance	Reasons for Variance	Q1	Q2	Q3	Q4	Total	Steering Measures
Performance Indicator	Qı	Q2	Q3	Q4	Total	M	F	T	M	F	T	M	F	T	M	F	T	Unduplicate	i		Qı	Q2	Q3	Q4	10ta1	=
(1)	(2)	(3)	(4)	(5)	(6)		(7)			(8)			(9)			(10)		(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] O4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(17)	(18)=(14)+(15)+(16 )+(17)	(19)
Sub-Program: Protective Programs to Indivi	duals and F	amilies in E	specially D	Difficult Circ	umstances																					
Outcome Indicators																										
Percentage of clients who rated protective																										
services provided as satisfactory or better																										
Output Indicators																										
Number of beneficiaries served through																										
AICS:																										
Crisis Intervention Unit																										
a. Medical Assistance	10,000	15,500	15,000	5,000	45,500			3,306		4,949			5,883					18,949	26,551		13,687,664.25	38,928,498.16	64,017,303.03		116,633,465.44	
b. Burial Assistance	800	1,200	1,000	500	3,500	44	125	169		395	542	134		550				1,261	2,239	Accomplishment in terms of served clients beyond	746,600.00	3,030,800.00	3,570,800.00		7,348,200.00	Continous provision of assistance to
c. Educational Assistance	1,000	2,000	2,000	1,000	6,000	9	7	16	32	45	77	1,069		5,013				5,106	894	control of Crisis Intervention Unit.	63,100.00	365,000.00	10,650,996.82		11,079,096.82	inidividuals in crisis situation.
d. Transportation Assistance	500	1,000	1,000	500	3,000	177	123	300	326	415	741	297	402	699		_		1,740	1,260		664,563.00	2,495,806.00	2,144,408.00		5,304,777.00	
e. Food Assistance	700	1,400	1,400	1,000	4,500	261	516	777	188	369	557	300	708	1,008		_		2,342	2,158		1,264,175.00	1,107,224.00	1,551,762.00		3,923,161.00	
Protective Services Program																_										
a. Medical Assistance	ANA	ANA	ANA	ANA	ANA	1,638		5,304			12,174			14,172		_		31,650			17,792,426.36	46,434,011.19	60,614,218.43		124,840,655.98	
b. Burial Assistance	ANA	ANA	ANA	ANA	ANA			905		1,892			2,228					6,886			9,864,300.00	35,241,900.00	39,853,300.00		84,959,500.00	
c. Educational Assistance	ANA	ANA	ANA	ANA	ANA				1,000	5,894	7,462	4,970	14,488	19,458		_		28,588			5,340,600.00	16,116,000.00	53,916,620.09		75,373,220.09	
d. Transportation Assistance	ANA	ANA	ANA	ANA	ANA	81	91	172	0	0	0	2	0	2		_		174			484,737.00	0.00	6,000.00		490,737.00	
e. Food Assistance	ANA	ANA	ANA	ANA	ANA	912	2,500	3,412	2,130	5,521	7,651	2,344	4,133	6,477		_		17,540			5,044,799.00	13,485,500.00	12,225,500.00		30,755,799.00	
Total Combined										_																
a. Medical Assistance				ļ		2,665		8,610		13,696		6,271		22,568		1	4	50,599			31,480,090.61	85,362,509.35	124,631,521.46		241,474,121.42	
b. Burial Assistance				<b>!</b>		311	763	1,074			3,311	1,118		3,762	1	+	+	8,147			10,610,900.00	38,272,700.00	43,424,100.00		92,307,700.00	
c. Educational Assistance				ļ				1,684		5,939				24,471	<u> </u>	<del>                                     </del>	+	33,694			5,403,700.00	16,481,000.00	64,567,616.91		86,452,316.91	
d. Transportation Assistance				ļ				472		415			402			1	4	1,914			1,149,300.00	2,495,806.00	2,150,408.00		5,795,514.00	
e. Food Assistance				1		1,173	3,016	4,189	2,318	5,890	8,208	2,644	4,841	7,485				19,882			6,308,974.00	14,592,724.00	13,777,262.00		34,678,960.00	

## 3RD QUARTER ACCOMPLISHMENT REPORT

																FY 2018						HPMES Form 4-4A-4B
	1	P	hysical Targ	ets		1				Physical	Accomp	lishment	ts				1	l	Disbur	sements		HPMES Form 4-4A-4B
Objective/ Program/ Sub-Program/ Performance Indicator	Q1	Q2	Q3	Q4	Total		Q1			Q2			Q3		Total	Variance	Reasons for Variance	Q1	Q2	Q3	Total	Steering Measures
renormance indicator	Qī	Q2	Q3	Q4	Total	M	F	T	M	F	T	M	F	T	Total			Qī	Q2	Ų3	10(41	_
(1)	(2)	(3)	(4)	(5)	(6)		(7)			(8)			(9)		(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=((7)+(8)]-[(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(16)+(17)	(19)
ORGANIZATIONAL OUTCOME 3: IMMED		EF AND EAI	RLY RECOV	ERY OF DIS	SASTER VI	CTIMS/S	URVIV	ORS ENS	URED													
Program: Disaster Response and Managemen	nt Program					4																
Outcome Indicators  Percentage of disaster-affected households assisted to early recovery stage	ANA	ANA	ANA	ANA	ANA		-			100%			100%	,	100%	-	DRS has been responsive of the requests of the LGUs and legislators which is accordance to the accordance to the reported actual number of Victims.					Annual Program Implementation Review. Incident Reports.
Output Indicators																						
Number of DSWD QRTs trained for deployment on disaster response	0	215	175	0	390	0	0	0	55	69	124	27	30	57	181	209				537,150.00	537,150.00	
Number of LGUs with prepositioned relief goods	5	4	4	4	17		5			4			2		11	6	The remaining LGUs are still identifying storages that are capable for the prepositioning.			571,402.00	571,402.00	
Number of poor households that received cash-for-work for CCAM (Climate Change Adoptation and Mitigation)	14,608	24,000	8,000	8,392	55,000			14,608			24,628			29,500	68,736	-13,736	On-going implementation in some LGUs.			113,187,840.00	113,187,840.00	
Number of LGUs provided with augmention on disaster response services	ANA	ANA	ANA	ANA	ANA			10			10			13	33					27,779,945.36	5 27,779,945.36	
Number of internally-displaced households provided with disaster response services	ANA	ANA	ANA	ANA	ANA			7,542			10,430			19,210	37,182	-				27,779,945.36	5 27,779,945.36	
Number of households with damaged houses provided with early recovery services:																						
a. CFW	ANA	ANA	ANA	ANA	ANA			0			0			0	0	-					ļ	
	ļ			<u> </u>	ļ	1	<u> </u>	<u> </u>	1			1	<u> </u>	<u> </u>		ļ						
							1	1				1	1	1			1					

# 3RD QUARTER ACCOMPLISHMENT REPORT FY 2018

HPMES Form 4-4A-4B

Objective/ Program/ Sub-Program/		P	hysical Targ	gets			Physi	cal Acco	mplish	ments	***	Reasons for		Disbu	rsements		Steering
Performance Indicator	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Variance	Variance	Q1	Q2	Q3	Total	Measures
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(16)+(17)	(19)
ORGANIZATIONAL OUTCOME 4: CONT				AL WELFAF	RE AND DE	VELOP	MENT A	GENCI	ES TO S	TANDARDS I	IN THE DELIVERY OF S	SOCIAL WELFARE SI	ERVICES ENSURED				
Program: Social Welfare and Development	Agencies Re	gulatory Pro	ogram														
Outcome Indicators																	
Percentage of SWAs, SWDAs and service																	
providers with sustained compliance to																	
social welfare and development standards		<u></u>		L	L	L	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					
<ul> <li>Registered and Licensed SWAs</li> </ul>																	
b. Accredited SWDAs																	
b.1 Level 1 Accreditation					1												
b.2 Level 2 Accreditation					1												
b.3 Level 3 Accreditation					1												
c. Accredited Service Providers					1												
Output Indicators					1												
Number of SWAs and SWDAs registered,					1												
licensed and accredited																	
a. Registered and Licensed SWAs	5	5	5	5	20	3	8	9		20	0						
b. Registered Auxiliary SWDAs	10	15	10	5	40	9	13	12		34	6						
c. Accredited SWAs																	
c.1 Level 1 Accreditation																	
1.1 DSWD-Operated Residential	_	_		_	_												
Facilities	0	2	1	0	3	-	-	-		-	-						
1.2 LGU-Managed Facilities	0	2	1	0	3	-	-	-		-	-						
1.3 Private SWAs	1	1	2	1	5	0	0	0		0	5						
c.2 Level 2 Accreditation			<u> </u>							-	·						
2.1 DSWD-Operated Residential			1		1												
Facilities	0	1	2	0	3	-	-	-		-	-						
2.2 LGU-Managed Facilities	0	1	1	0	2	-	-	-		-	_						
2.3 Private SWAs	0	1	1	0	2	0	0	0		0	2						
c.3 Level 3 Accreditation										<del>-</del> -	†		<u> </u>				
3.1 DSWD-Operated Residential		1	1	1	1				1	1	1	<u> </u>	<u> </u>		<u> </u>		
Facilities	0	0	0	0	0	-	-	-		-	-						i
3.2 LGU-Managed Facilities	0	0	1	0	1	-	-	-		-	_						
3.3 Private SWAs	0	1	1 1	0	2	0	0	0	1	0	2	<u> </u>	<u> </u>		<u> </u>		
Number of CSOs accredited			1	0	<del>1</del>	-	-	-		-	0						
a. Implementing Partner CSOs	0	2	2	2	6	2	0	0	1	1	6	<u> </u>	<u> </u>		<u> </u>		
b. Beneficiary Partner CSOs	10	15	26	26	77	0	689	0	1		77					+	
b. Deficially Lattice Coos	10	1.5	20	20	//	U	009	U		I	- //	1	1		1		

Objective/ Program/ Sub-Program/		P	hysical Targ	ets			Physi	cal Acc	mplish	ments	Variance	Reasons for		Disburs	sements		Steering
Performance Indicator	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	variance	Variance	Q1	Q2	Q3	Total	Measures
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(16)+(17)	(19)
Number of service providers accredited											0						
a. SWMCCs	2	2	2	2	8	4	7	4			8						
b. PMCs	2	2	2	2	8	1	5	0			8						
<ul> <li>c. Child Development Centers</li> </ul>	50	0	50	50	150	143	33	16			150						
d. Child Development Workers (CDW)	50	0	50	50	150	163	32	18			150						
Percentage of SWDAs with RLA certificates issued within 30 working days upon receipt of compliant application											0						
4.4.1. Registration Certificate					100%	100%	100%	100% (15)									
4.4.2. Registration and License to Operate					100%	100%	100%	100%									
Percentage of detected violations/complaints acted upon within 7 working days					100%	1	100% (2)	100% (2)				·					

# 3RD QUARTER ACCOMPLISHMENT REPORT FY 2018

HPMES Form 4-4A-4B

Objective/ Program/ Sub-Program/		Pł	nysical Targ	ets			Physica	l Accomplis	hments						Disbursements		*******	Steering
Performance Indicator	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Variance	Reasons for Variance	Q1	Q2	Q3	Q4	Total	Measures
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]-[(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(17)	(18)=(14)+(15)+(1 6)+(17)	(19)
ORGANIZATIONAL OUTCOME 5: DELIV							LOCAL GO	VERNMEN'	UNITS TH	ROUGH LO	CAL SOCIAL WELFARE AND	DEVELOPMENT OFFICES IMPROVED						
Program: Social Welfare and Development	Technical A	ssistance ar	nd Resource	Augmenta	tion Progran	n												
Outcome Indicators Percentage of LSWDOs with improved functionality:																		
a. Partially-functional to Functional					100% of													
a.1 Province					LSWDOs	-	-	-		-								
a.2 City					assessed for the 1st		-			-								
a.3 Municipality					Round	-	-			-		]						
b. Functional to Fully-functional					Assessmen							- I						
b.1 Province b.2 City					t using the	-	-			-		LSWDO functionality tool still for pre-testing						
b.3 Municipality					Enhanced	-	<del></del>	-		-		LSWDO functionality tool still for pre-testing						
c. Partially-functional to Fully-functional					LSWDO							<del> </del>						
c.1 Province					Functional	-	-	-		-		1						
c.2 City					ity Tool	-	-	-		-		1						
c.3 Municipality						-	-			-		1						
Output Indicators																		
Number of learning development interventions provided to LGUs	1	1	1	1	4	0	0	4		4		<ol> <li>DSWD-NCR Policy Forum</li> <li>DSWD Proposed Bill, Issuances, Policies re:</li> <li>SWDAs Act (April 20, 2018)</li> <li>Establishment of National Commission for Senior Citizens (August 17, 2018)</li> <li>DROMIC Reporting System (Aug 8-10, 2018)</li> <li>FNRI cum Training and Menu Planning Workshop under SFP CY 2018 (Aug 30-31, 2018)</li> </ol>	0.00	0.00	758.830.00		758.830.00	
Percentage of LGUs provided with technical assistance	ANA	ANA	ANA	ANA	ANA	64.71% (11)	58.82% (10)	17.65% (3)		76.47% (13)	17.65% (13)	Note: LLUS provided with IA 1. Caloocan 2. Las Piñas 3. Makati 4. Mandaluyong 5. Mamila 6. Marikina 7. Muntinlupa 8. Parañaque 9. Pasay 10. San Juan 11. Taguig 12. Malabon 13. Pasig						
Percentage of LGUs provided with resource augmentation	TBD	TBD	TBD	TBD	TBD	58.82% (10)	58.82% (10)	70.59% (12)		88.24% (15)		Note: LGUs provided with augmentation support by the Disaster Response Management Division:  1. Caloocan 2. Las Piñas 3. Marnila 4. Marikina 5. Parañaque 6. Pasay 7. Pasig 8. QC 9. Taguig 10. Valenzuela 11. Malabon 12. San Juan 13. Muntinlupa 14. Mandaluyong 15. Navontas	3,117,247.04	3,502,333.21	27,779,945.36		34,399,525.61	
Percentage of LGUs that rated TA provided	TBD	TBD	TBD	TBD	TBD	_	_	_										
satisfactory or better Percentage of LGUs that rated RA provided	TBD	TBD	TBD	TBD	TBD	-	-	-				Designed TARA survey tool still for pre-testing.						

### 3RD QUARTER ACCOMPLISHMENT REPORT FY 2018

										FY 2018							HPMES Form 4-4A-4B
Objective/ Program/ Sub-Program/			hysical Targ			01	O2	O3	04		Variance	Reasons for Variance		Disbur			Steering Measures
Performance Indicator	Q1	Q2	Q3	Q4	Total	Ť	T	T	T	Total			Q1	Q2	Q3	Total	
(1)  GENERAL ADMINISTRATION AND SUI	(2)	(3)	(4)	(5)	(6)		(8)	(9)	(10)	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(1 6)+(17)	(19)
Human Resource and Development	TOKI SEK	ICES															
Percentage of positions filled-up within timeline	100% (2,655)	100% (2,655)	100% (2,655)	100% (2,655)	100% (2,655)	82.90% (2,201)	79.40% (2,108)	85.87% (2.280)		85.87% (2,280)	375	1. Waived application of the recommended applicants. 2. Difficulty in pooling applicants. 3. High attribut rate of MOA positions. 4. The Region is in compliance to the provision in ORA OHRA that a vacant position cannot be posted unless validated by CSC. Hence, no anticipated vacancy on promotion. 5. Out of the 17 unfilled COS-organic positions, the following were noted as reasons for vacantion with HRDB, the same shall be included still in the database of the Region. b. 4 PDO III assigned at Compre program are not filled-up due to unavailability of funds.			14,669,98	14,669,98	
Percentage of regular staff provided with at least one (1) learning and development intervention	0	100	150	240	490	0	199	234		234	256	Change of schedule			51,002.00	51,002.00	Conduct remaining activities by the last quarter.
Percentage of staff provided with compensation/benefits within timeline (Regular)	100% (945)	100% (945)	100% (945)	100% (945)	100% (945)	945	945	945		100% (945)	0						
Y and Campiana	1																
Legal Services  Percentage of disciplinary cases resolved within timeline	ANA	ANA	ANA	ANA	100%	0	0	50% (2)		2	2	Note: 2 out of 4 ongoing cases resolved for the 3rd Quarter of 2018.					Conduct of continuous monitoring through case conferences and assessment/updating of ongoing cases.
Administrative Services	<del>                                     </del>																
Number of facilities repaired/renovated	14	14	14	14	14	12	14	11		14	0						
Percentage of real properties titled					2	0	0	0		0	2	Documents are still for signature of the DENR Secretary and for subsequent endorsement to Office of the President for approval.					
Number of vehicles maintained and managed Percentage of records digitized/disposed	14	14	14	14	14	10	13	12		12	2		22,653.00	1,370.00	8,730.00	32,753.00	
a. Current Year	ANA	ANA	ANA	ANA	100%	1,109	1,219	1,585		3,913							
B. Prior Years	0	0	3,387	3,387	6,774	0	0	3,415		3,415	3,359						
Financial Management	1																
Percentage of budget utilized	1																
a. Actual Obligations Over Actual Allotment Incurred					100%	20.06% (695,810,089.14)	41.59% (1,603,066,543.84)	59.76% (Php2,669,870,112.77)									
b. Actual Disbursements over Actual					80%	76.01%	51.64%	23.74%									
Obligations Incurred Percentage of cash advance liquidated					0070	(528,918,487.01)	(827,771,983.41)	(Php1,060,777,720.31)									
a. Advances to officers and employees	1		l			<b>—</b>				1							
a.1 Current Year					100%	54.58% (Php138,598.5)	25%	91.98% (Php765,260)									
a.2 Prior Years			l		100%	95.79% (Php279,686.66)	95.83%	95.83% (Php12,287.14)									
b. Advances to SDOs	1		1	1	1	(111)2/3,000.00)		(111p12,207.14)	1	t							
b.1 Current Year					50%	14.88% (Php54,929,185.94)	25%	77.42% (Php1,200,902,121.88)									
b.2 Prior Years			1		100%	84.8% (Php368.909,555.19)	98.18%	98.19% (Php7,854,468.09)									
c. Inter-agency transferred funds								(		İ							
c.1 Current Year					40%	12.99% (Php327,530)	5.52%	4.28% (Php295,745,302.33)									
c.2 Prior Years			1		75%	12.35% (Php75.910.217.58)	34.24%	43.70% (Php345,584,661.91)									
Percentage of AOM responded within timeline					100%	(3.10/0/21/30)	-	-				No AOMs received during the 2nd and 3rd Quarter of 2018.					
Percentage of NS/ND complied within					100%		100%	-									
timeline	1		<del>                                     </del>			<del>                                     </del>	(9)			<b>†</b>		No NS/ND received during the 3rd Quarter of 2018.					
Procurement Services																	
Percentage of procurement projects completed in accordance with applicable rules and regulations	85%	85%	85%	85%	85%	58.98% (604)	94.12%				604						

Objective/ Program/ Sub-Program/		P	hysical Targ	ets										Disbur	sements		
Performance Indicator	Q1	Q2	Q3	Q4	Total	Q1 T	Q2 T	Q3 T	Q4 T	Total	Variance	Reasons for Variance	Q1	Q2	Q3	Total	Steering Measures
(1)	(2)	(3)	(4)	(5)	(6)		(8)	(9)	(10)	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(15)+(1 6)+(17)	(19)
Percentage compliance with reportorial requirements from oversight agencies	100% (3 APP, PMR, APCPI)	=	100% (1 PMR)	100% (1 APP)	100% (5)	66.67% (2 reports submitted within timeline)	-	100% (PMR submitted on July 13, 2018)		75% (3 reports submitted within timeline)		1. PMK for 2nd semester CY 2017 - submitted advance copy on January 11, 2018. 2. APP (new format) - submitted to GPPB on January 30, 2018. 3. APCPI - submitted beyond the first quarter (finished April 2018). Justification letter was submitted via email to AO2S Secretariat on February 14, 2018. 4. PMK for 1st sem CY 2018 submitted on July 13, 2018.					

# 3RD QUARTER ACCOMPLISHMENT REPORT FY 2018

										2018						HPMES Forn	ı 4-4A-4B
Objective/ Program/ Sub-Program/	Physical Targets   O1   O2   O3   O4   Total							cal Accom			Variance	Disbursements				Total Steering Measures	
Performance Indicator	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total			Q1	Q2	Q3	Lotal	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)]- [(2)+(3)] Q3: (12)=[(7)+(8)+(9)]- [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(1 5)+(16)+(17)	(19)
SUPPORT TO OPERATIONS																	
Policy and Plan Development																	
Number of agency policies approved and disseminated																	
6.1.1. Regional Policies approved and disseminated	2	3	3	3	11	10	4	2		16		Notes: 1. RMO 10 - Guidelines on Hospital Watcher for DSWD-NCR Clients 2. RMO 009 - Standard Operational Guidelines on Warehouse Management					
Number of agency plans formulated and																	
disseminated a. Medium-term Plans	0	0	0	0	0	0	0	0		0							
b. Annual Plans	0	0	0	7	7	0	0	0		0							
Number of researches completed	0	0	0	0	0	-	-	-	-	-							
Social Technology Development																	
Percentage of intermediaries adopting																	
completed social technologies					60%	-	-										
Number of intermediaries replicating						_	-										
completed social technologies																	
National Household Targeting System for P	Poverty Reduction	1															
Percentage of intermediaries utilizing Listahanan results for social welfare and development initiatives					2 NGOs 2 LGUs 2 NGAs	1 LGU	1 NGO	0		1 LGU 1 NGO	1 NGO 1 LGU 2 NGAs	Difficulty in complying with the requirements and provisions of the DPA.	0.00	0.00	118,110.00	118,110.00	Revisit the data sharing guidelines. Follow up partnership with a previous request for data sharing.
Number of households assessed to determine poverty status					1,200,000	-	-	-	-	-							
Number of households assessed for special validation					62,396	0	61,724	0		61,724	672	Timeline for validation activity.	0.00	6,790,038.00	0.00	6,790,038.00	
Information and Communications Technology	ogy Management																
Number of computer networks maintained	31	31	31	31	31	31	31	31		31	0						
Percentage of functional information systems deployed and maintained	-	-	-	-	-	-	-	-	-	-	ı.						
Percentage of users trained on ICT applications, tools and products	1	-	-	-	-	-	1	-	1	1	-						
Percentage of service support and technical assistance requests acted upon	100% (ANA)	100% (ANA)	100% (ANA)	100% (ANA)	100% (ANA)	100% (314)	100% (261)	100% (264)		100% (839)	0						
Number of Databases maintained	9 databases initiated by the Region					9	9	9		9	0						
Number of secured and functional websites maintained	1	1	1	1	1	1	1	1		1	0						
Internal Audit											0						
Percentage of audit recommendations					55%						J						
complied with					<b>33</b> %	-	-										

Objective/ Program/ Sub-Program/ Performance Indicator		Phys	ical Targets				Physi	ical Accom	plishment	s	Variance	Reasons for Variance	Disbursements				Steering Measures
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total			Q1	Q2	Q3	Total	Steering Measures
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)= (12)+(13) +(14)+(15)	Q1: (12)=(7)-(2) Q2: (12)=[(7)+(8)] [(2)+(3)] Q3: (12)=[(7)+(8)+(9)] [(2)+(3)+(4)] Q4: (12)=(11)-(6)	(13)	(14)	(15)	(16)	(18)=(14)+(1 5)+(16)+(17)	(19)
Percentage of integrity management measures implemented:					52%	-	-										
Social Marketing			ļ														
Percentage of stakeholders informed on DSWD programs and services	-	-	-	90%	90%	-	-	-				KAP survey will be conducted during the 4th quarter of CY 2018. Waiting for the analysis of the results of the KAP survey conducted last year (CY 2017).					
Number of social marketing activities conducted:																	
a. Information caravans	0	0	1	1	2	0	1	3		4	-2						
b. Issuance of press releases	6	6	6	6	24	11	16	13		40	-16						
c. Communication campaigns	1	0	1	1	3	3	0	6		9	-6						
Number of IEC materials developed	0	2	2	2	6	15	17	32		64	-58						
											0						
Knowledge Management											0						
Number of knowledge products on social welfare and development services developed	0	1	0	1	2	0	4	0		4	-2	During the 2nd Quarter, 4 KP Products were already endorsed to SWIDB, hence, no KP Product yet to be submitted for the 3rd quarter.					
Number of knowledge sharing sessions conducted	0	2	2	2	6	2	2	5		9	-3						